

TRUST WIDE AND MATERNITY

HSIB INVESTIGATIONS

1 April 2021 – 5 December 2022

NHS RESOLUTION'S EARLY NOTIFICATION SCHEME

FROM 1 APRIL 2022 TO 5 DECEMBER 2022

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Version: 2

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Maternity investigations total referrals	20
Rejected by HSIB – family choice	4
Rejected by HSIB – New Covid 19 criteria	2
Progressed and completed	11
Current HSIB active cases	3
Completed internal investigations	3
Current Internal investigations	3

All declined cases either due to not meeting revised HSIB criteria or lack of family engagement, have been subject to a Trust level 1 investigation. All reports and investigations embedded.

20 cases referred in total of which 14 have progressed to an investigation by HSIB. All 14 cases have been reported as serious incidents within the Trust.

ENGAGEMENT WITH FAMILY & DUTY OF CANDOUR

A verbal discussion takes place with families who meet the HSIB and NHSR ENS criteria to deliver DOC and provide information in regards to the HSIB and NHSR ENS. This is followed up with a written DOC letter.



DoC Letter A
HSIB.doc





DOC B HSIB.doc






GOVERNANCE ARRANGEMENTS





All incidents that fit the HSIB criteria are escalated and discussed at the internal Safety Event Group (SEG) and Quality of Care Group (QuOC) meetings and external LMNS SI peer review meeting. The final report including recommendations and actions are taken back to SEG, QuOC and the LMS are provided with the findings. Newly reported cases and final reports are also included in the monthly Maternity update paper which is presented to Trust Board.




Recommendations and actions from completed HSIB and level 1 investigation of HSIB referable cases are agreed at Women's Quality and Safety Meeting (Core Governance).

The actions are monitored via the investigation action tracker on a monthly basis and completed action plans are ratified at Women's Quality and Safety Meeting.

Description	HSIB reference	Date of incident	HSIB outcome (completed, declined, in progress)	Summary	Report link	NHSR referral made and reference number
HIE - cooled	MI003703	07/06/21	completed	G8 P5+3, 40 weeks. Cat 1 LSCS due to APH following ARM. Vasa previa diagnosed. Baby actively cooled. MRI normal on day 7. 1 safety recommendation	 20220201_MI-003703_HSIB Final Maternit	HSIB responsible for referrals until April 2022
HIE - cooled	MI003897	22/07/21	completed	G1 P0, 39+ weeks. Low risk pregnancy. On the Birth Centre. Slow progress. Baby born in a poor condition and actively cooled. MRI showed changes indicative of HIE	 20220126_MI-003897_HSIB Final Maternit	

				4 safety recommendations		
IUD	MI004149	15/09/21	completed	G1 P0, 40+6 weeks. Presented in labour and diagnosed with an IUD. 1 safety recommendation	 20220224_MI-004149_Maternity_Report_	
HIE –cooled	MI004224	23/09/21	completed	G1 P0, 41+1 weeks. Low risk pregnancy. Bradycardia identified whilst in the birth pool. Pathological CTG. Cat 1 LSCS performed and baby was born in a poor condition and actively cooled. MRI suggestive of HIE 3 safety recommendations	 202200331_MI-004224_HSIB_Maternity_F	
IUD	MI004414	09/10/21	completed	G2 P1, 39+6 weeks. Unattended BBA. Resuscitation attempted. PM confirmed baby had likely died 48 hours before birth. 1 safety recommendation	 MI-004414_FINAL report.pdf	
IUD	MI005712	26/12/21	completed	G2 P1, 37 weeks. Attended in labour on day of planned IOL. Fetal heart bradycardic. Cat 1 LSCS performed. Baby born in a poor condition, resuscitation attempted but unsuccessful. 3 safety recommendations.	 20220518_MI-005712_Maternity_report_f	
IUD	MI006358	22/01/22	completed	G1 P0, 38+6 weeks. Attended due to reduced fetal movements and uterine activity. IUD diagnosed.	 MI-006358_Final Report.pdf	

HIE – Cooled	MI008109	28/03/2022	Completed	Baby born in a poor condition following instrumental delivery for a pathological CTG at 38+5 weeks gestation. Baby actively cooled	 20221222_MI-008109_HSIB_Maternity_Ré	
NND at 2 days	MI008602	02/04/22	Completed	G5 P1+3, 40+11 weeks. Attended in labour and Cat 1 LSCS performed due to bradycardic fetal heart seen in admission. Baby born in a poor condition and actively cooled. Decision to compassionately extubate on day 2.	 20220926_MI-008602_HSIB_Maternity_Ré	N/A
HIE – cooled	MI008974	30/04/22	Completed	Baby unresponsive following breastfeed at 2 hours of age. Baby resuscitated and actively cooled. Underlying genetic problems later diagnosed including cleft palate.	 20221124_MI-008974_HSIB_Maternity_R	M22CT389/014.
Maternal death	MI-009563	04/05/22	Completed	G1 P0, 29 weeks gestation. 19 years old. Found unresponsive in bed by parent. Awaiting PM findings and cause of death.	 20221220_MI-009563_Final_report_v.1.0.	N/A
Maternal Death	MI-10714	22/6/22	In progress	G6 P2+2, 26 weeks gestation with mental health concerns. Attended with severe sepsis and an IUD. A caesarean section was performed however due to profound sepsis with severe coagulopathy she died the following day.		N/A
IUD	MI -12792	02/08/2022	In progress	G3 P1+1, IUD at 40+4. Attended MAC with reduced fetal movements.		N/A
IUD	MI-016095	01/10/2022	In progress	40+1 weeks gestation, Planned homebirth. Transferred in due to APH and IUD confirmed. Shoulder dystocia, blood loss 6L, admission to HDU		N/A

HSIB Criteria changed due to Covid 24/03/2020. Any cooled babies with a normal MRI scan and no parental concerns are not routinely investigated by HSIB. The cases below were referred but declined following normal MRI results:						
HIE - Cooled	MI-014874	14/09/22	Completed	G4 P3, term, baby therapeutically cooled following neonatal collapse within 1st hour of life	 Level 1 Investigation SUPC WR127165 Fini	N/A
HIE – Cooled	MI-018105	22/11/22	In progress	Term baby born via vaginal breech admitted to SCBU, cooled on admission. Known breech presentation EL LSCS booked.		N/A
Some families decline or do not engage with the contact made by HSIB. Families are provided with information to inform them in making this informed decision. The cases were referred to HSIB but did not progress due to the family not providing consent:						
NND	MI-004946	03/02/22	completed	G7 P1+4, 38+1 weeks. Attended with abdominal pain and reduced fetal movements. Cat 1 LSCS performed due to massive abruption. Baby was born in a poor condition and actively cooled however compassionately extubated the following day.	 level 1 investigation report WR116590 fin:	N/A
HIE - cooled	MI-009413	13/5/22	Completed	G5 P2, previous LSCS. Admitted at 40+5 weeks for IOL following PVB. During labour at 1 LSCS performed following a uterine rupture. Baby born in a poor condition and actively cooled.	Trust level 1 investigation  Level 1 WR122939 FINAL.pdf	Temporary reference:139666
HIE - cooled	MI-015333	23/09/2022	In progress	Baby therapeutically cooled following neonatal collapse		M22CT389/035

IUD	MI-016587	15/10/2022	In progress	Lady admitted to MAC with contractions 1:5 at 40+2 weeks gestation. Intrauterine death confirmed on admission		N/A
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