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NHS
Milton Keynes
University Hospital
NHS Foundation Trust

Request under Freedom of Information Act 2000

Thank you for your request for information which we received on 10 May 2021.

I am pleased to confirm the following.

1. **How many serious incidents occurred during surgery in the years 2018, 2019, 2020, and 2021 up to the date received (07/05/2021)? Please provide a breakdown by year.**

    - **For each serious incident, please provide as much detail as possible within the time/cost framework, and without any identifying information that could incur a personal data exemption.**

    - **Please provide a breakdown by i) never events ii) all other serious incidents**

Date Reported	SUI Categories	Description	Location	Severity	Never Event?
15-03-18	Sub-optimal care of the deteriorating patient	P2 Cat 2 section for abnormal CTG, ? abruption. 03:34: Baby delivered. 03:55: 1st MOH call - EBL 1.5L. 04:00: 1st unit emergency blood commenced. 04:10: Current EBL 2.6L. 04:12: 2nd MOH call as support staff had not yet attended from first MOH call for blood products, labour ward coordinator attended. 04:26 senior midwife (2nd band 7) attended to scribe, on phone to consultant. General surgeons present in theatre. 05:00: Consultant arrived in theatre, bleeding had settled. Total EBL 4154ml.	Theatres - Phase 1	Moderate	No
08-06-18	Surgical Error	A patient was reviewed in the MDT cleft clinic. It was noticed that two the teeth which were due to be extracted were still present. Secondly a tooth which was not part of the extraction plan had been removed.	Other	Moderate	Yes
06-12-19	Unit Closure	Concerns over recent weeks about the rate of revision following primary hip replacement at MKUH: the 5 – and 10- year revision rates as described by the National Joint Registry are higher than we would expect, and the issue seems to have become more prominent in the last 2-3 years. Concerns about a number of potential infections (infection is associated with revision) observed by consultant orthopaedic surgeons over recent weeks. It is not yet clear whether these cases will be confirmed microbiologically as deep tissue infection and / or if they arise in part because of increased vigilance due to (1) above. A background of 12/635 deep infections (1.9%) in the 15 months to September 2019, following hip or knee replacement surgery. This is not a statistical outlier (TBC) but is higher than the historical position (TBC).	Theatres - Phase 2	Moderate	No
01-08-20	Sub-optimal care of the deteriorating patient	Patient had 1488ml EBL following uterine ruputure. Managed well with Oxyotcin/ 40IU/ Tranexamic acid/ haemobate	Theatres - Phase 1	Moderate	No
24-08-20	Sub-optimal care of the deteriorating patient	P3 had EMCS for spont labour and contracting (had two previous ELCS). lost 500ml in theatre, 100ml in recovery and 100ml in ward 9 on admission. hours later she lost a further 700ml while in transit to labour ward. decision was made following bedside US abdominal scan to go to theatre. in theatre a further 1.6L was lost. total EBL was 3L	Theatres - Phase 1	Moderate	No
28-08-20	Unexpected Death (general)	Patient admitted from ED for emergency laparoscopic appendicectomy. Anaesthetic induction performed. Post induction whilst in the Anaesthetic room, SATS dropped into the 80s, then into the 70s. Patient then had a cardiac arrest.	Theatres - Phase 1	Major	No
19-10-20	Surgical Error	Patient had Right Oxford partial knee replacement in the morning. I was the scrub practitioner for the procedure. The procedure went smoothly, when component sizing was done, the circulating personnel checked and confirmed with the operating surgeon the femoral and tibial components and both implants were opened to the scrub practitioner and implanted by the surgeon. The surgeon checked the thickness of the meniscal bearing required and asked the circulating staff to open the implant after checking it. The bearing was inserted, wound closed and patient was transferred to recovery. Around 17:15 hours, I am submitting the above procedure to NJR when I noticed that the meniscal bearing inserted was labelled for the left side. Usually the NJR will alert if there is an implant incompatibility but in this occasion it did not alert.	Theatres - Phase 2	Moderate	Yes
04-01-21	Maternity Service - Unexpected admission to NICU	Decision made to go for CAT 2 EMCS due to suspicious CTG. Pead present. Baby delivered. Significant mec at delivery. Taken to resus. Neonatal emergency call made. Senior midwife and pead Reg attended Inflation breaths and oxygen required. Apgars 4 (1),5 (5),6 (10) Transfer to NNU	Theatres - Phase 1	Moderate	No
30-04-21	Maternity Service - Unexpected admission to NICU	Emergency LSCS for fetal distress, absent fetal movements. baby born in poor condition cord around the neck 3 times and true knot in cord. apgars 0 @ 1 min / 3 @ 5 mins / 4 @ 10 minutes full neonatal resuscitation and intubation including cardiac compression Arterial PH - 6.92 BE -13.72 Lac - 11.3 Venous PH - 7.17 BE -7.24 Lac 10.0 baby admitted to NNU and to be transferred out for cooling.	Theatres - Phase 1	Major	No

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If you need any further assistance, please do not hesitate to contact us at the address above.

Yours sincerely,

Freedom of Information Co-ordinator
For and on behalf of Milton Keynes Hospital NHS Foundation Trust