BRISTOL ROYAL INFIRMARY

PUBLIC INQUIRY

STATEMENT OF JOYCE WOODCRAFT

IN RESPONSE TO

THE FINAL SUBMISSION BY

THE BRISTOL HEART CHILDREN'S ACTION GROUP

J.M. Woodcraft
March 2000

POST OPERATIVE CONSENT

Whenever I was present, whilst both Mr. Wisheart and Mr. Dhasmana spoke to parents and other family members pre-operatively, they spoke slowly and clearly about the diagnosis and operation required. They often make simple diagrams of a normal heart, and the defects present with the baby or child requiring surgery. They explained clearly what was required, and the risks involved. I did not feel that they were over optimistic in their risk assessments, and other nurses that may have been present did not intimate to me that they had concerns. We were aware that not all information can be retained in times of stress, and either the nurse or surgeon would answer further questions that the family had.

THE SURGEONS AND THEIR OPERATIONS

Both surgeons were freely available to the nursing staff on the Intensive Care Unit at the Children's Hospital, post-operatively, and they could be called any time, day or night.

They both attended the unit frequently in the post-operative period, and discussed the care and management with the unit team. This included cardiologists, anaesthetists, paediatricians, physiotherapists and nursing staff. If the consultants were not available, then the senior registrar would be present. Both Mr. Wisheart and Mr. Dhasmana insisted on being informed of any changes to management, especially in the immediate post-operative period.

POST OPERATIVE CARE

I did not say that nurses who are not paediatric trained may find the demands of dealing with young children too difficult to manage. I stated that observation skills in particular, may take longer to learn by general trained nurses than by RSCNs (Day 57, Page 7, Lines 4-10).

Nurses on the Children's Hospital Intensive Care Unit were supported when looking after the families of the child that died that they had been caring for. The care of the family was a continuation of the care they were giving to the child. The families would be allowed as much time as they needed, either in the Visitors Room, or in the Chapel. They were able to return to see their child whenever they felt they needed to, being given time and privacy to say goodbye. A nurse or counsellor (at that time Helen Vegoda) would be there to give support as needed.

NURSING CARE

(iii) I do not accept that nurses ignored parents on the death of their child, if nursed on the Intensive Care Unit at Bristol Children's Hospital.

(iv) There was a large core of nurses who were permanent on the Intensive Care Unit at Bristol Children's Hospital and the turnover was generally low.

2. I have already commented on my Statement (Day 57, Page 7).

POST OPERATIVE COUNSELLING AND CARE FOR PARENTS

1.2 Most parents were taken to the Intensive Care Unit at Bristol Royal Infirmary from the Intensive Care Unit at Bristol Children's Hospital, either by a nurse, or by Helen Vegoda, the cardiac counsellor, before surgery. We accepted that the environment was very different from the Bristol Children's Hospital and could appear intimidating.

1.6 Some nurses and doctors will find it very difficult to hide their own emotions on the death of any patient. This is particularly true of a baby or child that has been "specialled" by a nurse for a long period of time. A more senior nurse may take over parental support if this was deemed necessary, but did not happen frequently in my experience.

2.2.6 Although there were some communication problems between Helen Stratton and Helen Vegoda, I was not aware that it was obvious to the families, or that it affected the counselling care given to the families.

2.18 I am surprised at the criticism of care after death by Mrs. Sheridan. After John was transferred to the Children's Hospital for post-mortem, the family came to say goodbye. I was present with the family, who expressed gratitude for the seven years that John had lived, and the fact that they were allowed unlimited time in the hospital chapel. The extended family of about 50 people came to say goodbye and included all age groups.

FINAL SUPPLEMENTARY STATEMENT

I want to stress the dedication shown by Mr. Dhasmana and Mr. Wisheart to the children that they cared for. Many of the babies had been in two hospitals before being admitted to Bristol. Some needed resuscitation before transfer including ventilation. Others needed resuscitation on arrival before investigations could begin. Occasionally ventilation was continued until the babies were stable enough to tolerate surgery.

In these cases, it would have been difficult to assess cerebral function until after surgery when they were able to come off all support.

Many babies / children had complex problems, but were given the one chance of life by the two surgeons. Although there was nothing formal, and I therefore have no proof, we knew that some of the babies would not have been accepted in other units, either because they were too ill or because of other complications.

I have stated before that I had not heard of any problems about the surgical results. I would have found it impossible to stay working in the Intensive Care Unit at the Children's Hospital had I done so.

I am very proud to have worked with Mr. Wisheart and Mr. Dhasmana in caring for thousands of babies and children in Bristol and the South West.

Joyce Woodcraft
RSCN, SRN, NNEB, ENB100.