

Post Critical Incident Review Dryad 21st January 2004

Present

Dom Davies	Staff Grade
Helen Russell	Clinical Manager
Toni Scammell	Senior Nurse
Jan Peach	Service Manager (Chair)
Lena Varghese	Staff Nurse
Chris Robinson	Staff Nurse
Betty Woodland	RCN Rep

Apologies Susan Chan Pharmacist

The purpose of the meeting was to review how staff members involved in the incident on Wednesday 22nd October '03 were now feeling. The whole group was feeling anxious and upset following the printing of the report into the inquest of Mr Hickman's death.

JP tried to reassure the group and asked that, as far as possible, the meeting should attempt to focus on individual feelings prior to reading the article. All expressed a willingness to do this

DD Found the original meeting helpful. He has not changed his management of patients a great deal. Nothing obvious needed to change, the ward held together well. Cared for terminal patients since the event and care had worked well.

Found newspaper report frustrating for family, anger that family affected as they wanted it kept within the family.

Changes – more care about prescribing and handing over medication information. Has discussed with Pharmacist.

Shame it happened, worked as well as it could at the time

CR Apology for event. Group discussed with her that this was not necessary. She had lost confidence, feels at present could not consider an E Grade. Enjoying working within team, no repercussions from team. Would prefer to work as second nurse

TS CR has been supported by other grades from within the team and pulling from hospital wards to support. This is a concern which needs review as there is a need for CR to run ward on occasions. Discussion ensued re Chris's feeling, anxieties in managing ward. HR identified staff shortage end February. Will review with CR's confidence and competence to co-ordinate ward. To work with mentor in relation to this.

- BW Raised her concerns on CR's behalf that to have to co-ordinate the ward in the near future would add additional stress to an already stressed nurse.
- JP/TS agreed this was acceptable, however it was essential that CR worked towards taking overall responsibility for the ward. HR agreed to discuss this with CR
- HR Discussed CR's competencies last week, in depth discussion to review progress. Plan working towards D Grade competencies. Reassured that support is available and will be ongoing. Difficult at time to fit discussion in. Every effort to ensure off-duty supports CR.
- DD Added that in his role he had been able to work on all wards that there has been nothing but support for CR.
- LV Has been feeling all right since event. Felt supported and remains confident. Feels better because honest about error. Now more cautious than previously when doing medication rounds.
- TS Have done best to support everybody through process. Shared this increased workload and the issues raised that she was previously unaware of. Now corrected these through introducing procedures across hospital. Competencies need to be ongoing. Felt process went well throughout.
- Trust Action Plan will help with future CIR.
- JP Also felt the initial response immediately following the incident had worked well and the team since had supported CR and LV. The resultant Action Plan had identified areas for improvement which have been cascaded throughout the wards. Shared with the group the process followed and discussions that had taken place with Senior Manager following the event. Also the involvement of the Strategic Health Authority.
- BW Supported the "well done" view and appreciated the support given to CR and LV immediately following the incident and post event.

A short discussion took place around people's feelings and thoughts regarding the newspaper article. Consensus was a real concern for the family who had supported the staff and wished for somebody to contact them. JP said she would speak with Rosemary Salmond.