

Quality and Patient Safety Committee

Report Title:	NHS Resolution's Early Notification scheme – report on compliance, in line with CNST (Safety Action #10)
Executive/NED Lead:	Darren Darby, Chief Nurse Angela Tillett, Chief Medical Officer
Report author(s):	Sarah Carter – Maternity Governance Manager
Previously considered by:	Women's and Children's Divisional Management Team

Approval
 Discussion
 Information
 Assurance

<p>Executive summary</p> <p>NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care.</p> <p>This paper sets out the Trust's current position on Safety Action 10:</p> <p>“Have you reported all qualifying cases to HSIB/CQC/MNSI from 6 December 2022 to 7 December 2023?”</p> <p>“Have you reported all qualifying EN cases to NHS Resolution's EN Scheme from 6 December 2023 until 7 December 2023?”</p> <p>Giving assurance of the compliance against the standard for reporting relevant incidents of suspected severe brain injury to HSIB and / or NHSR EN within the required timeframe. As part of a Maternity Safety Action required, Trusts must demonstrate that they have reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and (if applicable) subsequently reported to NHS Resolution's Early Notification (EN) scheme once confirmation has been declared that an investigation will be undertaken.</p> <p>This report gives an overview of the compliance against the standard for reporting relevant incidents of suspected severe brain injury to HSIB and NHSR EN within the required timeframe.</p>
<p>Action Required of the Performance Committee</p> <p>To consider and approve the contents of the report.</p>

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>

SO3	Develop our centres of excellence	<input type="checkbox"/>
SO4	Support and develop our staff	<input type="checkbox"/>
SO4	Drive technology enabled care	<input type="checkbox"/>
Risk Implications for the Trust (<i>including any clinical and financial consequences</i>)		If we do not have effective safety standards and assurance mechanisms in place, we cannot demonstrate that cases of severe brain injury at birth are reported to NHR EN or HSIB/MNSI and there will be early resolution of cases.
Trust Risk Appetite		Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong
Legal and regulatory implications (<i>including links to CQC outcomes, Monitor, inspections, audits, etc</i>)		Requirement to report all relevant cases of severe brain injury at birth to NHR after gaining consent from the parent(s) of the baby.
Financial Implications		Risk to reputation and subsequent financial loss by not meeting the incentive scheme standards
Equality and Diversity		There are no E&D implications

1. Introductions

NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care.

The scheme incentivises ten maternity safety actions (“the standards”). Trusts that can demonstrate they have achieved all of the ten standards will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

Should the Trust not achieve all ten maternity safety actions, the Board is required to ‘declare’ and submit an Action Plan for the actions not achieved.

2. Requirements

- A. Reporting of all qualifying cases to HSIB/ MNSI from 6 December 2022 and 7 December 2023.
- B. Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 and 7 December 2023.
- C. For all qualifying cases which have occurred during the period 6 December 2022 to 7 December 2023, the Trust Board are assured that:
 - I. the family have received information on the role of HSIB//MNSI and NHS Resolution’s EN scheme; and
 - II. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.

3. ESNEFT Qualifying Cases

Between 6th December 2022 and 7th December 2023 there were 6 cases that initially met the referral criteria for HSIB/MNSI and were subsequently referred:

- **14.12.2022: MI-019855** – HIE/Cooling. Case rejected by HSIB/MNSI – normal MRI therefore “does not meet criteria - COVID-19”.
- **17/12/2022: MI-020316** - HIE/Cooling. Case rejected by HSIB/MNSI – normal MRI therefore “does not meet criteria - COVID-19”.
- **29/12/2022: MI-022230** - HIE/Cooling. Case rejected by HSIB/MNSI – normal MRI therefore “does not meet criteria - COVID-19”.
- **03/03/2023: MI-024144** – HIE/Cooling. Case accepted and investigated by HSIB/MNSI. Referred to NHSr EN scheme ref: M23CT690/014.
- **20/06/2023: MI-029655** – HIE/Cooling. Case rejected by HSIB/MNSI – normal MRI therefore “does not meet criteria - COVID-19”.
- **07/09/2023: MI-033582** – Intrapartum stillbirth. Case rejected by HSIB/MNSI – no family consent.

One case appears on the HSIB/MNSI Trust report under section 2; ‘Completed investigations’ and the remaining five appear under section 3; ‘Rejected investigations’.

All cases received verbal duty of candour in line with regulation 20, followed by written confirmation. All cases received written information outlining the roles of HSIB/MNSI as well as EN scheme.

Case Ref	Case type	Incident Date	Verbal DoC*	Written DoC**
MI-019855	HIE/Cooling	14/12/2022	03/01/2023	03/01/2023
MI-020316	HIE/Cooling	17/12/2022	04/01/2023	05/01/2023
MI-022230	HIE/Cooling	29/12/2022	10/01/2023	11/01/2023
MI-024144	HIE/Cooling	03/03/2023	16/03/2023	17/03/2023
MI-029655	HIE/Cooling	20/06/2023	11/07/2023	21/07/2023
MI-033582	Intrapartum Stillbirth	07/09/2023	19/09/2023	20/09/2023

* Verbal discussion re HSIB/MNSI & EN scheme (if applicable) between staff and patient/family.

** Written letter including information and/or signposting to further information regarding HSIB/MNSI & EN scheme (if applicable) sent by Governance Team.

Qualifying cases identified were included within the maternity section submitted for the Trust’s Patient Safety Report, when applicable, throughout this period (the Patient Safety Reports evidence is provided within other CSNT Safety Action evidence).

4. Conclusions

The Trust is 100% compliant with all requirements relating to safety action 10 within CNST Year 5.

5. Evidence

0.1	HSIB Maternity Investigations Update EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST November 2023
0.2	DoC- HSIB MNSI intrapartum stillbirth template
0.3	DoC- HSIB MNSI NHR EN Cooling HIE template