

Early Notification Scheme

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The Early Notification Scheme



NHS Resolution's EN Scheme proactively investigates specific brain injuries at birth for the purposes of determining if negligence has caused the harm.

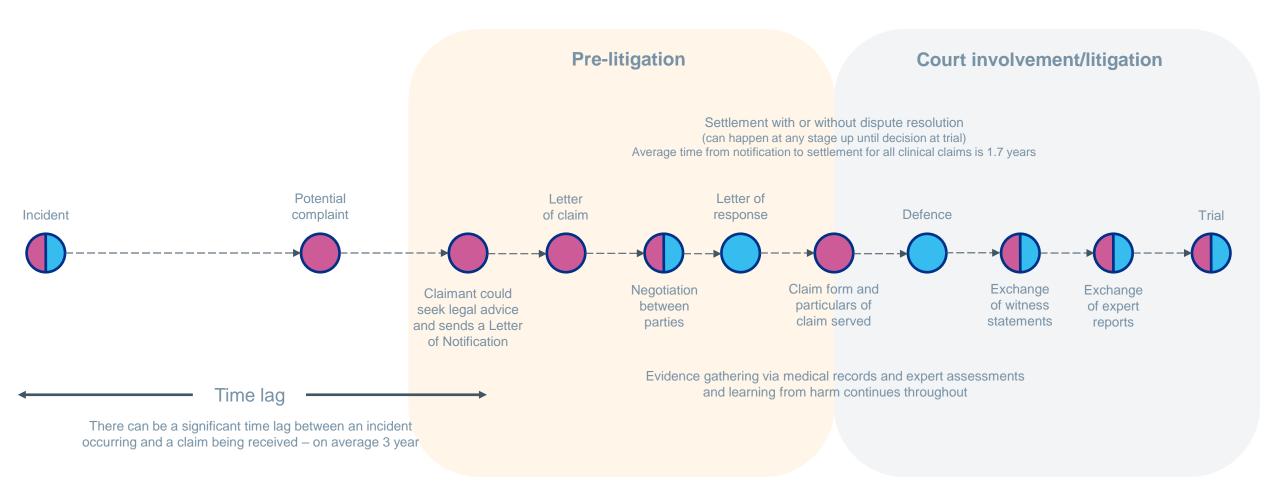
The scheme was established in April 2017 and aims to:

- 1. Respond to the needs of families where clinical negligence is identified, through the early admission of legal liability and provision of timely compensation where appropriate, and
- 2. Help ensure that steps are taken to learn when things have gone wrong, to improve maternity care as well as sharing good practice.



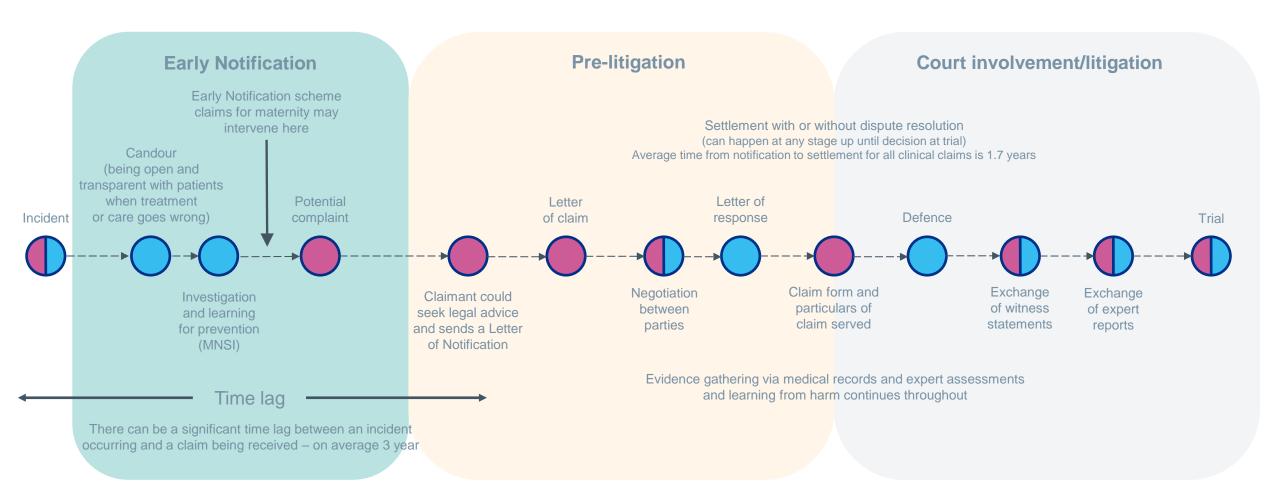
Clinical claims journey





Clinical claims journey





Aims and benefits



- 1 Investigate potential eligibility for compensation and reduce legal costs
- **2** Early assessment of risk closer to the incident
- 3 Build on Saying Sorry and Being Fair 2
- 4 Unique contribution to patient safety landscape
- 5 Improve the experience for the family and affected staff
- 6 Share learning with individual trusts

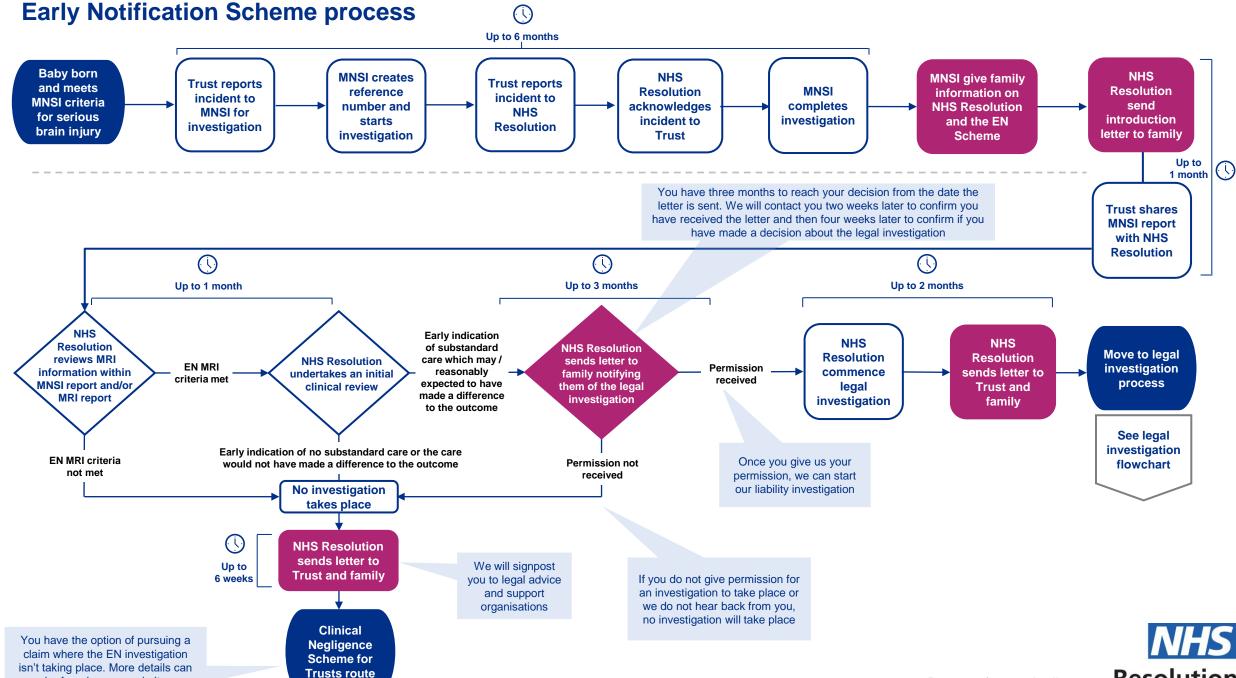
EN Scheme criteria



Entry criteria is based on MNSI's criteria for severe brain injury investigations;

From 1 April 2022, EN triage and clinically review according to the following clinical definition:

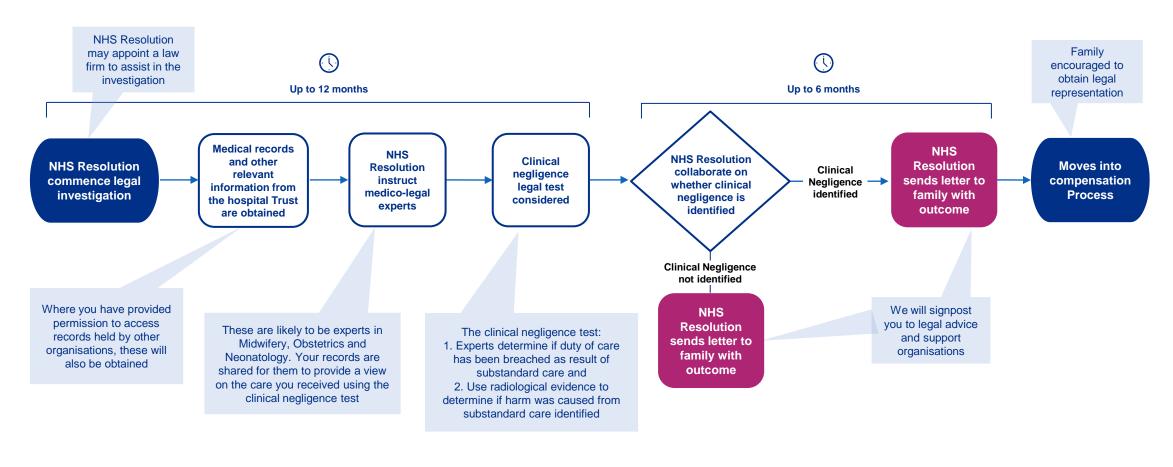
"Babies who have an abnormal MRI scan where there is evidence of changes in relation to intrapartum hypoxic ischaemic encephalopathy (HIE)"



be found on our website

Early Notification Scheme Legal investigation process





Please note, your investigation make take longer depending on a number of factors. You or your representatives will be updated during your investigation.

After a liability decision has been made



- Negligence not identified Signposted to legal advice and support organisations
- Negligence identified:
 - Signposted to instruct solicitors.
 - Further investigations over following years to establish amount of compensation to be paid.
 - Initial meeting with family to establish immediate care needs. Invited to engage in collaborative approach.
 - Ongoing interim compensation payments whilst total to be paid is investigated.
 - Court proceedings necessary as infant approval is required by law.

Supporting learning



Raising awareness

• The 1st and 2nd EN reports look at themes to aid learning. These include impacted fetal head and vaginal birth after previous caesarean section.

Supporting trusts

• Thematic analysis of EN cases to support trusts with quality improvement work.

What else?



Family Liaison and Mediation Team

- Ensuring public facing resources meet the needs of families
- Helping with any resource a family may need if eligible for EN
- Ensuring communication with families is suitable for them including language needs

Maternity Voices Advisory Group

- Started in 2021
- Provides a platform for stakeholders, in particular families, to work towards future developments within the EN scheme.

The second report: The evolution of the Early Notification Scheme



Part of NHS Resolution's Maternity campaign 2022/23 #ImprovingMaternityOutcomes

The second report





The second report: The evolution of the Early Notification Scheme

NHS Resolution

Overview

Our new Strategy from 2022 to 25 includes a specific priority to collaborate to improve maternity outcomes and continue to support the National Maternity Safety

The Early Notification (EN) Scheme proactively investigates specific brain injuries at birth to establish if clinical negligence has caused harm. We do this by requiring our Clinical Negligence Scheme for Trusts (CNST) members to notify us of maternity incidents which meet a certain clinical definition.

The EN Scheme is a key initiative supporting the delivery of safer maternity care, providing a more rapid, caring response to families in cases of severe harm, and supporting a learning culture.

Improvements in timeframe



Approximately 18 months from birth to admission of liability on EN cases analysed (for non EN cases it is almost 7 years)

What's changed since the first EN report?

- We have adopted an expert summit process which allows for multiple similar cases to be discussed simultaneously
- We've made changes to the EN reporting criteria, focusing efforts where they are both needed most and will provide the greatest
- We've set up a Maternity Voices Advisory Group to build closer links with families, to support the development of the scheme.

The estimated clinical negligence cost of harm was £13.3 billion, with maternity claims

making up 60% of this'

Key clinical themes from the second report







for vaginal birth after caesearean



Family experience

*The EN Scheme worked very well for our son and for us as a family. It accelerated the investigation process and resulted in an early admission of liability, which meant we received interim payments as our son's claim continued. This was so helpful as it meant we could access support and rehabilitation for him when it was needed. It was really beneficial to be able to put in place care, therapy, aids and equipment, and accommodation at an early stage."

Quote from a family member involved

NHS Resolution's Annual report and accounts 2021/20

Our resources to support you in practice

- Faculty of Learning EN case stories
- Saying sorry leaflet
- Duty of Candour animation
- Being Fair guidance
- Coming soon eLearning maternity module

#ImprovingMaternityOutcomes

Recommendations from this report

NHS Resolution will support the work of royal colleges and wider stakeholders to:

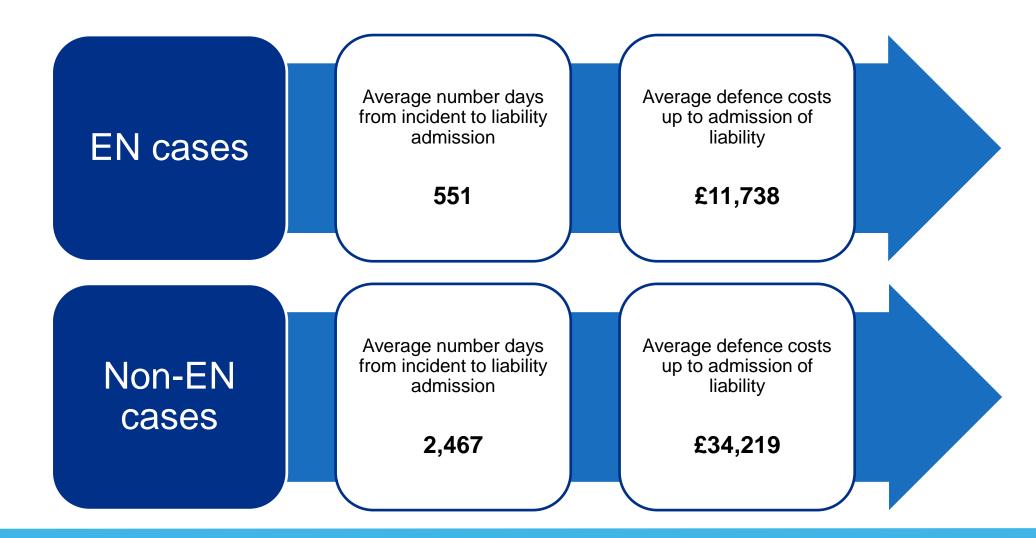
a) improve antenatal counselling before trial of vaginal birth after caesarean section

b) improve awareness in relation to response to harm for families and staff

NHS Resolution will support the work with NHS Providers and wider stakeholders, encouraging a joined up approach between trust legal services and maternity and risk teams.

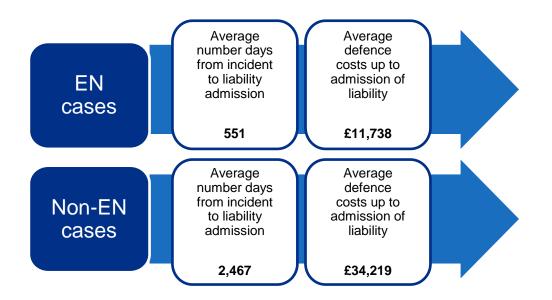
The Second EN Report Chapter 2 – Benefits of early liability investigations





The Second EN Report Chapter 2 – Benefits of early liability investigations





Comparative analysis of 10 EN CP admissions with 10 traditional CP claims:

Important reduction in the process duration from incident to admission with the EN scheme

(From approximately 80 months to approximately 18, saving approximately five years).

In addition, an important reduction in the defence costs up to admission of liability (a saving of several thousand on NHS legal costs)

Chapter 3 - Impacted fetal head at caesarean section



- Clinical complication contributing to poor outcome.
- First EN report found that 9% of the cohort of infants born with suspected HIE.
- There remains a shortage of information and NHS Resolution acknowledge the ongoing work on this topic. NHS Resolution will continue to work with the national Avoiding Brain Injury in Childbirth (ABC) programme.

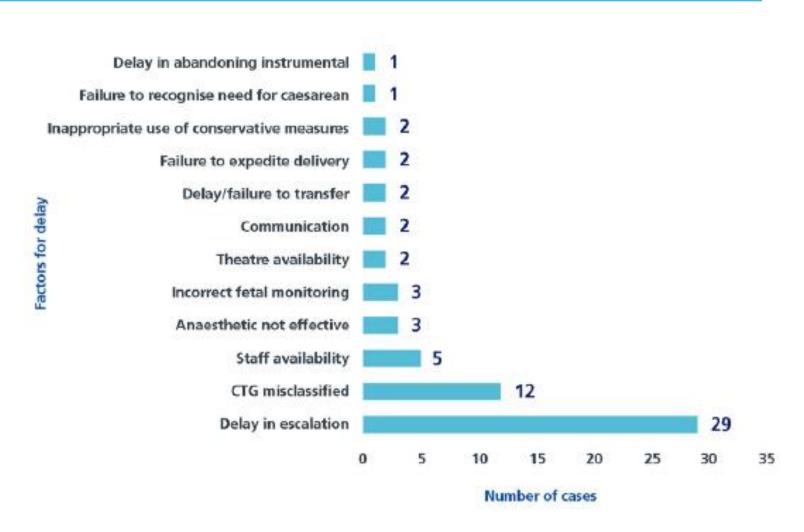
Chapter 4 – Delay in birth



Present in 64% of cases

Underlying themes:

- Loss of situational awareness
- Issues surrounding escalation



Chapter 4 – Uterine Rupture



- Seen in 25% of cases of cases in the year 1 cohort; however, this increased to 42% in the year 2 cohort of incidents.
- Quality of antenatal counselling was highlighted as an issue, as were recognition of rupture and delay in action after recognition.

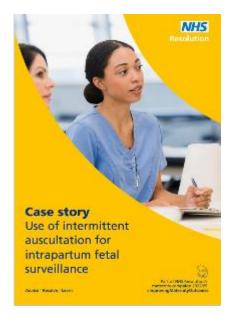
Chapter 6 - Recommendations



- 1: Support the work to improve antenatal counselling before trial of vaginal birth after caesarean.
- 2: Support the work to improve awareness in relation to response to harm for families and staff.
- 3: Support working relationships and encourage a joined-up approach between trust legal services and maternity and risk teams.

Learning - case stories













EN case stories web page

Guidance on using case stories

Launch of our first eLearning maternity module!





Maternity insights: closing the loop, learning from harm

Raising awareness of the early notification scheme and legal process



NHS England

Completion of the module takes approximately two-and-a-half hours and can be used as evidence of CPD hours undertaken for revalidation

Designed by clinicians Free resource



Law of negligence and clinical claims

More information here



Further resources



Early Notification web pages

- Early Notification landing page
- Support for families or carers
- FAQs for families or carers
- Trusts or member organisations

Maternity Incentive Scheme

The <u>Maternity Incentive Scheme (MIS)</u> supports the delivery of safer maternity care through an incentive element to trust contributions to the CNST.

eLearning module

<u>eLearning module</u> that focuses on learning from the significant avoidable harm that can occur during the antenatal, intrapartum and postnatal care of mothers and their babies and is seen in the cases notified to its Early Notification Scheme.

EN case stories

Our <u>EN case stories</u> are illustrative and based on recurring themes from real life events. These experiences have been highlighted and shared with you, to help identify potential risks in your clinical area, promote learning and prevent fewer incidents like these occurring in the future.

Further resources continued...



Report form

Within 30 days of receipt of the final MNSI report Trusts must ensure that the following documents are uploaded to the corresponding CMS file via DTS:

- A copy of the final MNSI report;
- A copy MRI report (if available);
- An updated <u>EN report form</u> (if there were any outstanding fields of information).

Once these items are received, the EN team will triage the case and acknowledge whether the matter will be taken forward for further investigation. At this point medical records and/or other documentation may be requested.

Reporting guide

To be considered alongside wider <u>Claims Reporting guidelines</u> and to establish whether a maternity incident should be reported to the Early Notification (EN) scheme please answer the questions and follow the instructions set out in steps one to four of our <u>reporting guide</u>.

The second Early Notification report

Published on 29 September 2022, the report provides an overview of progress made since the first report in 2019. It updates on the progress of the key recommendations which were made in the first report and reflects on modifications and improvements made to the scheme since its launch in 2017. It also provides an analysis of the main clinical themes, based on a small cohort of cases, and makes recommendations to further improve outcomes for affected families.

Head over to our dedicated page for the second report where you can also find a webinar which gives a detailed overview of the report, as well as an infographic with the key messages.

Further resources continued...



Early Notification Scheme animation

We have created an animation designed to explain what our Early Notification Scheme does.

As part of our third strategic objective, to collaborate to improve maternity outcomes, and ongoing consideration for how the EN scheme should be developed, we've been working closely with our Maternity Voices Advisory Group and a group of parents via PEEPS-HIE to improve our direct communication with families and ensure consistent contact with our Family Liaison team once a case is accepted onto our Early Notification Scheme.

The Early Notification Maternity Voices Advisory Group (MVAG) was established to provide external stakeholders, in particular families and their representatives, with a forum through which they can advise and support future service developments within the Early Notification Scheme.

This animation was co-designed with MVAG and a group of parents via PEEPS-HIE and aims to be clear, concise and understandable for any families who might have experienced an incident of maternity harm and have been accepted onto the EN Scheme or are seeking to understand more about what the scheme does.

We also hope it will act as an important signpost for further support for families and where they can contact our internal teams for more information if needed. We aim to create a further animation explaining the liability investigation in more detail in the near future.

Click here to view the animation on Vimeo.