

Birmingham Women's  
Hospital 36<sup>th</sup> Annual  
Clinical Report  
April 2008-March 2009

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A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, is positioned in the lower right quadrant of the slide. The circles are light blue and vary in size and opacity, creating a subtle, artistic background element.

# University of Manchester





The biggest children's hospital in the UK  
has now opened in Manchester.

Central Manchester University Hospitals   
NHS Foundation Trust



# Mancs vs. Scousers

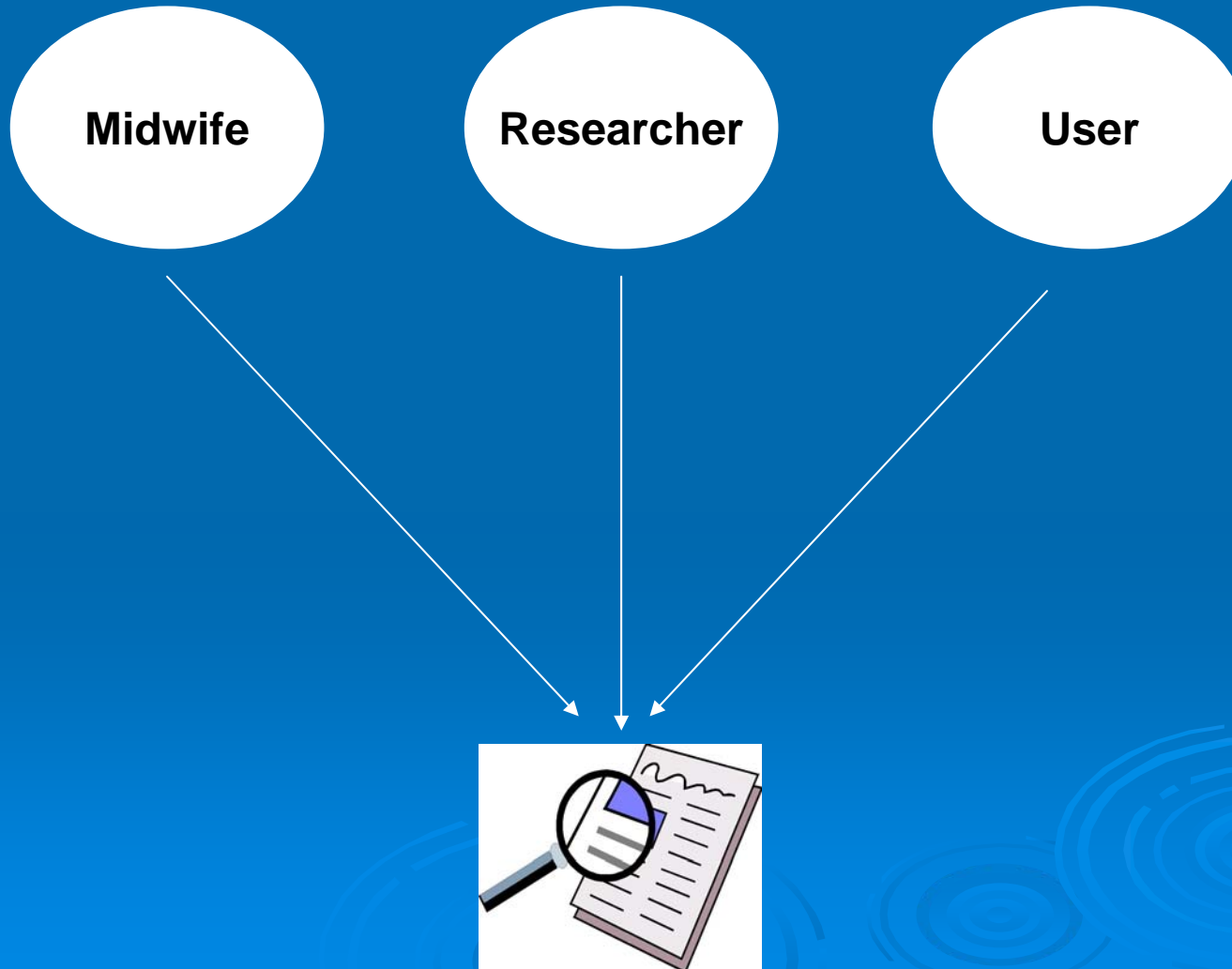
# 2




WHY  
MANCHESTER'S  
*still* MORE BUZZIN'  
THAN LIVERPOOL

IAN BLACK

# My perspective



# General Observations

- Concise but detailed report
  - Good balance between reporting of process and outcomes
  - Recognition of achievements and challenges
  - Transparent
  - Multiple contributors
- 

# My remit

- To highlight 2 key achievements in each directorate
- I failed!!
- I couldn't decide which ones to choose
- Reflections

# General achievements

- No MRSA infections for 6 years
- Excellent rating for hospital cleanliness
- In top 20% of Trusts in National inpatient survey
- Healthcare commission rating
  - 'good' quality of services
  - 'excellent' for use of resources

# Maternity Directorate



# Key achievements

## ➤ KPI

- 80% bookings before 12<sup>th</sup> week of pregnancy
- 75% women having a named midwife
- Improved breastfeeding by 2% (now 67% at birth)
  - What are continuation rates? Is there a KPI?
- Referral of pregnant smokers/ use of CO monitors

## ➤ Managing change in social trends

- Increased births and capping admissions
- Establishing free-phone call centre
- Putting safety first

# Community services

- Responsive, innovative, resource efficient
  - Community postnatal clinics
  - Use of midwifery assistants
  - Investment in community clerks

# Community midwives on-line

- Excellent idea
- Would love to hear more about this
- Would encourage the community midwives to publish their experiences
- BJM



# Perinatal Mortality rate

- Reduced from 8.2/1,000 to 5.8/1,000
  - Adjusted
- Variations across England ranging from 3.3 to 6.8 per 1,000 total births
  - [CEMACE 2009]
- Variations may reflect case mix and the sociodemographic characteristics of local populations

# Considerations

- 80% of women receiving continuity of care
  - Not achieved
- Improved identification and referral of Intrauterine growth restriction
  - Not achieved
- Achieving a ratio of 1:110 for community midwifery caseloads
  - What is the ratio in the hospital? Has birth rate plus been conducted?
- Is anything being done to increase the capacity of the birth centre?

# Are midwives the first contact?

- The NSF (2004) states:

“The option for all women to access a midwife as the first point of access should be widely publicised.”

- “Maternity Matters” (2007) adds:

“When they first learn that they are pregnant, women and their partners will be able to go straight to a midwife if they wish, or to their General Practitioner. Self referral into the local midwifery service is a choice that will speed up and enable earlier access to maternity services.”

# Delivery Suite/Triage department

## ➤ Triage

- Sounds great
- Would love to see the audit results

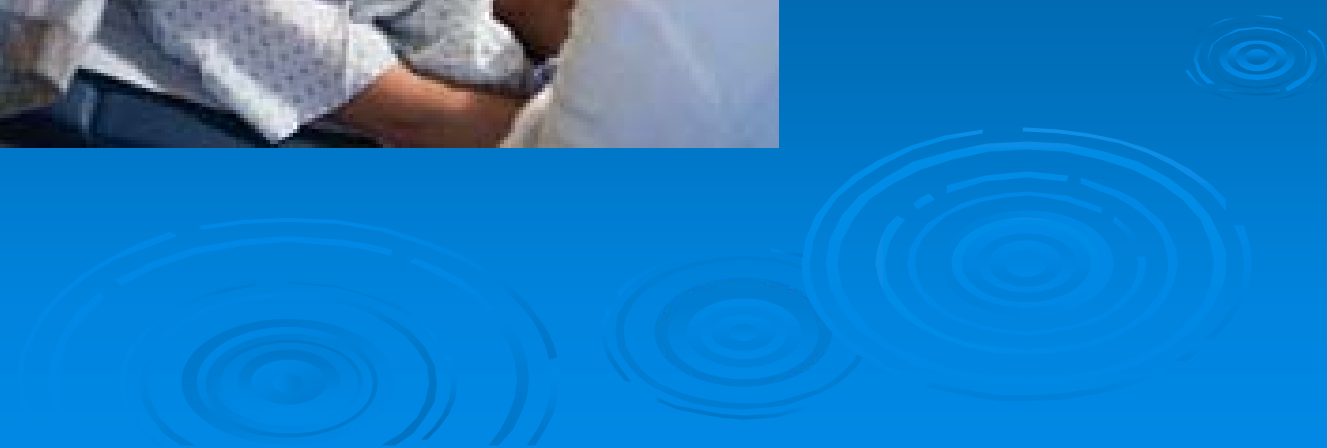
## ➤ Water birth

- 'Redeveloped'

## ➤ Birth Mode

- Would be interested to know how many elective C/S where maternal request

# Gynaecology directorate



# Key achievements

- Community clinics for urogynaecology
- Meeting 18 week referral to treatment targets
  - 95.7% (March)
- Achieved cancer waiting times
- Early pregnancy unit
  - Appears well co-ordinated; opportunities for nurse development; team approach to guidelines
- Assisted conception unit
  - Continues to have success rates that exceeds national average
  - Good to see service improvement for partners too!

# Considerations

- I wonder whether the Nutrition and Dietetic Service would be more cost effective if it was a cross-directorate service?
- Was unclear where women who suffered 3<sup>rd</sup> or 4<sup>th</sup> degrees go?
  - Maternity/Gynae overlap

# Neonatal Directorate



# Key achievements

- Extremely well written report
- Trust agreement to replace old NNU
- Integration with wider Neonatal networks
- Risk management
  - Root Cause Analysis for 2 serious untoward incidents
  - Management team investigations and subsequent action
  - Only 12 complaints

# Considerations

- There may be a downward trend in community neonatal activity
- I wonder if there is the need/scope to increase this activity
  - Relatively small community team

# Clinical Support Directorate



# Key Achievements

- All laboratories have gained their Clinical Pathology Accreditation status
- Anaesthetics
  - Failed epidurals for C/S down from 9.2% to 4.4%
- Radiology
  - Resource issues but appear to be strategic
    - What effect will 20 min scan appointment have on maternal satisfaction?
- Theatres
  - 50% reduction in non-medical patient cancellations on the day of surgery

# Genetics Service



# Key Achievements

- Development of new tests
  - E.G. RUNX1 (familial platelet disorder)
- External grant income
  - Research
  - NGEDC
- Largest UK based training programme for genetic technologists and clinical scientists

# Infection Control



# Key achievements

- Surviving the unannounced visit from the Healthcare Commission!
  - No breaches of the hygiene code
- Trust policy compliance
  - Improvements in hand hygiene
- No MRSA
- Decrease in numbers of isolates of S. Aureus in all areas except NNU
  - Large number of babies transferred in colonised

# Research and Development



# Key achievements

- Obviously a research active unit
- Maintains a high profile nationally and internationally
- Good range of portfolio adopted studies across the directorates
- Good level of publications in high impact journals

# Considerations

- Didn't get a feel for multidisciplinary studies
- Is there a lead research nurse/midwife?
- What relationship is there between the academic nurses/midwives and trust?
- What research training opportunities are there?
- What proportion of staff with patient contact are GCP trained?

# Education



# Key achievements

## ➤ Library Services

- Road show, literature search service, bank of critically appraised topics

## ➤ Education Resource Centre

- Excellent

## ➤ Undergraduate

- Medical
- Midwifery
- Case loading for students

# Considerations

- Are there opportunities for multidisciplinary learning?
  - Sure there is but not explicit in report
- Support for postgraduate education?

# Patient Experience



# Key achievements

- Top performer in National Inpatient Survey
- Early adopter complaints procedure
  - More patient-focussed
- Named safeguarding team
- Bereavement service comes across as sensitive and efficient

# Considerations

- Increase in complaints from 71-99
  - May mean that process is more accessible
  - May need auditing
- 56% of complaints responded to within agreed timescale
  - Has there been an increased target set?
- How were patient views ascertained?
  - E.g. how do you elicit the views of those who do not speak English? Does the MSLC chair 'walk the wards'?

# General Considerations...

- The hospital serves a multi-cultural population
  - This is not reflected in the report
- There are many innovative nursing/midwifery practices taking place
  - These need disseminating in professional journals

# Congratulations for .....

- Open mechanisms for peer review
- Being responsive to changes in demography, birth trends and associated disease
- Using innovative approaches
- Excellent community services
- Achieving so much despite the movement upheavals
- Genuine interest in improving services for women and staff
- Team efforts