



# Saint Mary's Hospital ANNUAL REPORT 2014/15





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

**Professor Dian Donnai, Mrs Kathryn Murphy and I have great pleasure in being able to showcase the excellent achievements the staff who work in Saint Mary's have delivered for the patients and families we provide care to.**

The directorate teams have focused on getting the basics right, so that whilst we are delivering amazing and innovative treatments, we do not forget the little things that are so very important to all patients. We have looked at how staff behave and the values they hold and how strong leadership can make a difference to the staff and patient experience. This is evidenced in the improved feedback from the annual staff and patient surveys. In 2014/15 staff committed to training and development with over 90% completing their corporate mandatory and clinical training and appraisal. Saint Mary's Hospital was the only division to achieve this level of attainment.

The staff engagement and focus groups held have generated an increased interest in how we deliver care and what we can do to make improvements. This report has numerous examples of excellent quality improvements.

Saint Mary's Hospital staff are also very open and willing to learn when things do not always go to plan. The reviews which take place together with associated action plans are shared widely through newsletters, patient stories and during the quarterly ACE days. Findings are communicated at clinical effectiveness, business meetings and the Divisional Management Board to ensure the senior teams are informed and assurance is in place that improvements are being delivered. This level of assurance is vital to ensure the Divisional Management team can also assure the Board of Directors that the Division is well led and that the care provided is safe, high quality and delivered with compassion and dignity. External review of the Division through the Trust Quality Care Review and the Executive Team Divisional Reviews have confirmed the Division delivers high standards of care everyone can be proud of.

Enjoy this report and if you have any ideas or suggestions you want to share please e-mail the Saint Mary's suggestions inbox: **[SMH.suggestions@cmft.nhs.uk](mailto:SMH.suggestions@cmft.nhs.uk)**



**Karen Connolly,  
Divisional Director**



**Prof Dian Donnai,  
Clinical Head of Division**



**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, babies and families 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).
- Newborn Intensive Care services comprising Neonatal Medicine and Surgery.
- Obstetrics/Maternity (including Fetal Medicine).
- Sexual Assault and Referral Centre (for Adults & Children).



## Some facts and figures:

The division of Saint Mary's Hospital has five directorates: Obstetrics, Newborn Intensive Care Services, Gynaecology, Manchester Centre for Genomic Medicine and the Sexual Assault and Referral Centre (SARC).

The division employs 1,524 staff.

There are 10 wards (where Ward 64 is split into 5 areas) with a total of 214 in-patient and 24 day case beds available, and the average bed occupancy rate was 71.09% during the period of review.

The division delivers approximately 17,400 in-patient and 174,400 out-patient appointments in a 12 month period.

There were 9,000 births recorded during the period February 2014 to January 2015.

Gynaecology is the largest elective in-patient specialty and Obstetrics is the most prominent non-elective specialty within the division.

Obstetrics accounts for the largest proportion of out-patient activity, followed by Gynaecology and Medical Genetics.

# Programme Management Update

**2014/15 has been another productive year for the Saint Mary's programme office which has been supporting staff across the Division to improve the services they provide from a patient experience, service quality and service efficiency perspective.**

The Maternity Transformation Programme has just passed its two year anniversary and during the last year has helped deliver the successful trial of mobile devices for Community Midwives, the implementation of electronic diaries for booking caesarean sections and inductions of labour, a re-launch of the obstetric website, giving patients better access to information online, consultant 'hot week' ward rounds, the strengthening of 'midwifery led care' and the restructure of the clinic templates following the implementation of 168 hour consultant presence on Delivery Unit.

Staying with Obstetrics, the team also supported the continued roll out of the K2 system within the delivery unit. The K2 system electronically captures information relating to the intrapartum element of a woman's pregnancy and has substantially reduced the amount of paper records being kept for women delivering at Saint Mary's.

The Gynaecology Quality Improvement Programme has been instrumental in delivering benefits within the gynaecology service. During the year initiatives were put in place which delivered reduced DNA rates within the Colposcopy service, an increase in the use of telephone interpreters within out-patients and a significant reduction in the number of tests performed on patients who attended the Emergency Gynaecology Unit (EGU).

Finally, the team has been working across the division to improve the management of test results. In Obstetrics, standardised letters have been introduced to inform patients of their test results, which has reduced the amount of time and administration involved in writing them, and in gynaecology new processes for tracking and checking results for tests that have been requested have been implemented in the Emergency Gynaecology Unit, Benign Hysteroscopy and Reproductive Medicine.



# Genomic Medicine

**The Manchester Centre for Genomic Medicine (MCGM) 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.**

Since being launched in May 2013, the MCGM is now 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 NHSE, 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.

## NHS Genomics Medicine Centre Designation

The most prominent achievement, and as a result of the huge effort by colleagues in MCGM, CMFT and across the wider Manchester healthcare ecosystem, the first centre to be designated as an NHS Genomic Medicine Centre (NHS GMC) was the Greater Manchester NHS GMC, led by Professor Bill Newman.

This was the culmination of a NHS England tender process for genomics services (both clinical and laboratory), primarily focused on the recruitment and care of patients for the 100,000 Genomes Project, a 3 year transformation project launched by Prime Minister for diagnosis and treatment for patients with cancer and rare diseases.

The tender process ran in two stages over the summer and autumn of 2014, with the announcement of successful GMCs in December. The Greater Manchester NHS GMC was also the first centre to recruit a patient to the main programme, which happened on our go-live day, 16th March 2015. The bid was a team effort involving many people in MCGM, Saint Mary's Management Team, CMFT

Informatics, Finance and Corporate Teams as well as colleagues at The Christie, Salford and GM ASHN.

CMFT is the lead organisation for the GM GMC, with The Christie providing the lead for cancer services to recruit patients. Patients will be recruited from across the whole of the North West via MCGM, however we will also establish routes via clinics across all CMFT hospitals plus Salford and Christie Hospitals in order to recruit patients. Our aim is to recruit 4,000 patients to this national study by the end of 2017.

The GMC was successful in bidding for £710,000 of informatics capital funding to enable the GMC to become operational. We are working closely with a wide team to identify the requirements to deliver the transformation for rare disease and cancer patients to make sure genomic medicine becomes a reality in the not too distant future.

## New Patient Services

Following discussions with colleagues a Memorandum of Understanding was created to develop Inherited Cardiac Services with Royal Brompton Hospital, aiming at providing a joined up national service, leveraging expertise and knowledge in both centres to improve quality of service to patients across both clinical services. MCGM began offering a wider test for inherited cardiac disease indications in January 2015.

MCGM also launched a Whole Exome Sequencing (WES) service. Out of 7,000 known rare diseases approximately 4,000 have a diagnostic test available (with approximately 3,000 offered in the UK), meaning many of our families are left without a diagnosis. The WES service provides a care pathway to a diagnosis for these by providing data on all 20,000 genes. This pioneering service is being made available for carefully selected patient families who are counselled and consented prior to undertaking testing.

Finally, building on the success of our very first next generation sequencing based genomic service for retinal degeneration conditions, we launched a congenital cataract service, providing for the first time an opportunity to understand the molecular basis of the 200 children born with this condition in the UK each year.



**Clinical Director**  
Dr Fiona Lalloo



**Strategic Director**  
Prof Graeme Black



**Directorate Manager**  
Lynn Chantler



**100k Genome Project Lead**  
Prof Bill Newman



**Director of Laboratories**  
Dr Lorraine Gaunt





Above: The Genomics England Project Team led by Professor Bill Newman (far right)

## International Service Provision

The molecular services have been providing services for BRCA1 and 2 mutation screening for Cologne Hospital in Germany. The laboratory was approached because of the quality, turnaround time and value offered for this test.

## New Appointments

Inherited Metabolic Laboratory (Willink) has benefitted from two new appointments:

**Dr Mick Henderson**, Biochemist based in Leeds, was appointed two days per week helping to forge collaborative links with Biochemistry services both within CMFT and externally.

**Robert Gibson**, Biochemist was appointed as Operational Manager for Metabolic Services supporting Dr Henderson. Rob was previously at Northampton Hospitals.

The Willink laboratory service has three joint development projects in progress:

- GAGS/MPS on tandem, this is currently an electrophoresis method. The development will be done at Waters plc (headquartered in Wilmslow) as there is no time on our instruments.
- Antibody testing for ERT – Kathryn Brammeier.
- LSD kit – 6 of the current 16 enzymes for newborn screening – validation for Perkin Elmer.

Two new consultants have also been appointed in the Paediatric Metabolic Service with **Dr Alex Broomfield** and **Dr Bernd Schwahn** joining the service.

## Awards and Recognition

- Naz Khan, Genetic counsellor, finalist for 2nd year in National Penna Awards; 2 submissions.
- 'Partnership working to empower South Asian family with genetic disorders and raise awareness in community' and 'Enhancing services for families affected by genetic disorders'.
- Genomics Laboratory Divisional Team of the Year 2014.
- A number of people in the department continue to serve on national committees:
  - Fiona Lalloo – Cancer Genetics Group (Chair), British Society for Genetic Medicine.
  - Jill Clayton-Smith – Chair National Clinical Genetic Society.
  - Bronwyn Kerr – Chair Joint Committee on Genomics in Medicine.
  - Tara Clancy – Nuffield Bioethics Committee.
- MCGM was a co-applicant on a successful MRC grant application to establish facilities for Stratified Medicine. This £13m bid will bring in dedicated high performance computing to the hospital capable of analysing up to 1,000 whole genomes each year. This will enable information from a patient's DNA and proteins to be analysed and joined together to enable new discoveries in both rare and common conditions.
- The MCGM academics, led jointly by Prof Bill Newman and Prof Graeme Black, successfully bid for £100,000 of laboratory equipment from the Wolfson Foundation. In consultation with the diagnostic services a new technology known as 'digital PCR' will be introduced which will be applied to both research and diagnostics.

## Focus for 2015-2016

Collaborative opportunities with commercial companies – pursuing opportunities in laboratory assays, informatics and clinical decision making to improve the way we utilise genomic information during the patient journey.

Aim to be designated Laboratory Hub for Genetic testing – continued involvement in the NHSE genomic laboratory service reconfiguration exercise. We will be taking forward a strong case for MCGM to continue to provide leadership in this area of laboratory expertise, aiming to both strengthen and grow operations.

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

# Gynaecology

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

**The Gynaecology 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 2014/15, 16,977 new patients attended as out-patients, 7,763 were treated in Out-patients, 3,912 in Theatre and there were 12,240 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. In 2015/16 the directorate will be:

- Working to co-ordinate the services we provide across the Saint Mary's Hospital and Trafford sites.
- Re-introducing the Emergency Gynaecology Unit training course.
- Aiming to meet our financial Trading Gap target by improving theatre efficiency.
- Improving our green credentials while increasing efficiency by decreasing our reliance on paper and embracing electronic working to a greater extent.



Clinical Director  
Dr Fiona Reid



Lead Nurse  
Pam Kilcoyne



Directorate Manager  
Sam Evans



## New Services

In keeping with current trends of carrying out increasing types of treatment in the out-patient setting, a MVA (manual vacuum aspiration) service has been set up with a weekly clinic. This is a treatment for early miscarriages which is done in an out-patient setting without the need for theatre facilities or general anaesthetic. It is anticipated that this will serve two important functions: freeing valuable emergency theatre time, which can be used for procedures that necessitate a general anaesthetic (such as surgical management of ectopic pregnancies) and it will also give patients an additional choice in the management process of their miscarriage.

This is in addition to the current choices of conservative, medical or surgical management under general anaesthetic. The feedback from patients has been very positive so far.

Another out-patient service which has recently been started is that of out-patient endometrial ablation. This is a treatment for heavy periods which until recently was only offered at Saint Mary's under general anaesthetic. The Novasure device is currently being used, but there are other products on the market which are currently being considered.



# Highlights in 2014/15:

**On 1st November 2014 Saint Mary's Theatres opened an additional operating theatre (Theatre 38).** The new theatre has enabled us to improve patient experience in Gynaecology by reducing waiting times. In October 2014 there were 280 patients waiting 6 weeks or more for their procedure. By May 2015 this had reduced to 143 patients and will reduce further. In the longer term the plan is for the theatre to be used to deliver additional Gynae-Oncology surgery following the review of the provision of cancer services across Greater Manchester.

**In 2014 the Department of Reproductive Medicine (DRM) acquired a host of accreditation awards and certificates:**

- CPA re-accreditation for Diagnostic Andrology.
- UKAS accreditation for Diagnostic Andrology.
- CPA re-accreditation for NEQAS Reproductive Science.
- European Academy of Andrology (EAA) re-accreditation for Diagnostic Andrology.
- Interim Accreditation for CMFT from the National School of Healthcare Science Work Based Training Provider Accreditation (STP in Reproductive Science).

**From 1st January 2015 the capacity of the DRM increased from 1,035 IVF treatments per year to 1,620 treatments per year.** This followed the recruitment of additional nursing, laboratory, medical and administrative staff and the investment by the Trust of new laboratory equipment (Time lapse incubators). Clinical pregnancy rates in the unit have increased to between 35-40% on the back of these exciting developments and a new service for fee-paying patients will open on 5th June 2015. The profits from the fee-paying service will be re-invested in the service for NHS patients.

**The DRM had a successful inspection on 3rd and 4th February 2015** by the Human Fertilisation and Embryology Authority (HFEA) to assess whether the Centre complies with essential requirements in providing safe and high quality care to patients and donors. The inspectors praised the whole department for the great improvement in the pregnancy rate over the last three years. The department was specifically praised for providing high quality care to patients.



**Sally Cheshire, Chair of the HFEA, officially opened the new treatment suite at Old Saint Mary's Hospital on 5th March 2015 as part of a tour of the DRM.**

The treatment suite is part of a series of improvements the DRM has undergone recently, extending and improving facilities to accommodate the increase in activity.

Sally Cheshire was joined by Debra Bloor, Chief Inspector at the HFEA. They took a tour of the facilities with some of the DRM Team before opening the suite.

Previously theatres, the new suite includes a blood room, nurses' station, telephone room, patient waiting room, two new scan rooms and new toilets.

Sally Cheshire, Chair of the HFEA said: *"At the HFEA we want everyone affected by assisted reproduction to get the best possible care, and the opening of these new facilities at Saint Mary's supports the significant improvements the centre has made in recent years in treating and caring for its patients. It was a pleasure meeting Saint Mary's staff, touring the new centre, and hearing about the unit's plans to offer an improved and expanded service to patients and families across Manchester and the North West region."*

The DRM is committed to delivering the highest level of quality care to its patients whilst complying with the regulatory and governance requirements of CMFT, the HFEA, the Department of Health and the wider NHS.

# 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.



**Clinical Director**  
Dr Ngozi Edi-Osagie



**Directorate Manager**  
Chris Ashworth

**Patient safety and clinical quality** remain a priority for the neonatal directorate and the focus of work during 2014-15 has been to ensure that we continued to deliver safe, high quality care that meets the needs of babies and their families. There have, however, been a number of challenges which the work plan for 2015-16 will seek to address. The main area of difficulty has been in relation to very high and un-resourced levels of activity in both intensive and high dependency care, which has impacted significantly on staffing pressures and in turn resulted in a number of delays to induction of labour and in infants being transferred out or being refused admission. The directorate management teams continue to work collaboratively with colleagues from both the North West Neonatal Operational Delivery Network and the specialist commissioning team at NHS England to resolve this issue. Despite these pressures, all of the NICU team has achieved much to be proud of. The number of formal complaints to the service has fallen in this time frame and feedback from our parent surveys continues to be very positive.

During 2014-15 the Unit experienced a slight rise in admissions to 1149 (a 6% increase from the previous year). This equates to an average admission rate of approximately 95 babies each month (3 babies each day). The increase in admissions of babies born in Saint Mary's Hospital this year reflects the increase in birth rate at CMFT, which reached 9000 in 2014-15.

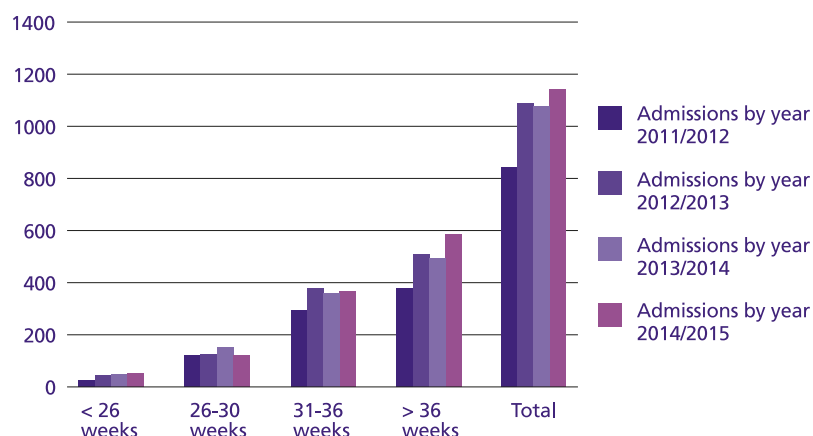
The Neonatal Unit is established for 15 consultant posts (14 WTE). Sadly, three of our consultants left the service in 2014 to pursue alternative career opportunities. One of their replacements has already commenced and the other two are due to start in September 2015.

Dr Ruth Gottstein was appointed as the NW Training Director in 2014 and we are fortunate to have her input into the recruitment of trainee doctors on NICU.



**Lead Nurse**  
Louise Weaver-Lowe

## Admissions per year to NICU by gestation



## Key Achievements in 2014-15

- **Increase in research activity.**
- Recruitment of a neonatal consultant.
- **Recruitment of over 70 neonatal nurses.**
- Establishment of Neonatal In-reach service to support the maternity unit.
- **Recruitment of a Neonatal Patient Pathway Co-ordinator.**
- Establishment of early total parenteral nutrition.
- **Standardisation of neonatal resuscitation trolleys across NICU and maternity.**
- Refurbishment of the Snowdrop suite.
- **Nomination for the CMFT 'Going the extra mile' award for Clare Robinson.**
- Success in the SMH Quality awards in 2014/15 for Dr Ajit Mahaveer, Penny Heap and Vivien Evans.
- **Refurbishment of the breast feeding rooms.**
- Establishment of 'Baby time' initiative.
- **Introduction of 'Wee Care' developmental care programme.**
- Achievement of the Gold award in the CMFT Improving Quality Programme.
- **Introduction of neonatal intranet site for staff – 'Share point'.**

## Planned Initiatives for 2015-16

At the time of writing our work streams for 2015-16 are under way with a range of projects designed to further strengthen our service.

- Introduction of neonatal clinical Information system.
- **Embedding of the 'Wee Care' developmental care programme.**
- Refurbishment of the NICU Reception area.
- **Introduction of additional ANNPs into the neonatal workforce.**
- Expansion of the Retinopathy of Prematurity (ROP) services to include a mobile RetCam service.
- **Further development of the NICU website.**



## Picker Neonatal Patient Satisfaction

The Picker Institute Europe is an international charity dedicated to ensuring a positive experience of health and social care is everyone's experience. The ethos of the surveys is to inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.

The survey involved 88 hospital neonatal units from 72 NHS Trusts in England (including special care baby units, local neonatal units and neonatal intensive care units). Participating units fell into 13 different neonatal networks across England.

The Unit had a total of 197 surveys sent to parents and 72 returned. This constituted a 37% return rate, which was average for the survey.

The overall scores for the unit were excellent. A few areas in which we benchmarked very favourably with the national average were:

- Before your baby was born, did a member of staff from the neonatal unit talk to you about what to expect after the birth?
- When you visited the unit, did the staff caring for your baby introduce themselves to you?
- Were the nurses on the unit sensitive to your emotions and feelings?
- How likely are you to recommend this neonatal unit to friends and family, if their baby needed similar care or treatment?
- Were you involved as much as you wanted in the day-to-day care of your baby, such as nappy changing and feeding?



# Baby time

**The initial bonding experience between a mother and her newly born infant is considered to be critical and has been shown to have a positive effect on neuro behavioural responses. Maternity and neonatal services endeavour to prevent separation of mother and baby but some babies are unwell at birth and require specialist care within the Newborn intensive Care Unit (NICU).**

Transfer to the NICU often happens immediately after birth with little or no time for the baby and their parents to bond. A significant number of newly delivered women are initially not well enough to travel from their bed to visit their baby in NICU and this means mothers often do not get the opportunity to see their baby for many hours after birth.

Locally collected data revealed that women often waited many hours before seeing their baby for the first time because they were not well enough to leave the postnatal ward or delivery unit. The NICU team felt there was an opportunity to explore an IT solution in order to improve the quality of the experience for mothers and their babies.

With the increasing availability of video telephony which can be supported on mobile devices, the IT team explored a range of options and software applications to enable a video call to be made within CMFT over Wi-Fi.

Once a solution was found the IT team supplied two sets of paired iPads, one of which remains on NICU with the nurse caring for the baby, with the other taken to the mother by a member of the NICU team. The technology allows the mother to see her baby in real time and the



opportunity for the NICU nurse to explain what all the devices and lines connected to the baby are for and to answer any questions about the baby's care and wellbeing.

The iPads were introduced into NICU in December 2014, and their use has been led by the NICU Pathway Co-ordinator and Family Support Teams, with staff from the NICU In-reach team providing the link to mothers on the postnatal wards. Results from the first three months are very encouraging and the data demonstrates a significant reduction in the time mothers see their babies with the use of the iPad, for the first time, from an average of just under 8 hours, to an average of just over 3 hours, a 60% reduction. Both mums and dads have been delighted with this initiative which has helped to reduce the pain of separation at a difficult time.



## World Prematurity Day

BLISS developed a promotional video 'The Impossible Hug' for World prematurity day: <http://www.bliss.org.uk/media-centre/wpd/the-impossible-hug/>

The video highlighted how difficult it can be for Parents of babies on NICU to hug their baby, therefore on World Prematurity Day 2014 we challenged this concept with 'Make a hug possible'. Our plan was to ensure every baby got a hug on this day and we introduced this to staff and families with a tag on each incubator on which Parents could write on the time they would come in for a hug.

# WEE Care

**Saint Mary's Hospital provides world class services to women and children across the Greater Manchester area. As a Trust that continuously improves its services it is also now the first hospital in the UK to deliver the internationally renowned Philips 'Wee-care programme' in the neonatal unit.**

The eighteen-month quality improvement programme has already had successes in Europe and across the USA, and is now being developed in Manchester.

The new-born intensive care unit has already successfully implemented Baby Friendly and Best Beginnings initiatives in recent years, and the 'Wee-care' programme is the latest development tool that they have adopted to ensure they are striving to enhance the care they provide.

The developmental care programme aims to minimise the potential detrimental effects that are sometimes the result of a prolonged stay in intensive care.

Areas such as positioning and handling of the babies will all be addressed, and significant positive outcomes are anticipated including strengthening breastfeeding rates and improving noise and light levels that newborns are exposed to.

Starting with an educational aspect, all staff on the new-born intensive care unit have been undergoing training to take forward the goals of the programme, which include:

- Maintaining a healing environment with lowered noise and light levels to ensure adequate sleep is obtained by the babies.
- Improving the infant and family experience through enhancement of 'kangaroo care'; the skin to skin contact it is possible for parents to have with premature babies.
- Correct positioning and handling of babies to aid development.
- Optimising nutrition with implementation of infant driven feeding and support for transitioning to breastfeeding.

Once the programme is fully embedded in the unit there will be several tangible benefits, including increased breastfeeding rates, increased levels of skin-to-skin care given to babies, and reduced stay times in hospital.

**Ngozi Edi-Osagie, Clinical Director for Saint Mary's NICU said:**

*"As a unit we treat around 1000 babies a year, and support them and their families during what is an incredibly traumatic and worrying time.*

*"Developmental care is a high priority when treating these babies, and if there is anything we can do to minimise the impact their stay with us has on their long term development, then it is key.*

*"The Philips programme was a logical next step for us in improving our services, and we're thrilled to be the first in the UK to be implementing it.*

*"Our intention is that we will be looked to as a centre of best practice for developmental care, and that the principles we adopt in 'Wee-care' will be extremely beneficial to our patients."*



**The NICU team were very proud to achieve Gold standard in the Trust's Ward Accreditation scheme.**



# 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
- 3 antenatal and postnatal wards
- Access to 3 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 (To Nov 2014)



**Clinical Director**  
Dr Clare Tower (From Nov 2014)



**Directorate Manager**  
Eleanor Stanley



**Directorate Manager**  
Liz Gatrell



**Deputy Head of Midwifery**  
Val Clare



**Lead Midwife**  
Anne Scott

## There are some new faces in the Obstetric team:

### • New Clinical Director

Dr Clare Tower has been appointed Clinical Director as from November 2014. The role of Clinical Director is to provide clinical leadership for the Maternity Unit and ensures effective management and support for medical staff.

Dr Tower leads a team of consultant obstetricians who each have different roles and responsibilities

including clinical effectiveness, risk management, education and training. She works in partnership with the Directorate Managers and senior midwives to provide accountability for the quality and performance of the directorate. Saint Mary's has become the first maternity unit in the UK to have a consultant immediately available on the labour ward 24 hours a day, 7 days a week and sees over 9,000 deliveries per year.

The Obstetrics directorate would like to extend a sincere thanks to Dr Sarah Vause for all her hard work, commitment and leadership in her role as Clinical Director for the last 4 years. Dr Vause played a pivotal role in the negotiations of the 168 hour consultant presence on Delivery Unit, as well as leading on many other service developments.



### • **Appointment of Deputy Head of Midwifery, Valerie Clare, in October 2014**

Val was previously Associate Director of Midwifery and Nursing (Head of Midwifery) at Wirral University Teaching Hospitals and is delighted to be part of the team at Saint Mary's in Manchester. Val's priority is to support the Head of Nursing and Midwifery to ensure there are confident midwives with the right skills working in the right place; the goal being to achieve an optimum patient experience for the women and their families who use our service.

### • **Appointment of Lead Midwife for In-patients, Mary Symington, in January 2015**

Mary was previously the Matron for In-patients at Pennine Acute Trust and is extremely pleased to join the team at Saint Mary's. Mary's priority is working alongside the matrons and ward managers ensuring that all our women and their families have a positive experience. Mary's priority alongside the Deputy Head of Midwifery is to have the right staff with right skills in the right place and this will be achieved by positive staff engagement.

### • **Appointment of Eleanor Stanley as Directorate Manager**

As from November 2014 Eleanor holds this post as a job share with Liz Gatrell. Eleanor has held a number of various clinical and governance posts in the Obstetric Directorate before joining the Saint Mary's management team as a Project Manager in 2010 and latterly as Programme Manager. Eleanor and Liz, in conjunction with the Clinical Director and senior midwifery team, ensure the unit meets all the necessary activity and performance requirements. They are also responsible for the operational efficiency of the unit and effective use of resources. Eleanor and Liz are responsible for the non-clinical staff.

**In addition a warm welcome to all new starters i.e. midwives, maternity assistants, administrative and clerical staff as well as new consultants and junior doctors. All new starters have an orientation programme which is bespoke to their staff group.**

### • **Matron's restructure**

A review of the maternity matrons' structure was undertaken in summer 2014 with the aim of strengthening the structure and ensuring a visible presence of the Matrons within the clinical and educational environment:

- Beverley Riddett is responsible for Education and Practice development.
- Donna Wilson is responsible for In-patient maternity services.
- Louise Shaw is responsible for Antenatal clinic services.
- Gill Furey is responsible for Maternity Clinical Standards.
- Anne-Marie Goodall responsible for Community Midwives and the Midwife Led Unit at Salford.

Two of the Matrons took the opportunity to work in other areas as secondment opportunities: Fiona Bryant is on a secondment opportunity within the Sodexo team and Rachel Coppock is on secondment to the Maternity Transformation Team.

## **We would also like to welcome our new consultants:**

**Dr C Iruloh**, Subspecialist in Fetal Maternal Medicine

**Dr S Juverdeanu**, Consultant in Obstetrics

**Dr S Khizar**, Consultant in Obstetrics

**Dr C Mullan**, Consultant in Obstetrics

**Dr S Patel**, Consultant in Obstetrics

**D A Roberts**, Consultant in Obstetrics

**Dr G Stephen**, Consultant in Obstetrics

**Dr S Rahman**, Consultant in Obstetrics

## **New role: Housekeeper**

The introduction of the role of Housekeeper to Delivery Unit is a new role to the Obstetric Directorate. Lynn Balmer who is the first housekeeper to be appointed is responsible for the co-ordination of all Hotel Services within the Ward area and is working as part of the multi-professional team, to ensure a clean, safe and comfortable environment for the women in our care.

## Saint Mary's Birth Centre at Salford 2014-2015

**The Midwifery led unit based at the Salford Royal NHS Foundation Trust continues to provide a low risk birth environment option for the women of Salford. The unit is managed by midwives with the support of maternity and administrative staff employed by CMFT.**

The Birth Centre offers a calm, home from home environment with dedicated staff. During the 2014/15 the midwives and maternity assistants provided one to one care to 258 women. Of these women 74% (192) women gave birth on the Birth Centre. The transfer rate for women in labour to Saint Mary's Hospital was 26%.

The Birth Centre has a pool which was used by 60% of all labouring women with 36% of women choosing to deliver in the pool. Women are supported in their choice of analgesia. All women are encouraged to have skin to skin contact with their newborn baby and 92% of women who delivered at the Birth Centre chose to have skin to skin contact, with 52% choosing to breast feed their baby.

The average stay for all women is 10 hours. The staff at the Birth centre continue to provide a high level of service as shown by a 100% Friends and Family Test response as Highly Likely to recommend this service.



## Activity

**Between April 2014 and March 2015:**

10,150 women booked to have their babies at Saint Mary's Hospital (including the Birth Centre at Salford and Trafford Hospital),

8,842 women gave birth to 9,007 babies, including 160 sets of twins, one set of triplets and one set of quads.

30% of women had their labours induced.

## New initiatives: Directorate Surgeries

**The monthly directorate surgeries were introduced into the Obstetric Directorate in January 2015.**

At this monthly forum all ward and department leads meet with a panel comprising the Deputy Head of Midwifery, the Obstetrics Directorate Manager, the Human Resources Business Partner and the Finance Manager. The purpose of the meeting is to discuss, review and monitor the individual ward and departments' key Performance Indicators. These forums have received excellent feedback as it is a 'one stop shop' where key members of the team are in one place and decisions can be agreed in a timely manner.

## Anthony Nolan Cord Collection Centre at Saint Mary's Hospital

**The Anthony Nolan Cord Collection facility at Saint Mary's Hospital celebrated its 1st year anniversary on 12th May 2015. Funding is confirmed for the collection centre to continue until 2020.**

Since its opening, the team of 8 dedicated cord collectors and a supervising midwife have established good working relationships within the maternity unit ensuring that the majority of women eligible to donate their cord blood are able to do so.

During the first year 1875 women gave consent to donate and 1427 cord blood collections were carried out and sent to Anthony Nolan Cell Therapy centre for processing.

Tommy's Maternal and Fetal Health research group are currently working with Anthony Nolan to provide funding to develop a role within the Anthony Nolan collection team to enable them to obtain consent for women for the placenta to also be used for both Tommy's research and cord blood donation. This new role has been in operation for 4 weeks at the time of writing and is proving to be a successful collaboration, providing women with one point of contact and making the consent process much easier.



## Female Genital Mutilation (FGM) Prevention Programme

**A new programme of improvements was launched by the Department of Health (DH) in March 2014 to improve awareness, provision of services and safeguarding of girls at risk from FGM.**

Since then, CMFT has developed and implemented an online data collection tool to comply with the DH mandate. There were 191 cases of FGM identified in Saint Mary's Hospital between August 2014 and March 2015.

The next stage of the action plan is continuing to ensure that women are able to access sensitive and appropriate care at Saint Mary's, for both the physical and psychological impact of FGM.

[www.hscic.gov.uk/isce/publication/scci2026](http://www.hscic.gov.uk/isce/publication/scci2026)

[www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm](http://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm)

On March 23rd Faye Macrory (Consultant Midwife, Lead for Domestic Abuse & FGM), Sandra Cahill, Specialist Midwife and Peggy Mulongo, FGM Mental Health Practitioner were awarded First Prize at the British Journal of Midwifery Awards in the category of 'Contribution to the Eradication of FGM'.



## Triage

**Recently the Triage Department, part of the Delivery Unit in Saint Mary's Hospital became its own entity, with a core team based solely on the unit under the leadership of Team Leader, Nina Carr.** Acting on feedback received from patients, Nina and the team have implemented a number of improvements including:

- Following up on patient results to ensure that the time they are actioned is reduced from 8.9 days to within 3.9 days. This means that women are now getting the correct treatment much more quickly and suffer less discomfort.
- The department has introduced zones with one midwife seeing and triaging all patients that attend and prioritising them so that those in most need are seen more quickly.

## Saint Mary's Ebola steering group leads the way

Saint Mary's Ebola steering group leads the way and are being looked to by neighbouring Trusts as an example of best practice for their preparatory work in case of a patient presenting with Ebola symptoms at Saint Mary's Hospital. The group, led by Consultant Obstetrician and Gynaecologist Dr Shaloot, have devised a training package for staff at Saint Mary's and are delivering multidisciplinary sessions in-house to ensure that all teams are equipped in the event of a suspected Ebola case.



## 168 hour presence

In September Saint Mary's Hospital was the first hospital in the UK to implement the 168 hour presence on delivery unit. Working a variety of various shift patterns there is always a consultant on the delivery unit to ensure the highest quality of care and clinical decision making takes place with regard to the care provided to our women and their families.



## CQUIN

**Small for gestational age (SGA) refers to an infant with a birth weight less than the 10th centile.**

The lower the birth weight centile, the greater the chance of the infant having suffered from fetal growth restriction (FGR) during pregnancy. FGR is strongly associated with an increased risk of stillbirth and 40% of stillbirths in the UK have a <10th birth weight centile. The UK as a whole and the North West region in particular, has a higher stillbirth rate than many other developed countries.

### Goal

- To improve identification and detection of SGA at Saint Mary's and potentially reduce stillbirths within this group.
- Increase the competency and confidence of antenatal clinic and community midwives in supporting this aim.
- To improve patient experience, care and improve pregnancy outcomes across our local health system.

Dr Edward Johnstone along with Midwives Suzanne Thomas and Beverley O'Connor have led on this piece of work during this year and agreed a number of milestones for each quarter:

### Going forward for 2015/16

This work programme will continue and will be expanding with regard to further education and the feasibility of dedicated clinic and scans for women who have babies at risk of small for gestational age.

### Summary of key milestones against the goals

**The initial target was to train 66 staff and 70 were trained which included community midwives, antenatal clinic midwives and obstetric medical staff) on SGA detection. Training for SGA is now incorporated for all staff on the Saint Mary's mandatory training programme.**

All staff received training on SGA detection. This included the Perinatal Institute (PI) GROW training package for fundal height assessment and the use of customised growth charts, risk factors for SGA and stillbirth, the importance of asking about fetal movements and providing appropriate advice at every contact.

**Tape measure amnesty to ensure the staff were using a non-elastic, single use tape measure to measure the fundal height.**

Review of the referral process for growth scans for community midwives referrals.

**Completion of a baseline audit to determine our baseline performance in SGA management.**

Changes implemented on K2 electronic intrapartum documentation to record the birth weight at delivery and whether was small for gestational age.

## Improving Maternity Care and Patient Experience

As a result of a successful bid for DH monies the directorate has made improvements to the environment and patient experience with the following:

- Purchase of a multitrac with padded back rest and partner seat which facilitates normality in encouraging women to adopt the upright position in labour and partner involving to massage the woman's back.
- Three new delivery beds.
- Ultrasound scanning machine.
- Eight recliners chairs for the induction of labour rooms so that partners can stay.
- Visitors chairs for the wards.

In addition there are two other work programmes which aim to be completed in 2015/16: One is to improve the Triage environment and waiting area for women and their partners.

The second project involves working with the staff and women to create a more welcoming environment on the Delivery Unit and Obstetrics Wards through the use of wall art.



## Bereavement Specialists Midwives and Specialist Perinatal Obstetrician

**The Bereavement Specialist Midwives and Specialist Perinatal Obstetrician Dr Heazell, were kindly invited to contribute to the multi-disciplinary working group by the Strategic Clinic Network (SCN) in 2013.**

There is increasing evidence from the SANDS bereavement care report (2010) that there is a lack of compassion in caring for bereaved parents and a variation across regions in the delivery of bereavement care which further compounds parents' distress. The SCN convened to address this need by developing a care pathway and guideline to standardise bereavement care.

The introduction of the Integrated Care Pathway (ICP) is to ensure evidence based practice across the region to achieve a gold standard of bereavement care. The ICP has been adopted throughout Greater Manchester, Lancashire and South Cumbria and the vision for the future is to roll out the ICP Nationally.

The guideline incorporates Dr Heazell's pioneering research into stillbirth and his knowledge and experience from developing the novel model of bereavement care at Saint Mary's.

The Bereavement Specialist Midwives' vision was to listen and respond to parents ensuring the delivery of holistic, compassionate and family focused care so that all parents that experience the unimaginable are at the forefront of the care we provide.

*See also page 36.*

## The Nursing and Midwifery Conference 2014

The theme for this year's conference was '**Individualised Care in a Complex System**' and included presentations from the midwifery team.

Midwifery Matron Rachel Coppock and Julie Hempstock, Lead Midwife for Intrapartum Care, gave a presentation on 'Introduction of an Enhanced Recovery Programme for Women having Elective Caesarean Section'.

Sandra Cahill, Specialist Midwife, presented 'Midwifery Services: meeting the needs of asylum seekers and refugees'.

### Awards:



Midwife Elaine Richmond was awarded the Trust GEM award for compassion. She also won the Chief Nurse Award.



Consultant Midwife Faye Macrory received a lifetime achievement award at the BJM awards.



Sandra Cahill was also presented with the Sodexo award for Dignity.

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



**Clinical Director  
Dr Catherine White**



**Centre Manager  
Bernie Ryan**

## Health and Wellbeing at Saint Mary's SARC

**For those who work with people who have experienced rape or sexual violence there will be some stories that stick and stay with you for some reason – the circumstances of the case, the individual and their response, or the reaction of their families.**

And then there are our own lives and loved ones: an elderly parent who needs more help, a partner who may work away a lot or indeed no partner to share our problems with, or children with changing needs.

Add to that an increasing caseload, decreasing resources and the rigours of delivering high quality services, it's no wonder that stress and strains can begin to show.

Recognition of all these factors led Saint Mary's Sexual Assault Referral Centre to embark on a health and wellbeing programme for staff to encourage people to look after their own physical and mental health. Working with external consultants, Well-Being Associates, Saint Mary's SARC asked staff to identify what the challenges were in working at the Centre. With a staff team of around 60 people and a number of staff providing out of hours services, a key issue was ensuring that this initial groundwork actually captured the views of as many staff as possible.

To benchmark the programme, a mental health survey was carried out using a standardised questionnaire, focus group sessions were held with a cross section of staff, and telephone interviews conducted to capture those unable to attend the sessions. Staff were both enthusiastic and honest in their contributions. Emerging themes were collated and key recommendations made. Before long Saint Mary's SARC Balance Project was launched and it has already delivered some key benefits, including:

- A 'know your numbers' session open to all staff to have a comprehensive health check.
- Establishment of a staff room where the team can relax between cases.
- Creation of a Facebook page for staff to communicate social events, activities and achievements using social media.
- Sharing of mindfulness training among staff.
- Though still in its embryonic stage, the Balance project has helped create greater awareness of the importance of staff health and wellbeing. Staff have embraced weight loss programmes, fitness regimes and welcomed more opportunities for social activities. It has been a great start to what promises to be a valuable programme.



## Saint Mary's SARC Annual Conference spotlights mental health and rape

**More than 200 delegates from the UK and abroad attended the Saint Mary's Sexual Assault Referral Centre's Annual Conference to hear a range of speakers providing valuable insight into the impact of rape and sexual assault on the brain and mental health.**

Key topics under discussion at the Centre's 13th Annual Conference, which took place at the Palace Hotel in February 2015, included the impact of trauma on the brain, understanding and managing suicide risk, mental health and capacity as well as supporting vulnerable people through the criminal justice process.

Among the key note speakers were the Director of Public Prosecutions, Alison Saunders; His Honour Judge Audrey QC from Liverpool Crown Court and Dr Jenny Holmes, Senior Forensic Medical Examiner for Merseyside Safe Place.

As well as hearing from leading professionals in the field of rape and sexual assault, the Saint Mary's Centre also produced a 30 minute film capturing the thoughts and reflections of rape survivors who have used the Centre's service.

The highly impactful film comprises solely the voices of rape survivors telling their stories of the impact their experience has had on their mental health and includes direct messages to professionals to help them improve their services.

Dr Catherine White, Clinical Director of the Saint Mary's Centre, said: *"Despite rape being a crime since antiquity, a passing glance at daily press coverage indicates our understanding of it remains in its infancy."*

*"Contributors to the conference helped increase knowledge and understanding so we can continue to provide the best quality services to people who have been raped or sexually assaulted."*

*"Subsequent evaluation of the conference was overwhelmingly positive from all delegates. Our client film was highly praised and is now being shown in all GMP police, Crown Prosecution Service and other professional training delivered by Saint Mary's SARC."*

The film is available for viewing, please contact [Charlotte.Batra@cmft.nhs.uk](mailto:Charlotte.Batra@cmft.nhs.uk) for further information.

Plans are now under way for the Saint Mary's Centre 14th Annual Conference which will take place on April 21st and 22nd 2016. This conference will be part of the Centre's events to mark its 30 year anniversary and 10 years of its child service being established.



# Clinical Effectiveness

## Main Highlights April 2014 – March 2015

- 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.

## High Level Incidents (HLIs): Themes

**There are 3 dominant themes within the HLIs, the progress of which are reviewed at the monthly Clinical Effectiveness meeting:**

### • Management of results in Gynaecology

There have been a number of investigations whereby the communication of test results has been delayed, generating significant delays in the commencement of treatment and subsequent high level harms. Despite Results Management Plans being undertaken, there have been a number of recurrent issues that have provided the directorate with an ongoing challenge.

### • FDIU

The stillbirth rate in Saint Mary's continues to fall. The latest figures for 2014 give a rate of 0.5 per 1000 live births (the rate was 0.7 per 1000 in 2011). The Directorate critically reviews each stillbirth and if there are any deficiencies in care the incident is reported as an actual harm where an action would have made a difference to the outcome. This is in line with the reviews undertaken by MBRRACE. From April 2015 to March 2015, 7 FDIU were reported as level 5, with 4 of these confirmed as actual harm. The Obstetric Directorate acknowledges there are actions which can be taken to

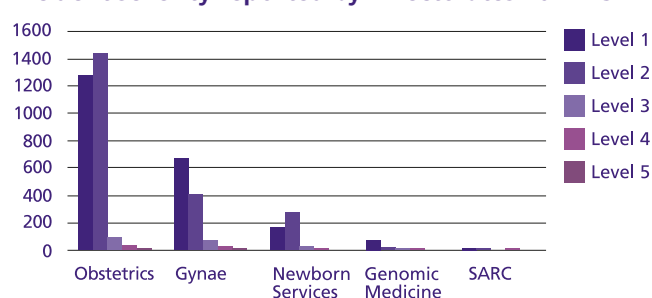
## Risk Management

**From 1st April 2014 to 31st March 2015 there have been 4,625 incidents in Saint Mary's Hospital, which shows a 12% increase on the previous year. As expected, over 505 are incidents within the Obstetric directorate.**

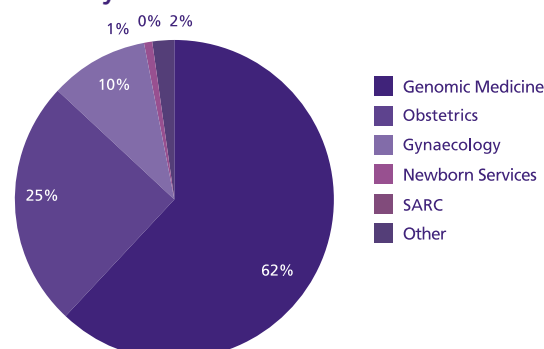
There were 198 level 3 incidents, with 35 of these validated as actual harm and there were 89 incidents at levels 4 and 5 which required completion of a High level Incident investigation. 11 of these resulted in actual harm. There is an ongoing focus in Obstetrics to reduce this over the coming year.

The completion of this number of HLI's continues to be challenging though weekly monitoring meetings are in place which are paramount to ensure good quality reports are submitted on time. The Completion of action plans in a timely way has improved though there are still challenges to ensure all the documentary evidence is in place.

**Incident severity reported by Directorates 2014-15**



**Incidents by Directorate 2014-15**



further reduce our stillbirth rate. The factors affecting the stillbirth rates are complex and multi-factorial but steps taken include: the implementation of 168 hour Consultant presence, with increased Consultant presence in Triage, the wards and antenatal clinic; additional training for midwives to recognise small for gestational age fetuses, development of specialist clinics for women known to be at risk. The Directorate has submitted a bid for money from the NHSLA to improve the outcomes for this cohort of women. The monies will be used in part to extend the central CTG monitoring to Triage and AAU and additional training for midwives.

#### • Anti-D Incidents

The aim was to reduce these incidents in 2014/15. There have, however, been 14 incidents this year, which is an increase on the previous year. Despite processes being changed, a low number of women are still not receiving anti-D in a timely manner; these are usually those who are seen by a number of different members of the team who omit to generate the RAADP appointment. Three of the anti-D incidents were in Gynaecology and related to anti-D not being given after a sensitising event. A review of the anti-D guidance within the management of miscarriage guidelines; NICE guidance and haematology guidance is underway. Education of staff is continuing and the anti-D prompt sheet has been revised.

## Infection Control and Harm Free Care

**Multi-disciplinary involvement at these meetings has been sustained in line with the Terms of Reference. The key focus has been to improve the compliance with ANTT (Aseptic Non Touch Technique) for all staff and ensure good compliance with Infection Prevention and Control policies.**

NICU, Obstetrics and Genomic Medicine report improved compliance for ANTT training for all staff groups. The Directorate of Gynaecology took the decision to use real time 'ANTT' assessment for medical staff during the process of urinary catheterisation in theatre rather than a work station model based approach. This decision was taken after a review of the ANTT policy and as part of the effort to reduce catheter acquired infections.

All Directorates are aware that new starters including locums must complete their ANTT within one month of starting. Compliance is reported monthly to the Divisional Clinical Effectiveness Board, with Directorates held to account for their compliance data.

The Saint Mary's quality bus in July 2014 reinforced the Values and Behaviours framework and how important it is to maintain high standards of clinical practice, inclusive of overarching infection, prevention and control principles. NICU also now have a quarterly Harm Free Care focus week, which addresses the key themes relating to tissue viability and infection control to keep the profile high.

#### • Infection Control

There have been no cases of MRSA bacteraemia or Clostridium Difficile during the 12 month period. There has been one case of CPE in Gynaecology. This patient had previously been in MRI and was transferred to Saint Mary's from Oldham Hospital.

Both the Gynaecology and Obstetrics Directorates have sepsis action plans in place, which include increased education around the management of sepsis.

#### • Pressure Ulcers

The pressure ulcers rate in Saint Mary's is low, with the majority of incidents from NICU. The prevalence is low and the incidents are graded as low level. 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 have addressed the frequency of pressure relief and the correct positioning of infants and are working, with the support of the tissue viability team to generate solutions. The unit have incorporated skin integrity/device measurement into their patient focused rounding.

#### • Falls

Though there has been a notable increase in the number of patient falls, 30% of these are as a result of a slip or trip and all are low level and resulted in either no harm or low harm. There have been a number of falls on the postnatal ward, which have been as a result of changes to the administration of drugs used for epidural anaesthesia, as some women have mobilised too quickly. Continuous epidural infusions are now used as standard, which means the anaesthetic block lasts longer than with previous forms of epidurals. It is now reinforced to women to ensure that they need to ask for assistance when they first mobilise to ensure they have the full range of movement back. One fall was submitted and investigated as a level 4.

#### • VTE

There were 4 VTE incidents from April 2014 to March 2015. Two of these in Obstetrics and 2 in Gynaecology. Of these incidents, 2 were avoidable. Since this, display boards have been put up on the wards and Delivery Unit to provide information on DVT prevention for women and for midwifery staff. In Gynaecology, investigation findings were shared with the Gynaecology multi-disciplinary team at the ACE day in October 2014. Snapshot reviews of data have been undertaken and the medical team have explored how to improve the medical handover of patients, particularly out of hours and at weekends. The completion rate for VTE risk assessments is monitored corporately and the Division is above the Trust average of 96.4%.

#### • Catheter acquired Infections (CauTi)

Due to changes in the criteria for CauTi, Obstetrics and Gynaecology are undertaking a review of all patients who present with a pyrexia that have a catheter insitu. The numbers are currently low and the review will be presented at the Divisional Harm Free Care meeting.



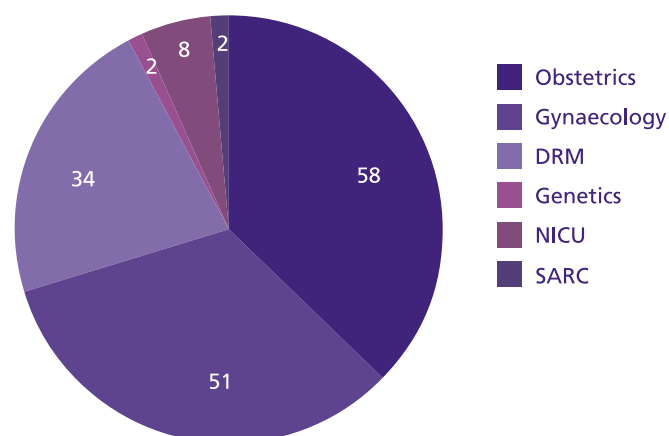
## Complaints

**Saint Mary's Staff made a commitment to ensure patient complaints and concerns are treated with courtesy and respect, managed honestly and openly, and that remedial actions are communicated with the patient and followed through.**

The Division has piloted a new system for the management of complaints and compliments and this system is now being rolled out across the other Divisions.

Overall the Division received 155 formal complaints in 2014/15. This is 4.5% fewer than in 2013/14 and accounts for 14% of all complaints received by the Trust for this period.

**Complaints distribution 2014/2015**



Directorate	Overall (%)
Obstetrics	37.4
Gynaecology	32.9
Department of Reproductive Medicine	21.9
SARC	1.3
NICU	5.2
Genetics	1.3

The top five themes (across the Trust and Saint Mary's) are:

Complaint theme	% of complaints that had this as a theme
Communication	77
Treatment and procedures	51
Clinical assessment/diagnosis	38
Staff attitude	26
Appointment delays	21

Poor or inadequate communication with the patient and/or relatives and carers remains the significant issue for the Division and concerns are raised against all staff groups. 77% of all complaints had a communication issue of some type, either in information provision, style or the attitude of the staff member.

A perception that treatment or care delivery has been poor is the Division's second major concern, with 51% of complaints expressing concerns about both nursing, midwifery and medical care. 38% of complaints expressed dissatisfaction with the clinical assessment and diagnosis they had received.

The Division holds weekly complaints meetings, at which the progress of each complaint is reviewed and completion of action plans identified.

The quality of the initial complaint responses compromised the Divisional compliance with the agreed timeframe and so a complaints response training programme was undertaken with the senior nursing and midwifery team.

A Values and Behaviours wheel focusing attention on the patient's expectations and experiences was shared with the Saint Mary's Professional Forum and Values based staff engagement has been undertaken across the Division. A focus on issues being sorted in a timely manner on the ward by senior staff has improved the patient experience and provided the ward staff with useful insight as to the issues that raise concerns.

### Focus for 2015/16

- Improvements in food and nutrition.
- Improvements in pain management.
- Infection prevention and control.
- Reduction in the levels of noise at night.
- To ensure that the environment is conducive to patient needs.

# Responding to our patients' needs

## Gynaecology

**The colposcopy service within Saint Mary's has historically had a high 'did not attend' DNA rate. In 2013-14, 691 appointments (25.6% of total appointments) were lost due to patient non-attendance. DNAs not only create unnecessary and potentially dangerous delays in a patient's treatment, but they also waste valuable clinician time and reduce the efficiency of the service.**

In order to try and address this longstanding problem a dedicated Colposcopy Administration Team was formed in October 2014, to be responsible not only for the administration of the clinics, but to also pro-actively contact and manage patients booked into the service to provide reassurance and encouragement to attend. The team would also have the responsibility for following up patients who did DNA to understand the reasons why.

Additional information was produced to send to patients with their appointment letter, outlining what was to be expected from their visit if they were attending for the first time, or if they were to have treatment to the cervix; The team then asked for patient feedback on the new information.

From the fortnightly review meetings held with the team, it is clear that they are beginning to get a much stronger and valuable understanding of patients who are referred to the Colposcopy service, and as a result are beginning to understand how we might tailor the contact process further to encourage more attendances. The team are also picking up and resolving ad hoc administrative issues, such as problems in the way telephone numbers are recorded on the Patient Administration System, which prevents text messages from being sent effectively, or a lack of contact information included in referrals from sexual health services, all of which, once resolved, could help reduce DNAs further.

Finally, patients are benefiting from being able to talk to members of the administration team who have a more in depth knowledge of the colposcopy appointments. A patient satisfaction survey showed that patients felt more reassured about their treatment after telephoning the team with questions about their appointment. Patients also stated that the written information provided was 'just enough', that those that did contact the team felt they had been given adequate advice.

In the 5 month period October 2013 to February 2014 the DNA rate was 23.9% (277 out of 1158 patients). In the same period a year later (October 2014 to February 2015) following the introduction of the telephone call system, the DNA rate has dropped to 15.2% (180/1183).

### Patient comments:

*"I was worried but the staff during my appointment put me at ease and helped me relax. Although it is not a comfortable experience, they made it (and previous appointments) perfectly normal and I would like my thanks passed on."*

*"Short delay before appointment but staff were extremely helpful, everything was explained throughout and I was truly looked after."*

*"Waiting time terrible. Service and personal fabulous."*

## Obstetrics

- During an antenatal booking meeting, a patient was asked questions about her previous maternity history with her partner present. The client's current partner was unaware of this previous medical history and the patient complained that we had breached her confidentiality. The questions asked were relating to mental health and safeguarding issues so did need to be asked. To provide a safe arena in which to discuss such sensitive issues the antenatal service have implemented a practice that all new patients are to be seen by a midwife for the first ten minutes of their appointment to discuss sensitive issues.
- We received a number of formal and informal complaints regarding the current visiting policy related to women wanting extended visiting hours for partners and for partners to be able to stay to support the mother. A patient questionnaire was devised and 105 responses were collated.
- It has been apparent that slight variations are required for the different wards/departments and extended visiting has already been introduced in the Induction of Labour bay and on the Midwifery Led Unit. Extended visiting for partners and open visiting for all is to be piloted shortly.

# Values and Behaviours

**During the rebranding exercise, 84 members of staff engaged in the review of the existing 2013/14 commitment wheel and made recommendations for the 2014 wheel.**

The proposed wheel was disseminated to members of the Professional Forum for further dissemination to their wards and departments and an opportunity for additional staff to add their final comments.

**Key to improvement:** Recognition that as a tertiary level service, the day to day personalisation of care can be lost was made by several members of staff in different directorates and the desire to regain the individual nature of care was emphasised in the new commitments.

## Leadership

- Following a significant re-organisation of the teams and the leadership of the different areas within the Maternity Service, an engagement session with the Band 7 Midwives who work on the Delivery Unit was arranged to realign the Midwifery objectives with the prevailing NHS themes of the provision of patient focused, safe, caring and compassionate care by committed and motivated nursing and midwifery staff. Strong leadership of the Delivery Unit has been identified as a vital component of an effective and efficient service and the challenges and barriers that developed during a major re-organisation identified it as an area that would benefit from a further workshop supporting their empowerment and enablement towards a values based leadership approach. From the pledges made to each other during the engagement workshop and to the patients in their care, the following Wordclouds were created and are in place in the entrance to the Delivery Unit:



- The Midwifery led Unit also designed their own localised values and behaviours wheel.
- The Administration and Clerical staff have been invited to four workshops over the year to provide them with an opportunity to critically analyse current service delivery and team working; to encourage staff to have some ownership of any service improvements and how changes are implemented in their area and to support staff to consider the patient experience (linked with values and behaviours framework). The first group designed their own values and behaviours wheel and each subsequent group reviewed and amended the wheel.
- The education teams within each specialty enable staff of all grades to undertake lifelong learning, develop new skills and maintain essential competencies. As a tertiary service, demand on staff is constant and new staff in particular are vulnerable; this is recognised by the Division and a robust perceptorship/mentoring process is in place to reduce staff turnover.

## Listening and responding:

- A patient story is presented at various staff forum as per minutes.
- Local resolution of concerns is promoted by the ward managers and matrons and the Division has a proforma to provide evidence of activity to monitor themes. Anecdotally more activity is undertaken than forms completed.
- A weekly complaints meeting is held attended by a PALS representative and the Division has piloted a new Complaints process and monitoring system.
- A complaint response awareness workshop was presented by Mrs Murphy, Head of Nursing and Midwifery, at the November Professional Forum to remind staff of the importance of incorporating the values and behaviours framework within the response, answering all questions honestly and the avoidance of medical and nursing jargon.
- The Quality Bus Feedback on complaints and adverse incident action plans have been taken to the clinical areas via local meetings.
- As part of our Staff Survey Action Plan, Mrs Ann Brown, HR Business Partner, led two sessions on Dignity at Work focusing on the management and leadership of teams and the balance between demonstrating assertive management styles and avoiding being seen as having a bullying/harassment style.



## Accountability

The values and behaviours wheel has continued to be used as the lens through which all activities are planned and delivered.

- This year, wheels were designed to link the Equality and Diversity objectives with the Behavioural framework, Patient safety was focused upon with an ALWAYS event, and the Supervisors of Midwives focused on the importance of education and training to ensure midwifery competence and delivery of the safest care.
- The Framework was used as an educational tool to focus on specific issues such as nutrition and diet, Dignity into Action day, PREVENT training, responding to complaints and delivery of Harm Free Care.

## Communication

A range of patient engagement sessions have taken place to help the Division understand the patient's perspective and needs:

- The Obstetrics Directorate has undertaken a patient engagement session/questionnaire to ascertain patients and families views on the visiting policy.
- The Gynaecology transformation team have worked within the Gynaecology Out-patient Department. Currently GOP clients, colposcopy clinic clients and the patient's view of the theatre aspect of care are being asked to complete a questionnaire.
- Gynaecology Oncology/Cancer care pathway: a patient focused engagement session was held in September.
- Genetics Directorate held Patient Alliance Group meeting in December 2014.

Staff engagement sessions are held within each Directorate for ward and team based discussions.

- The Quality Bus tours provide an informal opportunity for staff to meet and share concerns with senior management staff.
- Directorate Surgeries commenced in January 2015 to aid communication with the Deputy Head of Midwifery, Directorate Managers, Human Resources and Finance teams.
- Information leaflets and webpages have been developed to improve the level of informed choice for patients.
- We celebrated European Day of languages with our Interpretation and Translation colleagues.

## Celebrating our achievements

- Compliments and NHS Opinions are relayed to named staff and teams by the Quality team or ward managers/matrons.

The Division introduced a Witness Testimony proforma to collect evidence of best practice of individuals living the Values and Behaviours and Going the Extra Mile, which will also support the new NMC verification process.

## Delivering the best patient care

- Improvements in delays with the IOL transfers to the Delivery Unit – One dedicated midwife is allocated to accept an induction at the commencement of each shift; there are an increasing number of occasions when there are no women awaiting transfer for Induction of labour.
- Neonatal clinics on the post natal wards by the neonatal registrar are running smoothly with positive feedback.
- A new dedicated administrative team formed in Colposcopy to reduce the DNA rate. Dedicated telephone number for patients to ring if they have any questions about their appointment. Administrative staff have been trained to provide simple responses to the questions and any complicated clinical questions are referred to Colposcopy nurses. The Administrative team are texting all Colposcopy patients to remind them about appointment. DNA rate prior to the new set up was 26% but is now 16%.
- Supporting families affected by genetic disorders in the community by providing relevant information, acting as an advocate, and helping them to obtain appropriate referrals to health and community services. Developing illustrated leaflets for families to aid the explanation of genetic disorders, their inheritance and what genetic services have to offer.
- The Specialist Midwifery Team presented two workshops on the recognition of domestic abuse and support resources.

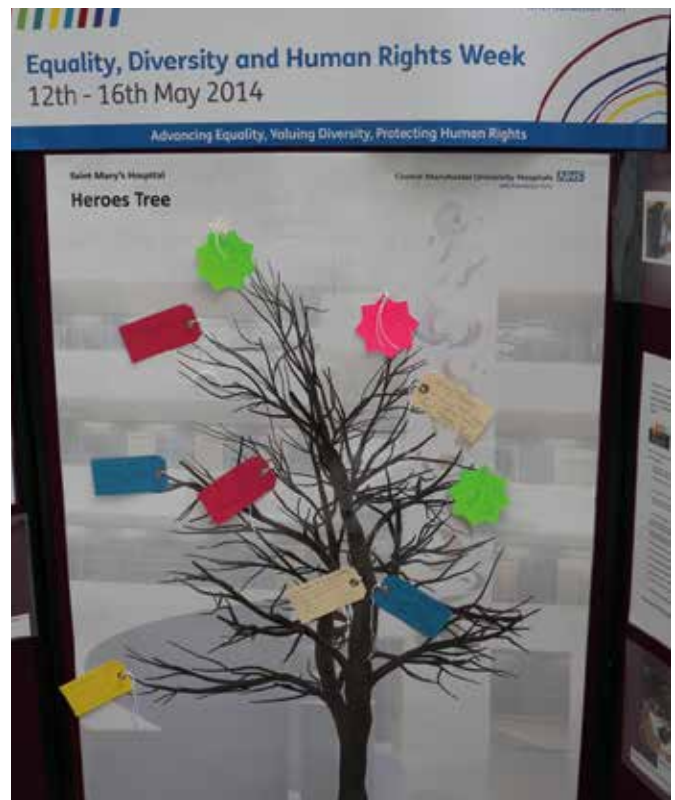
# Equality and Diversity

The NHS Equality, Diversity and Human Rights week is an annual event. The Trust held its Conference on the 20th May 2014 with John Amaechi as our key note speaker.

## Aims and Objectives

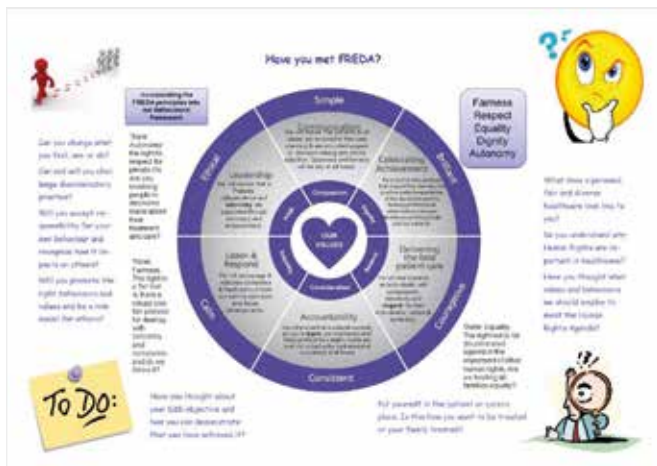
- Raise awareness around Equality, Diversity and Human Rights issues.
- Provide learning opportunities for staff, including:
  - Improve knowledge of Equality and Diversity legislation and implications.
  - Improve understanding of context of Equality and Diversity within healthcare.
  - Support relationship between the Values and Behaviours Framework and Equality and Diversity. Objective setting for the E&D Dimension in readiness for Appraisals.
- Make it attractive and engaging.

Saint Mary's organised a range of events and displays, such as those mentioned here.



## A Heroes tree

A Heroes tree with pledges for practice placed in the main atrium and patients and staff were invited to populate the tree with names of their own heroes. In all, 60 names were placed on the tree, ranging from Mandela, Ghandi, Bob Geldof to Batman ('he does what's right for those that can't'), Florence Nightingale, Mary Seacole and Edith Cavell to Beyonce and Oprah. Mums, dads, and Grandads were also mentioned, along with work colleagues who inspired and motivated.



## Have you met FREDA?

A PowerPoint presentation and poster were drawn up and shown to staff to introduce the FREDA principles and the relation to healthcare and the values and behaviours strategy. This has been placed on the Saint Mary's Quality webpage. Examples of E&D objectives for staff were presented to support the Trusts key objective of all staff having an Equality Object.



## Two musical events

took place in the Atrium, a harpist playing Afrikaans music, but who readily responded to a request for a well-known Irish melody on the Monday – and a sitar player who entertained us on Friday.

In addition to these and posters, we also provided **deaf awareness training** and **micro training sessions** for staff, focusing on transcultural communication, transcultural awareness, accessible communication, introduction to culturally competent care and understanding the case for equality.

These 40 minute sessions were very well received by staff and a request was made to repeat them in the autumn.

**Do you know your Protected Characteristics?**

Staff were challenged to identify the 9 characteristics and overall did very well!



## Staff Survey Results 2014

**We are pleased to report that in December 2014 we achieved a 60% response rate for the annual Staff Survey which exceeded the Trust average rate of 44% and the national average of 42%.**

As in recent years we have seen good improvements across most areas of the survey and are pleased that our overall score for staff engagement has been maintained in a year when we have seen the workforce growing and increasing activity, (scores are out of 5):

3.55	2011
3.64	2012
3.75	2013
3.74	2014

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 14 improvements this year and our most improved are:

- Percentage of staff witnessing potentially harmful errors, near misses or incidents, reduced by 11%.
- Percentage of staff having Equality & Diversity training within the past 12 months, scored 83%.
- Percentage of staff receiving job relevant training, learning or development in the past 12 months, scored 90%.
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public, reduced by 8%.

- Percentage of staff having well structured appraisals, improved by 8%.

We are pleased to see that the following two areas have shown improvement and reflect the Trust's objectives:

- Staff suffering from work related stress reduced by 7% and was 2% lower than the Trust average score.
- Work pressure felt by staff improved from 3.25 in 2012 to 3.19 in 2013 to 3.01 in 2014 (score out of 5).

The following Key Findings showed scores which declined and so will be included in future plans:

- Percentage of staff believing the Trust provides equal opportunities for career progression or promotion, reduced by 9%.
- Percentage of staff receiving Health & Safety training in the last 12 months, reduced by 6%.
- Percentage of staff working extra hours increased by 6%.

So in the year ahead we shall be concentrating on these areas and will also be contributing towards the Trust's objectives.

Copies are available of the full staff survey results for Saint Mary's and have been shared with managers for discussion at team meetings.





## Divisional Quality Awards



### Category 1 – Improving the Patient Experience

#### **WINNER – The Gynaecology Macmillan Clinical Nurse Specialist Team**

Following poor performance in the 2011/12 National Cancer Patient Experience Survey, the Gynae Macmillan team collectively developed a detailed plan for improvement, identifying and targeting key areas of concern. This led to significant improvement in patient experience in the 2012/13 survey, with notable improvements made in terms of pain control; privacy and dignity, ensuring patients are involved in decisions and many more.

#### **HIGHLY COMMENDED – Anna Marciniak & Sharon Kelly**

### Category 2 – Achieving the Highest Standards for Patient Safety

#### **WINNER – Teresa Kelly**

As the lead for Clinical Effectiveness Teresa has been instrumental in ensuring that high level incidents are investigated promptly, thoroughly and in a timely manner. This has ensured the team are fully aware of the issues in practice which have caused concern and of those actions which need to be delivered in order to prevent incident from recurring. Teresa is described as 'driven', focused and determined by her team and nevertheless ensures that the job is done and the learning is achieved.

#### **HIGHLY COMMENDED – Penny Heap**



### Category 3 – Implementing the Research and Innovation Strategy

#### **WINNER – The Gynaecology Research Team**

During 2013-2014, 537 participants were recruited to Clinical Research Network adopted studies within gynaecology, a significant increase since the first gynaecology research nurse post was created in 2010 surpassing the Trust's annual 10% growth target. Increasing the amount of commercial research activity is a key objective for both the Division and the Trust. In line with this objective the gynaecology research team have pursued a number of potential commercial research studies and have been successfully selected for two, both of which will commence recruitment shortly. A further commercial study within gynae-oncology is currently open to recruitment and the first UK patient for this study was recruited at Saint Mary's.

#### **HIGHLY COMMENDED – AJIT Mahaveer**



## Category 4 – Developing our Specialist and Tertiary Portfolio

### WINNER – Cardiac Genomics Team

The Cardiac Genomics Team from the Manchester Centre for Genomic Medicine have developed an innovative and comprehensive service and research programme for families who have experienced one, or often more young adults who have died suddenly and unexpectedly. Together with colleagues from Cardiology in MRI they have set up regular clinics for these families where cardiology and genetic studies and genetic counselling take place. They aim to pinpoint the underlying gene change and thus can find who else in the family could be affected and offered medicines or implantable devices. In the lab Helene and colleagues have developed a state of the art test which will examine many genes at the same time improving the diagnostic rate.

### HIGHLY COMMENDED – Overactive Bladder Team



## Category 5 – Team of the Year

### WINNER – Enhanced Recovery Team

Enhanced recovery after surgery embraces the principles that the patient is in the best possible condition for surgery, has the best possible management during surgery and experiences the best post-operative rehabilitation.

The introduction of the pathway has improved our patient outcomes and speeded up the recovery process for women following elective caesarean section whilst allowing women to be fully informed and enabled them to be active participants in their own recovery process.

### HIGHLY COMMENDED – Programme Management Team

## Category 6 – Leadership Award

### WINNER – Dr Sarah Vause

Sarah has been absolutely central in leading and delivering the strategy to provide 168 hours Consultant Obstetrician presence on Labour Ward. This proposal is a nationally recognised marker of safe, high quality practice. Sarah's strategic vision, determination, persuasion and people skills have helped the team to fully understand the opportunities this change will bring to the service we provide our women but also to individuals in terms of their on-going professional development.

### HIGHLY COMMENDED – Samantha Johnson



## Category 7 – Equality, Diversity and Inclusion

### WINNER – Heather Birds

Heather's previous role was as the Lead Nurse in NICU and moved into the divisional role of Patient Experience & Quality Lead less than 12 months ago. Heather has championed the inclusion of equality and diversity into everyday business so it is not seen as something to add on as an important area for everyone's consideration. Heather shows enthusiasm, motivation and a passion to make sure we are truly an inclusive Division.

### HIGHLY COMMENDED – Jo Ayers



## Category 8 – Unsung Hero

### WINNER – Elaine Richmond

As a member of the ward 64 Delivery Unit Team Elaine often looks after bereaved parents who have sadly lost a baby. Elaine goes above and beyond in caring for these families and has touched their hearts, at a recent ceremony for the Kate Grangers Care and Compassion Award a gentleman remembered Elaine from his son's birth in 2010 and described her as *"a real component of compassion in practice"* A further family described Elaine as *"doing more than she should, wouldn't leave my side for one moment, made me feel important, special, that she cared for me. If it was not for her I would never have coped with the loss of my baby"*. Elaine has been nominated on behalf of all the parents she cares for and the staff who are honoured and privileged to work with her.

### WINNER – Rosemary Howell

Rosemary has the onerous and thankless task of managing the junior doctor staffing rota for Obstetrics and Gynaecology in addition to her Education Role. Rosemary strived to ensure the junior doctors can benefit from all training opportunities whilst balancing the competing needs of the service provision. With the demands of the service constantly changing Rosemary has had to redesign the rota of multiple occasions 'with the skill of a sudoku champion' to ensure appropriate staffing levels are maintained. Rosemary tirelessly plugs gaps due to vacancies or sickness and has the ability to change such crises in career developing opportunities for junior doctors.

### HIGHLY COMMENDED – Maria Roberts

### HIGHLY COMMENDED – Anna Martin



## Category 9 – Commitment to Service

### WINNER – Viv Evans

Viv worked on NICU since 1987 and was an absolute asset to the nursing team for over 25 years. She was always an advocate for families and was central in establishing the neonatal bereavement service which is one of the strengths of today's service. Viv has supported hundreds of more junior staff (and doctors) to provide care which was safe and effective and her calm, unruffled manner meant that she was frequently a 'go to' for many staff. Since leaving the unit Viv has continued to dedicate some of her time to the Unit acting in the role of volunteer.

### HIGHLY COMMENDED – Glenys Fell

### HIGHLY COMMENDED – Elaine Byrne

## Category 10 – Outstanding Achievement

### WINNER – Infant Feeding Co-ordinators

The Infant feeding Co-ordinators have improved the patient experience by leading on the Baby Friendly initiative to achieve full accreditation as a baby Friendly Hospital in August 2011. The team continue to support women and their families to receive coordinated and consistent advice by the midwifery team and this was evident in the outstanding results received following a 3 day re accreditation of the Baby Friendly Initiative in 2013. The Baby Friendly Initiative was established to encourage maternity hospitals to implement the Ten Steps to Baby Friendly. By implementing Baby friendly practices, health professionals can give mothers the support, information and encouragement to continue their chosen method of feeding for as long as they wish.

### HIGHLY COMMENDED – Saint Mary's Sexual Assault Centre



## We're Proud of You Awards

The Trust's annual We're Proud of You Awards recognise and award staff for their hard work and dedication to providing exceptional care and support to both their colleagues and the communities we serve.

### WINNER – Divisional Star

Heather Birds – Equality and Diversity

As Heather did not just receive one nomination for this award, but four, there was only ever going to be one winner in this category! As Divisional Patient Experience and Quality Lead, Heather focuses on mainstreaming the Equality and Diversity principles into day-to-day working throughout Saint Mary's and has driven this through the NHS Patient Experience Framework.

Based on this, Heather has led on a number of activities which have engaged teams at all levels and provided further learning opportunities. She chairs the Divisional Quality meetings and ensures that all information is presented in an engaging manner and reviewed in a structured approach. She has worked with the admin teams to provide workshops which link the values and behaviours framework with equality and diversity, and has supported the senior nursing team to include the E&D objectives in the appraisal process. As well as engaging staff, Heather has also led on patient focused engagement to further maximise learning.

During Equality and Diversity Week, Heather took a leading role and engaged a wide range of staff by creating a back-to-basics quiz, developing an E&D tree, advertising and promoting the Staff Network Groups and ensuring staff from across the Division attended the conference.

The dedication that Heather shows to E&D is clear and she has significantly improved the engagement of staff in the E&D agenda, even when faced with adversity and within such a challenging environment.

By embedding the E&D objectives across Saint Mary's, Heather a clear role model in supporting the delivery of quality care to a diverse population, and is an inspiration to all.



Heather receives her award from Steve Mycio, Chairman of CMFT

### WINNER – Divisional Team

Dr Lorraine Gaunt and the Genomic Laboratory Team



Dr Lorraine Gaunt and the Genomic Laboratory Team

## WINNER – Inspirational Leader

### Nina Carr – Saint Mary's

Triage Team Leader Nina Carr was nominated by midwife Zoe Fitzsimmons.

Over the last seven months, Nina has clearly shown herself as an inspirational leader due to the improvements which have been made within the department. Through implementing Triage Core Team Meetings, patient results are now actioned within 3.9 days, which is a massive improvement on the previous timeframe of 8.9 days.

Patients are now receiving the correct treatment in a timely manner and suffer less discomfort. For women attending Triage, zones have now been introduced where midwives prioritise, see and triage all patients that attend so those in greatest need are seen quickest, which has an impact on safety.

Nina understands the struggles and day to day constraints within the department so encourages any ideas the team has to make improvements, involves everyone in initiatives and encourages and gives credit to her staff.

When the unit is busy and staff need that extra level of support, Nina is happy to help out to ensure the team is supported and the patients receive an excellent level of care. Nina is a role model for our values as she respects her staff, treats all patients with dignity, and demonstrates compassion and empathy with everyone she comes into contact with.



Nina receives her award from Steve Mycio, Chairman of CMFT

She is extremely proud of her department and its achievements, and is passionate about improving the service Triage offers even further to improve patient satisfaction. As Zoe stated in her nomination, *"the team see Nina as the heart of the department and the glue that binds us together"*, and her leadership skills should be recognised by the entire organisation.

## GOLD AWARD

### Newborn Intensive Care Unit



The staff on NICU were very proud to be awarded a GOLD standard in the Trust's Ward Accreditation scheme.

# Finance

**The Division achieved its recurrent financial savings targets for 2014/15 of £3,342k through service developments and productivity and efficiency 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 2014/15

**The Division had a deficit of £1,652k at the end of March 2014. The deficit was attributable to:**

A shortfall of patient income against the plan of 2,719k as a result of:

- £478k under-performance in IVF. This was a result of a combination of factors: a longer than anticipated maintenance shutdown in June for the installation of the new laboratory equipment, a delay in completion of the estates works necessary to provide the facilities required for the extra activity and the delay in the commencement of one of the two new consultants following a timely recruitment process. Over-performance in the final quarter has reduced the year end under-performance by £151k and the resources are in place to deliver the 2015/16 activity plan.
- Out-patients under-performed by £427k, of which £211k related to the delay in implementing the new activity levels associated with the IVF business case (for the reasons outlined above) and an under-achievement of the associated follow up plan. Gynaecology Out-patients also under-performed by £160k, mainly due to revised protocols on the Emergency Gynaecology Unit, which has led to a reduction in the number of patients requiring follow up appointments. The plan for 2015/16 reflects these reductions.
- Deferred commissioner payment for cot reconfiguration in NICU resulted in a year end pressure of £1,654k. For 2015/16 the Commissioners have now agreed to fund a cot configuration which is significantly closer to the 2014/15 plan and we have the demand and the resources in place that will ensure we deliver this plan.

An under-spend against expenditure budgets of £1,066 which reduces the overall Divisional deficit that results from the income underperformance outlined above. The key factors in the expenditure under spend were:

- Pay under-spent by £2,585k predominantly due to challenges in appointing to the vacancies within the NICU and Genetics Directorates,
- Non pay was overspent by £2,002k, mainly arising from the following:
  - £548k overspent on laboratory tests and consumables in Genetics, offset by recharges to other providers.
  - £515k overspent on Obstetrics recharges – this has increased in recent months with Antenatal pathway recharges from other providers exceeding planned levels, which is partially offset by additional patient related income.
  - Pharmacy costs were £460k overspent against budget in the year, for which analytical and investigative work is being undertaken in conjunction with the Pharmacy department to determine and validate the underlying expenditure.
- Divisional Income over performed by £483k predominantly reflective of recharges within Genetics.





## Saint Mary's bereavement services win national awards

**The bereavement team at Saint Mary's are winners in this year's national Butterfly Awards, in the categories of 'Best Hospital Bereavement Service' and 'Medical Professional'.**

The Butterfly Awards recognise families for the strength and courage they have shown during the loss of a baby, and professionals for the work they do supporting families through this loss.

Bereavement specialist midwives Emma Lane and Vicky Holmes set up the Saint Mary's Bereavement service in 2013, after identifying a gap in the care we were providing to bereaved parents.

Their role includes spending time with bereaved parents, and providing a bereavement phone service after they have left our care. They hold coffee mornings during the year for parents and support them in future pregnancies by attending scans with them. They also train and educate other staff on best practice in bereavement care.

Consultant obstetrician Dr Alex Heazell has developed 'The Rainbow Clinic', a clinic that supports previously bereaved parents in future pregnancies.

Dr Heazell and the Rainbow Clinic have been instrumental in reducing the stillbirth rate by 20% at Saint Mary's through research.

Dr Heazell, Emma and Vicky said:

*"We are thrilled to win these awards, as the nominations and votes come from parents we have cared for after their babies have died. Providing care at this really difficult time for parents is challenging but also rewarding. By constantly working to improve our care, we hope that we can give parents the best possible experience".*



## Success at British Journal of Midwifery Awards



**Congratulations to the Saint Mary's Bereavement Service and Rainbow Clinic team, who were named Team of the Year at the 2015 Journal of Midwifery awards.**

The award celebrates outstanding teamwork in midwifery units that demonstrate the link between education, research and clinical practice in the delivery of a first class service to women and their families.

The bereavement service and Rainbow Clinic was set up at Saint Mary's in 2013 by four midwives and obstetrician Dr Alex Heazell to ensure that the women and their families who experience pregnancy loss receive the best care possible from the time of diagnosis of an abnormality or the death of their baby and beyond, into a subsequent pregnancy.

The team has incorporated principles from existing guidelines, sought and listened to the needs of bereaved parents and conducted their own novel research. This has resulted in new systems, training, resources and facilities being developed to allow all staff to provide seamless care in an environment which encourages a family focus, providing memories, follow-up support, postnatal follow up clinic and a specialist clinic for care in the next pregnancy; the Rainbow Clinic. The service is now regarded as a centre of excellence and its work has been recognised in Parliament.

# Saint Mary's Hospital set to deliver world-leading genomics project in fight against cancer and rare diseases



**In March, Saint Mary's Hospital recruited the first patient to the 100,000 Genomes Project, making it the first NHS Genomic Medicine Centre in the project.**

We are one of eleven centres across the country that will lead the way in delivering the NHS England project over three years. The project aims to transform diagnosis and treatment for patients with cancer and rare diseases.

The first patient recruited to the project was Michelle Holding (pictured above, left) who is the fourth generation of women in her family to develop breast cancer at a young age and is the first recruit to have her genomes mapped. Her mum Suzanne has also had treatment and her grandmother and great-grandmother also had the disease.

The initiative involves collecting and decoding 100,000 human genomes – complete sets of people's genes – that will enable scientists and doctors to understand more about specific conditions.

The project could improve the prediction and prevention of disease, enable new and more precise diagnostic tests, and allow personalisation of drugs and other treatments to specific genetic variants.

It is anticipated that around 100,000 people will be involved across the UK – we expect to see 5,000 people at Saint Mary's.

Professor Bill Newman, Professor of Translational Genomic Medicine at The Manchester Centre for Genomic Medicine at The University of Manchester and Honorary Consultant at Central Manchester University Hospitals NHS Foundation Trust said:

*"The doctors, genetic counsellors, nurses and scientists at the Manchester Centre for Genomic Medicine at Saint Mary's Hospital and colleagues at the Christie Hospital in Manchester are delighted to have been selected to be a Genome Medicine Centre by the NHS."*

*"It was a pleasure to meet the family in our Manchester clinic who became the first participants in this major study."*

*"We discussed with them how we hope to find out the reason why so many young women in their family have developed breast cancer. We have confidence that this new type of genetic sequencing test will find answers to make a real difference for other members of their family and future generations."*



## Manchester artwork wins the National Lottery Awards

The stunning art installation 'The Chandelier of Lost Earrings', exhibited in Saint Mary's Hospital earlier this year, has been named as the winner in the prestigious National Lottery Award as the Best Art Project in Britain.

It was selected from more than 750 entries across the country to go into a public vote to decide the winners of the National Lottery Awards – the annual search for the UK's favourite lottery-funded projects.

Staff from all across Central Manchester Foundation Trust contributed earrings to the project, which was exhibited at Saint Mary's between October and January.

Manchester based artists Lauren Sagar and Sharon Campbell worked closely with the Trust's resident arts programme Lime to create this unique communal project, which as well as contributions from staff and patients, had the support of volunteers and businesses to see it through to installation.

'The Chandelier of Lost Earrings' initially came about through a collaboration with staff at Saint Mary's Maternity Unit, where staff were asked to donate lone earrings which had formally been a pair, and which had some emotional resonance or significance for the wearer.

Earrings were gifted to the project alongside a few written words about the personal significance of the earrings. The sculpture itself comes to represent many individual stories woven together into one object heavy with meaning and significance for those who took part.

Brian Chapman, Director of Lime said:

*"The Chandelier of Lost Earrings is a great concept for a project to engage with so many people. The artists have worked so hard on this and the result is stunning. When displayed in the hospital it had a very positive impact on the space, patients, staff and visitors."*



## Midwife scoops RCM award

**Natalie Linder**, a midwife on the Central Delivery Unit, has won the Thompsons Members' Champion award at this year's Royal College of Midwives awards.

As well as her role as a midwife at Saint Mary's Hospital, Natalie also has an educational role on CDU, and is the RCM workplace representative on this unit.

She has won this award for her work as a union representative around the NHS pay campaign. Throughout the recent pay campaigning, she did much to support and encourage members, as well as liaising closely with the RCM headquarters team, working extremely hard in her own time.

Her enthusiasm for the profession and providing support is evident, as is her positive attitude in using social media to reach members of all ages and experience.



## New rooms for mums on Saint Mary's NICU, thanks to fundraising efforts of Boon family

**Two new rooms designed to enhance the family experience for parents of babies on the Newborn Intensive Care Unit (NICU) at Saint Mary's had their grand opening on Monday 28th July 2014.**

The neonatal ward, a 58 cot facility for the poorest newborns at the hospital, underwent work to improve the time spent on the unit for the families of the babies in the hospital's care.

A large part of the experience for new mothers when their babies are in the intensive care unit is that feeding their babies can be problematic, stressful and upsetting.

Thanks to donations from the family of Manchester's Clint Boon and others, the new rooms have been decorated and comfortable 'expressing' chairs (for breastfeeding) purchased, with the specific aim of making this transition for parents a calmer, more productive experience, where they can share their journey with other new parents who are having a similar experience.

The rooms are decorated with stories of previous families on NICU, some of whom have gone on to have more children at Saint Mary's. It is hoped that their stories will provide comfort and hope to other families.

These families attended the NICU unit to officially 'unveil' the new spaces.

The Boon family said of the project:

*"We are very excited to hear that the nursing rooms in Saint Mary's NICU unit are now complete. We sat with the staff just a few months ago and discussed the beautiful designs they'd produced for the decor.*

*"We know this will make a small but significant improvement to the experience which mums (and dads) will have as they spend those anxious days, weeks or months in the NICU.*

*"It's lovely to think too that these wonderful pictures on the walls will be the first real colours our babies will see as they sit with their mummies in those early days.*

*"Thanks again to everyone who has contributed to our fund over the last two years and to the brilliant staff at Saint Mary's."*

Neil and Kate Morland (pictured) were amongst the parents attending the event. They said:

*"Our son, Scott, was a patient on NICU for three weeks, during this time he received excellent care and support,*

*which always ensured the best for his integrity and wellbeing. As parents we wanted to do as much as we could for our baby and providing expressed milk for him was important to us. Having a well-equipped dedicated space to express milk made a huge difference to the time we spent on NICU."*

Kath Eaton, Matron on NICU who has led on the project said:

*"Parents of the babies on our ward are understandably distressed, especially those who are with us for several weeks and sometimes months.*

*"Anything we can do to make the experience that bit more relaxing for them is something we strive to do. Having these beautiful new spaces for them to express their milk, chat to other mums, and ultimately aim to be able to feed their babies themselves before they go home, will hopefully make this part of their NICU experience that bit easier."*

Saint Mary's Hospital Charity is raising money to ensure continued excellence in treatment, care and research at the hospital – improving the lives of thousands of patients each year across the North West and beyond.



# Research

## We do clinical research

**2014-2015 was an extremely successful year for Saint Mary's Research with 2,998 participants recruited over 233 studies.**

We have seen a significant increase in the number of studies meeting the 70 day target (first participant recruited within 70 days from project application being received by the Research Office) since established in 2013 (currently 63%). However, we aim to continue to improve upon this by increasing the research infrastructure and staffing, including research administrative support, clinical trials manager and clinical trial co-ordinator posts and monthly study performance management.

The number of research active staff in Saint Mary's has increased and is now over 100. The number of publications within the top impact ranking journals authored by Saint Mary's staff during 2014-2015 was 280 of the 470 publications (59%).

During 2014-15 all of the directorates had a commercial study open to recruitment. Whilst Genetics have a history of performing well recruiting to commercial studies, this was the first commercial study in each of the other three directorates:

- **The RESPONSE study** (led by Dr Lamiya Mohiyiddeen and based in Gynaecology) examining whether the use of a new medication reduces the risk of future miscarriages in women who have previously had unexplained recurrent miscarriages (three or more miscarriages in a row). The drug is a man-made form of a protein called G-CSF (granulocyte colony-stimulating factor) which is a naturally occurring protein in the female reproductive tract. It is hoped that giving G-CSF to women may reduce the chance of a healthy pregnancy being rejected by a woman's immune system.
- **The IONA study** (led by Dr Edward Johnstone and based in Obstetrics) is exploring the effectiveness of

a scientific technique to allow early and safer (non-invasive) diagnosis of unborn babies with Down's Syndrome (and other chromosomal abnormalities) from a simple maternal blood test. Currently, the only method to make an absolute diagnosis of Down's Syndrome involves either taking a biopsy from the placenta or obtaining a sample of amniotic fluid from around the baby. Both of these tests carry the potential risk of miscarriage. If effective, the Iona test would avoid having to perform as many invasive tests in the future.

- **The ROPP study** (led by Dr Ajit Mahaveer and based in The Newborn Intensive Care Unit) which aims to evaluate whether a new study drug can prevent the development of retinopathy of prematurity (a vision problem which affects approximately 20% of premature babies and at its most severe, can cause total blindness) for babies born before 28 weeks of pregnancy.

Recruitment to all three studies is progressing well, therefore this excellent performance within all areas of Saint Mary's undoubtedly makes us an extremely attractive site for future commercial studies within the speciality, but also the hospital as a whole.

The Local Clinical Research Network (LCRN) have increased funding for the Gynaecology Research team taking in to account both the team's strong performance during 2014-15, recruiting 1366 participants, and an upcoming study, PRISM. PRISM is a large study taking place across the UK looking at whether progesterone can prevent miscarriage in women with early pregnancy bleeding (before 12 weeks of pregnancy), a known sign of threatened miscarriage. This study will be based within the Emergency Gynaecology Unit and led by Dr Ursula Winters. Core funding levels have been maintained for 2015-16 for the Neonates, Genetics and Obstetrics research teams.



The gynaecology research team receiving their 'We're proud of you' 'team of the year' award from R&I Divisional Director Kathy Evans

**The research midwifery team were shortlisted for 'Team of The Year' at the 2015 Royal College of Midwives (RCM) National awards.** The Gynaecology Research Team were also shortlisted for 'Team of The Year' within the Trust's internal 'We're Proud of You' awards and selected as winners of the R&I Division's 'Team of The Year' category.

Cara Taylor (Research Midwife Co-ordinator) and Lucy Dwyer (Senior Gynaecology Research Nurse) identified that a National Forum for Research Midwives and Gynaecology Research Nurses would be beneficial for networking, trouble shooting and performance managing study issues within Reproductive Health and Childbirth research. As a result of their work, this was submitted to The Department of Health as a national objective and Saint Mary's hosted the first of three forum meetings in December.

## Saint Mary's Hospital recruit first patient nationally to take part in STRIDER study

**The STRIDER trial will determine whether oral sildenafil improves outcomes in pregnancies complicated by severe early-onset intrauterine growth restriction without increasing risks to the mother.**

Fetal growth restriction, commonly called intrauterine growth restriction (IUGR), occurs when the placenta has failed to develop correctly. In most cases this has happened in the early stages of pregnancy but is usually only recognised when the baby is found to be small on ultrasound around 20 weeks. There is currently no treatment for IUGR.

IUGR is linked with:

- Stillbirth (the baby dying before birth).
- The need to deliver the baby before the end of pregnancy (preterm delivery).
- Serious health problems for the baby soon after birth, including death.
- Health problems as the baby grows into a child and an adult.

Sildenafil, commonly called VIAGRA, causes blood vessels to relax and has been used for many years for the treatment of male erectile problems. Sildenafil may also be able to cause the blood vessels supplying the placenta to relax, improving the blood supply to the placenta in IUGR pregnancies. Improving the blood supply to the placenta should improve the growth and well-being of the IUGR baby. We expect that babies treated with sildenafil will be delivered one week later compared to those treated with placebo. This one week increase is clinically very important.



At Saint Mary's Hospital, STRIDER is led by Dr Ed Johnstone (above) and supported by the research midwifery team. As well as recruiting the first patient to the trial, the team have also recruited more participants than any other site.

## Manchester success in ovarian cancer screening trial

Researchers at Saint Mary's Hospital and The University of Manchester have been instrumental in recruiting over 16,500 women to the largest clinical trial of its kind for ovarian cancer screening, UKCTOCS.

The trial, led by the University College of London, involved thirteen Trusts across the UK, including Saint Mary's Hospital, Manchester, led by Dr Mourad W Seif and supported by the NIHR/Wellcome Trust Manchester Clinical Research Facility at Central Manchester NHS Foundation Trust.

One arm of the trial investigated the sensitivity of a new method of screening for ovarian cancer in over 46,000 women and the result of which has been reported by the journal of Clinical Oncology. The method uses a statistical calculation to interpret changing levels in women's blood of a protein called CA125, which is linked to ovarian cancer. This gives a more accurate prediction of a woman's individual risk of developing cancer, compared to the conventional screening method which uses a fixed 'cut-off' point for CA125.

The new method detected cancer in 86% of women with invasive epithelial ovarian cancer (iEOC), whereas the conventional test used in previous trials or in clinical practice would have identified fewer than half of these women (41% or 48% respectively).



The UKCTOCS team was collaboration between CMFT, The University of Manchester and the Manchester National Institute for Health Research (NIHR) clinical research facility. Here the team are joined by a number of study participants.



## RMCH patient first in the world to take part in Hunter Syndrome trial led by Saint Mary's Genetics Consultant

**Joe Hiller, who has a rare inherited disease, has become the first person in the world to participate in a new trial which could alter the lives of fellow sufferers.** Joe, who is four years old and from Shropshire, has the condition 'Hunter Syndrome', which affects around 80 people in the UK. The Royal Manchester Children's Hospital is the only hospital in the UK to be delivering the study.

Hunter Syndrome (also called mucopolysaccharidosis Type II or MPS II) is a progressive and life-threatening disease that primarily affects males. The syndrome is usually diagnosed in childhood, with sufferers having difficulties growing normally and with hearing, skin changes, frequent ear, nose and throat infections, joint problems, and breathing. In some cases there is also a delay in a child's development, for which there is currently no effective treatment.

Professor Dame Sally C Davies FRS FMedSci, Chief Medical Officer and Chief Scientific Adviser at the Department of Health, said:

*"This trial will help to develop treatments to improve the lives of patients with this difficult and debilitating condition and their families. I am delighted the first patient to be recruited is in Manchester. Clinical research such as this brings hope to those affected by rare diseases. As described in the Strategy for UK Life Sciences, the National Institute for Health Research's investment in clinical research infrastructure in the NHS supports world-leading researchers and facilities to support the life sciences industry and providing faster access for patients to new treatments."*

The study is being led by Dr Simon Jones, Consultant in Paediatric Inherited Metabolic Disease at Saint Mary's Hospital. Dr Jones, who is also Honorary Senior Lecturer at The University of Manchester, explains:

*"We are very keen to have a treatment that can change the learning ability of our patients, as this is clearly an area that needs a treatment and we are excited to be part of this trial"*.



Joe Hiller who was the first participant in the world to a study exploring Hunter Syndrome

## New national Rare Disease role for Professor Graeme Black

**Professor Graeme Black, Strategic Director of the Manchester Centre for Genomic Medicine at Saint Mary's Hospital, has been appointed as Theme Lead for Eye Diseases in the Rare Disease Translational Research Collaboration (TRC).**

The Rare Disease TRC is a major national initiative set up by the National Institute for Health Research (NIHR). The aim is to harness and further develop the existing NHS research infrastructure to support translating outcomes of patient-centred research into the development of new, effective therapies and real-life patient benefit.

Graeme Black, who is also Professor of Ophthalmology and Genetics at The University of Manchester, will lead

the pioneering work of the Eye Disease Theme of the Rare Disease TRC. The Theme will focus on detailed retinal functional testing using psychophysics and electrophysiology, combined with detailed ocular imaging to explore the effects of specific genetic mutations on retinal and optic nerve function. Led from the NIHR Moorfields Biomedical Research Centre, it brings together colleagues from across Newcastle, Cardiff, Oxford, Leeds, Cambridge and Manchester.



# Saint Mary's Hospital Charity

**Over the past 12 months the charity team has once again seen incredible support for Saint Mary's Hospital. Thanks to the dedication of individuals, community groups, companies and organisations we've raised over £181,000 during 2014/15. This fantastic generosity has helped to make a real difference, enabling the charity to continue to support treatment, care and research at the hospital.**

Here are just a few of the fundraising highlights:

- Our third 'Wiggle for Women' Zumbathon took place in October and was a great success with over 150 women taking part, all raising money for a dedicated birth trauma counsellor. The counsellor will support women who have suffered major complications of pregnancy, including stillbirth, fetal abnormality or birth trauma.
- Graham Sheldon, former Chairman of the Saddleworth Parish Council selected the hospital's Placenta Clinic as the council's Charity for 2013/14. Graham chose to support the clinic after a member of his family received treatment there. The council held a number of events throughout the year and raised £6,000 in total.
- Coronation Street stars Ryan Thomas, Krissi Bohn and Ian Puleston-Davies, along with 27 members of the Corrie crew, took on the Salford Triathlon to raise money for NICU. The team swam 750 metres, before cycling 20km, and finishing with a 5k run! Their fantastic efforts raised over £7,000 for the unit.
- Seven staff from Saint Mary's NICU took on the three peaks challenge to raise money to buy a portable sensory unit for their patients. The team comprising of Laura Mallinson, Louise Sage, Claire Hughs, Belinda Wyatt, Sam Dixon, Ian Clark and Liz Hart, together raised over £4,100.
- A group of friends got together to hold a 12-hour karaoke session and raised over £7,900 for Saint Mary's NICU. The event was organised by Joanne Hargreaves whose daughter Frida was treated on the unit, with the money going towards play provision on the unit for the siblings of babies being treated.
- Leanne Seel and family raised over £12,000 through various fundraising activities in memory of her son, Remi Seel, who was sadly stillborn at 38 weeks. The funds have been used to purchase a cooling cot, a BiPap ventilator, and supporting the service provided by the Bereavement Team.

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



**There are many ways that you can get involved and support Saint Mary's Hospital Charity, from participating in one of our annual sporting challenges, to organising your own event in support of the hospital.**

To find out more please contact 0161 276 4522, e-mail [charity.office@cmft.nhs.uk](mailto:charity.office@cmft.nhs.uk) or visit [www.cmftcharity.org.uk](http://www.cmftcharity.org.uk)





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