

FOREWORD

In 2008 the Birmingham Women's Hospital is presenting its 35th Hospital Clinical Report. Our Hospital Clinical Reports aim to contribute to and document our learning strategies and achievements. The Clinical Report has had external validation since 1973. This approach allows us to obtain feedback concerning our practices.

An Internet based version of the report can be found at www.bwhct.nhs.uk where there is also provision of the Assessor's presentation on the report. This is to improve transparency and to disseminate the report more widely.

Christine Yarnold
Hospital Clinical Report Co-ordinator & Editor

October 2008

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The Hospital Clinical Report was prepared and edited by Christine Yarnold
Proof Reading was undertaken by a member of the Foundation Trust

EDITORS OF THE HOSPITAL CLINICAL REPORT (1973-2008)

1973‡	Miss E K Smith	1990/1	Mr R S Sawers
1974‡	Miss E K Smith	1991/2	Mr R S Sawers
1975	Mr H O Nicholson	1992/3	Hospital Information Department*
1976	Mr H O Nicholson	1993/4	Mr H Gee
1977	Mr H O Nicholson	1994/5	Mr H Gee
1978	Mr H O Nicholson	1995/6	Mr H Gee
1979	Mr H O Nicholson	1996/7	Dr M E I Morgan
1980	Mr H O Nicholson	1997/8	Dr M E I Morgan
1981	Mr H O Nicholson	1998/9	Dr M E I Morgan
1982	Mr H O Nicholson	1999/00	Dr M E I Morgan
1983	Mr R S Sawers	2000/01	Dr M E I Morgan
1984	Mr R S Sawers	2001/02	Mr K S Khan
1985	Mr R S Sawers	2002/03	Mr K S Khan
1986	Mr R S Sawers	2003/04	Mr K S Khan
1987	Mr R S Sawers	2004/05	Mr K S Khan
1988	Mr R S Sawers	2005/06	Professor K S Khan
1989	Mr R S Sawers	2006/07	Professor K S Khan
		2007/08	Christine Yarnold

We have compiled this list from records in our library. The information concerning editors is not always extrinsically recorded. There are Clinical Reports going back to 1967 (edited in 1970‡ and 1971‡ by Mrs P J M Watney, and in 1972‡ by Mr C J F Rowbotham), but it was in 1973 that external assessment of the Reports was first introduced.

* Catherine Griffiths the Unit General Manager wrote the introduction

‡Mr Henry Roberts was in charge of these

ASSESSORS OF HOSPITAL CLINICAL REPORTS (1973-2008)

1973	Professor M K O'Driscoll National Maternity Hospital Dublin	1993/4	Mrs J Robinson Consumer Representative (AIMS)
1974	Dr R A Tennent Bellshill Maternity Hospital Lanarkshire	1994/5	Professor M Kirkham Professor Midwifery Research Sheffield
1975	Dr D J Meagher National Maternity Hospital Dublin	1995/6	Mr R Settatree West Midlands Perinatal Audit
1976	Professor J McVicar Leicester Maternity Hospital Leicester	1996/7	Professor J Neilson University of Liverpool
1977	Mr J A Chalmers Ronkswood Hospital Worcester	1997/8	Professor David Taylor Leicester
1978	Dr B S B Wood The Children's Hospital Birmingham	1998/9	Mr R Atlay Liverpool Women's Hospital
1979	Dr N M Duignan Coombe Lying-In-Hospital Dublin	1999/00	Professor A Halligan Director of Clinical Governance NHS Clinical Governance Support Team Leicester
1980	Dr C A J Macafee Leicester Maternity Hospital Leicester	2000/01	Dr Sue Ibbotson Deputy Regional Director of Public Health NHS Executive West Midlands
1981	Professor J M G Harley Royal Maternity Hospital Belfast	2001/02	Mr Nick Naftalin Consultant Obstetrician Leicester Royal Infirmary
1982	Dr G R Henry Rotunda Hospital Dublin	2002/03	Professor James Drife Division of Obstetrics & Gynaecology University of Leeds
1983	Dr N Patel Ninewells Hospital Dundee	2003/04	Dr Gwyneth Lewis Principal Medical Adviser – Women's Health. Department of Health
1984	Professor G V P Chamberlain St George's Hospital London	2004/05	Professor James P Neilson Head of Reproductive & Developmental Medicine, University of Liverpool Liverpool Women's Hospital
1985	Mr J F Pearson University Hospital of Wales Cardiff	2005/06	Mr Gavin MacNab, Clinical Director of Obstetrics & Gynaecology at Sunderland Royal Hospital.
1986	Professor A A Calder University of Edinburgh	2006/07	Dr Rashmi Shukla Regional Director of Public Health/Medical Director at Government Office for West Midlands
1987	Mr S Simmons Windsor Group of Hospitals	2007/08	Dr Gillian Leng Deputy Chief Executive and Implementation Director for the National Institute for Health and Clinical Excellence (NICE)
1988	Mr R B Fraser Northern General Hospital Sheffield		
1989	Dr D McDonald National Maternity Hospital Dublin		
1990	Dr J B Scrimgeour Eastern General Hospital Edinburgh		
1991/2	Dr P Johnson John Radcliffe Hospital Oxford		
1992/3	Dr G Young GP Penrith Cumbria		

CHIEF EXECUTIVE'S REPORT

Julie Burgess, Chief Executive

Welcome to the 35th Annual Clinical Report for this organisation. I have been Chief Executive of the Trust for nearly three years now and it is always with great pride that I report on the successes of our hospital.

2008 has certainly been a year to celebrate as we gained Foundation Trust status in February, joining the premier league of NHS Trusts across the country. We took part in the NHS60 celebrations during the summer and in July marked the 40th Anniversary of the Women's Hospital on this site since its opening in 1968.

For the fifth year running the Trust has again reported a zero rating for MRSA bacteraemia and we have again achieved an 'excellent' rating for hospital cleanliness and food.

2007 and 2008 have seen staff across the organisation working hard to achieve the new 18 Week Referral to Treatment Target and we are well on the way to 100% compliance by December 2008. During the year we have also been pleased to receive our Annual Health Check results from the Healthcare Commission with a rating of 'Excellent' for our quality of services.

Having Foundation Trust status now gives us greater freedom to invest in and develop our services. One of the exciting challenges ahead will be a brand new Neonatal Unit and we are now going through the process of preparing the building in readiness for this development. We anticipate that the new unit will open in spring/summer 2010.

Our plan for the year ahead will build upon our achievements in 2007/8, our vision and strategic goals. These goals will be to:

- Continue to provide services which offer high quality access and care to our local population
- Further develop as a lead provider of specialist care
- Continuously improve the efficiency of our organisation to make the best use of our resources
- Build upon and enhance the positive patient experience
- Build upon and strengthen our excellent reputation as a teaching hospital with a focus on research and development.

I am looking forward to the exciting challenges ahead and we are well placed to embrace our strong future. I would like to take this opportunity to thank the staff across the organisation. The successes and achievements highlighted through this Clinical Report are testament to the excellence which takes place here every day.

MEDICAL DIRECTOR'S COMMENT

Peter Thompson, Medical Director

It is a great honour for me to be asked to provide an introduction to the 35th Annual Clinical Report for Birmingham Women's Hospital. This is my first such contribution as Medical Director since taking over the post from Harry Gee. In his six year tenure as Medical Director he oversaw many improvements within our service culminating in the achievement of Foundation status for the Trust in the early part of 2008. I join with the rest of the staff in wishing him well for the future and acknowledging his personal contribution to the hospital.

I was first interviewed and appointed as a Consultant Obstetrician at Birmingham Women's Hospital in October 1998. In preparing for my interview I was amazed to discover the Hospital Annual Clinical Report, as this provided me with an enormous amount of background information to the Trust regarding both the size of the unit and the quality of care that it was administering. I had never seen such a comprehensive document describing the workings of an organisation and am proud to say that to this day I have not seen a similar detailed document from any other British hospital. Although we should constantly challenge the old way of doing things I feel that this open document stating measurable patient outcomes is a tradition that needs sustaining.

As can be seen in this report the last year has thrown up many challenges and opportunities which for the most part our clinicians have grasped with open hands. There are innumerable examples of excellent clinical practice throughout the organisation and it would be wrong of me to highlight any single individual; however the addition of all of the papers published by clinicians within the organisation, at the back of the report this year, shows our huge contribution to research. I would reflect on the Chief Executive's comments that this practice demonstrates the high standard of care that we aim to achieve throughout the organisation. Having said this it must be noted that our achievements have been made at a time of increasing workload with resultant pressure on staffing levels in many parts of the organisation. The respect I have for all of our staff in producing such high quality care in these circumstances cannot be overstated. In addition if we are to move forward and concentrate even more on measuring our service by the outcomes that we achieve then we as clinicians must inform our IT Department of the necessary information that we require and our information systems need to be flexible enough to provide this data accurately and in a timely fashion. Although this is improving with time it would appear that we still have room for further improvements.

Finally I would like to take this opportunity to personally thank the Directorate team whom I have worked with for the last three years, Cathy Garlick, Jenny Henry, Becky Williams and Mark Whitehouse; as during my last three years as Clinical Director we have learnt numerous management skills together, drawing from each others experience. I know that they will continue to work within the Directorate improving the services that they manage.

CLINICAL EFFECTIVENESS

*Malcolm Bowcock, Clinical Effectiveness Manager,
Philomena Gales, Integrated Care Pathways Developer
Anne-Marie Keeling, Clinical Governance Administrator*

Aims & Objectives for 2007-8

1. To deliver the audits in the annual clinical audit plan for each clinical area.
2. To develop integrated care pathways using the audit process.
3. To provide clinical audit training and education.
4. To develop clinical audit to maintain our performance against the Standards for Better Health
5. To develop clinical audit to meet the requirements of the higher levels of the NHSLA Acute and Maternity standards, previously CNST.

Specialty/Service

Clinical governance is a framework for ensuring safe, high quality patient centred health care. The Department of Health (DH) publication "*A First Class Service*" defined Clinical Governance as "*a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish*".

It is part of a set of governances which apply to NHS Trusts including corporate, information and research governances. In 2004 the DH defined Integrated Governance as: "*Systems, processes and behaviours by which trusts lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations*"

Clinical governance can also be thought of as *Improvement*, something which involves everyone. Improvements can be seen throughout this report, each service area providing their own examples of clinical governance in action.

Activity

The process for realising our clinical governance involves the following activities:

- Placing the patient at the centre of what we do - involving patients and the public in decision making, seeking patient views and responding to them, both positive feedback and complaints, treating our patients with respect and providing a clean friendly environment.
- Providing consistently safe and effective care based on current evidence - this involves research implementation, review and implementation of guidelines, clinical audit, integrated care pathways (ICPs), clinical accountability, risk management and collection and intelligent use of information.
- Ensuring we have highly trained health care professionals with the right skills and in sufficient numbers to deliver services - leadership, workforce planning, recruitment and retention, education and training, continuous updating of skills.

Achievement of Objectives from Last Year

1. To deliver the audits in the annual clinical audit plan for each clinical area.

This was achieved to an admirable degree despite the increased clinical activity in all areas. Many clinical and support staff again rose to the challenge and delivered an extensive and varied audit programme across the directorates.

2. To develop integrated care pathways using the audit process.

The development of new ICPs was slowed indirectly by the changes to the team in Risk and Clinical Governance. Thanks are extended to Philomena Gales for showing a rare combination of willingness, flexibility and resilience during a period of pressure for the Clinical Effectiveness team.

3. To provide clinical audit training and education.

This year it was not possible to continue the normal programme of clinical improvement workshops which covered governance, audit, evidence-based practice, standards, care pathways and use of information. Education continued in the form of induction of all new staff into the workings of clinical governance, audit, care pathways and risk management. As well as the monthly Trust inductions, there were also separate sessions for new SHOs and SpRs. More training and coaching was provided to individual clinicians and small groups performing specific audits.

4. To develop clinical audit to maintain our performance against the Standards for Better Health

Progress with this was mainly evident in our use of the Trust's internal auditors; Deloitte Touche to perform a detailed audit of the Trust against the Safety standard of the SfBH. Performance against the standards was improved slightly against the previous year. The Healthcare Commission's Annual Health Check rated the Trust's Quality of Services as Excellent following the previous year's Good.

5. To develop clinical audit to meet the requirements of the higher levels of the NHSLA Acute and Maternity standards, previously CNST.

Successfully done to help achieve level II in both. Further improvements will be required to achieve level III.

Outstanding Achievements

Maintaining a 'lean' clinical governance, audit, risk management and incident reporting support service following the changes in the team.

Developments and Objectives 2008-9

1. To implement the clinical governance strategy.
2. To re-design the Risk Management function moving to an online process from a mainly paper based system.
3. To deliver a full programme of clinical audit.
4. To deliver an integrated care pathways programme.
5. To develop further the patient experience and public involvement aspects of the service.
6. To develop our clinical governance information systems and operational processes in response to the requirements of Standards for Better Health and the NHSLA standards.

Summary of Clinical Governance

The longstanding Clinical Improvement Group was renamed the Clinical Governance Committee (CGC) and its membership changed slightly. The CGC is now a Trust Board sub-committee, providing direct assurance to the board rather than via the late Governance Committee.

The Chief Executive is no longer a member and there are now 2 non-Executive Directors representing patient involvement and Birmingham University respectively.

The directorate Clinical Improvement Groups (CIGs) have continued to develop well in Maternity, Gynaecology and Genetics and were joined by the newly created Neonatal CIG.

CLINICAL AUDIT

Aims & Objectives for 2007-8

1. Perform clinical audits within the Clinical Audit Framework.
 - Clinical Effectiveness Manager involved from the start of all audits
 - Core/Reactive audit classification
 - All Directorates and Clinical Services to have an annual Core audit programme
 - Standard audit topic selection criteria
 - Standard audit process
 - Evidence Based standards
 - Standard audit documentation
 - Overall audit performance monitoring
2. Champion improved information systems to provide reliable data for audit purposes
3. Develop the automatic production of clinical audit related data where this is feasible.
4. Deliver a programme of clinical audit workshops.
5. Produce an annual clinical audit report.

Specialty/Service

Clinical audit is 'a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery' – definition endorsed by NICE.

A consequence of organisational change and review of committees was the disbanding of the Trust wide Clinical Audit and Information Group. Its functions were absorbed by the Clinical Governance Committee.

The Audit Co-ordinators:

Area covered	Co-ordinators
Maternity Services	Paula Clarke, Mr Bill Martin,
Fetal Medicine	Veronica Donovan, Prof Mark Kilby
Gynaecology	Jacky Cotton, Mr Matthew Parsons
Neonatology	Dr Imogen Morgan
Clinical Genetics	Dr Helen Cox
Clinical Support	Christine Roycroft
Radiology	Gillian Cattell, Dr Jo McHugo
Anaesthetics	Dr Gauhar Sharih

Activity

A rich programme of audits was delivered despite the pressures of increased volume and activity in most clinical areas:

- Creation of annual core audit plans for each area by the audit co-ordinators.
- Establishment of good evidence based practice using guidelines, standards and input from the Trust's library staff
- Measurement of actual practice by auditors using the informatics department, patient notes, clinical staff and patients
- Implementation of changes through clinical teams, local audit groups, directorate CIGs and monthly Trust audit presentations
- Sharing of audit results and learning points via local audit groups, directorate CIGs and Trust audit presentations

Future issues: it is still very difficult to find protected time for clinical staff to participate in clinical audit and ICP developments. In the absence of a traditional clinical audit department to lighten the routine burden of data collection and analysis this continues to be a significant issue. More flexible and accessible IT systems are part of the solution. So far, the Connecting for Health IT developments have not addressed this.

Achievement of Objectives from Last Year

1. We continued to perform most audits within the audit framework. However, there still exists the perception that an audit is the collection of a large amount of data and writing a report. To counter this impression the clinical audit process was simplified even further and the following disseminated:

Clinical Audit – the 4 Questions which drive Audit

	Question	How
1.	What should we be doing?	What does good practice look like? Evidence based, standards based. What patients need. (Convert to measurable criteria)
2.	What do we actually do?	Measure actual practice (collect data).
3.	How can we consistently do what we should be doing?	Identify the gap between 1 & 2. Make recommendations to close the gap. Change practice.
4.	Have we improved?	Look again. Re-audit. Close the loop.

2 & 3. We championed improved information systems and automated audit data via involvement with the Connecting for Health national IT development and the Trust's IM&T Steering Group. With the appointment in Informatics of a new Clinical Informatics Analyst with database development expertise, Andrew Brown, it became possible to resume a scaled down version of the previous Data Warehouse project to enable clinicians to query and report on clinical data. Progress has been made starting with CCL, the Maternity and Neonatal clinical information system.

4. Workshops were postponed due to the application of our 'house rule', 'if the presenters outnumber those attending, the workshop is cancelled.' Clinical audit and its place in clinical governance continues to be part of the Trust induction programme for all new staff.

5. We produced a clinical audit report.

Outstanding Achievements

Maintaining a clinical audit support service in the face of increasing workload and organisational change affecting clinical governance and risk management.

Developments and Objectives 2008-9

1. To deliver the audits in the annual clinical audit plan for each clinical area.
2. To develop a programme of integrated care pathways using the audit process.
3. To provide clinical audit training and education.
4. To develop clinical audit to maintain our performance against the Standards for Better Health
5. To develop clinical audit to meet the requirements of level III of the NHSLA Acute and Maternity standards, previously CNST.

Summary of Clinical Governance aspects of Clinical Audit

Clinical audit continues to provide a well established tool for improving and monitoring clinical practice to help achieve clinical effectiveness. Auditing of ICPs and the rigorous requirements of NHSLA have produced a further increase in clinical monitoring information. The audit topics are

determined to a degree by risk assessment which is also used to prioritise audits in the audit plans. When auditing compliance with guidelines we ensure that the patient safety aspects are emphasised. Complaints and incident reports are used as sources of reactive audits. Involvement in clinical audit is also used by many staff as part of their professional bodies' requirement for reflective practice.

INTEGRATED CARE PATHWAYS

Aims & Objectives for 2007-8

A prime aim for the clinical effectiveness team was to continue supporting staff to raise quality standards and improve the health care experience for patients. This involved the provision of leadership and facilitation skills, guidance, information and practical support to assist staff in the development, design, implementation and maintenance of a range of ICPs.

Specialty/Service

The team worked with patients and staff to identify current evidence and best practice across a range of disciplines and specialties including anaesthetics, obstetrics, gynaecology, genetics and continence services. In Maternity, the team worked with staff to examine structures, processes and outcomes within antenatal care, elective caesarean section and low risk birth on main delivery suite. We completed the development of the Natural Birth ICP into a generic Normal Birth ICP. This was then implemented for all low risk births under the care of the Trust including the Birth Centre, Delivery Suite, wards and community.

The team also supported clinical staff in collecting, collating, analysing and changing practice in response to service user experiences.

Achievement of Objectives from Last Year

We continued to contribute towards improving services for patients, shared learning and helped raise the profile of ICPs. The completion and implementation with Maternity staff of the innovative Normal Birth ICP was a major achievement.

Developments and Objectives 2008-9

We plan to recruit to the now vacant Care Pathways Developer post. The new version of the role incorporates some audit facilitation. Once this person is in post we will resume our development of new ICPs as part of the Trust's continuous cycle of improvement.

Summary of Clinical Governance aspects of ICPs

We help staff to realise clinical governance at its most basic level through the practical application and implementation of ICPs, ensuring the routine delivery of safe, effective, efficient, high quality care to satisfy patients. We work with directorates to identify where ICPs are needed. We then encourage and support staff to undertake continuous review, analysis, development and improvement of how care is provided and actively encourage them to listen to and learn from the experiences of their patients. The rationale for this is that a properly developed, evidence based ICP reduces unnecessary variation in care and makes good practice a habit.

RISK MANAGEMENT

Aims & Objectives for 2007-8

1. To embark on the replacement of the existing paper-heavy risk management process.
 - Explore alternatives to the Safecode software.
 -
 - Modernise the Trust's paper based policies and procedures system.
 - Move to provision of evidence for external assessments in electronic form.
2. Facilitate the development of an improved understanding and ownership of risk management by the directorates

3. Pursue authorisation for replacement of the vacant Risk Manager post and recruit.
4. Prepare for assessment of the Trust by the NHS Litigation Authority at an appropriate level against both Acute and Maternity standards.

Specialty/Service

Risk management is a method of minimising undesired outcomes and maximising opportunity. It is a systematic method for identifying, analysing, evaluating, controlling, monitoring and communicating risks associated with any activity, process or function necessary to the achievement of an organisation's objectives. Risk management is a continuous improvement process which aims to influence behaviour and develop an organisational culture within which risks are recognised and addressed.

As an organisation, the Trust aims to identify and prepare for unintentional occurrences and prevent potential problems where possible, not simply manage incidents retrospectively. We have risk management systems and communications to help us learn from and improve in response to incidents, near misses, complaints and litigation.

Achievement of Objectives from Last Year

1. Datix was chosen as the replacement for Safecode and purchased. Implementation is underway. Policies and procedures are now network based and evidence for external assessments is compiled in electronic form. The photocopying bill has reduced dramatically.
2. There have been positive developments for risk management in the directorates. Most have identified staff who are the focus for incident reporting and learning. The risk register is now managed electronically and substantially owned by the directorates.
3. Funding was released for recruitment of a Risk Manager and we recruited Catherine Roper in March.
4. Preparation for assessment of the Trust by the NHS Litigation Authority was successful, due in no small measures to the efforts of Jacky Cotton and Pam Salisbury. The Trust achieved level II in both the Acute and Maternity standards.

Developments and Objectives 2008-9

1. Implement the Datix system for Incident reporting, the risk register, complaints, claims, PALS and Standards for Better Health.
2. Maintain a de-centralised approach to risk management by further development of directorate involvement and ownership. (Linked to Number 1).
3. Prepare for level III assessments in both the Acute and Maternity standards of NHSLA.
4. Promote the benefits of risk management:
 - to patients and staff – acting safely in a safe environment to provide safe care for patients.
 - to the whole organisation – identifying risks and managing them so that our objectives are met.

AUDIO PATIENT INFORMATION

Shubhnam Bilkhu, Project Manager

Specialty/Service

This Patient Information Needs Project provides a library of audio tools to assist health professionals to deliver a service that effectively reaches all patients. The tools have been produced primarily for patients who have difficulty in understanding and communicating in English. They also cater for patients with visual impairments who may have difficulties in accessing the provided written information. The Trust is responsible for ensuring that patients understand why they are here and the procedures they will undergo, in order for them to make informed choices and

consented decisions. The tools are designed to reinforce information given to them by health professionals and not to replace one to one advice.

Activity

The following tools are available in Arabic, Bengali, Gujarati, Punjabi, Urdu and English:

- the labour process;
- major operations;
- minor operations;
- hysterectomy;
- tests for your baby / antenatal screening;
- genetics service
- information on the menopause.

Service Development for 2007/2008

- The Antenatal Screening CD 'Tests for your Baby' was updated as a number of key facts were out of date. The CD's have been reproduced and are being used very well in maternity services.
- The script for the miscarriage CD had been completed and the CDs are currently in production.
- The scripts for major and minor operations and hysterectomy have been updated.

Developments and Objectives of Annual Plan for 2008-2009

To complete the process of updating the existing scripts and produce all information on CDs in the future. Currently information on the labour process, major operations, minor operations and hysterectomy are only available on audio cassette.

Summary of Clinical Governance

The audio tools have been produced to meet the continuing needs of patients. Through feedback from both patients and staff further CDs can be produced where gaps are identified in service delivery.

HEALTH INFORMATION CENTRE

Helen Oxtan, Health Improvement Specialist

Specialty/Service

The Health Information Centre provides access to health information, education and support for patients, staff and visitors, to enable informed choice on health issues.

Activity

A wide range of enquiries was received from a monthly average of just over 300 patients and visitors and 250 staff (enquiries from staff were either on behalf of patients or for personal information). This was a slight increase in numbers of both patients and staff from the previous year. Requests included information on specific conditions, healthy lifestyles, specialist services within the hospital or referrals to local agencies e.g. benefits, sexual health, domestic violence, drug and alcohol support.

Visits to the local community included local colleges, a local charity working with young people and families and a community centre. International Women's Day was celebrated within the hospital and local community groups were invited to take part.

Displays supported a range of national health awareness events and work carried out by the specialist midwives - mental health, domestic violence and teenage pregnancy.

Service Development for 2007/2008

The range of resources was continually reviewed to meet the requirements of patients, staff and visitors e.g. resources for deaf patients, visually impaired, special needs and minority ethnic groups.

Developments and Objectives of Annual Plan for 2008-2009

- To continue to enable informed choice, including raising awareness of the range of services available within the Trust.
- To ensure the availability of the hospital patient information leaflets available on the hospital website.
- To continue to support Improving Working Lives.

Summary of Clinical Governance

The service is patient focused. Information requested is monitored and resources developed to meet the diversity of requirements. The Patient Information Group meets quarterly to ensure patient information meets the required standards e.g. NHS Litigation Authority. User representatives recruited to join the Patient Information Group have been involved in reviewing patient information leaflets.

NURSING, MIDWIFERY, OPERATIONS, INFECTION PREVENTION & CONTROL AND COMPLAINTS

Jane Owen, Director of Nursing, Midwifery, Infection Prevention & Control and Operations

Specialty/Service

Some of the areas covered by the Director of Nursing, Midwifery & Operations include:

- Patient and Public Involvement - improving patient experience
- PALS/Complaints
- Chaplaincy
- Safeguarding Children
- Bereavement Services
- Infection Control
- Professional and Practice Development
- Practice Placement for Students
- Delivery of all Access Targets

Activity

Each service is outlined in their individual report.

Service Development for 2007/2008

- To further enhance the positive patient experience
- To achieve Foundation Trust status and set up an effective Member's Council
- To maintain and promote our achievement of no reported MRSA or clostridium difficile cases
- To ensure successful delivery of the 18 week target across all clinical services

Developments and Objectives of Annual Plan for 2008-2009

- To work closely with the Patient Experience Sub-Committee of the Members Council to deliver their annual plan of work.
- To ensure that excellent standards of infection control and a clean environment are maintained.
- To ensure that patients and visitors are served professionally with good hotel services and facilities, excellent customer care and a welcoming environment.
- To deliver the core performance targets and achieve an excellent rating for quality of services

Summary of Clinical Governance

The service strives to be responsive to patient feedback. Feedback is received via PALS, Complaints and by the use of bedside televisions for real time patient feedback. The shared learning from this feedback is delivered through the clinical governance structure where changes in practice and lessons learnt are shared across the organisation.

One of the main agenda items for the forthcoming year will be to ensure that the Trust implements "The Recommendations in Making Experiences Count" Ref: DoH 2007. In addition there will be a drive to improve customer care and we will work with the Members Council to develop key performance indicators in this field.

PALS (Patient Advice & Liaison Services), Linkworker & Interpreting Service

Susan Sargeant, Head of PALS an Interpreting Service

Specialty/Service

PALS is a confidential, informal listening service for people who would like to comment on any aspect of their treatment. This may be to raise concerns, make comment both to praise and challenge, to directly diffuse a problem quickly at source and /or to request information about any aspect of care within our Trust. The service also manages linkworkers and interpreting services.

The service aims to provide on the spot resolution to concerns.

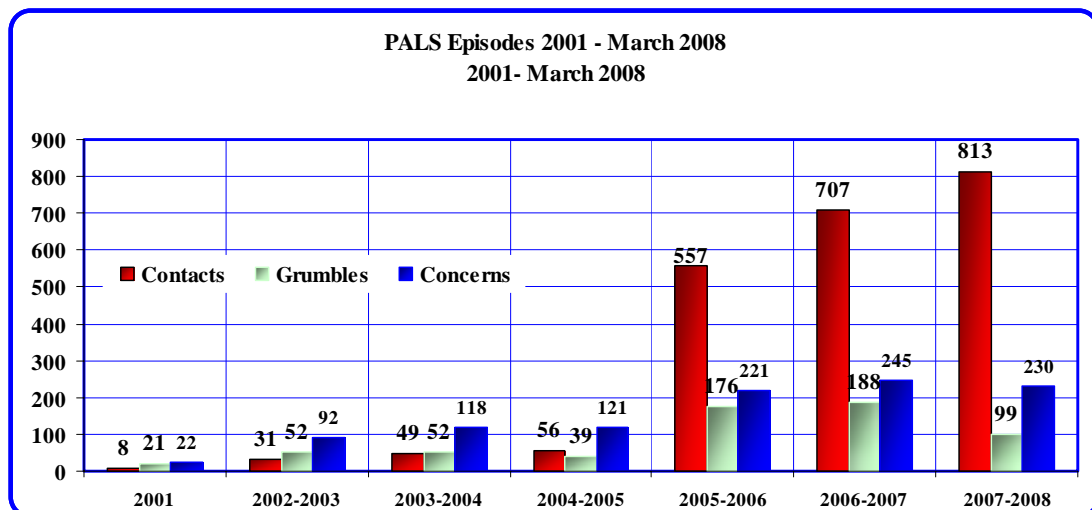
Activity

- The hospital continues to ensure that equality of access is available to all our patients, both within the Trust and Community.
- A dedicated linkworker service is complemented by a telephone providing 168 languages 24hours a day 7 days a week. This availability is mirrored by a local signing service.
- These services continue to ensure that all the communication needs of our diverse population are met.

PALS continue to be seen as a front line problem solving service and is frequently recommended by staff.

PALS categories continue to be classed as:

- 1) "Contacts" (people wanting advice and/or information)
- 2) "Grumbles" (less complicated concerns)
- 3) "Concerns" (Detailed problems requiring multi-disciplinary involvement and complex negotiations)



Service Development for 2007/2008

A teaching programme for staff to raise awareness and develop skills in handling difficult situations and coping with tension and pressure remains ongoing.

Developments and Objectives of Annual Plan for 2008-2009

- To continue the high profile service.
- To provide accurate and effective data to allow concise reporting to the Board of Directors.
- To collect data which will allow the Trust services to develop in a more patient driven direction.
- To continue in-house training.

COMPLAINTS

Christine Yarnold, Patient Experience & Quality Co-ordinator

Specialty/Service

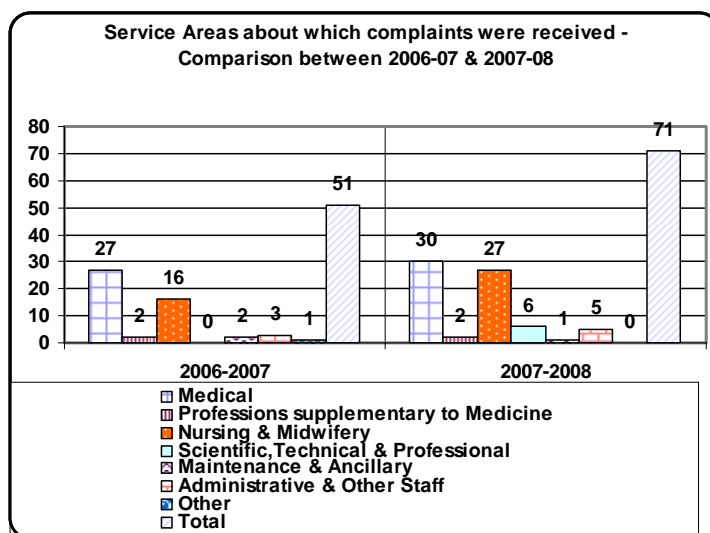
The Patient Services Department provides and promotes a patient-focused approach to the management of complaints and supports a culture of continuous quality improvement. The Department facilitates staff within the Directorates to implement the Trust's complaints procedure to achieve:

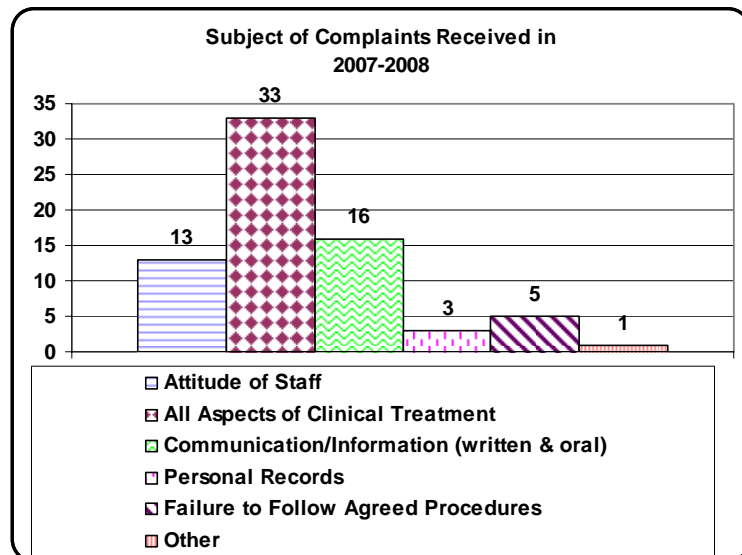
- Satisfactory resolution for the complainant
- National target response times
- Key messages learnt and shared across the Trust

Activity

During 2007-2008 there were 71 formal and 12 informal complaints received (informal complaints are ones not received within 12 months of the incident complained about). This was an increase on the previous year (2006-2007) when 51 formal complaints were received.

75% of the formal complaints were responded to within the statutory requirement of 25 days.





Service Development for 2007/2008

A new Datix System has been purchased for the recording of complaints data. This system will be used in union with Risk Management and PALS.

Developments and Objectives of Annual Plan for 2008-2009

In the White Paper 'Our Health, Our Care, Our Say' (January 2006) the Department of Health (DH) set out its commitment to develop a comprehensive single complaints system across health and social care by April 2009. This will focus on resolving complaints locally with a more personal and comprehensive approach.

To ensure that the new complaint arrangements are effectively implemented an Early Adopter Programme will be set up and the Trust will be part of this Pilot Programme

Summary of Clinical Governance

The statutory response time for complaints is monitored by the DH.

Changes in practice and lessons learnt from the complaint investigation are reported to:

- The Clinical Governance Committee – quarterly
- The Management Board – monthly
- The Board of Directors – monthly.
- Changes in service, protocols and procedures, made as a result of the complaint investigation, are reported back to the complainant.

CHAPLAINCY

The Reverend Pamela Turner, Free Churches Chaplain

Specialty/Service

Religious, spiritual and pastoral care of patients, staff, visitors and the whole of Birmingham Women's NHS Foundation Trust

Activity

There were:

- 75 services of Holy Communion conducted in the Chapel.
- 42 non-sacramental opportunities for worship or reflection.

Christian spiritual activity has historically been measured in this way but it is more difficult for other faith communities to do so. Quantitatively measuring the spiritual, religious and pastoral care component of clinical outcomes is problematic. The team is monitoring national developments towards a qualitative approach.

In co-operation with the Bereavment Service our annual 'Celebrating Brief Lives' Memorial Service for babies continues to attract over 200 family members and the similar event for people of no particular faith affiliation 'Still in Our Hearts' was attended by 20 people. The Memorial Service for adults had an attendance of 40. All of these services continue links with the community.

The staff Carol Service attracted over 100. In Islam Awareness Week 'Sweets From Around the World' were available for tasting in the foyer and during Eid sweets were distributed to the wards.

Service Development for 2007/2008

The number of Christian blessing, naming and baptism services illustrated in Table 1 has increased. The Hindu chaplain's hours were increased in January 2008 and the team is now benefiting from Buddhist and Sikh voluntary support.

New Muslim wudu facilities were nearing completion at the end of the year as well as the associated re-configuration of the Chaplaincy and Bereavement offices. Mr Masoud Afnan our Consultant link with the Bahai' Faith represents a further faith tradition.

Table showing Christian Blessings/Naming Ceremonies and Baptisms between 2006 - 2008

	2006	2007	2008
Blessings/naming	45	44	48
Baptisms	16	12	17
Total	61	56	65

Developments and Objectives of Annual Plan for 2008-2009

The Chaplaincy Manager, the Revd Denise Jones, left the Trust in June 2008. The other members of the team are part-time. Development and Objectives await the arrival of the new full-time Chaplaincy Manager.

SAFEGUARDING CHILDREN

Elaine Giles, Lead Nurse/Midwife for Safeguarding Children

Specialty/Service

Safeguarding Children and young people

Activity

- 311 referrals made into the service during 2007 - 2008.
- 41% increase in complexity during 2007.
- Supporting individual families during difficult situations.
- Ongoing clinical support provided for both hospital & community staff i.e. managing individual cases.
- Support with statement preparation & court attendance.
- Mandatory 3 yearly training programme provided for Trust staff.
- Work in collaboration with outside agencies in supporting families to protect children from harm.
- Provide advice & guidance to outside agencies.
- Produce & review policies/ guidance relating to safeguarding.
- Implementation plan in place for staff training in the Common Assessment Framework.

- Provide reports to the Child Death Overview Panel of the Safeguarding Board.
- 4 internal management reviews provided to the Safeguarding Board as part of the Serious Case review process in 2007.
- 7 incidents relating to safeguarding investigated.

Service Development for 2007/2008

- 1 additional full-time nurse/ midwife post created in 2008 to support the safeguarding agenda within the Trust.
- Additional administrative hours introduced.
- Review of the current services available to protect vulnerable adults.

Developments and Objectives of Annual Plan for 2008-2009

- To continue to develop & provide support & guidance to Trust staff in the safeguarding of children & young people.
- To continue to work with service users in helping them to protect their children from abuse & neglect.
- Continue to work collaboratively with outside agencies.
- Develop services within the Trust for the protection of vulnerable adults.
- Review & improve the Trustwide safeguarding training

Summary of Clinical Governance

- Review & implementation of national guidance i.e. Working Together to Safeguard Children, 2006.
- Audit, in collaboration with Birmingham Safeguarding Board, of the Trust's safeguarding practice.
- Reporting of Serious Case Reviews & implementation of their recommendations from the 'lessons learnt'.
- Review of Core Standard C2, Standards for Better Health.

BEREAVEMENT SERVICES

Karen Henson, Bereavement Service Manager & Margarita Bariou, Bereavement Specialist Midwife

Specialty/Service

The excellent standard of care within the Bereavement Service continues to be provided to families who require emotional and practical support and advice at very difficult times. This is achieved and maintained by providing:

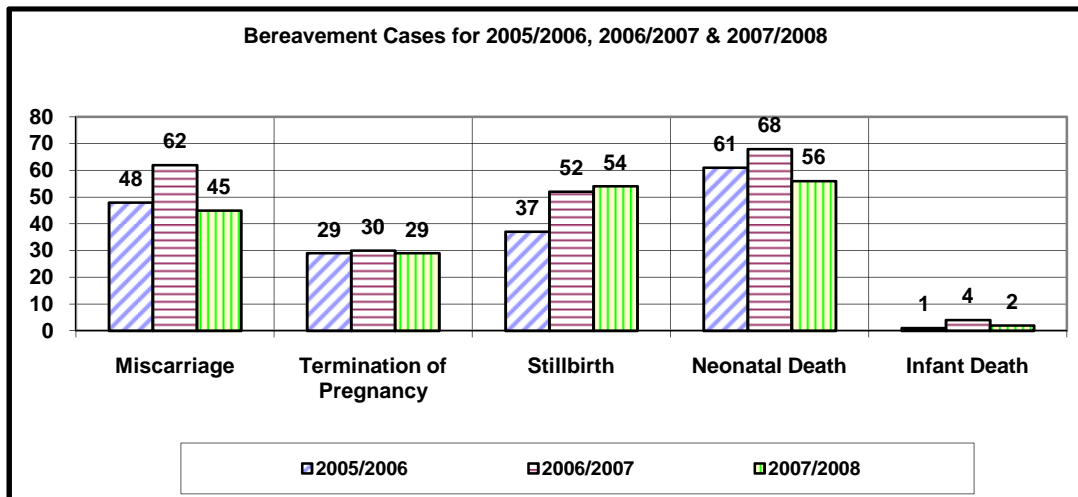
- One to one support to families and staff
- Follow up service to coincide with post delivery investigations
- Close liaison with other departments including Mortuary, Histopathology/Pathology, Funeral Services and Neonatal Unit
- Provision of leadership and management to the bereavement service

Activity

During 2007/2008 there were 186 pregnancy losses, the bereavement service saw 60 women for post natal investigations, 70 women with their consultants and arranged 92 Trust contract funerals according to the families' wishes and customs.

We endeavour to see as many families on Delivery Suite as possible.

The Miscarriage and Neonatal Death rates for 2007/2008 have reduced in comparison with the last 2 years. There is a very slight increase in the stillbirth rate. All stillbirth cases are reviewed each month and any avoidable factors are highlighted.



Service Development for 2007/2008

- The service continues to provide post natal clinics which enable families to obtain important information from blood tests and histology and pathology results.
- Bereavement information booklet has been updated and reviewed by user groups.
- Bereavement Guidelines have been updated, to include information based on “When a Patient Dies” Department of Health 2005 available electronically.
- Trial of Midwife secondment for a 6 month period.
- The newly upgraded facilities include the quiet room which now has hand-washing facilities which allow the families to return to a more appropriate environment.

Developments and Objectives of Annual Plan for 2008-2009

- To continue to develop the Bereavement Service to ensure equal access across the Trust and provide high quality service.
- To develop an education and teaching programme to ensure all staff in clinical areas have a basic knowledge of bereavement management and certification.
- Ensure that current bereavement information is appropriate and customer focused and based on national guidelines.
- To obtain consent for Post Mortem investigations and results in compliance with the Human Tissue Act.

Summary of Clinical Governance

- The promotion of evidence based practice through Department of Health “When a Patient Dies”
- Staff development and education is central to continuous quality improvements for patients.
- Bereavement service has taken ownership of all incidents or unexpected pregnancy losses over 24 weeks’ gestation. These are sent to Supervisor of Midwives for review and also discussed at perinatal meetings.
- All perinatal deaths are reported to the Confidential Enquiry into Maternal and Child Health (CEMACH) Perinatal Institute.
- Work continues on developing Integrated Care Pathways (ICP) between Neonatal Unit and Bereavement Service.

EDUCATION

LEARNING BEYOND REGISTRATION

Anne-Marie Gaynor, Senior Nurse, Education & Professional Development

Specialty/Service

The provision of Learning Beyond Registration (LBR) opportunities for nursing, midwifery, AHP and HCS staff to enhance practice and professional development

Activity

LBR funding from the Strategic Health Authority was reinstated this year. The funding is available to all professionally registered staff and is apportioned appropriately across the Trust. It is used to support staff to undertake post registration education at a variety of Higher Education Institutions and training providers. Learning and development needs of staff are identified and linked to SHA strategies, Trust Strategies and service development needs as well as individual Personal development Plans and KSF requirements. Three Celebration of Practice Study days were held this year. They provide a forum for staff, both newly recruited to specialist posts and established posts, to inform other clinical staff of developments and initiatives in clinical practice and service delivery. Multidisciplinary Evidence Based Practice Workshops were well attended: they equip staff with skills in searching and appraising research papers for integration into clinical practice.

Service Development for 2007/2008

- To facilitate LBR education and training that will fulfil personal and professional development for staff and provide a workforce fit for purpose.
- To co-ordinate professional development across the Trust with other professional development leads to meet corporate educational objectives.
- To ensure that the philosophy of patient centred care is implicit in all clinical developments and that the highest standards of clinical care are maintained.

Developments and Objectives of Annual Plan for 2008-2009

To support staff in delivering patient focused evidence based practice through LBR.

Summary of Clinical Governance

The promotion of LBR through staff development, education and training is central to continuous quality improvement for patients, KSF requirements and professional portfolio evidence.

PRACTICE PLACEMENT

Anne-Marie Gaynor, Senior Nurse, Education & Professional Development

Specialty/Service

Clinical Placements form between 30-60% of each NHS funded undergraduate/pre-registration healthcare training courses. Suitable and effective clinical placements should provide students with the opportunity to undertake practical assessment, supervised by an assessor who has the appropriate knowledge and experience to form a judgement about a student's competence/proficiency. BWH provides clinical placements to undergraduate/pre-registration midwives, nurses, ODP's, Physiotherapy, Radiography and Biomedical Science students. This process is managed by the Practice Placement Manager.

Service Development for 2007/2008

In 2006 the NMC published "Standards to support learning and assessment in practice". It set out standards for mentors in the form of a developmental framework which defined the knowledge and skills nurses/midwives need to apply in practice, when they support and assess students.

By September 2007 the Trust had to ensure staff were familiar with these standards and appropriately trained to meet the criteria. Additionally the Trust had to develop an up to date local register of mentors.

Developments and Objectives of Annual Plan for 2008-2009

- To maintain a live data base of mentors through regular review and by adding or removing names of registrants as necessary.
- To ensure the appropriate preparation and continuous update of mentors in accordance with the NMC criteria.
- To ensure appropriate levels of mentors are available to support students in training.

Summary of Clinical Governance

The NMC has agreed mandatory requirements for each part of the register. From September 2007, all new entrants to mentor preparation programmes must meet the requirements of the standards. The Trust has a responsibility to ensure all mentors are prepared, supported and continuously updated in line with the criteria of the standards to ensure students in training are provided with effective clinical placements.

RESEARCH & DEVELOPMENT (R&D)

Khalid Khan, Research & Development Director

Specialty/Service

The R&D Department aims to protect the interests of the Trust and patients at all times whilst encouraging researchers and innovators. All studies are reviewed to ensure there are no service risks or cost implications, and that appropriate indemnities are in place. Researchers are given advice on the R&D and ethics approval process, and are supported in completing National Research Ethics Service forms. The R&D Team also negotiates Clinical Trials Agreements on behalf of the Trust to ensure that commercial studies are costed effectively. Innovation is encouraged and the R&D Department work with MIDTech, the local NHS Innovation Hub, to ensure that Intellectual Property rights are protected and exploited appropriately.

NHS R&D has undergone a huge amount of change in recent years with the introduction of Best Research for Best Health, which changes the way R&D is funded and managed in England. Understanding the change and adjusting to it has been a challenge.

Activity

The Trust is the lead centre for large scale, multi centre studies and collaborates on a number of national and international projects with continued collaboration with commercial companies and other Trusts. Activity and income increased further this year. There are currently 106 active studies on the Trust's database with an accrual of over 2000 patients. A full list is available on the National Research Register. It is expected that these figures will increase again in the next financial year with an increased awareness of research funding streams and the fact that the Trust became successful in becoming a Foundation Trust. This is an exciting opportunity for the Research and Development Department as it should hopefully encourage research activity and generate further income generation in the form of research grants.

Service Development for 2007/2008

The main aims and objectives during 2007/08 were to:

- review the Trust's R&D Strategy in line with the Comprehensive Local Research Networks (CLRN)
- reduce the number of programmes in the Trust's portfolio
- support researchers in applying for competitive funding streams
- support midwifery research
- prioritise reproductive health and childbirth as a Specialty group within the Birmingham and Black Country CLRN.

Achievement of 2007/2008 Objectives

The health technology assessment and other themes of Birmingham Women's Hospital were rated 'strong' with critical mass, substantial grant income and publications, at its annual return by NHS R&D. Support for midwifery research led to a successful bid to the NIHR Research for Patient Benefit programme. Three midwives recently completed their studies towards PhD/MPhil. Reproductive health and childbirth was prioritised as a Specialty Group within the Birmingham and Black Country CLRN, with Prof. Khan as the Specialty Group Lead. Funding has again been made available to encourage staff to apply for additional NIHR/MRC funds and support was also provided towards two fellowships (Mary Crosse and Springboard) and several other in-house projects.

Developments and Objectives 2008/2009

The main aims for the R&D Department during 08/09 are to:

ensure sustainability of high quality research through strategies for maximising R&D income

stabilise the R&D office staffing

provide ongoing support to researchers to attract more substantial research grants.

Summary of Clinical Governance

Policies and procedures are continually reviewed by the R&D Team to ensure that changes in national practice or legislation are incorporated. Research carried out at BWH has contributed to several NICE Guidelines and numerous reviews published nationally and internationally. The number of publications is high and academic researchers are encouraged to cite BWH in these publications to ensure that the Trust gains recognition for collaborative work. Researchers from all directorates are continuing to generate quantifiable outputs that have direct impact upon patient care.

Outstanding Achievements

There have been 285 peer-reviewed publications, which is up from 104 last year (see Publications). Commercial projects and income are continuing to increase and the R&D team is approving more obstetric based research than in previous years.

Research Projects

We have the following programmes of research:

- *Reproductive and Vascular Biology:*
Under the leadership of Professor Asif Ahmed and Dr Jackson Kirkham-Brown, the Programme's main focus is on angiogenesis and vascular protection and investigations of male fertility and biology of the spermatozoa. For 2007/8, this Programme attained £4,127,895 from national external research grant funding, which has been allocated via Birmingham University. A further £23,000 has also been awarded to the Trust by the Wellcome Trust for work on molecular genetics.
- *RLU1: Fetal Precursors of Cardiovascular Disease:*
Under the leadership of Professor Mark Kilby, the focus of this programme follows the belief that a fundamental requirement for a good intrauterine environment in which the fetus receives adequate nutrition is a successful placentation process. 2007/8 has been a very successful financial year for this programme, attaining £1,112,193 in grant funding. The following grants have been achieved during this period:

The PLUTO Trial: Percutaneous shunting for lower urinary tract obstruction: Health Technology Assessment Programme

Interventions to optimise the practice of transfusion ('INTOPT') - Understanding transfusion prescribing behaviour in two clinical areas: Department of Health

As the lead centre for the Programme we can report the following impacts on healthcare:

RLU2: Health Technology Assessment:

Under the leadership of Professor Khalid Khan, this programme focuses on work to address the aetiology and management of the three common and debilitating gynaecological disorders, plus extensive work into 1) Chronic pelvic pain, endometriosis and menstrual disorders; 2) Uro-gynaecological disorders and 3) obstetrical disorders (such as, preterm birth, pre-eclampsia/eclampsia and fetal growth restriction). For 2007/8, this programme attained £1,171,467 in research grant funding. The following grants have been achieved during this period:

Pulse oximetry as a screening test for congenital heart disease in newborn babies (06/06/03), NIHR, Health Technology Assessment

The diagnostic/prognostic value of neonatal findings for predicting childhood and adult morbidity: Systematic reviews, meta-analysis and decision analytic modelling: The Mary Crosse Fund, Birmingham Women's Hospital NHS Trust

The OPT Trial: A randomised Controlled Trial of Outpatient Polyp Treatment for Abnormal Uterine Bleeding: NIHR HTA

Prediction and prevention of fetal growth restriction and compromise of fetal wellbeing. Systematic reviews and meta-analyses with model-based economic evaluation. MRC/RCOG Clinical Research Training Fellowship: Medical Research Council

As the lead centre for the Programme we can report the following impacts on healthcare: The work has had impact on healthcare both regionally and nationally. Notably, the following NICE Guidance sought input from our research: Interventional Procedures Guidance no IPG234: Laparoscopic uterosacral nerve ablation for Chronic Pelvic Pain and Clinical Guideline no 44: Heavy menstrual bleeding. The output of our HTA funded projects on preterm birth, pre-eclampsia and GBS have been used to develop screening and research policies in these areas.

This work has been carried out in collaboration with The University of Birmingham

RLU3: Genetics of Human Disease

Under the leadership of Professor Eamonn Maher; this programme continues to cover a variety of areas to include research into cancer genetics, developmental genetics and paediatric molecular medicine. For 2007/8, the programme has attained £279,547 in research grant funding. The following grants have been achieved during this period:

Identification of an Inherited Wilm's Tumour Gene: Association for International Cancer Research

Functional Characterisation and Role of the SLIT-ROBO Gene Family in Breast Cancer Development: Breast Cancer Campaign

Mapping and Identification of novel genes for autosomal recessive cataracts: Fight for Sight

The Programme has had the following impact on Health Care: Identification of disease genes by the group have directly resulted in the introduction of new genetic tests ((in the past 12-24 months by the West Midlands Region Laboratory) for Micro syndrome (RAB3GAP1 gene test), fetal akinesia deformation sequence/multiple pterygium syndrome (CHRNG gene test) and infantile neuraxonal dystrophy (PLA2G6 gene test). In addition we have extended the role of genetic testing in familial kidney cancer by demonstrating FLCN mutations (now available as a genetic test in the WMRGL) can be found in a subset of patients with non-syndromic familial kidney cancer.

The WMRGL continues to perform genetic testing (on a national or supra-regional basis) for many disorders for which the research that provided the basis for the test was performed in the University Department of Medical and Molecular Genetics (e.g. gene testing for von Hippel-Lindau disease, succinate dehydrogenase paraganglioma syndromes, ARC syndrome and epigenetic tests for Beckwith-Wiedemann syndrome).

This work has been carried out in collaboration with the University of Birmingham.

RLU6: Reproductive and Vascular Biology

Under the leadership of Professor Asif Ahmed and Dr Jackson Kirkham-Brown, the Programme's main focus is on angiogenesis and vascular protection and investigations of male fertility and biology of the spermatozoa. For 2007/8, this Programme attained £4,127,895 from national external research grant funding, which has been allocated via Birmingham University. A further £23,000 has also been awarded to the Trust by the Wellcome Trust for work on molecular genetics. The following grants have been achieved during this period:

Role of Endogenous Vascular Protection Factors in Preeclampsia: Medical Research Council

Angiogenic Biomarkers as Predictive Tests for Early Onset Preeclampsia: A Population-Based Study: Medical Research Council

A proof of principle randomised placebo-controlled trial for use of statins to ameliorate early onset preeclampsia: Medical Research Council

To learn molecular, culture and chemical techniques for expression and characterisation of functional Olfactory Gprotein coupled receptors in vitro: Wellcome Trust

As the lead centre for the Programme we can report the following impacts on healthcare: As a PI, Ahmed is a MRC programme grant and two MRC strategic grants in human pregnancy-induced hypertension. The current grants and studies build capacity and strengthen multidisciplinary interactions. The discovery of new health interventions by this group, with publications in *Nature* (2008) and *Circulation* (2007), will result in new treatment in clinic for pre-eclampsia within five years. They plan to translate this work with partnership with biotech, NIHR and MRC into randomised clinical trials. An IES platform MRC award for a new clinic trial has been approved for statin use in preeclampsia, first of its kind in the world.

EDUCATION RESOURCE CENTRE

Harry Gee, Director of Postgraduate Education/Diane Carter, Manager, Education Resource Centre

Specialty/Service

The ERC supports the Trust Educational Policy in providing a professional workforce fit for purpose. Access to information and evidence for practice is crucial. The Centre's strategies revolve around electronic access to information when possible and efficient retrieval of information from conventional sources when it is not. The Centre runs high quality education courses, particularly in the areas of evidence based practice and clinical skills.

Activity

- Specialist training has now been organised into Schools by the West Midlands Workforce Deanery. The current Head of School for Obstetrics & Gynaecology is Mr H Gee. The administration of this School's work and finance will be centred in the ERC. This means that Birmingham Women's Foundation Trust is the centre-point for postgraduate specialist training in Obstetrics & Gynaecology for all West Midlands training. Centralised programmes in Basic Training, the Symposia and the Masterclass will all be organised and hosted by the ERC.

- Further training continues in Basic Surgical Skills, Newborn Life Support, Ectopic Pregnancy, Perineal Tear and Advanced Practical Skills Training. In addition, a collaborative initiative between BWH, the University of Birmingham and the Royal College of GPs was piloted receiving excellent evaluations.
- Further courses are planned.

Service Development for 2007/2008

- Following the success of these courses the ERC has now become a leading provider of skills training in the Region. The ERC has also been successful in ensuring the funding to support the RCOG Advanced Training Skills Modules for all trainees in the West Midlands Region.
- A previous initiative by the Clinical Sub-Dean ensured the further appointment of an educational lecturer to improve undergraduate teaching and assessment.

Developments and Objectives of Annual Plan for 2008-2009

- The ERC has been successful in a bid to the Strategic Health Authority to provide funding for the upgrade of the Clinical Skills Laboratory. Three labs are to be developed in Obstetrics Skills, Minimal Access Surgery and Conventional Gynaecology. This will provide the necessary facilities and equipment to further enhance the development of multidisciplinary practice.
- The ERC has a policy of expanding its activities and is an income generator. At the end of the last financial year the area met its CIP targets and was a contributor to the Trust financial position.

LIBRARY & INFORMATION SERVICE

Ann Daly, Clinical Librarian

Specialty/Service

The Library and Information Service is available to all BWH employees and students. The service is staffed by a part-time clinical librarian and two fulltime para-professionals. Staff are available between 9am and 5pm Monday - Friday, and out of hours access is available 24 hours a day, seven days a week. We provide a range of traditional library services including print and electronic textbooks and journals, literature searching, interlibrary loans and medical database training. We also provide a more contemporary service that supports a culture of evidence based practice with the clinical librarian attending the delivery suite ward round and managing the O & G Journal Club.

Activity

- To provide a library induction and library membership card to new staff
- To provide a literature search and interlibrary loan service to ensure current and best evidence is used in clinical practice and research
- To provide relevant books and journals
- To design and deliver individual and group training programmes on accessing electronic journals and using medical databases
- To design and deliver training programmes to support doctors in the principles of evidence based practice and journal club preparation
- To provide an annual Road Show in order to promote the library service and offer staff training in their workplace
- To provide a Current Awareness Service whereby details of new systematic reviews and National Library for Health literature is emailed to users
- To maintain a bank of Critically Appraised Topics
- To attend the delivery suite ward round and provide a literature search service to provide best evidence to support patient care
- To manage the O & G Journal Club

Service Development for 2007/2008

The overall percent of staff registering to use the library has increased, as has the number of users receiving library induction and education. The bank of CATs has been updated to ensure only fit for purpose healthcare information is available. The Clinical Librarian is continuing with Chartership and the Library Administrator with Certification, both of which are accredited courses that will ensure library knowledge is maintained and an excellent and innovative service is provided.

Tables/Data

Library registrations: % of staff groups registered

Staff group	2007 - 8	2006 - 7	2005 - 6
Consultants & Doctors	*45%	78%	61%
Nurses, Midwives & HCA	46%	42%	23%
Scientific, Therapeutic & Technical	81%	48%	21%
Administration & Estates	36%	29%	5%

*Doctors coming from other NHS hospitals are no longer required to re-register, hence the percentage decrease in this staff group.

Induction and user education

Activity	2007 - 8	2006 - 7	2005 - 6
Number of BWH staff receiving induction	484	400	300
Library staff hours spent on induction	11	Unsure	5
Number of BWH staff receiving library education	144	90	300
Library staff hours spent on user education	87	78	248

Library activities

Activity	2007 - 8	2006 - 7	2005 - 6
Literature searches	118	87	46
Loans from stock	1191	*4540	2220
Photocopies from stock	151	134	150
Interlibrary loans (copies)	847	984	815
Interlibrary loans received	101	147	Not known

*Unsure of the accuracy of this number (as it is so out of sequence with other years).

Live Athens accounts: % of staff groups registered

Percentage	Consultants	Doctors	Nurses & Midwives	Healthcare Sci/ Tech/AHP
% 2008	78%	98%	31%	33%
% 2007	86%	91%	26%	59%
% 2006	58%	100%	18%	34%

Access to Athens protected NHS resources

Resource	2007 - 08			
AJOG	172			
BJOG	130			
O & G	86			
Healthcare databases	1460			

This is the first year to provide these statistics; the reason for inclusion is to demonstrate best value for money in terms of promoting access to paid journals, and to ensure library staff actively promotes the use of healthcare databases.

Developments and Objectives of Annual Plan for 2008-2009

The development of the library service is guided by the Report of a National Review of NHS Health Library Services in England (Hill, 2008), which makes recommendations for the development of libraries and librarians, and provides a NSF to ensure a quality service.

The Library Business Plan reflects the content of the Report to ensure compliance with both the recommendations and the NSF.

Summary of Clinical Governance

The library supports Clinical Governance by providing an excellent literature search service whereby library staff use a hierarchical approach to searching for best evidence, which is subsequently used by clinicians to guide patient care. In addition, the library provides a two hour service for urgent interlibrary loans ensuring the immediate availability of this evidence. Furthermore, we maintain a bank of Critically Appraised Topics, which ensures best healthcare evidence is available to all Trust staff.

UNDERGRADUATE EDUCATION

Janesh Gupta, Honorary Consultant Obstetrician & Gynaecologist

Specialty/Service

The final year programme was implemented July 2005, with subjects taught in pairs; Obstetrics and Gynaecology paired with Paediatrics. The curriculum is accompanied by a comprehensive module handbook which structures learning requirements and it includes self-assessment exercises and an innovative web-based MCQ. There are 3 academic in-days per 6-week block with each in-day consisting of two 3-hour sessions. Each in-day accommodates 70 students and each half-day session covers one of the 6 educational themes.

Activity

In any rotation we have a minimum of 20 students which represents the largest share of any teaching hospital. The examination for about 140 students is hosted completely on the Birmingham Women's Hospital site, as this keeps the examination structure and marking efficient (as it was in previous years). However, this type of examination requires a minimum of 16 examiners. Anticipating that getting this number of examiners is always going to be difficult, we have taken steps to ensure that clinical teachers in all teaching trusts allocate themselves for 2 examinations per year, i.e. 2 days per year. However, to accommodate the 140 students to be examined per block we have moved the 12 knowledge based short answer questions to be examined on the Tuesday and the oral examinations on the Thursday of the examination week. The oral exam now consists of 3 structured oral assessment stations with in-course assessments for smear, abdominal and pelvic examinations.

Developments and Objectives of Annual Plan for 2008-2009

- Successful adaption to the new course with larger numbers.
- To continue the excellent teaching support provided by the Teaching Fellow that is currently employed from SIFT funding provided to the Women's Hospital from the medical School. The feedback for this post has been excellent.
- There is a continued need to ensure that the Women's clinical staff provide an excellent teaching environment.

UNDERGRADUATE MIDWIFERY EDUCATION

Sue Shortt, Senior Lecturer, Birmingham City University

Specialty/Service

Clinical and professional education of student midwives which meets the standards of proficiency required by the Nursing and Midwifery Council. The undergraduate programme ensures that students are fit for practice, fit for purpose and meet the academic requirements for the award of BSc (Hons) Midwifery

Activity

Thirty student midwives commenced their education programme at the Trust in September 2007. The total number of student midwives supported by the Trust in 2007/8 was fifty seven on the 3 year midwifery programme (non nurses) and thirteen on the 18 month midwifery programme (Registered Nurses prior to commencement).

Service Development for 2007/2008

The final year of the revalidated programme was successfully implemented. Significant developments in the partnership between the clinical and academic team was evident in the assessment of clinical proficiency and especially in the assessment of clinical skills related to obstetric emergencies (clinical midwives involved in OSCE assessments)

Developments and Objectives of Annual Plan for 2008-2009

Trust midwives and academic staff will shortly be working towards developing the programme further to meet the NMC requirements relating to 'Essential Skills Clusters' and 'Grading Practice'.

Summary of Clinical Governance

- Students are made aware of all relevant, existing and new, documents, e.g. from local, national or professional sources, which may impact on practice and are encouraged to participate in the development of local standards.
- Annual education audits continue to demonstrate supportive and effective clinical placements for students.
- Clinical midwives from the Trust, together with academic staff and others, comprise a Profession Specific Group (PSG), initiated by the Quality Assurance Agency (QAA), which meets regularly to review quality issues related to the midwifery education programme.
- All student midwives have the support of a named Supervisor of Midwives available as and when required, especially when untoward clinical incidents occur.

MATERNAL MORTALITY

Tracey Johnston, Clinical Director for Maternity Services

There was one maternal death in this year, which was an indirect death 8 months following delivery secondary to malignancy.

PERINATAL MORTALITY

MORTALITY STATISTICS

Imogen Morgan, Consultant Neonatologist

Definitions:

Stillbirth: An in utero death delivering after the 24th week of pregnancy

Early Neonatal death: Death of a liveborn baby occurring less than 7 completed days from the time of birth

Late Neonatal death: Death of a liveborn baby occurring from the 7th day of life and before 28 completed days from the time of birth

Post- Neonatal Death: Death of a liveborn baby occurring from the 28th day of life and before 365 completed days from the time of birth

Stillbirth rate: Number of stillbirths per 1000 live births and stillbirths

Perinatal Mortality Rate: Number of stillbirths and early neonatal deaths per 1000 live births and stillbirths

Neonatal mortality rate: Number of neonatal deaths per 1000 live births

Between 1st April 2007 and 31st March 2008, 7188 mothers delivered. There were 7338 registrable births at Birmingham Women's Healthcare NHS Trust, a continued increase in the numbers (6926 births in 06/07, 6868 births in 05/06, 6774 births in 04/05, 6566 births in 03/04, and 6254 births in 02/03). There were 94 home confinements, (84 in 2006/7) plus 23 BBAs giving a total of 7455 births.

827 babies (753, 692, 661, 669,) were low birth weight, a significant increase in numbers over previous years. This gives a low birthweight rate of 11.09% (10.74% 10.07%, 11.0%, 11.3 %,) of births, a consistent proportion of our workload.

Outcomes as collected through Trust information systems by **gestation and birthweight bands** for 2007/8 have been tabulated as follows:

Gestation	Total	Still births	Live Births	Early deaths	Late deaths	Infant deaths	Total deaths	Survived
No gestation known	1	0	1	0	0	0	0	1
<=24	34	4	31	20	1	0	21	10
25-26	29	6	23	3	2	0	5	18
27-28	50	6	44	1	0	0	1	43
29-30	64	3	61	1	0	0	1	60
31-32	103	9	94	3	0	0	3	91
33-34	125	6	119	0	0	0	0	119
35-36	324	2	322	1	0	0	1	321
>=37	6725	18	6707	10	0	0	10	6697
Total	7455	54	7401	39	3	0	42	7360

Birth weight	Total	Still births	Live births	Early deaths	Late deaths	Infant deaths	Total deaths	Survived
<=499	37	10	27	15	0	0	15	13
500-749	32	8	24	6	3	0	9	15
750-999	35	4	31	3	0	0	3	28
1000-1249	46	3	43	0	0	0	0	43
1250-1499	57	1	56	2	0	0	2	54
1500-1749	80	9	71	3	0	0	3	68
1750-1999	86	0	86	0	0	0	0	86
2000-2249	161	3	158	1	0	0	1	157
2250-2499	292	2	290	1	0	0	1	289
>=2500	6629	14	6615	8	0	0	8	6607
Total	7455	54	7401	39	3	0	42	7360

There were 54 stillbirths and 42 neonatal deaths recorded through the Trust Information systems. These figures as usual include the outcomes of high risk pregnancies including tertiary referrals.

Cases of babies who died at home or at other hospitals are not routinely captured through the hospital information systems. Such cases where known are captured individually through the Bereavement Service and are discussed along with stillbirths and neonatal deaths at monthly Perinatal Mortality Meetings.

Perinatal/Neonatal deaths at Birmingham Women's Hospital 2007/8 (2006/7 2005/6 2004/5, 2003/4) - Babies born at BWH: Crude Figures

	No. of Babies		BWH rate per 1000	
Still births	54	(52, 36, 54,53)	7.2	(7.4, 5.3,7.97, 8.07)
Early NND	39	(62, 57, 41, 45)	5.3	(8.9, 8.3,6.1, 6.9)
Late NND	3	(6, 8,4,10)	0.4	(0.8, 1.2, 0.6, 1.53)
PNMR			12.5	(16.2, 13.5, 14.0, 14.9)

BWH Figures

Stillbirths

There were 54 stillbirths at BWH from April 2007 to March 2008. Of these 4 were delivered before 25 weeks gestation. Of the group, 9 babies had major structural congenital anomalies. There are therefore 41 remaining stillbirths giving a "corrected" stillbirth rate of 5.5 (3.99, 4.80, 5.60, 5.32) per thousand births.

Neonatal Deaths

There were 42 Neonatal deaths (deaths before 28 days) at BWH of babies born at Birmingham Women's Hospital as recorded on Trust information systems. In addition 7 babies died elsewhere, most commonly Birmingham Children's Hospital.

Manual checking has identified a further 6 deaths. If these 55 Neonatal deaths are considered in total, the neonatal mortality rate comes to 7.4 per 1000 live births. Of these 55 babies, 18 were too

premature to be successfully resuscitated, 17 babies had lethal congenital anomalies, either structural or genetic

If these 35 babies are excluded, 20 neonatal deaths remain (early and late). The “corrected” Neonatal Mortality Rate is then 2.7 per thousand live births. (3.4, 2.50, 2.23, 3.5) per 1000 live births,

BWH Mortality Rates 2007/2008

	2007-8	2006-7	2005-6	2004-5
Unadjusted PNMR	12.5	16.2	13.5	14.0
PNMR adjusted for LCA and ... 23 weeks	8.2	6.56	7.30	7.67
Unadjusted Stillbirth rate (per 1000 births)	7.2	7.4	5.30	7.97
Stillbirth rate adjusted for LCA and extreme immaturity	5.5	3.99	4.30	5.60
Unadjusted neonatal mortality rate (per 1000 live births) (manual method)	7.4	9.77	9.5	6.69
NMR adjusted for LCA and extreme immaturity (manual method)	2.7	3.4	2.50	2.23

STILLBIRTHS

Bill Martin, Consultant in Fetal Maternal Medicine

Specialty/Service

The forum for discussion of adverse outcomes is the monthly Perinatal Mortality Meeting. Cases where babies are stillborn or died in the neonatal period are discussed in a multidisciplinary way. Neonatologists, obstetricians, fetal medicine specialists, geneticists, midwives, radiologists, radiographers and pathologists regularly attend. This allows critical appraisal of care providing feedback to staff and also to parents. Sadly deaths may be unavoidable and this forum allows us to not only discuss where things could have been improved but also where good care was given.

Activity

In the audit year there were **7456** births in BWH. From our catchment area of South Birmingham there were **4010** births. The remainder were tertiary referrals. These are usually complex in nature. Some bookings were low risk in women who live outside our area but wish to book at BWH.

There were 54 stillbirths, 34 were from S. Birmingham

Of these there were 9 with a fetal abnormality.

The Stillbirth rate (SBR) was 7.2/1000 births. Corrected for fetal abnormality - 6/1000 births

For S Birmingham - 8.5/1000 births - corrected figure 7.2/1000births.

The overall figure is comparable with last year's figures for BWH (7.4/1000 births last annual report). The figure for South Birmingham has risen for the second year in a row. The numbers are very small therefore the findings may not be representative of the true picture. There were a number of stillbirths in term babies and the factors behind these findings require review and an audit is to be initiated.

Service Development for 2007/2008

The review that is carried out each month in the perinatal mortality meetings is a valuable learning tool. Not all relevant staff can attend and thus miss out on lessons learnt. Whilst patient confidentiality precludes full dissemination of the findings, general learning points are made, and it is proposed to initiate the publication of minutes of the findings of these meetings.

Developments and Objectives of Annual Plan for 2008-2009

The number of stillbirths for all women booked have plateaued. For those booked from the Trust's catchment area, it has risen. The reasons are unclear, but as indicated, an audit of the stillbirths, in particular those at term, will be undertaken to ensure there were no deficiencies in care.

Summary of Clinical Governance

Due to small numbers it is difficult to draw firm conclusions each year. It is pleasing that the overall SBR has shown a slight reduction compared with last year. However, there appears to be an upward trend in the number of stillbirths for South Birmingham residents. This has been seen for the past two years. It will be necessary to review these cases, in particular the number of term stillbirths. These have been reviewed in the monthly perinatal mortality meetings and there have been no obvious problems identified and audit of these losses is needed to ensure appropriate care continues to be provided.

CAUSES OF NEONATAL DEATHS

Andy Ewer, Consultant Neonatologist

1 April 2007 – 31 March 2008

Inborn neonatal deaths - died in BWH	48
Inborn neonatal deaths - died elsewhere	7
Outborn neonatal deaths	9
 Inborn neonatal deaths	 56

Causes of inborn neonatal deaths have been divided into the following categories:

Immaturity	Non-viable, no resuscitation offered	16
	Extreme prematurity - resuscitation unsuccessful ∴ not admitted to NNU	2
	Complications of prematurity	1
	Infection (including NEC)	5
	Cardio-respiratory complications	7
	Abnormal cranial USS	
Lethal congenital anatomical malformation (including pulmonary hypoplasia/hydrops)	TOP	1
	TLC	8
	Unsuccessful treatment	4
Infection		1
SIDS		0
Lethal chromosomal/genetic abnormality		3
Lethal inherited metabolic abnormality		1
Birth asphyxia		4
Birth Trauma		0
Twin to twin transfusion syndrome		0
Other/Not known		2
Total		55

Extreme prematurity

Gestation of babies not offered resuscitation because of non-viability

Gestation	17	18	19	20	21	22	23	24	Total
Number	1	2	2	3	3	4	1	0	16

MATERNITY SERVICES

OVERVIEW

Tracey Johnston, Clinical Director for Maternity Services

This has been a very busy year for Maternity Services, from many perspectives. The workload increased significantly, with 433 more deliveries than last year. Despite this, there has been a reduction in the caesarean section rate from 24.5% to 22.8%, the stillbirth rate is essentially unchanged (7.3/1000 vs. 7.5/1000) and there has been a substantial reduction in the neonatal death rate from 8.7/1000 to 5.7/1000. As detailed below, this increased workload runs alongside problems with staffing, despite an increase in midwifery staffing numbers, and the Directorate is working closely with the Trust and the PCT to improve this.

The Birth Centre has had a highly successful year, almost doubling the number of deliveries and rarely closing, so many congratulations to the team. We have also seen the successful implementation of the integrated care pathway for normal birth in both the Birth Centre and in the main Delivery Suite, strengthening the philosophy of normality in that area.

The new Obstetric Theatre suite was opened and is being well utilized, providing a much improved environment for both staff and users of the service.

The multidisciplinary Guideline Group has been very active through the year, producing a large number of updated evidence-based guidelines which were commended by the CNST assessors when we retained CNST Level 2 in January, so many thanks to all who contributed (and continue to do so!). The guidelines are now all available electronically via a dedicated desk-top icon.

I feel we have achieved a huge amount this year, both in terms of service delivery and service development, and this would not have been possible without the efforts of an exceptional staff who have worked extremely hard throughout the year, sometimes under difficult circumstances, so a huge thank you to all of you. I look forward to us moving things forward over the next year.

Tables/Statistical Data

RCOG Obstetric Return 2007-2008

Registered Births at Birmingham Women's Hospital

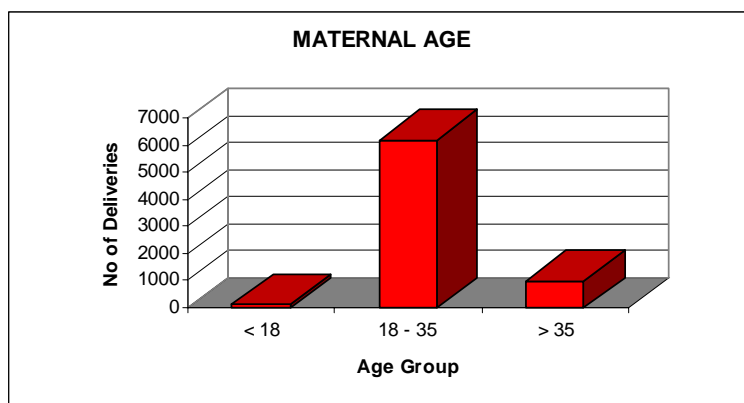
			BWH
No of women delivered In Hospital			7188
No of Babies Born in Hospital			7338
No of Women under Total Midwifery Care			3029
No of Women under Consultant Care			4159
BBA's and other Hospitals			23
No of Home Confinements			94
Total Deliveries			7309
Total Babies			7455

Singleton Deliveries			
No of Singleton Spontaneous Vertex deliveries			4638
No of Singleton Vaginal Breech Deliveries			76
No of Singleton Forceps Deliveries All Types			372
No of Singleton Ventouse Deliveries			483
Total Caesarean Sections for Singleton Pregnancies			1585
	Elective	554	
	Emergencies	1031	
Multiple Deliveries			
No of Women Delivering Twins			154
No of Women Delivering Triplets			1
No of Women Delivering Quadruplets			0
Twin Deliveries			
Twin Deliveries where both Babies Delivered Vaginally			67
Twin Deliveries where both Babies Delivered By Caesarean			84
Twin Deliveries where Second Baby Delivered By Caesarean			3
All Deliveries			
Total No of Caesarean Sections			1672
Total No Stillbirths			54
Total No of Neonatal Deaths			42
General			
Maternal Deaths			0
No of Women having Induction of Labour			1368

Note : Midwifery led care is calculated by finding the Number of mothers who are shown in the first delivery episode as being under the care of a midwife and as such may be overstated.

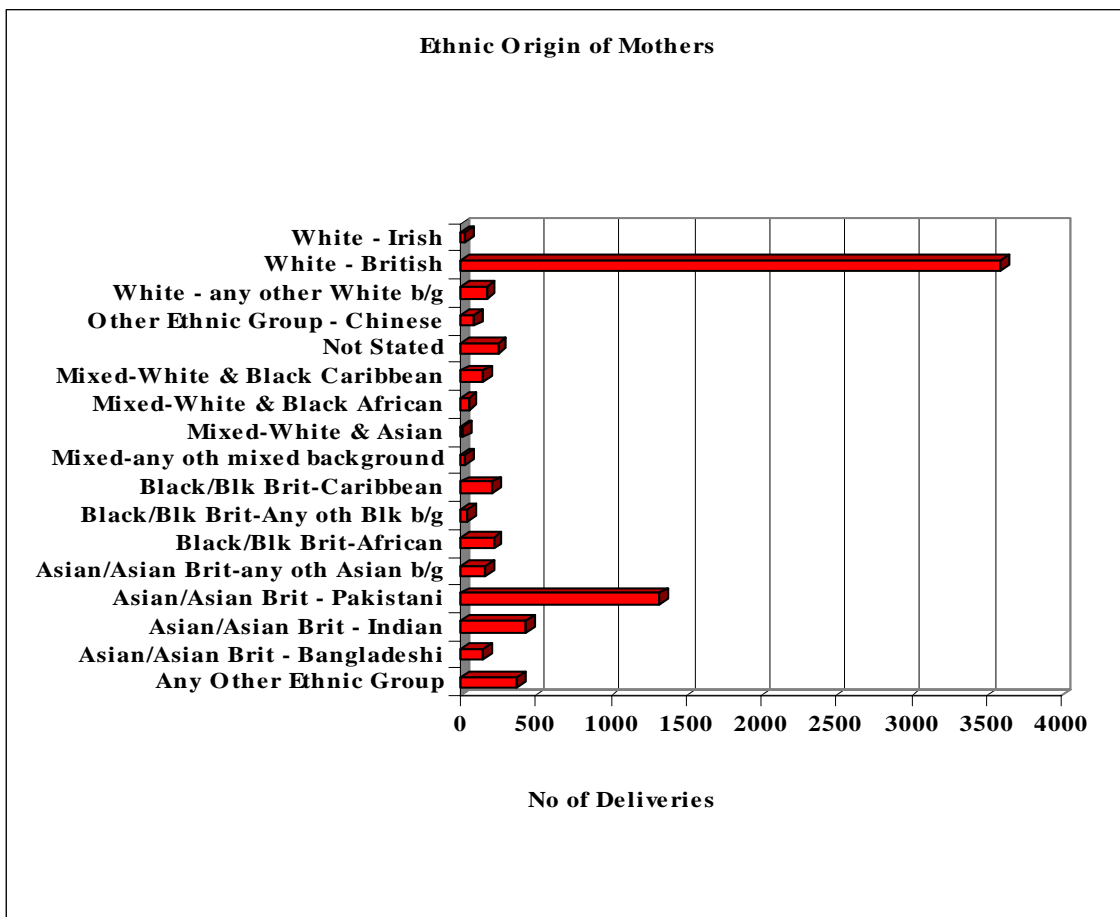
Maternal Age

Age Group	No of Deliveries	%
< 18	117	2
18 - 35	6195	85
> 35	997	14
	7309	



Ethnic Origin

Ethnicity	Deliveries
Any Other Ethnic Group	377
Asian/Asian Brit - Bangladeshi	156
Asian/Asian Brit - Indian	432
Asian/Asian Brit - Pakistani	1319
Asian/Asian Brit-any oth Asian b/g	163
Black/Blk Brit-African	220
Black/Blk Brit-Any oth Blk b/g	49
Black/Blk Brit-Caribbean	207
Mixed-any oth mixed background	31
Mixed-White & Asian	12
Mixed-White & Black African	54
Mixed-White & Black Caribbean	155
Not Stated	249
Other Ethnic Group - Chinese	89
White - any other White b/g	176
White - British	3587
White - Irish	33



Mothers by District of Residence

Organisation Name	No of Deliveries
SOUTH BIRMINGHAM PCT	3953
HEART OF BIRMINGHAM TEACHING PCT	1916
SANDWELL PCT	500
BIRMINGHAM EAST AND NORTH PCT	261
WORCESTERSHIRE PCT	251
DUDLEY PCT	138
SOLIHULL CARE TRUST	78
SOUTH STAFFORDSHIRE PCT	30
WARWICKSHIRE PCT	29
WALSALL TEACHING PCT	29
REST OF ENGLAND	116
WALES	8
NOT RECORDED	0

Parity Overview

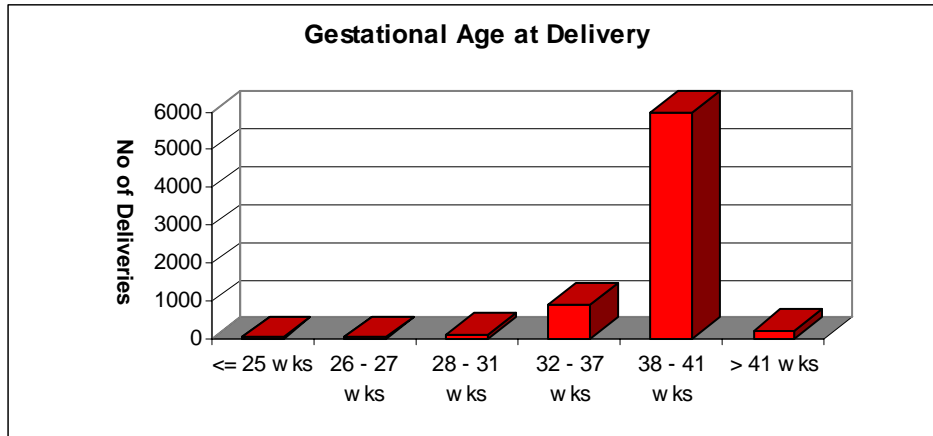
Parity	No of Mothers
Para 0	2783
Para 1-4	4087
Para 5+	159
N/K	280
Total	7309

Induction of Labour

Reason	Total	Caesarean Sections	Section Rate %
Prolonged pregnancy	590	147	24.92
Premature Rupture of Membranes	96	31	32.29
IUGR	87	20	22.99
Poor Obstetric History	83	14	16.87
Mild PET	79	18	22.78
Fetal Distress	69	31	44.93
Moderate PET	59	19	32.20
Multiple Pregnancy	46	13	28.26
Gestational diabetes	41	11	26.83
Essential Hypertension	38	10	26.32
IUD	26	0	0.00
Placental abruption	23	3	13.04
Reduced liquor	21	4	19.05
Fetal Abnormality	20	5	25.00
Pre-existing diabetes,insulin dependent	15	5	33.33
Excessive Fetal Growth	15	5	33.33
Heart Disease	11	3	27.27
Polyhydramnios	10	3	30.00
Severe PET	9	4	44.44
PET + Pre-existing Hypertension	7	1	14.29
Rhesus Isoimmunisation	7	2	28.57
Renal Hypertension	4	1	25.00
Other Isoimmunisation	4	1	25.00
Maternal Reasons	2	1	50.00
Placental praevia - no ble	2	0	0.00
Pre-existing diabetes,no	2	2	100.00
Prematurity	2	0	0.00
Total	1368	354	25.88
Induction Rate %	19.03		

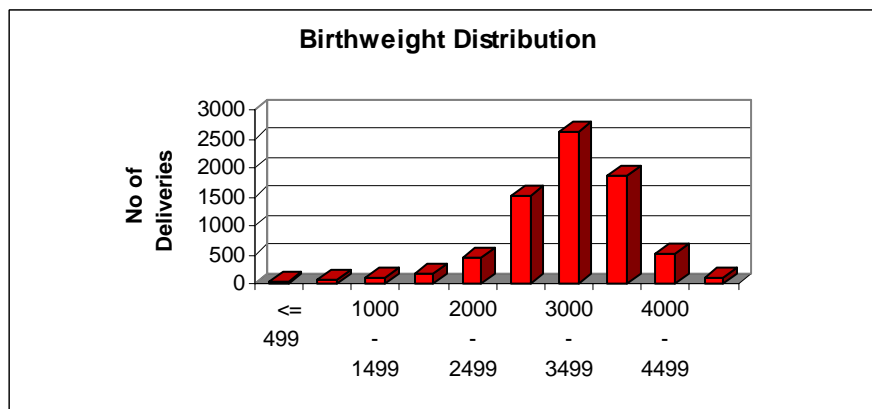
Gestational Age

Gestation	No of Deliveries	%
Not Entered	1	0.01
<= 25 wks	43	0.59
26 - 27 wks	31	0.42
28 - 31 wks	120	1.64
32 - 37 wks	904	12.37
38 - 41 wks	5991	81.98
> 41 wks	219	3.00



Birthweights

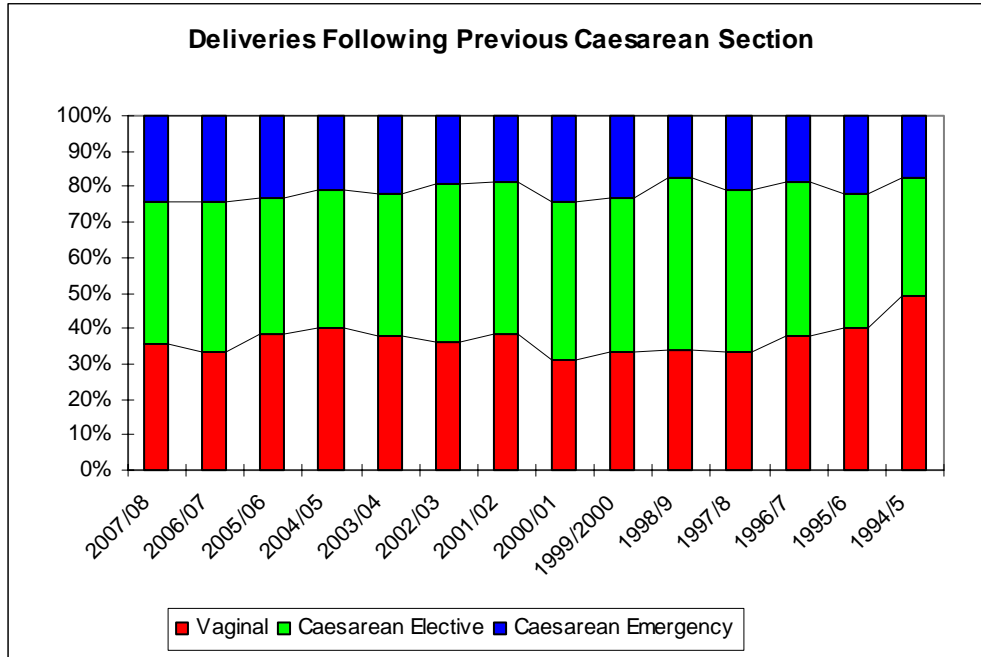
BirthWeight	No of Babies	%
Not Entered	10	0.13
<= 499	27	0.36
500 - 999	67	0.90
1000 - 1499	103	1.38
1500 - 1999	166	2.23
2000 - 2499	453	6.08
2500 - 2999	1523	20.43
3000 - 3499	2629	35.26
3500 - 3999	1872	25.11
4000 - 4499	509	6.83
>= 4500	96	1.29



Delivery Following Previous Caesarean Section

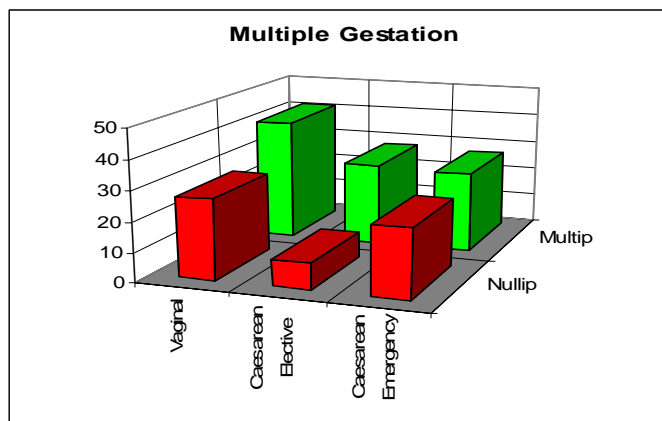
Class	2007/08	2006/07	2005/06	2004/05	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/9
Vaginal	308	261	259	327	288	230	200	154	171	188
Caesarean Elective	348	328	261	316	308	283	222	223	226	267
Caesarean Emergency	210	190	158	172	166	122	97	121	120	97
Total	866	779	678	815	762	635	519	498	517	552

Total Deliveries	7309	6876	6730	6651	6423	6136	5902	5822	6074	6096
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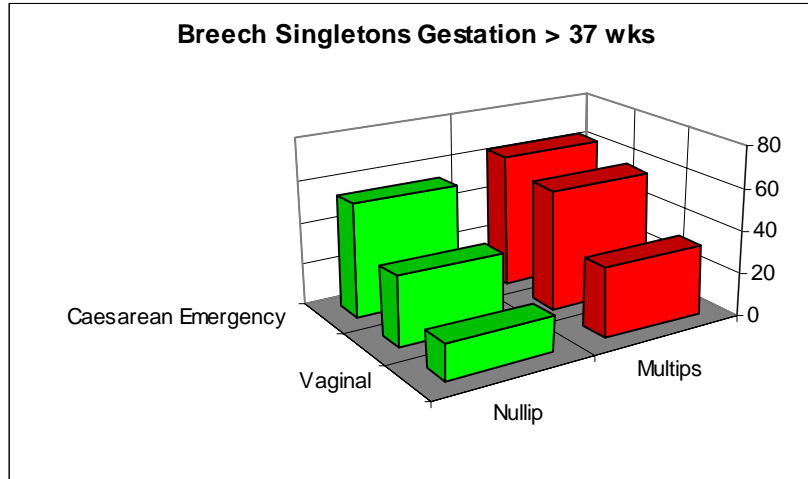
Multiple Gestations

Mode Of Delivery	Nullip	Multip	Total
Vaginal	27	41	68
Caesarean Elective	9	28	37
Caesarean Emergency	23	27	50
Total	59	96	155



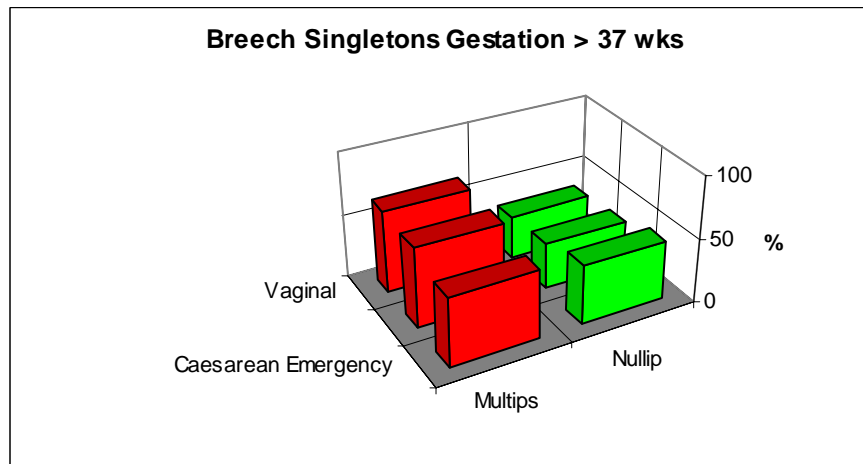
Term Breech Deliveries

Mode of Delivery	Multips	Nullip	Total
Vaginal	33	17	50
Caesarean Elective	57	33	90
Caesarean Emergency	63	54	117
Total	153	104	257



Term Breech Deliveries (Percentage)

Mode of Delivery	Multips	Nullip
Vaginal	66	34
Caesarean Elective	63	37
Caesarean Emergency	54	46



MULTIPLE PREGNANCIES

Harry Gee, Consultant Obstetrician & Gynaecologist & Bill Martin, Fetal Medicine Consultant

Specialty/Service

High Risk Obstetrics

Activity

145 twin and 1 triplet pregnancy were delivered within the year. The triplets were delivered by emergency caesarean section at 31 weeks and are doing well.

This represents a 14% increase in activity over last year.

Tables/Data

Multiple Pregnancies – Activity & Outcome Data

Figure 1.

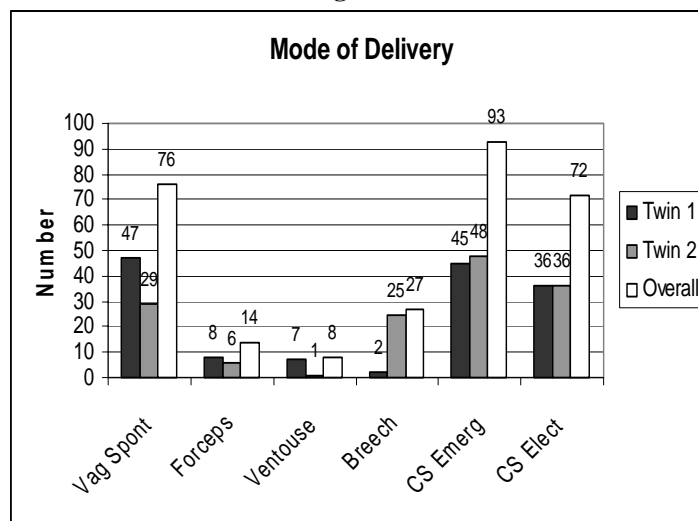


Figure 2

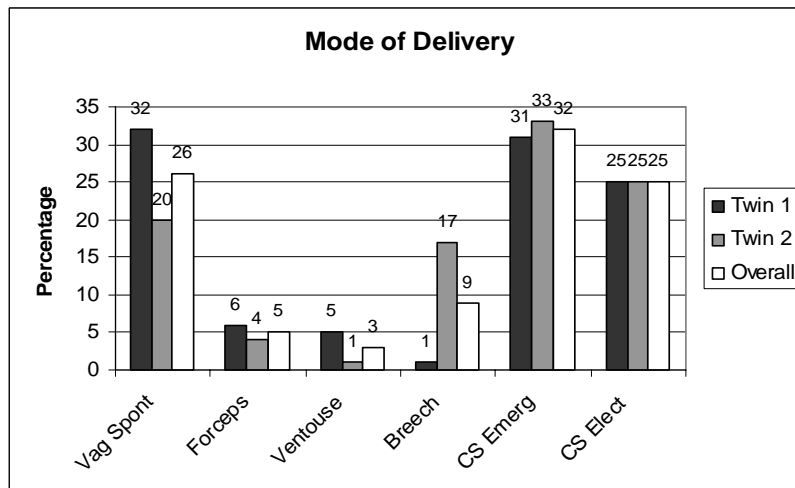


Figure 3

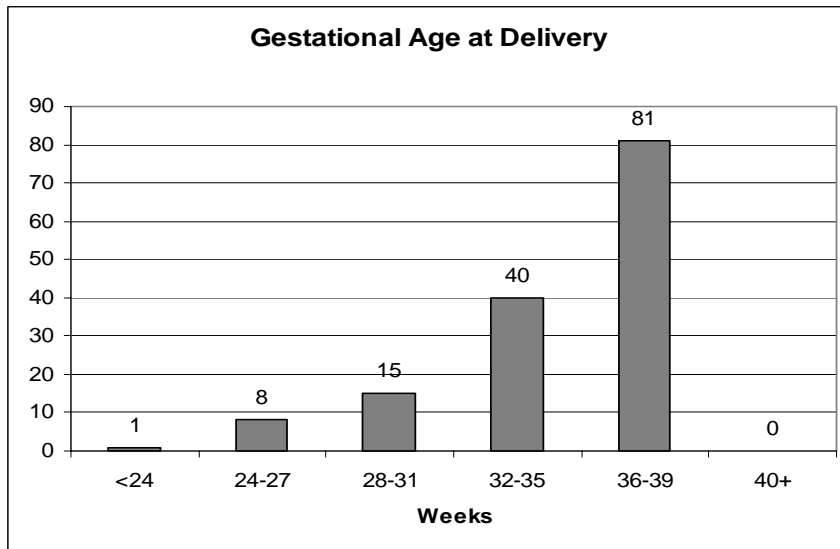


Figure 4

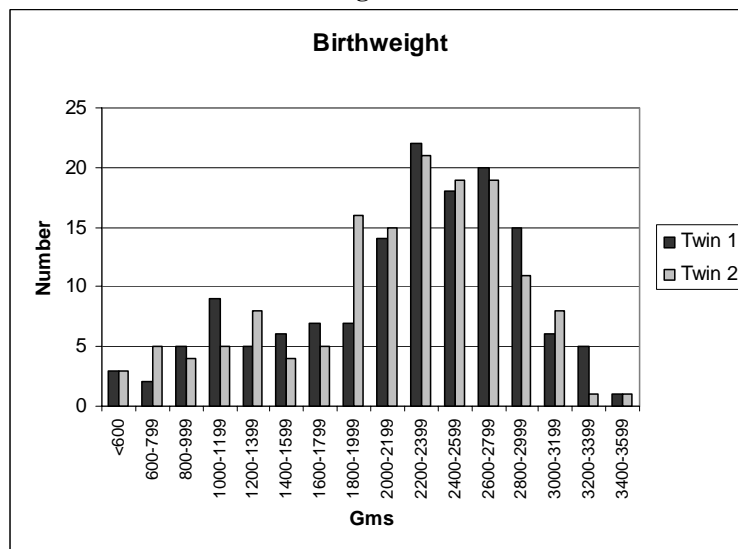
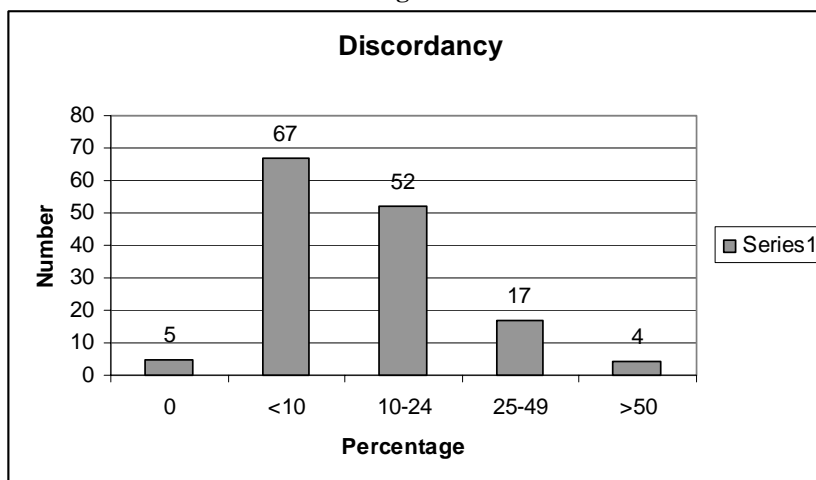


Figure 5



Perinatal Outcomes

Figure 6

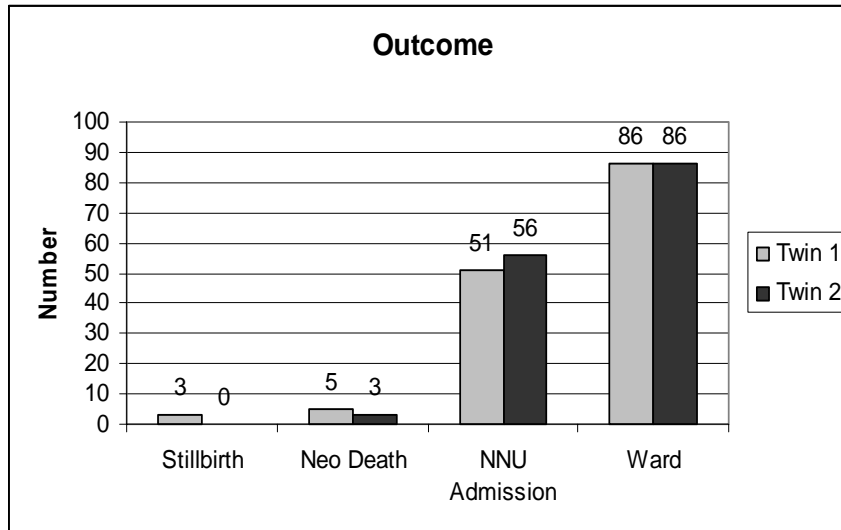
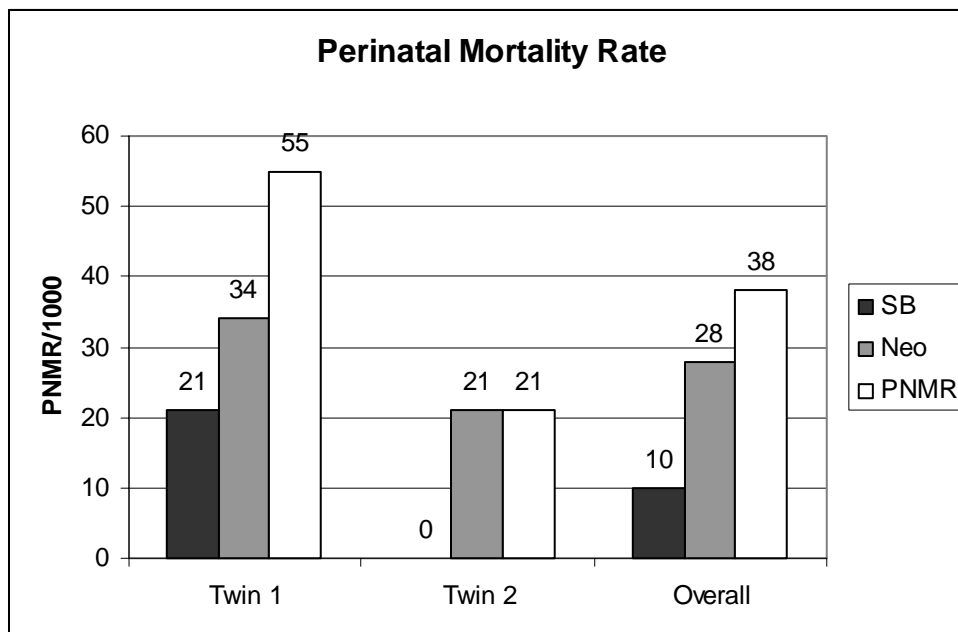


Figure 7



Summary of Clinical Governance

- There have been no complaints.
- There is 100% compliance with our clinical management policy which, in turn, is in line with RCOG recommendations.
- We are also contributing to 2 multicentre studies. In one of these, the Births Study, we are one of the research collaborators.
- Perinatal mortality, this year is 55/1000, down from last year's (64/1000).
- Caesarean delivery accounts for 57% deliveries which is virtually unchanged from last year (55%).

MIDWIFERY CARE

Paula Clarke, Consultant Midwife & Jenny Henry, Head of Midwifery

The Service

Midwives provide care for all women during the antenatal, intrapartum and postnatal period. The city of Birmingham is culturally diverse as well as having pockets of significant deprivation. We have a robust community midwifery service and continually strive to reduce the perinatal morbidity and mortality. We have strong links with pregnancy outreach workers and others to support the local needs of women. We have worked hard over the past two years particularly, at developing services to meet the specific needs of each local area. Community Midwives provide midwifery care during pregnancy, intrapartum, at the Birth Centre and in the postnatal period. They provide a booking ultra-sound scanning service for women to experience care close to home. This scanning service is increasing year on year with additional midwives presently undertaking ultrasound training. There are plans to set up postnatal drop-in clinics in various parts of the City.

Midwives within the trust provide care for women experiencing a trouble free pregnancy without complication (see Birth Centre Report), as well as for women who require specialist care such as those with an existing medical condition or problems identified during pregnancy or around the time of birth. This care is provided in close partnership with a team of skilled obstetricians and continues into the postnatal period.

Service developments 2007/08

- Modification of the Community Midwifery Teams to improve efficiency reducing from 10 to 5 teams without reducing midwives.
- Increase from 3 to 7 of the Community Booking Ultra-sound Scan Clinic service for women in their own locality.
- Midwife Sonographers leading nationally in mentoring midwives from other trusts in dating ultrasound skills.
- The majority of midwives will complete CAF (common assessment framework) training, focused on women with significant social and emotional needs.
- IT piloted to introduce remotely connected laptop computers to the community, thus increasing communication and productivity.
- All children's centres have a link-named-midwife and midwives are promoting their services.
- Increased number of women accessing the Birth Centre.
- Increased the numbers of midwives working in the Trust (see recruitment section)
- Achieved CNST Level 2 in January 2008
- Improving midwifery practice through robust Supervision of Midwives.

Activity

Midwife led care

98% of women initially book under the care of a midwife. Subsequent transfer of care occurs either following the initial booking appointment (if a risk factor is identified such as a previous Caesarean section) or later in pregnancy if a problem is identified later.

A total of **3203** women remained under the care of a midwife at the onset of labour (an increase from last year of 767 women).

- 1039 achieved a physiological birth on the Birth Centre
- 804 achieved a normal birth on Delivery Suite (excluding Birth Centre transfers) under the care of midwives.

55% of women who had transferred out of the Birth Centre to Delivery Suite in labour achieved a normal birth (see Birth Centre section). It is unclear how many of these women required medical intervention.

Summary of Clinical Governance

- See Clinical Improvement Group Quality Indicators
- A significant number of multi-professional audits have been completed within the directorate this year and we are on target with the 3 year audit plan (see Trust Annual Clinical Audit report for further details).

ANTENATAL SCREENING

Alex Davidson, Antenatal Screening Co-ordinator

Specialty/Service

Obstetrics - A full time Antenatal Screening Coordinator working with a part time Antenatal Screening Midwife manage the antenatal screening offered to all women in pregnancy, namely; Down's Syndrome, Haemoglobinopathies, Hepatitis B, Syphilis, HIV & Rubella Immunity, to ensure equitable and consistent care in line with national and local recommendations.

The service leads prenatal screening, providing counselling and support to women and their families, working closely with specialist service such as the Fetal Medicine Centre, the HIV Multidisciplinary Team at Selly Oak Hospital and the Sickle Cell and Thalassaemia Centre

Activity

- The Antenatal Screening Department oversees screening which is offered to all pregnant women at Birmingham Women's Hospital - over 7000 women a year. In 2007/08 around 530 were identified as being at high risk or screened positive for one of the conditions screened. The service also provides counselling, support and information for women who are anxious or have relevant past history and responds to relevant women identified through the Antenatal Clinic.
- The Antenatal Screening Coordinator is responsible for audit and monitoring of the service and works with a multidisciplinary team to develop care pathways and implement new recommendations from the National Screening Committee.
- Training staff and acting as a resource within the Trust is a significant part of the service's role. The Screening Coordinator is responsible for developing and delivering training for midwives involved with antenatal care and is often involved with other groups including students, doctors and sonographers.

Service Development for 2007/2008

The role of Link Midwife was developed for women who are HIV positive. This has led to greater continuity of care for a group whose care has previously been somewhat disjointed. The implementation of an on-going training programme, which is mandatory for all midwives involved in antenatal care, coupled with improved written patient information, has no doubt contributed to the satisfaction patients have reported with the information they received about antenatal screening.

Data

- Auditing the views of women regarding information on screening tests
- A questionnaire was provided at the 20 week antenatal visit. The sample was 50 patients of which 44 completed the questionnaire – an 88% return rate.
- The table below provides a summary of the key data.

	Yes	No	Unsure
Were you provided with the booklet entitled “Screening Test for you and your baby”?	91%	2%	7%
Did you feel fully informed about the screening tests at booking?	86.4%	4.5%	9.1%
Would you have liked more information?	4.6%	86.4%	9%
At the end of your appointment do you feel you had enough information to accept the tests offered?	93.2%	2.3%	4.5%

Whilst these findings are highly reassuring, a small percentage of women questioned felt that more information was needed to enable them to make an informed decision about antenatal screening.

In the forthcoming year we plan to look more closely at women’s experience of antenatal screening to identify areas for improvement.

A review of the literature will take place to see if this can be developed further and the questionnaire re-issued to see if any changes have led to an improvement.

Developments and Objectives of Annual Plan for 2008-2009

The service will gain an additional midwife in 2008, so will be staffed in accordance with National Screening Committee Guidelines.

Key areas for development are:

- Developing the patient pathway for women who are hepatitis B positive to access the Birth Centre.
- Implementing an improved screening test for Down's syndrome.
- Considering the woman's perspective of screening.

Summary of Clinical Governance

The Screening Coordinator and Obstetric Lead report quarterly to the Antenatal Screening Board. This multidisciplinary group represents local stakeholders in screening, including a PCT representative, to ensure on-going service monitoring and development. This group considers external reports and guidance and is responsible for developing local policies and pathways in line with new standards and recommendations.

All screening programmes are monitored to ensure the care pathway is complete in each woman's case and audited to check that practice compares to the standards set (for example, the time elapsed between a patient result being received and an appointment being offered.)

Reduction in the risk of incorrect results being given to women is key to the daily work of the service. Each programme has a system to ensure details are checked and verified before patients are contacted. All new diagnoses of infection are verified with a different laboratory to the one which made the first diagnosis.

DELIVERY SUITE/TRIAGE SERVICE

Justine Jeffery, Clinical Manager Delivery Suite

Delivery Suite has successfully met many of the objectives that were set in last year's Annual Report.

The new Theatre Suite was commissioned on schedule in May of 2007. This state of the art facility was officially opened by Julie Burgess, Chief Executive, and has given us the opportunity to change the way in which we care for women and their families in this new birth environment. It seemed an appropriate time to reassess the way in which we care for women and their families who use this facility and a new document entitled '*Principles for Theatre Practice in Obstetric Theatres*' has been developed jointly with the Theatre Team. This will be implemented in 2008.

A modernisation programme for the bathrooms and windows on the main department has helped us to improve the environment. This is a rolling programme of work which it is hoped will be completed in 2008.

For Health and Safety reasons we had to decommission the water birth facility. Plans are in place to redesign and redevelop the space into a more modern water birth facility and the Estates Department is assisting with this project.

The Teaching Room had an injection of funds which has enabled the purchase of a ceiling mounted projector, new chairs and tables. The Education Resource Centre has been thanked for their help in securing the funding. The facility is well used by all disciplines of staff.

It had been identified that the storage of drugs needed to be addressed on the Department following the completion of the GBS study. A space was identified and converted into a clean utility area. This clean utility area was refitted with appropriate storage and a quiet area for the safe preparation of drugs.

The Delivery Suite Guideline Group produced current, evidence-based clinical guidelines. These are available to all staff groups on an electronic database. The Group continues to develop and update guidelines in line with local and national recommendations. Many of these guidelines assisted us to maintain level 2, CNST for Maternity Standards and the Group was acknowledged by the Assessor for this work.

Last year we commenced a replacement programme for our fetal monitors. The replacement programme has continued with the delivery of a further 3 monitors. We expect to have all of our monitors replaced by summer 2008.

The level of activity has steadily increased over the year and the Trust is committed to increasing the staffing levels to achieve the standards reported by the Birth Rate Plus Audit that took place in 2005. We look forward to receiving funding for 6 new midwife posts in April 2008 and continue to support secondments to the Bereavement Service and research projects to assist with both professional and service development

The introduction of new roles has been considered to assist the midwifery staff to provide one-to-one care in labour and we continue to have discussions with the Theatre Team to increase the amount of recovery time provided by a dedicated Theatre Practitioner.

Objectives for 2008/2009

- Achieve Level 2 NHSLA Pilot standards and then proceed to Level 3
- Complete modernisation of water birth facility
- Complete refurbishment programme for bathrooms and windows
- Maintain and develop new clinical guidelines to support practice
- Actively recruit midwives, midwifery assistants and ward clerks
- Refurbishment of space to enable medical staff to have a designated sitting room.
- Design and implement a delivery pack to be used for all births and suturing.

CLINICAL RISK MANAGEMENT FOR DELIVERY SUITE

Coralie Rogers - Specialist Midwife for Risk Management.

This post for Delivery Suite commenced in mid-January 06.

The aim of this post is to investigate the reported incidents affecting Delivery Suite, to check that the existing controls are working or to highlight any system gaps and recommend ways of closing them to reduce the chance of recurrence or the impact of unavoidable incidents.

Aims and Objectives for 2007/2008

- To continue to improve the system of logging and managing incidents.
- To provide staff with feedback both of positive responses and lessons to learn.
- To undertake root cause analysis for major incidents.
- To introduce 'Clinical' Risk Management updates to the *Skills Drills* training days.
- To provide support for all grades of staff reporting incidents and participating in investigations.
- To strengthen links between areas to enable highlighting of linked incidents.

Clinical Governance

- Guidelines are currently being developed to assist with writing statements where required.
- Links are being established between Supervisors of Midwives (SoMs) and Risk Management.

CLINICAL EDUCATION, DELIVERY SUITE

Sue Smithson, Clinical Education Facilitator/Supervisor of Midwives

Specialty/Service

The work of the Clinical Education facilitator is linked with that of both the Professional Development Midwife and the Consultant Midwife. During the previous year we have been able to offer increased support to the newly qualified Band 5 Midwives as they take up posts, in the form of a 3 day orientation course on Delivery Suite in addition to 2 weeks supernumerary training linked with a core Delivery Suite Midwife at the beginning of their rotation. In addition to this, support has been provided to more experienced midwives commencing employment within the Trust and those returning to Delivery Suite following a period of time in other departments, based on individual needs.

Midwives and Student Midwives are being encouraged to enhance their clinical skills in areas such as perineal suturing and intravenous cannulation.

Use of the Normal Birth Care Pathway is increasing, encouraging a focus of normality for low risk women. The Document and the supporting guidelines have been reviewed and updated in line with national guidance and evidence based practice.

A programme of emergency clinical Skills Drills has been commenced and is being developed to encompass all clinical areas.

OBSTETRIC HIGH DEPENDENCY UNIT (LEVEL 2 CRITICAL CARE)

Lynn Davies, Lead Critical Care Midwife

Specialty/Service

A 3-bedded unit providing evidence based care to critically-ill obstetric patients. Direct medical cover includes Anaesthetic and Obstetric Teams with multidisciplinary team working being emphasised. Specialised advice is sought from Physicians, Surgeons and Intensivists at UHBFT.

Activity

319 women were admitted to HDU between April 2007 – March 2008 (4.5% of all deliveries). 32% of these women had invasive monitoring (arterial line, central line or both). The transfer rate for Specialist Care including Level 3 Critical Care was 1.8 per 1000 deliveries; the need for respiratory support being the most common reason for transfer. These figures have remained fairly consistent over the last 5 years.

Obstetric haemorrhage continues to be the commonest reason for admission to HDU followed closely by the hypertensive disorders of pregnancy. Among the non-obstetric causes for admission, maternal cardiac disease remains the most common indicator for prolonged monitoring.

A Lead Critical Care Midwife and Critical Care Professional Development Nurse continue to provide competency based training to midwives and are responsible for environmental monitoring within HDU.

Service Development for 2007/2008

- Recommendations from NICE, RCOG and NPSA incorporated into Guideline Development
- Evidence based guidelines implemented
- Delivery of full programme of clinical audit including
 - Eclampsia – compliant
 - Severe Pre-eclampsia – compliant
 - Massive obstetric haemorrhage – compliant
 - Admission to HDU – all women fulfilled criteria for admission
 - Transfer to Critical care – all women fulfilled criteria for transfer and this was undertaken as per Guideline
- Maintenance of appropriate training and support for staff
- Formal HDU study days re-launched (after funding obtained)
- Introduction of emergency drills scenarios
- Introduction of teaching of basic principles of HDU care to midwifery students at BCU
- Working with Maternal Resuscitation Committee
- Development of Trust Maternal Early Warning Score (MEWS) as recommended by CEMACH, RCOG, NICE, NPSA
- Award received for clinical/service development

Developments and Objectives of Annual Plan for 2008-2009

- Continue to collect data on all HDU admissions
- Deliver full programme of clinical audit and disseminate any changes in practice/lessons learnt
- Review and update as necessary current Guidelines in line with recommended external standards
- Develop new guidelines as necessary
- Continue competency based training for midwives and education for student midwives at BCU
- Roll out emergency drill scenarios. Audit and identify/rectify any areas of weakness
- Link with Intensivists at UHBFT regarding use of SIM MAN and e-learning modules for obstetric emergencies
- Pilot, audit and fully implement MEWS chart
- Staff satisfaction survey of HDU allocation and education

RECRUITMENT & RETENTION OF MIDWIVES

Pam Salisbury, Supervisor of Midwives

Specialty/Service

Midwifery

Service Development for 2007/2008

- Establishment 212.4 WTE midwives
- Staff in Post: 210.4 WTE midwives

- 2 vacancies since November 2007 - recruitment to these posts is underway.
- 4.8 midwives left during the year
- 2 retired
- 1 moved into education
- 1 moved to Australia,
- 1 work permit expired

This therefore meant that only 3 left to go to other Trusts and our turnover is very low. However, we have been able to offer posts to students who trained at Birmingham Women's NHS Foundation Trust.

Developments and Objectives of Annual Plan for 2008-2009

Maternity Services Directorate undertook the Birthrate Plus Audit in 2006 which identified a shortfall of 24 midwives with Community having the greatest shortfall. The findings were presented to the Trust Board and an action plan was developed to increase midwifery staffing by 7 midwives per year over a 3 year period together with midwifery support. The Directorate has achieved Year 1 target.

MIDWIFE LED BIRTH CENTRE

Paula Clarke (Consultant Midwife) and Birth Centre & Community Midwives

Specialty/Service

Our midwife led Birth Centre has now been open for four years. **This year we have almost doubled the number of births.** Midwives provide care for women who have a straight forward pregnancy and anticipate a normal birth. Women have the opportunity to feel supported to labour naturally. The facilities include: a birth pool, hammocks for supporting upright positions for labour and birth, birth balls/mats and the opportunity to benefit from the use of aromatherapy. There are 5 en-suite shower/bathrooms with shared kitchen facilities and sitting room. The care provided is carefully reviewed on a monthly basis and we continually strive to improve. Midwives share and reflect on their experiences of natural birth at weekly team meetings supported by the consultant midwife.

Activity

(* 04/05 data collection from 1/11/04 - 31/03/05 = 5 months)

The Birth Centre currently has 14% of the total trust births (on average over the year).

	04/05	%		05/06	%		06/07	%		07/08	%
Birth Centre Births	617			631			700			1039	
Para 0	229	37		241	38		252	36		389	37
Para 1 or more	354	38		354	56		403	57		612	58
Not entered	34	5		36	6		45	7		38	5
Total	617	100		631	100		700	100		1039	100
Positions for birth											
Supported sitting	173	28		201	32		261	37		481	46
Alternative	444	72		430	68		439	63		558	54
Waterbirths	72	12		84	13		55	8		53	5

Water for analgesia	167	26	175	24	122	16	153	14
Entonox	449	69	456	64	507	66	785	71
Pethidine	80	12	88	12	115	15	183	16
ARM	67	11	54	9	54	8	108	10
Blood Loss > 500mls	6	<1	11	2	9	1	26	2
Physiological 3 rd stage	180	30	171	27	158	23	188	19
Active 3 rd stage	431	70	457	72	537	77	845	81
Episiotomy	15	2	20	3	27	4	24	2
Baby								
Apgar <7 5 mins	2	<1	1	<1	3	<1	4	<0.5
BW < 2.5 KG	6	<1	7	1	11	1	18	1.7
BW > 4500	1	<1	4	<1	5	<1	3	<1
Baby's transferred to NNU from BC			1	<1	0	0	1	<1
Reason for NNU			cord				small	
Transfer Reason	468 *	43	445	36	557	42	707	38
BC closed		18	71	17	52	9	21	3
Unsuitable for BC		-	15	3	20	9	45	6
Epidural request		8	31	7	62	11	89	13
Raised BP		5	11	2	18	3	34	5
Abnormal fetal heart rate		11	45	10	68	12	68	10
Meconium liquor		22	90	20	108	19	134	19
Slow progress (1 st or 2 nd stage)		16	89	20	134	23	173	25
Infection		2	6	1	2	1	1	0
3 rd degree tear		3	18	4	14	2	16	2
Haemorrhage		6	16	4	26	5	44	6
Retained placenta		1	10	2	10	2	15	2
Other/miscellaneous		8	43	10	43	4	67	9
Total		100	445	100	557	100	707	100
Mode of birth following transfer:								
Normal	274	59	249	57	314	56	395	56
Ventouse	82	17	58	13	84	15	116	16
Forceps	51	11	55	12	59	11	90	13
EM LSCS	59	13	81	18	103	18	102	14
Vaginal Breech	2	<1	2	<1	4	<1	4	<1
		100		100		100	707	100
Total Number of women cared for on the BC	1085	-	1076		1257		1746	
LSCS Rate		5.4		7.5		8.1		5.8

Service Development for 2007/2008

The Birth Centre is a pleasant facility which provides women booking at the Trust an additional choice of place of birth. However, we have recognized that not all women hear about the Birth Centre as an option. We have focused on this fact, particularly over the past two years. The following initiatives have been put in place:

- Offer the Birth Centre as an 'opt out' rather than an 'opt in' service for women who arrive in labour.
- Development of a website offering pictures and advantages of using the Birth Centre

Many additional factors have helped us to achieve our record number of births this year namely:

- Reduce the number of times that the Birth Centre is closed due to staff shortages in the hospital. There is now a built-in management support structure.
- Women wanting to use the Birth Centre know that it would be very unusual for it to be closed when arriving in labour
- Staffing levels have improved on the majority of shifts
- Accepting women who have had a prostin induction of labour for post maturity. Offering women who labour following up to 2 prostaglandins has been well received by women, who would otherwise have been excluded from using the Birth Centre. I understand that we are leading nationally on this initiative.

Developments and Objectives of Annual Plan for 2008-2009

Objectives identified from last year's Report have been achieved-this year:

- Continue to have minimal closure and increase the numbers of women accessing the service
- Continue to improve access for women to use the Birth Centre who currently do not fulfil the entry criteria, for example women over 40 years. The process includes literature review and multi-disciplinary agreed guidance.
- Continue to support midwives in training for examination of the newborn to assist women to have a timely transfer home from the Birth Centre.
- Continue to review our practices and strive to ensure that women receive choice and support to achieve as far as possible, a physiological birth and importantly a positive birth experience.

Summary of Clinical Governance

- We are incorporating NICE Guidance on intrapartum care into our guidelines as well as Normal Birth Integrated Care Pathway.
- There were three discussions with women in PALS with the Birth Centre Manager. The issues raised have been embraced and incorporated within staff awareness.
- Audit undertaken (full report available in Trust Audit Report):
Review of the reasons why women booked under the care of a midwife, give birth on delivery suite rather than the Birth Centre.
- Transfers out of the Birth Centre re appropriateness and adherence to guidelines
- We continually strive to improve upon:
 - The entry criteria and negotiate agreement for additional groups of women
 - Promoting an early transfer home
 - Skin to skin contact and breastfeeding support
 - Benchmarking our figures nationally
 - Demonstrating good standards of midwifery practice

Outstanding Achievements

We are recognized nationally for our Birth Centre and regularly show midwives around the Unit from all parts of the country and share our practices, guidelines and statistics. We presented at one national conference.

INFANT FEEDING

Helena Stopes-Roe, Infant Feeding Co-ordinator & Esther Rackley, Breastfeeding Advisor

Specialty/Service

The Infant Feeding Team comprises 5 members with a WTE of 0.9 at band 7 and 0.4 at band 6. The remit is for the Trust to achieve Baby Friendly Initiative Status which will ensure that breast feeding is promoted and supported across the Trust.

Activity

The Trust has embraced the Baby Friendly Initiative (BFI) as a requirement of South Birmingham PCT and as recommended by NICE. Stage 1 Assessment Level was achieved in December 2007. This has four elements requiring certain structures or procedures to be in place:

- a breastfeeding policy which must be displayed throughout the Trust
- information about breastfeeding given to mothers antenatally
- appropriate curricula for the training of staff written and in use
- the WHO Code of marketing breast milk substitutes adhered to

In addition, a rolling programme of audit is ongoing which monitors adherence to all the 10 Steps for BFI thus informing the activity of the Team.

The air of engagement within the Trust regarding breastfeeding continues to develop, with attitudes changing as breastfeeding and the Baby Friendly way of working slowly become normal practice.

The hand-held postnatal notes have been revised to enhance documentation of information and support given to mothers.

Developments and Objectives of Annual Plan for 2008-2009

- Baby Friendly Stage 2 Assessment will be achieved.
- Achieve a minimum of 80% staff with direct contact with mothers and babies fully trained to Baby Friendly standards
- Continue with increasing rates of compliance with the 10 steps, monitored by audit

Summary of Clinical Governance

- Audit of compliance of Breastfeeding Policy - 100% compliance, in line with Baby Friendly (Step 1) requirements. (September 2007)
- Audit of Staff Knowledge (Step 2) - Significant improvement on last year's audit in all areas of staff knowledge with only 4 areas significantly below BFI requirement of 80% compliance. These were:
 - benefits of breastfeeding
 - avoiding teats and dummies
 - importance/duration of skin to skin
 - the teaching of hand expressing.

However, percentage compliance of the last two had doubled. Action: continue with on-the-spot workshops. (January 2008)

- Audit of Mother and Baby Contact (Steps 4 and 7) - significant improvement in many areas which now meet BFI standard: skin to skin at birth, mother's knowledge of how to position baby, hand expressing and demand feeding. Areas still needing improvement are prolonging skin to skin, offering help with the second feed and documentation. Action: changes made to Postnatal Notes and CCL printouts, continue with training.

PRACTICE DEVELOPMENT

Wendy Burt, Practice Development Midwife

Specialty/Service

Practice Development provides and administers a broad range of training and development opportunities for midwives and midwifery assistants.

There is a planned development programme for Midwifery Assistants based on a competency framework both within the hospital and community setting. Newly qualified midwives also undertake a rotational programme to all areas.

Activity

- Midwifery mandatory training continues to remain high on the agenda and we strive to maintain our overall good figures for attendance. Examples are a planned programme for obstetric emergencies, for clinically based midwives and also maintaining training in fetal monitoring at a high level.
- Continue to build and develop training which is multi disciplinary and skills focused.
- Maintain current training programmes for midwifery assistants.
- Provide placement support for newly qualified midwives.
- Explore ways of delivering training and educational materials, particularly partnerships with local universities.

Service Development for 2007/2008

- Maintain high levels of staff training.
- Continue to provide legal training for midwives in conjunction with Trust Solicitors Bevan Brittain - this study day has proved very popular.
- Support staff with further study - for example Newborn Life Support course (NLS), examination of the newborn and other educational opportunities at local universities.

Developments and Objectives of Annual Plan for 2008-2009

- Support for staff at all bands with educational opportunities, for example NVQ/ Access to healthcare course.
- Launch Water Birth and Aromatherapy training with recognised experts in this field.
- Continue to develop band 5 rotaion programme.

Summary of Clinical Governance

- Maintain levels of staff training which will contribute to the wider risk agenda within the Trust.
- Increase multidisciplinary educational opportunities.
- Continue to support staff with educational development.
- Attendance at forums where practice issues are discussed.

SUPERVISION OF MIDWIVES

Jenny Henry, Head of Midwifery & Pam Salisbury, Supervisor of Midwives

Specialty/Service

Supervision is a statutory function overseen by the Local Supervising Authority. (LSA)

Activity

Birmingham Women's Hospital currently has 24 Supervisors of Midwives, which gives a ratio of 1:13.6, supervisors to midwives.

Service Development for 2007/2008

The supervisors of midwives strive to maintain their high profile within the Trust and to be proactive with regard to practice development, service enhancement and support for midwives.

During the year we have achieved:

- allocated time for clinically based supervisors
- developed evidence based guidelines
- structured updating for midwives
- increased our involvement in audit and electronic supervisory records via the LSA database
- developed a supervisory strategy

Developments and Objectives of Annual Plan for 2008-2009

The supervisory strategy reflects the Trust's core values and aims. As supervisors of midwives we believe that women and their families should remain at the centre of everything we do. We strive to achieve this core aim by ensuring that we have input to service and clinical practice development groups, user forums and by supporting midwives in delivering high quality, innovative practice.

Summary of Clinical Governance

Supervisors are pro-active in leading change. They have worked to implement NICE Guidance, and are currently updating the Midwifery Led Care Guidelines and Normal Birth Integrated Care Pathway. Supervisors are also helping to update midwives in current confidential enquiry recommendations and how these will be implemented in the Trust. Supervisors are actively involved in audit and undertake the annual audit of midwifery records. A large LSA audit project has been commenced regarding midwives and their role in triage.

If midwifery practice issues are identified by Incident Reporting or Complaints the midwife's named supervisor will work with the midwife to address any area of her practice which is of concern. An annual report of Supervisory Activity is submitted to the LSA prior to the LSA Annual Audit Visit. Following the visit, a report from the LSA is sent to the Chief Executive, and action plans written to address any issues raised.

CLINICAL IMPROVEMENT GROUP QUALITY INDICATORS

Jenny Henry, Head of Midwifery

Directorate name: Maternity Services Directorate

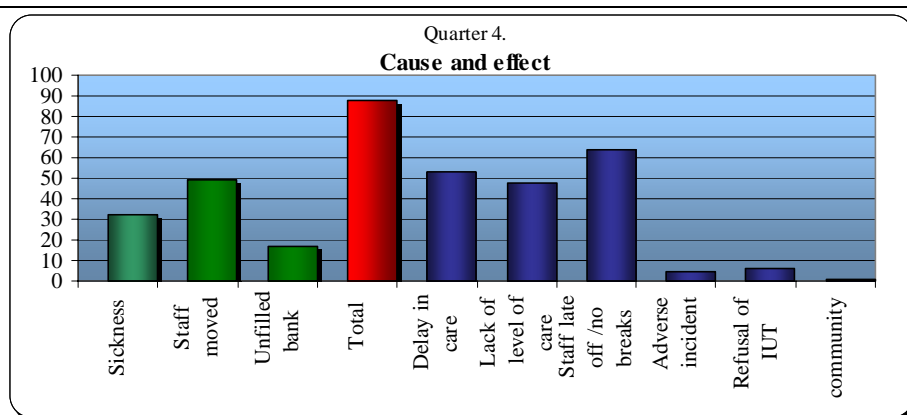
Form completed by: Jenny Henry

Job Title: Head of Midwifery

Date: 15th September 2008

Period covered by this form: April 2007 – March 2008

Quality item	Response
Adverse Incident reports	Root Cause Analysis (RCA)
Number of incidents reported	<p>There were 4 RCA undertaken during this period. Changes in our practice as a result of the incidents</p> <ul style="list-style-type: none"> • Guidelines 'Decision to delivery time interval for caesarean section' written • Clearer understanding and communication between maternity and the theatre staff for the categorisations of caesarean sections. • Review and strengthening of the guidelines for the management of twin pregnancies. • Increased the number of fetal dopplers on delivery suite and the antenatal ward. • Reviewed the process of community staff having access to detailed information regarding previous intrapartum care to enable them to appropriately assess women for the suitability of the Birth Centre. • Developing a standardised antenatal booking request form for use by midwives and GPs (still in development). • Reviewed and updated the Integrated Care Pathway (ICP) for normal birth to improve communication between the Birth Centre and delivery suite staff when transferring women out of the Birth Centre. • Development of local clinical guidelines folder accessible from all desktop computers in maternity. • Communication handover sheet in delivery suite for all staff.
Trends Identified	<p>In Maternity a quarterly Maternity Incident Report is produced by the Clinical Risk Midwife for delivery Suite. Detailed in the report are reasons why staff report incidents. The report identifies trends and analyses them and reports any changes in practice as a result. The reports are available for all staff in hard copy or electronically.</p> <p>Staffing issues have been the number 1 concern and the maternity directorate and has been successful in increasing midwifery posts and recruiting midwives. However with the rise in births within Birmingham the increase in staffing has made little impact on the increased activity and workload. In 2008/09 further investments will be made as part of the Maternity Directorate's 3 year plan following the Birthrate Plus report in 2006. Midwifery staffing is currently on the red risk register, which the Board of Directors receive regular reports on the progress of midwifery recruitment.</p> <p>Below is a graph highlighting the impact shortage of staff has had on the service</p>



As the reports have developed over the past year the clinical risk midwife is now able to report on the 'Top Ten' incidents reported and is presented in her quarterly report.

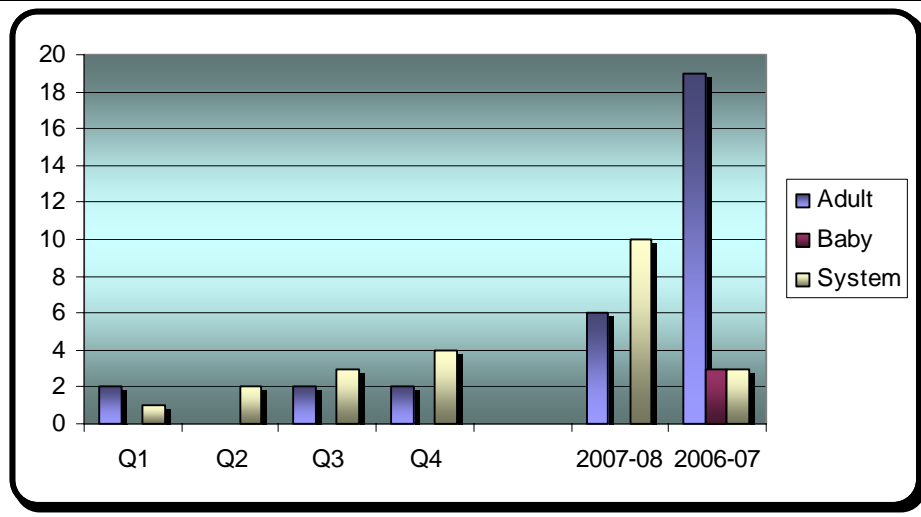
Rank	Nature of Incident	Q1	Q4	Q3	Q2
	Number of forms submitted	346	295	232	201
1	Staffing	75	88 (1)	52(1)	24(1)
2	Delay in care	45	7 (9)	10(7)	3
3	Staff injury	23	8 (8)	21(2)	13(6)
4	Equipment Failure / unavailable	18	-	-	-
5	Failure to take appropriate action	15	9 (7)	8(8)	16(4)
6	Third / Fourth degree tear	11	7(10)	17(4)	16(4)
7	Breach in decision to delivery time	10	-	-	-
8	Communication	10	9 (5)	17(4)	19(3)
9	Other	10	10 (2)	-	-
10	PPH	10	5	6	22

The numbers in brackets relates to where the incident was ranked in the previous quarters.

Changes in practice as a result of reported incidents

1. A link to the current maternity guidelines is available on all of the computer desktops.
2. Delivery Suite is now having regular communication meetings and a formal shift handover of 'news'.
3. All staff involved in the communication of categorisation of caesarean section are now familiar with the definitions. Further work is being undertaken to ensure emergency teams are being called correctly.
4. New fetal dopplers purchased.
5. Delivery suite 'Communication' guideline updated to include more details about handover and induction of locum/agency staff.
6. Audit of perineal trauma – training in place. Supervisors discuss with midwives at their annual meeting their attendance at the workshop to ensure the midwives are confident and competent in assessing perineal trauma and repair or referral to the medical team as appropriate.

Drug Errors



Patient Feedback

Key items of patient feedback

A HealthCare Commission Survey on maternity care was performed in 2007

Women who delivered in February 2007 were sent a questionnaire. Some were excluded from the study i.e. women who had experienced a pregnancy loss. The response rate was 49.2% and the audit demonstrated an overall fair assessment of the service. The Trust rated 0.2% below the better performing score.

Areas where women felt the service could be improved are outlined below

Women not receiving the recommended number of antenatal appointments-NICE guidelines

Action

- The guidance has been reissued to midwives and medical staff and we plan to re audit in 2008/09.

Availability of NICE recommended screening

Action

- The trust will need to secure funding from the commissioners. Early discussions have taken place.
- A training programme to be agreed for Nuchal Translucency scanning. Currently there are 3 clinicians who are trained to perform this scan.
- The trust to consider and discuss with the radiology department incorporating cardiac outflow tract, face and lips as part of the mid trimester anomaly scan.

Appropriate use of caesarean section -the percentage of Nulliparous women having a caesarean section

Action

- Over the past 12 months the directorate has been working hard to maintain 24 hour access for women to the Birth Centre.
- New Birth Ideas classes available
- Consultant midwife to develop vaginal birth after caesarean section (VBAC) clinics/classes for women who have had previous caesarean sections.
- External cephalic version (ECV) for breech presentation is being reviewed to aim to increase the vaginal delivery rate.

Choice and continuity of antenatal care

Action

- In response to the women's comments in August 2007 the trust underwent a community services reorganisation and realignment of community midwives caseloads. The aim was to reduce the caseload of all midwives to improve continuity of care. Further developments and discussions with the PCT are

	<p>ongoing to fund additional community midwives.</p> <ul style="list-style-type: none"> • The directorate is developing the role of support staff in the community to work alongside the midwives so enabling midwives to spend more time with the women. All staff are undergoing phlebotomy training. • Continuity of carer will be monitored through feedback from Women’s surveys by using the bedside Patient Line Services (inpatient TV) and user groups i.e. Delivery Suite Forum and Maternity Services Liaison Committee. <p>More support with infant feeding</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Baby Friendly Initiative (BFI) action plan in place • Infant feeding team reviewed additional midwifery hours agreed • Training for staff is now mandatory and attendance monitored • Managers to give staff protected time to attend training • Training for midwives and support staff to include women following surgery <p>Quality of support in caring for baby after discharge (crying baby)</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Review current information for women on discharge • Information regarding care of a crying baby to be included in the next reprint of the Postnatal notes <p>Women’s view of cleanliness of delivery and postnatal areas</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Refurbishment of the bathrooms on wards and delivery suite continue • Ward managers to develop check list for inspection of their areas • Posters on toilet and bathroom doors to encourage women to alert staff when area is not clean • Cleaning Rota is in place • Patient TV surveys to ensure standards are raised.
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Complaints

List new complaints (1 sentence summaries)

Formal Complaints received by the Directorate

Financial Year	Number of Formal Complaints
2007-08	29
2006-07	16
2005-06	8

Although there has been a significant increase in the number of formal complaints received by the Maternity Directorate, the rise mirrors the national picture.

Changes in practice as a result of the complaints

- Improved communication between the house keepers and ward staff
- Changes to the postnatal documentation - information for parents regarding the signs of an ill baby.
- Video made by paediatricians for midwives re subtle signs of an ill baby
- Paediatric consultant undertook sessions with the midwives regarding the care of the ill baby

	<ul style="list-style-type: none"> • Guidelines for the management of reduced fetal movements revised • Birth partners now present in theatre whilst preparing women for elective caesarean sections • ICP for Normal Birth reviewed and updated • Communication guidelines between different professional groups written
Claims	
List new claims (1 sentence summaries)	20 new claims received in 2007/8 Claims for cerebral palsy remains the highest
Number of claims in progress	55 claims in progress
List claims completed	Cases closed in 2007/08 15 cases not pursued by the parents 5 cases withdrawn 3 cases payment out of court 2 cases payment before court proceedings 1 case dismissed
Clinical Audit	
Titles of Audits completed	<p>Regular audit is undertaken within the maternity directorate and newsletters are circulated to staff. Below are some of the audits undertaken in 2007/08</p> <p><u>1. Caesarean section audit decision to delivery time</u></p> <ul style="list-style-type: none"> - Categorisation of category not always clear - compliant with sentinel audit standard - 25% delivered within 18 minutes - achieved 63% within 30 min - need for multi-disciplinary education of categories - computerised records need to include proforma <p><i>Prospective audit in place for all emergency caesarean sections</i></p> <p><u>2. Birth Partners in Operating theatre (anaesthetics)</u></p> <ul style="list-style-type: none"> - audit of staff feelings regarding partner in theatre during spinal for caesarean section - anaesthetists and midwives in support - theatre staff were very concerned about partners presence <p><i>Partners now present in theatre for insertion of spinals for elective caesarean sections</i></p> <p><u>3. Warming patients in theatre (anaesthetics) NICE</u></p> <ul style="list-style-type: none"> - warming patient who are in surgery for 30 mins or longer - Temperature taken before and after surgery - No difference in temperature - Further discussion is required regarding implementing this practice <p><u>4. Midwife led care 'why do women not access the Birth Centre'?</u></p> <ul style="list-style-type: none"> - Approx 100 women per month midwife led do not deliver on the Birth Centre - Only 26% were suitable - Majority cases no reason given why - Mainly occurs during the nights <p><i>Postdates women now have the option to use the Birth Centre</i> <i>Women with GBS can also use the facilities</i></p> <p><u>5. Record keeping audit – multi-disciplinary</u></p> <ul style="list-style-type: none"> - Marked improvement in overall standard - Re-audit case note comparison to 2006 audit - Marked improvement noted. Some factors scored 100% for the first time i.e. emergency numbers given to every woman. <p><u>6. Prescription audit</u></p> <ul style="list-style-type: none"> - Standard of prescribing was good. However there needs to be improvements in the cancellation of drugs once prescribed. <p><u>7. Mental Health Screening at booking</u></p> <ul style="list-style-type: none"> - All women were asked about mental health issues at booking – further work needed on a standardised approach to questions asked - NICE

	<p><u>8. Decision to delivery time interval for caesarean section (annual audit)</u> - Guidance written in line with NICE. Trust agreement for timing of category 2 to be within 90minutes.</p> <p><u>9. Who operates in placenta previa?</u> - Trust compliant with CEMACH recommendations</p> <p><u>10. Fetal monitoring in labour for diabetic women</u> - Trust compliant with CEMACH recommendations</p> <p><u>11. Antenatal screening – annual audit</u> - Uptake of screening good. Trust compliant with National Screening Committee.</p>
<p>CEMACH/NICE NSF reports updates</p>	<p>Key documents received</p> <p>NICE Antenatal Care No 62 updated and replaces No 6 -March 08 Diabetes in Pregnancy March 08 Smoking Cessation March 08 Maternal and Child Nutrition March 08</p> <p>All recommendations are currently undergoing gap analysis to develop an action plan</p> <p>Health Care Commission HCC Maternity Survey 2007 Report - a report on our scores was submitted to the Board and circulated to staff and a detailed action plan to address our low scores is available</p> <p>Kings Fund Maternity Services - Kings Fund report March 08 an action plan has been developed</p> <p>National screening committee National Newborn Screening Standards March 08, reviewed and a gap analysis produced</p> <p>NCEPOD Trauma who cares? Nov 07 Report reviewed and is not relevant to either Maternity Directorate or Trust Emergency admissions: A Journey in the right direction? Oct 07 A self assessment action plan has been produced to date (Gynae and maternity) The actual enquiry specifically excluded women in 2nd & 3rd Trimester but some of the recommendations could apply. For further discussion at DSG.</p> <p>December 2007 - CEMACH Saving Mothers Lives' 2002-2005 launched. Top ten Key recommendations. Gap analysis of 10 recommendations undertaken and an action plan was presented to the Clinical governance Committee. A fuller analysis of the report to be undertaken by identified clinical leads a more detailed action plans to be developed by the directorate.</p> <p>October 2007 - RCOG Safer Childbirth Gap analysis and action plan developed and presented to the directorate.</p>
<p>Essence of Care</p>	<p>'Getting the Basics Right' identifying best practice to improve care Changes in practice or service delivery following audits/surveys</p>
<p>1.Communication</p> <p>2.Continence 3.Hygiene</p> <p>4.Nutrition</p> <p>5.Pressure ulcers</p> <p>6.Privacy and dignity</p> <p>7.Record keeping</p> <p>8.Safety</p>	<p>Communication –</p> <ol style="list-style-type: none"> 1. Development of new postnatal notes for women. Improved communication and information between woman and professionals 2. Women's experience of information provided regarding screening 3. Produce new information sheet for women given Mifepristone <p>Continence – bladder care policy to be audited</p> <p>Hygiene – not audited</p> <p>Nutrition – community checklist for healthy eating and referral to dietician developed</p> <p>Pressure ulcers – not audited</p> <p>Privacy and dignity – modesty curtained for all delivery rooms now completed</p> <p>Record keeping – ongoing audit</p> <p>Safety</p>

	<ol style="list-style-type: none"> 1. transfer of women to the ward following delivery by chairs implemented 2. discharge from postnatal ward women not being escorted 3. Induction of labour (IOL) process <ul style="list-style-type: none"> - offering 'sweeps' encouraged - check list for clinical staff and ward staff to ensure that women are appropriately booked for IOL - agreeing a maximum number of women booked each day - delaying the times of admission - priority list to ensure the women with the greatest risk are timely accommodated on delivery suite - increased staffing on the antenatal ward to appropriately care for women out of hours - providing equipment to use in early labour i.e. balls - availability of entonox to use on the wards
9. Self care	Self care – not audited
10. Promoting health	Promoting health – linked to #4
Integrated Care Pathways	
Please list ICPs already implemented	Normal Birth
List ICPs in development and target implementation date	Elective caesarean section
List barriers or problems experienced in implementing ICPs	Resources – midwives and time - No ICP co-ordinator available
Clinical Indicators	See Clinical Directors section
Number of infections	MRSA Bacteraemia – none C difficile - none
Birth Centre	See Birth Centre Section
General feedback:	
Trends	
1. Which are cause for concern	<ol style="list-style-type: none"> 1. Sub-optimal staffing has had an impact on clinical care both in the hospital and the community. Staff encouraged to report incidents 2. Not achieving one to one care in labour 3. Delay in transfer to delivery suite for ongoing care 4. Staff morale 5. Women attempting to transfer their care to our hospital and presenting themselves in triage. Staff reporting that it is very difficult to provide 'emergency type' care only and refer back to the woman's booking hospital. There is a potential that the additional deliveries may have an impact on quality of care
2. Which are cause for optimism	<ol style="list-style-type: none"> 1. Increase in midwifery staffing 9 new midwife posts and 3 midwifery assistant posts 2. IT developments for community commenced 3. In March the Birth Centre delivered their highest number of women 4. Reconfiguration of community teams 5. ICP for Normal Birth in place on delivery suite and community for home births 6. Pending ICP for elective caesarean section
Please make general comments about quality issues, initiatives in the Programme	<ol style="list-style-type: none"> 1. 24 hour access to the Birth Centre 2. Birthplace study (national study) commences in April. Midwife co-ordinator is in place. 3. CSIP bid for £15K to improve early access to maternity services– Maternity Matters. Linkworkers providing information in non NHS venues in the community 4. Training and development of midwifery led scanning clinics 5. Delivering maternity care in Children's Centres

	<ol style="list-style-type: none"> 6. Introduction of the pregnancy out reach workers to work alongside midwives and health visitors in hard to reach areas of the community 7. Teenage pregnancy parenthood classes for the teenagers, their partners or supports are well attended 8. Partnership working with the NRF project team/reducing perinatal mortality and the call centre providing information for women and engaging them early with maternity services. 9. Work has started with the community teams on a social risk assessment tool. This is a joint project with City/Sandwell and Heart of England community midwifery services. It is hoped that the tool will identify those women who are at greatest risk and refer to the appropriate services
Sharing Best practice	
Give examples of best practice which you think would be useful to others	<ol style="list-style-type: none"> 1. Communication hand over sheet developed by Clinical Manager for delivery suite. A weekly meeting is held on the department when important information which needs to be shared with all staff is communicated at handover. The sheets are signed and kept for reference and audit. 2. Ongoing development of midwifery assistants in basic clinical and clerical skills. 3. The use of aromatherapy in labour 4. Providing local midwife led dating scanning services in the community

WEST MIDLANDS FETAL MEDICINE CENTRE

Mark Kilby, Clinical lead and Professor of Fetal and Maternity Medicine

Aims and Objectives

- To continue to provide high quality care to women and families with fetal abnormality and high-risk pregnancy referred from throughout the West Midlands region through multidisciplinary team working.
- To maintain quality of Fetal Medicine Services through continuous clinical audit, assessment of the work performed at the centre and the development of local and regional guidelines.
- To implement new and extend current services to improve Fetal Medicine provision in the West Midlands.

Specialty

The Fetal Medicine Centre is a tertiary and quaternary (mainly for fetal cardiology and twin problems) referral service for the diagnosis and treatment of high-risk pregnancy, fetal abnormality and pregnancy loss for the West Midlands and in some cases nationally. The West Midlands Specialised Services Agency funds the Centre.

Fetal Medicine is a consultant led service; Figure 1 demonstrates the expertise given to patients by individual consultants, associate specialists, specialist radiographers and midwives performing amniocentesis (excluding Pre-pregnancy clinics). The clinical care delivered by subspecialty trainees is supervised. A dedicated midwifery and administrative team support the service.

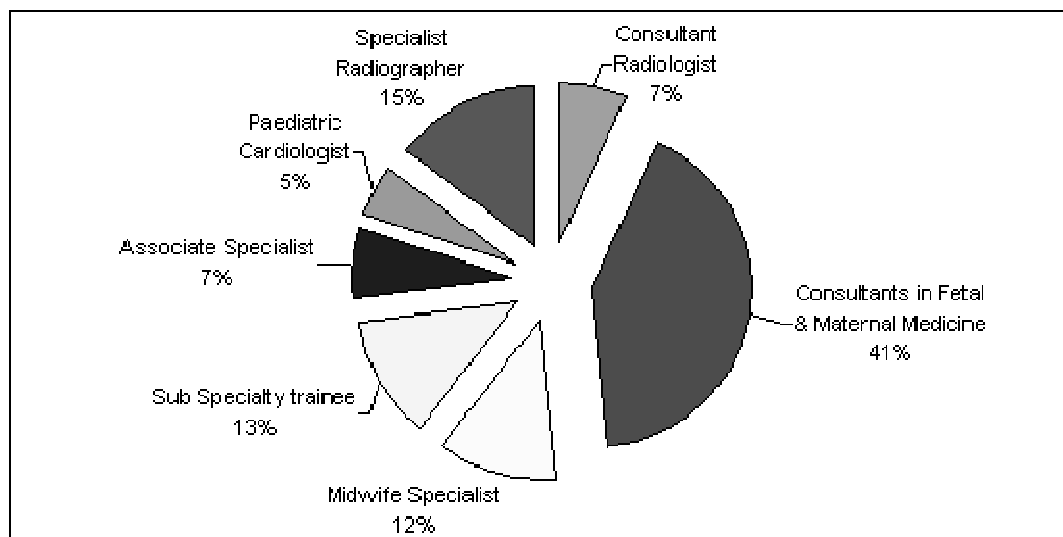


Figure 1. Total Workload by Operator Group 2007-2008

New Roles

In 2007-2008 the Centre had a visiting sub-specialty trainee, Dr Ben Chan, from Hong Kong. This is an ongoing exchange with the University of Hong Kong.

The Fetal Medicine service was awarded funding from the Specialized Services Agency for a full time Sonographer to support the Fetal Cardiology Service, and bolster scanning in the service as a whole. This funding commences in 2008-2009.

Activity

Overall activity

	Activity (examinations)		
	2005-2006	2006-2007	2007-2008
West Midlands PCT	4405	5351	5963
Other region PCT	353	542	458
Total	4758	5893	6421

Table 1 Fetal Medicine Scan Clinic Contracted Activity 2005-2008 (counselling examinations not included)

2050 patients were seen in the Fetal Medicine scan clinics, number of examinations performed is shown in Table 1. There were also 939 attendances (448 patients) to the pre-pregnancy counselling/pregnancy loss clinics.

Intervention Procedures

Procedure	2005-2006	2006-2007	2007-2008
Amniocentesis	331	317	332
Amnio drainage	15	28	13
CVS / placental biopsy	192	213	184
Fetal Blood Sample	29	27	41
Fetal Blood Transfusion	41	29	31
Selective Reduction	7	9	5
Late Termination of Pregnancy	43	38	39
Drainage / shunt Procedures	23	11	13
Fetal Therapy / fetoscopy	30	36	25
Totals	711	708	683

Table 2 Fetal Medicine invasive procedures 2005-2007

In total 683 intervention procedures were performed in 2006-2007.

Ultrasound examinations

	2005-2006	2006-2007	2007-2008
Detailed scan	2554	2848	3349
Raised AFP Detailed	68	78	82
Detailed Rhesus scan	225	174	207
Cardiac Scan	936	937	1110
Totals	3783	4037	4748

Table 3 Fetal Medicine detailed ultrasound scans 2005-2007 (excluding scans for viability/growth & doppler)

A total of 4748 detailed ultrasound scans were performed. Table 3 shows the number and types of ultrasound scan performed.

Achievement of Objectives from Last Year

- Review of potential areas for Fetal Medicine to be relocated within the Trust undertaken. Agreement to capital funding for work on additional Fetal Medicine scan room (by splitting current scan room) as short term solution to solve some of the accommodation issues.
- Implementation of a 12 month rotational midwifery post
- Review of use of Fetal Therapy in the treatment of diaphragmatic hernia: to support the international RCT. A systematic review has been completed on the diagnostic accuracy of ultrasound lung/head ratio in detecting pulmonary hypoplasia.

Summary of Clinical Governance

- The Centre monitors operator competency, miscarriage rates and procedure related risks against the RCOG green top guidelines (2005) on amniocentesis and CVS. Outcomes of other procedures, such as fetoscopy, are monitored against best evidence. In addition, Professor Kilby has chaired the First Trimester intervention audit within the West Midlands Perinatal Institute that has audited demographics, workload and outcomes of first trimester CVS. This is in anticipation of increased first trimester screening as indicated by NICE recommendation.
- Guidelines for all Fetal Medicine procedures, including procedure related risks and benefits are updated annually.
- All core audits, including outcome data for all invasive procedures, are reported in the full fetal medicine annual report.

Developments and Objectives 2006/2007

- Work with Kings College Fetal Medicine Centre on joint application to NCG (National Commissioning Group) for national commissioning of the laser fetoscopy service.
- Operate as a reference centre for Siemens Ultrasound following the purchase of two S2000 ultrasound machines in 2008
- Employ a full-time Sonographer to support the service
- Bid for additional funding to support Fetal Cardiology

Outstanding achievements

- The Fetal Medicine academic team published 34 papers and 12 chapters in 2007-2008
- Professor Kilby has chaired the scientific review of the Management of Multiple pregnancies at the RCOG (published June 2006).
- Professor Kilby is adviser to NICE relating to Interventional therapy and the fetus (2005-)
- Dr Martin, Dr Tracey Johnston and Professor Mark Kilby are Fetal Medicine Representative of the BMFMS.
- Mr Thompson is advisor to the West Midlands SHA on the reconfiguration of Maternity Services in the West Midlands.
- Professor Kilby is advisor to the South of England SHA on the reconfiguration of maternity services in the South of England.
- Dr McHugo is member and examiner of the RCOG/RCR Diploma of Ultrasound.

CLINICAL SUPPORT OVERVIEW

Gary Cockayne, Associate Director for Support Services

The last year has been very challenging for the staff of the Clinical Support Directorate. They have responded in an extremely positive way to the increasing workload across all services and have continued to provide a high level of achievement in general performance and turnaround for the Clinical Directorates.

This was the first full year of the Directorate and significant progress has been made in developing joint approaches and working together across the range of disciplines in order to deliver and develop a robust directorate strategy. Our structures and communication networks will continue to be developed in 2008/09.

A number of long standing members of staff have retired in this year and as such, succession planning is a key objective for the next year. The directorate will continue to put in place strategies and structures in 2008/09 to develop sustainable solutions to these challenges.

There have been many success stories including improvement in theatre throughput and meeting the 18 week pathway; agreement to recruit a new Consultant Histo-pathologist; significant additional Down's screening activity from external purchasers. We have also project managed and delivered on time, quality and budget the implementation of a Picture Archiving Information System (PACS) and a new Operating theatre system (ORMIS) which will greatly enhance service delivery across the Trust and with our partners.

Finally, I would like to take this opportunity to thank all of the staff in the Clinical Support Directorate for their excellent and hard work throughout the last year. I look forward to working with them in strengthening the directorate even further in the forthcoming year.

RADIOLOGY & GYNAECOLOGY ULTRASOUND

Jo McHugo, Head of Department & Gillian Cattell, Advanced Practitioner

Specialty/Service

This is a consultant led service providing imaging for all patient groups with a significant direct access to Primary Care. The service in ultrasound and hysterosalpinograms is mainly provided by specialist sonographers/radiographers. CT and MRI are provided off site with direct supervision and reporting by the Consultant Radiologist. The digital imaging and PACs (Picture Archiving and Communication System) allows a web based system for image and report viewing across the Trust.

Activity

There has been a significant increase in the activity for this period both in all areas but particularly paediatrics.

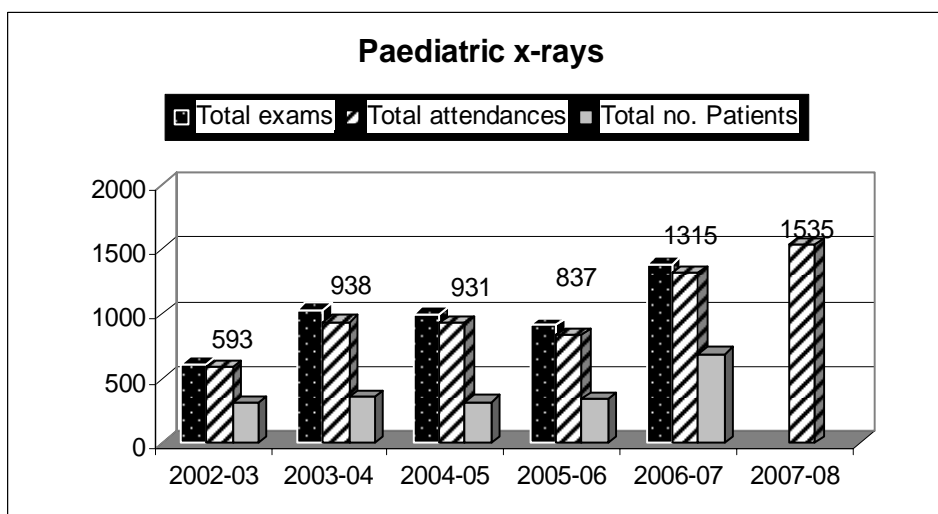
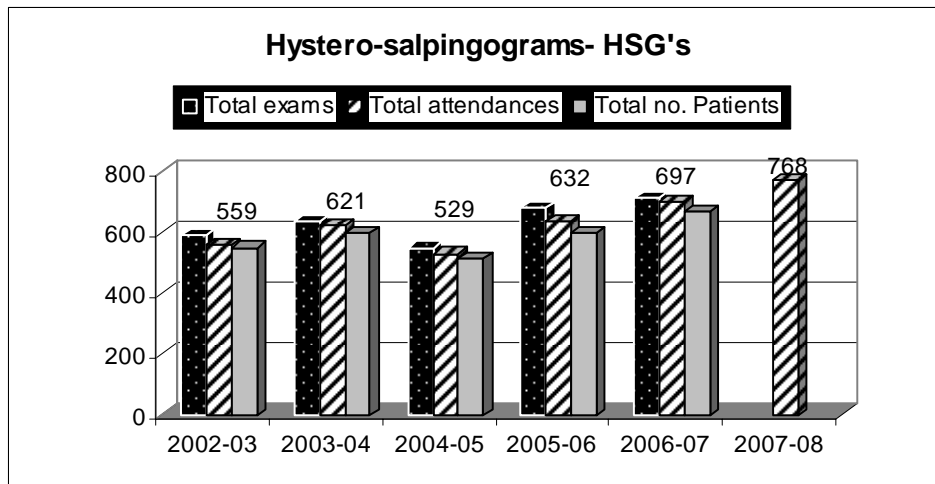
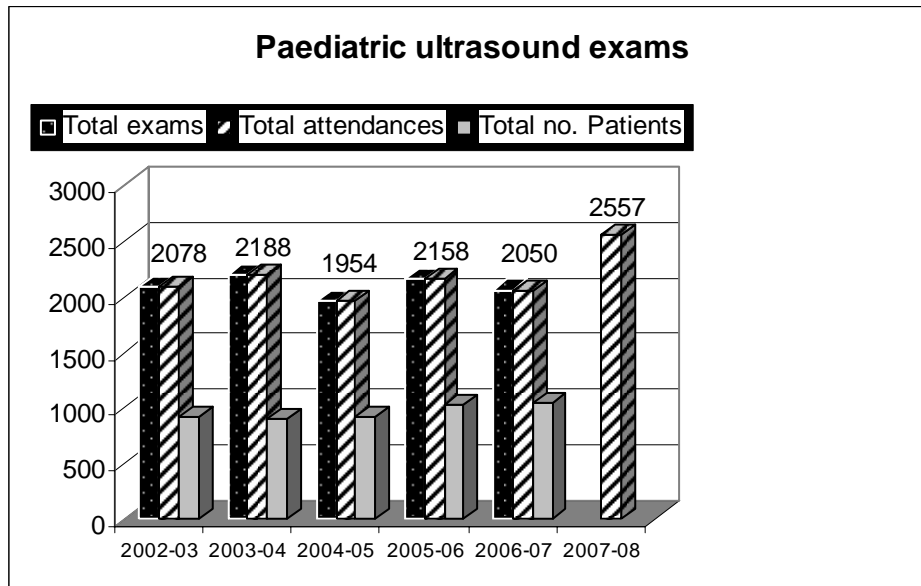
The complexity of the imaging requirements reflects the patient groups within the Trust. There is also a need for rapid turn round in view of the 18 week referral to treatment initiative.

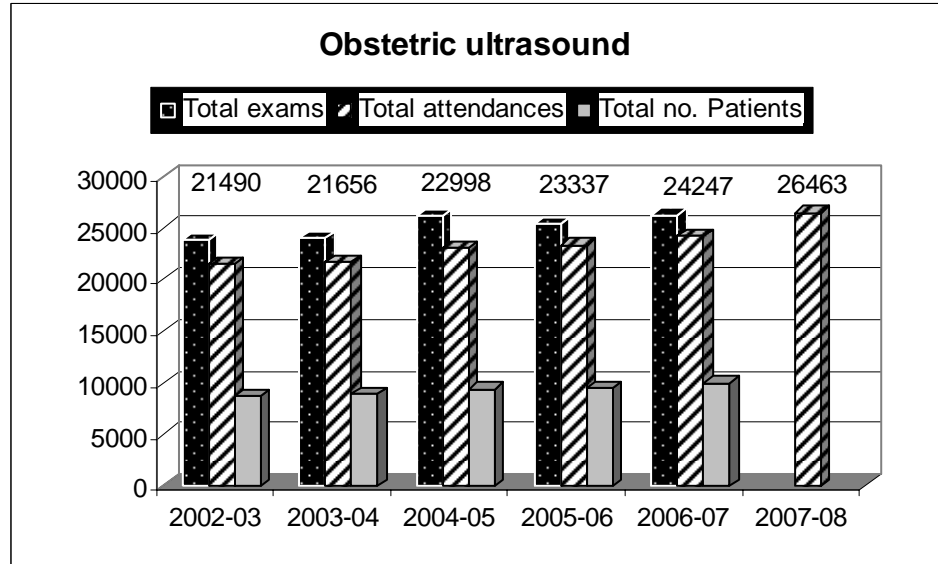
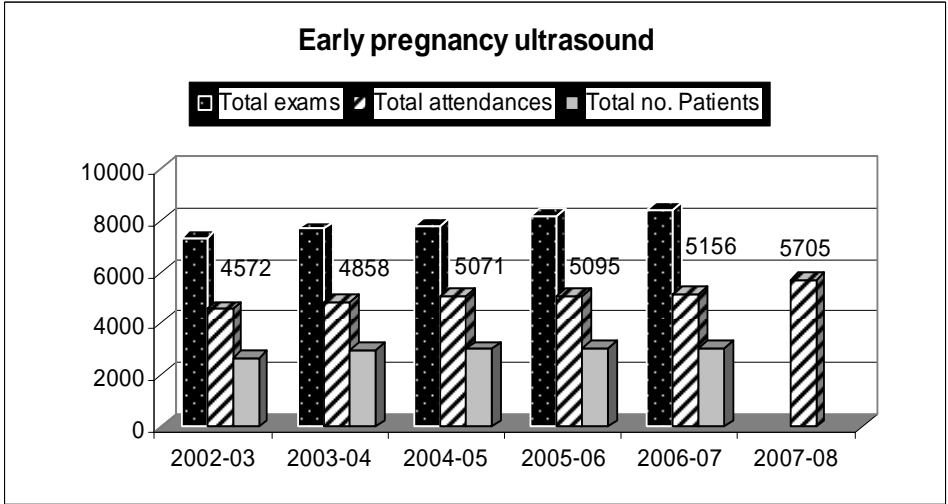
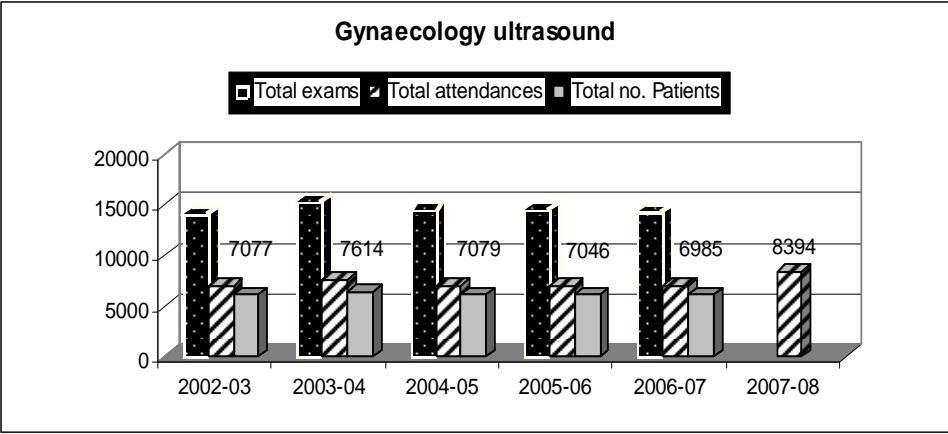
A considerable increase in same day imaging and clinic has occurred which compounds peaks and troughs in the activity. This is particularly true for the complex pregnancies, the multiples and Consultant led clinics.

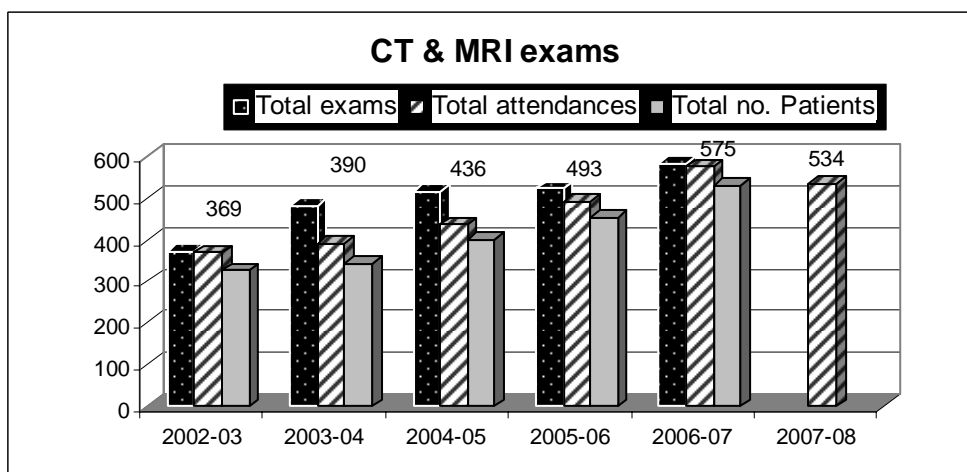
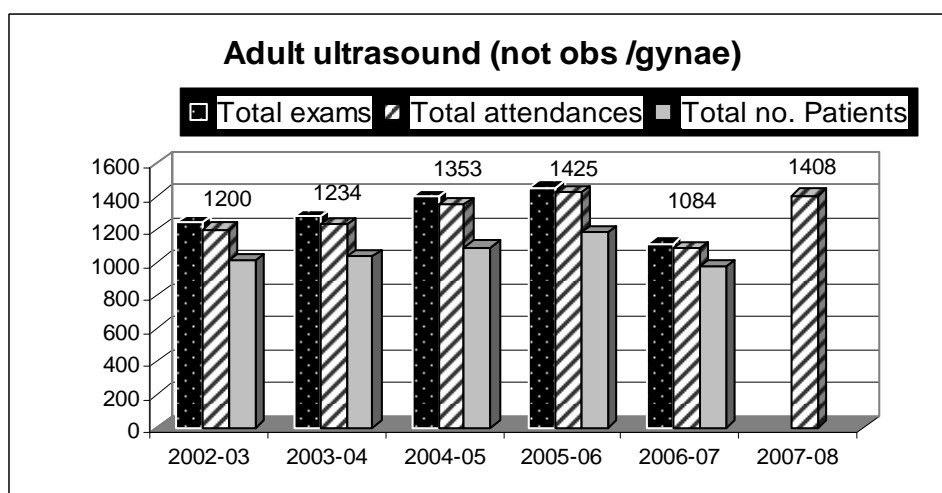
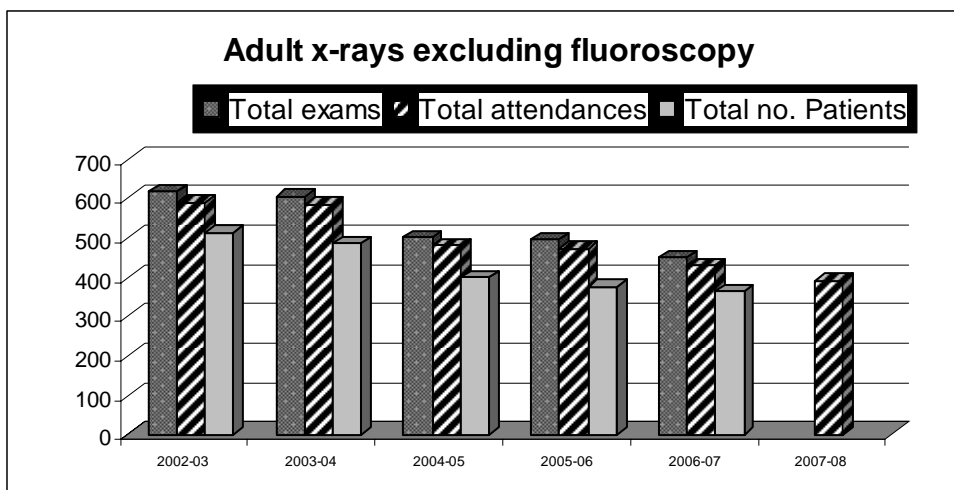
Service Development for 2007/2008

- Implementation of National PACs and RIS
- Web based reporting and imaging available throughout the Trust.
- Remote reporting and imaging sharing UHB ROH and BCH

Tables/Data







Developments and Objectives of Annual Plan for 2008-2009

It is essential that recruitment and retention is addressed.

- To Recruit
 - Replacement Consultant Radiologist (shared post with UHB)
 - 2 funded band 8a led sonographers.
 - 1 PACs/RIS manager
 - 2.5 shared sonography/midwifery
 - 2 sonography/radiography

- To Extend Services in:
 - Video urodynamics
 - Paediatric fluoroscopy
- Increase direct access GP work
- Look at new models of imaging in the community

Summary of Clinical Governance

- It is a credit to all staff that the increase in activity - 47755 attendances (5,302 increase) has been met - all cancer and 18 week targets met.
- Staffing remains problematic - 1 Consultant Radiologist and the Service Manager relocated 1 senior sonographer joined industry.
- Accuracy of imaging in relation to cancer and benign gynaecological disease is related to pathology reports.
- Hip screening service is related to outcome at BCH
- No major complaints were received

GYNAECOLOGY & OBSTETRIC THEATRES

Gael Peters, Theatre Manager

Specialty/Service

Operating Theatre Department

Activity

- Gynaecology elective theatre activity 2755 emergency 604
- Obstetric elective theatre activity 636 emergency 1601

Service Development for 2007/2008

- Commission 2 new Obstetric Operating theatres.
- Introduction of a new shift system within the department for effective and safe staffing of all areas.
- Commence procedure costings for top 20 procedures ensuring value for money.
- Continue to maximise utilisation and efficiency and contribute to the 18 week pathway.
- Introduction of a new theatre system (ORMIS) as part of the National programme for IT.

Developments and Objectives of Annual Plan for 2008-2009

- Introduce Essence of Care Targets.
- Achieve 18 week target reducing in patients waiting times.
- Develop new ways of working including movement of minor procedures from theatre to an ambulatory setting.
- Implement NICE and other guidelines and recommendations.
- Continue roll out of ORMIS theatre system to all areas of the Trust.
- Manage migration of decontamination services to new provider as part of Pan-Birmingham approach.
- Develop a theatre policy.
- Introduce a productive theatre project

Summary of Clinical Governance

- In collaboration with Maternity continual audit of caesarian section requests for second theatre are conducted and changes have been introduced to better inform theatre staff of categories for sections.

- Theatre department has joined Delivery suite forum to improve standards of care for Obstetric patients with work underway to develop and introduce a theatre policy to improve care to patients in the theatre environment.
- Exploration into new ways of working has resulted in the department contributing to the curriculum planning group at BCU for Advanced Scrub Practitioner (first assistant).

CLINICAL CHEMISTRY

Nigel Coles, Head Biomedical Scientist

Specialty/Service

In addition to providing a general analytical service for obstetrics, gynaecology and the Neonatal Unit, the laboratory is a large screening centre for Down's syndrome and other abnormalities in pregnancy. The service is thought to be the largest in the UK receiving approximately 72,000 requests for the period April 2007 to March 2008, estimated to be over 11% of all Down's screening tests carried out within the UK. The department provides a service to over 40 maternity units including the majority of the West Midlands SHA trusts, all of North-West London, Bedfordshire, Berkshire, East & North Hertfordshire, Belfast and Guernsey, plus a number of private maternity healthcare providers. The department offers 4 different screening strategies.

Aims and Objectives for 2007/2008

General Laboratory Objectives

- To continue working on issues that help retain the current staff and recruit new staff to the department.
- To gain full accreditation with CPA and to ensure other national guidelines and standards are met.
- To continue to implement the iPassport quality management system.
- Continue to work on reducing and controlling the risks associated with all our services.
- Continue to provide a high quality analytical and interpretive service to all our users.
- To take an active part in the new management structure for Clinical Support and Pathology services.

General Analytical Service

- To maintain our links with the Clinical Chemistry Department at Birmingham Children's Hospital, in particular the on-call service by ensuring the analytical performance from the two sites is comparable.
- To replace the neonatal blood gas analyser.

Antenatal Screening

- To be able to provide different analytical platforms to satisfy needs of individual screening protocols.

Activity

Data refers to performance for the period April 2007 to March 2008. Figures in brackets refer to period 2006-7.

Workload

- Total Number of requests

Routine Clinical Chemistry	37,067 (36,152) increase of 3%
Antenatal Screening	71,683(62,822) increase of 14%

The increase in routine clinical chemistry this year has been largely due to an increase in work from the Infertility Specialty. An increase has also been seen in antenatal screening this year which is typical of the upward trend we have experienced in the last 6 years.

Total Requests by Directorate

- The increase in routine Clinical Chemistry workload has come predominantly from the infertility services within Gynaecology.

Obstetrics	15,136 (15,192)	0.4% decrease
Gynaecology	8,316 (8,447)	1.6% decrease
Infertility	1,955 (970)	102% increase
Neonatal	10,801 (10,710)	0.8% increase

Turnaround times

- Routine Clinical Chemistry**
In spite of the slight increase in workload and reduction in staff the department has managed significant improvement in turnaround time which has been achieved year on year for some time now.

46% of requests reported within 2 hours (41%)

76% of requests reported within 8 hours (71%)

84% of requests reported within 24 hours (80%)

- Out of hours work.**

This is carried out off site at the Children's hospital. This means that it impacts mainly on the department's budget but not to any great extent on the workload experienced by the staff. It has also shown a modest rise in 2007-8. As in previous years the activity has been mainly from Obstetrics and Neonatology.

Obstetrics	1479 (1,558)	5.1% decrease
Gynaecology	366 (344)	6.4% increase
Neonatal	2144 (1,885)	13.7% increase

Mandatory training

Fire Training	82% complete
Load Training	64% complete
OHLS Training	18% complete
Infection control-Hand Hygiene	91% complete
DSE training	36% complete

Quality Management

As a result of the CPA inspection mentioned above, the laboratory's accreditation status remains as 'Conditional' until the items identified have been corrected.

16 (14) incidents have occurred during this period. No complaints received.

Developments 2008-2009

- Replace Immunochemistry analyser.
- Replace DCA analyser for HbA1c with D10 analyser.
- Review Glucose Tolerance Test guidelines and compare with new NICE guidelines on Diabetes and Pregnancy.
- Antenatal Screening Service to further develop 1st Trimester screening service as users move from 2nd Trimester triple screening.
- Develop 2nd Trimester service in order to accommodate quad testing with inhibin assay.
- Continue to review staffing levels and structure and ensure that firm plans are put in place to maintain appropriate levels of staffing, their development; KSF and training.
- Continue to develop iPassport Quality Management System in order to manage all pathology documents more effectively.

Summary of Clinical Governance

A Clinical Pathology Accreditation (CPA) visit took place in October 2006. 30 non-compliance notes and 1 quality improvement note were received. The laboratory's accreditation status remains as 'conditional'. At the time of writing this report, all of the departments 30 non-compliances have now been dealt with and the department awaits confirmation from CPA that full accreditation has been given. The laboratory is required to hold 'Full' accreditation in order to be allowed to provide a routine or antenatal screening service.

HAEMATOLOGY

Ray George, Head Biomedical Scientist Haematology

Specialty/Service

The study of blood morphology, blood-forming tissues, blood diseases and the safe provision of blood products when transfusion is clinically indicated.

The department provides a 24 hour 7 days a week service with core hours of 8am to 8pm weekdays and 8am to 12:30pm weekends. All other times covered by an on-site on-call service.

Organisation and Staffing

- Current staff consists of two F/T BMS band 5, one P/T Training officer, one BMS band 6, two BMS band 7 and a Head BMS.
- The clinical management structure remains unchanged. Dr. Lester is the Head of Department.
- BMS 5 successfully integrated on to the out of hours rota, with another to be assessed in 2007/8.
- Consolidation of the amalgamated training and transfusion practitioner roles.
- The point of care officer role assigned to BMS 6.
- Training officer completed appropriate training to operate as a regional assessor of HPC registration portfolios.
- BMS band 6 successfully awarded Higher Specialist Diploma in Transfusion Science.

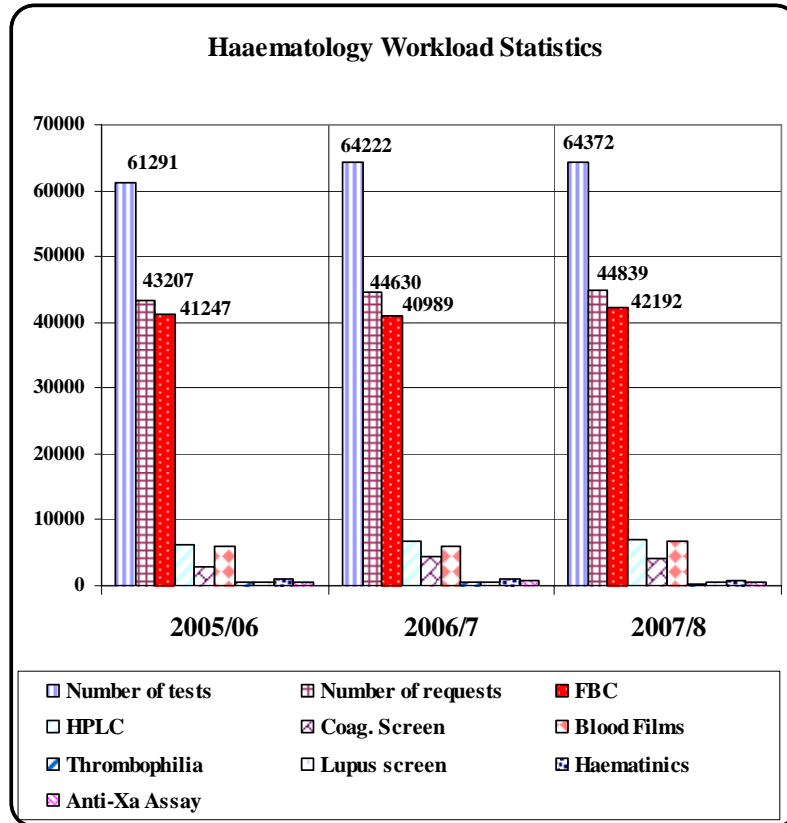
Technical and Procedure Advances

- Acquisition of new FBC back-up analyzer, Pentra 60c+.
- Introduction of replacement point of care Hb analyzer (Hemocue) on Delivery suite and paediatric outpatients.
- Training of core staff to facilitate use of Hemocue.
- Introduction of a request form specific for Blood Transfusion.
- Acquisition of a dual-purpose platelet agitator and plasma thawer.
- Core departmental staff trained in audit principles and techniques.
- Development of an audit schedule to help continually improve the service.
- The production of quarterly quality indicators
- The successful introduction of Blood safety training for appropriate Trust staff in line with NPSA directives.
- Successful inspection by MHRA to ensure incorporation of EU blood directive requirements into the existing quality management system.
- All non-compliances, post 2006 CPA inspection, reviewed and procedures instigated to ensure compliance. Report submitted to CPA.
- Implementation of document control software i-Passport to facilitate compliance with CPA standards.
- Reservation period for x-matched blood reduced from 48hrs to 24hrs.

Activity

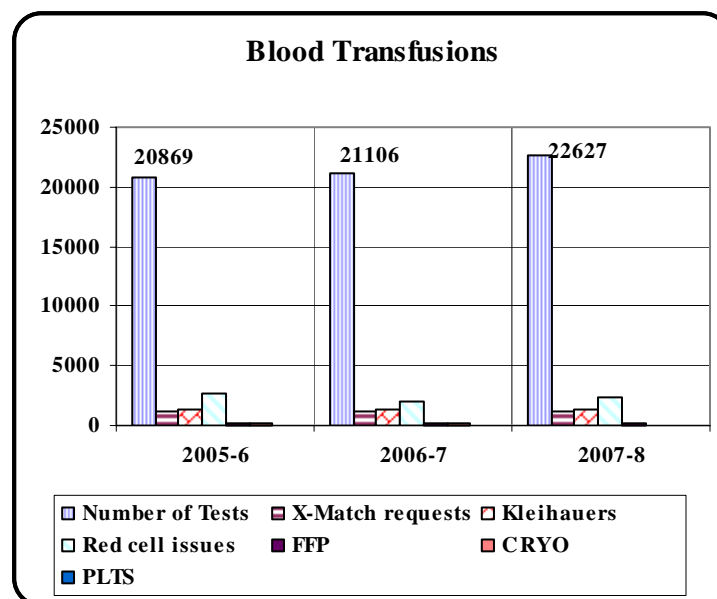
Haematology

No significant rise in number of Haematology tests performed. Requests for Thrombophilia screen and Haematinics are vetted by Consultant Haematologist



Blood Transfusion

Blood Transfusion has experienced an increase in workload averaging about 7% compared to 2006/7.



Developments and Objectives of Annual Plan for 2008-2009

- To bring on-line the use of new back-up FBC analyser, Pentra 60, following validation and qualification procedures.
- To submit capital request for replacement Coagulation analyzer. This will enable manual and semi-automated techniques to be phased out.
- To formulate a business case for introduction of automated techniques into the Blood Bank. Implementation would ensure compliance with new recommendations and facilitate the in-house testing of antenatal blood grouping serology.
- Two BMS band 5 to attend Specialist Transfusion Science practical course organized by the NBS.
- Two BMS band 7 to sit exam for Specialist Certificate in Transfusion Science organized by the BBTS.
- Review effectiveness of new Blood Bank request form.
- Review current method for remote alarming of blood bank fridges.
- Introduction of new FBC blood collection tube for paediatric use to facilitate sample labelling.
- Readiness for next CPA inspection.
- Annual update in blood safety training with relevant audits.
- Introduce training on Anti-d guidelines including traceability.
- Acquisition of a '50' sample rack loader for the Bio-Rd D-10 HPLC analyser.
- To reduce the number of Oneg units put aside for emergencies.
- Maintain current staff level.

EQA

The department participates in NEQAS and CQAS. Surveys are reviewed and any action points monitored

Haematology/Blood Transfusion Audits

• Traceability

The 2005 EU Directive on traceability requires 100%. Audit for 2007/8 revealed 99.9% traceability.

• Sickle/Thalassaemia Reporting

90% of samples reported within the National recommended guideline of 3 working days.

• Routine Haematology

On average 85% of FBC and Coagulation screens reported within 2hrs of receipt.

• Blood Safety Training

The following results were achieved for 2007/8;

- Porters 100%
- Midwives/nursing staff 80%
- Ward clerk/Healthcare assistant 70%
- Medical staff 30%
- ODA 40%

MICROBIOLOGY & INFECTION CONTROL

Jim Gray, Consultant Microbiologist

Specialty/Service

The Microbiology Department provides a diagnostic laboratory and clinical advice service focused on the specific needs of the Women's Hospital. The Infection Control service is also tailored towards the specialist needs of the Trust. Functions include education, audit, infection surveillance, clinical advice, and the production and maintenance of policies.

Activity

The workload of the Microbiology Department decreased again in 2007-08 to 52326 specimens. This represents a decrease of 7.8% in the past year, and of 14.0% over the past two years. It is anticipated that the workload of the laboratory will increase during the current year as MRSA screening is rolled out. The Infection Control workload is much more difficult to quantify, but continues to grow rapidly in response to national directives, local commissioner requirements, and growing public concern.

Developments and Objectives of Annual Plan for 2008-2009

Both Microbiology and Infection Control have demanding annual plans for 2008/09, including a new infection control assurance framework, more audit activity (especially around hand hygiene), enhanced infection surveillance, roll-out of MRSA screening of elective and high-risk emergency admissions, improved communication about Infection Control matters, and increased laboratory automation.

Summary of Clinical Governance

The Department has retained its unconditional accreditation with Clinical Pathology Accreditation (CPA). Performance in all relevant National External Quality Assurance Schemes was satisfactory, and the Department continues to run an extensive internal QA programme. There is a comprehensive ongoing programme of infection surveillance and audit of compliance with infection control standards, with quarterly reporting to the Clinical Governance Committee. The Infection Control service is constantly assessing itself against the 2006 Health Act. Once again, the Trust had no infections in any of the three relevant mandatory national surveillance schemes, including MRSA bacteraemia and *Clostridium difficile*.

Research Projects

On-going Research Project:

Researchers: Carly Lewis and Jim Gray

Title: A pilot study to investigate the diagnosis of early-onset neonatal group B streptococcal disease

Funding body: BWH Research Funds

CYTOPATHOLOGY

Maureen Frost, Advanced Practitioner in Cervical Cytology, Hospital Based Programme Co-ordinator

Specialty/Service

The department provides a cervical cytology screening service for hospital clinics and primary care for South Birmingham Primary Care Trust (PCT) and a proportion of Heart of Birmingham and East Birmingham PCTs. The department receives SurePath liquid based cytology (LBC) cervical samples for processing, screening and reporting, and operates a failsafe system to ensure follow-up of women with abnormal cytology. As part of a networking relationship, the department processes samples for Good Hope Hospital Cytology department.

A diagnostic service for non-cervical samples is provided for the hospital.

The department hosts a NHSCSP approved Cytology Training Centre to provide training for regional and extra-regional laboratories.

Activity

Cervical Cytology - Workload and Performance – 2007-2008

Performance Indicator	2005/6	2006/7	2007/8	NHSCSP targets *
Test requests	31020	27952	26552	>15,000
Turnaround % <4weeks	36.9%	87.0%	96.8%	80% in 4 weeks
Turnaround % <6weeks	77.3%	99.9%	99.2%	100% in 6 weeks
Inadequate rate as % of all community samples	1.1%	2.2%	2.1%	No standard range set for LBC
Low grade rate (borderline/mild dyskaryosis) as % of all adequate samples	5.9%	6.1%	5.7%	3.4-6.8%
High grade rate (moderate dyskaryosis or worse) as % of all adequate samples	1.1%	1.3%	1.3%	0.7-1.3%
Positive Predictive Value (% of all cytology reported as moderate dyskaryosis or worse, reported by histology as CIN 2 or worse)	83.4%	74.8%	Apr-Jun 07 73.6%	70.5-86.4%
Sensitivity of primary screening for all abnormalities	94.9%	96.2%	96.7%	>90%
Sensitivity of primary screening for high grade abnormalities	97.5%	98.4%	99.1%	>95%
% women lost to follow up	1.9%	2.9%	Apr-Jun 07 3.2%	<5%

* 2006/7 targets (2007/8 targets released end of 2008)

Service Development for 2007/2008

- Direct Referral, introduced in May 2007, has streamlined the process of referral for those women requiring colposcopic examination.
- Cytology is involved in NHS CSP HPV Typing project which runs from February 2008 to January 2009 to provide epidemiological information prior to the introduction of HPV testing nationwide.
- BCTC has provided a high volume of cytology training this year, both within the region and extra-regionally.

Tables/Data

Non-Gynae (Fluid) Cytology – table of activity 2007/8

	2005-6	2006-7	2007-8
Total requests	474	588	555
Total slides	1953	2395	2242

Developments and Objectives of Annual Plan for 2008-2009

- Cytology to work with local groups to implement requirements of the Cancer Reform Strategy December 2007 - in particular that women receive cervical screening test results within 2 weeks by 2010.
- Birmingham Cytology Training Centre (BCTC) to work towards formalising links with East Midlands and Oxford regions for training of technical staff.

Summary of Clinical Governance

- The Cytology department takes part in a cross-Pathology Audit Calendar, with Cytology staff performing vertical and horizontal audits for other departments and vice versa.
- As part of ongoing modernisation of Pathology and CPA requirements the cytology department has transferred all laboratory documentation to the i-passport Quality Management System.

- Cytology continually monitors its performance against NHSCSP standards and performance indicators remain within those standards.
- Pathologists, senior cytology staff and trainee medics hold twice weekly meetings to discuss interesting/difficult cases at a multi-header microscope, and feedback to screening staff.
- Multidisciplinary Clinico-Path meetings of cytology, histology and colposcopy staff are held monthly to discuss difficult cases, discrepancies of histology, colposcopy or cytology reports and patient management.
- Results of the audit of cases of invasive cervical cancer are now transferred via QARC to an anonymised national database

Research Projects:

- Vaginal Vault smears: 10- years of data from a Tertiary Centre (Birmingham Women's Hospital NHS Foundation Trust) Dr Helen Stokes Lampard, Prof. Sue Wilson, Dr Christine Waddell, Linda Bentley.
- Funding: NCCRC Career Scientist Award.
- An Immunohistochemical investigation into the value of the polycomb gene BMI-1 as a potential biomarker in cervical intraepithelial neoplasia. Rebecca Taylor.
- Funding: Joe Jordan Scholarship Award.

ANDROLOGY

Sue Avery, Clinical Lead for Andrology

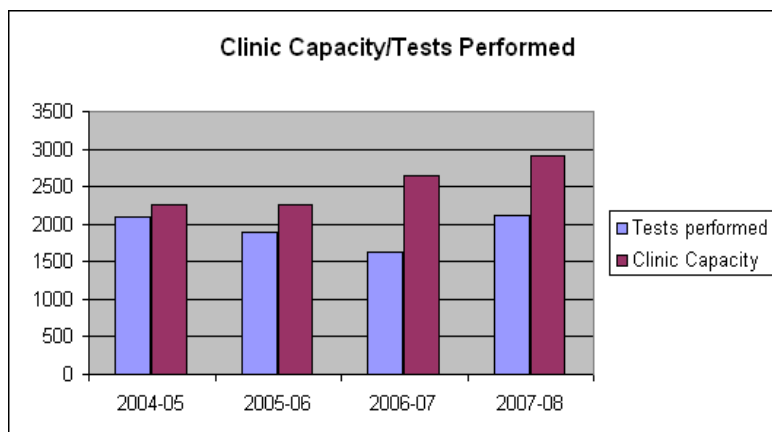
Specialty/Service

- Clinical Support, Andrology Department.
- The laboratory provides a diagnostic semen analysis service for patients referred via the Assisted Conception Unit and Gynaecology Outpatients, from Local Primary Care Trusts, other local hospital fertility clinics and General Practitioners.

Activity

"Andrology Department Workload 2007-8"

Year	Clinic Capacity	Tests performed	Clinic Utilisation	Unused appointments	Cancellation/Non attendance rate
2004-05	2261	2102	93.0%	159.00	7.0%
2005-06	2260	1900	84.1%	360.00	15.9%
2006-07	2646	1627	61.5%	1019.00	38.5%
2007-08	2908	2122	73.0%	786.00	27.0%



Service Development for 2007/2008

- Andrology management transfer, from the Assisted Conception Unit to Cytology, commenced in September 2007 and completed 31st March 2008.
- The laboratory is now preparing for a Clinical Pathology Accreditation (CPA) interim visit.
- Two biomedical scientists from the Cytology department have been trained in seminal fluid analysis techniques. Clinic capacity has been increased in order to meet the 18 week target. Turnaround times are now monitored, with normal results being reported in 24-48 hours.

Developments and Objectives of Annual Plan for 2008-2009

The department aims to achieve Clinical Pathology Accreditation, to ensure clinic capacity meets rising workload, reduce non-attendance rates and maintain turnaround times in line with the 18 week target.

Summary of Clinical Governance

- The Andrology Department takes part in a cross-Pathology Audit Calendar, with Andrology staff performing vertical and horizontal audits for other departments and vice versa.
- As part of the ongoing modernisation of Pathology and CPA requirements the Andrology Department is in the process of transferring all laboratory documentation to the i-passport Quality Management System.
- The department is currently working towards the implementation of the 'Telepath' laboratory computer system, which will further improve the efficiency of the service.
- Performance is continually monitored by participation in the Andrology scheme for UK National External Quality Assessment Scheme and results continue to lie within acceptable limits.

HISTOLOGY DEPARTMENT INCLUDING SURGICAL HISTOLOGY & PERINATAL PATHOLOGY

Raji Ganesan, Gynaecological Pathologist, Tamas Martin & Phillip Cox, Perinatal Pathologists

Specialty/Service

The department specialises in gynaecological pathology at tissue and cellular levels and is the Regional Centre for perinatal pathology.

Activity

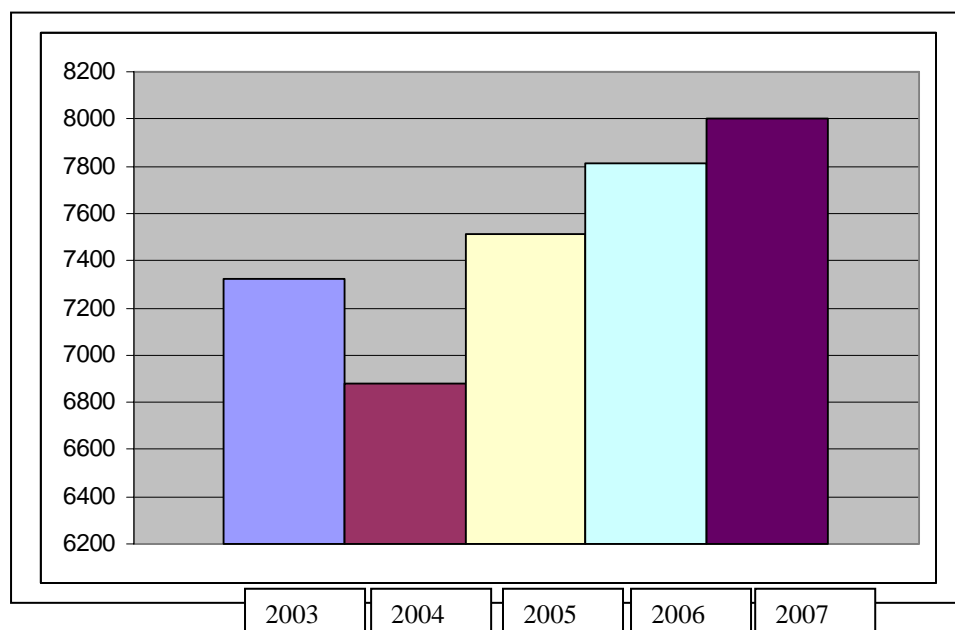
- Surgical Histology

The Department provides surgical histopathology to the BWH Foundation Trust, Regional Cancer Centre and a nationally respected review and referral service. In 2007-8, the recent growth in workload was sustained (8003 cases - +2%). There is a steady increase in the complexity of the work received and new RCPATH guidelines, shorter reporting deadlines and new techniques add to the demands on the service.

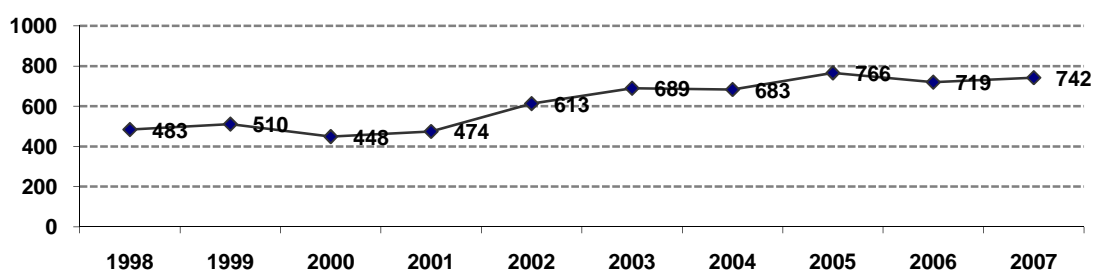
- Perinatal Pathology

The Department provides a tertiary referral service for fetal and perinatal autopsies to the hospitals of the former West Midlands Region. The workload has steadily increased in the past 5 years. Perinatal pathology is highly specialised and we work closely in collaboration with the Regional Genetic Centre and Fetal Medicine Unit. In 2007 we performed 742 autopsies (06-07-741). The most complex PM's are those for the Coroners, comprising 15% of the work. In addition, we examined 1000 placentas as part of our local and regional duties (+14%).

Tables/Data



Activity (specimens received) for Gynaecological Histopathology, 2003-2007



Perinatal post mortems performed at BWH, 1998-2007

Developments and Objectives of Annual Plan for 2008-2009

Surgical Histology:

- Explore new ways of working
- Implement digital dictation
- Expand range of immunohistochemistry

Perinatal Pathology

- New protocol for neuromuscular disease
- Skeletal dysplasia database
- Appoint new part time consultant and mortician

Summary of Clinical Governance

The Department has an active programme of clinical audit. In addition to regular audits of reporting turnaround, clinicopathological audits were also undertaken, for example examining the impact of the recently altered request forms. A monthly journal club has been started. Histology consultants meet weekly and discuss MDT cases on a multiheader microscope constituting a useful internal quality control mechanism.

In Perinatal Pathology audits on turn around time of bodies in the mortuary and usefulness of “fast track” placenta reports were carried out. The perinatal pathologists meet on a weekly basis to share interesting cases for the purpose of diagnosis, audit and education.

The department had a successful inspection by CPA (UK) and also holds a deemed licence from the Human Tissue Authority. All medical staff participate in appropriate EQA and CPD schemes. The proposal for a directorate Clinical Governance Lead will enhance these activities.

PHYSIOTHERAPY

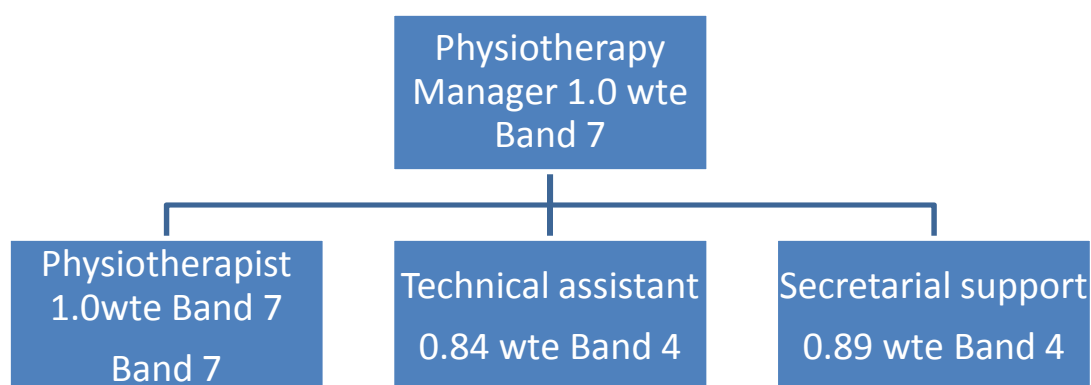
Nina Bridges, Physiotherapy Manager

Specialty /Service

The current service delivery is broken down into the following key areas:

- Primary focus is direct physiotherapy input into urogynaecology and bowel conditions. This is via a range of referral routes including direct GP access and BWHCT / UHB Clinicians. The service is delivered in an OPD setting, clinics are held daily Monday to Friday with a maximum of 17 sessions available per week. A total number of 597 new patients were seen with 1616 follow ups.
- Physiotherapy based group sessions were held for Maternity patients on a monthly basis of:- 2 relaxation, 2 back care advice and 1 Tens.
- A more limited service was available for in-patients
During 2006-07 the department saw 100 new patients referred by the Wards, with 22 follow ups across all ward areas, the main reasons for referral was for musculo-skeletal problems in pregnancy and routine post surgical management.
- An out of hours on-call service was available via an SLA with Nuffield Hospitals, there were no call outs made in this financial year.

The staffing establishment to deliver this service is as follows:



Aims & Objectives for 2007/2008

Our main aim for this year was to clarify the areas within the Trust where it was felt by the Directorates that a physiotherapy presence was necessary and where best their specific and specialist skills are required. This is a continuing process for completion in 2008/09.

We succeeded in maintaining the waiting times for the out patient continence service throughout the year.

Developments and Objectives 2008/2009

Our main objective for 2008-09 is to establish and agree the Trust's requirements for physiotherapy across all specialties and to ensure that there is the manpower in place to match the required level of activity.

To facilitate the physiotherapy service being offered to GPs on 'Choose and Book' thereby giving the patients more choice as to who they chose to see for their continence problem.

To actively promote and market the specialist physiotherapist continence service, which is a relatively unique service in the region and whose waiting times and facilities compare favourably to other Trusts.

Summary of Clinical Governance

The Department follows the Chartered Society of Physiotherapy Clinical Guidelines for the Management of females aged 6-65 years with Stress urinary incontinence and Urinary Incontinence health outcome indicators.

Work started on applying the Essence of Care guidelines to physiotherapy and we commenced benchmarking the continence service through stages 1- 6.

The most applicable standards for the service:

- Continence
- Communication
- Record keeping
- Privacy and dignity
- Health and safety

We reviewed the service against best practice using the CSP's guidelines on the Management of Continence; record keeping etc.

In 2008-09 we will be auditing patients' experience of the service, record keeping, time taken to be seen and will also be looking at outcome measures to audit the service against.

One complaint was received associated with the staffing levels at the time of sickness, where a patient expressed her concerns regarding the staffing available for the service and the follow up of patients.

ANAESTHETICS

Tony Wilkey, Consultant Anaesthetist

Specialty/Service

Our clinical work includes preoperative evaluation, intraoperative care, provision of regional analgesia for labour and obstetric high dependency care and acute pain management plus anaesthesia for gynaecology. All obstetric patients who receive spinal, epidural or general anaesthesia are reviewed on a ward round the following day and questioned about satisfaction with and problems arising from the procedure. Follow-up in gynaecology is performed by the individual anaesthetist.

Activity

For details of activity in providing epidural, spinal and general anaesthesia on delivery suite and details of HDU care, see tables.

The epidural rate during labour (20%) has remained stable for the last 6 years having previously been consistently in excess of 30%. There has been an increase in normal delivery rates and satisfaction rates have been maintained. The dural tap rate has markedly increased and we have taken measures to remedy this. The regional rate for elective and emergency C/S has been maintained as has the post spinal headache rate. Rates for conversion of spinal to GA are in line with national recommendations. There were no cases of failed intubation, awareness or aspiration during general anaesthesia and no major sequelae from regional anaesthesia. The HDU has had a reduction in admissions this year .

Service Development for 2007/2008

Our activity statistics are now produced from the database developed by Dr Phil Moore which has proved very successful. Dr Yasmin Poonwala has been appointed to replace Dr Margo Lewis who retired last year.

Tables/Data

Table 1. Epidural and Combined spinal epidural (CSE) during labour

	2005-6	2006-7	2007-8
No of deliveries	6747	6785	7181
Labour epidurals (no.)	1126	1028	1251
Labour CSEs (no.)	114	121	70
Uptake Rate	20.6%	19.2%	20.0%
Primigravidae	69.1%	67.3%	65%
Multigravidae	30.8%	32.7%	35%

Table 2. Satisfaction rates with epidural and CSE analgesia for pain relief during labour. Last year's figures in brackets.

	2005-6	2006-7	2007-8
Satisfied	77.6%	76.7%	76.7%
Helped	9.3%	11.1%	9.5%
Late	3.1%	2.9%	5.1%
Failed	3.6%	3.2%	2.2%
Unknown	6.5%	6.1%	6.6%

Table 3. Mode of delivery with epidural and CSE analgesia. Last year's figures in brackets.

Mode of delivery	All mothers - nos	%	Primig %
Spontaneous	507(417)	38.4 (36.3)	30 (27.8)
Straight Forceps	232(172)	17.6 (15)	21.1 (17.9)
Rotational forceps	33(13)	2.5 (0.1)	3 (1.3)
Ventouse	172(147)	13 (12.8)	14.1 (14.6)
Breech	2(7)	0.2 (0.6)	0 (0.5)
Total C/S	375(377)	28.4 (32.8)	31.8 (36.6)

Table 4. Postdural puncture headache

	2005/6	2006/7	2007-8
Inadvertent dural taps	9 (0.7%)	6 (0.5%)	19 (1.32%)
Blood patches	7 (0.5%)	2 (0.2%)	15 (1.04%)
Post spinal headaches	13 (0.9%)	11 (0.7%)	11 (0.75%)
Blood patches	5 (0.3%)	8 (0.5%)	4 (0.27%)

Table 5. Indications for Anaesthesia. Last year's figures in brackets

	Epidural	CSE	Spinal	GA
C/S	10(7)	53(50)	1111(980)	231(245)
Labour	1028(1126)	121(114)		
IUD labour	4(4)			
Delivery			77(75)	2(0)
MROP			76(74)	16(9)
ERPC			8(0)	13(7)
Cx suture			25(26)	6(4)
Repair tear			97(117)	4(4)
Post C/S bleed				2(4)
Laser ablation		1(0)	27(19)	
Other	6(2)	4(1)	11(15)	16(7)

Table 6. Mode of anaesthesia for caesarean section

Category	Spinal	Epi / CSE	General Anaesthesia	Total	% Regional		
					05-06	06-07	07-08
Elective	547	34	35	616	93.6	95.6	94.3
Emerg	511	324	217	1052	79.5	81.0	79.4

Table 7. Failures of regional anaesthesia for caesarean section

Category	2005/6	2006/7	2007/8	RCA Recommended
Epidural	16.7%	14.5%	9.2%	
Spinals				
Elective	1.4%	2.1%	0.72%	1%
Emerg	2.4%	2.2%	3.75%	3%

Table 8. Obstetric High Dependency Unit data

	2005/6	2006/7	2007/8
No. of admissions	313	400	317
Reason for admission			
PET / eclampsia	26%	26%	31%
Hypertension		10%	7%
Haemorrhage			
PPH	31%	33%	33%
APH	4%	5%	1%
Cardiovascular		6%	11%
Respiratory		5%	3%
Pulm embolus			1%
Infection		4%	2%
Length of Stay			
0-24 hrs	52%	60%	52%
24-48 hrs	29%	24%	28%
48 hrs +	19%	17%	20%
Monitoring			
Non-invasive	72%	70%	68%
Arterial line	27%	29%	32%
CVP line	6%	7%	5%
Transfers to ITU/HDU	11 (3.5%)	14 (3.5%)	7 (2.2%)

Developments and Objectives of Annual Plan for 2008-2009

Funding has been identified for the purchase of two cell saver units. We are in the process of re-establishing self medication after caesarean section following the withdrawal of individual oramorph ampoules. We have bid to take part in the multicentre study into effect of posture on outcome during second stage of labour with a low dose epidural.

Summary of Clinical Governance

- All mothers are reviewed on our routine daily ward round and this forms the basis of a continuous audit of our practice.
- A number of incident reports and complaints relating to anaesthesia have been processed although none have required any major change in procedure this year.
- Only minor alterations were necessary to fulfil the requirements of the NICE intrapartum care guidelines except for the provision of anaesthesia for all instrumental deliveries. We have purchased an ultrasound scanner for CVP line insertion.
- Audits performed included predrawn up emergency drugs in obstetrics, temperature during caesarean section, partners present during anaesthesia and communication of urgency of CS audit. Various changes have been made including allowing partners into theatre during initiation of regional anaesthesia.

NEONATOLOGY

Imogen Morgan, Clinical Director for Neonatology

This has been another very busy year for the Neonatal Service, with admission numbers and treatment intensity both increasing, as can be seen from the tables below. Dr Durbin's retirement in March 2007 was followed by the appointment over the summer of two new Locum Consultants, Liz Bromley and Vishna Rasiah, who brought in their wake an increased enthusiasm and readiness to embrace the previously cautiously used nitric oxide, for use as a ventilatory aid for babies with pulmonary hypertension, and also a much lower threshold for the use of high frequency oscillatory ventilation for severe lung problems.

These developments required a steep learning curve for everyone, especially the nursing staff caring for the sickest babies, and this has proved to be a huge success, with congratulations due to everyone involved in the teaching, learning and practising of these technologies. Subsequently, Dr Rasiah was appointed to a substantive post here and we welcome him to the team, while congratulating Liz on the birth of Thomas and her subsequent appointment at New Cross.

As workload has increased thanks are due to all the nursing staff who have willingly undertaken necessary extra shifts to cover the need.

Developments

We have had a successful inspection by the South West Midlands Neonatal Network (SWMNN) in December, and were re accredited as a level 3 Unit. Our links with the Network have increased and improved steadily over the year. The Network has been instrumental in allowing us to acquire substantial increased nurse staffing which has been very welcome (details below), and there is continued welcome input from their physiotherapy and developmental care leads in improving clinical practice. We have also been successful in bidding for monies from SWMNN to provide new equipment for the Directorate.

Plans and presentations during this year, initially within the Network and later regionally, have led to BWH having substantial input into a Service Specification for Neonatal Surgery for the West Midlands, agreed in December 2007. This is now progressing and hopefully will lead to increased involvement in future with Neonatal Surgical patients requiring Intensive and High Dependency medical care at this site.

From February 2008 we have integrated our Advanced Neonatal Nurse Practitioners into the Junior Medical Staff rota, thus enhancing their Intensive Care experience and allowing us to comply with EWTD for this aspect of the medical rota. We also welcomed back Mike James and Catherine Rutherford to join the ANNP team.

The next development for 2008 is for the Team to all achieve Independent Prescriber status, allowing their role to be further developed.

Management

Managerially, there were a number of changes and developments during this 12 months. Following the ill health of the previous Head of Nursing, this role was taken up jointly by Michele Emery and Rosemary Marshall. They both did a superb job, restoring Leadership and a sense of direction.

Following the resignation of the Clinical Director (CD), the service was managed without a CD in post for the whole of the next twelve months. This difficult situation was made as positive as possible by the tireless efforts of Harry Gee and Jane Owen, who jointly ran a monthly Directorate Board, and by Cathy Garlick who with the assistance of Becky Williams ensured the service was managed effectively. Many thanks are due to this whole team.

Work by Cathy particularly also involved the beginnings of plans for a possible new modular Neonatal Unit which have led on during 2008 to the relocation and decant of many services across the Trust currently in progress.

In January 2008 Michele Emery was appointed to the substantive post of Head of Nursing, and has proceeded to transform the service since.

Nursing

This has been a busy year for nursing. We were fortunate to obtain funding for three band 6 neonatal nurse posts from the SWMNN, which were filled by the well earned promotion of our own band 5 nurses. Amrat Mahal was appointed to the Clinical Governance Lead post and is continuing to develop that aspect of our service. We also completed a review of our nursing establishment and budgets and were able to create four band 6 posts, three band 3 posts and 1.5 ward clerk posts. Both the band 6 and band 3 advertisements attracted high quality external candidates which is a very positive reflection of the Directorate's external reputation.

Outcomes of Registered Babies admitted to the NNU 2007/2008

Year	Gestation	Live Births	Early Deaths	Late Deaths	Infant Deaths	Total Deaths	Survived
2007/2008	<= 24	7	1	1	0	2	5
2007/2008	25:26	20	2	2	0	4	16
2007/2008	27:28	43	1	0	0	1	42
2007/2008	29:30	57	0	0	0	0	57
2007/2008	31:32	87	3	0	0	3	84
2007/2008	33:34	96	0	0	0	0	96
2007/2008	35:36	100	1	0	0	1	99
2007/2008	>=37	344	5	0	0	5	339
	Total	754	13	3	0	16	738

Year	Birth weight	Live Births	Early Deaths	Late Deaths	Infant Deaths	Total Deaths	Survived
2007/2008	<=499	1	0	0	0	0	1
2007/2008	500:749	19	2	3	0	5	14
2007/2008	750:999	29	2	1	0	2	27
2007/2008	1000:1249	43	0	0	0	0	43
2007/2008	1250:1499	54	1	0	0	1	53
2007/2008	1500:1749	68	3	0	0	3	65
2007/2008	1750:1999	61	0	0	0	0	61
2007/2008	2000:2249	67	1	0	0	1	66
2007/2008	2250:2499	55	1	0	0	1	54
2007/2008	2500+	357	3	0	0	3	354
	Total	754	13	3	0	16	738

Achievement of objectives 2007/8

Successful re evaluation by SWMNN of Level 3 status in December 2007

- Improved nursing establishment
- Enhanced junior medical staffing rota incorporating ANNP staff
- Successful recruitment to head of Nursing and Clinical Director posts
- Progressed with plans for a decant facility and ultimately a new neonatal unit
- Continued work with charity to provide Parent Accommodation
- Excellent Infection Control record
- Integration of Newborn transport Team into the directorate structure
- Achievement of CIP target and financial balance

Developments and objectives 2008/9

- Approval and implementation of Decant plan
- Approval for plans and achievable financing of a new unit
- Continued and enhanced high profile role within SWMNN
- Achievement of infection control targets
- Improved customer care and parent satisfaction
- Improved staffing ratios both nursing and medical
- High profile in the development of Neonatal Surgery provision
- Participate in research and education to enhance neonatal care
- Achieve CIP target and financial surplus at the end of the year.

GYNAECOLOGY DIRECTORATE

OVERVIEW

Masoud Afnan, Clinical Director for Gynaecology & Jacky Cotton, Head of Nursing

Specialty/Service

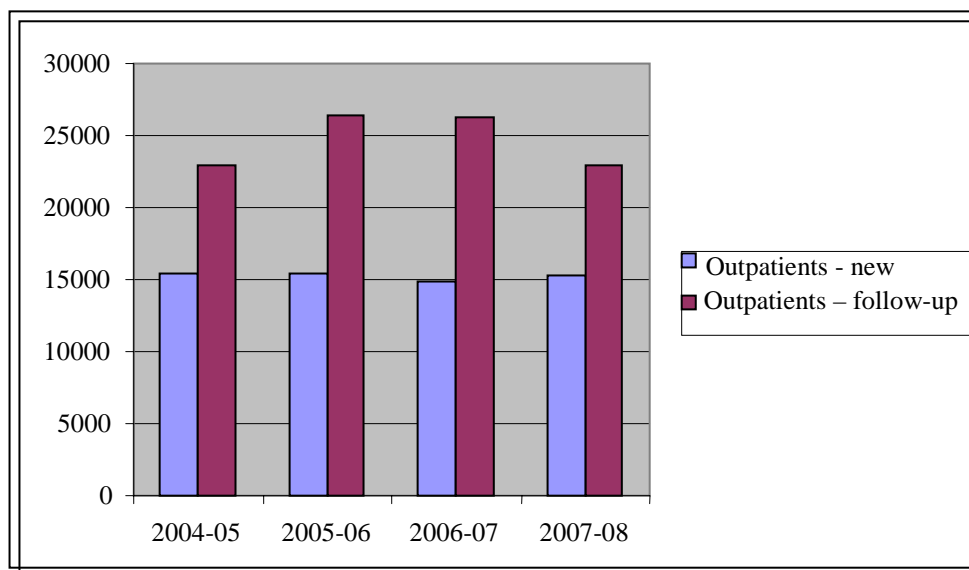
The Directorate continued to provide both elective and emergency inpatient and out patient gynaecology services for women. Outpatient specialist clinics include colposcopy, out patient hysteroscopy, urogynaecology, infertility, assisted conception, oncology, menopause, preoperative assessment and paediatrics in addition to general gynaecology clinics. Emergency referrals from GPs are seen in the Early Pregnancy Assessment Unit or on Ward 8 out of hours.

Ward 7 provided care for women for day surgery, oncology and general gynaecology. Ward 8 continued to provide care for emergency admissions and patients requiring elective surgery, particularly urogynaecology.

Activity

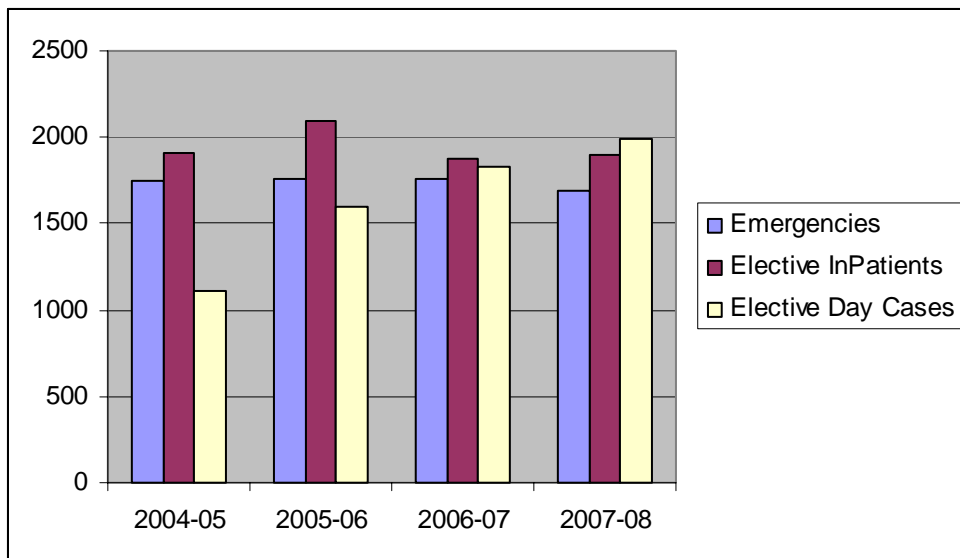
Out Patient Activity

Category	2004-05	2005-06	2006-07	2007-08
Outpatients - new	15,416	15,424	14,925	15,275
Outpatients – follow-up	22,885	26,328	26,309	22,951



In Patient Activity

Category	2004-05	2005-06	2006-07	2007-08
Emergencies	1751	1757	1762	1694
Elective Inpatients	1911	2093	1876	1897
Elective Day-cases	1115	1598	1833	1994



Service Development for 2007/2008

This was an extremely challenging year to meet the targets for 18 week referral to treatment initiative. This involved undertaking additional activity to reduce waiting times for Out Patient appointments to 5 weeks and admission for elective surgery under 11 weeks from decision to admit. The target for admitted patients was that by 31.03.2008 85% of patients would be admitted within 18 weeks. The actual figure achieved was 89.9%. The target for non-admitted patients was 90% & the actual was 94%.

Developments and Objectives of Annual Plan for 2008-2009

- Achieve 18 week targets of referral to definitive treatment by December 2008: 90% of admitted patients; 95% of non admitted patients
- Develop business cases for service developments through Community Clinics, Ambulatory Care and Emergency Gynaecology
- Implement Productive Ward Project on one Ward

Summary of Clinical Governance

- National guidance received into the Directorate continued to be examined and implemented where appropriate. This included all relevant NICE guidance, NPSA safety alerts and reports from external bodies such as NCEOPD, RCOG. Action plans were developed and monitored through Gynaecology Clinical Improvement group.
- The Gynaecology CIG met more frequently towards the end of the year to address the increase in clinical governance work being undertaken. Membership widened to include ward/departmental managers and it provided a forum to disseminate clinical practice updates.
- Work continued on developing ICPs for Early Pregnancy Problems, major inpatient surgery and endometriosis.
- The Core Audit Programme was updated to reflect audits required for NHSLA assessments, Essence of Care, compliance with clinical guidelines and other key clinical indicators.
- Incident reporting embedded and outcomes of incidents disseminated across the Directorate via QQIs.

COLPOSCOPY

Amanda Sutton, CNS Manager & Charlie Chan, Gynae Oncologist/Clinical Lead for Colposcopy

Specialty/Service

The majority of women referred for assessment have abnormal cervical cytology and appointments are triaged in line with National QA standards and the NHS Cervical Screening Programme Guidelines. On clinic attendance assessment of the cervix with a colposcope allows appropriate diagnosis and treatment to take place, and women are managed according to National Guidelines. The treatment of choice for high grade pre-invasive changes is Large Loop Excision of the Transformation Zone (LLETZ) and this year 332 loop procedures were performed in outpatients and 89 in theatre under general anaesthesia.

In addition, a specialist service for women with vulval conditions is provided within the Department, and a Nurse-led Cytology Clinic runs weekly.

Activity

The referral rate remains consistent with last year with 1473 new patient referrals, remaining the largest service in the West Midlands Region. The unit continues to be a tertiary referral centre and the total number of colposcopy patients, both new and follow-up, seen this year is 3951 (1515 new & 2436 F/U). Chart 1 indicates the referral rates over the past 9 years (please see data section).

Service provision encompasses 6 double colposcopy clinic sessions, a weekly vulva clinic and 1 cytology clinic. The follow-up evening clinic continues monthly, and is recognised by the QA reference centre as a point of good practice, offering women greater choice and flexibility with appointments.

Demand for the vulva service remains significant, despite the inevitable decrease due to the transfer of the Gynaecology Oncology Centre. This year, 160 new referrals were received and 91 new patients seen along with 332 follow-up cases. Maintaining this service is a prime objective..

Service Development for 2007/2008

8 clinical sessions run weekly with Medical and Nurse Colposcopists and service goals are as follows:-

- To provide a high standard of care for all women referred for assessment/treatment
- Implementation of Direct Referral to Colposcopy from Cytology May 2007
- To complete the Therapeutic Training of third Nurse Colposcopist
- Audit & maintain QA Standards
- Develop Colposcopy Coordinator clerical role within department
- Provide appropriate training and professional development for the team

Tables/Data

Chart 1 – Referrals

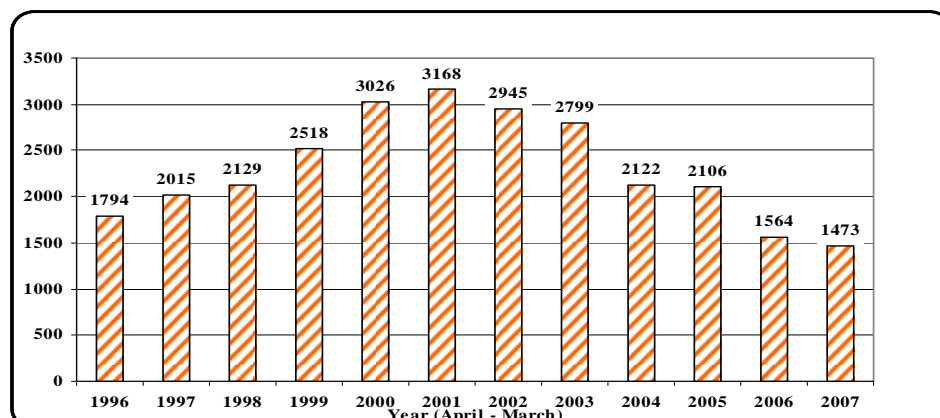


Chart 2 – Vulval Referrals – New and Follow up

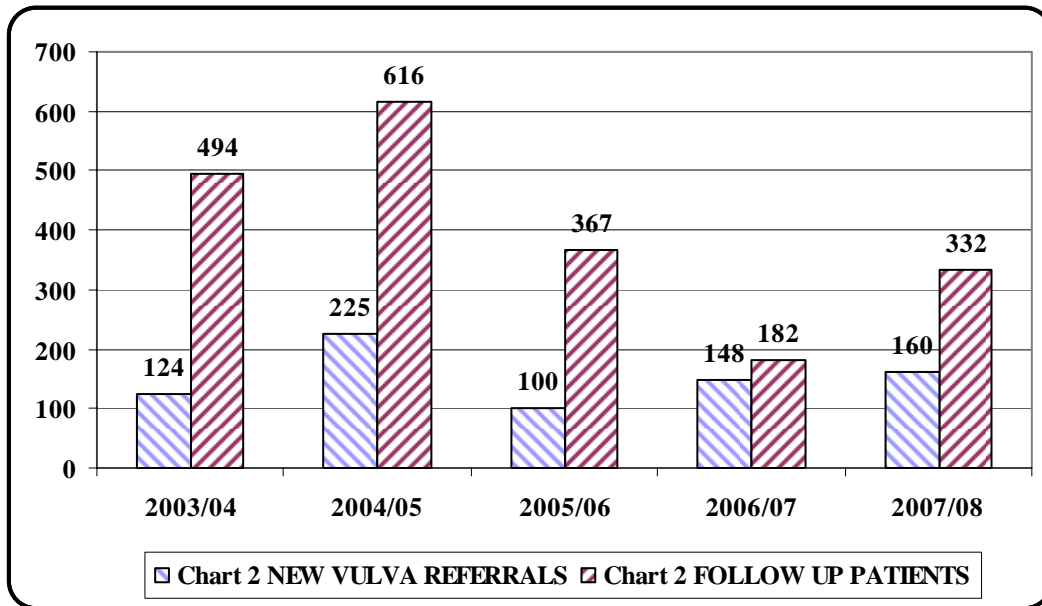
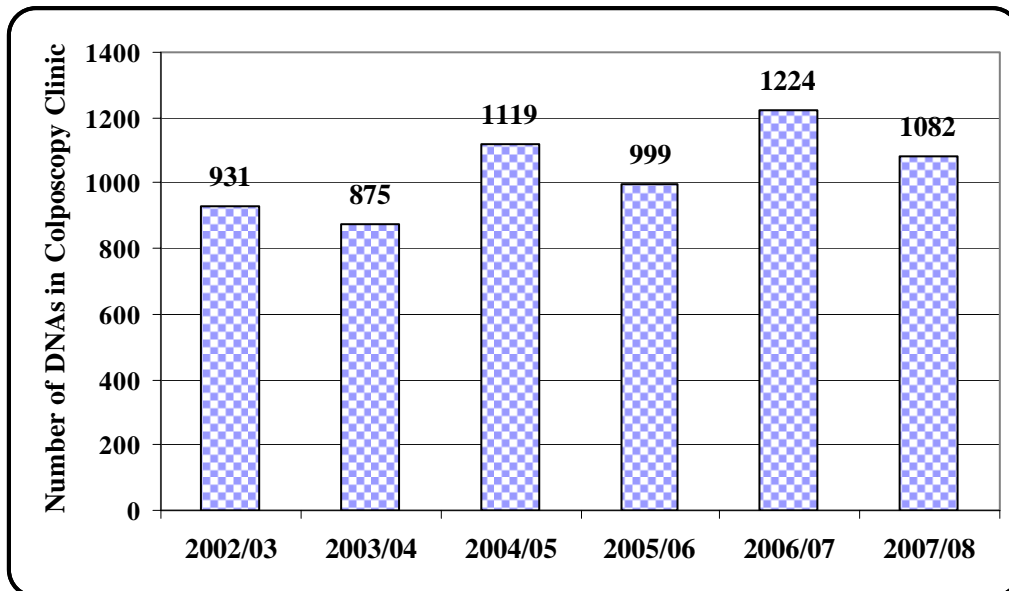


Chart 3 – Number of DNAs in Colposcopy Clinic



Developments and Objectives of Annual Plan for 2008-2009

- Continued maintenance and support for the Vulval Service (Chart 2).
- Maintain QA standards on waiting times for all referrals through Direct Referral initiative.
- Reduction in the colposcopy DNA rate through change in management policy and text message reminders.
- Secure Medical support for the Colposcopy and Vulval Services, and fulfil all QA recommendations following visit 5th November 2008.

Summary of Clinical Governance

Quarterly audits continue of Quality Assurance Standards in the form of KC65 Reports that are submitted to the Department of Health. These measure waiting times for new appointments, attendance status, type of procedure and result of referral, histology outcomes and waiting time for results. Our Unit data is benchmarked regionally by the QA Reference Centre and, whilst overall our figures are acceptable, due to the size of our service audit shows constant problems with our DNA Rate which remains high at 24% (see chart 3 in the data section).

Waiting times for high grade appointments have improved and now exceed the QA standard of 90% with 100% of women being seen within 4 weeks. Naturally, QA continues to be our greatest priority and reducing the DNA rate remains a primary goal through a change in patient involvement is encouraged through patient satisfaction surveys and PALS. Our annual QA satisfaction survey showed over 90% satisfaction with information and clinic environment.

OUTPATIENT HYSTEROSCOPY

Justin Clark, Consultant Obstetrician & Gynaecologist

Specialty/Service

The development of the out-patient “one-stop” “see and treat” hysteroscopy service at the Birmingham Women’s Hospital has had a major impact on the management of common gynaecological conditions. The service provides safe, effective and efficient diagnosis and treatment and is highly valued by our patients being associated with high rates of satisfaction both for the overall patient experience and service efficiency. Patients no longer need to undergo in-patient admission and general anaesthesia as the service allows prompt, accurate diagnosis, optimal treatment planning and subsequent delivery of many treatments in the out-patient clinic under local anaesthesia.

Activity

The outpatient hysteroscopy service manages a range of conditions in women of all ages. These include the diagnosis and treatment of women with post-menopausal bleeding, management of HRT related issues, treatment of menstrual disorders, abnormal uterine bleeding, assessment of reproductive function and fertility control. We provide an efficient ‘one stop’ ‘see and treat’ service which is highly valued by our patients (as judged by regular surveys). Outpatient surgical treatments include hysteroscopic removal of uterine polyps, fibroids and adhesions, fitting and retrieval of IUCDs, endometrial ablation and tubal sterilisation. The service substantially reduces the need for inpatient admission for surgery under general anaesthesia, which in turn saves valuable resources, increases operating capacity and reduces morbidity. The service sees around 30 patients per week in 6 clinics of 5-6 patients. In 2007-8 the Unit managed 1179 patients.

Service Development for 2007/2008

- Establish nurse-led hysteroscopy clinic(s) - achieved
- Streamline outpatient sterilisation service – not achieved
- Provide training for SpRs undertaking the new RCOG ATSM in hysteroscopy - achieved
- Train the newly appointed clinical research fellow in operative outpatient hysteroscopy - ongoing
- To run the £1million HTA funded RCT in outpatient polyp treatment (‘OPT’) - achieved
- Establish cross-cover for clinics thereby avoiding cancellation of any clinics, increasing capacity and ensuring compliance with DoH waiting time initiatives - achieved

Tables/Data

ONE STOP HYSTEROSCOPY CLINIC

Hysteroscopy	941
Hysteroscopic Polypectomy	97
Hysteroscopic Fibroid Resection	10
Hysteroscopic Sterilisation	87
Endometrial Ablation	44

PMB CLINIC

Women investigated in nurse-led clinic	466
Breach of cancer waiting time targets for PMB Pathway	0
Average time from G.P referral to cancer diagnosis	Urgent: 15 days Non urgent: 16 days

Developments and Objectives of Annual Plan for 2008-2009

- Increase activity within the unit by 20%
- Increase Audit and Guideline output (e.g nurse-led hysteroscopy, pain relief for hysteroscopic intervention).
- Increase research output
- Publish recently completed 'COAT' office ablation trial
- Recruit for the OPT multicentre RCT
- Interrogate the PMB and menstrual disorder databases
- Provide training for ATSM trainees and medical students

Summary of Clinical Governance

All patients receive written information prior to their appointments at the outpatient hysteroscopy clinic and a contact number to speak to the nursing staff in the Unit should they wish to do so prior to their appointments. Satisfaction rates with the service are high as judged by yearly patient surveys and data acquired from ongoing research into operative interventions. We received one complaint in 2008 as a result of unforeseen staff absence and there were no life-threatening adverse events.

We have regular, multidisciplinary staff meetings to discuss issues arising in the Unit, monitor activity and plan future service delivery. The Unit is internationally recognised and has actually pioneered many for the outpatient interventions such that our protocols for diagnostic and treatment interventions in outpatient hysteroscopy have been widely adopted (see Handbook of Hysteroscopy: A Complete Guide to Diagnosis and Therapy by Clark TJ and Gupta J K (2005 published by Hodder Arnold, London).

Research Projects

Sponsor: Department of Health, NHS Health Technology Assessment Programme

Title: Randomised Controlled Trial of Outpatient Polyp Treatment (OPT) for Abnormal Uterine Bleeding

Applicants: Clark TJ et al

Amount: £1,100,000 (Period of award 4 years)

UROGYNAECOLOGY

Philip Tooze-Hobson, Clinical Lead for Urogynaecology & Matthew Parsons, Clinical Lead for Perineal Injury

Specialty/Service

The Pelvic floor medicine service concentrates on managing pelvic floor and bladder conditions. The most common conditions managed are incontinence and prolapse, but the service has been developed to manage aspects of pelvic pain and Obstetric anal sphincter injury. In addition, this year we have further developed interests in psychological sequelae of pelvic floor problems and the practical aspects of out reach/community clinics.

In keeping with the aspirations of the trust we have maintained a woman focused approach with a liaison midwife to help managing women in pregnancy after previous difficult deliveries and a psychologist to help with coping with the impact of particularly debilitating urinary symptoms.

Service Development for 2007/2008

We delivered on all 3 of our objectives last year with particular reference to:

- Establishing PTNS as an alternative to drug therapy
- Implementing electronic bladder diaries
- Consolidating in the community clinics

We again saw increases in both in patient and out patient activity, with a 14% increase in out patient episodes (Over 5100 up from 4400) and 914 elective admissions from the waiting list.

The community clinic workload is additional and not captured on the hospital activity

Developments and Objectives of Annual Plan for 2008-2009

The last 2 years have seen a significant increase in urogynaecology with little change investment. We hope that with service line reporting there will be the opportunity to reinvest some of the income generated.

One of the key objectives will be commissioning the community clinics

Summary of Clinical Governance

- We are 100% compliant with the NICE guidelines for female incontinence in the auditable standards for secondary care.
- We have implemented the BSUG national database for audit and use the EPAQ pelvic floor questionnaire as an outcome measure.
- It is pleasing that there have been few complaints this year. The majority have arisen from the OASIS service where often we have dealt with unresolved issues from childbirth.

GYNAECOLOGICAL CANCER SERVICES

Charlie Chan, Consultant Gynaecological Surgeon and Gynaecological Oncologist, Hillary Jefferies, Lead Cancer Nurse/Macmillan CNS, Lesley Merrix, Lead Cancer Manager

Specialty/Service

The Gynaecology Oncology Service is dedicated to the care of women with suspected or confirmed malignancy by providing a comprehensive range of services and continuing to develop new initiatives to ensure that the women receive the best possible care within the network and national guidelines. The Cancer services directory and Gynaecology Oncology Locality report are available on the Trust intranet site.

Activity

Between April 2007 and March 2008, 633 Urgent GP referrals were received and 105 new patients were diagnosed and registered on the oncology database.

Mr Chan operates on women with suspected gynaecological malignancies at BWH, City Hospital and UHB, together with the sub specialty trainee. Close working relationships with colleagues within the multi-disciplinary team ensures a seamless service of care. Joint Tumour Board Meetings are held with SWBH via a video link, overseen by Mrs L Merrix, Lead Cancer Manager.

Three nurse led clinics are held weekly. A dedicated psychosexual counselling service is held twice weekly by Sue Elkin, psychosexual therapist. This incorporates advice to help to overcome the side effects of cancer and subsequent treatment, and assists with the psychological impact on body image and sexual identity. Partners are also welcome.

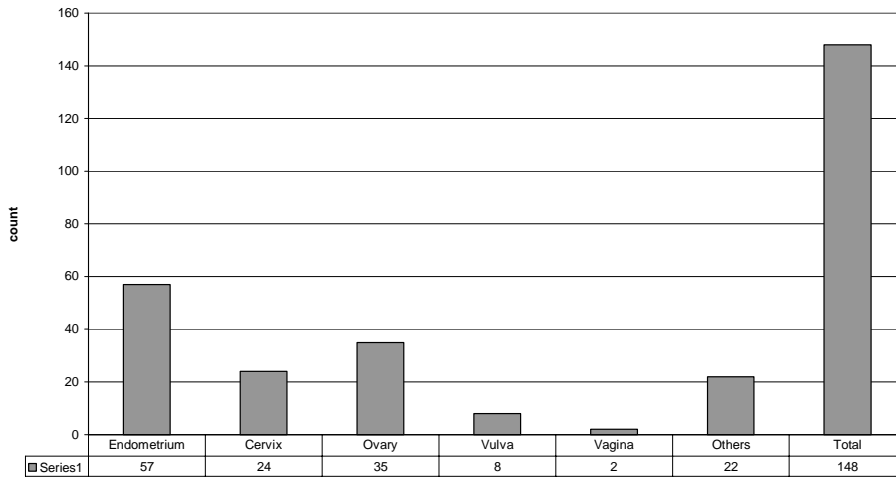
A weekly clinic is held for all women requiring pelvic radiotherapy and advice is given about short and long term side effects.

Service Development for 2007/2008

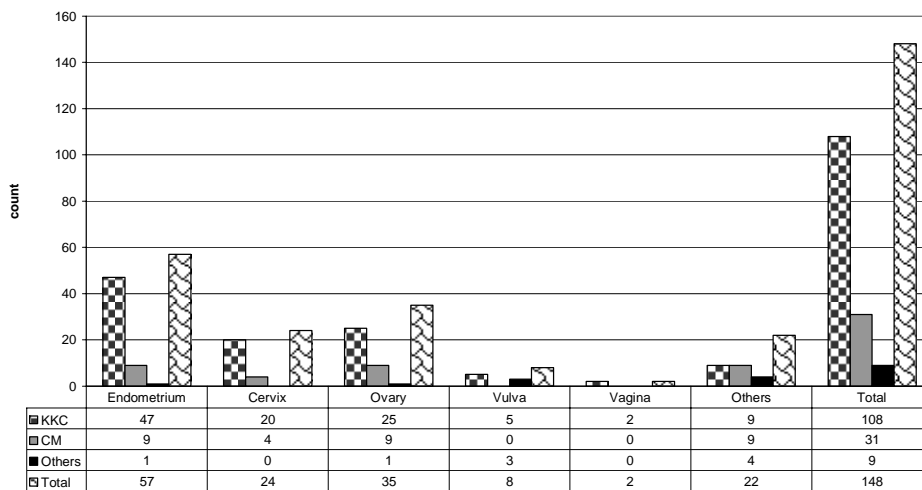
A new monthly out patient group has been established for all women receiving brachytherapy. This is run together with Alison Simons, Practice Development Sister at the UHB. The impact of the clinic will be audited in the autumn via patient questionnaires.

Tables/Data

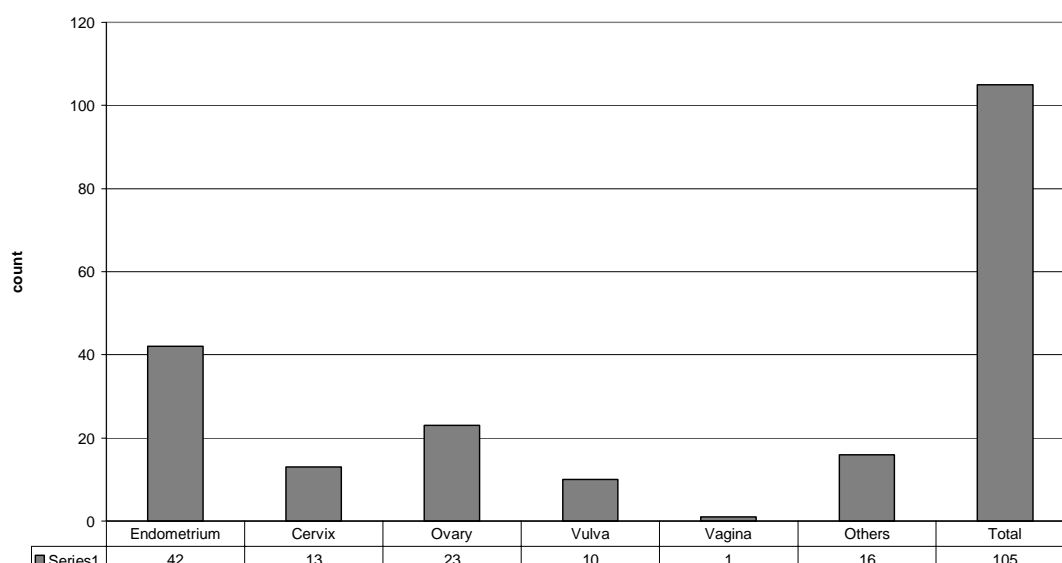
New Cases Registered on the Birmingham Women's Hospital Oncology Database
per Site 01/04/06 - 31/03/07



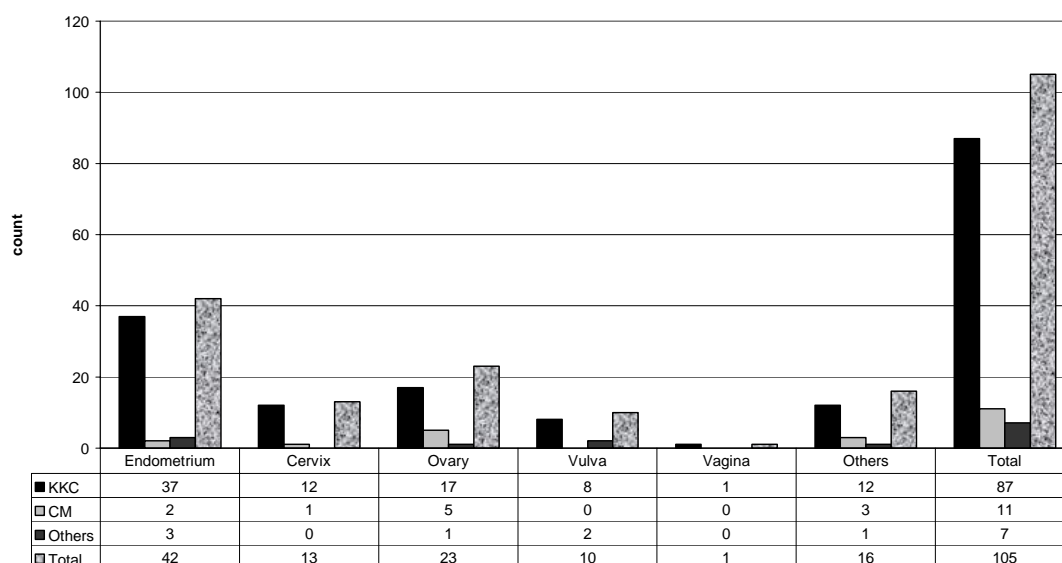
New Cases Registered on the Birmingham Women's Hospital Oncology Database
per Consultant 01/04/06 - 31/03/07



**New Cases Registered on the Birmingham Women's Hospital NHS Trust Oncology Database
per Site 01/04/07 - 31/03/08**



**New Cases Registered on the Birmingham Women's Hospital NHS Trust Oncology Database
per Consultant 01/04/07 - 31/03/08**



Developments and Objectives of Annual Plan for 2008-2009

- Patient satisfaction survey will be undertaken September – December 2008
- Trust wide Supportive Care Pathway facilitator, Carolyn Spencer, appointed for all patients with a life limiting illness. This is a fixed term post for 2 years.
- Mrs Merrix will collaborate in the procurement of a new national database system within the Pan Birmingham network

Summary of Clinical Governance

- The Gynaecology Oncology Team are involved in the development of network guidelines and compiling data for network audits, for example waiting times for hospice admission and follow up criteria. The Trust is represented on network groups, for example the Specialist Palliative Care Clinical Audit and Guidelines Group.

- Mrs Merrix assists with all external audits carried out by the Network Site Specific Group and act as regional contact for gynaecological oncology data/coding issues
- There have not been any complaints.

Research Projects

Hilary Jefferies has been invited to be a member of a Cochrane review to evaluate the outcome benefit of follow-up protocols for women with cervical cancer following completion of primary treatment.

EARLY PREGNANCY AND ACUTE GYNAECOLOGY ASSESSMENT UNIT

Maureen Manion, Clinical Nurse Specialist & Justine Clarke, Consultant Clinical Co-ordinator

Specialty/Service

The EPAU provides a convenient patient-centred service for the diagnosis and management of early pregnancy related problems and gynaecological emergencies. The majority of patients undergo initial clinical assessment followed by pelvic ultrasound scan and blood testing. Management options are then discussed in detail and appropriate counselling and emotional support provided. Outpatient management, surveillance and follow up is co-ordinated from the EPAU which provides on going support and emergency contact including direct phone advice, reducing the need for unnecessary inpatient stay. This includes the follow up of suspected and medically managed ectopic pregnancies and conservative management of miscarriage.

Activity

The bulk of the Unit's activity revolves around the diagnosis of early pregnancy related problems (up to 17 weeks' gestation) and their initial management. The majority of patients undergo initial clinical assessment followed by a transabdominal +/- transvaginal ultrasound scan and blood testing. Management options are then discussed in detail and appropriate counselling and emotional support provided. The unit also provides an emergency gynaecology service, for non-pregnant women referred with acute gynaecological complaints.

There have been 7844 attendances in EPAU this year with an average of 610 pregnancy related problems and 43 gynaecological complaints seen per month. We offer 24 early pregnancy scans and 2 gynaecology scans per day, but quite often exceed this due to unexpected self referrals. Attendances to the Unit in 2008 increased by 12% from the previous year (7844 vs. 6999).

Service Development for 2007/2008

In view of the decreasing availability of junior medical staff, we plan to further develop the nursing role in EPAU. Nursing staff now carry out gynaecological examinations, screen for genital tract infections, administer methotrexate and perform pelvic ultrasound in addition to their established role in providing counselling and support. The recently produced 3rd Edition of the EPAU Unit Guidelines reflects the expanded nursing role and should facilitate more independent practice.

Tables/Data

Workload

	2005/06	2006/07	2007/08
Attendances			
Pregnant	*	6512	7324
Non pregnant	*	487	520
TOTAL	6479	6999	7844
* <i>data not available</i>			
New Referrals	3485	3708	3837
(DNA)	(50)	(50)	(39)
Follow ups	2994	3291	4301
(DNA)	(261)	(261)	(255)
Admitted into beds	18.77%	18.40%	15.41%

Developments and Objectives of Annual Plan for 2008-2009

- Audit Guidelines and clinical practice.
- Projects for 2009 include a comprehensive audit of management of ectopic pregnancy
- Establish a research agenda
- Improved monitoring of activity through prospectively collected electronic database
- Establish RCOG ATSM training for SpRs
- Develop a new, more efficient acute 'ambulatory' gynaecology service
- Lobby for new 'fit for purpose' accommodation

Summary of Clinical Governance

EPAU has its own updated comprehensive evidence-based guidelines for use by medical and nursing staff enabling nursing staff to see their own patients, by following the set guidelines. It is invaluable to junior doctors and medical students, especially those new to obstetrics and gynaecology. The recently produced 3rd edition has been substantially revised to incorporate new developments in keeping with best practice (available on hospital U-drive).

We have established a multi-disciplinary EPAU committee which meets regularly. We have established a prospective audit of clinical activity as a basis for assessing key areas of performance such as the impact of changes in guidelines on specific clinical conditions and patient outcomes. Four audits were produced and presented from 2008 (surgical management of ectopic pregnancy; use of methotrexate in pregnancies of unknown location; management of miscarriage and acute gynaecological admissions).

Research Projects

Ethical application has been made for the Birmingham Women's Hospital to participate as a collaborating centre in a multicentre trial based in the Netherlands 'A Randomised controlled trial of salpingo(s)tomy versus salpingectomy for tubal pregnancy: The impact on future fertility' as part of the 'European surgery in ectopic pregnancy study group'.

MENOPAUSE CLINIC

Elaine Stephens, Menopause Specialist Nurse & Jenny Williamson, Associate Specialist

Specialty/Service

The menopause clinic provides a specialist service for peri menopausal and post menopausal women. The referrals are primarily from general practitioners but the clinic provides valuable in house support to other gynaecology specialties.

The menopause clinic receives referrals from both inside and outside the region. The majority of women seen at the clinic are those with moderate to severe symptoms, who fail to achieve adequate symptom control with standard treatments or who have relative or absolute contraindications to using HRT. The service offers women advice on symptom management and the risks and benefits of HRT are discussed evaluated and put into context for each individual. Our ties with the endocrinology department at the QE hospital allow joint management of patients for advice and treatment of osteopenia and osteoporosis. Bone Mineral Density assessment is available to patients attending the menopause clinic.

The menopause clinic has a specialist interest in women with a personal or family history of breast cancer and a high proportion of our referrals are breast cancer related. Long term advice support and supervision of treatment is established with the GPs caring for these patients in the community.

We are accredited by the Royal College of Obstetrics and Gynaecology for training in menopause management. Specialist registrars and SHOs regularly attend the clinic.

Developments and Objectives for 2007/2008

- Patient information evenings are now up and running. This is aimed at the patients prior to undergoing TAH and or BSO within our trust. The evening is attended by patients plus partners and all aspects of the menopause and HRT are discussed.
- The development of nurse-led clinics has been restricted by time/financial restraints but remains an objective for the future.
- Menopause specialist nurses are now trained to perform hormone implants.
- Specialist Nurse Maureen Bristow visits the patients undergoing hysterectomy and oophorectomy during their stay in hospital to ensure they are fully informed regarding the menopause and HRT. During 2008 a total of 235 patient ward visits were made.

Activity

The menopause team consists of Dr Jenny Williamson, Associate Specialist and two specialist menopause nurses, Elaine Stephens and Maureen Bristow. Dr Williamson also works as a breast clinician for a separate trust. This gives a unique angle to the management of the menopause and as a result many of our referrals are women with a personal or family history of breast cancer. The team run two menopause clinics per week Tuesday and Wednesday morning and are based in the gynaecology OPD, seeing an average of 6-8 new patients and 30 – 35 follow up patients per week.

A total of 297 new patients and 984 follow-up patients have been seen. The number of new patient visits has more than doubled since 1996.

Follow up visits have also increased; one reason for this may be that GPs and other regional centres are no longer providing an implant service. Patients established on implants may require long term follow up.

The specialist nurses provide flexibility in order to increase our clinic activity when fluctuations in referrals strain our five week waiting list. We have also been able to call upon the services of Dr Joyce Williams who is a local GP with a specialist menopause interest.

Clinic Activity

	1996	1999	2000	2006	2007	2008
New	114	247	233	243	261	297
Recurrent				892	1006	984

Clinic Visits

New patients are seen primarily by the specialist nurse. A detailed history is taken and each patient is given an individual risk- benefits analysis with regards to HRT and other treatments. A care plan is then initiated with a focus on patient participation and informed choice. Tests and investigations will be initiated as appropriate. Many women who attend our clinic present with multiple problems and close liaison with and referral to other specialties is often required. Follow up is provided by both the specialist nurse and/or the doctor.

The patient information evenings are currently being held approximately every 6 weeks with the facility to hold more if demands increase. The patients are encouraged to bring partners or a friend to the evening. Each session will run through all aspects of the menopause and its management so that patients are already prepared and know what to expect post surgery.

If patients are not able to attend the information evening the specialist nurse is available to make ward visits. A total of 190 ward visits to TAH BSO patients have been made since our last report. The menopause team is responsible for the running and organization of the West Midlands Menopause Society. The society run two meetings a year and provides a forum for education for our local hospital and community based doctors and nurses with an interest in the menopause. The menopause team also provides:

- GP updates and one to one personal development sessions with attendance at clinical sessions.
- A telephone helpline run by the specialist nurses, provides support and advice to patients and other health care professionals.
- Production of information leaflets.
- Provision of education for other health care professionals both in and outside of our Trust.

Summary of Clinical Governance

- No formal complaints received.
- All members of staff attend the British Menopause Society annual meetings.
- The West Midlands Menopause Society is attended by all staff at the twice yearly meetings.
- Our data base continues to monitor the activity of the menopause service.

Aims and Objectives for 2008/2009

- Development of a nurse-led clinic
- To maximise attendance and involvement of patients in our information evenings and minimize need for one to one ward visits.

Outstanding Achievements

Dr Jenny Williamson and Elaine Stephens were elected to council and continue to act as council members for the British Menopause Society. The BMS were successful in their bid to run the 2009 European Menopause Society Meeting and both Jenny and Elaine will be involved in the planning and running of this meeting.

Working with the BMS Jenny and Elaine are involved in the provision of educational courses and materials for other Health care professionals.

MINIMAL ACCESS SURGERY

Yousri Afifi, Consultant Obstetrician & Gynaecologist with a special interest in Minimal Access & Reproductive Surgery

Specialty/Service

Minimal Access Surgery and Endometriosis (MASE) Unit is a tertiary referral unit. It provides the following services:

- Management of patients with chronic pelvic pain.
- Management of patients with endometriosis through multidisciplinary team work. The unit provides the regional centre for endometriosis management to deal with advanced, infiltrative and recto-vaginal disease.
- Hysteroscopic management of intra-cavity uterine pathology
- Management of general gynaecological problems using minimal access surgery instead of conventional access.
- Provision of national training centre for advanced laparoscopic surgery. It provides the training site for advanced training skill modules in laparoscopic and hysteroscopic surgery.

The unit includes 5 consultants supported by junior staff. The unit activities are supported by a special nurse and chronic pain management team.

Activities

- The unit continues to provide high quality of care for patients with chronic pelvic pain and endometriosis.
- New scheme for follow up following surgery and use of medical treatment has been adopted to increase patient satisfaction and achieve the waiting targets.
- There is continuous cooperation with other specialties to integrate minimal access more as a preferable access. This includes the cooperation with the Infertility and Urogynaecology team.
- Large series of advanced laparoscopic surgeries were done (234) including hysterectomies, endometriosis excision, adnexal surgeries and tubal infertility surgeries.
- New services were introduced including laparoscopic cerclage and myomectomy. Laparoscopic cerclage is offered to patients with recurrent pregnancy loss with failed or impossible vaginal cerclage. The referral is arranged with the obstetric team.
- Four different types of advanced endoscopic courses have been provided. This is to be added to 3 basic, intermediate and special courses for postgraduate training.

Service Development for 2007/2008

- Development of integrated pathway for chronic pelvic pain. The pathway takes into consideration the 18 weeks targets, auditable outcome measures and quality of care.
- Upgrading the equipment and instrument with approximately £ 0.5 million budget.
- Further development of clinical skill laboratory to fit with the need of advanced training.
- Further development of clinical services including:
 - Introduction of Laparoscopic cerclage
 - 24 hour stay hysterectomy
- The multidisciplinary meeting for advanced and recurrent endometriosis.

Development and Objectives of Annual Plan for 2008-2009

- New role for nurse led triage pelvic pain clinic.
- Development of community based chronic pelvic pain clinic to be incorporated into the pathway.
- Implementation of the integrated pathway for pelvic pain
- Development of database for pain and endometriosis service, with research fellow appointment
- Integrate the psychological assessment in chronic pelvic pain management through cooperation with Psychologist.

Summary of Clinical Governance

- The unit reviewed its practice with the new NICE guidelines for Laparoscopic hysterectomy and cerclage.
- New Patient information leaflets have been arranged including national guidelines and local outcomes.
- Multidisciplinary minimal access meeting: It is a monthly meeting which includes in addition to MASE consultants and registrars, histopathology, radiology, pain, ano-rectal and urology consultants. The meeting discusses the complicated and severe cases of endometriosis.
- Clinical audits completed in 2007-2008 included:
 - LAVH audit: This audit examined the outcome of LAVH including complications, hospital stay and patient satisfaction.
 - Laparoscopic entry documentation: This audit has been published in Journal of Surgical Gynaecology as it proposed a new Proforma to make the documentation systematic to avoid litigation risk.

PAEDIATRIC AND ADOLESCENT GYNAECOLOGY SERVICE

Pallavi Latthe, Consultant Obstetrician & Gynaecologist

Specialty/Service

The Paediatric and Adolescent Gynaecology Clinic is now in its eleventh year and continues to meet the unique and special needs of girls under 16 with a wide and fascinating range of chromosomal endocrinological and other gynaecologically related problems. 50% of the referrals are tertiary - from other Consultant Gynaecologists within the region and Consultant Paediatricians from the Children's Hospital. The combined Intersex clinic at the Children's Hospital, which is attended by Consultant Paediatric Surgeons, Paediatric Endocrinologists and Clinical Geneticists has become much more structured and now meets every two months at the Children's Hospital with a multidisciplinary meeting held regularly beforehand where additional cases/other topics are discussed.

Activity

Numbers of New Patients	=	85
Numbers of Follow-ups	=	49

Service Development for 2007/2008

Multiple disciplinary teams are attended by a number of senior clinicians as well as interested trainees at the Birmingham Children's Hospital. There is a video-link through to the clinic so as to keep the numbers in the clinic room down whilst enhancing the teaching experience.

Since January 2008, a locum consultant has been sharing the workload of this group of patients.

Developments and Objectives of Annual Plan for 2008/2009

- To get another substantive consultant appointment with special interest in this area
- To gain regional preceptorship for Paediatric and Adolescent Gynaecology
- Development of patient information leaflets and audits of our services
- To have a dedicated nurse specialist for these clinics

Summary of Clinical Governance

Adolescent gynaecology has emerged in the last ten years as a specific clearly defined field within gynaecological practice. It is now recognised that many of the gynaecological problems in girls aged between 10 and 16 are better dealt with by a gynaecologist and problems of gender assignment from birth up until 16 are best dealt with by a multi-disciplinary team.

ASSISTED CONCEPTION UNIT

Sue Avery, Director of the Assisted Conception Unit

Specialty/Service

The Unit provides a full range of Assisted Conception Services from Ovulation Induction to Intracytoplasmic Sperm Injection. Couples are referred to the Unit following diagnosis of infertility or subfertility and are assigned to treatment groups according to their needs, whether that be drug treatment and monitoring for ovulatory dysfunction, surgical sperm retrieval and ICSI for severe male factor cases or donated oocytes/sperm. We also offer a sperm and oocyte banking service, primarily aimed at patients whose fertility may be impaired by oncology treatment.

Service Development for 2007/2008

- The first year of working in the new “clean-room” was completed with high success rates being maintained. Refurbishment of the unit is now completed, with new flooring throughout, upgraded décor and new furniture.
- A new theatre/day bed system was introduced, with each patient having an assigned, electronically adjustable bed. The Unit has been one of the major participants in a national egg donor recruitment campaign, and sperm donor recruitment has continued to increase.

Tables/Data

Table 1. Treatment Results 01.01.07 – 31.12.07

	IVF	ICSI	Frozen Embryo Transfer	Donor Insemination	Insemination -Husband/ Partner
Cycles	286	238	103	46	214
Embryo transfers	221	198	87		
Pregnancy rate per Cycle	32%	31%	26%	21%	16%
Pregnancy rate per transfer	42%	37%	30%		

Developments and Objectives of Annual Plan for 2008-2009

In 2008/9 we intend to:

- Introduce pre-implantation genetic diagnosis
- Increase the proportion of single embryo transfers to reduce the multiple birth rate
- Continue with our programme of outreach, particularly to the ethnic communities

Summary of Clinical Governance

- The quality management system has now been introduced, including computerised document control, and has been approved by the Human Fertilisation Authority .
- The Quality manager has produced an audit calendar for paperwork and processes and this is being followed.
- Multiple births have been audited and the highest risk group identified, with a view to targeting these for single embryo transfer.
- An electronic witnessing system has been trialed, validated and risk assessed and is due to be implemented on the 1st of October. A programme of validation of all processes has been started.

Research Projects - Ongoing

Funding from: MRC, Wellcome Trust, Mercia-Spinner, BBSRC, EPSRC, Infertility Research Trust, British Council.

ChRS The Centre for Human Reproductive Science, Director: Jackson Kirkman-Brown

The is a new organisation launched in December 2006 alongside a change in strategy and management of the Assisted Conception Unit to concentrate strategy, ability and resources on our achievement in this core area of the Women's Hospital activity. We can already see progress in our expanding portfolio which we will build on over the coming year.

Laboratory research:

Research currently improving our care provision:

- Internationally leading research to image the sperm tail at speeds of over 3000 frames per second and interpret the forces involved has taken-off over the last year. Potentially allowing development of new sperm function assays, the unravelling of how sperm actually swim, the energy involved and hence leading to new therapy development.
- Work on the female reproductive tract and how sperm interact is uncovering new levels of complexity in the events prior to fertilisation.
- Begun collaboration with German group on "olfactory receptors" on sperm. These are the same as the receptors that allow us to detect different smells in our nose and may underlie the sperm's ability to 'sniff out' the egg.
- The development of an over-the-counter sperm test "Fertell" now commercially available, which allows fine tuning of semen assessments at home. The test has a massive direct effect, particularly within minority communities where privacy and producing a sample in clinic are a problem as it can be done within the home. The test also minimises the no. of test repeats and swim-up procedures needed in the laboratory, has massive cost benefits to service delivery and laboratory costs and also means less visits for patients. It has been launched in June 2007 in North America. The test is accepted as an early male factor diagnosis by many units including our own and can therefore also speed couples toward treatment who may otherwise be advised to wait and try natural conception for a longer period of time.
- Development of reliable systems to assess aneuploidy (incorrect number of chromosomes) in human sperm that are being locally implemented in alliance with the Regional Genetics Service. These are currently in the trial stage and being used alongside a research project but will be launched diagnostically this year. We envisage extending this test to national availability as currently we know of no other NHS centre available to provide this service. A high level of sperm aneuploidy is a potential risk factor for recurrent failed implantation, miscarriage or poor embryo quality.
- Specialist technology developed and now available includes automated FISH and DNA damage assessment for sperm. DNA damage is indicated by studies worldwide to be a strong prognostic factor for success of lower tech' fertility treatments. Implementation of this technology may save the NHS and patients' money by improving diagnosis and treatment rationale.
- Possibility of imprinting disorders in children following ART (Assisted Reproductive Technology). NICE – results from our 'follow-up of ART' with Prof Maher will have an important effect in deciding what future guidelines are with relation to imprinting disorders.
- Initial promising results from studies of women with PCOS will lead to greater understanding and better management of their conditions, increasing the chances for successful conception
- Laboratory work on the effects of intimate lubricants has emphasised the importance of checking patient diagnosis. Published data suggest as many as 75% of couples trying for a child suffer from vaginal dryness. Initial data from our laboratory has identified that only one of the commercially available lubricants, all of which are labelled as 'not a spermicide' are actually permissive to sperm survival. Clearly wider public attention to this factor is a key to avoiding unnecessary fertility treatments.

Psychology Research (ethnic minority perceptions)

The work of Olga van den Akker, a key college member of ChRS and a recognised leader in psychology relating to fertility has particular impact on national government and guidelines in this field.

- The Review on Gamete Donation Published in HRU was published soon after the UK Government changed its legislation from anonymous to non-anonymous donation of Gametes.

The timely publication of the paper, which addresses multidisciplinary concerns, has had an impact on clinical practice and counselling in ART. The review was based on an HFEA Commissioned Report in 2002 ('Review: Psycho-social, moral and ethical issues involved in Donor, Surrogacy and Adoption Triads: A graded Evaluation'. Human Fertilisation & Embryology Association, London) informing the HFEA of the evidence supporting openness in families created using non genetically linked offspring

- Research on Ethnicity in assisted reproduction, published in Pt Educ. & Counselling, has highlighted the use of theoretical models in predicting willingness to donate, particularly in relation to the inequity in donors from non Caucasian ethnic backgrounds.
- The review papers (BICA Journal and HRU) on Family functioning following ART and surrogate motherhood have contributed to our understanding of individual differences in genetic vs. non genetic parenting, and the empirical papers in J. Psychosomatic Obs & Gynecol and Human Reproduction, delineates the relevance of individual differences in the perceived meaning of parenting, and the psychological profiles of parents using such disparate means to create a family.
- Olga was also the Chief adviser on a Norwegian Broadcasting company documentary which was intended to send a strong message to the Norwegian Government about the utility of Oocyte donation which is currently illegal in that country.

Social science research (concepts of fatherhood):

- Overwhelmingly, participants characterise fatherhood as a social relation, defining it in terms of role fulfillment and interaction. The genetic connection is described as 'obvious and unimportant' except in borderline cases.
- The exception to this seems to be 'absent' fathers, who place great weight on genetic relatedness, even when doing so leads to inconsistency.
- Participants tend to think of sperm donors as people who altruistically give their sperm to help another couple have a child. In light of this, they do not think sperm donors should have any paternal rights or responsibilities.
- The participants tend to support the HFEA guidelines that stipulate consent from both involved parties is required for the use of any embryos kept in frozen storage.
- All the above will lead to important input to National and International guidelines and concepts surrounding ART.
- The methodology utilised is proving successful, and is being developed further as model for empirical bioethics research.

Laboratory Research likely to change care over the coming 5 years

- First work internationally on specific epigenetic markers in human embryo inner cell-mass (which develops into the foetus) is starting to allow us a whole new insight into how heritable imprinting disorders may arise, be influenced by IVF culture, and how to assess them.
- Detailed Y-chromosome mapping of men including those with severely impaired spermatogenesis – this is already providing fruitful data to revolutionise our understanding of what 'deletions' in the Y-chromosome may actually be and detecting changes never before recognised. As the data is verified this will impact upon understanding of father-son transmission of sub fertility. Future development for more accurate screening of Y-Chromosome alterations is underway.
- Mapping of spermatogenic expressed microarrays from men with normal and abnormal spermatogenesis. Detail of this work is just beginning to elucidate a 'fingerprint' of expressed genes to achieve certain stages of spermatogenesis in the human.
- Discovery of calcium oscillations in sperm that regulate tail beat and underlying signalling – revealing an attractive new target for drug discovery.
- Discovery / confirmation of a 4th human Zona Pellucida protein – which completely changes concepts of what is or may be occurring during fertilisation and how the human egg-coat is structured. This data was revolutionary in telling us that the 3-protein mouse model is not suitable – and revealing a new contraceptive target.

Other:

- Dr Avery and Kirkman-Brown are very active on the National stage in guiding issues surrounding donation of oocytes and embryos for research. Members of MRC, HFEA and other panels and pro-active role in creating unified National consent for human embryonic stem-cell research and therapy.
- Dr Kirkman-Brown was promoted to Senior Lecturer during the year and in addition to teaching medical students has taken a lead in starting work throughout the many Birmingham communities to explore and increase the level of public understanding of fertility, its treatment and associated issues.
- Dr Avery has given advice to Parliament and the EU on laboratory standards to guide new legislation, is currently advising on the new Human Embryos and Tissues Act and has written new guidelines with the HFEA. Dr Avery is also one of the four embryologists nationally selected to be the first members of the Royal College of Pathology. She is also a member of the British Fertility Society committee.
- Mr Masoud Afnan is Chairman of the British Fertility Society Training Panel.
- Our nurses are starting regular small research projects into such matters as patient perceptions and quality of treatment guided by our social science colleagues.

GYNAECOLOGICAL AUDIT

Matthew Parsons, Consultant Gynaecologist, Lead for Gynaecological Audit

Specialty/Service

The role is to oversee, in conjunction with others, the planning of gynaecological audit activity to ensure Trust compliance with both internal and external standards.

Activity

The Trust undertakes a number of core and reactive audits in gynaecology/ACU. In the period 2007-8 we undertook 18 core audits, 12 of which are continuous; and 13 reactive audits.

Where applicable, the audit standards were achieved in all cases but one. Although the Medical Records Keeping audit did not achieve the required standard, there was an improvement from the previous year. In response the Trust has continued to provide stamps for medical staff, with countersignature of student nurse entries and staff education.

Developments and Objectives of Annual Plan for 2008-2009

An audit plan has been submitted to CGC for the current clinical year and teams have been notified where possible. With the new intake of junior doctors the remaining clinical audits will be allocated and undertaken, with me as clinical lead. NICE standards have been used where appropriate. and when completed we should remain compliant with CNST level 2 standards (acute and maternity).

Summary of Clinical Governance

- Introduction of NICE guidelines
- Maintaining high standards achieved in previous audit rounds

Gynaecology Directorate External Guidance and Internal Guidelines Review & Audit Plan

Source	Document title	Date issued	Reviewed in Directorate	Directorate produced review/report/gap analysis/action plan.	Date for review	Audits Required
EXTERNAL						
Confidential Enquiries	NCEPOD. Who operates when? (2003) to theatre users grp (JAC)	November 2003	2004	Joint review with Gynaecology		On-going audit of returns to theatre and any operations out of hours to be undertaken by Clinical Support Directorate.
	NCEPOD Emergency Admissions: A journey in the right direction?	October 2007	Feb 2008	For final agreement Gynae CIG May 08		<ul style="list-style-type: none"> • 1st consultant review clearly indicated in the case notes TJC • Evidence that a consultant has seen all emergency admissions within 12 hours of admission TJC • Audit the recording and dating of the results of investigations in the patient case notes SHO
	CEMACH 'Saving Mother's Lives'	December 2007	December 2007	Gap analysis with Maternity Directorate	2008	Audits to be identified & included in 2008/09 Audit Plan. Not relevant to gynae
NICE	CG 11 Fertility	Feb 2004		Yes	Ongoing	Suggested audit criteria in Appendix D to be used as basis for local clinical audit at discretion of practitioners
	CG 44 Heavy Menstrual Bleeding	Jan 2007	Jan 2007	Yes	Sept 2008	Monitoring of competencies of surgeons Low priority
	CG 30 Long - Acting Reversible Contraception No family planning service	Oct 2005	Nov 2005	Yes Low priority		Suggested auditable standards: <ol style="list-style-type: none"> 1. Patient information to make informed choice 2. Competence of practitioner giving advice 3. Providers that do not provide LARC should have mechanism to refer patients elsewhere. 4. Training of health care professionals fitting LARC devices 5. Uptake of LARC compared with oral contraceptive pill
	CG 50 Acutely Ill Patients In Hospital	July 2007	July 2007	Aug 2007	Sept 2008	Clinical Care Outreach Services RASP: No guidelines in place
	CG 32 Nutrition Support In Adults	Feb 2006	March 2006		} } } Nurses (JAC) } }	<ol style="list-style-type: none"> 1. Rates of Parenteral Nutrition n/a 2. Catheter related complications 3. Screening of inpatients for malnutrition 4. Documentation of patients at risk of malnutrition 5. Training in nutrition support n/a 6. Effectiveness of Nutrition Screening Committee n/a
	CG3 Preoperative Tests	Aug 2003	Aug 2003	Sept 2003		Several audit suggested linked to number of

				Trust guidelines compliant with NICE guidelines		patients undergoing recommended tests. SHO/reg
	Pressure Ulcer Risk Assessment and Management	April 2001	2001	Yes Local guidelines reflect NICE/RCN guidelines	Screening (JAC)	1. Risk assessment 2. Use of pressure relieving aids 3. Incidence of pressure ulcers 4. Training of staff in above
	CG 64 Prophylaxis against endocarditis	March 2008	March 2008	May 2008		No recommended audits
	CG 40 Urinary Incontinence	Oct 2006	Oct 2006	Yes	Urogynae subspec	1. Outcomes of surgery to be held on national database (BSUG) 2. Audit outcomes if bladder wall injection of botulinum toxin or intramural urethral bulking procedures used 3. Long term outcomes of biological
Source	Document title	Date issued	Reviewed in Directorate	Directorate produced review/ report/ gap analysis /action plan.	Date for review	Audits Required
						Slings n/a 4. National audit of competence of surgeons undertaking surgical procedures participate 5. National audit of surgical outcomes participate
	CG 46 Venous Thrombosis (surgical)	April 2007	April 2007	Consultant haematologist reviewing Trust guidance currently		No audit recommendations in guidance Will Lester e-mailed
NHSLA						
	Risk Management Standards for Acute Trusts	April 2008	No	For Level 3 audits are required for all 50 standards but not all refer to Gynaecology only	August 2008	1. Gynae Risk Management Strategy 2. Attendance at Corporate Induction 3. Completion of Local Induction 4. Attendance at Mandatory Training 5. Training in use of medical equipment 6. Attendance at Hand Hygiene training 7. Attendance at Moving & Handling Training 8. Risk assessments for Moving & Handling 9. Risk assessments for slips, trips & falls 10. Policy for Patient Identification 11. Policy for Written Patient Information 12. Standards of Record Keeping 13. Patient Discharge Policy 14. Administration of Medicines
Source	Document title	Date issued	Reviewed in Directorate	Directorate produced review/ report/ gap analysis /action plan.	Date for review	Audits Required
						15. Blood transfusion Policy

						16. Early Warning Systems in Gynaecology 17. Infection Control audits
Department of Health	Cancer Plan	2000	Yes	2001	Ongoing	1. Patient Satisfaction survey 2. Inappropriate GP referrals 3. Cancer waiting times 4. Last 10 patients MDT audit 5. PMB audit
Human Fertilisation & Embryo Authority	Licensing Standards	N/K	Yes		Ongoing	1. Storage of Embryos 2. Pregnancy Rates
QA Standards for Cervical Screening						1. KC65 Department of Health QA Standard Audits 2. Regional West Midlands Quality Assurance Patient Satisfaction
BSCCP						1. Colposcopy Patient Satisfaction Survey 2. Individual colposcopist workload
Healthcare commission	Annual InPatient survey	Awaiting 2007 report		N/A	N/A	Report still awaited
Dept of Health	NSF for Older People	March 2001				Several standards recommended for audit.
EXTERNAL / INTERNAL						
Source		Date issued	Reviewed in Directorate	Directorate produced review/ report/ gap analysis /action plan.	Date for review	Audits Required
Dept of Health	Key Performance Indicators	Monthly	Monthly	Monthly	Monthly	Continuous On going audit of following KPIs: 1. Cancellation on day of surgery for non-medical reasons 2. Unplanned overnight stay rate 3. Emergency Readmission Rates 4. MRSA rates (Bacteraemia & isolates)
				Undertaken annually	October 08	1. All cancellations on day of surgery
Dept of Health	Essence of Care	April 2003	May 2003	Ongoing for all benchmarks. Reported on dashboard	Monthly	Audits undertaken against all benchmarks
INTERNAL						
Reactive audits						
Incident forms						
Clinical Questions						
Ad hoc Commissioner Requests						

Clinical Audits Progress Form 2007-8

To all Audit co-ordinators:

Please complete this form electronically to record all audits and clinical quality related activities taking place in the areas covered by your audit group between 1/4/06 and 31/3/07. Include contributions to national projects such as NSFs, NCEPOD, CEMACH, CPA etc. Also include involvement in Regional, Health Authority, PCT led or inter-Trust clinical quality projects, e.g. benchmarking.

We are being assessed on our implementation and monitoring of NICE Guidance, so this should be prioritised along with audits associated with CNST. The information you provide will be included in the annual clinical audit report for the Trust Board, Strategic Health Authority and PCTs.

Please email the completed form to Malcolm Bowcock by May 31st 2008.

Name of Audit co-ordinator: [Matthew Parsons]

Area covered by audit group: [Gynaecology & ACU]

Form completed by Jacky Cotton 31.7.07

Audit Title	Stated aim of audit (no more than 30 words)	Lead person	Core or Reactive (C/R)	Audit cycle number e.g. 1 = 1 st audit, 2 = 1 st re-audit etc.	Sample size	Short summary of results (no more than 30 words)	Audit Standard achieved (Y/N)	Summary of changes in practice resulting from audit (no more than 30 words)	Clinical audit forms completed & returned (Y/N)
1. MRSA Rates	To monitor rates of MRSA Bacteraemia and isolates	Jim Gray / Lynne Morley	C	Continuou s	All patients with MRSA	No cases of bacteraemia. Majority of isolates identified at preop screening	Y	None required. Continue monitoring	N
2. Returns to Theatre	To identify trends in reasons why patients return to theatre.	Masoud Afnan	C	Continuou s	All patients who return to theatre.	No trends identified. Different surgeons, different operations	Y	None required. Continue monitoring	N
3. Standards of Record Keeping	To monitor standards of record keeping	Jacky Cotton	C		Random sample of 298 patients who had undergone Gynae care prior to July 07. n=30 for 10 clinical areas	67% questions scored above 85%. (Improvement from 55% in 2005). Remaining 33% < 85% included similar aspects of record keeping for both nursing & medical staff including: Recording of time of entry Clear identification of clinician Date, time and reason for	N	Stamps for medical staff. Recording time & date of entry. Countersignature of student nurse entries. Dating, timing and signature of alterations. Giving patient top copy of consent form & countersigning on admission.	N

						admission / diagnosis Signing and dating of alterations		Report to be disseminated to all clinical staff.	
4. Thromboembolic Prophylaxis		Matthew Parsons	C			Deferred until new guidelines implemented			
5. Unplanned Overnight stays of day cases	To monitor reasons for unplanned overnight stay of day cases and identify any trends.	Phillip Tooze- Hobson	C	Continuou s	All day case patients who are unplanned overnight stay	Rate reducing. Lack of passing urine postoperatively in many cases due to lack of hydration.	Y	Improvement in management of hydration. IVI used in more cases than previously Continue monitoring	N
6. Complication rates of surgery		Masoud Afnan	C			Deferred			
7. Wound Infections		Dr Jim Gray	C			National Site Specific surveillance not undertaken this year			
8. Non medical cancellations on day of surgery	To monitor reasons for non medical cancellations and identify any trends.	Lynne Morley	C	Continuou s	All patients cancelled on day for non medical reasons	Cancellations appropriate & unavoidable. Main reasons include lists over-running, lists being interrupted for emergency cases, sickness of key staff. All patients rebooked within 28 days	Y	Escalation Policy implemented to ensure all action taken to minimise number of cancellations	N
9. All cancellations on day of surgery	To monitor reasons for cancellations on day	Niamh Walker	C	7	All patients cancelled on day of surgery during Oct 07 n=13	All cancellations unavoidable. Reasons included: lack of theatre time (4), patients unfit on day (3), patients DNA or changed mind (4), patient not suitable for op (1), lack of anaesthetist (1)	Y	None required Continue to monitor	N
10. Discharge Planning		Jacky Cotton	C			Not undertaken. Defer to 08/09 plan			
11. Patient Satisfaction of PMB clinic		Siobhan O'Connor	R	2		Still awaiting results/ report of audit			
12. Hysteroscopy for patients < 35years	Requested by PCT to monitor if hysteroscopy appropriate for patients in this age range	Janesh Gupta	R	1	All patients seen in OP hyst <35 yrs n=44	Appropriate patients seen in One Stop Clinic. Reasons fro referral included: Heavy menstrual bleeding, intrauterine fibroid polyp, infertility and those presenting with recurrent miscarriages.	Y	None required.	

13. Management of ectopic pregnancy		Justin Clark	R	1	All women treated surgically for ectopic pregnancy Jan – Dec 06	Patients treated promptly. Salpingectomy preferred surgical treatment Intra-op notes deficient in some areas.	N/A	Recommendations Attention to recording the intraoperative details. Training time allotted for juniors training Expanded MXT use. Re-audit of women who had serious complications for any trends.	
14. Management of Miscarriage		Justin Clark	R			Awaiting final report			
15. Single dose methotrexate for the management of pregnancies of unknown location		Justin Clark	R	1		Awaiting final report			
16. PMB audit: New pathway 2007		Siobhan O'Connor	C			Awaiting final report			y
17. PMB audit: Endometrial cells on smears 2007		Siobhan O'Connor				Deferred to 08-09 Programme			
Oncology									
1. Patient Satisfaction survey		Siobhan O'Connor							
2. Inappropriate GP Referrals		Lesley Merrix	R	4	All suspected cancers	This is getting less of a problem but any persistent offenders are identified and information given to Andrew Moody SBPCT to action	Y	Continue monitoring	
3. Cancer Waiting Times		Lesley Merrix	R	Continuou s	All cancer patients	We continue to attain 100% compliance in all cancer targets	Y	Continue monitoring	
3. Last 10 patients MDT Audit		Lesley Merrix/Hilary Jefferies	R	3 rd Audit	Last 10 cancer patients through system	No major bottlenecks identified for suspected cancer patients	Y	Continue monitoring	
5. PMB Audit		Siobhan O'Connor/Lesley Merrix	R	Continuou s	All patients referred through PMB pathway	Shows an overall increase in referrals	Y	Continue monitoring	

Assisted Conception Unit									
1. Pregnancy rates		Dr Jackson Kirkman-Brown	C	Continuou s	All treatment cycles	Results steadily improving year on year	Y	Ongoing monitoring	
2. HFEA storage consents		Dr Sue Avery	C	Continuou s	All patients	Annual ongoing month-by-month	Y	Ongoing monitoring	
3. Implantation/multiple pregnancy rates		Dr Sue Avery	C	Continuou s	All pregnancies	MPR above HFEA guideline levels as are other high-pregnancy rate clinics around UK	Y	Ongoing monitoring, developing National and Regional agreed strategy, alongside PCTs for single embryo transfer (as this will impact upon pregnancy rates)	
4. Referral rates from outpatients		Dr Sue Avery	C	Continuou s	All infertility referral letters	Satisfactory	Y	Continue monitoring	
Colposcopy									
KC65 Department of Health QA Standard Audits	To monitor performance against QA Standards	Mr KK Chan/A Sutton	C	continuou s	All Colposcopy patients	The most recent quarterly report 1/1/08-31/3/08 showed 100% high grade referrals seen within 4 weeks (target 90%) and 98.6% of all seen within 8 weeks (Target 90%) DNA rate =- 12.5% for new patients (target 15% or less) and 22.8% for follow-up (target 15% or less). Biopsy Results to patients (Target 90% within 2 weeks) = 20.5% (Target 90% within 4 weeks) = 80.7% and Target 100% within 8 weeks =98.6%	Y ongoing		Sent to the QARC for Dod H
Colposcopy Patient Satisfaction Survey based on the BSCCP Format	To collect patient feedback on service.	A Sutton and Colposcopy Nursing Team	C			Not completed in the end due to the other 2 x PSS taking place for QA and Direct Referral patients	NA	NA	NA
Regional West Midlands Quality Assurance Patient Satisfaction Survey		A Sutton / D Chadd / S Venner	C	Annually by QARc most recent		53.3% response rate. 97.6% of women received an information leaflet with their appointment and of		Waiting times under very close surveillance on quarterly KC65 reports.	

				May 07		<p>these 90.4% found it clear to read, with 3.2% finding it unhelpful and 2.4% finding it frightening.</p> <p>59.4% had not received information in primary care about potential colp referral.</p> <p>37.8% of women felt they had waited 2-4 wks from time of smear to appointment and this reflected an 85.1% satisfaction with waiting times overall, with 14.9% feeling they had waited too long. First impressions of the clinical environment were favourable with 98.4% being happy with personal privacy, 87.4% stating it was welcoming and 64.6% stating it was clean. Overall 84% of additional specific comments were positive.</p>		<p>Regional initiative to improve information at primary care level to prepare women for potential colp referral, alongside the launch of Direct Referral.</p> <p>Direct referral has improved the invitation letters for new patients as well as we are the first point of contact now directly from the cytology labs.</p>	
DNA Telephone reminder.	To identify reasons patient DNA in order to reduce rate to meet QA standard </= 15%	A Sutton/ D Chadd/ S Venner and all the Nursing Team	R			<p>Oct – Feb 07 1,939 patients booked = 584 new and 1,355 follow up. Total attendance = 1,518 which equates to 78% leaving 19% who DNA'd and 3% cancelled. The DNA breakdown was 70 new patients and 297 follow ups. The audit took place on a mixture of contacted and non-contacted clinics. Out of 139 clinics 66 were classed as contacted. To show a comparison. On the contacted clinics 910 patients were listed to be contacted and only 268 were actually successfully contacted by phone =29% Overall some improvement was shown for contacted</p>		<p>An extended audit using text messages rather than phone calls was planned</p>	N

						clinics where a DNA rate of 16% was apparent in contrast to 21% in non-contact clinics. However, with such a small number of successful contacts the Audit data was flawed.			
Extended DNA Audit to hopefully encompass text messaging reminders to improve attendance, once the new policy has been ratified.		“ “	R (as above)	3 (2nd re-audit)		12/02/08-12/04/08 SMS Text messaging took place for all patients with mobile numbers to remind them of their appointments. The DNA rate was then compared with the same time frame last year. Out of 481 booked patients only 216 had a mobile phone. However, figures showed that there was a 16.8% overall DNA rate compared with 23.1% the previous year, identifying some benefit in the text message system. However, as the number of patients without mobiles exceeded those with the data was based on small numbers and validity questioned.		Report Submitted for Directorate approval. Directorate to decide if this initiative is worth investing in through the informatics Dept across the whole of Gynaecological Outpatient services	.Report Submitted to Gynae Business manager.
Retrospective Data base	To investigate outcomes of new high grade referrals NOT treated within Quarter 2	Neil Compton/A Sutton	R			28% of new High Grade referrals were not treated at first visit and this equated to 19 patients. A validation audit took place and this assessed 15 of the 19 sets of notes. Results showed that in each case there were valid reasons for deferred treatment including loop under GA due to lesion size, loop and curettage due to glandular changes under GA, patient refusal due to work/child/holiday commitments, and also seasonal implications such	y	Regular validation document completed and disseminated to the whole of the Colposcopy Coordinate as part of the electronic newsletter.	No change all reasons valid

						as being near Christmas. The audit confirmed that in each case the reasons were valid.		
Pilot Survey for Regional QA Colposcopy Information leaflet for New Patients	To gain patient feedback on pilot information leaflet before implementation	A Sutton and QARC	R	2		16 Clinics within the Region were allocated 50 leaflets, 50 questionnaires and 50 prepaid envelopes for use (one clinic declined to participate) Leaflet replaced the clinic's usual leaflet Total number distributed 800 Total number received 173 = 22% Response rate. Survey ran from May to July 2006 – NEW patients only. Overall very positive response despite low response rate. 96% stated the leaflet had the right amount of information and 97% found it easy to understand. 11% said they would have liked additional information about pregnancy and coils.	Regional QA Leaflet implemented January 2008 for all new patients.	QARC doc

DIETETICS

Janet Gordon, W. Todd & S. DeWaal, Senior Dietitians

Specialty/Service

Gynaecology: 0.6 WTE (reduced to 0.5 in Dec 07) by SLA from University Hospital Birmingham NHSFT. Attendance at weekly ward MDT meetings continued to be a source of referral for patients requiring therapeutic diets, nutritional support or weight reducing advice. Outpatient referrals continued from the assisted conception unit and reproductive medicine for patients requiring weight reducing advice.

Obstetrics: 0.5 WTE by SLA from Birmingham Community Nutrition & Dietetic Service. An inpatient service is provided, however the main focus is outpatients. Those with diabetes are advised as part of the specialist MDT. Women with other dietary issues are referred via the midwives and seen in antenatal or local clinics.

Activity

See table of activity.

- Gynaecology: Inpatient activity remains stable at a low level. Referrals to outpatient clinic for weight reduction have remained high. Measures were put in place to reduce DNA rates. Questionnaires revealed that patients preferred to attend a one to one session rather than a group. The outpatient service ceased in February 08 and patients' weight management is taken on by the PCTs.
- Obstetrics: Inpatient activity continues at a low level. Activity levels remain high in the diabetes clinic and continue to provide the majority of the workload. The number of other antenatal contacts has dropped back to the 2005/6 levels due to decreased referrals and an increase in DNA. It is hoped that the introduction of outreach clinics in Sparkbrook, and in 2008/9 in the Northfield area, will increase referrals and decrease DNA. It is anticipated that referrals will increase with the implementation of the High BMI ICP.

Service Development for 2007/2008

- Gynaecology: The Malnutrition Universal Screening Tool (MUST) was audited and found to be applicable to the clinical setting for specific groups of potentially at risk inpatients i.e nausea and vomiting in pregnancy, elderly and oncology.
- Obstetrics: Outreach clinic in Sparkbrook. In collaboration with the NRF Reducing Infant Mortality work midwives now using an antenatal healthy eating checklist in Sparkbrook, Sparkhill and Northfield areas.
- New leaflet on Sickness in Pregnancy.
- Audit of DNA

Tables/Data

Obstetrics

Number of actual dietetic contacts 2007/2008

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	3yr average
Wards	0	0	0	0	1	3	1	0	0	1	2	2	10	14
Diabetic clinic	11	12	13	14	15	17	19	18	6	18	19	13	175	179
Antenatal Outpatients	4	3	7	2	2	7	4	3	1	2	3	1	}	74
Sparkbrook CC clinic	0	1	0	2	1	0	3	2	0	1	4	1	}	
Home visits	0	0	0	0	0	0	0	0	0	1	0	0	}	

Gynaecology

Number of actual dietetic contacts 2007/2008

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Outpatients	6	5	6	10	6	10	1	4	2	5	5	0	60
Inpatients	8	1	2	7	7	6	21	6	6	17	13	4	98

Developments and Objectives of Annual Plan for 2008-2009

- Gynaecology:
 - From April 08 the SLA has been reduced to 0.3WTE.
 - Inpatient service will continue alongside work within the nutrition policy including nutrition education to staff.
- Obstetrics:
 - Focus on increasing provision by an additional outreach clinic in Northfield area.
 - Work with the lead midwives on developing and implementing the High BMI ICP.
 - Continue staff nutrition education.

Summary of Clinical Governance

- Aim to provide a high quality service and ensure clinical practice is evidence based.
- Personal Development and Review System and Continuous Professional Development ensure skills and knowledge are continually updated.
- Gynaecology:
 - No complaints received
 - MUST audit completed to comply with NICE Nutrition Support in Adults (2006)
 - Nutrition screening of oncology outpatients continues
 - Improved access to information for overweight patients at pre screening assessment
 - Adherence to National Patient Safety (Food) by redesign of inpatient menu folders to improve patient choice, and quality assurance of food provision via patient satisfaction questionnaires
- Obstetrics:
 - No complaints received
 - Dietetic activity in the Diabetes clinic ensures compliance with the Diabetes NSF, CEMACH and NICE guidelines
 - The nutrition update newsletter keeps the obstetric staff up to date with relevant evidence-based guidance (based on Cochrane, NICE, DOH, CEMACH, RCOG, Food Standards Agency)

CLINICAL GOVERNANCE COMMITTEE QUALITY INDICATORS

Directorate name: Gynaecology / ACU Report
Form completed by: Jacky Cotton
Job Title: Head of Nursing - Gynaecology
Period covered by this form: April 2007 – March 2008

Quality item	Response																																												
Adverse Incident reports																																													
Number of incidents reported	111 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 15%; text-align: center;">White</th> <th style="width: 15%; text-align: center;">Green</th> <th style="width: 15%; text-align: center;">Amber</th> </tr> </thead> <tbody> <tr> <td>Personal accident</td> <td style="text-align: center;">1</td> <td style="text-align: center;">11</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Violence and abuse</td> <td style="text-align: center;">3</td> <td style="text-align: center;">6</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Ill Health</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Clinical Incident</td> <td style="text-align: center;">4</td> <td style="text-align: center;">48</td> <td style="text-align: center;">16</td> </tr> <tr> <td>Fire</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Security</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Complaint</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> </tr> <tr> <td>PALS info</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><u>6</u></td> <td style="text-align: center;"><u>8</u></td> <td style="text-align: center;"><u>1</u></td> </tr> <tr> <td></td> <td style="text-align: center;">15</td> <td style="text-align: center;">76</td> <td style="text-align: center;">20</td> </tr> </tbody> </table> <p>No Red Risks recorded during the year</p>		White	Green	Amber	Personal accident	1	11	2	Violence and abuse	3	6	0	Ill Health				Clinical Incident	4	48	16	Fire				Security	0	1	1	Complaint	0	2	0	PALS info	1	0	0	Other	<u>6</u>	<u>8</u>	<u>1</u>		15	76	20
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Summarise changes in practice resulting from incident reports	<ul style="list-style-type: none"> • 2 security incidents related to the theft of a handbag from a patients locker and a purse from a second patient on the same day. Patients are now strongly advised on admission to have valuables locked away. 																																												
Adverse health care event¹																																													
List new adverse health care events	<ul style="list-style-type: none"> • 5 patients readmitted following Laparoscopic surgery with pain • 1 patient transfer to ITU post operatively with pulmonary oedema • 1 patient transferred from the Calthorpe Clinic following TOP required a hysterectomy • 1 patient had taken an overdose of analgesia before attending clinic, became ill in clinic and was transferred to Selly Oak for treatment • Patient had ERPOC and no products found. Initial management plan changed by Consultant the following day to await BHCG result. Patient returned to theatre at 13.00 that day with ruptured ectopic pregnancy • Patient prescribed and given Diclofenac when she had stated on admission that Ibrufen made her vomit. Vomited following administration. Tests performed and possible duodenal ulcer diagnosed • Patient admitted to ward on Saturday with abdominal pain. Previously seen in EPAU on Friday and urgent appointment given for GOPD. Difficulty in getting appropriate review over the weekend. As patient had a GOPD appointment the ward staff made the decision for her to attend this appointment. Patient transferred to theatre with an appendix abscess and transferred following surgery to UHB. • Patient collapsed in corridor on ward 6 prior to appointment and required transfer to Selly Oak A&E. • Patient fell in changing room following treatment, received facial injuries and required transfer to Selly Oak A&E. • Patients wound oozing ++ 4 days post operatively. Returned to theatre for resuturing • Patient transferred to SAU at UHB with faecal fluid oozing from wound. • 1 failed sterilisation. Operation undertaken July 07. Photo in notes showed correct positioning of Filshie clips. • Patient collected HCG from QE pharmacy but discovered at the time of injection that it contained only saline. Egg collection rescheduled. • Patient underwent ERPC during night for? Molar pregnancy. Empty 																																												

	<p>uterus. Not consented for laparoscopy so sent back to ward. Reviewed by consultant. Planned to wait for further βHcG result but patient had a ruptured ectopic later in morning and required resuscitation then emergency surgery.</p> <ul style="list-style-type: none"> • Patient admitted as emergency from Calthorpe Nursing Home. Observed for? perforation to uterus. Collapsed and required resuscitation
Summarise changes in practice resulting from adverse health care events	<ul style="list-style-type: none"> • Guidelines for Transfer in from Calthorpe and Roberts clinic revised, accepted and implemented • QE Pharmacy to check in patient's presence that all appropriate medication is in the boxes. Further investigation required by Pharmacy Dept • Review being undertaken relating to consent issues & labels of risks for ERPC
Near misses²	
List new near misses	<ul style="list-style-type: none"> • Inhaler from previous patient found in locker after a new patient had been allocated the bed. • 1 out of date drug given to a patient • Patient given Prochlorperazine 2 hour after previous injection • Patient given wrong prescription letter in GOPD. • Failure of diathermy equipment in Colposcopy • Cautery machine failed to defrost in Colposcopy. • Patient prescribed 300mg Dothiepen on information given by daughter. • Patient requested to go for cigarette immediately on return from theatre. Advised not to go by staff. Found collapsed in corridor • Delay in treatment as Ultrasound scan request not processed as the doctors details could not be read. • Patients undergoing LLETZ in theatre under GA not being followed up correctly with a follow up smear. • Consultant notes following Colposcopy appointment had not been looked at since June 07. Some histologies required treatment. Breach of QA standard. • Histology result not actioned by Consultant • Patient fainted on ward with only one staff member on the area. Staff shortages • No referral to Charring Cross made for patient with molar pregnancy • Cytology results not acted upon and follow up appointment not made. • Endometrial biopsy specimen from GOPD mislabelled with wrong patients details. • Drug administration errors x 2
Summarise changes in practice resulting from health care near misses	<ul style="list-style-type: none"> • Closer adherence to present guidelines required. Discussed with Ward Managers for discussion at ward meetings • No drugs will be prescribed unless the patient brings them in with them or there is documentary evidence from GP regarding medication. • All Medical staff must use stamp or write name and GMC number against signature. Bleep number is not acceptable. • New protocol written and commenced for ensuring results from LLETZ undertaken in theatre are same as for colposcopy. Situation will be monitored. • Notes do not leave Colposcopy department until actioned. • All Histology results to be seen by Consultant. • Guidelines for Management of Molar Pregnancies to be reviewed • Staff reminded of need for vigilance when labelling specimens and administering drugs.
Patient Feedback	
Main items of patient feedback	<ul style="list-style-type: none"> • One patient requested information as to why she had undergone a Urodynamics test before being referred to the Physiotherapy department. Also why information about Urogynaecology surgery had not been given at first appointment. • Patient complained about Doctors attitude in GOPD

	<ul style="list-style-type: none"> • Patient complained about nurse's lack of care on ward • A lady asking for information complained about Medical secretary's attitude. • Patient upset emergency surgery was cancelled • Patient unhappy about visiting doctors on ACU not being introduced.
Summarise any changes in practice resulting from patient feedback	<ul style="list-style-type: none"> • All members of staff made aware of the patients dissatisfaction • Review of timing of emergency surgery being undertaken • The need for patients to be asked whether they consent to observers, visitors etc being present has been reinforced. Patients are to be asked prior to involving trainee clinicians in any procedures.
Complaints	25 compared with 15 in 2006/07 & 13 in 2005/06
List new complaints (1 sentence summaries)	<ol style="list-style-type: none"> 1. ACU funding issue 2. 2nd Complaint from a patient regarding staff attitude which had been previously investigated. 3. Unhappy with information given in GOPD regarding the outcome of her operation and the information on treatment for her pelvic pain. 4. GP complained about the delay in receiving a discharge summary. 5. GP complained about the delay in receiving a discharge summary 6. Weakness of legs following surgery. Possible nerve damage 7. Staff attitude in GOPD 8. Lack of discharge information 9. Consultant's attitude in Colposcopy. 10. Patient unhappy that her termination was discussed insensitively. 11. Patient given conflicting advice by Medical and Nursing staff 12. Delay in treatment in ACU and lack of information regarding egg collection 13. Doctors attitude in Urogynaecology clinic 14. Facial injuries sustained when patient fainted following a Hysteroscopy procedure 15. GP complained that a DNA letter was sent to a patient and herself despite the fact that the patient had rung to cancel the appointment. 16. Patient admitted for hysterectomy. Had a drug allergy which she claimed she had been prescribed and 17. Patient on waiting list for hysterectomy felt outpatient hysteroscopy was unnecessary and she was not listened to in clinic. 18. Complainant was visiting a relative and felt ward staff were unsmiling and uncommunicative and had poor attitude. 19. Patient had supra-pubic catheter and when problems developed advised to go A&E. Seen at BWH where problem dealt with. Trust to consider a system here to deal with such emergencies. 20. Following hysterectomy, developed further problems. 21. Had laparoscopy then discharged without wound site being cleaned or dressed. Wound became infected and felt she had not been given correct care. 22. Patient felt dizzy postoperatively and felt she was discharged inappropriately. 23. Patient developed haematoma causing bowel complications following laparoscopic oophorectomy. 24. Patient sent from Selly Oak A & E to Ward 8 as emergency. Felt her needs were neglected, care was poor and confusion between medical and nursing staff about need for overnight admission. 25. Underwent painful pipelle biopsy in Out-Patients. Felt consultant did not empathise with her pain and should have had it done under GA as she had in 2002.
Number of complaints in progress	Nil
List complaints completed	76% draft response from Directorate completed within the time scale. All draft responses completed in timescales for Quarters 1, 2 & 3. Delays occurred in Q4 due to volume of complaints received and delays obtaining statements.

Summarise any changes in practice resulting from complaints	<p>Number of changes in practice = 4 & 5. A&C review undertaken. Consultant made aware of the issue. Delay in dictating summary by junior medical staff. Dictaphone placed in theatre and summaries to be dictated by the Consultants after the operation.</p> <p>8. Physiotherapy leaflet now given to patients in Preadmission clinic</p> <p>11. Agreement reached between nursing and medical staff re conflicting information.</p> <p>14. Following a risk assessment the changing area was reorganised and the patients are given clearer advice about what to do if they feel faint.</p> <p>15. Apology given</p> <p>16. Further teaching in the use of NSAIDs</p> <p>17. Full explanation given</p> <p>18. Apologies and full explanation given for perception of visitors</p> <p>19. All patients are given ward/ department number to ring if there are any problems.</p> <p>20. Full explanation of care given</p> <p>21. Full explanation of care given</p> <p>22. Full explanation of care given</p> <p>23. Full explanation of care given</p> <p>24. Staff made aware of how their actions were perceived</p> <p>25. Apologies given.</p>
Claims	
List new claims (1 sentence summaries)	Nil
Number of claims in progress	3
List claims completed	<p>8</p> <ul style="list-style-type: none"> • Foreign body left in wound. Claim dormant as no contact from claimants solicitor for over 6 months • Reduction of incorrect labia. Payment out of court • Bladder sewn to top of vagina causing ruptured bladder. Payment out of court • 1 case was withdrawn where a patient had complained that her kidney was blocked because string from a nephrostomy tube was not removed. • Allegation that following a miscarriage we had caused patient to have an ovarian abscess - not pursued. • Allegation surrounding laparotomy performed in 2004 where the patient suffered a perforated bowel- payment before proceedings. • Allegation that during Hysterectomy in 2005 nerve endings were stitched causing unnecessary pain was not pursued. • Allegations on care and treatment following operation for fibroid removal on 5.3.07.
Summarise any changes in practice resulting from claims	<p>4 stage checklist commenced for correct site surgery. Check 1 to be undertaken by surgeon on the ward prior to surgery.</p> <p>Check 2 by ward staff prior to leaving the ward</p> <p>Check 3 by surgeon in anaesthetic room prior to the patient being anaesthetised.</p> <p>Check 4 by the whole theatre team prior to commencement of the operation.</p> <p>No other recommendations received relating to changes in practice</p>
Clinical Audit	
Titles of Standards implemented	Transfer in from the Calthorpe and Roberts clinics
Titles of Guidelines/Protocols implemented	<p>Guidelines for Emergency Gynaecology.</p> <p>Draft guidelines in development for :</p> <ul style="list-style-type: none"> • Early Warning Systems for Acutely Ill Patients • Booking patients for Laparoscopy & Tubal Dye
Titles of audits in core audit	Core audit Programme reviewed with consultants for 07/08 to be

programme	undertaken by junior medical staff and nursing leads. <ol style="list-style-type: none"> 1. MRSA rates 2. Compliance with consent policy 3. Returns to theatre 4. Blood transfusion 5. Standards of record keeping 6. Thromboembolic prophylaxis 7. Unplanned overnight stays of day cases 8. Complication rates of surgery 9. Wound infections / surveillance 10. Reasons for cancellation on day of surgery 11. Pregnancy rates - ACU 12. Cancellation of cycles - ACU 13. HFEA storage consents
Titles of Audits in progress – ongoing continuous audits	<ol style="list-style-type: none"> 1. MRSA rates 3. Returns to theatre 7. Unplanned overnight stays of day cases 10. Reasons for cancellation on day of surgery 11. Pregnancy rates - ACU 12. Cancellation of cycles - ACU 13. HFEA storage consents 14. OHSS 15. Embryo Cryopreservation stages
Titles of Audits completed	<ol style="list-style-type: none"> 1. Record Keeping 2. Treatment of Hyperemeisis patients 3. Hysterectomy rates for Heavy Menstrual Bleeding 4. Cancellation of surgery on the day
Summarise changes in practice resulting from the completed audits	<p>Audit of outcomes shows excellent results from post thaw blastocyst culture. Patients with 5 or more frozen embryos to be encouraged to have all thawed for blastocyst culture for single embryo transfer.</p> <p>Compliance with NICE guidelines for HMB confirmed</p>
Integrated Care Pathways	
Please list ICPs already implemented	Day case. Continence Menopause
List ICPs in development and target implementation date	<ul style="list-style-type: none"> • EPAU – Documentation implemented and under final review. • Menopause – Documentation being piloted. • Major Elective Abdominal surgery –Risk booklet being compiled. • Endometriosis – pathway drawn up –for consultation with consultants
List barriers or problems experienced in implementing ICPs	<p>Delay in implementation following changes in the structure and lack of time.</p> <p>Discussions between Medical staff still taking place on endometriosis pathway</p>
Infection Control	
Number of new MRSA cases	<p>0 cases of MRSA bacteraemia reported. MRSA isolates : 12</p> <p>10 of these were picked up in preoperative assessment clinic. 1 was a male patient who underwent surgery on ACU. Staff screened - negative. Origin unknown 1 patient developed wound infection – origin unknown.</p>
Hand Hygiene Audits	Audits undertaken on Wards 7 & 8 in January 2008. To be undertaken quarterly in 2008/09
Number of needle stick injuries (reporting on QQI commenced Q4)	Q4: 1 - Dr took bloods and caused needle stick injury to nurse as bloods were passed to her.
Directorate Specific Indicators:	
Number of Patients cancelled on day of surgery for non medical	<p>47 operations cancelled</p> <ul style="list-style-type: none"> • Q1 16

reasons	<ul style="list-style-type: none"> • Q2 10 • Q3 17 • Q4 4 <p>Reasons for cancellation included: 3 patients cancelled due to complications with previous patient, 1 of which required general surgeon to attend. >14 session or previous session over ran 3 no longer required the operation >1 for emergency interrupting the list 5 patients cancelled due to lack of ODP in theatre 2 patients cancelled due to low temperature in theatre. 1 cancelled by consultant as a required test had not been performed. 1 incorrectly scheduled 1 incorrectly prepared following change of consultant 1 Anaesthetist not available Several patients were also cancelled due to consultant sickness.</p> <p>Escalation Policy introduced in January 08 which resulted in reduction of cancellations on the day for Q 4.</p>
Number of Patients cancelled on day of surgery / last minute rebooked within 28 days	0 breaches of standard All patients were offered dates within 28 days.
Emergency readmission rates within 28 days after surgery – Benchmark 5.28%	2.84% for year. This has decreased significantly from 4.44% on 06/07 and is well below the benchmark
Unplanned overnight stay rate Benchmark 5%	8.0% This has decreased slightly from 8.75% on 06/07 It is now monitored on a monthly basis by the ward manager.
Number of new pressure sores	Nil
Number of deaths	6 5 patients suffering with terminal condition 1 patient with life limiting cancer but developed heart failure. Had cardiac arrest.
ACU	
Number of Egg collections (PR)*	Q1 101 (39%) Q2 138 (39%) Q3 125 (44%) Q4 127 (41%) National PR**= 27.5%
Number of fresh embryo transfers (PR)*	Q1 82 (48%) Q2 111 (50%) Q3 114 (49%) Q4 119 (45%) National PR**= 31.4%
Number of frozen embryo transfers (PR)*	Q1 20 (30%) Q2 21 (33%) Q3 23 (32%) Q4 31 (33%) National PR**= 14.7%
Number of cancelled cycles (% of all cycles)	Q1 7 Q2 14 Q3 11 (8%) Q4 10 (7%)
Number of OHSS	Q1 1 Q2 1 Q3 1 Q4 2
Number of admissions	Q1 0 Q2 0 Q3 0 Q4 1
	*PR= Clinical Pregnancy Rate as defined by presence of a fetal heartbeat on scan ** National PR = Last national equivalent pregnancy rates as published by the HFEA
Essence of Care Indicators	Audit of all Indicators took place in December 07. Small sample based on recommendations of West Midlands Essence of Care Group. Action plan devised Further audit to be undertaken on larger sample before 30.6.08.
Indicator	Findings
1. Communication	80% of the patients have documented evidence of communication needs and where appropriate a documented plan of care is evident Action: Ensure needs are assessed for all patients
2. Continence	Initial assessment of continence needs is evident and action plans are present where needed. Action: None
3. Hygiene	100% of patients were assessed for personal hygiene needs on admission. 80% of patients have individual documented plan of care. There is no evidence of assessment of oral hygiene.

	Action: Review assessment to include oral hygiene
4. Nutrition	30% of patients have a nutrition assessment tool completed on admission ⁽¹⁾ All patients are weighed on admission and any patient found to be at nutritional risk is referred to the dietician Action: Monitor usage of assessment tool.
5. Pressure Ulcers	50% of patients have waterlow risk score documented on admission and where appropriate there is evidence that this has been reassessed and evaluated ⁽²⁾ Action: Ensure all patients have waterlow risk score documented.
6. Privacy and Dignity	When looking at the ward environment the audit was positive. However at the time of audit there were few if any toiletries available for patient use. Ward Areas need some repainting and some furniture needs replacing. Action: Toiletries ordered immediately for both areas on day of audit. Areas to be repainted. Furniture on order.
7. Record Keeping	Where appropriate all monitoring charts were present and 75% were labelled with both patients name and unit number. However only 60% of fluid charts were totalled up completely. Action: Ensure all charts labelled correctly and totalled up.
8. Safety	All patients audited had an initial social assessment documented on admission including ADL. 50% patients have a falls assessment completed ⁽⁴⁾ . No risks were identified on the sample group. Action: Monitor usage of assessment tool.
9. Self care	90% of patients had an assessment of lifestyle on admission or at pre-operative clerking. No significant health risks were identified in the sample group. Action: None
10. Promoting Health	It was found that although there was some evidence of patient information available this was not always updated and could be improved on. Action: Update patient information and advertise where information can be obtained from
References to above results:	(1) Nutritional Tool implemented a week before audit took place. (2) Some patients who did not have Waterlow score documented were emergency pregnancy related admissions. (3) An extensive Audit of record keeping is carried out by the Directorate. This audit therefore only looked at monitoring charts used on the wards. (4) Falls Assessment Tool implemented a week before audit took place.
General feedback:	
Trends	
Please list trends in items reported on this form 1. Which are cause for concern	<ul style="list-style-type: none"> • Increase in number of complaints • Time constraints resulting in lack of progress with ICPs • Lack of audit co-ordinator for part of the year.
2. Which are cause for optimism	<ul style="list-style-type: none"> • Reduction in number of legal claims • Identification of Clinical Audit Co-ordinator in Directorate during second half of year • No MRSA bacteraemia. MRSA isolates still mainly picked up in the preadmission clinic • No Clostridium Difficile • Reduction in number of patients cancelled on day of surgery for non-medical reasons following introduction of escalation policy. • Pregnancy rates continue at a high level. 66% pregnancy rate from blastocyst transfer.
Please make general comments about quality issues, initiatives in the Programme	In ACU, documents, (SOPs, forms, pt info etc) currently being released to authors for review via Qpulse.

Sharing Best practice	
Give examples of best practice which you think would be useful to others	Qpulse document management system.
	Colposcopy issue quarterly newsletter to service providers detailing results of audits, performance data and news updates as communication tool.
	Use of Essence of Care Benchmarking tool and link to Bedside TV surveys.

Definitions from ‘Organisation with a Memory’; London; The Stationery Office 2000; xii

1. Adverse health care event

An event or omission arising during clinical care and causing physical or psychological injury to a patient.

2. Health care near miss

A situation in which an event or omission, or a sequence of events or omissions, arising during clinical care fails to develop further, whether or not as the result of compensating action, thus preventing injury to a patient.

GENETICS

WEST MIDLANDS REGIONAL GENETICS LABORATORY (WMRGL)

Angela Daly, Directorate Manager for West Midlands Regional Genetics Service

Specialty/Service

The WMRGL provides a comprehensive genetics testing service to the population of the West Midlands and many other healthcare institutions in the UK and Europe. It is the largest clinical laboratory in the UK and last year processed almost 39,000 samples. The laboratory is divided into specialist areas: Prenatal Diagnosis, Postnatal Cytogenetics, Oncology, Molecular Genetics and Molecular Cytogenetics. These departments work closely with specialist clinicians throughout the region to aid diagnosis and treatment of a huge variety of inherited diseases eg Cystic Fibrosis and acquired diseases such as leukaemias and solid tumours. Molecular pathology is an increasing area of importance .

Activity

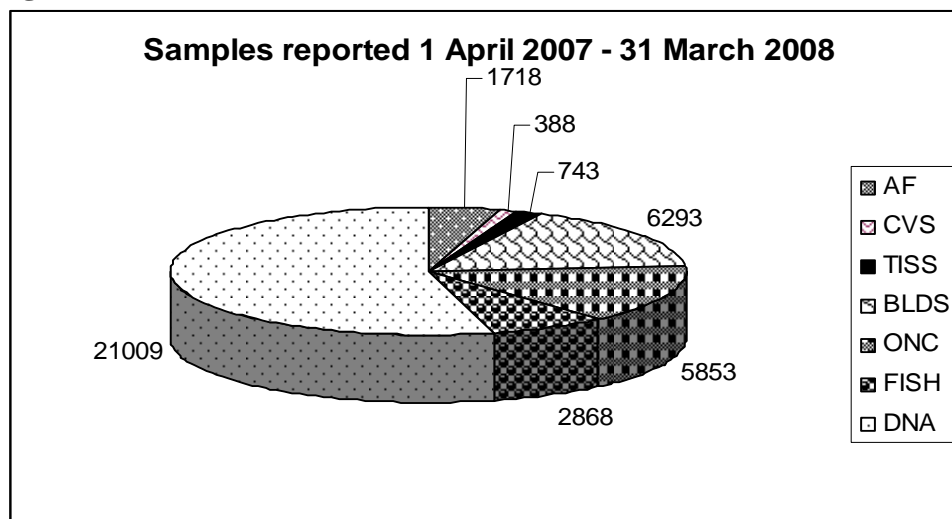
The laboratory processed almost 39,000 samples during 2007-08, the breakdown can be seen in Fig 1 and the increase in workload over a ten year period can be seen in Fig 3. The number of samples continues to rise as we would expect. The expansion in full gene sequencing using high throughput technology has enabled the laboratory to establish contracts to carry out breast cancer testing with many institutions throughout the UK including Dublin, Belfast and Leeds. We have established formal collaborations with partner pathology services including Clinical Pathology and Clinical Haematology at UHB; Immunology at the University of Birmingham and Clinical Chemistry at BCH. Advances within genetics have made diagnoses across the board increasingly more complex, but with significant improvements in patient care. Examples include high definition genome screening using microarray technology and uses of genetic markers and gene fusions to monitor drug treatment in many haematological cancers.

Service Development for 2007/2008

The service rolled out molecular testing for gene mutations which predetermine response to treatment for leukaemia patients. The service was also funded to carry out the investigation of development delay by microarray analysis. This avoids costly and invasive procedures and has a 25% detection rate. We have expanded the repertoire of molecular genetic testing of single gene disorders including some which have formerly been sent out to other laboratories.

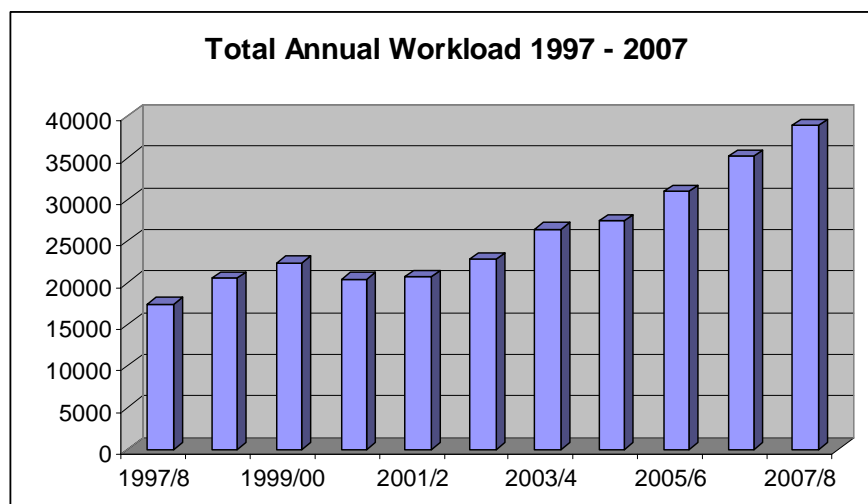
Tables/Data

Figure 1.



There are in total 131.5WTE staff within the laboratory, in the following staff groups, representing individuals including vacant posts:

Posts 07/08	Numbers
Consultant Clinical Scientist incl. Director	3.00
Admin & clerical posts	4.00
Quality Manager	0.6
Directorate Manager	1.00
BMS in Cytogenetics	1.00
MTO4	1.84
MTO3	11.09
MT02	24.63
MT01	1.82
Clinical Scientists	46.53
Trainees (supernumery)	29.54
Health Care Assistants	6.00
Total	131.05



Developments and Objectives of Annual Plan for 2008-2009

- To develop a capital business case for the redevelopment of an Institute of Genetics in conjunction with University of Birmingham
- To develop a 5 year Regional Genetics Strategy in partnership with the WMSCG
- To provide the best possible testing regimes for our patients within the WM.
- To ensure that capacity is utilised to expand repertoire of testing and explore partnerships throughout the UK.

Summary of Clinical Governance

Clinical quality standards are firmly embedded in the work of WMRGL. We have a dedicated Quality Manager post which has a very beneficial impact on the service we provide to patients.

The WMRGL:

- is unconditionally Clinical Pathology Accredited (National Standards)
- has a full audit programme actively reviewing the work of the department
- takes part in all available NEQAS external review programmes and has gained excellent results in all areas for 2007/8
- has a highly developed incident reporting system, which feeds into the Trust system and constantly reviews best practice

- has had no formal complaints during 2007-08
- a highly developed ongoing research and development of all relevant areas and technologies is integral to the functioning and future planning of the of the laboratory.

Research Projects

The WMRGL has been involved in various ongoing CML projects, including: the development and service provision for ABL Kinase domain mutation testing, and the provision of increased capacity for monitoring treatment response for patients with CML. Supported by Novartis Pharmaceuticals UK

A comparison of different genetic techniques for monitoring early treatment responses in patients with CML. Supported by Bristol-Myers Squibb

Detection and characterisation of novel genetic abnormalities in acute myeloid leukaemia (AML)

The aim of this ongoing work is to screen a series of AML samples for novel genetic abnormalities using existing and novel analytical techniques. In addition, attempts will be made to identify candidate genes involved in any novel rearrangements and assess the clinical significance of specific rearrangements. This project will contribute to work undertaken by a PhD student from Egypt as part of a training secondment at WMRGL. Supported by funding from the Egyptian Cultural Office.

Investigation of the clinical and biological impact of epigenetic approaches to treatment on stem cell from patients with advanced AML.

This novel research will have general implications for the assessment of clinical and biological impact of therapies in AML. *Abstract submitted to American Society of Human Genetics, 2008*
Funding: Cure Leukaemia UK. Professor C Craddock, Queen Elizabeth Hospital, Dr Paresh Vyas, University of Oxford.

Establishment of a Leukaemia Research Biobank

This work aims to set up and maintain the Central England Haemato-oncology Research Biobank within the WMRGL. This bank will create a valuable resource for leukaemia research. Funding: Leukaemia Research Fund, Cure Leukemia, UK Collaborators: Professor C Craddock, Queen Elizabeth Hospital Professor Paul Moss, Institute of Cancer Studies

Cytogenetic and Molecular Cytogenetic characterisation of paediatric brain tumours

This project completed an in depth analysis of genetic abnormalities in paediatric brain tumours and correlated the findings with clinical outcome. *PhD thesis accepted February 2008.* Professor R Grundy, Nottingham Brain Tumour Research Group.

Association of Clinical Cytogenetics (ACC) Research Bursary 2007

To support screening X-Linked Mental Retardation Patients using Exon Resolution arrays. D McMullan EV Davison

Decipher Project with Sanger Centre Cambridge – Welcome funded database for array data – deciphering disorders of development EV Davison D McMullan L Brueton

Fluorescence In-Situ Hybridisation (FISH) studies on sperm: we have been working together with the Assisted Conception Unit and Birmingham University as part of a MRC funded research project investigating the genetic make-up of sperm in a population of oligospermic men. Our work has involved the application of fluorescence in situ hybridisation technologies using probes specific to chromosomes X, Y, 13, 18 and 21 to sperm preparations and an assessment of the chromosome copy number within the sample. This work allows us to gain an insight into the proportion of sperm within a sample with an abnormal chromosome complement.

Preimplantation Genetic Diagnosis: in association with the Assisted Conception Unit; we have been researching the potential of offering a preimplantation genetic diagnosis service within the West Midlands Region. Preimplantation genetic diagnosis offers a way of screening embryos for genetic defects prior to their transfer. Such a technology would be applicable to those families who have a family history of severe genetic disorders and would increase the likelihood of producing a child free of the debilitating disorder. The techniques involved would include FISH to investigate the presence of a familial chromosome rearrangement; and molecular genetic technologies to investigate single gene disorders such as myotonic dystrophy. Applications have been made to the Human Embryology and Fertilisation Authority (HFEA) in order to obtain licences for use within a clinical and research setting.

CLINICAL GENETICS (CGU)

Louise Brueton, Consultant in Clinical Genetics

Specialty/Service

The CGU is one of the largest and most comprehensive departments of its kind in the UK and Europe integrating a multidisciplinary clinical and laboratory genetic service, which serves the 5.3 million population of the West Midlands. The clinical genetics service addresses the needs of individuals and families with or at risk of genetic disorders by providing diagnosis, genetic counselling, information, management and support. There are general and cancer clinic networks across the region, together with a wide and increasing range of subspecialty clinics. Cancer referrals are managed by the WMFACS team. Urgent queries, outpatient and ward referrals are dealt with by duty teams.

Activity

- Demand continues to rise and diversify
- Total number of referrals 07/08: 6850 (4039 general, 2811 cancer)
- Total number of appointments 07/08: 9261 (15.8% > 06/07)
- Including 105 ward referrals (90% > 06/07)
- The continuing upward trend of rising referral rates to genetics is shown in Fig.1 (SWOB consortium data). Fig.2 shows CGU referrals 2004-2008 (General and Cancer with projection through to 2011).
- The service is led by the consultants (11.74 WTE) working together with the GCs and Specialist Nurses (26.5 WTE) and Specialist Registrars (5.18 WTE). Staffing levels are shown in Table 1.
- The activity per WTE per year is shown in Figure 3 and illustrates that the CGU consultant team has the highest activity figures of all SWOB consortium members

Service Development for 2007/2008

- Develop, diversify, consolidate and evaluate new services.
- Address the rising Cancer Genetics workload (the Cancer Waiting List Initiative Clinics and new posts in 07/8).
- Reappointment of 2nd Consultant in Cancer Genetics
- Funding for Neurogenetics GC post commencing 2008

Tables/Data

Figure 1: Showing trend in rising referral rates to genetic (Courtesy of the South West of Britain [SWOB consortium] that includes West Midlands Regional Clinical Genetics Service)

Genetics SWOB New Referrals per million population

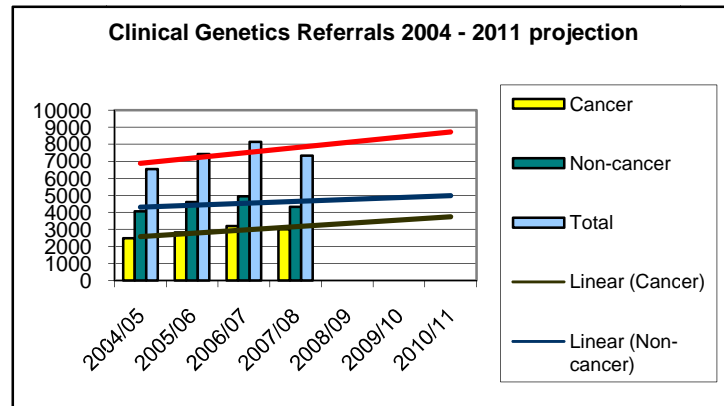


Figure 2: Showing Clinical Genetics Referrals to West Midlands Regional Genetics Service 2004-2008 (General and Cancer with projection through to 2011).

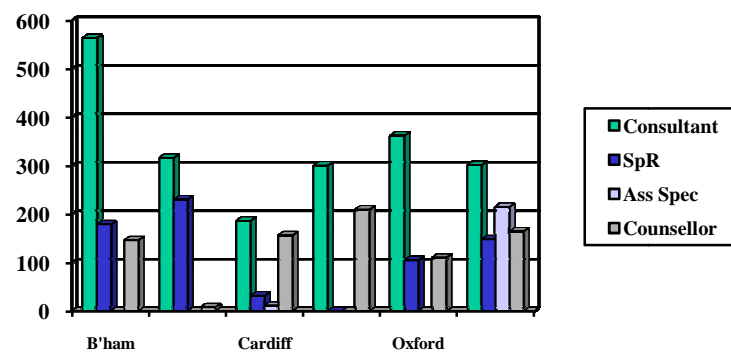


Figure 3: Showing activity per WTE per year (Courtesy of the SWOB consortium)

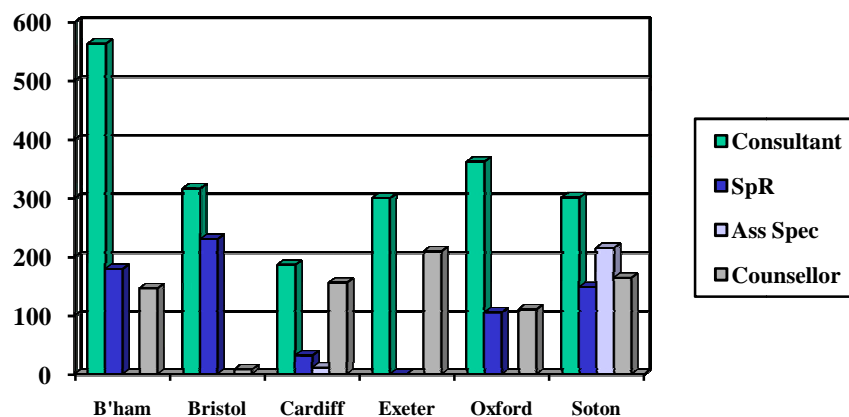


Table 1. Staffing Levels and Population

	Birmingham	
Population (M)	5.3	
NHS Staff Av. over year	WTE 67.02	per million
Consultants General Genetics	10.72	
Cancer genetics	1.2	
CONSULTANTS TOTAL	11.74	2.21
Sp Registrars	5.18	
Other Medical eg ass specs/clin ass	0	
Nurse /Counsellors (NHS funded)	26.5	4.96
Other co-workers ie charity funded	0.6	
Admin staff	23.6	

Developments and Objectives of Annual Plan for 2008-2009

- Ensure continued access to regional clinics and support for CGS
- Identify new clinical and laboratory opportunities to improve the range and quality of CGS
- Develop plans for an alternative venue to Norton Court with appropriate patient facilities
- WMFACS: To incorporate new staff and address the cancer workload
- Meet the challenge of 18 week RTT and action plan
- Address IT issues in the CGU

Summary of Clinical Governance

- Standards such as NICE and NSFs have been incorporated into practice and are adhered to.
- Provision of counselling supervision for GCs and SpRs
- An audit summary for 2007-8 is shown in table 2
- Complaint investigation, research & audit outcomes incorporated into practice
- A major issue has been the increased Cancer genetics workload, with rising referrals, increased follow-up work produced by the sudden change in turn around times for the gene test results (BRCA1/2 and HNPCC).
- Staff shortages (a consultant and GCs).
- Cancer clinic waiting times became a red risk to the Trust.
- The WMFACS admin team has responded by developing standard letters and taking on responsibility for the co-ordination of waiting lists and GC appointments, and for requesting tumour blocks, MSI and IHC testing. This has freed time up secretarial, consultant and GC time.
- The typing backlog has also been helped by the introduction of digital dictation machines.
- Waiting List Initiative clinics have been arranged by clinicians.

Table 2: Clinical Genetics Audits 2007-2008

Audit Title	Stated aim of audit	Summary of results and changes in practice resulting from audit
QFPCR would abnormalities have been identified without full karyotype.	Review data over the last 5 years since the introduction of QFPCR to determine whether karyotype is necessary following QFPCR. A follow up of all abnormal pregnancies	Rate of significant abnormalities missed is between 1 in 642 and 1 in 2135 Need to assess patient and clinician opinion before offering QFPCR alone (for carefully selected indications)
Audit of time to report CVS results	Do patients undergoing prenatal diagnosis for a genetic disorder receive results within 14 days? (if not why not?)	All patients received results within 14 days with the exception of some whose tests could not be completed for unavoidable technical reasons. Recommend asking for information about when the patient was given the PND re we can find out if there in any delays in organizing termination of pregnancy
Audit of investigation of Retinitis Pigmentosa	To look at whether the most up to date genetic tests have been offered	Ongoing audit
Investigation of X-linked MR*	To look at whether the most up to date genetic tests have been offered	Investigations were found to be appropriate to clinical presentation
Audit of triage of Cancer family history forms	Can processes used to triage cancer FH forms be streamlined to improve efficiency?	Triage method devised increased efficiency of processing referrals, saving clinical practitioner time Triage method adopted into standard clinical practice
Management of patients with 22q11 deletions (SWOB)*	To compare the management and investigation of newly diagnosed patients to published guidelines	Ongoing audit
Evaluation of referral criteria for BRCA1/2 testing	To evaluate referral criteria issued for breast/ ovarian cancer families	Deferred to 2008/2009
HD consortium audit	To determine: No. of tests Age & sex of inds. Tested Prior risk and result Reason for requesting test	Ongoing monitoring of HD testing and who it is offered to. No changes to practice
Free fetal DNA audit	To monitor the outcomes (accuracy of result, rate of failure of test to give a result)	New test-no standard set yet Ongoing audit
Audit of bone density in adults with OI	To identify a cohort that might benefit from bisphosphonate therapy	Ongoing audit

Audit of clinic non-attendance (DNAs)	To measure rates of non-attendance and compare clinics over a period of time	No identifiable pattern in DNAs. Rates similar to other UK units. No one strategy seems to minimise DNA rates All encouraged to look at practices that help reduce wasted clinic time due to DNAs.
Medical Records audit	Do records comply with standards?	Several areas for improvement (including legibility and filing order) identified, recommendations to improve implemented Widely discussed to raise awareness of standards and need to meet them. Personalised name stamps provided to improve legibility of signatures
Audit of compliance with file order pathway	To assess compliance with new guidelines	Ongoing audit
Audit of referrals to clinical genetics for chromosome translocations	Do the doctors of patients whose tests reveal a chromosome translocation follow recommendations to refer to clinical genetics?	Ongoing audit
Prospective audit of the outcomes of the work of the joint fetal pathology genetics meetings	To assess whether investigations recommended are implemented and does this lead to diagnoses.	Deferred to 2008/2009
Audit of message-taking	To assess compliance with new guidelines	2008/2009
Patient Satisfaction audit	To assess patient satisfaction with their genetics appointment (Based on GIG rating)	High levels of satisfaction reported in all areas

NHS NATIONAL EDUCATION AND DEVELOPMENT CENTRE

Candy Cooley, Centre Manager

Specialty/Service

The Centre is responsible for the integration of genetics concepts into education and training for healthcare professionals. During 2008 the Genetics Progress Review identified the Centre as an example of where the Genetics White Paper (2003) had a significant impact on patient care. Utilising teaching and learning resources the Centre supports educators in academic and clinical settings in the delivery of genetics material. Our website also offers a range of learning tools for healthcare practitioners, both undergraduate and postgraduate.

The Centre is implementing clinical competences for non-specialist healthcare professionals to enable them to demonstrate expertise within practice and for managers to use in job descriptions.

Activity

Based on an evaluation of patients' experiences and preferences the Centre has developed a continuum of genetics education ensuring healthcare professionals have the appropriate knowledge and skills to support the information needs of patients and their families or are able to refer to specialist colleagues. We have been working with GPs, nursing schools and clinical staff, dieticians, and community pharmacists to identify educational needs and the resources to support this education.

Some of the key achievements include:

- A level report; a summary of the level of genetics in students who have undertaken A level studies in biology.
- Development of a Family History pack and Tool for the non-specialist to draw a family pedigree.
- Courses for health educators including GPs and Nurses to feel confident to teach genetics.
- Courses for genetic specialists on how to teach genetics.
- Flyer describing all the work undertaken has been disseminated.

Service Development for 2007/2008

- 'Telling Stories' was launched as a resource for educators.
- Competences Framework is being refined and implemented utilising scenarios to support healthcare workers in understanding the patient experience.
- Development of an on-line resource for dieticians in association with UK and USA dietician groups.
- Staff roles redesigned to maximise the skills of the team.

Developments and Objectives of Annual Plan for 2008-2009

- 2nd National Conference, Supporting Genetics in education and practice
- Implementation of a new website which enables the use of further technology for teaching and learning.
- Quarterly newsletter to disseminate the Centre's work
- Ensuring sustainability of the Centre at the end of the 5 year funding

Summary of Clinical Governance

- The whole focus of the Centre's work is to ensure a quality service is received by individuals and their families with a genetic condition.
- We contribute to quality by ensuring up-to-date information is available to staff to enable them to feel confident in answering patients' questions.
- The Centre has undertaken a number of needs assessments identifying the education knowledge and support required by educators in both academic and clinical settings.
- We utilise Birmingham University to evaluate all our projects and their impact both on health professionals and for patient

PUBLICATIONS & PRESENTATIONS

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- 276 Wood, V.H., O'Neil, J.D., Wei, W., Stewart, S.E., Dawson, C.W. and Young, L.S. 'Epstein-Barr virus-encoded EBNA1 regulates cellular gene transcription and modulates STAT1 and TGFbeta signalling pathways.' *Oncogene* (2007); 26, 4135-4147.
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RADIOLOGY

1 Annual surveillance by CA125 and transvaginal ultrasound for ovarian cancer both in high risk and population risk women is ineffective.

Woodward ER, Sleightholme HV, Cosidine AM, Williamson S, McHugo JM, CrugerDG
BJOG 2007 Dec 114(12):1500-9

2 Developing a robust and efficient pathway for the referral and investigation of women with post menopausal bleeding using a cut-off of < or = 4mm for normal thickness.

Williams SC Lopez C, Yoong A, McHugo JM,
Br J Radiol 2007 Sept;80(957);719-23

**Dr McHugo-
National**

Member National Screening Committee- Education and Training
Joint convener National Obstetric Ultrasound Theoretical Course
Specialist advisor to The Royal College of Radiologist on Obstetrics
Convener Cranial Ultrasound Course.

International

European Society (uro gynaecological radiology)scientific committee

MICROBIOLOGY & INFECTION CONTROL

1. **Gray JW.** Surveillance of infection in Neonatal Intensive Care Units. *Early Human Development* 2007;83:157-63.
2. **Gray J.** Bacterial skin infections. www.dermatologymatters.org. 2008
3. **Gray JW.** Vaginal discharge. *Foundation Year Journal* 2008;2:120-3.
4. Omar NS, El-Nahas MR, **Gray J.** Novel antibiotics for the management of diabetic foot infections. *Int J Antimicrob Agents* 2008;31:411-9.
5. Ang L, Laskar R, **Gray J.** A point prevalence study of infection and antimicrobial use at a UK children's hospital. *J Hosp Infect* 2008;68:372-3.
6. **Gray JW.** Gastrointestinal infections. In: Walker R & Whittlesea C (eds.) *Clinical pharmacy and therapeutics*, 4th edn. London: Churchill Livingstone 2007, pp. 521-530.
7. **Gray JW.** Infective meningitis. In: Walker R & Whittlesea C (eds.) *Clinical pharmacy and therapeutics*, 4th edn. London: Churchill Livingstone 2007, pp. 531-542.
8. Edwards E, Milner P, **Gray J**, Daniels J, Magill L. Incidence and management of group B streptococci colonised women in labour. Oral presentation at the 17th ECCMID, Munich, Germany, 31 March-3 April 2007.
9. Laskar R, **Gray J.** Point prevalence study of infection at the Birmingham Children's Hospital (BCH), UK. Poster presentation at the British Infection Society 10th Annual Meeting, London, 29 June 2007.
10. Daniels J, Edwards E, Milner P, Spicer L, **Gray J**, Hills RK, Khan KS. Rapid Identification of Group B Streptococcus during Labour: a Diagnostic Test Accuracy Study. Oral presentation at the 31st British Congress of Obstetrics & Gynaecology, London, 4-6 July 2007.
11. Isaac L, Armour J, Brockwell M, Suviste J, **Gray J.** Seeking an explanation for the high frequency of fusidic acid (FA) resistance in *Staphylococcus aureus* in dermatology patients. Oral presentation at the Federation of Infection Societies Conference, Cardiff, 28-30 November 2007.
12. **Gray J.** How to develop & implement an antibiotic policy. Invited lecture at the 2nd Conference on antimicrobial resistance in the healthcare setting, Mansoura, Egypt, 3-4 May 2007.
13. **Gray J.** Controlling MRSA in the healthcare setting. Invited lecture at the 2nd Conference on antimicrobial resistance in the healthcare setting, Mansoura, Egypt, 3-4 May 2007.
14. **Gray J.** Controlling antimicrobial resistance – how investing money can save money. Invited workshop at the 2nd Conference on antimicrobial resistance in the healthcare setting, Mansoura, Egypt, 3-4 May 2007.
15. **Gray J.** Antibiotic resistance in *Staphylococcus aureus*: the past, the present and the future. Invited lecture at the British Primary Care Dermatology Nursing Group Symposium, Solihull, 11 October 2007.

CYTOPATHOLOGY

Waddell, C. Glandular Prediction: the Liquid Revolution. *Scan* .Vol.18 No.1, 5-11,2007.

HISTOPATHOLOGY & PERINATAL PATHOLOGY

Publications: Papers in peer reviewed journals including *Ped Dev Pathol*, *Fetal Diagn Ther.*, *Ultrasound Obstet Gynecol.*, *J Reprod Med*, *J Clin Path*, *Eur J Obstet Gynecol Reprod Biol.*, *Int J Surg Pathol*, *Diag Pathol*, *Ann Haematol*, *Br J Dermatol*, *Clin Exp Dermatol*, *Clin Endocrinol (Oxf)*. *Fetal Diagn Ther.* *J Med Genet.* *Hum Mutat.* 2007. They have also made contributions to book chapters and presented and chaired sessions at national and international meetings.
See appendix A for relevant publications, presentations etc.

OBSTETRIC HIGH DEPENDENCE UNIT (with Anaesthetic Department)

Publication.

K.Saravanakumar, L. Davies, M. Lewis, G. Cooper. High dependency care in an obstetric setting in the UK. *Anaesthesia* 2008

GYNAECOLOGICAL HYSTEROSCOPY

- § Sinha D, Kalathy, Gupta JK, Clark TJ. The feasibility, success and patient satisfaction associated with outpatient hysteroscopic sterilisation. *BJOG* 2007;114:676-683.
- § Clark TJ. Implications of Essure tubal sterilisation for endometrial ablation and magnetic resonance imaging. *BJOG* 2007;114:1449-1450.
- § Varma R, Soneja H, Bhatia K, Ganesan R, Rolason T, Clark TJ Gupta JK. The effectiveness of a levonorgestrel-releasing intrauterine system (LNG-IUS) in the treatment of endometrial hyperplasia-Along term follow up study. *Eur J Obstet Gynecol Reprod Biol* 2008 [Epub ahead of print]
- § Varma R, Soneja H, Samuel N, Sangha E, Clark TJ, Gupta JK. Hospital recovery following Thermachoice ablation is not dependent on setting (outpatient or daycase) or rescue analgesia: Unexpected result. *Eur J Obstet Gynecol Reprod Biol* 2008 [Epub ahead of print]
- § Samuel NC, Clark TJ. Future research into abnormal uterine bleeding. *Best Pract res Clin Obstet Gynaecol* 2007;12:1023-40
- § Samuel NC, Karragianniadou, Clark TJ. Outpatient versus day-case endometrial ablation using the NovaSure impedance-controlled ablative system. *Gynecol Surg* 2008 [Epub ahead of print - <http://www.springerlink.com/content/110964/?Content+Status=Accepted>]

Published book in outpatient hysteroscopy

- § Clark TJ and Gupta JK. *Handbook of outpatient hysteroscopy: A complete guide to diagnosis and therapy*. Hodder Arnold 2005, London [see <http://www.rcog.org.uk/index.asp?PageID=73&BookCategoryID=4&BookTypeID=23&BookDetailsID=1488>]

Conference Presentations

- § Mr TJ Clark and Prof JKGupta have presented widely at various national and international meetings in the field of outpatient hysteroscopy in 2007-8 (Royal College of Obstetricians and gynaecologists, British Society of Gynaecological Endoscopy, European Society of Gynecological Endoscopy, American association of Gynecological Laparoscopy)

UROGYNAECOLOGY

Roasting Chestnuts by the fire: Ramsay's syndrome. S Kadian, P Latthe, M Afnan, **P. Toozs-Hobson** *J Obstet Gynaecol* 2008 Jan; 28 (1): 120-1

Does Preoperative urodynamics alter the management of prolapse surgery? Swati Jha, **Philip Toozs-Hobson**, Matthew Parsons. *Journal of Obstetrics and Gynaecology*. 2008 Volume 28, Number 3

Prophylactic antibiotics in urodynamics: A systematic review of effectiveness and safety: Pallavi M. Latthe, Richard Foon, **Philip Toozs-Hobson** *Neurourology and Urodynamics* – 2008 vol 27: 167 - 173

2007

Perineal and anal sphincter trauma. Diagnosis and clinical management. J Obstet Gynaecol. 2007 Nov ;27 (8):875 **Philip Toozs-Hobson**

Critical Evaluation of the Efficacy and Safety of Anticholinergics in Overactive Bladder , **Philip Toozs-Hobson**, Pallavi Latthe *European Urology Supplements* 2007 Vol. 6, Issue 5, Pages 425-431

Painful bladder syndrome and interstitial cystitis Swati Jha, **Matthew Parsons, Philip Toozs-Hobson**, *The Obstetrician & Gynaecologist* 2007;9:1:34-41

The role of specialised birth plans for women with previous third or fourth obstetric anal sphincter injuries (OASIS) Sara Webb, **Matthew Parsons, Philip Toozs-Hobson** *MIDRIS Midwifery digest* 2007 17:3 353-4

Direct imaging of the pelvic floor muscles using two-dimensional ultrasound: a comparison of women with urogenital prolapse versus controls. Athanasiou S, Chaliha C, **Toozs-Hobson P**, Salvatore S, Khullar V, Cardozo L. *BJOG* 2007. 114 882-8

Parsons M, Tissot W, Cardozo L, Diokno A, Amundsen CL, Coats AC. Normative bladder diary measurements: Night versus day. *Neurourol Urodyn* 2007; 26(4):465-73

Parsons M, Amundsen CL, Vella M, Webster GD, Coats AC. Bladder diary patterns in detrusor overactivity and urodynamic stress incontinence. *Neurourol Urodyn* 2007; 26(6):800-6

Amundsen CL, **Parsons M**, Tissot B, Cardozo L, Diokno A, Coats AC. Bladder diary measurements in asymptomatic females: Functional bladder capacity, frequency and 24 hour volume. *Neurourol Urodyn* 2007; 26(3):341-9

Robinson D, **Parsons M**, Cardozo L, Balmforth J, Salim R, Anders K, Dixon A. Would You Put It in the Fridge? The Pragmatic Clinical Approach to Hematuria. *Journal of Pelvic Medicine & Surgery* 2005; 11,(5):257-9

Jha S, **Parsons M, Toozs-Hobson P**. Painful bladder syndrome and interstitial cystitis. *The Obstetrician & Gynaecologist* 2007;9:34-41

GYNAECOLOGICAL CANCER SERVICE

Publications:

Nursing Times 24th July 2007 'Best Practice Guidelines for the use of vaginal dilators following pelvic radiotherapy' by H Jefferies, S.Hoy. R. McCahill, A. Crichton

Oral presentations:

The Lived experience of Cancer of the vulva: Aloneness. H Jefferies
RCN Annual International Nursing research conference, Liverpool

The Best Practice Guidelines on the use of vaginal dilators following pelvic radiotherapy
S. Hoy, H. Jefferies, R McCahill, A. Crichton
International Society of Nurses in Cancer Care
Singapore, August 2008

Poster presentations:

A survey to audit the early and late side effects experienced by gynaecology patients treated by radiotherapy: psychosexual toxicity noted, ESGO (European Society of Gynaecology Oncology) Berlin November 2007

A survey to audit the early and late side effects experienced by gynaecology patients treated by radiotherapy: side effects reported
ESGO (European Society of Gynaecology Oncology) Berlin November 2007

ASSISTED CONCEPTION UNIT

1: Allen C, Bowdin S, Harrison RF, Sutcliffe AG, Brueton L, Kirby G, Kirkman-Brown J, Barrett C, Reardon W, Maher E.

Pregnancy and perinatal outcomes after assisted reproduction: a comparative study.

Ir J Med Sci. 2008 Sep;177(3):233-41. Epub 2008 Jun 3.

PMID: 18521653

2: Kirkman-Brown J, Björndahl L.

Evaluation of a disposable plastic Neubauer counting chamber for semen analysis.

Fertil Steril. 2008 Apr 24. [Epub ahead of print]

PMID: 18439603

3: Bowdin S, Allen C, Kirby G, Brueton L, Afnan M, Barratt C, Kirkman-Brown J, Harrison R, Maher ER, Reardon W.

A survey of assisted reproductive technology births and imprinting disorders.

Hum Reprod. 2007 Dec;22(12):3237-40. Epub 2007 Oct 5.

PMID: 17921133

4: Conner SJ, Lefièvre L, Kirkman-Brown J, Michelangeli F, Jimenez-Gonzalez C, Machado-Oliveira GS, Pixton KL, Brewis IA, Barratt CL, Publicover SJ.

Understanding the physiology of pre-fertilisation events in the human spermatozoa--a necessary prerequisite to developing rational therapy.

Soc Reprod Fertil Suppl. 2007;63:237-55. Review.

PMID: 17566277

5: Jiménez-González MC, Gu Y, Kirkman-Brown J, Barratt CL, Publicover S.

Patch-clamp 'mapping' of ion channel activity in human sperm reveals regionalisation and co-localisation into mixed clusters.

J Cell Physiol. 2007 Dec;213(3):801-8.

PMID: 17516540

6: Lefièvre L, Bedu-Addo K, Conner SJ, Machado-Oliveira GS, Chen Y, Kirkman-Brown JC, Afnan MA, Publicover SJ, Ford WC, Barratt CL.

Counting sperm does not add up any more: time for a new equation?

Reproduction. 2007 Apr;133(4):675-84. Review.

PMID: 17504912

7: Ellis PJ, Furlong RA, Conner SJ, Kirkman-Brown J, Afnan M, Barratt C, Griffin DK, Affara NA.

Coordinated transcriptional regulation patterns associated with infertility phenotypes in men.

J Med Genet. 2007 Aug;44(8):498-508. Epub 2007 May 11.

PMID: 17496197

8: Meng F, To W, Kirkman-Brown J, Kumar P, Gu Y.

Calcium oscillations induced by ATP in human umbilical cord smooth muscle cells.

J Cell Physiol. 2007 Oct;213(1):79-87.

PMID: 17477379

9: Correia JN, Conner SJ, Kirkman-Brown JC.

Non-genomic steroid actions in human spermatozoa. "Persistent tickling from a laden environment".

Semin Reprod Med. 2007 May;25(3):208-19. Review.

PMID: 17447210

10: Bedu-Addo K, Barratt CL, Kirkman-Brown JC, Publicover SJ.

Patterns of [Ca²⁺]_i mobilization and cell response in human spermatozoa exposed to progesterone.

Dev Biol. 2007 Feb 1;302(1):324-32. Epub 2006 Sep 28.

PMID: 17054937

11: Hammadih N, Coomarasamy A, Ola B, Papaioannou S, Afnan M, Sharif K.

Ultrasound-guided hydrosalpinx aspiration during oocyte collection improves pregnancy outcome in IVF: a randomized controlled trial.

Hum Reprod. 2008 May;23(5):1113-7. Epub 2008 Mar 13.

PMID: 18343810

12: Kadian S, Latthe P, Afnan M, Tooze-Hobson P.
Roasting chestnuts by the fire: Ramsay's syndrome.
J Obstet Gynaecol. 2008 Jan;28(1):120-1. No abstract available.
PMID: 18259925

13: Coomarasamy A, Afnan M, Cheema D, van der Veen F, Bossuyt PM, van Wely M.
Urinary hMG versus recombinant FSH for controlled ovarian hyperstimulation following an agonist
long down-regulation protocol in IVF or ICSI treatment: a systematic review and meta-analysis.
Hum Reprod. 2008 Feb;23(2):310-5. Epub 2007 Dec 3. Review.
PMID: 18056719

14: Papaioannou S, Afnan M, Jafettas J.
Tubal assessment tests: still have not found what we are looking for.
Reprod Biomed Online. 2007 Oct;15(4):376-82. Review.
PMID: 17908397

WEST MIDLANDS REGIONAL GENETIC LABORATORY

Preeti Bakrania¹, Maria Efthymiou², Johannes C Klein³, Alison Salt^{4,5}, David J Bunyan⁶, Alex Wyatt¹,
Chris P. Ponting^{1,7}, Angela Martin¹, Steven Williams⁸, **Victoria Lindley**⁹, Joanne Gilmore¹⁰, J Richard
O Collin⁴, David O Robinson⁶, **Peter Farndon**⁹, Heidi Johansen-Berg³, Dianne Gerrelli², Nicola K
Ragge^{1,4,11}

**Mutations in the human *BMP4* gene cause eye and brain developmental anomalies associated
with polydactyly – overlap with hedgehog signalling. American Journal of Human Genetics**

Rana Khaddour1 †, Ursula Smith3 †, Lekbir Baala1 †, Jéléna Martinovic2, **Davina Clavering**4, Rizwana
Shaffiq3, Catherine Ozilou2, Andrew Cullinane3, Mira Kytälä5, Stavit Shalev6, Sophie Audollent2,
Camille d'Humières1, Noman Kadhom2, Chantal Esculpavit2, Géraldine Viot7, Claire Boone8,
Christine Oien9, Férehté Encha-Razavi1,2, Philip A Batman10, Christopher P Bennett11, C Geoffrey
Woods12, Joelle Roume13, Stanislas Lyonnet1,2, Emmanuelle Génin14, Martine Le Merrer1, Arnold
Munnich1,2, Marie-Claire Gubler15, Phillip Cox16, Fiona Macdonald4, Michel Vekemans1,2, Colin A.
Johnson3, Tania Attié-Bitach1,2*, and the SOFFOET (Société Française de Foetopathologie)
**Spectrum of MKS1 and MKS3 Mutations in Meckel Syndrome: A Genotype-Phenotype
Correlation. Human Mutation. 2007 May;28(5):523-4**

Swerdlow AJ, Schoemaker MJ, Higgins CD, Wright AF, Jacobs PA; UK Clinical Cytogenetics
Group.

**Mortality risks in patients with constitutional autosomal chromosome deletions in Britain: a
cohort study.**

Hum Genet. 2008 Mar;123(2):215-24. Epub 2008 Jan 15.

Ng A, Griffiths A, Cole T, Davison V, Griffiths M, Larkin S, Parkes SE, Mann JR, Grundy RG.

**Congenital abnormalities and clinical features associated with Wilms' tumour: a comprehensive
study from a centre serving a large population.**

Eur J Cancer. 2007 Jun;43(9):1422-9. Epub 2007 May 17.

Leong MY, English M, **McMullan D**, Ramani P.

Aberrant expression of beta-HCG in anaplastic large cell lymphoma.

Pediatr Dev Pathol. 2008 May-Jun;11(3):230-4. Epub 2007 Jun 13.

Foster RE, Abdulrahman M, Morris MR, Prigmore E, Gribble S, Ng B, Gentle D, Ready S, Weston
PM, Wiesener MS, Kishida T, Yao M, **Davison V**, Barbero JL, Chu C, Carter NP, Latif F, Maher ER.
Characterization of a 3;6 translocation associated with renal cell carcinoma.

Genes Chromosomes Cancer. 2007 Apr;46(4):311-7.

S Wordsworth, J Buchanan, Regina Regan, **Val Davison**, Kim Smith, Sara Dyer, Carolyn Campbell,
Edward Blair, Eddy Maher, Jenny Taylor, Samantha J Knight.

**Diagnosing idiopathic learning disability : a cost – effectiveness analysis of microarray
technology in the National health Service of the United Kingdom Genomic Medicine 2007 1 35-45.**

Srirangalingam U, Walker L, Khoo B, Macdonald F, Gardner D, Wilkin TJ, Skelly RH, George E, Spooner D, Monson JP, Grossman AB, Akker SA, Pollard PJ, Plowman N, Avril N, Berney DM, Burrin JM, Reznik RH, Kumar VK, Maher ER, Chew SL.

Clinical manifestations of familial paraganglioma and pheochromocytomas in succinate dehydrogenase B gene mutation carriers.

Clin Endocrinol (Oxf). 2008 Apr 14. [Epub ahead of print]

PMID: 18419787 [PubMed - as supplied by publisher]

Sanders DS, Yousef A, Carr RA, Murphy P, Taniere P, Glendinning K, Macdonald F, McKeown C; Gastrointestinal Unit, Warwick Hospital.

MSI-H 'medullary type' adenocarcinoma complicating ileal Crohn's disease; further molecular insight into Crohn's-related carcinogenesis.

Histopathology. 2008 Mar;52(4):519-23. No abstract available.

PMID: 18315608 [PubMed - indexed for MEDLINE]

Baala L, Audollent S, Martinovic J, Ozilou C, Babron MC, Sivanandamoorthy S, Saunier S, Salomon R, Gonzales M, Rattenberry E, Esculpavit C, Toutain A, Moraine C, Parent P, Marcorelles P, Dauge MC, Roume J, Le Merrer M, Meiner V, Meir K, Menez F, Beaufrère AM, Francannet C, Tantau J, Sinico M, Dumez Y, MacDonald F, Munnich A, Lyonnet S, Gubler MC, Génin E, Johnson CA, Vekemans M, Encha-Razavi F, Attié-Bitach T.

Pleiotropic effects of CEP290 (NPHP6) mutations extend to Meckel syndrome.

Am J Hum Genet. 2007 Jul;81(1):170-9. Epub 2007 Jun 4.

PMID: 17564974 [PubMed - indexed for MEDLINE]

Khaddour R, Smith U, Baala L, Martinovic J, Clavering D, Shaffiq R, Ozilou C, Cullinane A, Kytälä M, Shalev S, Audollent S, d'Humières C, Kadhom N, Esculpavit C, Viot G, Boone C, Oien C, Encha-Razavi F, Batman PA, Bennett CP, Woods CG, Roume J, Lyonnet S, Génin E, Le Merrer M, Munnich A, Gubler MC, Cox P, Macdonald F, Vekemans M, Johnson CA, Attié-Bitach T; SOFFOET (Société Française de Foetopathologie).

Spectrum of MKS1 and MKS3 mutations in Meckel syndrome: a genotype-phenotype correlation.

Mutation in brief #960. Online.

Hum Mutat. 2007 May;28(5):523-4.

PMID: 17397051 [PubMed - indexed for MEDLINE]

Cooper WN, Curley R, Macdonald F, Maher ER.

Mitotic recombination and uniparental disomy in Beckwith-Wiedemann syndrome.

Genomics. 2007 May;89(5):613-7. Epub 2007 Mar 6.

PMID: 17337339 [PubMed - indexed for MEDLINE]

Roberts P, Burchill SA, Brownhill S, Cullinane CJ, Johnston C, Griffiths MJ, McMullan DJ, Bown NP, Morris SP, Lewis IJ.

Ploidy and karyotype complexity are powerful prognostic indicators in the Ewing's sarcoma family of tumors: a study by the United Kingdom Cancer Cytogenetics and the Children's Cancer and Leukaemia Group.

Genes Chromosomes Cancer. 2008 Mar;47(3):207-20.

Olavarria E, Siddique S, Griffiths MJ, Avery S, Byrne JL, Piper KP, Lennard AL, Pallan L, Arrazi JM, Perz JB, O'Shea D, Goldman JM, Apperley JF, Craddock CF.

Posttransplantation imatinib as a strategy to postpone the requirement for immunotherapy in patients undergoing reduced-intensity allografts for chronic myeloid leukemia.

Blood. 2007 Dec 15;110(13):4614-7. Epub 2007 Sep 19.

Spoken presentations

April 2007 Clinical Molecular Genetics Society Spring Meeting, London, UK

Pauline Rehal, Principal Molecular Geneticist: Establishment of rare disease services in the West Midlands: Translation of research into routine molecular diagnosis.

CMGS conference 2007, London

Evaluation of a molecular screen for pregnancy loss and fetal anomaly
Kirsten McKay

May 2007 3rd International Decipher Symposium Cambridge 2008

Array CGH as a clinical service at the West Midlands Regional Genetics Laboratory (WMRGL), UK
Dominic McMullan¹, Judith Walker¹, Eleanor Rattenberry¹, Catherine Lamb¹, Derek Lim², Louise
Brueton² and Val Davison¹

Sept 2007 BSHG York

Detailed Mapping of Chromosome 3p25 deletions

Salwati Shuib, E Rattenby, D McMullan, F Rahman, M Zatyka, C Chapman, EV Davison, F Latif, ER
Maher

The European Cytogenetic Initiative (ECI): Molecular karyotyping of 120 patients with unexplained
mental retardation by 500K SNP mapping arrays

Eleanor Rattenby, DJ McMullan, JM Walker, L Brueton, EV Davison.

A Dufke, BBA de Vries, M Bonin, s Jacobs, A Reiss, Altug-Teber, H Enders, T Kleefstra, S Vermeer,
N Von Slobbe-Knoers.

Association of Clinical Cytogenetics Spring Conference Liverpool 2008-09-01

Immunostimulatory oligonucleotide-induced metaphase cytogenetics for improved detection of
chromosomal abnormalities in CLL.

David Bohanna, S Rose, M Strachan, M Griffiths.

Screening X-Linked Mental Retardation Patients using Exon Resolution arrays.

DJ McMullan, D Lim, L Brueton, EV Davison.

New Microdeletion syndromes.

D McMullan, JM Walker, E Rattenberry, C Lamb, L Colleax, V Cormiere-Daire, JR Veltman, B
DeVries, L Brueton, EV Davison.

April 2008, Clinical Molecular Genetics Society Annual Conference, Liverpool

The introduction of ABL kinase domain mutation testing in CML patients showing resistance to
Imatinib

Davina Clavering, Elizabeth Perrott, Julian Borrow, Joanne Mason, Susanna Akiki and Mike Griffiths

Poster Presentations

June 2007 European Society for Human Genetics Conference, Nice, France

Rehal, P.K.; Forsyth, J.; Perrott E. and Macdonald, F. Establishment of rare disease services in the
West Midlands: Translation of research into routine molecular diagnosis. *Eur. J. Hum. Genet.*, 15,
Suppl. 1, 85.

Implementation of a new high throughput sequencing service for BRCA1 and BRCA2 gene screening
with UK Government Genetics White Paper 40 day turnaround time

Wallis Y, Motton N, Morrell N, Morgan C, Ormshaw E, Bell J, Macdonald F

August 2007 European Cytogenetic Association (ECA), Istanbul, Turkey

Array CGH as a clinical service at the West Midlands Regional Genetics Laboratory (WMRGL), UK
Judith Walker¹, Dominic McMullan¹, Eleanor Rattenberry¹, Catherine Lamb¹, Derek Lim², Louise
Brueton² and Val Davison¹

X/Y chromosome tiling-path aCGH to investigate mental retardation at the West Midlands Regional
Genetics Laboratory (WMRGL), UK

Dominic McMullan¹, Judith Walker¹, Louise Coleman¹, Derek Lim², Jenny Morton², Louise Brueton²,
Val Davison

September 2007 British Society of Human Genetics, York

A CVS false negative trisomy 18 QF-PCR result with a difference!

Nicole Motton, Stephanie Allen, Sarah Whelton, Emma Huxley, Graham Hardy, Simon Larkins, Val Davison

Implementation of a new BRCA1 and BRCA2 screening service that meets Genetics White Paper 8 week turnaround time

Wallis Y, Motton N, Morgan M, Ormshaw E, Morrell N, Bell J, Macdonald F.

Implementation of a new cDNA screening strategy as an adjunct to the West Midlands Regional Genetics breast cancer service

Sach E, Barber R, Bell J, Macdonald F, Wallis Y.

The presence of a ring chromosome and acentric fragment derived from chromosome 3 with mitotic stabilisation via a neocentromere. L Croft, KJ Glover, GA Fewes, EV Davison. *J Med Genet.* 2007 44 supp 1 .

A False negative QF-PCR result with a difference .

N Motton, S Allen, S Whelton, e Huxley, G Hardy , SA Larkins, EV Davison.

CLINICAL GENETICS

2007

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Bowdin S, Allen C, Kirby G, **Brueton L**, Afnan M, Barratt C, Kirkman-Brown J, Harrison R, **Maher ER**, Reardon W (2007). A survey of assisted reproductive technology births and imprinting disorders. *Hum Reprod* 22:3237-40

Lirussi F, Jonard L, Gaston V, Sanlaville D, Kooy RF, Winnepenninckx B, **Maher ER**, Fitzpatrick DR, Gicquel C, Portnoi MF, Couderc R, Vazquez MP, Bahuau M (2007). Beckwith-Wiedemann-like macroglossia and 18q23 haploinsufficiency. *Am J Med Genet A* 143:2796-803.

Khaliq S, Abid A, White DR, Johnson CA, Ismail M, Khan A, Ayub Q, Sultana S, **Maher ER**, Mehdi SQ (2007). Mapping of a novel type III variant of Knobloch syndrome (KNO3) to chromosome 17q11.2. *Am J Med Genet A* 143:2768-74

Rice G, Patrick T, Parmar R, Taylor CF, Aeby A, Aicardi J, Artuch R, Montalto SA, Bacino CA, Barroso B, Baxter P, Benko WS, Bergmann C, Bertini E, Biancheri R, Blair EM, Blau N, Bonthron DT, Briggs T, **Brueton LA**, Brunner HG, Burke CJ, Carr IM, Carvalho DR, Chandler KE, Christen HJ, Corry PC, Cowan FM, **Cox H**, D'Arrigo S, Dean J, De Laet C, De Praeter C, Dery C, Ferrie CD, Flintoff K, Frints SG, Garcia-Cazorla A, Gener B, Goizet C, Goutieres F, Green AJ, Guet A, Hamel BC, Hayward BE, Heiberg A, Hennekam RC, Husson M, Jackson AP, Jayatunga R, Jiang YH, Kant SG, Kao A, King MD, Kingston HM, Klepper J, van der Knaap MS, Kornberg AJ, Kotzot D, Kratzer W, Lacombe D, Lagae L, Landrieu PG, Lanzi G, Leitch A, Lim MJ, Livingston JH, Lourenco CM, Lyall EG, Lynch SA, Lyons MJ, Marom D, McClure JP, McWilliam R, Melancon SB, Mewasingh LD, Moutard ML, Nischal KK, Ostergaard JR, Prendiville J, Rasmussen M, Rogers RC, Roland D, Rosser EM, Rostasy K, Roubertie A, Sanchis A, Schiffmann R, Scholl-Burgi S, Seal S, Shalev SA, Corcoles CS, Sinha GP, Soler D, Spiegel R, Stephenson JB, Tacke U, Tan TY, Till M, Tolmie JL, Tomlin P, Vagnarelli F, Valente EM, Van Coster RN, Van der Aa N, Vanderver A, Vles JS, Voit T, Wassmer E, Weschke B, Whiteford ML, Willemsen MA, Zankl A, Zuberi SM, Orcesi S, Fazzi E, Lebon P, Crow YJ. Clinical and molecular phenotype of Aicardi-Goutieres syndrome. *Am J Hum Genet.* 2007;81):713-25.

Kansal A, **Brueton L**, Lahiri A, Lester R. Hypoplastic thumb in Gorlin's syndrome. *J Plast Reconstr Aesthet Surg.* 2007;60:440-2.

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Posters

- Derek Lim**, **Saba Sharif**. Back To The Future – A Patient's Journey: A case report on new, current and previous techniques used for prenatal diagnosis for an affected female patient with Ornithine Transcarbamylase (OTC) Deficiency. *J Med Genet* 2007 (44) Supplement1: S60. Poster presentation and abstract. British Society of Human Genetics Conference 2007
- Derek Lim**, **Saba Sharif**, **Helen Cox**. Weyers Acrofacial Dysostosis: The first reported family in the UK. *J Med Genet* 2007 (44) Supplement1: S66. Poster presentation and abstract. British Society of Human Genetics Conference 2007
- Woodward, E.R.**, Foster, R.E., Abdulrahman, M., Morris, M.R., Prigmore, E., Gribble, S., Carter, N.P., Latif, F. and **MaHER, E.R.** The characterization of RCC associated constitutional chromosome translocations to identify novel RCC susceptibility genes. Poster presentation at CR-UK Midlands Regional Meeting, Birmingham. 30th April – 1st May 2007.
- Woodward, E.R.**, Foster, R.E., Abdulrahman, M., Morris, M.R., Prigmore, E., Gribble, S., Carter, N.P., Latif, F. and **MaHER, E.R.** The characterization of RCC associated constitutional chromosome translocations to identify novel RCC susceptibility genes. Poster presentation at First Annual Conference for NIHR Trainees. Birmingham. 18th-19th September 2007.

Woodward, E.R., Foster, R.E., Abdulrahman, M., Morris, M.R., Prigmore, E., Gribble, S., Carter, N.P., Latif, F. and **Maher, E.R.** The characterization of RCC associated constitutional chromosome translocations to identify novel RCC susceptibility genes. Poster presentation at Academy of Medical Sciences Clinician Scientist Meeting, London, 28th February 2008.

NHS NATIONAL GENETICS EDUCATION AND DEVELOPMENT CENTRE

Conferences: Posters and Presentations 2008 (sample of)

Haemophilia Nurses Association Annual Conference 2007 – Genetics in Haemophilia Practice. Presentation by Marshall D and Barker C R, November 2007, Birmingham Hilton Hotel

First International M-Libraries Conference, Exploiting mobile communications for library service development: technical possibilities and cultural implications, Foster William, November 2007, Open University

UK Oncology Network Nurse Directors Meeting – Enhancing patient care by integrating genetics into clinical practice: Genetic competences and the Cancer Reform Strategy. Presentation by Barker C R I, May 2008, Birmingham

The European Meeting on Psychosocial Aspects of Genetics, Communicating genetic information: learning from patient experiences and preferences. (Bennett C Poster) 31 May – 3 June 2008. Barcelona, Spain,

European Society of Human Genetics 2008 – Supporting the appropriate ordering of genetic laboratory test in the UK healthcare workforce. Barker C R, Poster, June 2008, Barcelona

NIHR/SDO Annual Conference, Listening to the patient's voice: Experiences and preferences of patients receiving genetic information from health professionals. (Bennett C, Poster), 4-5 June 2008, Manchester.

World Federation of Hemophilia- Hemophilia 2008 World Congress – Supporting Genetics in Haemophilia Practice, Presentation by Barker C R and Marshall D, June 2008, Istanbul

Canterbury Christ Church University, Nursing and Allied Healthcare Professionals Curriculum Planning Board – Supporting Genetics Education for Health, Presentation by Barker C R and Tonkin E, July 2008, Canterbury

International Cancer Conference for Nurses: The continuum of genetic education and training for nurses in cancer care – a framework for all levels of practice (Cooley C Presenting) 25th-28th August Singapore

AMEE: Patient Views – using the voice of patients in designing education and resources (Bennett C Poster) 30 August to 3 September Prague, Czech Republic

BSHG: A National Strategy for Supporting Educators in Universities and non-genetics Clinical Practice, (Newton R Poster), 15-17th September, York.

Publications 2007/2008

Burke, S., Bennett, C., Bedward, J. and Farndon, P. (2007). The experiences and preferences of people receiving genetic information from healthcare professionals. Birmingham: NHS National Genetics Education and Development Centre. 978-0-9556680-0-5

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NHS National Genetics Education and Development Centre (2007) Enhancing patient care by integrating genetics in clinical practice. UK Workforce Competences for Genetics in Clinical Practice for Non-Genetics Healthcare staff. NHS National Genetics Education and Development Centre, Birmingham.

NHS National Genetics Education and Development Centre (2007) A Competence Framework for General Practitioners with a Special Interest in Genetics. NHS National Genetics Education and Development Centre, Birmingham.

NHS National Genetics Education and Development Centre (2008) Newton R, Li Wan Po A, Bennett C, Farndon P How will pharmacogenetics impact on pharmacy practice? Pharmacists' views and educational priorities

NHS National Genetics Education and Development Centre (2008) Newton, R. Farndon, P.(2008) Genetics in A level GCE Biology and International Baccalaureate Biology Courses: the foundation to a genetics education continuum.

Journal Articles 2007/2008

Bennett, C. Burton, H. Farndon P. Competences, education and support for new roles in cancer genetics services: outcomes from the cancer genetics pilot projects. *Fam Cancer*. 2007;6(2):171-80. Epub 2007 May 23.

Farndon, P. Bennett, C. (Genetics Education for Health Professionals: Strategies and Outcomes from a National Initiative in the United Kingdom. *Journal of Genetic Counselling*. Epub 2008 February 5.

Kirk, M. Tonkin, E. and Birmingham, K. (2007). Working with publishers: a novel approach to ascertaining practitioners' needs in genetics education. *Journal of Research in Nursing* 12(6):597-615

Kirk, M. Tonkin, E. and Burke, S. Engaging nurses in genetics: the strategic approach of the NHS National Genetics Education and Development Centre. *Journal of Genetic Counseling*, (April 2008) Epub: DOI 10.1007/s10897-007-9127-y

Kirk, M. Tonkin, E. and McDonald, M. (2007). Genetics and the Primary Care Nurse. *Practice Nurse*, 34(8): 28-31

Metcalfe, A., Haydon, J., Bennett, C. and Farndon, P. (2008). Midwives' views of the importance of genetics and their confidence with genetic activities in clinical practice: implications for the delivery of genetics education. *Journal of Clinical Nursing*, 17(4): 519-530

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Tonkin, E. and Kirk, M. (2007). Genetics - your nursing role. *Primary Health Care*, 17(8):15-18

ABBREVIATIONS

ABL	Abelson Kinase	GA	General Anaesthesia
ACC	Association of Cervical Cytogenetics	GC	Genetic Counsellor
ACU	Assisted Conception Unit	GCP	Good Clinical Practice
AFP	Alpha Feto Protein	GIG	Genetics Interest Group
AHP	Allied Health Professional	GMP	Good Manufacturing Practice
AML	Acute Myeloid Leukaemia	GP	General Practitioner
ANNP	Advanced Neonatal Nurse Practitioner	Hb	Haemoglobin
APH	Ante-partum haemorrhage	HCA	Health Care Assistant
ATSM	Advanced Training Skills Module	HCG	Human Chorionic Gonadotrophin
BBA	Born Before Arrival	HD	Huntington Disease
BBTS	British Blood Transfusion Society	HDU	High Dependency Unit
BCH	Birmingham Children's Hospital	HEI	Higher Education Institute
BTC	Birmingham Cytology Training Centre	HFEA	Human Fertilization and Embryo Authority
BCU	Birmingham City University (formerly UCE)	HLA	Hospital Life Support
BFI	Baby Friendly Initiative	HNPCC	Hereditary Nonpolyposis Colorectal Cancer
BMFMS	British Maternal Fetal Medicine Society	HOB	Heart of Birmingham
BMI	Body Mass Index	HPC	Health Professions Council
BMS	Biomedical Scientist	HPV	Human Papilloma Virus
BRCA	Breast Cancer	HR	Human Resources
BRIPPA	British Paediatric Pathology Association	HRQL	Health Related Quality of Life
BSCCP	British Society for Colposcopy & Cervical Pathology	HRT	Hormone Replacement Therapy
BSUG	British Society of Uro-Gynaecologists	H & S	Health & Safety
BWH	Birmingham Women's Hospital	HSG	Hysterosalpingogram
CAF	Common Assessment Framework	HTA	Health Technology Assessment
CAT	Critically Appraised Topics	IC	Intensive care
CCL	Clinical Computing Limited	ICP	Integrated Care Pathways
CEMACH	Confidential Enquiry into Maternal & Child Health	ICSI	Intracytoplasmic sperm injection
CEPOD	Confidential Enquiry into Peri-Operative Deaths	IES	Institute of Employment Studies
CGC	Clinical Governance Committee	IHC	Immunohistochemistry
CGH	Comparative Genomic Hybridisation	IOL	Induction of Labour
CGS	Clinical Genetics Service	IPPA	International Paediatric Pathologists' Association
CGU	Clinical Genetics Unit	IPPV	Intermittent Positive Pressure Ventilation
CIG	Clinical Improvement Group	IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
CIP	Cost Improvement Plan	IT	Information Technology
CIR	Clinical Incident Reporting	ITU	Intensive Therapy Unit
CLRN	Comprehensive Local Research Network	IUD	Intra Uterine Device
CML	Chronic Myeloid Leukaemia	IUD	Intra-uterine Death
CNST	Clinical Negligence Scheme for Trusts	IVF	In-vitro fertilization
COAT	Comparison of Operational Ablation Techniques	IVU	Intravenous Urography
CPA	Clinical Pathology Accreditation (UK) Ltd	KSF	Knowledge & Skills Framework
CPD	Continuing Professional Development	LAVH	Laparoscopy Assisted Vaginal Hysterectomy
CQAS	Central Quality Assurance Scheme	LBC	Liquid Based Cytology
C/S	Caesarean Section	LBR	Learning Beyond Registration
CSE	Combined spinal epidural	LLETZ	Large Loop Excision of the Transformation Zone
CSP	Chartered Society of Physiotherapists	LSA	Local Supervising Authority
CT	Computerised Tomography	LSCS	Lower Segment Caesarean Section
CVP	Central venous pressure	LUNA	Laparoscopic Utero Nerve Ablation
CVS	Chorionic Villus biopsy	MASE	Minimal Access Surgery & Endometriosis
Cx.	Cervix	MCA	Maternity Care Assistant
DH or DOH	Department of Health	MCQ	Multiple Choice Questions
DI	Donor Insemination	MD	Multidisciplinary
DNA	Did not attend	MDS	Main Delivery Suite
DOH	Department of Health	MDT	Multidisciplinary Team
DVT	Deep Vein Thrombosis	MEWS	Maternity Early Warning Score
EBM	Evidence Based Medicine	MHRA	Medicines & Healthcare Regulatory Agency
EBP	Evidence Based Practice	MR	Mental Retardation
ECV	External Cephalic Version	MRC	Medical Research Council
ELITE	Evaluation of Laparoscopic Intervention for the Treatment of Endometriosis	MRI	Magnetic resonance imaging
EPAQ	Electronic Patient Questionnaire	MROP	Manual removal of placenta
EPAU	Early Pregnancy Advisory Unit	MRSA	Mehicillin resistant staphylococcus aureus
EQA	External Quality Assurance	MSI	Microsatellite Instability
ERC	Education Resource Centre	MUST	Malnutrition Universal Screening Tool
ERPC	Evacuation of Retained Products of Conception	NBS	National Blood Service
ES	Embryonic Stem	NCCRD	National Co-ordinating Centre for Research Capacity Development
EWTD	European Working Time Directive		
FBC	Fetal Blood Count		
FET	Frozen Embryo Transfer		
FISH	Fluorescence In-situ Hybridisation		

NCEPOD	National Confidential Enquiry into Peri-Operative Disease	RPOC	Retained Products of Conception
NCG	National Commissioning Group	RSI	Repetitive Strain Injury
NCRN	National Cancer Research Network	RTT	Referral to Treatment
NCT	National Childbirth Trust	SfBH	Standards for Better Health
NEQAS	National External Quality Service	SBR	Still Birth Ratio
NHSFT	NHS Foundation Trust	SHA	Strategic Health Authority
NHSLA	National Health Service Legal Association	SHO	Senior House Officer
NHSCSP	NHS Cervical Screening Programme	SIFT	Service Increment from Teaching
NICE	National Institute for Clinical Excellence	SIM/MAN	Simulation Mannequin
NIHR	National Institute of Health Research	SLA	Service level agreement
NLH	National Library for Health	SMACS	Self Medication after Caesarean section
NLS	Newborn Life Support	SoM	Supervisor of Midwives
NMC	Nursing and Midwifery Council	SpR	Specialist Registrar
NPSA	National Patient Safety Agency	SST	Sub-Specialty Training
NRF	Neighbourhood Renewal Funded	SWMNN	Southern West Midlands Newborn Network
NSC	National Screening Committee	SWOB	South West of Britain
NSF	National Service Framework	TA	Technical Assistant
OAA	Obstetric Anaesthetists Association	TAH & BSO	Total Abdominal Hysterectomy & Bilateral Salpingo- oophorectomy
OASIS	Obstetric Anal Sphincter Injuries	TENS	Transcutaneous electrical nerve stimulation
O & G	Obstetrics & Gynaecology	TOP	Termination of Pregnancy
ODP	Operating Department Practitioner	TTO	To Take Out
OI	Osteogenesis Imperfection	TTTS	Twin to twin transfusion syndrome
OPD	Out Patient Department	TWOC	Trial Without Catheters
OPT	Out Patient Polyp Treatment	UCE	University of Central England
OQME	Ongoing Quality Monitoring Enhancement	UHB	University Hospital Foundation Trust
ORMIS	Operating Room Management Information System	UKCS	UK Continence Society
OSCE	Objective Structured Clinical Examination	UKGTN	UK Genetics Testing Network
PACS	Picture Archiving of Communication System	VEGF	Vascular endothelial growth factor
PALS	Patient Advice and Liaison Service	VSD	Ventricular septal defect
PCA	Patient Controlled Epidural Anaesthesia	WHO	World Health Organisation
PET	Pre-eclamptic toxemia	WMFACS	West Midlands Family Cancer Strategy
PCT	Primary Care Trust	WMSCG	West Midlands Strategic Commissioning Group
PGDIP	Postgraduate Diploma	WRRGL	West Midlands Regional Genetics Lab.
PLUTO	Percutaneous Shunting for Lower Urinary Tract Obstruction	WRULD	Work Related Upper Limb Disorders
PMB	Post Menopausal Bleeding	WTE	Whole Time Equivalent
PMETB	Postgraduate Medical Education Training Board	XLMR	X Linked Mental Retardation
PN	Post Natal		
PND	Prenatal Diagnosis		
PNMR	Perinatal Mortality Rate		
POW	Pregnancy Outreach Workers		
PPH	Post-partum haemorrhage		
PPM	Practice Placement Manager		
PREP	Post Registration Education & Practice		
PRODIGY	Online Guidance used by Healthcare Professionals and Patients		
PSG	Profession Specific Group		
P/T	Part Time		
PTNS	Posterior Tibial Nerve Stimulation		
QAA	Quality Assurance Agency		
QARC	Quality Assurance Reference Centre		
QFPCR	Quantitative Fluorescent Polymerase Chain Reaction		
QQI	Quarterly Quality Indicators		
R & D	Research & Development		
RAAD	Rapid access ambulatory diagnosis		
RCA	Root Cause Analysis		
RCGP	Royal College of General Practitioners		
RCOG	Royal College of Obstetricians & Gynaecologists		
RC Path	Royal College of Pathologists		
RCR	Royal College of Radiographers		
RCT	Randomised Controlled Trial		
RIS	Radiology Information System		
RITA	Record of In-Training Assessment		
ROH	Royal Orthopaedic Hospital		
RPM	Reducing Perinatal Mortality		

