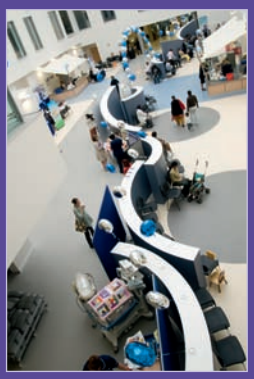
Central Manchester University Hospitals NHS
NHS Foundation Trust




Saint Mary's Hospital

Annual Report

2010/11

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Saint Mary's celebrates a record year!

Nearly two years since moving into our brand new facility, we at Saint Mary's Hospital are celebrating an incredible year. In our first year we welcomed nearly 6,000 babies into the world! We also cared for 767 babies on our Newborn Intensive care Unit and treated almost 90,000 patients in out-patient appointments alone.

In July 2010, the Newborn Intensive Care Unit, which cares for babies from across the region, celebrated their first year in their new facility by welcoming back the first baby to be transferred to the new unit exactly a year before. Adam Burdon, from Oldham, was born four weeks premature and spent eight weeks on the unit before being allowed home last August. Adam was born with Gastroschisis, a condition where some of the bowel develops outside of the abdomen, and after undergoing several operations he is now fully recovered and celebrated his first birthday on 3rd June. Adam visited the unit with his parents to thank the staff for their hard work and help them to celebrate the first year in their new surroundings.

Karen Connolly, Director of Saint Mary's said: "Celebrating our first full year in the new Saint Mary's Hospital has allowed us to reflect on the fantastic achievements we have had in the past 12 months. The new building has allowed us to continue delivering first class care in facilities that our patients and staff deserve. I would like to personally thank everyone who has made our first year such a success and look forward to many more years continuing to care for the women, babies and families of Greater Manchester and beyond."

Professor Dian Donnai
Clinical Head of Division

Karen Connolly
Divisional Director

As part of the celebrations, the hospital held an education week from 5th July to showcase their achievements over the last 12 months and the work currently going on in the hospital to further improve the experience of patients and their families.

The hospital atrium was decorated with posters and interactive displays to inform patients and staff of how the hospital has changed over time but also of the excellent work being undertaken at present. Staff chatted to patients and visitors and were keen to find out what they thought about the new hospital and the care they have received, and how we can make any further improvements.

Professor Donnai, Clinical Head of Saint Mary's said: "Staff and patients have said there has been a great atmosphere in the hospital this week with all the displays and decorations to celebrate our first year and the event has been a huge success. A big thank you to everyone who participated."

About Saint Mary's Hospital

Saint Mary's Hospital (SMH) was founded in 1790 and is one of the five hospitals 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, we also provide tertiary (specialist) services to the wider Greater Manchester population, the North West and beyond in:

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

Genetics

Clinical Director
Dr Rob Elles

Directorate Manager
Lynn Chantler

The Genetic Medicine service is one of the largest and most comprehensive genetics directorates in the UK and Europe. It integrates a multi-disciplinary clinical and laboratory genetics service, which serves a population of over 5 million. We also have academic programmes in molecular genetics and health services research.

The clinical genetics service offers both diagnostic and counselling services for individuals and families concerned about the suspected or confirmed diagnosis of a genetic disorder. These are provided from clinics at Saint Mary's Hospital and in an outreach network of facilities throughout the north-west of England.

Genetic Medicine currently employs over 250 staff and comprises:

- Academic clinical and laboratory staff.
- Out-patient clinics at SMH and throughout the region, provided by Clinical Genetic and Willink Biochemical Genetic teams.
- Cytogenetics laboratory.
- Molecular laboratory (NGRL).
- Willink biochemical genetic laboratory.
- Newborn Screening laboratory.

The Willink Biochemical Genetics Unit has recently been incorporated into the directorate and, as well as offering a comprehensive out-patient service, this unit has in-patient beds on Ward 85 in the Royal Manchester Children's Hospital, adjacent to Saint Mary's Hospital.

The molecular lab hosts one of two National Genetics Reference Laboratories, which has an active research programme, particularly in bioinformatics. The lab also hosts the UK and European co-ordinating centre for quality assurance in molecular diagnostics.

We have a well-established research record with a number of programmes of research including cancer genetics, developmental and functional eye disorders, biochemical genetics and birth defect syndromes. The directorate is strongly associated with the Manchester Biomedical Research Centre and with Nowgen - A Centre for Genetics in Healthcare.

For more information please visit:
www.mangen.org.uk

Gynaecology

Our Gynaecology Directorate provides women's healthcare for the complete range of gynaecological problems. 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 Directorate is a regional referral centre for gynaecological oncology, uro-gynaecology and reproductive medicine. In order to meet the needs of patients referred for gynaecology services, there is a large out-patient department, Emergency Gynaecology Unit, two gynaecology wards, a theatre suite and a standalone Reproductive Medicine Unit housed in the former Saint Mary's building.

Clinical Director
Dr Rick Clayton

Acting Directorate Manager – Nick Clawson

Lead Nurse
Pam Kilcoyne

Clinical Director
Dr Anthony Emmerson
(Up to 31/3/11)

Lead Nurse
Heather Birds

Clinical Director
Dr Ngozi Edi-Osagie
(From 1/4/11)

- General Gynaecology
- Emergency Gynaecology (Early pregnancy problems)
- Whitworth Clinic
- Gynaecological Oncology
- Colposcopy
- Reproductive Medicine

Neonates

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 two (and eventually 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, ours is the only neonatal unit across the Greater Manchester Network offering surgical care to newborns.

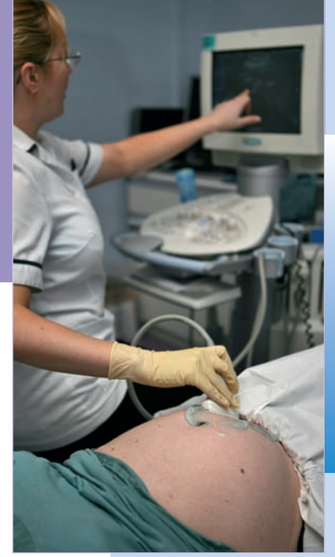
We specialise in caring for babies with a range of conditions:

- 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 currently have 45 cots but this will increase to 58 later this year (2011/12). We admit approximately 850 babies per year.

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 many of the nurses undertaking additional qualifications in this area of specialty.



Obstetrics

Our Obstetric Directorate provides full maternity care for pregnant women including pre-conceptual counselling, antenatal care, care during birth 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 women are multi-disciplinary and include midwives, obstetricians, physicians, maternity support workers, physiotherapists, anaesthetists, clinical genetics and theatre practitioners to name but a few.

The Directorate is a regional tertiary referral centre.

The maternity unit spans three floors and includes:

- Antenatal clinic
- Fetal Medicine Unit
- Ultrasound
- Delivery unit
- Midwifery led unit
- Maternity day unit
- Triage
- 3 antenatal and postnatal wards
- Access to 2 theatres at any given time.

Saint Mary's Obstetric Directorate also provides antenatal clinics and day assessment services at Trafford District General Hospital as agreed as part of Making it Better (see page 34).

In 2010/11 we supported 6420 mothers to give birth with the majority of women having a normal birth and the caesarean section rate remaining low at 19% (4% below the national average).

Research in Obstetrics has benefitted significantly over the last year from Comprehensive Local Research Network funding into Reproductive Health & Childbirth research. This funding has enabled us to appoint a Research Midwife Co-ordinator, Suzanne Thomas, who has provided a vital link between the clinical and research teams both within Saint Mary's and the wider Greater Manchester region. The funding also supports a number of Research Midwives who work with Suzanne and the clinical team in Saint Mary's to identify and recruit participants to high profile multi-centre and single-centre studies. Obstetric research in Saint Mary's Hospital will be boosted further by the recent appointment of two new academic Consultants, Dr Jenny Myers and Dr Clare Tower, who will take forward their specific research interests in pregnancy outcomes for women with vascular and rheumatological disorders as well as increasing our capacity to be involved in multicentre trials.

Clinical Director
Dr Sarah Vause

Head of Nursing/Midwifery
Kathy Murphy

Directorate Manager
Susan Slater-Jones

Acting Head of Midwifery
Sharon Lynch
(Up to Feb 2011)

Clinical Director
Dr Catherine White

Centre Manager
Bernie Ryan

St Mary's Centre (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 attracts 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

St Mary's Centre

Sexual Assault Referral Centre

Trust Objectives

The team who make up Saint Mary's Hospital have worked consistently during 2010/11 to achieve the principal objectives set out by the Trust. The three high priority areas of focus were:

1) Patient Safety and Clinical Quality - Achieving high standards of patient safety and clinical quality demonstrated through performance outcome measures

2) Patient and Staff Experience - Continuing implementation of the Quality Campaign demonstrating measurable improvements in patient and staff experiences

3) Productivity and Efficiency - Driving forward the programme of productivity and efficiency through trading gap delivery plans in the Trust and influencing NHS Manchester's quality and efficiency programme.

All staff have contributed to the outcomes demonstrated within this report.

Patient Safety and Clinical Quality

Quality Report

Improving quality has been an integral part of the Saint Mary's work programme in 2010/11 and a number of initiatives have either commenced or been continued to ensure we provide our patients and staff with the best experience. Examples of the work undertaken are highlighted below with further details later in the report:

- Development of improved clinical effectiveness in each directorate reporting into the Divisional Clinical Governance Board.
- Reduced levels of hospital acquired infection through meticulous hand hygiene and infection prevention and control procedures.
- Increased pharmacy support to the wards to improve medication administration and reduce errors.
- Improved information for patients prior to admission and discharge from hospital.
- Introduction of telephone interpretation services to provide a timely service for patients whose first language is not English.
- Working with families to improve the environment for parents in the Newborn Intensive Care Service.
- Working with our partners Sodexo to maintain hospital standards of cleanliness, the environment and services to patients.
- Review of out-patient and theatre departments to ensure patients are seen within the national timescales, for example, all patients with suspected or diagnosed cancer are seen and treated within the recommended timescales and operations are not cancelled for non medical reasons.
- Assessment of all patients, who are admitted for in-patient care, for their risk of venous thromboembolism (VTE) (blood clots) and to give the appropriate preventative treatment.

Patient Safety	Target (2010/11)	2008/09	2009/10	2010/11
MRSA	0	0	1	0
C Difficile	0	1	6	4
Falls	0 (Level 4/5)	0	0	0
Medication Errors	0 (Level 4/5)	2	0	1
Hand Hygiene Audits	100%	89%	96.2%	97.5%
VTE	90%	-	-	98%
Cancer	62 Day >85%	-	92.2%	90.3%
Cancer	31 Day >94%	-	100%	100%
Referral to Treatment Time	95%	97.70%	99.46%	99.69%
A&E	95%	99.50%	99.81%	99.57%
Cancelled Operations	0.5%	1.17%	1.06%	0.37%

Clinical Effectiveness

Saint Mary's is committed to delivering high quality care and has developed a strategy that is closely linked to the trust agenda for patient safety and clinical quality. There is a robust structure of clinical governance, which is at the heart of our everyday clinical practice and fully involves members of staff.

The last 12 months have seen the development of new initiatives within directorate governance teams, which have helped to consolidate good practice. There has been the development of multi-disciplinary medication forums to help better understanding of drug errors, the completion of audits to evaluate ward based pharmacy support and the establishment of directorate mortality review groups to aid understanding and improve recording of divisional mortality. Each directorate contributes actively and positively to the divisional governance agenda by developing directorate dashboards which link into the divisional dashboard.

As a division we are always keen to improve the quality of care we provide and we have responded to criticisms and complaints from our patients in an open and positive manner. We have improved the quality and timeliness of responses and are looking at a programme of staff education to try and mitigate some of the areas of concern, which are mainly identified as communication.

The challenges in the next year will be to maintain and consolidate our existing governance structures. We will be looking at restructuring the content of the SMH performance dashboard to maintain this as a dynamic informative tool. We will also be working hard to achieve NHSLA level 3 in December 2011 and CNST level 3 in February 2012.

Audit

Clinical audit is well established. In 2010-11 there was excellent participation in the Clinical Audit and Risk Management fair, resulting in an award to SARC for the most popular poster.

With regards to 2011/12, the forthcoming NHSLA and CNST assessments will result in an increase in audit activity across the Division, particularly in Obstetrics. All completed audits will continue to be reviewed at the Divisional Audit Committee to ensure that achievable action plans are in place.

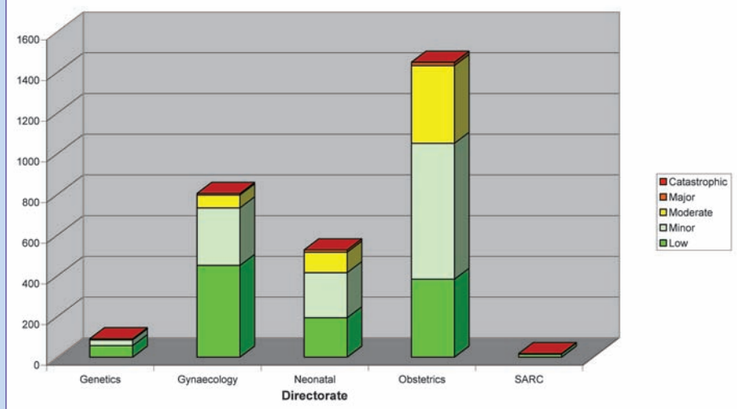
Risk Management

There is an excellent reporting culture across the Division, as reflected in the number of Incidents reported. There have been 2895 incidents reported in Saint Mary's Hospital from 1/4/2010 to 31/3/2011.

Saint Mary's Top 10 Cause groups

1 Maternity/ Neonatal Care
2 Documentation
3 Infrastructure
4 Medication Errors
5 Treatment/ procedure
6 Personal Accident/ Incident
7 Clinical Assessment/ Diagnosis
8 Communication
9 Medical Devices
10 Access, Admission, Discharge

Saint Mary's Division – Incidents by Severity



The main theme as expected, given the volume of incidents reported is maternity/ neonatal care. Significant activity has been underway in the Division, addressing all the key themes. Most prominent, has been the working groups set up to address medication errors within the Division and the excellent ward based pharmacy support in place across Obstetrics, Gynaecology and NICU.

In 2010/11, there have been 31 High Level Investigations undertaken in the Division, 2 of these at level 5. All of the investigations have been completed within the 40 day timeframe.

Medication Errors

Total Medication Errors
April 2010 – March 2011 **233**

Moderate Medication errors (level 3)
April 2010 – March 2011 34

Serious Medication Errors (level 4/5)
April 2010 – March 2011 1

The number of low and moderate medication incidents can be explained in part by the implementation of a ward based pharmacist, as it is recognised that introducing a clinical pharmacist into wards which have previously not had this service led to an increase in the reporting of medication errors.

During the third quarter of 2010/11, there was an increase in the number of medication errors in NICU. A combination of the implementation of the local policy for safe staffing and ongoing efforts within the Directorate to address medication errors via their medication group has brought down the numbers of errors made considerably – 11 medication errors in quarter 4 compared to 32 in quarter 3. Looking forward to 2011/12, we plan to monitor and address specific medication errors, either related to specific groups of medication or doses.

Medication groups have been established in gynaecology and neonatal directorates to review trends in errors. In 2011/12 we will be implementing specific targets in relation to omitted doses and antibiotic prophylaxis.

One serious medication error occurred in the last year in association with thoipentone (a short acting induction anaesthetic). Recommendations included double-checking of medication and review of medication storage in theatre.

Falls

Although the number of falls fluctuates there has been an overall downward trend in the number of falls. Improvements in Gynaecology have been as a result of ensuring women wear slippers over anti-embolism stockings. There have been no levels 4 or 5 falls in the last year. The Trust Falls Audit (September 2010) demonstrated 100% compliance in the completion of falls risk assessments.

In 2010-11, there have been 30 falls in Saint Mary's. All of these falls have been low level and have been investigated using the Trust falls review document.

Infection Control

- Hand Hygiene - Nursing and Midwifery staff continue to maintain high standards of hand hygiene and this is reflected in the monthly audits which demonstrate almost 100% compliance over the last year. Medical staff also have hand hygiene training and this is included at induction for junior medical staff.
- MRSA - There have been no bacteraemias in Saint Mary's Hospital since October 2009.
- C Difficile - There have been 4 cases of C Difficile in the last 12 months. These were clustered in between June and August last year. All these cases were reviewed in line with Trust Policy.
- Carbapenemase Producing Coliforms (CPC) - There have been 2 cases of CPC within NICU. Both cases were managed appropriately to prevent further spread of infection.

Mortality

During 2010/11 the division built on the process for mortality reviews by the appointment of directorate mortality leads and the development of monthly mortality meetings in each directorate. All deaths in the division are reviewed and the following information is also collected:

- Whether the death was potentially avoidable.
- Association with complaints or critical incidents.
- Withdrawal of care or use of appropriate palliative care.
- Action plans in relation to the outcomes of any reviews.

Gynaecology

There were eight gynaecology deaths in 2010/11 which were all women who had developed gynaecological cancer. Women are supported throughout by the Macmillan Nurses.

Obstetrics

The stillbirth rate for women who booked at Saint Mary's Hospital was 5.0 per 1,000 live births, which is comparable to the national average which is 5.2 per 1,000 live births.

2010/11 was the first complete year of a new format perinatal mortality meeting. The multi-disciplinary team meeting has identified areas where improvements could be made and made appropriate changes to guidelines and policies, for example, samples for chromosomal analysis are now stored in saline and refrigerated prior to transport.

Neonates

There were 37 neonatal deaths in 2010/11, 8 of these occurred on the central delivery suite. Deaths are reviewed by a consultant neonatologist using a locally developed template. The findings are discussed at the monthly directorate governance meeting, which includes external peer review. In addition, all deaths are reviewed at the Greater Manchester Neonatal Network Intensive Care Partnership.

Patient and Public Involvement

Since setting up a patient experience committee this year, the Division has improved the registering of all ongoing PPI activity.

- The Newborn Intensive Care Unit has carried out a considerable amount of activity around involving their patients and families – they have a parent forum that meets quarterly with the aim of improving care and the experience of our patients, as well as funding a piece of artwork for the ward area that has been put on display. A family who have used the service also helped to fund the furniture for the parent sitting room which has improved the environment for those parents who are spending time on the ward. The team have also introduced a sibling pack for children who have a brother or sister on the ward, and they also held a Christmas party for the families. (see page 22 for more information).
- The Division has successfully implemented the use of the patient experience tracker which is across the in-patient areas and will soon be installed in the out-patient area.
- There has been a survey undertaken to gather the views of young parents who have used the parent education classes during their pregnancy; these views have helped to look at how helpful the programme is and how it could be improved. The maternity service also has many classes open to parents such as parent education classes, aqua natal classes and trips to the Birth Centre so that parents know where they will be going and what to expect. This allows for a more realistic understanding for the parents as to what their experience may well be like when they come in to hospital.
- Saint Mary's took part in the Care Cards pilot with NHS Northwest along with the Royal Eye Hospital out-patients department. The pilot was found to be not particularly suitable for the client group on the miscarriage pathway, however this provided valuable information for consideration regarding the next steps of the project – although patients and staff didn't feel that it was an appropriate methodology, the cards had never been used in that setting before so provided evidence that there are areas that the care cards will not be beneficial for. This was fed back to the regional group who were part of this and forms a valuable element of the overall evaluation. (See page 28 for more information).

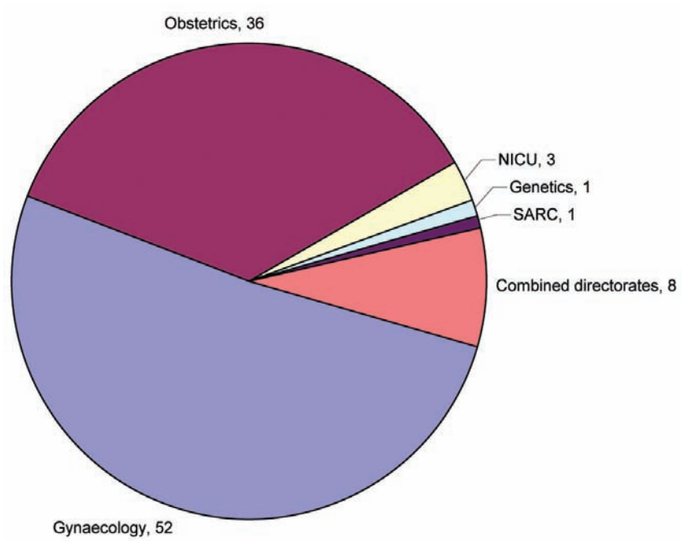
Plans for 2011/2012

The Division has a focus on Quality and Patient Experience and has brought these together to help develop the work streams for 2011/12. This will allow for a more targeted way of improving the patient experience and linking resources together. This group is currently looking at action plans from previous work carried out to monitor how it has made a difference and improved the quality of service provided to patients and the families/carers.

Complaints

In the Division, we have had 101 complaints, split between the Directorates as shown below:

Complaints by Directorate



Compliance with timeframes

Of the completed responses, 87% were completed within the agreed timescales.

Main Themes

- Communication
- Verbal - across all disciplines.
- Written – communication around referral processes and delays in accessing treatment
- PCT funding of IVF
- Staffing and capacity
- Care in labour
- Post natal care

Action Planning

The focus for the next 12 months is to ensure that all complaints have realistic action plans in place and the division is able to demonstrate clearly how patient feedback has improved the quality of the care provided in these areas.

Conclusion

Summary and next steps

In summary the Division continues to build on the established governance frameworks. The emphasis on ensuring there is staff engagement in achieving Trust and Divisional priorities by the continued use of directorate dashboards which provide an opportunity for all clinical areas to view how they link in with the corporate agenda. The feedback from this development continues to be positive.

Key Clinical Effectiveness priorities for 2011/12:

- Level 3 NHSLA attainment.
- Level 3 CNST attainment.
- Implement action plan monitoring in conjunction with the Risk Management department.
- Reduction of theatre based medication errors.
- Improved understanding of factors affecting obstetric trauma.

Introduction of a ward pharmacy service to Wards 65 and 66

In September 2010 we established a ward pharmacy service to wards 65 and 66. The main aims of this service are:

- To improve patient access to medications both during the hospital stay and on discharge.
- To reduce patient complaints associated with delays in medication.
- To dispense medications and deliver them to the wards in a timely manner, thereby reducing delays in discharge.
- To improve patient information and counselling around medications, including safety information in pregnancy and breast feeding.
- To advise and support the junior medical staff and the midwives in the prescribing and administration of medications.
- To ensure patients with complex medication regimens are reviewed by a specialist clinical pharmacist and interventions made where appropriate.
- To assist in the review of medication errors.
- To provide training to ward staff around the safe prescribing and administration of medication.

The pharmacy service to wards 65 and 66 consists of a daily (Monday–Friday) visit by a specialist pharmacist and a pharmacy assistant.

Areas in development

The following schemes are currently in development. The aim is to further improve patient access to medication and increase medication safety.

1. Pre-medication for elective Caesarean section patients

Work is being undertaken with the Antenatal clinic and pharmacy out-patients to improve the process by which patients who are having an elective Caesarean section access their medications. Currently patients all get a prescription which they have to take to pharmacy out-patients and wait for it to be dispensed. The medication regimen is standard and all patients receive the same medication unless there are any contra-indications. Under the new system, the prescribing doctor will request the medications to be dispensed for a list of patients. The individual patient's medications will then be ready for the start of the antenatal clinic where they can be given to the patient by the midwife, reducing waiting time and improving the patient experience.

2. Self administration scheme for elective Caesarean section patients

This scheme will enable patients who have had an elective Caesarean section to self administer simple analgesia, iron and low molecular weight heparin whilst they are an in-patient. The scheme includes a pre-printed prescription which will be signed in theatre, reducing the time it takes for doctors to write discharge prescriptions at ward level. Patients will be provided with the medications to self administer on the ward, they will then take this home with them, thus reducing delays in discharge.

3. Satellite pharmacy on ward 66

A small pharmacy area will be set up on ward 66 from which all discharge prescriptions will be dispensed (Monday–Friday). This will be staffed by the pharmacy assistant and pharmacist, further reducing delays in discharge and potentially reducing medicines wastage.

Enhanced Recovery Programme

The Enhanced Recovery Programme is a new approach to caring for patients before, during and after surgery.

The programme is about improving patient outcomes and speeding up a patient's recovery after surgery, which results in benefits to both patients and staff. Enhanced Recovery focuses on making sure that patients are active participants in their own recovery process. It also aims to ensure that patients always receive evidence-based care at the right time.

Our Gynaecology teams have been working in designated work stream groups to scope our existing practice against a list of specific, evidence-based actions or interventions required to provide an Enhanced Recovery pathway.

The Enhanced Recovery Programme has enabled us to review:

- The written information we provide to patients.
- Our current pre-operative fasting guidelines.
- Our current pre-operative clinical guidelines.
- Our intra-operative care.
- Our post-operative and follow-up care.

Though this is a trust wide initiative, there has been good engagement of the Gynaecology teams and as a result, the local improvements are already in place to improve the quality of care including:

- Carbohydrate drinks are now being given at pre-operative assessment clinics for patients to take within the 24 hour period before surgery.
- There has been an increase in the number of patients being admitted on the day.
- Patients are commencing diet and fluids on the day of surgery.
- Some patients are sitting out of bed on the same day of surgery.
- Patients are being mobilised on day one of surgery and encouraged to use the dayroom for lunch.
- Improved pain relief to aid mobilisation

The Big Word

The Big Word pilot is a telephone system that enables the health professional to access interpretation services within 60 seconds and has now been introduced in Obstetrics.

The Community Midwifery team commenced using this service on the 1st February 2011 and Ante Natal Clinic on the 7th February 2011. This service is an additional approach to interpretation and does not replace the need for face to face interpretation in some clinical situations. Evidence from other user sites suggests that it will ultimately reduce the number of face to face interpreter requests. Each area has its own criteria and guidance for use of the telephone interpreting service. The feedback so far has been mainly positive. The service will shortly be rolled out across the Birth Centre and maternity wards.

The advantages of using this service are the speed with which we are able to access an interpreter, the range of languages on offer and the relative ease of use.

To review patient satisfaction with this approach to interpretation services the Community Midwifery team plan to undertake a patient survey of The Big Word and its impact on the experience of our patients.

Quality in Administration

The patient's first experience of the Trust is often through the letters received or contact with the administration team. Saint Mary's Hospital decided to focus on this area to improve that first impression. All administrative staff attended the customer care training and the Directorate Manager for Gynaecology led the initial work to improve the patient letter. It was also recognised that the information accompanying the letter needed to be improved to give patients clear instructions and directions of how to get to the hospital and what is needed prior to arrival. The letter will be implemented in 2011/12 along with improved patient information leaflets.

The plans for 2011/12 will be to build on the skills learned within customer care training. This involves the implementation of customer care competencies, such as the use of a greeting script, staff appearance, telephone manner and documentation.

'Mystery shoppers' will be invited to visit all reception areas and provide feedback so where needed an improvement plan can be put into place. Administrative staff will also be asked to complete self review forms which will be a useful tool to use when looking at development as part of their annual review process (KSF).

Saint Mary's Newsletter

As a way of letting staff know what is happening in the division, we have introduced a staff newsletter. The newsletter is produced by our Clinical Governance team and is used to communicate key messages to staff on safety, quality and clinical effectiveness. This also includes profiles of members of staff, feedback from key meetings and a general overview of what's been happening, whether related to improvements we've made or awards that our teams have won.

We've had really good feedback and have now issued four newsletters.

Improving Quality Programme NICU

The Trust Improving Quality Programme has been successfully implemented and very well received on NICU, resulting in a silver award following the first assessment. The aim of this programme is to improve efficiency which in turn allows nurses to spend more time with their neonates.

During the Well Organised Ward module, the staff involved have reset three large store rooms and standardised the Medistores in the Intensive Care, High Dependency and Special Care rooms. This saves nursing time, as staff are spending less time searching for items, and assists in the orientation of staff rotating through the unit from other Trusts and depts. The team have also made financial savings as a result of the reorganisation of the store rooms. The next stage is to review the Drug Preparation room.

The Shift Handover team have improved efficiency as a result of the Shift Handover checklist and the use of the Core Huddle. The checklist is now part of the nursing notes, and the core huddle is stored electronically on the PC in the Shift Co-ordinator office and reviewed at each handover.

The Patient Status at a Glance team are working to improve the bedside information available to staff as part of the discharge planning and transfer of babies back to their local unit. This should result in a smoother transition between areas, and more efficient use of planning information.

The NICU Quality Focus weeks are well established. There have been alternate monthly programmes focusing on such areas as Ventilation, Nutrition and Feeding, Family Support, Bereavement Care, Infection Control, Professional Development, Developmental Care. Trust and Network staff are invited and the Focus weeks have been very well received. We are currently planning a review of Quality Initiatives to coincide with our second full year on this unit.

Equality and Diversity

Saint Mary's Hospital is distinctive in that its client group covers the whole family and ranges from healthy women delivering healthy babies, through to the highly specialised genetic medicine, obstetric and gynaecological clinical fields that form the basis of the excellent reputation the hospital has within the North West Region. In addition the Sexual Assault and Referral Centre (SARC) cares for adults and children who have been sexually abused.

The Saint Mary's Equality and Diversity Implementation Group meets bi-monthly to monitor progress against our Divisional work plan, feed back from Equality Impact Assessment work, share employment or patient related issues and discuss corporate themes such as compliance with equality, diversity and human rights legislation and the changing guidance on regulation that affects all areas of the Trust's day to day care provision and long term planning.

Progress to the end of 2010/2011:

The Trust had developed an over-arching Equality and Diversity Action Plan which had been disseminated to the divisional leads through the Service Equality Team. The Assessment Plan was based on the strategy developed within the NHS North West document 'Narrowing the Gaps' based on the regions Equality Performance Improvement Tool (EPIT) with the following 5 goals.

1. Increase the diversity, representation and improve the working lives of our workforce.
2. Data collection, analysis and monitoring.
3. Develop the right services: targeted, useful, usable and used.
4. Move beyond legal compliance to initiating best practice.
5. Develop our specialists and leaders: Ensure equality and diversity practitioners have the right skills, experiences and knowledge.

The Saint Mary's Equality and Diversity team were tasked with collating evidence that demonstrates a real commitment to the Trust's Equality and Diversity action plan. A review of case studies and action plans demonstrated a caring and committed workforce focused on patients' needs and requirements across the Division. For example:

- The planning and delivery of care pathways for patients diagnosed with a gynaecological cancer is undertaken by the Macmillan Nursing team. The team work in collaboration with the medical team, hospital nursing teams, pain team and the woman and her family to meet the complex physical and psychological needs. The Macmillan nurse acts as a point of contact and co-ordinator for the patient during their pathway. Sadly, this also involves managing the palliative care pathway, bringing together the spiritual care, physical care and family support to ensure the families' needs are met throughout.
- The care needs of asylum seekers and Refugees are met by the Specialist Midwifery team. Visits to the Refugee Midwife are scheduled to provide routine antenatal care, social support and to signpost women to the various cultural networks that exist across the community to provide additional support. In the last year, 157 women were referred to the midwife.
- All mothers and their babies are supported at home by the community midwives. For some mothers additional support is required, for example liaising with social services to provide home adaptations to help a young mum and her family be able to move around the family home with safety and comfort, supporting a non English speaking mother to find support within the community through the interpreting service and linking with the Crisis Mental Health team and safeguarding teams to ensure the safety and well being of another young mum.
- The SARC team of forensic doctors and counsellors help families cope with difficult situations through assessment, counselling, support and signposting future avenues for safeguarding.
- As a Trust, there has been a marked improvement in the number of staff receiving training on the various aspects of Equality, Diversity and Human Rights and a greater sense of satisfaction in the level of care they feel they are able to deliver. Thank you cards found on all wards demonstrate that many patients and families have genuinely found their time in Saint Mary's a positive experience.

2011/12 will see the development of further objectives as part of the Service Equality Development Plan to build on the work in 2010/11 and will include:

- Evidence of equality of safety outcomes across target groups can come from complaints and action plans, data relating to falls, infection rates and pressure sores, Commissioning for Quality and Innovation (CQUINS), delays in transfers, access and safe discharge.
- Staff and patient engagement exercises, PALS data and referrals and action plans/outcomes. Story telling and patient tracker evidence.
- Use of interpreters and other communication strategies.
- NHS positive patient experiences.
- Patient profiling and the use of information to develop services. There is evidence in the business planning and performance indicators that the Equality and Diversity strategy is integrated.
- Information relating to the number of grievances or disciplinary procedures based on bullying, harassment, discrimination etc.
- Equality Impact Assessments to demonstrate embedded Equality and Diversity context.
- Equality and Diversity training, awareness of new practices and wider context is clearly demonstrated through Newsletters and feedback processes, such as staff appraisals.

Evidence will be collected across the year based on outcomes that are measurable and deliverable but also based on the COUNT principle (count once, use numerous times) for data collection by sharing information systems across the Division.

Staff Working in the Division

The philosophy of the Saint Mary's Division is to work together to enable staff to have the best possible working experience which enables them to provide the highest quality care to our patients. Throughout 2010/11 a number of initiatives were undertaken to work with staff and to acknowledge their feedback from the staff survey in 2009.

An increasing number of staff in 2009 told us that they:

- Feel satisfied with the quality of work and patient care they are able to deliver *(increased by 6%)*.
- Agree that their role makes a difference to patients *(increased by 7% to 89%)*.
- Agree that they have an interesting job *(in the top 20% of Acute Trusts 86%)*.
- Received job relevant training, learning or development *(80%)*.
- Have equality and diversity training *(in the top 20% of Acute Trusts)*.
- Believe the Trust provides equal opportunities for career progression or promotion *(2008–87%, 2009–90%)*.
- Haven't experienced discrimination at work in the last 12 months *(in the top 20% of Acute Trusts)*.

However, they also told us that:

- They felt pressure at work *(3.43 which is in the bottom 20% of Acute Trusts)*.
- The Trust commitment to work life balance could be better *(in the bottom 20% of Acute Trusts)*.
- They work extra hours *(in the bottom 20% of Acute Trusts 71%)*.
- Only 66% of staff use flexible working options *(in the bottom 20% of Acute Trusts)*.
- Only 50% of staff were appraised in the last 12 months *(in the bottom 20% of Acute Trusts)*.
- Only 17% of staff had a well structured appraisal *(in the bottom 20% of Acute Trusts)*.
- Only 43% of staff appraised had a personal development plans *(reduced from 67% to 43%)*.

In response to what staff said a number of actions were put in place leading to improvements in the following areas:

Staff Engagement Sessions

To improve communication there were a series of staff engagement sessions held within the division. These were an opportunity for the Chief Executive, Chief Nurse, Directors of Nursing, Finance and Human Resources to update staff on what is happening in the Trust and in each hospital. The meetings have been open meetings for all staff as well as separate ones specific to defined staff groups e.g. nurses and midwives and consultants. Staff are given the opportunity to ask questions and the sessions are also filmed to allow staff to view them at a later date if they were unable to attend.

Left, CEO Mike Deegan speaking to staff

Training

The division has achieved virtually 100% completion of corporate mandatory and clinical mandatory training with the exceptions being staff who are on maternity leave or long term sick leave.

This has been the result of an exceptional effort across all areas and was strongly supported by Clinical Governance Manager, Shirley Rowbotham.

Induction			Corporate Mandatory				Clinical Mandatory				Appraisal		
Total New Starters	Total Attended Trust Induction	Year to Date %	Total Staff	Total Attended	Total Completed E-Learning	Year to Date %	Total Staff	Total Attended	Total Completed E-Learning	Year to Date %	Total Staff	Total Completed	Year to Date %
98	98	100.0%	935	276	617	95.5%	706	290	387	95.9%	919	888	96.6%

Consultant Training and Appraisals

	2010/2011	2010/2011
	Appraisals undertaken against total number of Consultants	Appraisals undertaken against number of consultants needing appraisal
SMH	87.5%	98%
Trust Total	**86%**	**98%**

	2010/2011	2010/2011
	Corporate Mandatory Training undertaken against total number of Consultants	Corporate Mandatory Training undertaken against number of consultants needing training
SMH	92%	100%
Trust Total	**89%**	**99%**

Recruitment

Staff turnover has reduced by 1% in 2010/11 (10.5%) and is below the national and Trust averages

Increased numbers of staff were appointed in the maternity and neonatal units including doctors, nurses and midwives. These staff all completed the local induction.

Sickness and Absence

Managers worked with staff during 2010/11 to reduce sickness and absence levels through improved application of the policy. The Trust also introduced the Pay Progression Policy in August 2010 which meant that staff who were absent from work for 18 days or on four or more occasions would not receive their incremental pay rise. (Exceptions applied e.g. for disability). The overall sickness rate reduced by 1.4% to 4.5%.

Staff Survey

The 2010 staff survey results were received at the end of 2010/11 with an additional 7.5% of staff responding. The results showed 15 of the 37 key findings to have improved including:

- Staff having appraisals
- Better quality appraisals
- Reporting errors/near misses
- Experiencing harassment, bullying or abuse
- Equality and diversity training
- Health & safety

22 of the key findings remain below the average for Acute Trusts and include staff feeling pressure to attend work when unwell, flexible working options, working extra hours/work life balance, feeling valued by colleagues, contributing towards improvements at work.

A detailed action plan will be developed for 2011/12.

Future Jobs Fund

Saint Mary's supported a number of trainee administration and clerical staff throughout the division. This is a government initiative whereby people can get first hand experience in the work place which supports their application for future employment.

Working with our Patients and Visitors

Receiving patient feedback is very important for Saint Mary's Hospital staff so improvements can be made where needed and that staff know exactly what made the patient experience excellent. The division has been proactive in seeking feedback through a variety of means including national patient surveys, patient tracker, feedback from Matron and Senior Leadership Walk Rounds, specific listening projects in out-patients, through letters and online such as the NHS Choices website.

Occasionally, patients or visitors are not completely happy with the service or care they have received and as a division we aim to amend or change practice in light of the information received where this is appropriate. All action plans and improvements are discussed in a number of fora throughout the division and circulated in newsletters so staff know what changes have been made.

New parents forum and opening of the parents lounge (NICU)

The NICU have established a parent forum. The group meets quarterly and keeps in touch by blog and e-mail. The aim of this group is to look at families' experiences, obtain feedback, identify areas of good practice and to identify where improvements could possibly be made. New ideas are also be presented to, and discussed by, the forum prior to implementation.

On the agenda in the last year have been:

- The setting up of a parents' support group and family support services for current parents.
- The use of generous charity donations to make the unit more family friendly.
- Production of a Unit Parents' Booklet.

In response to this we have done a number of things:

- The support group will be run weekly by Jayne Handford, counsellor for parents on the unit.
- Thanks to the generosity of the Aziz family the parents' sitting room has been established and completely refurbished. Mr and Mrs Aziz and Alizay came to open the room in October. The room is now very well used and appreciated by parents.
- Making the unit more family friendly is underway. We have a photographic project in process which is to be completed in July 2011.
- The new unit booklet will be in use by the end of June 2011.

In-patient Survey 2010

The annual National In-Patient Survey 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.

This survey was sent to women who had accessed gynaecology services.

The feedback from patients who were cared for by the gynaecology teams can be seen in the table below. This shows that in 38 out of 67 standards the team were performing in the top 20% of Trusts nationally. In the 10 standards where patients reported we could do better the team have developed an action plan for improvement in 2011/12.

CMFT National In-Patient Survey	502 Gynaecology		Performance Benchmark (Bottom 20%)	Performance Benchmark (Top 20%)	For 2010 are Gynaecology in the Top/Bottom %
While you were in the Emergency Department, how much information about your condition or treatment was given to you?	69		79	85	Bottom
Were you given enough privacy when being examined or treated in the Emergency Department?	89		83	88	Top
Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?	44		51	63	Bottom
When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?	N/A			N/A	N/A
Were you given a choice of ADMISSION DATES?	34		23	33	Top
Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital?	57		58	67	Bottom
How do you feel about the length of time you were on the waiting list before your admission to hospital?	82		80	87	N/A
Was your admission date changed by the hospital?	90		90	93	N/A
From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	79		73	83	N/A

THE HOSPITAL & WARD				
Did you ever share a sleeping area with patients of the opposite sex?	93	84	93	Top
While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?	93	76	88	Top
Were you ever bothered by noise AT NIGHT from OTHER PATIENTS?	79	55	65	Top
Were you ever bothered by noise AT NIGHT from HOSPITAL STAFF?	82	76	82	Top
In your opinion, how clean was the hospital room or ward that you were in?	94	84	90	Top
How clean were the toilets and bathrooms that you used in hospital?	83	80	87	N/A
Did you feel threatened during your stay in hospital by other patients or visitors?	98	95	98	Top
Did you have somewhere to keep your personal belongings whilst on the ward?	58	61	67	Bottom
Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?	98	94	97	Top
Were hand-wash gels available for patients and visitors to use?	100	96	98	Top
How would you rate the hospital food?	47	49	59	Bottom
Were you offered a choice of food?	91	83	89	Top
Did you get enough help from staff to eat your meals?	72	69	78	N/A
DOCTORS				
When you had important questions to ask a doctor, did you get answers that you could understand?	85	78	84	Top
Did you have confidence and trust in the doctors treating you?	89	86	91	N/A
Did doctors talk in front of you as if you weren't there?	91	81	86	Top
As far as you know, did doctors wash or clean their hands between touching patients?	97	83	88	Top
NURSES				
When you had important questions to ask a nurse, did you get answers that you could understand?	84	78	84	Top
Did you have confidence and trust in the nurses treating you?	90	83	88	Top
Did nurses talk in front of you as if you weren't there?	91	84	90	Top
In your opinion, were there enough nurses on duty to care for you in hospital?	79	71	78	Top
As far as you know, did nurses wash or clean their hands between touching patients?	95	86	90	Top
YOUR CARE AND TREATMENT				
Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	79	76	81	N/A
Were you involved as much as you wanted to be in decisions about your care and treatment?	85	68	74	Top
How much information about your condition or treatment was given to YOU?	70	75	81	Bottom
If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	74	59	66	Top
Did you find someone on the hospital staff to talk to about your worries and fears?	72	56	64	Top
Were you given enough privacy when discussing your condition or treatment?	82	79	84	N/A
Were you given enough privacy when being examined or treated?	99	92	95	Top
Do you think the hospital staff did everything they could to help control your pain?	84	80	85	N/A
How many minutes after you used the call button did it usually take before you got the help you needed?	59	59	66	Bottom

THE HOSPITAL & WARD				
Did you ever share a sleeping area with patients of the opposite sex?	93	84	93	Top
While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?	93	76	88	Top
Were you ever bothered by noise AT NIGHT from OTHER PATIENTS?	79	55	65	Top
Were you ever bothered by noise AT NIGHT from HOSPITAL STAFF?	82	76	82	Top
In your opinion, how clean was the hospital room or ward that you were in?	94	84	90	Top
How clean were the toilets and bathrooms that you used in hospital?	83	80	87	N/A
Did you feel threatened during your stay in hospital by other patients or visitors?	98	95	98	Top
Did you have somewhere to keep your personal belongings whilst on the ward?	58	61	67	Bottom
Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?	98	94	97	Top
Were hand-wash gels available for patients and visitors to use?	100	96	98	Top
How would you rate the hospital food?	47	49	59	Bottom
Were you offered a choice of food?	91	83	89	Top
Did you get enough help from staff to eat your meals?	72	69	78	N/A
DOCTORS				
When you had important questions to ask a doctor, did you get answers that you could understand?	85	78	84	Top
Did you have confidence and trust in the doctors treating you?	89	86	91	N/A
Did doctors talk in front of you as if you weren't there?	91	81	86	Top
As far as you know, did doctors wash or clean their hands between touching patients?	97	83	88	Top
NURSES				
When you had important questions to ask a nurse, did you get answers that you could understand?	84	78	84	Top
Did you have confidence and trust in the nurses treating you?	90	83	88	Top
Did nurses talk in front of you as if you weren't there?	91	84	90	Top
In your opinion, were there enough nurses on duty to care for you in hospital?	79	71	78	Top
As far as you know, did nurses wash or clean their hands between touching patients?	95	86	90	Top
YOUR CARE AND TREATMENT				
Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	79	76	81	N/A
Were you involved as much as you wanted to be in decisions about your care and treatment?	85	68	74	Top
How much information about your condition or treatment was given to YOU?	70	75	81	Bottom
If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	74	59	66	Top
Did you find someone on the hospital staff to talk to about your worries and fears?	72	56	64	Top
Were you given enough privacy when discussing your condition or treatment?	82	79	84	N/A
Were you given enough privacy when being examined or treated?	99	92	95	Top
Do you think the hospital staff did everything they could to help control your pain?	84	80	85	N/A
How many minutes after you used the call button did it usually take before you got the help you needed?	59	59	66	Bottom

National Maternity Survey 2010

The second national inpatient maternity survey's "Listening to Patients" was performed by Quality Health in February 2010 and included a number of women who delivered at Saint Mary's Hospital.

The National results were publicised in September 2010 with the local results being presented at the Obstetric Clinical Governance meeting in December 2010.

Following the first national Survey (2007) Saint Mary's Hospital transferred services into the new purpose built unit on the main hospital site and so a number of the previously highlighted environmental issues were addressed by this move, and as such were no longer reflected as an issue by the service users. In line with the previous action plan cleanliness and catering services continue to be monitored and addressed via the Matron Ward Round and Senior Leadership Walk Rounds.

Additional patient experience data is being collected in conjunction with the PALS team and from the patient tracker device.

Analysis of Survey findings

The Survey findings were listed according to the three main areas of care throughout the pregnancy continuum – antenatal, labour and birth, and care received in the weeks following birth.

Whilst CMFT was not in the top 20% for any of the results, there was an improvement in most areas when compared to the results of 2007. The overall results for Antenatal care placed Saint Mary's in the bottom 20% of Trusts, demonstrating a real need for an improvement in how staff are engaging and communicating with women and their families.

Positive findings centre on women's involvement in the care given and the quality of the care provided.

Antenatal care

Increasing proportions of women reported that they:

- Saw a midwife when they first thought they were pregnant.
- Saw a health professional about their pregnancy care before seven completed weeks of pregnancy.
- Had their 'Booking' appointment before nine completed weeks of pregnancy.

There was an overall decline in the number of women attending NHS antenatal classes and more women reported that they were not offered classes. The number of antenatal appointments women received were above the national average.

Labour and Birth

Compared to the 2007 survey more women reported:

- That they were treated with kindness and respect whilst receiving care in hospital.
- That they were involved in decisions about their care.
- Improvements were also shown in the proportion of women who had confidence and trust in the staff caring for them.
- More had previously met the staff caring for them.
- While fewer women reported being left alone.

Overall results suggested that more could have been done in terms of birthing positions. There was no improvement in the time that women waited to have perineal repair performed.

Postnatal care

Compared with 2007 a greater number of women reported:

- Being treated with kindness and respect.

The postnatal length of stay was longer than the national average, leading to 25% of women suggesting that their length of stay was too long compared to 15% nationally. Women also responded that they recalled having more visits compared to the national average.

The Birth Centre Service Improvement Project commenced in November 2009 and work has progressed in 2010. The remit is to ease patient flows through the Birth Centre and to improve the quality and experience for women and staff by:

- Managing capacity and demand.
- Developing high and low dependency care pathways.
- Improving patient flow and length of stay.
- improving staff and patient well being and involvement.

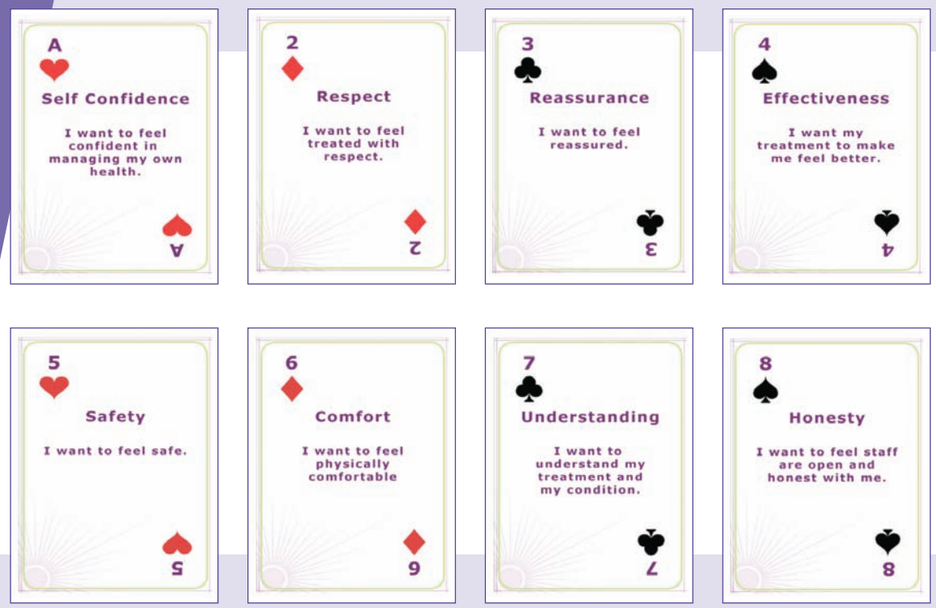
Saint Mary's Hospital continues to make steady progress with improving the environment and patient experience. The ongoing challenge is to improve the patient flow throughout the unit and improve the discharge process.

Communication of the programmes and outcomes are a vital element of this work with regular discussion and feedback being provided through the operational management groups, Directorate business meetings, clinical governance groups and newsletters.

Further information continues to be displayed on clinical notice boards for patients, public and staff in the form of dashboards to reinforce the improvement message.

Vital Signs Care Card Pilot

The Gynaecology Department at Saint Mary's Hospital was invited by Inspiration North West, part of the strategic health authority, to take part in a project called the **Vital Signs Care Card Pilot**.



The cards looked at improving the quality of care offered to patients, recognising the importance of meeting not just their physical needs, but also the emotional needs of our patients to ensure we can provide the best and most appropriate care. Within the Gynaecology department we used the cards with patients on the miscarriage pathway, to see if we could improve their experience whilst receiving treatment. We hoped to raise the profile of service experience, be able to measure and benchmark best practice and 'how the patient felt about their experience'. This pilot linked to the NHS constitution values and pledges, as well as the Trust's goals to deliver better care and improved patient experience and satisfaction.

The cards were a simple and effective tool designed to foster meaningful conversations with the patient and their family about their care. This was gained 'in the moment' and allowed the nurses to tailor the care clearly signalled by the patients. The cards were user-led, and were considered to be familiar and non-threatening and offer a degree of user control.

The cards were used at different stages of the care journey and the patients and staff evaluated their effectiveness at the end of the pathway. The pilot ran from October to March 2011 and 47 patients participated.

Whilst the full results are still awaited from NHS Northwest Innovations, initial feedback from both patients and staff found that the cards themselves were generally considered unnecessary for this particular client group. All these women reported that were receiving a high quality standard of care and were happy with all the departments that they received treatment in, namely Ward 63/Pre-op clinic and Emergency Gynaecology Unit. Nursing Staff also had a varied response and found using the cards to be repetitive and time consuming as they had, in the course of delivering care to women, already assessed the patients' needs. The overwhelming opinion was that the cards did not add to the patient experience for this particular client group.

NHS choices Your health, your choices

The Trust encourages feed back from services users and the NHS Choices website is one way in which patients can do this with ease and anonymously if they wish. These are some of the comments received back recently:

"Throughout my stay I felt that I was treated with care, dignity and respect by all the staff. Any questions I had were answered fully and I felt extremely well looked after."

"What a fabulous place to receive treatment! Being ill or needing care and having to put that care in the hands of somebody else is scary enough. This place ticks all the boxes in every department."

"They have provided me on my visits with helpful receptionists, a clean environment, clean waiting areas, bright interesting pictures, a shop and café area."

"All were really kind and helpful. They put me at ease and couldn't have been more supportive."

"The staff were magnificent and there seemed to be a tremendous focus on breast feeding."

"Doctors have been very caring, took great interest in my personal ideas and this has reassured me."

"From the moment we walked through the door we were treated with respect and empathy."

www.nhs.uk

Productivity and Efficiency

Activity and Performance 2010-11

Number of women giving birth:	6,420
Total number of Out-patient appointments: • Maternity • Gynaecology • Genetics	91,200 • Over 60,000 • 23,000 • 8,200
Gynaecology elective procedures:	Over 2,000
Patients admitted for emergency gynaecological procedures:	2,100
Patient visits to the Emergency Gynaecology Unit:	Almost 10,000
Patients admitted for gynaecological oncology treatment:	540
Colposcopy diagnostic procedures carried out:	2,400
Number of IVF cycles carried out:	1,168
Referrals to the Saint Mary's Centre (Sexual Assault Referral Centre): • Adults • Children	1,024 • 584 • 440
Number of babies treated in NICU:	816

In the context of overall government finances and the spending review settlement for the NHS over the next four years, the Trust continues to deliver significant change programmes to improve our operational efficiency, whilst maintaining the highest standards of patient safety, quality of care and positive patient experiences across all our services.

Within Saint Mary's the schemes identified to date include increased productivity, reduction in pay costs and cost reduction/efficiency savings and we are pleased to say that we have done this whilst still providing a high quality service to our patients.

Divisional Accountants Karen Wilcha and Gaynor Stott

Finance

The Division delivered on all of its objectives in 2010/11 including the requirement to save £5.2m 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.

Examples include:

- The benefit in ensuring all budget holders have an understanding of the key principles of Service Line Management using Service Line Reporting as a tool.
- The need to engage all staff including clinical staff with the responsibility of achieving trading gap (savings) targets, non-pay/procurement management and involvement in stock control.
- In 2011/12 there will be several procurement workshops with budget holders. Theatre non-pay will be of focus with a drive to reduce expenditure assisted with use of the productive theatre model.
- Improved clinic templates led to increased efficiency resulting in over achievement of the 10/11 plan. This was sustainable as the demand for gynaecology out-patients had increased and the waiting list for genetic medicine reduced slightly.
- The need to analyse the case mix for elective gynaecology and utilise theatre templates more effectively to ensure the outturn activity matches the annual plan especially as the demand continues.
- To analyse the reasons for high DNA (did not attend) rates in certain specialties, such as colposcopy and genetics, and amend practice in light of this.
- To improve the knowledge and understanding for clinicians between activity, income and budgets, for example, how agency and locum usage impacts on the budget.
- Improved financial controls to deliver savings, such as the use of agency staff in theatres, and the introduction of an induction package for new consultants to outline directorate financials and procedures.

Looking Forward

Making it Better (MiB) is a programme of improvements to NHS services for pregnant women, babies, children and young people throughout Greater Manchester. These include providing more modern hospital facilities and equipment, more doctors, nurses and midwives with improved skills and investments in community services to help bring care closer to home. There will be fewer hospitals providing overnight care for babies, children and maternity so that specialist expertise, experience and resources can be concentrated in centres of excellence and staffing levels can be improved.

The changes were agreed in 2007 following one of the biggest consultations in NHS history, taking into account the views of patients, staff and the public throughout Greater Manchester. A recent review of the Making it Better programme has confirmed that from November 2011, overnight maternity and neonatal (newborn baby) services will no longer be available at Salford Royal.

As originally agreed in 2007, there will be eight overnight maternity units in Greater Manchester. All the Greater Manchester maternity units will have neonatal units that will provide care to newborn babies who need medical and nursing care.

NHS
Making it Better
for children, young people, babies and families

From November 2011, the overnight maternity and neonatal services at Salford Royal will transfer to the maternity units here, at Royal Bolton Hospital and North Manchester General Hospital.

The overnight maternity service at Salford Royal will then close. This is part of major changes to maternity services in Greater Manchester called 'Making it Better' (MiB).

Under the Making it Better changes, all hospitals will continue to provide out-patient care at their local hospital antenatal clinics and community midwifery care. A standalone midwife-led birth centre will be available in Salford, which will be run by Saint Mary's and will be called the 'Saint Mary's Birth Centre in Salford'. It will be run entirely by midwives with the support of maternity support workers and will have no doctors, meaning it will be a choice for healthy women with low risk pregnancies.

What does this mean for Saint Mary's?

Here at Saint Mary's during 2010/11 we have been working towards increasing both our capacity and workforce as part of the preparation for the transfer of in-patient and neonatal services which will no longer be provided at Salford Royal Foundation Trust.

We continue to work with colleagues at The Children, Young People and Families Network, Salford Royal, Pennine Acute Trust and Royal Bolton Hospital to ensure that these changes happen safely and smoothly.

What will stay the same?

- Antenatal care and advice (before the birth) at home and in the community.
- Antenatal clinics and scans at Salford Royal.
- Antenatal assessment service at Salford Royal.
- Early pregnancy unit at Salford Royal.
- Home births in Salford.
- Postnatal care (after the birth) at home and in the community.

What will be different?

- Women can choose to birth their baby in the Saint Mary's Birth Centre in Salford.
- No births at the current Salford Royal maternity unit from November 2011.
- No overnight antenatal or overnight postnatal care at Salford Royal, unless women are in labour on the birth centre or have just delivered there.
- New or expanded and improved maternity units at Saint Mary's Hospital, Royal Bolton Hospital and North Manchester General to care for women who would have had their baby at Salford Royal with a further option for some to deliver at Warrington Hospital.
- More midwives, doctors and nurses at Saint Mary's Hospital.
- The choice of care in a midwife-led birth centre either at the Saint Mary's Birth Centre at Salford or at Saint Mary's, Royal Bolton, North Manchester General and Warrington Hospitals.

During 2011/12 there will be a number of staff briefing sessions for those staff directly involved in Making It Better together with the publication of a series of information leaflets and newsletters for both women and staff.

Supporting nursing teams on aspiring Level 3 Units with practice based education

From November 2011, two new Level 3 Newborn Intensive Care Units will be established at the Royal Bolton and Royal Oldham Hospitals. This is in addition to the level three newborn intensive care unit already established at Saint Mary's Hospital.

Planning of this new NICU landscape within Greater Manchester has been ongoing since 2006. It was identified at an early stage that pivotal to the success and safety of these two new Units will be a nursing workforce that has the knowledge and skill sets to be able to deliver high quality care to patients who are the most dependent, and to do so consistently against a backdrop of rapid turnover and fast pace.

Integral to the Workforce strategy for MiB was an acknowledgement of the need to identify the skills and competency gaps for neonatal staff to provide neonatal care that supports the Greater Manchester clinical model for neonatal services. This work was undertaken by clinical educators from across the Network who then formulated a competency package for nurses working in aspiring Level 3 Units to work towards.

Facilitation of that knowledge and skill acquisition has been the remit of the Senior Educators from our unit at Saint Mary's. Since May 2010 a number of nurses from both Royal Bolton Hospital and Pennine Acute Trust have undertaken short (2-3 week) placements within the intensive care areas of the Unit.

The table below illustrates the numbers of nurses who have been supported here from both Royal Bolton and Pennine Acute:

Trust	No. completed 1st rotation	No completed 2nd rotation
Pennine Acute	37	3
Royal Bolton	6	N/A

Using the competency documents as a tool to benchmark existing knowledge and skills, the educators have assisted nurses to highlight any competency deficits and then to formulate individual action plans. Achievement of a full range of intensive care competencies will ensure that nurses are equipped to confidently and competently deliver care to the most dependent infants.

Our team have ensured individuals are supported in practice on a one to one basis in intensive care, allowing them to develop their practice within a safe environment. Alongside this the most senior nurses from both teams at Royal Bolton and Pennine have been enabled to enhance their leadership skills by working alongside the NICU Shift Co-ordinators and intensive care room leads.

Evaluations from the nursing staff who have completed the placements have been overwhelmingly positive and the aim is for as many Pennine staff as possible to return for a second placement ahead of the Network reconfiguration in November 2011. The Educators on NICU are keen to continue to support this development and believe that investment such as this in practice based education for individuals will undoubtedly help to improve clinical quality and patient safety for intensive care infants across the Greater Manchester Neonatal Network.

Research and Innovation

Research and Development in Saint Mary's Hospital

Our staff continue to work hard to ensure that we remain active with research and contribute to the overall Trust strategy of integrating research into our service to provide better care for patients.

We have over 70 active researchers within Saint Mary's including doctors, nurses, midwives, scientists and researchers in several of the professions allied to medicine. This year we have been joined by Professor Ian Jacobs, the new Vice-President and Head of the Faculty of Medical and Human Sciences at the University of Manchester. Professor Jacobs is a leading researcher in the field of gynaecological oncology and so this is a very fortunate appointment for Saint Mary's and we welcome Professor Jacobs to our research community.

In addition, we have two newly appointed research staff in maternal and fetal health and obstetrics. Dr Jenny Myers and Dr Claire Tower have both worked as young researchers into pregnancy related disorders within our Maternal and Fetal Health Research Unit and we are delighted that they will both be staying with us to continue their independent research into pregnancy related disorders.

In 2010-11 we have:

- Attracted over £6.5 million in research funding.
- Worked on nearly 150 different projects covering neonatology, obstetrics, gynaecology, genetics and IVF.
- Recruited over 1200 of our patients to projects which are nationally recognised as part of the National Institute of Health Research portfolio.
- Published 197 research papers and 114 of these were in journals judged to be of high impact in their field.

Professor Ian Jacobs

- Been instrumental in the discovery of genes responsible for 8 different genetic conditions including 3M syndrome, Ochoa syndrome, Band–like calcification and polymicrogyria syndrome, Tartrate resistant acid phosphatise deficiency, amelogenesis imperfecta, dihydrofolate reductase deficiency, Durson syndrome and Brittle Cornea syndrome.

Many of these are large, multicentre projects which aim to answer very important questions about healthcare and these figures show that Saint Mary's Hospital and our Trust in general are contributing significantly to UK research. We are pleased that so many of our patients agree to participate in research studies and that our staff appreciate that, in addition to providing excellent clinical care, most of us, whether we consider ourselves researchers or not, can also make significant contributions to the success of research projects through encouraging study recruitment.

Of course, involvement in this large number of projects doesn't come without a great deal of organisation and administrative work and Sarah Leo, our research manager and her team continue to provide a great deal of support throughout our division. Using funding from our Comprehensive Local Research Network (CLRN) we have been able to appoint research co-ordinators and nurses in most divisions to help with recruitment, ethics and management approvals. Whilst the research staff can't do these things for you, they can make it a whole lot easier and we encourage newer researchers in particular to make contact if they have good ideas to see if we can point you in the right direction to develop them further.

The main aim of research is to benefit the patients we see and we can see research being put into practice right now here in Saint Mary's:

- Professor Henry Kitchener's research looking at the management of hyperemesis gravidarum during pregnancy by using a scoring system has now been put into practice and is enabling many more women to be managed at home rather than having to stay in hospital.
- Professor Graeme Black from Genetic Medicine has developed his research on genetic eye disease into a service for genetic testing for inherited eye disorders and has already received feedback from national groups as to the positive impact this has had for patients. A team from NOWGEN who worked on the European DYSCERNE project, produced guidelines for several rare disorders as a result of their research and these have been received very positively and translated into several different languages.

There is good evidence that we don't just do a lot of research, but that the quality of the research we do is also improving. Some notable publications included Professor Kitchener's paper on hyperemesis which was published in Lancet Oncology and Dr Tracy Briggs's paper from Professor Yanick Crow's research group in genetics.

So what were some of the other highlights of the year for our researchers?

Dr Suresh Victor

Dr Suresh Victor from neonatology was awarded a £240,182 Research for Patient Benefit grant to carry out a randomised controlled trial of nasal biphasic positive airway pressure vs. nasal continuous positive airway pressure following extubation in infants less than 30 weeks gestation. These grants, awarded by the National Institute for Health Research, are not easy to come by and this is a great achievement. Suresh's study got off to a flying start with the first patient being recruited within two weeks of the grant being awarded.

Prof Graeme Black

Professor Graeme Black from Genetic Medicine was invited to give the prestigious Duke Elder lecture at the Royal College of Ophthalmologists' Congress in Birmingham in May 2011, during which he talked about some of his research on eye genetics. Being asked to give this eponymous lecture, named after a famous Scottish ophthalmologist, is one of the college's highest accolades.

Dr Siddharth Banka

Dr Siddharth Banka, one of the Biomedical Research Centre Training Fellows within Saint Mary's, was awarded the prize for the best presentation at the UK Clinical Genetics Society Meeting in London in April for presentation of his discovery of a new disorder linked to the folic acid pathway. Dr Banka also received the SpR prize at the Clinical Genetics Society meeting and the poster prize at the European Society of Human Genetics meeting this year for this work. Along with Dr Newman, Dr Banka has recently received a grant from the skeletal dysplasia group to elucidate the genetic mechanism in Leri's pleonosteosis.

Prof Yannick Crow

Professor Yanick Crow was awarded a European Union grant of €5.4m over three years in October 2011 to investigate Nuclease Immune Mediated Brain and Lupus-like (NIMBL) conditions. These are devastating genetic disorders which lead to greatly reduced quality of life, high mortality especially in children, and significant risks of recurrence within affected families. NIMBL conditions are rare, but under-diagnosed. Professor Crow is co-ordinating a team of researchers from Italy, the Netherlands, Spain, the UK and the USA.

Dr Emma Burkitt-Wright

Dr Emma Burkitt-Wright has also been involved in the identification of a gene responsible for brittle cornea syndrome (BCS) in a Manchester family. BCS is a multisystem disorder, and patients in this family had suffered corneal ruptures, keratoconus and progressive deafness, along with significant joint hypermobility and hip dysplasia. Finding the gene responsible for this condition means that a molecular diagnosis can now be confirmed in the large majority of families with BCS. Dr Burkitt-Wright received the ESHG poster prize in 2010 and the Manchester Paediatric SpR prize for this work.

Our Maternal and Fetal Health Research Centre have received funding totalling £1.4 million to help them continue to research into `Finding Solutions to Pregnancy Problems'. The centre received £200,000 from Tommy's The Baby Charity, as part of our funding as one of the three UK Tommy's Centres in Maternal and Fetal Health. This money will be used to kick off three projects aimed at understanding of the causes of stillbirth, improving stillbirth diagnosis and helping women and families recover from the trauma of having a stillbirth.

Medical Education

Medical Education is an important part of the working life across Saint Mary's Hospital in the three clinical areas of Obstetrics and Gynaecology, Neonatology and Genetics. Medical students from the University of Manchester complete placements in Obstetrics and Gynaecology during their fourth year and the Undergraduate department has developed a handbook to direct and record their experiences.

Postgraduate Medical Education (PGME) is the training a junior doctor receives after the primary medical qualification has been obtained and before the doctor enters a "service grade" post, for example, as a Consultant or a GP. Doctors in Foundation level Training (F1 and F2), Specialist Training (ST) and GP training posts make up the majority of doctors in PGME, and the largest single part of the UK's medical workforce. All departments provide postgraduate medical training in their specialty, overseen by the Saint Mary's Division Education Board, which includes junior doctor representatives. Support is provided by the Trust Postgraduate Department.

In addition to specialty training, there are Foundation and General Practice trainee placements in Obstetrics and Gynaecology. All trainees have an allocated Educational Supervisor to support their educational goals. Educational and Clinical supervisors across Saint Mary's have completed training for their educational role, in accordance with the North Western Deanery recommendations, and are allocated time for their educational duties. All new doctors complete a programme of induction, both the Trust and to their departments, which includes resuscitation training. Completion of update training is also monitored.

The annual survey of trainees conducted by the General Medical Council in 2010 demonstrated a high level of overall satisfaction with training at Saint Mary's Hospital, with Obstetrics and Gynaecology being the most highly rated by trainees in the North West region. The survey confirms excellent range of experience, although also reflects high levels of work intensity.

Saint Mary's Clinical Head given prestigious Lifetime Achievement Award

Achievements

Professor Dian Donnai, Clinical Head of Saint Mary's Hospital and Consultant in Genetics, is the 2010 recipient of the March of Dimes/ Colonel Harland Sanders Award for Lifetime Achievement in the field of genetic sciences. This Award is given annually to an individual who has made a significant contribution to the genetic sciences.

Dian Donnai, a professor of medical genetics at the University of Manchester and the current President of the European Society for Human Genetics, is known for her research on rare genetic diseases, such as Williams syndrome, in which individuals have heart defects and cognitive disabilities.

"We are proud to recognise Professor Donnai's research career and her commitment to making genetic services and counselling available to all," said Dr Michael Katz, senior vice president for Research and Global Programs at the March of Dimes.

"Not only has her work helped improve the lives of those affected by rare genetic diseases, but it also has benefited millions of others seeking information and support."

Dr Katz presented the award to Professor Donnai at the Annual Clinical Genetics Meeting of the American College of Medical Genetics, held at the Albuquerque Convention Centre in New Mexico, America.

Back in Manchester, and with time to reflect on receiving such a prestigious award, Professor Donnai said: "I am very honoured to have been recognised in this way since the award has previously been given to very eminent clinicians and scientists such as the leader of the Human Genome project and only once has been awarded to someone outside North America. The March of Dimes supports research and services for families with genetic disorders, particularly birth defects, and plays an influential role with international bodies such as the World Health Organisation."

She continued: "My main research is in identifying the underlying causes of syndromes associated with congenital abnormalities and mental retardation. At the moment, supported by a charitable fund set up by some parents, we are studying a condition called Kabuki syndrome. At the meeting where the March of Dimes award ceremony took place, it became clear that a group in Seattle was making significant progress in identifying the cause and we have now joined forces with them and hope that this will lead to major publications in this field and the establishment of genetic testing in CMFT for UK patients."

"I am also very committed to the integration of new genetic techniques and treatments in medicine and through Nowgen, now part of the BRC, we have active programmes to engage patients and the public in topical genetic issues, to organise school visits to CMFT to learn about genetics and take part in workshops, and to train healthcare and scientific professionals in the application of new technologies and knowledge."

Retirement after an amazing 33 years!

Gordon Hosker bid a final farewell to his Saint Mary's colleagues on 14th January after 33 dedicated years.

Gordon started work in Saint Mary's Hospital as a Basic Grade Physicist in 1978. His work developed from research into lower urinary tract function to providing a service for investigating both lower urinary and lower gastro-intestinal tract function. His knowledge of these areas brought National and International recognition with election to the Council of numerous scientific societies. He was appointed to the Department of Health Physiological Measurement Board and in 2002 was re-graded to become a Consultant Clinical Scientist.

Dr Tony Smith, Consultant at Saint Mary's said: "Gordon is an excellent teacher and his courses in Urodynamics were a benchmark nationally and internationally. He published widely and was much in demand for his views and understanding of physiological measurements in the pelvis. Gordon will be much missed by his colleagues both in Saint Mary's and the other units with which he developed clinical links. His untiring willingness to help others learn and understand physiological measurements will be difficult to replace."

One of Gordon's last duties was as guest speaker at the Specialist Women's Health Physiotherapy Christmas Lecture on 8th December where he shared his knowledge with 30 physiotherapists from across the region. His colleagues wished him a long and happy retirement at a lunchtime gathering at Saint Mary's and a Murder Mystery Night in Manchester.

- Congratulations go to Mary Kenny, Community Midwife Team Leader for Moss Side and Hulme area for being runner up in the British Journal of Midwifery Awards 2010.
- Sandra Cahill, Specialist Midwife for Asylum Seekers and Refugees also received a nomination from patients for the Mammas and Papas Midwife of the Year Award.

Both these nominations demonstrate the high quality care we aim to provide to women being cared for by Saint Mary's Hospital. Well Done

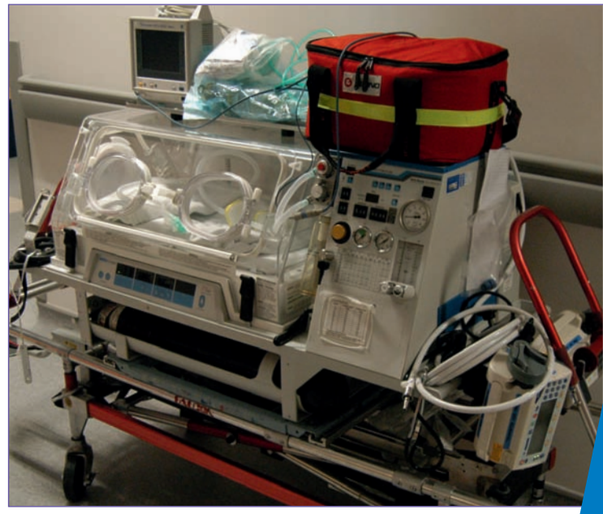
Neonatal Transfer service celebrates 5th Birthday!

In April 2010 Staff from Greater Manchester Neonatal Transport Service (GMNeTS) were presented with a specially donated cake to celebrate the service's fifth birthday. GMNeTS helps save the lives of sick and premature babies by transferring them between neonatal intensive care units or specialist hospitals for surgery across the North West.

Since it was set up in 2005, GMNeTS has carried out over 1422 emergency transfers and 2480 planned non-emergency transfers, including more than 1000 babies who have been treated in Saint Mary's Hospital's Newborn Intensive Care Unit. They have also clocked up over 120,000 ambulance miles and have been on call for over 43,800 hours!

GMNeTS were integral to the success of Saint Mary's move into their new state-of-art hospital in July 2009, safely transferring babies from both the maternity and neonatal units.

GMNeTS are central to the region-wide Making it Better plans to improve the level of care available to the smallest and most vulnerable babies. The transport team will continue to ensure the safe, planned and emergency transfer of babies from smaller units offering less intensive care to ones with highest levels of care, including the three proposed regional centres of excellence including Saint Mary's Hospital and purpose built developments at the Royal Bolton and Royal Oldham Hospitals.



Dr Ian Dady, Consultant Neonatologist and Clinical Lead for GMNeTS, said "For many families having a sick or premature baby admitted to special care and then transferred to another hospital is an extremely stressful experience. Over the last five years it's been a privilege to work with many highly skilled and professional staff in the Greater Manchester Neonatal Transport Service, Ambulance Service and hospital neonatal units to provide the safest system possible for transferring babies. I hope that over the coming years we can continue to improve this service by bringing new developments to provide the highest quality of care to babies and their families during this difficult time."

Cytopathologist Mina Desai awarded CBE in New Year's Honours List

Consultant Cytopathologist Dr Mina Desai has been awarded a CBE in the New Year's Honours list for "services to women's healthcare".

Mina joined us from The Christie when we took over the Cytology service in September 2002, and for many years, Mina's Department has been the largest cervical screening laboratory in the country.

Under Mina's leadership, the Cytology Department has made many important research contributions for the National Cervical Screening Programme (NHSCSP). She is also Director of the Manchester Cytology Training Centre.

In particular the Department, working closely with Professor Henry Kitchener and other colleagues, has led research about the feasibility of the introduction of automation in cervical screening.

Away from Manchester, Mina has been actively involved in regional, national and international contributions to Cytology and is the current President of the British Society for Clinical Cytology (BSCC). She has either chaired or been a member of several National Working Groups which have provided guidance to the NHSCSP. She has also worked with a variety of minority ethnic groups in developing better healthcare for these groups.

Dr Godfrey Wilson, Clinical Director of Laboratory Medicine, said: "On behalf of the Directorate, I wish to congratulate Mina on being awarded this prestigious honour. It is well deserved for her many contributions to Cytology."

Genetics team finds vitamin link to childhood health problems

A group of Manchester genetic medicine researchers and doctors have identified a completely new inherited childhood disorder that can be treated with a form of vitamin, helping to prevent anaemia and epilepsy.

The condition is caused by an inherited change in an important enzyme called dihydrofolate reductase (DHFR). DHFR plays a significant role in how the body handles certain vitamins called folates. When the body is lacking DHFR, children can develop serious health problems including anaemia and epilepsy.

The identification of the specific genetic change has lead to treatment of this condition with a form of the folate vitamin. It is likely that there are many other children with this condition, which has been previously unrecognised. They could now benefit from a clear diagnosis and rapid treatment

The research team brings together experts from the NIHR Manchester Biomedical Research Centre (BRC) and The University of Manchester. Its findings have just been published in the prestigious American Journal of Human Genetics.

Dr Siddharth Banka, funded by a three-year £185,000 BRC Fellowship, led the research study, working closely with Dr Bill Newman and Dr Simon Jones. He believes the findings may also have exciting implications in improving our understanding of a range of other diseases like Alzheimer's and depression.

"In addition, many anti-cancer drugs work by blocking DHFR in cancers such as leukaemia. We hope that our discovery will lead to a better understanding of this enzyme and result in improving cancer treatments," said Dr Banka.

Thousands of premature babies to benefit from North West breathing support trial

A North West trial of alternatives to ventilators for helping premature babies to breathe could reduce the risk of lung problems and other complications for around 7000 babies a year.

Led by Dr Suresh Victor from the Newborn Intensive Care Unit at Saint Mary's Hospital in Manchester, the study also involves experts from The University of Manchester, and several neonatal units from the North West of England. The team from the 'Extubate Trial' will look at two alternatives to long-term use of a ventilator, to see which helps premature babies the most. They have been awarded funding of £240,000 by the National Institute for Health Research (NIHR) to carry out the three-year trial.

Dr Victor, who is also a clinical lecturer in the School of Biomedicine at The University of Manchester, explained: "Babies born prematurely have breathing difficulties and need support from a ventilator, which gives them regular breaths through a breathing tube in the wind pipe. The process of removing the tube, known as extubation, and allowing the baby to breathe on its own does not always go to plan. Around a quarter of babies need to have the breathing tube replaced in the wind pipe. This can be traumatic and spending more time on the ventilator can damage the baby's immature lungs."

"Continuous Positive Airway Pressure (n-CPAP) and Biphasic Positive Airway Pressure (n-BiPAP) are ways of supporting breathing that are less invasive - they use tubes that go only a few millimetres into the nostril. n-CPAP produces a constant pressure at the nose that is transmitted to the lungs. n-BiPAP produces a constant pressure and also gives extra breaths. We want to find out if these extra breaths will give the baby the added support needed to stay off the ventilator."

The trial will involve up to 540 babies born before 30 weeks' gestation and who are less than two weeks old. They will randomly receive either n-CPAP or n-BiPAP, with the research team monitoring which device allows the baby to breathe most comfortably and stay off the ventilator.

A group of parents of premature babies who are actively involved with the research group at the NIHR Manchester Biomedical Research Centre, have played an important role in designing the trial. They will continue helping the team during the study and will be involved in communicating the results at the end of it.

Uma Aziz, a parent who is supporting the study said: "As a parent of a child born at 25 weeks, I think this study is of paramount importance especially as more and more preterm babies are surviving. Our baby was on a ventilator, on n-CPAP and n-BiPAP at various stages of her stay in the neonatal unit, so we are quite excited about the study and its findings and subsequent recommendations."

Added Dr Victor: "Early and successful extubation would mean that premature babies will spend less time on the ventilator. This will reduce the chances of injury to the baby's lungs and allow for more efficient use of intensive care cots at specialist centres. It would also mean that babies can be moved sooner to hospitals closer to their homes. Many neonatal units across the country already have n-CPAP or n-BiPAP equipment, so whichever alternative proves the most successful can quickly be adopted as the preferred method."

Placenta Clinic celebrate first birthday

Laura Wright and her son Andrew Hawcroft returned to the Manchester Placenta Clinic at Saint Mary's hospital this month to help celebrate the clinic's first anniversary.

The Manchester Placenta Clinic was established in March 2009 by Dr Ed Johnstone (Clinical Senior Lecturer/Honorary Consultant) with Dr Clare Tower (Clinical Lecturer) and Midwives Suzanne Thomas and Dr Tracey Mills (not pictured). The specialist antenatal clinic aims to optimise the care of women at risk of placental disease by offering individualised management by a small team of specialised clinicians. Placental disease increases a woman's risk of developing complications such as pre-eclampsia, placenta abruption and Intrauterine Growth Restriction (IUGR). The dedicated team give care and support to women and their families experiencing these high risk pregnancies.

The clinic is ideally situated on the new Saint Mary's research floor, and is integral to the Maternal and Fetal Health Research Centre's (MFHRC) research agenda. The alliance between clinical care and research allows this population to be studied closely and maximises the opportunity to develop effective treatments.

The Manchester Placenta clinic is the first clinic of its kind in the UK.

Laura Wright was one of the clinic's first patients; she attended the clinic from 21 weeks of pregnancy until Andrew's birth in August 2009 at 29 weeks weighing just 658g. Andrew spent the first 11 weeks of his life on the NICU at Saint Mary's hospital, he remains an outpatient at the Children's Hospital and he is growing stronger every day. Laura explains her experience of attending the clinic;

"I believe that, if it wasn't for the high levels of professional care received from the Clinic team, Andrew would not have survived my pregnancy. I cannot thank them enough for their involvement and support, which continues even after the birth."

Student's art strikes a 'cord' with Placenta Clinic staff

Researchers in the Maternal and Fetal Health Research Centre based at Saint Mary's Hospital played host to local students interested in learning about the centre's work.

The students, from Manchester Health Academy in Wythenshawe, were told about research within the centre's Placenta Clinic looking at fetal growth restriction or FGR, a condition that can lead to complications in childbirth.

Back in the classroom, the pupils were tasked with creating a piece of artwork depicting what they had learned about the work of the clinic during their visit. The artwork was recently put on display in the atrium of Saint Mary's Hospital for the announcement of the winning picture.

Suzanne Thomas, a research midwife who runs the Placenta Clinic with Dr Ed Johnstone, said: "The students created some fantastic artwork in response to their visit to the clinic."

"The placenta is key to both maternal and fetal health and is the focus of our research and clinical work, so the winning piece of art had to reflect this."

Staff at the clinic voted for a piece of art by Andiswa Moyo, aged 15, which they said was "beautifully drawn" and "portrayed the physiology of the placenta".

Manchester geneticist leads €5.4m immune disorders research programme

A specialist in genetic medicine at the National Institute for Health Research's Manchester Biomedical Research Centre is leading a multi-national team investigating the genetics of immune system disorders.

Professor Yanick Crow has been awarded a European Union grant of €5.4m over three years to investigate Nuclease Immune Mediated Brain and Lupus-like (NIMBL) conditions. These are devastating genetic disorders which lead to greatly reduced quality of life, high mortality especially in children, and significant risks of recurrence within affected families.

NIMBL conditions are rare, but under-diagnosed. No effective treatments or cures currently exist.

"To help us provide the best care for patients worldwide, we need a better understanding of the natural course of these disorders and why they occur," explained Professor Crow, who is co-ordinating a team of researchers from Italy, the Netherlands, Spain, the UK and the USA.

"Through the NIMBL project, we will collaborate to develop a shared approach to these conditions. A registry of patients will reveal the natural history of the NIMBL diseases, and how effective current treatments are. By working in the laboratory and with individual patients, we hope to understand how and why these diseases occur and then identify potential elements we can target with drugs."

"We are particularly excited that the investigation of NIMBL diseases will not only improve the health and well-being of NIMBL patients and their families, but also lead to better treatments of much more common immune system disorders including lupus."

The Manchester research team has also been given a grant of €176,000 by the European Leukodystrophy Association to pursue research into Aicardi-Goutières syndrome (AGS), one of the NIMBL group of diseases which destroys the brain in children and adults.

Professor Crow, who is Professor of Genetic Medicine at The University of Manchester and based in the department of Genetic Medicine at Saint Mary's Hospital, Manchester, added: "The awards from the European Union and the European Leukodystrophy Association will allow for a step change in our studies of AGS and related disorders. By defining the natural history of these diseases and better understanding their cell biology, I am convinced that we can develop smart medicines for this devastating group of conditions."

Andy Burnham takes a look at the new hospitals

During the Labour Party Conference, Shadow Health Secretary Andy Burnham undertook a whistle stop tour of our new hospitals chatting to staff and patients along the way. He began in the Royal Manchester Children's Hospital, where he popped into the Emergency Department and High Dependency Unit, before walking through to Saint Mary's and finishing at the Manchester Royal Eye Hospital.

Whilst in Saint Mary's he spoke to staff, including our Clinical Head of Division and Divisional Director, praising us for the work we do and telling us to keep up the hard work.

St Mary's SARC conference 2011

Earlier this year, the St Mary's Sexual Assault Referral Centre hosted a successful 9th Annual Conference at Manchester Town Hall.

Around 200 delegates from a wide range of professions attended the two-day event to share good practice, receive the latest guidance and discuss issues relating to sex crimes and young children.

St Mary's SARC opened its Children's Sexual Assault Referrral Centre five years ago and the service currently sees approximately 400 children each year. The youngest child was just 3 weeks old.

During the conference, delegates were shown a film about the St Mary's Centre from a client's perspective. The film captures comments and views from parents, adults and children who have experienced the impact of rape and sexual assault and how St Mary's SARC service has proved invaluable in supporting them through their ordeal.

Keynote speakers at the conference included the Chief Constable of Greater Manchester Police, Peter Fahy, Dr Catherine White, Clinical Director of the St Mary's Centre, Professor David Wells from the Victoria Institute of Forensic Medicine in Australia, Paul Stern, Senior Deputy Prosecuting Attorney from the USA and HH Judge Peter Rook QC, author of Rook and Ward on Sexual Offences.

As well as plenary sessions, delegates were given the opportunity to attend workshops and masterclasses to look specifically at key aspects including retrieving forensic samples, meeting the psychological needs of the child victims, issues around confidentiality and achieving best evidence in the court room.

In addition, for the first time this year, the conference hosted a panel debate on the subject of protecting young children. The panel comprised Sharon Shoesmith, former Children's Services Director at Haringey Council, Mark Lee, NW Regional Director at Barnardo's and Jim Gamble, former CEO at the Child Exploitation and Online Protection Agency (CEOP). The panel debate was chaired by Ian Rush, Independent Chair of Manchester's Safeguarding Board.

Bernie Ryan, St Mary's SARC Manager said: "Our conferences have become key annual events for those working in the sexual assault field and attracts both eminent speakers from across the world as well as delegates from a wide range of professions."

"Over the two day event, we were able to really understand some of the challenges faced by professionals working in this field. Our aim was to stimulate debate, share good practice and ensure even higher quality services for young children who have been raped or sexually assaulted. Evaluation following the conference showed that we more than achieved that aim."

The Centre's 2012 Conference will take place on Thursday February 23rd and Friday, February 24th and will be looking specifically at issues relating to Sexual Exploitation. For further details please visit:

www.stmaryscentre.org

saint mary's
hospital **charity**
supporting excellence in treatment, care and research
Registered charity number 1049274

Saint Mary's Hospital charity raises money to ensure continued excellence in treatment, care and research to enhance the lives of thousands of patients – often very young and premature babies – and their families each year. Our fundraisers and donors help us shape the future by supporting:

Treatment - By purchasing very specialised equipment developed through technological and medical advances. These allow us to continue to improve the quality of care we are able to provide for our patients.

Care - We also support the development of more family-friendly spaces within the hospital, to help our patients and their families feel a little more able to relax at what can be a very difficult time for them.

Research - Carrying out research into better ways to understand the conditions that affect women and babies is one of our main ambitions. Saint Mary's is already home to a leading Genetics Centre and the support of the Charity can help to ensure that it remains at the cutting edge of medical research and innovation.

If YOU would like to support us, please contact us to find out how you can have fun and raise vital funds for your new hospital. You can contact us:

By phone: **0161 276 4522**
(Monday – Friday 9.00 am – 5.00 pm
or you can leave a message)

Email: **charity.office@cmft.nhs.uk**

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