

FOREWORD

In 2006 the Birmingham Women's Hospital is presenting its 33rd Hospital Clinical Report. All professional organisations have the responsibility to learn from their experiences. Critical reflection helps us to identify problems and devise solutions, to test the solutions in practice and to re-evaluate the situation leading to further reflection and action. Our Hospital Clinical Reports aim to contribute to and document these learning strategies and achievements. The Clinical Reports have had external validation since 1973. This approach allows us to obtain feedback concerning our practices. This year developments in the reporting process include a Women's Progress issue dedicated to the Hospital Clinical Report, an Internet based version of the report at www.bwhct.nhs.uk with accompanying lay summary, provision of assessor's presentation on the report and improvement in format of the printed report. These are all designed to improve transparency and to disseminate the report more widely.

Khalid S Khan
Editor of the Hospital Clinical Report

Christine Yarnold
Hospital Clinical Report Coordinator

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The Hospital Clinical Report was edited by Professor Khalid S Khan and the text prepared by Christine Yarnold. Proof Reading was undertaken by Mr Malcolm Bowcock and Philomena Gales

EDITORS & ASSESSORS OF HOSPITAL CLINICAL REPORTS (1973-2006)

In the early days the Chairman of the Birmingham Maternity Hospital Medical Staff Committee was responsible for producing the report, though the Senior Registrar did most of the work. With formalisation of the external assessment the responsibility for compiling reports gradually turned into an official editorship. A debt of gratitude is owed to all the previous editors and to all those who have contributed to the reports. During the last 33 years, the Clinical Report Presentation within the Trust has been fortunate to have many eminent Assessors who have given erudite, constructive and often complimentary assessments of the Report.

The following comments from a former Editor, Mr Hamish Oliphant Nicholson, encapsulate the development of the Hospital Clinical Report over the last three decades:

“External assessment of the report began in 1973. Sometimes criticism was countered by hospital staff blaming inaccurate information! The process of obtaining this information depended on the completion of coding sheets in the case records and the transfer of that coded information by the staff in Medical Records Department usually without medical direction to help with interpretation. However, many sections of the report resulted in accurate information from ward lists and notably in Paediatrics from the little ‘black’ book. Despite a continuing low level of financing and year after year of efficiency savings computer technology advanced, staff became more familiar with the systems and accuracy improved.

Over the years, the work in producing the sections in the report was shared by many obstetric juniors resulting in experience and pride gained by those involved and further improvement in accuracy. A gynaecology section was included from 1996. Nowadays there are many new sections - often composed by the head of the service and includes others in the team. The Report is now genuinely from the hospital team rather than from the Obstetricians and Gynaecologists.

Some assessors went through the whole report with comments whilst others concentrated on certain aspects, both methods resulted in learning for medical and midwifery staff and subsequent improvement in practice to the benefit of patients. These were the days of carers and their patients benefiting from many years of the clinical experience of senior colleagues, rather than being guided by evidence-based medicine. There are lots of assessments, reports, scientific papers, literature reviews and dictates from government and professional bodies, and the author of these comments strongly endorses the annual audit of work in the place of work.”

EDITORS OF THE HOSPITAL CLINICAL REPORT (1973-2006)

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

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^s and 1971^s by Mrs P J M Watney, and in 1972^s 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 (1973-2006)

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

ABBREVIATIONS:

ACU	Assisted Conception Unit	IUD	Intra-uterine Death
AFP	Alpha Feto Protein	IVF	In-vitro fertilization
AHC	Allied Health Professionals	KSF	Knowledge & Skills Framework
ANNP	Advanced Neonatal Nurse Practitioner	LAVH	Laparoscopy Assisted Vaginal Hysterectomy
APH	Ante-partum haemorrhage	LLETZ	Large Loop Excision of the Transformation Zone
ARC	Arthrogyposis-Renal dysfunction-cholestasis	LSCS	Lower Segment Caesarean Section
BAGP	British Association of Gynae Pathologists	MDS	Main Delivery Suite
BAPM	British Association of Perinatal Medicine	MDT	Multidisciplinary Team
BC	Birth Centre	MRI	Magnetic resonance imaging
BCH	Birmingham Children's Hospital	MROP	Manual removal of placenta
BFI	Baby Friendly Initiative	MRSA	Mehicillin resistant staphylococcus aureus
BSCCP	British Society for Colposcopy & Cervical Pathology	NEC	Nectorising Enterocolitis
BSUG	British Society of Uro-Gynaecologist	NCEPOD	National Confidential Enquiry into Peri-Operative Disease
BWH	Birmingham Women's Hospital	NCRN	National Cancer Research Network
C/S	Caesarean section	NCT	National Childbirth Trust
CAIG	Clinical Audit & Information Group	NHS	National Health Service
CAT	Critically Appraised Topics	NHSCSP	NHS Cervical Screening Programme
CEMACH	Confidential Enquiry into Maternal & Child Health	NICE	National Institute for Clinical Excellence
CD	Computer Disc	NMC	Nursing and Midwifery Council
CGMP	Cyclic guanosine monophosphate	NPSA	National Patient Safety Agency
CNST	Clinical Negligence Scheme for Trusts	NRT	Nicotine Replacement Therapy
COREC	Central Office for Research Ethics Committees	NSF	National Service Framework
CPA	Clinical Pathology Accreditation (UK) Ltd	NSSG	Network Site Specific Group
CPAP	Continuous Positive Airway Pressure	O & G	Obstetrics & Gynaecology
CPD	Continuing Professional Development	OPD	Out Patient Department
C/S	Caesarean Section	OSCE	Objective Structured Clinical Examination
CSE	Combined spinal epidural	PACS	Picture Archiving of Communication System
CT	Computerised Tomography	PALS	Patient Advice and Liaison Service
CVP	Central venous pressure	PET	Pre-eclamptic toxemia
CVS	Chorionic Villus biopsy	PCT	Primary Care Trust
Cx.	Cervix	PLUTO	Percutaneous Shunting for Lower Urinary Tract Obstruction
DI	Donor Insemination	PMB	Post Menopausal Bleeding
DNA	Did not attend	PMETB	Postgraduate Medical Education Training Board
DOH	Department of Health	PN	Post Natal
DREEM	Dundee Ready Education Environment Measure	PNMR	Perinatal Mortality Rate
DVT	Deep Vein Thrombosis	PPH	Post-partum haemorrhage
EBM	Evidence Based Medicine	PPM	Practice Placement Manager
EBP	Evidence Based Practice	PREP	Post Registration Education & Practice
ECV	External Cephalic Version	PRODIGY	Online guidance used by healthcare professionals and patients
EPAQ	Electronic Patient Questionnaire	QA	Quality Assurance
EPAU	Early Pregnancy Advisory Unit	R & D	Research & Development
ERC	Education Resource Centre	RAAD	Rapid access ambulatory diagnosis
ERPC	Evacuation of Retained Products of Conception	RCA	Root Cause Analysis
ES	Embryonic Stem	RCOG	Royal College of Obstetricians & Gynaecologists
FET	Frozen Embryo Transfer	RITA	Record of In-Training Assessment
GA	General Anaesthesia	SfBH	Standards for Better Health
GC	Genetic Counsellor	SBR	Still Birth Ratio
GCP	Good Clinical Practice	SHA	Strategic Health Authority
GMP	Good Manufacturing Practice	SHO	Senior House Officer
GOR	Gastro-oesophageal Reflux	SIFT	Service Increment from Teaching
GP	General Practitioner	SIGN	Scottish Intercollegiate Guidelines Network
Hb	Haemoglobin	SLA	Service level agreement
HCG	Human Chorionic Gonadotrophin	SMACS	Self Medication after Caesarean section
HFEA	Human Fertilization and Embryo Authority	SpR	Specialist Registrar
HOB	Heart of Birmingham	TAH	Total Abdominal Hysterectomy
HR	Human Resources	TENS	Transcutaneous electrical nerve stimulation
HRQL	Health Related Quality of Life	TOP	Termination of Pregnancy
HRT	Hormone Replacement Therapy	TTO	To Take Out
HSG	Hysterosalpingogram	TTTS	Twin to twin transfusion syndrome
HTA	Health Technology Assessment	TWOC	Trial Without Catheters
IC	Intensive care	UCE	University of Central England
ICC	International Convention Centre	UHB	University Hospital Trust Birmingham
ICP	Integrated Care Pathways	UKCS	UK Continence Society
ICSI	Intracytoplasmic sperm injection	VEGF	Vascular endothelial growth factor
IPPA	International Paediatric Pathologists' Association	VSD	Ventricular septal defect
IT	Information Technology	WHO	World Health Organisation
ITU	Intensive Treatment Unit		
IUD	Intra Uterine Device		

CHIEF EXECUTIVE'S REPORT

Julie Burgess, Chief Executive

I joined Birmingham Women's Health Care NHS Trust as Chief Executive in October 2005. At the point of my arrival the Trust was recovering from the loss of its three star status and was still reeling from having produced a year end deficit in 2004/05. However, by 31 March 2006 I am pleased to report that we not only finished the year in financial balance, but also achieved a small surplus of £50,000. This is a significant achievement for the organisation. We also met our national targets and had improved in a number of other areas of clinical care.

Although we achieved a financial surplus last year, this is a very difficult year financially for the NHS as a whole. As a consequence of this we have a big savings programme to achieve and this has resulted in a complete review of services and posts across the organisation. Sadly, we have had to make some people redundant. However, the original number of 95 has been reduced right down to less than 20 because of the tremendous efforts of the staff, who came up with alternate schemes to job losses.

As we go forward into 2006/07 we face a time of change but, hopefully, in a more positive way. As I write we are in the middle of developing our Clinical Service Strategy for the next five to ten years. To prepare for this work many members of staff have been involved in Modernisation Boards, looking in detail at the services we provide and suggesting how those services could be developed for the future.

All of this work is being pulled together to develop the Clinical Service Strategy for the Trust. Once we have the strategy in place we will then develop the education, research, academic and estates strategies to support us.

We are ambitious as an organisation and aim to be the leading Regional provider of services for women, babies and men.

We also intend to become an NHS Foundation Trust as we see this as providing us with three big opportunities: firstly, to engage local people much more, particularly focusing on the mutuality aspects of being an NHS Foundation Trust. Secondly, Foundation Trust status encourages us to make a financial surplus and to reinvest that money into the organisation to develop services. Thirdly it would allow us to engage with new partners, for example in joint ventures, to take forward our services further.

Although this is currently a challenging year for us on a financial basis, we also have some exciting developments on the horizon.

During this current year we will also see the long awaited obstetrics theatre replacement. This scheme will commence in the winter of 2006 and the new facilities will be ready for use by 1st April 2007. We are also currently developing a scheme to refurbish our Neonatal Unit and increase its capacity. Again, this work is likely to start in the winter with the new facilities being available in April 2007.

Can I, therefore, thank everyone for their loyalty and support throughout this difficult time and I encourage everyone to get behind the developments as we move forward. We can make this the leading UK provider of services if we put our minds to it and I believe we have the people, the ambition and the motivation to achieve this.

MEDICAL DIRECTOR'S COMMENT

Harry Gee, Medical Director

While the financial probity of the Trust has to be formally audited, there is no such requirement for the clinical services, which is peculiar given that our business is to treat patients. While 'quality' is often talked about, the definition in clinical terms remains unclear and complex. Herein lies the value of this exercise – a peer reviewed assessment of our services and outcomes.

Data from other trusts against which to benchmark us is not readily available. Perhaps in future reports, use could be made of analyses such as those provided by Dr Foster, to which we now subscribe, but for this report we are indebted to the external assessor to give us his feedback on our performance.

We have had an accepted Declaration for Standards for Better Health from the Healthcare Commission and continue to implement national guidance for practice. Perhaps the most notable of these was CEMACH Confidential Enquiry into Maternal Deaths. On the recommendations we were already fully compliant with 45, 13 required some attention and 4 required new action.

In addition 5 other reports were relevant to our service namely:

- National Confidential Enquiry into Suicides and Homicides by People with Mental Illness
- NSF for Older people
- National Outpatient Survey
- National In Patient Survey
- Infection Control

The results of many of these will be covered by other sections of this Report.

The coming year challenges us with improving our CNST assessment. We need to achieve Level 3 Maternity from Level 2. Not only do we have to have effective Clinical Governance in practice but we have to be able to demonstrate that we have.

CLINICAL GOVERNANCE, CLINICAL AUDIT, RISK MANAGEMENT & INTEGRATED CARE PATHWAYS

Malcolm Bowcock, Clinical Governance & Audit Manager, Philomena Gales, Integrated Care Pathways Developer, Diane Halliley, Trust Risk Manager, Anne-Marie Keeling, Clinical Governance Administrator

CLINICAL GOVERNANCE

Specialty/Service

Clinical governance is a framework for ensuring safe, high quality patient centred health care. It involves:

- continuous improvement of patient services and care
- a patient-centred approach that includes involving patients in decisions about their care and keeping them informed
- a commitment to quality, which ensures that health professionals are accountable, up to date in their practices and properly supervised where necessary
- the prevention of clinical errors wherever possible and a commitment to learn from mistakes and share that learning with others

It can also be thought of as improvement, something which involves everyone here. Improvements can be seen throughout this report, each area providing their own examples of clinical governance in action.

Aims & Objectives for 2005-2006

- To achieve the goals of the annual clinical governance plan.
- To deliver a full programme of clinical audit.
- To deliver the integrated care pathways programme.
- To develop further the patient experience and public involvement aspects of the service.
- To develop our clinical governance systems in response to the requirements of Standards for Better Health

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 2005/2006 Objectives

As part of the national clinical governance reporting framework, the Trust provides a comprehensive development plan and annual clinical governance report to the Strategic Health Authority. These documents are available from the Clinical Governance and Audit Manager.

Summary of Clinical Governance

Development of clinical governance is driven by the Trust's Clinical Improvement Group (CIG) and assessed through the national planning and reporting process by the Birmingham & Black Country Strategic Health Authority (SHA).

The Trust was an early adopter of the national move towards integrating governances. The Trust also embarked upon a second Foundation Trust application. A further restructuring of the Trust Board committees was commenced, to be finalised in 2006-7. The new structure should ensure the Board is assured that clinical governance, risk, financial and corporate governances are implemented. The Directorate Clinical Improvement Groups have continued to develop well in Maternity, Gynaecology and Genetics.

Developments and Objectives 2006-2007

- To establish a new clinical governance directorate
- To achieve the goals of the annual clinical governance plan.
- To deliver a full programme of clinical audit.
- To deliver the integrated care pathways programme.
- To develop further the patient experience and public involvement aspects of the service.
- To develop our clinical governance systems in response to the requirements of Standards for Better Health and CNST

Outstanding Achievements

The results of our assessment by the National Inpatients Survey were outstanding and the best in the Birmingham & Black Country area.

CLINICAL AUDIT

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.

Aims & Objectives for 2005-2006

1. Perform clinical audits within the Clinical Audit Framework.
 - Clinical Governance & Audit 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.

The Audit Co-ordinators:

Area covered	Audit Groups	Co-ordinators
Trust	Clinical Audit and Information Group	Dr Imogen Morgan, Chair
Trust	All	Malcolm Bowcock
Maternity Services	Maternity Services	Paula Clarke
Gynaecology	Gynaecology CIG	Jacky Cotton
Neonatology	Neonatology	Dr Imogen Morgan
Fetal Medicine	Maternity Services	Becky Williams
Genetics	Clinical Genetics	Dr Helen Cox
	Laboratory Genetics	Anne Jay
Anaesthetics	Maternity Services + Gynaecology	Dr G Sharih
Ultrasound	Ultrasound	Gillian Cattell & Dr J McHugo
Clinical Chemistry		Nigel Coles
Histology, Perinatal Pathology & Cytology		Marilena Ioannou
Microbiology		Dr Jim Gray

Activity

A full programme of audits has been 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 the audit leads using the informatics department, patient notes, clinical staff and patients
- Implementation of changes through clinical teams, local audit groups and monthly Trust audit presentations
- Sharing of audit results and learning points via local audit groups and Trust audit presentations

Future Issue

It is increasingly difficult to find protected time for clinical staff to participate in clinical audit and ICP developments. In the absence of a clinical audit department to lighten the routine burden of data collection and analysis this is likely to become a significant issue in the future. More flexible and accessible IT systems are part of the solution. It remains to be seen whether the Connecting for Health IT developments will address this.

Achievement of 2005/06 Objectives

1. We continued to perform audit within the audit framework
- 2 & 3. We championed improved information systems and automated audit data via the membership of the Trust Clinical Audit and Information Group and through the members' involvement with the Connecting for Health National IT development and the Trust's IM&T Steering Group
- 4 & 5. We delivered a partial programme of clinical audit workshops, some of which had to be cancelled because of low numbers booking. We produced the annual clinical audit report.

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. It is used as a means of introducing evidence based practice, usually the result of research and increasingly incorporates the patient experience in determining what constitutes good practice. The audit topics are determined to a degree by risk assessment which is also used to prioritise 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 reflective practice.

Developments and Objectives 2006/2007

- To deliver the audits in the annual clinical audit plan for each clinical area.
- To develop integrated care pathways using the audit process.
- To deliver a programme of clinical audit training.
- To develop further the patient experience and public involvement aspects of the service.
- To develop clinical audit to maintain our performance against the Standards for Better Health
- To develop clinical audit to meet the requirements of the higher levels of CNST

Outstanding Achievements

The delivery of workshops on clinical audit for Trust staff in association with induction in clinical audit and governance for all new staff equipped those attending to carry out audits and understand the role of continuous quality improvement in the Trust. The workshops included talks on clinical governance and audit, evidence based practice, standards, audit methodology, information governance, audit and the organisation, benchmarking and integrated care pathways. Talks and facilitation were provided by Malcolm Bowcock, Jacky Cotton, Philomena Gales, Anne Gaynor, Damon Harris, Dr Imogen Morgan and Mary Publicover. The workshops were efficiently administered by Anne-Marie Keeling who also collated the uniformly good written feedback from those attending.

INTEGRATED CARE PATHWAYS

Specialty/Service

As in preceding years, we continue to provide leadership, support and facilitation to colleagues in the development and implementation of their care pathways. The clinical governance team worked with patients and colleagues from different disciplines and specialties across the Trust to develop, improve, and implement ICPs. As part of the audit process, we have identified and analysed clinical structures, processes and outcomes. Resultant data and current evidence of best practice has been collated and subsequently used to develop and improve services in maternity, gynaecology and clinical genetics

Aims & Objectives for 2005-2006

A primary objective for the clinical governance team has been to continue to improve the health care experience for patients by supporting staff to consistently deliver high quality care. In 2005-6 we aimed to secure organisational commitment to this objective through "top-down" support for a sustained programme of ICP development. This aim was successfully achieved in December 2005 when the Trust provided financial support for the continuous expansion of ICPs.

Achievement of 2005/2006 Objectives

We have contributed to continuous improvement and raised standards of quality for patients.

Summary of Clinical Governance aspects of ICPs

We use our ICPs to embed high quality, patient focused, evidence based activities into the routine delivery of care. Once implemented, the care delivered is continuously improved by applying the clinical audit process. Improvements become part of a new routine by making changes to the ICP document which drives the care delivery as well as providing the record of what took place. Variations from the main stream of the pathway are also analysed and fed into the improvement cycle. In this way we achieve an advanced form of process based clinical audit.

Developments and Objectives 2006-2007

Objectives for 2006-7 will include the identification of senior organisational clinical / managerial commitment to a continued programme of ICPs by clarifying roles and responsibilities for ICP development within the Directorates. Our aim will be to support colleagues to translate that commitment into action by leading and facilitating staff to actively develop care pathways as part of a continuous cycle of improvement.

RISK MANAGEMENT

Specialty/Service

Risk Management is the process of identifying and analysing exposure to risk and determining how best to handle that exposure. It is about protecting patients, staff and visitors and improving quality by assessing events that can and may expose, threaten or damage. It implies learning from experience and sharing good practice.

Aims & Objectives for 2005-2006

- To continue the development, implementation and monitoring of systems that support the risk management framework
- To develop the incident reporting statistical information into quality data i.e. outcomes and lessons learnt.
- To develop the philosophy of root cause analysis within all levels of staff
- To aim to develop links with patient and public involvement within risk management by seeking user involvement on the Risk Management Steering Group
- To work with capital planning on proactive risk assessments on all new works.
- The development of the Trust's infrastructure for the facilitation of the Core and Developmental Standards for Better Health
- To develop the Assurance Framework in conjunction with the risk register
- To continue to work with the National Patient Safety Agency, Standards for Better Health Unit and Healthcare Commission to develop the Trust's systems in line with the developing requirements
- To continue to work towards achieving Level 2 on the Core Standards
- To work towards achieving Level 2 in the Maternity Standards

Activity

Over the last year we have developed the electronic risk register into a valuable tool for the Directorates and Trust Board to assess and manage the risk profile of the Trust on a monthly basis. We have further developed the incident recording and reporting system which now incorporates the national incident reporting system. We now have a mature root cause analysis process which is routinely used to investigate serious incidents.

The team continued to facilitate and support:

- maintenance of the Trust portfolio for the Core Standards for Better Health and the facilitation of the developmental standards resulting in the declaration of compliance against these standards.
- the creation of the portfolios of evidence for the achievement of level 1 Core standards and level 2 Maternity standards in the Clinical Negligence Scheme for Trusts (CNST).
- the continued development of the live Assurance framework and achievement of compliance.

Achievement of 2005/2006 Objectives

The Risk Management Corporate objectives for 2005-6 were achieved and signed off.

Summary of Clinical Governance

Risk Management is now embedded in the routine governance activities of the Trust. Risk management, Incident reporting, CNST and Standards for Better Health (SfBH) are all standing items on the agendas of the Trust's and directorates' clinical governance groups (known as Clinical Improvement Groups).

Monthly summary reports on risk management, the risk register and incident reporting are provided to directorates. Risk management steering group co-ordinates activity and reports to the Governance Committee which assures the Trust Board. A monthly report is submitted to Trust Board identifying the controls and the treatment plan and demonstrating that the controls are working. The incident reporting compliments the risk register.

Developments and Objectives 2006-2007

- To develop further the systems to support the risk management framework
- To develop further the incident reporting system
- To develop further the use of Root Cause Analysis
- To develop patient and public involvement within risk management
- To develop further the infrastructure for the facilitation of the Core and Developmental SfBH
- To continue to work towards achieving Level 2 on the Core Standards for CNST
- To work towards achieving Level 3 in the CNST Maternity Standards
- To develop further the Assurance Framework in conjunction with the risk register
- To continue to work with the National Patient Safety Agency, SfBH Unit and Healthcare Commission to develop the Trust's systems in line with the developing requirements

Outstanding Achievements

- The achievement of Core Standards Level 1 and Maternity Standards Level 2 CNST
- Successful declaration against the SfBH
- The maturing of the electronic risk register.

NURSING, MIDWIFERY, INFECTION CONTROL & QUALITY

Jane Owen, Director of Nursing, Midwifery, Infection Control & Quality

Specialties/Service

Areas covered by the Director of Nursing & Midwifery team include:-

- patient and public involvement improving patient experience
- responsibility for patient information and Caldicott guardian
- chaplaincy
- safeguarding children
- bereavement services
- infection control
- professional and practice development
- practice placement for students
- health promotion
- interpreting service
- PALS service
- patient access and choice

Each of these areas is outlined in individual reports.

Aims & Objectives for 2005/2006

The Director of Nursing & Midwifery's team work on activities supporting clinical governance and quality:

- activities relating to patient and public involvement and improving the patient experience including PALS.
- to ensure patients have choice and appropriate access to services.
- to implement the Matrons Charter
- to implement the recommendations from the NSF for Children, Young People and Maternity Services
- to support the project to reduce perinatal mortality
- working with H.R. to develop a clear and detailed workforce plan
- to ensure Trust employees respond with confidence and competence when dealing with matters relating to safeguarding children
- to ensure that Caldicott principles underpin the Trust approach to use of patient identifiable information

Achievement of 2005/2006 Objectives

The current structures for improving patient experience and patient and public involvement, have been strengthened over the last 12 months. An assessment in year by the Strategic Health Authority awarded the Trust a result of excellent for patient involvement activities. The assessment looked at:-

- utilisation of patient feedback
- high quality patient information
- effective utilisation of PALS enquiries

All of these factors scored highly.

The Trust continued to maintain a strong record on infection control and MRSA and was actively involved in the Clean Your Hands Campaign.

Work is ongoing with the Strategic Health Authority and Perinatal Institute on the Reducing Perinatal Mortality Project. Several initiatives have arisen out of this Project and are reported in full within the Maternity Services section of the report.

Developments and Objectives 2006/2007

- To further strengthen involvement of patients and the public to ensure views are gathered, listened to, and taken account of when services are planned, developed and commissioned.
- To improve choice and access to services.
- To ensure structures and processes are in place for the successful implementation of the 18-week Pathway.
- To further develop nurse and midwifery led services.
- To ensure that Caldicott principles underpin the Trust approach to use of patient identifiable information.

AUDIO PATIENT INFORMATION NEEDS

Shubhnam Bilkhu, Project Manager

Specialty/Service

The aim of the patient information needs project is to develop a library of audio tools to assist health professionals in delivering an effective service that reaches all patients including those who have difficulty in communicating in and understanding English. The Trust is responsible for ensuring that all patients understand why they are here and what will happen to them, in order to make informed choices and consent decisions. The audio tools are designed to reinforce information given to them by members of staff and not to replace any one-to-one verbal advice.

New Roles

Currently the list of tools available in five community languages as well as English are:

- the labour process
- information on major operations
- information on minor operations
- hysterectomy
- Tests for Your Baby – information on ante-natal screening
- Genetics Service
- Menopause.

Summary of Clinical Governance

This year has seen the addition of tool number seven, a CD giving information on the menopause. The menopause clinic highlighted the lack of any information written or verbal in any language other than English. Staff could not reinforce information given during consultation via interpreters. Much work was put into a script to cover the key areas of what the menopause is, the onset of and its different stages. The CD highlights coping mechanisms both medicinal and natural. It is available in Arabic, Bengali, Gujarati, Punjabi, Urdu and English, enabling women to listen to the information at leisure in their own homes.

This year also included a CD produced in English covering the topic of tests for your baby which the Trust has already produced in minority ethnic languages. This has been recorded for the benefit of visually impaired patients. In future all CD production will include the English language as well.

Developments and Objectives 2006/2007

Other service areas in the Trust have expressed interest in taking opportunity of this unique project that has been developed and supported by the Trust and it is hoped that as more and more areas within the Trust produce audio tools, the information gap that exists in reaching certain patient groups will be bridged.

HEALTH INFORMATION CENTRE

Helen Mills, Health Promotion Co-ordinator

Specialty/Service

The Health Information Centre provides access to a wide range of health information and support groups. Requests for information are not just limited to issues relating to Obstetrics and Gynaecology. Patients seek information on a wide range of conditions e.g. diabetes, asthma, arthritis, coronary heart disease, etc., complementary therapies and healthier lifestyles.

Aims & Objectives for 2005/2006

- To provide access to health information to enable informed choice.
- To align health promotion activities with local and national targets.
- To promote the Trust's services, Patient and Public Involvement and Health Promotion in the community, targeting minority groups.
- To support Improving Working Lives strategy.

New Roles

The Health Promotion Co-ordinator has undertaken smoking cessation training to support patients and staff wanting to give up smoking. The Information Assistant will be undertaking training in September 2005.

Activity

Over 100 patients, visitors, staff and students visit the Information Centre each week. Some request specific information, others may need referring on to specialist services either within the hospital e.g. counselling, menopause clinic, assisted conception unit; or to local groups e.g. domestic violence, alcohol or drug support.

Visiting the community has highlighted the need for health education and promoting the Trust's specialist services and Patient and Public Involvement.

Partnerships have been forged with a number of organisations (including Asian Women UK, Women Acting in Today's Society, Community Integration Project, Citizens Advice Bureau, Ashram, Women's Aid, and Leisure for Life etc.) with some of them coming into the Trust making it easier for patients to access their services.

Achievement of 2005/2006 Objectives

The Health Information Centre supports local and national health promotion activities by displays and health events both within the hospital and the community (linking in with Improving Working Lives with events for reducing stress and losing weight and promoting a range of therapies available in the Staff Health Suite).

Summary of Clinical Governance

The service is patient focused. The information requested is monitored and resources are developed to meet the diversity of requirements. There is access to the Internet and a range of tapes and CD's have been developed to meet the needs of those with visual impairment and from minority ethnic groups. In some instances Braille versions have been obtained or leaflets produced in a larger format on request.

Developments and Objectives 2006/2007

The Health Information Centre will continue to enable women to make informed choices about their health, developing resources to meet requirements, supporting Improving Working Lives and developing community partnerships.

Outstanding Achievements

Development of community partnerships has been valuable in promoting health, the Trust's services, and developing Patient and Public Involvement. This is a two way process - feeding back views to the Birmingham Women's Hospital Council.

PALS (Patient Advice and Liaison Service)

Susan Sargeant, Head of PALS

Specialty/Service

The Patient Advice and Liaison Service (PALS) guides patients, their family and friends through the different services provided by the Trust.

A formal complaints service is available, but many patients often choose to speak to the PALS team first. They appreciate the benefit of a clinically trained, Trust familiar team, who work in a non-judgmental and informal confidential atmosphere, in relaxed premises within the main hospital foyer.

Activity

The hospital strives to ensure patients whose first language is not English have access to an interpreting service. A Link worker service is available in both the community and the hospital during normal working hours, 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 160 languages available to all Trust patients, 7 days a week, 24 hours a day. This service is available both within the Trust and the Community.

The Trust 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 to provide translations on a one-to-one basis.

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

SMOKING CESSATION IN PREGNANCY

Ann Fitchett, Stop Smoking Nurse Specialist

Specialty/Service

- Contact pregnant women referred into the stop smoking service who have expressed a desire to quit smoking
- Deliver an evidence based stop smoking treatment programme
- Weekly home visits for first 2 months of treatment programme followed by monthly visits until the baby is born
- Assess the need for Nicotine Replacement Therapy on an individual basis
- Issue Nicotine Replacement therapy via a Patient Group Directive
- Validate continuing non smoking status and help to maintain motivation by regular Carbon Monoxide monitoring
- Encourage family members and friends to stop smoking
- Provide training and updating on smoking cessation to health care professionals

Aims & Objectives for 2005/2006

- To work towards reducing smoking during pregnancy and beyond
- To offer intensive support to those wishing to quit smoking
- To offer Nicotine Replacement Therapy if required
- To continue to educate and inform parents of the detrimental health effects of smoking
- Highlight the harmful and damaging effects of second hand smoke on the unborn baby and young children by encouraging smoke free homes
- Support and encourage partners and other members of the family to stop smoking
- Continue education and training of midwives and other health care professionals of the risks of smoking during pregnancy and of the treatments available

New Roles

- New part time Stop Smoking Pregnancy Advisor will be starting in July 2006

Activity

- As the success and awareness of the service grows so does the number of pregnant women referred into the stop smoking service. 66 referrals were received during 2004, 112 referrals were received during 2005. Between April – July of 2006 we have already received 119 referrals
- Intensive home visit support programme is offered
- The first visit takes approx 1 hour with subsequent visits taking 20mins
- A high proportion of referrals are young single women many with complex social problems in addition to their need to stop smoking
- In order to offer continual smoking cessation support a contact phone number is given to all pregnant women to use at any time including week-end and bank holidays
- Encourage family members and friends to quit in order to assist and support the pregnant woman in her quit attempt
- Nicotine Replacement Therapy is issued, if required, under a Patient Group Directive

Achievements of 2005/2006 Objectives

- Two community midwifery teams have taken part in a pilot for routine carbon monoxide monitoring at routine antenatal visits
- Referrals have increased year on year since service began
- Currently 48% are validated as successful quit at 4 weeks

Summary of Clinical Governance

- adoption of new external standards from NICE, Royal Colleges
- development of new local standards
- summary of clinical audits and resultant change in practice/lessons learnt
- actual/potential impact of changes on outcomes
- brief description of highest risks and how these are addressed
- complaints and actions taken where relevant
- research undertaken to inform and improve practice
- Regular attendance at the local Pregnancy Advisory network meetings
- Regular attendance at National updates and training days
- Regular supervision with Specialist Clinical Lead

Developments and Objectives 2006/2007

- Role out and increase areas doing routine carbon monoxide monitoring
- Improve the quit rate at delivery
- Improve the quit rate at 52 weeks post quit date
- Continue to improve referral rate into the service
- Extend the stop smoking service to patients attending the Assisted Conception Unit

Outstanding Achievements

- Acceptance and presentation of a poster on Stopping Smoking in Pregnancy at the International Conference on Tobacco Control in Florida USA
- Acceptance and presentation of paper on Smoking in Pregnancy at the 2nd National Smoking Cessation Conference in Gateshead.
- Working with members of the pregnancy network in developing an NRT registry

CELEBRATION OF PRACTICE STUDY DAYS

Anne Marie Gaynor, Senior Nurse Education & Professional Development

Service/Specialty

As a Trust we have a responsibility and commitment to ensure staff receive the education, training and development they need to fulfill their personal and professional objectives and the ability to deliver continuous quality improvements for patients/clients. Celebration of Practice study days contribute to individual CPD and KSF requirements.

Aims & Objectives for 2005/2006

To continue to celebrate excellent and innovative practice going on across the Trust. To provide a forum for multi-professional Continuing Professional Development (CPD). To bring together healthcare professionals from across Trust to share good practice, generate discussion and debate on the content of local, regional and national initiatives that affect service delivery and patient care. To support staff in delivering patient focused evidence based practice through CPD.

New Roles

The study days provide a forum for staff, both newly recruited to specialist posts and established posts, to inform clinical staff of developments and initiatives in clinical practice and service delivery. Many presenters demonstrate the development and introduction of new skills and knowledge of staff into clinical practice.

Activity

Work presented incorporates all areas of activity and professions within the Trust including nurses, midwives, AHPs and HCS staff.

Attendees: 35- 45 per day

Achievement of 2005/2006 Objectives

- Formal evaluations of the days demonstrate sharing of good practice, generation of discussion and debate and cross department interaction
- Completion of a reflective framework to demonstrate expanded knowledge in professional and practice development.
- Staff are able to use the days towards their PREP requirements, CPD and Lifelong Learning and Portfolio of evidence for KSF.

Summary of Clinical Governance

The focus on presenting and sharing good practice through clinical audit, research projects, the introduction of new guidelines into practice and other practice based initiatives raise staff awareness of developments in practice. The promotion of evidence based practice through staff development and education is central to continuous quality improvement for patients.

EVIDENCE BASED PRACTICE WORKSHOPS

Anne Marie Gaynor, Senior Nurse Education & Professional Development

Aims & Objectives for 2005/2006

To implement best practice, staff need to be able to integrate clinical expertise with the specific skills of searching, appraising and application of research that form the basis of evidence based practice. The workshops provide an opportunity for staff to be able to gain these skills and knowledge which they can then take back to the workplace to improve patient care.

The workshops are designed to give participants:

- A deeper understanding of the concepts and terminology associated with EBP
- Increased understanding of strengths and weaknesses of the different types of research
- Improve ability to critically appraise the literature
- The ability to recognise barriers to implementing evidence based practice
- An understanding of how to apply research findings in clinical practice.

The workshops are a way of educating, training and supporting staff in the area of evidence based practice and critical appraisal and ensuring that BWH is a quality organisation where evidence based practice is in use on a day to day basis.

Activity

An annual rolling programme of workshops starts in January of each year. The content of individual days is as follows:

- Day 1 An introduction to EBP and critical appraisal
- Day 2 Search skills
- Day 3 Qualitative research and critical appraisal
- Day 4 Quantitative research and critical appraisal

Attendees: 45

Summary of Clinical Governance

Evidence Based Practice is integral to clinical governance. The Trusts commitment to sustain opportunities for staff to be able to implement evidence based practice is supported by these ongoing workshops which are available for staff.

PROFESSIONAL STRATEGY

Anne Marie Gaynor, Senior Nurse Education & Professional Development

The Professional Strategy has been superseded by the Foundation Trust Application and development of the Clinical Strategy.

PRACTICE PLACEMENT

Mary Rooke, Practice Placement Manager

Specialty/Service

Clinical Placement forms between 30 - 60% of each NHS funded undergraduate/pre-registration healthcare training course. A suitable and effective clinical placement should provide a student with the opportunity to undertake practical assessment, supervised by an assessor who has the appropriate knowledge and experience to form a judgment about the student's competence/proficiency. The placement should be for a sufficient length of time to satisfy the requirements of both the relevant regulatory professional bodies...

Birmingham Women's Health Care provides clinical placements to undergraduate/pre-registration Midwifery, Nursing, Operating Department Practitioner, Physiotherapy, Radiography and Biomedical Science students.

Aims & Objectives for 2005/2006

The aim of Practice Placement Management is to ensure that there are sufficient clinical placements available within our Trust for the undergraduate/pre-registration healthcare students commissioned by the Strategic Health Authority (SHA), whilst assisting to maintain the quality of the learning environment. These objectives are achieved by a robust partnership between the SHA, Universities and the Trust

New Roles

In order to be able to meet the demand for clinical placement, approximately 35 additional members of staff from a range of disciplines undertook Mentor/Assessor training provided by our partner Universities.

Activity

In the period April 2005 - March 2006 approximately 3000 weeks of clinical placement were provided to over 200 students from the above disciplines.

Biomedical science students are the latest bursaried student cohort to access our services.

Demand for placements continues to rise and we have therefore continued with the use of supplementary visits to specialised areas to maximise capacity.

Clinical staff have maintained their commitment to student training and have participated in the delivery of multi-disciplinary clinical skills and study sessions.

The PPM continued regular liaison between clinical staff and the academic institutions to ensure that any problems with student placements were dealt with promptly. Clinical staff were supported through the process of a student failing to achieve in practice on two occasions.

Achievement of 2005/2006 Objectives

- Student evaluations of their clinical placement experiences in this Trust continue to be good.
- Clinical staff from all disciplines worked cooperatively to ensure that all placement areas either met, or had in place an action plan to meet, the benchmark standards for Healthcare Education.
- The Trust participated in the successful Review of Healthcare Education at Birmingham University.

Summary of Clinical Governance

Multi-professional quality audits were carried out in each placement area, identifying that regulatory professional body requirements for healthcare education had been met.

- Quality audits were also able to demonstrate compliance with the Quality Assurance Agency standards.
- Uni-professional and Trust action plans were developed
- Educational audits of each placement area were completed for the relevant Higher Education Institution
- Practice staff continue to participate in the interview process for prospective healthcare students
- Practice staff also participate in CRB, Disciplinary and Fitness for Practice Panels to ensure that patient safety is not compromised by the actions of Healthcare students.

Developments and Objectives 2006/2007

- Continue to build upon the multidisciplinary approach to the provision of quality learning environments within the Trust.
- Participate in the Major Review of Healthcare Education being conducted at the University of Central England in May 2006
- Participate in the On-going Quality Monitoring and Enhancement processes being developed by the Strategic Health Authority.

CHAPLAINCY DEPARTMENT

The Revd Denise Jones, Church of England Chaplain/Chaplaincy Manager

Specialty/Service

Religious, spiritual and pastoral care of patients, staff and visitors.

Aims & Objectives for 2005/2006

Chaplaincy is a resource for the religious and spiritual care of patients and their visitors, and also provides support for staff.

The main objective in the period under review was to implement the Trust Board's decision to increase Muslim chaplaincy time and also to appoint part-time Hindu and Sikh chaplains, and so make a fuller contribution to patient care within the Hospital, providing training for staff on spiritual and religious care and also helping to build up relationships between the Trust and the many diverse communities we serve in the City of Birmingham.

New Roles

Rakesh Bhatt, who already works for Sandwell and UHB Trusts, was appointed part-time Hindu Chaplain. Interviews were held for a Sikh Assistant Chaplain, but no appointment was made. This would be the first paid Sikh chaplaincy post in the city and few candidates could be found. The Revd Denise Jones appointed 13 February 2006 to replace Revd Stephen Barton as Chaplaincy Manager.

Activity

Chaplaincy activity was severely affected by staff ill health. Emergency calls and all requests for chaplains have been met by other part-time chaplains and the UHB team. The objectives of providing training could not be met, although through the process of searching for a Sikh chaplain, many new contacts have been made.

Major events within chaplaincy, religious, spiritual and spiritual care have included the "Still in our Hearts" ceremony of remembrance for people who have experienced pregnancy loss or the death of a baby around the time of birth. This event takes place each year in May and complements the annual church service held in the autumn for the same "target group".

The Annual Iftar party celebrating the end of Ramadan took place in November 2005. This was very successful and was attended by a wide range of staff.

Perinatal loss remains a focus of spiritual and religious care. The figures below indicate the number of occasions Christian Chaplains have led ceremonies of naming blessing or baptism in hospital.

	2003-04	2004-05	2005-06
Blessing/naming	56	52	45
Baptism	24	18	16
Total	80	70	61

In addition to the above services Revd Denise has conducted 6 baby funerals associated with the hospital between February and March 2006.

Gynae funeral services for non viable fetus take place according to need. Services for the 'Respectful' Disposal of human remains take place within the hospital intermittently according to need.

During 2005-06 a weekly service of Holy Communion and weekly service of meditation has taken place within the hospital chapel.

The percentage of in-patients from different faith communities is given below.

	2002	2003	2004	2005-6
No religion	12%	12%	14%	0%
Christian	54%	53%	52%	42.07%
Hindu	2%	2%	2%	1.58%
Muslim	22%	22%	23%	20.66%
Sikh	3%	3%	3%	2.54%
Judaism				0.12%
Buddhist				0.12%
Other	1%	1%	1%	0.08%
Unknown	6%	7%	5%	32.82%

RESEARCH & DEVELOPMENT

Emma Patterson, Research & Development Manager

Specialty/Service

The Research & Development Department (R & D) aim to develop a sound R&D culture in which researchers feel supported. This includes ensuring that studies are approved at Departmental and Directorate level, are peer reviewed, risk assessments are undertaken and appropriate indemnities are in place. In addition the Department provides advice to researchers on completing COREC and R&D Forms and in the costing of studies. We also advise on the negotiation and sign off of commercial trial agreements with pharmaceutical (and other) companies to ensure that such trials are properly resourced, indemnified and that the interests of the Trust, researchers and patients are protected. There is also an important role in ensuring Intellectual Property Rights are protected.

Aims & Objectives for 2005/2006

The main aims and objectives of the R&D Directorate are to ensure BWH is recognised as a Centre of Excellence for Research in Reproductive Health; to embed interdisciplinary research practice within the heart of service provision; to implement evidence (research) based medicine throughout the Trust; to generate quantifiable outputs that have direct impact upon patient care and to ensure Research Governance is inherent in all research practice.

New Roles

The R&D Department frequently undertake training to ensure that they perform all tasks and duties commensurate with the post and to ensure they provide the most up-to-date guidance, support and information to Trust's researchers. The following courses were attended during 2005/6: Prince II Project Management, First Line Certificate in Management, GCP Site File Management & Consent for Research.

Activity

The R&D Department monitor the performance of and support Research Activity at the Trust. Whilst the work is not directly undertaken by the department, we can report on the quality & level of work. At present there are 97 active research projects; 65 of which are collaborative, 5 are commercially led & the remainder are in-house projects. Of the collaborative projects, the Trust is the lead centre for a number of large scale, multi centre projects which include:

LUNA: A randomised controlled trial of laparoscopic utero-sacral nerve ablation (LUNA) in chronic pelvic pain and PLUTO - A multi-centre randomised controlled trial comparing intra-uterine vesico-amniotic shunting vs. not shunting in the treatment of congenital bladder outflow obstruction. A full listing of all non-commercial research activity at the Trust can be viewed at www.nrr.nhs.uk/. These projects have contributed to numerous outputs that have had a direct impact on patient care which can be viewed at Appendix 1.

Achievement of 2005/2006 Objectives

Compliance with Standards for Better Health Care: The R&D Department submitted a 'fully met' return for 05/06. R&D internet page set up to disseminate research guidance on Consent for patients and the public. Training schedule for Good Clinical Practice in Research to include training on obtaining informed consent. Trust intranet site not yet set up therefore not able to meet final objective.

Summary of Clinical Governance

In 2005/6, the following policies, procedures and guidelines have been introduced to ensure all R&D activity at the Trust is undertaken in line with the Research Governance Framework and all other relevant guidance: Policy for Obtaining Informed Consent for Research, Trust Policy on Research Governance, Policy for the Management of Income for Commercially Funded Research, Standard Operating Procedure (SOP) for Issuing of Honorary Contracts for those

involved in Research Studies at the Trust, SOP for the Management of the External Audit Process by Research & Development Office and Guidance Notes for Research Sponsorship.

A yearly audit is undertaken on a randomised selection of research projects, the purpose of which is to check the adherence to protocol, policies and procedures etc and also to review the Research Governance systems that are implemented and managed by the R&D Department. All training needs, changes to practice and procedure etc have been identified and addressed.

Developments and Objectives 2006/2007

The main aims for the R&D Dept during 06/7 are to launch the Trusts revised R&D Strategy; to reconfigure research programmes; identify and apply for all available funding opportunities; work towards implementing and meeting the Developmental Standards for research; support researchers in application for ethics approval and with applications to grant giving bodies.

Outstanding Achievements

For 2005/6 R&D Funding is in excess of £2m; a significant increase (£1.9m in 04/05) given the removal of the Cancer Programme. Programmes alone produced a total of 95 peer-reviewed publications (Appendix 2) and as a Better Metrics target, R&D approvals have been achieved within a 2-day average.

Appendix 1: Research Impacts by Research Programme 2005-6:

Fetal Precursors of Cardiovascular Disease in Adults

- Treatment registry for fetal therapy and bladder outflow obstruction has influenced the fetal therapy and strategy outlines for the National Institute of Clinical Excellence
- Scottish Intercollegiate Guidelines Network: The Management of Mild, Non-proteinuric Hypertension in Pregnancy. A Clinical Practice Guideline for Professionals involved in Maternity Care in Scotland
PRODIGY Guidance: Pre-conceptual Counselling: High risk pregnancy management options
www.prodigy.nhs.uk/preconceptual_counselling/extended_information/

Health Technology Assessment of Gynaecological and Obstetric Complaints

- Systematic reviews of interventions for fetal bladder shunting contributed NICE Guidance
Systematic reviews on post menopausal bleeding (PMB) influenced SIGN guidance
- PMB pathway incorporating nurse led pipelle clinic implemented locally as a result of the above
- The National Screening Committee's ultrasound screening policy has been influenced by work carried out within the programme
- Accuracy of predictive tests and effective treatments for the prevention of pre-eclampsia contributed to a HTA monograph report
- Reviews on endometriosis contributed to a local integrated care pathway

Genetic Basis of Human Disease

- Identification of a novel gene for the Warburg Micro neurodevelopment disorder has enabled molecular genetic testing for this disorder
Identification of a novel gene for ARC syndrome has enabled molecular genetic testing for this disorder
- Identification of a novel gene for Meckel-Gruber syndrome has enabled molecular genetic testing for this disorder

Reproductive & Vascular Biology

- The results of VEGF studies provides the basis on which to develop appropriate new therapies based on the scientific findings relating to the VEGF receptor functions. Our observation that VEGF-driven angiogenesis is independent of cGMP open a new avenue for therapy and research
- Development of reliable systems to assess aneuploidy in human sperm have been locally implemented in alliance with the Regional Genetics Service
- The knowledge that there is a possibility of imprinting disorders in children following ART (Assisted Reproductive Technology) has contributed to NICE guidance

Appendix 2: Publications by Programme 2005-6

Fetal Precursors of cardiovascular disease

1. Bullock R, Martin WL, Coomarasamy A, Kilby MD. Prediction of fetal anemia in pregnancies with red-cell alloimmunization: comparison of middle cerebral artery peak systolic velocity and amniotic fluid OD450. *Ultrasound Obstet Gynecol.* 2005 Apr;25(4):331-4.
2. Chan JC, Somerset DA, Ostojic N, Cox P, Young P, Brueton L, Kilby MD. Omphalopagus conjoining and twin-twin transfusion syndrome. *Prenat Diagn.* 2005 Jul; 25(7):612-4.
3. Chan SY, Andrews MH, Lingas R, McCabe CJ, Franklyn JA, Kilby MD, Matthews SG. Maternal nutrient deprivation induces sex-specific changes in thyroid hormone receptor and deiodinase expression in the fetal guinea pig brain. *J Physiol.* 2005 Jul; 15; 566(Pt 2):467-80.
4. Chan SY, Franklyn JA, Pemberton HN, Bulmer JN, Visser TJ, McCabe CJ, Kilby MD. Monocarboxylate transporter 8 expression in the human placenta: the effects of severe intrauterine growth restriction. *J Endocrinol.* 2006. 189(3):465-71.
5. Fox C, Kilby MD, Khan KS. Contemporary treatments for twin-twin transfusion syndrome. *Obstet Gynecol.* 2005 Jun; 105(6):1469-77.
6. Kilby MD, Barber K, Hobbs E, Franklyn JA. Thyroid hormone action in the placenta. *Placenta.* 2005 Feb-Mar; 26(2-3):105-13.
7. Kilby MD, Daniels JP, Khan K. Congenital lower urinary tract obstruction: to shunt or not to shunt? *British journal of Urology.* 2006. 97: 6-8.
8. Kilby MD. The incidence of gastroschisis. *BMJ.* 2006; 332(7536):250-1.
9. Knox EM, Muamar B, Thompson PJ, Lander A, Chapman S, Kilby MD. The use of high resolution MRI in the prenatal diagnosis of fetal nuchal tumours. *Ultrasound in Obstetrics & Gynaecology.* 2005. 26: 672-675.
10. Mignini LE, Latthe PM, Villar J, Kilby MD, Carroli G, Khan KS. Mapping the theories of pre-eclampsia: the role of homocysteine. *Obstet Gynecol.* 2005 Feb; 105(2):411-25.
11. Ngai CW, Martin WL, Tonks A, Wyldes MP, Kilby MD. Are isolated facial cleft lip and palate associated with increased perinatal mortality? A cohort study from the West Midlands Region, 1995-1997. *J Matern Fetal Neonatal Med.* 2005 Mar; 17(3):203-6.
12. Pemberton HN, Franklyn JA, Kilby MD. Thyroid hormones and fetal brain development. *Minerva Ginecol.* 2005 Aug; 57(4):367-78.
13. Somerset DA, Moore A, Whittle MJ, Martin W, Kilby MD. An audit of outcome in intravascular transfusions using the intrahepatic portion of the fetal umbilical vein compared to cordocentesis. *Fetal Diagn Ther.* 2006; 21(3):272-6.
14. Varma R, Gupta JK, James DK, Kilby MD. Do screening-preventative interventions in asymptomatic pregnancies reduce the risk of preterm delivery-A critical appraisal of the literature? *Eur J Obstet Gynecol Reprod Biol.* 2006 Mar 3; [Epub ahead of print].
15. Waugh J, Bell SC, Kilby MD, Lambert P, Shennan A, Halligan A. Urine protein estimation in hypertensive pregnancy. Which thresholds and laboratory assay best predict clinical outcome? *Hypertension Pregnancy.* 2005. 24: 291-302.
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Health Technology Assessment in Reproductive Health

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EDUCATION RESOURCE CENTRE

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

Aims & Objectives for 2005/2006

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 educational courses, particularly in the areas of evidence based practice and clinical skills.

New Roles

The appointment of an Educational Research Fellow ensured the continuation of the already successful Deanery sponsored Evidence Based Medicine Project which provides a critical appraisal teaching service to teachers and students at all levels.

Activity

Postgraduate Training Programmes -

- The new ABSROG Teaching Programme (Acute Basic Skills for the Resident in Obstetrics & Gynaecology) was introduced and aims to train SHOs to the level of a competent year 1 Specialist Registrar in knowledge, skills and attitude by the end of the first year.
- The Symposia for Specialist Registrars in years 1&2 of their training continues to be organised by the ERC for BWH, Redditch, Russells Hall, Worcester and Hereford Hospitals. Harmonisation of the Programme across the Region has now been achieved.
- The two year Masterclass Teaching Programme for Advanced Trainees in years 3 & 4 has introduced innovative educational practices that continue to receive excellent evaluations by the trainees. Performance is assessed formally at the end of each year which feed into the RITA process.

The Centre also hosts the Regional SHO teaching programme in neonatal paediatrics, resuscitation training and undergraduate examining.

Achievement of 2005/2006 Objectives

The Learning & Skills Council sponsored courses for small businesses and allied health professionals throughout the West Midlands Region reached its successful completion. Overall, 218 were trained in EBM and a further 90 received intensive training on the longer course. The Deanery sponsored EBM courses for SpR's in the West Midlands continues and has successfully trained 367 so far.

Developments and Objectives 2006/2007

Courses in Basic Surgical Skills and Neonatal Life Support are planned as part of future developments and funding has been granted from the Leonardo da Vinci Programme to develop a European qualification in EBM.

New initiatives on the future development of the ERC as a Centre of Excellence for Evidence Based Medicine are to be put into place over the forthcoming year.

Outstanding Achievements

The successful completion of the Learning & Skills Council and Deanery sponsored EBM courses delivering training to a total of 675 medical trainees and allied health professionals.

LIBRARY & INFORMATION SERVICE

Mary Publicover, Trust Clinical Librarian

Specialty/Service

From our vision: 'all staff to be aware of and able to access the information and library resources needed for their practice and learning; supported by an information team who understands both the clinical context and the resources which are available.'

Aims & Objectives for 2005/2006

For this year our aims were to:

- develop a current awareness service pointing to robust evidence
- improve our document delivery service responsive to clinical need
- capture robust evidence primarily in the context of a delivery suite ward round, neonatal cases, and integrated care pathways
- produce a quality schedule to allow monitoring of performance against our strategy.

Activity

Clinical effectiveness

- Attending integrated care pathway meetings. Nine major enquiries this year were to support ICP work
- Providing evidence reports into delivery suite ward rounds(eight this year)
- Supporting critical appraisal in relation to questions identified in relation to neonatal cases.
- Supporting clinical and neonatal journal clubs by literature searching, appraisal, and generating Critically Appraised Topics (CATS) for our online CATbank.
- 86 Literature searches contributed to clinical work and research.
- 'Top evidence' bulletins ensure clinicians are aware of the significant evidence in key areas.
- NHS funded evidence resources were accessed 680 times in March alone.

Learning and development

- 300 individuals received EBP related training
- Two roadshows ensure clinicians received training in their workplaces
- 61% of medical trainees and consultants are active members of the library, as are 22.5% of nurses
- 815 articles acquired from other libraries.

Live Athens accounts by staff group

Staff group	Consultants	Medical trainees	Nurses & midwives	Sci/ tech/ AHP
Number	34	53	115	82
Percentage of staff in the Trust	58%	100%	18%	34%

Number of accesses to Athens protected NHS resources in one month

Year	Admin & Mangers	Cons/ Dr's	Lib staff	Nurse, midwife HCA	Sci/Tech/ AHP	Other	Total
March 05	41	112	132	146	34	54	519
March 06	105	191	145	136	61	42	680

Library registrations: percentage of staff groups who are registered

Staff group	2004-05	2005-2006
Consultants and medical trainees	Not known	61%
Nursing, midwifery and hca	15%	22.5%
Scientific therapeutic and technical	14%	21%
Admin and estates	5%	5%

Speed of document delivery service

- Proportion of requests actioned within 1 day: 92%
- Proportion of documents available within 4 working days: 61%

Achievement of 2005/2006 Objectives

A quality management schedule is now in place through which we can monitor performance against strategy. Integration with integrated care pathway work, R&D and audits is progressing. Further work needs to be done to develop and evaluate a more effective approach to inductions.

Summary of Clinical Governance

- A user satisfaction survey (29 responses) told us that our users need access to more electronic journals, more study space, and more training. Within tight budgets some progress has been made at the range and stability of e journals. We have improved study space available, marginally, by re-organising PCs. New training programmes are on offer.
- It also became clear that some clinical problems needed an urgent document delivery service, to provide evidence based care. This has been piloted and now implemented.
- The Trust Clinical Librarian has led a critical incident study across the SHA, of users experiences seeking research evidence. This has shown a significant communication gap between librarians and clinicians. The work will be used to develop the Birmingham and Black Country service.
- Performance measures eg percentages of staff with Athens accounts (for NHS e resources), will provide an indication that an increasing number of staff are seeking evidence for patient care.

Developments and Objectives 2006/2007

- To improve our inductions, promotion and training, with measurable impact on the numbers of clinicians accessing NHS e resources.
- To develop support of ICPs, guidelines, and patient care by more effective capturing of questions, discussion in journal clubs and publishing of critically appraised topics.
- To achieve a good result in Library and Information service accreditation in November.

UNDERGRADUATE EDUCATION

Professor Janesh K Gupta Honorary Consultant Obstetrician & Gynaecologist

Specialty/Service

The final year programme was modified from the 5 x 8 weeks to 3 x 14 weeks which was implemented July 2005. This means subjects are taught in pairs; Obstetrics and Gynaecology is paired with Paediatrics. The curriculum is accompanied by a comprehensive module handbook which structures their learning requirements. It includes self-assessment exercises and an innovative web-based MCQ. There are 3 in-days per 6-week block; on Monday of weeks 2, 4 and 6. Each in-day consists of two 3-hour sessions: 9.30-12.30 and 1.30-4.30. For the in-days, between 50- 70 students are accommodated in the BWH lecture theatre, with seminar room and meeting rooms used for break-out group work. Each half-day session covers one of the 6 educational themes.

Aims & Objectives for 2005/2006

To accommodate and provide high quality undergraduate teaching to increased student numbers through a newly developed course. The new curriculum started in July 2005 with 340 students with increase in numbers filtering through in stages with 360, 400 and 420 students over the next 3 years. To carry out peer observation of small group teaching.

New Roles

Teaching of in-day with new format is delivered by mainly NHS consultants with academic support. This is achieved by clinical sub-dean input.

Activity

In any rotation we have 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 the smear, abdominal examination and history assessment stations removed to be assessed as a task based assess.

Achievement of 2005/2006 Objectives

Successful adaption to the new course with larger numbers. Peer observation of teaching small group teaching was not as successful as the previous year's peer observation of lectures. This is going to be revisited for the next academic year. A new clinical Sub-Dean was appointed - Mr Justin Clark

Summary of Clinical Governance

More teaching support in the format of a Teaching Fellow is planned with the appointment of a SIFT funded tutor for undergraduate education. Currently this is being sought from funding sources from various Trusts. Implement peer observation of bedside teaching.

SUPERVISION OF MIDWIVES

Shirley Jones, Professor/Supervisor of Midwives, University of Central England

Specialty/Service

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

Aims & Objectives for 2005/2006

The aims of Supervision are to maintain safety for mothers and babies and to support midwives. This is achieved by monitoring and enhancing midwifery practice and development of the midwives. Audit and education form vital parts of our activity. There is close liaison with the Clinical Risk Manager

Achievement of 2005/2006 Objectives

The LSA audit was undertaken recently and the Midwifery Officer determined that 7 of last year's action points had been achieved, with the other 2 partly achieved; she identified 8 areas of good practice. The Supervisors have been pro-active in the development and audit of guidelines, documentation and practice.

Summary of Clinical Governance

Supervisors are pro-active in supporting midwives to work to external standards - NICE, DOH, LSA. This support is achieved through statutory individual reviews, Supervisors' training sessions for midwives, in addition to Trust mandatory training. Audit of records, with CNST proformas, continues, with feedback to midwives (and their Supervisors) on positive and negative aspects of their care and record keeping. If a midwife is felt to fall short of the standards expected then action is usually taken through the Supervisory route: individual assistance with small issues, planned 'supported' for complex issues and 'supervised' practice, with LSA involvement, for more serious issues. An annual report of Supervisory activity is submitted to the LSA prior to an audit visit.

Developments and Objectives 2006/2007

From last year:

- Allocate time for Supervision for all Supervisors
- Achieve 75% attendance at local meetings

New:

- Develop electronic guidelines
- Continue with the good work within public health, particularly relating to domestic violence, child protection and reducing perinatal mortality
- Determine a plan for midwifery updating for midwives in neonatal areas, especially those who are non-nurses

Outstanding Achievements

Some Supervisors have achieved publication of articles and books and have presented papers at conferences, but not solely in their role as Supervisors.

UNDERGRADUATE MIDWIFERY EDUCATION

Shirley Jones, Professor/Supervisor of Midwives, University of Central England

Aims & Objectives for 2005/2006

To educate student midwives to the standards of proficiency required by the Nursing and Midwifery Council (NMC), enabling them to be fit for practice, purpose and academic award at the end of their BSc (Hons) Midwifery programmes. .

Achievement of 2005/2006 Objectives

In September 2005, we started a new curriculum for the two pathways of undergraduate preparation of midwives. These new programmes are innovative and creative from a learning, teaching and assessment perspective, aimed at producing midwives equipped for future service needs. An improvement in students' motivation and enthusiasm has been noted, along with a greater ability to self-direct.

Developments and Objectives 2006/2007

Embedding of year 2 of the new midwifery programmes, while maintaining motivation for all involved in the final year of the old 3 year programme.

Evaluation of the next phase of the Faculty's Interprofessional Learning - the programme for which started in September 2005.

MATERNAL MORTALITY

Peter Thompson, Clinical Director Maternity Services

In the last year we had 3 maternal deaths. All these pregnancies were originally booked at other hospitals in the West Midlands and were transferred to our care because of their medical conditions and none were known to our hospital prior to their pregnancy. All were indirect maternal deaths, that is, deaths that were secondary to pre-existing maternal disease or disease that developed during pregnancy which was not due to direct obstetric causes but which was aggravated by the physiological effects of pregnancy.

Two women died from malignancy, one was a woman with known carcinoma of the breast and the other a newly diagnosed case of carcinoma of the large bowel. Both delivered live infants and sadly died in the puerperium. One woman died from a cardiac lesion, though this was a late death. Following delivery she required cardiac surgery for a valve replacement and died suddenly 8 months later. In addition one other woman died from 90% burns four months following delivery, but as this was a late death and not caused by a pregnancy related disease or a disease worsened by pregnancy it does not fall within the definition of a maternal death.

PERINATAL MORTALITY:

MORTALITY STATISTICS

Dr M E I 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 2005 and 31st March 2006, 6745 mothers delivered 6868 registrable births at Birmingham Women's Healthcare NHS Trust, a continued increase in the numbers (6774 births in 04/05, 6566 births in 03/04, 6254 births in 02/03). There were 103 home confinements, again an increase from previous years.

692 babies (661,669,664) were low birth weight, giving a low birthweight rate of 10.07% (11.0%, 11.3%, and 10.7%) of births.

Outcomes by gestation and birthweight bands for 2005/6 have been tabulated as follows

Birth Gestation Weeks	No of Babies	Still Births	Live Births	Early Deaths	Late Deaths	Infant Deaths	Total Deaths	Survived
>= 24	30	4	26	22	0	0	22	4
25:26	24	5	19	5	0	0	5	14
27:28	35	2	33	3	0	1	4	29
29:30	30	3	27	3	0	0	3	24
31:32	76	5	71	4	1	0	5	66
33:34	136	2	134	3	1	0	3	135
35:36	318	2	316	4	1	0	5	311
>= 37	6162	12	6150	21	1	0	22	6128
Total	6868	36	6832	66	4	1	71	6761

Birth weight	No Of Babies	Still Births	Live Births	Early Deaths	Late Deaths	Infant Deaths	Total Deaths	Survived
<= 499	33	3	30	27	1	1	30	0
500: 749	18	5	13	6	0	0	6	7
750: 999	30	4	26	4	0	0	4	22
1000:1249	33	3	30	3	0	0	3	27
1250:1499	30	1	29	4	1	0	5	24
1500:1749	65	5	60	1	1	0	2	58
1750:1999	92	2	90	1	1	0	2	88
2000:2249	142	2	140	0	0	0	0	140
2250:2499	249	1	248	3	0	0	3	244
>= 2500	6176	10	6166	16	0	0	15	6151
Total	6868	36	6832	66	4	1	71	6761

There were 36 stillbirths and 70 neonatal deaths recorded through the Trust Information systems. Of these neonatal deaths, 65 were babies born at BWH. One infant death was captured by this recording system.

There may be other infant death cases that generally died at home or at other hospitals. 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. These figures as usual include the outcomes of high risk pregnancies including tertiary referrals. All deaths are reviewed monthly at multidisciplinary perinatal mortality meetings.

Perinatal/Neonatal deaths at Birmingham Women's Hospital 2005/6 (2004/5, 2003/4, 2002/3)- Babies born at BWH: Crude Figures

		Rate per 1000 (2005)						
		No. of Babies		BWH		South Birmingham	West Midlands	England & Wales*
Still births	36	(54, 53, 44)		5.3	(7.97, 8.07, 7.0)	4.5	5.9	5.4
Early NND	57	(41, 45, 38)		8.3	(6.1, 6.9, 6.1)	5.3	4.0	2.6
Late NND	8	(4,10,8)		1.2	(0.6, 1.53, 1.28)			
PNMR				13.5	(14.0, 14.9, 13.1)	9.8	9.9	8.0

BWH Figures

Stillbirths

There were 37 stillbirths at BWH from April 2005 to March 2006. Of these, only 3 were delivered before 25 weeks gestation. Of the group, 4 babies had lethal congenital anomalies. There are therefore 33 remaining stillbirths giving a "corrected" stillbirth rate of 4.80 (5.60, 5.32, 4.6) per thousand births.

Neonatal Deaths

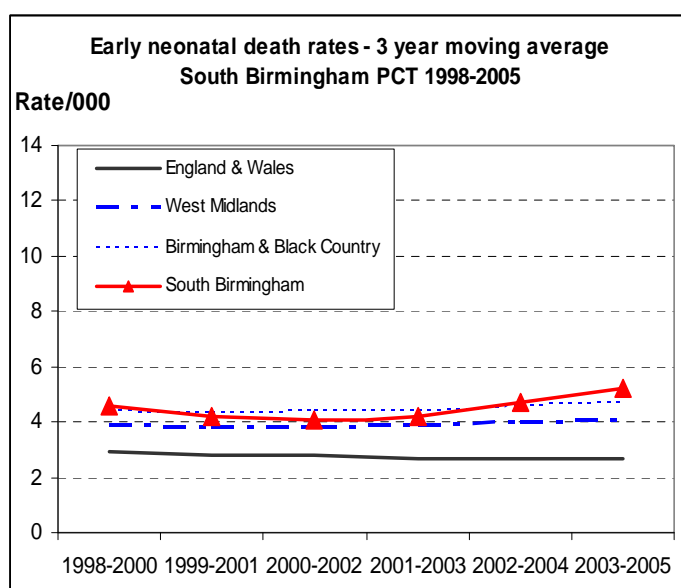
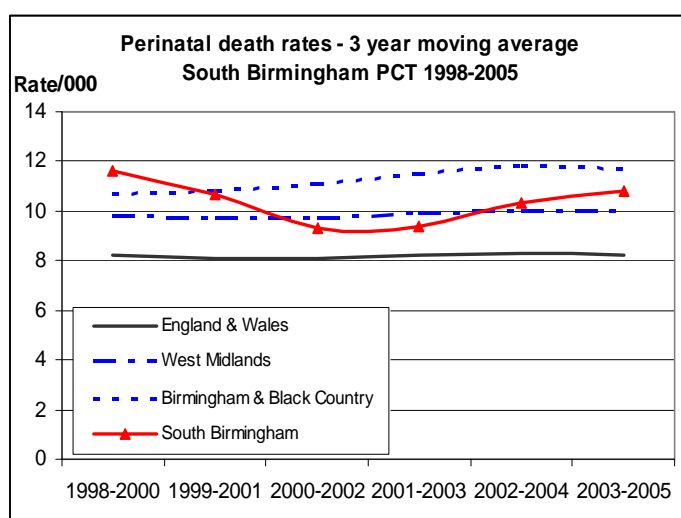
There were 65 Neonatal deaths of babies born at Birmingham Women's Hospital. Of these, 22 died well before viability and were not resuscitated. 26 babies had lethal anomalies, either structural or genetic.

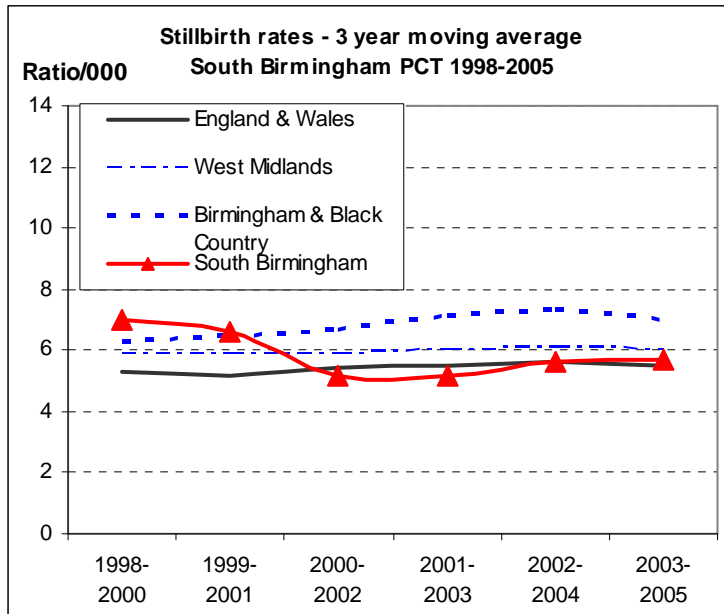
If these 48 babies are excluded, 17 neonatal deaths remain (early and late). The "corrected" Neonatal Mortality Rate is then 2.50 (2.23, 3.5) per 1000 live births.

BWH Mortality Rates 2005/6

	2005-6	2004-5	2003-4
Unadjusted PNMR	13.5	14.0	14.97
PNMR adjusted for LCA and ≤ 23 weeks	7.30	7.67	7.31
Unadjusted Stillbirth rate (per 1000 births)	5.30	7.97	8.07
Stillbirth rate adjusted for LCA and extreme immaturity	4.30	5.60	5.32
Unadjusted neonatal mortality rate (per 1000 live births)	9.5	6.69	8.43
NMR adjusted for LCA and extreme immaturity	2.50	2.23	3.5

Local and Regional Figures





These tables, from the report of the West Midlands Perinatal Institute, show the 3 year moving averages for Perinatal deaths, Stillbirths, and Neonatal deaths for South Birmingham (red line), BBC (blue dots), West Midlands (blue dashes), and England and Wales (black continuous line)

STILLBIRTHS

W L Martin, Consultant Fetal Maternal Medicine

Specialty/Service

Review of poor pregnancy outcomes is an important part of improving on care delivered. Perinatal mortality meetings are an important part of Obstetric care allowing a multidisciplinary, peer review of care. From this any deficiencies can be identified and improvements made. A vital part of this process is risk reporting and root cause analysis. All stillbirths are reported and the case reviewed. If there are concerns regarding the stillbirth then a root cause analysis is carried out. This involves an in-depth review of the case involving all relevant disciplines. Any lessons learnt are disseminated throughout the Trust.

Aims & Objectives for 2005/2006

The purpose of reviewing stillbirths is to identify where different care may have influenced outcome. This reflective approach is helpful in counselling patients regarding the cause and possible future prevention of stillbirth.

Activity

In the audit year there were 6868 births in BWH. Our catchment area is South Birmingham from which there were 3436 births. The remaining 3432 includes all regional tertiary (therefore complex) referrals and patients (who may be low risk) from outside our catchment area who have chosen delivery at BWH.

There were a total of 37 stillbirths, 9 for South Birmingham.

Of these 7 were due to serious fetal abnormality

The stillbirth rate (SBR) for BWH was 5.4/1000 births.

For S. Birmingham, 2.6/1000births.

These compare with a regional and national rate of 5.9/1000births and 5.4/1000births respectively.

We report the SBR for our standard Obstetric population, i.e. those from South Birmingham. This is because our complex referrals alter our case mix, leading to apparently high SBR and Perinatal mortality rates. Looking at S. Birmingham allows better comparison with other standard Obstetric units. The rate of 2.6/1000 births compares very favourably with national and regional figures.

Table 1

Stillbirth rate for BWH for all deliveries, those from South Birmingham compared with regional and national rates

	Number	Rate (per1000births)
BWH – all	37	5.4
BWH - corrected	30	4.3
BWH – South Birmingham	9	2.6
Regional	394	5.9
National	3483	5.4

Corrected SBR excludes congenital abnormality

Table 2

Causes of Stillbirths

Cause	Number	Percentage
Antepartum anoxia	26	70
Intrapartum anoxia	4	11
Fetal Abnormality	7	19
Intrauterine Growth Restriction	21	57

Achievement of 2005/2006 Objectives

Despite our complex case mix, the stillbirth rate appears comparable with regional and national figures. The number of cases is small thus stratification by gestation and birth weight is difficult, however as expected Intrauterine Growth Restriction (IUGR) was a factor in 21/37 (57%) of the stillbirths. Our post mortem rate is 16/37 cases (43%) which compares favourably with the national rate.

Summary of Clinical Governance

The SBR is an apparent improvement over last year but as the numbers are small this does not necessarily indicate an improvement in care.

Nationally CEMACH are beginning to produce hospital specific PNMR and SBR. These figures are very crude and cannot be taken to indicate standard of care. In the near future the figures will be refined to allow fairer comparison allowing for case-mix between units. This will allow appropriate benchmarking giving us an indication of our performance.

Where there is evidence from incident reporting of a serious (red) incident, Root Cause Analysis (RCA) is carried out. Deficiencies identified have been addressed.

In view of the small numbers involved we have not been able to provide gestation specific data, or data by birthweight.

Developments and Objectives 2006/2007

BWH is a tertiary referral centre and receives a large number of transfers of high risk cases. These inevitably are associated with a higher perinatal mortality. Nationally CEMACH are beginning to produce hospital specific PNMR and SBR. This will allow us to compare our

performance with similar centres. We hope to produce gestation and birth weight data to further enhance comparison.

CAUSES OF NEONATAL DEATHS

Andrew Ewer, Consultant Neonatologist

Inborn neonatal deaths - died in BWH	55
Inborn neonatal deaths - died elsewhere	10
Outborn neonatal deaths	6
Inborn neonatal deaths	65
Early	57
Late	8

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

Immaturity	Non-viable, no resuscitation offered	23
	Extreme prematurity - resuscitation unsuccessful ∴ not admitted to NNU	0
	Complications of prematurity	0
	Infection (including NEC)	4
	Cardio-respiratory complications	2
	Abnormal cranial USS	2
Lethal congenital anatomical malformation (including pulmonary hypoplasia/hydrops)	TOP	1
	TLC	17
	Unsuccessful treatment	5
Infection		2
SIDS		0
Lethal chromosomal/genetic abnormality		1
Lethal inherited metabolic abnormality		2
Birth asphyxia		4
Birth Trauma		0
Twin to twin transfusion syndrome		1
Other/Not known		3
Total		65

Extreme prematurity

27 inborn live births ≤ 24 weeks

Total number of deaths ≤ 24/40 = 23 ∴ 4 survived = 15%.

Of the 27 live births ≤ 24 weeks, 22 were not offered resuscitation and were therefore not transferred to NNU.

5 babies (all 24 weeks gestation) were admitted to NNU, 4 survived = 80%.

Gestation of babies not offered resuscitation because of non-viability

Gestation	17	18	19	20	21	22	23	24	Total
No	1	0	4	2	6	6	2	1	22

≤ 300g	5	301-400g	9	401-500g	5	501-700g	4	Total 22
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Birth weight of babies not offered resuscitation because of non-viability

OBSTETRICS

Peter Thompson, Clinical Director Women's Services

Once more our delivery rate has increased. However, as I mentioned in my report last year this does not tell the complete story, as in tandem with this we are observing a simultaneous increase in complexity. An example of this is demonstrated by the detailed evidence in the section on Diabetic pregnancy where the numbers of these women are shown to be increasing. Despite this increase, the generally accepted markers of quality of care for these women, birthweight above 4kg and perinatal mortality, both indicate a service provision of high quality.

In addition to the birth rate, the other headline statistics are the perinatal mortality rate and the caesarean section rate. The caesarean section rate has remained unchanged, and though this is still higher than we would like it is important to note that the rate of caesarean section in the standard nullip is at its lowest rate for 7 years. The perinatal mortality rate is detailed elsewhere however it can be seen that the still birth rate, specifically the still birth rate of our South Birmingham residents, continues to fall.

In our midwifery service we have established several new posts for specialist midwives, which will further improve our packages of care. The only disappointing point is that we only delivered 600 women in our midwifery led birth centre. We have instigated several organisational changes, including addressing staffing levels, and I hope that with these in place we will see an increase in this rate next year.

The last year has seen the dissolution of the Women's services Directorate and hence managerial separation of the Gynaecology and Radiology services from the Maternity service. Although this organisational restructuring has occurred, our clinical services will remain interdependent. In addition, Sheena Spence, our General Manager left the Trust. We all wish her the best of fortune in her new post and I in particular owe her a debt of thanks as she was the first General Manager that I worked with.

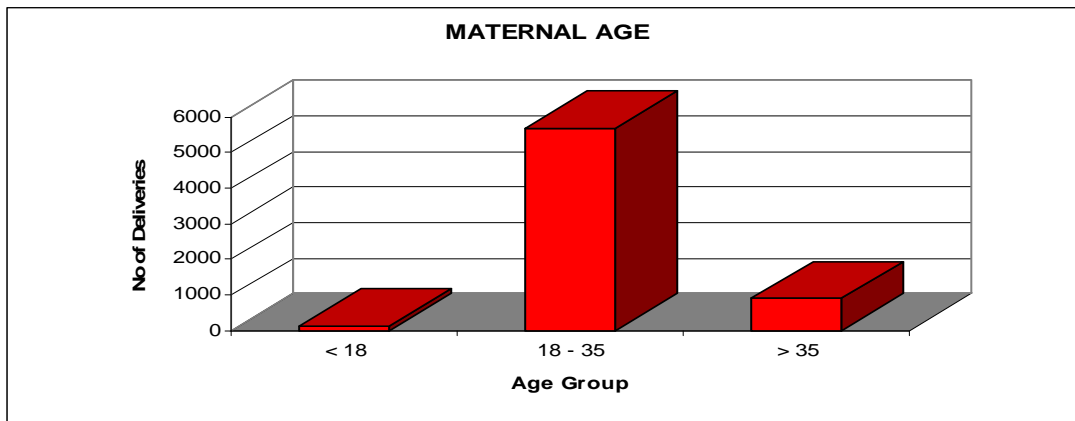
RCOG Obstetric Return 2005/2006
Registered Births at the Birmingham Women's Hospital

				BWH
1	No of women delivered In Hospital			6730
2	No of Babies Born in Hospital			6868
3	No of Women under Total Midwifery Care			
4	No of Women under Consultant Care			
5	No of Home Confinements			103
Singleton Deliveries				
6	No of Singleton Spontaneous Vertex deliveries			3943
7	No of Singleton Vaginal Breech Deliveries			53
8	No of Singleton Breech deliveries by Caesarean Section			166
		Elective	89	
		Emergencies	77	
9	No of Singleton Forceps Deliveries All Types			298
10	No of Singleton Ventouse Deliveries			382
11	No of Singleton Instrumental Deliveries			351
12	Total Caesarean Sections for Singleton Pregnancies			1567
		Elective	559	
		Emergencies	1008	
Multiple Deliveries				
13	No of Women Delivering Twins			132
14	No of Women Delivering Triplets			3
15	No of Women Delivering Quadruplets			0
Twin Deliveries				
16	Twin Deliveries where both Babies Delivered Vaginally			50
17	Twin Deliveries where both Babies Delivered By Caesarean			78
18	Twin Deliveries where Second Baby Delivered By Caesarean			4
All Deliveries				
19	Total No of Caesarean Sections			1815
20	Total No Stillbirths			36
21	Total No of Neonatal Deaths			53
22	PNMR			
General				
23	Maternal Deaths			0
24	No of Women having Induction of Labour			1101

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

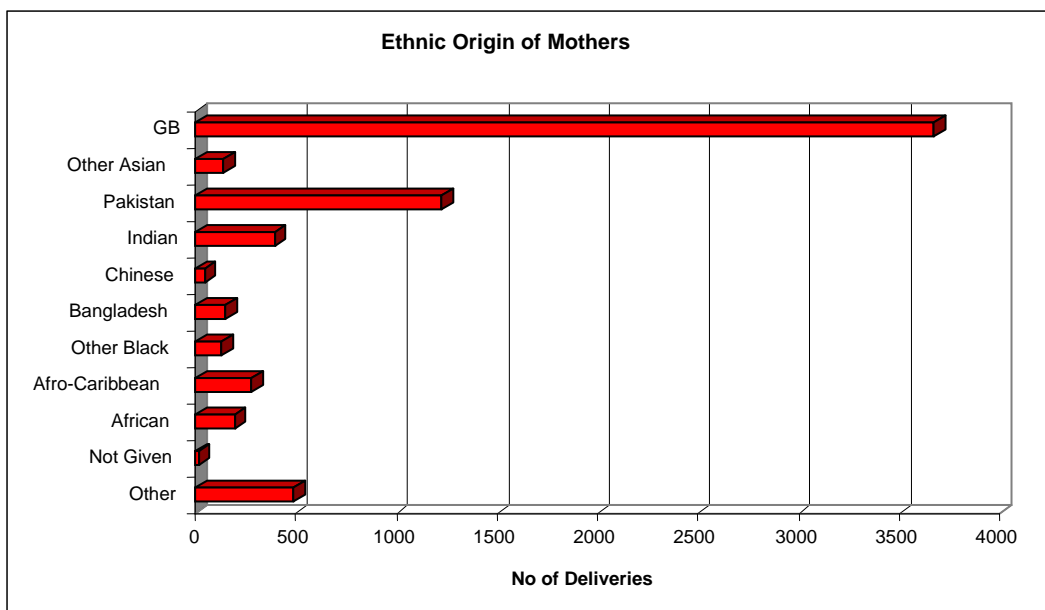
Maternal Age

Age Group	No of Deliveries	%
< 18	126	2
18 - 35	5706	85
> 35	898	13
	6730	



Ethnic Origin

No of Deliveries	No of Deliveries
Other	491
Not Given	15
African	196
Afro-Caribbean	280
Other Black	127
Bangladesh	148
Chinese	46
Indian	394
Pakistan	1224
Other Asian	139
GB	3670



Mothers by District of residence

District	No of Deliveries
Birmingham And Black Country	6366
Other West Midlands	258
Rest of England	89
Wales	0
Not Recorded	17

Obstetric Population

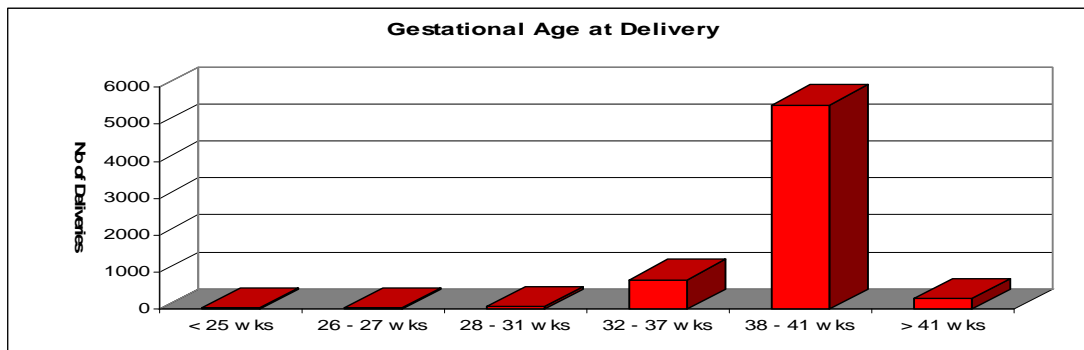
Parity	No of Mothers
Para 0	2335
Para 1-4	3772
Para 5+	623

Induction of Labour

Reason	Total	Caesarean Sections	Section Rate %
Post Dates	484	123	25.41
Hypertensives	202	51	25.25
Fetal Compromise	166	37	22.29
Other	249	63	25.30
Total	1101	274	24.89
Induction Rate %	16.36		

Gestational Age

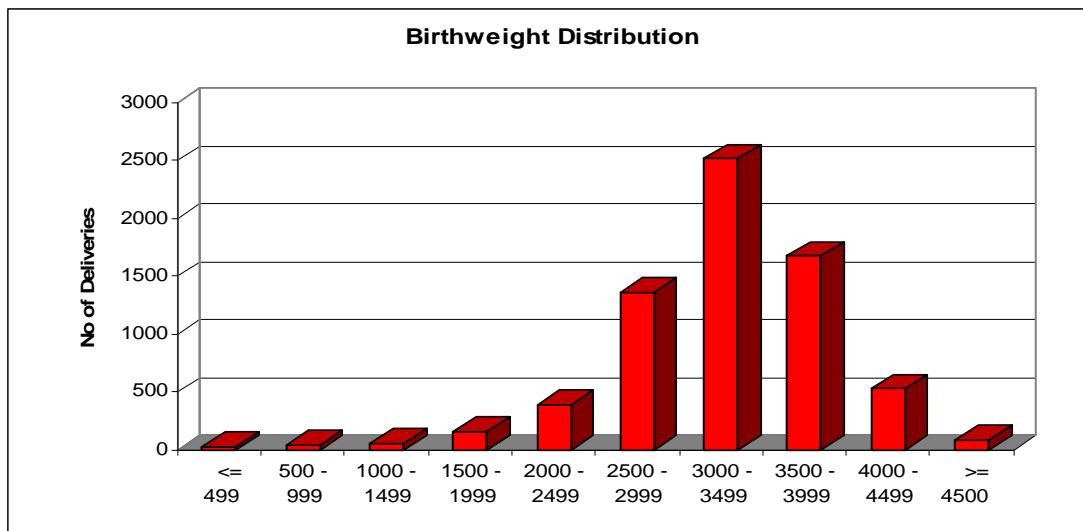
Gestation	No of Deliveries	%
< 25 wks	38	0.56
26 - 27 wks	25	0.37
28 - 31 wks	74	1.10
32 - 37 wks	794	11.80
38 - 41 wks	5521	82.04
> 41 wks	278	4.13



Birthweights

BirthWeight	No of Babies	%
<= 499	33	0.53
500 - 999	48	0.77
1000 - 1499	63	1.01
1500 - 1999	157	2.51
2000 - 2499	391	6.26
2500 - 2999	1364	21.84
3000 - 3499	2514	40.26
3500 - 3999	1675	26.82
4000 - 4499	531	8.50
>= 4500	92	1.47

Includes 3 stillborn babies not weighed



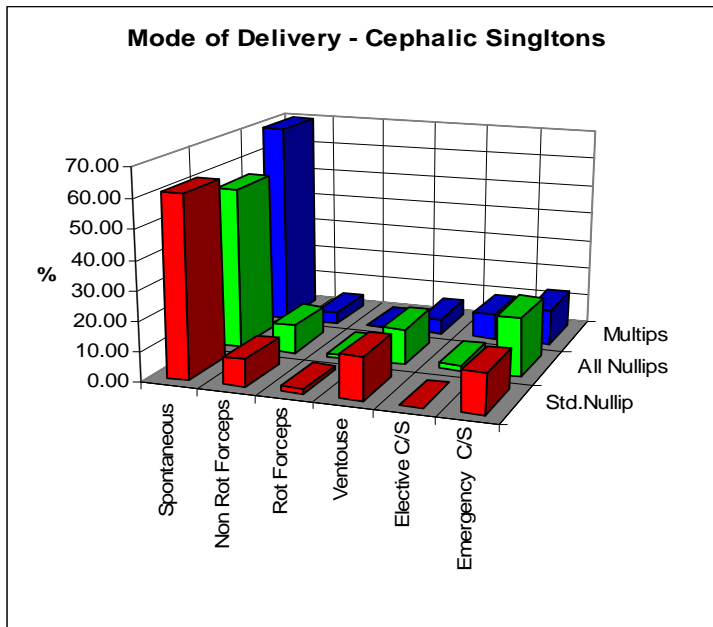
Cephalic Singletons

Activity

Mode	Std.Nullip	All Nullips	Multips
Spontaneous	562	865	3158
Non Rot Forceps	84	150	167
Rot Forceps	15	20	13
Ventouse	132	189	231
Elective C/S	0	30	401
Emergency C/S	125	316	550
Total	918	1570	4520

Percentage

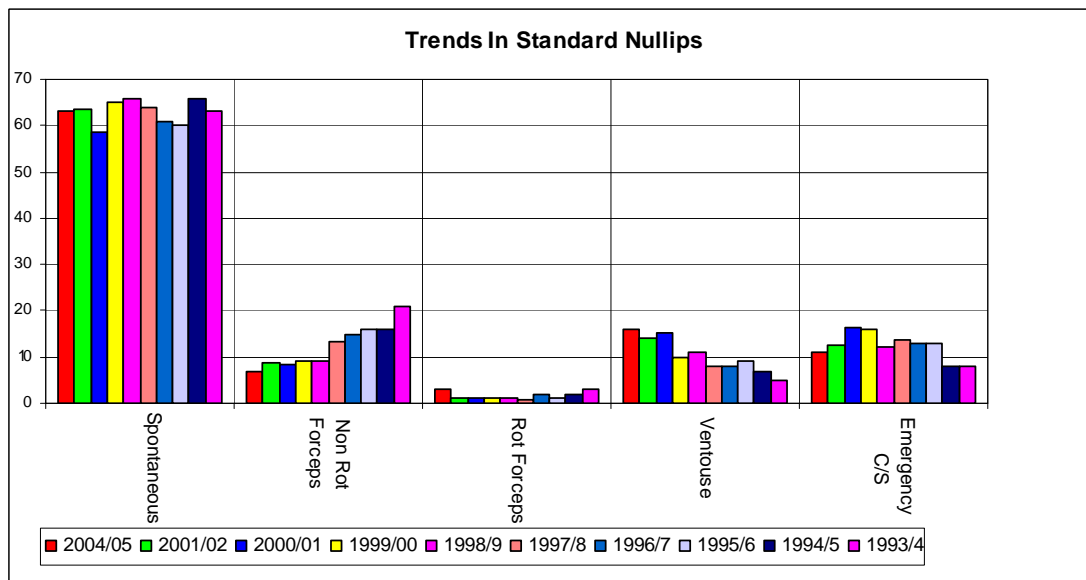
Mode	Std.Nullip	All Nullips	Multips
Spontaneous	61.22	55.10	69.87
Non Rot Forceps	9.15	9.55	3.69
Rot Forceps	1.63	1.27	0.29
Ventouse	14.38	12.04	5.11
Elective C/S	0.00	1.91	8.87
Emergency C/S	13.62	20.13	12.17



Standard Nullips - Trends

Percentage of modes of delivery

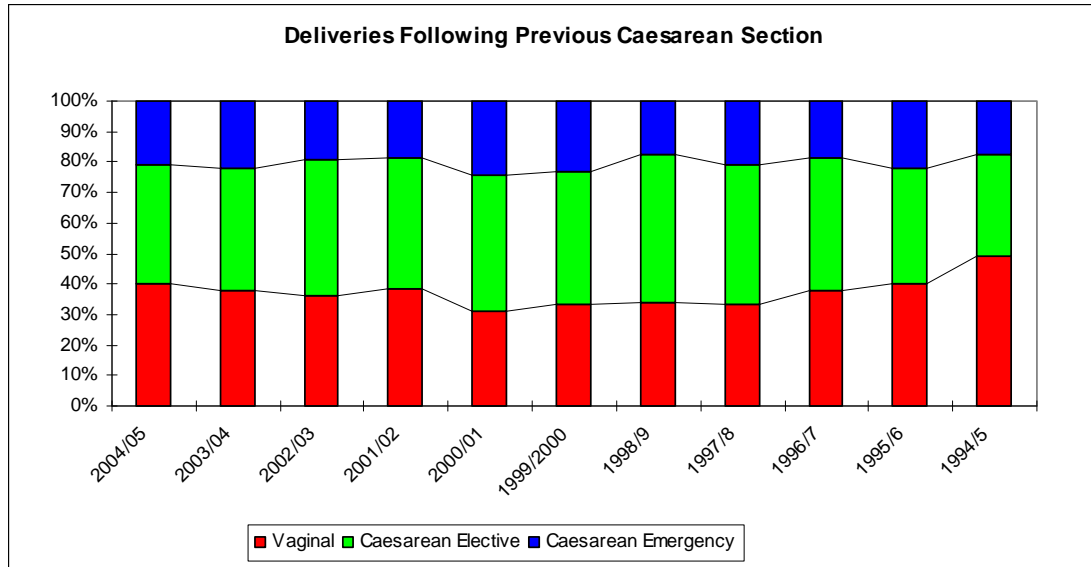
Mode	2005/06	2004/05	2002/03	2001/02	2000/01	1999/00	1998/89	1997/98	1996/97	1995/96
Spontaneous	61	63	64	63	59	65	66	64	61	60
Non Rot Forceps	9	7	7	9	8	9	9	13	15	16
Rot Forceps	2	3	2	1	1	1	1	1	2	1
Ventouse	14	16	14	14	15	10	11	8	8	9
Emergency C/S	14	11	12	13	17	16	12	14	13	13



Delivery Following Caesarean Section

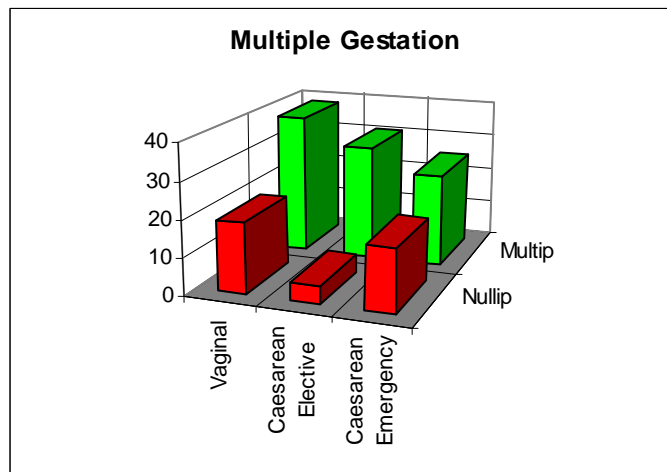
Class	2005/ 06	2004/ 05	2003/ 04	2002/ 03	2001 /02	2000/ 01	1999/ 2000	1998/ 99	1997/ 98	1996/ 97	1995/ 96
Vaginal	259	327	288	230	200	154	171	188	188	221	230
Caesarean Elective	261	316	308	283	222	223	226	267	258	254	221
Caesarean Emergency	158	172	166	122	97	121	120	97	118	107	126
Total	678	815	762	635	519	498	517	552	564	582	577

Total Deliveries	6730	6651	6423	6136	5902	5822	6074	6096	6150	6128	5879
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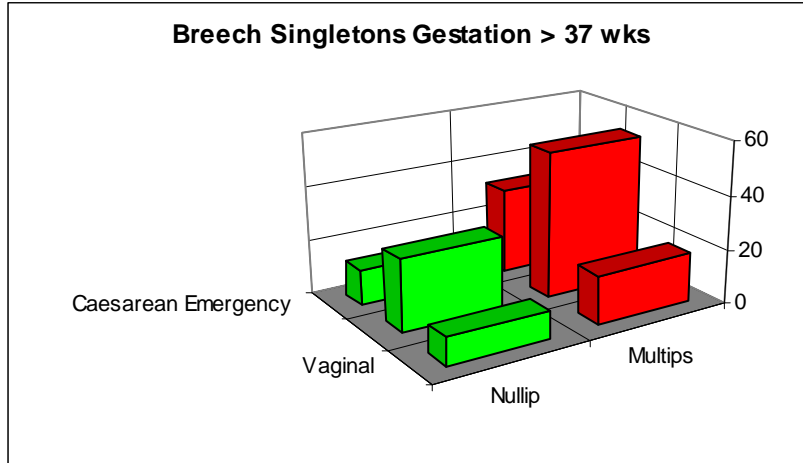
Multiple Gestation

Mode Of Delivery	Nullip	Multip	Total
Vaginal	19	38	57
Caesarean Elective	5	31	36
Caesarean Emergency	17	25	42
Total	41	94	135



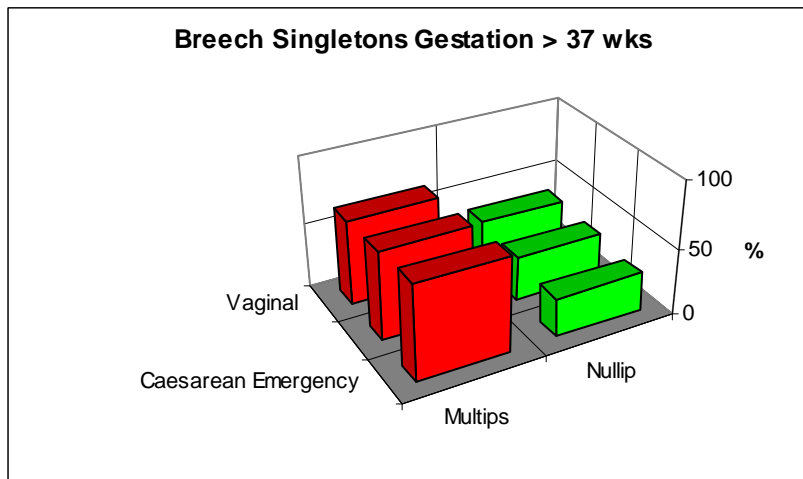
Term Breech Deliveries

Mode of Delivery	Multips	Nullip	Total
Vaginal	18	10	28
Caesarean Elective	54	27	81
Caesarean Emergency	32	13	45
Total	104	50	154



Term Breech Deliveries (Percentage)

Mode of Delivery	Multips	Nullip
Vaginal	64	36
Caesarean Elective	67	33
Caesarean Emergency	71	29



JOINT OBSTETRIC/DIABETIC CLINIC

Harry Gee, Consultant Obstetrician

Specialty/ Service

Multidisciplinary management of pregnant diabetic women.

Aims & Objectives for 2005/2006

To deliver a high quality clinical service to an at risk group of patients using a multi-disciplinary team comprising: Obstetricians, Diabetic Physicians, Midwives, Diabetic Nurses and Dieticians.

Activity

The volume of work has increased by 73% compared to 02-03 when we last had data. In particular the number of type 2 diabetics has doubled. This group contributes a greater proportion to poor outcome than either the Type 1 or Gestational diabetics, though absolute numbers remain small.

General

Pre-gestational Diabetics	Type 1	19
	Type 2	28
Gestational diabetes		110 (including one twin pregnancy)
Total		157

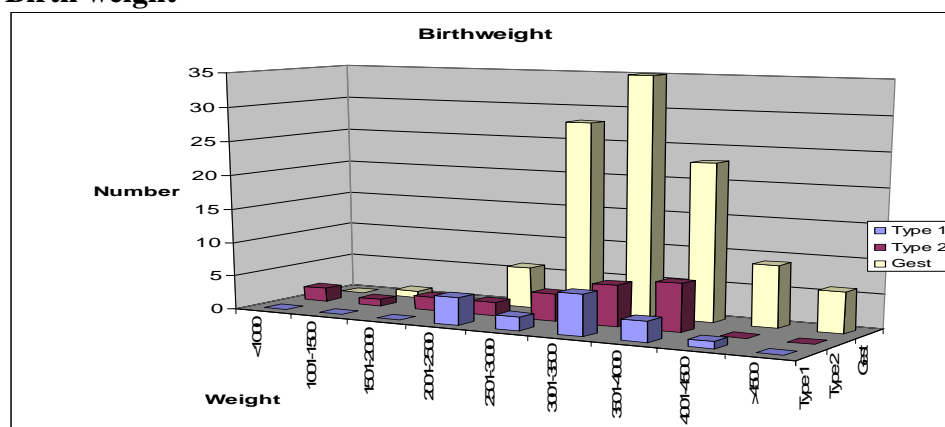
Mode of Delivery

	Type 1	%	Type 2	%	Gestation	%
Normal	5	26	11	39	48	44
Instrumental	3	16	0	0	3	3
CS Emerg	6	32	7	25	36	33
CS Elect	2	11	5	18	21	19
Miscarriage	2	11	4	14		
Transferred	1	5	1	4	2	2
Total	19		28		110	

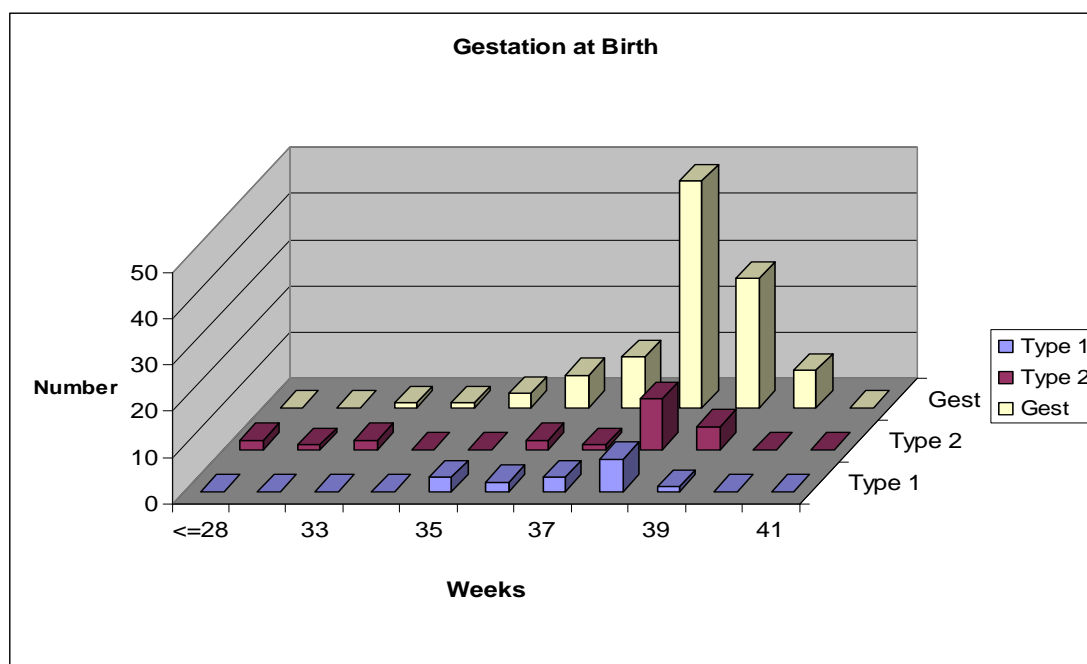
Pregnancy Outcome

	Type 1	Type 2	Gestational
Neonatal Death	0	1	1
Stillbirth	0	1	0
Anomalies(major)	1	4	2
PNM(per1000)	0	71	9
PNM - CA(per1000)	0	36	0

Birth weight



Gestation



Summary of Clinical Governance

The clinic has been audited against the Diabetic NSF and the CEMACH Diabetes Project. The service is meeting all standards with one exception, a joint pre-pregnancy clinic. A pre-pregnancy clinic is held at Selly Oak Hospital but has no Obstetric input at this time. This carries greater importance given the rise in number of Type 2 diabetics and their complication rate.

The importance of screening for, and good management of, Gestational Diabetes has been highlighted by a recent high quality clinical trial (ACHOIS). Our screening practice and testing for Glucose Intolerance has been audited. Indications for the performance of GTTs remain clinically based. Cut offs for the GTT have been revised.

16 babies were greater than 4 kg and, of these, 6 were over 4.5 kg, 10% and 4% respectively, compared to 28% over 4kg in previous years and 21% nationally. There was only one case of shoulder dystocia.

Developments for 2006/2007

The development of a joint pre-pregnancy clinic is necessary, subject to resources.

Outstanding Achievements

The overall perinatal mortality was 19 per 1000 and 13 per 1000 when corrected for congenital abnormality. This is similar to previous years and significantly less than nationally reported figures (approx. 30 per 1000).

The Caesarean Section rate is high at 50-54% but lower than national data 67%

SPECIAL CLINIC – MULTIPLE PREGNANCY

Harry Gee, Consultant Obstetrician & W. M. Martin, Fetal Medicine Consultant

Specialty/ Service

High Risk Obstetrics

A consultant led service, based on a set pattern of care (consistent with RCOG Working Party recommendations) to plan and manage antenatal, intrapartum and post-natal care.

Aims & Objectives for 2005/2006

To deliver an effective programme of care to this group of high risk cases.

Activity

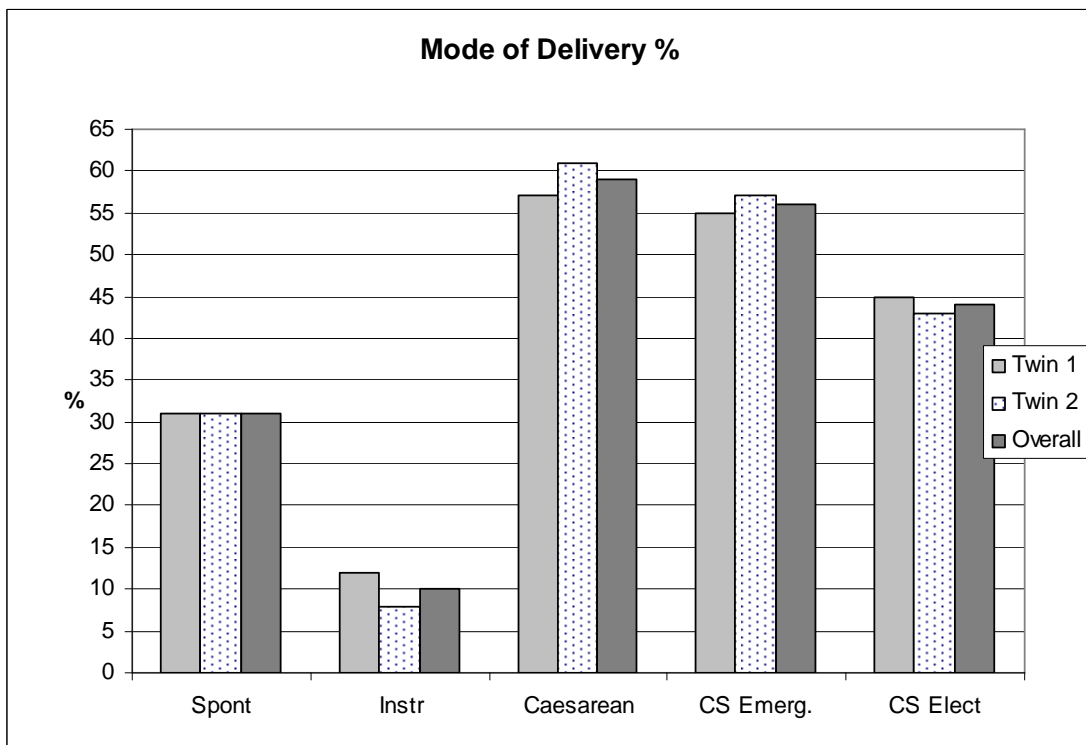
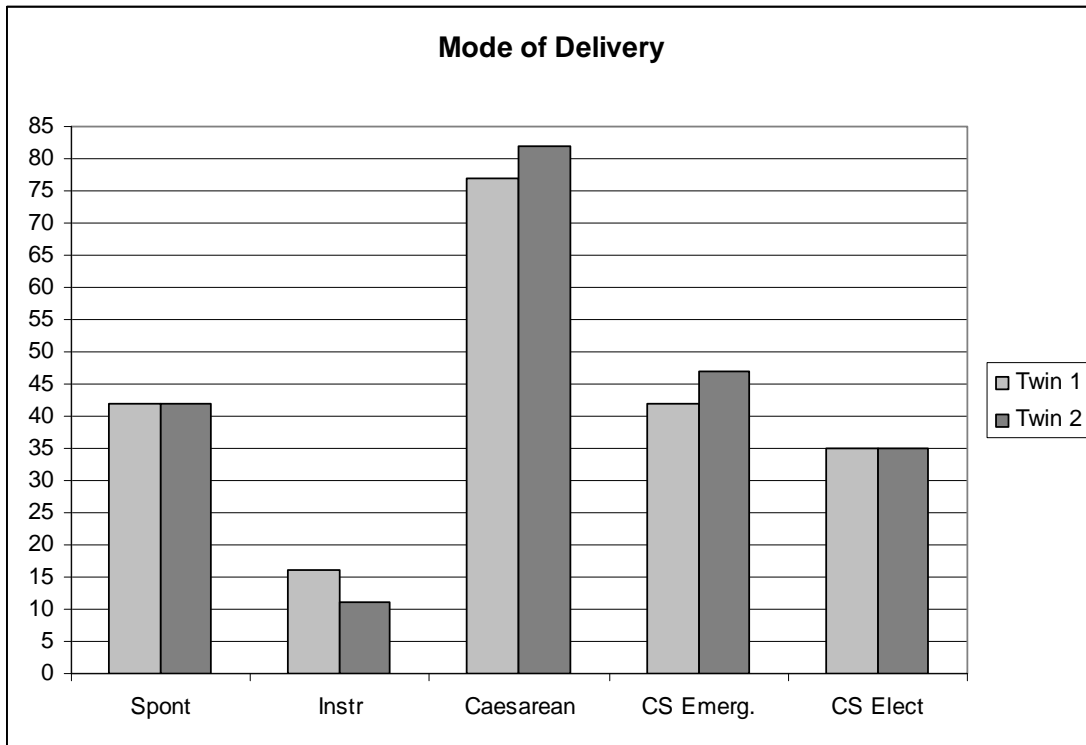
A total of 135 patients were delivered with multiple pregnancies, 132 with twins and 3 with triplets. This is virtually the same activity as last year.

The triplets were delivered at 28, 34 and 35 weeks' gestation, 2 by elective caesarean section and one as an emergency caesarean section. All babies survived with only the 28 week triplets needing admission to the Neonatal Unit.

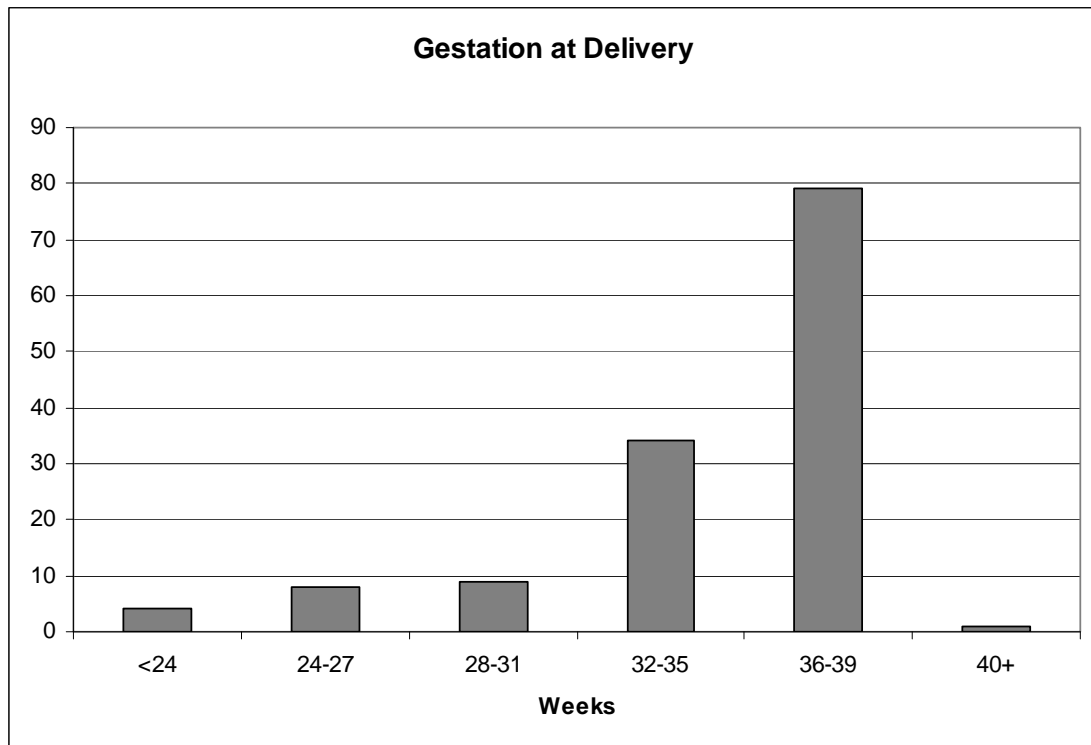
Multiple Pregnancy – Activity & Outcome Graphics

Mode of Delivery

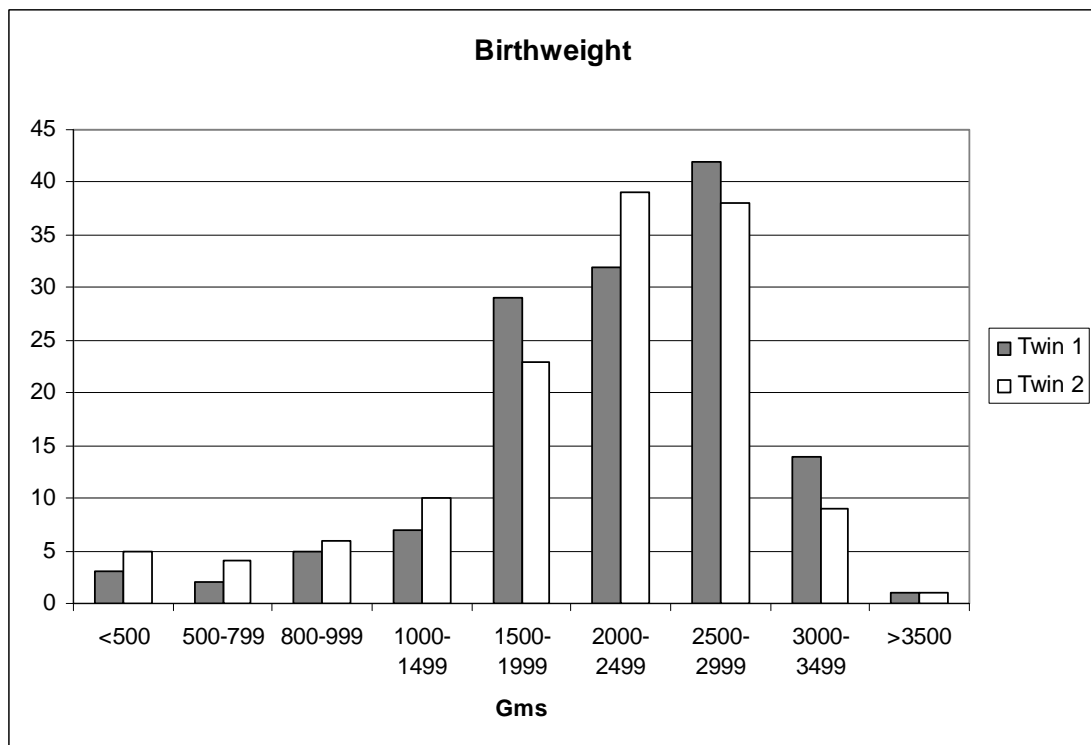
Mode of Delivery	Twin 1	Twin 2	Overall
Spont	42	42	84
Instr	16	11	27
Caesarean	77	82	159
CS Emerg.	42	47	89
CS Elect	35	35	70



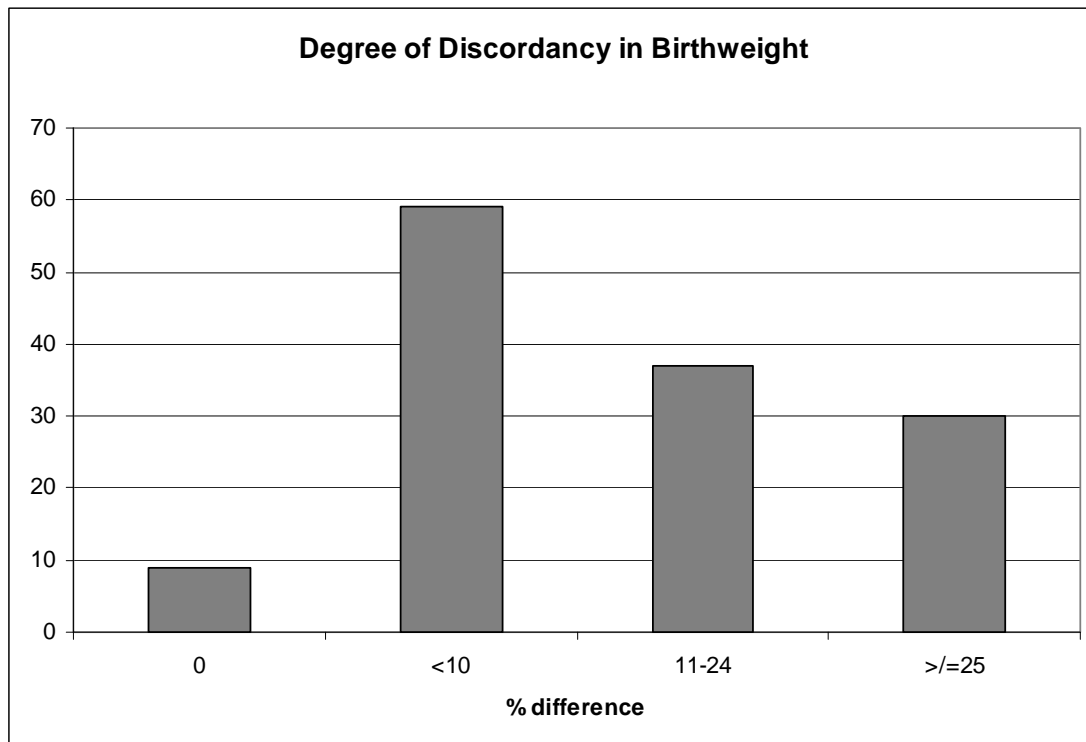
Gestation at Delivery



Birthweight



Concordancy/Discordancy in Birthweights

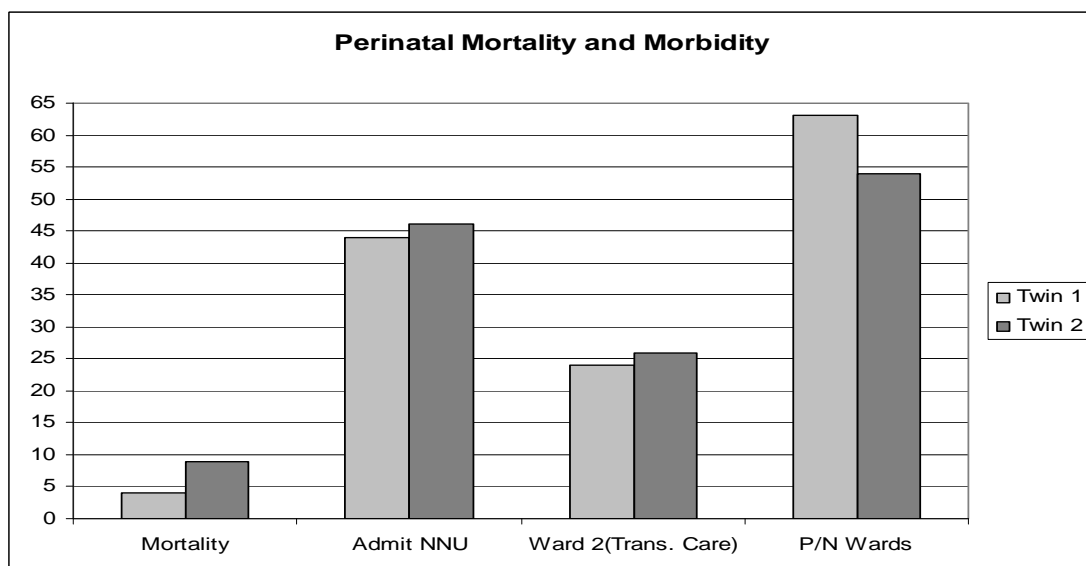


Perinatal Outcomes

Morbidity

Morbidity/Mortality

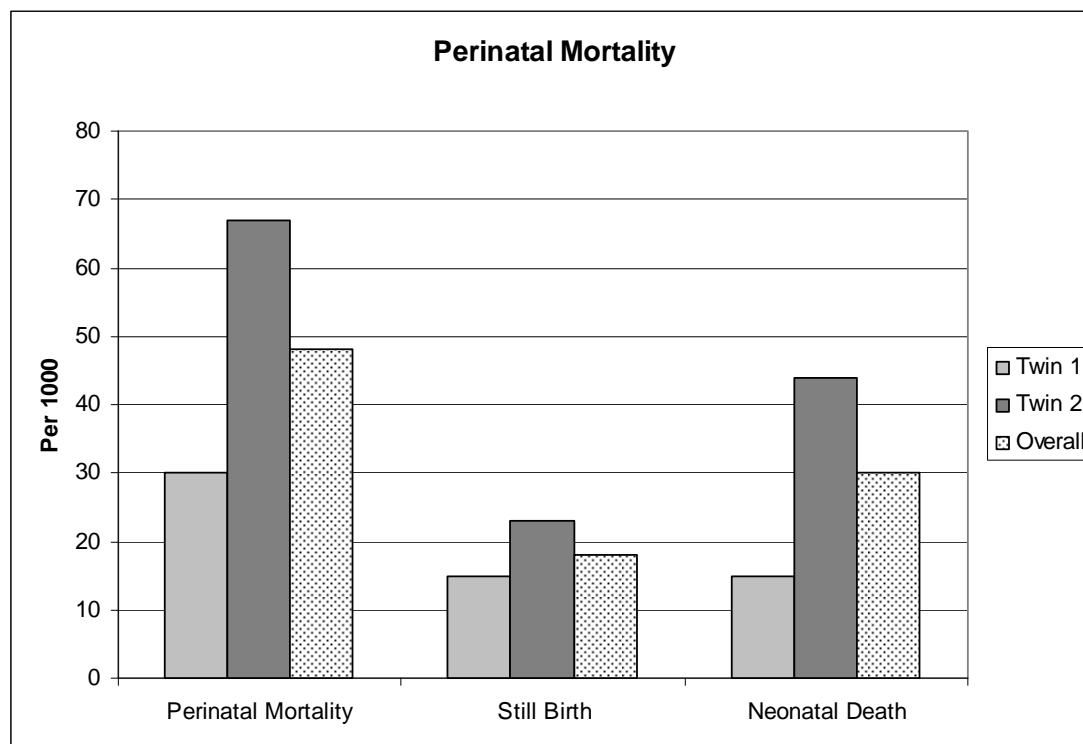
	Twin 1	Twin 2
Mortality	4	9
Admit NNU	44	46
Ward 2(Trans. Care)	24	26
P/N Wards	63	54



Perinatal Mortality

Perinatal Mortality/1000

	Twin 1	Twin 2	Overall
Perinatal Mortality	30	67	48
Still Birth	15	23	18
Neonatal Death	15	44	30



Achievement of 2005/2006 Objectives

The comments of last year's Assessor were seriously considered regarding emergency and elective caesarean delivery. The overall rate of caesarean section rose slightly from 50 to 57% but there is a better ratio of elective to emergency sections (74% emergency last year compared to 66% this year). The number of emergency sections performed for the second twin remained the same at 5.

Summary of Clinical Governance

No complaints were received. Patient survey of satisfaction remains outstanding.

The RCOG Working Party has updated its recommendations. Current care is consistent with these recommendations with 2 exceptions. In mono-chorionic twins, an extra scan will be introduced between 16 and 20 weeks and current scanning at 26 weeks will be removed. Though the hospital IT systems do not record chorionicity, our Fetal Medicine Department treats all cases of Twin-Twin Transfusion Syndrome and no cases were missed under the current pattern of care. The second recommendation relates to the timing of delivery for mono-chorionic twins at 36 weeks. Our data, including a published, retrospective cohort analysis does not indicate any benefit from such practice. Delivery is planned for 38 weeks, irrespective of chorionicity, all else being equal.

Developments for 2006/2007

Development and implementation of patient satisfaction survey.

Outstanding Achievements

The perinatal mortality in multiple pregnancy is 6 times the average. These data (all be they relatively crude) show a reduced mortality over the expected (see hospital general mortality stats.)

MIDWIFERY

Jenny Henry, Head of Midwifery

Paula Clarke, Consultant Midwife

Aims & Objectives for 2005/2006

- CNST Level 2 achieved in November 2005. We are working towards attaining Maternity standards CNST level 3 in 2007
- Development of specialist midwives (see new roles below).
- Continue recruiting midwives to full establishment.
- Increase normal birth for all women using an integrated care pathway for normal birth
- Improve midwifery practice through a robust supervisor of midwives team
- Develop midwife led guidelines in line with Royal College of Midwives recommendations
- Develop midwife services in line with National Service Framework standard 11 maternity (NSF) and the Birmingham and Black County, Reducing Perinatal Mortality Project via Local Implementation Groups
- Participate in 'Birth rate plus' and review its findings
- Develop the community booking ultra-sound scan clinic service for women in their locality
- Develop the role of the maternity care assistant

New Roles 2005-2006

Maternity saw the development and appointment of 6 specialist midwife roles

1. Mental Health and Domestic Violence
2. Drug/Alcohol use and smoking cessation
3. Teenage pregnancy

These 3 specialists link to the Lead Nurse/Midwife for Safe Guarding Children and have become the 'Safe Guarding Children Team'. Midwives are reaching vulnerable women, developing and raising awareness amongst staff. These specialist roles have enabled us to form a more robust working partnership with other specialties and organisations in developing an individualised care plan.

4. Risk Management- maternity
5. Clinical Educator Delivery Suite
6. High Risk Care

National rapid role out for maternity support workers

Maternity was part of a national project to develop midwifery assistants to undertake specific tasks which have historically been undertaken by the midwife.

In training the midwifery assistants in clerical and basic clinical skills i.e. temperature, blood pressure urine testing, phlebotomy (taking blood), and breastfeeding support has enabled the midwives to free clinical hours to spend with women.

Due to the success of the project we will be further developing the midwifery assistant's role.

Increasing the numbers of ultrasound clinics in the community

In bringing care closer to home providing easy access and early screening (NICE Antenatal Care, CEMACH, NSF) we are developing our ultrasound service for dating scans in some parts of the community run by midwives and maternity care assistants. Working with the Heart of Birmingham Primary Care Trust has enabled us to train midwives to provide this service from a Children's Centre in late 2006. We are developing more community scan clinics throughout South Birmingham using a variety of Health Centres and Children's Centres.

Improving perinatal mortality

In line with the NSF the Trust is working with neighboring Trusts and PCT's in Birmingham & Black Country (BBC) in an attempt to reduce perinatal mortality.

3 indicators have been agreed:

- 1. Early booking** - At least 80% of bookings should occur before 12 weeks
- 2. Continuity of care** - At least 75% of visits should be with a named midwife
- 3. Detection of fetal growth restriction** - At least 60% of cases should be identified to allow for earlier referral for investigation

All participants of the project use the West Midlands Perinatal Institute hand held pregnancy notes and most have adopted the customized fundal height measurement chart for the detection of growth restriction.

Increasing normal birth

Sue Smithson (clinical midwife educator for delivery suite) has developed an integrated care pathway (ICP) with the aim of increasing normal birth on delivery suite. She is working with the consultant midwife, Supervisors of Midwives and obstetricians. We are planning to amalgamate the natural birth care pathway for women on the birth centre as well as the ICP on delivery suite. This new care pathway will be for all women who plan for a normal birth. This is seen as a huge step forward for promoting normal birth with minimal intervention for all women.

Midwife led care

98% of women initially book directly and remain 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). Other women receive shared care between midwives and doctors. If a problem is identified later in the pregnancy the woman will either be transferred automatically to the care of a consultant or be seen in the opinion clinic run by the consultant midwife and obstetrician. The opinion clinic facilitates optimal care for women who present with concerns that require a multi-disciplinary approach. The aim of this service is to optimize the opportunity for the woman to remain under the care of a midwife and subsequently have the choice of using the midwife led birth centre.

1181 women arrived on delivery suite booked under midwife led care at the onset of labour

1085 women arrived on the birth centre booked under midwife led care at the onset of labour

Total number of women who remained under the care of a midwife at the onset of labour =2266 women

631 achieved a physiological midwife led birth on the birth centre

829 achieved a normal birth on delivery suite who started labour on delivery suite. (This relates to women who started labour on delivery suite and excludes birth centre transfers). Total number of women who remained under the care of a midwife following the birth = **1708 women**

Incidentally - Once the women had transferred out of the birth centre 248 women achieved a normal birth (see birth centre section). It is unclear how many of these women received any medical intervention).

Early Labour Care

Women informed us that our service for early labour needed improvement. We listened to their views and developed a designated area on ward 3. This room now has access to a bath, birth balls, mats, TNS units and coffee & tea making facilities for women and their partners. Lamps provide a restful environment and there is a television and video option. We have since evaluated the views of 24 women. They appreciated the privacy and improved facility (full report available). We hope to have another early labour area on ward 1 in the future.

NSF and Reducing Perinatal Mortality Project

This work is ongoing, several initiatives were proposed and funding bid for these included;

1. Parent education for Teenagers – funded
2. Midwifery led scanning in the community to provide care closer to home - funded

3. Linkworkers project – developing linkworkers in the community to delivery the public health agenda – bid unsuccessful
4. Doulas– to provide support to women during the antenatal, Intrapartum and postnatal period. – bid unsuccessful
5. Well Woman’s Clinic for women who have undergone FGM – bid unsuccessful

Plans to review the unsuccessful bids for resubmission are underway because we consider that the initiatives will significantly improve our services for women. The project group meets regularly and a strategy has been written regarding future care provisions

Other Care Pathway Developments:

Antenatal care is ongoing

For women who undergo elective Caesarean section has been commenced

Summary of Clinical Governance

See Clinical Improvement Group Quality Indicators

Development and Objectives 2005/2006

- Further develop the role of midwifery assistant both in the hospital and in the community
- Breastfeeding – to achieve Baby Friendly Certificate of Commitment
- Complete the Birth rate plus study and present its findings to Management Board, Trust Board and staff.
- Fully implement the ICP for normal birth
- Birth Centre – fully staff the centre to maximize its use
- Review postnatal care in line with the pending NICE postnatal care guidance.
- Continue working with developments and projects in implementing the NSF recommendations and Reducing Perinatal Mortality Project

TRIAGE SERVICE/DELIVERY SUITE

Justine Jeffery, Clinical Manager Delivery Suite

Specialty/Service

Delivery Suite is a tertiary referral centre and provides intrapartum care to approximately 7000 women annually from South Birmingham PCT, the Heart of Birmingham PCT and other Trusts from within the region and nationally. The number of births rose significantly in 2005/2006 and it is expected that this level of activity will be achieved in 2006/2007.

A High dependency Unit (HDU) supports the team to provide care for women with high risk and complex pregnancies. The renal, cardiac, liver and haematology specialists from UHB provide expert advice and dual care to support the obstetric team when providing obstetric care for this group of women. This group of women continues to increase

The Trust continues to support education and professional development for all Midwives who provide care in the High Dependency Unit. The unit continues to benefit from the support of a Lead Midwife for HDU and a Specialist Professional Development Sister for Critical Care

Audit of competency completion and updates for HDU are reviewed annually.

The Triage Service was redesigned in 2005. It now has three examination rooms, a small reception area and a large waiting room. Approximately 10 000 women accessed this service in 2005/2006.

The aim of the Triage Department is to provide care to women, in order of medical priority, from a specialist team of Midwives and Obstetricians

The refurbishment of the Triage area led to the relocation of the bereavement service. Abbey Suite is located at the rear of delivery suite and has two self contained rooms with en suite facilities. This service is gratefully supported by many of the women and their families who have appreciated the service that is provided and enables us to continue to improve the environment for other bereft parents.

New Roles

Three new posts were developed for the department.

A Clinical Manager was appointed in December 2005.

This role aims to provide clinical midwifery leadership, in partnership with the obstetric lead to maintain and improve standards of care through guideline development, audit, research, practice development and training.

A Risk Manager and Clinical Educator for Delivery Suite were appointed in January 2006 to assist the Clinical Manager in leading the department.

The aim of the Risk Manager 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 Risk Manager

- To continue to improve the system of logging and managing incidents.
- To provide staff with feedback both of positive and negative responses as 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 Educator

- The role of the Clinical Educator is to provide education and training for newly qualified and experienced Midwives to facilitate practice development and the acquisition of new clinical skills.
- Mentors are provided to all new staff during their induction period to provide support and guidance.
- The unit is actively involved in a number of ongoing internal and external research projects.
- In collaboration with the Consultant Midwife the integrated care pathway for low risk women has been developed.

Summary of Clinical Governance

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

Developments and Objectives 2006/2007

In spring 2006 two projects were commenced.

Plans to replace the existing obstetric theatres were discussed and it is expected that a new £1.5 million purpose built theatre suite will be operational in Spring 2007.

A replacement programme for fetal monitors was also considered. The staff from delivery suite carried out a trial on a number of monitors before choosing a model which it was felt provided the best package.

The aim is to purchase 6 new monitors in 2006 with an ongoing commitment to replace all of the existing monitors over the next two years.

Delivery Suite group is a forum in which a multidisciplinary team meet bi weekly to develop clinical guidance and service development. In addition to this, a quarterly meeting with user representation occurs and enables the group to include the user perspective when developing services.

A draft guideline for Intrapartum care published by the National Institute for Clinical Excellence in June 2006 is currently in a consultation period. Birmingham Women's Hospital has registered as a stakeholder and will forward its recommendations to the panel in the autumn.

The focus of Delivery Suite Group is to support the Trust in a successful Level 3 CNST assessment of Maternity Standards in January 2007.

MIDWIFE LED BIRTH CENTRE

Paula Clarke Consultant Midwife, Birth Centre & Community Midwives

Specialty/Service

The birth centre has been open for two years. It is a midwifery led woman centered service. We provide care for women who have a straight forward pregnancy and anticipate a normal birth. Women have the opportunity to use the facilities to support them which include; a birth pool, early labour room (retreat) and bath, hammocks for supporting upright positions for labour and birth, birth balls and mats. 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 with student midwives and medical students supported by the consultant midwife.

Aims & Objectives for 2005/2006

- Continue to develop midwifery practice and promote our midwife led unit
- Minimise the hours of closure
- Increase the numbers of women able to access it
- Review the entry criteria and negotiate agreement for additional groups of women
- Audit and develop the integrated care pathway (ICP) for normal birth
- Continue to benchmark nationally
- Demonstrate good standards of midwifery practice
- Continue to support normal birth and promote the approach for all women
- Promote early transfer home
- Promote & support breastfeeding

New Roles

- **Examination of the newborn**

The consultant midwife has completed the requirements for examination of the newborn. This extended midwifery role assists women to go home when they are ready following the birth, with the additional benefit of reducing bed occupancy. It is hoped that additional funding will be secured for additional midwives to undertake the role.

- **APOLLO Study**

The APOLLO Study -Analysis of fetal Position at the Onset of Labour and Labour Outcomes was launched by 3 Midwives and a Midwifery tutor at the Birmingham Women's Hospital in May 2005. The APOLLO Study is a unique piece of midwifery led research that will for the first time systematically study the link between fetal position at the onset of labour and birth outcomes.

Since its launch the study has investigated 450 participants, however it has a long way to go with another 800 participants required. New strategies have now been implemented in order to increase recruitment and minimise attrition. The support of Community Midwives, the NCT Teachers, Wards, Delivery Suite and the Birth Centre has been invaluable in achieving this.

As with all studies further funding is constantly being sought in order to improve the current operational methodology and minimise the attrition rate. It is anticipated that the study will continue for a further 12-18 months to achieve the sample size required.

Activity

	04/05	%		05/06	%
Birth Centre Births	617			631	
Para 0	229	37		241	38
Para 1 or more	354	38		354	56
Not entered	34	5		36	6
Total	617	100		631	100
Positions for birth					
Supported sitting	173	28		201	32
Alternative	444	72		430	68
Waterbirths	72	12		84	13
Water for analgesia	167	26		175	24
Entonox	449	69		456	64
Pethidine	80	12		88	12
ARM	67	11		54	9
Blood Loss > 500mls	6	<1		11	2
Physiological 3 rd stage	180	30		171	27
Active 3 rd stage	431	70		457	72
Episiotomy	15	2		20	3
Baby					
Apgar <7 5 mins	2	<1		1	<1
BW < 2.5 KG	6	<1		7	1
BW > 4500	1	<1		4	<1
No. of baby's transferred to NNU from BC				1	<1
Reason for NNU admission				cord snap NNU 10 hours	
Transfer Reason	468 *	43%		445	36%
BC closed		18		71	17
Unsuitable for BC following assessment		-		15	3
Epidural request		8		31	7
Raised BP		5		11	2
Abnormal fetal heart rate		11		45	10
Meconium liquor		22		90	20
Slow progress (1 st or 2 nd stage)		16		89	20
Infection		2		6	1
3 rd degree tear		3		18	4
Haemorrhage		6		16	4
Retained placenta		1		10	2
Other		8		43	10
Total		100		445	100
Mode of delivery following transfer:					
Normal	274	59		249	57
Ventouse	82	17		58	13
Forceps	51	11		55	12
EM LSCS	59	13		81	18
Vaginal Breech	2	<1		2	<1
	468	100		445	100
Total Number of women cared for on the BC	1085	-		1076	
LSCS Rate		5.4%			7.5%

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

Achievements

- Two articles have been submitted for publication to the British Journal of Midwifery.
- We have had multi-disciplinary agreement to offer the birth centre to some groups of women initially excluded. These include teenagers and mild latex allergy. Work is almost complete to include grande-multiparous, Jehovah's witnesses and women with stable hypo-thyroidism.
- Preparatory work is well underway to offer the birth centre to all women clinically suitable. The aim for 2006/2007 is for women to opt out rather than opt in.

Summary of Clinical Governance

- The Royal College of Midwives released evidence based guidance for midwife led care in labour in autumn 2005. Our guidelines require subtle changes and are near completion.
- An audit was undertaken of the ICP for natural birth. The ICP is used to support evidence based practice as well as a form of improved documentation that also facilitates clinical audit. The audit involved all birth centre births and transfers out for September 2005. The audit focused on accuracy, documentation and identifying areas for improvement. The findings will be incorporated into the on-going development of the ICP (see midwifery section).
- Through incident reporting we received 7 incident forms relating to 3rd degree tears between July and August 2005 which were reviewed in detail. It is well recognized that women who give birth in a position other than supported sitting have a slightly increased incidence of perineal trauma. However, the overall annual figure for 3/4 degree tears was 4% which does not exceed the recognized average.
- During the year one baby was an unexpected fresh stillbirth following admission to the birth centre 45 minutes earlier. A full root cause analysis was undertaken and lessons were learnt and shared with staff.

Developments and Objectives 2006/2007

All of our objectives identified from last years report have been achieved. The following outline this year's objectives:

- Minimise the hours of closure
- Improve the numbers of women accessing the birth centre
- Promote normal birth for women with a high risk pregnancy who anticipate a normal birth

Outstanding Achievements

- Presentations at several national conferences and one international.

INFANT FEEDING

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

Specialty/Service

- Training and assessment in breastfeeding of all staff (managers, midwifery, midwifery assistants, medical, clerical, portering and housekeepers) appropriate to their role.
- Facilitate staff with the implementation of the breastfeeding policy.
- Support mothers and staff with breastfeeding management.
- Audit breastfeeding activity within the Trust.

Aims & Objectives for 2005/2006

Achieve UNICEF Baby Friendly Accreditation by March 2008

New Roles

0.6 wte midwives employed: to teach breastfeeding management to other members of staff and carry out assessment of proficiency of those members of staff who have undergone training; to participate in the audit of breastfeeding & its management throughout the Trust; to give "bedside" help to mothers and staff on the wards and in the community; to complete of related documentation/administration.

Activity

The aim of achieving Baby Friendly Status is that the care of women and babies in this Trust is supportive of breastfeeding and is evidence based, adhering to the standards set both by Baby Friendly and other professional guidance bodies such as NICE and WHO. This involves training staff (in classroom and in clinical settings) to become confident and competent in the delivery of feeding support given to our clients which will eventually lead to less input from the Breastfeeding Team in the practical setting.

With nearly 7000 births and 340 midwifery staff alone, the challenge of achieving BFI is enormous and requires commitment and dedication on the part of everybody. The challenge is made greater by old fashioned, entrenched practices which take considerable effort to change and develop, and is compounded by there being very little social and family support for breastfeeding.

Achievement of 2005/2006 Objectives

- Awarded Certificate of Commitment by Baby Friendly in March 2006.
- Increase in the number and working hours of Best Buddies, particularly from HOB to provide clinical PN breastfeeding support.
- Increased frequency of antenatal breastfeeding workshops.
- 102 midwives/assistants attended 2 day training sessions.
- Leaflets available antenatally.
- Changes to antenatal information given

Summary of Clinical Governance

Audits undertaken:

- Antenatal information given to women including documentation - inadequate information given antenatally, documentation inadequate/non-existent.
- Action: Changes in nature and timing of information given by midwives during pregnancy and documentation of this.
- Skin to skin contact. BWH 75% mothers (BFI requirement 80%) had skin to skin on Delivery but this was not sustained.
- Action: Increased emphasis placed on skin to skin both on Delivery Suite and on the Wards. Working towards transfer of women to the ward with their babies skin to skin. Antenatal information given to women.
- Help with first feed. BWH 62% (BFI 80%)
- Help with further feeds. BWH 56% (BFI 80%) Notable lack of help with subsequent feeds.
- Documentation. Postnatal documentation inadequate.
- Training, new postnatal notes and reinforcement of importance of documentation.

Developments and Objectives for 2006/2007

- Place/increase breastfeeding information on all patient TV outlets.
- Aim to achieve 80% staff trained.
- Develop Update sessions
- Improve/increase skin to skin contact
- Improve documentation
- Develop/improve breastfeeding rates and support

Outstanding Achievements

- Presentation delivered to the BEST Awards at the ICC - December 2005.
- Awarded Baby Friendly Certificate of Commitment - March 2006

PRACTICE DEVELOPMENT

Wendy Burt, Practice Development Midwife

Specialty/Service

Maternity services:

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. There has also been planned progression for midwifery assistants within the community setting. Newly qualified midwives also undertake a planned rotational programme.

Aims & Objectives for 2005/2006

- Continued development of training programmes and study updates for midwives and midwifery assistants.
- Developmental / rotational programme for newly qualified midwives.
- Clinical support

New Roles

Midwifery assistants have undertaken phlebotomy courses which has helped free up midwives time within the community setting.

Some midwifery assistants have also undertaken a competency based assessment and undertaken neonatal blood tests in some areas. This is still under development.

Activity

Midwifery training has remained high on the agenda despite difficulties with decreased staffing levels.

We continue to look for new ways of delivering training, and increasingly the training has become multi-professional.

Achievements of 2005/2006 Objectives

- A successful bid for monies from the southern west midlands newborn network for funding for newborn life support courses for midwives. This course has evaluated very well.
- To increase take up of courses offered, for example, by UCE.

Summary of Clinical Governance

Up to date well trained staff contribute to the wider risk agenda within the Trust. Examples are a planned programme for obstetric emergencies. This is attended yearly by clinically based midwives. Midwifery staff also have to complete the K2 fetal monitoring training package, which is available electronically.

Developments and Objectives for 2006/2007

- To ensure staff maintain high levels of training.
- Further develop midwifery assistant role.

SAFEGUARDING CHILDREN & DOMESTIC VIOLENCE

Elaine Giles, Lead Nurse/Midwife Safeguarding Children

Service

Safeguarding Children, Young People & Vulnerable Adults

In line with recommendations from the Laming Report (2003) the role of the Lead for Safeguarding is to coordinate Safeguarding activity within the Trust.

This includes:

- Planning, delivering and evaluating training programmes for all Trust employees.
- The provision of support and advice for practitioners, including the preparation of police and court statements

- The implementation of national and local guidance that supports practice.
- Supporting the work of the Birmingham Safeguarding Children Board, the preparation of management reports for Serious Case Reviews
- The implementation of recommendations following such reviews and ongoing audit is an increasing activity with 8 management reviews being undertaken within the last year.

Aims & Objectives for 2005/2006

The challenge for 2005/6 has been to develop a Trust wide service which acknowledges the wider agenda of Safeguarding Children, Young People & Vulnerable adults as identified in national guidance eg: Children Act 2004 and National Service Framework for Children, Young People and Maternity Services (2004), in collaboration with local guidance from the Birmingham Safeguarding Children Board.

New Roles

Since 2004/5 there has been key roles introduced which include a Lead Nurse/ Midwife for Safeguarding Children, a Specialist Midwife for Substance Misuse, incorporating drugs, alcohol and smoking cessation, Specialist Midwife for Teenage Pregnancy and a Specialist Midwife for Mental Health and Domestic Abuse. Collaboratively, with administrative support this has become the Safeguarding Team.

Activity

Activity for 2005 revealed 173 cases of direct involvement in Child Protection by health professionals. However, as in previous years the number of ongoing court cases, up to 2 years post direct clinical involvement, requiring staff to complete court statements and or prepare for court appearances is ongoing. The majority of cases involves staff attending two cases conferences, plus core group meetings and on occasions a strategy meeting. The increasing demands of this work puts tremendous emotional pressure on practitioners. In line with Working Together to Safeguard Children (2006) practitioners require support and supervision in managing individual cases. This is provided through various routes, including line managers, the Lead Nurse/ Midwife, Named Doctor and midwives and nurses within the Trust who have done additional post registration child protection training.

Substance Misuse

Since the appointment of a Specialist Midwife for Substance misuse in January 2006 there has been 62 referrals relating to drug/ alcohol related issues.

The role has meant close links developing with the Stop Smoking Nurse Specialist to provide support for pregnant women within South Birmingham to stop smoking.

As part of the Safeguarding Team, the Specialist Midwife has worked as part of the team in the preparation and delivery of training for clinical staff, on the impact of substance misuse on pregnant women and their family. The post, as recommended in the NSF (2004) and the Hidden Harm (Home Office, 2003) has developed close links with local drug agencies to support women, thus reducing the likelihood of harm to their children. A key achievement has been the joint production of leaflets on drug use in pregnancy, to improve accessibility of information to women. The focus for the future lies in the development of the Specialist Multi Agency Antenatal Clinic.

Teenage Pregnancy

The appointment of a Specialist Midwife in January 2006 has been a key priority for the Trust, in order to meet national and local priorities in reducing the number of teenage conceptions. The prime targets have been the 16 and under age group, with 45 referrals to the service. Of these, 15 were under 16 years of age. There were 68 referrals between the ages of 17 – 19 years. A key success has been the introduction of a support group, 'Mumz2B', providing support with health and social needs, inclusive of parent education. Plans for the future include the introduction of a 'one-way short text messaging' service delivering health promotion messages and reminders of appointment plans. This will be extended to all vulnerable families.

Mental Health and Domestic Violence

The appointment of a Specialist Midwife in January 2006 is in itself a success, as one of the key objectives from previous years. Mental Health has been the primary focus up to now, as there have been 113 referrals, incorporating antenatal and postnatal to the mental health service. The midwife then liaises and sign posts women to the Mother & Baby Unit psychiatric service as appropriate. The increasing number of women being identified as having a mental illness has meant that the existing psychiatric clinic held weekly within the Trust is continually overbooked, with women having to wait for up to 4 weeks for an appointment, as identified in CEMACH (2004). Future actions include the introduction of a further clinic, coinciding with the specialist antenatal clinic, in order to reduce the waiting time and plan of care being implemented. Domestic violence has generated 25 referrals, 30% of these directly from the police MARAC (Multi Agency Risk Assessment Conference).

Serious Case Review recommendations (Birmingham Safeguarding Children Board) repeatedly identify cases of child deaths where mental health and/or domestic violence have been a concern; therefore a key objective has been the provision of training around these issues. This has been provided through the close links with both voluntary and statutory agencies that have provided additional funding for training.

Achievement of 2005/2006 Objectives

- Implementation of the Trustwide Training Strategy - 295 employees, attending training to date, with positive evaluation.
- Attendance by the Named Professionals at local Safeguarding Board Forums and Health Professionals Advisory Group has been 100% in the last year.
- The Trustwide multi-disciplinary group was felt not to be effective and has been replaced by the Safeguarding Team forum.

Summary of Clinical Governance

- Implementation of National Guidance eg: Working Together (2006) which is available electronically and hard copies for clinical areas.
- New record keeping system has been introduced, with a clear plan for a child deemed 'at risk', resulting in positive feedback from staff.
- Birmingham Safeguarding Board Procedures available electronically to all staff.
- Areas of high risk have involved the potential for violence and aggression from parents, subject to child protection proceedings when a clear action plan, in collaboration with external agencies, is put in place. However, there is always the potential for the 'unknown' and unpredictable, which is addressed through mandatory training.
- Nationally, the preventative aspect of Safeguarding has been recognised as potentially reducing the number of families involved in child care proceedings and the introduction of new roles should reflect this in the future.

Development & Objectives 2006/2007

- Introduction of a multi-disciplinary antenatal clinic with specialist input from outside agencies and having a dedicated consultant lead.
- Development and review of local policies and guidelines.
- Introduction of a system that 'flags up' families where there are 'concerns' on the existing patient electronic record.
- Develop a competent and confident workforce in relation to Safeguarding.

Outstanding Achievements

Runner up in the Celebrating the BEST Awards in December 2005 in the Tackling Health Inequalities Section for local partnership in South West Birmingham Domestic Violence Project.

CLINICAL IMPROVEMENT GROUP QUALITY INDICATORS

Directorate name: Maternity Services Directorate

Form completed by: Jenny Henry

Job Title: Head of Midwifery

Date: August 2006

Period covered by this form: April 2005 – March 2006

Quality item	Response								
Incident reports									
	4 root cause analyses undertaken								
Number of incidents reported	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">High Risk (15–20)</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Significant risk (9-14)</td> <td style="text-align: right;">227</td> </tr> <tr> <td>Moderate risk (4-8)</td> <td style="text-align: right;">409</td> </tr> <tr> <td>Low risk (1-3)</td> <td style="text-align: right;">107</td> </tr> </table>	High Risk (15–20)	4	Significant risk (9-14)	227	Moderate risk (4-8)	409	Low risk (1-3)	107
High Risk (15–20)	4								
Significant risk (9-14)	227								
Moderate risk (4-8)	409								
Low risk (1-3)	107								
Adverse Health Care Event¹ (Patient Safety Incident)									
List new adverse health care events	<ol style="list-style-type: none"> 1. Post partum haemorrhage (3000 mls) retained placenta. Delay of 2 hours in transfer to theatre. 2. Birth Centre – woman fainted in the pool following delivery. Atonic uterus. Removed from pool active management of the 3rd stage of labour. Post partum haemorrhage. 3. Woman booked by community midwife Type II diabetic, not referred to diabetic clinic. 4. Skin to skin, baby became cold, head not covered properly and not wrapped. Transferred to Neonatal Unit in an incubator. 5. Readmission of baby weight loss greater than 10% (1.988kgs) 								
Summarise changes in practice resulting from adverse health care events	<ol style="list-style-type: none"> 1. Multi-professional guidelines developed. 2. Reviewed safe removal of woman from pool following collapse. Guidelines are in place 3. Midwife reminded of the policy for referral and responsibility 4. Awareness raised regarding skin to skin. Education and training continues with staff. Working towards Baby Friendly Status 5. Guidelines on weighing babies reviewed with NNU 								
Healthcare Near Misses² (No Harm Patient safety Incident)	<ol style="list-style-type: none"> 1. Staffing Incident reporting 2. Instrument – stitch holder, old blood noticed on instrument at commencement of perineal suturing. 1 stitch was inserted. New suture set obtained. 3. Patient timely transferred to theatre for an emergency caesarean section. CTG and anaesthetic documentation not secured in patient notes. Anaesthetic sheet found and filed. CTG mislaid and unavailable for review. 4. Woman arrived for routine 36week appointment in the community (late booker at 19 weeks) seen several times by community midwife, a doctor in ANC and as an in-patient, no customised growth chart in notes. Growth found to be on the 90 percentile. Uneventful outcome. 5. Teaching session on ward ‘neonatal resuscitation’. On inspection equipment not assembled correctly. Equipment was not checked regularly. 6. 11 Neonatal Screening tests left uncollected from Health Centre post room for 5 days over the New Year period. 7. Patient attended diabetic clinic at 29weeks and was told by a doctor that she required her BP checking twice weekly. Community Services not informed through the correct channels. The woman arranged the midwives visit. 								

	<ol style="list-style-type: none"> 8. Chorionic Villis Sampling (CVS) taken Thursday after 1800hrs and stored in Fetal Medicine clinical fridge until next working day as per normal procedure, prior to transferring to Cytogenetics. Specimen found in fridge Monday 4 days later at 1800hrs. Contacted Cytogenetics to check if the sample could be processed. Specimen transferred to Lab the following morning. 9. High risk woman induced with Prostin on the ward instead of delivery suite by doctor. Error recognised by the midwives, the woman was immediately transferred to delivery suite. 10. Patient in recovery following caesarean section requiring analgesia. No identification wristband on patient. Patient reports that she was not given one. Wristband checked and placed on patient. 11. Blood checked in HDU. Number on "compatible with" label did not correlate with bar code number from National Blood Service (NBS). Blood belonged to the right patient. 12. Delivery room resuscitaires not adequately stocked. 13. Communication failure regarding postnatal discharge from a neighbouring hospital causing a safety alert. 14. Midwife attempted to give Clexane after gaining consent, patient stated that she had the injection earlier. No signature on prescription chart. Drug not given.
<p>Summarise changes in practice resulting from near misses</p>	<ol style="list-style-type: none"> 1. Recruitment of midwives continues, development of specialist posts, managing sickness and absence. Undertaking Birth rate+ 2. Companies processing reviewed and being monitored 3. Staff reminded of safe storage of CTG's in news sheet 'What's New?' 4. Staff involved in woman's care reminded of the importance of the growth chart. 'GROW' software available on several computers. 5. Staff made aware of the seriousness of the incident. All wards and departments checked. Checking procedure adhered to. All staff to receive mandatory training awareness. 6. Temporary staff used during this period. Procedure of collecting samples and post clarified with Receptionists. 7. Doctor informed of the correct procedure for requesting a community visit. 8. Weakness identified in identifying specimens for transport to the labs. Procedure changed all staff in the department informed. 9. Doctor was aware of the guidelines, genuine error. 10. Issue raised with midwife, checklist to be included in the ICP for caesarean section. 11. Human error in the labs. New guidelines – blood to be checked by two people independently. 12. All resuscitaires checked to ensure checklist and signature list is completed. All staff reminded through 'What's New?' Shift Leaders informed individually. Audit to monitor compliance. 13. Neighbouring hospital reviewed their communication systems. 14. Managed through Supervision of Midwives.
<p>Patient Feedback</p>	
<p>Key items of patient feedback</p>	<ol style="list-style-type: none"> 1. Early labour care on wards remains an area where women feel care should be improved. Women feel isolated and vulnerable. No accommodation for partners. Women warded in a mixed antenatal and postnatal ward. 2. Staff attitude 3. Women unhappy at being transferred to other maternity hospitals because neonatal cots not available. 4. Women unhappy at not being able to deliver on the Birth Centre because of closure. 5. Concern relating to clinical care in labour on delivery suite – women being told by staff there are not enough midwives. 6. Women delivered on the Birth Centre are very happy with the care they have received. 7. More support with breastfeeding

Summarise any changes in practice resulting from patient feedback	<ol style="list-style-type: none"> 1. Work on early labour care guidelines developed with ward staff. Early labour room created on a ward area enables partners to be with the women. Evaluated very well. 2. Customer care awareness sessions given to staff by PALS service. Session to be repeated in other areas. 3. Successful recruitment of staff continues which will ensure the birth centre stays open. 4. Staff reminded of the appropriateness of discussing staffing issues with women. 5. Education and training sessions on breastfeeding continues for all midwives and midwifery assistants
Complaints	
List new complaints (1 sentence summaries)	<ol style="list-style-type: none"> 1. Antenatal Care on ward 2. Cleanliness of ward 3. Staff attitude 4. Communication 5. GP- delay in receiving referral letter 6. Antenatal and neonatal care 7. Management of recurrent miscarriages 8. Failure to identify cleft palate 9. 3rd degree tear 10. Care and treatment during Scan (Radiology) 11. Management of care in labour
Claims	47 claims in progress
List new claims 2005-06 (1 sentence summaries)	<ol style="list-style-type: none"> 1. Care in labour cerebral palsy x2 2. Care received in 2004 awaiting details 3. Failure to diagnose 3rd degree tear 4. Care in labour x 3 5. Birth injury 6. Amniotic band 7. Retained vaginal swab 8. Catherisation during labour 9. 3rd degree tear 10. Birth injury
List claims completed	<p>Claims not pursued Cerebral Palsy/birth injury x5 Birth injury following caesarean section Mis-diagnosis of scan – case closed Vaginal tear not repaired Fall from bed following epidural anaesthesia</p> <p>Settlement before proceedings Dislocation of hips Placental abruption 4th degree tear</p>
Clinical Audit	
Titles of Guidelines/Protocols implemented	Guidelines – Latex allergy – birth centre (appendix) Early labour care Guidelines for Routine Antenatal Anti D Prophylaxis for Rhesus Negative Women Registration of Stillbirths and Certification for Pregnancy Loss before 24 th Weeks Gestation Management of neonatal hypothermia (joint with NNU) Breastfeeding policy Administration of drugs – standing orders for midwives

Titles of audits in core audit programme	<ol style="list-style-type: none"> 1. Continuity of carer during the antenatal period 2. Reason for transfer to consultant care 3. Antenatal screening 4. ECV success rate 5. Fetal monitoring in labour 6. Management of women not in established labour 7. Timing of booking 'low risk' women for induction on labour 8. Percentage of women who uptake RADDP 9. Record Keeping 10. Returns to theatres 11. ICP antenatal care <p>Generic audits with Gynaecology</p> <ol style="list-style-type: none"> 1. Consent 2. MRSA cases 3. Thromboembolism and thromboprophylaxis 4. Blood transfusion
Titles of Audits completed	<p>Reason for transfer from midwifery led care to consultant care Record keeping – ongoing audit Women's views on postnatal discharge procedure Consent ECV success rate Antenatal screening Caesarean section Development of maternity assistants – releasing midwifery time Breastfeeding</p>
Integrated Care Pathways	None
Please list ICPs already implemented	Midwifery Led Care in Labour – Birth centre
List ICPs in development	<p>Normal Birth Antenatal Care Early labour care Elective caesarean Section</p>
List barriers or problems experienced in implementing ICPs	Resources – midwives and time
Directorate Specific:	Maternity
Clinical Indicators	
Registrable births	Hospital 6730 Home 103 6833
Normal delivery	65%
Number of stillbirths	5.42% per 1000 births
Number of neonatal deaths	7.67% per 1000 births
Induction rate	17.7%
Emergency Caesarean Sections	14.7%
Elective Caesarean Sections	8.2%
Percentage of Emergency Caesarean Sections which took > 30 minutes to reach theatre	55.65%
Number of returns to theatre	3
Percentage of Pre-Term deliveries not given steroids	<p>Quarter 1(55.47%) Quarter 2(66.41%) Quarter 3 (62.46%)</p> <p>Quarter 4 total = 154 babies 24 – 34 weeks given steroids = 91babies 24 – 34 weeks not given steroids = 47 (48.35%)</p>

General feedback:	
Trends	
Please list trends in items reported on this form	
1. Which are cause for concern	<ol style="list-style-type: none"> 1. Sub-optimal staffing has had an impact on clinical care <ul style="list-style-type: none"> • Closure of the birth centre due to staffing • Not achieving one to one care in labour • Delay in clinical procedures i.e. elective caesarean sections, • Induction of labour, therapeutic termination. • Delayed or cancelled community home visits 2. Staff morale 3. Increasing clinical activity
2. Which are cause for optimism	<p>6 F grade posts uplifted to grade G Successful recruitment of Midwives Matron Delivery Suite Specialist Midwives Drugs/Alcohol and smoking cessation High risk care Clinical Midwife Educator Risk management – Delivery Suite Teenage pregnancy Mental Health and Domestic Violence Midwifery Assistants Repeating Birth Rate+</p>
Please make general comments about quality issues, initiatives in the Programme	<p>Refurbishment of Triage Bereavement suite</p> <p>Research – GBS Study Apollo study- Analysis of fetal at the onset of Labour and labour outcome</p> <p>National ‘rapid role out programme for maternity support workers’</p> <p>Birmingham and Black Country – Implementation on NSF standard 11 maternity and reducing perinatal mortality project. Agreed targets</p> <ol style="list-style-type: none"> 1. 75% early contact by the midwife before the 12th week 2. 60% continuity of carer during the antenatal period 3. Identification of growth restriction and referral <p>Portable ultrasound scanner and midwifery training funded by Heart of Birmingham PCT to provide community midwife led clinic for dating scans.</p>
Sharing Best practice	
Give examples of best practice which you think would be useful to others	Development of support workers to enable clinical staff to free up time spent on non clinical duties.

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.

BEREAVEMENT SERVICES

Elaine Thorp, Specialist Midwife, Bereavement

Specialty/Service

The bereavement service ensures high quality family centred bereavement support which includes:

- Emotional support and practical advice following a bereavement.
- Liaising with outside agencies, support groups and other professionals involved with the bereaved family.

Aims & Objectives for 2005/2006

- To ensure that all staff involved in the care of bereaved women and their families are trained and supported, to be confident in giving high quality care.
- To continue to develop the bereavement service to provide a wide range of service required by bereaved couples and their families when pregnancy ends either through miscarriage, TOP for fetal abnormalities, stillbirths and Neonatal Deaths.

Activity

During the year 2005/2006 the bereavement service arranged 69 funerals through the Trust contract. 109 funerals were arranged privately.

Table 1 **Pregnancy Losses**

Table 1 shows the number of women seen or contacted following a pregnancy loss.

Description	2003/2004	2004/2005	2005/2006
Spont miscarriages	46	44	48
TOP	28	31	29
Stillbirths	50 (1 TOP) 7.7 per 1000	52 8.1 per 1000	37 (2 TOP's) 5.4 per 1000
Neonatal Death	48 7.4 per 1000	44 6.6 per 1000	61 (includes 6 outborn) (1 x TOP) (21 deaths under 24/40) 7.7 per 1000
Infant Death	4	3	1
Total	176	174	176

The Stillbirth rate for 2005/2006 showed a marked decrease whilst the numbers of Neonatal Deaths has increased. The number of babies born with signs of life below 24 weeks gestation has also increased.

Following the Royal College of Obstetricians and Gynaecologists paper - Good Practice No 4, Registration of Stillbirths and Certification for Pregnancy Loss before 24 Weeks Gestation (2006) new guidelines, in line with the new interpretation were developed.

In November 2005 the refurbished Abby Suite, facility for bereaved women was officially opened by the Lord Mayor of Birmingham. The suite provides two en-suite bedrooms and a sitting room.

Developments and Objectives 2006/2007

- To work with Perinatal Pathologist and Associate Director of Clinical Support to gain licences under the Human Tissue Authority Code of Practice (HTA 2004)
- To develop a database to enable the collection of accurate information for auditing.
- To continue to develop equitable Trust wide bereavement services.

Outstanding Achievements

In May 2005 together with the Chaplaincy Department and other agencies including Sure Start the first service “Still in Our Hearts” a non religious ceremony for bereaved parents and their family and friends was held. This complements the annual church service “Celebrating Brief Lives” held in the autumn during National Baby Loss Awareness Week.

February 2006 Gwyneth Lewis (Department of Health) visited the Birmingham Women’s Hospital and praised the facilities and service provided by the bereavement service.

WEST MIDLANDS FETAL MEDICINE CENTRE

Mark Kilby, Professor of Fetal and Maternal Medicine

Specialty / Service

The Fetal Medicine Centre is a tertiary and quaternary 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 lead 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.

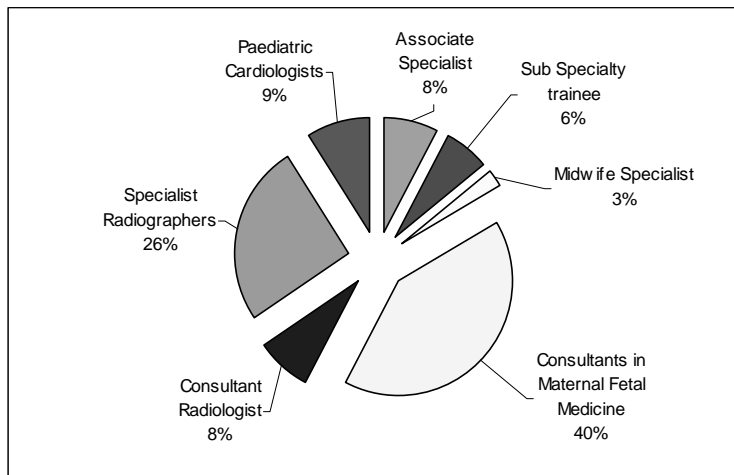


Figure 1: Total Workload By Operator Group 2005-2006

Aims and Objectives

- To continue to provide high quality care to women and families with fetal abnormality and high-risk pregnancy 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.

New Roles

Veronica Donovan already provides a midwifery lead amniocentesis service and holds a postgraduate Diploma in ultrasound. During 2005 she undertook in house refresher training and now undertakes fetal anomaly scanning in the Centre. Helen Baker, Specialist Midwife, has now almost completed her certificate in ultrasound and she will eventually join Veronica in undertaking her own scan workload in the department.

Activity

Overall activity

	Activity (examinations)		
	2003-2004	2004-2005	2005-2006
West Midlands PCT	4339	4183	4405
Other region PCT	169	285	353
Total	4508	4468	4758

Table 1 Fetal Medicine Scan Clinic Contracted Activity 2003-2006 (counselling examinations not included)

1848 patients were seen in the Fetal Medicine scan clinics, number of examinations performed is shown in table 1. There were also 900 attendances (447 patients) to the pre-pregnancy counselling/pregnancy loss clinics.

Intervention Procedures

Procedure	2003-2004	2004-2005	2005-2006
Amniocentesis	223	160	201
Amnio drainage	42	33	15
Rhesus Amnio	4	0	0
Fetal Abnormality Amniocentesis	94	123	130
CVS	147	125	138
Placental Biopsy	50	59	53
Fetal Blood Sample	33	47	29
Fetal Blood Transfusion	73	42	41
Selective Reduction	5	2	7
Late Termination of Pregnancy	34	38	43
Drainage / shunt Procedures	19	16	23
Fetal Therapy / fetoscopy	0	16	30
Total	724	661	710

Table 2 Fetal Medicine invasive procedures 2003-2006

In total 710 intervention procedures were performed in 2005-2006. The miscarriage rate from amniocentesis was 0.3% (nationally quoted rate 1%*) and the miscarriage rate for chorionic villus sampling was 2.9% (nationally quoted rate 3%*). *RCOG green top guidelines 2005.

Ultrasound examinations

	2003-2004	2004-2005	2005-2006
Detailed scan	2302	2407	2554
Raised AFP Detailed	98	86	68
Detailed Rhesus scan	321	227	225
Cardiac Scan	825	789	936
Totals	3546	3509	3783

Table 3 Fetal Medicine ultrasound scans 2003-2006 (excluding scans for viability/growth etc)

A total of 3783 ultrasound scans were performed on 1564 patients. Table 3 shows the number and types of ultrasound scan performed.

Achievement of 2005/2006 Objectives

- Increase in the number of Consultant Fetal Cardiology sessions to 83 per annum from November 2005
- Continued growth of the fetoscopy service
- Successful business case and procurement of 'Viewpoint' the new Fetal Medicine Clinical Information System

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.

Guidelines for all Fetal Medicine procedures, including procedure related risks and benefits are updated annually.

Clinical audits completed in 2005-2006 included:

- Competency in amniocentesis – bloody taps and number of attempts
- The effectiveness of nuchal translucency screening for twin referrals

All core audits, including outcome data for all invasive procedures, are reported in the full fetal medicine annual report which will be available to view shortly on our website at www.fetalmedicinebirmingham.co.uk

Developments and Objectives 2005/6

- Installation of the Fetal Medicine Clinical Information System
- Attainment of funding for new laser to support fetoscopy service
- Training of additional consultant to support fetoscopy service

Outstanding achievements

The Fetal Medicine academic team published 24 papers and chapters in 2005-2006.

RADIOLOGY

Jo McHugo, Consultant Radiologist, Head of Department

Specialty/Service

- Diagnostic imaging service for all patient groups including ultrasound provision to primary care.
- Specialist imaging in CT & MRI provided by consultant radiologists. Consultant sessions allow indirect cover for all lists.
- Consultant led specialist imaging service with ultrasound provision by advanced practitioners
- Multi-disciplinary ultrasound training at all levels.

Aims & Objectives for 2005/2006

Recruit staff with skill mix in line with Trust's strategic plan.

Allowing for:

1. Strategic opportunities to be taken
2. Succession planning
3. Match capacity to demand , essential to meet 18 week target

Increased training opportunities to include

- Training course to be developed in hysterosalpingography (HSG)
- Obstetric basic ultrasound course - regional
- Cranial ultrasound course - national

Continue working towards

- Integrated PACS system
- Digital imaging provision for the neonatal service

New Roles

1. Development of independent operators for advanced practitioners in HSG
2. Modification of care pathways in:
 - Post menopausal bleeding (PMB) with same day biopsy (nurse led)
 - Early Pregnancy Assessment Unit (EPAU) allows more appropriate & timely US scans.

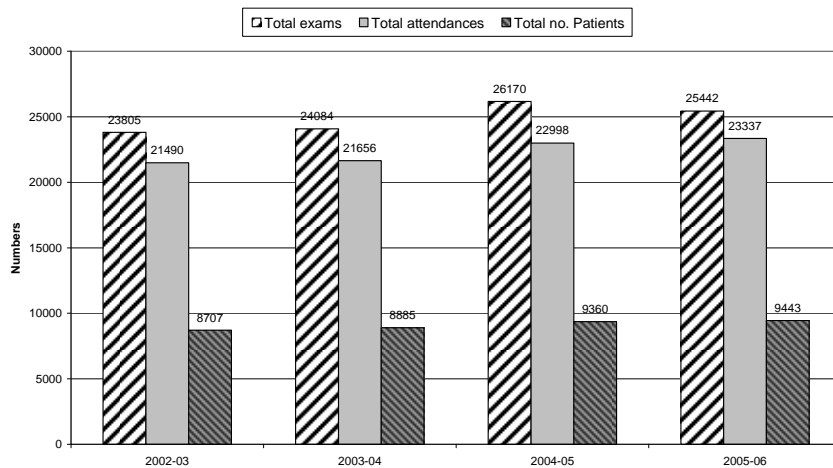
Activity

The total activity for the year has increased with a progressive increase in obstetric activity over the last four years. Provision of this service has been challenging due to recruitment and retention problems stretching the goodwill of the staff. There has been a marked decrease in training and audit activity as a result.

TOTAL ACTIVITY	2004-2005	2005-2006
Number patients	18504	18748
Number attendances	40021	40177
Number examinations	55083	54248

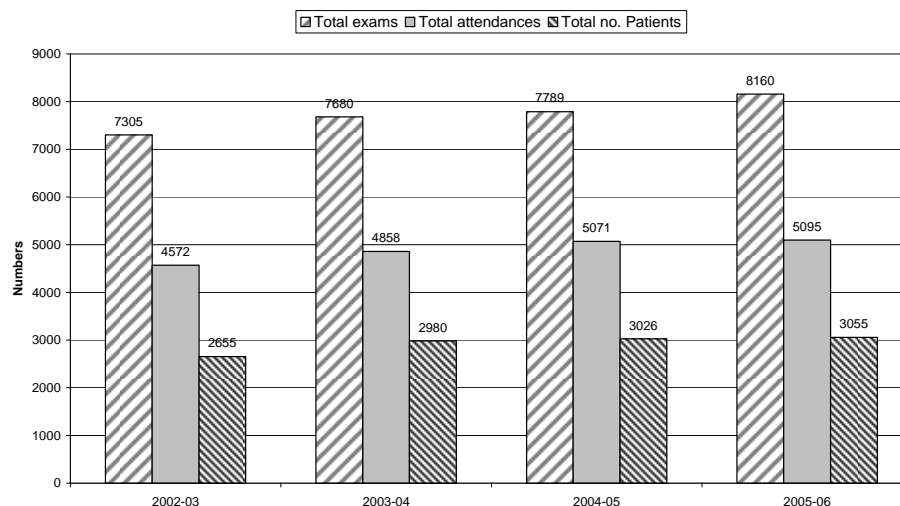
Obstetric Ultrasound	2002-03	2003-04	2004-05	2005-06
Total exams	23805	24084	26170	25442
Total attendances	21490	21656	22998	23337
Total no. Patients	8707	8885	9360	9443

Obstetric US 2002-2006



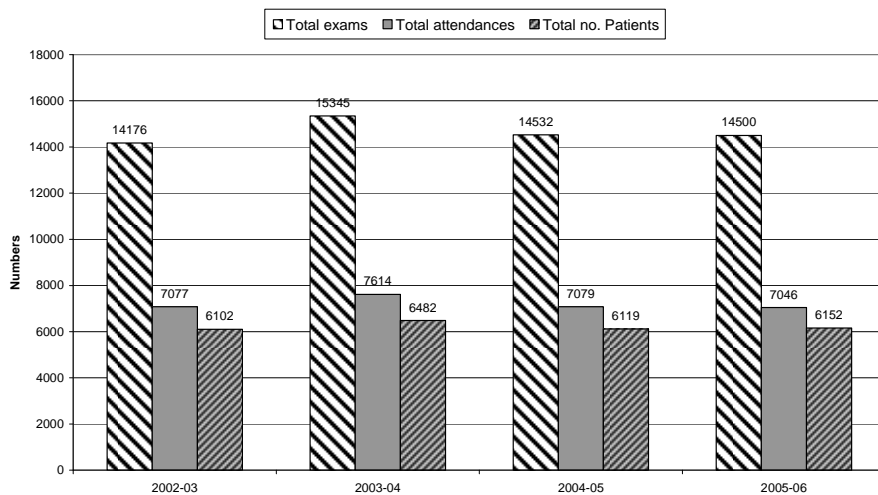
Early pregnancy	2002-03	2003-04	2004-05	2005-06
Total exams	7305	7680	7789	8160
Total attendances	4572	4858	5071	5095
Total no. Patients	2655	2980	3026	3055

EPAU exams 2002-2006



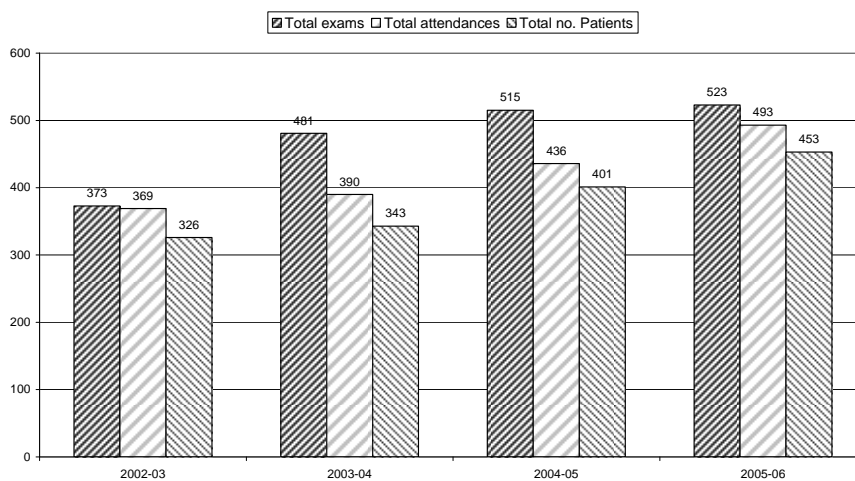
GYNAE Ultrasound	2002-03	2003-04	2004-05	2005-06
Total exams	14176	15345	14532	14500
Total attendances	7077	7614	7079	7046
Total no. Patients	6102	6482	6119	6152

Gynae exams 2002-2006



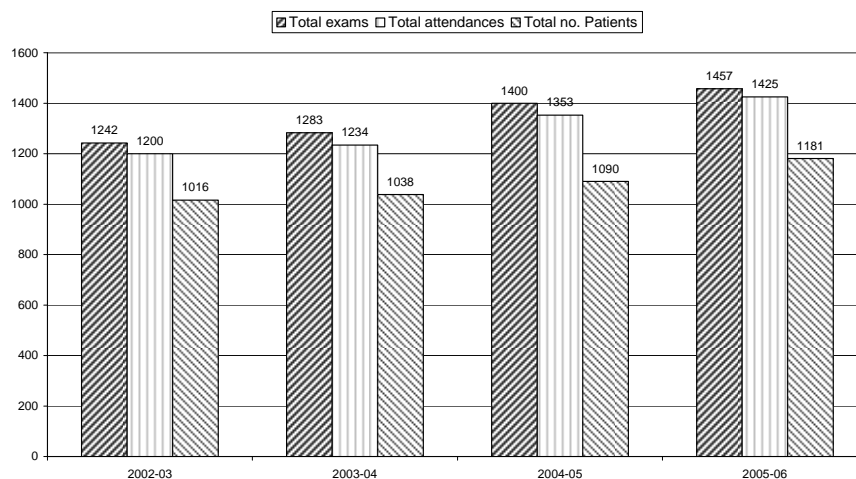
CT & MRI	2002-03	2003-04	2004-05	2005-06
Total exams	373	481	515	523
Total attendances	369	390	436	493
Total no. Patients	326	343	401	453

CT & MRI 2002-2006



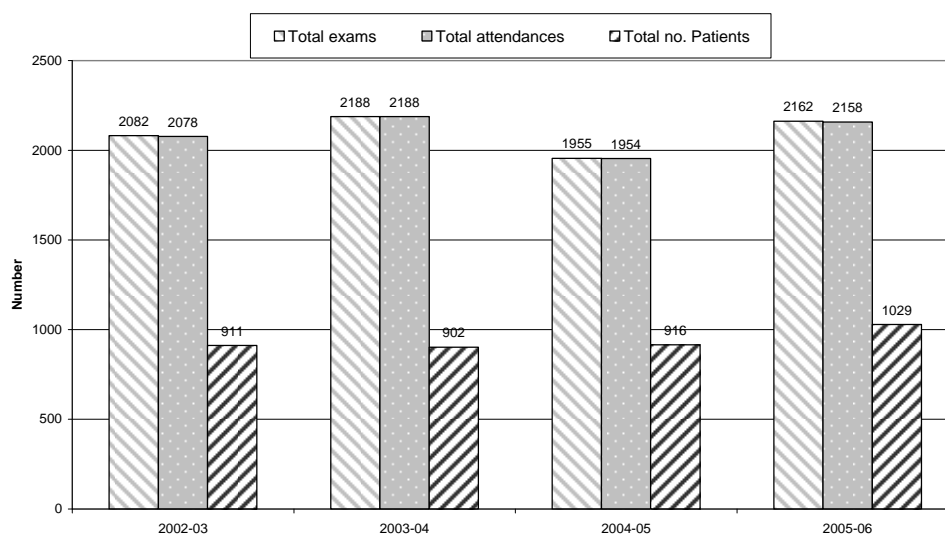
Other adult Ultrasound	2002-03	2003-04	2004-05	2005-06
Total exams	1242	1283	1400	1457
Total attendances	1200	1234	1353	1425
Total no. Patients	1016	1038	1090	1181

Adult Ultrasound 2002-2006



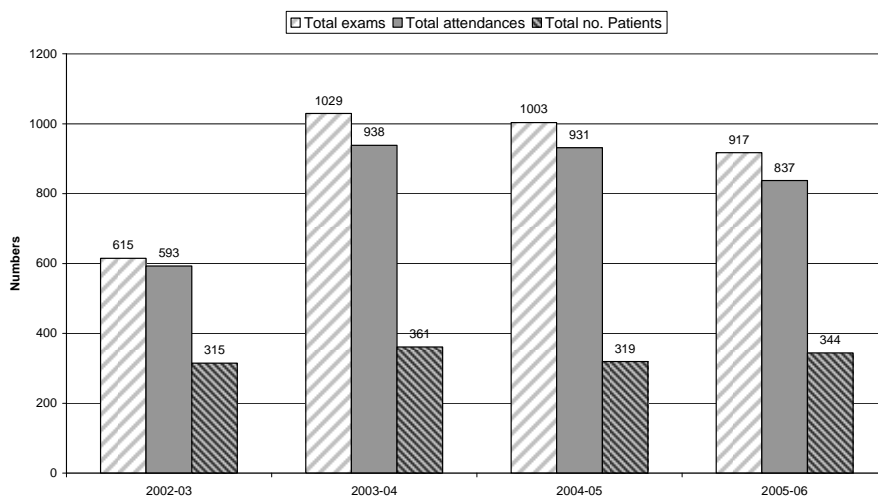
Paediatric Ultrasound	2002-03	2003-04	2004-05	2005-06
Total exams	2082	2188	1955	2162
Total attendances	2078	2188	1954	2158
Total no. Patients	911	902	916	1029

Paediatric US 2002-2006



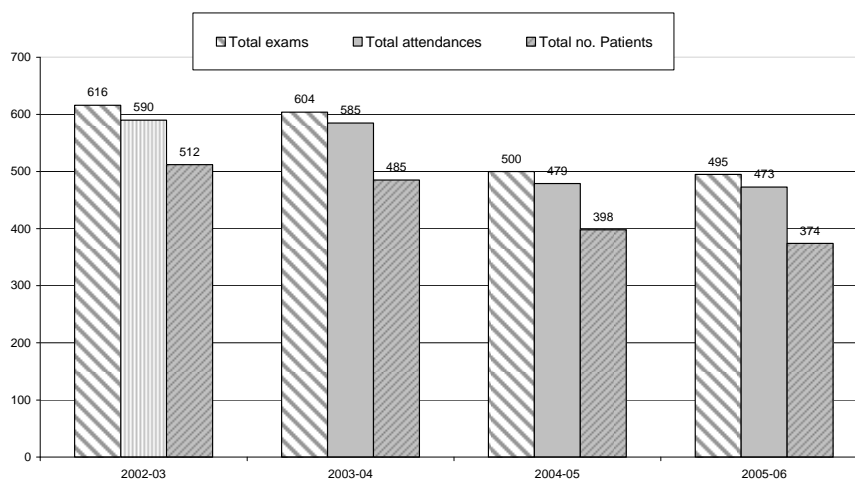
Paediatric x-rays	2002-03	2003-04	2004-05	2005-06
Total exams	615	1029	1003	917
Total attendances	593	938	931	837
Total no. Patients	315	361	319	344

Paediatric x-rays 2002-2006

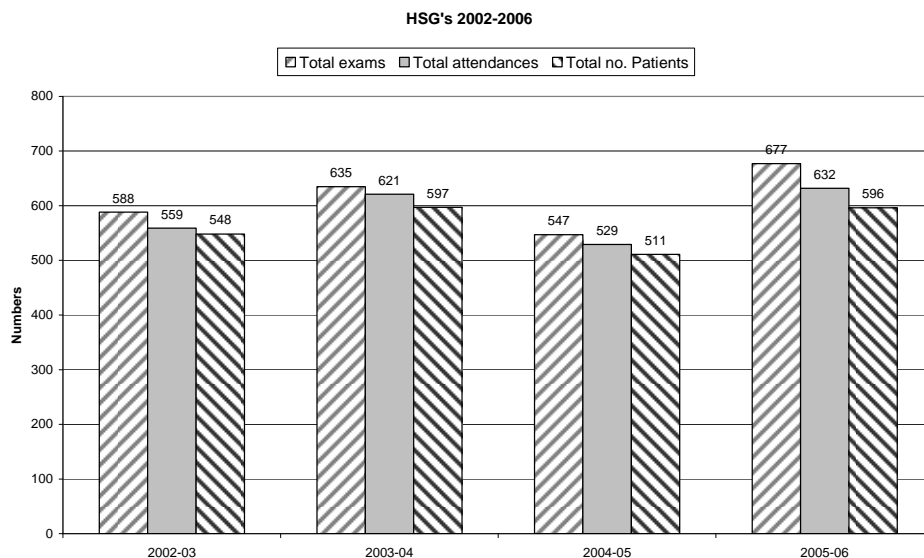


Adult X-rays (NO HSG's)	2002-03	2003-04	2004-05	2005-06
Total exams	616	604	500	495
Total attendances	590	585	479	473
Total no. Patients	512	485	398	374

All Adult Xrays (No HSG's) 2002-2006



Hysterosalpingograms (HSG's)	2002-03	2003-04	2004-05	2005-06
Total exams	588	635	547	677
Total attendances	559	621	529	632
Total no. Patients	548	597	511	596



Achievement of 2005/2006 Objectives

New radiology computer system went online in November 2005.

Recruitment of qualified sonographers has been difficult, due to the specialist nature of the Trust and a national shortage. Supporting training opportunities for partially qualified staff has been the way forward. A negotiated settlement for out of hours on call payments has encouraged recruitment of bank staff to cover the x-ray on call commitments, releasing permanent staff to cover more ultrasound sessions and to make the job more attractive.

Planning for the implementation of PACS continues slowly in line with regional/national guidelines.

Digital x-ray facilities for NNU purchased and commissioned by Radiation Protection. Staff training is underway prior to implementation of service.

Summary of Clinical Governance

Routine US scans provided meet NICE guidelines for Ante Natal care.

PMB care pathway standards have been adopted nationally.

- Awareness and diagnosis of adenomyosis has improved since the audit was presented.
- Routine correlation of pathology with gynae US reports continues.
- NN hip scanning ongoing quality assurance with training updates and film viewing
- Revision of the paediatric renal scan algorithm has reduced workload.
- Cranial ultrasound standards and clinical guidelines have improved practice locally through the BWH course.
- Continuing national/local involvement with ergonomic issues associated with ultrasound practice.
- Ongoing changes to obstetric appointments system to combat the increased ergonomic risks to staff musculoskeletal health due to staffing shortages and increased workload.

Developments and Objectives 2006/2007

- Recruit staff with the skill mix to meet Trust strategic development
- Commence digital radiography for NNU
- Distribution of workload to match staffing trends, whilst implementing recommendations of departmental obstetric working party.
- Implement PACS
- Nuchal translucency training to meet national guidelines.
- Trial and introduction of choose and book gynae scan sessions
- Preparation and planning to implement order-comms via web browser in July 07.
- Plan to achieve 18 week wait target

Outstanding Achievements

- 2 week cancer wait for diagnostic imaging achieved. Imaging service cited as good practice in peer review
- Maintenance of the service throughout a prolonged period of staff shortages.
- Radiographer run HSG lists to meet increasing waiting times
- Radiologists and radiographers were invited lecturers at national and international conferences.
- Cranial US training course set to go national.
- Senior staff involved in national standard setting & guidelines in obstetrics and gynaecology
- Publications on imaging in gynaecology

NEONATOLOGY

Dr Geoff Durbin, Clinical Director 2005/2006/ Dr Debbie Derbyshire, Clinical Director 2006/2007

Specialty/Service

Neonatal service designated level 3 unit in the BWH West Midlands Perinatal Centre in the Southern West Midlands Newborn Network (SWMNN).

The Neonatal Unit is a designated level 3 Unit within the SWMNN offering:-

- Resuscitation for any newborn baby.
- 8 intensive care cots for mechanical ventilation.
- 4 high dependency cots, full monitoring and allowing CPAP for very small babies.
- 23 special care cots.
- Emphasising on the support of families and developmental care of babies
- 10 transitional care rooms for mothers and their babies.
- Community neonatal nurse service visiting small babies at home.
- Milk Bank providing human milk for the frailest babies.
- Post-natal ward service examining all newborn babies.
- Outpatients (general, low birth weight, rhesus, renal).
- Fetal medicine liaison service (including ethics committee work).
- Research.
- Newborn Network Transport Service

Aims and Objectives

- To fully recruit the nursing establishment. This has been achieved.
- To have more trained nurses on the Neonatal Pathway, 5 have achieved this. This has meant less and now no mothers transferred out of BWH to deliver their small babies, apart for babies requiring surgery.
- To help the development of SWMNN Neonatal Transport Service we recruited Dr Amrit Dhillon.
- To further develop neonatal/perinatal research at BWH NNU by recruiting Dr Mark Anthony.
- To further develop parent support and implement developmental care of babies.

New Roles

- Karen Anderson – ANNP.
- Mark Anthony -Consultant Neonatologist with Lead for Research.
- Claire Calver - Directorate Nurse for Clinical Risk.
- Debbie Derbyshire - Clinical Director.
- Amrit Dhillon - Consultant Neonatologist with lead for Transport.
- Jackie Harrison - Consultant Nurse for transport.
- Catherine Rutherford - Transport ANNP.
- Debbie Tompkins - Transport ANNP.
- Sandra Wright - Neonatal Nurse Educator.

Activity

- Total admissions rose to 687 (3 year rolling average 644).
- Total intensive care days 3066 and special care / transitional care 11,324 days.
- 125 babies admitted with a birth weight of less than 1500g. 162 babies required mechanical ventilation.
- Over 150 babies from the Fetal Medicine Team with twin to twin transfusion, surgical and cardiac anomalies and babies with haemolytic diseases.
- 6800 first day postnatal checks of babies.
- 1755 visits to the homes of 506 small babies supervised by our Community Neonatal Nurses.

Table of Out Turn Activity as Measured by 'Cot Days'.

	1996/ 1997	1997/ 1998	1998/ 1999	1999/ 2000	2000/ 2001	2001/ 2002	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006
Intensive Care Level I	1383	1501	1693	1724	1463	1908	1790	1284	1457	1464
Intensive Care Level II	1125	1118	939	878	743	456	523	2415	2066	1602
Special Care	7436	7783	7444	7567	6988	6834	7102	6568	5980	7295
Transitional Care	4915	4863	4709	4899	4421	4837	4962	5149	4311	4029

Total Admissions

1996 – 1997	1997 – 1998	1998 – 1999	1999 – 2000	2000 – 2001	2001 – 2002	2002 – 2003	2003 – 2004	2004 – 2005	2005 – 2006
589	750	617	621	544	605	638	672	622	687

Total Admissions to Neonatal Unit

Birth Weight Groups		Total No. Babies Admitted	Alive to Go Home	% Survived
		(annual range)	(annual range)	(annual range)
<750g	1996 – 2005	192 (18 – 26)	127 (11 – 20)	66 (54 – 83)
	2005 – 2006	15	11	73
750 – 999g	1996 – 2005	306 (24 – 42)	264 (18 – 39)	86 (85 – 93)
	2005 – 2006	36	30	83
1000 – 1499g	1996 – 2005	748 (74 – 96)	699 (69 – 88)	93.4 (92 – 98.5)
	2005 – 2006	74	69	93.2
1500 – 1999g	1996 – 2005	999 (91 – 139)	972 (90 – 135)	97.3 (94 – 99)
	2005 – 2006	124	120	96.8
2000 – 2499g	1996 – 2005	980 (89 – 126)	966 (88 – 124)	98.6 (95.4 – 100)
	2005 – 2006	118	115	97.5
≥2500g	1996 – 2005	2519 (250 – 332)	2469 (244 – 327)	98.0 (97.1 – 98.6)
	2005 – 2006	320	314	98.1

Gestation Groups		Total No. Babies Admitted (annual range)	Alive to Go Home (annual range)	% Survived (annual range)
< 25 weeks	1996 – 2005	63 (2 – 13)	36 (2 – 8)	57 (50 – 71)
	2005 – 2006	7	3	43
25 – 26 weeks	1996 – 2005	193 (13 – 29)	138 (11 – 22)	72 (60 – 100)
	2005 – 2006	22	18	82
27 – 28 weeks	1996 – 2005	370 (28 – 57)	327 (26 – 49)	88 (78 – 91)
	2005 – 2006	44	41	93
29 – 30 weeks	1996 – 2005	442 (43 – 60)	419 (41 -55)	94.8 (92 – 96.4)
	2005 – 2006	35	33	94.2
31 – 32 weeks	1996 – 2005	623 (50 – 103)	600 (50 – 99)	96.3 (93 – 100)
	2005 – 2006	79	76	96.2
33 – 34 weeks	1996 – 2005	921 (88 – 117)	900 (87 – 116)	97.7 (96 – 99)
	2005 – 2006	111	108	97.3
35 – 36 weeks	1996 – 2005	806 (81 – 103)	797 (79 – 103)	98.9 (96 – 100)
	2005 – 2006	113	110	97.4
> 36 weeks	1996 – 2005	2338 (222 – 300)	2290 (217 – 297)	97.9 (98 – 99)
	2005 – 2006	276	270	97.8

Outcomes - Live Inborn Extremely Immature and Low Birth Weight Babies

For clinical staff particularly our obstetric and midwifery colleagues, the following outcomes for our inborn live born babies are guidance to advise mothers and fathers what are their chances of taking their baby home. These data are based on the cumulative data over the past nine years.

Live born Extremely Immature and Low Birth Weight Babies 2005/2006 (9 year's accumulative data April 1997 – March 2006)

	Gestation (weeks)				
	≤ 22	23	24	25	26
Babies born alive	18 (100)	2 (36)	6 (46)	7 (59)	10 (93)
Not offered resuscitation	11 (82)	2 (23)	0 (7)	*1 (4*)	0 (1*)
Offered resuscitation	0 (0)	0 (13)	6 (39)	6 (49)	10 (92)
Resuscitation not successful	0 (0)	0 (4)	0 (2)	0 (2)	0 (0)
Went home	0 (0)	0 (7)	4 (21)	6 (32)	7 (61)
Total deaths	18 (100)	2 (29)	2 (25)	1 (27)	3 (32)

*One in group baby lethal abnormality.

	Birth Weight (g)			
	<400	400 – 499	500 – 599	600 - 749
Babies born alive	15 (93)	6 (45)	4 (66)	10 (114)
Not offered resuscitation	15 (93)	5 (26)	1 (26)	0 (11)
Offered resuscitation	0	1 (13)	3 (39)	10 (104)
Resuscitation not successful	0	0 (1)	0 (4)	0 (5)
Went home	0	1 (9)	1 (16)	8 (80)
Total deaths	15 (93)	5 (45)	3 (50)	2 (34)

*Lethal congenital anomaly

Extremely Short Gestation (Cumulative outcome over 9 years of babies born alive)

At 22 weeks gestation or less no survivors.

At 23 weeks gestation of 36 live born 7 babies went home (19.4% survived).

At 24 weeks gestation of 46 live born 21 babies went home (45.6% survived).

At 25 weeks gestation of 59 live born 32 babies went home (54.2% survived).

At 26 weeks gestation of 93 live born 61 babies went home (65.6% survived).

Extremely Low Birth Weight (Cumulative outcome over 9 years of babies born alive)

Birth weight \leq 400g no survivors.

Birth weight 400 – 499g of 45 live born 9 went home (20% survived).

Birth weight 500 – 599g of 65 live born 16 went home (24.6% survived).

Birth weight 600 – 749g of 114 live born 80 went home (70.2% survived).

Outcomes for babies of 24,25 and 26 weeks all improved in 2005/2006 as did the survival of babies 500g to 749g.

Ventilated Inborn Babies

Birth Weight Groups

	April 1996 – March 1999				April 1999 – March 2002				April 2002 – March 2005			
	Number ventilated	% Survived	Average Vent Days Alive	Average Vent Days Dead	Number ventilated	% Survived	Average Vent Days Alive	Average Vent Days Dead	Number ventilated	% Survived	Average Vent Days Alive	Average Vent Days Dead
<750gm	52	58	21.6	6.1	52	58	33.3	11.0	44	73	36.5	14.8
750 – 999gm	89	90	15.7	5.8	51	88	19.0	7.2	72	75	12.4	10.2
<1000gm	141	82.2	16.4	6.0	103	73	24.7	10.0	116	74	28.3	11.6
1000 – 1499gm	115	84.3	6.5	3.4	107	92.5	9.3	2.9	102	87	8.2	17.8
April 2005 – March 2006												
	Number ventilated	% Survived	Average Vent Days Alive	Average Vent Days Dead								
<750gm	15	73	21.3	2.0								
750 – 999gm	32	81	25.7	6.2								
<1000gm	47	79	24.4	4.1								
1000 – 1499gm	38	87	7.7	4.2								

Gestation Groups

	April 1996 – March 1999				April 1999 – March 2002				April 2002 – March 2005			
	Number Ventilated	% Survived	Average Vent Days Alive	Average Vent Days Dead	Number Ventilated	% Survived	Average Vent Days Alive	Average Vent Days Dead	Number Ventilated	% Survived	Average Vent Days Alive	Average Vent Days Dead
< 25 weeks	12	50	33.7	8.7	22	55	34.4	14.5	17	53	36	16.3
25 – 26 weeks	61	75	19.6	4.0	37	70	37.7	6.0	50	72	24	10.3
27 – 28 weeks	114	85	10.3	5.9	75	84	17.0	5.7	83	83	15.5	4.0
29 – 30 weeks	69	84	8.0	2.8	76	95	7.25	2.25	74	92	6.5	2.4
April 2005 – March 2006												
	Number Ventilated	% Survived	Average Vent Days Alive	Average Vent Days Dead								
< 25 weeks	6	33.3	27.5	2.0								
25 – 26 weeks	22	81.8	31.1	8.3								
27 – 28 weeks	41	92.7	13.2	2.0								
29 – 30 weeks	15	86.7	4.9	1.5								

The survival rate of 81.8% for babies of 25 – 26 weeks and the survival rate 92.7% for babies 27 – 28 weeks is the best ever. Well done everybody.

Comparison of Rates of Ventilation of Babies of 32 Weeks Gestation or Less

Comparison of West Midlands Units who in 2005 admitted more than 70 babies to their units of 32 weeks gestation or less (the vast majority of these admissions would be inborn babies). Data obtained from West Midlands Neonatal Register 2nd Reports (1st January to 31st December 2005).

TABLE (1)

Babies of 32 weeks gestation or less admitted to Neonatal Unit in the West Midlands in 2005.

	Number of Admissions	Number Mechanically Ventilated	% Mechanically Ventilated
BWH	181	80	44
Royal Shrewsbury	74	35	47
City	105	50	48
HOE	146	75	51
North Staffordshire	118	66	56
Walsgrave	172	103	60
New Cross	106	69	65

By aggregating all babies of 32 weeks gestation and less admitted to the seven largest neonatal units in the West Midlands a range of 74 to 181 babies were admitted. The percentage of babies who were ventilated was 44% to 65% an increase by 48% from the lowest to the highest.

The seven units can be divided into two groups;

- Group A - those units who ventilated less than 50% of babies of 32 weeks or less, and
- Group B - those units who ventilated more than 50% of babies of 32 weeks or less.

**Divided into two groups those that were mechanically ventilated.
Less than 50% of their admission of 32 weeks or less and those that ventilated more than 50% of 32 weeks or less.**

TABLE (2)

Group A

	SURVIVED				SURVIVAL BABIES			DEAD BABIES			% Survival Mech Vent
	No of Admissions	Survived	Overall Survival	Total Vent (%)	No Ventilated	Days of Vent	Mean	No Vent	Days of Vent	Mean	
BWH	181	163	90	80 (44%)	62	457	7.3	18	55	3.1	78
Royal Shrewsbury	74	72	97	35 (47%)	33	144	3.6	2	12	6.0	94
City	105	98	93	50 (48%)	43	208	4.8	7	79	11.3	86
Total	360	333	93	165 (46%)	138	809	5.5	27	146	5.4	87

Group B

	SURVIVED				SURVIVAL BABIES			DEAD BABIES			% Survival Mech Vent
	No of Admissions	Survived	Overall Survival	Total Vent (%)	No Ventilated	Days of Vent	Mean	No Vent	Days of Vent	Mean	
HOE	146	132	90	75 (51%)	61	527	8.6	14	88	6.3	81
North Staffordshire	118	103	87	66 (56%)	51	408	8.0	15	61	4.7	77
Walsgrave	172	163	95	103 (60%)	94	684	7.3	9	63	7.0	91
New Cross	106	99	93	69 (65%)	62	376	6.1	7	152	21.7	90
Total	542	497	92	313 (58%)	268	1995	7.4	45	364	8.1	86

The outcome for the two groups were virtually the same namely Group A had an overall survival rate of 93%, Group B 92%. Yet Group A ventilated 12% of its population of babies compared with Group B.

In 2005 the Commissioners of Neonatal Intensive Care in the West Midlands paid approximately £1,000 per day for a premature baby to be mechanically ventilated. An average period of ventilation for a surviving baby in Group A was cheaper by £1,900 compared with Group B (mean days of ventilation Group A 5.4 days versus Group B 7.4 days). Had the Commissioners purchased all the care of babies of 32 weeks gestation or less from Group A units they could have saved £877,498 per annum (£1,000 per ventilator day and cost of surfactant used) and a further 5 babies would have survived for no additional cost.

Achievement of 2005/2006 Objectives

- Sandra Wright's excellent implementation of Neonatal Pathway Training for nurses.
- Successful training of another ANNP.
- Designation level 3 Neonatal Unit in the BWH Perinatal Centre.
- Dr Dhillon's development of the SWMNN Transport Service hosted in our NNU.
- Dr Anthony's recruitment to research the molecular basis of perinatal infection

Summary of Clinical Governance

The neonatal unit continues to monitor incident forms and complaints and learns from the process. We continue to do well in indicators of infection control. We have one of the highest rates of survival of very small babies and our duration of mechanical ventilation is one of the shortest.

Risk related to prescribing and administration of drugs within the NNU has been addressed following a root cause analysis and will be further improved within our refurbishment plans.

Our standards database remains a benchmark for other directorates and Trusts. We have drawn upon them frequently in collaborating with partners such as the BCH and the other units. The appointment of Claire Calver as lead nurse for clinical governance has established an important role within the directorate in addressing the ever increasing demands of clinical governance frameworks, and will assist in our moves towards foundation status. We endeavour to learn and share between directorates and with the newborn network as a whole.

The total number of incidents was 155. This was 15% less than 2004/2005.

The total number of complaints was 8.

There were many thank you cards and lots of chocolates.

The Neonatal Standards and Practices Group developed 18 new standards and reviewed more than 30.

The Neonatal Audit Group had 28 audits presented of which 16 were core audits.

Developments and Objectives 2006/2007

- Refurbishment of the NNU, including a patient information system, to allow for increased capacity and maintenance of level 3 status.
- New team working plan for neonatal nurses.
- More consultant time delivered to the babies, whilst complying with planned reduction in junior doctors' hours.
- Bid for regional neonatal surgery and expansion of intensive care cot facilities
- Parental accommodation.

Outstanding Achievements

- BWH Cranial Ultrasound course was a finalist for MIDTech innovation awards
- Royal College assessors confirm we are a centre of excellence for neonatal training
- Delivering high quality of care to the babies with less neonatal nurses than BAPM standards would dictate we should have.
- Andy Ewer Guest Lecturer 26th Meeting French Neonatal Society, Paris 2006.

GYNAECOLOGY- WOMEN'S SERVICES DIRECTORATE

Jacky Cotton Head of Nursing / Mr. Peter Thompson Clinical Director

Specialty/Service

Elective and emergency inpatient and out patient gynaecology.

Both outpatient and inpatient services are provided for gynaecology patients. Outpatient specialist clinics include colposcopy, out patient hysteroscopy, urogynaecology, infertility, 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 5 was temporarily closed whilst bed configuration was reviewed. Patients for day surgery were cared for on Ward 7. Gynaecology Oncology Centre transferred to City Hospital in September and BWH continued as an Oncology Unit. Ward 8 continued to provide care for emergency admissions and patients requiring general surgery

Aims & Objectives for 2005/2006

- Maintain performance against all existing targets: maximum outpatient waiting time of 13 weeks and inpatient waiting time of 6 months and plan to develop towards guaranteed waiting time of 18 weeks from GP to procedure
- Implement “choose and book” initiative with systems in place to enable patients to choose BWH
- Develop nurse led services
- Maintain new 31 and 62 day cancer targets. Both outpatient and inpatient services are provided for gynaecology patients.

New Roles

A new pathway was developed for patients presenting with postmenopausal bleeding. After ultrasound scan patients see a nurse who undertakes a history and pipelle examination, releasing capacity in oncology clinics. Patients with insufficient samples are then referred for out patient hysteroscopy, releasing capacity in theatres.

Activity

Actual Activity - Gynaecology Directorate 2005/06 Compared with Previous Year

Category	2004-05	2005-06
Emergencies	1751	1757
Elective Inpatients	1911	2093
Elective Day-cases	1115	1598
Outpatients - new	15,416	15,424
Outpatients – follow-up	22,885	26,328

Achievement of 2005/2006 Objectives

- Waiting list targets achieved
- No outpatient waited more than 13 weeks
- No inpatient waited more than 6 months with no more than 538 patients on waiting list by 31.03.2005

- Patient and user participation increased through urogynaecology user group
- Improved theatre efficiency
- Activity delivered
- Gynaecology and Maternity Services Directorates merged in 2004/05
- Key objectives within financial balance

Summary of Clinical Governance

- Work continued to consolidate Essence of Care-Clinical Benchmarking including Personal Hygiene, Nutrition, Pressure Ulcers and Record Keeping modules. Work on the Continence module was combined with the development of the Continence ICP involving input from PCTs.
- Other ICPs in progress include Early pregnancy problems, menopause and major elective surgery. Draft documentation was produced and piloted for both early pregnancy and continence. Guidelines were introduced for use of entonox on wards during medical management of miscarriage.
- Guidelines were introduced for prevention and treatment of pressure ulcers based on NICE guidance
- Work was undertaken on correct site surgery and identification of patients in response to NPSA
- Core Audit Programme was updated to reflect audits required for CNST assessments, Essence of Care and compliance with clinical guidelines
- Incident reporting now embedded and weekly meetings take place to discuss and learn from incidents across the Directorate

Developments and Objectives 2004/2005

- Maintain performance against targets: maximum outpatient waiting time of 13 weeks and reduce inpatient waiting time to 20 weeks; plan implementing guaranteed waiting time of 18 weeks from GP referral to procedure
- Implement “choose and book” initiative with systems in place
- Improve access to Booking Office
- Develop nurse led services
- Maintain new 31 and 62 day cancer targets

Outstanding Achievements

Redesign of post menopausal bleeding pathway with nurse delivered services has reduced the number of patients

COLPOSCOPY UNIT

Amanda K.L Sutton CNS/Manager of Specialist Outpatients/ KK Chan Clinical Lead for Colposcopy

Specialty/Service

The Colposcopy Department is a specialist gynae Outpatient Service for pre-invasive cervical disease.

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 372 loop procedures were performed in outpatients and 123 in theatre under general anaesthesia.

In addition, a specialist service for women with vulval conditions is provided within the Department, and 2 Nurse-led smear clinics run weekly.

Aims & Objectives for 2005/2006

Eight clinical sessions run weekly with Medical and Nurse Colposcopists providing treatment for patients referred with abnormal cervical cytology. Service goals are as follows:-

- To provide a high standard of care for all women referred for assessment/treatment
- To complete the training of a third Nurse Colposcopist
- Audit & maintain QA Standards
- Continued implementation of new Colposcopy NHSCSP Guidelines
- Provide appropriate training and professional development for the team

New Roles

Nurse Sam Venner is to be commended for completing her joint BS CCP (British Society for Colposcopy and Cervical Pathology) and RCOG training in March 2006 and her Certificate awarded in June. This addition of a third accredited Nurse Colposcopist to the Department will be a great asset for service provision. Dr Sangha must also be congratulated for achieving her accreditation this year.

Activity

The referral rate remains relatively constant since last year with 2106 new colposcopy patients referred, reflecting the largest number of referrals 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 4053. 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 2 smear clinics. The follow-up evening clinic continues to run 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, 100 new referrals were received and 70 new patients seen along with 367 follow-up cases. Maintaining this service is a prime objective.

Achievement of 2005/2006 Objectives

All the planned objectives from last year have been achieved. These were:-

- Completion of the third Nurse Colposcopist Training
- Provision of Defibrillator in Colposcopy (QA Recommendation 2004)
- Maintenance of the Vulval Service (see Chart 2)
- Development of recovery area for women following treatment - this remains at present in a bay on ward 5.

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) and waiting times for high grade appointments, which remain under the QA standard of 90% with 79% of women being seen within 4 weeks. Naturally, QA continues to be our greatest priority and both these areas of concern are highlighted in our objectives for next year

Patient involvement is encouraged through patient satisfaction surveys and PALS. Our annual QA satisfaction survey showed 98% satisfaction with patient care & information

Developments and Objectives 2006/2007

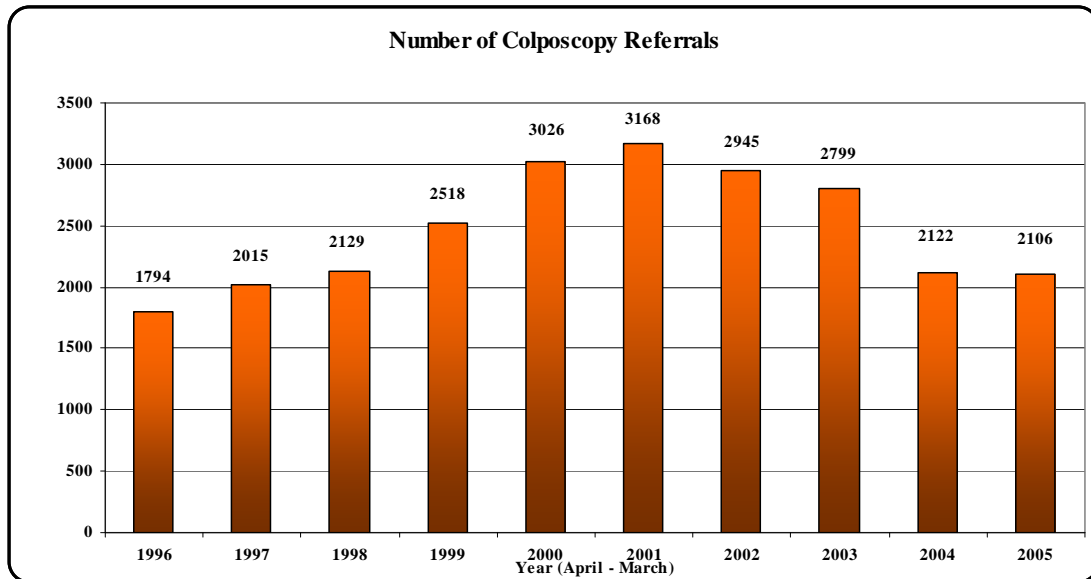
- Continued maintenance of the Vulval Service.

- Reduce waiting times for new high grade referrals. This is hoped to be achieved with the implementation of Direct Referral from Cytology.
- Reduction in the DNA rate within the service.
- Increased Medical support for the Colposcopy and Vulval Services and possible development of Nurse Consultant role if service requires.

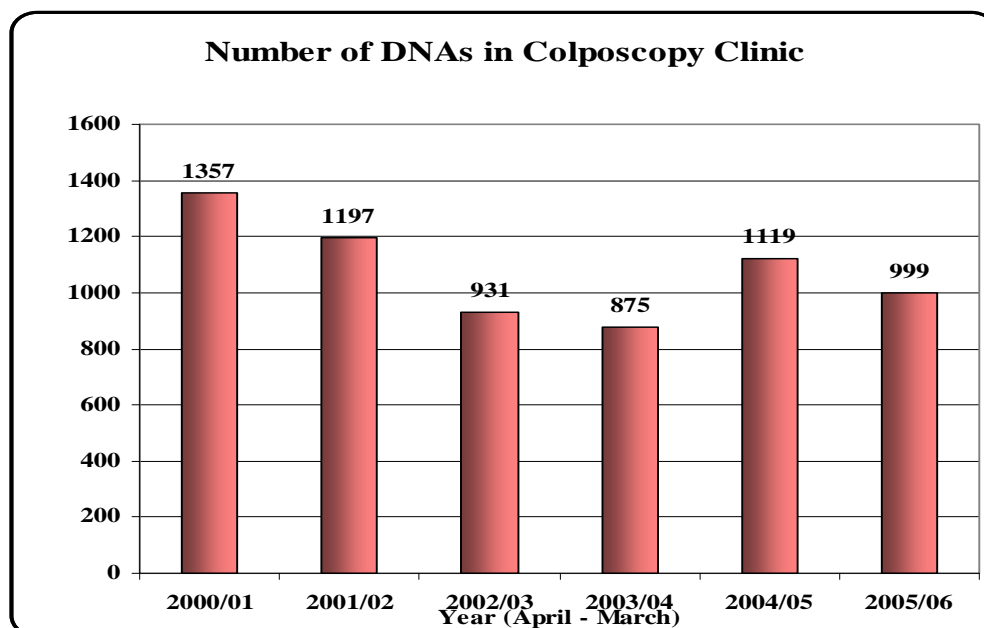
Outstanding Achievements

Nurse Colposcopist Sam Venner and Dr Sangha achieved their BSCCP Accreditation
 Amanda Sutton presented a poster with the West Midland QA Reference Centre on our Regional Patient Satisfaction Survey results at the BSCCP Annual Scientific Meeting Conference in Edinburgh April 2005

Statistical Data



YEAR	NEW VULVA REFERRALS	FOLLOW UP PATIENTS
2003/2004	124	494
2004/05	225	616
2005/06	100	367



GYNAECOLOGY/OBSTETRIC THEATRES

Gael Peters, Theatre Manager

Specialty/Service

To provide surgical intervention within dedicated operating theatres. There are currently 2 theatres for Gynaecology and 2 theatres for Obstetrics. Gynaecology theatres have 20 sessions per week available for elective surgery, of which 18 are fully utilised; the remaining 2 are used ad hoc dependent on Consultant Surgeon availability. An on call team covers the out of hour's emergency activity. Obstetric theatres have 5 elective sessions per week. The other theatre is staffed 24 hours per day to care for obstetric emergency patients.

Aims & Objectives for 2005/2006

- Continue to deliver a high quality service, including making the most effective use of resources to improve patient care.
- Continue to improve theatre efficiency and increase capacity and move to new session structure to allow for consultant team working.
- Develop theatre utilisation and efficiency reporting along with reporting on compliance with NCEPOD (WOW II)

New Roles

No new roles. The department continues to develop staff by offering the opportunity to multi-skill to be competent to practice in more than one area of the department. Staff are able to rotate between scrub, anaesthetics or recovery. This is supported by appropriate courses. Senior members of staff are developing managerial skills in a variety of ways.

Activity

Elective operations:

Gynaecology	=	3529	
Obstetric	=	604	Total number of electives = 4133

Emergency Operations:

Gynaecology	=	599	
Obstetrics	=	1613	Total number of emergencies = 2212

Total number of operations = 6345

The department continued to meet government waiting times targets and are proud that all elective activity was performed during elective theatre sessions. No additional Saturday lists were required for the whole year.

Achievement of 2005/2006 Objectives

With the appointment of a new Theatre Manager in June '05 objectives looking at the efficiency and increased capacity have been achieved; robust reporting on theatre utilisation has been introduced and we are working towards consultant team working. Further improvements will be made as this is an ongoing process.

Summary of Clinical Governance

- Timing of emergency cases continues to be monitored in line with NCEPOD
- NICE recommendations have been implemented to improve patient outcomes
- The department has a core trainer for Hospital Life Support to ease the facilitation of mandatory training both in theatres and around the Trust.
- We have initiated multi-disciplinary teaching to promote best practice, encourage a learning environment and improve the quality of care to our patients.
- With the introduction of Agenda for Change we changed the working hours for operating department practitioners so that all members of the theatre team now work the same hours (37.5 per week).

- Work continues to address the staffing issues within the department. Shift patterns have been identified that comply with the Working Time Directive and Improving Working Lives and the department plans to move this process forward in order to move to family friendly shifts in the near future.

Developments and Objectives 2006/2007

- To continue to improve theatre efficiency and increase capacity using theatre utilisation information to maintain optimum utilisation in all areas.
- To continue to delivery a high quality service, making the most cost effective use of resources to provide value for money whilst improving patient care.
- Manage the migration to the Pan Birmingham Decontamination Unit

UROGYNAECOLOGY

Phillip Tooze-Hobson, Lead consultant Urogynaecology

Specialty/Service

- The Urogynaecology unit offers a range of services covering the entire spectrum of prolapse and incontinence work. The unit runs predominantly on a one-stop format. Services include
 - Laboratory urodynamics;
 - Video urodynamics
 - Ambulatory urodynamics
- There are currently 6 outpatient medical clinics and 4 nurse led follow up clinics. Additional clinics are conducted by the physiotherapists.
- We have continued to benefit from the use of 2 in-patient beds for conservative treatment and on occasion assessment of complex cases (particularly tertiary referrals who may have difficulties in attending out patients). This facility is one of the Jewels in the crown of our service since virtually no other service in the UK offers this (private or NHS).

We currently have access to 5 theatre lists a week and are performing over 150 simple and complex prolapse and continence procedures a year.

Aims & Objectives for 2005/2006

- Develop a nurse specialist post to cross the primary/secondary care boundary and improve training and assessment of patients in the community in line with developing a director of continence services. Allowing treatment of patients the service currently fails.
- To become recognised as a centre of excellence for evaluation and assessment of patients.
- To continue to challenge traditional therapies through surgical trials and to look to “validate” some alternative therapies

New Roles

- Development of our first Nurse specialist working across health boundaries. This post was developed to look at treating patients who had been “written off” to containment rather than treatment. Often these women receive little in the way of review and often continue to suffer. The aim of this post was to take the service to them and review, evaluate and treat where possible.

Activity

Urogynaecology has continued to expand and we are currently running 6 outpatient clinics including specialist clinics with the Colorectal surgeons and the care of the elderly physicians. Despite increased sessions we continue to run a 13 week wait for investigation with urodynamics. With the increased recognition of the service we have had an increase in the number of referrals requiring “advanced” investigations (video urodynamics). However we have benefited from increased theatre lists and as a consequence have decreased our average wait for surgery to less than 6 weeks.

From the nursing perspective the introduction of a third nurse specialist has increased our ability to assess, treat and follow up patients without direct medical input. The multidisciplinary meeting patient group has continued to underpin the service with good communication and direct patient feedback.

Achievement of 2005/2006 Objectives

We have continued to be heavily involved in research and currently have 6 multicentred controlled trials running. This has allowed us to employ a fourth research fellow to continue our in house research.

The new nursing service is, we believe, the first in the country and may set out a model and standard of care that will be rolled out in other units. The direct consequence is a reduced time from patients seeing the GP to coming in to surgery in those identified as needing surgery, in some cases reducing the referral to surgery time by over 3 months from a traditional model. We have also introduced the EPAQ an electronic quality of life tool to improve our understanding of the impact of symptoms on patients.

We have been awarded the hosting of the 14th annual UKCS meeting in Birmingham for 2007 (500 delegates expected)

Developments and Objectives 2006/2007

- To further develop the nurse specialist role as a template for continence care
- To continue to contribute actively to research
- To continue to improve the user experience in Urogynaecology

Summary of Clinical Governance

Over the last 3 years we have worked on the development of a patient pathway which has now been introduced and is being evaluated.

We continue to work within the framework set out by the RCOG and BSUG's

We have been involved in the rewriting of the training programme for junior Doctors preparing for the introduction of PMETB and developing the syllabus and log book for Urogynaecology.

We have introduced the BSUG database as a (soon to be) national standard for surgery in Urogynaecology. This will allow our work to be compared nationally and underpin our audit.

Outstanding Achievements

Once again the department has presented work at several national and international meetings.

We have been involved as advisors to NICE and the RCOG on developing training in Urogynaecology for PMETB

We have reduced our waiting time for surgery to 6 weeks and continue to meet the trust targets on waiting times.

Our involvement in research has increased and our subspecialty training programme has been realised.

GYNAECOLOGICAL ONCOLOGY

Mr. K.K. Chan, Director of Gynaecological Oncology & Consultant Gynaecological Surgeon

Specialty/Service

The Gynaecological Oncology Unit provides a rapid diagnostic service for patients with signs and symptoms suggestive of cancer. Urgent referrals are seen within 2 weeks in line with the Department of Health's cancer targets. The pathway for investigating postmenopausal bleeding has been further refined (see below). All patients diagnosed with cancer are discussed at our Multidisciplinary Meeting and their management agreed. Patients requiring surgery in a cancer centre are transferred to a cancer centre but operated upon by one of our own gynaecological oncologists. Their subsequent follow-up is performed in this hospital.

Aims & Objectives for 2005/2006

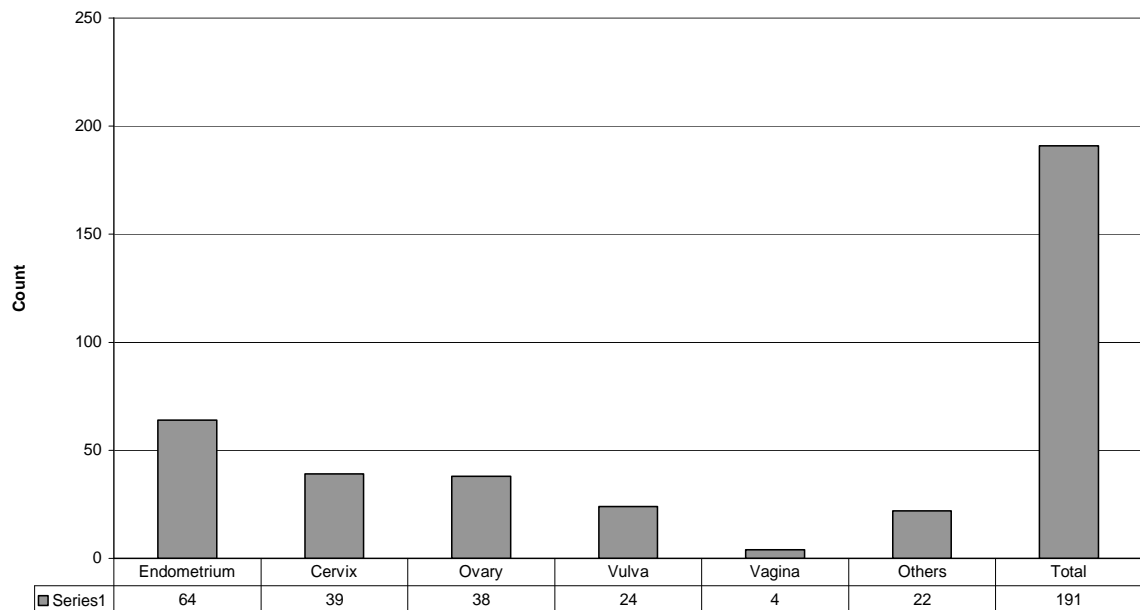
To recover from the loss of the Gynaecological Oncology Centre and to build a Gynaecological Oncology Unit to provide an excellent service for the women of South District

New Roles

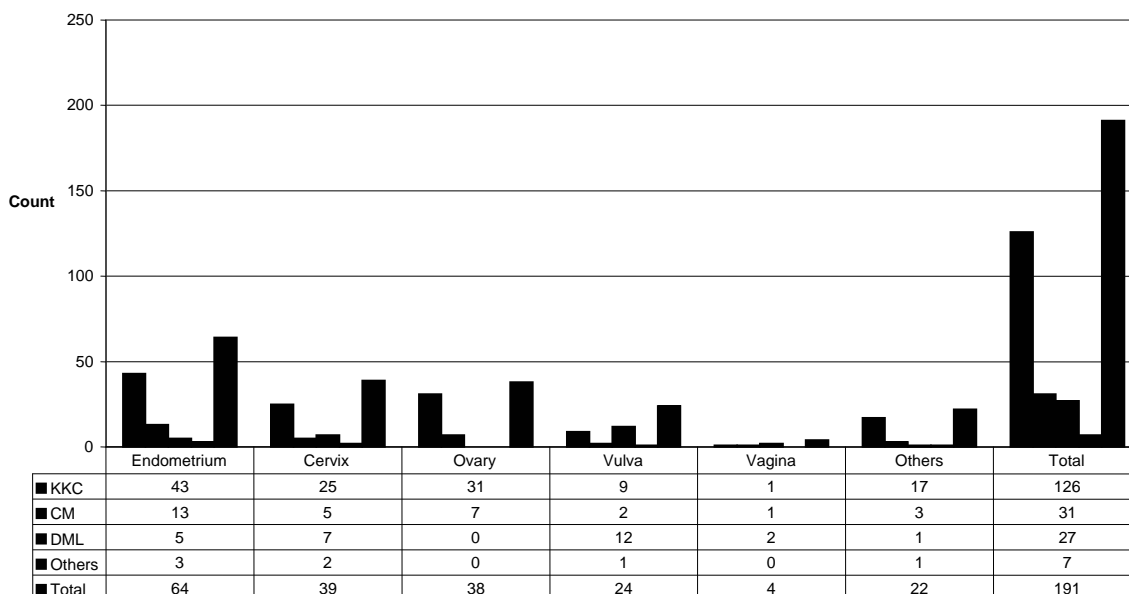
One of the general gynaecologists, Mr. J. Clark, has trained a clinical nurse specialist to perform out-patient hysteroscopy and Pipelle biopsy of the endometrium. The management pathway of patients has been changed as a result. These patients have an ultrasound scan as their first contact. Those with normal scans are referred back to their GPs. Those with abnormal endometria have out-patient appointments.

Activity

New Cases Registered on the West Midlands Gynae-Oncology Database
per Site 01/04/05 - 31/03/06



**New Cases Registered on the West Midlands Gynae-Oncology Database
per Consultant 01/04/05 - 31/03/06**



Achievement of 2005/2006 Objectives

The new pathway for PMB patients has been successfully implemented. We also had a very good Cancer Peer Review.

Summary of Clinical Governance

We comply with all the standards and guidelines arising from the National Cancer Plan as interpreted and agreed by the Network Site Specific Group for Gynaecological Oncology. We partake in all audits organised by the NSSG.

Developments and Objectives 2006/2007

In compliance with the Peer Review Report, we need to strengthen our oncology nursing with the appointment of a Lead Nurse for Gynaecological Oncology and a deputy. We also need to appoint a NHS Consultant with a special interest in Gynaecological Oncology. We need to further refine our cancer pathways so that a diagnosis is achieved earlier giving us more time to arrange for definitive treatments

THE EARLY PREGNANCY ASSESSMENT UNIT (INCLUDING GYNAECOLOGICAL EMERGENCIES) - EPAU

Maureen Manion - Clinical Nurse Specialist & Mr Justin Clark - Consultant Clinical Co-ordinator

Specialty/Service

Early pregnancy and Gynaecology Emergency Services

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.

Aims & Objectives for 2005/2006

The EPAU provides a rapid access service for the management of early pregnancy related problems and their initial management. We aim to provide same day diagnosis and to meet the high demand for our services for the population we serve, in an efficient 'one stop' visit where

possible. We aim to provide a safe caring environment for gynaecological patients in an emergency situation and to provide training to junior medical staff and continuing development of nursing staff.

New Roles

The majority of patients attending EPAU are seen by nursing staff alone (76%). This reflects the continuing development of the nursing role in EPAU. Nursing staff now carry out gynaecological examinations independently, screen for genital tract infections and perform pelvic ultrasound. This is in addition to their established role in providing counselling and support.

Activity

The EPAU provides a comprehensive service for 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 6479 attendances in EPAU this year with an average of 580 pregnancy related problems and 50 gynaecological complaints seen per month. We offer 20 early pregnancy scans and two gynaecology scans per day, but quite often exceed this due to unexpected self referrals. Serum measurement of beta human chorionic gonadotrophins is integral to the diagnosis of ectopic pregnancy and 1524 were done over the year.

Workload

	2003/04	2004/05	2005/06
Attendances	6696	6715	6479
New Referrals	54.8%	55.99%	53.80%
Follow ups	45.2%	44.01%	46.20%
Admitted into beds	19.5%	20.57%	18.77%

Achievement of 2005/2006 Objectives

Mr Justin Clark has been appointed as Consultant Clinical Co-ordinator. Explicit guidelines and management algorithms for early pregnancy problems have been produced to supplement existing guidance. New guidelines include the investigation and management of pregnancies of unknown location / ectopic pregnancy and management following medical miscarriage and retained products of conception.

Summary of Clinical Governance

EPAU has its own guideline booklet for use by medical and nursing staff. The booklet enables nursing staff to see their own patients, by following the set guidelines and is invaluable to junior doctors, especially those new to obstetrics and gynaecology. The guidance is evidence-based in line with current best evidence and national guidelines where available. It covers all aspects of our work and helps to ensure standardisation of high quality patient care. It is currently being revised (3rd edition) to incorporate new developments in keeping with best practice.

We have established an EPAU committee which meets quarterly to 'enable the smooth, safe, effective and efficient running of the service offered by EPAU in keeping with current best practice'. 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.

Developments and Objectives 2006/2007

Developments and objectives include revision of the current EPAU guideline booklet (3rd edition) and the review and updating where necessary of the patient literature. Relevant audits will be conducted to include pregnancy loss management, surgical management of ectopic pregnancy and the impact of the new 'single dose' methotrexate protocol on the management of pregnancies of unknown location.

Outstanding Achievements

Achievements include continued development of pelvic ultrasound in early pregnancy for nursing staff and the substantially more efficient management of medical miscarriage due to training of staff in the administration of vaginal prostaglandins and scanning and discharging patients independently

MENOPAUSE CLINIC

Elaine Stephens Menopause Specialist Nurse & Dr 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 across the West Midlands and outside the region. The majority of women seen at the clinic are those with moderate to severe symptoms, failure to achieve adequate symptom relief with standard treatments or women with relative or absolute contraindications to HRT. The service offers women advice on symptom management and the risks and benefits of HRT use are translated, evaluated and put into context for each individual. Along with the endocrinology department at the QE hospital we are able to assess Bone Mineral Density and offer advice on prevention and treatment of osteoporosis. Women are provided with up to date advice and information and encouraged to make informed choices. Long term advice and supervision of treatment is established with the GP caring for these women in the community.

We are accredited by the college for training in menopause management and train specialist registrars and rotating SHOs. We also take part in the new GP training programme in Women's Health.

Aims & Objectives for 2005/2006

To continue to offer specialist advice to women and other healthcare professionals on the management of symptoms and long term health issues of menopausal women. In addition to our clinical service we continue to ensure the dissemination of specialist knowledge both within the trust and the community setting.

New Roles

We are currently working towards the possible development of a nurse led clinic. The specialist nurses are increasing their skills to incorporate the insertion of Hormone Implants.

Activity

The menopause team consists of Dr Williamson, Associate Specialist and two Specialist Nurses Elaine Stephens and Maureen Bristow. Dr Williamson also works as a breast clinician with a separate trust and runs a screening clinic for patients with a high risk due to a family history of breast cancer. This gives a unique angle to the management of the menopause and as a result many of our referrals are women with a history or family history of breast cancer. The team received 243 new referrals last year and saw 892 follow up visits. We run two clinics per week from the gynaecology OPD.

New patients are seen primarily by the specialist nurses who are responsible for passing on advice and information aiding women to make informed treatment choices. Management plans are constructed and a variety of tests and investigations can be initiated. Many women present with multiple problems and referral to other specialties are not uncommon. The menopause team also provides:

- GP updates, one to one personal development sessions and attendance at clinical sessions are often requested and provided.
- Telephone helpline managed by specialist nurses. The service is used by patients and other health care professionals.
- Production of information leaflets.

- Provision of education for other healthcare professionals outside the trust.
- Maureen Bristow also offers a support and information service to all inpatients of the Trust undergoing hysterectomy; she had over 120 referrals in this year alone.

Achievement of 2005/2006 Objectives

- The planning of patient information evenings for women undergoing hysterectomy within the Trust.
- Delivery of planned education programmes.

Summary of Clinical Governance

- We have received no formal complaints.
- All members of staff attend the British Menopause Society meetings and receive regular updates.
- The West Midlands Menopause Society provides a forum for local policy development. Dr Williamson is responsible for the meeting programmes and Elaine Stephens acts as administrator for the society.
- The “Liberate” Study continues (a multinational, multicentre, randomized, double-blind, parallel group, placebo controlled, clinical trial to investigate safety and efficacy of Tibolone in women with climacteric symptoms and a history of breast cancer) The first report is due in the spring of 2007
- Our data base continues to monitor our clinical activity.
- We are currently undertaking an audit of quality of information and advice given to menopausal women having hysterectomy within the trust.

Developments and Objectives 2006/2007

- Establishment of patient information evenings.
- Development of a nurse led clinic
- Undertaking of training of specialist nurses to perform hormone implants.

Outstanding Achievements

Dr Williamson is a member of the writing group associated with the BMS consensus statement. She is a member of the British Menopause Society council.

Elaine Stephens has recently been elected to join the British Menopause Society council.

MINIMAL ACCESS SURGERY

Professor Janesh K Gupta, Honorary Consultant Obstetrician & Gynaecologist

Specialty/Service

The minimal access service receives referrals from across the West Midlands and has seen an increase in referrals from outside the region. These are primarily for level III procedures, which include hysteroscopic removal of uterine fibroids and laparoscopic management of tubal and ovarian disorders, fibroids and advanced endometriosis.

The majority of procedures that we carry out in the RAAD clinic are diagnostic but recently, the outpatient local anaesthetic treatment of endometrial polyps and excision of sub-mucous uterine fibroids has been pioneered in the RAAD clinic.

Aims & Objectives for 2005/2006

Recent government publications are recognising the potential of developing outpatient interventional services to help meet health care delivery targets. These include increasing the range, access and quality of services, improving patient choice and experience, making progress in high priority areas (e.g. cancer) and developing the capacity to deliver these plans. Thus in the context of strategic planning in gynaecology, outpatient hysteroscopic services are becoming increasingly prominent.

New Roles

The appointment of a General Practitioner with a special interest in Women's Health in August 2005 has further reinforced the Trust's commitment for ambulatory services. We have introduced a nurse led service for women with postmenopausal bleeding which has reduced the number of inpatient general anaesthetic endometrial biopsy cases.

Activity

Our RAAD clinic development of outpatient local anaesthetic treatment for uterine pathology has led to a decrease in daycase/inpatient workload. This has meant a reduction in costs with a transfer of patients to the outpatient see and treat set-up. We performed just over 140 local anaesthetic Thermachoice endometrial ablations to date. We have now expanded this service to all consultants to refer to this clinic.

More recently the addition of hysteroscopic tubal occlusion methods (ESSURE) has been successfully implemented in this clinic. We have done over 100 cases so far and have been highly successful and well accepted by the patients.

Patients referred for laparoscopic management have inevitably been treated in other hospitals, and have been referred for their complexity requiring advanced procedures. Their outpatient consultation, and if necessary, surgery time is over and above that of normal referrals as they require a multidisciplinary team approach to their management.

Achievements of 2005/2006 Objectives

- GP training completed for Dr Eki Sangha
- Establishment of another consultant post in Unit
- Introduction of a nurse led clinic for women with postmenopausal bleeding

Summary of Clinical Governance

Evidence based referral protocols have been established for the RAAD clinic, and have been implemented to a high standard. This protocol has been published in scientific Journals. In an audit done on patient satisfaction of 428 patients, 90% would have hysteroscopy done in the outpatient setting again, with 10% requesting it to be done under general anaesthetic in the future. There are ongoing trials which include chronic pain management, the LUNA trial which has now completed and closed to recruitment; and the ELITE trial for endometriosis which are definitive trials for providing evidence for future practice. There are also interdisciplinary collaborations with the Cancer Genetics department looking into the basic science and genetics preponderance of heavy periods, fibroids and endometriosis.

Developments and Objectives 2006/2007

- Expanding the therapeutic aspects of the One-Stop See & Treat clinic.
- Transferring over 50% of current inpatient hysteroscopy D&C procedures to the outpatient setting.
- Performing up to 30% of inpatient laparoscopic sterilisation procedures as hysteroscopic ESSURE sterilisation procedures.

Outstanding Achievements

Professor Gupta is the principal investigator for a HTA funded grant to carry out a randomised controlled trial to assess the effects of the Mirena coil in women with menorrhagia in the primary care setting (November 2004 for 5 years at £1.2 million).

PAEDIATRIC & ADOLESCENT GYNAECOLOGY SERVICE

Susan Blunt, Consultant Obstetrician & Gynaecologist

Specialty/Service

The Paediatric and Adolescent Gynaecology Clinic is now in its tenth year and it is continuing to meet the unique and special needs of girls under 16 with a wide and interesting range of chromosomal, hormonal and other gynaecologically related problems. Fewer than 40% of the referrals are tertiary - from other consultant gynaecologist within the region and consultant paediatricians from the Children's Hospital.

The combined surgical, endocrine, genetic clinic now meets every two months at the Children's Hospital with a multi-disciplinary meeting held before-hand.

The paediatric and adolescent clinic at the Women's Hospital is consultant run and provides a superb teaching/training opportunity for not only our own junior staff but also those from other Trusts.

Aims & Objectives

1. Provide a local and regional referral service for complex paediatric/adolescent gynaecology problems.
2. Support/liaise with the Birmingham Children's Hospital Consultants.

Activity

1. Consultant run clinic alternate weeks 5 new, 9 follow-ups
2. Combined surgery/endocrine/genetic clinic every 2 months at Birmingham Children's Hospital - with multidisciplinary meeting held before hand.

CLINICAL IMPROVEMENT GROUP QUALITY INDICATORS

Directorate name: Women's Services - Gynaecology
Form completed by: Jacky Cotton
Job Title: Head of Nursing
Date: 5th August 2006
Period covered by this form: 1st April 2005 – 31st March 2006

Quality item	Response			
Incident reports				
Number of incidents reported		Clinical	Non Clinical	Total
High risk (15- 25)	0	0	0	
Significant Risk (9-14)	17	6	23	
Moderate Risk (4 - 8)	91	34	125	
Low Risk (1- 3)	16	11	27	
Not scored	80	26	106	
Total	204	77	281	
	51	20	71	
Incident reporting developed further during 2005-06 to include reports from laboratories relating to mislabeled specimens and more accurate recording of trigger factors eg pressure sores, emergency readmissions, complications requiring transfer of patient out of Trust. Numbers of these are not included here as this developed during the year.				

Adverse Health care event¹ (Patient Safety Incident)	Significant Risk
List new adverse health care events	<ol style="list-style-type: none"> 1. Diathermy plate not applied to surgical patient before surgical drapes applied. ODP rectified this but under drapes, resulting in incomplete contact. 2. Patient admitted with ?ectopic pregnancy. Patient pain free when reviewed by consultant who requested further tests to confirm diagnosis. SHO discharged patient before further consultant review. Patient readmitted next day with ruptured ectopic. 3. Perforation of common iliac artery during diagnostic laparoscopy. 4. Incisor tooth displaced during intubation 5. Telephone fell off Patient Bedside TV System and hit patient on head. 6. Patient seen and assessed in EPAU no pain. Discharged home. Readmitted in afternoon to Solihull Hospital with ruptured ectopic. 7. Patient sustained diathermy burn to anterior aspect left thigh during surgery. Diathermy scissors removed from abdomen and rested on abdomen 8. Patient suffered anaphylactic reaction to augmentin in anaesthetic room. 9. Patient for LAVH and BSO sustained damage to external iliac artery.
Summarise changes in practice resulting from adverse healthcare events	<ol style="list-style-type: none"> 1. Error caused by recent change in practice - Megadyne diathermy sheets not used now for patients undergoing therapeutic laparoscopies. Staff reminded of need to apply diathermy plates for these patients. 2. Nursing staff reminded of need to involve consultant if not happy with junior doctors' decisions. Examining consultant input into supervising SHOs discharging patients. Lessons from recent RCA undertaken in Maternity Services to be transferred to gynae. 3. Full investigation showed complication appropriately managed. SPR undertaking laparoscopy competent to do procedure unsupervised. 4. No changes in practice required. Patient had gum disease. 5. TV moved from over patient's head and advice given about replacing handset. 6. None required. Managed appropriately. Had assessment as inpatient – asymptomatic with no indication for laparoscopy. 7. Junior doctor was assisting consultant. Reminded by consultant of correct procedure for using diathermy 8. Allergy not known. Resuscitated successfully and transferred to ITU Selly Oak. 9. Appropriately managed. Vascular surgeons called in to repair and graft vessel. Transferred to ITU Selly Oak
Health Care Near misses² (No Harm Patient Safety Incident)	
List new health care near misses	<ol style="list-style-type: none"> 1. Patient reviewed by SPR in theatre – for ERPC for missed miscarriage then anaesthetised. SPR then noticed treatment did not follow guidelines. Sought advice, procedure abandoned. Rescanned in 10 days. No change – ERPC required. 2. Whilst using trocar and sheath in laparoscopy, old dried blood came out of sheath. 3. Steel ball became dislodged from 10mm port during LAVH – found in patient's umbilicus. Equipment malfunctioned. 4. Patient prescribed bisocodyl tablets TTOs. Pharmacy dispensed bisoprolol. Proceeded to formal complaint. 5. Blood not available for patient for theatre as specimen had been discarded by lab due to mislabeling. Clinical area not informed so unable to rectify situation (RR9)

Summarise changes in practice resulting from health care near misses	<ol style="list-style-type: none"> 1. Need for staff to use guidelines. Guidelines being reviewed by EPAU staff. 2. Performance issue raised with Synergy who dealt with individual staff involved. Consequences of failure of quality control stressed. 3. Port replaced in set and sent away for repair and checking. 4. Pharmacy computer database amended to prevent recurrence. Pharmacy staff reminded of need to be vigilant with checking procedures. 5. Meeting arranged with haematology manager, and professional leads for Maternity services and Gynaecology to agree process to inform clinical areas if lab cannot process specimen.
Patient Feedback	
Key items of patient feedback	<p>Feedback through PALS / Matrons:</p> <ol style="list-style-type: none"> 1. Difficulties in contacting booking office by phone to book OP appointment. Patients are given dedicated number but difficulty in getting through. 2. Attitude of junior medical staff 3. Communication from clinical staff about management of care particularly whilst establishing diagnosis for patient seen as emergency referral. 4. Care relating to blood results and wrong test done by City Hospital. 5. Communication – patients not always understanding information given to them. 6. Attitude of night staff 7. Patient unhappy at wait for appointment – stated 6 months – and length of time kept waiting in clinic. Felt doctor did not treat her disabilities sensitively
Summarise changes in practice resulting from patient feedback	<ol style="list-style-type: none"> 1. Review of booking office working processes in both Obstetrics and gynaecology booking office. Implementing queuing system on phone line. 2. Discussion with Matron about individual issues raised by patients and fed back to staff. 3. Discussion with Matron about individual issues raised by patients and fed back to staff. 4. No changes required in practice. Explanations given to patient 5. Need for increased staff awareness to check information is given in appropriate format. 6. Matron working through issues with night staff and PALS. Rotation to days being implemented fully. 7. Issues investigated with doctor. Doctor had recognised her disabilities and felt he had handled it appropriately. Apologies given for patient's perception.
Complaints	
List new complaints (1 sentence summaries)	<p>13 new Complaints compared with 22 in 2004/05</p> <ol style="list-style-type: none"> 1. Problems about bed being available at UHB for patient with significant co-morbidity. 2. Daughter dissatisfied about care of her mother following reaction to morphine following hysterectomy. 3. Developed recto-vaginal fistula following vaginal hysterectomy. 4. Major complication – perforation of artery during diagnostic laparoscopy. Questioned discussion of risks preop. (see Adverse Health Care event above) 5. Dissatisfied with consultant attitude and the action taken after discussion with consultant's secretary. Developed post operative haemorrhage in recovery. Many other issues with aspects of care. 6. In patient on several occasions with hyperemesis. Delay in being seen on ward 8 as emergency admission on two occasions. DVT diagnosed after discharge. 7. Alleged delay in referral of patient to UHB.

	<ol style="list-style-type: none"> 8. Delay in obtaining TTOs. Patient dispensed wrong tablets from Pharmacy as TTOs Bisoprolol instead of Bisacodyl 9. Care following miscarriage. Discharged home then readmitted to Selly Oak A&E where she miscarried. Transferred back to BWH. 10. Patient unable to get through to Booking Office to make appointment for Colposcopy. 11. Patient unhappy with consultant attitude about need to lose weight. 12. Error in booking patient onto list for Fenton's operation when consultant was away. Consultant planned to do surgery. Patient not satisfied with registrar doing surgery. 13. Concerns raised about radiology, gynaecology and maternity care. Patient self presented as an emergency at hospital in night on advice of GP and was redirected to Selly Oak A&E. Felt should have been seen here
Number of complaints in progress	0
Summarise changes in practice resulting from complaints (numbering relates to numbering of complaint)	<ol style="list-style-type: none"> 1. Full explanation given. No changes in practice at BWH required. 2. Full explanation given about appropriate management. 3. Full explanation given. No changes in practice at BWH required. 4. Full explanation given. Complication managed appropriately. 5. Explanation as to why action was taken. Explanation about care whilst inpatient. 6. Full explanation given and apologies for delay. SHO had competing clinical commitments. TED Stockings now being fitted on all patients admitted with hyperemesis. 7. No delay in referral. No changes in practice at BWH required. 8. Apologies given for delay. Details of tablets changed on pharmacy computer system to prevent future error. 9. Full explanation as to why sent to Selly Oak. Dr aware to ask for additional information when discussing referrals with ambulance personnel. Care regarding fetus following miscarriage in accordance with mother's wishes at time. 10. Full explanation apologies given. Problem identified with new voicemail system going live. Problem rectified by engineers. 11. Explanation given about need for consultant to stress importance of weight loss. 12. Error by Waiting List Manager. Consultant had informed of absence last year – details not transferred to new diary when available. Apologies given and new date arranged. 13. Full explanation as to why sent to Selly Oak. Nursing staff reminded of need to explain fully to patients why they are being redirected.
Claims	
List new claims (1 sentence summaries)	<p>3</p> <ul style="list-style-type: none"> • Removal of tissue from outer left labia rather than inner left labia. Previous complaint • Alleged mismanagement of miscarriage resulting in development of abscess which led to oophorectomy • Allegations around failure and/or delay to remove ovarian cyst and failure to monitor growth of cyst postnatally.
Number of claims in progress	11
List claims completed	<p>7</p> <ul style="list-style-type: none"> • Failure to remove contraceptive device. Resultant neurological damage. Payment out of court • Complication at sterilisation resulting in damage to bowel Claim not pursued. • Alleged failure to diagnose cancer of cervix Claim not pursued.

	<ul style="list-style-type: none"> • Removal of fallopian tube which showed pathology (hydrosalpinx) . Ectopic pregnancy present in other tube. No payment made. • Part of latex drape left in vagina after surgical procedure. Payment made before proceeding. • Alleged failure to diagnose bladder cancer – payment made after court proceedings issued. • Patient aware of procedure whilst anaesthetised – payment made before court proceedings issued.
Summarise changes in practice resulting from claims	No recommendations received.
Clinical Audit	
Titles of Standards implemented	None
Titles of Guidelines/Protocols implemented	Use of entonox for women undergoing medical management of miscarriage Guidelines for the Prevention and treatment of Pressure Ulcers
Titles of audits in core audit programme	Core audit Programme agreed with consultants and process agreed for involvement of junior medical staff. <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 These 5 audits will be generic with Maternity Services. <ol style="list-style-type: none"> 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. Outcomes of Hysteroscopic Sterilisation 12. Discharge Planning 13. Oncology Audits – Clinical Performance Indicators 14. Colposcopy Audits – QA Standards 15. ACU audits – HFEA requirements
Titles of Audits completed	<ul style="list-style-type: none"> • Day Case Pain relief • Wound surveillance for TAH • Compliance with consent policy • Discharge Planning • Standards of Record Keeping • Cancellation on day of surgery
Summarise changes in practice resulting from the completed audits	<ul style="list-style-type: none"> • Dissemination of results to remind staff of need to improve standards of record keeping e.g.: <ul style="list-style-type: none"> • Use of stamp / printing name • Timing of entries • Use of only abbreviations agreed by Trust • Initialing / dating alterations
Integrated Care Pathways	
Please list ICPs already implemented	Day case Surgery
List ICPs in development and target implementation date	<ul style="list-style-type: none"> • Continence service - extended pilot of documentation to April. • EPAU – Documentation to be reviewed further • Menopause – Documentation being piloted • Major Elective Abdominal surgery – draft documentation to be piloted May 06 for preoperative care. • Endometriosis – pathway drawn up – out for consultation
List barriers or problems experienced in implementing ICPs	<ul style="list-style-type: none"> • Concerns about continued rate of progress if ICP Co-ordinator post does not continue. <ul style="list-style-type: none"> • Concerns about size and cost of paperwork ?additional resources required for printing and storage. Under review by Directorate and Medical Records Committee..
Directorate Specific:	

Clinical Indicators	
OPD – number of patients seen: (Sample size = 1222) within 30 mins 30-60 mins > 60 mins	Data not available from Informatics for whole year. Need for data collection currently under review.
Number of Operations	4143 (Q1 873 Q2 1075 Q3 1044 Q4 1151)
Number of Elective Operations	3532 (Q1 744 Q2 920 Q3 885 Q4 983)
Number of Emergency Operations	611 (Q1 129 Q2 155 Q3 159 Q4 168)
Timing of Emergency Operations (NCEPOD Classification)	<p style="text-align: right;">Total</p> <p>Day 08.00-17.59 = 315 (53.1%) Weekend = 46 (7.8%) BH = 6 (1.0%) Evening 18.00-20.59 = 181 (30.5%) Weekend = 5 (0.8%) 21.00-23.59 = 33 (5.6%) = 3 (0.5%) Night 00.00 – 07.59 = 4 (0.7%) Weekend = 0</p> <p>Some cases did not have time recorded so could not be included. Reasons for 4 cases at night include:</p> <ul style="list-style-type: none"> • Laparoscopic left salpingectomy for ectopic pregnancy at 06.43 • Laparoscopy for ectopic pregnancy at 00.10 • Evacuation of uterus at 06.36. Patient miscarried fetus during night at 15/40. Bled heavily. Unable to remove products and placenta from os on ward. Hb dropped 2 g from admission. • Laparoscopic left salpingectomy – went into theatre at 01.55. Planned to operate next day on elective list but developed pain and Hb dropped 2g/dL so operation brought forward.
Number of Patients cancelled on day of surgery	<p>43 33 x sessions over-ran due to previous patients operations taking longer than anticipated.</p> <p>6 x as emergency case had to be accommodated within elective theatre list due to clinical condition 1 x Surgeon was off sick 1 x List interrupted by patient returning to theatre 1 x Surgical complication with a previous patient. 1 x Theatre staff required in another theatre so list had to finish early</p>
Number of Last minute cancellations	0
Number of Patients cancelled on day of surgery / last minute rebooked within 28 days	<p>41 2 patients offered date within 28 days but chose own date outside this.</p>
Number of returns to theatre	<p>16</p> <ul style="list-style-type: none"> • 6 x Re-evacuation of Retained Products of conception Different doctors involved in initial operation. All re-evacs done by consultants. • 1 x resuturing of vagina by consultant following Fenton’s operation • 1 x Repair of incisional hernia by consultant • 1 x Bladder washout and diathermy to bladder following cystoscopy and bladder biopsy. Both operations undertaken by consultant. • 1 patient returned to theatre twice. Initial operation by consultant: hysteroscopy, D&C & labial reduction. Required resuturing of wound 5 days later by consultant. 2nd return was for resuturing again by different consultant. • 1 x resuturing of abdominal wound following TAH/BSO and removal of pelvic lymph nodes. • 1 patient returned to theatre for resuturing of dehisced wound. • 3 x patient bled post-operatively following TAH – all operated on by different consultants.
Number of deaths	4 patients suffering with gynae oncology in for terminal care.

Unplanned readmission rates within 28 days after surgery – Benchmark 5.28%	4.62% However this figure fluctuated during the year, reaching 7.12% for November so all 23 readmissions in November audited. Several readmissions inappropriately categorised so should not have shown in figures (eg 1 patient duplicated so showed as 2 readmissions; 5 x Planned admissions for TWOCs not put on waiting list but as emergency admissions) Readmissions will be audited regularly depending on the figures to ensure action taken has been effective.
Unplanned overnight stay rate Benchmark 5%	13.86% Whilst still over the national average, there was a downward trend over the last 2 quarters of the year. This is now being examined and reported to Trust Board in monthly Performance Report.
Number of wound infections	Site specific surveillance for hysterectomy patients not undertaken this year.
Number of new MRSA cases	0 cases of MRSA bacteraemia 11 new MRSA isolates 5 acquired outside the hospital: (1 x Ward 7; 2 x Ward 8; 1 x GOPD; 1 x Ward 5; 1 x Urogynae clinic; 3 x Pre -op assessment) 1 acquired within hospital (Ward 7) 1 uncertain origin (Ward 8)
Number of new pressure sores	7 5 x Grade 2 on sacrum. All patients nursed on pressure relieving mattresses. 1 x patient on Delivery suite - grade 1 superficial pressure damage to buttocks 1 x patient suffering with OHS who developed pelvic abscess. Required nutritional support via N/G feeding. Developed Grade 2 pressure ulcer on sacrum. NICE clinical guideline no 29 reviewed at Gynae / ACU CIG. Action Plan produced Guidelines produced and implemented on wards.
General feedback:	

Trends ✓	
Please list trends in items reported on this form	
1. Which are cause for concern	<ul style="list-style-type: none"> • Number of patients cancelled on day of surgery • High readmission rate 28 days following surgery for some months. • Issues relating to discarding of mislabeled specimens without informing clinical areas. • Problem areas identified in record keeping audit similar to previous audit.
2. Which are cause for optimism	<ul style="list-style-type: none"> • Marked decrease in number of formal complaints • Downward trend in rate of unplanned overnight stay of day cases. • Progress in work undertaken by nursing staff in implementing Essence of Care through Practice Development group Record keeping module now in progress. • Progress in work undertaken for EPAU ICP – now looking at documentation. • Progress in work undertaken for Major elective ICP – now looking at documentation. Day case documentation audited very well in record keeping audits. Principles to be transferred to Major elective. • Low number of new cases of MRSA isolates originating internally. • Introduction & Timing of Gynae / ACU CIG enables this report to be reviewed within Directorate before being presented at Trust CIG. • Robust system for reviewing Confidential Enquiries / NICE Guidance through Gynae/ACU CIG • Majority of emergency operations undertaken within day hours.
Please make general comments about quality issues, initiatives in the Programme	<ul style="list-style-type: none"> • Wide range of aspects of care examined for women through care pathways. • Patient Information leaflets produced by EIDO introduced for up to 10 procedures across Maternity and Gynaecology. • Preprinted labels of risks for consent for certain procedures to be reviewed in line with new guidance from RCOG. • Review of incident reports within Directorate enables trends to be identified • Majority of emergency operations undertaken within day hours. • No new internal cases of MRSA in quarter. • Reduction in number of formal complaints • Several guidelines under review in line with national guidance. • New guidelines being developed in response to NPSA Safety Alerts including: <ul style="list-style-type: none"> • Correct Surgery Site Identification • Correct Identification of patients and using only 1 wristband
Sharing Best practice	
Give examples of best practice which you think would be useful to others	<ul style="list-style-type: none"> • Work undertaken on Essence of Care and Patient involvement. Linking in to other initiatives to prevent duplication of work • Work undertaken implementing national guidance.

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.

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 ICSI.

Couples are referred to the Assisted Conception Unit following diagnosis of infertility/sub-fertility. They are assigned to treatment groups according to their needs, whether it is ovulation induction, or whether they require a more complex treatment such as in vitro fertilisation, intracytoplasmic sperm injection, or donated eggs/sperm. Our highly experienced nursing team inform and support couples throughout their treatment, and we offer the services of an independent counsellor.

In addition to treating infertility, we carry out semen analyses to support the process of diagnosing infertility, and offer a sperm egg and embryo banking service for patients undergoing treatment, such as chemo or radiotherapy, which may affect their fertility.

Aims & Objectives for 2005/2006

- To improve our ability to compete in the private market by commissioning new literature, a new website, and by active marketing, and by improving clinical outcomes by developing the new GMP laboratory facilities with all associated changes to working practice, and introducing an ISO type quality system.
- The clinical results should be improved by the introduction of the new laboratory, and commissioning this facility will introduce the main elements of the quality system.

New Roles

Dr Paul Knaggs, formerly the laboratory manager for embryology, has now assumed responsibility for both the embryology and andrology laboratories, and our clinical scientists now rotate between these labs, thus maximising the use of their skills, as well as adding to their development and experience.

Activity

In 2005/06 the Unit carried out 265 cycles of IVF, 315 cycles of ICSI, 120 frozen embryo transfers and 89 cycles of donor insemination. All laboratory work must be carried out by state registered clinical scientists with a certificate in embryology, and all the work of the Unit is regulated by the Human Fertilisation and Embryology Authority. In addition, from spring 2007 the unit will also be governed by the European Cells and Tissues Directive, which will not only require ultra clean culture conditions, but the use of a quality system and traceability mechanisms for all gametes and embryos.

Treatment Results 1st January – 31st December 2005

	IVF	ICSI	Frozen Embryo Transfer	Donor Insemination	AIH
Treatment cycles	315	265	120	89	69
Egg Collections	280	230	-	-	
Embryo transfers	260	217	109	-	
Pregnancy rate per cycle	24%	28%	24%	19%	24%
Pregnancy rate per egg collection	27%	30%	-	-	-
Pregnancy rate per embryo transfer	32%	34%	27%	-	-

Achievement of 2005/2006 Objectives

Our new laboratory was opened by the Chairman of the Trust in June, and is the most advanced facility for gamete and embryo culture in the Midlands. Work on the quality system has begun, but the recruitment of the quality manager by the University is still in progress.

Our patient literature has been upgraded as part of our marketing initiative, and a new web site is in development

Summary of Clinical Governance

- The Human Fertilisation and Embryology Authority have released their proposed new standards for assisted conception and, although these are still in draft form, the unit is taking steps towards compliance, particularly in the introduction of a quality system.
- Clinical outcomes continue to be closely audited and the impact of changes in practice such as the introduction of the new lab, are followed in detail.
- The NICE guidelines on infertility have led to a number of complaints from patients, where funding has been refused by PCTs whose criteria are more restrictive than the guidelines, and it has been necessary to educate patients as to the source of funding, and where to direct their grievances.
- The report of our annual inspection by the HFEA was again a positive one, with no conditions or additional requirements, and we are one of the centres about which the HFEA has received no complaints.

Developments and Objectives 2006/2007

Full implementation of the quality system will be complete by end quarter 4, including hyperlinked document database to include version and copy control. The new website should be active and an audit completed of the impact of clean room working on the outcome of embryo transfer. The requirements of the EU cells and tissues directive will need to be implemented.

Outstanding Achievements

The Unit has commissioned the new clean room/lab, one of only two in the country. Dr Avery and Dr Knaggs lead a national workshop on Quality Management in IVF. The team has coped admirably with staffing cuts, and Dr Kirkman-Brown has contributed to the UK Stem Cell Initiative at the highest level.

ANAESTHETICS

A D Wilkey, Consultant Anaesthetist

Specialty/Service

9 substantive consultants provide obstetric anaesthetic cover, 6 of whom together with a further 5 consultants also anaesthetise for gynaecology lists. Four SpRs plus one SHO are usually attached to an obstetric anaesthetic training module. New SHOs will start their training in gynaecology theatres and undergo their initial competency based assessment.

The acute pain service continues its excellent work in both obstetrics and gynaecology. This is managed by a consultant anaesthetist and a clinical nurse specialist, Sister Pam Snell.

Aims & Objectives for 2005/2006

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 and the postoperative pain service, see attached tables.

The epidural rate (20.6%) has remained stable over the last 3 years after a period of decline and the satisfaction rates are broadly maintained. The dural tap rate is lower and is now below the RCA guideline. The regional rate for C/S has declined somewhat and the post spinal headache rate has decreased. Rates for conversion of spinal to GA remain higher than recommended. Anaesthesia for placental laser ablation has shown a further increase. There was 1 case of failed intubation this year which was managed successfully and no cases of awareness. Rates of nausea and vomiting after general anaesthesia have improved.

The HDU has maintained its activity. The acute pain service continues to run the successful self medication after caesarean section (SMACS) programme and perform invaluable audits.

Statistical Data

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

	2003-4	2004-5	2005-6
No of deliveries	6420	6545	6747
Labour epidurals (no.)	990	1097	1126
Labour CSEs (no.)	144	140	114
Uptake Rate	20.0%	21.3%	20.6%
Primigravidae	64.1%	67.9%	69.1%
Multigravidae	35.9%	32.1%	30.8%

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

Mode of delivery	% satisfied	% helped	% late	% failed	% unknown
Spontaneous	68.9 (71.6)	11.3 (9.5)	6.8 (5.3)	3.8 (6.3)	9.2 (7.4)
Straight forceps	87.9 (83.3)	5.5 (10.7)	1.1 (0.6)	1.7 (1.8)	3.8 (3.6)
Rotational forceps	96.8 (88.0)	3.2 (4.0)	0 (0)	0 (0)	0 (8.0)
Ventouse	79.9 (82.1)	10.1 (6.5)	1.2 (4.2)	1.8 (1.8)	7.1 (5.4)
Breech	0 (75.0)	0 (25.0)	0 (0)	0 (0)	0 (0)
Multiple	78.6 (100)	21.4 (0)	0 (0)	0 (0)	0 (0)
C/S epidural	89.7 (92.3)	9.3 (6.7)	0 (0)	0.3 (0.7)	0.6 (0.3)
C/S GA	50.8 (61.9)	27.7 (19.0)	9.2 (4.8)	10.8(11.9)	1.5 (2.4)
C/S Spinal	56.8 (25.9)	22.7(33.3)	0 (0)	13.6(40.7)	6.8 (0)
Spinal delivery	50 (0)	41.7(42.9)	0 (0)	8.3 (57.1)	0 (0)

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

Mode of delivery	All mothers - no.s	%	Primig %
Spontaneous	430 (475)	34.1 (38.4)	22.1 (30.1)
Straight Forceps	183 (168)	14.5 (13.6)	18.5 (17.2)
Rotational forceps	32 (25)	2.5 (2.0)	2.3 (2.6)
Ventouse	170 (168)	13.5 (13.6)	15.9 (14.0)
Breech	0 (4)	0 (0.3)	0 (0.1)
Multiple	14 (20)	1.1 (1.6)	0.8 (0.8)
C/S epidural	313 (298)	24.8 (24.1)	30.1(28.2)
C/S GA	64 (42)	5.1 (3.4)	5.6 (3.4)
C/S Spinal	44 (27)	3.5 (2.2)	3.6 (3.0)
Total C/S	421 (367)	33.4 (29.7)	39.3 (34.6)
Spinal delivery	12 (17)	1.0 (0.8)	1.2 (0.6)

Table 4. Postdural puncture headache

	2003/4	2004/5	2005/6
Inadvertent taps	15 (1.3%)	14 (1.1%)	9 (0.7%)
Blood patches	6 (0.5%)	6 (0.5%)	7 (0.5%)
Post spinal headaches	2 (0.2%)	12 (1%)	13 (0.9%)
Blood patches	1 (0.1%)	7 (0.58%)	5 (0.3%)

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

	Epidural	CSE	Spinal	GA
C/S	7 (10)	50 (47)	980 (972)	245 (202)
Labour	1126 (1097)	114 (140)		
IUD labour	4 (7)	0 (0)		
Delivery			75 (64)	
MROP			74 (41)	9 (15)
ERPC				7 (8)
Cx suture			26 (21)	4 (10)
Repair tear			117 (73)	4 (8)
Post C/S bleed				4 (12)
Laser ablation		0 (1)	19 (13)	
Other	2 (0)	1 (0)	15 (18)	7 (7)

Table 6. Postoperative nausea and vomiting rates after general anaesthesia

	2003/4	2004/5	2005/6
Elective C/S	20%	18.1%	16.2%
Em not in lab C/S	25.8%	21%	11.1%
Em in labour	18.2%	14.3%	7.1%
Epid to GA for C/S	2.6%	4.5%	3.6%

Table 7. Mode of anaesthesia for caesarean section

Category	Spinal	Epidural	CSE	General Anaesthesia	Total	% Regional		
						03-04	04-05	05-06
Elective	505	6	31	37	579	91.8	94.4	93.6
Emerg nil	106	1	19	27	153	78.6	88.1	82.4
Emerg il	369	275	39	181	864	80.1	80.7	79.1

Table 8. Failures of regional anaesthesia for caesarean section

Category	2003/4	2004/5	2005/6	RCA Recommended
Epidural		13.6%	16.7%	
Spinals				
Elective	2.1%	1.3%	1.4%	1%
Emerg	2.7%	2%	2.4%	3%

Table 9. Obstetric High Dependency Unit data

	2003/4	2004/5	2005/6
No. of admissions	312	328	313
Reason for admission			
PET	33%	37%	26%
Haemorrhage	35%	31%	
PPH			31%
APH			4%
Cardiovascular		10%	
Cardiac			8%
Hypotension			6%
Renal		3%	
Length of Stay			
0-24 hrs	44%	53%	52%
24-48 hrs	36%	33%	29%
48 hrs +	20%	14%	19%
Monitoring			
Non-invasive	66%	71%	72%
Arterial line		21%	27%
CVP line		2%	6%
Transfers to ITU	9 (3%)	9 (2%)	11 (3.5%)

Achievements of 2005/2006 Objectives

We have appointed a further consultant anaesthetist to improve our obstetric anaesthetic cover.

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. The acute pain nurse follows up most gynaecology in-patients and clinical problems are reported back to the medical staff.
- A number of incident reports relating to anaesthesia have been processed although none have required any major change in procedure this year.
- We have yet to secure funding to purchase ultrasound guidance equipment for CVP line insertion to fulfil this NICE requirement. We have reviewed our practice in light of recent guidelines on caesarean section.
- Audits performed included use of patient controlled epidural analgesia, postoperative analgesia in recovery, maternal reasons in epidural uptake and post operative monitoring and observations. Changes resultant from these include an increase in morphine dose given to mothers in recovery and a major review of our postoperative charts and monitoring procedures.

Developments and Objectives 2006/2007

We intend to increase our use of patient controlled epidural analgesia during labour, to develop a new anaesthetic sheet and produce a new database to aid collection of our daily audit and production of reports.

Outstanding Achievements

Dr Griselda Cooper is a vice president of the Royal College of Anaesthetists and has been awarded an OBE for services to medicine in Birmingham. Dr Cooper is also a co-author of a poster presentation that won first prize at the Obstetric Anaesthetists meeting.

CLINICAL GENETICS

Helen Cox, Consultant Geneticist

Specialty/Service

General, cancer and specialised multidisciplinary clinics for families with genetic disorders

We provide clinical genetics services to the 5.3 million residents of our region. We aim to meet the needs of individual patients and families with genetic disorders by providing diagnosis, information, risk estimation, genetic counselling, management and support through a family based diagnostic approach and specialised counselling. A duty team handles urgent referrals and telephone queries to support the work of health professionals. 50% of our referrals are now for a family history of cancer, yet referrals are received from more than 20 different specialties. Joint clinics or meetings are held with around 20 different subspecialties, and we remain committed to seeing the majority of patients in their local hospital.

Aims & Objectives for 2005/2006

Whilst continuing to provide genetic services to meet the existing demand (that continues to rise, most notably for cancer genetics), DoH funded projects have raised awareness of disorders that present to mainstream medical specialties where clinical genetics can make an important contribution. Endocrine, Renal and Cardiac services have set up new joint clinics to meet the needs of affected patients.

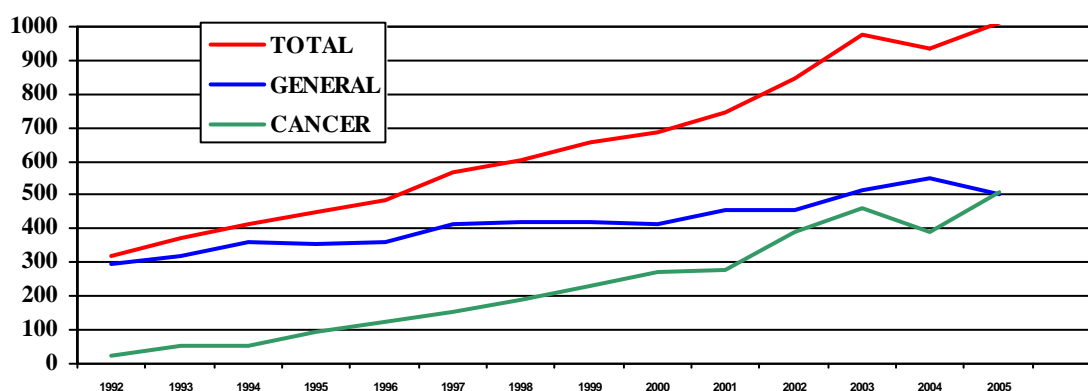
New Roles

We will support the work of the national screening program for cystic fibrosis. There is increasing recognition of the need for nursing staff with expert knowledge of genetic contributions to common disorders (e.g. cardiac genetics). DoH funding has allowed us to develop and evaluate these roles.

Activity

Around 5,200 new referrals were received last year. Each referral may lead to assessment and counselling of multiple family members as many referrals are for inherited disorders. Services are currently delivered by 13 consultant geneticists (9.7 WTE) each working with 1-4 genetic counsellors. Each staff member has their own areas of expertise and special interest. This diversity allows us to respond to new developments and the resultant pressures on our service. Strong links with our academic department and colleagues in the U.K and the international genetic community allow the most up to date knowledge to inform the management of patients from all communities across the West Midlands.

Figure showing trends in referral rates to genetic services (Courtesy of the South West Britain SWOB consortium, that includes West Midlands Regional Clinical Genetics service)



Cancer = general overall but differs between centres

Dip due to Cardiff absence last year

General impression that referrals are flattening out, cancer may be reducing in established centres

Achievement of 2005/2006 Objectives

New joint clinics (Marfan, Intersex and Paediatric Cardiac) now run regularly. Expanded services to Birmingham Children's Hospital aim for a consultant on site most days. The DoH project has increased referral numbers, demonstrating raised awareness of genetic services in adult medicine through the work of newly-trained staff. Roll out WMFACS to North Birmingham complete, but delayed by staff shortage.

Summary of Clinical Governance

High-throughput genetic testing for BRCA has improved turnaround time to give patients results quickly.

Care pathways are under development for cardiac genetic and VHL families.

Audits looking at working practices relating to haemoglobinopathies, ovarian cancer screening, North Birmingham cancer genetic referrals and uptake of recommendation to refer patients with abnormal cytogenetic results have informed the way in which we approach our work with other disciplines to maximise efficiency. Audit of genetic testing for Duchenne muscular dystrophy and X-linked Mental Retardation families clearly shows how the benefits of new genetic tests extend to families referred in the past. A significant investment of staff time and money for testing is needed to deliver these benefits.

1 complaint relates to a possible breach in confidentiality, 1 to inadequate genetic advice being offered in the past and 1 to a letter going to an old address. Each case received a written response.

Research-see below.

Developments and Objectives 2006/2007

Secure funding to continue DoH project work. Recruit new cancer geneticist and admin support. Consolidate and audit the work of new joint clinics. Re-evaluate the working practices of GCs under the leadership of new GC manager, Amanda Barry. Review processes used by admin team with the aim of continuing to increase efficiency of working practices.

Outstanding Achievements

Close collaboration of clinical and academic departments has identified several novel disease genes, to the benefit of families in our region.

Publications listed below.

Clinical Genetics Publications

Trochet D, O'Brien LM, Gozal D, Trang H, Laudier B, Nordenskjold A, **Cole T**, Munnich A, Gaultier C, Lyonnet S, Amiel J (2005). Phox2B Molecular analysis allows for reliable diagnosis of congenital central hypoventilation syndrome and prediction of tumour risk. *Am J Human Genet.* 76;421-426.

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Mitchell G, Antoniou, Warren R et al (2006) Mammographic density and breast cancer risk in BRCA1 and BRCA2 mutation carriers. *Cancer Research* 66; 1866-1872.

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Morgan NV, Pasha S, Johnson CA, Ainsworth JR, Eady RA, Dawood B, **McKeown C**, Trembath RC, Wilde J, Watson SP, **Maher ER**. A germline mutation in BLOC1S3/reduced pigmentation causes a novel variant of Hermansky-Pudlak syndrome (HPS8). *Am J Hum Genet*. 2006 Jan;78(1):160-6.

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NHS NATIONAL GENETICS EDUCATION & DEVELOPMENT CENTRE

Angela Daly, Centre Manager

Specialty/Service

To facilitate the integration of genetics into education and training for non-genetics healthcare staff.

The Centre is working with a range of groups throughout the UK to facilitate the integration of genetics education into all levels of education and training for all NHS health professional groups. Using sound educational theory and practice to underpin all our output, the Centre has been identifying learning needs and skill requirements with the following NHS healthcare professional groups to develop a set of genetic competences relevant to their specific clinical practice. The Centre also works with project developed to integrate genetics into healthcare:

- Nurses, midwives and health visitors
- Medical practitioners including GPs with a special interest in genetics
- Dietitians and multi-professional group of non-genetics healthcare staff

Aims & Objectives for 2005/2006

- Provide leadership in genetics education
- Help to raise the awareness of genetics
- Involve patients and their families in informing all aspects of our work
- Identify the genetics knowledge, skill and attitudes useful for clinical roles
- Develop a framework for competences in genetics
- Facilitate the integration of genetics into curricula and courses
- Identify and develop resources appropriate to the needs of health professionals
- Disseminate learning from service development initiatives in genetics

New Roles

Through its work with projects established to develop models to integrate genetics into healthcare services, the Centre will capture and disseminate the learning and knowledge outputs from the projects, including new roles and job descriptions. These outputs and the competence framework in genetics (under development) will be available for use by NHS staff developing new roles to deliver services.

Activity

The Centre has undertaken assessments of knowledge, skills, attitudes and needs of the professional groups we are currently working with. Although much work is transferable to other groups, our findings show that delivery of genetics education must use examples relevant to particular staff groups.

Genetics education therefore raises challenges for the Centre as we are working with educators across a diverse range of specialties and levels; undergraduate/pre registration, postgraduate/post registration and CPD/practicing specialist. The Centre's strategy is to engage stakeholders who have access to the education networks for their healthcare groups, who acknowledge the relevance of genetics on clinical practice and are willing to engage others to facilitate the integration of genetics education.

The Centre is committed to applying sound educational theory across activities so the methodology adopted to achieve aims must be flexible and respond to the needs of different NHS staff.

Achievement of 2005/2006 Objectives

The Centre website has been updated and revisions will continue as resources are developed. The Centre hosted the first national conference in genetics education. Those providing genetics education to healthcare staff shared resources in a participants' forum. The project with Skills for Health is progressing well. Resources are under development as a result of needs analyses and scoping meetings.

Summary of Clinical Governance

The Centre contributes to clinical quality by ensuring the patients have access to the advances in clinical genetics available now. In addition to carrying out needs analyses to identify the education and resources different healthcare groups identify as clinically relevant for them in current practice, the Centre works with education providers to integrate genetics into undergraduate curricula. The data obtained from specialty relevant educational needs assessments will be written up for publication in relevant journals, and will contribute to the development of a knowledge base of genetics education. The use of clinical scenarios, for example, has been integral to the work of the Centre both in enabling staff to identify how genetics impacts on their roles and also adapted for use across groups of healthcare professional staff as an educational resource. <http://www.geneticseducation.nhs.uk>

Developments and Objectives 2006/2007

- Complete the PPI project to inform Centre strategy.
- Launch and evaluate use of the 'Telling Stories' project.
- Undertake a needs analysis of the nursing competence framework with nurse managers.
- Adapt the scenarios used at the dieticians' event to provide interactive on-line learning resources.
- Pilot the competences developed for non-genetics healthcare professionals in service areas across the UK.

Outstanding Achievements

National conferences were held for genetic educators and dietitians.

Centre staff had 15 posters accepted and gave 17 spoken presentations at national and international events.

The Centre's statement and learning outcomes for GPRs in genetics was accepted by the RCGP for the new GP curriculum.

WEST MIDLANDS REGIONAL GENETICS LABORATORY (WMRGL)

E V Davison, Director West Midlands Regional Genetics Laboratory.

Specialty/Service

West Midlands Regional Genetics Laboratory (WMRGL)

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 over 30,000 samples. The laboratory is divided into specialist areas: Prenatal, Postnatal, 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 tumours.

Aims & Objectives for 2005/2006

The aims of the laboratory this year were focused on delivering the enormous agenda of the Genetics White Paper and the associated investment. In 2003/4 the laboratories had a new investment of £3.7 million aimed at laboratory modernisation, development of new services and to produce the capacity to address the current and future needs for genetic testing of the West Midlands population.

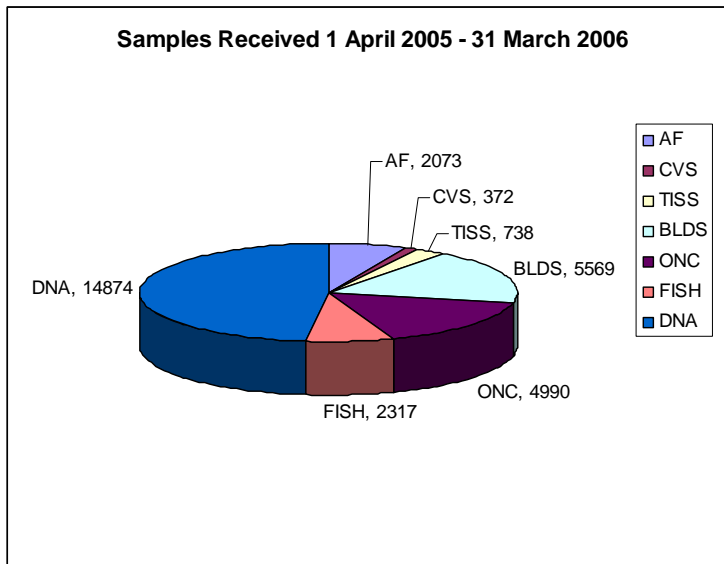
New Roles

The introduction into the laboratory of highly automated technology has led to a redesign of the scientific work force with the successful introduction of Health Care Support Workers. These are completely new roles and are being expanded over the next years into all areas of the laboratory. This has in part compensated for the inability to recruit professionally qualified scientists.

Activity

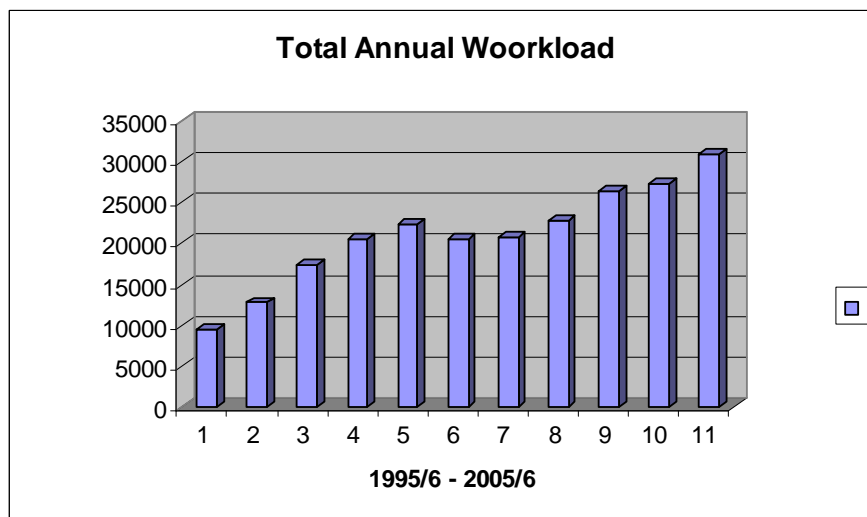
The laboratory processed over 30,000 samples the breakdown of these can be see in Fig 1 and the increase in workload over the last 5 years in Fig 2. There is a steady rise in the number of samples referred. There are two main areas for growth - these are in molecular genetics and oncology. The growth in molecular genetics is primarily due to the roll out of rapid prenatal testing using QF-PCR across the region for all amniotic fluid and CVS samples - this has increased the molecular workload by over 3,000 samples annually. Similarly the use of molecular technology to determine gene fusions and rearrangements in oncology patients has significantly increased the number of samples in the molecular section.

The introduction of new technologies has allowed development of full sequencing of large cancer genes eg BRCA1 and 2 and the introduction of microarray testing which massively increases the resolution of genome screening for disorders such as learning difficulties.



There are in total 100.52 WTE staff within the laboratory, in the following staff groups, representing 123 individuals:

Posts	Numbers
Consultant Clinical Scientist incl. Director	3
Admin & clerical posts	4
Quality Manager	0.6
Business Manager	1
BMS in Cytogenetics	2
MTO3	12
MT02	26.92
MT02 Vacancies	2
MT01	2
Clinical Scientists	47
Total	100.52



Achievement of 2005/2006 Objectives

The achievements revolve around delivering the planned developments, key achievements have been:

- rolling out rapid prenatal diagnosis for patients
- creating a 6 weeks turnaround time for breast cancer gene screening
- introduction of new testing for rare genetic disorders
- extending molecular testing for leukaemia patients
- developing array CGH as a clinical service
- redesigning workforce

Summary of Clinical Governance

Clinical quality standards are firmly embedded in the work of WMRGL. We have a dedicated Quality Manager in post for nearly 3 years 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 2004/5
- has adopted the new NICE standards for prenatal screening and correspondingly changed the service we offer to reflect this guidance.
- has had no formal complaints during 2005-6
- Ongoing research and development of all technologies is integral to the functioning of the laboratory

Developments and Objectives 2006/2007

A development plan for the next two years has been agreed with the main objectives to see the expansion of the services into other areas of the UK.

The services which will be targeted are:

- microarray analysis for patients with learning difficulties
- extension of molecular tests for oncology patients
- introduction of new genetic tests for rare disorders
- automated karyotyping for routine cases

Outstanding Achievements

The White Paper plan has shown innovation in all areas of the department. Staff have delivered over 40 presentations throughout the world and there have been many visits from labs both within and outside the UK. In particular the novel strategy for testing for BRCA1 and 2 is highly regarded.

ACUTE SERVICE LABORATORIES

CLINICAL CHEMISTRY

Sue Standing, Consultant Clinical Scientist, Head of Department

Specialty/Service

The work of this laboratory falls into two areas. We provide a rapid turnaround service for the more commonly requested biochemical analytes for Women's and Neonatal Services in this Trust. Specimens for the less common investigations are referred to other laboratories and the results collated on their return. In addition we support non-laboratory staff in the use of two blood gas analysers in acute areas of the hospital and a large number of bedside meters for measuring blood glucose.

The other large area of work is antenatal screening for neural tube defects and Down's syndrome. This is mainly Triple testing in the second trimester, but we also carry out first trimester Combined testing, Integrated testing, Contingent screening and screening using nuchal translucency measurement only for multiple pregnancies.

Aims & Objectives for 2005/2006

- To continue to provide a laboratory service appropriate to the clinical need.
- To maintain high quality analytical performance both internally and in external quality assurance schemes.
- To continue to improve the Down's screening service in line with the objectives and guidelines of the National Screening Committee.
- To continue preparing for accreditation under the new regulations.
- To improve the service for glucose tolerance tests.
- To implement an improved system for bedside glucose monitoring for trust inpatients.

Activity

Activity for general clinical chemistry was 165,268 tests on 34,770 specimens. Both are similar to 2004-5, showing just a small drop of about 1.0%. The test: request ratio is also unchanged at 4.7. 68.5% of requests were from Women's services with 31.5% from Neonatology. This shows a shift of about 2% from Neonatology to Women's, similar to that reported last year.

The rapid rise in glucose tolerance tests over recent years appears to be slowing. 1766 were carried out in 2005-6, an increase of only 2.1% on the previous year.

The antenatal screening workload has increased again. In 2005-6 57,852 specimens were analysed, an increase of 6.1% on the previous year.

Achievement of 2005/2006 Objectives

- A new system for bedside glucose monitoring has been selected and was introduced in March.
- On-site service for the measurement of bile acids for the early detection of cholestasis of pregnancy was implemented in April 2005.
- A pilot study of an improved strategy for antenatal screening for Down's syndrome (Contingent screening) was started on 1st April 2006.
- The audit of indications for glucose tolerance testing has continued.

Summary of Clinical Governance

A second audit of Triple testing for Down's syndrome in the West Midlands was carried out this year. The detection rate (DR) was 75% for a screen positive rate (SPR) of 4.3% for the 12-month period April 2004 - March 2005 when the mean maternal age was 29.8 years. This performance was similar to that seen in 2003-4 (DR = 76% SPR = 4.1%), when the mean maternal age was 28.8 years.

The triple test screening service we supply to parts of London is audited externally. The DR was reported to be 83% with a SPR of 6.0% and a mean maternal age of 30.0 years.

An internal audit of our Integrated testing for Down's syndrome in two units in the London area for 2004-5 showed DR = 87.5% for a SPR = 2.2%. The mean maternal age was 34 years.

The performance of both Triple and Integrated tests is in line with that expected for the age distribution of the screened populations and easily meets the current performance targets. Integrated testing will also meet the performance criteria proposed for April 2007 (DR = >75%, SPR <3.0%).

Developments and Objectives 2006/2007

- Execution of a pilot study of contingent screening: an interim report will be presented at the end of November with a full report at the end of the year.
- The audit of glucose tolerance tests will be completed and presented early in 2006/7. We envisage changes in several aspects of the service which we intend to implement in the autumn.
- The laboratory will be inspected for accreditation under new regulations in November. We are working towards a satisfactory outcome.

Outstanding Achievements

This year's outstanding achievement was the proposal of a new, resource efficient but highly effective screening strategy for Down's screening. This was developed by a sub-group of the Regional Screening Advisory Board and has attracted support from the National Screening Committee with funding for a pilot study in a single maternity unit for one year.

HAEMATOLOGY

Ray George Head BMS

Specialty/Service

To utilise both specialised manual and automated diagnostic techniques in Haematology, including microscopy, electrophoresis and HPLC, in compliance with standard operating procedures.

Aims & Objectives for 2005/2006

- To provide a timely and accurate laboratory service, to all clinical areas as required.
- To adhere to the Trust's policies and procedures, and to manage risk.
- To attain the standards required for successful Laboratory Accreditation and compliance with the EU directive for safe blood use.
- To maintain good performance in national and local Quality Assurance Schemes.
- To ensure laboratory implementation of Universal screening for Sickle cell and Thalassaemia.
- Ensure service improvements.

Summary of Clinical Governance

- Audit: review and audit of Trust compliance with current Blood Transfusion policy.
- Audit use of group "O" negative blood within Trust.
- Participation in local review of 'out of hours' blood transfusion

Developments and Objectives 2006/2007

- Introduction of a new blood transfusion request form.
- Auditing of blood product traceability within the Trust.

- Staff recruitment to laboratory to maintain extended working day and on-call services
- Review of Universal screening for Sickle cell and Thalassaemia implementation.
- Upgrade of laboratory equipment to improve service to users
- Review of Trust Blood Transfusion policy

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 focused on the specialist needs of the Trust. Functions include education, audit, infection surveillance, clinical advice, and the production and maintenance of policies.

Aims & Objectives for 2005/2006

The Department provides a specialist microbiology and infection control service that aims to be responsive to the needs of its users. The main objectives for the Microbiology laboratory are quality-focused, in order to assure continued compliance with Clinical Pathology Accreditation standards. The Infection Control Team Programme of Work included implementation of the NPSA 'cleanyourhands' campaign, and actions around the DH Saving Lives programme to reduce healthcare-associated infections.

Activity

60, 861 specimens were sent to the laboratory for examination, representing a 9.9% increase on the previous year. This increasing workload was absorbed without additional resource, and moreover takes no account of the additional internally-generated quality assurance work that is a requirement of our continuing accreditation.

Achievement of 2005/2006 Objectives

There was continued progress in developing the laboratory quality management system. A system was developed for review of internal quality assurance data. A number of audits of antibiotic prescribing were undertaken and the protocol for monitoring vancomycin therapy on the NICU was modified. As in the previous year, >80% of infection control objectives were achieved.

Summary of Clinical Governance

The Microbiology Department has full CPA accreditation and participates in all relevant National External Quality Assurance Schemes. There is a comprehensive programme of audit and internal quality assurance. All laboratory processes follow standard operating procedures that are reviewed regularly, taking account of national guidance and standards. There is a comprehensive ongoing programme of infection surveillance and audit of compliance with infection control standards. The Trust had no infections in any of the three mandatory national surveillance schemes, including MRSA bacteraemia.

Developments and Objectives 2006/2007

The Microbiology Department will be reinspected by CPA in November 2006. We are also collaborating with the Head of Medicines Management at SBPCT to improve antibiotic prescribing for genital tract infections. Infection Control objectives include establishing greater directorate accountability for infection control, and meeting the needs of Saving Lives, the Code of Practice, NHSLA standards, etc.

GYNAECOLOGICAL HISTOPATHOLOGY AND PERINATAL PATHOLOGY

Dr Phillip Cox, Consultant Perinatal Pathologist and Head of Department

Specialty/Service

Gynaecological Histopathology provides the diagnostic pathology service for biopsy and surgical specimens from Birmingham Women's Hospital and Gynaecological Cancer Centre based at City Hospital. We also provide the review and referral opinion service for the Cancer Network, wider region and nationally. The pathologists attend the Multidisciplinary meetings at the Cancer Centre.

The Perinatal Pathology section provides the Regional Perinatal autopsy and placental pathology service for the West Midlands and also receives cases from further afield. Examinations are performed to provide information for parents regarding the cause of death or pregnancy loss and risk to future pregnancies.

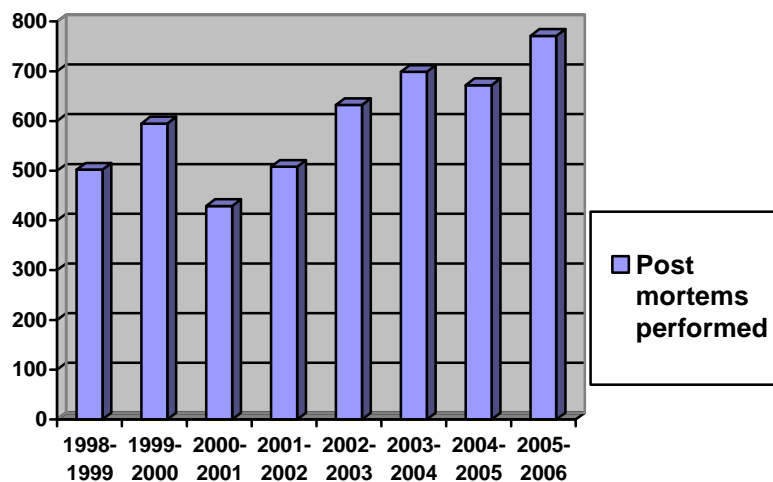
Aims & Objectives for 2005/2006

This department aims to provide a high quality diagnostic histopathology service for gynaecology at BWH, City Hospital and referral service for the Cancer Network. The perinatal pathology service provides fetal and neonatal post mortems for the Trust, the West Midlands Region, and some hospitals outside this region, together with post mortems for HM Coroners. We aim to provide an accurate, efficient and timely service.

Activity

Perinatal Pathology: 2005-2006 saw a 15% rise in the number of autopsies performed by the department, from 672 in 2004-2005 to 771. This was predominantly due to a growth in referrals from within the Region, although we also received some additional cases due to lack of Perinatal pathologists in an adjacent region. The mix of cases remained similar, although there was some increase in referrals of neonatal deaths for examination, and an increase in cases from HM Coroners, outside the W Midlands region. There was also a further small increase in referrals of placentas from live infants as well as from pregnancy losses.

Gynaecological Pathology: A small increase in workload predominantly in large cancer resection specimens has been noted. The case mix remains similar to previous years.



Achievement of 2005/2006 Objectives

Negotiations with the South West Region to extend the Perinatal Pathology service did not come to fruition, although the Department continues to perform some examinations for HM Coroners in the South West, on an ad hoc basis. The Gynaecological Pathology has provided services for the Cancer Centre to the satisfaction of the clinicians and the Cancer Peer Review.

Summary of Clinical Governance

In 2005-2006 the Department rolled out a standard Consent Form for Perinatal post mortems. The new form, which is based on the NHS consent form for paediatric post mortems, with some changes relating to our local service, is available to all referring Trusts and is in use with the large majority. The aim is to standardise post mortem consent across the service.

Re-audits to maintain standards were undertaken.

The major risks to the service are loss of CPA accreditation due to staff shortage and risk, although small, of errors in the Perinatal Post Mortem service. New standards for CPA have to be met. The procedures surrounding the post mortem process are kept under regular review by the Perinatal Pathology Team.

There were no serious complaints during 2005-2006.

Our Consultants continue to participate in research relating to endometriosis, Mirena use, gynaecological cancer and precancer, necrotising enterocolitis, intrauterine growth restriction, and inherited genetic diseases.

Developments and Objectives 2006/2007

During 2006-2007 the Department will undergo inspection by Clinical Pathology Accreditation UK, under the revised standards to maintain our current fully accredited status. In addition, we will be applying for licensing to the Human Tissue Authority for surgical and post mortem facilities and procedures. Implementation of video conferencing will streamline attendance at MDTs and mortality meetings.

Outstanding Achievements

Members of the Consultant team were authors of 13 publications in peer-reviewed journals in 2005-2006 and many posters and presentations, an increase over 2004-2005. A successful National BAGP Meeting was held by Drs Ganesan and Rollason. Dr Cox tutored on the 2005 IPPA advanced course in Rome.

CYTOPATHOLOGY DEPARTMENT

Maureen Frost, Advanced Practitioner in Cervical Cytology, Hospital Based Programme Coordinator

Specialty/Service

To provide a cervical cytology screening service and diagnostic fluid cytology service. The department provides a cervical cytology screening service for hospital clinics and primary care for South Birmingham Primary Care Trust (PCT) and for a proportion of Heart of Birmingham and East Birmingham PCTs.

The department receives 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 (intra-abdominal, urine and fine needle aspiration specimens) is provided for the hospital.

The department hosts a NHSCSP approved Cytology Training Centre.

Aims & Objectives for 2005/2006

The Cytology Department provides a cervical cytology screening service and diagnostic fluid cytology service for hospital clinics and primary care.

The department has CPA accreditation and complies with the NHS Cytology Screening Programme (NHSCSP) guidelines to provide accurate and timely reporting of samples, with urgent work reported within 2 weeks and non-urgent within 4 weeks and reporting profiles within the national standards.

Activity

Cytology Department Workload Statistics 2005-2006

Gynaecological Cytology – “samples /slides” received

	Community Call/ Recall	Genito-Urinary Medicine	BWHCT	Private	Total
2005-6	27249	0	3061	202	30512
2004-5	31345	1	3893	192	35431
2003-4	32798	2	5650	170	38620
2002-3	33792	3	6687	229	40711
2001-2	34275	147	7453	417	42292
2000-1	30643	519	6888	327	38377

Fluid Cytology

Year	Total Requests	Total Slides
2005-6	474	1953
2004-5	444	1812
2003-4	450	1838
2002-3	417	1701
2001-2	478	1984
2000-1	497	2058

Achievement of 2005/2006 Objectives

In 2005-6, with almost all samples LBC, reporting profiles within national standards and all samples reported in 6 weeks.

We established a successful networking relationship with Good Hope Hospital, processing their LBC samples and holding quarterly microscopy and user group meetings.

The training school has completed ThinPrep LBC training of George Eliot and Heartlands Hospital cytology staff.

Summary of Clinical Governance

- Quality Audit Calendar set up and fully operational - regular user surveys, vertical and horizontal assessments undertaken to ensure overall quality of service.
- Twice weekly meetings held between Pathologists and senior staff to discuss difficult / interesting cases in cytology, including feedback from histology if relevant, and reported back to the screening staff.
- Monthly Clinicopath meetings of cytology and colposcopy staff are held to discuss difficult cases, discrepancies in histology and cytology reports and patient management.
- Clinical audits of high grade dyskaryosis, invasive cancer of the cervix and non-correlation of cytology / histology continue.
- A cytology user survey was sent out to all practices in January 2006 to help us improve any areas where there may have been problems. 54% of practices replied and their responses indicated a strong satisfaction with the service provided.

Developments and Objectives 2006/2007

- maintain accurate and timely reporting of cervical samples.
- continue with preparation for re-accreditation under CPA in March 2007.
- develop multi-skilling within the department.
- implement direct referral for those women requiring colposcopic examination.
- ensure the department is able to move forward as pathology modernisation progresses and that workforce planning allows for this.

Outstanding Achievements

- The department had 3 publications accepted in Cytopathology, journal of BSCC, and 2 proffered posters for national meetings.
- Dr Waddell was an invited speaker at 2 national scientific meetings, Dr Mitze and M. Frost at BWH.
- The Cytology Training Centre achieved full accreditation October 2005.

PHYSIOTHERAPY

Ros Davies, Deputy Physiotherapy Manager

Specialty/Service

Due to a reduction in physiotherapy staffing the service to the obstetric and gynaecology wards has had to be drastically reduced. Ward work has been covered in and around the commitment to an average 17 out patient clinics and 2 group sessions per week. Due to this an immediate response to ward referrals has frequently not been possible and at times of annual leave or sickness only written advice could be offered.

We provide:

- Limited service to the obstetric wards for women with musculo-skeletal conditions attributed to pregnancy, for example back pain/symphysis pubis dysfunction.
- Limited service to the gynaecology wards for women who may develop post-operative complications i.e. respiratory/mobility.
- Specialist physiotherapy out patient service to the Trust, but also for the University Trust for patients with urinary and faecal incontinence, prolapse and other associated pelvic floor disorders. A detailed first assessment, which involves pelvic and electromyographic examinations based on this, treatment care packages are agreed in consultation with the patient.
- Physiotherapists continue to provide antenatal group provision for women who develop pregnancy related musculo-skeletal conditions for example symphysis pubis dysfunction or back pain. The aim of this group is to advise on the effects of pregnancy on their joints, ligaments and posture. It teaches simple core stability exercises to support the spine and pelvis and postural advice to allow them to manage daily activities.
- A course of two sessions per month to help women prepare physically and mentally for labour and a group where the use and practical application of using TENS for labour is discussed.
- An on-call service meets the clinical needs of the patients to limit deterioration following any respiratory complications.

On 1st March 2006 an SLA/Joint Initiative with the Nuffield Hospital commenced to provide this service. The service will be reviewed and audited. At this point in time no on call physiotherapist has been called into the hospital.

Aims & Objectives for 2005/2006

2005-2006 has continued to be a difficult year for the department due to continuing partial freeze on posts as reported last year.

Physiotherapy staffing levels clinically have been 1.71 wte physiotherapist and 0.84 wte technical assistants. A freeze on posts has continued to present difficulties in maintaining the service to the Trust. Our main objective has been to maintain the waiting list targets for Urogynaecology Out Patients.

New Roles

The role of the Technical Assistant (TA) has continued to be developed and extended. Extra training has allowed the TA to provide advice and instruction in both antenatal back care groups and TENS talk sessions.

Activity

Activity has been influenced by staffing and the criteria for referrals from both obstetric and gynaecology wards have had to be restricted, which has reduced the number of referrals made. Activity for urogynaecology has been maintained but on less physiotherapy hours. The number of groups has been sustained at an average of 5 groups run each month (statistics are not included in this year's report)

Achievement of 2005/2006 Objectives

- The Urogynaecology Care Pathway is now operational and forms are in use in medical notes. Problems have been experienced by the department in obtaining the medical notes to update the forms. Patients can attend several physiotherapy sessions per week and so frequent entries are required.
- GP waiting times for referrals continue to be under 12 weeks. Consultant and tertiary referrals are around 12-14 weeks.

Due to the pressure placed on the department through lack of staff little progress has been made on reviewing outcomes or gathering information on the patients' experience. However, patients continue to vocalize their appreciation for the teaching/advice, treatment and support/encouragement given by all staff members.

Summary of Clinical Governance

A review of the service continues to benchmark well against the Clinical Guidelines for the Physiotherapy management of females aged 16-65 years, with stress urinary incontinence, produced by the Chartered Society of Physiotherapists. Ultimately, however, the quality of the service will be affected with continuing pressures on staffing levels.

Developments and Objectives 2006/2007

As stated in last year's Clinical Report due to staffing levels it is difficult at this point in time to foresee how there can be developments to the service. The physiotherapy strength and expertise is specifically required for the treatment of bladder and bowel disorders. Referrals are received from Surgeons at Birmingham University Trust for patients who are Birmingham residents but also for patient from the West Midlands as a whole, where this particular expertise is not available locally.

DIETETICS

J. Gordon & E Dooley, Senior Dietitians

Specialty/Service

A total of 1.0 wte provide a dietetic service to both obstetric and gynaecology patients. Obstetrics: 0.5 wte provided by service level agreement from Birmingham Community Nutrition & Dietetic Service. An inpatient service is provided, however the main focus is antenatal outpatients. Those with diabetes are advised as part of the specialist multidisciplinary team. Outpatients with other dietary problems are referred via antenatal clinic or the community midwives. Ongoing nutrition education of staff is also done by a variety of methods.

Gynaecology: 0.5 wte provided by Senior 1 as service level agreement from UHBNHSFT. An inpatient service is provided to wards 7 & 8 and a general outpatient clinic twice monthly. Most outpatient referrals come from the Assisted Conception Unit for the management of obesity related sub-fertility.

Aims & Objectives for 2005/2006

This specialist dietetic service aimed to provide:

- individualised evidence based inpatient and outpatient dietetic care
- relevant nutrition education and support for all hospital and community staff eg on nutrition
- screening tool, continuing to produce a newsletter, training on special diets for catering staff
- nutrition policy planning and implementation by producing a Trust Nutrition Policy
- improvements to service by audits of referrals and DNA rates.

Activity

Obstetrics

Number of actual dietetic contacts 2005/2006

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	3yr average
Wards	0	1	7	1	1	3	0	0	0	1	1	0	15	23
Diabetic clinic	15	8	21	13	16	17	22	22	9	19	13	15	190	163
Antenatal outpatients	8	6	8	8	5	7	4	6	4	3	4	7	70	56
												Total	275	242

Inpatient activity has decreased slightly and remains at a low level. Outpatient activity has seen a year on year increase in the number of patients seen in the diabetic clinic. The number of other antenatal outpatients remained constant, however there was an improvement in the DNA rate. This will continue to be monitored. Overall total direct patient contacts were the same as last year.

Gynaecology

Number of actual dietetic contacts 2005/2006

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	3yr average
Outpatients	5	5	10	4	8	0	8	5	4	3	4	5	61	46
Inpatients	No data currently available													

Although inpatient activity has reduced due to a reduction in oncology beds, out patient contacts have increased by 30% compared with 04/05. Weekly MDT meetings on Ward 7 have ensured regular appropriate referrals of oncology patients and of diabetic and obese patients.

Achievement of 2005/2006 Objectives

Trust Nutrition Policy developed and disseminated. We ran the Weight Wise at Work campaign for staff (117 staff contacts) with Health Promotion.

Obstetrics:

- Annual audit of referrals and DNA rate
- Education Session Ward 1 (6 contacts), Diet cook training (12 contacts)
- Quarterly newsletter for midwives
- Development of patient information

Gynaecology:

[Ward staff education for malnutrition screening.](#)

Summary of Clinical Governance

We aim to provide a high quality service and ensure clinical practice is evidence based. Appraisal process, peer review and CPD ensures skills and knowledge are continually updated.

Trust Nutrition policy developed conforms with the NHS Plan (2000) and PEAT grading parameters

Obstetrics:

- No complaints received
- Auditing referrals and DNA rates. The measures taken to reduce DNA have improved the rate.
- Continued dietetic presence in the Diabetes clinic ensures compliance with the Diabetes NSF and CEMACH guidelines.

Gynaecology:

- [Audit of DNA rates and measures planned to reduce the rate.](#)
- [Attendance at ward MDT meetings \(Policy Framework for Commissioning Cancer Services, NHS cancer Plan\)](#)
- [Implementation of validated, nationally recognised nutrition screening tool \(NICE- Nutrition Support in Adults 2006\)](#)
- [Contribute towards staff education for the nutrition and hydration needs of older people as part of Strategic Health Authority 'Champions for Older People' initiative.](#)

Developments and Objectives 2006/2007

Annual review of Nutrition Policy

Obstetrics:

- Develop and implement an antenatal healthy eating checklist for use in the community antenatal clinics to complement the new Healthy Start Initiative
- Continue nutrition education of midwives and other staff
- Continue to improve patient information and audit referrals/DNA

Gynaecology:

[Implement a new nutrition screening tool \(MUST\) for inpatients.](#)

Outstanding Achievements

- Weight Wise at Work initiative
- Trust Nutrition Policy
- Collaboration with Perinatal Institute on the development of the postnatal notes
- Contribution, via British Dietetic Association, to NICE consultations on Postnatal Care,
- Maternal & Child Nutrition scope, and SACN consultation on Folic Acid