



# Saint Mary's Hospital ANNUAL REPORT 2011/12





# Welcome to the second annual report for Saint Mary's Hospital

2011/12 has seen excellence, quality, safety and productivity in abundance with many of the directorates looking at ways to ensure continuous improvement is embedded in everything that we do.

This year external assurance visits have taken place across the majority of directorates such as the HFEA Licence renewal in IVF, CNST level 3 in Obstetrics, CPA in Andrology and colposcopy and NHSLA level 3 in general standards, all of which have confirmed the delivery of high standards of care to our patients.

We are proud to report that Saint Mary's teams have delivered real innovations and often UK firsts this year. The first example is the development of the diagnostic service for inherited retinal degenerative conditions. This involves being able to examine at the same time, 105 genes which reduces the number of different tests that patients have to undergo to obtain a diagnosis for their condition. The second is the development of the high dependency obstetric unit where women are cared for by both critical care nurses and midwives in addition to the anaesthetists and obstetricians. This has reduced the number of occasions when women have needed to be transferred to the High Dependency Unit in the Manchester Royal Infirmary. Both mother and baby can remain together in an environment more familiar to them, whilst the mother continues to receive critical care.

The transfer of mothers and neonates from Salford Royal maternity unit as part of 'Making it Better' took place in November 2011. This was completed without incident and all the staff who transferred were welcomed and provided with a comprehensive induction programme so they felt confident and competent in their new environment. In order to make room for the increase in the number of women birthing at Saint Mary's an additional ward and co-located midwifery led unit was opened on ward 47. The Saint Mary's Sexual Assault and Referral Centre, who occupied this space following the move into the new hospital, relocated to a newly refurbished unit in the 'Old Saint Mary's Hospital'. This now provides an increase in the number of forensic examination suites and means that the adult and child facilities are together.

The beginning of 2011/12 saw the first annual award event for Saint Mary's where 10 awards were presented for achievements for outstanding service against the Trust Objectives. This was supported by a celebratory lunch as a thank you to all our staff. The end of the financial year was celebrated with the Trust annual gala dinner at the Gorton Monastery. This was a lovely

evening and a number of our staff and teams received awards from the Chairman Mr Peter Mount for 'We're Proud of You'. We hope you enjoy reading the contents of this annual report and we are sure you will appreciate the hard work and energy that goes into making Saint Mary's Hospital a high performing division.



Professor Dian Donnai  
Clinical Head of Division



Karen Connolly  
Divisional Director





# About Saint Mary's Hospital

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

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

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

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

## Royal opening for our new hospitals

We were honoured when Her Majesty the Queen visited on 23rd March 2012 to perform the official opening of our new hospitals as part of her Diamond Jubilee year celebrations.

Even the sun came out to greet the Royal party on that glorious spring day. Crowds of staff waited excitedly in the sunshine for a glimpse and a photo or two of the Royal visitors as they passed. An expectant buzz ran through the crowds as the Royal car approached the entrance to Saint Mary's Hospital.

The Queen, dressed in pale pink, was greeted by Chairman Peter Mount and Chief Executive Mike Deegan. They guided her through Saint Mary's and the Royal Eye Hospitals, introducing her to various groups of people who play, or have played, a key role in our new hospitals. These included clinical staff (clinicians, nurses, midwives and therapists) responsible for patient care, those tasked with the new build, researchers, award winners, fundraisers, patient representatives, and young people from the Children's Hospital.



# Genetic Medicine



Saint Mary's supports one of the leading clinical, diagnostic, research and education centres for Genetic Medicine in Europe, with 250 staff, including 22 medical consultants and 25 genetic counsellors providing services for 4.2m people in the North West, outreach clinics across the North and centrally funded specialist services

available to all NHS patients in England. In addition, 13 research leaders and 130 diagnostic scientists work together to translate research findings into new services exploiting leading-edge technologies. This wide capability has been recognized through major national initiatives:

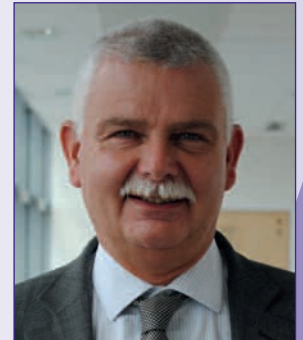
- ▼ NGRL informatics - focusing on bioinformatics and training within NHS genetics services, supporting the national infrastructure.
- ▼ Quality networks – The European Molecular Genetics Quality Network (EMQN) and ERNDIM – hosted by Genetic Medicine, offer quality schemes to over 1,000 laboratories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

Genetic Medicine includes internationally renowned research and clinical service groups (metabolic medicine, rare developmental disorders, inherited cancers, genetic eye conditions) and works with the Manchester Biomedical Research Centre and the new University Institute for Human Development and Genetics. In the last year our research groups have made major advances in gene discovery and have recruited the largest number of patients to the UK Medical Genetics clinical trials network.

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

## Highlights in 2011/12:

- ▼ Winning investment in technologies for new cancer diagnostics, allowing patients to receive treatment tailored to their specific condition.
- ▼ Using high throughput sequencing technologies, translating from the research bench a comprehensive 100 gene testing service for inherited blindness; allowing many more patients the opportunity of a definitive diagnosis of their condition.
- ▼ Beginning a new multi-disciplinary clinic supported by the patient group Rett UK for adults with learning difficulty and epilepsy.



Dr Rob Elles  
Clinical Director



Lynn Chantler  
Directorate Manager

## Genetic Medicine - some facts and figures:

- ▼ Clinical Genetics: 6,000 new patients and 2,000 follow on patients per year seen in central and out-reach clinics.
- ▼ Metabolic Medicine: 540 new patients and 3,000 follow on patients per year; seen in clinics across the North of England.
- ▼ Labs: 38,000 genetic test samples processed per year plus 50,000 newborn screens.





# Gynaecology

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

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

The 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, a gynaecology ward, a theatre department and a standalone Reproductive Medicine Unit housed in the Old Saint Mary's building.

In 2011/12, 14,200 new patients attended as out-patients, 31,000 were treated in out-patients, 3,400 in theatre and 9,200 attended the early pregnancy/emergency gynaecology unit. The Directorate is contributing positively to the ongoing review of Oncology Services, which is being led by the Greater Manchester and Cheshire Cancer Network, and to the wider review of Gynaecology being undertaken by the Greater Manchester Women's Health Network.



Dr Rick Clayton  
Clinical Director



Pam Kilcoyne  
Lead Nurse



Sam Evans  
Directorate Manager

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



## Highlights in 2011/12:

- ▼ In the 2011 GMC survey, Saint Mary's and Trafford were considered the best hospital for training junior doctors in Obstetrics and Gynaecology in the Northwest and fourth nationally.
- ▼ Successful accreditations following a Cancer Peer Review.
- ▼ Positive reviews following CPA assessments of Colposcopy service and laboratory.
- ▼ Appointment of a new Consultant Uro-gynaecologist, Dr Karen Ward.
- ▼ Successful implementation of the Enhanced Recovery Programme for patients.
- ▼ All Advanced Nurse Practitioners have now completed their training and are independent non-medical prescribers.
- ▼ Expansion of the CLRN research portfolio and appointment of an additional research nurse.
- ▼ A positive outcome following a CQC unannounced visit to our Termination of Pregnancy service.

# HFEA Inspection in Reproductive Medicine

In February this year the Department of Reproductive Medicine was inspected by the Human Fertilisation and Embryology Authority (HFEA). UK fertility centres normally receive a four year licence and are inspected every two years. HFEA's inspections investigate the quality of service that HFEA licensed clinics provide to patients and donors. Failure to achieve the standards required can result in a withdrawal of the licence. The inspections assess the extent to which centres comply with the Human Fertilisation and Embryology Act and look at:

- ▼ the premises and facilities,
- ▼ the laboratory processes,
- ▼ the ability of the clinic to provide the services it offers,
- ▼ the suitability of the person responsible,
- ▼ the quality of information that the clinic provides to patients and to HFEA,
- ▼ clinical staff suitability and competence,
- ▼ the organisation of the clinic.

## What happens during an inspection?

During all inspection visits the focus is on quality, practice and evaluation, with the protection of the embryo and patient experience at the forefront of the assessors' thinking. Most time is spent on direct observation of practice and sampling of documentation and records.

We are pleased to report the Department of Reproductive Medicine had their HFEA licence renewed for three years.

## DEPARTMENT OF REPRODUCTIVE MEDICINE SERVICE LINE REPORTING

The Department of Reproductive Medicine conducted an extensive 'Service Line Reporting' exercise during Summer 2011. Clinicians and managers worked together to develop an understanding of the true costs of the service and ensure that the service was running efficiently. This process has ensured that the Department stands on solid financial foundations and has a secure long term future.

The Department is now ready to face the exciting challenges that lie ahead.



## THE WHITWORTH CLINIC – INCREASING ACCESS TO CONTRACEPTION

The Whitworth Clinic provides an unplanned pregnancy service for our local community and has been working hard to increase accessibility for all groups, in particular for young people or those women with special medical and social needs. The team aim to provide an excellent and sensitive service for women at what may be a difficult time and focus on providing open, non judgmental and confidential care.

The team are also committed to enabling women to have more control over their health and to try and reduce unintended pregnancy. All nursing staff are family planning trained and since September 2010 they have been involved in an 'Increasing Access to Contraception' programme.

This has included training all our nurses to fit contraceptive implants into the patient's upper arm. The implants are known to be a safe and reliable method. To date, 58 women have accessed this service and had implants fitted.



# Newborn Intensive Care Service

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, it is the only unit in Greater Manchester providing intensive care for newborn infants with surgical conditions.

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

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

## Clinical quality

### Quality Programme and Initiatives:

- ▼ **The introduction of the family support service** has improved the quality of the discharge planning process. A discharge planning tool is being piloted within special care, which should further improve the discharge process. In addition, a neonatal network back transfer policy has been developed by the Neonatal Network Board, which should also facilitate patient flow through the network.
- ▼ **Implementation of the safe staffing policy.** The Safe staffing policy was introduced in June 2011 to provide an objective assessment of capacity against staffing. The aim of the policy was to describe the approach to be taken by senior staff to preserve safe operational levels of care on each shift. The policy has been used effectively to manage and communicate staffing status on each shift, in line with British Association of Perinatal Medicine guidelines.
- ▼ **National Neonatal Audit Programme.** The neonatal unit contributes to this national audit programme.



We currently have 55 cots. 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.



Dr Ngozi Edi-Osagie  
Clinical Director



Heather Bird  
Lead Nurse



Susan Slater-Jones  
Directorate Manager



# Maintaining financial viability and stability

- ▼ **Work has been ongoing** to review the directorate's systems and processes to ensure that our data collection is accurate and able to deliver contracts in line with the new national neonatal tariffs.
- ▼ **An administrative and clerical review** was undertaken to look at new ways of working to ensure the most efficient use of staff resources to support increased activity on the unit.
- ▼ **Procurement savings** - Liaison with procurement team has identified savings and reduced store levels to an efficient but safe level. Adjustments made for the Salford transfer of services were demonstrated to be accurate.
- ▼ **Quality roles and nursing establishment review** - The Existing Quality roles within NICU are in line with the requirements of the Department of Health Toolkit for High Quality Neonatal Services. A variety of audit tools demonstrates the continued value and productivity these roles continue to deliver in improving the patient experience and delivering a quality service. (Breast feeding rates, parent satisfaction, reduction in delays in transfers/ discharges, staff retention improved and clinical competencies met).
- ▼ **The introduction of an ANNP led High Dependency Team** was initiated during 2011; the aims are to see an improvement in the quality of care and reduction in clinical risk, throughput and reduction in length of stay and improved team building and partnership in care. Recruitment has been slow and the team are not yet up to full compliment. As with any new development, there have been some difficulties in expectations and understanding of roles, however, these staff are now fully operational and are delivering care to babies occupying 55 cots.
- ▼ **A review of nurse staffing levels** within the context of the Making it Better project demonstrated the need to increase the establishment to meet the projected work demands. Following the transfer of Salford Neonatal Intensive Care service the NICU at Saint Mary's Hospital supported the opening of an additional 5 cots. This is a temporary increase until the NICU at Royal Oldham Hospital is fully established. Staffing requirements for the five Pennine cots were identified as 24 wte, PAHT provided 11 wte staff on a rotational basis and CMFT appointed an additional 13 wte Band 5 staff nurses. These were recruited in June 2011 with a target of being able to work at the cotside by November 2011 in readiness for the Salford Transfer.



## Highlights in 2011/12 include:

- ▼ Successful transfer of neonatal services from Salford.
- ▼ Appointment of additional nursing staff.
- ▼ Appointment of extended practitioners.
- ▼ Appointment of three neonatal consultants.
- ▼ Award winners in the Saint Mary's annual awards for Quality of Care.
- ▼ Silver award for Improving Quality.
- ▼ Launch of the wall art project.

# Obstetrics

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

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

- ▼ Antenatal Clinic
- ▼ Fetal Medicine Unit
- ▼ Ultrasound
- ▼ Delivery Unit
- ▼ Midwifery Led Unit
- ▼ Antenatal Assessment Unit
- ▼ 3 Antenatal and Postnatal Wards
- ▼ Access to 3 theatres at any given time.

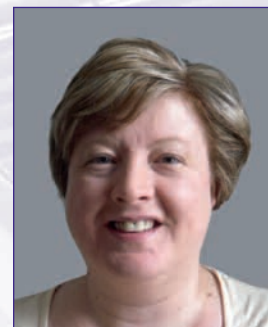
The directorate also provides antenatal out-patient services at Trafford District General Hospital and Salford Royal Hospital Foundation Trust.

December 2011 also saw the opening of the standalone midwifery led unit at Salford.

In 2011/12, 7285 women were supported to give birth with over 65% of women having a normal (vaginal) birth. The caesarean section rate continues to remain low at 20%, which is below the national average of 22%.



**Dr Sarah Vause**  
Clinical Director



**Susan Slater-Jones**  
Directorate Manager



**Sharon Lynch**  
Deputy Head of Midwifery



**Anne Scott**  
Lead Midwife

## Workforce

An increased number of midwifery and health care assistant support staff have been recruited to support the expanding service at Saint Mary's. There has been an increase of 58 midwives and a new initiative has seen the recruitment of 6 critical care nurses to support midwives caring for women receiving high dependency care.

### Consultant Cover

Currently the consultant obstetricians provide 99 hours of labour ward presence per week. The division is currently working with a number of strategic partners to look at opportunities for funding the additional recruitment of consultant obstetricians to provide 168 hour consultant presence on the delivery unit.



# Maternity Service CNST Achievement

The Maternity Team at Saint Mary's Hospital was proud and delighted to achieve level 3 in the Clinical Negligence Standards for Trusts (CNST) assessment again. This is a huge achievement and a tribute to all the staff working hard together, as without their dedication and commitment this could not have been achieved.

The standards and assessment processes are designed to improve the safety for women and babies and encourage a proactive approach to improving care. The assessment required the assessors spending two days on site reviewing audit reports, guidelines, and other written reports.

In addition, the assessors also reviewed a significant number of the records of the women and babies who received care at Saint Mary's in 2011. This process was supported by clinical staff who guided the assessors to the relevant information.

Achieving level 3 required a huge commitment, not only for those people directly involved in collating the evidence, but by everyone who supported this process.



This includes everyone who has provided care, undertaken audits and written reports, not forgetting the clerical staff who ensure that all paperwork is filed correctly!

This is a significant achievement and the challenge now is to build upon this success to further increase the level of care provided for the women choosing Saint Mary's.

## LENGTH OF STAY

The directorate has been working towards reducing length of stay for women who have given birth, particularly for those who have undergone caesarean sections, with involvement of staff in all areas from antenatal clinics through theatres, to the postnatal wards and in the community. May 2012 has seen a significant improvement in reducing the average length of stay to three days and three hours, with 39.7% of women being fit enough to go home at this stage compared with 19.1% in June the previous year.

The aim is to use the process of enhanced recovery to further reduce the length of stay in hospital, especially for women with low risk pregnancies who are undergoing caesarean section.

There has also been improved communication with the Newborn Intensive Care Unit (NICU) with daily core huddles undertaken to discuss the dependency of babies on the postnatal wards and early identification of any babies who require a higher level of expertise. The opening of the Ronald McDonald House has enabled appropriate transfers of mothers who are fit for discharge but whose babies remain on NICU to have accommodation close to the hospital.

### Midwifery Led Unit

The Midwifery model of care is focused on promoting normality and reducing intervention as a primary goal.

In November 2011 the co-located Midwifery Led Unit was relocated to ward 47. This enabled us to improve facilities with 8 en-suite rooms, 2 of which have bespoke birthing pools. This supported 1657 mothers to birth under the care and supervision of a Midwife. 156 chose to labour and deliver in the pool whilst a further 88 women used the pool as a means of pain relief in labour.

### Standalone Birth Centre at Salford

The standalone Birth Centre at Salford opened on the 5th December 2011. This comprises six delivery rooms, of which three have ensuite facilities and a bespoke birthing pool. The Birth Centre is managed by midwives with the support of health care assistants. To date, 100 women have birthed at the unit. A further 26 (28%) were transferred to Saint Mary's Hospital as they required multi-disciplinary care.

This facility has offered women with low risk pregnancy an opportunity to have their baby closer to home under the care of a Midwife.

# K2 Guardian goes live at Saint Mary's

Over the past 12 months work has been in progress towards the implementation of the K2 Guardian™ system on the Birth Centre at Saint Mary's Hospital. Guardian™ is a fetal monitoring system that is able to provide the full electronic capture of patient information during childbirth via a touchscreen that remains at the woman's bedside. It relays information relating to electronic fetal monitoring, partograms, all labour events, outcome information, fetal blood sampling results and cord blood gas results direct from the blood gas analyser. The data is shown in real-time and can be viewed by the bedside, externally at the central station or

**"It is better than we thought!!, easy to use and a great visual aid for our midwifery and medical handovers. Everyone feels it is of benefit and we cannot wait to go paper light"**

**- Staff feedback**

of extensive detailed information, as required by the Care Quality Commission.

To support the implementation and training, three members of the K2 team spent two weeks with us on the Birth Centre delivering the training and implementation.

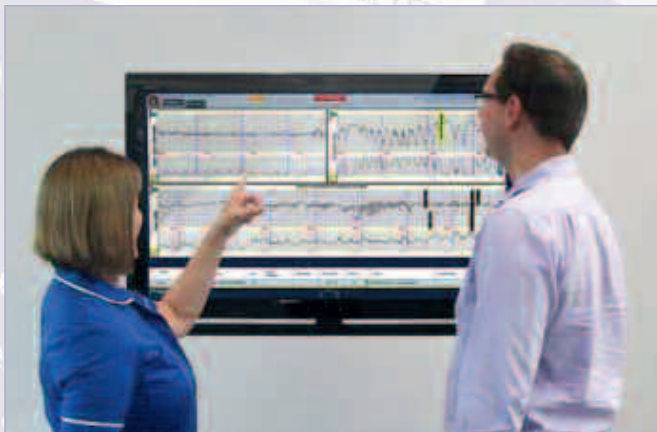
The system went live on 16th August and credit goes to all the staff who worked on that date as it was one of the

busiest days and nights we have experienced to date in maternity. One of the K2 team members even worked the night shift to ensure support and training. Staff blood sugar levels were maintained with cupcakes, kindly donated by K2.

The Band 7 co-ordinators are our K2 Champions – they have and continue to play a pivotal role in the implementation of the system.

Fiona Bryant, Matron for the Birth Centre, said: *"I am very proud of the way all the staff and the Band 7 co-ordinators have embraced the new system and worked so hard with its implementation. We did "Go Live" on one of our busiest days. However, it was clear from day one that the staff liked the new technology and were keen to make the project work."*

The next step is to enable the K2 system to talk to PAS and CMiS, the other maternity information system used to capture antenatal, delivery details and postnatal information. It is expected to be fully functional across the Delivery Unit and the Midwifery Led Unit by August 2012.



remotely by senior clinicians via the internet, day or night. This added accessibility enhances communication between patients and clinicians and encourages discussion and shared experience, essential for support, promoting best practice and patient safety.

Purposefully developed to withstand the rigours of medical litigation, and able to produce detailed reports instantaneously, Guardian™ is an invaluable tool for assisting in clinical governance and for meeting the needs of its users at the point of care. Improved patient safety benefits have been shown resulting from the continuous monitoring, real-time accessibility and collation





# 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 conference 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](http://www.stmaryscentre.org)



**Dr Catherine White**  
Clinical Director



**Bernie Ryan**  
Centre Manager

## SARC service expands and moves into new accommodation

It has been a busy year for Saint Mary's Sexual Assault Referral Centre. They have moved to new accommodation within the old Saint Mary's Hospital building, expanded services for the population of Cheshire and children up to the age of 15 living in West Yorkshire and delivered a number of successful training and networking events aimed at increasing the skills and experience of people working in the rape and sexual assault field.

In the last twelve months, the Sexual Assault Referral Centre has seen an overall increase in the number of people accessing the range of services available. The SARC is a fully integrated service for all ages. This includes a forensic medical examination following a rape or sexual assault, aftercare and counselling, as well as support through the Criminal Justice System.

Following the move to its new accommodation, Saint Mary's SARC now has three forensic examination suites, a counselling suite and associated office accommodation to support the service. Double rotas for both forensic physicians and crisis workers have been introduced to maximise use of the examination suites.

We continue to monitor information on service users through our comprehensive DASHBOARD system which enables us to understand trends and target resources more effectively.

In 2011/12 we delivered services to 1222 men, women and children. 79% received a forensic medical examination and health assessment.

# The SARC Luna project

An innovative art project, designed specifically for young children using the Centre, has been installed to help mark the double celebration. The 'Luna' artwork consists of a portable interactive projection onto the ceiling or wall of the children's forensic examination suite. The child client will have a stress ball to hold and manipulate which will control the movement of shapes, colours and activity of the light projection, depending on how the ball is squeezed and moved.

The artist behind the project is Ben Bradley, a lecturer in Graphic Design and Creative Director of design collective 29North, who was commissioned to work on the project by Lime Arts.

The installation cost £8,000 and was funded entirely by Soroptimist International of Manchester. Soroptimist International is a worldwide organisation for professionals who work to advance human rights and the status of women through specific service projects. Members of the Manchester group raised funds for the art project to help create a suitable environment for children and adolescents.

The President of Soroptimist International of Manchester, Val Moss, commented: *"The club has supported St Mary's SARC for many years and the members were keen to do more when the service for child victims was inaugurated. The Luna art project uses modern technology to alleviate distress for children who come to the Centre and we are thrilled to be associated with it."*

Dr Cath White, Clinical Director for the St Mary's Centre, said: *"This installation provides a gentle but effective distraction and will encourage children to*



*focus on taking control of the colours and shapes they see, thereby reinforcing our ethos of giving back control so often taken away when they are subjected to rape and sexual assault."*

Established in 1986, the St Mary's Centre was the first of its kind in the UK. It is nationally acclaimed as a beacon of good practice and internationally recognised as a leading centre of excellence in the field of sexual assault forensic medicine.

In 2006, the Centre opened a dedicated children's service and is now in the unique position of being able to provide child focused care and support to victims and families.

The St Mary's Counselling and Independent Sexual Violence Adviser (ISVA) service is for Greater Manchester cases. In Cheshire, The Rape and Sexual Abuse Support Centre, RASASC, provides ISVA and counselling services for those over the age of 13.

All under 13s (and their families) receive the support of the Child Advocate based at St Mary's Centre, with referral to NSPCC services in Cheshire where indicated.

The counselling service received 409 new referrals, 44% being referred by the police, the remaining

referred by other agencies or self referrals. The increase of police referrals for counselling and support has resulted from the SARC team providing training and raising awareness of the ISVA and counselling service in maintaining victim confidence in the criminal justice process and supporting the investigative and prosecution process.



# Delivering Excellent Clinical Services that meet all national targets

The Division has continued to maintain performance against national targets and in particular against an increase in demand. Where the performance is above the national target the slight variances have still been coded green.

Key Performance Indicator	2010/11	2011/12	Variance
18 weeks admitted	99.69%	99.40%	-0.29%
18 weeks non-admitted	99.75%	99.0%	-0.75%
Out-patient waiting times	9 weeks	11 weeks	+2 weeks
In-patient waiting times	10 weeks	10 weeks	0
Cancelled operations	10	7	-3
28 day breaches	0	0	0
Pre-operative bed days	13.97%	6.34%	-7.63%
Day case rates	77.8%	73.2%	-4.6%
Cancer breaches (62 day)	90.1%	82.1%	-8%
DNA ('did not attend') rates	12.3%	11.4%	-0.9%
A&E 4 hour waits	99.57%	99.60%	-0.03%
Discharge letters	82%	82%	0%
Estimated date of discharge (EDD) (within 24 hours) 90%	-	91%	
EDD compliance 90%	-	84%	

Out-patient activity has increased by 8% in the year which has led to an increase in waiting times. This has been reviewed as part of the service line reporting work with plans in place to reduce the waiting times in 2012/13.

A team approach to scheduling and re-provision of an operative case if there is the potential for on the day cancellation has seen a reduction in the number of cancelled operations for the second year running.

The introduction of enhanced recovery has seen the pre-operative bed day percentage reduce by over 55%. The day case rates have reduced in 2011/12, however, this is due to two factors: The first is that there has been a reduction in the number of termination of pregnancies being undertaken at Saint Mary's following the introduction of a new city centre provider. The second is that there are

procedures which have switched from day case procedures to out-patient procedures, which is a positive improvement for patients.

The division has not fully met the cancer targets for 2011/12 with an increase in the number of patients who have breached one of the targets. There has been an increase of 23% of the number of patients on the 62 day pathway with the consultants working unpaid additional sessions to continue to provide the highest quality of care for our patients. A review of each breach has been undertaken and actions put in place to prevent a recurrence. Quarter 4 showed the division to be fully compliant.

The emergency gynaecology team maintained the excellent performance with respect to the A&E 4 hour waits.

# Clinical Effectiveness

The Saint Mary's Clinical Effectiveness agenda continues to address the challenges faced. The combination of a robust structure and commitment of our teams has enabled the Division to ensure continued commitment to the Trust Objective for Patient Safety and Clinical Quality. The main highlights of the year are the achievement of the Trust-wide NHSLA level 3 and the retention of CNST Maternity standards at level 3.

Further highlights for 2011/12 are:

- ▼ Development of Patienttrack in the Gynaecology Directorate.
- ▼ Improvements in compliance with surgical safety checklists.
- ▼ Development of divisional medication safety Key Performance Indicators (KPIs).

- ▼ Improvement in areas of recording highlighted from Dr Foster alerts, namely 3rd and 4th degree tears in normal births and rate of puerperal sepsis with development of action plans.
- ▼ Improvements in mortality monitoring with established directorate mortality reviews.
- ▼ Ongoing improvements in documentation in medical records.
- ▼ Directorate feedback to the division.
- ▼ HLI action plan monitoring.

The challenges in the next year will be to maintain our commitment to the Trust agenda. We will be further improving our integrated approach to Governance by the monitoring of action plans resulting from incidents, complaints and audit.

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## Clinical Audit

Staff throughout the Division participate in Clinical Audit. The CNST assessment in February 2012 resulted in an increase in audit across Obstetrics and Neonates, closely supported by the Trust Clinical Audit Department. The majority of audits on the forward plan were completed and presented locally within the year.

The Division submitted and number of posters to the annual Clinical Audit and Risk Management Fair and

presented a high level investigation as part of the programme of events.

Going forward, the emphasis in 2012/13 will be to ensure that actions plans from audits are completed, in order to gain assurance that clinical standards for quality and safety are being met, complying with NHSLA and CNST standards.





# Risk Management

## Incident Reporting

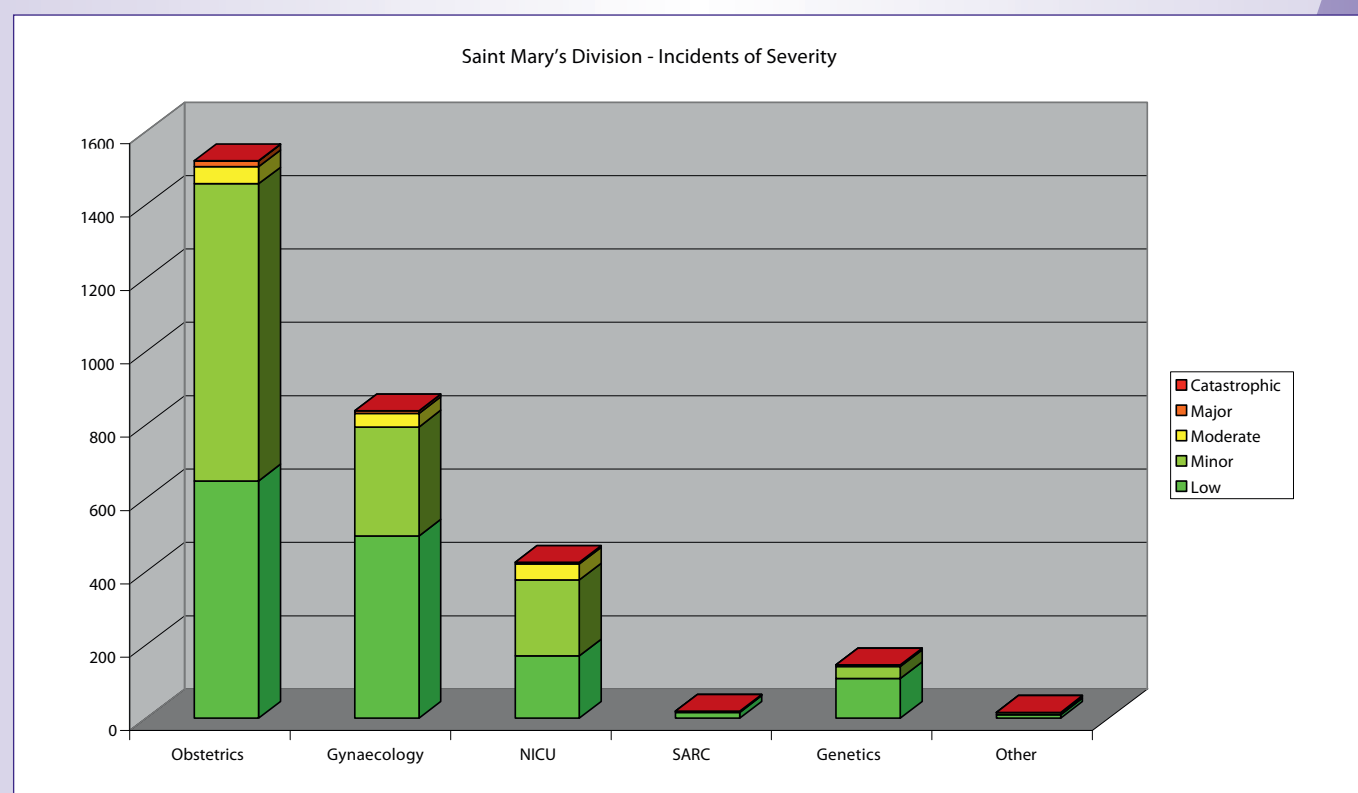
From 1/4/2011 to 31/03/2012, there have been 2963 incidents reported, which is evidence of an excellent reporting culture. 51% of these, as expected, are from the Obstetrics Directorate.

There has been a significant decrease in the number of moderate (level 3) incidents and a respective increase in low and minor (level 1 and 2) incidents. This is due to more accurate grading and subsequent validation of incidents.

Top 10 cause groups:

### ▼ Maternity/neonatal care

- ▼ Infrastructure
- ▼ Documentation
- ▼ Medication errors
- ▼ Treatment/procedure
- ▼ Communication
- ▼ Personal accident/Incident
- ▼ Clinical Assessment
- ▼ Medical Devices
- ▼ Access, Admission, Discharge



Though the top ten causes are identical to last year, the numbers of incidents relating to infrastructure (staffing/capacity), showed a marked increase in the last two quarters. Analysis of this highlighted that the main reason for this increase is related the changes to staffing and capacity as a result of the transfer of services from Salford Royal Foundation Trust (SRFT) as part of 'Making it Better'.

Since April 2011 there have been 24 level 4 incidents (HLIs—High Level Investigations) with 20 investigations

completed within the planned timeframe. The monitoring and timely completion of HLI action plans continues to improve. Responsibility for the completion of each action plan is now with the author of the report and monthly outstanding actions generated from the Ulysses system are a standing agenda item at each Divisional Clinical Effectiveness Board meeting. Plans to improve the completion of investigations within the timeframes are underway in Obstetrics, following a slight reduction in performance in the last quarter.

# Risk Register

The Division's Risk Register has undergone improvements over the 12 month period. The framing and scoring of risks have improved with support from the Trust Risk Management Department. The risk register remains a standing agenda item at all

Directorate Clinical Effectiveness Committees and on the Divisional Clinical Effectiveness Board. All risks are reviewed in line with the Trust Risk Management Strategy.

## Falls

All 38 falls recorded in 2011/12 have been reviewed at local level using the Trust proforma. 35 of these were level 1, the remaining 3 being level 2. A higher proportion of these (64%) were in Gynaecology and,

on review, risk assessments were undertaken in line with policy. A number of the falls were as a result of patients mobilising unaided to the bathroom when advised to request support.

## Infection control

### Trust Key Performance Indicators

There have been no cases of MRSA bacteraemia with one case of Clostridium Difficile in the Division during 2011/12. (This is a 75% reduction compared to 2010/11.

Following a significant number of MRSA acquisitions in NICU in the previous year, a new MRSA treatment pathway with associated guidelines has been developed and a surveillance system is in operation which enables NICU to monitor the occurrence of organisms ie, MRSA, CPC and ESBL's, so that prompt action can be taken if there is any evidence of cross infection.

Along with additional snapshot training and ongoing weekly hand hygiene audits, an extensive infection control audit takes place on an annual basis. Results from the audit completed in March 2011 demonstrate



excellent compliance.

In 2011/12, there have been no MRSA acquisitions on NICU (excluding babies transferred in from other hospitals).

## Puerperal Sepsis

CQC Hospital Episodes (HES) data (2010) demonstrated that the rate of puerperal sepsis (an infection of the genital tract occurring at any time between the rupture of membranes or labour and the 42nd day following birth) appeared to be significantly higher than expected. A review of 129 sets of case notes took place to determine if they had been coded correctly and also, a further qualitative report of 31 cases which were coded correctly was undertaken to determine if there were any care/service delivery problems which may have contributed to the puerperal infection.

Initial findings indicated that:

- ▼ Coding and case note recording issues contributed to the high rate of infection, however, it was identified that the level of detail required by the coders in order to enable them to code correctly was insufficient.
- ▼ For the majority of cases where sepsis was diagnosed, clinical review indicated that care had been managed appropriately.

A comprehensive action plan was put into place to address the issues which has now been completed. A further clinical coding audit will take place to ensure ongoing clinical validation of coded data.



# Pharmacy

## Medication errors

<b>Total Medication Errors</b>	
<b>April 2011-March 2012</b>	<b>247</b>
<b>Breakdown</b>	
<b>Level 1 (low)</b>	<b>111</b>
<b>Level 2 (minor)</b>	<b>131</b>
<b>Level 3 (moderate)</b>	<b>5</b>

There have been no high level incidents and a significant reduction in the number of moderate and serious errors in comparison to the previous 12 months. During 2010/11, though the numbers of medication errors were similar (233) there were 34 level 3 (moderate) incidents and one level 4, for which a high level investigation was undertaken. Directorates have medication safety groups in place to address themes and specific actions.

In April 2011 we established medication error divisional Key Performance Indicators to try and understand further the reasons for errors in the division. In the last 2 quarters of 2011/12, there were no medication errors relating to surgical antibiotic prophylaxis. This can be attributed to improved compliance with the surgical safety checklist and pharmacy support in the ward area.



## 1. TRAINING

### Junior doctor induction

There is now a pharmacy training session on the junior doctor induction programme and a junior doctor prescribing handbook has been developed to improve standards of prescribing in obstetrics and gynaecology.

### Prescribing assessments

Prescribing assessments are now mandatory for all new prescribers to the Trust. Prescribers who do not meet the required standard for prescribing receive increased training and supervision and are reassessed when appropriate. This is done in liaison with their education supervisor.

## 2. MEDICATION ERRORS

All medication errors are reviewed by the specialist pharmacist and feedback provided to prescribers, nurses/midwives and education supervisors where relevant.

Common themes identified from medication errors 2011/12:

- ▼ Penicillin allergy incidents
- ▼ Medicines security
- ▼ Discharge prescriptions
- ▼ Omitted doses

Actions are ongoing to address the trends in medication errors. Divisional pharmacy support has been increased for the next financial year.

## 3. GUIDELINE DEVELOPMENT AND REVIEW

Work is ongoing within Saint Mary's Hospital to ensure that all guidelines detailing medicines management have been reviewed by a specialist pharmacist.

# Gynaecology Directorate

## Medicines management working group

The gynaecology medicines management working group now meets on a bi-monthly basis. The group has gained membership of a medical trainee representative who provides a sound link to the junior doctors. The primary focus of the group is reducing risks associated with medicines management in the gynaecology directorate. This includes quarterly

review of medication errors and audit of medicines management practices within the directorate. The group also supports the induction of new trainees and is actively involved in disseminating information and training to junior doctors, non medical prescribers and nurses in the directorate.

## Medicines security audits

Medicines security audits are carried out in all areas from February 2012 which store drugs on a three monthly basis. Prior to this the audit only reviewed the security of controlled drugs. The medicines security

audit within the gynaecology directorate was satisfactory. The main action has been to reinforce the importance of locking fridges and monitoring fridge temperatures.

# Obstetric Directorate

## Improved access to medications for obstetric patients

Month	Nov 2011	Dec 2011	Jan 2012	Feb 2012	March 2012
Number of take home prescriptions processed by ward pharmacy team for wards 65 and 66:	213	165	255	239	272

The pharmacy discharge service to wards 65 and 66 has reduced the time patients wait for discharge medications by processing the prescriptions and delivering to the ward in a timely manner.

- ▼ Pre-op medications are now pre-dispensed for all elective caesarean section patients, reducing waiting time for medications. (From October 2011).
- ▼ Pre-packed medications for take home and preprinted prescriptions for patients to take home following caesarean section are available on the wards. (From May 2011)

A shared care guideline for GPs to prescribe low molecular weight heparin for obstetric patients was approved in February 2012. Patients will no longer need routine antenatal clinic appointments to get a supply of tinzaparin.

## Medicines security audits

The 3 monthly medicines security audit and feedback from incidents has highlighted some areas which could be improved within the directorate. The Supervisor of Midwives together with the matrons have reviewed the recommendations and have taken actions for improvement.

# Newborn Intensive Care Unit

A medicines security audit was performed on ward 68 (NICU), which highlighted that some drugs are stored in an unsecure manner. This is being addressed with the matrons on the unit. But overall it was satisfactory and drugs are usually kept locked.

Following a prescribing audit on NICU, we identified a number of prescribing errors were related to total parenteral nutrition (TPN) prescriptions. This identified the need for a pharmacist to prescribe neonatal TPN.

Consequently, the NICU pharmacist enrolled at University to complete the non medical prescribing course. On completion the pharmacist prescribing TPN will reduce errors. This will be audited. We will also carry out an intervention audit which will highlight the types of interventions/prescription corrections we are making at ward level.

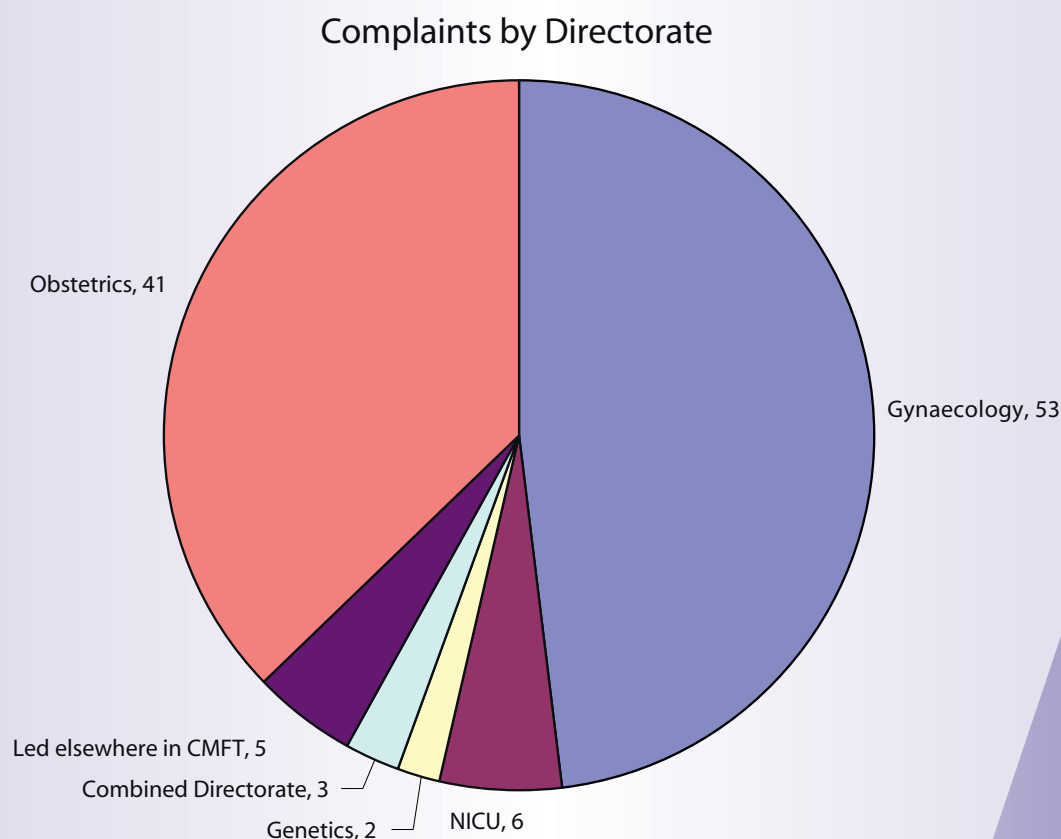
Training and education of doctors and ANPs remains a core element of the programme for the NICU team.



# Complaints

In 2011/12, there were 105 complaints received within the Division, with an additional 5 requiring input from Saint Mary's Hospital, but led by other Divisions within

CMFT. The complaints are split between the directorates as shown below:



## Main Themes

- ▼ Communication and staff attitude.
- ▼ IVF funding/eligibility for treatment.
- ▼ Out-patient appointment delays/access to notes; waiting times, follow-up care; completion and sending of letters.
- ▼ Care in labour.
- ▼ Triage advice.
- ▼ Postnatal care on wards (including Sodexo issues).

The division understands that some of the complaints may be related to the increase in activity following the transfer of services from Salford, the restructuring of staff teams as part of the safeguarding employment initiative and commissioner decisions in respect of funding arrangements. It is envisaged all these impacts will have either resolved or consolidated in 2012/13.

## Action Planning

Going forward, in order to improve the service we provide to our patients and our performance in meeting timeframes, weekly complaints meetings are being established in order to:

- ▼ Review any new complaints received.
- ▼ Agree they have been allocated to the correct lead.
- ▼ Ensure that everyone is aware of the timeframe.
- ▼ Confirm complaints that have been closed within the last week.
- ▼ Ensure action plan monitoring arrangements are in place.
- ▼ Highlight any concerns with ongoing complaints that may lead to new time frames needing to be negotiated.

# Quality

Saint Mary's Hospital is distinctive in that its client group ranges from the healthy women delivering a healthy baby through to the highly specialised maternity and gynaecological clinical fields that forms the basis of the excellent reputation Saint Mary's holds within the Northwest Region. The Division is also home to the tertiary level Newborn Intensive Care Unit, one of the largest in the country and the cornerstone of the 'Making it Better' programme, one of the largest Genetic Medicine centres in Europe and the nationally recognised Sexual Assault Referral Centre.

The Saint Mary's Quality Group is an amalgamation of the Equality and Diversity Group and the Patient Partnership Group and meets monthly to monitor progress through the Divisional work plan, feed back from Equality Impact Assessment work, share employment or patient experience and satisfaction related issues and discuss corporate themes such as compliance with Equality, Diversity and Human rights legislation and the changing guidance on regulation that effects all areas of the Trust's day to day care provision and long term planning.

During the last 12 months, Saint Mary's Division has progressed with a number of key quality initiatives, in line with the Trust objectives of Patient Experience, Productivity and Efficiency and Quality and Safety.

July 2010 saw the launch of our annual Quality Week in Saint Mary's, which was expanded in 2011 to launch the division's first Annual Report, and culminated with a presentation of the first Divisional Staff Recognition Awards to acknowledge the hard work that has been carried out over the last 12 months.

## Patient and Public Involvement (PPI)

The Division registered a comprehensive list of PPI activity from all 5 Directorates (see opposite). As projects are coming to a close, the outcomes are being collected and reviewed at the quality forum. Many of these will feature in future newsletters and reports.

PPI activity registered in the Division has increased considerably, particularly within NICU, where parents and their families are involved in a number of activities to ensure improvement remains ongoing.

## Staff Engagement

To support staff engagement, the Division continues to issue newsletters, making staff aware of quality achievements and activity within the Division.

As part of our commitment to ensure staff receive a high standard of communication, a number of staff briefings related to the transition of services from Salford Royal as part of the 'Making it Better' reconfiguration were held throughout October 2011, prior to the transfer.

Brilliant Basics stall: Saint Mary's registered for a stall and showcased work undertaken across the Division on Pain, Safeguarding and Privacy and Dignity.

Professor Donnai and Karen Connolly have now commenced monthly walk rounds to each directorate. This is kept informal in its approach and is mainly for the staff to be able to ask first hand any questions or raise any queries about the Division or the Trust.

Going forward, staff engagement sessions are being put into place at a local level. The Quality week will incorporate Divisional staff engagement sessions to support the Biannual programme in place led by the Trust Executive Team.

## Bon Santé

The Bon Santé meal system has been introduced and, whilst there were some initial problems with regard to both quality and service, this system is now embedded in practice.

Following engagement with the women, positive feedback was received on Wards 62, 65 and 66. The catering team will review the service on Ward 47 as the facility is currently unavailable and the women on this ward considered the standard of meals less acceptable than the Bon Santé System.





## PPI Project

Accessible Information Working Group  
 Ward 62 SMH Staff Consultation - Staff Focus Group  
 Ward 62 SMH Staff Consultation - Senior Staff Focus Group  
 Ward 62 SMH Staff Consultation - Survey Monkey  
 Big Word - Staff Consultation  
 Big Word - Patient Evaluation  
 Ward Manager Development Programme  
 Neurofibromatosis Day  
 Regard Study  
 Accessible Appointment Formats  
 Smoking Cessation Consultation  
 Carers Week 2012  
 Delivery Unit Staff Sessions  
 Patient And Public Involvement Bank - Adults  
 CRT Patient Experience Tracker  
 SMH Centre - 11th Annual Conference  
 Gynaecology Inpatient Pain Audit  
 Huntington's Disease Predictive Test Survey  
 Patient Satisfaction Survey in Genetic Medicine  
 Making It Better Maternity and Neonatal Survey  
 Hepatitis B Antenatal Screening  
 Ward 65 - Day Room Patient Engagement Session  
 Classes Offered at SMH  
 Parent Education Classes  
 Young Parents' Group  
 Breast feeding Advice for Diabetic Mothers  
 Breast feeding Drop-In Sessions  
 Trust Access Group  
 Trust Audit In Main Out-patients  
 Patient Safety leaflet  
 Sibling Information Pack  
 Parents Breast Feeding Support Group  
 Admission & Discharge packs  
 Joint Parent & Staff Care Plan  
 NHS Choices/Patient Opinion  
 SARC Counselling Project - Children's  
 SARC Counselling Project - Adults  
 Client Experience Adult and Children  
 Neonatal Bereavement Team - Parent Survey  
 Neurofibromatosis Type 1 Patient Survey  
 Recurrent Miscarriage Service Survey  
 Gynaecology Oncology Team Survey  
 Condition Specific Info Packs  
 NICU Bereavement Team Questionnaire  
 Artwork Parent Forum  
 NICU Parent Forum  
 NICU Parent Support Group  
 Impact of Predictive Genetic Testing  
 Care of Ataxia Patients  
 Embryo Research Questionnaire  
 SMH Centre-10th Annual Conference  
 SARC Counselling Project  
 Duchenne Muscular Dystrophy  
 NW Regional HD Information Leaflet  
 Huntington's Disease Multidisciplinary  
 SARC Open Day - 12th January 2012  
 VTE Audit - Patient Experience  
 CARM Fair 2011  
 Multi-lingual Care Project  
 Self-Medication for Patients on Maternity Wards  
 Menu Taster

## Title Project Lead

Joe Lindley/Clare Challinor  
 Christine Marland  
 Clare Challinor  
 Clare Challinor  
 Joe Lindley/Clare Challinor  
 Joe Lindley/Clare Challinor  
 Clare Challinor  
 Jo Allen  
 Georgina Hall  
 Georgina Hall  
 Berenice Postlethwaite  
 Eve Koutidou  
 Fiona Bryant/Clare Challinor  
 Berenice Postlethwaite/Clare Challinor  
 Berenice Postlethwaite/Clare Challinor  
 Sue Young  
 Luciya Skoric  
 Mary Jones  
 Katie O'Toole  
 Eleanor Stanley  
 Martin Prince  
 Joanne Wilkinson  
 Kathy Henshall  
 Kathy Henshall  
 Kathy Henshall  
 Kathy Henshall  
 Kathy Henshall  
 Berenice Postlethwaite/Duncan Brierley  
 Tim Nelson  
 Berenice Postlethwaite  
 Louise Weaver-Lowe  
 Louise Weaver-Lowe  
 Louise Weaver-Lowe  
 Louise Weaver-Lowe  
 Berenice Postlethwaite/Eve Koutidou  
 Sue Young  
 Sue Young  
 Sue Young  
 Cath Rylance  
 Judith Eelloo  
 Louise Byrd  
 Clara Dennis  
 Louise Weaver-Lowe  
 Vivien Evans  
 Louise weaver-Lowe  
 Louise Weaver-Lowe  
 Louise Weaver-Lowe  
 Lauren Kerzin-Storarr  
 Helen Kingston  
 Tope Adeniyi  
 Sue Young  
 Sue Young  
 William Beckett  
 Mary Jones  
 Clinic Mary Jones  
 Sue Young  
 Misbah Ahmed  
 Yvonne Murray  
 PPI/ITS  
 Emma Carman  
 Joe Lindley/Clare Challinor

# Patient Experience Marketplace

As part of the Trust Quality Improvement Work, the Trust's Patient Experience and Quality Team organised a Patient Experience event in December 2011. Each Division within the Trust was invited to showcase activities that supported the Trust's goals of delivering the best patient experience.

The Saint Mary's stall featured the work of the Clinical Genetics team, who provide a range of new and exciting activities, alongside a range of Maternity, Neonatal and Gynaecology documentation and leaflets, which were also evident on the stall.

Heather Birds, Equality and Diversity Lead for Saint Mary's Division, gave a presentation entitled 'Making it real - Delivering a Quality service at Saint Mary's Hospital' which demonstrated the wide ranging and high quality services available within the Division.

Feedback at the time was extremely positive with a great deal of interest shown in the Genetics work (Linked inheritance and Neurofibromatosis) and the Memory tree as part of the Neonatal Bereavement team work with individuals taking tags to complete at home. The E&D Posters (Sunflowers) also drew lots of interest.

Patient/parent/carer satisfaction with the services provided are audited through the Matrons ward rounds, parent satisfaction surveys on the NICU, patient tracker and formal and informal complaints monitoring. The most common reason for patient/parent dissatisfaction is a break down in



communication at a variety of stages in the patient journey. The Division is currently working with the new initiative of Intentional Rounding as a resource for improving communication.



## Use of Information

The poster display for the Saint Mary's Quality Week included a range of posters demonstrating how we have used information from recent complaints and compliments, PPI activity, NHS Choices and equality and diversity issues to improve patient experience. These were well received by patients and staff who visited the stand.

One of our focus areas within the Quality Plan was updating and improving written patient information,



particularly for out-patients. There have been 28 patient information leaflets produced and approved in the Division within the last 12 months and there are more currently going through the approval process. A considerable number of leaflets have also been updated as a result of service changes,

particularly within Obstetrics and Gynaecology.



# NICU wall art

On 30th August 2011 the Newborn Intensive Care Unit unveiled its new wall project – a series of photographs and patient stories relating to children who have previously been cared for on the NICU. The artwork aims to give hope and encouragement to other families whose children are still on the unit. Some of the pictures also assist with way finding on the unit. The initial idea came from one of the mums, and the overall design was pulled together by staff in Medical Illustration who also took the photographs. The unveiling was supported by Julie and Philip Neville whose daughter also featured in the artwork.

The wall art project has had a positive impact on patients and visitor perception of the environment. In addition the parent bedrooms were refurbished.



Past patients and their families celebrate the unveiling of the new artwork.



# Enhanced Recovery Programme

The main focus of Enhanced Recovery Programme is to optimise the patient's health prior to admission and to rehabilitate them to self care and therefore discharge earlier than previously expected.

The Gynaecology team have been working to implement the system and, following an audit undertaken in July 2011, presented their findings in October. The presentation highlighted that above 80% of patients are now being admitted on the day of surgery (previously approximately 30%) and that this has had no adverse impact on the directorates avoidable theatre cancellation rates.

Significant improvements had been found in rehabilitating patients sooner, in particular regarding sitting patients out of bed on the day of surgery and of mobilising patients on day one after surgery. In terms of monitoring patient safety, this had no adverse effect on patients.

A positive reduction in the number of patients being given opiate analgesia post operatively, and a significant improvement in the commencement of oral analgesia on the day of surgery was also noted. However, the directorate plans to undertake detailed work to review patient satisfaction with pain management.

Above 80% of patients are now being discharged on the predicted expected date of discharge (EDD). This has reduced the total length of stay on the ward by just over one day and again, in terms of patient safety, there has been no deterioration in the directorate's re-admission within 30 days rates.

Following the successful introduction of the Enhanced Recovery Programme (ERP) in Gynaecology it was decided to review the program with the aim of improving standards for those women who were admitted for elective caesarean section.

The caesarean section pathway and the length of stay (LOS) for women with low risk pregnancies having an elective caesarean section were reviewed. It was recognised that many of the ERP standards were already in place for women having both elective and emergency caesarean sections.

It was established that all women undergoing elective surgery already attend a midwifery-led pre-operative assessment clinic and the majority of these women were admitted on the same day of surgery. It was agreed that all women following elective or emergency caesarean section, on return to the ward, are given fluids and diet and are actively encouraged to mobilise the same day of surgery. All women are also visited at home by a midwife.



A number of additional ERP standards that aligned well to maternity and obstetric care have since been implemented to improve the overall patient experience and to assist in reducing the length of stay in hospital.

## Going forward....

The focus for 2012/13 will be based on five key themes:

- ▼ **Staff Engagement**
- ▼ **Patient and Public Involvement**
- ▼ **Improving Quality Programme**
- ▼ **Communication**
- ▼ **Equality and Diversity**

A divisional spreadsheet has been created to monitor activity across the Division, to highlight good practice and to identify areas of non compliance. This will enable us to move the agenda forward and improve documentation of outcomes.

The Quality week in July 2012 will again support this agenda and enable the Division to celebrate its successes.





# What our patients have to say:

*"I stayed on Ward 63 for 24 hours for prolapse surgery. 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. I was very impressed with both Ward 63 staff and the surgical team who operated on me and would like to pass on my thanks to all concerned."*

*"I had an excellent experience when delivering my daughter here at the midwifery led unit. The midwives were fantastic and the hospital excellent."*

*"I had an amazing experience. The team of midwives were outstanding and I felt like I was the only person in the hospital giving birth. I would highly recommend the services."*

*"Saint Mary's had been a god send as I have an unusual condition with my womb in which previous hospitals had no idea what to do with me. Saint Mary's were brilliant and monitored me efficiently. It's very clean and the waiting time wasn't too bad as there are billions of cafes and shops around and as the waiting areas are very central, you aren't cooped up in a dark dingy space."*

*"Outstanding care from all staff. Every midwife, doctor or nurse or other member of staff I have had contact with has been friendly and efficient."*

*"The staff were brilliant, very professional and obviously experienced. I think the systems/ procedures together with the staffs' experience creates a natural relaxed environment for patients and families."*

*"I feel I had very good care at Saint Mary's. There was sometimes a long wait in antenatal clinic, but a good book solved this. Care during labour was fantastic, I was fully supported at all times and involved in decision making. Saw a lot of midwives as I was there for so long. Post-natal care was again fantastic - very kind and supportive midwives and doctors (unfortunately I cannot mention anyone's name). I received plenty of help with breast feeding. The ward was very clean, and the food was fine (in fact the plum crumble was very good)."*

*"Completely personalised care from maternity services; High Quality Service from EGU and Ward 63."*

You too can leave a comment on NHS Choices. Just go to [www.nhs.co.uk](http://www.nhs.co.uk)

# Equality & Diversity

## Progress to the end of 2011/12

The Trust has an over-arching Equality and Diversity Action Plan which has been disseminated to the Divisional leads through the Service Equality Team. The Service Equality Development Plan for 2011/12 had six key themes against which the Division focused on locally agreed objectives with the support of our Equalities advisor, Mr Umair Badat. By March 2012 the Division had been able to meet the majority of our objectives to a very high standard:

### Generic Equality Areas based on compliance with the Human Rights Act, the Single Equality Act and the provision of Diversity Co-ordinators within each Division.

- ▼ Safeguarding within the Division is supported both through the Midwifery Safeguarding Lead role and within each Directorate a liaison nurse is identified. Safeguarding awareness is also a mandatory training requirement for all staff and the Division was able to demonstrate high levels of compliance with both training and policy implementation.
- ▼ The Division has representatives at directorate, divisional and Trust level Quality meetings to promote understanding of the legislative and quality issues that impact on the patient experience.
- ▼ The transfer of services from Salford Royal Foundation Trust was completed in November 2011. In terms of patient experience, the women who were transferring expressed great satisfaction with their care and treatment. A large number of midwifery and nursing staff were also involved in transferring to a new hospital/service and undergoing huge professional and personal change. This planned change had been prepared for and the education teams in both midwifery and neonatal directorates, with the support of the Human Resources team, ensured that transferring staff have been supported and the transition made as easy as possible. Staff who feel valued give value.

**Governance and management based on compliance with the requirements of the Care Quality Commission Essential Standards, patient profiling and evidence that Equality and Diversity is embedded within the governance processes of each Directorate.**

- ▼ Utilising the Equality Delivery System as the basis for evidence collection, the Division has been able to present a range of nursing care plans clearly identifying patient needs, actions undertaken and highly positive patient outcomes. Saint Mary's staff do not always recognise when they are meeting the equalities agenda, they simply deliver the care the families need to be empowered to self care, which meets all their diverse needs.
- ▼ The Brilliant Basics agenda was the trigger for a range of Divisional activity, showcasing each directorate's approach to the delivery of dignity and respect in care provision and how the care of the vulnerable adult and infant are met.
- ▼ Equality and Diversity is an agenda item on the Clinical Effectiveness agenda for each Directorate, and the Equality and Diversity Lead for Saint Mary's reports quarterly to the Division on ongoing activities.
- ▼ The Clinical Genetics department demonstrated very clearly the value of patient profiling this year when asked by their commissioners to develop the service provision. An Awayday to scope the requirements of different groups was very successful and is to be repeated.

### Patient Experience - including spiritual and religious needs and the broader aspects of Patient and Public Involvement.

- ▼ This year the maternity and neonatal services within Saint Mary's were assessed through the Maternity Clinical Negligence Scheme for Trusts' Standards. One standard in particular reviews the support to families when delivering bad news. The Division was fully compliant with the delivery of this standard.
- ▼ Patient/parent/carer satisfaction with the services provided are audited through the Matrons' ward rounds, parent satisfaction surveys on the NICU, Patient Tracker and formal and informal complaints monitoring. The most common reason for patient/parent dissatisfaction is a breakdown in communication at a variety of stages in the patient journey. The Division is currently working with the new initiative of 'Intentional Rounding' as a resource for improving communication. This involves a member of the team visiting all patients every hour to see if there are any needs for which the staff can provide support or assistance with.



**Quality - particularly focused on Communication and the removal of barriers.**

- ▼ Saint Mary's is actively working with the Accessible Information Hospital Communication Tool development group to improve information provision, signage and wayfinding for patients and clients.
- ▼ Big Word (an interpretation service) is being used very successfully across the Division, improving communication and patient satisfaction, saving patient and staff time and saving financial resources.
- ▼ The Learning Disabilities Passport is used across the Division to promote understanding and satisfactory care provision and involvement.
- ▼ The Division is also part of the 'Task and Finish' group looking at the 'management of long term conditions' - a different approach to supporting and working with the Expert Patient within the hospital setting.
- ▼ The Division took part in the Patient Experience Marketplace event in December 2011, showcasing activities from across the Division and delivering a presentation entitled 'Making it real - delivering a quality service at Saint Mary's Hospital', which was well received.
- ▼ Brilliant Basics stall: Saint Mary's registered for a stall and showcased work undertaken across the Division on Pain, Safeguarding and Privacy and Dignity.

**Business Change: Completion of Equality Impact assessments for all policies, guidelines and service changes.**

- ▼ The Division has maintained its delivery of Equality Impact Assessments (EqIA) in line with its production of new or revised Policies and guidelines. The CNST maternity standards

assessments and the transfer of services from Salford required a large number of additional policies to undergo assessment and be registered in time for the assessment.

- ▼ Following discussions with the corporate lead for the Service Equality Team, it was agreed that Saint Mary's had sufficient number of EqIA trained individuals so that we, as a Division, could assess our own policies and agree the score, which the SET would validate and register. Two policies with more complex patient needs have been assessed at a medium, requiring a partial assessment within six months.
- ▼ The patient journey from admission to surgery within the Directorate of Gynaecology was subjected to an EqIA, as concerns had been raised by the Consultant Anaesthetist staff. A review undertaken with the Divisional Director, Consultant Surgeon, Lead Nurse for Gynaecology, Directorate Manager, Matron for Theatres and the Divisional Lead for Equality and Diversity identified a few minor amendments, but that the proposed plans demonstrated that the patient's journey had been considered in line with best patient experience and the equalities agenda.

**Training and Development so that equality and diversity is inherent not only in the delivery of training but also evidenced through the appraisal process.**

- ▼ The Equality and Diversity E-Learning module has been available this year and provides a competency based training covering levels 1-4. An in-house training package is available to all E&D liaison nurses within the Division for adhoc training as required.
- ▼ In July 2011 as part of the Saint Mary's Anniversary, a display of posters outlining the Quality and Equalities work undertaken within the Division was presented.



# Staff Survey Results

Over 300 staff responded to the survey which gave the Division one of the best response rates amongst the clinical divisions. The Division achieved its best ever results in the Staff Survey with improvements in 27 of the 38 Key Findings, some of the improvements are shown below:

- ▼ 96% of staff were appraised in the past year, which is an increase of 21% from the previous year, and there was an 11% improvement in staff saying they had well structured appraisals.
- ▼ 94% of staff received health and safety training in the last 12 months (up 7% from 2010).
- ▼ 87% of staff agree that their role makes a difference to patients.
- ▼ 82% of staff feel valued by their work colleagues which is up by 7% on the previous year.
- ▼ Staff reported that Effective Team working had improved by 8%.
- ▼ Staff using flexible working options increased by 6%.
- ▼ Staff feeling there are good opportunities to develop their potential at work - improved by 9%.
- ▼ 84% of staff received job relevant training, learning or development in the last 12 months.
- ▼ There was an improvement of 18% in staff feeling pressure to attend work when feeling unwell in the last 3 months.
- ▼ An increase of 9% more staff feel able to contribute towards improvement at work.

However there is still further work to be done and ...

- ▼ There was an 8% increase in staff reporting that they worked extra hours and 7.4% increase in staff reporting feeling work pressure.
- ▼ Only 55% of staff feel satisfied with the quality of work and patient care they are able to deliver.
- ▼ There was an increase of 4% in staff reporting errors, near misses or incidents witnessed in the last month.

A detailed action plan has been developed and will be monitored during 2012.

## Training

The division again 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. The division also achieved 99% of new starters completing both corporate and local inductions.

## Recruitment

The division has implemented new electronic processes and has identified targets for time to fill vacancies with a view to further improving recruitment times. The average time to fill rate for Saint Mary's Division is 21.35 weeks and a new target has been set to reduce this to 14.85 weeks.

## Sickness and Absence

Managers continue to work with staff to minimise sickness levels whilst ensuring that staff have improved support when returning to work. Absence rates have been maintained at 4.5% which is above the Trust's target of 4.1% and therefore will remain an area of focus.

## Retention

Staff retention has continued to improve and turnover for the year is below the national and Trust averages at 10%. During the past year the division has redesigned a number of services and roles as part of the Trust's focus on improving patient care, whilst also meeting cost improvement targets. This has helped Saint Mary's division to safeguard the posts of all of our existing staff and thereby avoid any compulsory redundancies. 9 staff took up the opportunity of the Mutually Agreed Resignation Scheme (MARS) which was offered to staff across the Trust.

## Making It Better

The Division welcomed 62 midwives, neonatal nurses and administrators to Saint Mary's following the transfer of services from Salford Royal Hospitals. All staff attended visits and inductions to support their transition in a safe way.

# Finance

The Division delivered on all of its objectives in 2011/12 including the requirement to save £4,728k through both recurrent and non-recurrent schemes. The directorate teams worked to ensure there was appropriate staff engagement and controls in place to deliver the savings required without there being any reduction in the quality of the patient experience.

## Financial Position 2011/12

The Division had a surplus of £938k at the end of March 2012. The 2011/12 surplus was attributable to:

- ▼ Patient related activity over performing against plan by £1,591k, driven by the over performance on Obstetric activity.
- ▼ Expenditure budgets overspent by £653k for which was mainly due to an increased spend on activity related non pay expenditure.

## Achievements in 2011/12

- ▼ Gynaecology completed a full Service Line Management (SLM) exercise with engagement from all staff including clinical staff. By going through the process of SLM, £1.3m of efficiency savings have been identified with no impact to the quality of patient experience.
- ▼ Obstetric Business Case has been finalised which identifies the funding requirements for the transfer of maternity services from Salford Royal Hospital to Saint Mary's. Intensive work was completed to ensure that staffing establishments matched the Directorate's requirements and that the level of funding was available for these requirements.
- ▼ Funding streams for the services to be provided at Salford Royal, Antenatal services and Midwifery Led Unit, have been approved and agreed with Salford PCT.
- ▼ Stratified Medicine and Genomics Business Case has been approved by the Trust, which gives the Directorate a significant strategic position at the forefront of genetic development. Also, it will support the service in being one of five genomics centres in the UK. The Division contributed £275k towards the funding of the equipment.

- ▼ A further £200k has been invested in Genetics equipment, along with the University of Manchester, to purchase an Exome Sequencer to further enhance the strategic position of the service and is in line with the vision of developing a Genomic Technology Centre.
- ▼ The Division has funded the SARC IT System, which involves moving to an electronic paper light based system with a view to increasing productivity, improving the quality of information, improved security, allowing sharing of information, and better appointment management. The system to be developed would be designed to scale across other hospitals and allow the possibilities of commercialising the product. This could then provide an income stream to cover the costs of the initial development and future income.





# Strategic Development Update

A number of strategic developments took place during 2011/12. These included the transfer of maternity services under the 'Making it Better' programme from Salford Royal to Saint Mary's and others, the approval of £700k of investment into Genetics in the form of leading edge sequencing technologies and the successful relocation of the St Mary's Centre into the Old Saint Mary's building.

Looking forward the external environment will undoubtedly become more challenging as financial pressures grow and the new commissioning landscape emerges. The Safe and Sustainable Programme sponsored by NHS Manchester is intending to take a radical look at healthcare services in the conurbation. This could affect a number of our services, particularly in relation to gynaecology oncology. Bearing in mind the overall vision of CMFT as a leading integrated research, academic and service campus in the NHS, over the coming twelve months the Division will seek to position itself effectively in a number of key areas:

- ▼ Gynaecology Oncology.
- ▼ Genetics, in the development of Genomics and Genomic Centres.
- ▼ Sexual Assault Referral Centre.





# Making it Better

A number of key parts of the Making it Better (MiB) programme were delivered during the year. The plan to reduce consultant led in-patient maternity sites from 12 to 8 was completed and the new level 3 neonatal care unit at Royal Bolton became operational.

For Saint Mary's, and the overall MiB programme the closure of in patient maternity services and level 3 neonatal care at Salford Royal was the biggest part of the reconfiguration to take place during the year. The impact on Saint Mary's was significant and required the Team to deliver on a number of key challenges,

- ▼ Setting up new antenatal clinics on the Salford Royal site.
- ▼ Setting up a new standalone midwifery led unit at Salford Royal.
- ▼ Reconfiguring the operation of the labour ward and co-located midwifery led unit, including moving the midwifery led unit from the second to the third floor and increasing the size of the consultant led unit to 19 rooms.
- ▼ Safely transferring women and neonatal babies from Salford Royal to Saint Mary's.
- ▼ Increasing capacity, buildings and staff, in both maternity and neonates to accommodate the transfer of work.
- ▼ Supporting a rotation of neonatal staff from Royal Oldham to support additional intensive and high dependency cots in Newborn Services.

A significant amount of work took place, over a number of years, to deliver this project as smoothly as possible, from ensuring we knew precisely who was transferring their care to Saint Mary's, to ensuring the staff had received an effective orientation. It required a huge effort from the Team not just in Saint Mary's but from other areas in the Trust.

The involvement of Saint Mary's in Making it Better is not complete until the completion of the second new level 3 neonatal unit takes place at Royal Oldham later in 2012. The Team in Saint Mary's Hospital have increased the cot capacity by 5 to support the overall number of Neonatal Network cots until Oldham is completed and as highlighted above are supporting a rotation of staff from Royal Oldham.

In line with the promises made to women, antenatal care continues to be provided locally by the community

midwifery team and women continue to attend the antenatal clinic at Salford for scans and, if necessary, for review by an Obstetrician. The Antenatal Assessment Unit at Salford enables women to access services locally throughout their pregnancy.



Anne Scott, Lead Midwife, Louise Shaw, Matron for Antenatal Services and Heather Ramsbottom Matron for Delivery Unit on the Delivery Unit at Salford Royal NHS Foundation Trust



Alison Richardson Community Midwife from Salford Royal NHS Foundation Trust joining the fortnightly meeting at Saint Mary's Hospital



# Specialist Maternity Team wins prestigious award

Our specialist maternity cardiac team is celebrating after winning a prestigious Parliamentary award for its work caring for women with complex heart disease throughout pregnancy, the leading cause of maternal mortality.

The team won **Highly Commended** in the 'Best example of a service for women with complex medical needs in pregnancy' category at the All-Party Parliamentary Group (APPG) Maternity Services Awards.

The service was set up in 2004 by Dr Sarah Vause, Consultant Obstetrician, and Dr Bernard Clarke, Consultant Cardiologist, with the support of a specialist midwife. The number of new referrals to the service has doubled since its launch, increasing from 43 in 2004 to 86 in 2010 and there have been no unexpected admissions of our patients to Intensive Care or maternal deaths.

Dr Sarah Vause said: "The thing that we are most proud of is knowing that there are several women with severe heart disease who now have children, who would not have embarked on, or survived the pregnancy had it not been for the service we provide. There are many more women where our input resulted in better outcomes for the woman or the baby, either by prolonging the gestation or by ensuring that the woman was delivered at Saint Mary's where all the facilities and professionals are in one place and have expertise in managing women with very high risk pregnancies."

"We were absolutely thrilled when our team won this award. In Manchester we are fortunate enough to have the people and the facilities to provide care for this high risk group of women and their babies. The award recognises the work of all the members of the team."

The service's particular strength, and something which is unique to the North West, if not nationally, is the location of a wide range of disciplines on one site. In most other tertiary centres, the maternity unit is



Lesley Bolger, Bernard Clarke, Parliamentary Under Secretary of State for Public Health Anne Milton MP and Sarah Vause with the award.

situated in a different building and often on a different site from the cardiac centre. We are fortunate to have, on one site and in one building, a maternity unit with high dependency facilities, Newborn Intensive Care Unit, and the Manchester Heart Centre with cardiologists, cardiac surgeons, anaesthetists and technicians as well as haematologists and radiologists. This enables them to care for the sickest women and their babies in life threatening situations at any time of the day or night.

This was further strengthened when the team moved the clinic into an antenatal setting while still ensuring that women were able to see several different specialities in one place during one appointment. Women felt this had changed the focus from their cardiac problem to a more positive focus on their pregnancy, birth and preparation for parenthood.

The high dependency facilities on the maternity unit have also been improved and expanded with the introduction of six critical care nurses, which enables some women who require critical care around the time of delivery to be looked after on the unit instead of being transferred to the Intensive Care Unit. This prevents mums being separated from their newborn and allows for immediate bonding and breastfeeding. Dr Vause, Dr Clarke and Lesley Bolger, the ECG technician for the service, went down to Parliament in July to collect the award on behalf of the whole team.



# Saint Mary's gains full BFI accreditation

The Baby Friendly Initiative is a worldwide programme for the world Health Organisation and UNICEF. It was established in 1992 to encourage maternity hospitals to implement the Ten Steps to Baby Friendly initiative.

In August 2011, Saint Mary's Hospital became a fully accredited Baby Friendly Hospital. By implementing baby friendly practices, health professionals can give mothers the support, information and encouragement to continue their chosen method of feeding for as long as they wish.

Policy and training, staff knowledge and skills were amongst the standards measured through a series of telephone and face to face interviews of women and staff. All stages of the assessment were carried out by UNICEF assessors.



# European Human Genetics award for Professor Donnai

Professor Dian Donnai was awarded the 2011 European Society of Human Genetics (ESHG) Education Award at its annual conference in Amsterdam in June. This is one of only two annual awards made by the Society.

The award is in recognition of Professor Donnai's:

- ▼ Longstanding significant contribution to the clinical genetic sciences,
- ▼ Education of students and clinical geneticists worldwide,
- ▼ The creation of the Manchester Dysmorphology Conferences, which have contributed significantly to strengthening the collaboration between dysmorphologists in Europe and beyond,
- ▼ Her wonderful dysmorphology workshops at the ESHG meetings, and her excellent clinical genetic books.



Above: Professor Donnai accepts her award from Professor Jörg Schmidtke, President of the European Society of Human Genetics

# Advance Nurse Practitioners - The gynaecology experience

The Advanced Practitioner is expected to be highly specialised and have a highly developed knowledge, skill and competency beyond those which are required for registration in areas of clinical care such as patient assessment, history taking, examination and diagnosis. The inception of the Advanced Nurse Practitioner role in Gynaecology at Saint Mary's Hospital materialised in an attempt to replace junior doctor working hours as part of the implementation of the European working time directive.

In 2004 an overview of a role was devised for a nurse. This primarily focused on the roles and duties that a nurse would need to be competent to perform if a junior doctor was removed from the night rota. Training programs to enable the nurses to perform the roles were then identified and, whilst on paper this looked achievable within a short time frame 2-3 years, inevitably this took longer as some courses could not be run in parallel and the volume of work required to complete and gain accreditation was huge.

Three posts were initially funded by the Strategic Health Authority and a fourth post funded internally. Recruitment was slow initially with the fourth nurse commencing in September 2008 and by then a decision had been made for these practitioners to support day time activity.

The trainees were assigned to a Consultant Gynaecologist who acted as mentor and they commenced a Masters program in Advanced Practice at Salford University, which has a robust framework to develop competence in practice. This work based, multi-professional MSc programme was effective in providing a structured, learner-managed enquiry approach which maximised the opportunities for learning and acquisition of skills and competence in the workplace. The academic and practice framework provided by the programme also supported the



individual learner's pathway enabling development of professional expertise and the academic values of an advanced practitioner. Assessment by direct observation of procedural (technical) skills (DOPTS), maintenance of log books and portfolios and the production of academic assignments took place over the two year program.

In order to develop specialist knowledge and skills in gynaecology it was compulsory for the nurses to complete the Saint Mary's Emergency Gynaecology Course which was developed by Louise Samworth, Education and Development Practitioner in gynaecology and Dr Edi-Osagie Consultant Gynaecologist and formerly Emergency Gynaecology lead. This course is facilitated in-house by the consultant gynaecologists and the senior gynaecology nursing team. The course runs over a 13 week period with a series of lectures, practical sessions and requires the individual to provide a log book of work based experience and was specifically tailored for the ANP's to have DOPTS assessments in line with the Masters program.

## ROLES PERFORMED THE ADVANCED NURSE PRACTITIONER

Assess, examine and manage new emergency/urgent gynaecology attenders	Assessment of a patient triggering an early warning score of three or above not who has not responded to nursing intervention.
ECG's	Patient discharge-GP letters
Cannulation	First Assistant Role in gynaecology theatre
Prescribing/TTO's	Carry SHO Bleep



In addition the trainees were affiliated as part of the development of the role to the National Association of Assistants in Surgical Practice (NAASP) advanced scrub practitioner programme in order to develop skills to be able to provide the first assistant role in theatre. This took place over 6 months with the nurse needing to complete 70 hours' experience in a supervised capacity in the first assistant role with competency sign off, the development of a portfolio of learning in theatre related issues such as infection control and sterility and completion of an assignment.

The non-medical prescribers course was undertaken either at Salford University or Manchester Metropolitan University once the nurses had successfully completed all of the above training and this has been essential in bringing the overall vision of the role together. This program is run over a 26 week period requiring both formal examinations and assignments as well as a video assessment of practice. In addition CMFT requires all non-medical prescribers to produce a P formulary which list all the common drugs they will be required to prescribe and this has to be agreed and signed off by a senior pharmacist.

The directorate finally has four competent ANP's. Each Practitioner has been linked to a Consultant clinical team to provide continuity and support and a job plan with seven clinical sessions (pro rata), two of which cover the emergency gynaecology service, has been developed for each Practitioner and these are reviewed on a regular basis and amended when demands on the service change. The ANP's have all developed a special interest in an aspect of gynaecology and conduct out patient clinics seeing both new and follow-up patients in nurse-led clinics as well as providing support for consultant clinics.

Job plans include theatre sessions and they attend both the emergency team and clinical team ward rounds. They can act as first medical responder on the patient track early warning score system since they now carry the ST1 bleep when covering their weekly emergency gynaecology sessions. Their ability to prescribe has enhanced the role significantly in terms of patients' timely access to antibiotics, pain management and take home drugs and a recent ward audit showed them to be compliant with prescribing standards.

A framework is currently being developed to assure on going competence in their clinical skills and knowledge. Annual re-accreditation is required for some aspects of their work such as non-medical prescribing.

Whilst the journey has been long and arduous at times for those involved, the results speak for themselves in terms of the breadth of activities the ANP's can now undertake.

## Saint Mary's welcome their first 'VIP' baby into the world!



Mum Lisa with baby Scarlett Rose

November 2011 saw Saint Mary's welcoming Salford women after the maternity unit at Salford Royal closed as part of the Making it Better changes.

Women who were due to give birth during the changeover became fondly known as the 'VIP women'. They were given support by midwives to help them decide which alternative hospital they wanted to deliver at.

Lisa Hanlon, from Eccles, chose Saint Mary's and underwent a planned caesarean section on Monday, delivering the first of the new Salford babies to born here. Scarlet Rose was born weighing 7lb 12.5oz and joins her two older brothers to complete the Hanlon family.

Lisa said: "I was very nervous and anxious about coming here instead of Salford Royal because it's all new faces. However, it's been great. They've been really good and very supportive."

When asked what she would say to those Salford women who share the same fears, Lisa added: "They are in really safe hands. The staff here really know what they're doing and talk everything through with you before they do anything. They've been really, really good."

Kathy Murphy, Head of Nursing and Midwifery at Saint Mary's said, "After years in the planning, we're really happy to finally be welcoming these women and families into our service. It's fantastic for our staff, new and existing, to finally meet these women and care for them and their new babies."

Saint Mary's started providing midwife-led care in Salford from 5th December in the new 'Saint Mary's Birth Centre at Salford' for women with low risk pregnancies.



# Research nurse role helps to boost gynaecology studies



Saint Mary's Hospital has seen a significant increase in the number of gynaecology research studies and participants in the past 18 months, thanks to the hard work of dedicated gynaecology research nurse Lucy Dwyer.

In recognition of the growing importance of gynaecology research at Saint Mary's Hospital, Lucy was appointed to this new role in October 2010. After qualifying as a nurse at The University of Manchester in 2007, she worked on gynaecology wards and continues to do so one day a week. She also completed a Master's degree in advanced nursing studies at the University, which stimulated her interest in clinical research.

"Participating in a wide range of research studies has given me greater insight on the clinical side – and vice versa," said Lucy. "Colleagues on the wards and in the IVF team are keen to help a fellow nurse. I keep them up to date about the studies we are running, and they regularly identify possible participants for me."

Lucy also works closely with divisional research managers Sarah Leo and Caroline Boston to develop and maintain good links between clinical and research teams at Saint Mary's Hospital. Among the studies she has been involved in are:

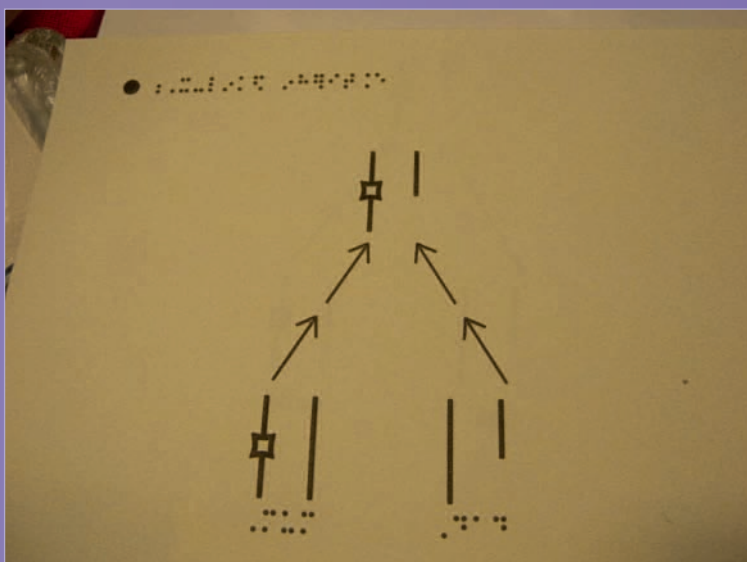
- ▼ A project to validate an intervention tool developed at Saint Mary's to help women with extreme morning sickness (hyperemesis), the second most common reason for admission to hospital in early pregnancy.
- ▼ The PROSPECT study (Pragmatic Evaluation and Randomised Controlled Trial) which aims to explore whether using mesh during pelvic organ prolapse surgery reduces the risk of future recurrence of symptoms, and if so whether there are any differences between different types of mesh used in the surgery. The Health Technology Assessment (HTA) funded five year national programme began in 2009 and Saint Mary's Hospital is currently the centre with the highest recruitment within the country.
- ▼ Research into alternatives to the invasive diagnostic method of uro-dynamics to assess female urinary incontinence. The Saint Mary's team is exploring whether it is possible to use bladder ultrasound scanning instead, as part of the national BUS study led by the Birmingham Clinical Trials Unit.
- ▼ The PROMISE (Progesterone in Recurrent Miscarriage) trial, which is studying the use of a progesterone based treatment in women who have had three or more unexplained concurrent miscarriages. The study includes sites in England, Scotland and the Netherlands, and is funded by the NIHR.

## Equal access to information for Visually Impaired patients in the Genetics Clinic

Traditionally, genetic counsellors have used diagrams to help families understand the complex nature of genes and inheritance patterns. However, visual aides are not accessible to patients with a visual impairment (VI). The RNIB report 'Towards an inclusive health service' (Sibley, 2009) found that the majority of blind and partially sighted people could not read their personal health information, compromising their privacy and independence as they are forced to ask others to read it to them. In addition, 95% of VI patients reported that healthcare professionals did not ask what reading format they required.

We received a Trust RfPB grant to improve communication in our Multi-disciplinary Genetic Eye Clinics. Patients were offered leaflets on audio file and summary letters in the format of their choice. 64% of patients requested information in alternate formats such as large print, e-mail or audio file.

In order to improve our counselling communication tools, we held a focus group of severely visually impaired patients to explore the use of tactile



diagrams for explaining inheritance. Following consultation, the RNIB Transcription Service designed optimal tactile inheritance diagrams. For patients with less severe VI, we purchased CCTV equipment to enlarge existing diagrams and software (Zoomtext) to enlarge and optimise diagrams, such as inverse brightness and colour contrast, on large computer screens. The combination of these tools allowed us to tailor the aide to each patient's needs. The additional advantage of the large screen meant that whole families could access the diagrams as they were being discussed.

We are now in the process of analysing the feedback and evaluation of these communication tools from patients seen in clinic. Clinician feedback has been extremely positive and given the relatively low cost of the computer software, we believe these tools are essential to ensure equal access to clinical information for VI patients.

## National award for outstanding work

Dr Diane Critchlow (left), Principal Clinical Embryologist in the Department of Reproductive Medicine, has attracted a national award for her outstanding work at Saint Mary's.

Dr Critchlow was presented with the Claire Gillott Memorial Prize for Outstanding Services to Clinical Embryology in the UK by Rachel Cutting (right), Chair of the Association of Clinical Embryologists (ACE)

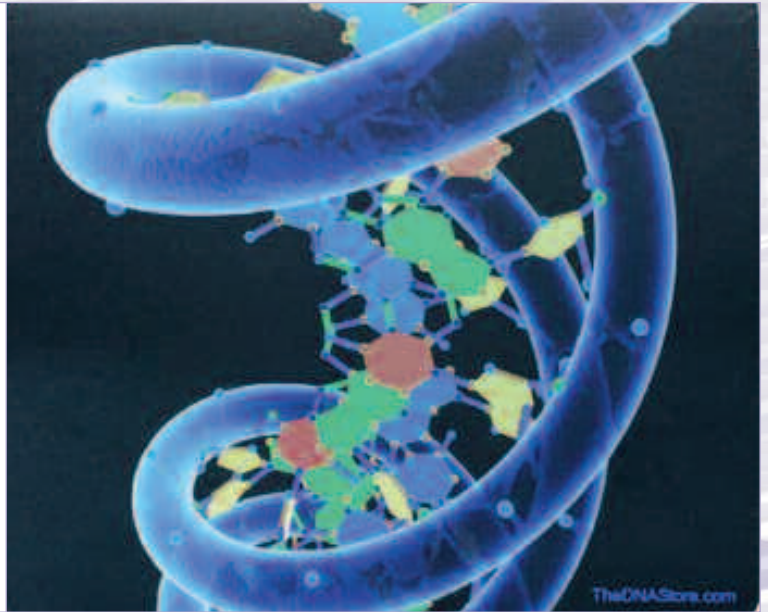
The 2011 award was presented at the ACE annual conference in Leeds in January and also Dr Critchlow's role in initiating and establishing the new UK National External Quality Assessment Service (NEQAS) scheme in Reproductive Sciences which is hosted by the department.



Diane Critchlow being presented with the Claire Gillett memorial prize.



# Inherited blindness; a new genetic test offers better diagnosis and treatment for many more patients



In January 2012, Professor Graeme Black, Professor of Genetics and Ophthalmology at Central Manchester University Hospitals NHS Foundation Trust and Director of the National Institute for Health Research funded Biomedical Research Centre in Manchester, UK, announced a unique genetic testing service for patients with inherited blindness at the UK Eye Genetics meeting in Bristol.

The test will give many more patients a definitive diagnosis of their condition and allow some to preserve their sight for longer with directed medical management and new treatments. The new test can analyse more than 100 genes in parallel, compared to fewer than 10 that current tests can scan. The test is based on next generation DNA sequencing technology and advanced computer science and over 700 patients every year will be tested, although there are already plans to increase this if there is demand.

Professor Black, who is a Professor at the University at Manchester, said: "This test has been developed and costs driven down to make it as affordable as possible for the NHS. We are working with colleagues across the

Manchester Academic Health Science Centre to launch a series of genetic test services based on the new technologies to improve the treatment of cancer, heart disease and many other common and rare conditions. Our aim is to make personalised medicine a reality for most NHS patients."

The service, which will benefit patients across the UK who have been referred to their local clinical genetics service, will allow experts to diagnose conditions such as isolated progressive retinal degeneration, Leber congenital amaurosis, and achromatopsia, as well as the two most common causes of syndromic blindness Usher and Bardet-Biedl syndromes.

# Visit celebrates the work of our midwives



During a recent visit, Cathy Warwick, General Secretary of the Royal College of Midwives (RCM) congratulated the midwifery team at Saint Mary's Hospital for their hard work over the last few years and celebrated their many recent achievements.

She was welcomed to the hospital by Kathy Murphy, Head of Nursing and Midwifery at Saint Mary's, who, along with some of the senior midwives, took Cathy on a tour of the maternity units, clinics and wards, showing her exactly why they're so proud of their facilities. It also gave Cathy an opportunity to meet and speak to the midwives and RCM members and see their hard work for herself.

Since 2008 when detailed preparation for the move into the new Saint Mary's building started, the staff have been in an ever-changing environment, most recently taking on additional maternity work as part of the region-wide Making it Better project. During this time, they have continued to raise the bar on the level of service they offer and continue to be regarded as a shining example of fantastic care. While undergoing major building works, service redevelopment and changes in the team, they have also managed to achieve numerous awards, including one from the RCM.

Because of all the challenges that they've faced, the senior team at Saint Mary's, as well as the RCM,

felt that it was important to acknowledge their achievements formally.

Kathy Murphy said: "I am delighted that the General Secretary of the Royal College of Midwives was able to spend some time with the midwives and women at Saint Mary's. It was a great opportunity for us to celebrate the midwifery excellence that is provided here and reflect on our journey over that last few challenging years."

After the tour, Cathy had the chance to hear about the positive changes that we've been making to the way our teams work. Presentations were about the different challenges faced by the midwifery-led unit here at Saint Mary's and the standalone unit at Salford Royal and how they are both working continually to improve the service they offer. The team responsible for developing a new high dependency facility on the Delivery Unit also presented their work. They spoke about how the midwives are working with Critical Care nurses from Manchester Royal Infirmary to improve outcomes and experiences of women who need high dependency care during or immediately after labour, the first facility of its kind in the UK.



# Research

The Saint Mary's Division has enjoyed another fruitful year for research with several of our researchers achieving success in their respective fields:

- ▼ Professor Tina Lavender and colleagues have recently published the results of a randomised trial of using baby wipes compared to water, which has finally answered the question as to which works best and will alter the advice given to new mothers.
- ▼ Dr Karen Forbes, a Stepping Stones Fellow in the Maternal and Fetal Research Unit, has been awarded the prestigious 2012 Gábor Than award in Placentology. This international award is for promising young investigators and Karen's work focused on the study of placental microRNAs and their role in fetal growth. Karen will present her work at the International Federation of Placental Research Meeting in Hiroshima in September. Saint Mary's have been particularly successful in producing young investigators in this field, with Karen being the third Saint Mary's young investigator to receive it in the last four years.
- ▼ Dr Tracy Briggs, SpR in Clinical Genetics was awarded the Alan Emery Prize by the Royal Society of Medicine for her research into rare lupus-like disorders. Study of these inherited genetic conditions is providing important clues to the cause of commoner disorders such as systemic lupus and will help further knowledge in understanding how to treat them.
- ▼ Dr Jenny Myers received a prestigious NIHR Clinician Scientist award to study pregnancy complications in women with vascular diseases and this Fellowship will provide her with funding for this programme of research for the next five years. This is the first time a Saint Mary's researcher has been successful in obtaining an NIHR Clinician Scientist award. Many congratulations go to Jenny and we hope that there will be more to follow.
- ▼ In March 2012 Professor Jill Clayton-Smith and Bill Shaw travelled to London for the official launch of the UK Cleft Collective at the Wellcome Trust Science Media Centre. This initiative, funded by the Healing Foundation, is the world's largest cleft lip and palate research programme. Here in Manchester we will be involved in the design and delivery of clinical trials and genetic studies for

cleft lip and palate. The Manchester UKCC team, led by project co-ordinator Nicola Harman, is located within the research space on the fifth floor of Saint Mary's.

Elsewhere within Saint Mary's work continues on other studies which will have significant impact on clinical practice:

- ▼ Professor Henry Kitchener has a new study STRATEGIC, funded by the HTA which will look at the important question of uptake of cervical screening.
- ▼ Dr Alex Heazell's study on consent to post mortem in stillbirths has informed how discussions around this issue should be managed.
- ▼ The Next Generation Sequencing Team within Genetic Medicine have liaised with the Regional Diagnostic Laboratory to translate last year's research findings into this year's clinical services for diagnosis of inherited eye diseases and learning disability.

Throughout the division, over 100 research active staff, facilitated by our growing Team of Comprehensive Local Research Network staff, are recruiting to Clinical Trials across every specialty. With our growing band of junior researchers, several of whom are mentioned above, the future looks bright for Saint Mary's Research.

# Saint Mary's Hospital Charity



saint mary's  
hospital charity

supporting excellence in treatment, care and research  
Registered charity number 1049274

Saint Mary's Hospital Charity has been working hard to fundraise for a number of projects within Saint Mary's Hospital as well as supporting those wanting to help the hospital within the community.

The charity has raised money towards a new examination suite for children at the Sexual Assault Referral Centre to help the centre to cut down the amount of time a child is waiting to be seen.

Charitable support has also purchased three birthing pools for the Midwifery Led Unit and the charity continues to support the Midwifery Led Unit by fundraising for more equipment such as TENS machines and baby cots, plus the charity team are fundraising for items to make the unit more homely.

The charity are supporting a project to refurbish the bereavement room also known as the Rainbow Room at Saint Mary's Hospital to make it friendlier and more comfortable for parents at the most difficult of times – providing them with a warm and relaxing sanctuary within the unit that means that they environment to spend time with their deceased baby.



We have seen lots of support within the community for the hospital, including:

- ▼ Patient Carol Hughes, who, organised a Halfa evening to help raise money for research in to gynaecological oncology.
- ▼ The Thompson family presented a cheque for the IVF Unit following the first sales of their book *Dreams Do Come True*, which is all about their journey on IVF.
- ▼ Staff nurse Claire Glenwright took on the challenge of the 2011 Great North Run in support of Ward 62.

We have also seen a lot of support for the Newborn Intensive Care Unit with the following being held to raise money for the unit:

- ▼ Jo Hargreaves organised a bring and buy sale in Chorlton.
- ▼ Alan Mayoh chose to support the unit with his captaincy year at Blackley Golf Club.
- ▼ Vicky Shaw organised a fun day in Oldham, as a thank you for the care of her granddaughter Millie.
- ▼ Katy Garrett and David Barber organised a 5km walk from and to the hospital as a thank you for treatment their son Harry received.

There are many ways that you can get involved and support Saint Mary's Hospital Charity for example joining our Wiggle for Women event that will take place in Manchester on 16th September 2012.

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







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