INVESTIGATION REPORT INTO THE GRIEVANCE RAISED BY LUCY LETBY REGARDING HER REDEPLOYMENT FROM THE NEONATAL UNIT.

NHS: STRICTLY PRIVATE AND CONFIDENTIAL

Report to: Annette Weatherley

From: Dr Christopher Green

HR Support provided by: Lucy Sementa

Date of Report: 12.11.16

Contents

1. INTRODUCTION AND BACKGROUND.

Lucy Letby qualified as a Children's Nurse from the University of Chester in September 2011 and began working for The Countess of Chester (COCH) Trust within the Neonatal Unit on 3rd January 2012. She became a Neonatal Practitioner in March 2015 following completion of the 'Development of Special and Intensive Care of the New born' course at Liverpool John Moore's University/Liverpool Women's Hospital. Lucy is line managed by Eirian Lloyd Powell, Ward Manager of the Neonatal Unit.

During the course of 2015 and the early part of 2016, concerns were raised by the consultants at COCH regarding an increase in deaths in the Neonatal Unit at the Countess of Chester Hospital. Concerns were raised by the consultant medical staff to Trust Executives, namely Ian Harvey, Medical Director and Alison Kelly, Director of Nursing. During the early part of 2016, a review of neonatal deaths at the unit had been carried out by Dr Steven Breary, Consultant Paediatrician and this had been shared with both Eiraina Lloyd Powell and Mr Harvey. Following this, it had been agreed to put in place, a review date of three months.

In July 2016, Lucy Letby was redeployed on a temporary basis to the Risk Team at COCH.

Lucy Letby submitted a Grievance on 7th September 2016 raising the following queries:

- The proposed plan of supervision of practice and repetition of competencies was not followed for any other member of staff, nursing or medical and I wish to know why and if this was ever the true intention of the Trust
- Was I being investigated on a personal level and what is it that the external review may indicate in relation to me returning to NNU
- The reasons for me being instructed not to have contact with my NNU colleagues for an extended period of time
- Why the external review panel did not know about my circumstances and why so much emphasis has been put on waiting for the review when it is not looking at anything pertinent to my situation
- I would like the Trust to outline to me how its values such as being 'open and honest' and 'we respect each other' have been adhered to, in my situation
- I would like to know exactly what I have been accused of/what allegations have been made and by who and how the Trust has dealt with this
- I also wish to be informed of any evidence the Trust may have and the process which they have followed
- I would appreciate assurances from the Executive team that this has been dealt with appropriately and that my confidentiality is being maintained
- How will the Trust support me to return to NNU on a personal and professional level?

Lucy Letby stated in her Grievance that the outcome she is seeking is to return to her full role within the NNU with a full apology for her treatment and a full explanation of the events that have occurred.

Given the nature of the grievance and the potential involvement of the Trust Executive Team is was decided that grievance should be formally investigated by senior member of the Trust's management team, Dr Christopher Green, Director of Pharmacy and heard by an external reviewer Annette Weatherley, the Deputy Chief Nurse at the University Hospital of South Manchester. It is known that Alison Kelly, Executive Director of Nursing and Quality has previously worked at UHSM, however, Ms Weatherley is not a former colleague or associate of Alison Kelly.

2. PROCESS OF INVESTIGATION:

The investigation was carried out by Dr Christopher Green, Director of Pharmacy and Medicines Management and Mrs Lucy Sementa, HR Specialist.

Interviews

The following people were interviewed:

Name	Role	Represented by	Date of Meeting	Note taker	Appendix No.
Lucy Letby	Staff Nurse, Neonatal Unit	Tony Millea (RCN)	14.10.16	Penny Weaver (PW) (P.A. to CG)	2
Mr Ian Harvey	(Executive) Medical Director	NA	20.10.16	LS	3
Alison Kelly	Executive Director for Nursing and Quality	NA	20.10.16	PW	4
Sue Hodkinson	Executive Director for Human Resources and Organisational Development.	NA	20.10.16	LS	5
Sian Williams	Deputy Director of Nursing and Quality	Sam XX	20.10.16	LS	6

Hayley Cooper	RCN Rep.	NA	18.10.16	LS	7
Karen Rees	Divisional Lead Nurse, Urgent Care	NA	20.10.16	PW	8
Eirian Lloyd Powell	Ward Manager, Neonatal Unit (NNU)	NA	28.10.16	PW	9
Yvonne Griffiths	Deputy Ward Manager Neonatal Unit (NNU)	NA	17.10.16	LS	10
Ravi Jayaram	Clinical Director, Women's and Children.	Tom Carver (BMA)	11.11.16	Karen Beard (KB) (P.A. to Richard Baird, Divisional Director)	11
Steve Breary	Consultant Paediatrician.	Jenny Bremner (BMA)	11.11.16	KB	12

The investigation began in October 2016 and was concluded in November 2016.

Supporting documents:

Appendix 1: Grievance raised by LL.

Appendix 1b: Supplementary document provided by LL on 14.10.16

Appendix 13: Email from Ravi Jayaram regarding suspicions around foul play and potential methods behind that. (I think the appendix is missing bits – there is no date and the bits saying who it is from is missing)

Appendix 14: Email trail amongst consultants highlighting differences of opinion between consultant and nursing teams provided by EP on 28.10.16

Appendix 15: Eirian Powell personal notes submitted 28.10.16

Appendix 16-18: Letters from SH/AK to LL following fortnightly review meetings.

Appendix 19: Email from ELP regarding Lucy's redeployment 09.08.16

Appendix 20: Email from SH to HC regarding concerns 22.09.16 – there is a page missing here – I only have Sue's response not Hayley's original??

Appendix 21: Email from HC to SH regarding acknowledgement of grievance receipt 20.09.16

Appendix 22: Email from RJ to colleagues regarding neonatal air embolism submitted by ELP on 28.10.16

Appendix 23: Letter from SW to LW summarising meeting regarding clinical supervision 14.07.16.

Appendix 24: Letter from KR to LL summarising meeting regarding redeployment 18.07.16

Appendix 25: Email from ELP to NNU staff regarding LL supervision 15.07.16

Appendix 26: Email from YG submitted 18.10.16

Appendix 27: Competency Update Sheet submitted by ELP – do you have this?? I know she showed us.

Appendix 26: Trust Grievance policy

Appendix 27: Trust Disciplinary Policy

Appendix 28: Trust Guidelines for the Conduct of Formal Investigations

---

3. FINDINGS:

Timeline of events (corroborated by statements and evidence included in appendices)

A Thematic Review was undertaken by… I am a bit confused now about who did what and when. Do we have a copy of Eirian's that she talked about with the columns on??

In July?? 2016 there was unfortunately the death of two triplets on the unit, the third triplet being sent to Arrowe Park Hospital for ongoing care. The first baby died on Thursday DATE, the second on Friday DATE. Following this, a decision was taken to downgrade the unit from a Level 3 to a Level 2 care unit, that is, the unit would be closed to the sickest babies until a review had assessed potential concerns about care on the unit. After this second death, YG reported that SB had called ELP to express concerns about LL and as a result, LL was moved from nights onto day shifts.

On Wednesday 13th July, LL received a text from YG informing her to go into the office for an update. YG reports that she did not divulge the true purpose of this to LL because she did not want to alarm her unduly and because she did not want LL to worry about it, prior to arrival at the unit.

On Thursday 14th July, LL was asked to report to SW office with ELP to discuss the increase in neonatal mortality and the perceived commonality of LL being on duty and with the deaths. LL was informed that she had been on duty for the majority of the deaths and this had raised a warning flag that the Trust wished to address. As a result of the increase in mortality SW informed LL that there was to be a review of nursing and medical competencies and that her competencies would be reassessed and her practice would be supervised. LL was informed by SW that her association with neonatal deaths featured

more prominently than others and therefore the process would begin with her. SW summarised the content of the meeting and intended course of action in a letter to LL (A23) dated 14th July 2016.

ELP emailed all NNU staff (A25) on the 15th July to inform them that all members of NNU staff were to undergo periods of clinical supervision, and that LL would be the first to undergo this process.

On Monday 18th July, LL met with YG and Yvonne Farmer to discuss supervision and training, following which LL met with Linda Guatella, HR Business Partner and Karen Rees, Lead Nurse, Urgent Care. LL was then informed by Karen Rees that she was not in fact going to undertake competencies and supervision, but was to be redeployed to the PALS team for a period of 4-6 weeks while external reviews took place. The content of the meeting is summarised in a letter from KR to LL (A24) dated 18th July 2016.

On the 5th August, LL attended an unplanned meeting with KR and was supported by HC, and was informed that the external review had been delayed.

Further meetings with KR took place on the 12th August and 2nd September; LL was on leave from 15th August to 29th August.

On the 6th September, LL met with KR and HC and was informed that a letter from the RCN highlighted that LL had been redeployed due to concerns raised by consultants.

On the 9th August, ELP emailed all NNU staff (A19) to inform them that "There were currently opportunities for staff to be seconded across the Trust. It is therefore come at an opportune time for us and we were able to second Lucy. Lucy is seconded to the Risk & Patient Safety Office for a period of 3 months."

On the 7th September, in accordance with the Trust Policy, LL raised a Grievance which is shown in Appendix 1. HC contacted SH on the 20th September via email to query progress and the grievance was acknowledged by letter on the 23rd September.

Further meetings took place with KR and HC over the course of the next month until the 5th September when LL and HC met with KR, AK and SH. At this meeting LL was informed that the intention was to get her back onto the NNU but that this was unlikely to occur until the results of the review are back. These meetings were then scheduled to occur on a fortnightly basis.

The proposed plan of supervision of practice and repetition of competencies was not followed for any other member of staff, nursing or medical and I wish to know why and if this was ever the true intention of the Trust.

- There is a consistent view from ELP, YG, SH, AK, IH, KR and SW that the initial intent was to ensure that all staff competencies for all nurses on the Neonatal unit were checked and updated where necessary. This is supported by ELP's email to all neonatal staff (A25).
- It is also consistently reported that this plan was not achievable because of staffing as evidenced by the email from YG to CG dated 18th October 2016 in which the difficulty in providing clinical supervision is noted (A26).
- AK stated that they "should have checked that they could support supervision first" before agreeing to put this supervision in place during July/August 2016. (A4)
- I have found no evidence to suggest that the intention on 14th July 2016 was not to revisit competencies and to introduce supervision for LL, for which time she would remain on the unit. This is supported by all the witness statements and emails from ELP (A25) and YG (A26).
- ELP has provided evidence that competencies have been revisited for the nursing staff working on NNU (AXXX)
- The downgrading of the unit and the undertaking of the external review is attributed to the postponement of clinical supervision on the unit
- Supervision of practice and revision of competencies for the medical staff was raised with Ian Harvey who described that the ways in which Medical competency is assessed (A3). He stated that it was not feasible to record revision of competencies in the same way as for nursing staff and that it was an ongoing process but was underway.

I conclude that the proposed plan of supervision of practice and repetition of competencies has been implemented, although not in the way in which it was originally outlined to Lucy on 14th July 2016. Based on the evidence, I believe that this was the genuine intention of the Trust at the time but that the planned clinical supervision has been identified as being impractical to implement and superseded by the undertaking of the external review and 'deep-dive' forensic report.

The reasons for me being instructed not to have contact with my NNU colleagues for an extended period of time

- When questioned regarding the above, KR stated "I think this may have been my fault. I didn't want her talking to all the unit staff....LL wasn't refused contact. That wasn't the intention anyway." (A8)
- SH stated that "it surprised me what she thought she was allowed to do" (A5)

- I have found no evidence that the Trust's executive team stipulated that LL was to have no contact with the unit.
- The Trust Disciplinary Policy (A27) states the following in relation to exclusion from duty: *They (the employee) should not contact any member of staff connected with the matter which led to their exclusion, nor should they approach any other staff seeking information relevant to the case. This does not mean that the employee cannot have normal social contact with other employees of the Trust outside of work; however the employee must not discuss anything relating to the situation/case in question.* Whilst it is clear that LL was **not** excluded from duty, it is also clear that she was being redeployed away from her substantive role pending the outcome of the external review. I consider therefore that the same principles in relation to the above apply and that this should therefore have been explained to LL clearly on 18th July 2016.

I conclude that, although the intention was not to prevent LL from having normal, social contact with colleagues from the NNU, that LL believed this was the instruction, leaving her isolated from her social and work support network.

Was I being investigated on a personal level and what is it that the external review may indicate in relation to me returning to NNU and **Why the external review panel did not know about my circumstances and why so much emphasis has been put on waiting for the review when it is not looking at anything pertinent to my situation**

- AK stated that she had been "completely open" with the Review Panel regarding LL's perceived commonality with the deaths on the unit (A4).
- AK further stated that the Execs team wished to give LL "the benefit" of meeting with the Review Panel.
- AK further advised that although the Terms of Reference for the Review did not identify that they would look at the specifics of LL's situation, that if the panel felt there was a necessity to call the police or that the unit was unsafe, that the Trust would have been made aware of this verbally and immediately.

I conclude that the overarching purpose of the External Review (and the additional commissioned 'deep-dive' forensics review) is to explore circumstances and detail around patient safety on the Neonatal unit. With respect to the commonality identified between LL being on duty and the collapses/deaths of the babies on Neonatal unit, I conclude that the Execs team feel that the Review will provide confirmation and reassurance that there is no direct link between the two. This would provide support for LL in relation to assuring both herself and the Trust of her clinical competence and, it is anticipated, assuage the concerns raised by the Consultants to the Executive team.

I would like the Trust to outline to me how its values such as being 'open and honest' and 'we respect each other' have been adhered to, in my situation.

- SH stated "In hindsight, did we do the right thing? At the time we thought so." (A5)
- SW sated "I used the phrasing that I was asked to use by AK and SH" (A6) and that informing LL of this decision was the hardest thing she had ever done.
- KR stated "It could have been handled better and I think AK and SW acknowledge that now." (A8)
- IH Stated "To protect LL from these allegations, we felt this redeployment was the best course of action." (A3)
- The Trust Guidelines for the Conduct of Formal Investigations states: *If necessary the investigation will be carried out under the terms of strict confidentiality, i.e. by not informing the subject of the disclosure until (or if) it becomes appropriate to do so. This may be appropriate in cases of suspected fraud or when there would be the possibility of irreparable damage to the working relationship of the people concerned.* Whilst it is acknowledged that LL was **not** under any formal investigation, the principles of this have been applied to LL's case in respect of both the potential damage that knowledge of the Consultants' alleged informal allegations may have had on LL's working relationships and on her health and wellbeing in general.

In all the interviews involving managers and Executives, there has been a general acknowledgement that LL was not provided with the information relating to the consultants' informal allegations regarding her. There is also a consensus with these individuals that if 'we did the wrong thing, it was for the right reasons.'

Whilst I recognise that the Board found themselves in a difficult position, I conclude that the Trust have not been open and honest with Lucy in relation to the circumstances surrounding her redeployment and have not demonstrated the Trust Value 'we respect each other'.

I also wish to be informed of any evidence the Trust may have and the process which they have followed

During the course of this investigation I have not been made aware, nor has there been any allusion to, any evidence relating to any alleged wrongdoing by LL. There has been repeated reference to a commonality between the dates and times that LL was on duty and the collapse/deaths of a significant number of the babies but these is nothing to support that there is additional information or data beyond this, that has not been shared with LL.

I would appreciate assurances from the Executive team that this has been dealt with appropriately and that my confidentiality is being maintained

- LL alleged that colleagues had been questioned regarding whether there was, or had ever been, a personal relationship between herself and SB. The Trust Guidelines for

the Conduct of Formal Investigations suggest establishing if the complainant has a grudge against the person whom the allegations are against. SH stated that an informal discussion was had involving herself, AK and KR during which this was discussed but that it "didn't leave the room". KR stated that "Nobody asked me...people look for a reason..." SH further stated in response to this concern (A20) "We can categorically state...that nothing has been commissioned by the Executive team in relation to the concerns you have raised..."

- SH stated that LL had been advised the External Review draft report had been received by the Trust before either SH or IH were aware of this and has no knowledge of how this occurred.
- KR, SW, ELP, YG all confirmed they had heard rumours of highly inappropriate and insensitive comments being made on the unit but these did not name LL.
- IH stated that he had spoken to one of the consultants regarding comments heard on the unit (A3)
- ELP sent an email to all NNU staff (A19) regarding LL's redeployment which appears to have been accepted by the unit – YG stated that a member of staff had bumped into LL and asked when she was coming back (A10) which implies this individual at least considered the redeployment to be temporary.

I have not found any evidence that LL's confidentiality with regard to the circumstances surrounding her redeployment has not been upheld. There are obvious concerns regarding the alleged comments made on the unit but IH stated that this had been addressed and there is no suggestion of any similar remarks being made following this. Critically, these did not name LL and were not directly heard by any of the individual's interviewed as part of this process. I conclude that the Trust has not failed to protect LL's confidentiality with regard to the circumstances regarding her redeployment.

I would like to know exactly what I have been accused of/what allegations have been made and by who and how the Trust has dealt with this

The drive to remove LL from the Neonatal Unit appears to have come from the consultant SB, and to a lesser extent RJ. The concept of air embolism also appears to have originated from the consultant body although this is denied. It is the view of nursing and executive interviewees that the drive to blame LL for the rise in mortality came from SB and RJ and this is supported by the email sent by RJ to colleagues in which he acknowledges they "raised concerns over foul play", and refers to "air embolus" being a potential cause of death. The same email also states that "the board are fully aware that this may end up with the police being involved". While it is important that the Trust has a culture that allows members of staff to raise concerns about colleagues, I find it a concern that these concerns are based on "gut feel" and do not accept that this provides a basis on which to make the accusations that appear to have been made. I am therefore concerned as to whether this warrants further investigation under the Trust's Bullying and Harassment Policy.

It is beyond the scope of this investigation to assess the detailed clinical evidence that might support any allegations against LL. In fact, other than those that appear to have been made

by SB and perhaps others, there are no allegations against LL that could be clearly identified as originating from the Trust Executive or Management Team. Further to that, no evidence was seen that supports the allegations against LL, other than the widely accepted view that LL was on duty more often than any other staff member when neonatal deaths occurred on the unit and even that association is tenuous for a number of reasons. The Trust has commissioned significant reviews of the cases and at this time, there does not appear to be any information that suggests LL is in any way responsible for what has happened on the unit. I therefore conclude that there does appear to be agreement around an association between LL working on the unit and the neonatal deaths concerned, but this association is far from sufficient to allow any formal allegations to made. Other than that, and "gut feeling" from SB, there is no obvious evidence at this time to raise any suspicions about LL.

The nursing team from NNU, ELP and YG reported that there had been allegations made against LL by the consultants around LL's involvement in the neonatal deaths. YG reported that SB had made his allegations based on "gut feeling". ELP reported that John Gibbs had been the "voice of reason" advising colleagues to be very careful about what they're doing and that he had said that a nurse in Stepping Hill was wrongly accused and we could end up doing the same thing. In terms of LL and individual neonatal deaths, YG stated that each time there was a death, there was a review into each one, and at no time had specific concerns about LL.

YG also reported that there had been a suggestion that air embolism had been used to harm the neonates.

KR reported that there had been a suggestion of foul play by RJ, in that it had been suggested that air embolism or twisting of tubes might have been the cause of death. This is corroborated by the email sent by RJ to colleagues in which he makes specific reference to "given the concerns we raised around foul play", "with air embolus being considered among the pathology" and "this may end up with the police being involved" (A13). RJ also emailed colleagues (A22) on the 30th June 2016, to signpost an article around neonatal air embolism.

SH in an email to HC (A20), dated 22nd September to "reiterate that your member (LL) is not under any formal investigation or disciplinary sanction by the Trust."

How will the Trust support me to return to NNU on a personal and professional level?

LL is described as an excellent nurse by her nursing colleagues and managers. She is described as helpful and accommodating, often switching shifts or duties to support the unit. External consultants visiting the unit for transfers are reported to have commented positively on her professionalism and quality of care. LL is also described as being well trained and competent. Her nurse management colleagues Eirian Powell and Yvonne Griffiths have no

concerns about her clinical or professional activities and would welcome her back to the unit.

In terms of returning LL to her post on the Neonatal Unit, the nursing management team and Trust Executives all gave positive affirmation that pending the results of the external reviews, that their expectation was that LL would be returning to the unit. This was less clear cut with the consultants RJ and SB who stated that, "...would I have issue If Lucy was returned to the unit? Yes, I don't think our concerns raised with the Execs have been fully answered". YG also reported in her interview that she was concerned about LL's return to the unit and what SB might say to her.

All three Executive Directors interviewed reported that the decision to redeploy LL was taken by the Board, and, that a decision to return LL to the Unit would need also need to be taken by the Board.

I find that LL's ongoing redeployment is a difficult decision for the Executive Team and one that they have taken to ensure that there are no doubts as to the potential causes of the increase in mortality prior to LL's return to the unit. This decision to redeploy LL was taken by the Trust Board and a decision to return LL to the unit will therefore also need to be a Trust Board decision. However, in interviews with nursing management and the exec team, the universal view is that LL will be supported to return to her role, pending the receipt of the final reports and agreement from the Trust Board. Assuming these conditions are met, I am certain that there is a genuine desire to see LL back on the unit. From the interviews I conducted with SB and RJ, their views, and intended course of action on the return of LL to the Neonatal were not entirely clear and will need to be clarified prior to LL's return to the unit assuming that is the intended course of action.

I have found that the Trust executive team and nurse management team have showed significant empathy for LL's situation and that they have all been deeply affected by it. I also believe that the Executive Team have reflected on their initial handling of the situation and taken action to address this in their fortnightly meetings with LL.

The decision to redeploy LL was taken following concerns raised by an association between cases in which the rise in neonatal mortality had been related to and, the presence of LL on the Neonatal Unit at the time of their deterioration and their death. RJ reports in his interview that the deaths were a particular concern because they occurred in babies in which the deterioration had not been predicted and was not easily explained.

Karen Rees was made aware that SB had concerns about a nurse on the unit and went to meet him in his office to see what these concerns were. KR also reported in her interview that RJ had raised a major concern with LL, that she might be purposefully harming babies. Following that discussion, KR went to see Alison Kelly to discuss the matter further and it was agreed that there was no basis to take any action against LL that is, there were no grounds to exclude LL and that the ward manager ELP had no concerns regarding the

competence or behaviours of LL. That evening, Karen Rees was contacted by SB at home to discuss the matter. SB reports in his interview that he discussed the matter with KR regarding LL and that KR had decided that no action was required. KR reports in her interview that she felt SB attempted to bully her / put pressure on her to remove LL from the unit.

At the neonatal team's weekly meeting, there was a discussion amongst the team regarding the deaths and the potential course of action open to the team. At this meeting, there appears to have been discussions about the potential role of LL in the deaths of these babies. YG reports that SB had threatened to go to the Police about the matter.

As a result of this, concerns were raised with the Trust executive team

In her supporting statement, ELP reports that Steve Brearey had intimated during a meeting on 16th May 2016 that he thought a member of staff was causing the increase in mortality and in the same meeting, that another consultant had accused her of "harbouring a murderer". ELP reports that she raised a concern that there was no evidence to support this and that she was quietened by SB in an angry manner when she objected.

AK reported that the consultants were concerned about the situation. AK also reported that there was talk about whistleblowing and going to the Police.

Response to the grievance.

AK and SH both intimated during their interviews that there was a delay in acknowledging the grievance. The reason for this was because of the unusual circumstances around the case and that they had decided to get an external reviewer to hear the grievance and had wanted to arrange this prior to responding. The Trust's usual first stage for dealing with a grievance would be to hold an informal meeting but due to the nature of the case, it was agreed to move directly towards an investigation. AK and SH agree that there was a delay and this was acknowledged in writing to LL in the letter dated 11th October 2016, Appendix 16.

I conclude that the response to the grievance submitted by LL to the Trust Executives was slower than might usually be expected with reference to the Trust Policy. It is my opinion that the reasoning for this does give a reasonable explanation for the delay in responding to the grievance however, I also of the opinion that the Trust should have been more proactive in informing LL of this reasoning behind this at the time.

Questioning around a potential relationship between LL and SB.

When questioned about alleged inquiries into any relationship issues between SB and LL, AK, SH and KR agreed that it had been discussed privately, but purely in the context of trying to understand why SB had singled out LL for individual scrutiny. There was no

direction from the Executive team to suggest or investigate the existence of any sort of relationship between SB and LL. In an email from SH to HC dated 22nd September (A20), SH responds to questioning by HC around this by stating that they are not aware of the issues raised by HC and that nothing had been commissioned by the Executive Team in relation to this matter.

5. CONCLUSIONS:

Competencies, supervision and subsequent redeployment.

In my investigation of this grievance, it is clear that the Trust management team, particularly the Trust Executive Team found themselves in a very difficult situation. There needed to be a careful assessment of patient safety, namely the neonates on the unit, the needs of LL as a member of the Neonatal Unit staff, the concerns raised by the consultant staff regarding the association between LL's presence on the unit and the neonatal deaths and also, the risk that the Police may have been called if action had not been taken.

Given the positive views of LL's competence, capability and flexibility regarding when she is needed, LL is likely to be in a position where she may be looking after the sickest babies on the unit and coupled to the fact that she works full time and will work extra shifts when asked, increases the likelihood that she might be on duty when adverse events occur. That said, having been informed of the consultants' allegations, the Trust Executive Team and Board were forced to consider the possibility that there may be a suggestion of "foul play" and the implications of returning LL to the unit if that were the case.

Therefore, the Trust Executive Team and Trust Board, in the absence of firm, objective evidence to identify the true situation on the unit, clearly found themselves in a situation where it is conceivable, if unthinkable that to leave LL on the NNU may have exposed patients to harm. Secondly, LL may have been left in a position where ultimately she may have been subject to adverse treatment from consultant staff and ultimately, she may have been arrested which one would imagine to be infinitely more damaging than redeployment. In gaining advice from other Trusts who had been involved in similar situations, the Board were able to take a considered view on a course of action that was in effect, the best fit for an impossible situation. Redeploying LL to another team within the Trust removed the risk of the situation escalating, particularly with regard to the police being called, and at the same time allowed the Trust to commission full investigations as to what might have contributed to the increase in mortality rates.

There is a clear and consistent view from the Executive team that the Neonatal unit may have been a vulnerable environment for Lucy and that they did what they believed to be in her interests. However, LL was not informed of the full story and given the opportunity to make that decision for herself and was therefore left in a position where information came to her in an uncoordinated manner, leading to a breakdown in trust.

I am therefore confident that the Trust executive team, and Trust Board made a decision that they believed was the best possible solution given their overall assessment of the situation. However, I am also confident that the Executive Team were not, and are not entirely comfortable with this decision from LL's perspective and it has been suggested that they may have made the wrong decision for the right reasons. I am also confident that if the Executive believed that there was any evidence that LL was actually responsible for any deliberate acts that may have led to the deaths of any neonates, they would have taken a different course of action than redeployment. That is, the Trust Executive team would have begun an investigation into LL and/or informed the Police of their suspicions.

Questioning around a potential relationship between LL and SB.

In terms of questioning the relationship between LL and SB, I am satisfied that this was purely on the basis of excluding the possibility of a personal issue between LL and SB as a root cause of SBs behaviour towards LL. I do not believe that there was any untoward motivation in questioning this as a potential factor in why LL had been singled out by SB.

6. RECOMMENDATIONS:

Returning LL to the Neonatal Unit.

My recommendation is that the grievance be upheld and that LL be given the opportunity to return to NNU. In that context, I also believe that LL's return to the unit should be managed in tandem with the final reports regarding the neonatal unit's mortality figures. It is my belief that given the allegations allegedly raised by the consultants against LL, that the absence of any suspicion against her in the external reviews and reports would support LL by removing any doubt as to the cause of these deaths. I would also recommend that the Neonatal Unit Consultant team are clear in their intentions regards LL's return to the unit and this needs to be explicitly clarified in readiness of LL's return to the unit. Inevitably, after a period of 4-5 months away from the unit, LL will require the opportunity to reacquire her competencies and will therefore require clinical support from her colleagues.

Trust management team.

In terms of the Trust management team, while the consequences of their decision to redeploy has clearly been extremely distressing for LL and her family, I do believe that they have set out to make the correct decisions in very difficult circumstances. I conclude that TET and TB made an appropriate decision regarding the redeployment. I believe that these decisions were made by the TET and TB in a robust and considered manner and that the decision regarding LL's redeployment was one that the TET have found the most difficult to reconcile. In retrospect, the TET might have done more to communicate with LL and might have been more open and honest about why LL had been redeployed, however, it is clear that their intentions around this were positively directed. I therefore do not have any recommendations for the Trust Management Team, other than to use the opportunity to reflect on the learning opportunities from this case.

Allegations against LL.

It is my opinion that as a result of conducting this investigation, I believe that the elements of the events leading to the suspension of LL which were mediated by SB and RJ warrant further investigation, possibly under the Trust's Disciplinary Policy and / or under the Trust's Bullying and Harassment Policy. The fact that LL has been subjected to the ordeal of the last four to five months based on a "gut feeling" and the subsequent behaviour of SB is not compatible with the Trust's values and behaviours.

---

7. APPENDICES