

38th Hospital Clinical Report

Dr Sandra Calvert

Consultant Neonatologist

St George's Hospital, London

- Consultant Neonatologist SGH 20 years
- Clinical Lead for NNU 6 years
- Network Lead SW London 4 years
- Chair TRPG 2008 - 2011

General Comments

What is Purpose of an Annual Report

- Satisfy Trust need (tick box exercise)
- Compare activity/outcomes within same trust over time
- Compare activity and outcomes of your trust with similar trusts

Challenges of Current NHS climate

- Financial crisis
- Increase activity with no or very little increase in staff
- How do we work more efficiently?
- Must not compromise care
- Are we certain income correct?

General Comments

Strong Emphasis on

- Clinical Governance
- Audits
- Good performance indicators
- Meeting national targets

Generally excellent performance

When targets not met – Why?

General Comments

- Increase in complaints, incidents, claims
 - Better reporting
 - Deterioration in care
 - Increasing workload, more complex cases
 - More pressure on staff
 - Higher expectations of patients
 - More litigious society

General Comments

Increase in Activity with no increase in staff

- Radiology
- Clinical chemistry
- Perinatal pathology
- Physiotherapy
- Number deliveries – midwifery staffing major concern
- Community midwifery
- Genetics

Clinical Support

- Radiology
 - Are staff specialised in particular field
 - eg, obstetric ultrasound
 - paediatric radiology
 - How do the results of hip ultrasound reports get fed back to the patient?
 - MRI unsupervised – what does this mean?

Clinical Support

- Clinical chemistry
 - National screening model best practice
 - Increase tests
 - ? more patients
 - ? same number patients, more tests
- Microbiology
 - Cost saving more efficient initiative
 - NICU/micro interest group

Clinical Support

- Perinatal Pathology
 - Prelim report in 4 days
 - Full report > 6 weeks

Anaesthetics

Epidural Rate below national average

- ? Due to lack demand
- ? Due to lack staff

Gynaecology

- Multiple births decreased from 28% to 5%
- Wide range services
- Outpatient hysteroscopy clinic – largest UK
- Excellent research

Maternity Services

- Guardian System
- Excellent fetal medicine unit
- Impressive number specialist maternal medical clinics

Maternity Services

	BWH	SGH
Number deliveries	7335	5494
Birth Centre (%)	1219 (16.4)	699
Capping	Yes	No
HDU	3 beds	2 beds
Consultant on DS (hrs)	78	97
Separate obs/gynae	Yes	Yes
Dashboard	Yes	Yes
CNST	Level 1	Level 2

Maternity Services

	BWH	SGH
Midwifery establishment	1:29	1:33
Meon – number midwives - number babies	? 600	21 960 (8 month)
Baby friendly initiative	Level 3	Level 1
Breast feeding	67%	68% (discharge)

Maternity Services

Labour	BWH (%)	SGH (%)
Spontaneous	70	66.2
Induced	21.2	19.6
EI LSCS	8.8	11.2

Maternity Services

	BWH (%)	SGH (%)
SVD	58.2	57.5
Forceps	7.3	6.9
Ventouse	7.4	9.1
Breech	1	0.4
EI LSCS	8.8	11.2
Em LSCS	17.1	14.9
Epidural	23.8	31.3

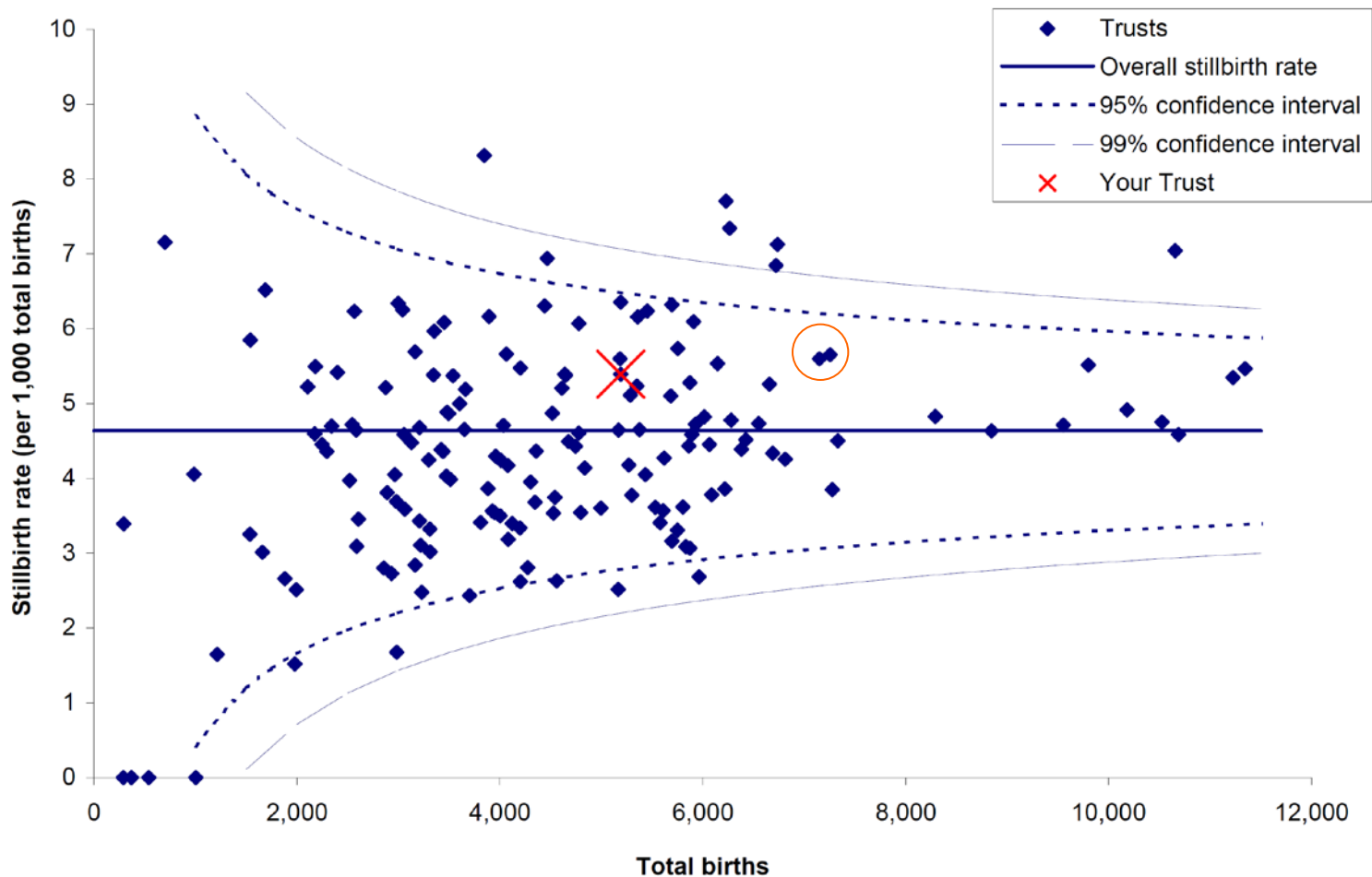
Perinatal mortality 2010

Per 1000 births	BWH	SGH
Crude SB rate	4.9	7.1
Adjusted SB rate	4.2	6.5
Crude NMR	7.4	3.9
Adjusted NMR	3.4	3.4
Crude PMR	12.4	9.7
Adjusted PMR	7.3	8.9

SGH Includes congenital abnormalities and EUT

Figure 7

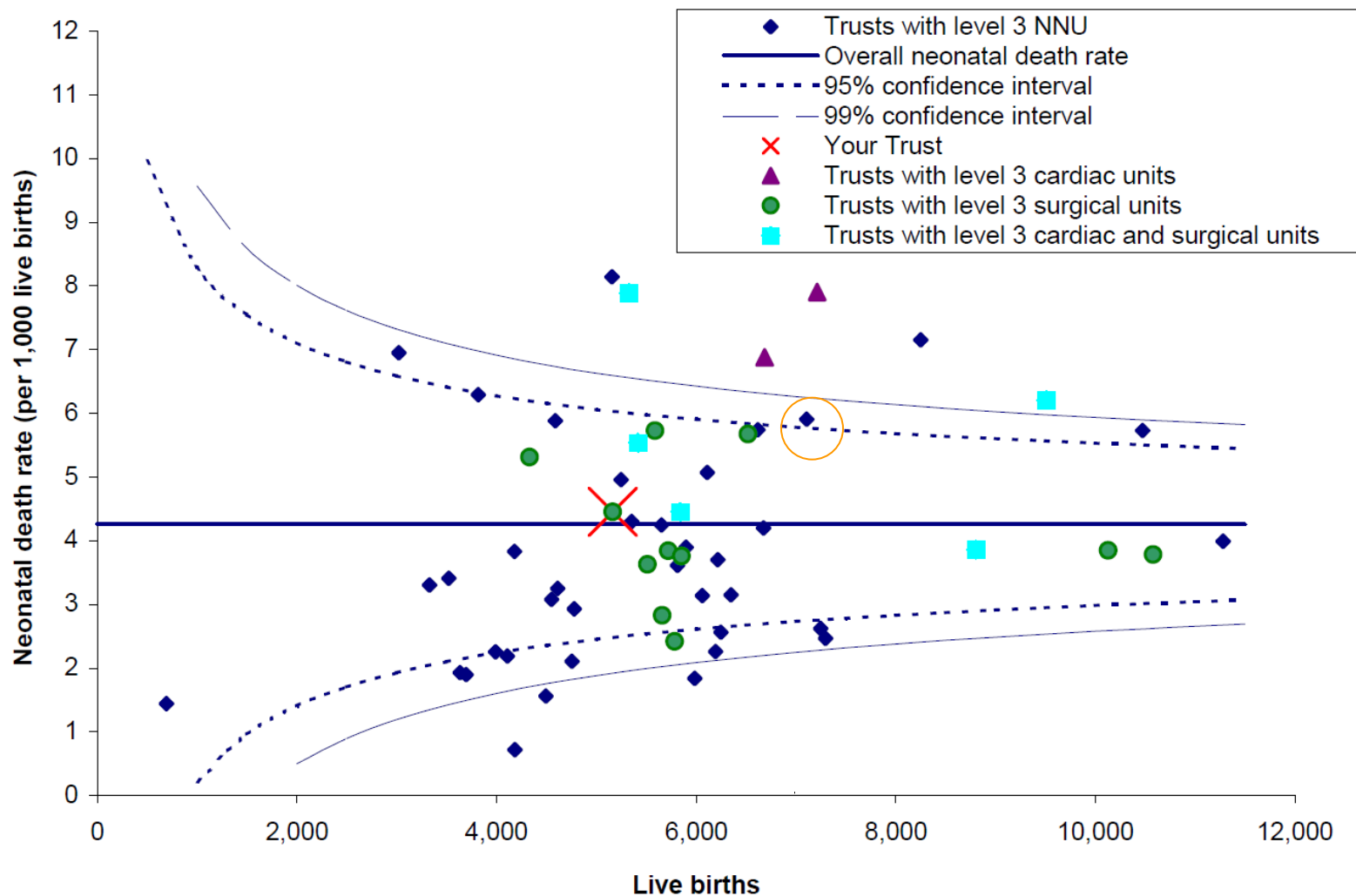
Adjusted^a stillbirth rates compared to the overall stillbirth rate and associated 95% and 99% confidence intervals; England, Wales, Northern Ireland and the Crown Dependencies: 2009.



^aAdjusted by removing terminations of pregnancy and babies born at less than 22 weeks' gestation.

Figure 8

Adjusted^a neonatal mortality rates compared to the overall neonatal mortality rate and associated 95% and 99% confidence intervals for Trusts with level 3 neonatal units; England, Wales, Northern Ireland and the Crown Dependencies: 2009.



^aAdjusted by removing terminations of pregnancy and babies born at less than 22 weeks' gestation.

Maternity Service

Questions

- How many births in BC need paediatrician?
- How many midwives NLS trained?
- HIV screening ? Opt in or opt out

Neonatal Directorate

Expansion of service

- New unit
- More cots
- New consultants
- More activity

Neonatal Directorate

BUT no more nurses –

- How does establishment compare with BAPM standards ?
- How many intensive care babies are being nursed 1:1 ?
- Are nursery nurses being used in special care?

Neonatal Directorate

- Good liaison with surgeons
- Excellent family support and facilities
- Comprehensive education and training
- Admirable research record

Neonatal Directorate

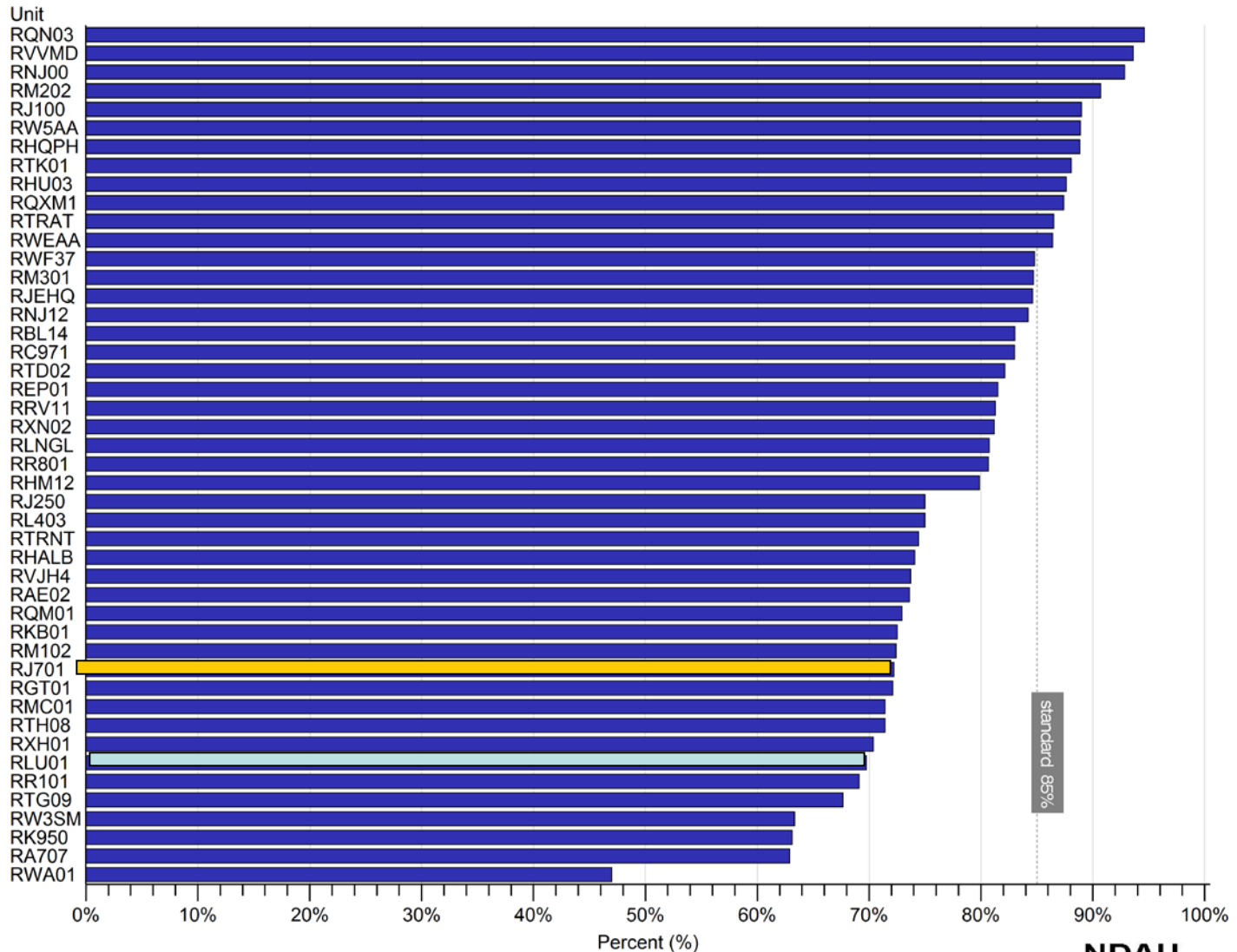
Activity:

“Tables show clinical activities as recorded using Clevermed information system..... And form part NNAP allowing comparison with over 200 neonatal services nationwide”

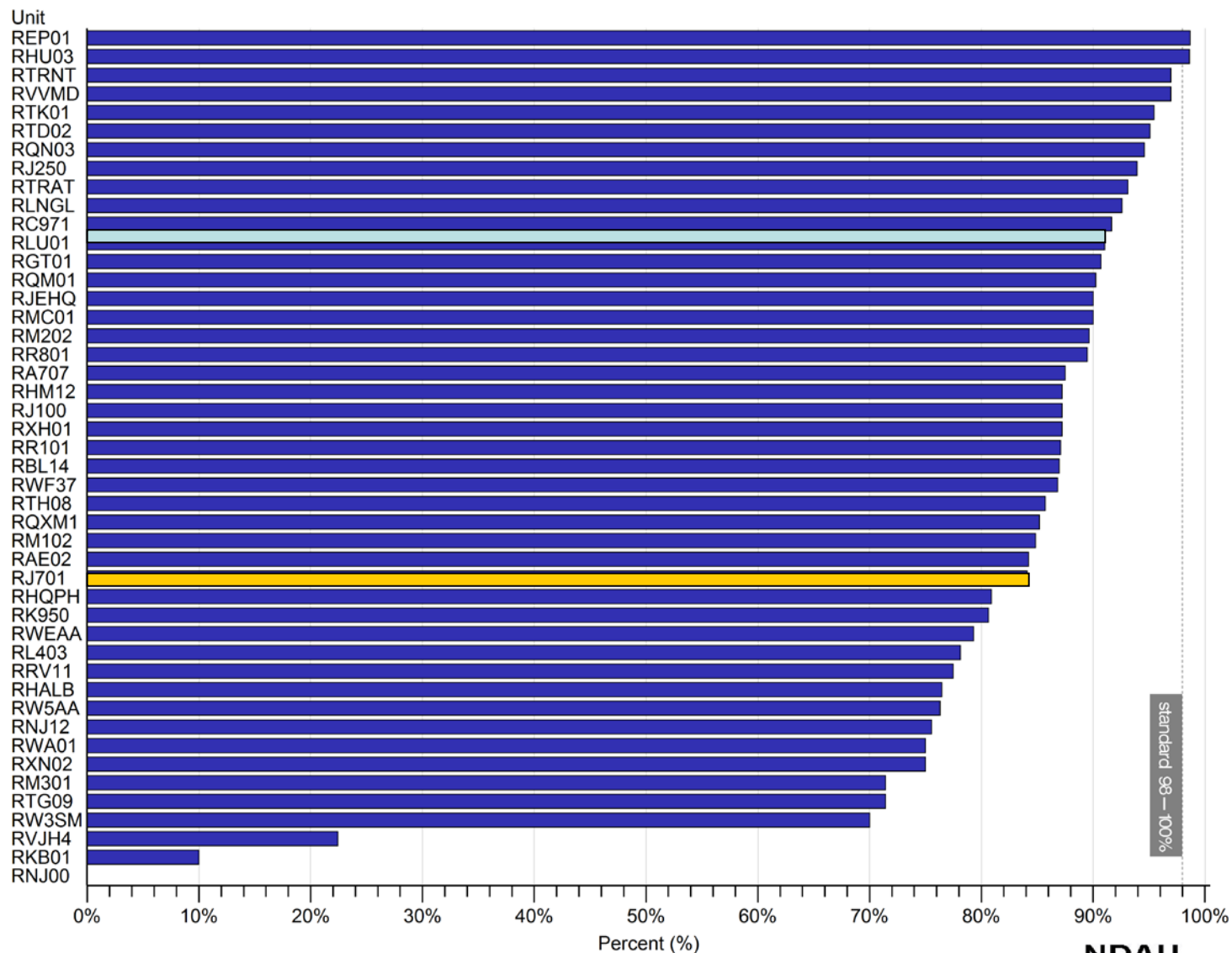
Neonatal Directorate

	BWH	SGH
Total admissions	1234	586
Inborn booked	985	367
IUT	107	71
EUT	90	122
Readmissions	40	23
% inborn babies admitted	14.9	8.0

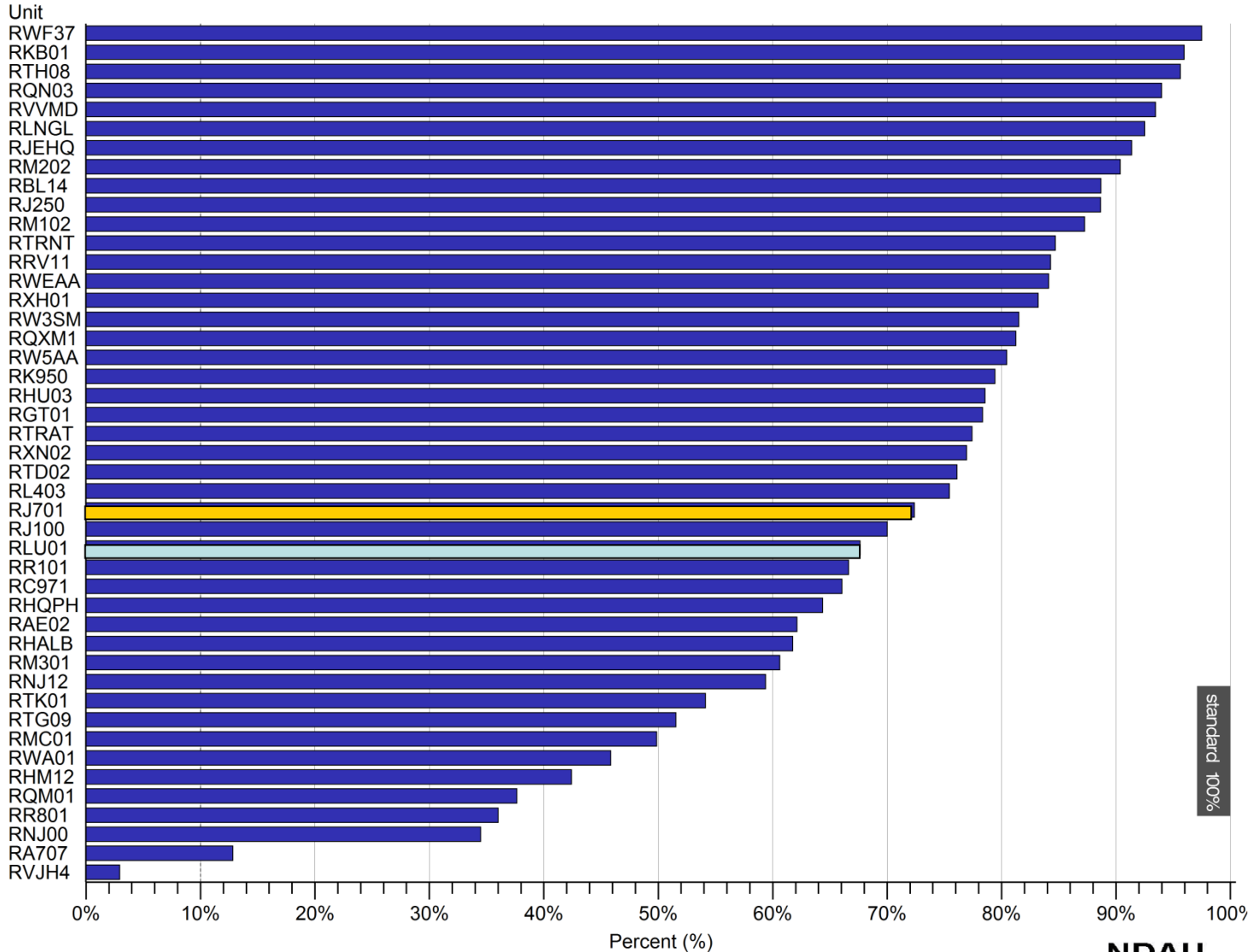
% mothers receiving steroids



% temperature taken within 1 hour



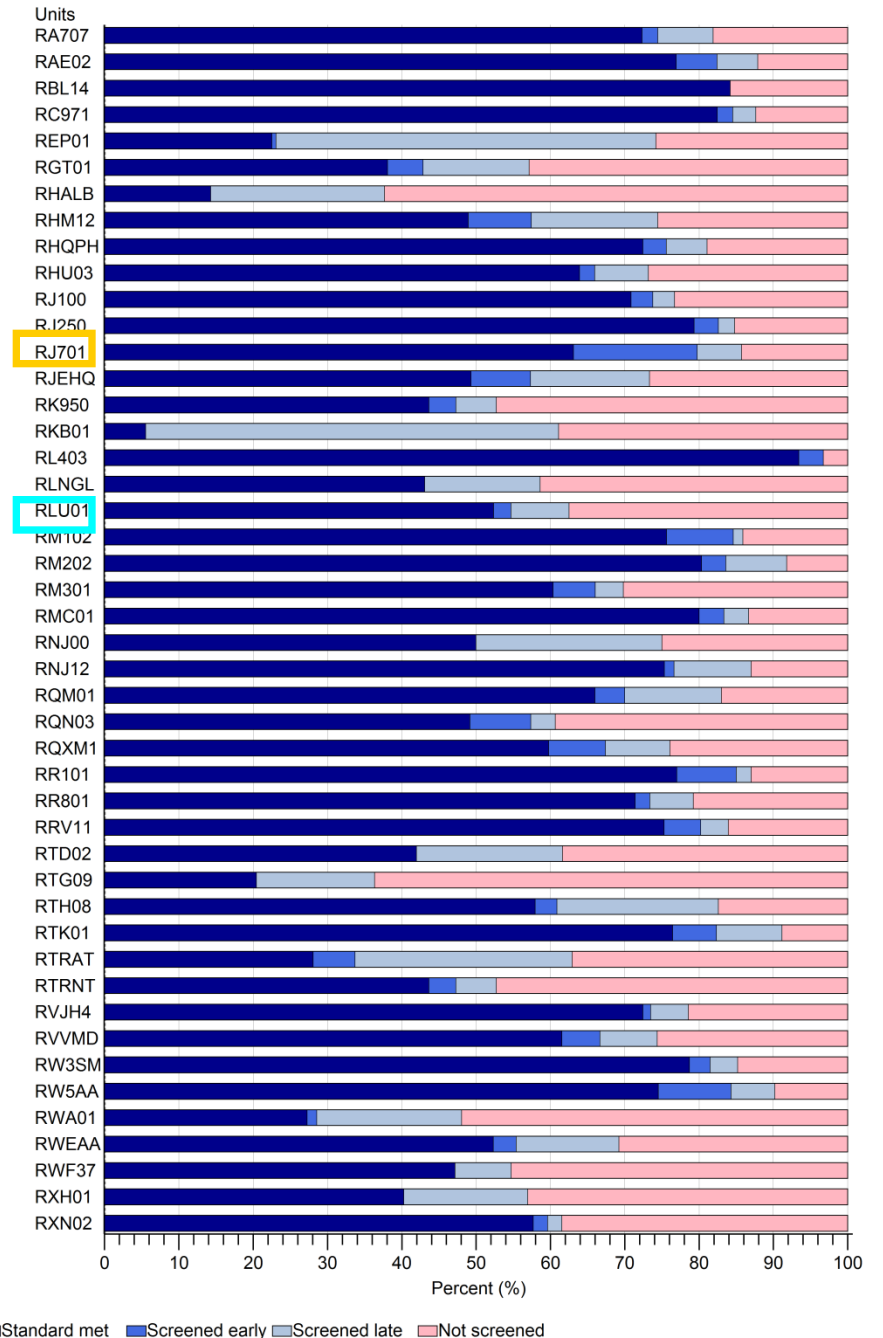
Consultation with parents within 24 hours of admission



ROP screening

Babies screened on time, early, late or missed

Level 3 units



Neonatal Directorate

- Activity:

Refusals 142 IUT

22 EUT

? Number refused by labour ward

Neonatal Directorate

	BWH	SGH
Intensive Care	2632	3215
High Dependency	2088	2825
Special Care	9839	5443
Transitional Care	3266	0

? Cot occupancy

Neonatal Directorate

Mortality:

- Clevermed 39,
- Report 33 (55 – 22) – assuming non viable did not go to unit
- Very small number deaths infection/NEC

Possible Additions

- Numbers medical Staff
 - Do they meet recommended standards
 - Are rotas EWTD compliant
- Nursing Staff
 - How far is establishment from BAPM recommendations
- Yearly trends

Genetics

- Despite difficulties excellent regional service
- Impressive research record

Patient Experience

- Comprehensive service
- Enables trust to meet patients needs
- Ensures complaints dealt with in timely fashion

Research and Education

- Big commitment to education and personal development
- Mentorship
- Extensive list of publications

Thank You