Matthew Downey

Datix

# Datix Admin & Management Form

PD

## Name and reference

| | |
|---|---|
| Current approval status | Finally approved |
| ID | PD |
| Name | Child C |
| Ref | PD |
| Reported Date (dd/MM/yyyy) | 14/06/2015 |
| Opened date (dd/MM/yyyy) | 15/06/2015 |
| Submitted time (hh:mm) | 19:00 |
| Handler | Kenny, Miss Siobhan |
| Manager | Peacock, Debbie |

## Location

| | |
|---|---|
| Division | Urgent Care |
| Specialty | Neonatology |
| Location (exact) | Neonatal Unit |

## Coding

| | |
|---|---|
| Type | Clinical Incident |
| Category | Neonatal Unit (Pick List) |
| Sub Category | Expected and unexpected death |
| Is this a Safeguarding concern? | |
| Did this incident occur as a direct result of staffing levels? | No |

## Risk Grading

| | |
|---|---|
| Result | No Harm |
| Actual Harm | None (no harm caused) |
| Potential for Harm | Low Potential Harm |

## Details

| | |
|---|---|
| Incident date (dd/MM/yyyy) | 14/06/2015 |
| Time (hh:mm) | 05:53 |
| Description | Sudden deterioration of an infant following full resusciatation. |
| Action taken | Parents nursing and medical team all present. Hospital coordinator aware. |
| Notify | Neonatal Incident Review Group<br>Obs Secondary Review |
| Report to NRLS? | Yes |

| | |
|---|---|
| RIDDOR? | No |
| Last updated | Mr Dean Bennett 06/12/2016 00:00:00 |

**Duty of Candour - Reporter Disclosure**

Was a patient involved in this incident?

**Incident Investigation**
**Please use this field to document ALL updates in relation to the investigation.**

No progress notes.

**Patient Details**

| | ID | Forenames | Surname | Email | Job Title | CC Number | NHS No. | Date of birth | Type |
|---|---|---|---|---|---|---|---|---|---|
| ▶ | I&S | Child C | | | | Child C | PD | PD 06/2015 | Patient |

**Employees Involved**

| | Approval status | Title | Forenames | Surname | Type | Status | Contact role |
|---|---|---|---|---|---|---|---|
| ▶ | Approved | MRS | AMY | USHER | Midwife | | Employee |
| ▶ | Approved | M/W | Rosalind | Harris | Midwife | | Employee |
| ▶ | Approved | Mr | David | Semple | Consultant | | Employee |
| ▶ | Approved | | Lauren | Whitham | Employee | | Employee |
| ▶ | Approved | Dr | Victoria | Finney | Consultant | | Employee |
| ▶ | Approved | Dr | Lorraine | Dinardo | Consultant | | Employee |
| ▶ | Approved | Mr | Jim | McCormack | Employee | | Employee |

**Incident Reporter**

| | Approval status | Title | Forenames | Surname | Type | Status | Contact role |
|---|---|---|---|---|---|---|---|
| ▶ | Approved | | Yvonne | Griffiths | Employee | | Reporter |

**Linked Records**

**Linked claims (1)**

| ID | Handler | Name | Opened date | Description | Link Notes | |
|---|---|---|---|---|---|---|
| 3267 | Chloe Delbarre | Child C | 29/06/2017 | Potential claim - neonatal. The patient was born prematurely and was half the weight of babies his gestational age. He was given his first milk feed nasogastrically at four days old. Shortly after this feed the patient collapsed: oxygen | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | saturates dropped and he did not have a pulse rate. CPR was performed and he was intubated. The patient did not respond to the resuscitation. | | |

**Documents**

| Created | Type | Description | ID |
|---|---|---|---|
| 11/08/2015 | E-Mail | OSR report | 69431 |

**Communication and Feedback**
**Can be used for sending out emails ONLY! All responses will be sent back to your inbox**

**Recipients**

**Message**

| Message history | | | | |
|---|---|---|---|---|
| **Date/Time** | **Sender** | **Recipient** | **Body of Message** | **Attachments** |
| **No messages** | | | | |

**Divisional Meeting Review**

Date of Review Meeting

Patient Safety Lead

DoC: Has the patient/family been notified?

Meeting Discussion Points

Meeting Action Points

Level of Investigation

Name of Person Investigating?

Can This Incident be Closed?

**Obstetric Secondary Review Report**

OSR

Date of Meeting

Review Group

- ☐ Sara Brigham - Consultant Obstetrician
- ☐ Julie Fogarty – Head of Midwifery
- ☐ Annemarie Lawrence – Risk Midwife
- ☐ Lorraine Millward – Practice Development Midwife
- ☐ Kathie Grimes - Labour Ward Manager
- ☐ Jo Davies – Consultant Obstetrician
- ☐ Gwenda Jones – Supervisor of Midwives
- ☐ Other

Summary of Case

Review

SI Grade

Lessons Learnt

Action Plan

Duty of Candour

**Neonatal Incident Review Group**

Date of Review

Review Group

- ☐ Steve Breary – Consultant Paediatrician
- ☐ Eirian Powell – Neonatal Unit Manager
- ☐ Annemarie Lawrence - Risk Midwife
- ☐ Other

Summary of Case

Review

Action Plan

Duty of Candour

**Medical Education**

Date Incident Received

Does this apply to more than one Doctor?

Grade

Supervisor

Date Sent to Supervisor

Date Requested Return

Feedback Returned on Time

Incident Feedback

Feedback Sent to Risk Team

Incident Closed for Medical Education?

**SBAR**

Situation

Background

Assessment

Immediate Action taken following incident

Any immediate lessons learnt

Recommendation

Family Awareness of Incident

SBAR Date

SBAR: By Name

SBAR: Presented To

**SI Panel Meeting**

| | |
|---|---|
| Incident Review Panel | Yes |
| SI Panel Date of Meeting | 02/07/2015 |
| SI Panel Attendees | ☐ Mr Ian Harvey - Medical Director<br>☐ David Semple - Associate Medical Director, Quality & Safety<br>☑ Alison Kelly - Director of Nursing & Quality<br>☐ Julie Fogarty - Associate Director of Risk & Safety<br>☐ Melanie Kynaston - Associate Director of Nursing, Corporate<br>☐ Sarah Harper-Lea - Head of Legal Services<br>☐ Matthew Downey - Compliance Manager |
| SBAR Available | Yes |
| Meeting Discussion Points | Steve Brearey, Julie Fogarty and Debbie Peacock present.<br><br>Paed M&M by Steve Brearey:<br>Apgar 9 at delivery<br>Born at 30 weeks, severe IUGR<br>800 grams weight - discussed with LWH<br>Mum had high risk factors - absent end diastolic flow and oligohydramnios<br>Developed respiratory distress - intubate and given surfactant<br>Extubated following day<br>Baby high risk - lactate raised, low platelets, low neut count<br>IVABs and TPN commenced - all appropriate<br>Bowels not opened - neonates at risk of NEC, treated cautiously<br>Long line - x-ray shows distended small bowel<br>Documentation excellent using sticker system<br>Fluid bolus<br>Arterial access would have been ideal to monitor blood pressure but wasn't possible however UVC was in place; invasive access would have been an indicator for transferring baby out<br>Cons review - over weekend<br>Went into respiratory arrest - documentation of respiratory arrest excellent. Decision made to stop after 30 mins.<br>Awaiting PM but likely acute bowel distention/sepsis<br><br>Coincidental Findings:<br>delayed cord clamping at delivery [not hospital policy yet for pre-term babies]<br>No recorded use of CPAP in delivery room<br>Small delay in IVABs [1 hour delay] and TPN commencing<br>Glucose high on one occassion [above 10] however delay in repeat monitoring the glucose levels<br>AXR = NGT not in place, baby 'lively' and pulling at lines [only settled in 'kangaroo care'<br>IV Ranitidine prescribing<br>24 hour Cons to Cons discussion for babies on ventilator - learning point for when non-vented babies are not improving?<br><br>OSR by Jo Davies:<br>No issues re management<br>IUGR identified early on [at anatomy scan 19/40] and monitoring in place via JMc<br>Follow-up scans = confirmed small baby, normal liquor<br>Some incidental findings in the OSR re completeness of sticker during labour<br>CTG not repeated whilst Mum was having Magnesium infusion |

| | |
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| | Met criteria for Dawes Redman<br><br>Mum understanding of awareness:<br>Will attend pregnancy risk clinic at 6/52 by Cons Obs [Jmc]<br>Steve Brearey to discuss with Murthi Saladi re feedback to ensure undertaken |
| Level of Investigation | M&M |
| Name of Investigating Officer | Debbie Peacock |
| Report on STEIS | No |

**SI Tracker**

| | |
|---|---|
| Incident Lead | Janet McMahon |
| Level of Investigation | M and M |
| Title | Sudden deterioration of an infant |
| Incident Status | SBAR Completed |
| Is this a Never Event? | No |
| Is This a Near Miss Never Event? | No |
| Has this incident been reported to STEIS? | No |
| Lead Investigator | |
| Patient Nationality | English |
| Date Report Completed | 10/08/2015 |
| All Actions Complete and Incident Closed? | Yes |

**CCG Serious Incident Review Group**

**The Group's remit is to determine:**

**1. If the incident has been adequately investigated**
**2. If the root causes and contributory factors have been identified**
**3. If the recommendations and action plan adequately address the root causes and contributory factors**
**4. If any theme can be identified with previous Serious Incidents**
**5. If the action plan has been completed in a timely manner**
**6. If there are any concerns that need escalating to Quality & Performance or Clinical Leads.**

| | |
|---|---|
| Has this incident been reviewed at the CCG SIRG? | |
| Date of Meeting | |
| Incident Outcome | |
| Are the CCG satisfied with the report? | |
| Can this incident be closed? | |

**Table Top Meeting**

| | |
|---|---|
| Table Top Meeting | |
| Table Top Meeting Date | |
| Table Top Attendees | |

Table Top Actions

**Duty of Candour Assessment**

| | |
|---|---|
| The patient and family have been supported to deal with the consequences and have a key named contact | |
| The investigation has been appropriate to the incident investigation criteria for L1 and or L2 incidents. | |
| The patient/family have been informed once it has been known that a moderate/severe incident has occurred within 10 working days. | |
| The initial notification was provided face to face? | |
| The verbal notification was accompanied by an offer of written notification and that this is documented in the notes. | |
| An apology has been has been provided and that this has been checked that it is documented in the notes by the Lead Investigating Officer | |
| A step by step explanation has been offered as soon as possible pending the investigation: | |
| Full written documentation of all meetings with the patient/family have been taken and filed in Datix for future reference. Note: These notes may be requested by Solicitors/Police/Coroner | |
| Full written documentation has been kept of all staff interviews and meetings about the incident and filed in the incident/complaint in Datix. Note: These notes may be requested by Family/Police/Coroner | |
| The final investigation has been shared within 10 days of it being approved under governance arrangements. | |
| The submitted action plan contains action points to address each root cause and with a named lead and timescale for implementation. | |
| The incident/complaint identifies Trainee Doctors and information has been entered into Datix as a | |

| | |
|---|---|
| contact to allow for reports to be sent to the Deanery. | |
| The incident involved an adult or child abuse and has been referred to local safeguarding arrangements. Any actions are consistent with the local multi-agency safeguarding protocol and policies. | |
| Does the incident involved a locum Doctor and if so has this been reported to Medical Staffing as required for Appraisal & Revalidation? | |

**Action Plan**

**No actions**

**Datix Common Classification System (CCS)**

| | |
|---|---|
| Stage of care | Other - please specify in description |
| Detail | Other |
| Adverse event | Other - please specify in description |

**Incident Outcome & Closure**

**Please fill in these fields when you are closing the incident.**

**Remember to change the status to Finally Approved when you are closing the incident.**

| | |
|---|---|
| Outcome of Incident Investigation<br>Use this field to record the outcome of the investigation.<br><br>**PLEASE NOTE: THIS FIELD WILL BE USED AS FEEDBACK TO THE REPORTER** | |
| Closed Date (dd/MM/yyyy)<br>Click on the calendar icon to add the closed date. | 10/08/2015 |
| Has this incident been sent to any external organisation(s) for review? | |
| Are there any Lessons Learned? | No |

**Notifications**

| Recipient Name | Recipient E-mail | Date/Time | Contact ID | Telephone Number | Job title |
|---|---|---|---|---|---|
| **No notification e-mails sent** | | | | | |