

became apparent that it was not possible to provide her with full-time supervised practice at this time, because of staffing levels on the NNU. The decision was taken by the Trust at this time to redeploy Lucy on a temporary basis to work with the Risk Management team. We understood and accepted that this decision was taken in the best interest of all parties and in the interests of patient care, pending completion of an external review.

I am now aware that the independent external review has commenced and Lucy was interviewed on the 01/09/2016 by the panel. Lucy was accompanied by Hayley Cooper staff side Chair. It is following this meeting that my concerns have deepened, this is due to the fact that the terms of reference for this investigation does not seem to address the initial Trust concerns they have in relation to the unacceptable high mortality rate on the NNU and our members involvement. Instead the investigation centred around procedure, culture, staffing levels and what was it like to work on the NNU. No question of our members involvement was discussed. In fact it was imparted by the panel that the review will not solve the issues for Lucy personally.

It has also recently come to my attention that our members recent move to Risk Management, is as a result of the Trusts response to either a number of consultants, or a consultants comments about our members practice, again if this is a true reflection then I would like to request to see the Trusts evidence to substantiate their actions following these comments.

As a result of this I now believe our member has grounds to action a Grievance. Given the gravitas of what is being alleged by the organisation I believe our member has a right to be fully consulted and a full and frank explanation is given by the organisation into my concerns. The allegations that have been made by the Trust could have a detrimental effect on our members career. Which may constitute professional slander resulting in our member being constructively dismissed from the Organisation. Once again I have to request that the Trust provide me with the evidence they have to suggest that our member may be the only nurse linked to these unexplained mortality rates. Why is she the only member of staff to be excluded from the NNU. I feel the Organisation now need to review their position and to reinstate our member back to her substantive role on the NNU.

If you wish to discuss this any further then please do not hesitate to contact me on 0 

Regards,

Tony Millea RCN Officer.

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Royal College of Nursing of the United Kingdom  
20 Cavendish Square  
London W1G 0RN  
Tel: +44 (0)   
Fax: +44 (0)