

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Serious Clinical Incident Summary reported from 01 July 2020 - 31<sup>st</sup> September 2020

	Date of Incident	Reference	Clinical Group	Specialty	Type of Incident	Case synopsis and Contributory Factors	Summary of key changes Implemented/Solution
1.	03/07/2020	STEIS : 2020/13030	W&CH	Obstetrics	Baby went for cooling	<p>Live female infant born at 35+6 by Category 1 Caesarean section following decreased fetal movements. The infant met the cooling criteria and so cooling was commenced.</p> <p>However there was profound anaemia at birth with positive Kleihauer test needing blood transfusions. Neonatal Intensive care escalated and infant was then transferred to Birmingham Heartlands Hospital for ongoing care and cooling.</p>	<b>INVESTIGATION UNDERWAY</b>

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25/07/2020	STEIS: 2020/14109	Medicine	Elderly Care	Attempted Suicide	<p>Patient arrived at Sandwell ED suffering with abdominal pains. Patient reported feeling suicidal. Patient was reviewed in ED and then admitted onto AMU. Patient reported previous attempted suicide, low mood and ongoing mental health concerns.</p> <p>Patient was transferred onto Lyndon 5 Patient was reviewed by the Mental Health Team on at , contacted Coventry mental health services.</p> <p>At 16:18 patient locked herself in the toilet on Lyndon 5. Staff were unable to gain entry to the toilet due to fault in the lock. HCA needed to break down the door. Patient was found with the call bell tied around her neck. EMRT called, Observations within normal range: BP 132/86 Sats 98% pulse 70 , Resps 18.</p> <p>Patient transferred to a secure mental health facility.</p>	<b>INVESTIGATION UNDERWAY</b>

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3.	08/08/2020	STEIS: 2020/15278	Medicine	Elderly Care	Failure to start CPR	<p>This patient was an 89 year old gentleman who presented to the Emergency Department (ED) at Sandwell General Hospital via an ambulance with a history of diarrhoea, but no vomiting for one day. He was transferred to the ward Lyndon 4.</p> <p>The patient was later found unresponsive and not breathing. The Nurse who was in charge of his care failed to commence Basic Life Support (BLS) in line with the Trust Resuscitation Policy.</p> <p>Patient was subsequently declared deceased.</p>	<b>INVESTIGATION UNDERWAY</b>
4.	03/09/2020	STEIS: 2020/17562	Surgery	General Surgery: Colorectal	Hospital Acquired MRSA	Hospital Acquired MRSA	<b>INVESTIGATION UNDERWAY</b>
5.	12/09/2020	STEIS: 2020/17800	W&CH	Obstetrics	Baby requiring Cooling	Baby requiring cooling	<b>HSIB INVESTIGATION UNDERWAY</b>

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6. 07/09/2020	STEIS : 2020/18134	Medicine	Emergency medicine	Ectopic pregnancy	<p>The patient attended A&amp;E at City Hospital with severe abdominal pain and suspected ectopic pregnancy. Patient was asked to provide a urine sample to confirm the pregnancy.</p> <p>After the patient was examined by the doctor, he agreed to request a scan with the Early Pregnancy Unit and there was no need to call a specialist doctor until this was performed. He informed the patient of the wait, and the scan may happen over the next day.</p> <p>Patient continued to tell the doctor she was worried about an ectopic pregnancy; the doctor informed patient to wait for the scan. He handed the patient a leaflet upon discharge that contained a list of symptoms that would require immediate medical attention. Patient was showing these symptoms.</p> <p>After returning home the patient took the decision to attend the Early Pregnancy Unit at Birmingham Women's Hospital, within three hours of arrival patient was in theatre having surgery for a ruptured ectopic pregnancy and internal bleeding.</p>	<b>INVESTIGATION UNDERWAY</b>

7.	Date of Incident	Reference	Clinical Group	Specialty	Type of Incident	Case synopsis and Contributory Factors	Summary of key changes Implemented/Solution
	14/09/2020	STEIS: 2020/18142	Medicine	Emergency medicine	Delayed Transfer to QE	<p>42 year old gentleman presented to A+E with suspected alcohol withdrawal seizure and fitting. On arrival he had a GCS of 15/15 with normal observations. He was assessed by the A+E team at 22:43 who assessed him and decided he needed a CT Scan of the head.</p> <p>The scan was reported at 23:16 and showed a large intracranial bleed. Large bifrontal intraparenchymal haemorrhages, overlying bifrontal and bilateral temporal subdural and subarachnoid haemorrhage.</p> <p>A Nurse Referral was done by the A+E team at 23:51. However the Neurosurgical team were unable to respond as the images were not transferred over. Once the QE was ready for the patient, his GCS had dropped to 11/15 and had to be intubated before being transferred to the Neuro ITU.</p> <p>Delays were encountered predominantly in the transfer of the Radiology images. The initial scan was done around 2245 and the Images were not received at the QE until sometime between 0030 and 0058. This subsequently led to more delays during the time where they arranged a bed and then further delays as the patient deteriorated requiring intubating and ventilating.</p>	<b>INVESTIGATION UNDERWAY</b>

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8.	08/09/2020	STEIS: 2020/18145	Medicine	Gastroenterology	Medication incident	<p>This patient attended for an ERCP.</p> <p>All staff agreed that the procedure was appropriate and necessary for the patient despite risk factors due to her age and comorbidities.</p> <p>No one prescribed or checked administration of diclofenac suppository pre procedure which is recommended treatment prior to ERCP in order to help prevent post procedure pancreatitis. This is not on any checklist for staff preparing and planning ERCP.</p> <p>Patient subsequently developed Pancreatitis and passed away on the 10th of September</p>	<p><b>INVESTIGATION UNDERWAY</b></p>

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16/09/2020	STEIS: 2020/18152	Medicine	Emergency medicine	Fall resulting in death	<p>This patient was admitted following a fall with chest pain and breathlessness.</p> <p>The patient had extensive surgical emphysema and a rib fracture requiring ED/trauma stabilisation.</p> <p>Chest drain inserted by surgical team at approximately 04:15 am</p> <p>A CT scan was undertaken at 06:52am showing chest drain in anterior mediastinum and significant pneumomediastinum and possible hollow viscus perforation.</p> <p>The patient continued to deteriorate and it was felt she was not suitable for further escalation further , patient passed away.</p>	<p><b>INVESTIGATION UNDERWAY</b></p>