

Nurse X.

Supervised practice for Nurse.

What is the scenario if Consultants insist on moving nurse?

Unthinkable re: Nurse.

Supervised practice.

Check competence.

Increased insecurity measures.

Already moved Nurse from nights to days

Conversation with Nurse + others.

What other support is needed → Sian/Karen  
(or redeploy Admin support)

May go sick

If she comes out of clinical practice will have massive impact on staff.

Overall strategy going forward Wrc dept?

Mtg. with Consultant.

Ian to give headlines.

CONTRACT.

T.J.R.

to be signed off.

C2

WED. 13 July 2016 1pm Tc. for Murthy Ravi 1H John Gibb,  
Mtg with Paedr & Neonatal consultants Doctor ZA Sian. SPC <sup>SUSAN</sup>

Outcome from 1H

Steve Brierley APRLS.

J.G 2014 is also showing increases vs 2015/2016.

2013 is below the line.

Ravi. Is it more preterm babies?

JG. Before 2013, babies out less than 27/28 wks

1.12. Murthy left room "Distressed"

JG. Shilbom issue? Does it affect numbers of deaths

1H. We are aware of your concerns re: one member of staff.

IH. Why? 1) Dr. concern - wd think about competencies  
 ~ support to shift.

Unit under significant pressure

Nurse off nights to days to be supported & yet  
 still deal with ITU babies.

Need to think about overall picture

Consider review is to happen

JG. Nursing shifts? Dps. that show concern?

DJ slightly point v. heavily against member of shift.

TC. There is a correlation with Nurse BUT ....

We know a change in activity & activity  
 plus shift level challenge

culture of coping

areas of disproportionate care re: antenatal history,  
 outline of line of deaths.

1) Dr. how wd we deal with it?

IH. NCAs → process of assessment, re-training,  
 supervision.

I wd not jump straight to Blia.

TC. Plus more investigation - eg. shiftbooks.

Review in 4 days what wd take much longer.

Doctor ZA | Our concern is correlation - seems nurse  
 involved more plus nature of death. Not  
 beyond realms to go off!

JG. Still low no's. Dyer hill & runch.

Doctor ZA | Nurse → worry, correlation, one possibility  
 criminal BUT could be something else  
 Not necessarily criminal

TC. Taking it v. seriously

Low data is good. We're not address babies going off.

Many not followed

Imaginary I know but don't want to be a lynch mob

On-call - Pavlovian. See nurse - how do I feel?

1) Dr. wd hv. suspended