

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 → Sean/Karen

Ed re-deploy (Admin support)

May go sick

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

Overall strategy of going forward Wrc dept?

Mtg with Consultants.

Ian to give headlines.

CONTRACT.

CR

T.O.R.

to be signed off.

WED. 13 July 2016 1pm. To: Sue, Murky, Ravi, IH, John Gibbs.

Mtg with Paeds & Neonat's consultants. Doctor ZA Sean, SPC <sup>SASA</sup> OFFICERS.

Outline from IH

Steve Brierey <sup>APOLS</sup>

J.G. 2014 is also showing increases as 2015/2016, 2013 is below the line.

Ravi. Is it more preterm babies?

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

1.12. Murky left room "Distressed"

J.G. Shilborn issue? Does it affect numbers of deaths.

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

IH. why if Dr. concern - wd think about competencies & support to staff.

Unit under significant pressure

Nurse off nights 6 days to be supported & yet still dealing with ICU babies.

Need to think about overall picture

Consider review is to happen

JG. Nursing shifts? Does that show concern?

Do staff point v. heavily against member of staff.

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

We know a change in activity & activity plus staffing levels, challenge

Culture of coping

areas of disproportionate care re: antenatal history outline of time of deaths.

If Dr. how wd we deal with it?

IH. NCA's → process of assessment re-training & supervision.

I wd not jump straight to Police

TC. Plus more investigation - eg. stillborns.

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. Over hill & crunch.

Doctor ZA

Nurse → worry, correlation, one possibility criminal BUT could be something else. Not necessarily criminal.

TC. Taking it v. seriously

Ravi Datta is good. Does not address babies going off?

Many not followed

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

Dr-call - PAVLOVIAN. See nurse - how do I feel?

If Dr. wd hv. suspended

TC. a wk ago - only option to mag Police!

But now more info.

Manage this in a different way

We can create harm to Nurse - fragile toxic

Need to protect it.

See Nurse - Bari - yes doubt.

Competence - check plus others on unit.

Need supportive conversation

JG. Big concern? Supportive to Nurse + others.

Noted some nurse - just there so much

but doesn't mean she did something

Must supervise others. But Nurse in particular.

What are we doing wrong?

but. Occ health.

Doctor ZA

- Nursing team on ceiling

changing care we are delivering.

Nurses twitched

They all need support.

TC. Generally emotion

Doctor ZA

Robby - line sepsis - cause in harm.

JG. Not discussed with nurses only nursing lead Eiron.

How can we consultants accuse Nurse

but do not know if it is that Nurse

HT. Risk concerns - baby to Alder Hey today.

See conversation with Nurse

Supervision.

Providing Review. Cameras in clinical areas

to support team + parents.

TC. When colleague struggling - need to talk

Many find when we speak to nurses - more

comes out. Getting into that.

Started something now. Open minded to

root causes. Want to get to bottom of this.

JG. please support. College review.

TC. Ched,  
 - seriously taken  
 Ruppert decision

Doctor ZA Yes - sensor concerned for some time.

Activity / activity yes.

Nurse - don't want to blame nurse  
 wd hv. felt unhappy to immed. criminal.

Ravi. Shd not be blinkered to unspeakable  
 fine balance.

My objectivity compromised

Clarity re. supervision - cameras.

Supervision - how?

Doctor ZA Consequence of coln.

Naivety - consultant since March

Massive task of unwise

Nurse common denominator.

Wd be on extremely supervised practice.

Not long to do something wrong

Shd not do anything unsupervised.

IT. Nothing shd be done unsupervised

Incompetence without insight.

We need to be assured on total supervision.

TC. Will look to nursing teams

JG. Cameras - good. Corridors. Deterrent.

Someone kill - babies. But don't know this.

I do not feel we need to whistle-blow.

How do we sell cameras.

How do we facilitate cameras. Not in every room.

TC. Track - in future CCTV. how - discuss

helpful Discuss with consultants with consultants.

on covering cameras - safety security - care.

IT. No of ways to frame this.

Action. taken v going forward is proportionate.