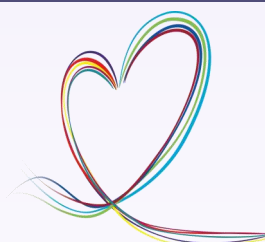


# Saint Mary's Hospital Annual Report 2015/16







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

Professor 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 Hospital have delivered for the patients and families we provide care to. We would also like to recognise that this is not possible without the number of other staff who support the work we do, either in other Hospitals in the Trust, in corporate services or who are external to the organisation but who work in partnership with us.

This year there has seen a huge amount of activity undertaken through research in all of our directorates. This is so important as it informs how we provide care and treatment in the future. You can see how the 100,000 genome project has recruited over 500 patients in the first year, 1642 umbilical cords were collected for the Anthony Nolan Trust, Dr Mahoney in Urogynaecology showed outstanding potential and was awarded a National Institute for Health Research Doctoral Research Fellowship, the use of pioneering technology in the diagnosis of pre-cancerous conditions of the cervix and collaboration with clinicians in Malawi and Kenya to prevent the mother to child transmission of HIV, to name a few.

This is all very exciting, but we also have to make sure we continue to get the basics right and work has continued to engage with staff so that we can improve services for staff which also means we improve services for our patients.

Communication with our staff is key and this has been through a variety of media with newsletters, focus groups and Chief Executive led sessions but also towards the end of this year we launched Twitter in our maternity unit. Our staff engagement scores demonstrated we were continuing to improve and our score put us in the top 20% of Trusts and 4<sup>th</sup> in the Trust.

In this year we also had our Care Quality Commission inspection and we were pleased to be rated as GOOD across all of our Saint Mary's Hospital directorates. This was a huge achievement at a particularly challenging time when staffing levels were not at their optimum, particularly in maternity. However, the findings showed that staff pulled together and delivered a service they could be proud of.

I could highlight many more sections within this report as there are many examples of good practice and staff who we are proud of, but I will leave this for you to discover yourselves. Please enjoy this report and as ever, if you have any suggestions, please e-mail [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**  
Deputy Director of Nursing/  
Head of Midwifery

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)

# 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).





# Programme Management Update

## Maternity Transformation

After two and a half years' work the maternity transformation programme was drawn to a close. The service improvement work that was carried out during that time has resulted in streamlined patient pathways which have improved patient experience, increased capacity to cope with increasing demand as safely as possible and also delivered financial stability to the Obstetric Directorate.



## NICU Transformation

During the year a new programme of work has been setup within the Neonatal Intensive Care Unit. The purpose of this programme is to further enhance the quality of service provided by this already very well run Directorate. Areas of focus in the new programme include, patient pathways and service user experience, reviews of the Community Outreach Service provided for discharged babies, and work to improve to co-ordination and co-operation between related services such as maternity and those offered within the Royal Manchester Children's Hospital to ensure patients move seamlessly between them.



## Reminder Messaging

During the year the Project Management Office successfully managed the roll out of patient appointment reminder messages within the Gynaecology and Genetics services. The outcome has been a drop in the number of patients missing their appointment with over 2,000 fewer expected to be missed over the space of year. This means more patients are seen when they need to be seen and less clinician time is wasted due to patients not attending appointments.



## Some facts and figures:

The division employs 1659 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.

There were 7,241 Elective admissions, broken down into 5,490 daycase admissions and 1,750 Elective admissions

There were 31,317 non-elective admissions to the Hospital, (including babies born).

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

There were 9,177 deliveries (including Salford birth Centre) resulting in 9,357 babies being born.

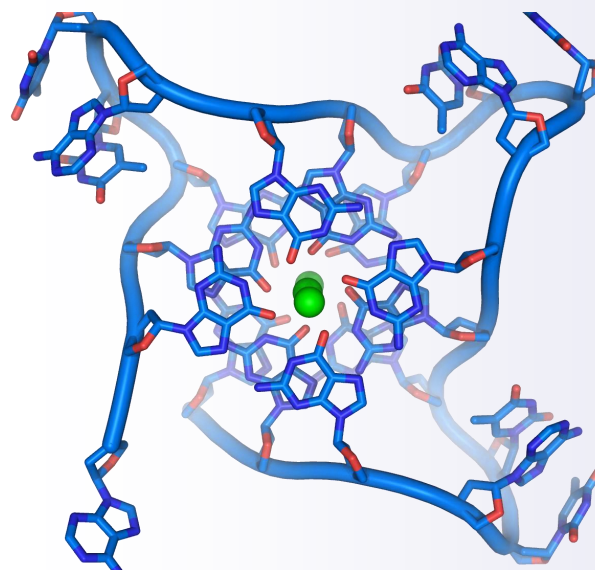
Antenatal pathways = 9789 and Post natal pathways = 5266.

Out-patients saw 269,613 appointments, Obstetrics = 158,395, Gynaecology = 72,830 and Genetics = 19,650.

# Genomic Medicine

The Manchester Centre for Genomic Medicine (MCGM), located on the 6<sup>th</sup> floor of Saint Mary's Hospital, is one of the largest consultant led departments of its type in Europe and consists of integrated clinical, diagnostic laboratory and research. The centre provides co-ordinated care for patients and families with rare genetic disorders, offering diagnosis, counselling and clinical management of conditions from a single regional centre.

MCGM has 300 staff, including 25 medical consultants, 25 genetic counsellors and a team of administrative staff providing services for a population of 5.7 million people across the North West, with outreach clinics provided across our regional geography. Our clinical expertise is recognised by NHSE, directly commissioning a number of highly specialised services that are available to all NHS patients in England.



## Greater Manchester NHS Genomic Medicine Centre

Following last year's designation as the Greater Manchester NHS Genomic Medicine Centre (GM GMC), MCGM has continued to focus efforts in delivering its first year programme of this ambitious national project to sequence 100,000 genomes of NHS patients. The first year's patient recruitment was successful, with 555 patients with rare diseases being recruited.

MCGM scientists played a key role in national improvement schemes for the cancer arm of the project over the last year; work the team were involved in has led to substantial changes to the cancer protocol. Following transformation work with our regional Pathology colleagues to ensure Pathology services are 'genomics capable', we are now actively identifying and recruiting Cancer patients into the study.

This project continues to deliver transformation of our services. After last year's successful bid for transformation funding, the diagnostic laboratories have completed the purchase of a replacement IT

system; this will allow many aspects of their work to be harmonised and simplified and will have a direct impact on the services to deliver future quality service.

Elsewhere on the project, Miffany Rawson was recognised by NHSE for her work on improving the patient recruitment materials and her work is now used across the nation for this project. GM GMC was also successful in obtaining £150,000 in funding from Health Education England. This funding will ensure we are able to link to genomic education needs across GM GMC. Staff have been appointed to lead in this area and a programme of education has been started.

GM GMC work has been adopted as an accelerator project by the Greater Manchester Academic Health Science Network's DataWell programme. This ambitious healthcare connectivity programme is looking to establish and provide correct governance for the connectivity of healthcare data across Greater Manchester; the importance of Genomic data in the emerging field of Precision Medicine is recognised in this accelerator.



Clinical Director  
Dr Fiona Laloo



Strategic Director  
Prof Graeme Black



Directorate Manager  
Lynn Chantler



100k Genome Project Lead  
Prof Bill Newman



Director of Laboratories  
Dr Lorraine Gaunt

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

## Clinical Trials

Following many years of dedicated work with patients and University of Manchester teams, Dr Simon Jones has played a key role in the delivery of a new joint venture with Orchard Pharmaceuticals. This work will look to treat children suffering from very rare diseases where there is currently no cure. This work has provided capacity for dedicated clinical trials beds to be available in RMCH and patients looked after by Dr Jones and the Willink Unit team will be the first to be enrolled in these trials.

## New services and developments

MCGM's diagnostic laboratory launched **estimated glomerular filtration rate** (EGFR) testing on circulating tumour DNA. This test allows lung cancer patients who are too ill to undergo lung biopsy or re-biopsy to be offered genetic testing. This may then allow access to certain drugs which are only effective for certain genetic variants. It is advantageous to perform the test early in order to alter the patient's therapy and prolong life.

A new combined test for detection of two forms of inherited colorectal cancer was launched this year, improving our ability to find genomic variants in patients.

Improvements have been made to the breast cancer test by our clinical computer scientist team, improving the analysis of data for patients undergoing BRCA1/2 genes screening in ovarian and breast cancer patients.

A MCGM team together with colleagues in Manchester Royal Eye Hospital are developing a new software tool that will allow patients' genomic results to be linked to their other clinical features in order to speed up the development of new genetic tests. This work is supported by donations to the CMFT Charities office.

## New Appointments

This year has seen the recruitment of additional consultants in the clinical department. Drs Senno Verhoef and Emma Woodward joining the department. Dr Verhoef and Dr Woodward are both Consultants in Cancer Genetics.

## Awards and Recognition

- Genetics MRes student, Sara Failey, has won the Arnold Huddart Medal. The medal was awarded for her presentation on Orofacialdigital Syndromes at the Craniofacial Society meeting of Great Britain and Ireland.
- Naz Khan and the outreach-worker team won a Staff Excellence Award (East Lancashire) for Service Development in Pendle. The project engaged with partners in awareness raising training specifically on the issue of consanguinity and genetic recessive disorders, and to enhance access to genetic services for families affected with genetic disorders, thus empowering them to make informed choices.
- The Enhanced Genetic Service has now obtained funding to expand into all of East Lancashire and has three genetic outreach workers, so that all ethnic minorities and refugees/asylum seekers/Roma/gypsy/travelling community will be included. A key part of this service is to be able to build trust and confidence in the community.
- Dr Emma Howard passed her FRCPath part 2 exam.
- Eleanor Baker passed her PhD in April 2016.

## Focus for 2016/17:

Our focus for next year includes formulating bids to establish and be part of a number of European Reference Networks for Rare Disease.

The procurement of NHS Genomics Services is scheduled for Autumn 2016 after slippage at NHSE. The process to ensure a successful bid from MCGM will involve the MCGM, Saint Mary's Hospital and corporate teams.



# Gynaecology

- **Benign Gynaecology**
- **Uro-Gynaecology**
- **Gynaecological Oncology**

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.

- **Reproductive Medicine**
- **Paediatric and Adolescent Gynaecology**

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, as well as managing out-patient services at Trafford General Hospital

In 2015/16, 10,298 new patients attended as out-patients, 6,926 were treated in outpatients, 4,414 in theatre and there were 13,332 new attendances at the early pregnancy/emergency gynaecology unit.



Clinical Director  
Dr Gail Busby



Lead Nurse  
Pam Kilcoyne



Directorate Manager  
Sam Evans

## Our focus for 2016/17

In 2016/17 the Directorate will be:

- Implementing an out-patient hysteroscopy service at Trafford General Hospital.
- Engaging positively with the following service reviews and potential reconfigurations of services:
  - ◇ The creation of a Single Cancer Service for Greater Manchester.
  - ◇ The creation of a Single Hospital Service for Manchester.
  - ◇ The review of Gynaecology being undertaken by the Greater Manchester Women's Health Network.
- Aiming to meet our financial Trading Gap target of £3.6M by improving theatre efficiency and improving the coding of our in-patient and out-patient procedures to make sure that we work as efficiently as we can and that we are correctly paid for the work that we do.
- Improving our green credentials while increasing efficiency by decreasing our reliance on paper and embracing electronic working to a greater extent.
- Implementing a partial booking service for follow up appointments to reduce the number of appointments which have to be cancelled and rebooked.



## Highlights in 2015/16:

- The Emergency Gynaecology Unit and the Disorders of Sex Development Multi-Disciplinary Clinic were commended by the Care Quality Commission as areas of outstanding practice.
- Dr Raj Mathur took over as Clinical Lead for Reproductive Medicine Service.
- The Department of Reproductive Medicine has maintained the clinical pregnancy rate (per embryo transferred) at 38.4%. The Department used weekend theatre lists during 2015 to clear a backlog of patients waiting for treatment and the waiting time to be treated has now been removed.
- On 1<sup>st</sup> June 2015 the Department of Reproductive Medicine opened a fee-paying service for patients requiring assisted conception treatment. The service has treated 46 patients so far. The profits from the service are being reinvested in the service for NHS patients. (See page 35).
- The Department of Reproductive Medicine is currently focusing on improving patient experience and pathways. A new out-patient pathway has recently been introduced with the aim of improving information giving to patients and improving the quality of clinic appointments.
- The donor sperm service has been significantly improved with excellent availability of donor sperm and specialist donor nurse co-ordinator support.
- The Department of Reproductive Medicine has participated in 2 National Institute for Health Research (NIHR) funded national research trials.
- The Andrology service has successfully removed the waiting list for Surgical Sperm Retrieval by running extra theatre sessions throughout the year along with the introduction of a PESA (percutaneous epididymal sperm aspiration) service giving some patients the option of less invasive surgery without the need for general anaesthetic.
- The Andrology laboratory has maintained NEQAS accreditation and improved the male production room facilities.
- The Department of Reproductive Medicine has established satellite arrangements with Manchester Fertility Services to enable local treatment of patients with positive virology results.
- The Department of Reproductive Medicine has improved the scanning service with lists led by departmental nurses and doctors and availability of 3D scans for patients
- The Gynae-Oncology and Benign Gynaecology teams have reduced the waiting time from 2 weeks to 1 week for patients referred with a High Suspicion of Cancer (HSC).
- The 53° North Pelvic Floor Research Network was established. Over 20 Consultants in Urogynaecology from across the north of England came together to share best practice, explore opportunities for joint working partnerships and to collaborate to apply for funding. (Please see page 36).
- The Warrell Unit was successfully accredited by the British Society of Urogynaecology and is now one of the largest Pelvic Floor Units in the country

### Access targets

- The Gynae-Oncology team met the 62 day Cancer Waiting Time target for every quarter during 2015/16
- The Emergency Gynaecology Unit met the 4 hour Emergency Care target for every quarter during 2015/16
- The Gynaecology Directorate met the 18 Week Target for every quarter during 2015/16



# 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 59 cots, of which 32 are allocated to infants requiring intensive and high dependency care and is the only provider of neonatal surgery, cardiology, retinopathy of prematurity (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 Greater Manchester 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



Lead Nurse  
Louise Weaver-Lowe

## Patient safety and clinical quality

remain a priority for the neonatal directorate and the focus of work during 2015-16 has been to ensure that we continue to deliver safe, high quality care that meets the needs of babies and exceeds the expectations of their families. We established a Neonatal Quality Improvement Programme in the past year with the aim of focusing on specific areas of care to drive up quality. These have received wide engagement from our staff and the work streams are already beginning to realise positive results. In addition, the NICU Research Team has significantly developed our research portfolio and the directorate is active in a number of national and international commercial and portfolio studies. Developing research capacity and capability in the nursing team and the facilitation of nurse research ideas and education is an ongoing priority.

In the past year there have been some challenges which the work plan for 2016-17 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 impacted significantly on staffing pressures. The directorate management team continues 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; feedback from our parent surveys is very positive and the number of formal complaints to the service continues to fall.

During 2015-16 the Unit experienced a rise in admissions to 1214 (a 5% increase from the previous year) which equates to an average admission rate of just over 100 babies each month and reflects the increase in birth rate and acuity of women delivering at CMFT, along with patient flows from throughout NW England for specialist and surgical care.





## Key Achievements in 2015-16

- Winners of 'Best Debut Team' category in the GM Clinical Research awards.
- Awarded 'Gold Ward' status in the CMFT Improving Quality Programme for the second consecutive year.
- Expansion of the ANNP team to support the medical workforce.
- Establishing the 'Baby time' initiative to enable mums to view their babies remotely through the use of IT.
- Embedding of the 'Wee care' developmental care programme.
- Recruitment of 3 neonatal consultants.
- Recruitment of 38 neonatal nurses.
- Award for NICU Bereavement Team from the John Lewis Divisional Community Investment Committee.
- Establishing the 'Sibling Play' project.
- Embedding of the Neonatal Quality Improvement Programme.

## Planned Initiatives for 2016-17

- Refurbishment of the NICU Reception area.
- Expansion of the Retinopathy of Prematurity Service to include a mobile Retcam service.
- Expansion of the NICU clinical footprint to provide additional cot spaces.
- Further expansion and development of the ANNP workforce.

## Patient Safety

The unit was runner up in the Trust's Patient Safety Awards for the idea of clear drapes.

The drapes were introduced in place of the green drapes previously used for a sterile field during the insertion of indwelling catheters/lines and chest drains in neonates.

The clear drapes allow clear observation of the baby during the procedure.

## Communicating with staff

The NICU team proactively communicate with their large workforce through a range of methods, including various forums and monthly newsletters. These serve to highlight service updates, events, lessons learnt from incidents and complaint, along with important news and reminders.



# Staff on NICU mark World Prematurity Day 2015

World Prematurity Day is observed on 17th November each year, to raise awareness of preterm birth and the concerns of premature babies and their families worldwide.

The Newborn Intensive Care Unit (NICU) marked the occasion with celebratory refreshments for staff and families.

The unit was decorated with purple balloons and washing lines of small socks and booties, including a washing line with 9 socks and one tiny bootie. This represents the one in 10 of all babies who are born prematurely worldwide.



The Unit also launched 'The Parent Promise', a document supporting the roles of both parents and nurses when a baby is on NICU.

Parents were also invited to write a message to their baby and hang it on a 'wish tree' in Reception.

## NICU GEM

**NICU's Simone Kent won the Divisional Gem award for Empathy. She was nominated by a Mother who said:**

"Simone cared for our son to such a high standard. Due to emergency caesarean, I was unable to see my son on NICU straight away. I felt hugely re-assured by my husband's description of Simone and things she had said. She went the extra mile to make us feel relaxed and positive during a stressful time. She worked considerably hard to give our little boy this best care in his first 24 hours. When I did see my son on the unit for the first time, the level of support and time was wonderful. Simone supported with breastfeeding and dressing my baby for the first time. Her support with breastfeeding was particularly important. Simone went the extra mile to ensure I had the best bond possible with my baby despite the circumstances. Her empathy for that situation was clear. Her care for my son and my emotional well-being will stick in my mind forever. She is a very dedicated member of staff with care and compassion. She recognised the small things that would mean so much to me. She worked hard to ensure that the time I had to wait to touch, hold, feed and eventually be reunited with my baby were kept to a minimum."



***Well done Simone - a really well deserved award!***



Congratulations to the staff on NICU on maintaining their GOLD award in the 2015 ward accreditations.

CEO Mike Deegan presented the team with their certificate of achievement in November.



## Annual Baby Remembrance Service



This year the Saint Mary's annual Baby Memorial Service of Remembrance was held on 28th June 2015 at the Manchester Academy School and was led by our Chaplain, the Reverend Jeremy Law, together with the Reverend Catherine Binns, who is also a NICU nursing sister.

The service was attended by the Trust's Chairman, Mr Steve Mycio and Mrs Karen Connolly, Director of Saint Mary's, along with many of our families. Following the welcome address by Dr Sarah Vause, Consultant Obstetrician, several family members read poems and we joined together in song and prayer. Families were then invited forward to light a candle and the names of the babies were read out.



The service ended with the Act of Remembrance and the release of balloons.

# Obstetrics

Saint Mary's Hospital provides maternity services for women living in central Manchester, Trafford, Salford, the North West and beyond with primary, secondary and tertiary (specialist) obstetric care. The hospital is renowned both regionally and nationally for its clinical, research, fetal and maternal medicines services.

The models of care provided to women are both consultant and midwifery led, with an established midwifery led team delivering care to women with low risk pregnancies and a multi-disciplinary team comprising obstetricians, midwives, anaesthetists, neonatologists and physicians providing care to women with specialist fetal and maternal needs.

The specialist services provided by the directorate include:

- Diabetes,
- Haematology,
- Obesity,
- Multiple pregnancy,
- Placental abnormalities,
- Fetal loss,
- Teenage pregnancy,
- Mental health,
- Cardiac and renal services,
- Preterm labour,
- Recurrent miscarriage,
- Joint obstetric rheumatology clinic and
- The Manchester Antenatal Vascular Service (MAViS).



The Fetal Medicine Unit (FMU), which is part of antenatal services, is a tertiary referral unit designated from April 2013 as one of 12 fetal medicine centres across England supported by Specialist Service Commissioning. Since 2014 FMU provides an outreach tertiary FMU service at Oldham Royal Hospital, which is part of the Pennine Acute Hospitals Foundation Trust.

Antenatal services (antenatal clinics and antenatal assessment units) are provided in consultant and midwifery led clinics at Saint Mary's Hospital, Salford Royal Foundation Trust and Trafford General Hospital. Community midwife led clinics (antenatal and postnatal) are held at GP surgeries, Sure Start/ Children's Centres and home.

Women have choice regarding their place to give birth either at home, in the stand alone birth centre at Salford, in the Saint Mary's Midwifery Led Unit or in the consultant led Delivery Unit.

The maternity unit is co-located with a level three regional neonatal intensive care services.



Clinical Director



Deputy Head of Midwifery  
Val Clare



Directorate Manager  
Eleanor Stanley

## Our focus for 2016-17 is:

- The implementation of the Obstetric Strategy for Managing Capacity and Demand to ensure we have the right staff in place to continue to provide high quality safe clinical care.
- To continue to implement financial plans that are robust.
- To work collaboratively towards the implementation of single hospital services.



# Workforce

## Consultants

The directorate welcome four new consultants to the team this year: Dr Samiksha Patel, Dr Clare Mullan and Dr Shimma Rahman who joined us in June 2015 and Dr Kim McLeod as from January 2016.

## Midwifery workforce

Bev O'Connor was appointed as In-patient Matron and Lesley Chan as Ward Manager for Ward 66.

## Administrative

Maureen Jones was appointed as Assistant Directorate Manager to the Administration and Clerical team. Administration staff are based at three sites; Saint Mary's Hospital, Trafford General Hospital, and Salford Royal Hospital.

Over the last 12 months the administration team have been pivotal in the ongoing work of identifying and making efficiencies throughout all areas.

The team have been involved with the introduction of Outpatient Standards, as well as working with the Trust Transformation Team regarding administration standards across CMFT and standardising Outpatient Letters.

## Housekeepers

This year the unit was successful in appointing a housekeeper to all inpatient areas. The housekeepers have enabled us to escalate environmental issues through the appropriate channels to improve the environment for women and their families. They are instrumental in reviewing stock within the clinical areas and ensuring orders are submitted in a timely manner.

Recruitment and retention of all groups of staff has been an on-going challenge and the directorate throughout the year has been proactive in holding a number of open days to recruit midwives.

## Between 1/4/15 and 31/3/16:

Number of births:	9177
Number of babies delivered:	9357
Number of twins and other multiple births:	180
Number of boys / girls	4744 / 4605

# Maternity Service now on Twitter



The Obstetric directorate launched its own Twitter Account in March 2016 and has a growing number of followers. It is great way to keep women, visitors and followers informed about our services and to sign post them to new information.

**@SMH\_Maternity**



# Education

The Matron for Education is one of several revalidation champions in the Trust. Newsletters, walkabouts, workshops and displays have been provided to midwives in order that they are familiar with the revalidation model and evidence required to maintain their nursing/midwifery registration.

The Midwifery Education Team, along with a multi-disciplinary team approach, continue to promote a safe working environment by providing local induction, training and clinical competency drills, assessments and programmes of education to ensure that staff knowledge and skills are maintained to a high standard.

The two days of local training planned for medical, midwifery and support staff for 2015/16 was extremely well received. Several of the sessions were cancelled in order to maximise staff in the clinical areas and consideration is being given to reducing the two days to one in the next financial year with portions of the current programme being delivered at staff induction or becoming part of the ward compliance framework.

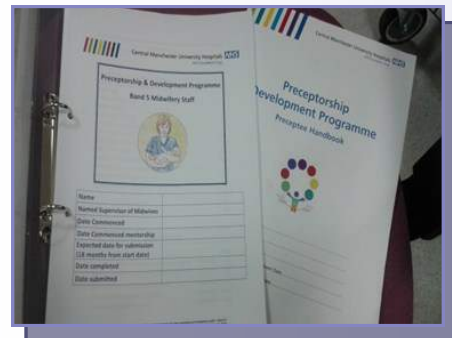
The Midwifery Education Team welcomed Sarah Cockburn as Midwifery Practice Educator in December 2015.

The maternal AIMS course was run in-house for the first time in 2015 and co-ordinated by the Midwifery Education team. Evaluations of the programme were excellent and 4 courses in the calendar year of 2015 will increase to 7 courses in 2016 in order to meet with clinical guidelines and maximise attendance.

Students are supported in practice by mentors and strong links have been forged with the Universities of Manchester and Salford. The Education team support student interviews, attend programme committee meetings and support student exams.

A robust induction programme is provided for doctors, midwifery and support staff.

The Education team assist the Trust in providing corporate training to all midwives and nurses, such as IV therapy, venepuncture, cannulation, and preceptorship workshops.



The preceptorship and development programme for our band 5 midwives attracts staff not only from Manchester but from beyond and supports staff to enhance their skills. Those on preceptorship are invited to meet regularly with the education team for support.

Welcome days for staff who will be future members of the midwifery team have been hosted in 2015/16. These have proved successful in making new recruits feel welcome to our organisation.

The Education team took part at the 'Young Persons Open Day' hosted by the Trust in summer 2015 (below, left)

Students from local colleges and schools attended the day to discuss careers in health care. The midwifery stand was well attended by the students who showed an enthusiasm for the interactive display. (below, right)





# Saving Babies in North England (SaBiNe)

The SaBiNe project was supported by NHS England and Perinatal Institute to help reduce stillbirths and neonatal deaths.

The project funded a band 7 midwife for 18 days over a 12 week period to achieve an enhanced level of implementation of these key components of the programme. The Sabine Working group is focusing on improving the pathway for women who have been referred by their community midwife with potentially small for gestational age babies (SGA). The ultimate aim is to prevent stillbirths that could be attributed to the baby being small. A new clinic was established for these women with dedicated scan slots in September 2015.

Three midwives (Claire Stanley, Jane Boscolo –Ryan and Catherine Chimel) completed the third trimester

scanning course. There is currently an educational programme to continue with supporting training some more midwives on this scanning course so when women attend AAU or Triage with reduced fetal movements or a small baby the midwife is able to scan the woman as part of her assessment.

There is also on-going face to face and online training for both doctors and midwives to help them recognise small for gestational babies and improve the care and outcomes for these mothers.



## CQC In-patient Maternity Survey 2015

The results of the bi-annual maternity survey were received in December 2015. An action plan has been developed from this to focus on areas of development, such as improving the numbers of women who are being given a choice of place of birth, and improving participation by women in decisions about her care.

## External Visit from the Local Supervising Authority (LSA)

The LSA annual audit was undertaken by Dee Davies (LSA Midwifery officer) on Wednesday 1<sup>st</sup> July. Women and their partners provided feedback to the audit team and midwives were interviewed on their opinion and experience of midwifery supervision. The feedback received from the LSA was extremely positive.

## Ward Accreditation

At the end of the year the maternity related services had achieved the following status in the Trust's Ward Accreditation programme:

Ward Name	Validation result
Ward 47a	Silver
Ward 47b	Silver
Ward 65	Silver
Ward 66	Silver
Delivery Unit	Silver
Newborn Intensive Care Unit (NICU)	Gold

## Community Midwives Away Day

The first ever Community Midwives Away Day was held in October 2015 with the theme 'Be the change you want to see'. The day enabled the community midwives to focus on what was important to them and to identify their objectives for the next 12 months. From this, five focus groups were established, each led by a Team Leader. The objectives being worked through 2015/16 were: Safeguarding, patient experience, communication, raising awareness of roles, and antenatal pathways of care.

# Midwives celebrate International Women's Day with national award wins

Four midwives from Saint Mary's won two of the UK's top midwifery prizes at the Royal College of Midwives (RCM) Annual Midwifery Awards this year.

The midwives were presented with their awards at the Royal College of Midwives Annual Midwifery Awards at a ceremony in The Brewery, London on International Women's Day, 8<sup>th</sup> March 2016. The ceremony was hosted by journalist and broadcaster Kate Silverton.

The midwifery safeguarding team along with Potential Victims of Trafficking (PVoT) Response team won in the 'Team of the Year' category.

Marie Zsigmond, Siobhan O'Neill and Amanda Lewis are specialist safeguarding midwives that have led on a piece of work raising awareness of human trafficking, which has been instrumental in identifying and supporting potential victims. The team worked closely with other agencies including the police, Home Office and social services. Other initiatives include mandatory training for staff to recognise the signs of human trafficking to promote networking, share information, and develop response strategies and training.



Karen Connolly, Director of Saint Mary's Hospital said:

"We're thrilled that our midwives have been recognised for their work, at such a prestigious national event. "We're incredibly proud of the work they do, and I am really pleased for them to have received these awards."

Midwife Kirsti Redfern has also won the JOHNSON'S® Mentor of the Year Award. Kirsti was nominated for the award by midwifery student Shannon Hogan.

In the nomination Kirsti was described as a selfless midwife who considered the needs of the woman in her care at all times, while balancing the need of those she was mentoring to gain the right experience to learn and develop in their placement.

Congratulations to both Kirsti and the team on this fantastic achievement.





## Celebrating one year of cord donation at Saint Mary's Hospital

The Anthony Nolan Cord Donation Programme at Saint Mary's Hospital celebrated its 1<sup>st</sup> Anniversary on 12th May.

Anthony Nolan's cord blood programme is a pioneering initiative to save more lives. They collect donated umbilical cords at 4 hospitals in the UK, Saint Mary's Hospital being one of them.

Since the Cord Donation Programme was started in May 2014, the collection team have carried out 1,642 collections. Around 50% of those collections came from black or minority ethnic groups, who have less chance of finding an adult donor through the register.

The blood in the baby's placenta and cord is rich in stem cells. These can be used in stem cell transplants to give the chance of life to people with blood cancer or blood disorders - but usually they're just thrown away after the birth.

Anthony Nolan aim to collect 15,000 cord blood units as part of the programme.



## International Day of the Midwife

International Day of the Midwife was celebrated on May 5<sup>th</sup>. SMH celebrated by arranging displays in the Atrium supported by the Supervisor of Midwives team and the Royal College of Midwives. There were posters celebrating the midwifery links between SMH and Uganda, and information on promoting normal birth. The Parent education team were offering taster sessions to anyone wishing relaxation and sessions.

## University of Manchester Recognising Excellence in Practice Awards 2015

In July 2015 the University of Manchester Recognising Excellence in Practice Awards were held, and we are proud to share with you all the Trust's success at these awards. The recipients of these awards are nominated by the students and we had staff/areas nominated in 8 out of 10 categories.

This is a great achievement and testament to the individuals, our clinical areas and the practice education teams hard work supporting our students.

### Midwifery Placement of the Year - Triage Unit

### Midwifery Mentor of the Year - Amanda Taylor

**Joanne McQuillan**, Assistant Practitioner was awarded the Divisional Star Award.

**Dr Alex Heazell** who fought off competition from researchers in the USA and Australia, was awarded the Research Star award at the Star Legacy Foundation Gala (the Star Legacy Foundation raises funding and awareness of stillbirth).

In the Research Star award category, the foundation recognises researchers who demonstrate dedication to stillbirth prevention or care of bereaved families. Their work will represent understanding of the issues important to families, as well as engaging in collaborative work and emerging ideas.

# 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 women, men and children who have experienced rape or sexual assault (whether that has happened recently or in the past). The services are available 24/7 regardless of whether a report has been made to the police or not.

The Centre has always looked to improve its response to clients and this year has been no exception. Earlier this year, the Centre opened a remote live court room link which offers our clients the option, subject to the agreement of the Judge, of attending SARC to give their evidence while being supported by their Independent Sexual Violence Advisor (ISVA).

The number of referrals to SARC has been increasing year on year. Last year the Centre saw an unprecedented rise in adult referrals. This steep rise was in the main due to a change in practice and consisted largely of police referrals for ISVA services for clients who had not already attended St Mary's for a forensic examination. In response to the increase in demand, the capacity of our SARC ISVA and counselling teams has been increased.

In addition, to increased access, the support and counselling teams are developing a hub and spoke model so that clients are able to benefit from the specialist services offered by St Mary's Centre in their local community. This element of the service will start at the beginning of April 2016.

The Centre's training and events programme has grown this year with an increasing number of professionals wishing to develop their understanding of sexual violence and the role of SARC, which enhances the response at the point of contact with professionals and aids early access to support. The SARC team continues to work internationally with various agencies including the United Nations, British Council, and Department for International Development in countries such as Palestine, Nigeria, and Turkey, helping to improve the response to sexual violence and the development of SARC type services. A delegation of Egyptian doctors visited SARC in February 2016 and spent time observing how the team respond to cases with sensitivity and dignity yet securing evidence to support a prosecution.

The St Mary's Sexual Assault Referral Centre (SARC) was established in 1986 as a joint initiative between Greater Manchester Police (GMP) and Central Manchester Hospitals. Since we opened, we have seen 21,713 people who have experienced sexual violence and 4,569 children have benefited from our paediatric SARC provision. 2016 marks the Centre's 30th anniversary and 10<sup>th</sup> anniversary of delivering specific paediatric SARC services to children and young people. A series of events have been planned throughout the year to mark these milestones in sexual violence services.

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





# St Mary's SARC launched a 5 point plan for professionals as part of CSE Awareness Week

A five point plan for aimed at professionals working with young people who have experienced sexual exploitation was launched by St Mary's Sexual Assault Referral Centre (SARC) as part of Child Sexual Exploitation Awareness Week held in March.

The five point plan aims to encourage young people to come forward and also provide professionals working in the field with greater understanding, knowledge and confidence of what young people need.

Five point plan for professionals:

- **Persist** in keeping in touch – a young person may not respond to the first, second or third call or message. Show you care by not giving up.
- **Prepare** for attitude – don't be afraid to explore the reasons behind challenging behavior. There might be a reason for it.
- **Provide** information – give young people the facts as well as their parents or carers so they fully understand and can make informed choices.
- **Prepare** to be judged– friends, family and society might not be supportive or encourage a young person to make a report. You might be their only friend.
- **Promote** the services available at St Mary's Sexual Assault Referral. Everyone who has experienced rape or sexual violence can access our services.

The five point plan is based on the experience of St Mary's SARC Young Persons Advocate, Yvonne Haworth, who has worked with more than 300 people who have experienced sexual exploitation since she was first appointed in December 2012. Yvonne is one of 23 Young Persons Advocates in the UK and is the only one in the country to be located in a Sexual Assault Referral Centre.

Commenting on the launch of the five point plan, Yvonne said: "It can be challenging and complex when trying to support someone who has experienced CSE but what is important is to remember to place the child or young person's needs at the heart of the support you are trying to deliver.

"Many young people I work with say they don't trust the professionals they work with because they don't listen to what they need or explain what is happening. My role is to encourage better communication and support, particularly during any court case, so they are prepared



for what can be a traumatic experience for anyone, let alone a child or young person."

Located within a SARC setting Yvonne is able to provide integrated support to clients who may have had a forensic medical examination and follow on healthcare assessment as well as being able to access to the counselling service.

Yvonne concluded: "Working in a multi-disciplinary team means that I am able to discuss cases where we suspect a young person might be a victim of CSE. In doing so, we can provide information and support that will encourage them to access the services they need."



# St Mary's Sexual Assault Referral Centre marks 30 years of service

A year long programme of activities marking the 30<sup>th</sup> anniversary of the establishment of the St Mary's Sexual Assault Referral Centre (SARC) was launched earlier this year by the Lord Mayor of Manchester, Councillor Paul Murphy OBE.

Special guests at the launch event included founder of the Centre, Dr Raine Roberts, MP for Stretford and Urmston Kate Green, along with partners from Greater Manchester Police, the Crown Prosecution Service and Manchester Judiciary.

The evening reception gave St Mary's SARC team the opportunity to reflect on the purpose and foundation of the SARC service, review its service today and share its vision for the future.

Clinical Director of St Mary's Sexual Assault Referral Centre, Dr Catherine White, said: "We are not only marking 30 years since our entire service started but we are also marking 10 years since the establishment of our child service.

"Over the past 30 years, St Mary's SARC has travelled a significant journey in developing our services for people reporting rape or sexual assault. Today, we see more than 1600 people each year and just under half of those are children and our service is the busiest of its kind in the UK.

"St Mary's SARC has always, and continues to, drive up standards in the quality of care provided to its clients. It has worked with national policy and decision makers to ensure that the voice of clients are heard and it has sought to raise standards across the UK and internationally through comprehensive training and awareness programmes, research, contribution to national steering groups and by building relationships with key influencers."

The anniversary year dubbed '**30:10**' will provide St Mary's SARC with the opportunity to host a year-long programme of events that will aim to:

- Celebrate St Mary's SARC achievements and mark the progress of services provided to people who have been raped or sexually assaulted.
- Create greater awareness of St Mary's SARC and its services.
- Thank staff both past and present for their achievements and contribution.



Invited speakers at the launch event included documentary film maker, Roger Graef, of Films of Record who showed clips and talked about the production of his BAFTA award winning series 'Police' which was first broadcast on the BBC in the early 1980s. A three part series, the second film, 'A complaint of rape' raised questions in the Houses of Parliament on the investigation techniques used by the Police officers filmed. In addition, Blue Ryan and Sara Hardy, documentary producers from Goldstar Productions, showed clips and discussed their BAFTA nominated documentary about the work of the St Mary's Centre, which was first broadcast on BBC1 in 2013.

Other events planned for the year will include:

A joint art project with The Whitworth, led by emerging artist Helen Newman who is part of the Whitworth Young Contemporaries, a young peoples' group for those aged 15-25. As part of this project, St Mary's SARC supported clients will be invited to contribute an individual piece of art that will contribute to one major piece of art that will be installed at the Centre upon completion in the summer of 2016.

Manchester University Chancellor and well-known Manchester Poet, Lemn Sissay will be hosting a masterclass for St Mary's SARC clients in June 2016 that will encourage them to explore how poetry can help them find ways of coping with their experience.

The St Mary's SARC Annual Conference on the subject of Sexual Assault and Children will take place on April 21<sup>st</sup> and 22<sup>nd</sup> at the Midland Hotel.

An informal gathering of St Mary's SARC staff new and old that will take place in the summer.

A formal anniversary evening dinner that will take place in November.



# Lisa - We're Proud of You

**Lisa Whitehead was delighted to win the Trust's annual 'We're Proud of You' awards in the category of Rising Star.**

Nicola Paris nominated her colleague Lisa for the Rising Star award for her work as a counsellor at Saint Mary's Sexual Assault Referral Clinic (SARC).

On her own initiative, Lisa began co-ordinating the counselling waiting list. She identified a need, set up an electronic system and a way of estimating wait time, along with a system for fairly allocating clients. With service growth, Lisa has continued to manage this complex element of the SARC service and now co-ordinates the allocation of clients to all the counsellors.

As Nicola said: "Lisa is prepared to move outside her comfort zone and one example of this is that she recently led on developing the Centre's first recruitment day. She involved team members and staff from elsewhere in the Trust, demonstrating that it is possible to do things differently and get things done. Lisa designed and implemented our new recruits' induction programme contributing significant leadership to a new team. She even comes in on her day off to sit on Trust-wide Safeguarding meetings."



The panel felt that: "In only 12 months in a new role, Lisa has made a significant amount of change – when most other people would simply be learning the job. We wouldn't have expected such innovation and change in such a short time, and it's wonderful to hear as part of the nomination, what a difference she has made to a client's life."



# Clinical Effectiveness

## Main highlights April 2015-March 2016

- CQC visit - positive feedback and 'good' assessment overall.
- VTE improvement Project.
- No MRSA bacteraemia or cases of Clostridium difficile.
- Decrease in levels of actual high level harm.
- Continued improved staff engagement using the 'Quality Bus'.
- Good incident reporting culture.
- Improved duty of candour reporting following introduction of the NHS serious Incident Reporting Framework.
- Use of central portal for mortality reviews.
- Funding from NHSLA for Obstetrics as part of the Sign up to Safety project.

## Risk Management

From 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 there have been 4487 incidents in Saint Marys Hospital, which is slight decrease from the previous year (fig 1). As expected, 63% of these are from the Obstetric directorate. Low level incidents form the majority, showing a good reporting culture in the division (fig 2).

Though the number of reported incidents for Saint Mary's is high, the severity and harm levels reflects the delivery of high standards of safe care across the division from all teams of staff to our patients and clients (fig 3). As expected, the dominating theme for incidents is treatment/clinical care. The second theme is communication, which is the main theme identified through complaints (fig 4).

**Total number of incidents 2015/16**

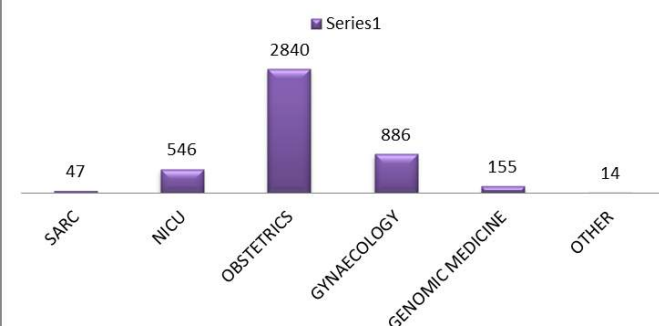


Fig 1

**actual harm incidents v number of incidents 2015/16**

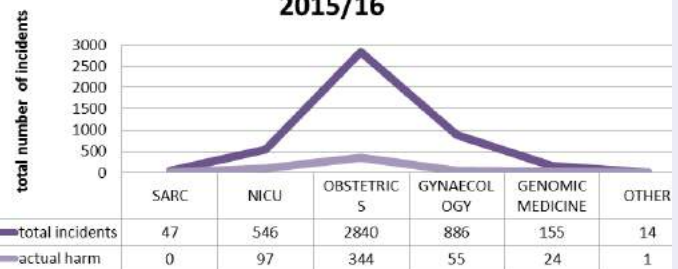


Fig 3

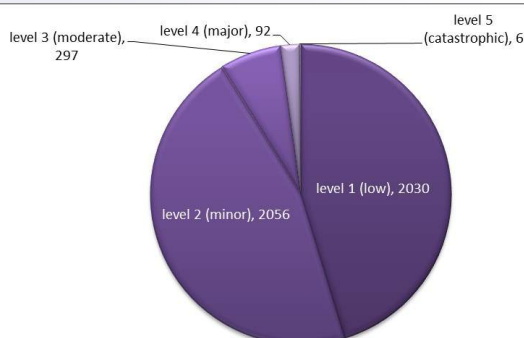


Fig 2

**Incident themes**

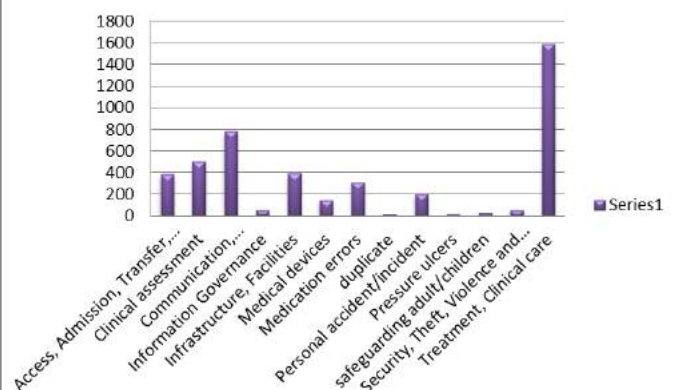


Fig 4



The division had 98 High Level incidents (HLIs). Completing this volume of high level investigation remains challenging and improved governance structures and training are supporting good quality investigations and reports. Completion of actions from HLIs has shown an improvement over the year. Eight out of 98 of these were classified as resulting in high level harm. This is a decrease in number from the previous year (11 out of 98). These incidents were:

- A maternal death.
- A gynaecology patient who developed compartment syndrome.
- Four fetal death in utero (FDIU).
- Two obstetric incidents that resulted in babies requiring unexpected transfer to NICU for ongoing care.

High level incident investigations relating to the clinical care of women and babies (excluding instances of wrong blood in tube and missed anti-D) in the wards, delivery unit and theatre settings account for 22% of the incidents throughout the year, indicating a significant decrease of 50% from the previous year, demonstrating that high quality care is being delivered and not compromised by high levels of demand and capacity.

## High Level Incidents (HLIs) - key themes

### **Management of results in Gynaecology**

Though there have been a number of improvements around communication of test results, this has still been the main theme of high level incidents in Gynaecology. None of the delays have resulted in harm to the patients, however the recurrent issues have presented an on going challenge.

### **Wrong Blood in Tube (WBIT)**

This accounts for 25% of the high level incidents reported in 2015/16 and is a theme across the organisation. The detection of these has increased since the introduction of ICE in June 2015. Though there have been a number of issues around the location and size of the workstations and use within the clinical areas, the main issue is around ensuring positive patient identification at time of taking and labelling patient samples. Awareness has been raised across the division to try and prevent reoccurrence.

### **Maternity diverts**

As a result of staffing and capacity issues, there were 10 diverts in maternity in 2015/16. Though some women had to attend other units, this did not impact on their direct clinical care. Staffing and capacity in Obstetrics is the division's highest clinical risk and plans are in place to address this going forward.

## Infection Control and Harm Free Care

Infection Control and Harm Free care divisional meetings are held monthly and are multi-disciplinary. The key focus continues to be compliance with Aseptic Non Touch Technique (ANTT) and the highlighting and resolving of local issues. As there was a CQC assessment in November 2015, the SHINE project addressed some key actions about the cleanliness of the environment and the need to maintain high standards. This group has continued after the visit with divisional representation.

### **Infection control**

There have been no cases of MRSA bacteraemia or Clostridium Difficile in the 12 month period. There were 7 confirmed cases of ESBL resistant serratia in NICU. Once bi-weekly screening of infants, education and support was provided, no further cases were identified.

To address surgical site infections, standards for wound care are now in place across Obstetrics and Gynaecology with audit planned to monitor compliance. ANTT compliance is monitored monthly and reported to the Divisional Clinical Effectiveness Board

### **Pressure ulcers**

The pressure ulcer rate in Saint Mary's Hospital remains low. The challenge remains in neonates with skin integrity issues as a result of medical device pressures. Negotiation with the manufacturers to adapt devices has been underway.

## Falls

In 2015/16 we had 38 patient falls in Saint Marys Hospital. 34 of these were inpatients, with the remaining 4 being Outpatients. All the falls were low level falls at severity 1 and 2, with 4 resulting in low level harm. This is a decrease from the previous year when we had 58 falls. All falls are reviewed locally and brought to the monthly Divisional Infection Control and Harm Free Care meeting, where the action plan is also monitored.

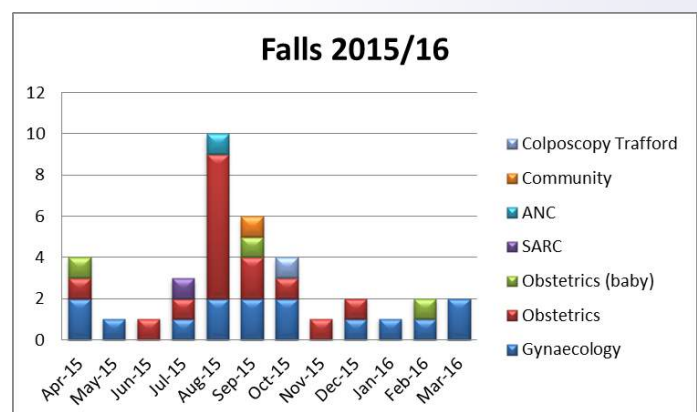


Fig 5

## VTE

A VTE improvement project has been undertaken in Gynaecology following concerns about being able to reduce VTE associated risks to patients. Though there had been considerable improvements with some of the standards, the focus needed to be on:

- Promoting routine VTE reassessments.
- Increasing patients' understanding of VTE risks.
- Improving patient compliance with VTE prevention measures.
- Ensuring documentary evidence of such is readily available.

The project has yielded some positive results, notably with 98% VTE reassessments undertaken in March 2016. The focus is now on sustaining the improvements in Gynaecology with roll out to Obstetrics over 2016/17.

## Catheter Acquired Infections (CAUTI)

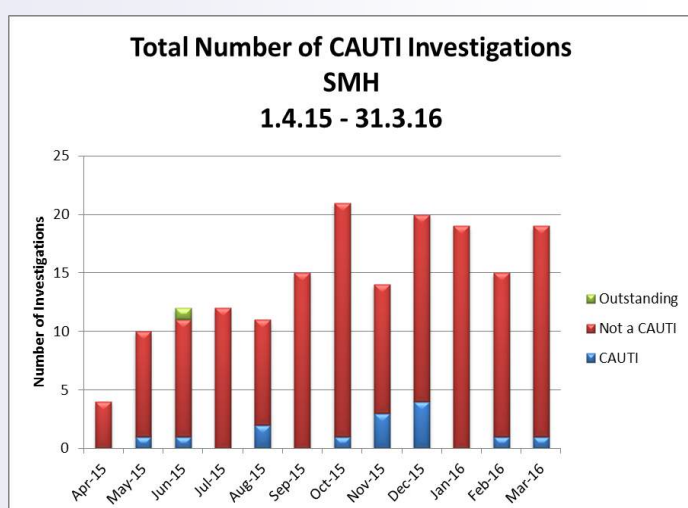


Fig 6

Though the numbers of CAUTIs in Saint Mary's is low, each case is investigated to see if there is any learning with support from the Continence Specialist Nurse. Most of our women only have catheters in for a short period of time, reducing the risk.

The table in Fig 6 demonstrates the number of CAUTI investigations that have been undertaken over the year, with the number of actual CAUTIs.

## Sign up for Safety bid

Central Manchester University Hospitals NHS Foundation Trust were delighted to receive over £420k funding from the NHS Litigation Authority in response to a bid to improve patient safety in the Maternity unit.

The bids focused on strategies to reduce risks in areas of fetal heart monitoring, antenatal screening, operative complications and perineal tears in the following areas:

- **Detection of fetal compromise:** expansion of the intrapartum electronic documentation system. Extend the ultrasound services for women who are of high risk of fetal compromise or stillbirth.
- **Antenatal screening:** development of a pregnancy app.
- **Reduction in maternal and neonatal morbidity associated with caesarean section:** reduce operative complications performed in second stage of labour by introduction of "fetal pillow" device.
- **Reduction of obstetric and anal sphincter injuries:** introduction of "Episcissors".
- **Development of an electronic system for patients who either phone or attend Triage:** an electronic system to respond and track triage phone calls.

### March 2016: Preventing avoidable harm in maternity care: Sign up to Safety Listen, Learn and Act

The directorate was successful in their bid application and were awarded the full bid for £34,000 (ultrasound machine, 1 CTG monitor and 1 Spacelab monitor).

## Top 3 risks:

- Midwifery and medical staffing and obstetric capacity. There has been an increase in the numbers of women booking at Saint Mary's Hospital from 5000 to 9000 in the last 6 years. A further increase in 2015/16 along with an increase in the induction of labour rate, combined also with a delay in the ability to recruit midwives and medical staff.
- Patient results in Gynaecology are not managed in a timely manner and this has led to some patients incurring delays in their treatment or missed opportunity for treatment.
- The lack of availability of junior medical staff on NICU and the postnatal wards to meet increasing demand as a result of increasing birth rate and complexity of patients.

Plans are in place to address each of these risks.



# Improvements from Clinical audit, incidents, complaints and claims

- Improvements in VTE management in Gynaecology - An education package for all ward based staff on the use of anti-embolism stockings has been introduced. The Patientrack system is now being used to record VTE assessments to promote completion of accurate and timely VTE assessments and sharing of information between clinicians. It is anticipated this will lower the risks to patient safety associated with preventable VTE.
- Reduction in stillbirths in Obstetrics - All cases are reviewed as part of the risk management process; research clinics and excellent bereavement service are in place. Education for staff is on-going to increase detection of small for gestational age (SGA) babies/Saving Babies Lives in the North of England (SaBINE).
- Launch of wound care standards in Obstetrics and Gynaecology to reduce the risks of surgical site infections.
- Audit, subsequent actions and re-audit of pain management and provision of analgesia in post-operative neonates has demonstrated a marked improvement of pain management in NICU.
- Improvements in compliance with Safe Surgical Check List (SSCL) both in and out of theatre settings.



## Our top 3 priorities for 2016/17:

- To complete and implement local safety standards for interventional procedures (LocSSIPs) across the division and look at developing and implementing a model for improvement and engagement using human factors to help support prevention of never events.
- Service development - continue to improve the quality of our services and effectively encourage stakeholder participation.
- Commit to driving safe and effective efficiencies throughout the Division.

# Equality and Diversity

## Equality, Diversity and Inclusion Week

11th-15th May

Each year the NHS celebrates Equality, Diversity and Human Rights and this year the theme was '*Linking our thinking*'. Saint Mary's Hospital held a range of displays and activities between 11<sup>th</sup>-15<sup>th</sup> May 2015 aimed at encouraging staff reflection and awareness on the diversity of our patients and staff, how their different experiences affected the way they interacted with each other, the many different issues around the accessibility of our services and the diversity of health outcomes. We asked staff to suspend judgement and to explore and engage with the diversity around us and to be the change they wanted to be.

19<sup>th</sup> May - Diversity Delivers 2015 - Our story; 4 keynote speakers were very well received, the sharing of personal diversity stories (covering mental health, disability, race and ethnicity sexual orientation/LGBT) proved to be very powerful. Consultation regarding the future E&D strategy took place through workshops in the afternoon.

Heather Birds, the Division's Quality and Patient Experience Lead, presented 'The role of a Divisional E&D Co-ordinator'; the Saint Mary's Human Resources team led on a 'Dress code and perceptions of discrimination' workshop and 'Shared parental leave – raising awareness of new legislation and how it impacts on the workplace'.

We tried out a new ED&I quiz to make raising awareness a bit more engaging.

The development of a new Equality Advocate role to support the delivery of the ED&I agenda within the clinical areas was introduced; 12 advocates volunteered within Saint Mary's.

**In the Autumn Saint Mary's held an ED & I Roadshow**, which included sessions for staff on:

*Spiritual Health and wellbeing.* (Jeremy Law, Chaplain)

*Supporting Staff to Return to Work & Making Reasonable Adjustment* - a session for team leaders. (Rowan Fawcett the Human Resources Business partner)

*Domestic Abuse and Vulnerable Women* (Lisa Ryder and Faye Macrory).

## Human Rights Week

The key message for staff this week was to 'drop the baggage' of discrimination, prejudice, hatred etc.

The Equality Delivery System (EDS) is a toolkit designed to support the NHS to improve performance in meeting equality and diversity requirements. In respect of both employment and services to patients.

EDS has four goals relating to employment, service delivery and organisational development. EDS is organised into four goals:

1. Better health outcomes for all.
2. Improved patient access and experience.
3. Empowered and well supported staff.
4. Inclusive leadership at all levels.

Each goal has a number of outcomes which provide detailed guidance on what needs to be done. There are 18 outcomes in total. EDS works by requiring each organisation to assess its performance against the 18 outcomes and performance is measured in four grades:

- Excelling
- Achieving
- Developing
- Under development

Within Saint Mary's, there is plenty of evidence that the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles are so entwined with best practice/professional principles that staff do not always recognise that they are meeting the Equalities agenda in their day to day care provision or in their approach to each other. Verification of assessment (Scoring) is based on the number of protected characteristics which we can demonstrate we meet the needs of. A grade of 'Excelling' requires all 9, 'Achieving' is 6-8, 'Developing' is 3-5 and 'Underdeveloped' is 0-2. Saint Mary's scored an overall **Achieving** with an increased score across all of the 18 outcomes.

Staff were asked to commit to at least one Equality Objective which would:

- Work together inclusively to deliver the best possible care for our patients.
- Positively influence and improve practice through embedded E&D knowledge.
- Celebrating difference and sharing success for all.
- Demonstrate an inclusive approach in developing others.



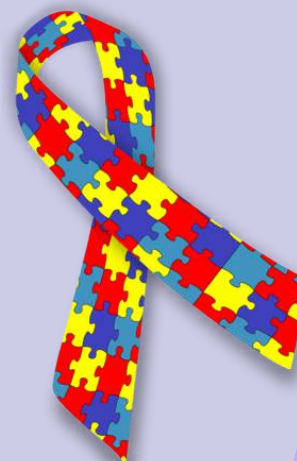
# Learning Disability & Autism Awareness Week

15-21st June

An Information Stand was placed in the Atrium for the week; 15 members of the Professional Forum received the LD&A presentation from Marie Forshaw; 26 members of staff engaged with the LD&A Quality Bus, 15 members of the midwifery staff received the information during Clinical Mandatory training and a poster display was placed in the staff area on NICU. Gynaecology shared the information during ACE day. Team training included a presentation on working with children with autism within the SARC.

**You should care about us, understand, learn and help to get the right support'**

Raising awareness: Learning Disability & Autism : E-learning Module 41 individuals have completed the E-Learning Module



## Outcomes of last year's three top Quality priorities

### 1. Embedding the Equality, Diversity and Inclusion Objectives in conjunction with the Quality Strategy and the Nursing and Midwifery strategy.

- Use of quality bus to deliver key messages to staff using the values and behaviours framework is embedded. During Equality, Diversity and Inclusion week the focus was on dress code and perceptions of discrimination.
- The division has 14 equality advocates who have attended initial training.
- EDS evidence for the year demonstrates we are achieving all the standards.

### 2. Reducing short term sickness, maintaining good levels of staff retention and motivation through staff engagement and embedding the Values and Behaviours Framework.

- The Division has been actively recruiting to turnover.
- Managing sickness in line with Trust policy and providing support for managers on managing sickness and absenteeism.
- A student summer evaluation forum was held.
- Nursing and midwifery staffing have been, and continue to be, supported to undergo revalidation
- The Values and Behaviours framework has been incorporated into all work streams and disseminated at every opportunity.
- Staff are being supported to attend frontline leadership course.

### 3. Service development: Improving the quality of services provided, led by the Quality Improvement and Directorate management teams, engaging with staff to streamline pathways.

The division has:

- Rolled out an appointment reminder service to help patients remember when their appointments are and to improve clinic usage.
- Worked with colleagues from Radiology to align clinic appointments with ultrasound appointments where possible in both Obstetrics and Gynaecology to reduce the time patients have to spend in out-patients.
- Rolled out iPads to our community midwifery teams to enable them to access vital patient information whilst working in the community, helping them to provide more informed care.

# Values and Behaviours

In 2014/15, together we made a number of commitments about our service delivery to our patients, visitors and colleagues based on the Values and Behaviours framework. **We carried this work over into 2015/16.**

**So how have we done?  
- in a word: GREAT!**

**Through Leadership:** We SHONE when the CQC visited. Our ability to reflect on and identify areas where we could improve service delivery ensured we were ahead of the game and we had so many examples of excellent practice! Like our Ward Accreditations, our Transformation teams or Quality Improvement programmes; Staff development courses at all levels, and support of our new staff and students.



**Through good communication:**

Patient stories have helped raise the staff awareness about the impact of care delivery on patients and families, intentional rounding provided that vital opportunity for patients to have their say. Patient engagement has also been sought through Evidence Based Design questionnaires and we asked for staff feedback through forums, via newsletters, hot of the press e-mails, annual reports, Quality Bus tours and the Speak Out Safely campaign. Our use of the Interpretation and Translation services remains necessarily high.

**Through being accountable:**

Our numbers of adverse patient incidents show that we can recognise errors, and feel safe to report them. The few Never Events that have occurred have been fed back to the areas and lessons learnt and shared. The Obstetric team even compiled a video as another means of sharing learning with staff. We introduced Learning Disability and Autism training and have an established Harm Free Care Group; we have shared medicines management e-learning training, and continue to set standards and audit them. We have Champions of all types leading the way (Dementia, Infection control, Safeguarding, Breastfeeding, Learning Disability and Autism, and our new Equality Advocates).





## Through listening and Responding:

If we think of complaints like a grain of sand that develops into a pearl...by listening, empathising and changing attitudes, behaviours and service provision we can make positive difference not only to our patients and their families but also improve our own satisfaction with our world. We have made big improvements in the quality and timeliness of our responses, and key members of each Directorate are involved in the actions arising. An increased number of local resolutions are now taking place.

Its not all complaints - 'You Said, We Did' posters are being published quarterly to show staff how much their care is valued and appreciated by patients.



## Through celebrating our achievements:

Saint Mary's likes to be best... Our wonderful midwives showed the way, winning awards for the Bereavement team, the FGM team and Research. At the Nursing and Midwifery Conference, we had three presentations, one from the Macmillan team, one from NICU sharing how they developed their Novices to be expert practitioners, and we shared how the Quality Bus trundles around all areas indiscriminately, sharing sweets and knowledge. The obstetric teams poster for Education was highly commended; Ward 62 was the most improved ward, Ward 65 won the award for best pledges for Leaving our Care; we have learnt to applaud each other and take time to say thank you, well done, I like the way you did that....

## Through delivering the best care:

As a specialist hospital, we provide highly complex care across the Division, from preterm neonates, infants and families with long term metabolic and genetic concerns, through to our more mature patients in Gynaecology and normal to highly specialised obstetric care. We recognised that our focus on the complex care meant that we sometimes forgot the day to day simple acts of kindness. To correct this we have focused on the Brilliant basics themes of Care and Compassion, Leaving our Care, Communication and Harm Free Care.

We have looked at how we provide good nutrition, reducing food waste whilst providing the patients with what they needed, (Ward 62 leading the way). Pain management was improved by simple actions such as moving the medication nearer the patient; NICU have worked with an external company to look at how Developmental care can be strengthened and have introduced a library for parents to be able to read to their baby and siblings.

Improving Discharge planning and making going home easier, quicker and more organised was a challenge taken up across the whole division. Thankfully small in number but still necessary was the End of Life Care challenge, but our dedicated bereavement teams in



# Staff Survey Results 2015

**The NHS Annual staff survey was conducted across the Trust in October – November 2015 and is the primary method by which the Trust measures how well we support the wellbeing of our workforce and enable each member of our staff to reach their full potential.**

There are 33 key findings with the survey structured around four of the seven pledges found in the NHS Constitution, plus an overall staff engagement score.

In 2015 the key findings were restructured in accordance with significant amendments made to the questionnaire. This resulted in a number of changes and additions to the key findings themselves, as well as a complete renumbering of all remaining key findings.

Three additional key findings have been added:

1. Staff satisfaction with the level and responsibility and involvement they experience.
2. Percentage of staff reporting their most recent experience of violence.
3. Percentage of staff reporting their most recent experience of harassment.

The changes to the survey have meant that some key findings can no longer be compared to the 2014 results.

The Trust's staff engagement score has for the last 2 years been at 3.76 and 3.72 (out of 5). This year saw the score rise to 3.89, which is above average compared to all Trusts. This is primarily due to a statistically significant improvement in staff recommending CMFT as a place to receive treatment and to work.

Research suggests that the staff engagement scores are the main indicator for effective leadership cultures in the NHS and has a direct impact on patient experience and outcomes.

CMFT is now ranked 3<sup>rd</sup> (a rise from 8<sup>th</sup>) against Shelford group Trusts for response rate and overall engagement score and 3<sup>rd</sup> compared with Greater Manchester Acute Trusts.

## Saint Mary's Overview

Saint Mary's overall engagement score was 3.91, which was the joint 4<sup>th</sup> best position in CMFT with Trafford and puts us in the top 20% of Acute Trusts.

Improvements were seen across all three elements that make up the overall score from the previous survey results:

- **Advocacy** – 3.90 (threshold for top 20 - 3.87).
- **Improvement** - 76% (threshold for top 20 - 72.3%).
- **Motivation** - 3.98 (threshold 3.99).

Saint Mary's has continued to show a year on year improvement in our overall score and for the past two years has exceeded the Trust engagement score by an increasing amount.

Our Overall Engagement score for responses from medical staff is the highest in the Trust with scores in the top 20% across all key findings in pledges 1, 2 and 4. The only areas in the bottom 20% were in line with all other medical colleagues in the Trust for % working extra hours, % witnessing harmful errors, near misses or incidents and the newest factor - organisational and management interest in Health and Wellbeing.

Across all 33 findings, 20 were in the top 20% threshold, and against the previous survey results, improvements can be identified in 13 areas.

There were 6 areas which showed a small deterioration on the previous survey results, only 4 key findings in total were rated against the bottom 20% threshold:

- Staff satisfaction with the quality of work and care they are able to deliver (3.83).
- Percentage of staff working extra hours (76%)
- Organisation and management interest in and action on health and wellbeing (3.47). The links between engagement and health and wellbeing activity will be explored further as part of our Health and Wellbeing action plan, which is being developed.
- Percentage of staff witnessing potential harmful errors, near misses or incidents in the last month (40%) however the other factors under this pledge around errors and incident reporting show Saint Mary's above CMFT scores and still in the top 20% of acute trusts, so need to be viewed in this context.





# SARC scoops top prize in the PENN awards 2016

**Saint Mary's Sexual Assault Referral Centre scooped a top award in Patient Experience National Network Awards, which took place in Birmingham earlier this month.**

The team fought off strong competition to win top place in the monitoring, reporting and evaluation category for their 'If I speak...will you listen?' film that captures the reflections of rape survivors who have used their service.

The film was produced for the St Mary's SARC Annual Conference 2015, which placed the focus on the impact of rape and sexual violence on mental health. It provides a moving account from four former St Mary's SARC clients on the impact sexual violence has had on their lives and their treatment by professionals working in the field, including the Police, Crown Prosecution Service and the judiciary.

A key element of the film was giving participants the chance to provide advice to professionals on how they could improve their services to people who have experienced rape or sexual violence.



Produced by Seal Films, it is now used extensively in training delivered by St Mary's SARC and is also part of a national training programme for judges as well as the Crown Prosecution Service and the Police.

<https://www.stmaryscentre.org/>

## Saint Mary's researcher awarded national fellowship to explore the effects of childbirth on sensation and the link with pelvic floor dysfunction

Dr Charlotte Mahoney, Clinical Research Fellow in Urogynaecology, has been awarded a National Institute for Health Research (NIHR) Doctoral Research Fellowship to investigate the impact of childbirth on sensation and how this relates to symptoms of prolapse, urinary and faecal incontinence and sexual difficulties, collectively called pelvic floor dysfunction.

The NIHR Fellowship is awarded to individuals who show outstanding potential early in their research careers and will support Dr Mahoney in completing her PhD on this topic.

Pelvic floor dysfunction impairs the quality of life of over one third of women and can have debilitating symptoms such as isolation, relationship breakdown, employment limitations, and loss of independence. Despite this and the rising economic cost of treatment, it remains a neglected area of women's health and an important public health issue.

Research to date has demonstrated that vaginal birth damages the nerve supply to the muscles of the pelvic floor, called motor nerves. However, the pelvic floor

also contains sensory nerves, which transmit sensation, and it is likely these sensory nerves are also damaged during childbirth. So far only motor nerves have been studied in detail and there is little information about sensory nerve damage.

This project will use neurophysiological tests to explore sensory nerve function following childbirth and link this to symptoms of pelvic floor dysfunction, as well as identify potential obstetric risk factors that could be modified to reduce childbirth related nerve injury in the future.

Dr Mahoney explains the importance of this research: "Award of this NIHR fellowship will provide me with the opportunity for dedicated research time to focus on this understudied but widespread area of women's health. There is often a stigma associated with pelvic floor dysfunction and women can feel embarrassed discussing their symptoms and seeking treatment. By conducting this research, we hope to find the answers on how sensory damage during childbirth can affect pelvic floor function and publish factual information that will help both medical staff and patients."



## Chair of Human Fertility and Embryology Authority (HFEA) opens new treatment suite in Saint Mary's Reproductive Medicine Department

The Chair of HFEA, Sally Cheshire, officially opened the new treatment suite at Old Saint Mary's as part of a tour of the Reproductive Medicine department.

The treatment suite is part of a series of improvements the department has undergone recently, extending and improving facilities to accommodate a 60% increase in IVF treatment at the centre, and the launch of a fee paying service .

Sally Cheshire was joined by Debra Bloor, Chief Inspector at the HFEA. They took a tour of the facilities with some of the Reproductive Medicine Team before opening the suite. They then visited the research labs to meet Scientific Director, Professor Daniel Brison.

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

Pictured: Debra Bloor, Sally Cheshire, HFEA, Professor Daniel Brison, Yasmin Sajjad, Greg Horne, Saint Mary's Reproductive Medicine

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."



## New Fee-paying assisted conception service

Saint Mary's has recently expanded its Reproductive Medicine Services to offer a fee-paying assisted conception service to patients who are not eligible for NHS-funded treatment. This new service is the result of significant developments in the department, extending and improving facilities in order to accommodate the increase in IVF cycles.

An individual or a couple may be ineligible for NHS funded treatment if they already have a child, or if they have reached their quota of funded cycles based on the area they live in.



Our service is very competitive amongst private facilities in the Greater Manchester area, both on price and success rates.

We are also able to take on more complex cases due to the co-location of the Reproductive Medicine department and the central hospital site off Oxford Road.

For more details see the dedicated website: [www.manchesterivf.co.uk](http://www.manchesterivf.co.uk) and you can follow us on Twitter @stmarysivf.

## Urogynaecology researchers from across the North of England meet for the first time to inspire future partnership work



Over 20 Consultants in Urogynecology (pictured right) from across the Northern Powerhouse came together on 5 February to share best practice, explore opportunities for joint working partnerships and to collaborate to apply for funding for this poorly resourced and neglected area of Women's Health.

The inaugural 53° North Pelvic Floor Research Network took place at Citylabs in Manchester.

The aptly named group comes from the circle of latitude that is 53 degrees north of the Earth's equatorial plane and cuts across the country between north and south; roughly the area between Liverpool to Hull, and Stoke to Harrogate; with Manchester sitting fairly central. This group was established by Central Manchester University Hospitals NHS Foundation Trust's (CMFT) Dr Fiona Reid.

During the day Professor Linda Brubaker from the Division of Female Pelvic Medicine and Reconstructive Surgery (Urogynecology) at Loyola University, Chicago joined the meeting via web conference. Professor Brubaker has been a principal investigator in multiple clinical research networks since 2001. She gave her top tips on setting up an effective system to design, conduct and disseminate high-quality urogynecological research and to explore opportunities for joint research initiatives across partner agencies.

Urogynaecology has only been recognised as a clinical specialty for the last 30 years, and for this reason, the research base to support innovation in the way we treat women with problems such as urinary incontinence or prolapse is in its infancy. The Warrell Unit was one of the first formally established departments of urogynaecology in the UK and now is one of the largest in the country. The establishment of the 53° North Pelvic Floor Research Network will strengthen links between researchers and build the foundation of future exciting partnership initiatives to see research into urogynecology which will develop and expand further

CMFT has a large Urogynaecology research team with principle investigators Dr Fiona Reid, Dr Karen Ward, Dr Rohna Kearney and Professor Anthony Smith. The team has strong links with The Centre for Healthcare Randomised Trials (CHaRT) in Aberdeen and Scottish Pelvic Floor Network.



# The 100,000 Genomes Project takes centre stage at Healthcare Science Week



**Health and Care Innovation Expo 2015, the biggest event in the health and care calendar, took place on 2<sup>nd</sup> and 3<sup>rd</sup> September 2015 at Manchester Central.**

Hosted by NHS England, Expo is an event for healthcare professionals to learn and share the ideas and innovations in the transformation of healthcare, which will shape health and care services for future generations to come.

We were represented at Expo as part of the 100,000 Genomes Project. Saint Mary's Hospital heads up one of 11 Genomic Medicine Centres across the UK that are leading the way in delivering this project, which will transform diagnosis and treatment for patients with cancer and rare diseases between 2014 and 2017.

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.

We will join colleagues from NHS England and Genomics England to promote the valuable work that the project is doing, what it has already accomplished, and what we plan to achieve over the lifespan of the project.

We have a lot to be proud of already. Since the project launched in December of last year, we have been the first NHS Genomic Medicine Centre in the country to recruit patients. Our first patient was featured on BBC North West Tonight and Granada Reports back in March. We've also improved the way we process and track blood samples to integrate genomic testing within all areas of mainstream medicine across Greater Manchester.

For more information, go to <https://www.england.nhs.uk/ourwork/qual-clin-lead/genomics/>.



## A more accurate diagnosis for women at risk of cervical cancer in Manchester

**Did you know that cervical cancer is the third most common cancer in women?** Over 3,000 women are diagnosed in the UK each year, but since routine screening was introduced by in the 1980s, rates of cervical cancer have halved in women who attend their regular smear appointments.

In the UK, women aged 25-64 years are invited to have a cervical screening examination, usually either every three or five years depending on their age. A smear test takes a sample of cells from the cervix and checks them for abnormalities in the laboratory. Changes to cells on the surface of the cervix are common and the standard clinical treatments for dealing with abnormal cervical cells are generally straight forward and can be provided in the clinic. They include LASER therapy, loop excision, cryotherapy (freezing treatment) and cold coagulation (heat treatment).

Most cervical cancers are caused by high risk types of the human papilloma virus (HPV). HPV can cause the cells to become abnormal over time (pre-cancerous cell changes). The colposcopy examination (a procedure for examining the cervix) allows the cervix to be examined in more detail and treatment for the abnormal cells can be performed if necessary.

Saint Mary's Hospital is using pioneering new technology to improve the speed and accuracy in diagnosing pre-cancerous conditions of the cervix.

The Trust has introduced the innovative cervical cancer diagnostic system called ZedScan™ at the Gynaecology department at Saint Mary's Hospital.

ZedScan™ can measure and detect tissue changes in women identified with an abnormal smear test and offers real-time and more accurate detection of pre-cancerous cells than standard colposcopy, enabling clinicians to make better informed decisions at a patient's first visit.

It means appropriate treatment can offered immediately to women identified with severe abnormalities ,or reassurance can be swiftly provided to patients with no evidence of disease, whilst also reducing the number of biopsies required.

Dr Ursula Winters, Consultant Gynaecologist and lead consultant for colposcopy at Saint Mary's, said:

"The introduction of Zedscan will provide us with the ability to assess women presenting with abnormal cervical smears more quickly and accurately.

"Having access to the latest in advanced diagnostic technologies such as ZedScan means we can offer our patients efficient and rapid access to appropriate treatments when they need them."

## Prevention of Mother to Child Transmission of HIV

A team of researchers from Manchester is collaborating with midwives and obstetricians in Kenya and Malawi to promote the uptake of services for the Prevention of Mother To Child Transmission of HIV (PMTCT).

The health systems research project ('EPOCH') is funded by the UK Medical Research Council and partner organisations, and is looking at ways of engaging partners in PMTCT programmes.

The team is led by Dr Leroy Edozien, Consultant Obstetrician and Gynaecologist (Principal Investigator) and includes Professor Dame Tina Lavender, Professor of Midwifery, University of Manchester, and Professor Linda McGowan, Professor of Applied Health Research, University of Leeds.



Picture shows the UK team with Professor Grace Omoni of the University of Nairobi (co-investigator) and staff of Pumwani Maternity Hospital, Nairobi.

# Potential for a more personalised approach to womb cancer

Manchester doctors have helped show that high-risk womb cancer patients can be genetically profiled to allow them to receive more appropriate treatment.

Traditionally, patients with endometrial cancer - cancer of the womb lining - have their disease risk classified using a combination of clinical and tissue characteristics, including their age and the growth and invasion of their tumour.

Around 15-20% of patients have high-risk disease, but it is unclear what the best treatment approach is for these patients. Now Manchester researchers have investigated genetic alterations in high-risk endometrial cancer, to see if they could be used to create tumour subtypes.

Richard Edmondson, Professor of Gynaecological Oncology at The University of Manchester and Saint Mary's Hospital, said: "Previous work, using comprehensive genetic profiling, has suggested that endometrial cancer can be classified into four subtypes. Our study has explored whether it is possible to use a simpler approach to detect subgroups in high risk patients."

Using routinely available technology, the international TransPORTEC research consortium analysed samples from 116 patients with endometrial cancer to look for genetic variations.

The team, which also included Dr Emma Crosbie and Professor Henry Kitchener, found that genetic subtypes existed in their group of patients, and that they could use their classification to predict which patients were more likely to relapse.

In addition, the analysis allowed them to identify distinctive genetic mutations that can be targeted with specific anti-cancer drugs.

"It looks like these cancers classed as 'high-risk' in fact vary significantly in outcome. Our results could be used to refine risk assessment for endometrial cancer patients and allow doctors to choose either a less aggressive approach or more targeted treatment for individual patients," added Professor Edmondson.

## Mine's a pint - of science

In October a group of clinical scientists, genetic technologists and genetic counsellors took part in a public engagement evening as part of the Manchester science festival. Our participation was embedded within the "very best of pint of science 2015" event.

The team planned some practical and engaging activities including a karyotyping competition and DIY DNA extraction. They also presented posters and shared educational leaflets representing the Genetic department, the 100,000 genomes project and genomics educational programmes.

The activities attracted many people who were really interested and were getting engaged talking about various genetics/genomics related issues.

The event was received with enthusiasm and energy and planning is already underway for this year's event.



# Research

We **do** clinical research



Research activity within Saint Mary's has been going from strength to strength... A total of 3,651 patients were recruited to research studies across the Division, which smashed the 2015-16 target of 2935. This is almost 7.5% of the total number of patients seen across the hospital. Data shows that the 70 day target has been maintained, aided by monthly performance management meetings.

The number of publications authored by Saint Mary's staff during 2015-16 was 349, with 49% of those within top quartile rated journals.

Commercial funding for the Division runs by calendar year, but during January 2015-2016 we far exceeded the target by an extra 75%, receiving £235,474 in total.

## Study success stories

- Saint Mary's is the best recruiting hospital for **MINESS** (The Midlands and North of England Stillbirth Study) and exceeded the recruitment target set. The study achieved its overall target, making it the biggest study of its kind globally and the biggest multi-centre study to come out of Saint Mary's Hospital. The study was set up and run by research midwife Jayne Budd.
- We are the leading global recruiters for the international **STRIDER** trial (A randomised controlled trial of sildenafil therapy in dismal prognosis early onset intrauterine growth restriction).
- We recruited the 100<sup>th</sup> participant to the multi-centre **GOT-IT** obstetrics study (Glycerine trinitrate fOr reTained placenTa), as well as being named the highest recruiting study centre.
- Saint Mary's is the best recruiting site for **E-FREEZE** (Freezing of embryos in assisted conception: a randomised controlled trial evaluating the clinical and cost-effectiveness of a policy of freezing embryos followed by thawed frozen embryo transfer, compared with a policy of fresh embryo transfer in women undergoing in-vitro fertilisation).
- **HABSelect** (Selection of sperm for Assisted Reproductive Treatment by prior hyaluronic acid binding: increasing live birth outcomes and reducing miscarriage rates – multicentre randomised controlled, blinded trial) met the recruitment target of 288 and has gone on to meet the extended recruitment target of 318 couples.



## Grants Awarded

- Diabetes UK – project grant £419K awarded to Melissa Westwood, John Aplin and Daniel Brison. Impact of diabetes on embryo implantation. Employs IVF clinical embryologist Keith McEvoy 0.4wte for 2 years. This is the first ever funding by Diabetes UK for a fertility study.
- MRC - £1.2M industrial collaboration (MICA) funding awarded to Sue Kimber and Daniel Brison to develop manufacturing processes for large scale culture of pluripotent human stem cells for clinical therapies.
- MRC - £141K awarded to Alastair Sutcliffe (UCL), Steve Roberts and Daniel Brison, to study the long term health of IVF children in the UK.
- Having secured a MAHSC grant for the initial set up of a Rainbow clinic at UHSM, we have since applied and secured a place on IS4L Improvement Science for Leaders 12 month course/project. The team is called IMPS (IMproving care in a Pregnancy after Stillbirth) and our specialist research midwife Louise Stephens is an IMPS member along with Dr Alex Heazell, Dr Clare Tower, bereavement midwife Chris Navin (UHSM) and Dr Sripada Sreebala (obstetrician at UHSM).
- Jenny Myers has secured funding from MAHSC for £10,000 for CHERRY (Feasibility study on the effects of L-citrulline on uteroplacental and cardiovascular function in hypertensive pregnant women).

## Awards

### PI awards

70 Principal Investigators (PIs) from across the UK have been recognised for their significant contribution to commercial research at a national event. Of the 4 PIs from CMFT were 2 Saint Mary's consultants - Professor Henry Kitchener and Dr Simon Jones (pictured below). The event recognised and celebrated the expertise of principal investigators ensuring that patients are appropriately recruited into commercial research studies.



## Research Star award

Dr Alex Heazell has been awarded the Research Star award at the Star Legacy Foundation Gala in Minnesota. The Star Legacy Foundation is an International Stillbirth organisation which has recognised Dr Heazell's dedication to stillbirth prevention and care of bereaved families.



## BabyLifeline

Dr Alex Heazell and Dr Ed Johnstone are on the BabyLifeline faculty along with Midwife Louise Stephens. On the predict to prevent course Louise delivers training on Fetal Growth Restriction and Stillbirth to health professionals throughout the country discussing Manchester based research and Manchester specialist antenatal research clinics along with national guidelines.

## 53 degrees North

The inaugural 53° North Pelvic Floor Research Network meeting was hosted at CMFT in February. Dr Fiona Reid has established a network of over 20 Urogynaecology Consultants from across the north to share best practice, explore opportunities for joint working partnerships and to collaborate to apply for research funding. (See also Page 36)

# NICU Research

NICU research activity has continued to increase and we are offering the parents of our babies opportunities to participate in a range of neonatal studies with great success. With this success, and with the forthcoming studies we will be involved in, comes the exciting news that we are in the process of expanding our research team.

## The ROPP study



(ROPP-2008-01) is a large international commercial study led by Dr Ajit Mahaveer aiming to evaluate whether the study drug Mecasermin Rinfabate (rhIGF-1/rhIGFBP-3) containing IGF-1 can prevent the development of retinopathy of prematurity in babies born before 28 weeks of pregnancy.

Recruitment ended in November 2015 and Saint Mary's Hospital NICU was the leading recruitment site in the UK recruiting in excess of our target of 0-2 babies. A total of 4 babies were recruited and unlike any other UK site we had all 4 babies on the study at the same time.

For our contribution to this study we were winners of the Best Debut category at the **Greater Manchester Clinical Research Awards 2015** and Dr Ajit Mahaveer has subsequently been invited onto the clinical advisory group for Shire and will contribute to the study's publications.

As NICU's Clinical Research Nurse/Team Lead and Research Champion for the Nursing, Midwifery & Allied Health Care Professionals Research Strategy, Nicola Booth is leading on developing research capacity and capability in the nursing team and for facilitating the

development of nurse research ideas and education. For the second year running we have been successful in supporting a Band 6 neonatal nurse (Imelda Mayor) in the application for a fully funded NIHR Internship programme. The individualised programme is providing clinical academic research training, developing academic relationships and research ideas.

## Platelets for Neonatal Transfusion - study 2,

(PlaNeT-2) is a multi-centred, 2-stage, randomised, parallel group, superiority trial comparing clinical outcomes in preterm neonates (under 34 weeks) randomised to receive prophylactic platelet transfusions to maintain platelet counts at or above either 25 x10<sup>9</sup> /L or 50 x10<sup>9</sup> /L. PlaNeT-2 aims to assess whether a higher prophylactic platelet transfusion threshold is superior to the lower thresholds in current standard practice in reducing the proportion of patients who experience a major bleed or death up to study day 28. This trial aims to define optimal platelet transfusion support for severely thrombocytopenic preterm neonates.

Our rate of recruitment is consistently within the top 3 out of the 41 sites recruiting to this study

## PREVAIL

(PREVenting infection using Antimicrobial Impregnated Long lines) is a Phase 3 randomised unblinded trial, involving 18 neonatal units across England. The trial will determine the effectiveness and cost-effectiveness of antimicrobial impregnated Premicath catheters compared with standard Premicath for reducing Blood Stream Infection in neonates. NICU opened to recruitment at the end of January 2016 with a target of 5 per month and in our most successful recruitment month 12 babies were randomised into the study.

Earlier this year, the NICU team also recruited the first UK patient to the RAINBOW study, achieving the recruitment target within six weeks of R&D approval.



## Fellowships

**Two researchers from Saint Mary's Hospital have been awarded NIHR Clinical Doctoral Research Fellowships.**

Only three of these fellowships were awarded to CMFT in this round of the competition so it reflects extremely well upon our Division that two of these are Saint Mary's members of staff:

- Tope Adeniyi (Senior Clinical Embryologist) has been awarded an NIHR Clinical Academic Fellowship to explore the 'Impact of cryopreservation on oocyte and embryo health and developmental competence in IVF and oncology patients'.
- Kylie Watson (Senior Midwife) has been awarded an NIHR Clinical Doctoral Research Fellowship to conduct a project titled 'Using telemetry to monitor the fetal heart in labour: a mixed methods study'.
- Dr Charlotte Mahoney, Clinical Research Fellow in Urogynaecology at Saint Mary's Hospital, has been awarded a National Institute for Health Research (NIHR) Doctoral Research Fellowship to investigate the impact of childbirth on sensation and how this relates to symptoms of prolapse, urinary and faecal incontinence and sexual difficulties, collectively called pelvic floor dysfunction.

## Other New Research Appointments

- **Catherine Chmiel** – Research Midwife Co-ordinator & MAViS Clinic midwife lead.
- **Dr Melissa Whitworth**, Consultant Obstetrician at Saint Mary's, is our new GM RH&C specialty lead.

## Focus for 2016-17

We have secured several new commercial studies to commence over the coming year. One of these studies will be looking at stem cell gene therapy for MPS IIIA (this news story on CMFT's Facebook page has been the second most popular story in the last year). This increased activity will allow further expansion of the research team.

Catherine Chmiel has recently set up the Research Activity Forum which aims to engage the maternity clinical area with current Saint Mary's research activity, and to inform clinical staff of how they can apply to carry out their own research projects with support from the research team.

This overlaps with an additional objective, which is to establish a team within the Division to take forward midwifery, nursing and allied healthcare professional (AHP) research to develop and implement research activity amongst all keen clinical researchers at Saint Mary's.





## Tea party at St Mary's Hospital celebrates the Rainbow Babies of 2015



**More than 50 families from across Greater Manchester got together at Saint Mary's Hospital on February 6 to celebrate last year's babies who were cared for by the Rainbow Clinic.**

The Rainbow Clinic looks after families who have had a stillbirth or a neonatal death in a previous pregnancy. The innovative clinic provides care from the time of a family's postnatal appointment to discuss the results of investigations onwards into the next pregnancy including intensive screenings and psychological support. All the families who attended The Rainbow Clinic throughout last year were invited to the tea party to celebrate the arrival of the Rainbow Clinic Babies of 2015.

The clinic, a partnership between Tommy's the baby charity and Central Manchester University Hospitals NHS Foundation Trust, is informed by research studies to describe parents' experiences and views of their care after stillbirth and in a subsequent pregnancy. It

provides additional scans to identify placental dysfunction and detect complications early in a subsequent pregnancy, using scanning methods pioneered in Manchester Placental Clinic to look at the placenta in more detail.

Specialist Midwife, Louise Stephens was at the event. She said: "Following our last tea party celebration in September 2014, it was fantastic to be able to meet and catch up with so many local families who visited us at The Rainbow Clinic throughout 2015.

"I loved sharing such a happy occasion with the families - including mums, dads, babies, siblings and grandparents. It was lovely to celebrate such happiness knowing how much sadness the families have and still experience as a result of a loss.

"I feel it's a really important part of the families' journey; we play such an important role in their pregnancy and get to know the families on a personal level, celebrating the arrival of a Rainbow Baby is very special."

Dr Alexander Heazell, Clinical Director of the Tommy's Stillbirth Research Centre said "It is great to be able to put our research into practice to improve care for women, their babies and their families."

Women's Health research at Saint Mary's Hospital spans across gynaecological cancer, fertility, pregnancy disorders and fetal health with the aim of reducing pregnancy complications, increasing fertility and detecting and treating gynaecological cancers. For more information visit: <https://research.cmft.nhs.uk/research/saint-marys-hospital>

## Saint Mary's research team highest recruiters to national obstetrics study



**A research team including midwives and obstetricians from Saint Mary's have recruited the 100th participant to a multi-centre obstetrics study, as well as being named the highest recruiting study centre.**

The GOT-IT study: an assessment of Glycerol Trinitrate (GTN) oral spray for retained placenta, looks to evaluate whether GTN can be used to treat patients with a retained placenta.

After giving birth, some women take longer than usual to deliver their placenta and may require an operation to help the placenta to deliver, which involves anaesthetic.

This can be a traumatic event for a woman who after a normal delivery has to be separated from her family and baby, at such an important time, with all the attendant risk surgery carries.

It is hoped the GOT-IT study will reduce the number of women needing an operation and promote a better experience for mothers, allowing them to spend time with their baby and reduce their stay in hospital.

Principal Investigator for the study Dr Clare Tower,

Consultant in Obstetrics and Maternal and Fetal Medicine and Clinical Director for Obstetrics at Saint Mary's, explained: "I'd like to congratulate the whole team for their hard work in recruiting patients into this study. By delivering research studies we are able to not only give our patients access to new treatment and medication options, but also have the opportunity to improve healthcare in the wider NHS."

For more information about maternal and fetal health research please visit our [research](#) website.

## Manchester plays role in trial of new innovative drug for Huntington's disease

The first few patients in London and Vancouver have received doses of an experimental RNA-targeting drug for Huntington's disease.

The trial aims to test the safety of an experimental drug known as ISIS-HTTRx, discovered and developed by Isis Pharmaceuticals. Administered by injection into spinal fluid to improve its delivery to the brain, the drug is the first to be tested in patients that targets the known cause of the disease: a toxic protein called mutant huntingtin which slowly damages and kills neurons, leading to the progressive and ultimately fatal decline in mental and physical abilities that is the devastating hallmark of Huntington's disease.

Dr David Craufurd, Consultant in Neuropsychiatric Genetics at the Manchester Centre for Genomic Medicine (MCGM) is leading the Manchester arm of the study, which is currently in set-up at Saint Mary's Hospital. Dr Craufurd leads the MCGM's specialist Huntington's disease service, which provides genetic counselling services and specialist multi-disciplinary clinics for families and individuals affected by Huntington disease (HD).

The MCGM HD management clinic serves a population of more than 250 affected individuals in Greater Manchester and Lancashire, and is a major centre for clinical research in HD; MCGM's patients are currently participating in approximately 10 clinical trials or related clinical research projects. It is anticipated that the Manchester part of this study will start early in 2016. Only local patients who have been previously followed at the MCGM are currently being considered for this study.

The huntingtin gene and its lethal protein product have been the focus of intense research across the world since their discovery in 1993. 'Gene silencing' drugs,

also known as 'antisense' drugs, are designed to reduce production of a chosen protein by attaching to the mRNA 'message molecule' that's made whenever a gene is activated. ISIS-HTTRx targets the huntingtin message molecule, telling the cell to dispose of it, thereby reducing production of the mutant huntingtin protein.

There are no treatments to prevent, slow or cure Huntington's. RNA-targeting antisense drugs, like ISIS-HTTRx, that lower huntingtin production are widely considered the most promising therapeutic strategy currently under investigation. Isis's Huntington's disease therapeutics underwent over a decade of refinement and preclinical testing before human trials could begin. The first Phase 1/2a trial is focused principally on safety, using slowly increasing doses of ISIS-HTTRx with careful monitoring of patient wellbeing, scans and laboratory parameters. In addition, the researchers will be looking for chemical signs that the drug is having the desired effect - by measuring the level of mutant huntingtin protein in the cerebrospinal fluid using a newly developed assay.

The trial is set to recruit patients with very early symptoms of Huntington's from six centres in Europe and Canada: University College London, London, United Kingdom; University of Manchester, St. Mary's Hospital, Manchester,

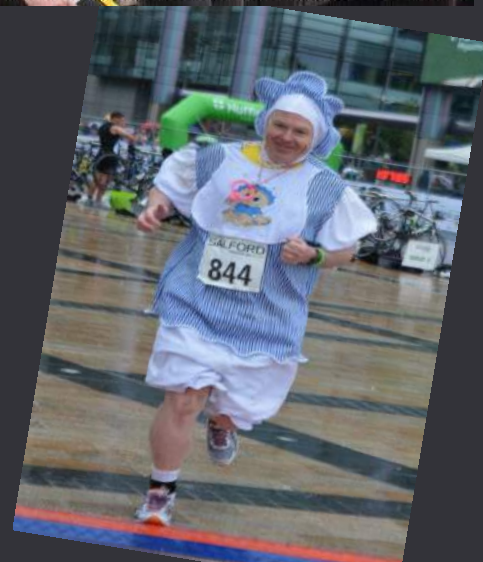




In July 2015, nine intrepid 'athletes' (aka NICU staff) took it upon themselves to compete in the Salford Triathlon to raise money for a sibling area on the unit. It was a miserable day and rained for all of the event itself but a good time was still had by all.

The team raised a fantastic £1,200 in total.

**WELL DONE ALL!**





# Saint Mary's Hospital Charity

Over the past 12 months we have seen some fantastic fundraising taking place in support of Saint Mary's Hospital. Thanks to the dedication and commitment of individuals, community groups, companies and organisations, we've raised over £183,900 during 2015/16.

This amazing support and generosity has helped to make a real difference and enables the Charity to continue to support treatment, research and care at the hospital.

Here are a few of the highlights from the past 12 months:

- Charlie Boon, wife of DJ Clint Boon, rallied a team of runners to take part in the Great Manchester Run in support of the hospital and the Newborn Intensive Care Unit (NICU)
- Rob Dey, Howard Yuill and Louis Molly cycled from Morecambe to Bridlington before pedalling to Manchester to help raise over £11,000 for genetic breast cancer.
- Jon and Java Bere undertook a sponsored ramble covering three peaks in memory of their daughter Alma, and raised £3,530 for the Rainbow Room at the hospital.
- N-Choir held a summer concert and through a raffle and donations raised £525 for the NICU.
- 'Ladies that Love' was a charity evening that was organised by Victoria Jennings in support of the NICU at Saint Mary's Hospital, with a raffle, tombola, fashion show and stalls helping to raise over £530.
- Support for NICU continued when Ric Moylan wanted to say thank you for treatment his niece had received so organised a black tie charity boxing night which raised a staggering £23,000 for the Unit.

Thanks to charitable support we have been able to fund the creation of family-friendly therapy rooms at Saint Mary's Sexual Assault Referral Centre. We will now be able to create ground floor level counselling rooms that will be transformed to provide a calm, relaxing and welcoming space for patients, rather than the current stark and intimidating clinical environment they are faced with.

Thank you to everyone who has supported the Charity over the last year. Your support really does make a lasting difference to all of our patients, young and old,

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



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hospital **charity**

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