

the standards. We had professional advice so this was appropriate but that he could not then understand why staffing became an issue during the review.

Mrs Hopwood asked about the consultant staffing. Mr Harvey replied that the Royal College has brought in new standards for paediatrics and following the approval of a couple of business cases a 9<sup>th</sup> consultant has just been appointed and interviews are scheduled for a 10<sup>th</sup> consultant, which once filled would fulfil requirements from the College. Trainees will always be an issue as HENW have training posts empty.

Mrs Hopwood said that at QSPEC, we receive a verbal update about vacancies, and a safe staffing 6 monthly report goes to Board for nursing. She asked if there was anything similar for the consultants. Mrs Hodgkinson replied that at the fortnightly Medical Pay Board, vacancies are reviewed, it is also included within the performance report and any issues are highlighted.

Mr Chambers stated that this was a good debate and that in terms of the recommendations and actions going forward we need to reflect on and tighten up on tracking and real-time information.

Mr Chambers stated that there is an important set of consequences for people and for one individual. There is an unsubstantiated claim that the issue was down to one individual's actions and behaviours. We did explore supervised practice for the individual but this was not supported by clinical colleagues. The individual submitted a grievance and has subsequently written a statement of how this has affected her.

Mrs Hodgkinson read out the statement from the individual which was in the individual's own words. Mrs Rees, Head of Nursing – Urgent Care, would also read out this statement to the consultants in the near future.

Mr Chambers and Mrs Kelly have met with the individual and their family. Mr Chambers said that the motivation for the decisions we have made, as we probably knew was a suboptimal decision but was made for the right reasons. The reasons were not motivated by reputational issues, the motivation was safety.

We wanted to make sure no harm to babies and we needed to have the consultant team with us. The consultant team were very strong in their views that this would not be possible if we did not redeploy the individual. The reason we redeployed the individual was that they would have been put in an intolerable position and potentially it could have been a self-fulfilling prophecy of harm to the individual and babies. The Board took the decision in the best interests of the patients, staff and the individual. Where Mr Chambers felt it went wrong was that we were not as honest with the individual as we could have been. Mrs Kelly had agonised over this as well, we were not transparent in the first instance as we were trying to protect the individual in some ways, as our feelings were that if we