

each baby COUNTS.

A medico-legal view

By Bertie Leigh.

Like all really good ideas, Each Baby Counts is both simple and ambitious. The RCOG is proposing to provide a central repository of Serious Untoward Incident (SUI) reports on all stillbirths at term and other obstetric disasters. These will be analysed and the lessons learned extracted. It will set up a network of local reporters in the hospitals, modelled on the structure of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) so as to collect the reports and to provide a two-way chain of communication to drive improvement. Each Baby Counts will have a two-pronged approach. It will seek out evidence-based interventions via a systematic review of the literature as well as centrally analysing SUI reports to look for common themes and feeding these back to trusts.

The reason why this is such a good idea is because SUI reports offer a remarkable opportunity to learn from events, but are at the moment very patchy in quality, if indeed they are completed at all.

SUI reviews should take place promptly, when memories are fresh and the enthusiasm to learn from a disaster at its highest. They need cost very little. Management can ensure that there is an atmosphere of minimal blame.

No other review provides feedback that is either local or prompt. The Confidential Enquiry reports from MBRRACE and NCEPOD come long after the event and the lessons are generic. They are admirable for giving advice to the profession about how to deliver obstetrics more safely, but a long way from being tailor-made to each hospital's problems. By the time the reports are received, the staff involved have often moved on. The same is true of litigation. Characteristically, the NHS Litigation Authority (NHSLA) does not

receive claims arising from events within a year or two. In the case of cerebral palsy, the wounds sustained by the parents are too deep and the scar tissue is still evolving.

SUIs are also private. The public glare of a Coroner's Court engenders a different sort of candour.

However, SUI reports are also extraordinarily inconsistent. Some are high quality learning exercises, but others reflect a defensiveness or complacency that suggests they would not recognise the sin in Satan. Some are so self-critical that one wonders whether someone has been settling old scores, or reflect such feelings of shame at the consequences that common-sense has been abandoned. They lose the capacity to be fair to themselves and each other.

Some that we review in litigation also seem to be so factually flawed, that we wonder if the authors read the clinical notes.

A central process of audit could be valuable in raising the quality of the reports. People who write them need training and guidance and Each Baby Counts will bring this to national and local attention.

The action plans that arise from SUIs are often lost and poorly followed up. We may be wrong, but it seems that there are themes running throughout these reports that have never previously been looked for.

Many of the cases I see do not get an SUI investigation when they clearly should. If the result of Each Baby Counts is to emphasise that SUIs are necessary and to create a cadre of local reporters who will advocate for that proposition in each hospital, it will also be useful.

At present the proposal does not involve the College receiving the clinical



notes or any documentation from the Trust, other than the SUI report itself, and experience may reveal that it is difficult for reviewers to recognise the report that is wrong in its identification of the factual matrix. In a few years we may recognise that the advantages of economy and speed outweigh the value of assembling the base data. It may be so successful that we can justify the resources needed for such a change. It is a good idea to start modestly!

The fact that Each Baby Counts is to be the work of the profession is

Mr Bertie Leigh, Hon
FRCPCCH – Biography

*Bertie Leigh is the Senior
Partner at Hempsons
Solicitors. He has*

*conducted many of the leading cases
in clinical negligence and regulatory
law during the past 30 years. He is
also an advisor to the Association of
Anaesthetists, The Royal College of
Paediatrics and Child Health and the
Royal College of Obstetricians and
Gynaecologists.*

*Bertie has been Chair of NCEPOD since
2009; he is also Chair of the Clinical
Disputes Forum, President of the Society
of Ethics in Law and Medicine and a
Trustee of Save the Baby Fund.*



enormously attractive. Advice from senior obstetricians and midwives, people who have been there themselves and are concerned only to help the clinicians to do better in the future, is much more acceptable and likely to be much more constructive than advice from an external bureaucracy.

Above all, this is an example of the

profession seizing the initiative in seeking to raise the quality of clinical care that is delivered in hospitals. We know that this combination of professional altruism and authority is one of the great resources of the NHS and we should congratulate the RCOG on finding a way to harness it in pursuit of an objective that is both simple and worthwhile.

New College Tutor role description

»» A new role description has been developed for College Tutors as part of the implementation of the Faculty Development Framework. The role, which is at Tier 3 of the Faculty Development Framework, is crucial to the delivery of high quality O&G education in the workplace. As well as being updated, responsibilities of the role are now grouped according to the domains of the Academy of Medical Educators. All new appointments and extensions of current post holders should be made to this role description which is on the College website.

Latest on the Each Baby Counts project

Data collection for Each Baby Counts began in February 2015. The vast majority of UK Trusts and Health Boards have a nominated lead reporter who has received training on how to use our secure, online platform. This is a significant milestone for the College's flagship quality improvement programme to reduce avoidable harm to babies during term labour by 50% by 2020.

Achieving this ambitious target will rely on the commitment of maternity services across the UK to carry out open and honest investigations when these incidents occur, submitting the results of these investigations to us, and then making the improvements that we will recommend further down the line.

If you are not sure whether your Trust or Health Board has registered for Each Baby Counts, or if you would like a member of the project team to come and present at a regional maternity event, please contact us at eachbabycounts@rcog.org.uk.

RCOG Awards 2015 – call for entries

»» The awards are made possible through the kind and generous bequests from distinguished and prolific benefactors who have left a legacy of their work in order to give you (our Fellows, Members, trainees and students) fantastic opportunities to share and develop your expertise.

These awards recognise contributions at all career stages. Whether you are a Fellow planning a research project overseas or a student at medical school with a passion and flair for our specialty, we can offer funding to enable and encourage the development of skills and interests as well as the opportunity to take part in volunteer placements and

specialised research programmes.

The awards are aimed at different career stages and interests. You can view the awards criteria and entry instructions online at www.rcog.org.uk/awards-prizes. The deadline for entries is 24 May 2015. If you have any queries or would like further information please contact awards@rcog.org.uk.

Honorary Fellowships – call for nominations

»» The RCOG is now accepting nominations for Fellowship ad eundem and honoris causa.

Fellowship ad eundem is bestowed by the College on individuals who have demonstrated, through research or clinical commitment, major contributions to obstetrics, gynaecology or reproductive health and advanced our specialty through

those endeavours.

Candidates should be of an extremely high calibre and must have contributed to the advancement of the science or practice of O&G in a substantial way. Fellowship honoris causa is bestowed to individuals who have demonstrated the highest level of dedication and achievement in clinical care; or the highest level of support to

the development of women's healthcare services; or the highest level of work/ support for the RCOG.

The deadline for nominations is 15 July 2015. You can find more information and a nomination form via the link below.



<http://bit.ly/1wDab14>