with high-risk pregnancies. However the obstetricians remarked that since the temporary reconfiguration there had been minimal impact from their perspective, since women were travelling to other units antenatally when a premature delivery was anticipated.

4 Findings

The individual nurse

On arriving for the visit the RCPCH Review team was told that Nurse L had been moved to an alternative position around ten weeks previously without explanation nor any formal investigative process having been established. The Review team was told that the individual was an enthusiastic, capable and committed nurse who had worked on the unit for four years. She herself explained to the Review team that she was passionate about her career and keen to progress. She regularly volunteered to work extra shifts when available or change her shifts when asked to do so and was happy to work with her friends on the unit. The Directors understood there was nothing about her background that was suspicious; her nursing colleagues on the unit were reported to think highly of her and how she responded to emergencies and other difficult situations, especially when the transport team were involved. There were apparently no issues of competency or training, she was very professional and asked relevant questions, demonstrating an enthusiasm to learn along with a high level of professionalism.

When the Neonatal Lead made allegations to management, the Director of Nursing considered supervised practice for the Nurse L but the consultants would not accept this and required the nurse be removed from the unit. Senior operational staff on the unit reported being very upset at the situation and the neonatal nurse manager in particular explained the difficulty of wanting to support Nurse L and managing morale and anxiety amongst the other nursing staff who were not aware of the allegation. The consultants explained that their allegation was based on Nurse L being on shift on each occasion an infant died (although not necessarily caring for the infant) combined with `gut feeling`. There was no other evidence or history to link Nurse L to the deaths, and her colleagues had expressed no concerns about her practice.

The decision was taken to redesignate the unit to an SCU from 7th July. Nurse L was on leave for two weeks from 30th June. On her return she was told that she would be supervised for a period and that others were also being supervised. She was not told of the specific allegation but she was made aware that there were concerns that she was on duty for each of the deaths. At a subsequent meeting, accompanied by her Union representative she was advised that supervision was not possible (due apparently to 'staffing levels') and she would be temporarily redeployed. She was apparently advised again that this would also happen to other members of staff. She was told not to make contact with staff on the unit. Nurse L had incorrectly been told that the RCPCH had suggested that she be redeployed, and that the review would resolve the issue within 2 weeks of the visit. No formal HR process had been put in place for the ten weeks between the redeployment and the RCPCH visit. The RCN support to the nurse had,