Matthew Downey





Datix Admin & Management Form

PD

| Nan | re a | na | ret | ere | nce |
|-----|------|----|-----|-----|-----|

| Name and reference | | | | | |
|--|--|--|--|--|--|
| Current approval status | Finally approved | | | | |
| ID | PD | | | | |
| Name | Child E | | | | |
| Ref | PD | | | | |
| Reported Date (dd/MM/yyyy) | 04/08/2015 | | | | |
| Opened date (dd/MM/yyyy) | 04/08/2015 | | | | |
| Submitted time (hh:mm) | 05:53 | | | | |
| Handler | Kenny, Miss Siobhan | | | | |
| Manager | Peacock, Debbie | | | | |
| Location | | | | | |
| Division | Urgent Care | | | | |
| Specialty | Neonatology | | | | |
| Location (exact) | Neonatal Unit | | | | |
| Coding | | | | | |
| Туре | 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 | High Potential Harm | | | | |
| Details | | | | | |
| Incident date (dd/MM/yyyy) | 04/08/2015 | | | | |
| Time (hh:mm) | 01:40 | | | | |
| Description | Unexpected death following GI bleed. Full resus unsuccessful. Time of death 01:40 4/8/15 | | | | |
| Action taken | Relevant professionals informed | | | | |
| Notify | | | | | |
| 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?

Yes

Has the patient been told what has happened?

Patient Lacks Capacity

Have the patients family been told about the incident?

Yes

What have the family been told?

Parents present during resus efforts

Incident Investigation

Please use this field to document <u>ALL</u> updates in relation to the investigation.

Peacock, Debbie 16/12/2015 16:56:55 Summary of nnu review: Summary

Baby was a 29 week gestation infant at high risk of NEC. His initial condition was good but he showed signs of stress and maladaption to extrauterine life (persistent high blood sugars). He

is likely to have died from a perforated bowel secondary to NEC. Neonatal care was appropriate and record keeping of a high standard. Possible learning points from the case are described below but it is unlikely any changes in management would have prevented this sad

outcome.

Patient Details

| ID | Forenames | Surname | Email | Job Title | CC Number | NHS No. | Date of birth | Туре |
|---------------|-----------|---------|-------|-----------|---------------|---------|------------------|---------|
| Personal Data | Child E | Child E | | | Personal Data | | PD/07/2015 | Patient |

Employees Involved

No Employees

Incident Reporter

| Approval status | Title | Forenames | Surname | Туре | Status | Contact role |
|-----------------|-------|-----------|---------|-------------------|--------|--------------|
| Approved | Miss | Lucy | Letby | Neonatal Nurse | | Reporter |

Linked Records



| ID | Handler | Name | Opened date | Description | Link Notes | |
|-----|----------------|---------|-------------|---|------------|--|
| I&S | Chloe Delbarre | Child E | 02/08/2017 | Potential claim - unexpected neonatal death of twin aged Pplays. The baby had a gastric bleed followed by another but the cause was unknown. The baby had a sudden deterioration after this. The baby suffered cardiac arrest and CPR/resuscitation was attempted. The baby's parents were consulted and the decision was made to stop resuscitation. | | |