

HIE Morbidity Review Tool – Suspected HIE at Term

(To be completed within 72 hours/3 working days)

Incident specific details:

Mother's Details	Name		DOB	
	Hospital No.			
Baby's Hospital No.			Baby's DOB	
Place of Birth			Incident No.	
Neonatal unit providing care			Initial level of harm (Grading of Datix)	
Brief description of incident & pertinent details				
Service/s involved				
Date of Review				

Immediate actions (Maternity & Neonatal as applicable)			Indicate when completed	Date & Initial
Ensure immediate safety				
Manager/on call manager informed				
Report via Datix				
Does this require Early Warning Notification reporting to WG?				
Escalate as appropriate (senior management, patient safety team/governance team)				
Ensure availability of relevant clinical documentation				
Point of contact provided to staff for support/debrief	Maternity Named Contact:	Neonatal Named Contact:		

The meeting is inclusive to all involved to outline the scope of the review and provide a neonatal/maternal update to those staff wishing to attend. This meeting is not intended to advise on learning:

***Key staff required to attend:**

Neonatal Service Week Consultant, Neonatal Ward Manager, Maternity Governance Lead, Fetal Surveillance Midwife, Consultant Obstetrician, Head/Deputy Head of Midwifery, Supervisor for Midwives, relevant staff involved in the incident

Chair:

List of Attendees	
Name	Designation

Key Questions:

Update on current condition of:				
Mother		Baby		
<p>Being Open – summary of contact with the patient/family to date <i>(including opportunity to parents for questions for immediate reassurance and/or to include within the review):</i></p> <p>If outstanding, person responsible:</p>				
<p>Are there any early indications that staffing levels/skill mix contribute to the incident and were escalation processes in place?</p>				
<p>Safeguarding – Yes/No Please identify who will be taking this forward:</p>				
<p>Professional issues ('A just culture' guidance) Yes / No <i>If yes, briefly describe and identify who will be taking these forward</i></p>				
<p>Immediate actions & Lessons learned? Including any good practice identified. All immediate actions taken or to be taken following the immediate review should also form part of the final investigation report and action plan. Please feedback to the relevant lead reviewers once completed for Datix to be updated.</p>				
Maternity	By Who?	Neonatal	By Who?	By When?

Scope of the Review				
Maternity				
	Care Review	Tabular Timeline?	Brief Details?	By Who?
Antenatal				
Intrapartum				
Postnatal				
Neonatal				
Resuscitation				
Ongoing care				

Outcome summary:

Actions Required	Yes / No
If an ex-utero transfer, do CHANTS need to be involved?	
Named Maternity Lead Reviewer:	
Decide a named person to arrange initial discussion with parent(s) for future contact i.e. arrange for meeting/phone contact <i>Aim: to support parental involvement in review & engagement with maternity</i>	
Named Neonatal Lead Reviewer:	
Is a follow up meeting required if there is any outstanding information?	Date:
Date for interim progress review set by group (aim by 4 weeks): (To clarify learning, completed timeline, discuss learning, progress update, set OCRIM date).	Date:
OCRIM Date set?	Date:
Person Responsible for organising above?	

Please upload to Datix, complete immediate review entry and forward the completed and authorised immediate review as per Health Board patient safety processes to:-

Members of the strategy meeting, Risk and Governance Leads for Maternity and Neonatal Services

Signed:

Chair:

Date:

Author:

Date