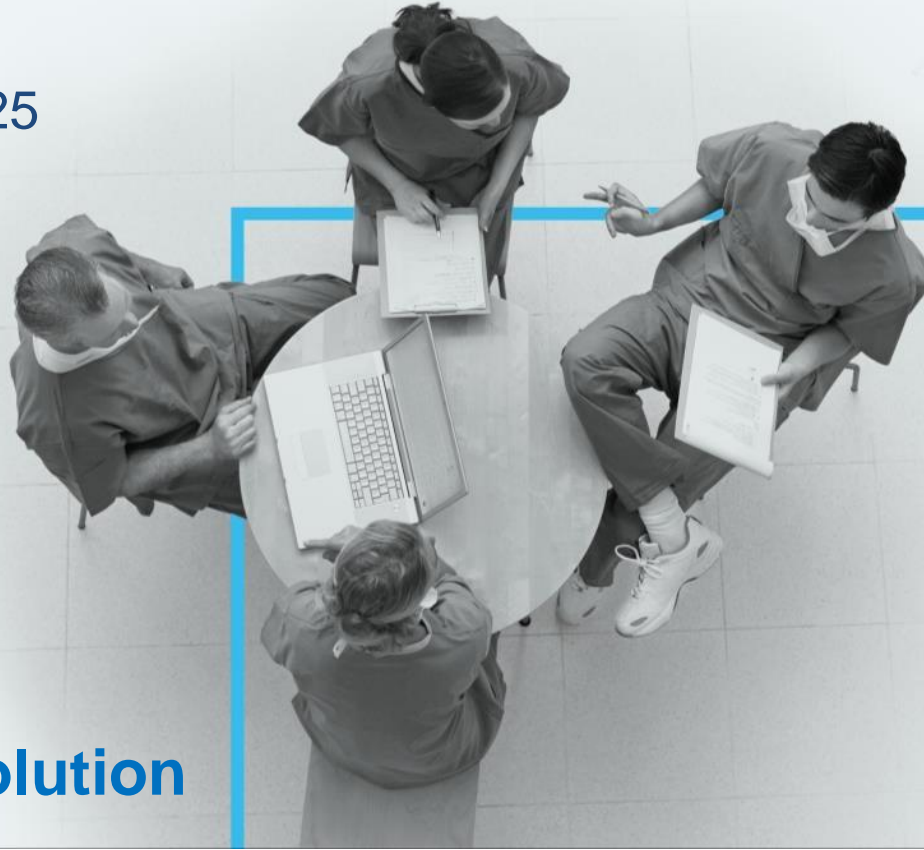


Midlands and East Safety and Learning Network Meeting

Maternity focus

21st January 2025



@NHSResolution

1. Introduction to NHS Resolution Midlands and East Safety & Learning Network Meeting – Henrietta James-Hill and Samantha Thomas
2. Early Notification Scheme- Amuthan Ramakrishnalal & Cordelia Yarborough
EN legal and EN clinical, Midlands and East
3. Maternity Incentive Scheme- Bridget Dack– MIS Lead
4. Panel - Sian Brown & Kelly Buckley, Partners, Browne Jacobson
5. Network discussion and feedback - collaboration & cross-system working / learning

Network objectives: sharing best practice; innovations; learning from claims data and creating a regional community of practice

NHS Resolution: our priorities and services

New strategic priorities



Deliver fair resolution



**Share data and insights as
a catalyst for improvement**



**Collaborate to improve
maternity outcomes**



**Invest in our people and
systems to transform our
business**

Our services

Claims Management

Delivers expertise in handling both clinical and non-clinical claims through our indemnity schemes

Primary Care Appeals

Offers an impartial resolution service for the fair handling of primary care contracting disputes.

Practitioner Performance Advice

Delivering expert advice, support and interventions on the fair management of concerns about the performance of doctors, dentists and pharmacists

Safety and Learning

Supports the NHS, our members and beneficiaries to better understand their claims risk profiles, to target their safety activity while sharing learning across the system to improve patient care

Safety & Learning service

Three Teams



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graph TD; A[Three Teams] --> B[Safety & Learning]; A --> C[Early Notification]; A --> D[Maternity Incentive Scheme];
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Safety & Learning

Focus

- All Specialties

Aim

- To support members and beneficiaries of NHS Resolution schemes to understand their own claims risk profiles to target safety activity and share learning for improvement across the health service nationwide.

Contact:

nhsr.safetyandlearningenquiries@nhs.net

Early Notification

Focus

- Maternity & Neonatal Services

Aim

- To support proactive investigation and early resolution of birth injury cases, reduce litigation and legal costs, disseminate learning across trusts to improve maternity care, and create a more transparent process with greater support for families and staff involved.

Contact:

nhsr.enteam@nhs.net

Maternity Incentive Scheme

Focus

- Maternity & Neonatal Services

Aim

- To support the Department of Health and Social Care's National Maternity Safety Ambition by financially incentivising Trusts to take action to improve maternity safety.

Contact:

nhsr.mis@nhs.net

Housekeeping

- This event is being recorded.
- Please use the chat box to submit any questions.
- Feel free to share your innovations in the chat.
- An online feedback link will be shared in the chat at the end and emailed after the webinar.



Early Notification (EN) scheme:

Maternity Incentive(MIS) scheme:

Panel- Horizon scanning

Browne Jacobson

Maternity Claims - Horizon Scanning

Breaking down language barriers to communication – learning from maternity claims

NHS Resolution Midlands and East Safety and Learning Network meeting

Sian Brown, Partner & Kelly Buckley, Partner

21 January 2025

Ongoing scrutiny on maternity services

Areas of challenge and risk

- (As we all know), effective communication is vital to:
 - Facilitate understanding.
 - Ensure patients are supported to make informed decisions and feel listened to if they raise concerns.
 - Help reduce fear.
 - [CQC National Review of maternity services in England 2022-2024](#)
 - Induction of labour – managing disappointment and pain relief.
 - Mental health – better communication to reduce anxiety.
 - Requests for pain relief not being listened to - stereotyping and a lack of cultural awareness.
 - People whose first language is not English face additional inequalities. Access to and the quality of interpreting services varied and continues to be a theme in patient safety incidents nationally.¹⁰
 - Communication between staff
 - Informed choice and consent.

Language

Breaking down barriers

- The importance of personalised care.
- Accessible Information Standard - information should be in a format or language that meets the needs of the individual.
- Equalities Act 2020 - people who don't speak English have the right to be provided with an interpreter. NB: It should be clear to all staff on accessing the maternity record that an interpreter is required, and additional time should be allocated for consultations
- *“When giving women (and their partners) information about antenatal care, use **clear language**, and **tailor the timing, content and delivery of information to the needs and preferences of the woman and her stage of pregnancy**. Information should support shared decision making between the woman and her healthcare team...”*
- *“Ensure that reliable interpreting services are available when needed, including British Sign Language. Interpreters should be independent of the woman rather than using a family member or friend”.*

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Nice Guidance Antenatal Care, August 2021

Challenges in breaking down language barriers

Communication conundrums

- Interpretation services are requested but not available.
- Offer of interpretation services refused.
- Risks when family members step in.
- Risks when staff step in.
- Lack of written information in a suitable format.
- Technological barriers e.g. patients unable to access technology/Apps not working for staff at home visits in remote locations.

How can poor communication translate into claims?

Informed choice and consent

- A clinician is under a duty to take reasonable care to **ensure that the patient is aware of any material risks** involved in any recommended treatment, and of **any reasonable alternative or variant treatments** (Montgomery v Lanarkshire Health Board (2015)).
- What does this mean in practice?
 - Work in partnership with your patients.
 - There must be genuine dialogue and consent is a continuous process.
 - Communicate in a way to facilitate understanding (regardless of any language barriers!):
 - avoid excessively detailed information – keep it simple
 - so far as possible, avoid technical jargon
 - tailor the discussion to the individual patient and check understanding through dialogue

How can poor communication translate into claims?

Mordel v Royal Berkshire NHS Foundation Trust [2019]

- Claimant's first language was Polish although she spoke good English. At Booking appointment agreed to undergo the standard screening tests, including those for Down's syndrome. "Unsure" about any invasive tests (i.e diagnostic testing in the event that initial screening indicates more than a 1:150 risk of Down's).
- Subsequently sonographer asked "Do you want the screening for Down's syndrome?", to which Claimant answered "no". Records documented "Down's screening declined".
- Claimant gave birth to a child with Down's syndrome and brought a claim against the Trust for wrongful birth.
- Judge accepted Ms. Mordel's explanation that she thought the sonographer's question meant whether she wanted a child with Down's - *"From my experience, care needs to be taken in not assuming that because a person appears to be reasonably fluent in the English language her comprehension will be at the same level"*

1).

Case study and interactive discussion

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Case Study

Ms A booked in for her second pregnancy at 12+1 weeks gestation. English was not her first language. Her first baby had been delivered by caesarean section.

At the booking appointment, the 'tick box' for the requirement of a translator was documented as 'required' with a handwritten note stating, 'needs Interpreter'; the electronic notes recorded Ms A as 'not English speaking'. In the event of an emergency her partner was to be identified to offer support if an interpreter was not available.

In fact, subsequently, the midwifery team communicated with Ms A without using a translation service as it was felt this was not required and Ms A said that she did not wish to use translation services.

The antenatal period was uneventful and Ms A attended all of her scheduled appointments and ultrasound scans. During the antenatal period, Ms A was counselled about VBAC and it was noted in the medical records that 'risks and benefits discussed'.

Ms A was also informed that it was important to monitor her baby's movements during pregnancy and she was also given a patient information leaflet advising her about reduced fetal movements and where to access advice if a change in movements occurs. This leaflet was available in English language only.

Case Study

At 39+4 weeks gestation Ms A was admitted to the labour suite reporting pain and a two-hour history of moderate irregular uterine tightenings. Ms A attended without her partner who was working away from home at the time and who she had been unable to contact. On admission, Ms A was distressed. She appeared to be in significant pain but due to language difficulties she was unable to describe the nature of this pain clearly.

A CTG trace was commenced which showed that the baby's heart rate was bradycardic at 80 bpm. The emergency bell was pulled and a decision to proceed to a category one caesarean section (CS) was made. The notes indicated that Ms A was 'consented' for this.

Sadly, the baby was born in a poor condition and a subsequent MRI scan showed changes consistent with a prolonged partial pattern of hypoxic ischaemic injury. The cause of the baby's hypoxia was a placental abruption, although this was only discovered on delivery by Caesarean section.

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During the subsequent patient safety investigation, Ms A described experiencing a sudden onset of pain when she presented at 39+4. This was not documented in the medical records.

Top tips

- Ante-natal care – regularly assess needs and keep a record. Ask yourself at every contact - what does this patient need for me to understand the information?
- Use interpreter services where appropriate and available.
- If translation services are turned down, ask to understand why and record the details of the discussion and the request
- Don't rely on translation of written materials - always check that women and people who give birth understand the information provided, and how it relates to them.
- Do use technology where possible e.g. Janam App - but be aware of potential barriers in accessing technology/limitations on use
- Where possible, plan in advance for how to manage emergency situations.
- Ensure good communication following a complaint/any patient safety investigation

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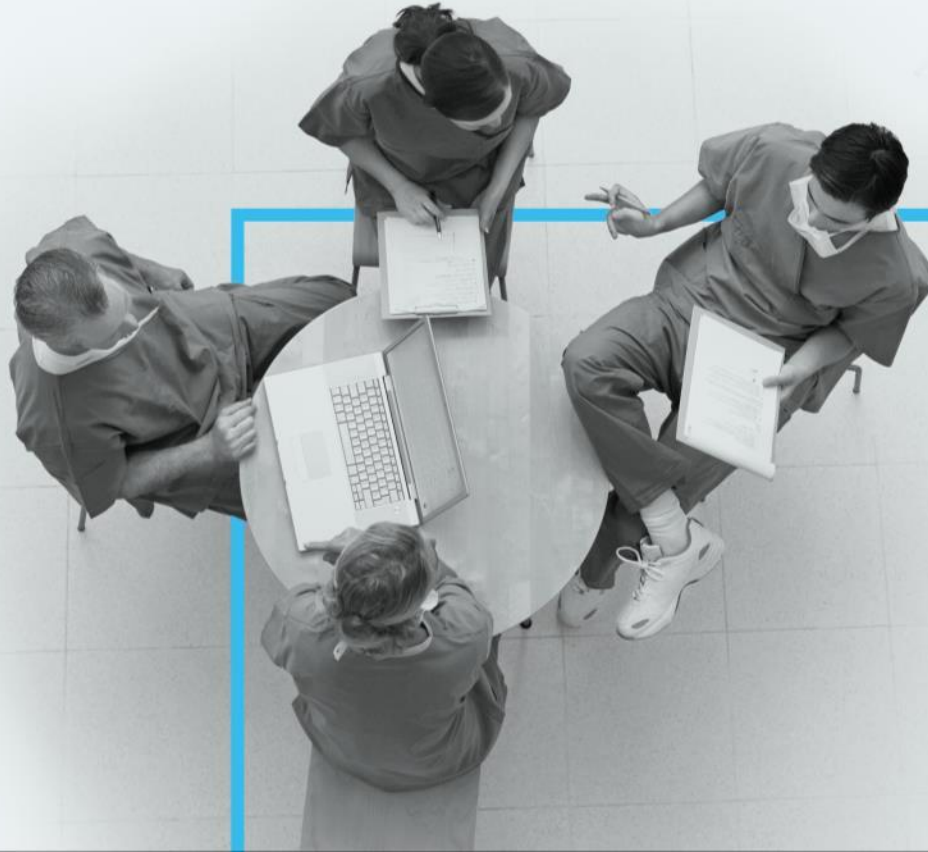
Useful resources

- [Browne Jacobson Maternity Hub – including maternity specific mock inquest resources](#)
- [Shared Insights – focus on maternity and neonatal safety \(note from session on 9 July 2024\)](#)
- [NHS Resolution case study – communication and language challenges when English is not a mother's first language](#)
- [NHS Resolution – Nadine's Story](#)
- [NHS Resolution – Year 6 Maternity Incentive Scheme \(submissions by 3 March 2025\)](#)
- [Ockenden Maternity Review – report due to be published September 2025](#)

Questions

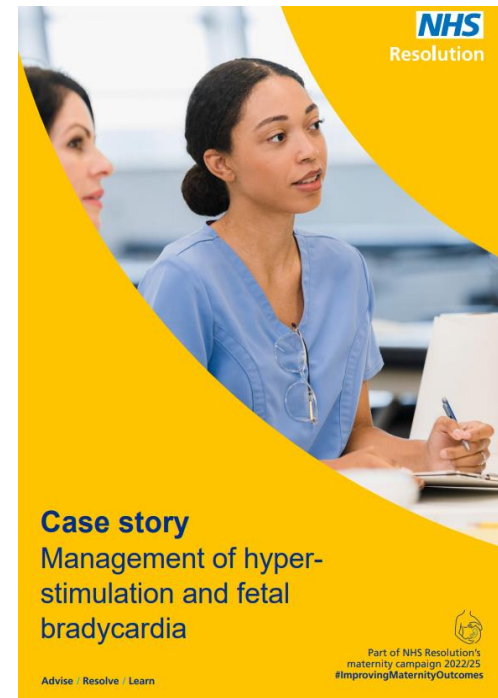
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Questions and discussion



Safety & Learning resources

Resources - Maternity



Maternity eLearning resource - <https://learninghub.nhs.uk/catalogue/maternity-insights>

Neonatal Jaundice illustrative case story

1. Situation

- Neonatal jaundice leading to kernicterus and subsequent cerebral palsy

2. Background

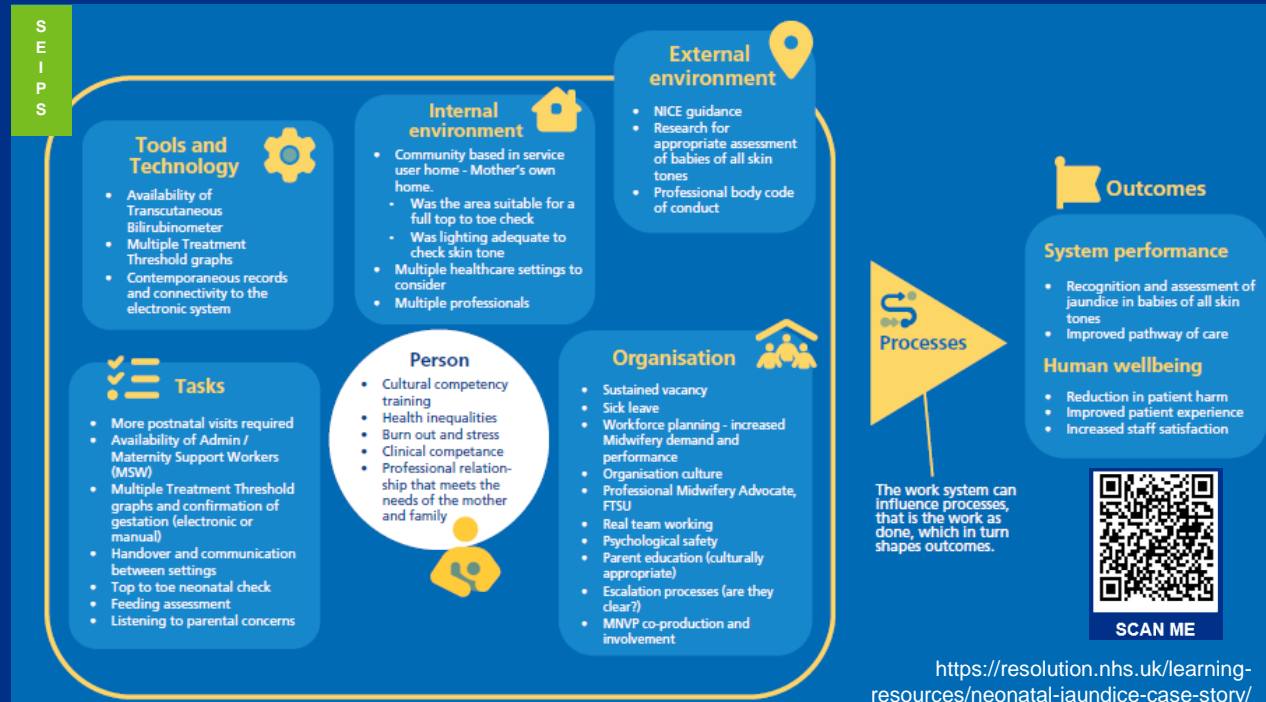
- Black British mother
- No risks identified at booking
- Third baby born by uncomplicated SVD
- Breast feeding

3. Assessment

- Parental concern
- Neonatal Assessment
- Serum Bilirubin Measurement (SBR).
- Urgency of SBR test
- Incorrect chart

4. Recommendation

- SEIPS



Why do people claim – Saying sorry

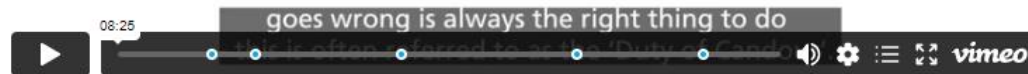


Duty of Candour

NHS Resolution



Duty of candour



<https://resolution.nhs.uk/resources/duty-of-candour-animation/>

Resources – Maternity eLearning Module

elfh

elearning for healthcare

Designed by clinicians
Free
resource

**Law of negligence and
clinical claims**



England

[More information here](#)

**Maternity insights: closing
the loop, learning from harm**

Raising awareness of the early notification scheme and legal process



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



*“This module offers a unique
opportunity to gain direct insights
from NHS Resolution, focusing on
learning from harm and sharing a
platform for direct learning from
Early Notification cases”*

**Dr Denise Chaffer, Director of Safety and
Learning**

Feedback received so far

“The information will enhance the knowledge across our organisation and will help drive improvement further.”

“Good to be able to use the safety and learning team for education events”

“I would like to learn more about how we can work together in the future particularly in the mental health area.”

“Colleagues in the trust regularly attend webinars etc in relation to these issues and are keen to utilise in our own improvement work.”

We hope you found this engagement beneficial, we'd really appreciate your feedback to help us improve future sessions.

Please use the QR code or use the link here
<https://www.smartsurvey.co.uk/s/DZXJND/>
to complete the short survey

Thank you





Thank you for listening

Safety and Learning team

nhsr.safety@nhs.net

020 7811 2700

 **@NHSResolution**

Name: Henrietta James-Hill

Associate Safety and Learning Lead

Email: Henrietta.jameshill@nhs.net