



First Choice for Women

ANNUAL REPORT AND SUMMARY ACCOUNTS 2004 - 2005



Welcome

Welcome to the Women's Healthcare NHS Trust Annual Report and Accounts for 2004/05.

It has certainly been a busy and challenging year for the trust as we continue to lead the way in premier services for Women and Babies.

Our first class Birth Centre which opened in 2004 welcomed over 600 babies into the world with many compliments from parents on the fantastic facilities.

We have seen a huge increase in births since January with 6698 babies born during the year. We have yet again proved ourselves to be leading the way in performance with waiting times consistently low and a high level of patient satisfaction.



Ann Owen
Chairman

Major achievements included a fact finding trip to Mirpur in Kashmir. We wanted to gain a better cultural understanding of the Miripuri community who also represent one of the largest ethnic minority communities in Birmingham.

By strengthening our links with the communities we serve we can learn further how to provide a service which is both accessible to all and culturally sensitive to the needs of our patients

It is frustrating that we just missed out on retaining our three star status because of our financial situation. This is a common problem which faces NHS Trusts across the country and we have a Financial Plan in place to restore the financial health of the Trust for now and in the future.

I want to take this opportunity to thank our staff, it is testament to their hard work and dedication that we have a great hospital providing the highest standards of care to our patients.



A good performance



During 2004/05 the Trust achieved a two star rating from the Healthcare Commission performance ratings. We achieved almost all of our key targets with the exception of Finance.

- Waiting times for operations and outpatient appointments
- Meeting the two week waiting times for cancer appointments
- Improving Working Lives
- Hospital Cleanliness

In addition we were in the top band of Trusts for:

- Infection Control
- Information Governance
- Clinical negligence
- Patient complaints procedure
- Better Hospital Food
- Staff opinion survey



The Trust still has some of the lowest waiting times in the country with no patients waiting more than six months for an operation. We have also met national inpatient waiting times

with no patient waiting more than 13 weeks for a first outpatient appointment.

Phil Elliot
Acting Chief Executive

Counting on your views



It's important to know what you think of our service, whether your views are good or bad, you can help us to put things right.

In 2004/05 we received hundreds of compliments and suggestions on how people would like to see improvements.

During 2004/05 we received 56 complaints, which represents just 0.05% of the total number of patients the hospital has cared for during the year. 84% of complaints were responded to within 20 working days and the remaining 16% were responded to within an average of 42 days. In most cases the delay was as a result of the complexity of the complaint.

There is one case where a complainant has approached the Healthcare Commission (HCC) for an Independent Review. The investigation is ongoing.

As a result of suggestions and concerns raised we have made a number of changes and improvements including:

- Complaint letters shared with appropriate staff to raise awareness of issues raised.

- More comprehensive and clearer explanations for women undergoing IVF to ensure that they have realistic and informed expectations.
- All staff regardless of their previous experience made aware and reminded of the level of care they must provide following miscarriage including emotional support available.
- Staff reminded that a snack box is available for patients including vegetarian option outside canteen opening hours.
- Midwives are currently reviewing their working practices with anaesthetists to devise clearer guidance to ensure that women undergoing surgery receive consistent levels of monitoring and that we continue to focus on high quality observations of patients under our care.
- Digital cameras are now in use on the Neonatal Unit and Delivery Suite, making it possible to keep or reprint photographs.
- Ensuring that discharge information given to patients is accurate at all times.

Did you know that during 2004/05

- We looked after around 50,000 patients
- There were 6565 deliveries and 6698 babies born
- We carried out over 3000 operations



Over a century of caring

The Trust is one of only two women's hospitals in the country providing a range of services dedicated to the care of women and babies.

The Birmingham and Midland Hospital for Women was founded in 1871. The Birmingham Maternity Hospital, Edgbaston, was opened in 1968 and it encouraged more mothers to have their babies in hospital, leading to an overall drop in the mortality rate for mothers.

The Women's Hospital we know today began in 1995 after becoming an NHS Trust. The Trust enjoys a remarkable regional and national reputation.

The hospital is the regional referral centre for fetal medicine, complex gynaecology and obstetrics cases and infertility. Patients travel from outside the West Midlands for specialist treatment here.

The Regional Genetics service for the Midlands is based at the Trust and we have the largest clinical genetics laboratory in Europe. During 2005, the Women's Hospital became home to the National Genetics Education and Development Centre.

Improving for you

Delivery Suite Makeover



During 2005, the Delivery Suite received a major £135,000 redevelopment to improve Triage facilities and a new Bereavement Suite.

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The new triage area has three assessment rooms and toilet facilities for visitors as well as patients. A new waiting room for visitors has access to a small garden.

The triage is now generally a more spacious environment to work in which benefits both patients and staff. We are now investing in additional staff to work there.

We are now in the process of reviewing and setting new guidelines for triage. We already offer a telephone triage service where a midwife gives advice over the phone.

The Bereavement Suite also known as the Abby Suite has been moved further away from the normal delivery rooms. The suite has been decorated with soft furnishings and now provides two en-suite bedrooms. It has more of a home from home environment and is less clinical in appearance than the normal delivery rooms.

Outpatient Survey

The National Outpatients Survey 2005 revealed excellent results for the Trust and several areas where great improvements had been made to the patient's journey through Gynaecology Outpatient Clinics.

Patients were extremely satisfied with their visit to Gynaecology specialists and General Outpatient Departments. All questions relating to the patients' overall impression of their visit were scored in the top 20% of Trusts nationally.

Much of the credit for their satisfaction must go to the staff who are committed to making the patient feel supported throughout their outpatient journey



Our Vision

Birmingham Women's Healthcare NHS Trust is one of the country's premier healthcare providers employing 1,500 staff and with a budget of £63million a year.

We provide maternity, neonatal, gynaecology, infertility and genetics services to people across the West Midlands and further afield. We also share some support services such as Finance and IT with neighbouring University Hospital Birmingham NHS Foundation Trust.

Our key aims are:

- To provide services of a high clinical quality with minimum of delay
- To achieve extraordinary patient satisfaction by providing the best possible health care services for women and babies
- To develop and enhance our leading edge services
- To provide support and education, training and research for all health care disciplines
- To function at a local level with issues affecting women and act as a catalyst for women's health issues

Parents Support Success

Michelle Ashley proudly holds her son Oliver after spending 11 weeks on the Neonatal Unit. She explains "They call me chair, because I'm part of the furniture!"

Michelle certainly is a well known face on the unit as well as tiny Oliver, born at 27 weeks weighing just 968g. Oliver now weighs 5lb is feeding well and has moved into the Nursery in the Neonatal Unit which is a good sign. Michelle is part of the Patient Support Group which is facilitated by NNU Sister, Sue Hodgson. The support



group provides a vehicle for new parents to talk and listen to each other.

Michelle enjoys being part of the group which allows parents to support each other, as Michelle explained: "It can be a very daunting experience having your baby on the Unit, especially for first time parents. The environment and equipment can make parents feel very worried.

"I have experience of spending time on the neonatal unit before and so I feel like I can reassure parents. The staff are brilliant here and I think that the support group can help parents who otherwise might find it difficult to get through the emotional torment of being on the Unit."

Sue Hodgson is a Neonatal Unit Sister and has facilitated the Parents' Support Group for over 5 years, she explained. "The reason why we run the Group is because babies are often on the unit for a very long time. The geography of the unit doesn't really help because parents can feel very isolated. The support group gives parents the opportunity to meet others and reassure each other that they are not alone."

Born in the Balearics

When Richard and Julie Swann took their summer holidays in Menorca, they weren't expecting to meet their son quite so soon.

Tiny Guy Swann was delivered by caesarean section at 29 weeks. After spending two weeks in Spain, the air ambulance bought him back to Birmingham and to the Neonatal Unit at the Women's Hospital.

Thankfully, after such a dramatic start, life for Guy and his family has settled down and Guy is now thriving.



Precious Lives



The neonatal unit at Birmingham Women's Hospital has one of the highest success rates of survival and quality of life.

The unit admits 650 small or sick babies a year ranging from less than 1kg to around 11 pounds in weight and from 24 weeks.

A great deal of time is dedicated to helping parents cope with having a sick baby. This means they have regular updates on a baby's progress and the opportunity to stay in the parents' bedroom on the Neonatal Unit. Parents and babies continue to be supported when they leave hospital by the Community Neonatal Team who make home visits to offer support on issues such as feeding.

Excellent!



The hospital has again received an 'excellent' rating for both cleanliness and quality of food by the Patient Environment Action Teams (PEAT).

The PEAT teams are made up of volunteers from within the NHS and patient groups, they carry out spot check inspections of hospitals. It is with thanks especially to our hotel services staff which include ward housekeepers, catering staff and porters for their diligence and pride in our Hospital.

Beating the Bugs

For the second year running the Trust Reported no cases of MRSA. The hospital has rigorous infection control procedures in place in particular extensive measures which limit the occurrence of MRSA.



This summer the Trust signed up to take part in the implementation of the national cleanyourhands campaign.

The campaign includes

- locating alcohol hand rubs near to the point of patient care
- a promotional campaign
- patient involvement

The cleanyourhands campaign will greatly enhance our local efforts. It will also allow for a consistent approach across the NHS so that staff are constantly reminded of the importance of hand hygiene. Patients can be confidentially reassured that everything possible is being done to protect them from infection, starting with this basic but essential procedure.

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Think Clean Day

Hospital Directors went back to the floor (and cleaned it too), as part of National 'Think Clean Day'.

During February the Trust hosted 'Think Clean Day', the national initiative offering Trusts the opportunity to raise awareness of cleanliness. The day brought together nursing and midwifery staff, facilities managers and housekeepers. The aim of the day was to raise the profile of cleaning and to demonstrate what could be done in a short time.

Hospital Directors did their bit to gain a greater insight into what happens on the front line. Andrew McMenemy, Director of Human Resources helped the

catering team, and the Chief Executive, Caroline Wigley vacuumed the front entrance and cleaned up all the cigarette ends outside the main entrance.

Two information sessions for housekeepers and clinical staff were held to give them the opportunity to express their ideas on how to improve the service.

Patients involved on the day were generally positive about the standards of cleanliness. Overall they thought the first impressions of the Trust were good and inpatients were satisfied with their facilities.



House Proud



During 2004/05, 45 Housekeepers achieved their NVQ Level 1 in cleaning and support services as well as the prestigious B.I.C.S Award.

B.I.C.S is the British Institute of Cleaning Science, an established institute with extremely high standards and the qualification is the 'Cleaning Operators Proficiency Certificate'.

The Trust was recently audited by the moderator for B.I.C.S and we have been approved to continue for another year as an accredited centre to run this qualification.

The next steps will be to have all housekeepers B.I.C.S trained and to develop our own staff as B.I.C.S Assessors.

The Housekeeper education and development programme has been very successful and staff are receiving the recognition they deserve. The Trust's Housekeepers are tremendously diligent and it is testament to their hard work that the Trust has such low infection control rates as well as a clean and appealing environment for our patients, visitors and staff.

www.bwhct.nhs.uk

Your right to your information

Openness through Freedom of Information

The Freedom of Information Act took full effect from 1 January 2005. The Trust has worked hard during this time to ensure that requests for information are dealt with in an open and timely fashion. Between January and July, a total of 20 requests have been received. We met the maximum 20 working days response time for all these requests. The Trust's Publication Scheme can be accessed through our web site.

Information Governance

Information governance ensures that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. The Trust's Information Governance Group has responsibility for maintaining and improving performance in this area. In the 2004/2005 NHS performance ratings, released in July 2005, the Trust achieved the highest band rating for information governance. Initiatives during the year have included a major exercise to prepare data for the forthcoming National Care Records Service, improved ways of managing records, and production of a patient leaflet entitled 'Your information' which explains why the NHS needs to collect personal information, and how it safeguards and processes such information.

Trust Web Site

The redesigned Trust web site went live in early 2005. It can be found at www.bwhct.nhs.uk

The site provides a range of information on how the Trust works, the range of services and facilities we offer, and employment opportunities.

International Women's Day

The Trust celebrated International Women's Day on March 8th 2005. The main foyer and reception area was taken over by displays and information for patients, visitors and staff on health and well being.

Organiser, Helen Mills explained, "International Women's Day is a day for asserting women's political and social rights, for celebrating women's contributions to society and to raise awareness of the value of women's work (often unpaid).

"As one of only two Women's Hospitals in the country we thought it important to raise awareness of the day, the services we provide, career opportunities and local women's organisations and key services. It was an opportunity to obtain information, network and be pampered! Hand massages and a variety of relaxing or energising back massages were available and much appreciated."

Many staff and departments got into the spirit of things and dressed either down or up and paid just £1 for our Women's campaign. Many other businesses and organisations across Birmingham took the opportunity and dressed down for International Women's Day raising a fantastic £2000 for the Women's Campaign.



Continence Support

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Jean Perks and Ann Simcox attend the Nurse Led Continence Clinic and are also members of the Continence Patient Group. The group has been running for almost two years and is open to patients or anyone who cares for a patient with a bladder condition.

The group which meets every two months is facilitated by Kim Powles, Senior Urogynaecology Sister who also runs the Nurse Led Continence Clinic.

Kim explained. "The group has been very successful, we have between five and ten patients attending every meeting and we are always trying to recruit more. The benefit of the group is that it has improved everyone's confidence no end. It is a great support mechanism as the patient's offer each other support, advice and most importantly a listening ear."

Jean Perks and Ann Simcox have both been attending the Nurse Led Continence Clinic for a number of years. Jean commented "You don't feel like you are in a hospital when you are here, and you can ring up and talk to the staff any time if you have problems or queries.

"The patient group has been really good, we have different speakers every time offering healthcare advice such as skincare, diet and relaxation."

Ann explained "Attending the group has certainly given me more confidence, everyone in the group is there for similar reasons which makes you feel like you are not enduring the condition alone."

Bladder conditions affect a large proportion of women and it is estimated that 3-6 million people in the UK have some degree of incontinence both male and female.

The Nurse Led Continence Clinic enables women to manage their condition and the patient group has empowered women to feel better about themselves and to get on with their lives

Did you know?

The Trust employs over 1500 staff

- We have 119 Consultants
- Almost 40% of the workforce is made up of Nurses and Midwives
- There are over 220 Healthcare Scientists
- There are 249 Support Staff
- 23% are Administration and Managerial staff

Leading the way in Cancer Care

Approximately 40% of patients attending the hospital have problems such as cancer, infertility or high risk pregnancy problems, all of which require specialist expertise.

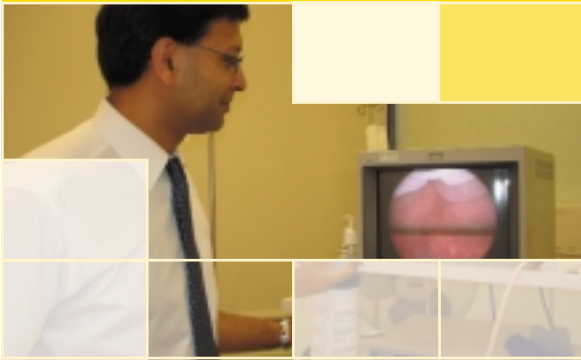
The Trust has long enjoyed a reputation as a leading centre in the research and treatment of gynaecological cancers and pre-invasive diseases of the genital tract and clinicians have been responsible for pioneering treatments and training many oncologists who now practice worldwide. The hospital also provides internationally-renowned colposcopy services to women with abnormal cervical smear results, as well as more general gynaecological services for menstrual problems and urogynaecology and incontinence difficulties.

One Stop 'See and Treat' clinic

This pioneering clinic, recognised internationally and the first of its type, empowers women to make their own decisions about the treatment of benign gynaecological disorders and, in just a few hours, be scanned, diagnosed and treated with minimal access surgery, if necessary, under local anaesthetic.

Traditionally this process could take around a year and could involve one or more general anaesthetics. Now a patient can arrive and be treated within one day.

Delivering Better Care



Rapid Access 'One-stop' 'See and Treat' Hysteroscopy Clinic

Women are now having a hysteroscopy procedure under local anaesthetic thanks to a new service carried out by Consultant Gynaecologist, Mr Janesh Gupta. Previously, patients had to undergo general anaesthesia for this kind of procedure, now they can walk in and walk out in a 1-2 hours clinic visit.

It's much easier for the patient and has also helped to make huge cost savings for the hospital in terms of anaesthetics and theatre time. In cases where patients may have extra complications such as high blood pressure or diabetes, a local anaesthetic is a safer option.

As Mr Gupta explained, "Many of the procedures that we do have traditionally been carried out under general anaesthesia. However, patients are much more likely to choose a local anaesthetic if it's made available. In fact 75% of patients will choose this method even when this involves more complex procedures such as removal of endometrial polyps, fibroids, endometrial ablations and now sterilisations. The clinic is expanding rapidly, so much so, that healthcare specialists from other Trusts across the country are visiting the clinic to learn more about this service. Recently we have appointed another consultant, Mr Clark, who was trained in the unit and who will be a complement to the service."

"There is also a GP present, currently in training, who is carrying out hysteroscopy, colposcopy and doing a Vulva Clinic. Having a GP as part of the team is a good marriage between Primary and Secondary Care."

www.bwhct.nhs.uk

Also part of the team is Sister Jan Godwin who is training to carry out the diagnostic procedures. She explained the difference between hysteroscopy and colposcopy. "A Colposcopy procedure is where special magnifying binoculars are used to look at the neck of the womb (cervix). A hysteroscopy procedure uses a fine telescope which is passed through the cervix and into the uterus which helps make a diagnosis. The beauty of this procedure is that the patient can see for themselves what is possibly causing their period problems and they are very much part of the process. The team are able to tell them what they are doing and in many cases a patient will receive a diagnosis and treatment in just one visit, hence a truly 'One-stop' 'See and Treat' service."

A new procedure that is now available through hysteroscopy is local anaesthetic sterilisation using a

technique called ESSURE. This is a small filament which is inserted into the fallopian tubes and after 3 months the tubes will be blocked allowing women to stop using contraception. This procedure has been available at the Trust for over two years and more women are choosing this method which can be completed in less than 30 minutes.

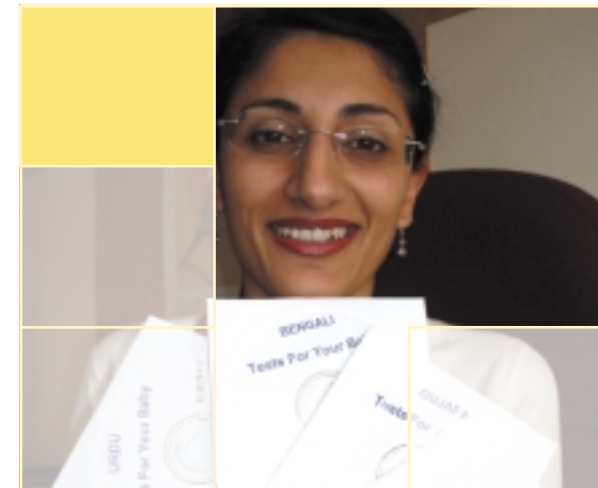


CDs get the right message to Mums

During the year, patient information CDs were produced in a variety of languages to ensure our Mums get all the right information during their pregnancy.

For the first time the Trust has invested in Audio CD's informing patients about the various tests they can receive during pregnancy and they are available in Punjabi, Urdu, Bengali, Arabic and Gujarati. Shubhnam Bilkhu, our Patient Information Project Manager has been instrumental in getting the CD's off the ground. She explained "This is the seventh audiotool we have for the hospital enabling women to receive the information they need about their care. Patients will be given the CD's at their booking appointments or early in their pregnancy and they will be able to take them home. The CD's will not replace any healthcare received but will reinforce the information given to them by healthcare professionals.

They will be given instructions on how and when to return the CD's later in their pregnancy. The cassettes have always been very useful but the CDs will be of much better sound quality and more hardwearing. There are 50 copies in each language."



Forging links across the globe



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One of the largest ethnic minority groups in Birmingham is the Miripuri Community. During January 2005, Chief Executive, Caroline Wigley, Director of Finance, Phil Elliott and Chair, Ann Owen travelled to Kashmir to the region of Mirpur.

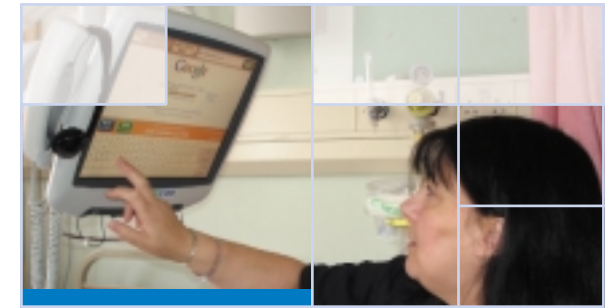
The reasons for the trip were to find out more about the healthcare system in Mirpur. This would in turn provide an insight into the ancestral health habits of the people from the Mirpur region who are now living in many areas of Birmingham. We wanted to make links with the hospitals there, in order to have a regular contact with the region and as a result we are now twinned with the City Hospital in Mirpur.

Managers also wanted to examine and understand women's access to healthcare in these areas and how women from this community can take better care of their health when expecting a baby. Phil Elliott explained "Last year when we were pursuing Foundation Status, we went out into the community to hear the views and ideas of our service users. It became apparent that many Muslim women

in Birmingham are not taking the healthcare opportunities available to them. As many of the Pakistani community in Birmingham are from the Mirpur region, we decided to go on a trip there to see how they related to healthcare in their own country." "The trip was invaluable and what we learned was that instead of expecting women to come to us for some of their antenatal and gynaecology healthcare needs, we should be going out to them. We learned that we need to be diverting resources out into the community. We have since run some successful clinics in mosques and schools and we have realised this is a positive way of tackling healthcare.

Chair, Ann Owen explained "We realise that you can not make a direct comparison with the Mirpur region and the Miripuri communities living in Birmingham. But what we can do is have a better understanding of the customs and cultures of our Muslim patients and develop our service further to meet their needs."

That's entertainment!



During the summer of 2005, patient bedside entertainment came to hospital.

Patients now have access to their own telephone, TV, films, audio books and internet as part of the Government's Patient Power Initiative set out in the NHS Plan. The new system means patients can keep in touch with friends and family and choose from a comprehensive entertainment package.

There is a combination of free services including radio and pay services which includes 15 channels of digital TV and the latest films on demand.

There are many benefits with the system which is proving popular with staff and patients at trusts all over the country.

Patients can use the phone without having to ask a member of staff for help. They can watch TV at a time that suits them and headphones mean patients do not have their rest disturbed by several noisy TVs being on in a ward at the same time.

In the future the television system will help the Trust to deliver information to patients - bringing powerful and relevant information to patients and visitors i.e. food menu display, discharge information, health management messages and infection control information.

Connecting for Health



Connecting for Health is part of the longer term NHS Plan which aims to improve NHS IT Services. It will bring modern computer systems to improve the patient experience.

Over the next ten years it will connect over 30,000 GPs in England to almost 300 hospitals and give patients access to their personal health and care information. Information will move around more quickly with health care records, appointment details, prescription information, and up-to-date research into illnesses and treatment accessible to patients and health professionals whenever and wherever they need it. It will support patient choice and allow first hospital outpatient appointments to be made at a time, date and place to suit the individual.

Currently health information is held as a mixture of paper and computer records that cannot be easily shared. Even records held electronically are effectively locked away as computers in different NHS buildings or locations are not linked. The NHS Care Records Service will change this, creating an electronic care record for each of England's 50 million patients.

The programme has four particular goals: electronic appointment booking, an electronic care records service, electronic transmission of prescriptions, and fast, reliable underlying IT infrastructure.

Because the 'Connecting for Health' programme is so huge and complex, it will stretch over a 10 year period and will be divided into stages.

The first step is for the Trust to implement the first phase which involves replacing the current system with a new Patient Administration System. This will be one of the first steps towards the delivery of better healthcare system for patients and NHS staff.

Safe and Sound

The management of health and safety is integral to the business of the Trust and all staff members are actively encouraged to report all health and safety issues through the Trust's incident reporting system.

Last year the Trust Health and Safety Committee agreed a revitalisation plan and objectives to strengthen links between management and staff side were achieved.

This year's objectives have been set around strengthening the Directorate Health and Safety Structure and ensuring the management of Health and Safety is embedded.

A regular newsletter is sent to all staff and our stakeholders which includes regular updates on training and health and safety awareness. Health and Safety is a permanent agenda item on Directorate Management Meetings, thereby ensuring that Health and Safety is at the heart of Trust business.

The Staff Health Suite provides an Occupational Health Service as well as a Staff Support Adviser offering counselling sessions, a consultancy service and stress management training.

Trust appoints new Chair

During the year the Trust welcomed the appointment of Professor Khalid Khan, Chair of Obstetrics, Gynaecology and Epidemiology. Professor Khan's area of specialisation will be the development of evidence based practice, generating guidelines to inform practice by undertaking systematic reviews and clinical trials. Professor Khan's areas of research include prematurity, high blood pressure in pregnancy, the restriction of a baby's growth inside the womb, infection in pregnancy, chronic pelvic pain, endometriosis, heavy periods and also research on 'how to carry out research'.

Before taking this position, Professor Khan had been a Consultant with the Trust since 2000 and a Junior Doctor previous to that.

On his new role, Professor Khan explained, "By moving to the position of Chair, I will be able to devote more time to research. I had always wanted to work at the Birmingham Women's Hospital as one of only two specialist Trusts for women in the UK, to become Chair here is fantastic."



R&D goes from strength to strength

Since 1995 and the introduction of Department of Health Culyer Funding, Research and Development income at the Women's Hospital has grown by an impressive 202%, from £7309,000 in 1995/6 to over £2million.

The number of research related peer reviewed publications have progressively increased with approximately 110 live projects being undertaken within the Trust at any one time.

There are currently 10 Research Fellows/Studentships within the Trust who support one of the five Research Programmes that are of both local and national importance.

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Research and Development Management Services

The R&D Management Services Team at Birmingham Women's Hospital provide a service to Trusts across the Midlands Region.

The team ensure each Trust meets research governance standards. They also provide public relations support as well as training.

The benefits of having a team which covers so many Trusts is that there is a consistent approach to policies and procedures across the region.

The department is a great asset to the Trust and in the last year R&D Management Services bought in a total income of £293,000. The Trust has a committed Research and Development Committee which includes lead researchers and nursing staff.

The Apollo Study

Midwives at Birmingham Women's Hospital are undertaking a ground breaking research study to look at what effect (if any) the position of the baby at the onset of labour has on outcomes for mother and baby.

The APOLLO study is the largest national Midwifery led study of its kind ever undertaken. APOLLO stands for: Analysis of fetal Position at the Onset of Labour and Labour Outcomes. APOLLO is a 12-18 month study that will require 1250 new mothers.

The project is being carried out by four Midwives; Sara Webb, Delivery Suite, Aishah Bibi, Community, Bernadette Early, Birth Centre and Susan Dover, a senior midwifery lecturer at UCE.

Often Midwifery led research has been generally focus group led, however, this is a piece of clinical research which is hoped will give further insight into why some women take days to give birth and some women take just hours.

As Aishah explained, "This study will highlight the role of the fetus in labour, rather than it being seen as a passive passenger. It is very exciting to do a study which has never been done before, it could potentially yield new knowledge."

Sara explained "The way the study works, if a mum is recruited to the study, then the only difference will be that when she arrives at the hospital in early labour, she will be scanned. This scan will be able to show the fetal position at this stage. We will then be able to see if there is a particular fetal position which gives a better outcome at birth.

If we do find that one position is better or worse than others, then future studies could develop to look at

trying to change the fetal position at the onset of labour and this may in turn help to lower casaerean section rates.

The idea of fetal position having an impact on birth originated from Jean Sutton a Midwife from New Zealand, now in her 70s, who has promoted 'optimal fetal position' for many years. Jean Sutton claims that one fetal position is the best and that a Mum can alter the way she moves around and her lifestyle to help her baby achieve the 'optimal position'.

Although there are claims and physical evidence to support Jean Sutton's theory of optimal fetal positioning there is no research based evidence to either support the theory or refute the claims. The Apollo Study will try to provide some clinical research based evidence to understand what might be the best position for the fetus in early labour, or in fact the worst position.



Courtesy of the Birmingham Post

Committed to our patients

You've got a Friend



The hospital PALS service is now well established into Trust culture and continues to give a helping hand to patients and visitors who have queries or concerns about any aspect of their care.

The Patient Advice and Liaison Service (PALS) also guides patients, their family and friends through the different services available within the hospital and outside.

Although the complaints service is still available, patients often choose to speak to the PALS team first.

The PALS team this year has expanded from a sole PALS manager Sue Sargeant, with volunteer help. Jane Harkin has been seconded in to the post of PALS Officer with the hope that this may become permanent. This ensures continuity of the service over periods of leave or sickness. Staff can contact the service on behalf of patients or families can contact the service directly 5 days a week, virtually all year round.

Members of the PALS team are based in the main foyer of the hospital in a highly visible office and client

area. They are available from 8.00 a.m. to 5.00 p.m. each weekday and by direct line on 0121 627 2747.

Sue Sargeant also manages the Trust Interpreting Service ensuring equity of access to all support services for all our diverse population.

Speaking your language



The hospital strives to ensure patients whose first language is not English have access to an interpreting service. A service is available with staff on site 9.00 a.m. to 5.00 p.m. Monday to Friday, and supports Bengali, Punjabi, Hindi, Arabic and Gujarati.

The service has now developed and expanded with the provision of a direct telephone interpreting service covering 150 languages available to all Trust patients, 7 days a week, 24 hours a day.

The Trust also has access to a dedicated sign language service which is available 24 hours a day, 7 days a week which will, after a telephone call, ensure that a clinically qualified signer is available at the hospital to provide translations on a one to one basis.

The services we provide at the Birmingham Women's

Hospital now ensures equity of access across all aspects and all cultures of our diverse population. All patients have the availability of impartial, qualified, high quality service delivery to ensure that all their communication needs are met.

Your views are our priority

At the Women's Hospital, we are committed to involving patients and the community. Patients, visitors and members of the public can help us to improve standards of care, develop our services and plan for the future.

The Trust has developed a new leaflet entitled 'Patient and Public Involvement - Helping us to improve your experience'. The leaflet invites people to get involved and outlines where they can help.

If you are a patient or a member of the public, there are many ways in which you can be involved and be part of the Women's Hospital. We value your opinion and want to listen to your views. You may want to join a readers panel checking our hospital information to make sure it is patient friendly. Or be part of a focus group helping us to improve or plan our services to meet individual needs.

Everyone is invited to get involved. You can help shape our services that we provide for you and your family.

If you would like further information on how to be involved, please contact [0121 472 1377](tel:01214721377)

Our Staff

Improving Working Lives

During the year the Trust has actively promoted the benefits of Improving Working Lives and we strive to help our staff balance work lives with their personal lives.

Every member of staff now has the opportunity to request flexible working and have the matter taken seriously. Our flexible working policy allows staff the opportunity to consider their work life balance in accordance with their shift patterns. This has helped to develop better morale in the workplace and in turn has had a significant impact on staff feeling valued. The Trust's Recruitment and Retention Strategy offers family friendly policies and flexible-working opportunities, as 80% of our workforce is currently female.

The Trust's work life balance coordinator holds monthly drop in sessions and is a valuable information resource in the areas of carer issues, childcare, flexible working, and assistance in emergencies. Staff have access to a range of benefits which include a health shop where a wide range of advice can be sought on a variety of health issues, various literature is also available to take away. The health shop offers a wide range of therapies and holistic approaches such as Reflexology, Aromatherapy, Beauty Therapy as well as Chiropody and a fast track back clinic.

Recognising our staff

Our Equal Opportunities policy/Staff Charter together with other policies support staff and ensure that they are treated with respect and feel valued.



The Trust has a Long Service Award Scheme which demonstrates the Trust's commitment to its employees for their long and loyal service and is recognised at 15 years, 25 years and 40 years.

The Trust is also developing a Staff Recognition Scheme with individuals and teams being recognised for their contribution to the Trust, improved departments and services and best practice. The first awards will take place in September 2005.

Valuing Diversity

The Trust has an Equality and Diversity strategy, which provides an overarching approach to all issues surrounding Equality and Diversity. It encompasses and builds on the Trust's Race Equality scheme and covers all aspects of diversity. The aim of the strategy is to ensure that equality and diversity is seen as an integral part of everything we do. A Black and Minority Ethnic Staff Support Group has been established, offering a supportive framework

whilst at the same time giving staff the opportunity to discuss and raise particular issues amongst themselves.

The Trust has a responsibility to meet the cultural and religious needs of our staff and patients. Therefore, there are a variety of provisions. There are two rooms set aside for prayer or quiet reflection, the Chapel and the Prayer Room. Both are open to everyone, regardless of religious faith and are available 24 hours a day. They contain various resources drawn from several world faiths.

The Chaplaincy Department is staffed by Muslim, Christian and Hindu Chaplains. It is hoped to further enhance this by appointing a Sikh Chaplain. Advice can also be obtained from other local faith communities when needed. Chaplains are available for advice or personal support to staff as well as patients.

The Trust's Disability Equality Policy aims to promote, and improve employment opportunities for disabled people. We will take all reasonable steps to remove barriers that prevent disabled people from accessing services and employment opportunities. The Trust has an Employing People with Disability's policy and has two ticks accreditation. The Trust is committed to working alongside the Employment Services (Access to work) and part funding any reasonable adjustments required.

Training and Development

The Trust is a lifelong learning organisation with a commitment to providing equity of access to education and development opportunities for all staff.

Funding resources available for the education and training of all staff groups include:

- Individual Learning Accounts (Staff without a professional qualification are eligible for £150 towards training of a qualification each year)
- ECDL - European Computer Driving License
- NVQ's in Care, Administration and Cleaning and Support
- BME (Black and Minority Ethnic) Leadership and Management course

By the end of 2005, 80% of our Housekeepers will have achieved the housekeeper training programme, which is a recognised training qualification for domestic staff.

There are also 'in house' courses available in areas such as Moving and handling, Stress management, First aid, Clinical audit, Patient handling, Infection control and CPR. It is possible for staff to join the Trust with no qualifications and through the NVQ

process obtain a foundation degree and undertake professional training.

Investment

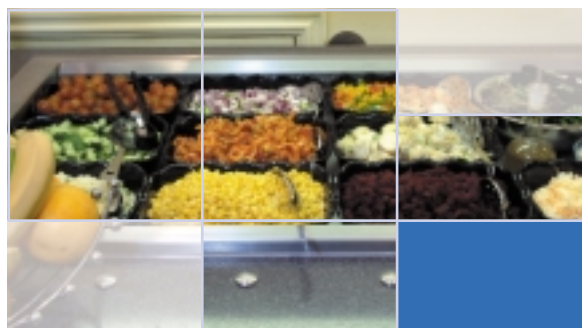
During the year over £3.8million was invested across the Trust.

- £1.5million was received from the Genetics White paper for state of the art Genetic Equipment including two DNA Analysers.
- The Dining Room received a £400,000 Upgrade.
- £200,000 was invested in the new Cytology training School.
- £600,000 has been ploughed into IM&T as we move towards the National Programme for IT 'Connecting for Health'.
- £600,000 was invested in new equipment.

Dining in Style

During the year, the Trust saw the grand opening of the newly refurbished restaurant open to staff, patients and the public.

Since opening, the restaurant has seen an increase in its profits. The restaurant has a salad bar, freshly made sandwiches all providing healthier options to staff, visitors and patients.



Risk Management

As an NHS organisation, we face a range of risks which could affect our ability to provide high quality care for our patients.

Being able to identify and manage any type of risk is a core task for the Trust.

Risk Management is the process of looking at what could go wrong, assessing the probability of an incident and taking steps to reduce risk and also maintaining the level of risk.

In January 2005, the Trust underwent the Clinical Negligence Scheme for Trusts (CNST) Maternity Standards Level II Assessment.

(CNST was established in order to provide a means for Trusts to fund the cost of clinical negligence litigation. THE CNST Maternity standards provide a framework which helps us to focus on clinical risk management to improve patient care).

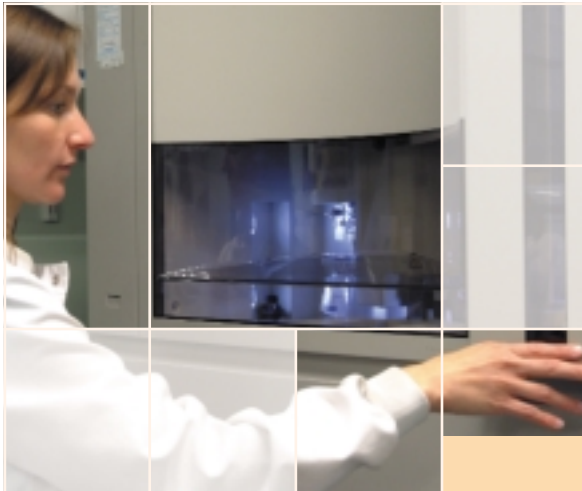
The Trust had an excellent Assessment with very good scores for each of the Standards and was successful in achieving Level II.

An action plan has been drawn up for the Maternity Standards to move forward to a Level III Assessment during the next financial year.

We are one of the first Trusts to have developed a live electronic Risk Register which will enable all levels of the organisation to access the Register for their areas of responsibility. The purpose of the Register is to record, reduce and control risk across the Trust. Departments will be able to read the Trust risks from other areas and they will be able to directly access their own risk register to enable this to be a live document.

Genetics enters mainstream healthcare

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The Trust is proud to be the home for The West Midlands Regional Clinical Genetics Service.

It is one of the leading centres of its kind in Europe and many experts working on life-saving projects are known internationally.

The Service provides diagnosis, information, risk estimation, genetic counselling, and management and support to individual patients and their families.

The Genetics White Paper was launched by the Department of Health in 2003 stating "Genetics offers enormous potential to improve our health and healthcare - more personalised prediction of risk, more precise diagnosis, more targeted and effective use of

existing drugs, new gene-based drugs and therapies, and prevention and treatment regimes tailored according to a person's individual genetic profile. The aim of the paper was to set out a vision of how patients could benefit in future from advances in genetics, and raise awareness of the potential of genetics in healthcare. It set out a comprehensive plan for preparing the NHS, including the investment of £50 million over the next three years to help realise the benefits of genetics in healthcare. The clear focus of the genetics White Paper was the need for Genetics to be integrated further into mainstream healthcare. Genetics has been traditionally seen to be dealing with rare diseases. However, over the years, more common adult diseases such as Diabetes, Heart Disease and Cancer have been recognised as having a genetic component.

A Service Development Project has been developed to integrate genetics into common adult disease areas. Three areas have been chosen for the project and they are:

- Cardiology (Heart Disease)
- Endocrinology (Diabetes)
- Renal Medicine

Genetics and family history are an important risk factor as well as lifestyle in a person's health. If people with a higher risk of developing illnesses in later life as a result of their family history can be identified, we can target their care and lifestyle and they can be treated accordingly. The specialty of genetics is to take into account all features of a diagnosis and suggest the most appropriate management.

The Service Development Project is a joint venture between Clinical Genetics and University Hospital Birmingham NHS Foundation Trust. It will look to

develop patient pathways right through primary care to the Clinical Genetics service. The project will take place in Heart of Birmingham Primary Care Trust. GP's will be carrying out new patient checks and anything that may fit the criteria of the project will be flagged up, identified patients will then be asked to fill in a questionnaire.

Three specialist nurses in Renal medicine, Cardiology and Endocrinology will be employed and trained in the field of Genetics. The Nurses will receive the Questionnaires from Primary Care and triage patients according to their level of risk. Quite a lot of their work will be detective work - getting a full picture of a family's history and deciding how a patient may need treatment or regular follow up. Some family histories may be normal and some of the patients may need genetic testing.

For example, a genetic condition such as Renal Disease could see patients with end stage renal failure and dialysis. However, identifying this condition earlier could have a beneficial impact on patients and their lifestyle as well as costs to the NHS. As part of the project there will be a counsellor (trained by a genetic counsellor) used to contact family members and talk through issues with them. A great deal of reassurance will be required, explaining what the Genetics tests are.

An evaluation of the project will be carried out and if successful, the Clinical Genetics Service will look to integrate this into a full service in a few years time. However, they will need to gain the patient's view of the service as well as the local community before introducing this service.

The National Genetics Education and Development Centre



In February 2005, the Trust became home to the National Genetics Education and Development Centre. The Centre is funded by the Department of Health and is one of the key initiatives emerging from the Genetics White Paper

Lead by Consultant Geneticist Professor Peter Farndon, the Centre brings together a team of professionals skilled in education, communication, information technology and clinical expertise. The aim of the Centre is to bring about improved patient care by ensuring that healthcare professionals have access to genetics education which is grounded in clinical practice.

Working with groups of healthcare professionals to find out what they already know about genetics, what else they want to learn and how they want to learn.

The Centre will use these findings to ensure that the resources we develop enable staff to answer the questions patients ask.

Currently, Centre staff are working with nurses, midwives and health visitors, medical practitioners,

pharmacists and dietitians to identify what resources would be useful to deliver genetics education to each group.

Core competencies have been developed for the nurses, midwives and health visitors and these are available on our website.

The Centre is also committed to ensuring that services develop in the NHS. We are working with projects across England which include initiatives such as a clinic for renal disorders and genetic counsellors working in the community. The Centre is also working to provide educational support to ten GPs with a special interest in genetics.

For more information please contact our Centre website on www.geneticseducation.nhs.uk

Births rates above the National Average at Assisted Conception Unit

The Assisted Conception Unit at Birmingham Women's Hospital understands the needs of couples facing fertility treatment.

The unit offers a range of fertility treatments, supported by an experienced team of Doctors, nurses, embryologists and counsellors in an environment of genuine care, warmth and support for couples.

The stresses and anxieties associated with fertility treatment are understood and staff offer easy access for couples to information and emotional support when most needed.

Achievements

- Live birth rates in all treatment groups are above the national average and are continuing to improve.
- The unit has been restructured and all processes reviewed to meet the challenges of the NICE guidelines and the European Cells and Tissue Directive.
- The development of embryonic stem work is on-going and funding has been secured for the development of the Good Manufacturing Practice (GMP) laboratory facilities in line with the production of stem cells suitable for therapeutic use.
- The Unit also provides diagnostic andrology services and sperm storage for men undergoing treatments that may threaten their future fertility, such as chemo or radiotherapy.



Caring for the unborn child

The Fetal Medicine Centre has been running at the hospital since 1991 and receives referrals from health professionals throughout the West Midlands

Professor Mark Kilby is the clinical coordinator for the Fetal Medicine Centre. His clinical expertise is in prenatal diagnosis of fetal anomalies (including invasive karyotyping) and fetal therapy (including the management of Rhesus disease and Twin-Twin Transfusion Syndrome).

New treatment for Twin-Twin Transfusion Syndrome

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In July 2004 the Fetal Medicine Centre began a new Laser Fetoscopy Service.

Laser Fetoscopy treats Twin-Twin Transfusion Syndrome, which can be a complication of multiple pregnancies. It is caused by twins who are identical and therefore share a single afterbirth/placenta. In identical twins, the blood vessels run from one twin to another on the surface of the placenta. This can cause a difference in growth and Twin-Twin Transfusion Syndrome (TTTS) occurs where a normal sized twin has a high blood pressure and produces lots of fluid in the womb, whilst the smaller twin has a low blood pressure and is unable to move. If nothing is done there is a 95% chance that both babies will die before 24 weeks.

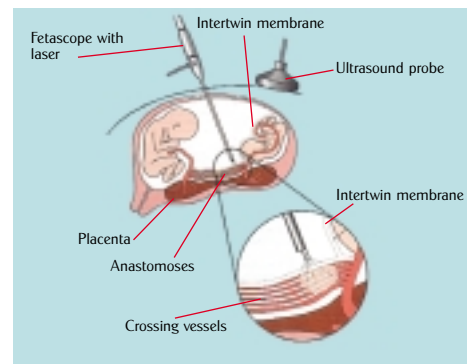
The previous treatment for TTTS was Amniocentesis. A needle was put into the womb to drain the increased fluid. This placed the survival rate at about 60%, however, there is a higher risk of babies being born with Cerebral Palsy.

A recent development to treat TTTS with a lower risk of babies being born with a long term handicap has been Laser Fetoscopy.

A Fetoscope is a special scope, the width of a needle, which allows the baby to be seen whilst still in the uterus. The procedure for Laser Fetoscopy is the placing of a Fetoscope through the abdomen and into the womb. The Fetoscope has a tiny laser which can separate the placental blood vessels between the twins.

The survival rate for babies using this treatment is between 60-70% and the risk of cerebral palsy in survivors has been significantly reduced. As a result, Laser Fetoscopy has become the treatment of choice for TTTS.

There are only a small number of units across the country which perform this procedure and we have received referrals for Laser Fetoscopy from across the country as far afield as the Lake District.



Women's Hospital awarded Research Funds to treat babies in the womb

Consultants at the Trust and the University of Birmingham have been awarded a research grant of £99,526 to investigate the role of

minimally invasive procedures in unborn babies with congenital bladder obstruction.

Each year around 100 babies in the UK are diagnosed with congenital bladder outflow obstruction before birth. The condition can result in kidney and bladder damage and leads to about 50% of affected babies dying.

Professor Mark Kilby has been awarded a 3 year grant by WellBeing of Women, the only UK Charity funding vital research into all areas of reproductive health. With this trial Professor Kilby and his team hope to be able to show categorically whether bypassing the blockage with a connection between the bladder and the fluid surrounding the baby (vesico-amniotic shunt) in the womb can prevent kidney and bladder damage and improve the baby's prognosis. Currently there is no conclusive evidence as to the benefit of this procedure.

The research will also assess whether this therapy will improve lung growth in these babies, which is impaired because of a reduction of amniotic fluid due to the bladder obstruction.

Commenting on the trial, Professor Kilby said; "We hope that in the future, it will be possible to offer parents a treatment that will improve their baby's prognosis, or alternatively we will be able to tell them that this complex procedure offers no benefit." The charity's Director, Shirley Farmer said; "Well Being of Women is about life - helping enable it, sustain it and make it of the best quality. By funding vital research like this important project, we aim to make it a valuable contribution to the development of tomorrow's treatments."

Clinical Governance

Clinical Governance is the framework which Trusts use to ensure safe, high quality, patient centred care. It can also be thought of as 'Improvement'. It brings together Patient experience, Patient and Public Involvement, Evidence Based Practice, Clinical Audit, Research and Development, Risk Management, Use of Information, Staff Focus and Strategic Capacity. Over the last year we have continued to progress in all of these areas.

The Trust was an early adopter of the national move towards integrating governances and the Clinical Governance Audit, and the Risk sub-committees were merged to form the Governance sub-committee. Through this route the Board is assured that clinical governance, risk, financial and corporate governance are fully implemented and ensuring good practice. Further integration was seen in the Directorate Clinical Improvement Groups now functioning well in Maternity, Gynaecology and Genetics.

Clinical Audit continues to be used as the tool for developing Integrated Care Pathways. These pathways will feed into the new national IT system, Connecting for Health to provide patient centred, evidence based care with in-built quality assurance. They have also been a source of increased patient influence on our services via patients who sit on the development groups and patient focus groups.

The Clinical Audit annual report detailed 130 audits performed across the Trust and another successful Hospital Annual Clinical Report assessment day was organised featuring Research projects and the annual audit competition presentations.

Risk Management continues to develop via the Risk Register and Incident Reporting systems. Progress was

reflected in the improved Core CNST assessment and Maternity Standards achievement. Implementation of the National Patient Safety Agency reporting system and the SHA's Serious Untoward Incident reporting system was achieved.

The Women's Council continues to provide a valuable forum for patient feedback and involvement under its new chair, Andrea Gordon. The outcomes for patients would appear to justify the considerable effort put into clinical governance. The last national Outpatient survey demonstrated a consistently high level of patient satisfaction and was promoted as a model for other Trusts by the SHA.

From April 2005 there will be a new performance framework for the NHS and Social Care driven by Standards for Better Health, which sets out the level of quality all organisations providing NHS care will be expected to meet or aspire to. They will ensure that health services provided are both safe and of acceptable quality and they will provide a framework for continuing improvement.

Natural Birth Care Pathway

The Natural Birth Care Pathway has been developed for the Birth Centre to enable the patient journey to be less medical whilst at the same time being completely clinically safe. This care pathway allows midwives to use their eyes and ears in assessing women's progress during labour and enables them to approach their role more holistically.

The Natural Birth Care Pathway is a plan of care for low risk women and acts as a guide for midwives to document information about their patients. However, the way in which the plan has been put together minimises the amount of paperwork a midwife has to do. The philosophy of the Birth Centre is to facilitate women to

have a natural birth and the care pathway complements this. It contains pre-determined observations and questions so that a midwife can run through any paperwork relatively quickly and get on with the main job of supporting women during labour.

Stephanie Cave is a Midwife in the Birth Centre and along with many of her colleagues, she helped to develop the Care Pathway, she explained; "Using the care pathway has allowed us a great deal more quality time to spend with our women and develop a stronger bond with them.

The pathway has enabled us to go back to using the real skills of midwifery, looking at a women's behaviour and signs of progress."

Acting as a backbone of care, the Natural Birth Care Pathway allows midwives to get back to the real basics of midwifery. For low risk women, with low risk births, it is the best tool to use and the Delivery Suite has the medical back up required should a woman require it.



Good Ideas

Birth Ideas Workshop

The Birth Ideas Workshop aims to give couples further information on what will happen during labour and promotes an active labour which can help to achieve a more natural birth.

Midwife, Antoinette Connolly runs the classes and she explained, "Midwives are very supportive of enabling women to have a more active and natural birth. We would prefer women to move around as it gives them a better sense of being in control of their labour. All couples agree that the workshops have been very positive and it also gives them the opportunity to ask any questions."

The workshops are run weekly and include a tour of the Delivery Suite as well as a 'labour talk'. Couples are shown how they can use the beds as a prop for labour rather than being something to remain in during labour and delivery and women are also encouraged to try out the birthing balls.

Even high risk women with problems such as diabetes or high blood pressure are encouraged to have an active labour. As Antoinette commented "It is very important for high risk women to be more active during labour, as it gives them a better sense of normality and control."

Women usually attend the workshops when they are past 30 weeks. Some women who already have children may not wish to attend parentcraft classes, but the workshop acts as an ideal refresher.

The Birth Ideas Workshop has been running for three years and was the inspiration for the Apollo Study featured on page 10. The idea that movement can help achieve a better position of the baby and in turn a better delivery has been supported by midwives for many years, however, without evidence based practice, it cannot be proved. This is why the Apollo Study began and the workshops have been an ideal place to recruit women onto the study.



Meet the Trust Board



Chief Executive
Caroline Wigley



Finance Director
Phil Elliot



Director of Operations
Judith Phillips



Medical Director
Harry Gee



Director of Nursing & Midwifery
Jane Owen



Director of Human Resources
Andrew McMenemy



Chairman
Ann Owen



Non-Executive
Jim Brooks



Non-Executive
Brian Miller



Non-Executive
Prof. Phillip Gallimore



Non-Executive
Elaine Nicholls



Non-Executive
Judith Mackay

During 2004/05 the following Directors held positions on the Trust Board:

Kate Sallah - Director of Nursing and Midwifery, June 2002 - June 2004;

Stephanie Harris - Director of Human Resources December 2002 - November 2004

Sudarshan Abrol - Non Executive Director, November 1997 - October 2004

As part of the Trust's commitment to openness and accountability, you are invited to attend any Public Board meeting. All public Trust Board meetings start at 4.30pm and are held in the Education Resource Centre at Birmingham Women's Hospital:

2005:

26 October
23 November
21 December

2006:

25 January	22 February
22 March	26 April
24 May	28 June
26 July	(no meeting in August)
27 September	25 October
22 November	20 December

Caroline Wigley left the Trust in June 2005
Julie Burgess has been appointed as the new Chief Executive and joins the Trust in October 2005. During the interim period Phil Elliott has been Acting Chief Executive

Balancing the books

The Trust has continued to perform well in a very difficult financial year. It achieved three of four ambitious performance targets set by the NHS Executive. Unfortunately by the end of 2004/05 the Trust recorded a cumulative deficit of £256,000.



Finance Director
Phil Elliot

Therefore the Trust failed:

- To achieve an (I&E) balance

but it succeeded:

- To remain within the External Financing Limit (EFL)
- To remain within the Capital Resource Limit (CRL)
- To achieve a 3.5% return on assets employed

For 2004/2005 we recorded an income and expenditure deficit of £264,000. We achieved the rate return on assets of 3.6% and we also ended the year within our EFL target for cash spending.

Once again the hospital's main source of income was Primary Care Trusts within Birmingham who accounted for 54% of our healthcare funding. We spent over £3.9million refurbishing facilities as well as the purchase of new medical equipment.

On the following pages you will find a summary of the Trust's financial results for 2004/2005 taken from our Annual Accounts. If you would like to see these in full, you can obtain a FREE copy by writing to:

The Director of Finance, Birmingham Women's Healthcare NHS Trust,
Edgbaston, Birmingham, B15 2TG or Tel: 0121 472 1377

Income and expenditure for the year ended 31st March 2005

	2004/05	2003/04
Income from activities	£000	£000
Continuing operations	51,480	45,141
Other operating income	11,977	10,888
Operating expenses		
Continuing operations	(62,371)	(54,761)
Operating surplus		
Continuing operations	1,086	1,268
Surplus before interest		
Interest receivable	159	74
Surplus for the financial year	1,245	1,342
Public dividend capital dividends payable	(1,509)	(1,338)
Retained deficit/(surplus) for the year	(264)	4

Balancing the books

BALANCE SHEET FOR THE YEAR ENDED 31ST MARCH 2005

	2004/05 £000	2003/04 £000
Fixed assets	43,592	42,815
Current assets		
Stocks and work in progress	64	37
Debtors	3,170	2,417
Cash at bank and in hand	123	123
Total Current assets		
Creditors: Amounts falling due within one year	3,357 (5,981)	2,577 (4,041)
Net current assets (liabilities)	(2,624)	(1,464)
Total assets less current liabilities	40,968	41,351
Provisions for liabilities and charges	(292)	(232)
Total assets employed	40,676	41,119
Financed by: capital and reserves		
Public dividend capital	37,052	36,564
Revaluation reserve	1,617	1,629
Donation reserve	1,122	1,284
Income and expenditure reserve	885	1,642
Total capital and reserves	40,676	41,119

CASH FLOW STATEMENT FOR THE YEAR ENDED 31ST MARCH 2005

	2004/05 £000	2003/04 £000
Operating activities	£000	£000
Net cash inflow from operating activities	4,891	3,488
Returns on investment & servicing of finance:		
Interest received	153	70
Net cash inflow/(outflow) from returns on investments and servicing of finance	153	70
Capital Expenditure		
Payments to acquire tangible fixed assets	(4,273)	(4,877)
Receipts from sale of tangible fixed assets	0	1,057
Net cash inflow (outflow) from capital expenditure	(4,273)	(3,820)
Dividends paid	(1,509)	(1,338)
Net cash inflow (outflow) before financing	(738)	(1,600)
Financing		
Public dividend capital received	488	1361
	250	239
Net cash inflow (outflow) before financing	738	1,600
Increase (decrease) in cash	0	0

SUMMARY OF PERFORMANCE SINCE THE TRUST WAS FORMED

	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05
	£	£	£	£	£	£	£
Total income	36261	40147	43232	50618	52219	56029	63457
Surplus/(deficit)	(468)	(608)	48	372	282	4	(264)
Cumulative position	(90)	(698)	(650)	(278)	4	8	(256)

Remuneration

Name and Title	Position	Salary (bands of £5000)	Other Remuneration (bands of £5000) office	Benefit in kind (bands £100)
Executive Directors'		£000	£000	£
C Wigley	Chief Executive Officer	90-95	0	100
J Phillips	Director of Operations	60-65	0	100
P Elliot	Director of Finance	75-80	0	0
S Harris ●	Director Human Resources	35-40	0	0
K Sallah ●	Director of Nursing	15-20	0	0
H Gee	Medical Director	20-25	●	0
A McMenemy	Director Human Resources	10-15	0	0
J Owen	Director of Nursing and Midwifery	25-30	0	0
Non Executive Directors'		£000	£000	£000
A Owen	Chairman	15-20	0	0
Sudashan Abrol	Non-Executive Director	0-5	0	0
Jim Brooks	Non-Executive Director	0-5	0	0
Elaine Nicholls	Non-Executive Director	5-10	0	0
Judith Mackay	Non-Executive Director	5-10	0	0
Brian Miller	Non-Executive Director	5-10	0	0
Prof. Phillip Gallimore	Non-Executive Director	5-10	0	0

● S. Harris left the Trust 30/11/04

● K. Sallah left the Trust 30/06/05

● Consent to disclose other remuneration withheld

Directors Pension benefits

The recommendations of the Greenbury Committee state that the annual accounts must disclose certain details relating to senior employees pension benefits. The disclosures contain:

- The value of lump sum payments
- Increase in value of lump sum payments
- Cash equivalent transfer value of pension entitlements

Details of the Directors pension benefits are available in the full version of the Trust Accounts.

Director's interests

The Directors recorded a nil return meaning they do not have any relevant Directors interests.

During the year none of the Board Members or members of key staff or parties related to them has undertaken any material transactions with the Birmingham Women's Healthcare NHS Trust.

Pay

The Trust Board complied with directions on senior managers pay contained in the letter from the Chief Executive of the NHS Trust. The Chief Executive was the highest paid Director.

Balancing the books

STATEMENT OF TOTAL RECOGNISED GAINS & LOSSES

	2004/05 £000	2003/04 £000
Surplus (deficit) for the financial year before dividends payments	1,245	1,342
Fixed assets impairment losses	0	0
Unrealised surplus on fixed asset revaluation/indexation	(826)	3,199
Increase in the donation reserve due to receipt of donated assets	250	239
Reduction in donation reserve due to depreciation, impairment and / or disposal of donated assets	(91)	(77)
Total recognised gains and losses for the financial year	578	4,703
(Prior period adjustment)	0	0
Total gains and losses recognised in the financial year.	578	4,703

MEETING OUR TARGETS

Management Costs

During the year we spent some £2.1m, 3.3% of our overall budget on management costs. This was a reduction from the level of 3.77% recorded in 2003/04. Despite this we continue to review our organisational structure and processes as part of our aim to deliver value for money. The Trust's costs for the last two years were:

	2004/05 £000	% of total income	2003/04 £000	% of total income
Management costs	2,103		2,079	
Income	63,045	3.3	55,171	3.8

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Public sector payment

The NHS target is to pay 95% of non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed. The Trust's performance for the last three years is:

	2004/05 Number	2003/04 Number	2002/03 Number
Total bills paid	11,674	14,122	10,311
Total bills paid within target	11,335	13,665	9,597
% of bills paid within target	97%	96.76%	93%

Balancing the books

STATEMENT OF INTERNAL CONTROL 2004/05

The Board is accountable for internal control. As Accountable Officer and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The Birmingham Women's Health Care NHS Trust has various processes in place to work in partnership with the Strategic Health Authority in achieving National Targets and delivery of its main Objectives. These include the regular attendance at Chief Executive and Finance Director meetings together with regular review meetings to assess performance against individual targets.

As Accountable Officer, I have ensured the Organisation maintains, strengthens and develops partnerships with PCTs, Social Services, Higher Education and Further Education, Scrutiny Committees, Voluntary Sector, Patient Forums, local services such as Police and the West Midlands Health Observatory (this is not exhaustive).

The full statement of internal control can be found in the Trust's 2004/05 Annual Accounts and includes information on:

The Purpose of the System of Internal Control

Capacity to Handle Risk

Risk Control and Framework

Review of Effectiveness

A copy of the Statement of internal control can be requested by contacting: Director of Finance, Birmingham Women's Hospital, Metchley Park Road, Edgbaston, Birmingham B25 2TG or telephone 0121 472 1377



Phil Elliot
Acting Chief Executive

13th July 2005

MAJOR INCIDENTS

The Trust has in place a major incident plan which is fully compliant with "Handling Major Incidents: An Operational Doctrine" and accompanying NHS guidance on major incident preparedness and planning.

Operating and Financial Review

During 2004/05, the Trust performed well overall with a significant rise in obstetric activity. The Trust ended the year with a financial deficit and as a result we have agreed a financial plan with the Strategic Health Authority. The aim of the plan is to place the Trust in recurring financial balance and to enable us to be capable of successfully standing alone in an environment where we will be required to become a Foundation Trust. The plan will be continually reviewed and assessed annually, taking on board any variations which have occurred in year.

For the year 2004/05, the trust has worked closely with the local health economy, the strategic health authority and the local community to develop a three year plan which we expect to contain the majority of the local priorities, objectives and targets as well as trying to accommodate both national objectives. Of particular relevance to the trust is that PCTs needed to develop local targets around health inequalities, race equality, healthy start to life and choose and book. In addition to the PCT agenda, we also contract for specialised services and a significant amount of investment has been realised by the clinical genetics service. Specialised services which are commissioned from this Trust are clinical and cyto-genetics, fetal medicine, neonatal services and perinatal pathology services. Overall, the Trust contracts for approximately £66million of activity. Our main purchasers are the Birmingham PCTs, with South Birmingham being our main purchaser. Over £17 million of activity is contracted for by South Birmingham PCT. The next

Balancing the books

major commissioner is the West Midlands Specialised Services agency which commissions over a third of our activity for tertiary and specialist services. In addition to this there are smaller contracts with purchasers from as wide afield as Wales, London and Scotland. The Trust worked with the local health economy to agree the Local Delivery Plan which has been developed to reflect the principles and strategy of the NHS.

Key factors which will affect our future service delivery are Choose and Book, Connecting for Health, Reduction in Waiting Times, Agenda for Change and the Implementation of national tariffs. All new service developments will be expected to be in line with national frameworks or recent NICE guidance. The Local delivery plan highlights in its local strategies to supporting the four national priority areas which will have an impact on the care we deliver to our patients. National cancer targets are of key importance to the Trust and we will continue to deliver the cancer targets in line with national guidance.

Remuneration Committee

The Remuneration Committee members in 2004/2005 comprised all of the Non Executive Directors and the Chairman of the Trust. One of the roles of the Remuneration Committee is to determine the various elements of remuneration for members of the Board. The Chief Executive and the Executive Directors are appointed under open competition. An Appointment Panel comprising Non Executive Directors and external assessors appoints to Director positions. The performance of the Chief Executive is monitored by the Chairman. Executive Directors performance is monitored by the Chief Executive. The Chief Executive and Executive Directors are subject to the Trust's disciplinary procedure.

Audit Committee

The Audit Committee members in 2004/05 comprised:

Jim Brooks, Non Executive Director,
Elaine Nicholls, Non Executive Director, Judith Mackay, Non Executive Director, Brian Miller, Non Executive Director and Prof. P. Gallimore, Non Executive Director

External Auditors

The Trust's external auditors are KPMG and the total charge for work undertaken in 2004/05 was £109,000 (inclusive of VAT).

Of the total fee of £109K as stated currently £93k relates to the external audit and the rest relates to advisory work in respect of Financial Benchmarking and assisting with the development of the Trust's Cost Improvement Programme.

Independent Auditors' Report to the Directors of Birmingham Women's Health Care NHS Trust on the Summary Financial Statements.

We have examined the summary financial statements set out on pages 20 to 25

This report is made solely to Birmingham Women's Healthcare NHS Trust's board, as a body, in accordance with section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to Birmingham Women's Healthcare NHS Trust's board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than Birmingham Women's Healthcare NHS Trust and Birmingham Women's Healthcare NHS Trust's board, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors.

The Directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2005 on which we have issued an unqualified opinion.

Signature:



KPMG LLP

Chartered Accountants
Birmingham

Date: 15 September 2005



THE WOMEN'S CAMPAIGN

is raising £1.5 million for Birmingham Women's Hospital, one of only two Women's Hospitals in the country.

Money raised will go towards funding special items and projects that would not normally be funded, and will give our patients access to the very best possible facilities and healthcare.

- Over 6,500 babies are born and over 5,500 gynaecology patients are treated at the hospital every year
- 53% of babies born are from Asian families
- We are the West Midlands specialist referral centre for fetal medicine and diabetic pregnancy
- Our Neonatal Unit cares for the highest number of premature babies in the region
- We are the centre of regional excellence for the treatment of gynaecological cancers

Our women. Our city.
Help them get the healthcare that they deserve.

To make a donation or offer your support, please contact:
Campaign Office, Birmingham Women's Hospital, Birmingham B15 2TG
Tel: 0121 623 6874 Fax: 0121 607 4763 Email: campaign@bwhct.nhs.uk

Birmingham Women's Health Care NHS Trust

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