

Board of Directors

Date:	27 March 2019	Attachment Number:	9(v)																
Title of Report:	ANHSFT Serious Incident Position Statement																		
Purpose of the report and the key issues for consideration/decision:	<p>The attached report provides the Board of Directors with an overview of new serious incidents and an update on existing serious incidents requiring investigation that remain open on StEIS.</p> <ul style="list-style-type: none"> • Overall serious incidents figures (April 2015 – 28 February 2019) • Serious incidents summary (newly declared) • Duty of Candour • Serious incidents under investigation and remaining open on STEIS. <p>Key points for consideration/discussion are:</p> <ul style="list-style-type: none"> • The numbers of serious incidents open on StEIS. • Details of the new serious incidents declared since last reporting including the immediate actions taken and the impact on patients and staff. • Requirement to meet NHS England National Framework 2015/2016 timeframes for investigating serious incidents within 60 working days. • Duty of Candour position and exceptions 																		
Prepared by:	Mrs Helen Kelly, Assistant Director, Healthcare Governance Ms Tracy Kershaw, Quality and Safety Lead																		
Presented by:	Mr Karl Mainprize, Executive Medical Director																		
Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td></td> <td>Empower & Engage Staff</td> <td>x</td> </tr> <tr> <td>Quality of Care</td> <td>x</td> <td></td> <td></td> </tr> </table>			Financial Sustainability		Empower & Engage Staff	x	Quality of Care	x										
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Quality of Care	x																		
Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td></td> <td>Yes</td> <td>x</td> <td>If Yes, Score</td> <td>8</td> </tr> </table>			No		Yes	x	If Yes, Score	8										
No		Yes	x	If Yes, Score	8														
Which CQC Standards apply to this report:																			
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td></td> <td>Equality & Diversity</td> <td>x</td> </tr> <tr> <td>National Policy/Legislation</td> <td>x</td> <td>Patient Experience</td> <td>x</td> </tr> <tr> <td>Human Resources</td> <td>x</td> <td>Terms of Authorisation</td> <td></td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>x</td> <td>Other:</td> <td></td> </tr> </table>			Finance Revenue & Capital		Equality & Diversity	x	National Policy/Legislation	x	Patient Experience	x	Human Resources	x	Terms of Authorisation		Governance & Risk Management (BAF)	x	Other:	
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Action Required: (please X)	<table border="1"> <tr> <td data-bbox="475 197 651 257">Approve</td> <td data-bbox="651 197 694 257"></td> <td data-bbox="694 197 869 257">Discuss</td> <td data-bbox="869 197 912 257"></td> <td data-bbox="912 197 1149 257">Receive for information</td> <td data-bbox="1149 197 1192 257">X</td> <td data-bbox="1192 197 1476 257">Decision</td> <td data-bbox="1476 197 1508 257"></td> </tr> </table>	Approve		Discuss		Receive for information	X	Decision	
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Previously Considered By:	<table border="1"> <tr> <td data-bbox="483 315 1093 376">Quality & Safety Committee</td> <td data-bbox="1093 315 1209 376">Date:</td> <td data-bbox="1209 315 1465 376">20/03/2019</td> </tr> </table>	Quality & Safety Committee	Date:	20/03/2019					
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Recommendations:	The Board of Directors is asked to receive and note the serious incident position statement.								

Serious Incident Position Statement 27 March 2019

1. Context / Background

Overall serious incidents figures (1 April 2015 – 28 February 2019)

The table below details the number of serious incidents declared on StEIS between 1 April 2015 and 28 February 2019.

Month & Year	Total 15/16	Total 16/17	Total 17/18	Apr 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
SIRI	21	26	17	0	2	1	0	4	2	0	0	0	1	3	
Pressure Ulcer SIRI	11	3	16	0	1	0	0	0	0	0	0	0	0	0	
Falls SIRI	1	**4	1	0	0	0	0	0	0	0	0	0	0	0	
MONTH TOTAL				0	3	1	0	4	2	0	0	0	1	3	
ANNUAL TOTAL	33	33	34	0	3	4	4	8	10	10	10	10	11	14	

At the time of reporting there are seven serious Incidents open on StEIS.

2. Executive Summary of Incidents

Serious incidents summary (newly declared)

During February 2019 the Trust reported three serious incidents.

- Delay in diagnosis (breast cancer);
- Medication incident (unexpected death); and
- Surgical procedure (bladder injury).

2019/2739

- A 72 year old lady in February 2017 underwent a surveillance mammogram where an area of calcification was identified. At this point the area measured 12 x 11mm. An ultrasound of the breast and axilla was performed and identified as normal and the patient was discharged.
- The Radiologist's recommendation of a stereo core biopsy was not undertaken.
- In December 2018 the patient represented to clinic with benign symptoms and repeat mammograms indicated the pre-existing area had grown.
- A wide local excision was undertaken identifying DCIS (pre-cancerous disease) and a small focus of grade 2 invasive ductal. One of the margins was not clear so a second operation for a cavity shave was required.
- The area seen on mammogram has grown in 2 years to 22 x 10mm.
- Second procedure undertaken on 15 February 2019 for further assessments of margins and prognosis.
- Consultant apologised to patient in clinic and informed her that an investigation will be undertaken.

2019/3102

- On 27 January 2019 at 20.40 following emergency referral by her General Practitioner a 56 year old lady attended the Emergency Department (ED) due to pneumonia query sepsis.
- She was reviewed by GPST2 Doctor who notes productive cough, high temperature, rigors, been in bed all day, and starting to produce yellow sputum. Records indicate on SystmOne that had previous admission in September 2018 with similar presentation.
- Records indicate reduced air entry bilaterally with saturations 92 -93% talking in full sentences. Bloods white cell count 11.90, CRP 177, potassium (K+) 2.9, initial venous blood gas at triage PH 7.458, HC03 26.6, K+2.9, BM 9.8 & lactate 1.0.
- Diagnosed with lower respiratory tract infection and low potassium. Treatment plan for intravenous (IV) fluids and IV antibiotics (Amoxicillin 1g).
- GPST2 noted penicillin V allergy in the notes on SystmOne, and asked the patient about the allergy. Patient indicated they had oral amoxicillin before. In addition prior to administration the medical records were checked and a previous medical discharge letter revealed, the patient had been discharged on 6 September 2018 with oral amoxicillin and clarithromycin with no ill effects noted since.
- At time of IV amoxicillin administration (02.05) staff reported patient to have lip swelling, then loss of cardiac output. Also documentation of query witnessed tongue biting +/-seizure with incontinence of urine at time of loss of output.
- On assessment patient noted to be in pulseless electrical activity and asystole arrest.
- At 02.30 following advanced life support CPR protocol patient had return of spontaneous circulation. She was intubated, ventilated and transferred to the intensive care unit for continuous care.
- Records indicate possible causes of the cardiac arrest were hypokalaemia, sepsis and anaphylaxis. Patient died on 7 February 2019.
- On 7 February 2019 blood results indicate - mast cell tryptase results showing a level >200 2hrs after amoxicillin administration falling to 22.9 24hrs later (normal range 2-14) confirming the diagnosis of anaphylaxis.
- Learning Together Case Review undertaken by ED Consultant for antibiotics and anaphylaxis.
- Support mechanisms in place for Doctor in Training.
- On 26 February 2019 Bradford Coroner's Office contacted the Trust Quality and Safety Team. An inquest has been opened and adjourned pending the Trust's serious incident final report. All relevant senior staff has been informed so that appropriate support and advice can be provided for the continued investigation processes.

2019/3815

- On 7 February 2019 at 15.58 a 39 year old lady G1PO 39 + 2 weeks was admitted with ongoing high blood pressure from 38 weeks.
- The lady was admitted for induction of labour due to high blood pressure and induced at 21.35.
- On 8 February 2019 at 23.16 the lady expressed feeling unwell and was in pain. At 23.41 foetal heart bradycardia confirmed and decision made for category 1 lower segment caesarean section, Consultant Obstetrician called. At 23.46 lady transferred to theatre and catheter inserted.
- At approximately 23.55 - 00.00 the Consultant Obstetrician was called by the Registrar (ST7). The ST7 indicated the Foley's catheter bulb was visible - bladder injury, please attend.
- Consultant Obstetrician requested availability of methylene blue, but staff said bulb visible.
- Consultant Obstetrician requested attendance of Consultant Urologist to the surgical theatre.
- On examination the caesarean had been performed through the bladder, there was a large defect anteriorly; posteriorly the bladder had been sutured into the closed caesarean wound.
- On the left there was urine coming out the ureteric orifice. The level of the bladder incision was at the trigone. The right ureter was identified and stented. During released of bladder the Consultant Urologist separated the left ureter from the bladder, and a ureteric re-anastomosis and stenting was undertaken. The ladies bladder was then closed at the posterior and anterior defect.

- The lady required high dependency care post procedure until the 12 February then was transferred to the ward, where her post procedure care continued.
- She was discharged home on the 15 February with follow up out patients in 3 weeks.
- Support mechanisms in place for Doctor in Training.
- A literature search on 'bladder injury during caesarean delivery' concluded that the incidence of bladder injury during caesarean section is relatively infrequent.
- Coding was reviewed from 1st January 2016 to current time and before this reported serious incident there have been no other cases of bladder injury within the Trust related to either emergency or elective caesarean sections .

Duty of Candour

Due to the current on-going Police investigation, the Trust is unable to complete their obligations in relation to the Duty of Candour for investigation 2018/22763. This will remain in place until the Police investigation is complete. The CCG is aware and has agreed this will be an extenuating circumstance.

3. Position Statement

Serious incidents under investigation open on STEIS and those closed since last reporting

Date of Incident Date StEIS reported StEIS number	60 Day deadline date	Clinical Group or Corporate	Speciality or Area	Summary	Status	Inquest Y/N	Duty of Candour Y/N	Extension requested
19/04/2016 20/04/2016 <u>2016/10728</u>	Stop the clock lifted Awaiting deadline date	Critical Care	Ward 16	Sub-optimal care.	Final report sent to CCG on 04/03/2019, await response.	Y Date <i>tbc</i>	Y	Agreed with CCG
24/06/2018 02/08/2018 <u>2018/18983</u>	26/10/2018	Integrated Care	Emergency Department	Delay in treatment	Closed on StEIS	Y	Y	Submitted at 91 days.
19/08/2018 29/08/2018 <u>2018/21030</u>	21/11/2018	Women's and Children	Maternity	Delay in diagnosis	Report and action plan accepted by CCG. Further information requested and sent to CCG on 07/03/2019.	N	Y	Submitted at 92 days.
13/06/2018 05/09/2018 <u>2018/21596</u>	28/11/2018	Women's and Children/Integr ated care	Ward 17/ED	Delay in diagnosis	Closed on StEIS	N	Y	Submitted at 91 days
12/09/2018 20/09/2018 <u>2018/22763</u>	STOP THE CLOCK	Integrated care	ED	Discharge including social services	Currently under Police Investigation	Y	N	STOP THE CLOCK

Date of Incident Date StEIS reported StEIS number	60 Day deadline date	Clinical Group or Corporate	Speciality or Area	Summary	Status	Inquest Y/N	Duty of Candour Y/N	Extension requested
14/11/2018 23/01/2019 <u>2019/1807</u>	17/04/2019	Integrated Care and Surgery	AAU and Ward 19	Medication Incident	Delay in confirming Lead Investigator. RCA scheduled for 12/04/2019.	N	Y	Will require one extension
01/02/2017 04/02/2019 <u>2019/2739</u>	01/05/2019	Surgery	Outpatient and Surgery	Delay in Diagnosis	Awaiting confirmation of Lead Investigator.	N	Y	On Track
27/01/2019 07/02/2019 <u>2019/3102</u>	07/05/2019	Integrated care	ED	Medication Incident (unexpected death)	RCA scheduled for 29/03/2019	Y	Y	On Track
09/02/2019 15/02/2019 <u>2019/3815</u>	15/05/2019	Women & Children's	Theatres	Surgical procedure (bladder injury)	Investigation underway. RCA date TBC	N	Y	On Track