

## Most powerful Schwartz Round



### Background

June 14<sup>th</sup> 2017 will forever be a day that stands in the memories of communities across London. The Grenfell Tower Fire will continue to be a shocking, terrifying tragedy living on in the hearts and minds of those involved and those on the periphery of the events that unfolded during this time. Kings College Hospital counted this as its third major incident in a period of short weeks and there was heaviness in the air throughout the hospital. In the immediate aftermath, I too in my role as palliative care social worker in intensive care was involved in supporting those dealing with their loss including a young woman who had lost her 36 week old baby as a result of serious smoke inhalation. Her husband and 2 young children were also within the hospital and the children were seriously unwell in intensive care. There were hot debriefs on the wards on the night and but nowhere where anyone could come to talk about this devastating and emotional experience. I also offer debriefs for nurses on intensive care but they did not reach far enough so I decided in my role as lead facilitator for Schwartz in the hospital, that this would be an amazing forum to discuss a topic that had made such an impact on so many and to consider other patients and people across the hospital.

I was committed to gathering a wide range of people from across the professional spectrum of the hospital to capture how far reaching this was. I found a lot of staff, particularly nurses, were not yet ready to talk about their experience. In the end I recruited 5 people for the panel including 2 who had been presented with an award due to their services to the hospital during this time. I tried for all the days leading up the Round to find an appropriate title, usually favouring a catchy title to advertise the topic but I found this panel so hard to summarise and it felt too informal and disrespectful to try and encapsulate the stories in a minimal way. Instead I chose '**The Grenfell Tower Fire: Dealing with a major incident**' which some may have considered to be too direct but I felt necessary to give the Round the reverence it deserved.

### The Round - 18<sup>th</sup> September 2017

90 people attended which is the biggest attendance since Schwartz started here at Kings which I believe demonstrated the notability of the incident and the wide shadow it had cast across the hospital. 73% of attendees rated the round as exceptional, 27% as excellent. 92% of people believed it would impact how they care for their patients, 96% also felt it was well facilitated and 96% also said they would attend Schwartz again and recommend to others. Feedback commented about the emotive nature of the round, the compassion in the room for each other and the sense that support for staff is so important in the follow up period after significant events like Grenfell.

There were so many people in our board room that people were sitting on the floors at the front and standing to the doors at the back. There was a charged and affecting atmosphere in the room. I had prepared this panel entirely on my own and now stood in front of all these people completely daunted by the experiences of those on the panel behind me and the audience ahead of me. I started to speak and I have never felt so nervous to explain what Schwartz is about, the rules of confidentiality and including a warning about the heightened sense of emotion and expectation of difficulty within the next 60 minutes.

The first to speak was an intensive care consultant, experienced in dealing with trauma and a part of the Hospital Emergency Medical Service (HEMS) who attended via the helicopter to the scene of the fire. This was such an interesting perspective and so unique to be able to set the scene before someone comes in to hospital. He described the phone call in the middle of the night that woke him to the

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news but without being aware of the scale of the event. He shared how they arrived on the scene and got straight to work tending to the people coming out of the tower, triaging, getting them sent to hospital and responding to crisis. The most powerful image he shared however wasn't of the busyness, the chaos or the frenzy of the surroundings but of the quiet, the stillness and the force of the heat that was radiating from the building. He painted such a clear picture of what it was like to stand there and watch knowing that the noiselessness meant that no-one else was coming out of the building and as dawn started to break, it was clear that it was likely that no-one else would. This was a powerful image and you could hear a pin drop inside the room. Many people afterwards have spoken of how his account continues to stand out for them.

The second to share was a member of our volunteer team. She was in the boardroom in our hospital which was transformed into a makeshift meeting area for people to check on family members and have a safe place to spend time. She shared a story of a man who came in incredibly distressed looking for all of the members of his family. He came back on two occasions as he was not able to find them at any of the other hospitals. She described feeling disempowered by not being able to help this man and being affected by his immense sense of loss but also about the pride she felt in the sense of oneness in the team serving in the boardroom that day and how although they had never met, they worked well together to support many who appeared broken, distraught and literally lost.

Following this was the ward clerk from one of the intensive care units. She opened up about the impression left by one of the victims of the fire coming on to the ward who soon after lost her baby. Her other two children were on paediatric intensive care. What had captured the ward clerk the most was that when this mother was recovering and able to communicate again, she was so resilient and 'smiley' and so pleasant to everyone she met even in the face of this unimaginable loss. The ward clerk is at the centre of the unit every day, seeing all kinds of trauma and injury but this case, she found it hard to leave it at home. She said that reading the story in the papers and seeing it on the news made it so hard to escape the story. She felt overwhelmed by her role in work for the first time that she could remember.

The next panellist was also a volunteer who is an ex-intensive care nurse talked about being called to the paediatric wards and having to clean the hands of the children who had been brought in so they would not be distressed when the woke up at the sight of the soot all over their hands and feet. He said that he cannot forget the images from his head and he felt he wasn't doing much to help but took over something so nurses could get on with saving lives and managing a high level of distress from the families.

The last to share was a nurse on intensive care who reflected on the sense of protection they had from the front line of the disaster and as they had already experienced so much this year in terms of major incidents, they had a really clear plan in place. Caring for the patients was well organised and managed in a calm way. She shared a story that stuck with her about a mother and son. The mum had come to Kings and the son had been taken to another hospital. His father, her husband, was missing presumed dead and this was confirmed during her admission. The family did not want her to know about this and kept telling her he was also in another hospital. The nurses felt an incredible strain in colluding with the family to keep this information from her and were relieved when she was finally told her husband had died in the tragedy however also made very aware of the reality of family lives that were changed forever.

All of the panellists touched on the smell of burning that surrounded the patients and family members they came into contact with and how that will stay with them forever.

There was an air of quiet in the room when the panel had finished speaking, many of whom had become overwhelmed with emotion as memories came back to them. It was very difficult to begin to lead the discussion as I too felt so moved by the stories and the memories of the few days after the event. I sincerely thanked the panel and unusually felt I could share briefly my own experience of working with the woman who lost her son while pregnant. I talked about how, after speaking with her, I went away thinking how hard it would be for her to go home without her baby after being so close to meeting him and then I remembered, she didn't have a home to go too. She and the rest of her family had literally lost everything, they and it was such a heartrending memory while having to stand up in front of so many people and also protect the panel in the midst of their emotions too.

I asked if anyone would like to share their reflections and a lot of the discussion was around the fact that it was so hard to get away from the event as it was in work, it was on the news, and there were cameras outside the hospital, there were journalists dressing in hospital scrubs to try and get on to the wards to take photos. Lots of people felt they could not escape the emotional impact of the event in their personal lives as well. Many talked about family and friends asking questions about what was going on and feeling that they couldn't talk about it. A lot of people also shared that they didn't feel there was enough support at the time to deal with the distress that people were feeling. A few people became overwhelmed when speaking and started to cry. I have never experienced this before as a facilitator and I didn't know how to respond – should I give time to speak or should I move on so they weren't embarrassed? I was led by the staff member who did not feel she could continue.

Not only was this a very powerful Round, with high level of emotional impact and vulnerability amongst the panel and the audience, this also had an influence on change within the hospital. I attended a debrief for the major incidents shortly after the Round and it was used as an example of staff being able to share their stories about tragic events. They are now looking into piloting 'pop-up' Schwartz in A&E and as a result of the Round I am now in the process of looking at mandatory staff support in the hospital if or when similar incidents happen again.

Schwartz Rounds continue to be such an important but often underrated part of life at Kings College Hospital and the planning, preparation and practice of this Round will remain with me forever and the impact of the events of the Grenfell Tower fire lives on in the hearts and minds of many in the communities that surround us.

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