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Trust at the time but that the planned clinical supervision has been identified as being impractical to implement and superseded by the undertaking of the external review and 'deep-dive' forensic report.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

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.