

In response to 'how have the Trust dealt with this', I conclude that the Trust have considered the concerns of the consultants in line with both the Disciplinary and Speak out Safely policies and believed that there was insufficient basis on which to undertake either a formal internal investigation or to initiate a police investigation.

I consider that there were a number of potential options available to the Trust:

- to initiate an internal investigation under the Trust Disciplinary Policy. I find that, given the nature of the allegations that this was not feasible as, if there was sufficient evidence the police should have been contacted in line with the Policy.
- to contact the police as above and request an investigation. I find that the Executive Board did not feel there was sufficient evidence to undertake this action.
- to exclude LL from duty whilst the External Review and 'deep-dive' forensic review was undertaken.
- to redeploy LL as an alternative to exclusion.

I recognise that the nature of these accusations was extremely sensitive and that by allowing these accusations to become publicly known, that extensive and irreparable damage is likely to have been done to LL on both a personal and professional level and to the reputation of the Trust. I conclude therefore the action of removing LL from NNU while the External Review and 'deep-dive' forensic reviews were undertaken was within a range of reasonable responses available as it was believed that these reports would provide further information that would clarify any concerns regarding any deliberate action resulting in patient harm. Given the number of meetings in which these concerns are believed to have been discussed and the subsequent action taken by IH to address rumours coming from NNU, I believe it is inevitable that these accusations became known to LL and I conclude that LL should have been made aware from the outset. Furthermore, I find that LL was not provided the opportunity to respond to the concerns as raised by the consultants, which I consider she had the right to do.

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

- ELP described LL's practice as "second to none". The documentation she has provided (A15) supports this and she is adamant in her view regarding LL returning to the NNU – "I want her back".
- YG referred to LL's standard of work, attitude and documentation as "excellent" and stated "It would be easy for her to walk away...but I hope she returns to the unit...we would be delighted." (A10)
- The feedback from the unit has reflected there were no concerns with LL's clinical competence and no 'red flags'.
- SW stated that "the feedback was that she was excellent" and ELP described how they had assigned the sickest babies to LL because of the high standard of her care.