



Saint Mary's Hospital ANNUAL REPORT 2013/14





St. Mary's Hospital	
↑ Lifts to Level 5 & 6	
Department	Location
3 - This Level	
Maternity	Ward 47
Midwifery Led Unit	Ward 47
St. Mary's Management Office	
2	
Antenatal Assessment Unit	
Ward 64	

Welcome to our fourth annual report for Saint Mary's Hospital

Saint Mary's Hospital management team would like to share with you our excellent achievements from 2013 to 2014 and to explain how we would like to improve those areas where we know we can do better.

2013/14 has been an incredibly busy year, both in terms of the number of patients and families we have seen but also in terms of research, innovation and quality improvements. Each page within the report describes the excellence that staff have delivered and the feedback we have received from our patients.

The focus throughout 2013/14, both nationally and within the Trust, has been quality with everyone giving consideration to how we can improve the patient experience through values and behaviours and through the transformation of services. There are examples of small steps of change which will lead on to incremental improvements (e.g. postnatal clinics in community midwifery) and some service redesign which has enabled larger scale improvements (such as the transfer of the Emergency Gynaecology Unit to Ward 63 and the relocation of the Gynaecology Admissions Lounge). There have been innovations in diagnostics with personalised medicine developments in Genomics and researchers discovering more than 15 new genes which can cause serious developmental problems in children, blindness, deafness and inherited cancers. Each directorate, without exception, has achieved exceptional outputs across local, national and international boundaries.

Significant reports have been released over recent years with authors such as Sir Robert Francis, Donald Berwick and Professor Sir Bruce Keogh, all of whom have reinforced that, as health professionals and support staff, we are here to serve our patients and they should be able to expect the highest standard of patient care. What we know is that this is not always the case and there have been significant failings in organisations external to CMFT. The Executive Team at this Trust decided to implement a series of internal reviews to ensure we are cited on our own areas of good practice and areas for improvement and to be clear that any external review (e.g. the Care Quality Commission) would not reveal anything we were not aware of.

The Saint Mary's Quality Review took place in November 2013 and was led by Dr Alistair Hutchinson (Clinical Head of Specialist Medicine Division), Mr Stephen Dickson (Division Director of the Royal Eye and Dental Hospitals) and Mrs Dawn Pike (Deputy Director of Nursing). The review team looked at 5 domains which covered 5 simple questions: Is care safe? Is care effective? Are staff caring? Is the organisation responsive? And, Is the organisation well led?

We are pleased to say that the findings for Saint Mary's were overwhelmingly positive with a number of areas of good practice highlighted. The report stated the Division was well led at all levels, the staff are really proud of their work, there was visible learning from complaints, the Quality Bus was innovative and there was a culture of collaboration, respect and commitment. The areas where improvements can be made included:

- To increase staffing levels to match the increasing activity levels and to keep staff informed of the progress being made.
- Safeguarding training at level 3 was not compliant with the expected numbers of staff requiring training.
- Clinical audit action plans and NICE guidance need to be managed more robustly (acknowledging this had already commenced).



Prof Dian Donnai,
Clinical Head of Division

Feedback will be disseminated to all staff over the first and second quarters of 2014/15 and actions will be developed to secure the required improvements.

By the time this report is being read 2014/15 will already be underway and the Saint Mary's team will continue to look at ways we can improve, deliver and excel in everything we do. However, we do need to take stock and reflect on our position and take a few moments to focus on the direction of travel to continue to take us from good to great. Saint Mary's Hospital has numerous opportunities ahead to innovate, expand, and excel and with the ongoing commitment, drive and enthusiasm that has always been part of Saint Mary's, great to outstanding is achievable.

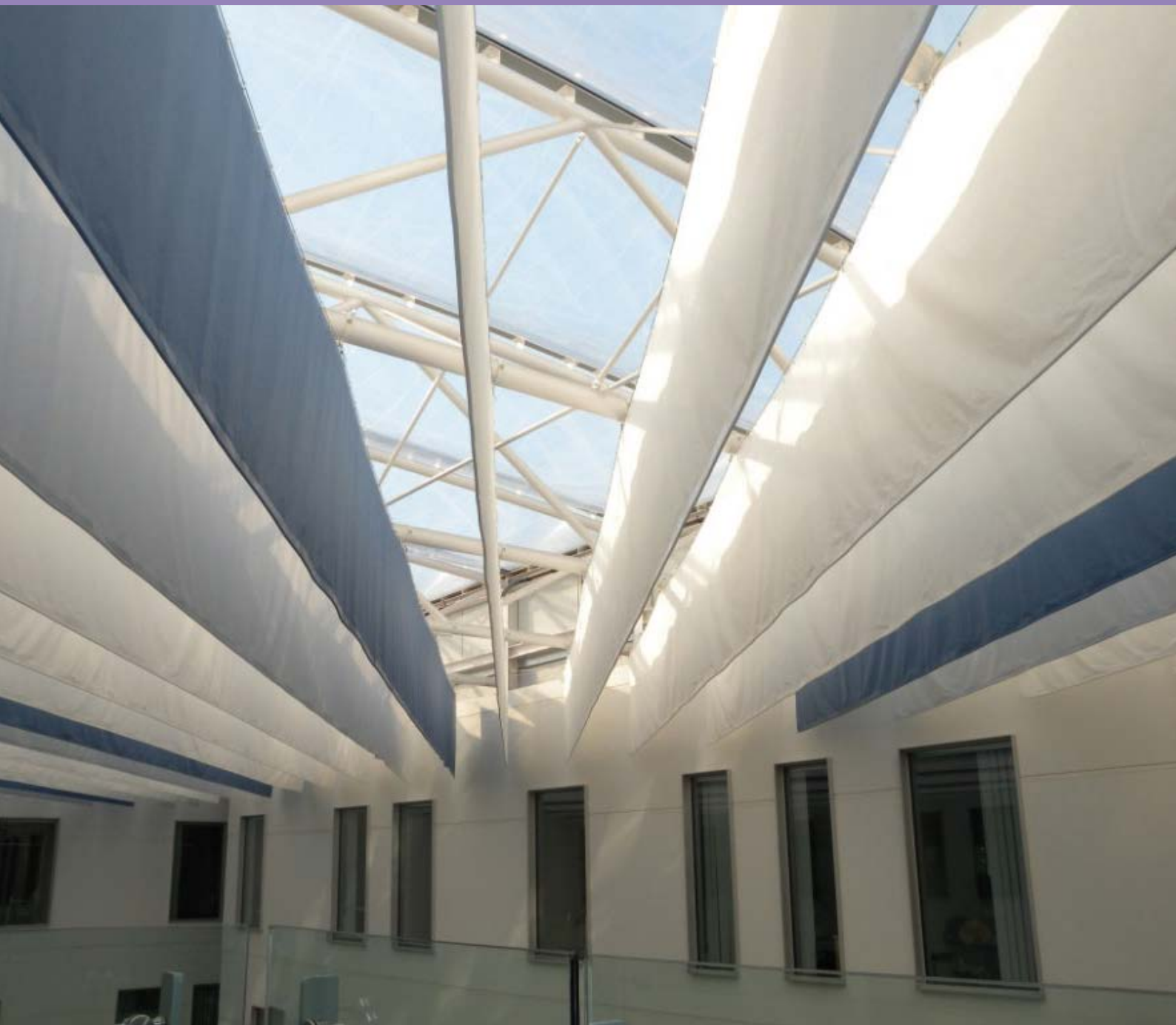
We would like to thank everyone in Saint Mary's and all the staff who work alongside our team for their unstinting dedication and commitment to our patients.



Karen Connolly,
Divisional Director



Kathy Murphy
Head of Nursing and Midwifery



About Saint Mary's Hospital

Saint Mary's Hospital (SMH) was founded in 1790 and is one of the six Hospitals and ten 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 Genomic 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 Greater Manchester conurbation, the North West and beyond in:

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

Divisional Informatics Group

The Divisional Informatics Group was established at the beginning of the year as part of the Trust Informatics Strategy. The purpose of the group is to provide a link between the Hospital and the Trust Informatics Team to ensure that the informatics needs of the Hospital are identified and delivered.

The 'DIG' as it has become known has had a highly successful first year in identifying the key IT issues and priorities in the hospital, such as the need to develop a new maternity information system. It has also overseen the development of new systems for the

Sexual Assault and Referrals Centre and the IVF unit, which due to be rolled out to their respective areas in 2014/15.

With Information Technology becoming an ever bigger component in the delivery of efficient and effective patient care, Chairmanship of the group has now been passed over to Ian Dady (Consultant Neonatologist) to ensure that all developments and improvements in Informatics provision go hand in hand with the overall objective of the hospital, which is to deliver high standards of patient care.



Genomic Medicine

Manchester Centre for Genomic Medicine (MCGM)

In May 2013 we launched the new Manchester Centre for Genomic Medicine (MCGM).

The Centre brings together the NHS and University of Manchester components of Genomic Medicine on the 6th floor of Saint Mary's Hospital. This provides an integrated environment for researchers, doctors, genetic counsellors, nurses, computer and diagnostic scientists to translate cutting edge research into new patient services.

Saint Mary's support of MCGM has helped create one of the largest and leading integrated clinical, diagnostic, research and education centres for Genomic Medicine in Europe, with 300 staff, including 25 medical consultants and 25 genetic counsellors. The team provides services for 4.2m people in the North West, outreach clinics across the North and a number of Highly Specialised Services, commissioned directly by NHS England, available to all NHS patients in England and other areas of the UK. In addition, 13 research leaders and 140 diagnostic scientists work together to translate research findings into new services exploiting leading-edge technologies.

Genomics in Healthcare – A growing field

Our genes have a strong influence on our health and genetics impacts on all clinical specialties. Genetic diseases affect around 1% of all newborns and up to 30% of all individuals over their lifetime. For those with rare diseases, diagnosis (and treatment) is often delayed for months or years but these new discoveries and novel tests will transform the ability of the NHS to help more patients sooner whilst reducing costs.

The focus of MCGM is to use an understanding of the genetic basis of disease to deliver new services, treatments and tests to NHS patients and families. Our work is based on discoveries by researchers at the University of Manchester and on the expertise of specialist doctors within the centre. The prominence of genetics is underlined by the ambitious programme launched by NHS England, and announced in December 2012 by Prime Minister David Cameron, to sequence 100,000 whole human genomes. This resulted in the formation of Genomics England Ltd in July 2013, the company the Department of Health will use to deliver the project.

A broad ambition

The Centre's ambitious first year programme resulted in the delivery of the most up to date tests using the latest Next Generation DNA Sequencing technologies, the first such test developed in the UK.

This was the culmination of a three-year, multimillion pound investment by external funding bodies (NIHR, The Wellcome Trust) in conjunction with CMFT and the University. The investment in an integrated environment housing equipment, large scale computing, expert staff and clinical service delivery is unique within the NHS. This wide capability has been recognised through continued excellence.

- Quality networks – The European Molecular Genetics Quality Network (EMQN) and ERNDIM – hosted by MCGM offer quality schemes to over 1,300 laboratories in 60 countries worldwide.
- NHSE commissioning for Highly Specialised 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.

Consequently the Manchester Centre for Genomic Medicine now boasts internationally renowned research and clinical service groups (metabolic medicine, rare developmental disorders, inherited cancers, inherited eye disorders), a state of the art diagnostic environment situated within a large multi-specialty Hospital Foundation Trust.



Clinical Director
Dr Fiona Lalloo



Directorate Manager
Lynn Chantler



Strategic Director
Dr Graeme Black

Some facts and figures:

- Clinical Genetics: over 10,000 patients seen each year, 7,000 new patients and 3,000 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.
- Molecular laboratories: 40,000 genetic test samples processed per year plus 50,000 newborn screens.
- MCGM includes approx. 300 staff including doctors, genetic counsellors, administrative staff and scientists working in purpose built space on the 6th floor of Saint Mary's Hospital.

Focus for 2014-15:

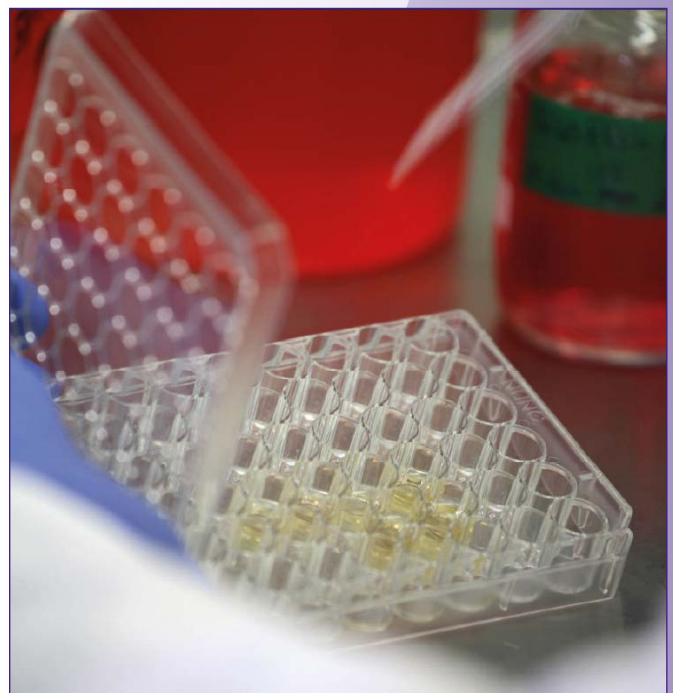
We will be working to:

- Be successful in our bid for a 'Central Genomics Hub'.
- Improve clinical and laboratory quality standards comparing our performance with Genomic Medicine services nationally through the new NHS commissioning framework.
- Improve patient healthcare delivery through mainstreaming agenda.
- Consolidate new partnerships in Genomic Medicine nationally and internationally, especially with our new colleagues in Genome England, China, India and Israel. Develop our opportunity to innovate via the recently formed collaboration with Congenica and NHSA.
- Strengthen our existing collaborations with AstraZenica, Roche and Complete Genomics.
- Bring on stream a programme of new clinical and laboratory services to benefit many more patients.
- Further develop our research and academic profile, including a major contribution to the 100,000 genomes project for which we have recently been invited to be a Pilot Centre.

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

Highlights in 2013-14:

- Since 2010 Manchester-based researchers have discovered more than 15 genes which cause serious developmental problems in children, blindness, deafness and inherited cancers; more breakthroughs than any other comparable centre in the UK.
- Introduction of ten new cancer diagnostic tests allowing patients to receive treatment tailored to their specific condition.
- Development of a new and more effective test for developmental delay and learning difficulty available to many more children across the North West.
- Created a new multi-disciplinary clinic for a group of rare childhood onset disorders (RAS-MAPK) sharing a common genetic pathway.
- MCGM led an initiative which culminated in a signed memorandum of understanding between CMFT, UoM and the Peking University Health Sciences Centre agreeing to co-operate in training, education, research and service development for Genomic Medicine.
- Signed a research collaboration agreement with Complete Genomics and Oxford University Hospitals NHS Trust to provide data (value £500,000) and develop an understanding of how whole genome sequencing might benefit NHS patients by improving current diagnostics.
- November 2013 – hosted visit by Mark Bale and Dorian Kennedy (Dept of Health, Health Science and Bioethics) to further DH understanding of how MCGM delivers integrated Genomics to the NHS.



In the news – Raising awareness of NF1

The Neurofibromatosis Type 1 (NF1) team celebrated the first International NF day in May with a stand in the Children's Hospital to raise awareness of this condition.

NF1 is a genetic disorder which affects one in 2,500 babies. It is a progressive illness where the symptoms develop gradually over the years and problems can include tumours and learning difficulties.

Coffee-coloured marks on the body are a symptom of the condition. At the stand in the Children's Hospital, the NF1 team gave away donated cups of Costa coffee to draw attention to this incurable condition. Lots of staff and members of the public showed interest in the condition, with several people coming to the stand for more information as they or a family member had the condition.



We succeeded in getting media coverage of the event and the case studies of two of our patients with the condition in the *Manchester Evening News* and *Lancashire Telegraph* to promote awareness of the condition further.

The day was followed by an NF1 week on Netmums at the end of May. Netmums is one of the fastest growing online parent support networks in the country with over 5 million people visiting the Netmums website each month.

During the week a live web chat was held where people posted questions and took part in online conversations. Two online clinics were held during the week, the first being led by Dr Huson, the specialist nurses and Rosemary Abbot from the Neuro Foundation, with the second clinic being led by Dr Emma Howie, Clinical Psychologist for the NF1 team, and the specialist nurses.

This proved to be very successful week, with 18 questions posted which needed replies and a further

1191 views of the conversations and clinics. The majority of people who posted on the site were not known to the NF1 service, with many never having had contact with others affected by the condition.

Families shared their stories and offered to arrange meetings to offer support to each other and three parents were advised to contact their GP for a referral to the complex NF1 service. Over a quarter of the people who posted questions contacted Netmums to say thank you. This was the first time Netmums had hosted a forum on a specific condition and they were extremely pleased with the response. The NF1 team is now in discussions with Netmums about how to follow up on this successful initiative.

22>>>NEWS

Mother's pride: Tot with gene 'timebomb'

■ Ellie, two, is hit by rare tumour condition

ALICE MCKEEGAN

THE parents of a toddler with an incurable illness are raising money for research to try to help her and thousands of other children.

Ellie Jim was born with neurofibromatosis (NF1) - a genetic disorder which affects one in 2,500 babies.

A progressive illness, its symptoms gradually develop over the years and problems can include tumours and an abnormally curved spine. Sufferers can also have learning difficulties.

Ellie's parents Carly, 31, and John, 35, from Sale, suspected something was wrong when they spotted her right eyelid was drooping and she had coffee-coloured marks on her body.

They were referred to a specialist at Saint Mary's Hospital in Manchester, who diagnosed the condition within seconds - and explained there was no cure.

Ellie, now 22 months old, is now under the care of Royal Manchester Children's Hospital. Health psychologist Carly said: "There's no cure and there probably never will be - the best thing they can do is treat the symptoms but who knows what the future will bring?"

"Ellie is an incredible child - she takes everything in her stride and makes me ever so proud. "She's such a happy and cheerful little girl and the staff at the children's hospital are phenomenal too. They treat her like she's their only patient and we can't praise them enough."

Ellie's parents - who have another child, three-year-old Danny - are trying to raise awareness of NF1.

Carly has already raised thousands of pounds for NF1 charities and she is now supporting the launch of a new charity, Children with Tumours, which will carry out research and raise funds to provide respite care.

■ To find out more go to www.childrenwithtumours.org

ALWAYS SMILING Ellie Jim has a rare genetic disorder for which there is no cure, but mum Carly, inset, says her little girl takes everything in her stride. Photograph: Julian Brown

Gynaecology

- Benign Gynaecology
- Uro-Gynaecology

- Gynaecological Oncology
- 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, reproductive medicine, paediatric gynaecology and vulval disorders. In order to meet the needs of patients referred for gynaecology services, there is a large out-patient department, Emergency Gynaecology Unit, a gynaecology ward, a theatre department and a standalone Reproductive Medicine Unit housed in the Old Saint Mary's building.

In 2013/14, 13,464 new patients attended as out-patients, 9,196 were treated in out-patients, 2,685 in theatre and there were 11,196 new attendances at the early pregnancy/emergency gynaecology unit. The Directorate is contributing positively to the review of Gynaecology being undertaken by the Greater Manchester Women's Health Network.

A key priority for the coming year is to further improve the pregnancy rate and treat more patients in the Department of Reproductive Medicine. The Department currently provides in-vitro fertilisation (IVF) treatment to 1,035 patients per year and we are planning to increase this to 1,620 patients per year. This will involve significant estates work to provide additional office space, clinic, blood and scan rooms in Old Saint Mary's Hospital. There will be recruitment of additional nursing, medical and administrative staff and there will also be a range of clinical developments to further improve pregnancy rates. These include the introduction of an endometrial scratching service and the purchase of additional embryoscopes. We will also develop a fee-paying service and re-invest the profits from this into the service to the benefit of NHS patients. Another key development for Gynaecology is a significant increase in the amount of in-patient cancer surgery we provide.

There are currently three providers of Gynaecology cancer surgery in Greater Manchester: Saint Mary's Hospital, University Hospital of South Manchester and The Christie. NHS England have commissioned a review of these arrangements and have agreed with Clinical Commissioning Groups that the number of centres on which surgery is provided will be reduced to one.

Ongoing meetings with commissioners will decide whether this is a single centre, single site model or a single centre two site model. Saint Mary's Hospital have indicated our preference is for the former and we have sufficient capacity being established to deliver this. To accommodate this additional activity an additional operating theatre (Theatre 39) will be open during 2014/15.

New Services

The gynaecology unit now provides care for women undergoing early termination of pregnancy at home.

Endometriosis: A comprehensive service is in development for the investigation, treatment and long term support of women suffering from endometriosis.

Homecare delivery: As a regional centre couples attending for assisted conception treatment can now have their prescriptions delivered to their home, avoiding long journeys to the hospital.

Improved administration support: The ward and EGU ward clerk/receptionist teams have been amalgamated and are now able to provide an 8am-10pm service, 7 days a week to meet and greet patients and visitors at a shared reception.



Clinical Director
Dr Fiona Reid



Lead Nurse
Pam Kilcoyne



Directorate Manager
Sam Evans

Gynaecology Quality Improvement Programme

The programme, which was launched in November 2013, has been focused on looking at the way we deliver services within the Gynaecology Directorate with a view to making changes which would improve efficiency.

In order to do this, three work streams which are all chaired by Consultant Gynaecologists and involve members from all key staff groups have been set up to investigate ways to improve the services we deliver to patients in those areas. The three work streams are:

- Out-patients
- Ward
- Theatres

Since the programme has been running these work streams have looked to make changes in several areas such as:

- Improving our use of Choose and Book.
- Utilising more telephone interpreter services to reduce delays for our patients whose first language is not English.

- Increasing the usage of computers on wards to improve the timely recording of patient care.
- Increasing the number of ward rounds carried out each day to ensure patient's care is reviewed on a more regular basis.
- Review our admissions lounge processes for patients who are being admitted for surgery.
- Reviewing our processes for theatres from the day a patient is listed for surgery right up to the point where they leave the theatre following surgery, to ensure cancellations and delays are kept to a minimum.

Whilst the work streams have been setup to generate ideas for improvement and develop plans to deliver them, the key to the success of the programme is ensuring that all staff across the Gynaecology Directorate feel involved and empowered to come up with ways to improve the services they deliver.

Jo is a star

Jo O'Neil, Clinical Nurse Lead for gynaecology Macmillan Nursing services won the Divisional Star award for care and compassion.

Jo has worked within Saint Mary's Hospital for the last ten years and throughout that time driven the development and expansion of the Gynaecology Macmillan nursing team to ensure that it can meet the needs of the patient who has suspected or a diagnosis of gynaecological cancer.

Jo has worked tirelessly to ensure that her team feel supported and are confident and capable practitioners. She has ensured that each team member's strengths are utilised to their fullest, but also supports their development where required and this has resulted in a cohesive, flexible team who enjoy working together.

Due to her expert knowledge and previous research experience, she has also been a great source of support, advice and encouragement to other staff in the wider multi-disciplinary team and directorate.

Jo has confirmed that she plans to take early retirement in early 2014 and will be a huge loss to the team and directorate.

Good luck Jo and all the best for the future.

Right top: Kathy Murphy presents Jo O'Neill with her Divisional Star award. Right bottom: Jo with her colleagues.





'Inspiring Women' – a mural by Staff Nurse Emma Carter.

Highlights in 2013/14

- Ward 62, under the leadership of Jane Siswick, Ward Manager, became a double Gold award winner as part of the Trust ward accreditation scheme. As part of the accreditation process Ward 62 undertook an improving quality program (IQP) initiative to improve the patients' experience of pain management. Patient feedback through the PET devices has shown a year on year improvement by implementing simple changes such as adjusting medication round times and giving a set of drug cupboard keys to each nurse on duty.
- Transfer of Emergency Gynaecology Unit to Ward 63 which has provided additional clinic rooms which has reduced waiting times for patients.
- Transfer of the Admissions Lounge to the ground floor of Saint Mary's atrium which has provided a more pleasant waiting environment for patients awaiting surgery.
- Transfer of in-patient Gynaecology services from Trafford General Hospital.
- Creation of a new patient waiting area in the Gynaecology Treatment Centre to avoid patients having to wait on corridors in Saint Mary's Out-patients.
- Emma Carter, Staff Nurse Ward 62, painted a mural of 'inspiring women' in the dayroom on Ward 62 as part of improving the patient environment (see above).
- Appointment of Richard Edmondson, Professor of Gynaecological Oncology.
- Appointment of Anne Marland, Advanced Nurse Practitioner.
- Appointment of Linda Green to a new role of Endometriosis Clinical Nurse Specialist as part of the directorates development of a comprehensive Endometriosis service.
- Additional Clinical Nurse Specialist posts have also been agreed in Uro-gynaecology and Assisted Conception services.
- The directorate received a Highly Commended award as part of the Trust risk management patient safety initiative with the introduction of swab counting in non-theatre areas.

Newborn Intensive Care Unit (NICU)



The Newborn Services Directorate within Saint Mary's Hospital is a specialist commissioned tertiary level service providing all levels of neonatal care – ie, Intensive, High Dependency and Special care to infants who are born prematurely or are found to have conditions at birth requiring specialist intervention.

Providing over 16,500 care days each year, of which approximately 25% are intensive care, we serve the population of Greater Manchester and the wider North West conurbation when specialist input is required. Care is provided by a highly specialised multi-disciplinary team comprising neonatologists, nurses, advanced and enhanced nurse practitioners, allied health professionals and technologists. The clinical teams are well supported by a highly effective administrative and clerical team.

The NICU is commissioned for 57 cots, of which 27 are allocated to infants requiring intensive and high dependency care and is the only provider of neonatal surgery, cardiology, RoP treatment and specialist paediatric services in Greater Manchester. In addition, we are the only unit with a co-located neonatal surgical service in NW England. The directorate hosts the Neonatal Transport service and cot bureau on behalf of the GM Network (GMNeTS). The directorate has well developed services for families and delivers an established neonatal outreach (community) service, is nationally recognised for the quality of bereavement support and has an active and thriving parent forum.

Developments in 2013–14 Strategy

In March 2013 the new NHS commissioning landscape changed significantly. The whole of the neonatal pathway was brought within the umbrella organisation of NHS England and all neonatal services are now commissioned by specialist commissioning teams.

Part of this new architecture included the formation of operational delivery networks for a range of specialist services. Operational Delivery Networks (ODNs) are described as provider-led networks with the aim of co-ordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise. The NW Neonatal ODN now comprises the three former managed clinical networks of Greater Manchester, Cheshire and Merseyside and Cumbria and Lancashire – a total of 22 provider services, rendering it the largest neonatal ODN in England. Much of the past year has involved establishing the new model whilst seeking to maintain stability of neonatal care provision within Greater Manchester and this has largely been achieved with CMFT continuing to play a pivotal role in decisions about future service delivery. CMFT has a strong presence on the Network Board and the position of Dr Edi-Osagie as the NW representative on the neonatal Clinical Reference Group has ensured that the Trust is in a position to influence and shape decisions about neonatal care provision.



Clinical Director
Dr Ngozi Edi-Osagie



Lead Nurse Heather Birds
(To September 2013)



Lead Nurse Louise Weaver-Lowe
(From September 2013)



Directorate Manager
Chris Ashworth

Quality Programme and Initiatives

- The Neonatal Bereavement Team delivered a national study day and exhibition dedicated to Best Practice in Neonatal Bereavement care. This was well attended by delegates from throughout the UK and Ireland and received excellent evaluation from those attending. The Team has been invited to present at both Child Bereavement UK and Rainbow Trust national conferences in February and April this year. The team were also pivotal in the Refurbishment of the 'Snowdrop Suite' – a dedicated en-suite room within the NICU for families of babies where a compassionate extubation is planned or where bereaved parents can be ensured privacy with their baby. This beautifully decorated room was funded entirely from charitable donations and project managed by Clare Robinson, Bereavement Team Lead.



- In recognition of the need to provide a robust service to families and visitors, the directorate have strengthened the Reception/Ward clerk team by increasing the level of service provision and customer care training. The Reception desk is now manned every day and late into the evening. This has made a significant impact on our visitors, many of whom visit after office hours and value being greeted by a friendly face who can direct them appropriately.
- Following the birth of Prince George last summer, one of Manchester's local radio stations held a fund raising event 'Little Heirs' in order to highlight the care given to those babies who required additional support after birth. The Directorate was very fortunate to benefit from this, taking delivery of 3

nasal CPAP drivers (pieces of equipment to provide non invasive respiratory support) which will ensure that we continue to have equipment of the latest specification available.

- We are participating in the multi-centre RCT 'Planet' study which is seeking to uncover evidence for the optimum level at which platelet transfusion is required in infants less than 24 weeks gestation. Ajit Mahaveer, one of our Consultant Neonatologists, is the Principle Investigator on this study and in December 2013 the NICU won the award for the most recruits to the trial.



- Dr Ruth Gottstein was successfully appointed as the Training Programme Director for the NW Deanery in January 2014.
- Neonatal outreach pathways have been reviewed to ensure appropriateness and efficiency. We have worked closely with other maternity units, the Children's Community nursing teams and the Cardiac liaison nurses in order to achieve this.
- Success in achieving the L3 BFI accreditation – joint initiative with Obstetrics and as a result of lots of hard work by Kath Eaton, Kathy Henshall and Natalie Jones. Over the next 2 years NICU will work towards a stand alone accreditation whilst continuing to work closely with Obstetrics to maintain full BFI accreditation. We will be the first tertiary level NICU to do this.
- Reduction in numbers of medication related clinical incidents from 1% in 2012-2013 to 0.6% in 2013-14 (measured against prescriptions generated). This has reduced following an extensive campaign of education and training led by Penny Heap.
- We have worked closely with the Pharmacy department to plan the provision of Parenteral nutrition (PN) within the first 48 hours of life. This important development will be implemented in early 2014-15 and will ensure the provision of optimum nutrition from birth for the most vulnerable infants.

Service Developments

High Dependency/Special Care Team

We have further developed and invested in our ANNP led High Dependency/Special care team by increasing in the numbers of both ANNPs and ENNPs so that a 24/7 service can now be delivered. This is an innovative model in the UK and the approach utilises very senior and skilled nursing staff in place of junior doctors in order to enhance the quality and consistency of care for both infants and their families.

Development of the Retinopathy of Prematurity (RoP) Service

The Retinopathy of Prematurity screening and treatment service continued to be strengthened. We replaced our (very) ageing RoP laser following a successful capital bid and Julie Flanagan (ROP Screening Co-ordinator) has continued to enhance her skills/knowledge and now undertakes screening independently using a Retcam. Julie's expertise has been recognised both in the UK and internationally and she was recently invited to speak at a conference in Bulgaria about the service and her role.

Development of the In-reach service

A joint initiative with the Obstetric directorate, this new service provides support to vulnerable babies with a low level special care potential or requirement and who are being cared for on the postnatal wards alongside their mothers. Still in the early stages of development, the aim of this service is to reduce avoidable admissions from the postnatal ward and facilitate earlier discharge home from the postnatal ward. The service is delivered by experienced neonatal nurses/midwives from within the Neonatal Outreach and NICU teams and developed from a very successful DASH campaign, spearheaded by Matrons Louise Weaver-Lowe and Julie Hempstock, who collectively identified the drivers for admission from the postnatal ward and implemented an educational campaign to address some of the difficulties.

Awards

The directorate was well represented in the Saint Mary's Hospital Annual Awards:



The Neonatal Bereavement Team was announced winner in the category 'Outstanding Achievement Award' – July 2013.



The High Dependency/Special Care Team was 'Highly Commended' in the SMH Awards for Team of the Year category.



Julie Flanagan was a well deserved winner with HER Development of Specialist and Tertiary portfolio category.



Louise Weaver-Lowe and Julie Hempstock were Highly Commended in the Patient Safety category in recognition of their work implementing the DASH campaign.



Externally, the NICU team were also finalists in the national Patient Experience Network (PENNA) awards in recognition of their work communicating effectively with parents and families through the NICU Parent Forum.

Looking forward to 2014–15:

This coming year promises to be as busy and exciting as the last with a range of developments already in the planning stages and others on the horizon. In particular we are planning:

- Introduction of the 'Wee care' project – a developmental care programme aimed at improving some neonatal outcomes and the quality of the patient experience.
- Commissioning the nationally endorsed 'Picker' neonatal survey to seek the views of our parents about how we can strengthen the service.
- Develop electronic resources (Baby time) to enable mums who are not well enough to leave the maternity unit to view their babies using dedicated ipads.
- Managing the scoping and implementation of a fully synchronised and intelligent clinical information system.
- Review the pathway for infants with surgical and complex medical needs.
- Implementation of parental information to support repatriation of babies to their local neonatal unit.

The Greater Manchester Neonatal Transport Service (GMNeTS)

The Greater Manchester Neonatal Transport Service (GMNeTS) was formed in 2005 with the aim of providing the highest quality care to sick or premature newborn babies who require an ambulance transfer between hospital neonatal units. As well as serving the Greater Manchester area, GMNeTS provides support to sick babies born in hospitals in Lancashire and South Cumbria who require an emergency transfer at nights and weekends. Since their formation GMNeTS have seen a 40% increase in transfer activity, with the current number of transfers for 2012–13 being 857 and set to rise even higher for 2014.

Since the establishment of the team nearly ten years ago it has been the ultimate aim of GMNeTS to have their own bespoke neonatal ambulance. In March of this year this became a reality as through the help of charitable donations and fundraising activities by the team, GMNeTS took ownership of their own dedicated neonatal ambulance. The majority of the funding was provided by a North West charitable organisation called the Red Sea Pedestrians whose over-whelming generosity and support was pivotal in obtaining this state of the art vehicle.

For nearly a year GMNeTS and a team from NWS have worked in close collaboration to meticulously plan and design this custom built vehicle ensuring the exact requirements of the team, and the neonates they will be transferring, have been met. The dedicated ambulance is the only vehicle of its kind within the North West and is envisaged to not only optimise the safe transfer of this vulnerable patient group, but also help to alleviate pressure on the NWS front line operational fleet. During transfer care of the infant will remain the responsibility of the highly specialised GMNeTS team, whilst the blue light driving of the vehicle will be the responsibility of NWS staff members.

To celebrate this wonderful achievement and launch their new team logo, GMNeTS held a party at Saint Mary's hospital to thank all those who had helped to accomplish this magnificent achievement. A robust training programme has now been put into place for both GMNeTS and NWS personnel to ensure safe use of the ambulance which it is hoped will be in full use within the next month.



The GMNeTS Team Climbing Snowdon.



Members of the GMNeTS team outside the ambulance.



Dr Dady (Lead Consultant GMNeTS) with members of the RSP Charity donors.



Dr Dady with members of the RSP, alongside family and previous patients of GMNeTS.



GMNeTS New Logo

Obstetrics

The Obstetric Directorate within Saint Mary's provides full maternity care for pregnant women including pre-conception 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, neurology, pre-term labour, obesity, multiple pregnancy and a dedicated fetal medicine unit (FMU). The team caring for our women are multi-disciplinary and include obstetricians, 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:

- Community care
- Antenatal clinic
- Fetal Medicine Unit
- Ultrasound
- Triage
- Antenatal Assessment Unit
- Delivery unit
- Midwifery-led unit
- Three antenatal and postnatal wards
- Access to three theatres at any given time

The directorate also provides antenatal and postnatal services in the community and out-patient services at Trafford Hospital and Salford Royal Hospital NHS Foundation Trust as well as a standalone Midwifery Led Birthing Centre at Salford.



Clinical Director
Dr Sarah Vause



Directorate Manager
Liz Gatrell



Lead Midwife
Anne Scott

Maternity Transformation Programme



The Maternity Transformation Programme began in February 2013 to look at improving productivity and efficiency in Obstetrics. The programme of work was established as a result of the review undertaken by McKinsey and Co Consultancy during 2012.

The review identified a number of key opportunities to enable the Obstetrics directorate to work more efficiently, and these opportunities were organised into five main work streams. Each of these work streams has a designated consultant lead, with dedicated support from a Midwifery Matron and Administration Lead for the entirety of the programme.

To date there have been a number of notable improvements within Obstetrics and you can read about these on the forthcoming pages.

Enhanced Recovery Programme

The Enhanced Recovery Programme for elective caesarean sections began as a pilot in August 2013. The first 50 patients completed this pathway before the end of October, and at this point it was evaluated.

Around 60% of the patients managed through this pathway went home the day following their elective section took place, being discharged directly from the Enhanced Recovery Bay. Prior to this, all elective sections would have involved a stay on a postnatal ward. The initial success has continued as the programme has been fully rolled out. The programme has seen the median length of stay for all elective sections decrease from 2.38 days to 1.46 days.

Reconfiguration of the Obstetric In-patient Wards

The reconfiguration of wards within Obstetrics was designed to enhance the patient experience by ensuring that patient flow throughout the unit is improved and also that care provision is more focused.

Women having Induction of Labour (IOL) now receive care on Ward 65 in separate bays to the other women receiving antenatal care, with specifically allocated midwives. Relocating the bay to the ward has also allowed for the elective Caesarean sections to be managed within the Delivery Unit (allowing the achievement of the excellent outcomes from the programme). As well as this, the move has also enabled the availability of a private room for examinations for women having IOL. This was in response to patient feedback of their experiences.

The new ward plan has helped to minimise the number of postnatal women being admitted to Ward 65 (as opposed to a mix of antenatal and postnatal patients). This means that the times when are babies on Ward 65 will be minimal and will ensure that the women will not have disturbed sleep or be placed in situations which may be distressing for those who have complications. The reduction in postnatal women on Ward 65 has allowed midwifery and obstetric care provision to be more focused and this has realised a positive impact on the time of discharge from Ward 65.

With regards to Ward 47b, this was previously for women who were low risk and have very few complications. The reconfiguration allows the 20 beds to be utilised for postnatal women in any risk category, which again is intended to improve the patient experience as there will be fewer delays in transferring women to the postnatal wards due to effectively increasing the bed pool.

Postnatal Clinic

From 1st July 2013 a community postnatal clinic was introduced twice weekly as a pilot. For the women attending the clinic, the initial proposal was that this would replace one or both of their day 5 or day 10 home visits. Following the initial pilot, it became evident that these clinics could be used for other postnatal appointments to replace home visits, and the number of slots in each of the pilot clinics was increased by 5.

The main benefits of these clinics are:

- Allowing Community Midwives to spend more time 'face to face' with women than travelling between visits.
- More convenient for women as they are given a set appointment time to attend.
- Allowing women to meet other new mums and potentially reduce isolation.
- Reducing 'missed/no access visits' where midwives arrive at a patient's home to find they are not in.

(See section on CQUIN overleaf for further detail.)

Discharges from MLU

Via the programme working groups it was identified that the number of women going straight home from our Midwifery Led Unit (MLU) was lower than expected, with the majority being transferred from MLU to 47b upon delivery. In April 2013 only 16% of women were discharged home directly from the MLU following delivery, with 45% of women going on to stay on ward 47b. The remaining women were either transferred to Delivery Unit (because of the complexity of their labour) or to other wards (but this number was small).

Following a real focus on discharging patients home directly from the MLU these figures have changed dramatically. In January 2014, 43% of patients were discharged home directly from MLU (without experiencing an extended stay) with only 20% being transferred to 47b following delivery.



Ward Round Trial

One of the recommendations from the McKinsey review was to establish a consistent Consultant Ward Round Structure. Following agreement from two Obstetric consultants to trial this, two weeks of ward rounds were undertaken in March 2014. It is hoped that the establishment of a Consultant Ward round will help to ensure that any women who are fit for discharge are identified as such earlier in the day, thus helping to improve patient flow throughout the unit. Feedback from the trial was very positive so plans are being made to roll out the ward round on a permanent basis.

Allocation of women to midwifery led care

Prior to December 2013, upon receipt of a referral for antenatal care all women had a consultant obstetrician allocated to their care. Women suitable for Midwife Led Care also had a midwifery led care sticker placed on their notes but still had a named consultant. Frequently these women would go through their entire pregnancy without seeing the consultant named on their notes.

The Department of Health 'Making It Better: For Mother and Baby' report in 2007 highlighted that: "All women need a midwife but some need a doctor too".

The former process did not support this or promote Midwifery Led Care which is well-recognised. The change to the process meant that those women who were suitable for midwifery led care were no longer allocated to a consultant obstetrician from 2nd December 2013.

These changes enabled several benefits:

- Promotion of the role of midwives in pregnancy and birth.
- Women are able to attend MLU directly.
- Eliminates a situation where women have a named health professional for their pregnancy who they may never meet.
- Improved use of radiology sessions as scans will not need to be arranged around a named consultant.
- Saving of consultant time on review of referral letters.

If a woman's condition changes during pregnancy there are clear guidelines to enable their lead professional to be changed to a consultant. This change has been welcomed by staff.

Management of Results in Antenatal Clinic

Work is on-going regarding the management of results in the Antenatal clinic. A new process is being trialled as of March 2014 which is intended to reduce the length of time spent reviewing results, reduce the number of case notes retained in ANC and most importantly, reduce the length of time it takes for women to be notified of abnormal results. This is being trialled at our Saint Mary's site and will be rolled out to our Trafford and Salford sites if it proves beneficial.



168 Hours Consultant Presence

In March 2014, the consultant obstetricians collectively agreed to progress towards 168 hour presence on the Delivery Unit. This will have a huge impact on the quality of care provided to our patients and is a great step forward, resulting in Saint Mary's being the first large hospital in the UK to implement this (planned start date, 1st September 2014).

We feel particularly proud of the way in which the consultant obstetricians and management team have worked together to achieve this. Consultant posts are currently being advertised.

Quality

Improving Birthing Environment Funding

The Obstetrics Directorate applied to the Department of Health for funding to improve the birthing environment. Our bid was successful and we were awarded £178,819 capital funding to provide equipment to improve the environment for mum and partner, including birthing beds, reclining chairs, visitors' chairs, a multitrac system and wall art (to be completed in 2014/15).

The bid also allowed us to purchase a state of the art Ultrasound scanner to help with increasing demand through the Fetal Medicine Unit.

CQUIN

Women receiving their postnatal care from the Saint Mary's Midwifery Team usually receive a home visit a minimum of three times following their discharge, in line with the NICE recommendation of three postnatal contacts. These visits, whilst effective, suffer a high number of 'no access visits', where women are unavailable/not at home. This is often due to the unpredictability of the appointment time and that new mothers become more confident and are keen to go out. This CQUIN focused on improving patient experience around the organisation of these home visits post discharge.

Goal: 'Improve patient experience of maternity services, engaging patients and staff in service redesign to move care closer to home.'

Progress against goal: As part of the wider Maternity Transformation Programme within Obstetrics, the establishment of clinics to replace visits was explored. Pilot clinics in community settings were established with set appointment times, allowing new mothers the advantage of not having to stay in all day whilst also giving them a chance to meet with other mums locally.

Clinics were established during the second half of 2013. In addition to improving patient experience, these clinics have freed up more time for midwifery staff by reducing travel time and offer new mothers an opportunity to meet other women in the postnatal period/reduce isolation and access sure start services. Due to the success and low DNA rates at the pilot clinics, this initiative is currently expanding to offer clinics in new areas and localities. The patients attending the clinics have been surveyed regularly and have given the service fantastic reviews.

BFI News

In August 2013, Saint Mary's Hospital were reassessed by UNICEF/Baby Friendly Initiative to confirm that we are maintaining a high level of care and support for our mothers and their families relating to breastfeeding information and management and infant feeding. Over a three day period, staff and mothers were interviewed by the UNICEF team. We are proud to announce that Saint Mary's Hospital was once again awarded full Baby Friendly Hospital status. This is the culmination of lots of hard work by all the dedicated members of staff at Saint Mary's, who strive everyday to give excellent care to our women.



Strategic Clinical Networks (SCN)

Within the last year there has been significant reorganisation of the way in which health services in England are commissioned. Twelve Strategic Clinical Networks have been set up and we are part of the Greater Manchester, Lancashire and South Cumbria SCN. The aim of the Strategic Clinical Networks is that health care professionals in that area will pool their knowledge to offer advice to Clinical Commissioning Groups and the NHS Commissioning Board. Their particular focus will be on helping to improve care pathways using evidence-based best practice and to support change. The Strategic Clinical Networks will cover various specialties; ours is 'Maternity and Children', but others are cancer, cardiovascular disease, and mental health.

Clinicians and managers from Saint Mary's have already been involved in meetings of the SCN, looking at the clinical priorities within our area, and planning ways to address these. Reducing perinatal mortality by improving detection of small babies was seen as a priority, and Dr Ed Johnstone has been appointed to be the Lead for this in our network.

National Maternity Survey results 2013

The third national in-patient maternity survey 'Listening to Patients' was undertaken by the Care Quality Commission in February 2013 and included a number of women who gave birth at Saint Mary's Hospital.

The national results were publicised in September 2013 with the local results being presented at the Obstetric Clinical Effectiveness Meeting in December 2013. The overall results of the survey demonstrated significant improvement from the previous survey which was undertaken in 2010.

Analysis of the Survey findings

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

Antenatal Care

An increasing number of women reported that they saw a midwife when they first thought they were pregnant – 97% of women reported seeing a midwife by 12 weeks of pregnancy.

Labour and Birth

Compared to the survey in 2010 more women reported using alternative positions for birth:

- There was marked reduction (38% to 16%) in the number of women who gave birth spontaneously who were lying flat.
- 92% of women reported skin to skin contact with baby shortly after birth.
- 12% of women surveyed said they were left alone at a time that worried them.
- 77% of women reported that when they raised concerns they were taken seriously.
- 78% of women reported having confidence and trust in staff caring for them as opposed to 74% in 2010.

Post Natal Care

65% of the women surveyed reported that the length of stay was about right, however, 21% suggested that their stay was too long.

Saint Mary's Hospital has continued to make progress with improving the patient environment and patient experience:

- 95% of women reported that their decisions about how they wanted to feed their baby were respected by the midwifery team and 80% reported that the advice given with regard to infant nutrition was consistent.
- Overall women reported that they were happy with the care they received at home by their community midwife. Fewer women received continuity of care during the postnatal period than nationally.

Areas for improvement

The overall results suggest that more needs to be done to ensure that:

- Staff introduce themselves to women.
- That women are supported throughout labour and birth.
- We improve communication to ensure that women and their families feel more involved in their care and have confidence in the staff they come into contact with.

The patient flow throughout the unit continues to be a challenge and this is being reviewed by the Maternity Transformation Team.

The maternity survey provides valuable feedback in relation to the service we provide and work is being undertaken with the Service Improvement Team to ensure that the local feedback in relation to care in labour mirrors the survey. There is also ongoing work with the DoH maternity safety thermometer, which has included some of the survey questions in its monthly data collection.

There is always room for improvement but the survey highlights the areas which require more immediate action and allow there to be a focus.

Welcome to our new staff

Welcome to all the new staff that commenced recently. 28 midwives and 5 support workers have commenced in post since the New Year.

At the recent recruitment day held on 26th April, a further 10 midwives were appointed and will commence in post over the summer months.

14 support workers have also been appointed and should all be in post by July.

A further recruitment day is planned for June with the aim of recruiting student midwives who are due to qualify in September.

Maternity in the media spotlight again

The nation once again had an exclusive opportunity to learn more about the vital work we do here in Obstetrics when the second series of 'The Midwives' hit BBC2 in August of last year.

The eight-part series focused exclusively on midwives at Saint Mary's for two episodes, the rest featured Birmingham Women's Hospital and Cardiff Hospital. Carrying on the success of the first series, the two episodes were watched by millions of people nationwide and attracted incredible feedback. The first episode focused on the bereavement unit while the other dealt with high-risk births. The viewing figures for episode one – 'Expect the Unexpected' were 2.16 million and for episode 4 – 'A Baby at any Cost' were up 200,000 to 2.38 million.

Below are some of the comments made about the two episodes:

"They covered the subject of bereavement in a very sensitive way."

"I really admire that they are airing such a sensitive issue and admire the parents for sharing their story as it can be a bit of a taboo subject."

"The fab team work is evident and it's heartening to see such passion for the job. Wonderful!"

"A beautifully honest and positive insight into pregnancy and the wonderful people who care for the families."

"What wonderful, caring and compassionate midwives"

Last summer we had significant interest from regional and national news desks, wanting to interview and film women who were due to give birth around the same time as Kate Middleton. Chloe Renwick was filmed throughout her pregnancy by Sky News, showing her attendance at scans and ante-natal appointments, culminating in her induced birth being filmed at the end of July here at Saint Mary's.

Dr Alex Heazell took part in a programme on the need for more research into stillbirths for Channel 4: www.channel4.com/news/stillbirth-babies-pregnancy-tommys-st-marys-hospital

The popular ITV programme 'Last Tango in Halifax' came to Saint Mary's in September to use our ultrasound department as one of their locations.

In addition to all of this, the media are in constant contact with our Communications Team for various requests and statements. A few items we have been asked to provide or comment on in the last twelve months include women with a due date of Christmas Day to take part in a 'televised nativity', interest in research into pre-eclampsia, appendicitis in pregnancy, increase in birth rates, and New Years' Day babies.

Anthony Nolan Cord Blood Collection

Anthony Nolan identified that they needed a further (8th) cord collection centre in the UK and approached the team at Saint Mary's to enter a partnership. The Regional Growth Fund had monies available to open the centre, so the benefits of establishing Saint Mary's as a cord blood collection site could quickly be realised. Cord blood collections, from blood taken from the placenta and umbilical cord following the birth of a baby, are potentially life-saving. Cord blood is rich in blood stem cells, similar to those found in bone marrow, and can be used to treat many different cancers, immune deficiencies and genetic disorders. Each unit is frozen and can be kept indefinitely, until it is identified as

a potential match for a patient. Dr Ed Johnstone is leading the project, supported by Diane Davies who has been appointed as supervisory midwife and 8 cord blood collectors who are employed by Anthony Nolan themselves. Patients will be given the opportunity to donate their cord blood where appropriate. The first collection for Anthony Nolan is expected to be in May 2014 providing an excellent development for Saint Mary's and a service for patients nationwide.



Sexual Assault Referral Centre (SARC)

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

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

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

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

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

- The SARC Annual conferences which attracts national and international speakers and delegates.

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

For more information visit:
www.stmaryscentre.org



Clinical Director
Dr Catherine White



Centre Manager
Bernie Ryan



Saint Mary's SARC Clinical Director is awarded an OBE



Dr Catherine White, Clinical Director at the Saint Mary's Sexual Assault Referral Centre (SARC) has been awarded the Officer of the Most Excellent Order of the British Empire (OBE) in The Queen's 2014 New Year's Honour's List.

Dr White has been Clinical Director for the Saint Mary's SARC since 2003 and a Forensic Physician, specialising in the examination of women, men and children since 1995.

During her career, Dr White has constantly sought to drive up standards in the quality of care for rape and sexual assault victims and has been instrumental in delivering comprehensive training and teaching of practitioners working in this field.

Dr White commented: "I am delighted to see that the work done by those trying to improve the plight of sexual assault victims and increase understanding around the whole issue of sexual violence has been recognised. Hopefully it will help to raise the profile of this pervasive problem and encourage more to help tackle it. The Saint Mary's SARC has an amazing dedicated team, caring for some of the most vulnerable people in society and it has been a privilege to be part of it."

Clinical Effectiveness

The Division continues to be committed to the Trust's Objective for Patient Safety and Clinical Quality.

The Divisional Clinical Effectiveness dashboard is reviewed at each month's Divisional Clinical Effectiveness meeting. The dashboard has had a number of additions over the last six months as a result of the thematic review of incidents and the subsequent investigations. This has now made this a more dynamic tool to measure progress and performance.

Main Highlights April 2013 – March 2014:

- The use of K2 embedded for intrapartum care.
- Directorate feedback from ACE days now established.
- No MRSA bacteraemias.
- 20 additional staff have undertaken Root Cause Analysis training to support the completion of high level incidents.
- Progress on high level incidents and complaints is mapped weekly to ensure support is in place to meet targets.
- Continuing improved staff engagement on Clinical Effectiveness using the 'Quality bus' with the focus on never events, low level incidents, surgical safety, complaints and compliments, linking in with the values and behaviours work.
- Improved focus on the Divisional Risk Register as a tool to support clinical care.
- Improvements in local documentation of compliance with Medical Device training policy.
- Improvements in recognition and response to patient deterioration following implementation of Patientrack.

Managing medication errors

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

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

Total Medication Errors 2013/14:	270
Breakdown:	
Level 1	101
Level 2	158
Level 3	9
Level 4	2

All Directorates have processes in place to review and act on medication errors. The high level medication errors are two of the Anti-D incidents.



NICU

NICU have the highest proportion of reported medication errors, with 44% of the Divisional total. However, because of the large number of prescriptions in the Neonatal Unit, this only represents a 1% error rate. Medication errors are reviewed via the NICU drug forum. This has provided support to the multi-disciplinary team, ensuring the appropriate education and training resources are in place. In order to decrease errors, the following work streams have been addressed:

Actions taken:

- Implementation of drugs and dosing protocols for the standardisation of prescriptions for drug infusions to a set dose and rate. This protocol is limited and does not address all our infant weight ranges.
- Implementation of the medication error policy to ensure patient safety and address staff education and training requirements.
- Revised the medicines management induction training and the intravenous therapy study day programme for all new staff.
- Counselling parents regarding medicines management prior to discharge.
- Implementation of an antibiotic drug therapy monitoring chart.

Positive outcomes:

- Improved communication and access to medicines information within NICU.
- Pharmacy liaison and medicines management committee regulations.
- Improved Total Parenteral Nutrition Service.
- Electronic prescribing – improved prescription requirements.
- Development of non-medical prescribing roles and support framework.
- Improved staff awareness of compliance with medication requirements and addressed staff education and training.
- Met NPSA requirements (gentamicin, insulin and IV therapy provision).

Obstetrics

There has been improvement in two main areas:

- **The introduction of the in-reach team on the postnatal wards:** A dedicated team of experienced neonatal staff have joined the midwives, assistant practitioners and healthcare support workers on Wards 66 and 47b and will be providing care to babies on the ward who require an increased level of care. This includes babies receiving intravenous antibiotics, as the team are dedicated to the baby this will ensure that they are able to provide this service without being interrupted.
- **Paracetamol errors:** Midwives are able to provide paracetamol without a prescription and there has been some confusion about where this should be written on the prescription chart. Not putting it on the drug chart has resulted in some women receiving an extra dose in 24 hours or a dose too soon. Work has been undertaken on the wards to remind midwives where to document all medication that is given under the Midwives' Exemptions with the aim of reducing the number of errors.

Gynaecology

Following assessment of pain scores in Gynaecology, an IQP project around medicines management commenced in 2012 and was implemented fully by March 2013.

Two main changes were to:

- Change the drug round times and to allocate each nurse on duty with a set of drug keys (except controlled drug keys, where only one set remains). This saved time in nurses searching for the key holder and allowed the nurses to administer drugs, safely, at the appropriate time.
- Implement the enhanced recovery programme pain management guidelines (ie, the use of local infiltration).

The results of the patient satisfaction scores with pain management were:

2011/2012 – Satisfaction score 77% (n=294)

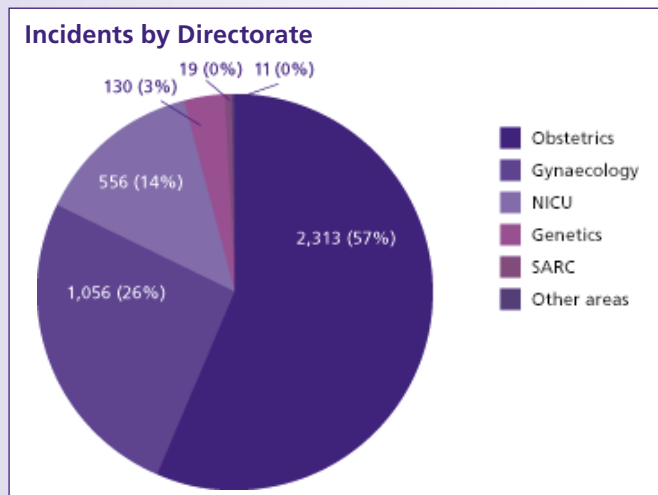
2012/2013 – Satisfaction score 86.4% (n=501)

2013/2014 – Satisfaction score 89.1% (n=377)

In December 2013, the satisfaction score was 100% and the team are confident that their continuing work will bring the scores to 95% consistently.

Risk Management

In Saint Mary's Hospital, governance has a high profile. Incident reporting is high and there is scrutiny at Divisional level of all incidents. Engagement with clinicians is embedded and is integral to the implementation of safe standards of care. From 1st April 2013 to 31st March 2014 there have been 4,085 incidents, showing a slight increase on the previous year. As expected, the highest percentage of incidents are generated from the Obstetrics directorate, see below:



94% of the incidents reported were low level (level 1 and 2); 4% were level 3 incidents and the remaining 2% were high level incidents requiring a full root cause analysis.

High Level Incidents (HLI)

During 2013/14 there have been 58 level 4/5 incidents (high level incidents) with 52 investigations completed within the timescales. This is a reduction of 19 HLIs from the previous year. Of these 58, there have been 5 incidents in the Division reported since April 2013 which have resulted in actual harm.

Weekly meetings continue to monitor the progress of ongoing HLIs to provide appropriate guidance and support to ensure completion of the report within the 40 day timeframe, which continues to be challenging. There are three dominant themes of HLIs, the progress of which are reviewed at the monthly Clinical Effectiveness meeting:

- **Anti-D Incidents** – Following 13 incidents in 2012/13 where women missed being given anti-D at the appropriate time, a collaborative approach was adopted with community services, antenatal services and the transfusion team to identify areas for improvement. The aim was to reduce the number of incidents to ensure that women receive the appropriate care at the correct time.

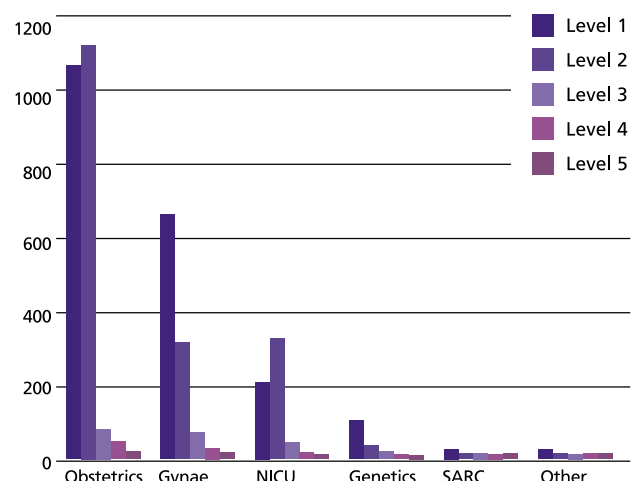
Processes have been changed and an appointment is generated for Rh D negative women following receipt of the result from the booking blood samples. There were a further six incidents in the first quarter

of 2013–14, as although the system had changed, this did not impact on the women already booked. Since June 2013, there have only been two further incidents of missed anti-D. Work continues to identify any further changes that are required to ensure that women receive the appropriate care and reduce the risk of sensitisation.

- **Wrong Blood in Tube (WBIT)** – Education for the clinical teams has been division-wide with targeted feedback on the ACE days. The 'Saint Mary's Quality Bus' focused on wrong blood in tube as one of the key risks, with additional information highlighted in local newsletters. Despite this, there have still been nine further incidents over the last twelve months (no improvement since 2012–13). The Divisional management team has agreed that this will result in performance management for any member of staff who is involved in more than one incident.
- **Never events** – Following the first incident in February 2013, there have been a further two Never Events in Saint Mary's Hospital. This is despite raising the awareness of Never Events in a number of different ways to ensure staff are aware of their responsibilities. Detailed action plans were put in place following the first incident, but the full implementation and staff learning the lessons was delayed. Swab safe counters have now been implemented across the Division, including use by the community midwifery team, with white boards now in place in all clinical areas to record the swab counts.

The Never Events action plan from September 2013 has been signed off as complete, however, on the back of the further incident in February 2014, in addition to individual actions with the midwife involved, tampons are now being included as well as swabs on the count checklist boards in the delivery rooms. Paper perineal repair forms have been discontinued, with all documentation being recorded on K2. Handover of care is being strengthened by additional education for midwives. The HLI is being shared across the Clinical Teams.

Incident severity reported by Directorates 2013–14



Infection Control and Harm Free Care

The Divisional Infection Control meeting has been expanded to incorporate the Harm Free Care agenda. Multi-disciplinary involvement at these meetings has been sustained in line with the Terms of Reference.

Infection Control

There have been no cases of MRSA bacteraemia and one case of Clostridium Difficile during the 12 month period. The Clostridium Difficile case was in a gynaecology patient on an end of life pathway with ovarian cancer. Antibiotic treatment was commenced for symptom management but some of the markers (blood results) were not monitored as part of the palliative care pathway. All care given appropriately.

Pressure Ulcers

The pressure ulcers reported in Saint Mary's Hospital are primarily from NICU. The prevalence is low and the incidents are graded as low level. However; there have been some actions implemented with respect to improving the multi-disciplinary team communication and to examine the use of equipment, but the challenge of preventing pressure ulcers in neonates with very little skin integrity is difficult and the usual methods of pressure relief versus minimum handling have to be taken into consideration.

The neonatal team are looking at the frequency of pressure relief and the correct positioning of infants. Trying to maintain a patent airway with tubing and connections that are relatively heavy against a neonates face is difficult and a new product has been identified which will undergo a trial. Additional education and training has been provided and a local tissue viability team has been established to support the use of specific care plans; increased frequency of pressure relief strategies and the utilisation of the nasal septum scoring tool. These have now contributed to a reduction in both the number and severity of incidents.

Falls

The number of patient falls in the Division has increased. There have been 29 falls in 2013/14 (in comparison to 18 in 2012/13), all of which are low level and resulted in either no harm or low harm. Six of these were babies that fell off mothers' beds. Ongoing actions taken have been; for postnatal women to be reminded of the risks of falling asleep when feeding their babies, a new shower screen has been trialled in Ward 65 to ascertain if this reduces the risk of water leaking from the cubicle and to ensure intentional rounding remains embedded in Ward 62 where the largest increase in falls have been observed (6 above grade 15). A number of these patients have been medical outliers with increased morbidity in comparison to the gynaecology patients however, further consideration needs to be given to what additional care and supervision may be required by these patients. Though the numbers of falls are still proportionately small, trajectories have been set by Obstetrics and Gynaecology to reduce falls by 20% over the coming year in line with Trust wide targets.

VTE

There have been 4 DVTs acquired in hospital, 2 in women in obstetrics and 2 in gynaecology. All of these were presented at the Divisional Infection Control and Harm Free Care group. One from each Directorate was avoidable.

In Gynaecology, where a patient at risk was not properly assessed, there has been individual feedback to the staff involved showing the outcome of the case and the implications of omission of prophylaxis. Completion of VTE assessments by medical staff is now checked on all ward rounds, including the urgencies admitted via EGU.

In Obstetrics, a patient was assessed low risk at booking but was actually moderate risk (based on parity; age and BMI). No VTE assessment was repeated on admission. The incident was fed back to the team. The doctor caring for the patient on the postnatal ward was fed back to individually as there was also a medication prescribing error with therapeutic dose of low molecular weight heparin.

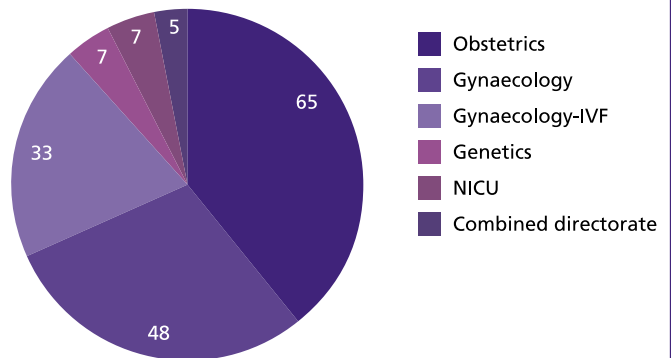
Complaints

In 2013-14, there were 160 complaints received within the Division. This represents an increase of 24% on the previous year. All complaints are tracked weekly to try and ensure that responses are completed and sent to our patients in a timely way.

The main theme running through the majority of complaints is verbal and written communication and staff attitude. Complaints within Obstetrics focus mainly on care in labour.

Due to the number of issues raised in IVF, a staff engagement project was undertaken to address how we meet patient's needs and expectations. The Trust's Values and Behaviours Strategy has remained central to addressing concerns that our patients raise.

Complaints 2013-14



Staff Engagement Project within the Department of Reproductive Medicine

To improve the effectiveness and efficiency of communication process with the patients, carers and families in IVF so that they are satisfied with the information they receive, they feel involved in the decision making process regarding the care of themselves or a family member and that they feel they have been treated respectfully and fairly throughout their admission to the Trust environment. The patients have predominantly been on a very emotional and prolonged journey prior to referral to the Department of Reproductive medicine. The waiting period, difficulty in confirming eligibility for treatment and the very public scrutiny of a very private personal subject leads to heightened anxiety and expectations of the service.

Sequence of events

In October 2013, several informal staff engagement episodes took place which highlighted both the strong sense of collegiate engagement but whole team disengagement, the sense of working in silo's was very clear whilst the patient focus for all the teams was very clear but as a result was disjointed.

See it and Own it Workshops

The format of this programme was to be very different from previous 'change programmes' in that the need for change had to be identified and believed in by the participants themselves and that the future action plan or map was of their design. Ownership of the change was an absolute requirement and seeing through a collective perspective rather than department by department

or staff group by staff group was seen as important. Taking ownership of issues was also highlighted as a need, there was a sense that responsibilities had narrowed too much, and there was too much escalation of actions rather than the individual completing the tasks themselves.

Change it Workshop

Principal team members from within the Unit were invited to attend a two day workshop and volunteers from each staff group were encouraged to join to form an action team.

The group were asked to define a set of behaviours they felt they could all live by and the actions that were required to drive them.

DRM Charter: Understanding where people are at

Ownership and responsibility	Complete activities to the best of your ability. Take ownership of what you are dealing with.
Listening	Hearing. Watch and listen for the real message/issue.
Open and warm	Be respectful and compassionate. Think body language as well.
Taking time for everyone	
Genuine and authentic	Smile, be approachable and welcoming.
Trustworthy	Do what you say you will do.
Pride	Feel disappointed when something doesn't go well. Be positive, enthusiastic and professional.
Supportive	Empathise with the person you are engaged with in the here and now.

Values and Behaviours

Increasing the opportunity for patient and staff engagement:

- The NF1 (Neurofibromatosis Type 1) specialist nurses for the NF1 complex service, held an informal 'drop in' and coffee evening for adults affected by NF1 and their carers. The evening was a response to patients' feedback regarding the lack of opportunity to meet others affected by the condition, as well as feelings of isolation and a lack of confidence. The evening was held 4–6.30 pm in the Post-Graduate Centre (refreshments provided) and was attended by a group of 10 adults and carers. Prof Gareth Evans, the nursing team, as well as representatives from the two charities: Children with Tumours and the Neuro Foundation, were available to chat informally. Feedback from the evening were very positive.
- The Genomic Medicine Department established a Patient Alliance Group to provide a forum for parents and families to discuss concerns and meet other families with the clinicians and nursing staff.
- Peripheral Clinics: Outreach clinics attended by consultants and genetic counsellors, held regularly across 12 hospitals in the North West. Patients can attend a hospital nearer to their homes reducing the stress and financial burden of travelling to Manchester.
- Christmas Party: For children affected by PKU: Organised by the Willink Metabolic Unit, funded by Genzyme, and attended by lead nurse, dietician and consultant. This event accommodates the highly restrictive dietary requirements of patients with PKU, and is often the only time of the year they can attend a party and be allowed to choose from all of the food provided. Families share recipes and support.



Improving the Patient Experience:

- Patient Experience within the Gynaecology Admissions Lounge was explored through an Experience Based design questionnaire. Results highlight an excellent level of support and information provision experienced, but the waiting period as anticipated has a greater negative impact on patient satisfaction levels. Consultants to agree a Standard that patients wait no longer than 4 hours.
- Improving the Patient Experience/Staff Engagement within the Reproductive Medicine Department. Away Days held on 13/14th January 2014. Twelve patients were spoken to, all very positive about staff attitude and support across the department, but length of time to treatment, facilities within IVF and waiting for the telephone to be answered were negative feedback.
- The Division is actively involved in embedding the Values and Behaviours framework introduced as a key part of the Nursing and Midwifery Strategy. Following a major Trust-wide consultation exercise, the agreed values and behaviours are linked to practice in a variety of ways:
 - Value and Behaviours Framework wheels. Values wheels have been adapted after Consultation for specific meetings to support the Terms of references and provide a focus for effective team working and relationships at the meetings, but also to ensure the patient focus remains within the meeting. For example the SMH Quality Forum Values wheel.
 - In addition, the behavioural framework is incorporated into all projects and work streams such as the PREVENT Strategy, Writing to patients, Dignity in practice day, Nutrition and hydration week, Equality and Diversity principles.
 - Staff are asked to Think about an issue, Reflect and Empathise with the patients/staff on the issues raised and then Plan and Act. (Brains, Heart and Courage!)
 - Patient stories are used at the beginning of many meetings to stimulate thought and reflection. Some staff find it difficult not to immediately find solutions but are asked to let the story resonate throughout the meeting and to add that patient voice to the meeting.
- The Brilliant Basics programme shared good practices in the delivery of dignity and respect from across the Trust and Saint Mary's actively contributed to this activity, using teaching and awareness sessions in the different areas.

Saint Mary's Quality Awards:

- **Quality in Care (Qic) Excellence in Oncology 2013 national Awards;** Dr Sujesh Bansal for the Gynaecology Enhanced Recovery work in the 'helping cancer patients recover from ill health' category.
- **Patient Experience National Network Awards (PENNA):** The Division submitted 7 entries:
 - Enhanced Recovery Programme in caesarean sections.
 - Community postnatal clinic.
 - Parents forum work in NICU, (Finalists).
 - SMH Staff Engagement programme.
 - SPICE and the Quality Bus, (Finalists).
 - Bereavement team work in NICU.
 - Developing an effective genetic service to engage and communicate with South Asian Families affected by autosomal recessive disorders. (Finalists and Runner up).



SMH Quality Bus:

- **SUGAR and SPICE:** Building on the success of last year's SPICE campaign, we have added a patient focus component in SUGAR (Safety of our Patients, Understanding their Needs, Gaining their Trust, Answering our critics and Restoring our Reputation). This is an approach to promote engagement with both the patient and staff experience by the diverse range of services within the Division. In this way every employee within the Division can feel part of the process, valued for their contribution, understand their role within the patient journey and the role of others to empower and enable themselves and the patient. Each directorate provides a monthly exception report to the Quality forum, looking at issues and events within their own areas and sharing best practice at the monthly meeting. This was noted as excellent practice and innovation when the external review team visited Saint Mary's to undertake the Quality Review in November 2013.
- **Behavioural framework in action:** A broken heart symbolising the negative behaviours described in complaints and incidents has been drawn up and staff were asked to reflect on the small steps that could be taken to help patients not identify with these behaviours e.g. better communication, explanation, and simple introduction.



Equality and Diversity

The Division supported the Equality, Diversity and Human Rights Awareness week in May 2013 with the Quality bus again touring several departments and 120 individuals visited the display. The key message from the fortnight was that Equality isn't something that is a single event. What was clear from talking to people is that for many members of Saint Mary's staff, meeting the equality agenda is simply a way of life, it's part of who they are and what they do on a day to day basis.

- The relationship between Human Rights and Healthcare was promoted in December; a poster was designed and disseminated across the ward areas and a powerpoint presentation used as a learning resource placed on the SMH Quality webpage with the link cascaded to all via the 'Hot of the Press' link.
- In November two sessions were run by the HR team to help raise awareness of the Dignity at work policy and to highlight the differences between 'strong management' and the perception of being bullied (20 attendees). A powerpoint presentation encouraging individuals to think, reflect and act was placed on the SMH Quality web page with the link disseminated via the 'Hot of the Press'.
- Accessibility within the work environment for staff members with disability was supported when the senior management team had training for Deaf Awareness in October.
- The heart shape identified with the Values campaign was used to link the nine protected characteristics with the day to day care objectives and the Quality campaign to enhance the relationship between them.
- Patient Experience Network National Awards (PENNA). Finalist, the Genetics Department in the Communicating effectively with patients and families with a project entitled 'Providing a specifically tailored clinical genetic service to engage and communicate with South Asian families affected by autosomal recessive disorders.' The team was awarded a runner's up prize.
- Patient satisfaction with our services is assessed through a range of means: Complaints are reviewed individually and actioned by the Quality team and the directorate leads. The key theme for the Division is around poor communication, staff attitude and poor patient experience. However these are of a general nature and not specifically related to any group with a protected characteristic. Access to some services have been related to changes in commissioning and funding issues, not to the patient per se and clinic delays/missed appointments due to capacity issues, again not linked to a protected characteristic.
- The patient Tracker system is in place across the Division and results reported back monthly with action plans designed for areas requiring improvement. NHS in-patient survey results are reviewed and action plans drawn up to address patient issues.
- Compliments sent in across the Division demonstrate that patients, their families and carers identify that the staff within the Division identify individual patient needs and adjust the care plans accordingly. Ward 62 is a Gynaecology Oncology ward and cares for patients on the end of life care pathway. Compliments demonstrate that families appreciate the care and consideration given to patients to ensure their privacy and dignity is assured. Clients within IVF compliment staff on being caring and helpful and a lesbian couple within the Obstetric Department wrote to pass on their appreciation for the positive and welcoming attitude displayed towards them.
- Within Saint Mary's, a pass for the Visually and Hearing impaired is being piloted (see below).



On presentation of this pass

Please assist:

To visit:

On ward:

Signed by:

This pass is active between: and

This pass must be returned to the ward staff on expiry.



Staff Survey Results 2013

We are pleased to report that in 2013 we achieved a **49% response rate for the annual Staff Survey which exceeded the Trust average rate of 47%.**

For the second year running we have seen good improvements across most areas of the survey and are delighted that our overall score for staff engagement has again increased, (scores are out of 5).

3.55	2011
3.64	2012
3.75	2013

The survey results are analysed according to 28 Key Findings, and these each comprise the results of 2 or 3 questions from the survey questionnaire. Of the 28 we have seen, 20 improved this year and our three most improved are:

- Staff would recommend the Trust as a place to work or to receive treatment, scored 3.71.
- Effective team working, scored 3.83.
- Staff job satisfaction, scored 3.65.

We have also seen an improvement for the second year running in staff feeling satisfied with the quality of work and patient care which improved by 5%, however we know that this is an area where further improvement is still needed with a score of 71%.

There are four of the Key Findings where scores declined and these were:

- % of staff having an appraisal reduced to 87%.
- % of staff saying hand washing materials are available, 49%.
- % of staff experiencing physical violence from patients, relatives or the public, 5%.
- % of staff experiencing harassment, bullying or abuse from patients, relatives or the public, 27%.

So in the year ahead we will be concentrating on these areas and intend to develop a campaign to promote a workplace environment where such behaviour is not accepted and incidents are appropriately addressed.

Over the past year we have introduced a new role into the division with Heather Birds taking up the position of Patient Experience and Quality Lead, which ensures that staff engagement and quality remain a focus of attention with regular monthly meetings. Heather will continue her walkabouts with the Quality Bus to help raise awareness and involve staff in discussion about selected topics.

Over 200 of our Obstetrics staff have participated in a staff engagement project which looked at the patient journey and developed actions to improve patient experience.

Reproductive Medicine have completed a number of staff engagement workshops titled, *'See It and Own It'* and *'Change It and Live It'*, to enable staff to take ownership of issues and improvements.

We celebrated our Divisional Stars Awards in July and have had 3 finalists in the national Patient Experience Network awards. We recognise that our staff are working very hard and 77% of staff reported working additional hours. We know this has been a very busy and challenging year and thank all teams for their continued hard work.

Copies are available of the full staff survey results including a breakdown of the Key Findings by directorate for Saint Mary's and will be shared with managers for discussion at team meetings.



Spreading the message and embedding the strategy within Saint Mary's

In 2012 the Trust consulted with over 2,500 nurses and midwives, service users, visitors and the local community asking what values should underpin service and care delivery. The six core values of **Pride, Respect, Compassion, Empathy, Consideration and Dignity** were agreed and launched at the Nursing and Midwifery Conference in September of that year.

The initial strategy has been developed with a behavioural framework which sets out how we expect all employees within the organisation to conduct themselves on a day to day basis and the Division agreed, again with consultation of the multi-disciplinary workforce, what these behaviours should be and how the framework would work in practice.



During Quality Week in July 2013, the Saint Mary's 'Quality Bus' visited the wards and departments and asked three questions:

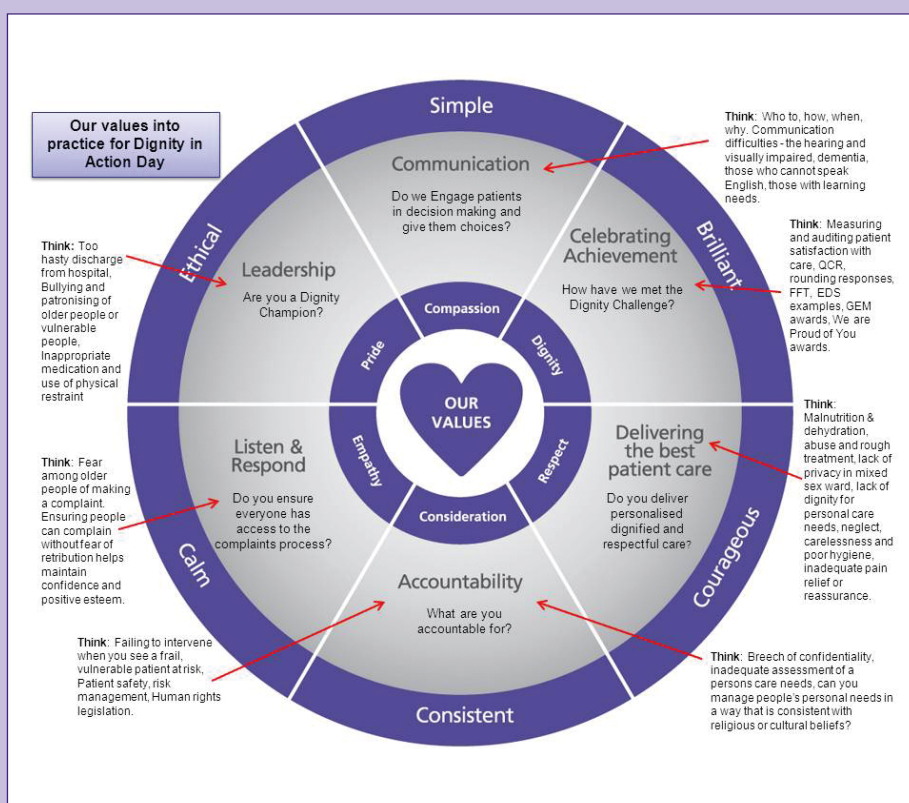
- What is great about the framework?
- What could be better?
- Does the content of the framework resonate with you?

Each Directorate also undertook some consultation work asking staff what nursing meant to them and what values they wanted to see exhibited by themselves and colleagues. The Division gave a resounding 'yes' to this approach, but advised that it should be kept short and simple. The consultation also demonstrated a very strong commitment to all the values, the pride staff take in their work and in their teams and colleagues.

There was, and continues to be, an overwhelming desire to meet the needs of patients and the local community. A key theme was to treat others as we would wish to be treated ourselves and to walk in our patients' footsteps.

The values and behaviours framework has been used as a tool for specific teams to agree a set of commitments such as the Saint Mary's Quality Forum, the Supervisors of Midwives, the Neonatal Unit and the Administrative and Clerical teams.

The framework has also been used as a reflective learning tool to encourage staff to think, reflect and act on a variety of aspects of care, demonstrating the underlying relationship between the values and behaviours and day to day activities across the division. We developed framework wheels for Dignity in action day, Nutrition and Hydration week, PREVENT training and to support staff who respond to complaints and write to patients.

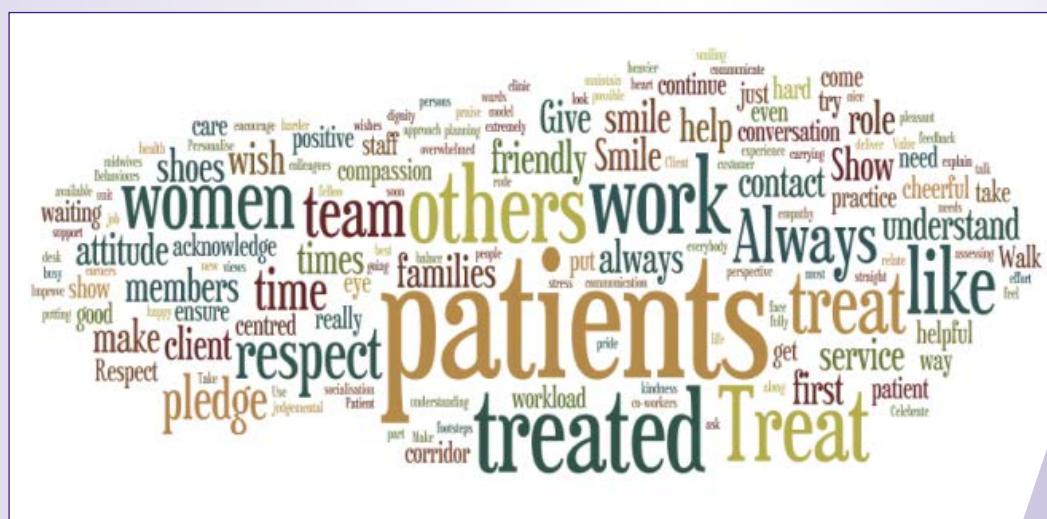




The values and behaviours were also introduced through a series of PowerPoint presentations encouraging staff to 'think, reflect, empathise and act' on a range of issues such as Dignity at Work week, Staff Wellbeing week, Patient Safety week and Equality, Diversity and Human Rights week.

A broken heart graphic was also developed to highlight the patients' perceptions on behaviours and values they experience and was linked with the International Day of Hope and Remembrance for those affected by Hate Crime.

The Values and Behaviours framework will continue to be embedded into all activities within the Division, fully supported by the multi-disciplinary workforce.



Finance

The Division delivered on all of its objectives in 2013/14 including the requirement to save £6,029k 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 2013/14

The Division had a surplus of £296k at the end of March 2014. The 2013/14 surplus was attributable to:

- Patient related income over performing against plan by £465k, driven predominately by the Antenatal pathway tariff, which is a combination of increased patient activity and an increase in complexity of the case mix. This is offset by an under-performance in Gynaecology and Gynaecological Oncology elective activity.

Expenditure budgets overspent by £441k for which the key factors were:

- **Pay underspent by £337k due to:**
 - Planned non recurrent solutions offsetting the shortfall against in-year trading gap plans of £1,306k. The recurrent trading gap shortfall of £643k has been added to 2014/15 trading gap target, for which schemes have been identified.
 - Vacancies, predominately in Scientific posts (£405k), Clinical Support Workers (£528k) and Medical Staff (£104k).
- **Non pay is overspent by £1,340k in the main due to:**
 - Clinical services and supplies expenditure of £1,179k mainly arising from the over-performance in patient related incomes and the cost pressure of consumables for the microarrays within Genetics.
 - In-year slippage against trading gap plans of £51k. The recurrent shortfall has been identified and implemented for 2014/15. The cost of providing the IVF business case equipment of £272k.
- **The Division exceeded the divisional income target by £562k predominantly due to:**
 - Genetics provider to provider income which partially offsets the cost pressure of microarrays.
 - The over-performance of Obstetrics overseas patient income and maternity antenatal cross unit pathway recharges, which is reflected in non-pay patient related spend. The recurrent element of these has been reflected in revised budget arrangements for 2014/15.

Achievements in 2013/14

- The Maternity Transformation Programme has delivered a surplus of £1.4m against a target of £4.8m from 13/14 to 14/15.
- Agreed a model for 168hr consultant presence on the Labour Ward within the financial envelope available.
- Obstetrics received £179k as part of the Improving Maternity Care Settings Capital Fund from the Department of Health, which has enabled the Directorate to purchase equipment and fund estates works.
- Genetics have completed a costing exercise for the laboratories in conjunction with the funding requirements for growth and the additional cost of the introduction of Array based Molecular Karyotyping.
- Business case for IVF to move to 1620 cycles has been approved by the Trust, which gives the Directorate more capacity to enable them to manage with the growing increase in demand.
- Agreed a local tariff with Commissioners for one-stop clinics in Gynaecology which reflects the cost to deliver these clinics.
- Card readers have been installed in Obstetrics to help with the recovery of income in relation to overseas patients and minimise bad debt expenses.



Payment by Results (PbR)

A new payment system for maternity services was implemented in April 2013. The changes involved moving from a visit by visit payment system to a new system where hospitals receive a single payment for the whole of the woman's pregnancy based on the level of complexity.

Below are some of the project's key milestones:

- The Trust had participated in a number of national workshops facilitated by the Department of Health with regard to the development of the PbR pathways, including the tariffs.
- A multi-disciplinary Task and Finish Group was set up in November 2012 which focused on what administrative, operational, clinical documentation and information technology changes were required to implement the new payment system.
- In partnership with HD Clinical (maternity system suppliers) changes were made to the maternity information system to capture the requisite clinical information to generate a pathway allocation and subsequent payment.

- A number of workshops with colleagues from neighbouring Trusts were held to agree processes to capture data collection of the care of women booked at a local hospital and receiving antenatal and/or postnatal care from another hospital.
- The new processes for PbR went live on at the end of January 2013 in preparation for the official 'Go Live' at the beginning of April 2013.

The PbR Task and Finish Group received Team of the Year Award (July 2013) as part of the Saint Mary's Hospital recognition Awards for 2012/13.



World Prematurity Day was on Saturday 18th November 2013. It is an international awareness day to raise awareness of the 15 million babies born prematurely around the world each year. The NICU celebrated the day with a coffee afternoon for Parents and staff. Cupcakes for the afternoon were generously sponsored by Sodexo, a big thank you to them.



Highlights

SARC Documentary nominated for two national TV Awards

BBC 1 Documentary 'The Unspeakable Crime: Rape' which provided a powerful insight into the work of SARC staff in helping and supporting victims of rape and sexual violence, has been nominated for two National TV Awards.

A number of SARC staff were invited to attend the Royal Television Society Awards in London but unfortunately, the documentary narrowly missed out to BBC's 'The Murder Trial'.

The documentary has also been nominated for a BAFTA and again a number of SARC staff will be

attending the Awards which will take place in May of this year.

The Award nominations are a testament to the work of the production company, GoldStar Productions and their sensitivity during the filming process but they are also a reflection of the hard work and integrity of the entire SARC team who advised, supported and contributed to the filming process over a two year period.

SARC CSE work highlighted as good practice in government report



Yvonne Howarth Saint Mary's Centre Young Person's Advocate

Saint Mary's Sexual Assault Referral Centre's partnership work to help support young people at risk of Child Sexual Exploitation (CSE) was highlighted as an example of good practice in a recently published Health Working Group Report on CSE.

Saint Mary's SARC appointed Yvonne Haworth as its Young Person's Advocate in 2012. Since her appointment Yvonne has worked hard with partner agencies to help develop services and provide support to those most at risk of Child Sexual Exploitation. Working with agencies that include the Sexual Health Network, Greater Manchester Police's Protect team along with people working with young

people in the voluntary sector, Yvonne has provided a vital link with other services.

The role of the Young Person's Advocate is complex but Yvonne has already had made a difference in helping young people experiencing sexual exploitation. Working within the SARC team, she is also able to signpost to appropriate and relevant services.

In the following examples two young people were being groomed and experiencing child sexual exploitation. They said of the Young Person's Advocate: "It was the first time I felt listened to and acknowledged and that the SARC and my contact with you [the advocate] was the one place that I feel safe."

Another said: "You helped me a lot knowing that you won't be shocked or upset by what I say. I know that it was nothing that I did that was wrong."

Saint Mary's SARC Annual Conference provides key debate on rape and sexual assault

Saint Mary's Sexual Assault Referral Centre 11th Annual Conference *'Rape under the microscope: Responding to the acute needs of rape victims'* which took place earlier this year, brought together key spokespeople working in the field of Rape and Sexual Assault. Recently appointed Director of Public Prosecutions, Alison Saunders provided valuable insight into the work of the CPS in protecting and working with vulnerable witnesses while the Forensic Science Regulator and Camera Surveillance Commissioner, Andrew Rennison gave an update of his work in the developing of quality standards for forensic examinations.

Dr Catherine White, Clinical Director at Saint Mary's SARC presented research conducted at the Centre into the rape and sexual assault of those aged 8 and under and what lessons can be learned both in relation to the nature of the assault and type of injury as well as well issues around disclosure of the abuse.

Psychologist Nina Burrows provided a valuable insight into how juries think and there was input on the value of Police specialist rape teams as well as a look at the how rape services are delivered in Norway.



SARC Crisis Workers, Lucy Smith and Samantha Cauchie, register delegates at the start of the conference



Delegates

As well as the main plenary sessions, a number of workshops and seminars were held giving delegates the chance to look at different working practices and techniques.

The Saint Mary's Centre Annual Conference has become a key event in the calendar for those working with victims of rape and sexual violence and many delegates complement the speakers and Saint Mary's SARC staff for hosting and organising the event.



Speaker Nina Burrows, Cartoon Psychologist, speaking on how juries think

Saint Mary's Midwife Wins Lifetime Achievement Award



Faye Macrory, Consultant Midwife (Manchester Specialist Midwifery Service) and Domestic Abuse Lead, won the Lifetime Achievement prize at this year's British Journal of Midwifery Practice Awards.

This award, chosen by the editors in chief, recognised the massive contribution made over a number of years by Faye, was presented to her at a ceremony

in London, attended by over 130 guests. The awards are now in their 11th consecutive year, and have become a prestigious and important part of the midwifery calendar in recognition of outstanding achievements in midwifery practice.

Faye said: "I am absolutely overwhelmed to have received this award and being shortlisted came as a complete surprise. Thank you so much to all my colleagues, my team and friends for their support and best wishes. "I'd like to especially say thank you to the many women who have shared the stories of their lives with me and inspired me to try to make a difference."

Dr Ed Johnstone – We're Proud of You!



Dr Ed Johnstone was nominated for the Trust's 'We're Proud of You' award by one of his patients.

In May 2012 the patient was transferred to Dr Johnstone's care at 28 weeks' gestation as a scan had shown her Endo Diastolic flow between the placenta and baby to be absent.

Dr Johnstone saw the lady and immediately placed her on steroid injections. He quickly told the patient that the baby would be arriving sooner than expected, however, they would take things one day at a time. The patient then went on to deliver her little boy at 30 weeks and he required no ventilation.

During the two weeks Ed looked after the patient, she was scanned daily by Dr Johnstone apart from 2/3 days when he was in Edinburgh. However, on these days Ed phoned in and to find out the results and ensure the best outcome for the baby. Throughout the whole process Ed took time out to explain to the patient's 5 year old son what he could see on the screen so that he felt involved and reassured. Ed arranged for the patient and family to visit the neonatal unit and to speak to a neonatologist so they knew what to expect when the baby arrived.

The patient stated "without Professor Johnstone I am in no doubt that our pregnancy could have ended very differently and we may not have brought home our son, who is now 15 months old – we could not have found better care anywhere else!".

Bereavement Midwives

Since the development of the Bereavement Specialist Midwife role in January 2013 Emma Lane and Victoria Holmes have been awarded the Sodexo Dignity award at the Art and Science of Nursing and Midwifery Practice Day September 2013. They were also nominated for 'Team of the Year' by a parent for 2013's We're proud of you awards and most recently they were finalists for 'The Kate Granger award for Compassionate Care'.

The midwives provide dedicated support to families following stillbirth or pregnancy loss, which includes phone calls at home following discharge (with their consent), de-briefing sessions and attending postnatal obstetric appointments for additional support. They also assist the parents in creating precious memories in the form of photographs, hand and foot prints, memory boxes etc. They assist the Family Support Centre in providing funeral options and information, aid the parents in decisions regarding post mortems and investigations and are then the point of direct contact via the bereavement phone for any questions or issues that may arise once they have been discharged.



Visit to Virika Hospital, Fort Portal, Uganda

In February of this year, a team from Saint Mary's had the opportunity to visit Virika Hospital in Fort Portal, Uganda. This followed a previous visit in June/July 2013 by Sarah Vause, Mike Maresh, Tony Smith and Fiona Reid.



The main aim was to provide women who have sustained severe childbirth injuries an opportunity to have their injuries repaired. Dr Clare Tower (Consultant Obstetrician) and Dr Gillian

Stephen (Registrar) went to provide obstetric input on the delivery unit of the hospital and teach the junior doctors and midwives. Prior to visiting Uganda, Gillian had never worked in an under resourced country so was nervous and excited about her trip in equal measure and in the weeks prior to departure reflected on the extent to which obstetric practice in the UK relied on technology and expensive medication.

Mornings began with team hand over where cases from the previous night were discussed. Following this Clare and Gillian provided a short teaching session, then would perform a ward round on the delivery unit. They were able to help staff manage a variety of clinical scenarios including a woman in advanced labour with transverse fetal lie, septic miscarriage and obstructed labour. They were pleasantly surprised at the availability of medication available in the hospital. Broad spectrum antibiotics, oxytocin and anti-retroviral agents appeared readily available. There were however small daily challenges that were often unexpected, including no running water on the delivery unit, and intermittent interruption to running water and power cuts whilst performing operations.



Hospital ward

Each day the Saint Mary's Obstetricians provided teaching sessions for the qualified midwives and doctors of the unit but also to the undergraduate midwifery students. Teaching the midwifery students was a particular joy. At the beginning of the week the girls were shy at answering questions and somewhat hesitant about participating in simulation training. However, by the end of the week, they were much more engaged and even nudging one another out of the way to be first to show off their newly acquired skills!

Many of the students had worked and saved for many years prior to starting their midwifery training and were not guaranteed to finish their course, and many of them will ultimately be looking after women in labour in remote villages with no additional medical support, minimal equipment and very limited means of transport to hospital should the need arise. The Saint Mary's team had nothing but admiration for these young women.



Overall, the team found Uganda to be a beautiful country and the people welcoming and willing to learn. People make the best of what they have and the team feel proud

and privileged to have been able to make the trip over to help in some way. A formal twinning arrangement has now been agreed between the two hospitals and we look forward to further visits in the future.



Dr Gillian Stephen with some of the midwifery students

Research

Progress towards the 2015 Research and Innovation Targets

The numbers of research active staff within Saint Mary's remain stable with clinical academics including Emma Crosbie (Gynaecology) and Alex Heazell (Obstetrics) moving comfortably to the top rank as a result of their NIHR Clinician Scientist awards.

Funding

NIHR income has increased in 2013/14 compared to 2012/2013. Commercial income has not reached the 2013/14 target, however due to the over-achievement of the 2012/13 target, we are confident that the 2015 target will be met during the target period.

Participants and Studies

The percentage of patients recruited to studies remains high (7.3%) despite high recruiting studies such as INFANT closing part way through the year. We have seen a significant increase in the number of studies meeting the 70 day target since 2012/2013. Monthly data shows continued improvement due to robust performance management.

Saint Mary's has now exceeded the 2015 target for external fellowships with new fellowships active for:

- Emma Crosbie (NIHR Clinician Scientist, Gynaecology)
- Rebecca Bromley (NIHR Postdoctoral Fellowship Genetics)
- Lucy Higgins (Action Medical Research Training Fellowship, Obstetrics)
- Mark Dilworth (MRC Career Development Award, Maternal and Fetal Health)

Alex Heazell (Obstetrics) has received an NIHR Clinician Scientist Award which commenced on the 1st April 2014.

Overall Saint Mary's is progressing well towards the 2015 targets with some targets already exceeded. Work this year will focus on:

- Increasing the number of mid ranking research active staff by increasing NHS consultants participation in multi-centre studies.
- Increasing commercial income.
- Developing improved systems to ensure publications data is accurate.

Saint Mary's team wins funding for the development of new device

A team at Saint Mary's Hospital has won a £20,000 award towards the development of a new device to help improve the accuracy of clinical assessment and treatment of people with pelvic floor weakness and urinary incontinence. A third of adults over the age of 40 experience some degree of urinary incontinence.

Professor Anthony Smith, and Drs Fiona Reid and Alison Watson, at the Warrell Unit, have received the cash injection from Central Manchester University Hospitals Charitable Funds as part of the National Institute for Health Research (NIHR) run programme Devices for Dignity, in order to produce the device, which is called a Valsalvometer. The next step is for the team to work with TRUSTECH, the innovation management service for the North West NHS, to develop the Valsalvometer, before testing it in a clinical setting.

Researchers recruit global first participant to genetics study into Noonan syndrome

Dr Bronwyn Kerr and her team have recruited the first global participant to a registry study to characterise genetic and pathway biomarkers in Noonan syndrome and other RASopathy patients at CMFT.

Noonan syndrome is one of the disorders caused by changes in genes in an important cellular pathway called the RAS pathway. The other disorders include Costello syndrome and Cardio-facio-cutaneous syndrome. Patients are at risk for developing cardiac hypertrophy (thickening of heart muscle). The researchers hope that a detailed study of the heart in these conditions will help with understanding cardiac hypertrophy in the general population.

We **do** clinical research

Manchester breakthrough in deafness and ovarian failure syndrome

Researchers from Manchester Biomedical Research Centre at Saint Mary's Hospital and the University of Manchester have identified a new gene, which increases our understanding of the rare inherited disorder, Perrault syndrome.

Perrault syndrome is an inherited form of deafness that can be particularly distressing for women, as they often require hormone treatment and are unable to conceive naturally due to ovarian failure. Some patients can also have problems with their nerves, which can affect their balance and lead to difficulty with walking.

The team, led by Professor Bill Newman in the Manchester Centre for Genomic Medicine, worked with colleagues from major research centres in the United States and Pakistan to identify the new gene that provides new insight into our understanding of infertility problems and hearing loss.

Using a powerful new genetic technique called next generation sequencing, they were able to find the responsible gene called CLPP, and establish a link between changes in this gene and the incidence of Perrault syndrome in some families. The findings have been published in a major journal, the American Journal of Human Genetics.

TABLET study

In December 2012 Saint Mary's commenced recruitment to The TABLET study for which Dr E Edi-Osagie is the Principal Investigator. The TABLET study aims to find out if treatment with levothyroxine (a thyroid hormone tablet) can reduce miscarriage and premature births in women with thyroid antibodies.

During 2013/14, 691 women were screened for eligibility to be randomised within the study. Birmingham Clinical Trials Unit who are co-ordinating the study, awarded the team with the 'Best New Centre' for the TABLET Trial in recognition of the highest number of patients screened by any centre in the first month of recruitment.

'Sticky spermatozoa' could hold fertility key

Saint Mary's Hospital is taking part in a trial led by the University of Leeds, investigating if sticky spermatozoa could hold the key to greater success for couples undergoing IVF treatment.

The £1.3m trial, funded by the National Institute for Health Research Efficiency and Mechanism Evaluation (NIHR EME) Programme, will be piloting a new IVF method that relies on picking only mature and fertile spermatozoa that stick to a specially coated plate for injection into the egg.

Research could lead to a new test to predict risk of pregnancy complications

Researchers led by Dr Richard Unwin and Dr Jenny Myers from Central Manchester University Hospitals NHS Foundation Trust and The University of Manchester have identified proteins in the blood that could be used to predict whether a woman in her first pregnancy is at increased risk of developing pre-eclampsia.

Pre-eclampsia is a complication of pregnancy where the mother develops high blood pressure and protein is present in the urine. In some cases, this can develop into a serious condition for both mother and baby and the only cure is delivery of the baby, often prematurely.

Women who have had pre-eclampsia previously are at higher risk of recurrence and are closely monitored during pregnancy, but there is no way of determining who is at high risk in first-time mothers.

The findings will have a significant impact for identifying the condition in first time pregnancies.

The research has been published in the journal *Molecular and Cellular Proteomics*.

Tommy's Maternal and Fetal Health Research Centre

The Tommy's Maternal and Fetal Health Research Centre, located on the 5th floor of Saint Mary's Hospital, has continued to develop its strong links with the clinical service at Saint Mary's Hospital.

The MFHRC is one of the largest pregnancy-focused research groups in Europe; it currently has 87 employees, including 22 research midwives, 28 PhD students and 5 Masters of Research students. In the last year, researchers in the MFHRC published 59 peer-reviewed papers and hold grants worth £11.5m.

In the last year, Dr Alexander Heazell, who was appointed as Clinical Director of the MFHRC, was awarded a NIHR Clinician Scientist Fellowship. Dr Jenny Myers, was awarded this fellowship in 2012, meaning the MFHRC now holds two of these highly competitive national fellowships.

The research clinics now incorporate the Preterm labour clinic, Placenta clinic, Rainbow (Previous Stillbirth) clinic, Lupus in Pregnancy service (LIPS) and Manchester Antenatal Vascular Service (MaVIS).

In the last year, over 1,500 scans were performed in our research clinics and staff at the MFHRC recruited 2,100 participants to studies. We have begun to use blood tests for placental growth factor in our clinical practice, transferring laboratory work into the clinical setting. In addition, our focus on stillbirth research has had benefit for our patients, with the stillbirth rate in Saint Mary's Hospital falling by 18% since 2010.

The detailed investigation of stillbirths and care in Rainbow Clinic was the focus of special documentary by Channel 4 news in 2014.

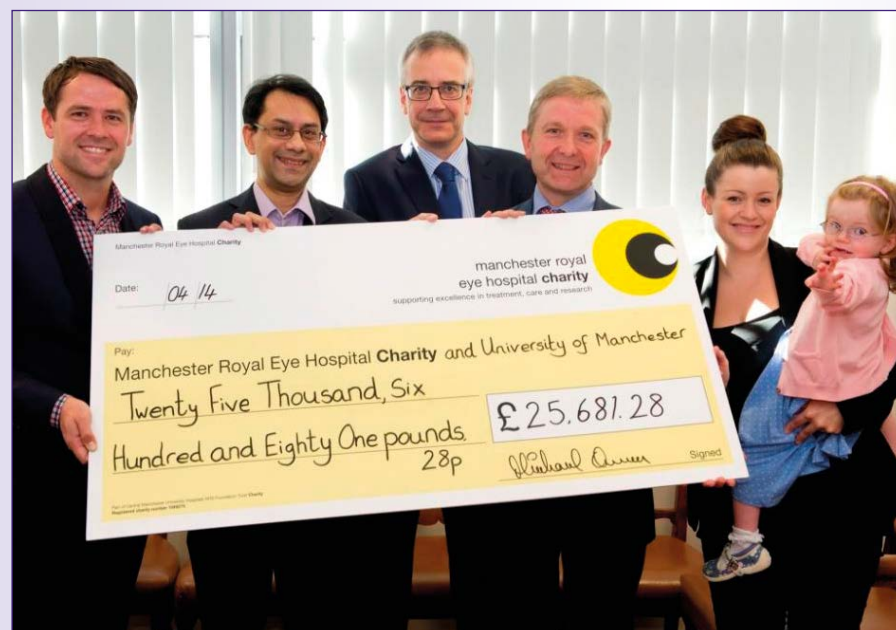
Tommy's

Pioneering Eye Research at Saint Mary's Hospital



Groundbreaking eye research funded by Fight For Sight and led by Professor Graeme Black is investigating diagnostic techniques for genetically inherited retinal dystrophies, specifically Next Generation Sequencing.

This research is unique within the UK, and has designed and validated a capture array of 105 genes which was then introduced into NHS service, and is now recruiting around 30 patients every month.



Michael Owen, Susmito Biswas, Chris Lloyd, Graeme Black, Olivia and Christina Dronsfield

Uptake to this phase of the project has far exceeded estimates, indicating the clinical need for a national programme to provide identification of genetic causes of these conditions. The programme holds regular, well attended Patient Advisory Groups, at which this specific need has also been clearly identified by patients, as well as the importance of publicising research of this type.

Professor Black and his team work in close collaboration with colleagues from Manchester Royal Eye Hospital, and this image shows Michael Owen – who ran the London Marathon to raise money – and Professor Black presenting a cheque to Professor Chris Lloyd and Mr Sus Biswas (the Clinical Director at MREH). The donation was used to develop services and research for team working on paediatric and genetic eye conditions. Also in the picture is Christina Dronsfield with her daughter Olivia – one of the patients who has been treated for congenital glaucoma.

Saint Mary's Hospital Charity

The past 12 months have once again seen overwhelming support for Saint Mary's Hospital. Thanks to the generosity and dedication of individuals, community groups, companies and organisations we raised over £174,000 during 2013/14. This fantastic generosity has enabled the charity team to continue to support the excellent work undertaken by staff and has supported treatment, care and research.

Here are a few of the highlights:

- Our second 'Wiggle for Women' zumbathon took place with over 200 people taking part. This fantastic event raised over £7,000 for the hospital which has helped to provide cribs for high dependency maternity beds to enable mums to watch and touch their newborn whilst they themselves are poorly. It has also helped to provide distractions such as televisions and DVD players for poorly expectant and new mums being cared for on the high dependency maternity unit, as well as fold away beds to allow partners to stay overnight.
- Fundraising by XFM DJ and the Inspiral Carpets' Clint Boon and his family continued and their support enabled the Newborn Intensive Care Unit (NICU) to purchase bespoke chairs that enables mums and dads to have increased skin-to-skin contact with their child in a more comfortable chair.
- Mark Worrall was inspired by Clint and his family and decided to take on five marathons within six months. Mark, who described himself as 'not a natural runner', took on marathons in Manchester, Windermere, Shrewsbury, Chester and Amsterdam raising over £800 for NICU.
- In July, following the announcement of the birth of Prince George, Key103's Cash for Kids launched their 'Helping little Heirs' appeal, in support of Saint Mary's Hospital. The appeal raised money for BiPAP ventilating machines on NICU.
- Three multi-faith chaplains from the hospital Trust decided to take on the challenge of climbing Scafell Pike to raise money for the Rainbow Room at Saint Mary's Hospital, which provides a place for families to spend time with their stillborn child immediately after birth. After scaling the pike on an extremely hot day the chaplains raised over £2,000.

Thank you to everyone who has lent a hand and supported the charity over the last year. Your support really does make a difference to patients and their families.

There are many ways that you can get involved and help Saint Mary's Hospital Charity, from asking a local shop to take one of our collections to joining us for our third Wiggle for Women zumbathon that will take place on Sunday 5th October at Sportcity in Manchester.

You could even organise your own event in support of the hospital.



Actress Tina O'Brien joined Zumba instructors to launch Wiggle for Women 2013!



Clint and Hector Boon show their support for the hospital



Mark Worrall completed five marathons in six months



To find out more about getting involved with the charity please visit www.cmftcharity.org.uk or contact a member of the team on 0161 276 4522, or drop us an email at charity.office@cmft.nhs.uk



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