



# Saint Mary's Hospital ANNUAL REPORT 2012/13





# Welcome to our third annual report for Saint Mary's Hospital.

This report provides a summary of the excellent services that are provided to our patients and their families by a team of clinicians, nurses and midwives, scientists and clinical and administrative support staff. Delivering the Trust's key objectives has been the focus of 2012/13, with the areas of patient safety and quality, patient and staff experience, and productivity and efficiency at the heart of all we do.

The nursing and midwifery teams led the work on values and behaviours, culminating in the launch of the Nursing and Midwifery Strategy. This set out clearly a number of core values and six commitments to be integral to the way nurses and midwives behave and provide care for our patients. Work then commenced with all staff groups to agree a set of core values for all the organisation to underpin the way we deliver excellent care going forwards.

There have been many reasons to celebrate in 2012/13 which we should not lose sight of when the challenges to delivering a cost effective service remain. There are a number of celebratory articles within this report from across all directorates, including award winners for Divisional and Trust awards, and external recognition for services to patients.

You will see examples of our expert clinicians sharing their knowledge and expertise with countries who are less developed and who have less access to the brilliant facilities and skilled staff that we have in Saint Mary's Hospital.

We have been able to improve services for patients across a number of areas within the division, some of which were a significant change, such as the new Admissions Lounge in Gynaecology, and others were more subtle, for example the introduction of artwork to the walls in the Genetic Out-patient Department. Examples can be seen further in this report.

Challenges in 2012/13 continued as the level of demand in all areas increased and activity needed to be stepped up to meet that demand. It is acknowledged this often caused a pressure for staff whilst new staff were recruited to meet this demand. Our commitment for 2013/14 will be to continue to recruit new staff to our turnover rates so that we can try to predict what our workforce requirements for the future are and to keep our vacancy levels to a minimum.

We hope you enjoy reading this report and If you have any suggestions for how we can improve our services in Saint Mary's going forwards, please do not hesitate to contact us at:

[smh.suggestions@cmft.nhs.uk](mailto:smh.suggestions@cmft.nhs.uk)

We would finally like to thank everyone who works at Saint Mary's for the fantastic energy and commitment shown to ensure that, as a Division, we are able not only to deliver a high standard of care to our patients, but to also be innovative and dedicated to the development of new services and technologies which will enhance the lives of future patients.

Thank you.



Professor Dian Donnai  
Clinical Head of Division



Karen Connolly  
Divisional Director





# About Saint Mary's Hospital

Saint Mary's Hospital (SMH) was founded in 1790 and is one of the five hospitals (Divisions) that make up Central Manchester University Hospitals NHS Foundation Trust.

Over the years, Saint Mary's Hospital has successfully developed a wide range of world class medical services for women and babies alongside a comprehensive Genetic Medicine Service and an internationally recognised teaching and research portfolio.

In addition to the provision of secondary services for the local population in Central Manchester, the Division also provides tertiary (specialist) services to the wider Greater Manchester conurbation, the North West and beyond in:

- Genetic Medicine (including clinical and laboratory services).
- Gynaecology (including Uro-gynaecology, Benign Gynaecology, Reproductive Medicine and Oncology).
- Neonatal Medicine and Surgery.
- Obstetrics/Maternity (including Fetal Medicine).
- Sexual Assault Referral Centre (for Adults & Children).

As Head of Nursing and Midwifery at Saint Mary's Hospital, Kathy is involved in the assessment of quality standards of care across the Division and providing assurance to the Chief Nurse of the quality of care provided to women and families who access care within the Organisation.



Kathy Murphy  
Head of Nursing & Midwifery

She acts as the professional lead for complaints and is also involved in governance, particularly in relation to investigation of high level incidents. Establishing and embedding learning from both of these is key to the role.

## Did you know...?

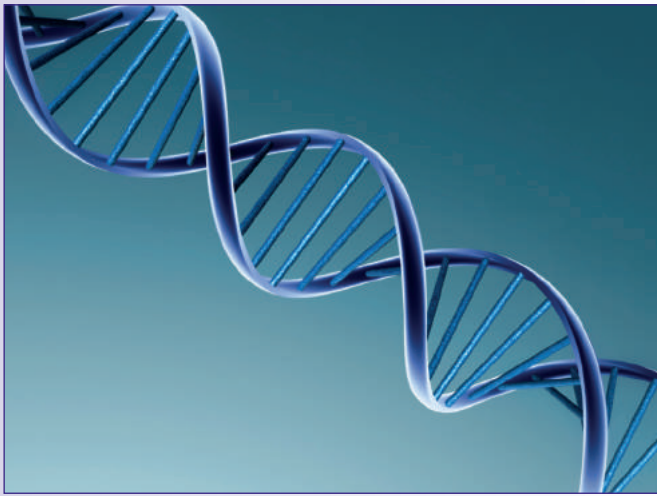
- We supported 7285 women to give birth in 2011/12.
- Wards 62 and 66 have achieved "gold" in the IQP assessments and all others areas are working to match this standard.
- We have rolled out the Brilliant Basics Standards across the division

## Divisional Good News

- Maternity Services have maintained CNST (Clinical Negligence Schemes for Trusts) level 3, following assessments in February and August.
- 'The Midwives' programme was aired during July and August and had high viewing figures. Fantastic comments were received on social media sites.
- The Human Fertility & Embryology Authority (HFEA) renewed our Licence to continue providing assisted conception treatment (IVF).
- CPA assurance achieved in Andrology and Colposcopy.
- Full BFI (Baby Friendly Initiative) accreditation for Saint Mary's Hospital.



# Genetic Medicine



Saint Mary's supports one of the leading clinical, diagnostic, research and education centres for Genetic Medicine in Europe, with 250 staff, including 22 medical consultants and 25 genetic counsellors providing services for 4.2m people in the North West, outreach clinics across the North and centrally funded specialist services available to all NHS patients in England. In addition, 13 research leaders and 130 diagnostic scientists work together to translate research findings into new services exploiting leading-edge technologies. This wide capability has been recognized through major national initiatives:

- NGRL informatics - focusing on bioinformatics and training within NHS genetics services, supporting the national infrastructure.
- Quality networks – The European Molecular Genetics Quality Network (EMQN) and ERNDIM – hosted by Genetic Medicine offer quality schemes to over 1,000 laboratories in 50 countries worldwide.
- Nationally funded services in Lysosomal Storage Disorders, Complex Neurofibromatosis Type 1, Neurofibromatosis Type 2 and Retinoblastoma.
- MSc Programme in Genetic Counselling – the first in Europe, influential in the development of a new healthcare profession; Saint Mary's has trained half the practitioners in England.
- Nowgen – a centre of excellence in public engagement, education and professional training in biomedicine; a unique asset in the NHS with a national profile.

Genetic Medicine includes internationally renowned research and clinical service groups (metabolic medicine, rare developmental disorders, inherited cancers, genetic eye conditions) and works with the Manchester Biomedical Research Centre and the new University Institute for Human Development and

Genetics. In the last year our research groups have made major advances in gene discovery and have recruited the largest number of patients to the UK Medical Genetics clinical trials network.



**Dr Rob Elles**  
Clinical Director



**Lynn Chantler**  
Directorate Manager

**For more information please visit:**  
**[www.mangen.org.uk](http://www.mangen.org.uk)**



# Gynaecology

- Benign Gynaecology
- Uro-Gynaecology
- Gynaecological Oncology
- Reproductive Medicine

The Gynaecology Service at Saint Mary's continues to be a leading centre both locally and nationally. It provides secondary care for the complete range of gynaecological problems to the local population and tertiary care to Greater Manchester and beyond. It is one of the few units in Greater Manchester providing gynaecological services in a dedicated unit. This care is provided by a multi-disciplinary team of specialists who have expert knowledge in their particular field of interest. The healthcare practitioner workforce is large and diverse and includes nurses, support workers, counsellors, biomedical scientists and operating department practitioners, to name but a few.

The service at Saint Mary's is a regional referral centre for gynaecological oncology, uro-gynaecology, reproductive medicine, paediatric gynaecology and vulval disorders. In order to meet the needs of patients referred for gynaecology services, there is a large out-patient department, emergency gynaecology unit, a gynaecology ward, a theatre department and a standalone reproductive medicine unit housed in the old Saint Mary's building.

In 2012-13, 11,294 new patients attended as outpatients, 8,525 were treated in out-patients, 2,686 in theatre and 16,477 attended the early pregnancy/emergency gynaecology unit. The service is contributing positively to the ongoing review of Oncology Services, which is being led by the Greater Manchester and Cheshire Cancer Network, and to the wider review of gynaecology being undertaken by the Greater Manchester Women's Health Network.

A key priority for the coming year is the creation of a Gynaecology Treatment Centre within Saint Mary's Out-patients. There is a range of procedures which we currently provide on the ward or in theatre which we will be offering in an out-patient environment. Ambulatory gynaecological surgery will increase the choice of treatments that our patients can access and ensure that we remain at the cutting edge of the latest developments in gynaecology.

The Emergency Gynaecology Unit continues to grow. In 2012-13 there was an 8% increase in new patient attendances. To accommodate this growth the department will move from its current location in Saint Mary's atrium onto Ward 63.

Gynaecology now admits 92% of patients on the day of surgery. To improve our patients' experience we will shortly be opening a dedicated Admissions Lounge on the ground floor.

Another key development is the proposal to accommodate the elective and non-elective surgery which is currently performed at Trafford General Hospital at Saint Mary's. This follows the acquisition of Trafford General Hospital by Central Manchester University Hospitals NHS Foundation Trust and the proposals are currently being reviewed by the Secretary of State for Health following a public consultation exercise. If the proposal goes ahead as we envisage then we will need to run additional theatre lists and open additional beds to accommodate this activity.

There are also discussions around the locations at which cancer surgery is provided in Greater Manchester. There are currently four sites (SRFT, UHSM, Saint Mary's and The Christie Hospital) and it may be that this reduces to just two sites, one of which we hope is Saint Mary's. If this happens it will mean more theatre lists at Saint Mary's and more demand for beds on Ward 63.

Both of these proposals are yet to be fully worked up and agreed but given the existing pressures on Saint Mary's Theatres it is likely that in the short term we would look to accommodate the activity by introducing a 3 session day model of working but in the longer term we would need access to an additional theatre.



Dr Fiona Reid  
Clinical Director



Pam Kilcoyne  
Lead Nurse



Sam Evans  
Directorate Manager





## Highlights in 2012/13:

- Introduction of a Surgical Admissions Lounge on Ward 63 which has made the admissions process smoother.
- Introduction of a Theatre Reception Area in Saint Mary's Theatres, which has reduced some of the turnaround delays during theatre lists.
- Pooling of infertility referrals to the Reproductive Medicine service, which has resulted in a shorter pathway for patients awaiting IVF treatment.
- Introduction of Gynaecology urgency lists on Wednesdays and Thursdays by using IVF Anaesthetist from 11.00 am every day. (This is in addition to the dedicated Monday afternoon and Friday morning urgency lists).
- Appointment of Alison Watson, Clinical Scientist in Uro-gynaecology.
- Appointment of Emma Crosbie, Senior Lecturer - Gynaecological Oncology.
- Appointment of Lamiya Mohiyiddeen, Consultant Obstetrician and Sub-specialist in Reproductive Medicine.
- Appointment of Kingshuk Majumder, Consultant in Reproductive Medicine.

## New Services

- **Essure: Hysteroscopic Sterilisation**  
Female sterilisation involves blocking or sealing the fallopian tubes, which link the ovaries to the womb (uterus). Essure sterilisation involves inserting implants into each of the fallopian tubes via a hysteroscope, which is passed through the vagina and cervix. The procedure therefore doesn't require cuts to be made in the abdomen. The implant causes the fallopian tube to form scar tissue around it, which eventually blocks the tube.
- **Botox: Intravesical Botulinus Toxin for overactive bladder.**  
The symptoms of overactive bladder syndrome include the need to urinate often and without much warning (frequency), and urge incontinence (the strong need to urinate followed by an inability to stop passing urine). It is caused by the bladder muscle contracting before the bladder is full. Botox injections are a useful treatment option for women with incontinence due to overactive bladder syndrome that has proven difficult to treat with other methods.
- **PTNS: Percutaneous Tibial Nerve Stimulation for overactive bladder.**  
PTNS for overactive bladder involves inserting a fine needle into a nerve just above the ankle. A mild electric current is passed through the needle and carried to the nerves that control bladder function.
- **Recurrent Miscarriage Service.**  
Improvements have been made to the management of women experiencing recurrent miscarriage in early pregnancy. Patients are seen by dedicated nursing and medical staff who have a special interest and experience in managing this group of women.

# Newborn Intensive Care Unit (NICU)

The Newborn Intensive Care Unit (NICU) is designed to provide specialist care to infants requiring intensive, high dependency or special care.

Whilst serving the local population, the NICU is also one of three tertiary level neonatal units providing care to the smallest and sickest infants across Greater Manchester. Our Unit offers care to babies who require medical intervention, frequently arising from their prematurity. In addition, it is the only unit in Greater Manchester providing intensive care for newborn infants with surgical conditions.

We specialise in caring for babies with a range of conditions:

- Extreme prematurity from 22 weeks gestation and above.
- Complex respiratory disease.
- Complex renal and cardiac problems.
- Serious gut disorders.
- Complex genetic and metabolic problems.
- Diagnostic screening for retinopathy of prematurity (ROP) and choice treatment by cryotherapy or laser.

We are currently commissioned for 57 cots configured as 15 intensive care, 12 high dependency care and 30 special care and during 2012/13 admitted over 1000 babies to the Unit.

The Unit is staffed by a team of Consultant Neonatologists supported by medical staff in training. We work closely with Consultant Anaesthetists and Surgeons who provide additional care for those babies requiring surgery. There is a comprehensive nursing workforce with most nurses having undertaken additional education and training to become qualified in the specialty of neonatal nursing.



Dr Ngozi Edi-Osagie  
Clinical Director



Heather Birds  
Lead Nurse



Chris Ashworth  
Directorate Manager



## Maintaining financial viability and stability

Procurement savings - Liaison with the procurement team has identified recurrent savings and reduced store levels to an efficient but safe level. Adjustments made following the repatriation of Salford cots to Royal Oldham Hospital are proving to be broadly accurate and in line with expectations.

The continued development of an Advanced Neonatal Nurse Practitioner (ANNP) led High Dependency/Special Care Team following a review of the service the number of EPs in the team was increased to 8, acknowledging the increased work load in High Dependency/Special Care following the MiB cot configuration.

## Looking forward to 2013/14:

- Development of a Clinical Information System – standardised across all intensive care areas within the Trust.
- Reviewing the average length of stay for infants with a surgical/complex care pathway.
- Standardisation of neonatal resuscitation trolleys across both NICU and Obstetric directorates.
- Review the provision of Total Parenteral Nutrition to ensure early availability for any infant who may require it.
- Progress with charitable schemes to improve the NICU reception area environment.
- Further development and implementation of parental information to support repatriation to Local Neonatal Units.



# Clinical quality

## Quality Programme and Initiatives:

- **Further development of the neonatal dashboard** has allowed the Directorate to focus on specific metrics, which continue to demonstrate the delivery of a quality service and are cross referenced to external monitoring frameworks where appropriate – for example national neonatal CQuIN targets and the GM Neonatal Network Outcomes framework.
- **Establishment of Research Committee** serving to highlight the importance of neonatal research as a tool for pushing forward the boundaries in neonatal care. New research this year has included involvement in a range of studies including the Planet 2 study to compare different platelet count thresholds, the Extubate Trial comparing nasal CPAP v nasal BiPap following extubation, Vitamin D study reviewing the Vitamin D status of caucasian women and their infants at birth and at 4 months of age and a study reviewing the automatic analysis of brain electrical activity and its prediction of partial pressure of blood carbon dioxide in premature (<30 weeks gestation) infants.
- **Development of Neonatal ECHO and Developmental Care clinics** hosted on NICU to monitor infants cared for on the postnatal ward with an audible murmur and infants discharged from NICU who require follow up to monitor ongoing development and highlight any delay.
- **Reduction in the number of cancelled operations** work stream undertaken by the Surgical Care Practitioners and RMCH colleagues to reduce the numbers of infants whose surgery is cancelled on the day of operation with the exception of clinical need.
- **Application of GM post code boundaries.** Agreed by the GM Neonatal Network, postcode boundaries are enabling us to receive intensive care admissions from within our zoned area and ensure that infants are repatriated to the appropriate local neonatal unit (LNU). Further work with families is planned during 2013/14 to help embed this.
- **Appointment of Speech and Language Therapist and Neonatal Dietician** enabling babies with feeding/ swallowing and nutritional problems to be identified and referred to an expert practitioner and in turn improving quality of care.
- **Transfer of delivery of Synagis clinic to Outreach Team** allowed the Directorate to release pressure on the existing service deliverer, whilst ensuring care is given by skilled nurses and midwives who in turn will follow the babies up in the community.
- **Development of multi-disciplinary Newborn Simulation training**, providing experience of resuscitation scenarios in a non-clinical situation, thus strengthening the skills of all staff to respond positively and appropriately in an emergency situation.
- **Presentation of 5 posters at the April 2013 CARM fair.**
- **Development of the neonatal web page on the Trust website**, allowing families and visitors to gain access to information about the care delivered on NICU including explanations about the roles of the multi-disciplinary team. There is also information about some of the equipment in use and explanations about care beyond the Unit – either when returning home with the support of the Neonatal Outreach service, or being transferred to a local neonatal unit by the Transport Team.

## Highlights in 2012/13 include:

- Successful repatriation of intensive and high dependency care cots to the Royal Oldham as the final step in the Making it Better (MiB) project.
- Reconfiguration of the High Dependency/ Special Care Team to include two additional Enhanced Practitioners (EP). Introduction of the Trainee EP role.
- Appointment of two new Consultant Neonatologists.
- Silver award for the Improving Quality Programme.
- Beneficiaries of the DH Capital Improvement fund which allowed us to refurbish both our Counselling rooms.

# Obstetrics

Our Obstetric Directorate provides full maternity care for our pregnant women including pre-conceptual counselling, antenatal care, delivery and postnatal care. This care is provided by Obstetricians and Midwives with areas of expertise in their particular field. There are many specialist clinics including renal hypertension, HIV, diabetes, cardiac, haematology, pre-term labour, obesity, multiple pregnancy and fetal medicine. The team caring for the women are multi-disciplinary and include midwives, healthcare support workers, physiotherapists, anaesthetists, clinical geneticists and theatre practitioners to name but a few.

The directorate is a regional tertiary referral centre for genetics and fetal medicine. The unit spans three floors and includes:

- Antenatal clinic
- Fetal Medicine Unit
- Ultrasound
- Delivery unit
- Midwifery led unit
- Antenatal Assessment Unit
- 3 antenatal and postnatal wards
- Access to 3 theatres at any given time.

The directorate also provides antenatal out-patient services at Trafford District General Hospital and Salford Royal Hospital NHS Foundation Trust and a standalone Midwifery Led Unit at Salford.



**Dr Sarah Vause**  
Clinical Director



**Susan Slater-Jones**  
Directorate Manager



**Sharon Lynch**  
Deputy Head of Midwifery



**Anne Scott**  
Lead Midwife



## The Divisional Informatics Group

During the year the Division, with the support of the Corporate Informatics Department, established a Divisional Informatics Group.

The purpose of this group is for key clinicians and managers from the Division to develop specifications for, agree and prioritise Informatics developments within the Division.

The group is also a place where members of the Divisional team can raise any on-going or significant Informatics related issues so that the members representing the Informatics Team can take action to address them.



# Midwifery Led Unit

The patient is at the heart of all we do. On the Midwifery Led Unit (MLU) we have a Philosophy of Care and view labour as a normal physiological process. Care is therefore provided to meet each woman's individual needs. We provide a midwifery model of care and aim to avoid unnecessary medical intervention and thus help the birth process to remain normal.

We believe the experience during labour and birth for every woman and her family is unique and we actively aim to promote a positive experience for the woman and her birth partner during labour birth and the postnatal period. Our aim is to provide a comfortable relaxed 'home from home' environment for women and their birth partners during labour and we have been successful in securing monies to provide soft furnishings and birthing equipment to assist in promoting normality. We have purchased a multitrac system, birthing mats, bean bags, balls, soft furnishings and in addition improved the look of the environment with pictures and wall art. We are in the process of presenting a business case to support women using aromatherapy. The University of Salford has engaged student midwives to produce artwork with the focus on childbirth and they have donated two bespoke pieces for us to display on the unit.

During 2012/13 we assisted 1,483 women to give birth. Of these, 1,267 chose to have skin to skin contact with their baby and 1,059 initiated breast feeding.

When deviations from normal were identified, transfer to the Delivery Unit for a higher level of care and obstetric input was undertaken. This process was undertaken in a safe and timely manner. The transfer rate ranged between 25.5% and 36.1% with an average of 29%. The care in labour was assessed and reviewed for these women and the findings were positive and the transfers appropriate, as the majority of women needed medical assistance with forceps or caesarean sections to give birth.

Midwives have further developed skills in the promotion of normal birth with regard to intermittent auscultation, mobilising and upright positions, fluids and nutrition and the use of water. In the last 12 months we have increased the number of women using the pool from 20% to 27%.

## Maternity Transformation Programme

The Maternity Transformation Programme began within Saint Mary's in February 2013. This programme of work has been established as a result of the review undertaken by McKinsey and Co Consultancy during 2012, within Obstetrics.

The review identified a number of key opportunities to enable the Obstetrics directorate to work more efficiently, and these opportunities were organised in to five main workstreams. Each of these workstreams has a designated consultant lead, with midwifery leadership being provided via two Matrons who are providing dedicated support for the entirety of the programme. This aims to ensure that all changes are clinically led.

The workstreams are:

- **Timely Discharge** - Reduce average length of stay by improving discharge planning, ward round and focusing on timely discharge.
- **Optimising Working Time** - Reduce the amount of time on activities that do not directly improve patient care, including duplication of administration, inappropriate activities and inefficient use of equipment.

- **Right People, Right Time, Right Place** - Placing staff to better mirror patient activity by location and time of day.
- **Community Midwifery** - Improving the effectiveness of the Community Midwifery team to reduce non-patient facing time (eg. Improve route planning, reduce failed visits).
- **Effective Use of Space** - Redesigning the use of space within Saint Mary's Hospital to provide appropriate capacity for the future and enable better patient flow.

As well as these five workstreams, the programme links heavily with the ongoing work around IT within Obstetrics and will feature in the directorate meeting which brings together all of the work around IT (eg. Maternity specification, PbR, Self check-in).

Regular updates on the progress of the Maternity Transformation programme will be provided at both formal Directorate and Divisional meetings as well as through regular communication sessions with staff, and updates in Divisional newsletters.

# Standalone Birth Centre at Salford

The standalone Birth Centre at Salford Royal Hospital first opened in December 2011. The facility offers women with low risk pregnancy an opportunity to have their baby closer to home under the care of a Midwife.

The Birth Centre consists of six rooms, three of which are en-suite and all are equipped with birthing balls, mats, tea/coffee making facilities, radio/CD player etc and one has a birthing pool. Each room has a homely atmosphere and calm ambience, with little or no medical equipment on display, to aid relaxation. Women may choose which room to birth in and be accompanied by one or more partners. There are no restrictions on visitors, although most women have an early discharge home. Women are offered a 2 hour discharge, but may stay longer if they need or wish. Average length of post natal stay is 11.9 hours.

The Centre was originally expected to accommodate approximately 200 births per year. However, in 2012/13 the Centre cared for 300 women in labour, of which 244 birthed without any complications.

- Of these, 30% birthed in the pool, although 45.3% used the pool during labour for relaxation and pain relief.
- Only 20% of all women requested intramuscular pain relief (Diamorphine or Pethidine), with the remaining 80% using the pool, Entonox (gas and air), attendant support and/or relaxation techniques.
- 60.6% of women chose to breast feed.
- 90% had skin-to-skin contact with their newborns, with its proven benefits for bonding.
- Of the 300 women cared for, 83 women (25.3%) were transferred to the obstetric unit at Saint Mary's Hospital, which equates to the norm nationally for midwife-led units. 56 women (18.6%) were transferred in labour, of which 34.4% were giving birth for the first time, as opposed to 8% of the multiparous (given birth more than once) women cared for. The principle reasons for transfer of care were: delay in labour, meconium stained liquor and prolonged rupture of membranes. 50% of the women transferred needed an instrumental delivery, the remaining 50% had vaginal births, but often needed CTG monitoring, Intravenous Syntocinon infusion, or other interventions.

The most common transfer reason postnatally was a retained placenta, perineal suture review or neonatal review/antibiotics.

Highlights of the last 12 months have been our 100th birth in June 2012 and the Birth Centre's first birthday celebrations, which were attended by many of our mums, dads and babies, staff and Hazel Blears, MP.

Another highlight has to be the fantastic feedback we get from our families and the photographs they send for us to put up on our notice board.

Our focus for the coming 12 months will be to continue our success, promote the service we offer, explore the possibility of hosting active birth workshops and gain accreditation on the Improving Quality Programme.



(l-r) Alison Richardson (Team Leader), Kathy Murphy (Head of Nursing and Midwifery), Hazel Blears MP, Louise Shaw (Matron), Karen Connolly (Divisional Director)



Kathy Murphy and Hazel Blears MP cut the cake to mark a successful first year!



# Sexual Assault Referral Centre (SARC)

The St Mary's Centre (SARC) provides a comprehensive and co-ordinated forensic, medical aftercare, support and counselling service to children, young people and adults who have experienced rape or sexual assault (whether this has happened recently or in the past). Services are offered on a 24 hour basis regardless of whether a report has been made to the police.

The Centre is nationally recognised as a model of good practice and to date has provided services to over 15,000 clients across Greater Manchester.

SARC services are delivered by a multi-disciplinary team including:

- Crisis workers
- Forensic physicians
- Paediatrician
- Independent Sexual Violence Advisors
- Child Advocate
- Counsellors.

The centre is committed to inter-agency working to ensure quality follow on care and provides educational programmes to raise awareness and help develop skills in this field, including:

- The SARC Annual conferences which attract national and international speakers and delegates.
- Forensic and Medical Examination for Rape and Sexual Assault (FMERSA) – accredited by the University of Manchester and open to practitioners wishing to develop their knowledge and skills in this specialised field.
- Introduction to SARCS and Sexual Assault Forensic Medicine - an annual introductory programme for the provision of services to adult and child victims of sexual violence.
- Ano-Genital Findings in Children - Differential Diagnosis study day. This is a new course for paediatricians and forensic medical practitioners.

**For more information visit:**  
**[www.stmaryscentre.org](http://www.stmaryscentre.org)**



**Dr Catherine White**  
Clinical Director



**Bernie Ryan**  
Centre Manager

St Mary's Sexual Assault Referral Centre hosted its 11th Annual Conference ***'There's no place like home: sexual violence in the context of domestic abuse'*** on February 28th and March 1 2013 at Manchester Town Hall.

The conference explored a number of key issues, including looking at the psychological impact of prolonged sexual and domestic abuse; the challenges in bringing about successful prosecutions; understanding the barriers to reporting sexual violence and abuse by male victims and examining how we can improve information sharing among agencies. There was also a session on support for those that work with victims of abuse. In addition, there was an update session on the progress of National Commissioning Boards and provision of SARC services.

A number of workshops, seminars and master classes were held. These included the latest forensic examination techniques; an insight into the historical and cultural issues surrounding forced marriage; use of Independent Domestic Violence Advisors in hospitals and understanding the DASH Risk Assessment and MARAC.

The St Mary's Centre was the first sexual assault referral centre in the UK and our conferences have become key annual events for the discussion of new ideas, and a forum for networking within the growing sexual assault aftercare community. The conference is open to anyone who works with victims or rape or sexual assault and usually attracts around 200 delegates each year.

# Clinical Effectiveness

The Division continues to be committed to the Trust Objective for Patient Safety and Clinical Quality. The Divisional Clinical Effectiveness dashboard is reviewed at each month's meeting. The dashboard has had a number of additions as a result of the thematic review of incidents and the subsequent investigations.

This has now made this a more dynamic tool to measure progress and performance.

## Main Highlights 2012-13

- No MRSA bacteraemias since 2009.
- Improved recognition/response in Gynaecology since the introduction of Patient Track.
- Implementation of Patient Track on maternity wards.
- Introduction of K2 for intrapartum care, supporting improvements in documentation.
- Decline in the number of patient falls.
- Improved directorate feedback into the Divisional Clinical Effectiveness Board.
- Additional education for nurses and midwives to improve the quality of High Level Investigation (HLI) reports.

- HLI and complaints progress mapped weekly to ensure support is in place to meet targets.
- Improved staff engagement on risk using the 'Quality bus'.
- A focus on the Divisional Risk Register as a tool to support clinical care.
- Retention of CNST level 3 for Maternity

Standards following a further visit in August 2012.

- Directorate programmes for audit days with multi-disciplinary engagement undertaken.
- Implementation of prolonged course of VTE prophylaxis for patients in Gynaecology with cancer or other major risk factors, in line with NICE guidance.
- Introduction of Chloroprep for skin preparation at caesarean section to reduce wound infections in Obstetrics.
- Screening for gestational diabetes in pregnancy is now compliant with NICE guidance.

# Managing medication errors

Pharmacy induction for all new doctors in the division is now in place and completion of the e-learning package for prescribing is monitored by the lead pharmacist.

All directorates have processes in place to review and act on medication errors.

## Gynaecology

Medication errors working group meets bi-monthly and actions implemented re the main themes are:

- Penicillin allergy incidents - allergy status now recorded in pre-operative clinic; red dots used on prescription charts for documented allergies and additional training with staff.
- Theatre antibiotic incidents - additional guidelines; audit, discussion of allergy status and prophylaxis at time out.

- Fewer problems regarding medicines reconciliation since non medical prescribers started prescribing at pre-operative clinic.
- Dose timing critical stickers have reduced the number of omitted doses.

<b>Total Medication Errors 2012/13:</b>	<b>233</b>
<b>Breakdown:</b>	
Level 1	99
Level 2	121
Level 3	12
Level 4	1



## NICU

Out of over 11,000 prescriptions issued in the year, NICU had 114 on which there were errors. A number of measures have been implemented via the NICU drug forum to decrease errors which includes:

- Improvements in electronic prescribing supported by new guidelines for prescribing and administration of medicines.
- Powerpoint and snapshot/opportunistic training.
- 'Drugs and dosing' – a programme on our pumps which enables the drug name and dose given to be displayed on the infusion pump.
- Use of Trust medication error policy.
- Colour printing - red ink for fluid restricted or small babies.
- Vancomycin and Gentamicin have an additional monitoring sheet to identify when levels are required, what the levels are and what action should be taken.
- To reduce omitted doses by the use of new nursing charts with a forward plan for medication.
- Revised content of intravenous (IV) therapy study day.
- Drug calculations and electronic prescribing programme on bedside computers.

## Obstetrics

There has been improvement in two main areas:

- HIV medication omissions - education undertaken at ward level to ensure babies born to HIV mothers go home with the right amount of medication to finish the course.
- TTOs - work has been undertaken to improve the waiting time for TTOs to ensure discharge is not delayed.



## Infection Control and Harm Free Care

There have been no MRSA bacteraemias and two attributed cases of Clostridium Difficile, these being in August and November 2012.

A Divisional Infection Control and Harm Free Care meeting is now in place. Its role is to review the four harms (VTE, pressure ulcers, catheter acquired infections and falls), review any acquisitions and CPCs and ensure the dissemination of education and training required to maintain high standards.

### Pressure Ulcers

There were 3 pressure ulcers reported in NICU which would be classified as level 3 or 4 by the Tissue Viability Team. One was in a neonate who was transferred to NICU from another hospital and the other two were found in pre-term infants caused by pressure from items of equipment. The challenge of preventing pressure ulcers in neonates with very little skin integrity is difficult and the usual methods of pressure relief versus minimum handling are employed. It is unclear how long any sustained pressure will result in an ulcer as each baby will have a different tolerance level. The neonatal team are looking at the masks used for CPAP ventilation and duoderm skin protection as improvements and preventative measures.

### Falls

The number of patient falls in the Division has continued to decrease. There have been 18 falls in 2012/13 (in comparison to 38 in 2011/12), all of which are low level and resulted in either no harm or low harm. Six of these were babies that fell off beds. As part of their postnatal care, women are reminded of the risks of falling asleep when feeding their babies.

The reduction is predominantly in Gynaecology with six falls over the twelve month period (24 in 2011/12). This has been accredited to the introduction of intentional rounding, which is embedded into practice.

There have been three staff falls resulting in injury. Actions have been taken to reduce the risk of staff falls and include replacement of the flooring in one delivery room, education around the use of under buttock drapes to reduced fluid spills and education around footwear.

Though the numbers are low, all falls are now being presented at the Infection Control and Harm free care meeting to ensure shared learning.

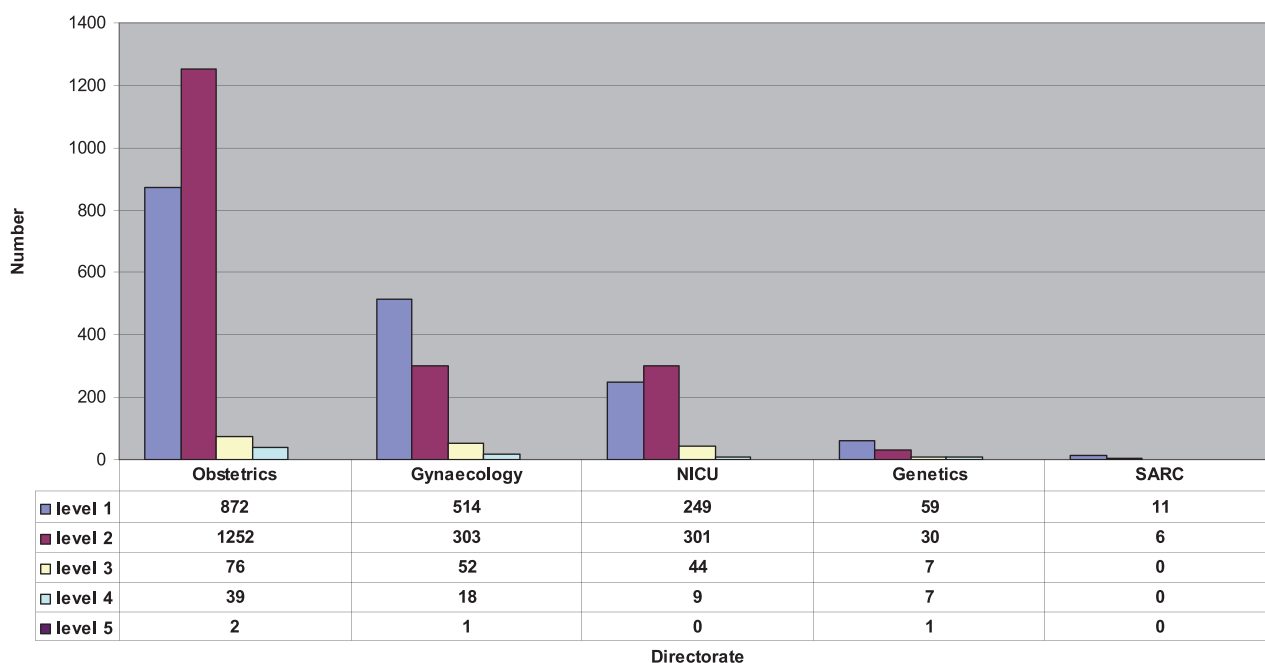
# Risk Management

Saint Mary's Hospital maintains a good incident reporting culture. From 01/04/2012 to 31/03/2013, there have been 3,865 incidents reported, showing a 30% increase on the previous year.

The top 5 cause groups are:

- Maternity/Neonatal Care
- Laboratory tests
- Documentation
- Infrastructure
- Treatment/procedure

## Incidents reported by directorate 2012-13



There have been a significant number of sampling errors recorded during the twelve month period. This accounts for an average of 4% of the patients accessing services in Saint Mary's.

Each directorate has put processes into place in an attempt to reduce the number of incidents occurring and to improve patient experience as a result.

During 2012/13 there have been 77 level 4/5 incidents (HLIs); 9 incidents, all in Obstetrics, have breached the timeframe. There have been 5 incidents in the division which have resulted in actual harm at level 4/5. 40 senior nurses and midwives have received additional training to update their knowledge of the RCA process and how to write a succinct report.

Weekly meetings are now being held to monitor the progress of ongoing HLIs to ensure the appropriate guidance and support is in place to ensure completion of the report within the 40 day timeframe. Complaints are also reviewed at the same time, to ensure there is an integrated approach to Governance where the two processes overlap. There are three dominant themes of HLIs, the progress of which are reviewed at the monthly Clinical Effectiveness meeting:

- **Anti-D incidents** - All of these have been reviewed and actions implemented, though the incidents continue to occur. The Clinical Effectiveness team is currently looking at using IQP methodology to understand what achievable additional actions can be put into place.



An audit of knowledge around anti-D has been undertaken, which has shown that despite actions being taken around education, more work is required. Further work is planned with the Blood Transfusion team to set up a training programme for midwives, nurses and medical staff.

- **Wrong blood in tube** - Education for the clinical teams has been division-wide. There has been targeted feedback on the ACE days. Gynaecology has targeted all staff, ensuring they are aware of the policy and the risks. The 'Saint Mary's Quality Bus' focused on wrong blood in tube as one of the key risks. The information has also been highlighted in local newsletters.

- **Newborn screening** - a trial is in place between the laboratory and NICU to highlight any problems with samples directly (rather than via Child Health). Since this was implemented, there have been no further incidents where babies' screening has fallen outwith the guidelines.

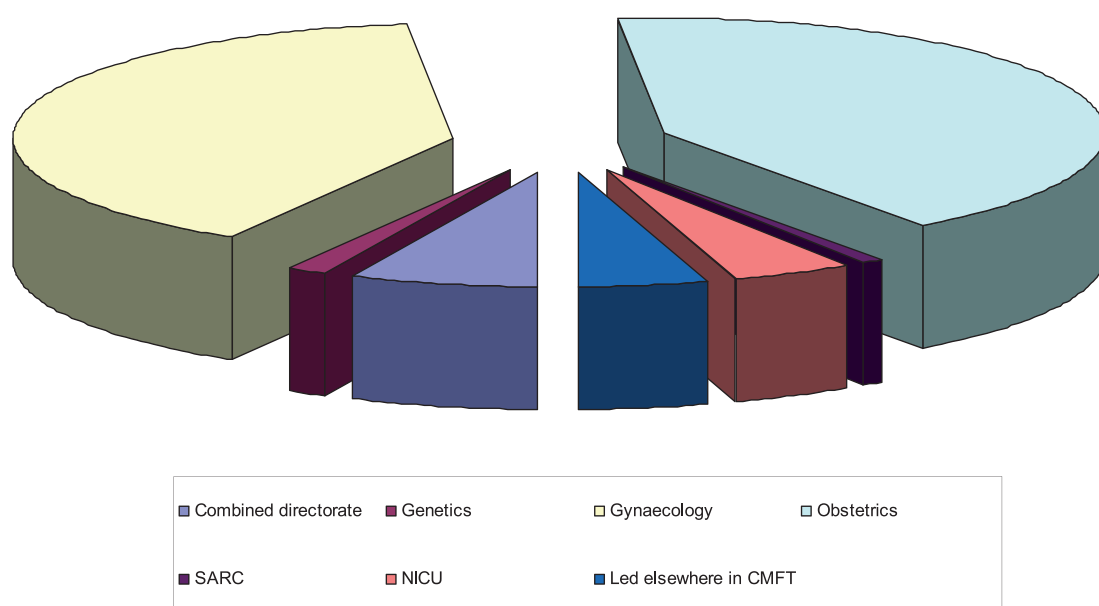
There have been no high level risks on the Saint Mary's risk register, however, there are a significant number of medium level risks. These are reviewed in Clinical Effectiveness Forums and business meetings. Central funding has enabled a number of risks relating to equipment to be removed.

The division continues to build on the successes of the year to date. The key challenges in the next year are to improve the standards of record keeping, improve the analysis and learning around harm free care and infection control and reduce the number of recurrent theme high level incidents.

## Complaints

In 20012/13, there were 123 complaints received within the Division, with an additional 6 requiring input from Saint Mary's Hospital but led by other divisions within CMFT. This represents a slight increase overall from 2011/12, in line with an increase in complaints trust-wide.

Complaints by directorate



## Main Themes

Communication and staff attitude remain a key theme running through a high proportion of the complaints across the division.

In the Obstetrics directorate, the main theme is around care in labour and postnatal care and managing expectations of the women. 50% of Gynaecology complaints are from IVF and primarily relate to eligibility for treatment and delays in the referral and treatment process. The rest of the Gynaecology complaints are relating to appointment delays and issues with some aspects of clinical care.

NICU have only had a small number of complaints. The main theme running through these is around the planned transfer of babies within the neonatal network back to local units.

## Action Planning

Weekly complaints meetings over the twelve month period have proved to be successful in managing the timely completion of complaints within the timeframes and have improved communication with the corporate complaints team. Any concerns with ongoing complaints are highlighted as part of this process which has led to some negotiation around timeframes.

Action plans are now completed with the complaints, though going forward, documented evidence of completion of the action plans needs to become more robust. As part of the divisional plan for improving quality, the work undertaken as part of the Nursing and Midwifery strategy on values and behaviours is being rolled out across the multi-disciplinary team, with the expectation that this will support the key theme coming out of complaints and incidents.

# You said - we did

In response to patient feedback, in the last year we have made the following changes to our Gynaecology service:

**Emergency Gynaecology Service** – Patients wanted it open longer to reduce waiting times and improve the service.



The Emergency Gynaecology Unit (EGU) has extended its nurse led service in its current location and is now open 7 days a week from 8.00 am to 10.00 pm and the average waiting times have been reduced.

**Patient information** - patients wanted more information for specific conditions.



We now have a comprehensive set of patient information leaflets available on the gynaecology website, in clinics and on the wards.

**Theatres** - patients wanted to stay with their relatives whilst waiting for surgery.



The theatre suite now has a comfortable waiting area where patients and their relatives can stay together right up until the point of transfer to the anaesthetic room.

**Gynaecology out-patients** - Patients wanted to know how long the delays were in clinics.



We now regularly update the average waiting time information in clinic.

**Discharge information** - Patients wanted better information on discharge from the wards.



We have now developed a discharge pack and posters containing all the information patients wished for.

**Discharge processes** - Patients wanted to have their take home medications quicker.



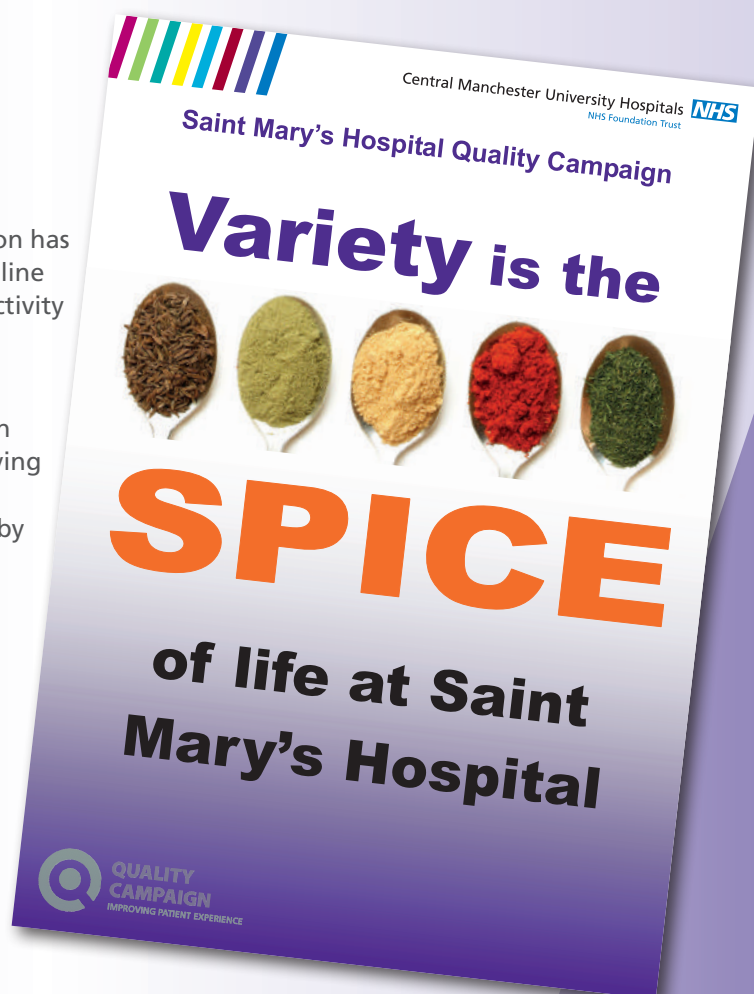
We employed pharmacy technicians on the ward to improve the service and reduced the waiting time.



# Quality

Building on the success of last year, Saint Mary's Division has progressed with a number of key quality initiatives, in line with the Trust Objectives of Patient Experience, Productivity and Efficiency and Quality and Safety.

The Saint Mary's Quality Campaign is characterised by the "SPICE" acronym which identifies the 5 areas which cover all work-streams - Staff Engagement; PPI; Improving Quality; Communication and Equality and Diversity. Objectives with measurable outcomes were drawn up by the Group to provide a framework for practice.



## Staff Engagement

***"To ensure that the multi-disciplinary workforce within Saint Mary's Hospital share a set of positive attitudes and behaviours which encourages staff to perform at a level which meets not only their own expectations but that of the organisation and the patient/carer community."***

- The annual staff survey
- Local staff engagement sessions supported by the Patient Experience Team with each area having local action plans. Each area has then developed local action plans for example:
  - Suggestion e-mail address for staff to use which has identified the need for vending machines in the clinical areas.
  - The Delivery Unit Action Plan for staff engagement is ongoing with a focus of a trial of shift pattern 11-7 to cover break periods.

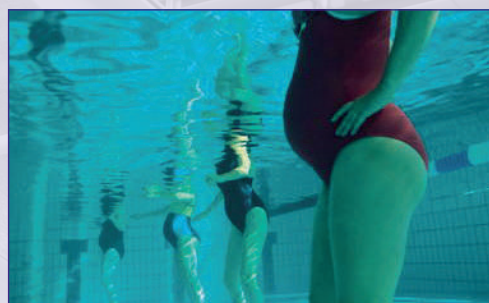
- The development of a DVD to support patient experience.
- SARC held a Team training day where the outcomes of the Unit's psychological wellbeing survey were discussed and actions planned to improve areas of concern.
- The OD&T staff undertook a bespoke training workshop for the A&C staff in Genetics to address issues identified in appraisals undertaken in 2012.
- Senior leadership walks undertaken by the Clinical Head of Division and Divisional Director to understand issues in the workplace that matters to staff. Action plans were developed as a result of these.

The Saint Mary's Quality 'Bus' went out into the Division quarterly (to coincide with the CARM fair). Themes have included aspects of Quality; Risk and Health and Safety. The engagement by the administration teams across the Division has encouraged the Quality team to ensure that the content of future 'tours' will reflect an equal mix of clinical and administrative topics.

# Patient and Public Involvement (PPI)

- *"To ensure effective data collection of the patient and community profile to support future service development.*
- *To ensure the promotion of patient, family and carer partnership with the multi-disciplinary team within Saint Mary's Hospital.*
- *To involve patients and carers in the planning, measuring and development of the services within Saint Mary's to improve the quality of services.*
- *To ensure accessibility to good quality information and Interpretation Services."*

- NICU is working to strengthen the parents' forum where parents and their families are involved in a number of activities to ensure improvement remains ongoing.
- In-patient areas within Maternity and NICU have been improved with new soft furnishings to improve the patient environment, following a successful Department of Health bid.
- Genetic Medicine is undertaking some life changing and highly significant work with the NF1 and NF2 families. Lip reading and British sign language training has been identified as a training need and is being established for families. An additional outcome of the Family Fun Day was the need to deliver hearing awareness training to genetic medicine staff, which is in the planning phase. The Directorate is also establishing a Patient Alliance Group to develop closer working partnerships between patients and professionals.
- The Gynaecology Directorate have several patient surveys ongoing, (Pain audit, Recurrent Miscarriage Service Survey, Gynae-oncology team patient survey) and the patient experience Survey of Colposcopy in the North West.
- The Obstetric Directorate continues to support the young parents' group, parent education, aquanatal classes and breastfeeding classes.



## Penna Awards Finals for Genetic Medicine

The Huntington's Disease team in Genetic Medicine were selected as finalists for the Patient Experience Network National Awards (PENNA) in the category of Access to Information. The team's project was entitled 'Improving information for patients and carers attending a multi-disciplinary clinic for Huntington's Disease'.

Over the last year or so the team have developed several new information leaflets for patients to help them prepare for their appointments and maximise the benefits of attending. The team have also evaluated two of their services using patient questionnaires to gather feedback and ideas for further improvements. As a result of this, several patient led ideas have been put into action, such as providing more information on recent research to patients.

Mary Jones, Dawn Rogers and Iris Trender-Gerhard attended the awards on behalf of the HD team. It was a great day celebrating innovative projects and examples of best practice from all over the country that have succeeded in improving patient experience in the NHS. The whole HD team contributed to the development of the leaflets and questionnaires. The team also includes Bill Beckett, David Craufurd, Liz Howard, Helen Murphy, Rhona MacLeod, Alison Clarke, Judith Bek, Cheryl Stopford, Jo Patterson and Isobel Atkinson.





# Improving Quality Programme (IQP)

- Saint Mary's participated in the CMFT Nursing and Midwifery Conference: 'Just the Way you are'. This was aimed at showcasing the varied ways in which the Trust meets the Equalities Agenda through the delivery of patient focused services. Saint Mary's staff were there to support the event and showcase the excellent work we continue to deliver across the diverse range of services by setting up a market place stall and displaying a range of work projects and posters. Presentations from the Division covered topics such as :
  - Delivering quality care in a home environment.
  - Creating an Obstetric HDU; the integration of critical care nurses within Obstetrics at Saint Mary's Delivery Unit.
  - Development of a Neonatal Intestinal Failure Pathway.
  - Safeguarding: Domestic abuse – everybody's business?
  - Public Health: Male partners in Antenatal HIV testing.
  - Assessing the sexual needs of women in the gynaecology department.
- Following the introduction of the Nursing and Midwifery Strategy the Division has continued to embed the values and behaviours work across the Directorates. Firstly by agreeing a set of Divisional aspirations and commitments and secondly by undertaking a series of engagement sessions with all grades of staff across the Division as part of the dissemination process.
- The work undertaken by the Division in preparation for the Maternity Standards CNST has continued with on-going work through multi-disciplinary working groups such as the Perinatal Liaison group with 3 sub-groups, (Parental Support, transfers to NICU and Resuscitation) and the liaison with the Royal Manchester Children's Hospital to review timely transfers of infants into on-going care.
- Saint Mary's continues to show a continuing commitment to the Improving Quality Programme. The first Gold award for Saint Mary's was achieved by Ward 66 (Maternity), followed by one for Ward 62 previously a white ward (Gynaecology). The hard work and commitment of the Ward 62 staff to learn from the first assessment was evident and

***"To ensure that within Saint Mary's we create a climate that supports change for improving quality, engage motivated and knowledgeable staff to drive change and improve the patient experience"***

will benefit the patients going forwards. The IQP methodology is being used with the Maternity Transformation Project to continually review the infrastructure and system processes within the Directorate and to streamline services in a cost effective safe way.

- The Patient Tracker and Quality Care Round data is collected and monitored across the division with improvement activities and remedial work undertaken to correct less than optimal service delivery. Work was undertaken in the Gynaecology ward to improve the patient experience in relation to pain relief. The Consultant ward round times were amended in NICU as a result of parental complaint and one ward round has been removed completely improving the accessibility for the parents and visitors.
- As part of the Brilliant Basic's initiative, the final quarter saw the Division focus on Care and Compassion linked with mainstreaming of the values and behaviours work. Within the Neonatal arena, bereavement and palliative care pathways were reviewed and a National Bereavement Study day was delivered in early April 2013 by the Neonatal team. The team also held a regional workshop in the autumn to support the development of neonatal bereavement care across the regional tertiary centres.
- The Genetic Medicine team were finalists in the Patient Experience Network National Awards (PENNA) in the category Access to Information. (See previous page)

# Communication

*"To improve the effectiveness and efficiency of our communication process with the patients, carers and families in our care so that they are satisfied with the information they receive, they feel involved in the decision making process regarding the care of themselves or a family member and that they feel they have been treated respectfully and fairly throughout their admission to the Trust environment"*

- The Division continues to undertake Intentional Rounding as a resource for improving communication with patients and has seen very positive results. An extension to this is being developed through the Accessible Information Working Group (Aztec Project) where pictorial representations of breastfeeding/baby feeding; baby changing or bathing and cuddling or kangaroo care are being developed to improve parental engagement with the ongoing care of their baby both on the Neonatal Unit and the post natal wards where language is a barrier to understanding.

- The Sexual Assault Referral Centre hosted a National Conference in February entitled 'Sexual violence within the context of Domestic abuse'. This had very eminent speakers on the programme and was very well attended. The SARC team have also been working on a documentary for the last 12 months which will be aired in the very near future. It has been created very sensitively and should provide viewers who may have experienced sexual violence to know more about support which is available to them.
- The Obstetric Directorate participated in a BBC documentary called 'The Midwives' which was broadcast over a 6 week period from 31st July to 3rd September. The response from the general public and staff alike was very positive and a second series has been commissioned. The aim is to highlight the specialist services available to women and their families within the maternity service.



## Key elements in our Staff Survey and Voices action plan

- We have established for Saint Mary's the **smh.suggestions@cmft.nhs.uk** e-mail address to encourage staff to put forward their ideas, feedback or suggestions on ways in which we can improve services for our staff and patients.
- We have implemented staff engagement sessions/forums to enable staff to meet with managers to discuss and raise any issues.
- We are working closely with recruitment to improve the time to fill rates for vacant posts and have seen this reduce from an average of 195 days to 111 days, which will help us to improve staffing levels.
- We have increased our focus on lessons learnt within each Directorate, to take forward improvements for staff and patients.
- Divisional and Directorate newsletters regularly issued to keep staff informed.







# Equality and Diversity

***“To ensure that the services we provide are focused on the individual, are fair and respectful and meet the diverse needs of the community we serve.*”**

- The Division has provided a large quantity of evidence supporting the delivery of respectful and dignified care across the full range of patient groups for the Equality Delivery System. Evidence demonstrating compliance with guidelines and policies, and patient stories clearly identifying patient needs, actions undertaken and patient outcomes relating to the protected characteristics were included.
- The monitoring of Equality and Diversity data is reviewed at the patient profiling meetings and in addition, a number of smaller studies have highlighted the diverse nature of our client group and where service needs differ and have been developed. The Asylum Seekers/Refugee Specialist Midwife work is one example of this. The Genetics department has developed a DVD/website made available to all Regional Genetics Services covering the topic ‘what is genetic counselling’ and the translation of leaflets in British Sign Language so that information can be shared by both deaf and hearing members of the same family.
- Patient stories have demonstrated a caring and compassionate commitment to the patient and whole family. This is clearly demonstrated by the Macmillan nurses who work with Gynaecology patients on the Cancer pathways, the Neonatal Outreach team working with vulnerable families transferring into the community, the work undertaken to support both mental and physical disabilities in both obstetrics and gynaecology areas and the supportive work undertaken by our administration teams across the division.
- Through the process of Equality Impact Assessments, the division has monitored the potential impact of policies and guidelines and identified where an adverse impact could affect a particular group of patients. 101 policies/guidelines have been assessed over the year and action plans put into place to minimise negative impacts.
- Big Word, an interpretation service, continues to be used very successfully across the Division improving communication and patient satisfaction, saving patient and staff time and financial resources.
- The Learning Disabilities Passport is used across the division to promote understanding and satisfactory care provision and involvement for the vulnerable and complex patient. The Gynaecology department have demonstrated excellent use of this where a patient with Angelmann Syndrome was admitted and a very specific patient focused care plan was agreed with her carers and implemented successfully.

# Staff Survey Results 2012

The 2012 survey provides feedback based on 28 Key Findings. 6 of the Key Findings have changed from the 2011 questionnaire and cannot be compared against previous results.

The 2012 full census results are based on responses from 48% of Saint Mary's employees, which is an increase from the 31% response rate in the previous year.

## Above Average or Improved from 2011:

### 11 Key Findings

- KF1: % of staff feeling satisfied with the quality of work and patient care they are able to deliver **(improved from 55% to 66% though below the Trust average of 74%)**.
- KS5: % of staff working extra hours **(improved by 5% but above the Trust average by 6%)**.
- KF8: % of staff having well structured appraisals in the past year **(improved by 3%)**.
- KF9: Support from immediate managers **(improved by 3%)**.
- KF16: % of staff experiencing physical violence from patients, relatives or the public in the last 12 months **(scored 3% compared to the national average of 15%)**.
- KF20: % of staff feeling pressure to attend work when feeling unwell in the last 3 months **(improved by 5%)**.
- KF22: % of staff able to contribute towards improvements at work **(improved by 8%)**.
- KF23: Staff job satisfaction **(improved by 2.4%)**.
- KF24: Staff would recommend the Trust as a place to work or to receive treatment **(improved by 3.2%)**.
- KF26: % of staff having equality & diversity training in the last 12 months **(improved by 12% and 15% above the national average)**.
- KF28: % of staff experiencing discrimination at work in the last 12 months **(improved by 4%)**.

## No Significant Change from 2011:

### 7 Key Findings

- KF2: % of staff agreeing their role makes a difference to patients **(scored 87%)**.
- KF4: Effective team working **(scored 74%)**.
- KF13: % of staff witnessing potentially harmful errors, near misses or incidents in the last month **(scored 48%)**.
- KF14: % of staff reporting errors, near misses or incidents in the last month **(scored 96%, above the national average of 90%)**.
- KF15: Fairness and effectiveness of procedures for reporting errors, near misses or incidents **(scored 72.8%)**.
- KF25: Staff motivation at work **(scored 74.6%)**.
- KF27: % of staff believing the Trust provides equal opportunities for career progression or promotion **(scored 89%)**.

## Below Average or Deteriorated from 2011:

### 4 Key Findings

- KF7: % of staff appraised in the last 12 months **(scored 89% in 2012 and 96% in 2011, but above the national average of 84%)**.
- KF10: % of staff having health & safety training in the past year **(scored 86% though this was reduced from 94% in the previous year and is above the national average of 74%)**.
- KF11: % of staff suffering work related stress in the past year **(increased from 36% to 43% and above the national average of 37%)**.
- KF12: % of staff saying hand washing materials are always available **(scored 45%)**.



# Nursing & Midwifery Strategy

## Behavioural Framework

### Values and Commitments to Care

Consultation regarding the behaviours associated with the agreed values took place at the Lead Nurse meeting and the Ward Managers meeting in July. The next step agreed was to undertake a series of further consultations with all grades of the multi-disciplinary staff across Saint Mary's. Due to the timescale, it was decided that the Quality Bus would be used as the 'vehicle' to meet the largest number of staff in the shortest time.

### Quality week

- 172 staff actively participated in discussions and positively engaged with the consultation.
- Areas visited: Gynaecology, wards and departments, Obstetrics, SARC, Gynae theatre, NICU, Genetics department.
- 'Tour guides' included Directorate Managers, Lead Nurses, Senior Midwives, Human Resource Advisors, Divisional Manager, and Ward Managers.

Three key questions were asked:

### What is great about the framework?

- Framework is transferable, clear and understandable.
- Developed by staff, therefore meaningful.
- Sounds positive and includes everyone.
- This Framework is a great tool to move our care forward for improvement.
- Directed not only at staff but also managers and clear examples of this.

### What would be better?

- Keep wording simple and remove jargon.
- Lengthy and wordy.
- Lots of duplication on wheel and values.

### Does the framework resonate with you?

- A BIG YES from the Division.
- Discussions in the Directorates demonstrated a commitment to all values, pride in the work they deliver and in their colleagues and teams.
- Strong desire to meet the service needs of the community and their individual patient needs.
- Key Themes: To treat others as we would wish to be treated ourselves and to walk in our patients footsteps.



# The Annual National In-patient Survey

This is a Care Quality Commission (CQC) requirement with the aim of obtaining feedback to improve local services for the benefit of patients and the public. Survey results are reported to the CQC and contribute to the Quality & Risk Profile and CQUIN targets and are monitored through the Trust's contract with commissioners.

The survey, undertaken by an independent provider, Quality Health, undertakes the postal survey on behalf of the Trust observing nationally approved survey methodology.

The survey covered aspects of the patient's admission, care and treatment, operations and procedures and discharge from hospital.

The in-patient results for gynaecology are based on the responses from 25 patients who gave an overall satisfaction rate of 69. This has deteriorated from the 2011 result (78).

## Results

From analysis the scores for the following questions all demonstrated improvement, some of them significantly:

- Privacy in the emergency department and when being examined or treated on wards.
- Single sex accommodation/facilities – the directorate feels this is interesting and reflects some of the local challenges with interpretation of data – 7% respondents answered that they had received care in a mixed sex bay, this despite Saint Mary's providing only single sex accommodation.
- Answering the call bell.
- Written information regarding medications.
- Length of time on the waiting list before admission – 100% of patient were satisfied with this.
- Cleanliness of toilets and bathrooms.
- Availability of hand wash gels.
- Quality of food and choice.
- Confidence in nurses.
- Getting answers from nurses.
- Enough nurses on duty.
- Family members being given enough information to care for you.

Some of the results demonstrate a level of congruence with the direction of travel across CMFT as a whole.

These include:

- Improvements to scores relating to cleanliness of facilities.
- Meals.
- Provision of understandable information when leaving hospital about medicines.
- Responsiveness to call bells.

There are a number of areas of concern which need focus and attention, these are:

- Confidence and trust in doctors.
- Waiting time on arrival before admission to a bed or ward.
- Noise at night from other patients and hospital staff.
- Getting answers from doctors to important questions in a way that patients can understand.
- Doctors and nurses talking in front of patients.
- Some staff saying one thing and others saying something different.
- Discussion with staff about worries and fears (CQUIN question).
- Getting emotional support from staff.
- Pain control.

The Gynaecology directorate is extremely disappointed by the results of the patient survey and has been undertaking a number of IQP modules and other work programs to make improvements to the patients' experience. Local Patient Experience Tracker data is more reassuring but still requires improvements. Action plans will continue to be monitored through the directorate quality meetings.



# Finance

The Division delivered on all of its objectives in 2012/13 including the requirement to save **£4,311k** through both recurrent and non-recurrent schemes. The directorate teams worked to ensure there was appropriate staff engagement and controls in place to deliver the savings required without there being any reduction in the quality of the patient experience.

## Financial Position 2012-13

The Division had a surplus of **£227k** at the end of March 2013, which includes expenditure of **£95k** in relation to the DoH bid for Improving Birthing Environments.

The 2012/13 surplus was attributable to:

- Patient related income which over performed against plan by **£435k**, driven predominately by Obstetric non elective activity offset by an underperformance in IVF/IUI arising from an additional theatre shutdown for the installation of the new incubators and nitrogen tank.
- Expenditure budgets overspent by **£208k** for which the key factors were:
  - Pay underspent by **£1,509k** due to vacancies predominately in Nursing and Midwifery (**£670k**) and Clinical Support Workers (**£511k**).
  - Non pay is overspent by **£2,355k** in the main due to:
    - In-year slippage against trading gap plans of **£1,582k**, recurrently **£1,534k**. The recurrent shortfall has been added to 2013/14 trading gap target for which schemes have been identified and will be implemented.
    - Clinical services and supplies expenditure of **£614k** arising from the over performance in patient related and divisional incomes.
- The Division exceeded the divisional income target by **£638k**, predominantly due to non recurrent sources (NMET and neonatal nurses) with the recurrent element being rebased for 2013/14 budgets (Genetics provider to provider income).

## Achievements in 2012/13

- Genetics completed a review of Service Line Reporting (SLR) which allows for the specialty to be split into 4 service lines (NF, Labs, Clinical Genetics and Willink). Further work is on-going in relation to Laboratories to enable the service line to split further into internal and external work.
- Business case for a Genetics Consultant has been approved by the Trust which gives the Directorate more capacity to enable them to manage the growing increase in demand.
- The Obstetrics Directorate has successfully introduced a recording mechanism for the Maternity Pathway Tariff which has changed the way in which the Trust receives income.
- Neonates have completed a review of Service Line Reporting (SLR) in conjunction with the funding requirements as part of the new cot reconfiguration.



## Screening of 5 millionth baby at Saint Mary's

The Newborn Hearing Screening Team based at Saint Mary's Hospital conducted the 5 millionth newborn hearing screen in the country on baby Ella-May Johnson in May.

The team which is part of Children's Community Services was featured on the BBC's Breakfast programme to help raise awareness of the importance of identifying hearing problems early in newborn babies.

The full team of 19 screeners work across all the maternity units in Manchester, Salford, Trafford and Bury, screening 17,500 babies every year.

Professor Adrian Davis, Director of the Newborn Hearing Screening Programme (NHSP), said: "Starting well is what we want for all our children. Good communication is fundamental to starting well and for the 5 million children screened in England, the Newborn Hearing Screening Programme has been focused on obtaining the best communication outcomes for them."



"It is acknowledged as world leading because it has delivered an integrated screening, diagnostic and support programme that is enthusiastically peer reviewed, driven by a concern to keep families engaged at all times."

## Midwife shortlisted for RCM award



Congratulations to Midwife Elaine Richmond who was selected as a finalist for the Royal College of Midwives Mentor of the Year award. The annual awards reward the professional excellence, hard work and dedication of the UK's midwives.

Katherine Ramsey, who nominated Elaine, said: "Elaine was my mentor on the very first labour placement of my training. When we first met, the first thing she said to me was that she loved working with students. This instantly made me feel at ease. From that point onwards she continued to make me feel valued."

Working with her increased my confidence as she drew attention to all the things I did well and where I could improve in a way that never made me feel incompetent."

"She guided me through my learning outcomes and clinical skills, intuitively knowing when I needed extra support. Her calming nature not only seemed to calm women in labour but also created a safe learning environment for me."

RCM Chief Executive, Cathy Warwick said: "This year we have had a record number of entries for our awards and the standard has been incredibly high, so I congratulate Elaine and her team on getting this far. It is so important that students, midwives and maternity services keep thinking about the services they offer and continue to innovate as Elaine has done, so that they can give the most up to date and beneficial care for women, their babies and their families."



# Sims Black Travelling Professorship for Dr Seif

Dr Mourad Seif, Consultant Gynaecologist, was the proud recipient of the Sims Black Travelling Professorship. This travelling professorship was the first to be awarded to Eastern Europe in recognition of his high profile of activity in global women's health in Eastern Europe and Central Asia. During this period Dr Seif visited five Universities and Institutes and corresponding hospitals in Romania (in Bucharest, Cluj, Tirgu Mures and Lasi) and two Universities and University Hospitals in Lithuania (Kaunas and Vilnius).

During these visits Dr Seif delivered a total of 16 lectures on subjects of 'Managing Infertility: An evidence based approach', 'Managing the menopause: An update' and on 'Achieving quality in women's health'. He also ran three workshops on diagnostic and operative in-patient and out-patient hysteroscopy and met with head of all the above mentioned departments and representatives of National professional societies. Dr Seif said "It was a great opportunity to include our Trust activities and high quality services in my presentations and to raise awareness of our Unit's professional credibility and quality of service in this geographical region."



## K2 intrapartum electronic system in Obstetrics

Work has and continues to progress with the K2 electronic intrapartum system. The unit went live in August 2012 with the aim to try and support midwives and the medical team whom are caring for women on Ward 64 and MLU to go paper light. All clinical data with regard to the care of the woman in labour is captured at the woman's bedside via K2 touch screen system.

The K2 system is able to provide the full electronic capture of patient information during birth including; CTGs, programmes, all labour events and outcomes. In the future the aim is that fetal blood sampling results and cord blood gas results will be populated directly from the blood gas analyser to the K2 system. The data is shown in real-time and can be viewed at the bedside, at the central station based in the main office and remotely by senior clinicians via the internet, day or night. This added accessibility is to enhance communication between clinicians and encourages discussion and shared experience, essential for support, promoting best practise and safety for our women.

To support the implementation, training time was allocated for all grades of staff to become familiar with the new system, and staff have worked hard to embrace this massive change in the way we document and capture care for women in labour. Staff have been identified from Delivery Unit core and are the K2 Champions – they have and continue to play a pivotal role in the implementation of the system.

Eleanor Stanley, Programme Manager, said: "I am very proud of the way all the staff and the Band 7 co-ordinators have embraced the new system and worked so hard with its implementation. It was clear from day one the staff liked the new technology and were keen to make the project work."

Work has been on going since the initial launch and now K2 can speak to other IT systems within the unit, which has been really beneficial and the work is still ongoing.





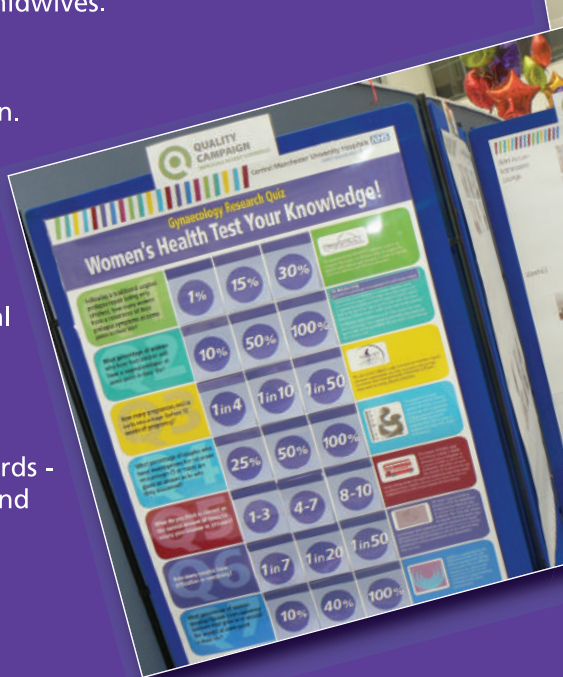
## Quality week at Saint Mary's

Staff at Saint Mary's Hospital organised a range of activities during a Quality week in July which proved very successful.

These included:

- A display of posters in the atrium showing quality achievements in the last 12 months, with representation from all directorates.
- Interactive activities supported by representation from all staff.
- Balloons showing the Divisional values from the Nursing and Midwifery Strategy spreading the message.
- Promotion of the SMH charity.
- Artwork display by student midwives.
- Staff engagement session.
- Customer service presentation.
- Collecting patient opinion.
- ACE day – division wide audit presentations and quality prize, directorate presentations, NICU (neonatal intensive care unit) audit train.

The week ended with the presentation of the Quality awards - the winners of these can be found on the coming pages:







### Category 1: Achieving the highest standards for patient safety

Winner: Gynaecology Clinical  
Effectiveness Team - Louise Samworth  
and Fiona Reid



### Category 2: Delivering excellent clinical services that meet all national targets

Winner: Gynaecology Directorate  
Management Team 2011/12  
- Dr Rick Clayton, Pam Kilcoyne,  
Sam Evans



### Category 4: Improving the patient experience

Winner: The Anaesthetic and  
Gynaecology Enhanced  
Recovery Team.



### Category 3: Implementation of the Quality Strategy

Winner: Roma Clinic –  
Midwives Sandra Cahill and Sally Platt







## Category 5: Developing specialist and tertiary services.

Joint Winners: Dr Anthony Smith,  
Consultant Gynaecologist specialising in  
Uro-gynaecology and the Next  
Generation Sequencing Team  
(Simon Ramsden)



## Category 7: Implementing the Workforce Strategy

Winner: The NICU Education Team led by  
Matron Chris Ashworth



## Category 6: Implementing the Research and Innovation Strategy.

Winner: The Maternal Fetal Health  
Research Team (including  
Dr Ed Johnstone, Dr Melissa Whitworth,  
Dr Clare Tower, Dr Jenny Myers,  
Dr Leroy Edozien and all the research  
midwives led by Suzanne Thomas)



## Category 8: Engaging stakeholders and demonstrating multi-disciplinary team working

Winner: The multi-disciplinary team  
caring for MPS1 patients (including  
Specialist Nurses Gill Moss,  
Jean Mercer, Jane Roberts,  
Nurse Claire Hamilton,  
Physiotherapist Pauline Hensman,  
Prof Wraith Metabolic Consultant,  
Dr Simon Jones Metabolic Consultant,  
Dr Rob Wynn Haematology Consultant,  
Prof Clayton Endocrinology Consultant,  
Dr A Foster Orthopaedic Surgeon,  
Dr N Oxborrow Spinal Orthopaedic  
Surgeon)





**Category 9:  
Developing our healthcare workforce**

Winner: Pam Kilcoyne,  
Lead Nurse - Gynaecology



**Category 10:  
Improving productivity  
and maintaining financial  
viability and stability**  
Winners: NICU Operational Team



**Category 11:  
Unsung Hero**  
Winner: Tracey Thresh,  
Clinical Support Worker, Obstetrics



**Category 12:  
Commitment to service**  
Joint Winners: Gill Reed and Maureen Lees,  
Operational Managers



**Category 13:  
Audit Prize**  
Winner: 'Medical Management of ectopic  
pregnancy' – Steph Worton



# Research

- The numbers of research active staff in Saint Mary's remains stable and work continues to recruit high calibre clinical academics through the University of Manchester as well as encouraging NHS Consultants to take on NIHR portfolio multicentre research projects as they arise.
- Research income to Saint Mary's remains high with a significant over achievement against the 2012/13 commercial income target. This is predominantly a result of the activity in the Willink Unit, which relies on capacity within the NIHR/Wellcome Trust Manchester Clinical Research Facility.
- There has been some additional success in NIHR income this year with a new HTA grant awarded to Dr Fiona Ulph at the University of Manchester related to newborn screening, which will be hosted by Saint Mary's. Further HTA and RfPB applications are in progress.
- The percentage of patients recruited to studies in 2012/13 is high due to high recruiting studies such as INFANT which targets all women having continuous fetal monitoring in labour. This target will be more difficult to achieve once INFANT closes to recruitment in September 2013 but it will be important to identify other high recruiting studies that we can participate in and ideally lead.
- The total number of publications has dropped this year and the percentage in the top 25% also has dropped slightly, so this is a key area to work on.
- Saint Mary's continues its success with externally awarded Fellowships with 3 additional Fellowships awarded in recent months: Dr Emma Crosbie - NIHR Clinician; Scientist Dr Lucy Higgins - Action Medical Research Training Fellowship; Dr Mark Dilworth - MRC Career Development Award.
- Overall, Saint Mary's is progressing well towards 2014 targets and is already achieving them in some areas. Areas of focus include improving NIHR grant success and increasing numbers of high impact publications.



**We do clinical research**



# Saint Mary's Hospital Charity

In the last 12 months, the Charity Team has seen an overwhelming amount of support from individuals, community groups, companies and organisations that have made a real difference to Saint Mary's Hospital.

Through your generosity and enthusiasm, the Charity raised a total of £241,347 throughout 2012 and 2013, which enabled the team to continue to support treatment, care and research at Saint Mary's Hospital. Here are just a few highlights:

'Wiggle for Women' was Saint Mary's first ever Zumbathon, which saw 173 women and a couple of men 'wiggle' for three hours, raising over £9,000 to purchase a cooling cot for the hospital's Rainbow Room. Patron Julie Neville opened the event with a moving speech about the difference the money raised will make to families that use the room. Corporate supporters, Stocktons, a Manchester furniture company, also contributed by helping to refurbish the whole room.

Long term supporter group the Red Sea Pedestrians held a Valentines ball at the Hilton Hotel and raised

a staggering £140,000 for the hospital to purchase a specialist neonatal ambulance for the Greater Manchester Neonatal Transport Service.

Following the birth of her quadruplet sisters at Saint Mary's, 11-year-old Abbie Holden from Kearsley organised cake sales and collections at her school and raised £500.

Thank you to all those who have been involved with the charity over the last year. Your support really does make a lasting difference to all patients – including very young and premature babies – and their families each year.

There are many ways that you can get involved and support Saint Mary's Hospital Charity including joining our second Wiggle for Women event that will take place in Manchester on 22nd September 2013.

To find out more about getting involved or events in support of Saint Mary's Hospital Charity please contact 0161 276 4522, email [charity.office@cmft.nhs.uk](mailto:charity.office@cmft.nhs.uk) or visit [www.cmftcharity.org.uk](http://www.cmftcharity.org.uk)



saint mary's  
hospital **charity**

supporting excellence in treatment, care and research

Registered charity number 1049274



Saint Mary's Hospital  
Oxford Road  
Manchester  
M13 9WL  
[www.cmft.nhs.uk](http://www.cmft.nhs.uk)