



# Saint Mary's Hospital Annual Report 2016/17



**Genomics**  
england





# About Saint Mary's Hospital



The stained glass window pictured above was originally installed in the early 1900s when Saint Mary's Hospital was located on Whitworth Street, opposite the Palace Theatre.

The window has moved with the hospital ever since and now graces the hospital's main atrium as a tribute to the history of 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).

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# Foreword

## Professor Donnai, Mrs Murphy and I would like to share with you the 7th Annual Report of Saint Mary's Hospital.

This report showcases the amazing work undertaken by all of our staff during 2016/17. Throughout the report you will see many examples of how we have improved the service we provide to our patients, where we have been innovative and how we have made sure we know what matters to our staff.

There are so many highlights including recruitment of over 2,000 people to the 100,000 genome project, the appointment of a specialist nurse to support women experiencing early pregnancy loss, the reduction of blood wastage in NICU, the appointment of over 60 midwives and the visit by the Duchess of Cornwall to mark the 30th anniversary of SARC.

Research has a high profile within Saint Mary's Hospital and this is evident within this report where staff have received awards for the work they have undertaken and recruitment to studies have surpassed their targets. There are so many examples it would be difficult to single out any particular one here, but participation in these studies contributes to improved outcomes for families, which is crucial.

Charitable activities were also prevalent throughout the year with donations from £1,000 to over £300,000 raised by the Red Sea Pedestrians for NICU. Our gynaecology team

visited Virika Hospital in Fort Portal Uganda where they performed surgery and provided education for the staff. This is funded by the Birth Aid Charity (set up by our gynaecologists) and donations can be made via [www.mydonate.bt.com](http://www.mydonate.bt.com).

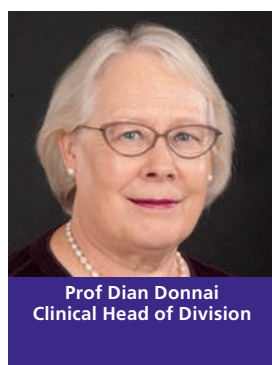
We have welcomed many new staff during 2016/17, some have left after many years of dedicated service (Dr Maresh) and staff have changed roles. We have made cake and celebrated success, we have been busier than ever and throughout provided a high standard of care for our patients. We know there are things we can still improve and continually strive to do so and as ever if you have any suggestions please do let us know.

Enjoy this report and if you have any ideas or suggestions you want to share please e-mail the Saint Mary's suggestions inbox.

**[SMH.suggestions@cmft.nhs.uk](mailto:SMH.suggestions@cmft.nhs.uk)**



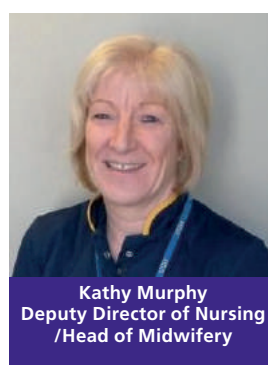
**Karen Connolly**  
Divisional Director



**Prof Dian Donnai**  
Clinical Head of Division



**Karen Connolly**  
Divisional Director



**Kathy Murphy**  
Deputy Director of Nursing  
/Head of Midwifery

# Programme Management Update

**The Programme Management Office (PMO) works across Saint Mary's providing a resource for directorates in implementing change and improvement projects.**

The team, led by Ian Daniels, work with the Directorates to build on their expertise, and allow them to see projects through to fruition, where sometimes the busy day to day activities of a service might not ordinarily allow.

## Gynaecology Quality Improvement Programme

After two years' work the Gynaecology Quality Improvement Programme was drawn to a close. The programme supported the delivery of numerous improvements across the Directorate including a 5% reduction in out-patient DNA (did not attend) through a range of initiatives including:

- The introduction of new patient appointment leaflets,
- Text message reminders,
- The introduction of telephone interpreter services into out-patients,
- A 25% reduction in daycase patients staying overnight following their procedure and,
- An increase in the number of daily ward round reviews for emergency gynaecology patients.



## Reproductive Medicine Call Handling System

**The Programme Management Office supported the Department of Reproductive Medicine in implementing a new call management system for the service.** This was to address concerns raised by patients regarding difficulty contacting the service whilst undergoing treatment.

The new system now means all patients contact the unit using one number and have their call directed to the right person they need to speak to. The unit also has the ability to monitor the number of patients waiting on the line so that the number of staff answering calls can be increased at periods of high demand.





# Genomic Medicine

**Genomic information is revolutionising healthcare for patients with common and rare diseases including cancer.** By informing diagnosis, directing effective personalised treatment and screening of 'at risk' individuals, this leads to disease prevention and early detection.

Manchester Centre for Genomic Medicine – a large unit of 270 staff that provides care for patients of all ages affected by disorders that have a genetic basis – is spearheading a transformation of healthcare

delivery by broadening and accelerating delivery of genomic medicine. This includes:

1. Participation in National Research programmes such as the 100,000 genomes project,
2. Providing international leadership, and
3. Participating in clinical trials that are developing new therapies and improving the lives of patients seen in our hospital.

## Clinical Genetics

**Our clinical services continued their excellent service and we are seeing more patients than in previous years, with over 12,000 genetic out-patient appointments at Saint Mary's Hospital and regional clinics across the North West.**

Due to high demand for our highly specialised services, we have appointed two MDT co-ordinators for the Neurofibromatosis teams (NF1 and NF2).

In supporting the use of genetics in all parts of healthcare, staff from Genomic Medicine continue to deliver the Health Education England funded MSc in Genomic medicine for doctors and nurses. Since September 2016 we have also been the national centre for delivering the MSc in Genomic Sciences, delivering a Specialist Training programme for counsellors and laboratory scientists.

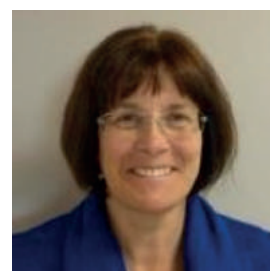
Together with the University of Manchester and directed by Professor Lauren Kerzin-Storarr, we have launched a new training course for Chinese doctors and healthcare professionals as part of our ongoing collaboration with Peking University Health Science Centre (PUHSC) in Beijing, China. Students are taught both online and through visits to Beijing by a genomic medicine clinical team. We have 19 students this year and we have plans to recruit a larger number of students from China and wider South East Asia for 2017/18. We have recently received a small award from The University of Manchester to develop novel filmed teaching material in association with colleagues at PUHSC to understand the patient's experience of genomic counselling, which will be used for this and other courses.

Last year saw the continued development of our administration and clerical team, with members of our team representing staff on the Trust's Administrative & Clerical Advisory Group, which has been pivotal in implementing changes and

gained recognition as a profession within the Trust. Liz Campbell (Medical Secretary) won the logo completion for the A&C Professional Group (see page 39). Lil Crompton (Clerical Assistant) was nominated for 'We're Proud of You' award, recognising the contribution Lil makes to our services and patient care.



Clinical Director  
Fiona Laloo  
(to Sept 2016)



Clinical Director  
Dr Kay Metcalfe  
(from Sept 2016)



Strategic Director  
Prof Graeme Black



100k Genome Project Lead  
Prof Bill Newman



Directorate Manager  
Lynn Chantler



Director of Laboratories  
Dr Lorraine Gaunt

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

## Genomic Diagnostic Laboratory (GDL)

**Our diagnostic services performed well and saw a continuing rise in demand for their services.** New services offered by the GDL this year include an enhanced ophthalmic disorder panel test (extending testing substantially for a number of eye disorders) and an exome service extended to all developmental delay referrals (with a web-based referral system which automatically makes a 'virtual' panel of genes for analysis based on phenotype). There are ongoing links with academia and industry, particularly in the development of personalised medicine, with tests to inform individualised treatment for cancer patients (tumour BRCA testing, and circulating tumour cell estimated Glomerular Filtration Rate (EGFR) for non-small cell lung cancer (NSCLC), treatment antibodies (Pompe) and gene therapy.

The new LIM system (APEX), implemented in the Willink laboratory in September 2016, allows for electronic test ordering and reporting with advanced interfacing to follow. A new LIMS for other laboratory areas is in preparation (iGene).

The GDL's strong involvement in training continues with the Willink Biochemical Genetics Lab being awarded IBMS training status. The GDL has enhanced the profile of genetics with close involvement in Healthcare Science week, Pint of Science (see page 47), and a national study day for Genetic Technologists held at the Trust.

## Scouting for knowledge

Dr Tracy Briggs (Consultant Clinical Geneticist in the Manchester Centre for Genomic Medicine) and Mr Andrew Devereau (Head of Data Models, Genomics England) went to the Longford Scout Beaver troop in Trafford for two evenings, meeting with around 60 Beaver Scouts and their leaders. Dr Briggs spoke briefly to the group about genetics and genetics in rare disease. The colony of girls and boys, aged 6 to 8 years, then did different small group activities: they used both lego and large foam models to investigate the structure of DNA, genes and chromosomes and made bead bracelets of the genetic code of different animals – the Cobra was a particularly common choice!! The questions asked



by the children showed that they had acquired new knowledge about genetics and inheritance.

The troop then had the opportunity to enter a competition to draw a picture about The Manchester Rare Disease Centre. Lots of wonderful, bright and inventive pictures of families, children and the genetic code were drawn. The competition is still open with more children taking part at schools around Manchester.

The knowledge gained by the Beavers went towards a Science-themed activity badge and the feedback received from Beavers, Scout leaders and parents was really good.

## Research

**Our internationally recognised research activity delivers benefit to patients in new tests and understanding.** This year our research team has continued its outstanding work including: top recruiting site in the country for CaPP3 for 2016/17 with 60 patients; exceeding our LCRN target for 2016/17 by over 10%.

Professor Jill-Clayton Smith, with colleagues Dr Sofia Douzgou and Professor Bronwyn Kerr, has been awarded the lead role in a major European Commission funded European Reference Network (ERN), for congenital malformations and rare intellectual disability. ERNs are virtual networks joining healthcare providers across Europe to tackle complex or rare medical conditions that require highly specialised treatment and a concentration of

knowledge and resources. Three other ERN awards feature Manchester Centre for Genomic Medicine: Professor Graeme Black (ERN on eye diseases), Professor Gareth Evans (ERN on genetic tumour risk syndromes), Dr Simon Jones (ERN on metabolic disease).

Prof Evans (NIHR Senior Investigator) has been awarded over £1 million by NIHR to lead a study using genetic information to personalise breast cancer prevention. Prof Black led a national programme to improve access to genetic testing. Dr Jones, working with colleagues in the Trust and the Wellcome Trust Children's Facility, led a number of clinical trials for children with rare metabolic disorders. Dr Briggs has been awarded a NIHR fellowship leading research for patients with rare inflammatory conditions.



# 100,000 Genomes



**The Greater Manchester NHS Genomic Medicine Centre, directed by Professor Bill Newman, is delivering the 100,000 Genomes Project across the region.** This is a partnership between CMFT, Salford Royal FT, University Hospital of South Manchester and The Christie. The project, which involves collecting and decoding 100,000 complete sets of people's genes nationally, will transform the way healthcare professionals approach the care and treatment of patients with cancer and rare diseases.

We have now recruited over 2000 people. We are working closely with the Academic Health Sciences Network and Academic Health Sciences Centre to deliver the project. Strategic relationships are being developed with pathologists to ensure that patients with cancer get state of the art genomic tests to determine the best treatment plan. Ongoing

programmes of patient and public involvement (led by Georgina Hall) and genomics education (led by Dr Glenda Beaman) are raising awareness of the project, and genomics more generally, in the region. Genetic results are now being returned to patients providing new diagnostic information, which is allowing risk estimation in other family members and determining the most appropriate treatment. In 2017 the major focus is to recruit many patients with cancer to the study as part of the Manchester Cancer Strategy.

Dr Glenda Beaman, Education Lead for Greater Manchester GMC, has won a Learning Matters Award (as part of the Health Education England (HEE) annual awards) for her work in engaging the public and healthcare professionals in the 100k Genomes Project. The awards ceremony will be held later in May 2017.

# Gynaecology

- Benign Gynaecology
- Uro-Gynaecology
- Gynaecological Oncology
- Reproductive Medicine
- Paediatric and Adolescent
- Gynaecology

The Gynaecology department at Saint Mary's continues to be a leading centre both locally and nationally. It provides secondary care for the complete range of gynaecological problems to the local population and tertiary care to Greater Manchester and beyond. It is one of the few units in Greater Manchester providing gynaecological services in a dedicated unit.

This care is provided by a multi-disciplinary team of specialists who have expert knowledge in their particular field of interest. The healthcare practitioner workforce is large and diverse and includes nurses, support workers,

counsellors, biomedical scientists and operating department practitioners, to name but a few. The directorate is a regional referral centre for gynaecological oncology, uro-gynaecology, reproductive medicine, paediatric gynaecology and vulval disorders.

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

## Key achievements

During 2016-17 the Gynaecology Directorate:

- Reduced the waiting time for surgery at Trafford General Hospital from 18 weeks to 8 weeks. This was achieved by offering women the option of having their procedure performed at Saint Mary's Hospital.
- Opened an out-patient hysteroscopy service at Trafford General Hospital. Women receive a 'one stop' service where their scan, consultation and hysteroscopy are all performed on the same day. This has reduced waiting times, reduced the number of visits women have to make to hospital and saved money for the Trust by transferring activity from theatre into an out-patient setting.
- Signed a contract with Fairfax Cryobank to become host to the largest donor sperm bank in the UK. [Manchester Royal Infirmary](#)
- Introduced a new out-patient pathway for infertility which avoids tests being repeated and includes patient information sessions in the evenings for couples considering IVF.
- Introduced a Percutaneous Epididymal Sperm Aspiration (PESA) service as an alternative to Testicular Sperm Extraction (TESE) for patients undergoing surgical sperm retrieval. The new service is less invasive and the additional capacity has helped to reduce waiting times.
- Appointed a Clinical Nurse Specialist as a Donor Co-ordinator. This individual is a named point of contact to support patients who require egg or sperm donors through their treatment. The donor sperm service has also been improved by a partnership with a new supplier and the Clinical Nurse Specialist runs clinics where patients are guided through the options to select an appropriate donor. This post is also responsible for the education and training of all staff for donor cycles.
- Appointed a Clinical Nurse Specialist to support miscarriage services.
- The Warrell Unit became accredited by the British Society of Urogynaecology.
- The Warrell Unit became a registered mesh centre. This means that the Unit can perform prolapse surgery augmented with a mesh for women who require this.





**Clinical Director**  
Dr Gail Busby



**Lead Nurse**  
Pam Kilcoyne



**Directorate Manager**  
Sam Evans

## 2016-17 Activity:

- 48,991 patients attended as out-patients
- 4,235 patients were treated in theatre
- There were 13,594 new attendances at the early pregnancy/emergency gynaecology unit
- The IVF department delivered 1,159 cycles of IVF/ICSI treatment

## Focus for 2017-18:

- Fully amalgamate services between Trafford General Hospital and Saint Mary's Hospital so that patients receive the same service regardless of which site they attend.
- Continue to engage pro-actively with the Women's and Children's Services at North Manchester General Hospital and Single Hospital Service workstreams. Prepare to standardise and develop diagnostic services across the four hospital sites within the Single Hospital Service Programme (Trafford General Hospital (TGH), Saint Mary's Hospital (SMH), University Hospital of South Manchester (UHSM) and North Manchester General Hospital (NMGH).
- Support the revised criteria for referral to Colposcopy relating to the human papillomavirus (HPV).
- Implement an out-patient vacuum aspiration service for management of miscarriage as an alternative to surgical evacuation in theatre.
- Implement an out-patient endometrial ablation service.
- Become a commissioned centre for sacral nerve stimulation studies.
- Develop a regional uro-gynaecology multi-disciplinary team (MDT).
- Work to deliver our Trading Gap (annual savings) target of £500,000 by:
  - Improving the coding of our in-patient and out-patient procedures.
  - Improving the utilisation of our theatres.
  - Working with Fairfax Cryobank to effectively market and promote to donor sperm service.
  - Develop a dual-clinician model for out-patient hysteroscopy to increase the number of patients seen in each clinic.
  - Identifying further opportunities to realise operational efficiencies.

# New Specialist Nurse to support women experiencing early pregnancy loss

**After listening to our patients the Gynaecology service has established a new post of a Specialist Nurse for Early Pregnancy Loss.**

The gynaecology unit admits approximately 800 women a year experiencing early pregnancy complications and loss (including ectopic pregnancy); many more women are diagnosed with miscarriage and are managed in the out-patient setting. Despite this, this service did not, until recently, have a dedicated nurse to provide specialist information, communication and support to these women.

Whilst women attending the Emergency Gynaecology Service with complications of early pregnancy and subsequent miscarriage are seen by nurse practitioners, the role of these nurses is primarily focused on ensuring the immediate safety of these women and in obtaining a diagnosis and does not allow time for supporting their ongoing care as an in-patient or after discharge; this gap in the service has been highlighted by patients.

Specifically, patients have felt there was a lack of routine follow up and an opportunity to debrief on what happened, lack of co-ordination to ensure post mortem results are fed back in a timely manner and minimal opportunity to discuss future pregnancies or on-going referral to recurrent miscarriage services.

Maxine Saravanumuttu commenced in her new role in March 2017 and has already made a massive difference for this group of women and the feedback has been very positive:

"I recently met Maxine in the Recurrent Miscarriage Clinic at Saint Mary's. I was newly pregnant and was feeling nervous, having not slept the night before and generally feeling very anxious about the outcome of the scan. Maxine went out of her way to come and find me in the ultrasound waiting room, having remembered the time of the scan booking. She then was able to distract me with chit-chat until I was called in.

"I felt at the time, that this was really kind, and very unexpected. We were delighted with the outcome of the scan, and we then went out to find Maxine to share the results. She then shared in our celebration and again gave us her reassurances that whatever happens, I know where to go for help. She was also able to arrange additional medication for me to save a further trip next week and also to book a further scan for me in two weeks' time.

"Her personal touch today really made a difference to how I feel about hospitals in general."



Maxine Saravanumuttu



# Links with Uganda

**Birth-Aid is a registered charity set up by a team of Gynaecologists from the Warrell Unit.**

The charity aims to help women in Uganda who have suffered childbirth injuries, which are 40 times more likely there than in the UK. In Uganda, living with severe childbirth injuries is very debilitating: most women live without access to running water or electricity. The loss of control of urine and faeces associated with these injuries can lead to rejection and social isolation.

Through the charity, Saint Mary's Hospital has been formally twinned with Virika Hospital in Fort Portal, Uganda. Twice a year the Birth-Aid team, made up of Urogynaecologists, Surgeons and Nurses, travel to Virika Hospital and spend a week assessing and treating women who could otherwise not afford to access care.

As well as performing free surgery for women who need it, the team also provide education for staff within the hospital to improve standards of care and ensure a more sustainable approach to providing care in the future. At the last camp in May 2016, 24 women received surgical treatment for prolapse, urinary and faecal incontinence as part of the camp and in December, a further 21 women received surgery.

In addition to performing surgery, the team are collecting pre – and post-operative data about women who have a repair of a 3rd or 4th degree tear so that we can evaluate patient outcomes.

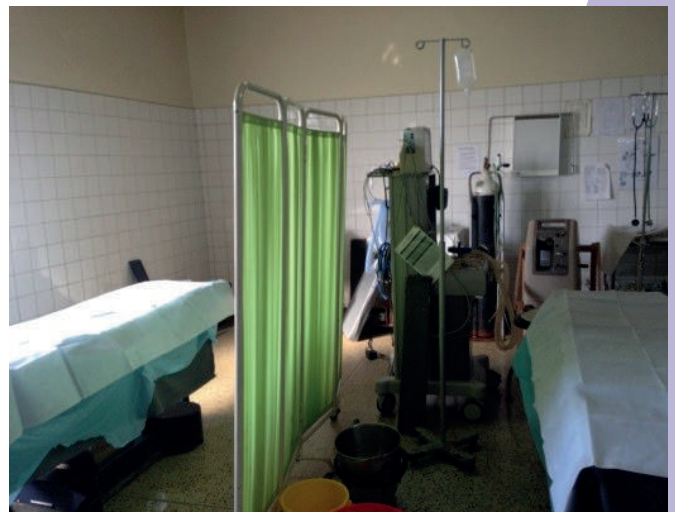
**To donate to Birth Aid please visit [www.mydonate.bt.com](http://www.mydonate.bt.com) and search for Birth Aid.**



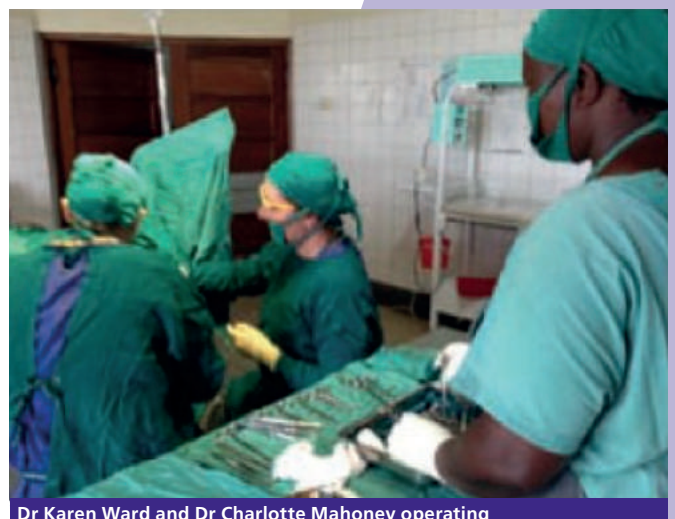
Some of the women who had surgery with the Birth Aid team



Maternity and Gynaecology wards at Virika Hospital



Operating theatre at Virika Hospital



Dr Karen Ward and Dr Charlotte Mahoney operating

# Newborn Intensive Care Unit

**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 19,700 care days each year, of which over 55% are intensive or high dependency care, we serve the population of Greater Manchester and the wider North West conurbation. Care is provided by a dedicated and 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 currently commissioned for 59 cots, and in addition to providing medical care to small and sick infants, the department 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 North West England.



**Clinical Director**  
Dr Sajit Nedungadi



**Lead Nurse**  
Louise Weaver-Lowe



**Directorate Manager**  
Chris Ashworth

In the past two years, activity within the service has increased significantly and the department will be undergoing an expansion to its clinical footprint towards the end of 2017 in order to continue to provide care to the sickest of infants.

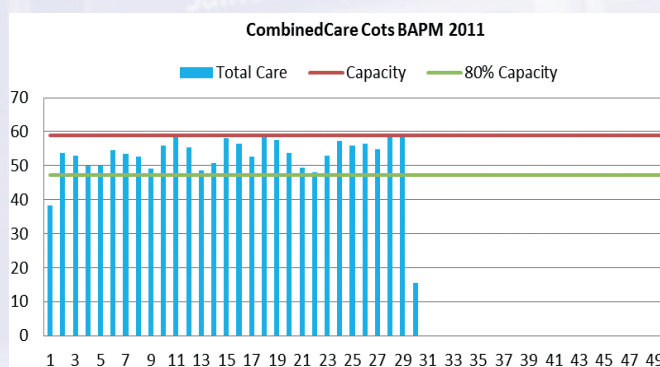
The directorate has hosted the Greater Manchester Neonatal Transport service and cot bureau for some years, with a plan for expansion across the whole of the NW Operational Delivery Network in June 2017. The directorate has well developed services for families and delivers an established neonatal outreach (community) service, is nationally recognised for the quality of bereavement support and has an active and thriving parent forum.

## Welcome

The team welcomed Dr Sajit Nedungadi (pictured below) who took over from Dr Ngozi Edi-Osagie as Clinical Director in April 2016.

## NICU Expansion

As a result of high demand the department has been significantly over the recommended 80% occupancy threshold for the past three years, which places a strain on all of our resources. It also sometimes means we have to decline admission for some babies and this is distressing for everybody. As a result the NICU team have successfully made a case to expand the clinical footprint, enabling the service to care for more babies who need our specialist care.



The plan is to increase provision by developing existing space into an 8 cot nursery and work is anticipated to begin in September 2017.



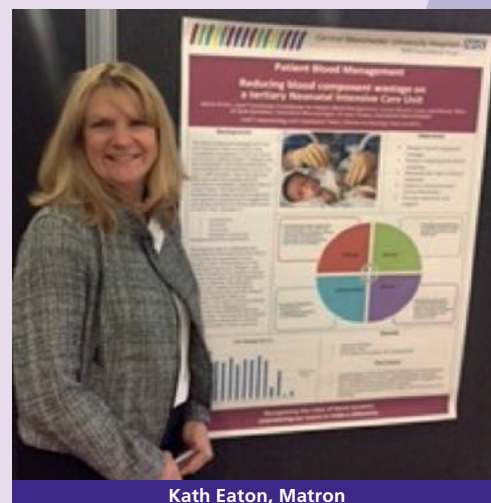
## Focus for 2017/18

1. Review:
  - Ensure that the mortality portal is fit for purpose and reporting.
  - Review and action plan around lessons learnt, to include dissemination of lessons to all staff.
  - Monitor any delays in Coroner's post mortem reports.
2. Continue to work with RMCH colleagues to review the process for booking and cancellation of theatre slots.
3. Expand research portfolio by:
  - Increasing the number of funded studies.
  - Increasing the number of publications/conference presentations.
4. Scope and introduce the 'Safer Care Bundle' in order to reduce delays to discharge, improve patient flow and reduce overall length of stay.
5. Introduction of nasogastric tube feeding in the community to facilitate earlier discharge.
6. Ensure NICU expansion plans to ensure that optimisation of the environment, staffing and equipment are progressed.

## Blood wastage

Lead Nurse Louise Weaver-Lowe, Matron Kath Eaton (pictured right) and Dr Ruth Gottstein worked alongside Marie Green from the Transfusion Team to undertake a quality improvement programme to reduce blood wastage.

This was occurring because unused bags of blood were not being returned to the Transfusion laboratory in a timely manner, in order that they may have been re-used for another patient. This team working approach ensured that the department was able to reduce wastage of blood, enabling this vital product to be reused for another patient as well as reducing costs.



Kath Eaton, Matron

## Change to the provision of Total Parenteral Nutrition (PN)

**Parental Nutrition is a method of ensuring that babies who are unable to tolerate milk feeds are given essential nutrition intravenously.** It is provided for the NICU by the CMFT Aseptic suite and some requirement is outsourced to an external provider when pharmacy capacity is reached.

As a consequence of increased activity in the past year there had been a requirement to increase outsourced PN with an accompanying significant cost.

Led by Consultant Neonatologist Ajit Mahaveer and Rebecca Hinton (Neonatal Pharmacist), the team embarked upon a project to source a standard bag of pre-manufactured PN which would meet all the nutritional requirements of a specified cohort of babies, as well as meeting the necessary exacting standards required to minimise infection risk and of the Medicines Management Committee. The project was successfully delivered, ensuring that every baby who requires intravenous feeding receives it promptly. As an additional bonus the project has delivered over £50,000 of recurrent savings.



## Surgical Workshop

As part of continuing improvement, workshops for the development of specialist surgical skills were undertaken. This was an in house education opportunity to learn about more common gastrointestinal conditions, in preparation of the baby and family for consent and surgery, pre- and post-operative care and handover, post-operative wound care and pain management.

Tracheostomy care requirements were also included during these sessions.

## Parental Tube Feeding

Within the Neonatal Quality Improvement Programme (NQUIP) parental involvement in tube feeding was identified as a project to involve parents in care provision. On NICU nasogastric tube feeding has previously been viewed as predominantly a nursing role and parents have been unable to get involved in this aspect of care.

As part of Patient Experience work stream and to encourage parents to be involved as much as possible in their baby's care, we have developed competencies and a teaching package for parents to enable them to become confident and competent in tube feeding.

This initiative was launched as part of Parent Support Week in March and the information was displayed for parents in the reception and the competencies were explained to staff and parents in the clinical area.

## Bereaved Sibling Support

Carole Hartley is a Community Liaison Officer from John Lewis. As part of the Golden Jubilee Trust she has been seconded to the NICU bereavement team to develop resources to support bereaved siblings. She has also been working to develop a bereaved sibling memorial day which takes place in September at the end of Carole's secondment.

During the last few months she has created 5 different packs for the NICU Bereavement Team to take out to their families to help support the bereaved siblings. These have been created for varying ages, gender and ability for the Team to help guide the siblings through their emotional feelings and to help make memories. Alongside these packs she has researched into appropriate story books relating to bereaved siblings and restocked the Bereavement Team's library, so again there are resources for the different age groups.

Carole also arranged Sibling afternoon on Sunday 11th September 2016 at St James and Emmanuel Church in Didsbury. This consisted of fun and interactive activities to help the bereaved siblings express Hopes, Dreams and Wishes and a chance for them to mix with other children whom have shared a similar experience to themselves.

## Patient Pathway Co-ordinator

Claire Carroll, our pathway co-ordinator facilitates the smooth running of the patient journey. Claire liaises between specialties to encourage the timely transfer of patients, as well as other hospitals to ensure a smooth back transfer for patient's returning to their local unit. She has helped with patient flow on NICU and enabled smooth transfer of patients, better communication between specialist teams and better patient experience for families.

## Neonatal Unit Counsellor



The NICU team were pleased to welcome Gill Whalley, Neonatal Unit Counsellor, who joined the unit at the end of April 2016. Gill has a wealth of experience working with individuals, couples and children and has a background in counselling in palliative care, as well as training and supervision.

Gill's role is to provide in-depth emotional support to parents and family members of babies on the NICU. Gill is also happy to talk more informally to families on the unit who might want to talk through and explore the things that are causing them worry or concern.

Gill (pictured left) supported Mental Health Awareness week in May 2016 with a display aimed at parents and families. She focused on the importance of healthy and supportive relationships being the key to good mental health.



## Proud to Care – on Camera

The Trust held a photography competition and exhibition for staff to help celebrate how proud our nursing and midwifery staff are to care for patients at CMFT.

There were over 130 submissions and the NICU team were delighted that their colleague, Andy Grady's photos entitled and 'Giving a Tube Feed' and 'Giving a Bottle' were awarded Runner up and Highly Commended.

Well done to Andy and his glamorous models!



## ANNP team

As part of our 5 year strategy to address the gap in recruitment to junior doctor posts, the NICU employed a cohort of 4 experienced neonatal nurses to train as Advanced Neonatal Nurse Practitioners (ANNPs) at the University of Salford.

The students qualified in May 2017 and, following a period of consolidation, will take up permanent posts supporting the junior doctors medical rota.

# Obstetrics



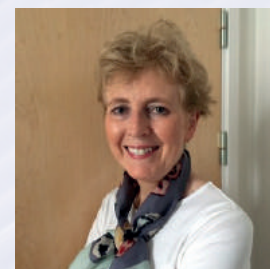
Deputy Director of  
Nursing/Head of Midwifery  
Kathy Murphy



Clinical Director  
Dr Clare Tower



Deputy Head of Midwifery  
Mary Symington



Directorate Manager  
Eleanor Stanley

**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,
- Perineal clinic,
- 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.

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.

The maternity unit has continued to see an increase in antenatal activity and deliveries in 2016/17. Meeting this demand has been achieved through an increase in midwifery and junior doctor staffing, proactive recruitment and retention programme for staff, effective use of space and resources and daily monitoring of staffing and capacity.

There are a number of on-going challenges with an increase in activity for consultant and midwifery follow up clinics, increased scan requirements, and increased rates of caesareans sections and induction of labour.



# Workforce

- During 2016-17 the directorate held a number of successful midwifery recruitment events and follow up sessions to recruit and retain midwives.
- Our baseline in April 2016 was 304.86 whole time equivalent (wte) in post with 48.25 vacancies and by March 2017 there were 328.05 midwives with a vacancy of 13.79.
- Appointments made in August 2016 to increase the number of Clinical Research Fellows (S5 or above) from 8 to 10: the posts are split between 60% research and 40% clinical duties.
- These appointments facilitated changes made to the Junior Medical Rota as from August 2016, which extended the cover on Triage for the evenings, late shift cover for gynaecology theatres lists and extended the weekend shift for the SHO to 15:00 hours to cover the obstetric wards at weekends. There was a focus in 2016 to reduce sickness absence levels to below 4%.

Number of births:	9,359
Number of babies delivered:	9,514
Number of twins and other multiple births:	161
Number of boys/girls	4,827 / 4,671

- The unit has in place a dedicated "Hot Week" for consultant cover on the wards, triage and the Antenatal Assessment Unit (AAU) from Monday to Friday, but out of hours these areas are covered by the labour ward consultant. This is under review for 2017/18.
- Appointments were made to the Neonatal In-Reach team, which consisted of 2 junior doctors (ST2-4) and 2.60 wte nurses; this work was completed in September 2016.
- The AAU has extended its opening from 08:30 to 20:00 hours and now also opens at the weekends (09:00-17:00 hours).
- Sickness for the Obstetric Directorate has decreased from 5.64% in April 2016 to 3.90%.



## Maternity Strategic Partnership

The directorate, as part of CMFT, formed a strategic partnership with University Hospital Morecombe Bay, which aimed to have a partnership with organisations that value quality and innovation, which in turn can assist us in ensuring safety and service commitment.

Staff from UHMB have visited the Trust and participated in the Patient Safety Programme, ACE days and spent time in our Antenatal clinics and Delivery Unit.

## Driving Improvements in Maternity and Neonatal Safety

The directorate was awarded £10,000 in a successful bid to set up a midwife led BMI (Body Mass Index) for pregnant women with a raised BMI 35-39.9 with no additional risk factors. The service will also promote healthy lifestyle education with dedicated dietetic support.

## Birth Trauma Counselling post

The directorate were successful in obtaining funding for this post.

The obstetric directorate was successful in a bid for monies to appoint a Bereavement Counsellor to work part time over 15 months. This new post will provide counselling service for women who have suffered major complications of pregnant and delivery. The directorate aims to improve the quality of care for all women who need extra emotional support throughout their pregnancies, resulting in better outcomes by having this dedicated counselling service.

## All Parliamentary Groups

Following a visit earlier in the year by Ben Gummer (Parliamentary Under Secretary of State for Quality) to the Rainbow clinic on the Research floor, Dr Alex Heazell and Victoria Holmes (Bereavement Midwife) have been invited to discuss the pathway and the care given at Saint Marys to the All Parliamentary Group on Baby Loss.

## Funding for Saint Mary's Hospital to further enhance safety of maternity services

Saint Mary's Hospital was awarded £80,000 from Health Education England (HEE) to progress its training and safety improvements, helping to make maternity services safer for mothers and babies, and enhance their patient care experience.

The funding is part of a national programme launched by Health Education England (HEE) which has provided over £8m across all 134 NHS Trusts with maternity services in England to improve the safety of maternity services.

This funding will support the team at Saint Mary's Hospital to implement packages of multi-disciplinary training, focusing on the key patient safety improvement areas of maternity team leadership, multi-professional team working and communication, fetal growth and monitoring, plus midwifery and obstetric skills and drills.

Health Education England supports a culture of continuous learning and improvement in safe services, with a focus on reducing the rates of stillbirths, neonatal and maternity deaths and other adverse outcomes such as sepsis and intrapartum brain injuries. This funding supports the ambition to make NHS maternity services among the safest in the world and reduce the number of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or soon after birth by 20% by 2020 and by 50% by 2030.

All training programme are due to be completed by March 2018 and HEE will commission an independent evaluation to assess how NHS Trusts have improved quality and safety within maternity services and the wider impact for mothers and babies, families, and the maternity workforce.



Home Moments @SMH\_GynMatNicu

@SMH\_GynMatNicu

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@SMH\_GynMatNicu

St Mary's Hospital Manchester provides Maternity, Gynae & Neonatal services for women & families living in Manchester, Trafford, Salford, North West & beyond.

Manchester, England • [cmft.nhs.uk/saint-marys](http://cmft.nhs.uk/saint-marys)

In March 2016 we launched our Twitter account and a year on we now have around 1,300 followers.

Throughout the year we regularly update our website with information for women and their families.



@SMH\_GynMatNicu

## Perineal Clinic

The Perineal Clinic was established in February 2016 to provide a rapid access to expert opinion for women experiencing a problem with their perineum such as wound breakdown, pain and infection in the first eight weeks following the birth of their baby.

Dr Anna Roberts (pictured) runs the clinic alternate weeks on a Monday afternoon from the Gynaecology Out-patient Department. She also leads the clinical governance group known as 'Friends of the Floor', a multi-disciplinary group of staff committed to improving perineal care in pregnancy.



In a recent quality review, all women surveyed felt that their concerns had been addressed and were happy with their treatment.

### Patient comments:

"I was left totally distressed after my labour and due to the consequent problems. I was reassured knowing /hearing there was a perineal clinic. I delayed my return home to Kent due to this appointment. I was looking forward to being seen by an expert who specialised in this area. The service, care and advice I received today was reassuring and extremely valuable. I can't stress enough how valuable this appointment has been for me."

"I wish this service was extended to other hospitals and offered to all women who have any kind of perineal issue."

"I have received a great service. I was very nervous coming in today and thought the service was very personal and my nerves were put to ease."

## Farewell Dr Maresh



**This year we bid a fond farewell to Dr Michael Maresh, Consultant Obstetrician, who retired after 30 years' dedicated service.**

Dr Maresh joined Saint Mary's Hospital as a consultant obstetrician and gynaecologist in 1986 and was given special responsibility for the Delivery Unit. He was Director of the Royal College of Obstetricians and Gynaecologists (RCOG) Clinical Audit Unit between 1991-1998. He held the role of Clinical Head of Saint Mary's Hospital from 2001-2004 and Associate Medical Director of CMFT from 2004-2011. He was also Clinical Lead for the Reconfiguration of Maternity Services in Greater Manchester from 2003-2012.

Dr Maresh had a special interest in Diabetic Pregnancy and remained actively involved in research in this field and was a member of the NICE Guideline Development Group on Diabetes in Pregnancy since 2011. He will be greatly missed by his colleagues and patients.

## Gold for Ward 47

**Congratulations to Ward 47 on achieving a Gold standard in the Trust's Ward Accreditation scheme.**



## Sharing good practice with Morecambe Bay staff

**Saint Mary's welcomed a team of 8 midwives from University Hospital of Morecambe Bay on Tuesday 6th December 2016. The team attended to shadow midwives in the clinical areas to:**

- See how our theatre works and how our enhanced recovery programme is delivered.
- Enable exposure to the role of the labour ward co-ordinator and spend the day on labour ward.
- Visit the antenatal/postnatal wards to observe how work is allocated and have an understanding of our handover of care processes.
- Discuss multi-professional training and the matron's education role and the role of the maternity clinical standards matron.

Saint Mary's received positive feedback from the midwives and this proved to be a useful opportunity for learning and sharing.

## Triage improvements



**In October 2016 Triage replaced its paper based information system with a bespoke electronic telephone system.** This electronic system, which was developed through collaboration with the Triage team and the Informatics Department, has an interface with the maternity information system for key risk factors identified during an antenatal booking and facilitates the electronic documentation of telephone calls.

The system has also the functionality for calls that have not been closed or that require further action to be followed up.

In December the new waiting area for Triage Department was completed, which makes the area a more comfortable and welcoming.





Above and right: student midwives attending the Open Day  
Below: Induction and tea party welcome!



## Midwifery Open Day makes an impact

In April 2016 Saint Mary's held an open day aimed at recruiting new midwives. Over 150 prospective midwives attended the day with their families from across the region.

The day included stands and tours of the unit and an opportunity to talk to the staff about what it's like to work at Saint Mary's Hospital. Many of the students commented on the sense of pride, enthusiasm, passion and commitment of our staff, as well as the excellent working relationships and camaraderie.

The event generated huge interest and the team successfully recruited over 60 midwives who then joined the team in September. They were welcomed with a full induction programme and a tea party!





# Sexual Assault Referral Centre (SARC)



The Saint Mary's Sexual Assault Referral 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).

Since the establishment of the Saint Mary's (SARC) in 1986, we have seen more than 23,000 people who have experienced sexual violence and over 5,000 children have benefited from our paediatric SARC provision.

During 2016/17, 786 adults and 431 children received care and support. 14% of the clients who attended were male.

This year, Saint Mary's SARC was very excited to celebrate our 30th Anniversary and our 10th anniversary of delivering dedicated paediatric SARC services to children and young people. We concluded our 30th year by hosting a debate at the Midland Hotel, Manchester. At this event we celebrated the achievements of Saint Mary's SARC and marked the progress of services provided to people reporting rape or sexual assault and remembered other events held during our 30th year.



Clinical Director  
Dr Catherine White



Directorate Manager  
Bernie Ryan  
(To September 2016)



Directorate Manager  
Rachel Coppock  
(From October 2016)

The Court room link launched in 2016 has proved a successful option for clients who prefer to give evidence away from the court building itself. To date, 28 clients have opted to use this service.

The Support and Counselling teams developed and launched a Hub and Spoke model in April 2016 in order to provide a service that would better meet the needs of victims of sexual assault. There are currently four spoke areas across Greater Manchester with plans to implement a fifth in progress.

As the first and largest SARC in the country, our mission is to continue pioneering work in this field and be recognised as a centre for excellence. We have most recently been working to improve Saint Mary's SARC services for people with learning disabilities.

By developing research-based knowledge in the area, we have been able to promote more evidence-based practice. As well as SARC collaborations further afield (Middlesex University, University of Chester and University of Central Lancashire) we have worked with academics at the University of Manchester and Manchester Metropolitan University to submit national research bids (NIHR and Nuffield). Currently, two Forensic Psychology MSc projects at the University of Manchester are evaluating the effectiveness of the Saint Mary's SARC Forensic Medical Examination (FME) and Independent Sexual Violence Adviser (ISVA) service.

The Saint Mary's SARC training and events programme continues to expand with an increasing number of professionals wishing to develop their understanding of sexual violence and the role of SARC. This enhances the response at the point of contact with professionals and aids early access to support.

## Focus for 2017/18

- Transfer and stabilisation of the Merseyside SARC services to CMFT.
- Continue to provide a high quality and responsive forensic and aftercare service for people who have experienced sexual assault.
- Work with the Judiciary regarding the implementation of 'Section 28'.
- Relocation to the Peter Mount Building.

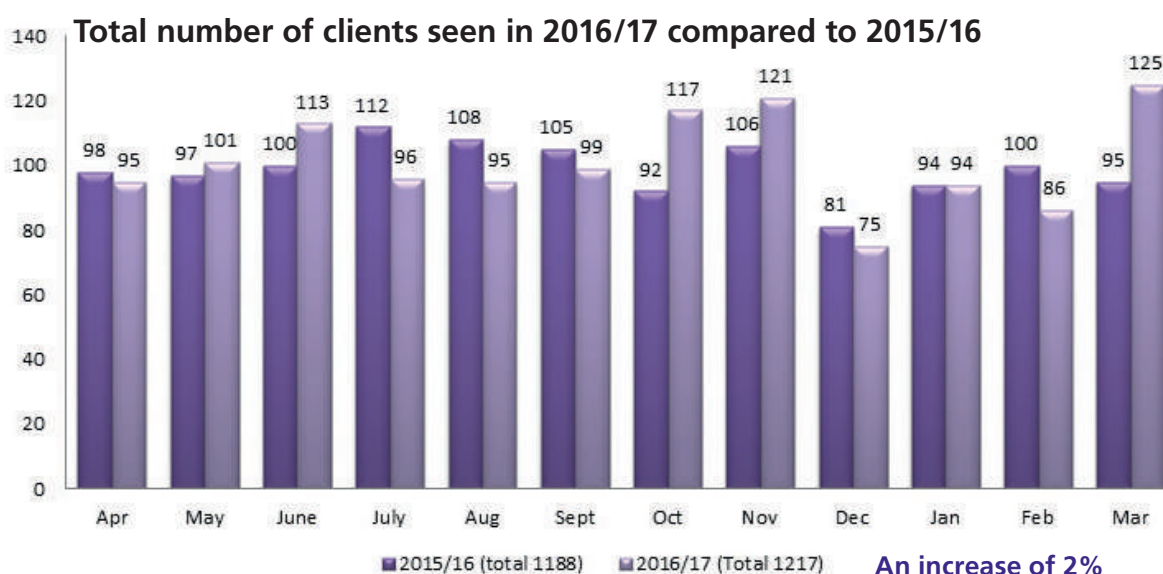
For more information visit: [www.stmaryscentre.org](http://www.stmaryscentre.org)



# Activity

ACCESSING THE SERVICE	2015/16	2016/17
Total number of clients	1,188	1,217
Adults	730	786
Children	454	431
Males	145	148
Police referrals for Forensic Medical Examination	762	741
Self-referrals for Forensic Medical Examination	54	87

COUNSELLING	2015/16	2016/17
Adult Referrals	488	624
Children's Referrals	141	245
Total Referrals	629	869
Adult Assessments	440	575
Children's Assessments	127	258
Total Assessments	567	833

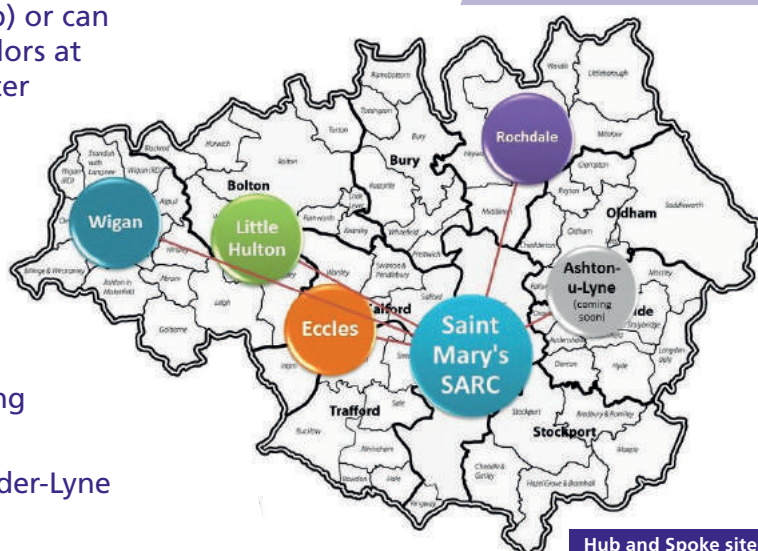


## Hub and spoke

Hub and spoke was identified as a mode of delivery for counselling services that would better meet the needs of victims of sexual assault in Greater Manchester and was launched at beginning of April 2016. Access is determined by individual client preference. This means that clients can choose where they have their counselling.

They can attend the Saint Mary's SARC (hub) or can still access on of the specialist SARC counsellors at one of four spokes across Greater Manchester (see map below). Our next key target area is Ashton-under-Lyne to serve the east of the region on the basis of limited public transport into Manchester.

- Delivery of spoke services continues through Eccles, Little Hulton, Rochdale and Wigan sites.
- DNA rates remain low in spoke sites ranging from 2% to 6%.
- A venue has been identified in Ashton-under-Lyne and will be launched soon.



## Court room link

Our remote court room was launched in 2016 and to date 28 clients have opted to use this service. The Video Link Suite consists of four rooms which are based towards the back of the St Mary's Centre. It has its own entrance, two waiting rooms, live link room and a small private room adjacent to the live link room should the witness require a break. It also has its own restroom facilities.

This all facilitates clients being cross-examined in familiar, comfortable surroundings well away from the court building itself. All clients who have requested to use the link have been offered a pre-trial visit (PTV) to the SARC Link and to the Crown Court Buildings prior to making a final choice about how they wish to give evidence.



## Community Events

To get to know the local community better and hear their views on our service, Dr Cath White (Clinical Director) and Rachel Coppock (Directorate Manager) began hosting community events in March 2017.

The first meeting was attended by a range of organisations: Royal Courts of Justice, Mothers against Violence, Back on Track, Manchester Rape Crisis, Women's Housing Action Group, Domestic Abuse Helpline, Witness Service, St James' School, George House Trust and an IDVA – Domestic Violence Team MCC and the second by First Asian Support Trust, who support women in the Cheetham Hill and Longsight area. Further events are planned throughout 2017.

## We're proud of you Lisa

Lisa Waters (Deputy Directorate Manager) was nominated for the CMFT We're Proud of You Awards in the category of 'Brilliant Ideas' for her work on the live Court room link.

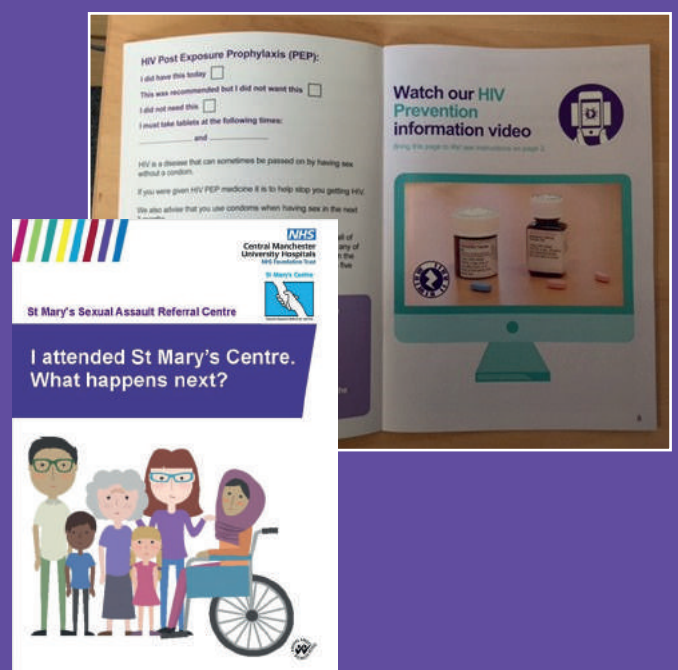
Lisa was shortlisted for the finals and along with other nominated staff attended a star studded evening at Gorton Monastery. Her colleague, Lisa Whitehead, counsellor at SARC, won the Rising Star award.



## Learning Disability Project

SARC has launched the use of new booklets that use augmented reality as well as words to explain our services. This ensures that information about the service is directly accessible to more clients, including those with learning difficulties.

The booklet will be completed by the crisis worker at the end of a forensic examination, giving the client a record of the treatment they have received. Videos are also available via a free app so that clients can receive information in a more accessible way.





## Conference

Saint Mary's SARC hosted its 15th Annual Conference in February 2017. This year's Conference was entitled 'Innovation in the field of sexual violence – Strategy, science, prevention and response'.

The conference is a regular event, the aim of which is to provide an opportunity to share thoughts and learning, cultivate relationships and generate new ideas to benefit clients.



## SARC celebrates its 30th Anniversary – with a debate

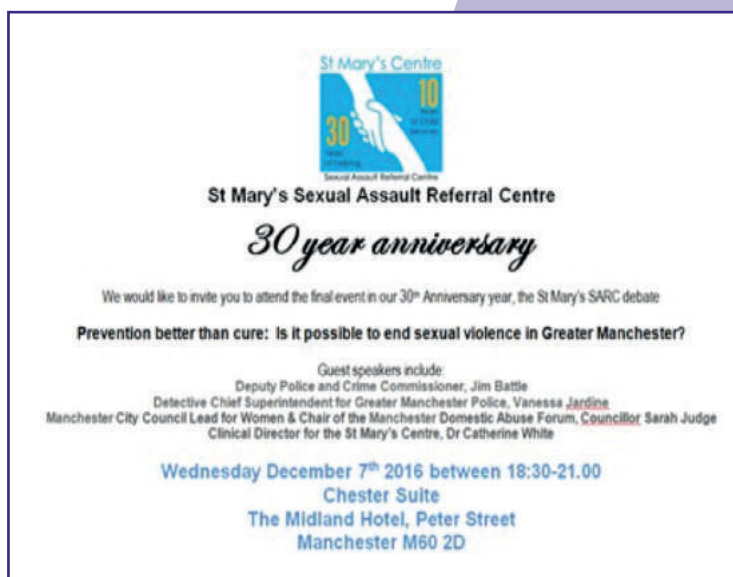
On 7th December 2016 the team hosted a debate asking the question 'Prevention better than cure: Is it possible to end sexual violence in Greater Manchester?'

Chaired by Chris McLoughlin, and speakers included:

- Jim Battle, Deputy Police and Crime Commissioner
- Sara Wallwork, Detective Superintendent and Rape Lead for Greater Manchester Police
- Sarah Judge, Manchester City Council Lead for Women & Chair of the Manchester Domestic Abuse Forum, and
- Dr Catherine White, Clinical Director for the Saint Mary's SARC.

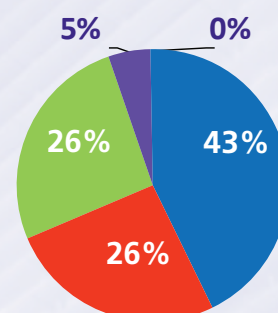
The debate was attended by a range of partner agencies and service users.

At this event we celebrated the achievements of Saint Mary's SARC and marked the progress of services provided to people reporting rape or sexual assault and remembered other events held during our 30th year.



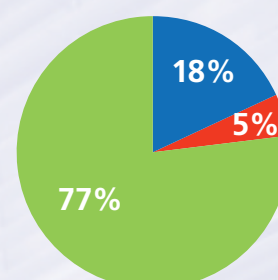
## Referrals – The number of patients referred into the service for treatment.

Total	46,845
Gynaecology	19,645
Clinical Genetics	12,046
Obstetrics	11,989
Gynaecological Oncology	2,150
Paediatric Metabolic Disease	177



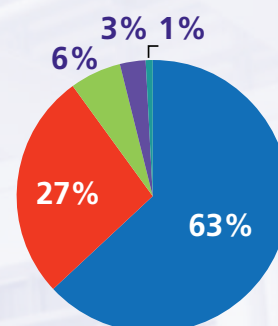
## In-patient admissions – The number of patients admitted to a ward.

		Elective	Daycase	Non-elective
Total	29,089	5,234	1,576	22,278
Obstetrics	20,523	2	0	20,521
Gynaecology	8,135	5,177	1,267	1,751
Gynaecological Oncology	431	115	309	7



## Out-patient attendances – Attendance at which a patient is seen by or has contact with (face to face or via telephone/telemedicine) a clinician, in respect of one referral.

	New Attends	Review Attends	Total
Total	44,212	143,761	187,973
Obstetrics	13,141	106,007	119,148
Gynaecology	20,750	29,311	50,061
Clinical Genetics	8,417	3,707	12,124
Gynaecological Oncology	1,733	3,400	5,133
Paediatric Metabolic Disease	171	1,336	1,507



## Out-patient DNA rates – 'Wasted' appointments where patients Did Not Attend as expected.

	New Appointments	Review Appointments	Total
Total	44,212	143,761	187,973
Gynaecological Oncology	16.9%	11.7%	13.5%
Paediatric Metabolic Disease	13.6%	11.3%	11.6%
Clinical Genetics	13.1%	6.5%	11.2%
Obstetrics	8.7%	10.8%	10.5%
Gynaecological Oncology	9.5%	9.1%	9.3%





## Compliance against national targets

### 18 Weeks referral to treatment (RTT)

The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.

Target: 92%

Breaches	Non – Breaches	Total	%
4,459	61,650	66,109	93.3%
Cancer two week wait target of 93%			95.3%
31 day to first treatment target of 96%			96.5%
62 Day Referral to treatment target of 85%			85.6%
31 day to subsequent treatment target of 94%			95.8%

### VTE risk assessment

VTE stands for venous thromboembolism and is a condition where a blood clot forms in a vein. The indicator measures the number of adults admitted who have been risk assessed for VTE on admission using the criteria in the National VTE Risk Assessment Tool (Over 18 years of age and admitted for 8 hours or longer).

Target: 95%

Admitted	Completed	Breached	%
28,775	28,483	292	98.99%

### A&E Performance

The national standard is that 95% of patients are required to be seen within 4 hours of arrival.

Target: 95%

Cases	% Non-Breach	% Breach
13,594	99.3%	0.7%

### Neonatal Bed Day Capacity:

Standard is 80% occupancy of 69 Cots.

Total	Cots	% Occupancy
Intensive Capacity	19	82.5%
High Dependency Capacity	19	81.0%
Special Care Capacity	31	74.1%

## Antenatal Bookings

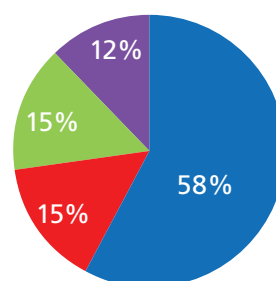
– This is the process of booking to receive your antenatal care from your chosen provider. Antenatal care is the care you receive from healthcare professionals during your pregnancy. You will be offered a series of appointments with a midwife or sometimes with a doctor who specialises in pregnancy and birth (an obstetrician).

Total	9,958
Intermediate Pathway	4,646
Standard Pathway	3,857
Intensive Pathway	1,455

## Deliveries

– The number of women who have given birth.

Total	9,359
Spontaneous	5,440
Assisted Delivery	1,435
Elective C-Section	1,359
Non-Elective C-Section	1,125



## Births

– The number of babies that have been born.

Total	9,514	
Singletons	9,208	
Twins	300	(150 pairs)
Triplets	6	(2 sets)

# Clinical Effectiveness

## Main highlights April 2016-March 2017

- Good incident reporting culture.
- Improvements in the management of VTE.
- Improvements in the management/prevention of Puerperal sepsis.
- Reduction in high level harm.
- Achieving all aspects of the Medical Director's workplan.
- Improved Duty of Candour in line with the Serious Incident framework.
- Decrease in patient falls in Gynaecology.
- Continued good staff engagement using the quality bus for highlighting risks.
- Completing the divisional actions from the CQC.

## Risk Management

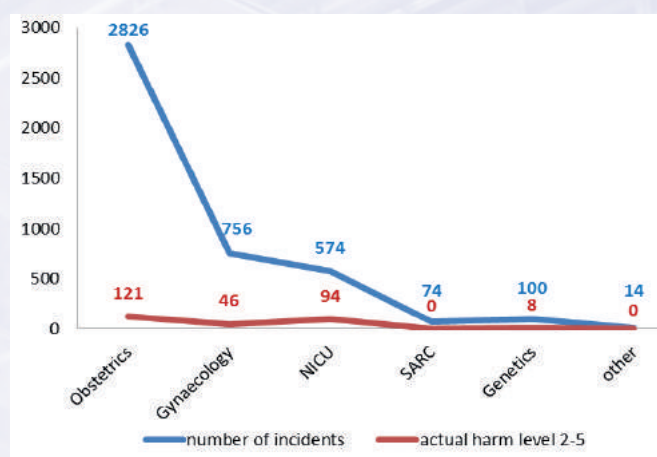
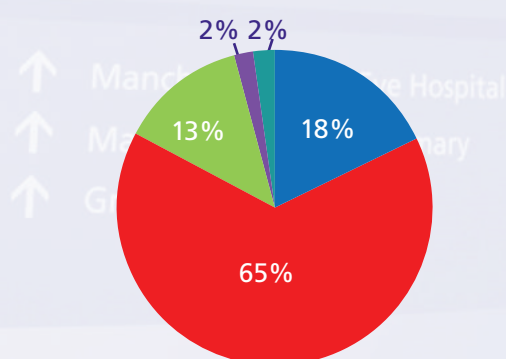
From 1st April 2016 to 31st March 2017 there have been 4,340 incidents, very similar to the previous year's numbers. There continues to be a good reporting culture across the Division. As expected due to the nature of the service, Obstetrics had the most, accounting for 65% of divisional incidents.

Though the number of incidents reported remains high, overall level of harm remains low, which is reflected across the organisation.

There have also been 56 excellence reports submitted for our staff. These are sent to the individuals and their managers to help support revalidation and appraisal and provide positive feedback to those involved.

### Incidents by Directorate

■ Gynae ■ Obstetrics ■ NICU ■ SARC ■ Genetics



## General themes

From all incidents, the 5 top themes are as follows:

Incident/type	Number of incidents
Treatment/Clinical care	1,455
Communication/Documentation	894
Access/Admission/Discharge	446
Clinical Assessment	351
Infrastructure/Staffing	237

This follows the pattern of previous years. Treatment/Clinical care includes all maternity and neonatal incidents.



**Saint Mary's have undertaken 82 high level investigations during the reporting period. This is a decrease of 16% from the 98 investigations undertaken in 2015/16.**

Within the Obstetric Directorate, of the 42 high level investigations undertaken, there have been 13 incidents over the 12 months which have related to the direct clinical care of women and babies (excluding wrong blood in tube (WBIT) and missed anti-D). Of these, 7 are confirmed as resulting in no harm, 2 are low level harm, 2 were high level harm and 2 still unconfirmed. This demonstrates a significant improvement in the quality of care delivered, in comparison to previous years.

## High level harm

There have been 5 incidents out of 82 that have resulted in high level harm. This is a decrease from the 8 incidents the Division had last year. The clear decrease has been in Obstetrics, with 2 cases of high level harm as opposed to 6 last year, 4 of which were Fetal Death in Utero (FDIU). This demonstrates that our teams continue to deliver a high quality service to women, which has not been compromised by the challenges brought on by demand and capacity.

Actions plans for the incidents are in place and the majority are complete.

## Lessons Learnt

### NICU

- The number of mandatory resuscitation simulation sessions available has been increased, focusing on timely intervention, ventilation, assessment and parental support.
- It was identified that further education was required around adherence to the guidelines for management of jaundice.
- Focus on the importance of ensuring relevant results are communicated and followed up effectively when neonates are transferred from other units into Saint Mary's Hospital.

### Obstetrics

- The flow of women requiring induction of labour has been reviewed in order to minimise delays in transfer to the Delivery Unit for ongoing care.

- Guidelines for detection and management of fetal growth restriction (FGR) have been amended to provide guidance on appropriate follow up.

### Genetics

- New processes have been put in place for the management of actions from peripheral clinics.

## Key themes

The key themes this year from High Level Incident (HLIs) investigations have been incidents that have not resulted in harm to our women and babies. Though this is reassuring, it is expected that actions from these will further reduce the number of HLIs occurring in 2017/18.

### Wrong Blood in Tube

This accounts for 41% of all High level Incidents reported in 2016/17. There continues to be work across the organisation as this is a theme Trust-wide. The most important issue that has come out of the majority of the investigations is staff not undertaking positive patient identification in line with policy. Local actions were put into place and it is anticipated that compliance will improve in the coming year.

### Information Governance

19% of incidents this year have been related to Information Governance. The Saint Mary's quality bus has been to all areas to highlight key issues and to support the local actions; SARC particularly have had an issue with a third of the incidents occurring there. Changes introduced have not resulted in any further incidents since January 2017.

# Risks

The top 3 risks from 2016-17:

## 1. Maternity Unit staffing and capacity

There has been a further increase in the number of women booking at Saint Mary's Hospital. Recruitment of midwives and medical staff has been on target. Operational plans to improve capacity continue as a priority.

## 2. Salford CCG

Antenatal care and the freestanding birth unit are delivered in Salford Royal Hospital. This space is no longer available and so Saint Mary's Hospital team are working with Salford CCG to find alternative premises still within Salford.

## 3. Patient results in Gynaecology

Some patients have incurred delays in their treatment or missed opportunities for treatment. Actions are in place to closely monitor the management processes in place.

# Infection Control

There were 2 babies who tested positive for MRSA bacteraemia on NICU this year, however further testing has confirmed one was not MRSA and the other did not occur due to poor infection control practices. The review did indicate areas of good practice in preventing hospital acquired infection. The main areas were good liaison with Microbiology to ensure that babies are on appropriate antibiotics, procedural form for line insertion, good ANTT compliance and education around parental hand hygiene.

Over the last 12 months, there has been a considerable amount of work undertaken to address concerns around puerperal sepsis. An action plan was formulated and updates provided regularly to the CQC.

The work includes:

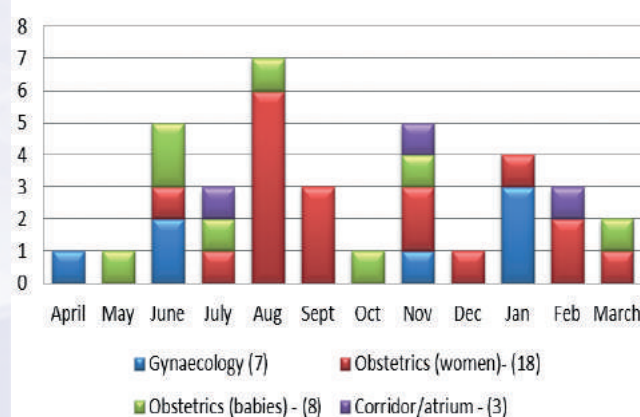
- Ongoing audit and monitoring with feedback to clinical teams.
- Review of all readmissions.
- Patient warming system in place in theatres.
- Education regarding use of chloraprep (skin preparation).
- Education regarding the recognition and management of sepsis.
- Policy review around use of anti-microbials.

# Harm Free Care

## Falls

There were 36 falls in total for 2016-17. There has been a decrease in the number of falls in Gynaecology from 15 to 7, but an increase for maternity women and their babies. Advice is given to women in maternity around mobilising post-delivery and care of newborn babies.

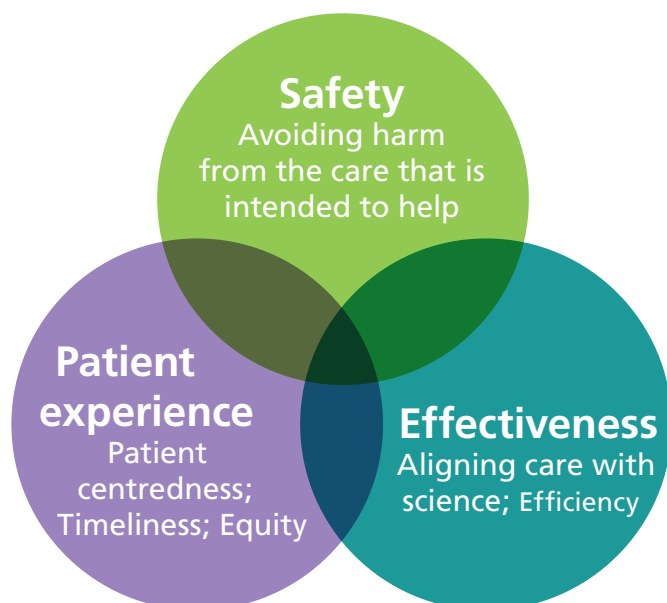
SMH patient falls 2016-17



## Catheter Acquired infections (CAUTI)

The number of investigations into CAUTI in Saint Mary's is small, with 7 confirmed cases in 2016/17 (Obstetrics and Gynaecology). The Divisional Infection Control and Harm Free Care group is monitoring all cases of CAUTI. The integrated care pathway (ICP) for catheterised patients is now in use and is monitored by means of the annual Trust audit.





## VTE (Venous Thromboembolism)

Divisional compliance for VTE meets the Trust targets and Gynaecology continues to demonstrate improvements in VTE management.

Since the implementation of an education package for staff on the use of anti-embolism stockings combined with the use of the patienttrack system (an electronic system used to monitor patients' clinical observations during their in-patient stay) for recording VTE assessments, audit has demonstrated that completion of accurate and timely VTE assessments is embedded, thereby lowering the risks to patient safety.

## Pressure Ulcers

The number of pressure ulcers is low for Saint Mary's Hospital. 50% of the incidents from 2016-17 (10) are from NICU and are related primarily to neonates with nasal continuous positive airway pressure (CPAP). It is difficult to eliminate the risks as babies are being extubated as early as possible. CPAP guidelines have been updated and highlighted a change of practice in how duoderm (a type of dressing) should be used.

There were only 3 incidents for gynaecology, all of which were low level, which is reassuring.

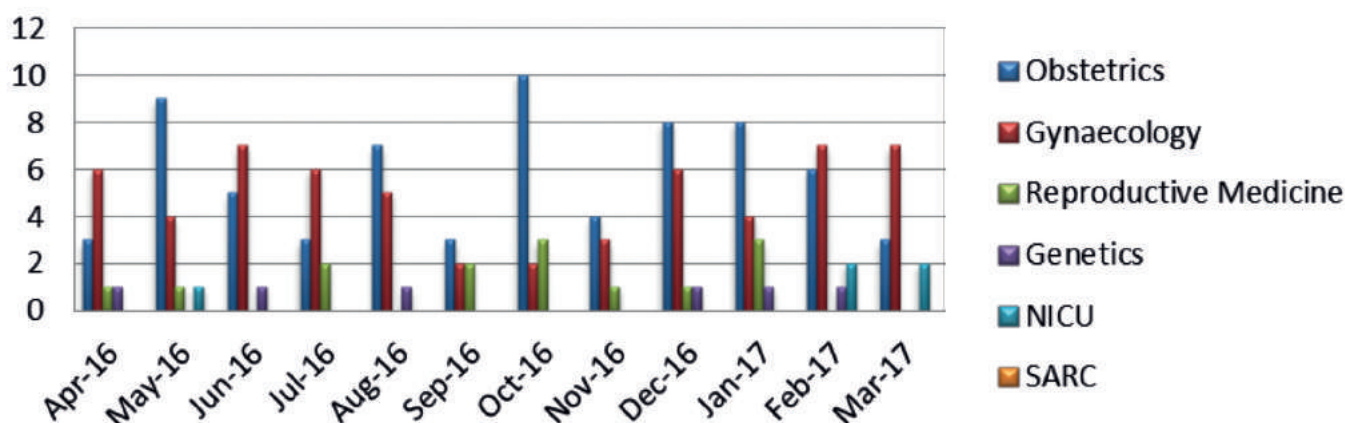
## Quality Improvements

1. Continued improvements in VTE management in Gynaecology (see VTE section left).
2. Use of local resolution of complaints and 'Tell us Today' has improved our response to women's concerns, primarily around delays in induction of labour on Maternity and Out-patient waiting times in Gynaecology.
3. AQuA (Advancing Quality Alliance) are an NHS health and care quality improvement organisation who support healthcare teams with a range of programmes. A multi-disciplinary team from Saint Mary's Hospital have undertaken a project with AQuA to support the reduction of surgical site infection following caesarean section. Focus has been around improvements in scrub technique in the operating theatre, correct use of chloroprep (skin cleansing agent) along with staff and patient education.
4. Implementation of local safety standards for interventional procedures (LocSSIPs) across the division to help support prevention of never events. (Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.) A divisional Standard Operating Procedure for LocSSIPs in a peri-operative setting is in place. There is a LocSSIP(procedure form) in use in Gynaecology Out-patients for all interventional procedures undertaken there.  
  
A swab sticker is also completed which is added to the patient record once the procedure is completed. On Delivery Unit, the recording of information for procedures is held on K2 (maternity intrapartum system) so there is no requirement for a separate document. Monthly Surgical Safety Checklist (SSCL) audits both in and outside of theatre settings have shown improved compliance with policy.
5. Neonatal simulation training for resuscitation is now established as part of the mandatory training in NICU. These sessions are twice monthly to capture all medical and nursing staff. The excellent engagement with this will further improve the safety of babies on NICU.

# Complaints

Saint Mary's Hospital received a total of 153 complaints (0.003% of the number of patients referred to our hospital). This is a decrease from 166 the year before. These were broken down by specialty as below:

Number of formal complaints by directorate 2016-17



## Themes

The main themes were:

- **Communication:** and in particular poor communication with the patient/carer or relative featured in 124 complaints in the 12 month period. This is the main theme within our complaints and has increased in the year, although overall our complaint numbers are down.
- **Treatment and Procedures:** Whilst there is a reduction in the number of complaints related to a lack of clinical assessment and general nursing and medical care, those related to unexpected clinical outcomes remain steady but low.
- **Attitude of staff – Nursing and Medical:** This category remains consistently low in numbers but is often related to poor communication.

## Patient Opinions

Patient Opinion/NHS Choices postings are noted as either positive or negative, but some can be a combination of both. This year the Division has seen 20 clearly positive ones:

10 for Maternity, 7 for Gynaecology, 2 for Genetics and 1 for NICU.

18 negative postings were noted and reviewed: 6 for Maternity, and 12 for Gynaecology.

## Compliments

27 formal compliments were received via the PALS office, however many more are received directly to the ward and in 2017/18 we will be focusing on capturing these to ensure they are recorded.

Most were for the Obstetric department/delivery but the Gynaecology also received some heartfelt thanks for care received.

## Excellence reports

Excellence Reports are a relatively new initiative in which staff recognise the positive efforts of their colleagues. It provides staff with an additional opportunity to celebrate the achievements of colleagues and to raise awareness of the high quality care being delivered by our staff.

47 excellence reports were submitted in 2016-17.



# Equality, Diversity and Inclusion

Midwifery, Nursing, Medical and Ancillary and Administrative and Clerical Staff across the Division continue to plan and provide care that is based on the FREDA principles (Fair, Respectful, Equal, Dignified and Autonomous). There have been many examples of individualised care meeting the diverse needs of our multi-cultural client groups.

## Examples are:

- The midwifery team put together a personalised care plan for a very vulnerable lady with learning difficulties to support her before, during and after the birth of her baby. The support from the midwifery team enabled her to take her baby home instead of the original plan of placing her baby into foster care; a disabled lady was supported with a range of reasonable adjustments to facilitate the birth experience she desired; a hearing impaired couple were supported to give them the best experience and a visually impaired couple were assisted to support one another with a newborn baby.
- The Genomic Medicine team have won awards at the Making a Difference for Social Responsibility Awards at Manchester University, and SARC have been developing a Learning Disability and Autism Screening questionnaire.
- The Gynaecology Directorate have been leading the Divisional response on Dementia care and the MacMillan nurses continue to support families through the Cancer pathway and getting very positive feedback from their patients.
- Equality, Diversity and Inclusion week was held in May 2016 and we focused on valuing the voices

of our diverse population to be the best we can. We focused on Dementia care, remembering the individuals, and Learning Disability and Autism providing resources for 'flagging' patients to help identify needs early in the care pathway. NICU introduced a library for parents to read to their new babies and their siblings. The North West Midwifery Refugee Network and the work of the Refugee Specialist Midwife was showcased.

- In August the Chaplaincy team toured the wards with the Spiritual Health and wellbeing Quality Bus, introducing the Chaplaincy/Spiritual Care Service to the multi-disciplinary team across Saint Mary's Hospital. The team delivered a paper copy of the Religious and Spiritual Care of the Patient guideline to each ward and introduced the HOPE (Hope, Organised religion/world view, Practice and Effects) acronym, an assessment framework to help staff make an assessment of religious or spiritual needs.

Safina Nadeem, Equality and Diversity Manager (Service Equality), continues to provide essential support to the E&D Co-ordinators and our Equality Advocates.

## Equality Delivery System assessment

The Division has continued to make steady improvement with two excellent scores this year to add to our one from last year. This year we had to provide evidence of inclusive leadership across all 9 protected characteristics. Whilst we had evidence of practice/care planning etc, we are not good at documenting this aspect of our business so need to get smarter or we undersell ourselves...again!

Protected Characteristic	2.1 Access to care	2.2 Supportive decision making	2.3 Positive experience	2.4 Complaints	4.1 Visible leadership	4.2 Papers	4.3 Managers support staff
Age							
Disability							
Gender reassignment							
Marriage & Civil Partnership							
Pregnancy & Maternity							
Race							
Religion & belief							
Sex							
Sexual orientation							
Outcome	9/9	9/9	8/9	7/9	6/9	6/9	8/9
Goal	Achieving 92%				Achieving 74%		
Overall score	Achieving 81%						

# The Saint Mary's 'What Matters To Me' activities

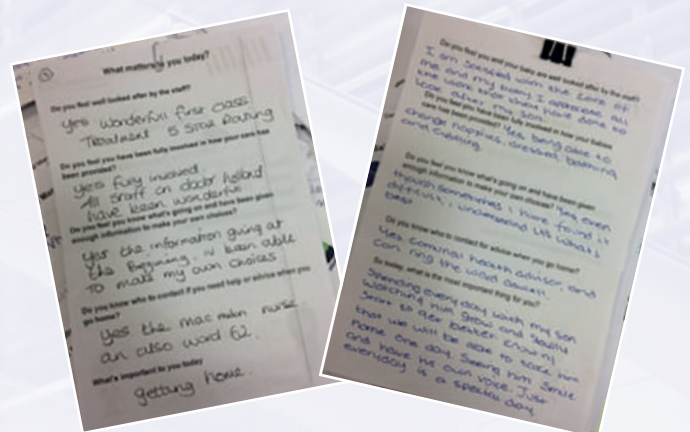
The 'What Matters To Me' initiative is a concept of shared decision making with the emphasis on patient and clinician engagement. The objective was to ensure that staff, patients and service users were offered an opportunity to tell us about the issues that are important to them about patient care, the services we provide and how we do this.

## Engaging Patients

We used the patient experience model to maximise the value of patient feedback and increase the number of opportunities for patients to tell us their stories. We have asked patients:

1. Do you feel well looked after by the staff?
2. Do you feel you have been fully involved in how your care has been provided?
3. Do you feel you know what's going on and have you been given enough information to make your own choices?
4. And finally, if I asked you what matters to you today, what would you say?

To date, over 400 patients responded, providing a wealth of information for ward managers and matrons to reflect upon and review service provision where relevant. We have shared the patients' views with staff and other patients in the form of posters and 'What Matters To You' boards. On a positive note, the feedback has demonstrated that our understanding of patients' needs and wishes is excellent. Only pain relief and a reduction in waiting times being our key improvement targets.



A Gynaecology Oncology Patient Engagement session used the What Matters To Me model with great success. As part of more detailed Patient Satisfaction Surveys, The Maternity Rainbow clinic, Gynaecology Out-patient Pessary Clinic, and the Perineal Clinic have all included the 'What matters to you' format.

Below – Gynaecology Oncology patients tell us What Matters to them.





# Engaging Staff

From the results of the National staff survey and the Royal College of Midwives 'Caring for You' consultation, we recognised that the wishes for patients and staff were identical:

What matters to patients	What matters to staff
Feel informed and be given options.	Feel informed and be given options.
Find staff who listen and spend time with their patients.	Have a line manager who listens and provides a supportive workplace.
Be treated as a person, not a number.	Be treated as a person, not a number.
Be treated with dignity and respect.	Be treated with dignity and respect.
Be involved in care planning and be able to ask questions.	Be involved in service planning and be able to ask questions and challenge practices safely.
Be signposted to support services (patient and carer support groups).	Be signposted to support services (Occupational Health/staff support groups).
Find efficient process (appointment systems, access, etc).	Find efficient processes (duty rosters/flexible working/recruitment/appraisals)

## So we agreed a plan of improved staff engagement to:

- Promote an organisational culture where all staff feel it is safe to raise concerns and become empowered.
- Link the expectations of the patient and service user with the aspirations of midwives and service providers in a healthy and safe work environment.
- To develop the evidence base for measuring improvements in the staff and patient experience,
- Meet the CMFT Strategic Aim of developing our organisation, supporting the health and wellbeing of our workforce and enabling each member of our staff to reach their full potential.

## Our first Action Plan for 2016-17:

- Saint Mary's was the first Maternity Unit to sign up for the RCM Caring for You campaign.
- CMFT Staff survey action plan agreed.
- Speak out Safely campaign shared.
- Staff Engagement forums established for all bands of staff.
- Staff side engagement.
- Staff Health and Wellbeing action plan drawn up and linked with the RCM Caring for You Action plan.
- Recruitment/retention/staff development – 60 new midwives recruited in 2016.
- Educational support/revalidation/appraisals.
- HR and E&D leads providing support.

**All of these have been successfully completed.**



# Staff Survey Results 2016

The 2016 NHS Staff Survey (sample) results were released in March 2017 and we were delighted to achieve an overall engagement score for Saint Mary's of 3.90, based on a scale of 1-5 (poorly engaged to highly engaged). This is a small variation from the 2015 census score of 3.91 and remains above the Trust-wide score and the threshold for the top performing 20% of acute Trusts nationally.

During 2016/17 our quarterly pulse checks have returned consistently high engagement scores, most recently in Quarter 4 increasing to 4.01.

The Saint Mary's staff survey key findings results demonstrated scores 'better than the National 2016 average for combined acute and community Trusts' and/or 'better than the CMFT Trust' in 21 of the 32 key findings; key areas of achievement included increases in scores for staff motivation at work and staff ability to contribute to improvements at work and a significant decline in the number of staff reporting feeling unwell due to work related stress a decrease to 12% from 33% in 2015.

We still have areas to improve upon and our focus for 2017/18 will be:

- To maintain the Divisional Engagement Score above the Trust average and in the threshold of top 20% of acute Trusts.
- Improve scores for any key findings which have declined and are below the Trust average.
- Continue to focus on engagement activities across specific staff groups, eg. Administrative and Clerical.
- Continue the process for gathering staff feedback through pulse checks and engage with staff via the 'What Matters To Me' and 'RCM Caring for You' campaigns.
- Continue delivery against the updated divisional
- Health, Wellbeing and Engagement Action Plan.
- Improve the staff response rate to quarterly pulse surveys.

National avg. 2016	Trust score 2016	Saint Mary's 2016	Q1 Pulse Check 2016/17	Q2 Pulse Check 2016/17	Q4 Pulse Check 2016/17	SMH Census 2015	SMH Sample 2014
3.80	3.84	3.90	3.90	3.90	4.01	3.91	3.69

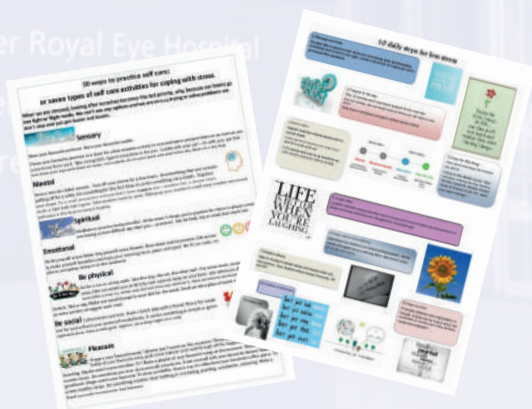
## Staff focus on avoiding stress

The hospital's Quality Bus (a mobile learning resource) visited the ward areas on Stress Awareness day (2nd November 2016) to signpost staff to resources available, top tips to help manage stress, recognising stress in self and others, and alignment with the Trust's values and behaviours. 80 members of staff visited the bus.

Rowan Fawcett, HR Business Partner (pictured below) joined Heather Birds, Patient Experience and Quality Lead on board the bus to introduce herself and the role of the HR department to all the staff, along with the RCM Health & Safety representative and together they also raised the profile of the Caring for You campaign.



HR Business Partner  
Rowan Fawcett





# Staff awards and recognitions

## GEM Awards for some of our Administrative and Clerical staff

Team members who 'Go the Extra Mile' (GEM awards) and whose actions or practices highlight one of the Trust's 6 Core values are recognised and celebrated with an ACE certificate and a sweet treat.



Eleanor Stanley with Alison Hill



Maureen Daniels with Kerry Goddard



Wendy Hamilton and Jan Cummings



Louise Ayres and Kristie Marsden



Gemma Spellman

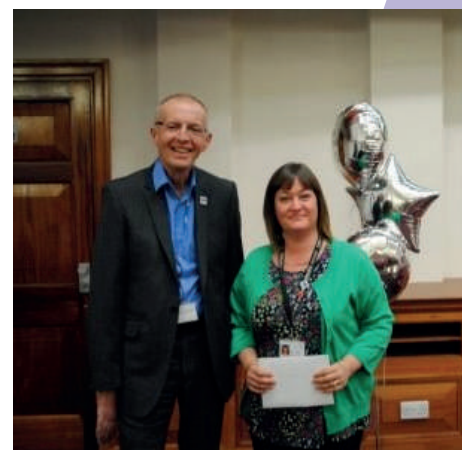


Charlotte Walsh

Liz Campbell, Medical Secretary in the Genetics Department (right) won a Trustwide competition for designing a logo to represent Administrative and Clerical staff. The logo is to help promote A&C as a profession within the Trust and is used on all A&C documentation.



Liz said: "I am extremely proud, albeit a little shocked, that my logo has been chosen to represent the A&C division within the CMFT Trust and I look forward to seeing it in print! I hope it stands out as a great representation of all the support and hard work staff within A&C do for the Trust on a daily basis."



Camilla Feasey, Sister on Ward 62, scooped 1st prize for the Best Sepsis Education on World Sepsis Day



GEM Award for Catherine Chmiel, Research Midwife Co-ordinator, in the category of 'Consideration'



Tina Pritchard, Gynaecology Oncology Research Nurse, was shortlisted for the LCRN Lifetime Achievement award



# Finance

## Summary

The Division ended the 2016/17 financial year with a reported deficit of £1,049k, which is 0.9% of its annual income turnover of £116.2m. Although the Division did not achieve its break even target, the outturn deficit had a number of significant improvements and achievements.

## In-year performance

As with all NHS Trusts, the Division is required to achieve annual efficiencies and in 2016/17 it was allocated a Trading savings gap target of £2,341k, which was 2% of its income; this was added to the unachieved trading gap in 2015/16 of 2,568k. Overall the target of £4,909k was 4.2% of income.

The in-year performance of the Division was strong and a combination of £1,049k of recurrent savings, an over-achievement in income and under-spending direct budgets, resulted in identifying savings of £3,860k.

## Income

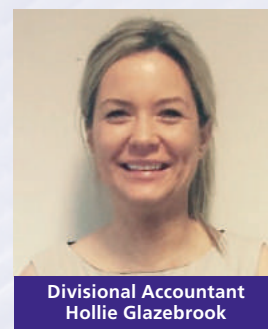
**Patient Related Income:** Overall the patient related income target of £109,186k was over-achieved by £666k; this was driven by a combination of over-performance in non-elective work, specifically gynaecology of £324k; over-performance by IVF of £321k; and within out – patients, specifically in genetics, which over-achieved by £280k. The over-performance was offset by under-achievement of income in NICU (£184k) and maternity (£141k):

- NICU income is reported on discharge of babies from CMFT and therefore this can lead to a delay in reporting. The overall delivery of activity was strong during 2016/17 with only April 2016 being below planned levels based on activity required on the unit.
- Maternity activity was collectively below plan at £142k. Although activity levels were high; the financial under-performance against plan was primarily due to activity being profiled differently than in previous periods.

**Divisional Income:** The Divisional income target of £6,989k was overachieved by £1,967k. The over-achievement was largely driven by the unbudgeted work undertaken at Pennine Acute



Divisional Finance Director  
David Kay



Divisional Accountant  
Hollie Glazebrook

by the obstetrics team; income from Liverpool Women's for the NICU transport provision; and non-recurrent income relating to an overseas baby in NICU.

## Direct expenditure budgets

In 2016/17 the Division had direct budgets of £83,473k and had a year-end overspend of £3,682k which included the unachieved trading gap of £3,504k.

**Pay:** The Division's pay budget is £69,065k and represents 82.7% of expenditure budgets. Overall pay was underspent by £2,292k. This is primarily due to the non-recurrent underspends relating to vacancies for the NICU expansion; the maternity strategy expansion; and within genetics. Adverse pay pressures, specifically in gynaecology and obstetrics, are the subject of detailed scrutiny in the Division to address the adverse variances.

**Non-pay:** The non-pay budget of £17,912k overspent by £2,470k. The main pressures are lab reagents in genetics, which is offset by over-achievement in genetics divisional income; maternity pathway creditors in obstetrics; and within gynaecology.

## Key challenges

The Division has an average deficit run rate of approximately £1.8m, which is largely driven by the unachieved trading gap and financial run rate pressures within gynaecology and obstetrics. Detailed work has commenced in gynaecology and obstetrics to identify and enact opportunities to address the pressure across all financial categories. These challenges must be addressed in addition to the 2017/18 trading gap target of £3,290k.



	Plan £000	Actual £000	Variance £000
<b>Patient related income</b>			
A&E	1,885	1,854	-31
IVF/IUI	4,596	4,917	321
Elective	5,135	5,136	1
Non Elective	23,186	23,510	324
Out-patients	13,214	13,494	280
Maternity	22,533	22,392	-141
NICU	27,094	26,910	-184
Genetics	8,818	8,914	96
Other	2,724	2,724	0
Sub Total	109,186	109,852	666
Divisional Income	6,989	8,956	1,967
<b>Total income</b>	<b>116,175</b>	<b>118,808</b>	<b>2,633</b>
<b>Direct expenditure budgets</b>			
Trading Gap	3,504	0	-3,504
Pay Expenditure	-69,065	-66,773	2,292
Non Pay Expenditure	-17,912	-20,382	-2,470
Sub Total	-83,473	-87,155	-3,682
<b>TOTAL</b>	<b>32,702</b>	<b>31,653</b>	<b>-1,049</b>



# The Red Sea Pedestrians raises £300,000 for Saint Mary's Hospital



The Red Sea Pedestrians (RSP) once again pulled off an incredible evening, raising a mind-blowing £300,000 at their 9th annual charity ball in March 2017 at the Lowry Hotel in aid of Saint Mary's Newborn Intensive Care Unit (NICU) and the Rheumatology Department at Royal Manchester Children's Hospital.

Coronation Street's **Kym Marsh** attended the glamorous ball at The Lowry Hotel where she gave an emotional speech (<https://vimeo.com/208005420>) about the tragic loss of her baby and talked to the audience about her then positive experience at Saint Mary's Hospital, highlighting the importance of the equipment the hospital so urgently needs.

With the RSP's help, Saint Mary's Hospital is now able to buy 4 High Frequency Oscillation Ventilators to help the poorest, premature babies make a speedy recovery.

The stunning guests were entertained by the incredible SwanBand who kept the party going until the early morning!



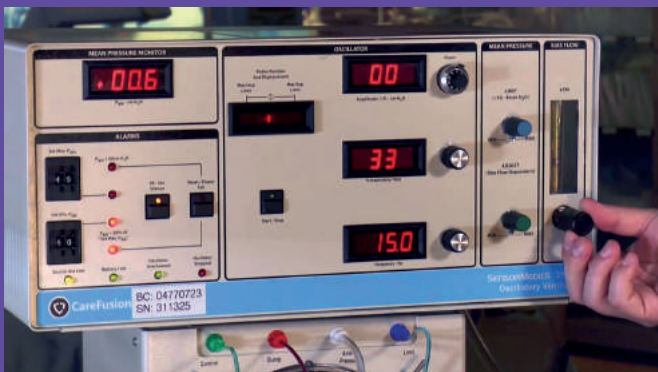
Antony Wagman, Chair of Trustees of The Red Sea Pedestrian's, said: "We are absolutely overwhelmed by the continuous generosity of our guests, we raised a life-changing amount of money for an incredibly worthy cause."

Sarah Naismith, Head of Saint Mary's Hospital Charity, commented: "We're absolutely delighted with the phenomenal amount raised on the night, and would like to extend our gratitude to The Red Sea Pedestrian's and all their supporters for their hard work and efforts in making the ball such a huge success. The funds raised will ensure that the smallest and sickest babies, who don't respond to conventional forms of ventilation, can receive the best possible treatment our hospital can give them. This will make a real and lasting difference to the lives of so many families across the North West, and beyond."

## High Frequency Oscillation Ventilators (HFOV)

Saint Mary's Hospital requires 4 High Frequency Oscillation Ventilators (HFOV) – each one costs £35,000.

HFOV is a highly specialised form of breathing support which is used for the sickest of babies who do not respond to conventional forms of ventilation. Without this new equipment the provision of HFOV is at best outdated and at worst unavailable, which inevitably can result in babies not receiving the care they need. In addition the smaller footprint of the newer HFOV ventilators means that babies can be commenced on HFOV with less impact on the physical space around the incubator, ensuring a more family friendly environment, and reduced risk of injury or incidents.





# Duchess of Cornwall visits SARC



**The Duchess of Cornwall visited the St Mary's Sexual Assault Referral Centre (SARC), Manchester on Tuesday 26th April 2016 to mark its 30th anniversary and meet staff and partners who provide support for people reporting sexual violence.**

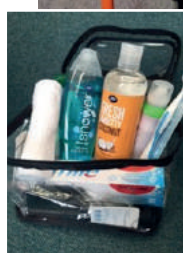
Dr Catherine White, Clinical Director said: "We were delighted to be able to host this visit from The Duchess of Cornwall in our anniversary year.

"During the visit we invited The Duchess to meet our team of specialist staff, a former client of the service as well as key partners and supporters of our service. Her Royal Highness also unveiled a plaque to mark her visit during our 30th anniversary year."

The Duchess of Cornwall first visited the Rape and Sexual Abuse Support Centre (RASASC) Croydon in November 2009. Since then, Her Royal Highness has visited numerous other Rape Crisis and Sexual Assault Referral Centres throughout the UK, raising awareness about rape and sexual abuse, and trying to help those affected.

Dr White continued: "By marking our 30th anniversary year we hope to create even greater awareness of our service. The Duchess of Cornwall's visit is a key highlight of the range of events we have planned throughout the year that we hope will ultimately ensure more people who have been raped or sexually assaulted seek the help they need."

Following this visit The Duchess pioneered a project with Boots to supply all SARCs with a high quality 'Care Bag' to give to clients. Care bags are being distributed to clients after attendance for a forensic medical examination.





# Ground breaking Genomic Medicine Centre celebrates two year milestone

The team at Greater Manchester NHS Genomic Medicine Centre, based at Saint Mary's Hospital, recently celebrated their two-year anniversary delivering the pioneering 100,000 Genomes Project, reflecting on achievements so far and future developments for their work on the ground-breaking study.

The national initiative involves collecting and decoding 100,000 human genomes – complete sets of people's genes – from NHS patients with rare inherited conditions and their close relatives, patients with cancer, and patients with certain types of infection. The project has the potential to transform the future of healthcare, improving prediction and prevention of disease, enabling new and more precise diagnostic tests, and allowing personalisation of drugs and other treatments to specific genetic variants.

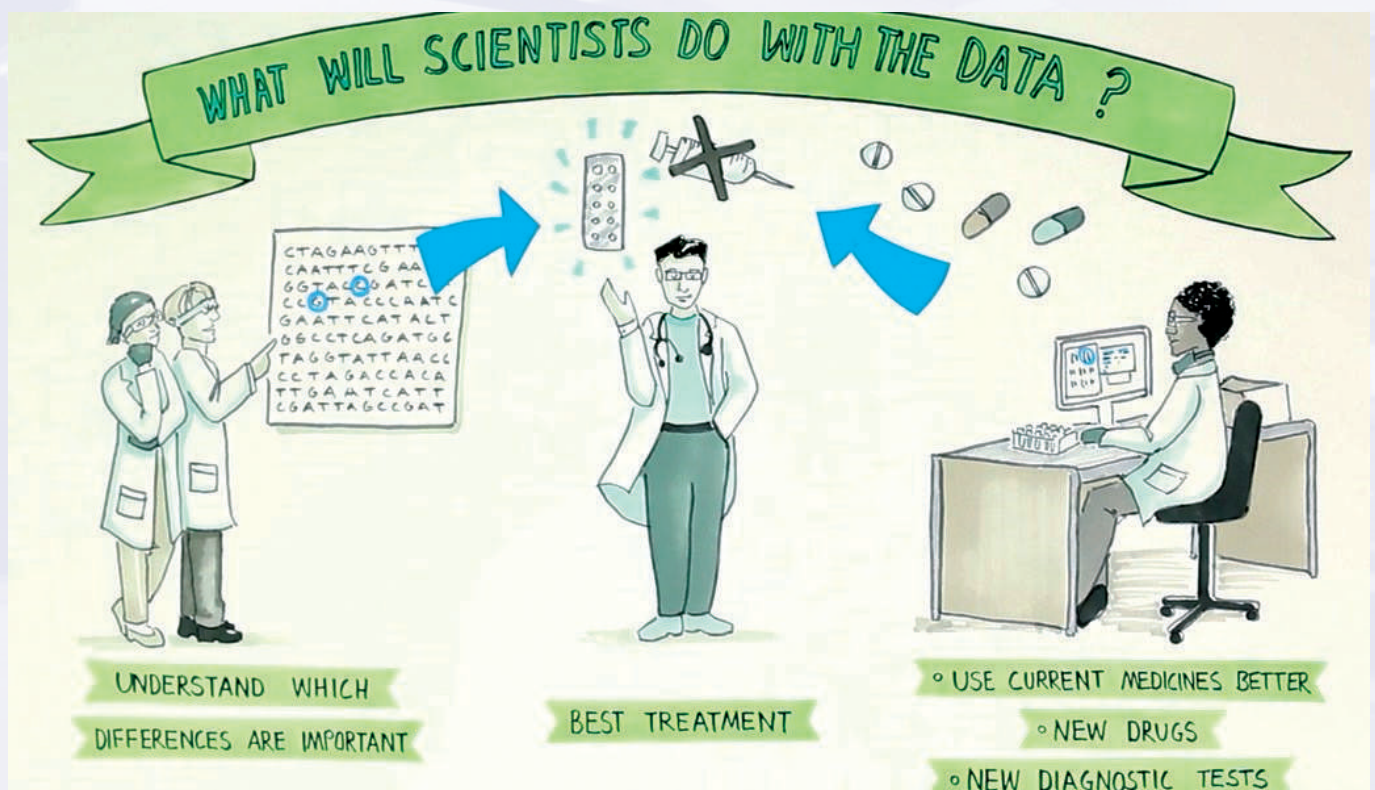
Professor Bill Newman, Director of Greater Manchester NHS Genomic Medicine Centre, talked about the project's aims, progress and challenges so far.

"We have now recruited over 2,000 patients to the project from the region. This is a tremendous achievement and we are now extending efforts to recruit patients through Salford Royal, University Hospital South Manchester, the Christie and hopefully will be opening the study up at additional hospitals across the region."

Professor Bronwyn Kerr, Consultant in Clinical Genetics and Associate Medical Director, discussed some of the first results received for rare disease participants in the project which have led to a specific diagnosis, and the impact of the findings on them and their families. Talks were also given on the patient involvement and education aspects of the project by Georgina Hall, Consultant Genetic Counsellor; how genetic results are obtained and checked by Dr David Gokhale, Principal Clinical Scientist; and an update on the cancer programme by Jane Rogan, Business Manager at Manchester Cancer Research Centre Biobank.

The project has a number of patient ambassadors, two of whom came along on the day. Georgina Hall highlighted the importance of patients attending these events to hear about the project's progress and participate in discussions as the study progresses. Lesley Morgan and David McCormick participated in the group workshops along with recruitment nurses and medical students to consider the impact of the project, recruitment and ways to improve engagement with genomics across patients, the public and healthcare.

Lesley said: "I have a background in medicine which led to my involvement. It's great to be a part of something making such an impact and to meet other patient ambassadors at events like this."





# James Woods 10, becomes 1000th participant in ground breaking 100,000 genomes project

In November 2016 a lifelong patient of Saint Mary's Hospital became the 1000th participant in a ground – breaking project that is revolutionising the way those with rare genetic diseases are diagnosed and treated.

Ten year-old James Woods has joined the initiative, which involves collecting and decoding 100,000 human genomes – complete sets of people's genes – that will enable scientists and doctors to understand more about specific conditions.

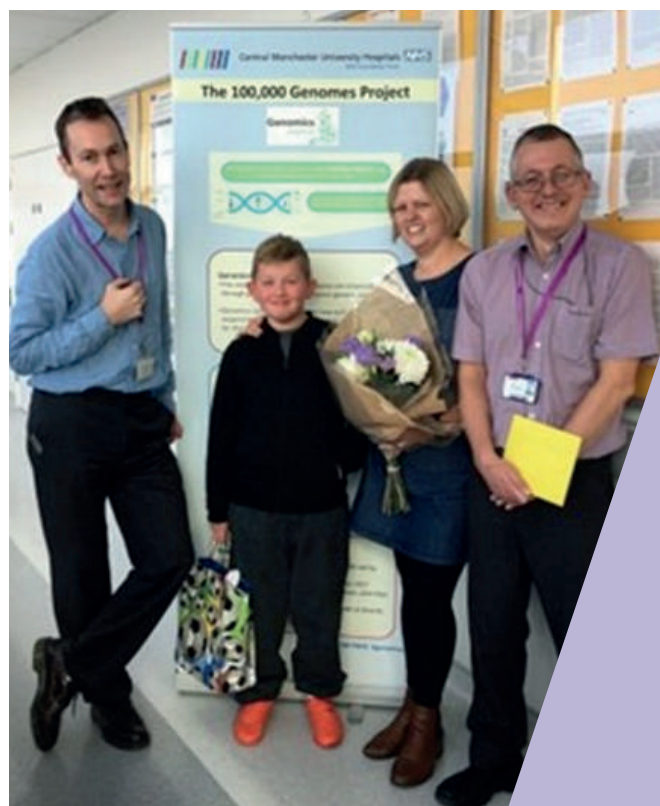
The project has the potential to transform the future of healthcare. It could improve the prediction and prevention of disease, enable new and more precise diagnostic tests, and allow personalisation of drugs and other treatments to specific genetic variants.

James and his parents attended Saint Mary's Hospital to meet Professor Bill Newman, Consultant Geneticist and Lead for the Greater Manchester Genomic Medicine Centre, who is leading the hospital's participation in the three-year NHS England project. The hospital is one of thirteen centres across the country involved.

James has been attending the genetic clinic since he was 18 months old under the care of Professor Graeme Black, Consultant in Genetics and Ophthalmology. His participation will contribute to research that is helping more people be diagnosed sooner and changing the way those with genetic diseases are cared for with potential for new and more effective treatments.

The family first found out about the project at their recent clinic appointment. James's mother, Lesley said: "We've taken part in the study for James' future and don't really expect anything short term. We are excited to have the opportunity to take part in the project – it was an easy decision to take part and stay at this hospital because of the research done here."

James' Dad Dan said: "We're happy to be part of a project that helps other families in the future and may help James when he is thinking of having a family."



Professor Bill Newman was keen to mark the 1000th recruit to help raise awareness of the project. He said: "We need to make sure doctors and families are aware of the project to make it available to families across Greater Manchester. Participation in the project is growing thanks to the hard work of health professionals across Greater Manchester. Our next big push is to recruit patients with cancer so that we can understand the best ways to treat different types of tumour.

"We are beginning to get results back and for some families, this will have an important impact. Further, the data from the project will be critical in how we use genomic sequencing for the NHS in the future."

If you would like to know more about the project contact the Greater Manchester Genomic Medicine Centre team by calling:

**(0161) 276 6506**

or e-mailing:

**[genetics.research@cmft.nhs.uk](mailto:genetics.research@cmft.nhs.uk)**

## Saint Mary's IVF team on BBC North West Tonight

In January 2017 our Saint Mary's IVF team featured on BBC North West Tonight this evening talking about their study on fertility preservation for patients diagnosed with cancer.

Around 8,000 15-39 year old women are diagnosed with a malignant form of cancer each year, of those it's estimated that 4,000 will undergo treatment for their cancer that will seriously affect their fertility.

Freezing eggs, ovarian tissue or an embryo created with a partner's sperm may give patients the chance to start a family later using IVF.

Central Manchester established the fertility preservation service in 2008 working closely with the Christie and local commissioning groups, to enable rapid patient access to fully funded NHS treatment. During the surveyed year, Saint Mary's carried out 38 egg freeze cycles – 25% of all treatments carried out within the UK and more than any other single trust.

Dr Cheryl Fitzgerald, Consultant Gynaecologist at Saint Mary's said: "The study highlights a woeful lack of provision of fertility advice and treatment for women facing cancer treatment. As most young



The BBC North West news team spoke with Dr Cheryl Fitzgerald, Dr Yazan Abdallah and Saint Mary's patient Aimee

patients now survive cancer, we must continue to improve their long term quality of life, including their chance to have a family. Successful fertility preservation measures have been available to male patients for many years. Scientific advances now mean that these opportunities can also be offered to women. It is essential that we work closely with oncologists and NHS providers to ensure that these opportunities are not wasted."

## Rainbow Clinic Study Day

The Rainbow study day was held on 20th March 2017.

The aim of the study day was to raise the awareness of Rainbow clinic, how this service was developed, the research carried out, feedback from families and to share gold standard of practice in caring for Bereaved families in a subsequent pregnancy. It highlighted the need for the continuum of bereavement care from diagnosis of the death of a baby or pregnancy loss through to a subsequent pregnancy. Manchester Royal Eye Hospital

The study day was very successful with about 70 delegates attending from all over the UK and even from Canada. The day received fantastic feedback and we have interest from a number of other Trusts wishing to set up their own Rainbow clinics.

The Rainbow team continue to be involved in sharing this work on a national level as guest speakers at various conferences local region, across the country and overseas.





# Genomics team share a pint of science

CMFT's Manchester Centre for Genomic Medicine featured in the Pint of Science Festival in June 2016, hosting the sell-out event 'Your Genome, Your Health'.

The festival aims to bring scientific topics to the general public in an accessible format, holding talks in pubs across the UK.

The event, held at The Old Monkey on Portland Street, included talks from Clinical Scientist Dr George Burghel and Professor Bill Newman who looked at what happens in the centre's laboratory: how DNA is tested, interpreted and the results delivered to patients.

CMFT's Genetics Laboratory is responsible for preparing DNA samples and providing a wide range of routine and specialist genetic investigations. Dr Burghel spoke about how teams of scientists, technologists and bioinformaticians work to provide a comprehensive and increasingly personalised diagnostic service for patients using techniques such as DNA microarray and whole exome sequencing. Professor Bill Newman also spoke about the 100,000 genomes project.

Guests also saw a full print-out of the human genome, one of only two copies in the UK, kindly loaned by Leicester University for the event. The print out, which comprises 130 volumes, demonstrates just how much information it takes to make up one human body and it's believed the volumes would take up to 95 years to read. Dr George Burghel said: "Thanks to the University of Leicester we had the printed copy of the genome, which was a brilliant way of demonstrating the complexity and enormity of our genome. The event was an amazing opportunity for our team to engage with the public about the recent advances in genomics and some of the exciting work that we do."

One visitor commented at the end of the session: "As someone with very little knowledge of the subject area, I was delighted at how accessible this complex subject was made. The interactive activities brought the theories to life and the human genome printed in 130 book volumes was impressive. I left informed and inspired."



Above and below: The team enjoy a Pint of Science



Below: A print out of the human genome, one of only two copies in the UK



# Research

Research at Saint Mary's has maintained a positive trajectory. Staffing levels have increased and teams have been able to achieve all recruitment targets, in some cases exceeding the 2016-17 targets by over 35%. CMFT were the second highest recruiting Trust nationally for Genetics studies in this period. Teams have been successful in attracting commercial studies within Obstetrics, Gynaecology and NICU, enabling women greater access to research opportunities.

## Study Successes

This year we completed the **BIP** study (beetroot in pregnancy) which was a successful CRN pilot RCT conducted in Manchester. We expanded our translational research clinics with the addition of **Velocity** (diabetes in pregnancy) with funding from Diabetes UK. We also launched the **Tommy's** study which will collect data and tissue on a range of pregnancy complications.

- SMH is the top recruiting site in the country for **CaPP3** for 2016/17 with 60 patients (Project 3 in the Cancer Prevention Programme.)
- New results back from whole genome sequencing for the **100k Genomes Project**. Some families have now benefited from receiving a diagnosis.
- Teams also met or exceeded targets for **GOT-IT**, **BriTROC-1**, **Generation of Human Embryonic Stem Cell Lines**, **HABSelect** and **PRISM** studies.
- Exceeded the recruitment target for **ALIFE2**, eight months ahead of schedule (Anticoagulants for Living Fetuses in women with recurrent miscarriage and inherited thrombophilia). (See page 50)
- Recruitment is 3 months ahead of target for **Endometrial Scratch** (A Multi-centre Randomised Controlled Trial of Induced Endometrial Scratch in Women Undergoing First Time IVF) (See page 50)
- **MAViS** (Manchester Antenatal Vascular Service) celebration day is set for 5th July where professionals and past participants will celebrate five years of the clinic and over 700 recruits.



## We do clinical research

The number of publications authored by Saint Mary's staff during 2016-17 was 391, with 57% of those within top quartile rated journals. This is an increase from the 2015-16 figures of 349 and 49% respectively.

Commercial research income for the Division did not meet the 12% annual increase, but did receive £1,182,574 in total.

## Study Highlight:

The PROSPECT study (PROLapse Surgery: Pragmatic Evaluation and randomised Controlled Trials) took place between January 2010 and August 2013. The study was the largest randomised trial of the use of mesh or graft in transvaginal prolapse surgery and the results have been published in The Lancet in December 2016. The PROSPECT study was funded by a research grant from the NIHR Health Technology Assessment programme. It consisted of two parallel randomised controlled trials, involving 1,348 women having surgery for pelvic organ prolapse; 438 of these were recruited at SMH.

This research has also been shared as an 'NIHR Signal'. NIHR Signals are accessible, actionable summaries of recent, important health research. Through Signals, the NIHR Dissemination Centre aims to put good research evidence at the heart of decision making in the NHS, public health and social care.

Congratulations to Professor Anthony Smith, Consultant Gynaecologist, who led the study in its inception with academics in Aberdeen, and to Dr Fiona Reid, Consultant Urogynaecologist, who took over as joint Principal Investigators to continue the long term follow-up.

## Grants Awarded

It has been a successful year for non-commercial research income in the form of a Research Agreement with Orchard Therapeutics and Simon Jones, which will fund the background work needed towards undertaking a clinical trial in MPS-IIIa (£580,553).

Dr Fiona Reid has also attracted a Research Agreement with Speciality European Pharma Limited, which will fund a multi-centre observational study: Latitude (£211,863).

An ERUK project grant has been awarded to Rebecca Bromley for the NAPES study: 'Neurodevelopment after prenatal exposure to seizures'.



## Grant Applications submitted:

**Potential NIHR income** is anticipated from two SARC collaborations with both University of Manchester and MMU.

**Dr Rohna Kearney**, Consultant Gynaecologist, is a co-applicant on the NIHR HTA application with the University of Stirling for the TOPSY trial: Treatment Of Prolapse with Self-care pessary.

## Fellowships Awarded

**Dr Tracy Briggs** was awarded a prestigious NIHR Transitional Research Fellowship (see page 51).

## Fellowships submitted:

Four applications for **HEE GEP fellowships** were submitted in early 2017.

## Awards/Achievements

- **Dr Glenda Beaman**, Education Lead for Greater Manchester GMC, has won a Learning Matters Award for her work in engaging the public and healthcare professionals in the 100k Genomes Project.
- **Jayne Budd's** abstract for MiNESS was presented at the recent Nursing, Midwifery & Allied Health Professionals (NM&AHP) research conference. We eagerly await the results of this multi-centre study.
- **Heather Watts, Sue Thornber and Dr Louise Stephens** presented posters at the NM&AHP research conference.
- **Dr Louise Stephens**, Consultant Obstetrician, has graduated from the Improvement Science for Leaders course. She has also presented the Rainbow Clinic services at the international conference PSANZ in Canberra, Australia (Perinatal Society of Australia & New Zealand).
- Congratulations to the **Neonatal Intensive Care Unit research team** who had seven abstracts and two oral presentations accepted for the Royal College of Paediatric and Child Health (RCPCH) Conference.
- **Dr Emma Crosbie** was highly commended in round six of the NIHR New Media Competition

for her video on the Womb Cancer Alliance (see page 52).

- Research on health outcomes of ART children has been presented at **Fertility 2017** (Edinburgh, January), the **Upper Egypt Reproductive Medicine conference** (Cairo, February) and the **De Snoo symposium** (Utrecht, March 2017).

## Research Staff Update

**Linda Peacock**, Research Midwife, and **Christine Hughes**, Research Practitioner, picked up their long service awards on Tuesday 18th October 2016 (See page 53).

Two new NIHR funded clinical lecturers have been appointed: **Lucy Higgins** and **Emma Ingram**.

## New appointments:

- **Giovanna Bernatavicius** – Research Midwife and Sonographer
- **Samantha Ratcliffe** – Research Midwife
- **Jessica Morecroft** – Research Practitioner in Maternal and Fetal Health
- **Katie Swindells** and **Alex Pinzar** – Gynaecology Research Nurses
- **Tracy Field** and **Rima Akhand** – Gynaecology Research Practitioners
- **Clare Clifford** and **Roxy Afzal** – Research Nurses for NICU

## Focus for 2017-18

**A focus for the Division will be to encourage NIHR grant and fellowship applications and to continue to increase the number of commercial trials.**

Two new portfolio studies will be expected to make an impact in 2017-18: **CHERRY** (Feasibility study on the effects of L-citrulline on uteroplacental and cardiovascular function in hypertensive pregnant women) and **BabyGRO** (Antenatal and Life Course Exposures in FGR that Lead to Adverse Cardio-metabolic Disease Risk). Teams are also setting up a commercially funded vaccine study for pregnant women, along with a new male contraceptive study. The Department of Reproductive Medicine are expanding their human embryo research to a new HFEA-licensed laboratory on the 5th floor, with support from the Maternal and Fetal Health research centre.

## Recurrent miscarriage study hits recruitment target in just eight months



**A study exploring treatment for women with inherited blood clotting disorders who have experienced recurrent miscarriage hit its recruitment target in just eight months.** This is a fantastic achievement for the gynaecology research team at Saint Mary's Hospital, as the recruitment deadline for the ALIFE2 trial was September 2017.

ALIFE2 is investigating whether an anticoagulant drug low – molecular-weight heparin – (LMWH) increases the chance of a successful pregnancy for women with two or more miscarriages and inherited thrombophilia – a blood clotting disorder. Participating women are being randomised to receive either treatment with LMWH or standard pregnancy surveillance and supportive care during pregnancy.

LMWH is considered safe in pregnancy for both mother and child, but women who use it may have side effects such as easy bruising or itching at the injection site. Data on the outcome of the pregnancy as well as complications and adverse treatment effects is being recorded to assess whether LMWH is effective. Dr Lamiya Mohiyiddeen, Consultant in Reproductive Medicine at Saint Mary's Hospital and principal investigator for ALIFE2, said: "This is a wonderful achievement for the team involved in this study, and they should be very proud of reaching the recruitment target so quickly. No effective treatment with anticoagulant drugs currently exists for pregnant women with inherited blood clotting disorders, and this study could offer hope to the many women who have gone through the pain of recurrent miscarriage."

## IVF study surpasses recruitment target for five consecutive months

**Congratulations to the gynaecology research team who surpassed their recruitment target for the Endometrial Scratch study for five consecutive months.**

The study is investigating the use of the endometrial scratch in younger women undergoing their first IVF treatment cycle, whereby a small amount of tissue is taken from the lining of the womb to boost chances of successful pregnancy. The procedure can sometimes improve the chance of achieving pregnancy in women who have previously had several unsuccessful attempts at IVF. It is not known exactly why this procedure is beneficial, but it is thought that the process of 'scratching' the womb lining may release chemicals which help the embryo to implant.

Dr Lamiya Mohiyiddeen, Consultant in Reproductive Medicine is co-applicant for the study's National Institute for Health Research funding award. Saint Mary's is a collaborating centre for the study, which is being run from the University of Sheffield Clinical Trials Research Unit. During the trial, which is expected to run until December 2018, 1044 women will be recruited and be randomised to either receive the endometrial scratch procedure followed by standard IVF, or to just receive standard IVF. The pregnancy rates in each group will be analysed to assess if the endometrial scratch has a positive effect.

Dr Lamiya Mohiyiddeen, principal investigator for Endometrial Scratch at Saint Mary's, said: "The team should be very proud of their efforts in securing such an impressive result. To surpass our recruitment target in Manchester for five consecutive months is a fine achievement, and testament to the hard work and commitment of research staff here. The level of interest in the Endometrial Scratch study demonstrates how crucial this research is. We hope the results give fresh hope to the young women involved in the emotional process of IVF and result in many successful pregnancies in future."



# Clinical researcher awarded fellowship to improve diagnosis of rare genetic diseases

**Dr Tracy Briggs, NIHR Clinical Lecturer from the Manchester Centre for Genomic Medicine (pictured right), has been awarded an NIHR Transitional Research Fellowship.**

This follows on from a 3-year award from the Wellcome Trust for her ground-breaking PhD studies. The latest fellowship will now allow Tracy to move her research focus from the laboratory to the clinic. Her aim is to improve the diagnosis and understanding of rare genetic disorders affecting the immune system, particularly type I interferonopathies.

The immune system is complex, involving many chemicals, including type I interferon, which helps regulate the system's activity. A change in one of several different genes can cause too much interferon to be produced. This can result in childhood onset diseases which lead to severe physical and/or mental disability. Whilst these conditions – known as type I interferonopathies – are individually rare, the burden of disease for families is significant. Furthermore, excessive interferon production is associated with a number of more common autoimmune disorders such as systemic lupus erythematosus and dermatomyositis – thus Tracy's research in rare disease may have implications for a much wider patient group.

At present there is no effective treatment for any of the diseases in this group, but a number of possible treatments are on the horizon. Through her research, Dr Briggs will set out to facilitate earlier diagnosis and to improve understanding about the manifestations of these diseases. Tracy will establish both a national specialist clinic to review individuals thought to be affected, and a clinic to review individuals with a confirmed diagnosis of a type I interferonopathy.

Through these clinics, combined with communication and collaboration with clinical research colleagues in the UK and overseas, Tracy aims to enhance disease recognition and understanding, and to help identify which aspects of disease are best to monitor in future interventional clinical trials of treatment.

During her fellowship Tracy will undertake training in both clinical trials and pharmacology, both through formal training and via the excellent clinical trial infrastructure and support available at CMFT. This is key to allow Tracy to undertake interventional clinical trials in the future.

Dr Briggs said: "Receiving the NIHR Transitional Research Fellowship is a great honour. I am really excited about undertaking focused clinics aimed at improving diagnosis and understanding in rare genetic immune disease. This clinical research combined with training in clinical trials will allow me to help deliver the highest standard of care for patients with rare disease and ensure effective treatments can be developed for those with devastating disorders."

Neil Hanley, Clinical Head of Research and Innovation Division at CMFT, said: "This is a fantastic achievement. Tracy is one of our up-and-coming stars. She exemplifies a bright future for clinical genetics. On the back of her award from the Wellcome Trust she made a series of major genetic breakthroughs in the interferonopathies. She is now taking this basic knowledge out of the laboratory at pace and turning it into improved care that will benefit patients across a number of clinical specialties. This is internationally-leading work and R & I is very proud of Tracy."



# Dr Emma Crosbie's Womb Cancer Alliance video highly commended in NIHR New Media Competition

Emma Crosbie, Senior Lecturer at The University of Manchester and Honorary Consultant in Gynaecological Oncology at Saint Mary's Hospital, was recently highly commended in round six of the NIHR New Media Competition for her video on the Womb Cancer Alliance.

The NIHR New Media Competition invites researchers from across NIHR to submit videos that communicate their research and engage the general public about the benefits and impacts it has had. Round six specifically looked for videos that were raising awareness of research and explained clearly why the research is important, how it is being done and any impacts that have already arisen or may happen.

Dr Crosbie's highly commended video featured representatives, including healthcare professionals, patients and charities, from the Womb Cancer Alliance talk about the importance of joint working across these groups to undergo priority setting exercises to help come up with the most relevant and important research questions.

The mission of the Womb Cancer Alliance is:

- To identify the important womb cancer research questions that matter to patients, carers and clinicians.
- To publish the 'top 10' questions and source funds to set about answering them.
- To raise public awareness about womb cancer.

Dr Crosbie, who is also an NIHR Clinical Scientist, said: "I am delighted to receive this recommendation. I believe that involving patients and the public in shaping the research agenda is critical to success. It ensures the right questions are asked and that potential solutions are acceptable to patients."



"I am passionate about raising public awareness about womb cancer and promoting much needed research into womb cancer prevention, diagnosis, treatment and survivorship. I hope our work encourages funders, researchers and the public to work together to deliver research to improve the lives of women affected by womb cancer."

You can view the video here:

[www.youtube.com/watch?v=XbbQpz2Y0T8](https://www.youtube.com/watch?v=XbbQpz2Y0T8)

## SARC Research

Members of the St Mary's Sexual Assault Referral Centre (SARC) team undertook a research project to look at the prevalence of mental health complaints, self-harm and suicidal ideation in FME clients presenting at SARC and whether or not this affected the levels of engagement with the centre.

Of the 180 sample cases reviewed, 73% reported a mental health complaint and of this group, 40% reported a history of self harm.

Clients with self-reported mental health complaints presented at the SARC significantly later after an assault had taken place (55 hours) as compared to clients without a mental health complaint (34 hours).

There was no significant difference in engagement with after care services at the centre between the two groups. Although prevalence of mental health complaints is extremely high in clients presenting at the SARC, this doesn't impact on the client's engagement with the service post assault.



# Maternal and Fetal Health researchers deliver more than 20 years' service at CMFT

Two members of the Maternal and Fetal Health research team are celebrating after clocking up 21 years' service at CMFT. Linda Peacock, Research Midwife, and Christine Hughes, Research Practitioner, picked up their long service awards on Tuesday 18th October 2016.

Kathy Evans, Divisional Director of the Research and Innovation (R&I) Division at CMFT, said: "I am delighted to hear of the dedication and passion of Linda and Christine for 21 years here at CMFT, and for the last few years. It is fantastic to be able to look back on their careers and celebrate their success, as well as looking forward to the future. I wish them both all the very best as they continue to thrive and inspire as members of the Maternal and Fetal Health research team."

## Linda's story

Linda started work at Saint Mary's Hospital as a newly qualified midwife in September 1995. She explains: "To this day I remember the excitement – and a little trepidation – on entering the first ward of my rotation, SM6. From there, I made my way to every ward until landing as a core member on SM5 which was the midwifery led ward. I met so many wonderful people there. The women came from every walk of life; every culture race and religion. They taught me so much. "After three years my dream job arrived, community midwife! For the next 12 years I delivered care to women and their families across Central Manchester in their community, working closely with a team of midwives to provide 24 hour care and attending many memorable home births.

"In 2010, we moved from the Old Saint Mary's Hospital, to the new site and I became a Supervisor of Midwives – supporting and promoting normal birth and safe practice and supporting my midwife colleagues in their practice. I always had an interest in research so took a part-time secondment to the Maternal and Fetal Health Research Group, Tissue Bank in 2010 to see how research and practice could work together for our women. It opened up a whole new world for me; I really had no idea how much scientific research went on in the hospital; I was hooked!

"For the next 3 years I continued to gain experience in this role until taking up a full-time post in 2013 as a Research Midwife. To this day, the role continues to grow and change. It is challenging, stimulating and I'm always learning. I work with a great team of midwives, clinicians and scientists to improve the care we give to our women and babies."

From my first day I knew straight away that I would stay at Saint Mary's. This was my place and 21 years later it still feels the same. I am really looking forward to picking up my 30 years' service award!"



Linda and Christine

## Christine's story

Christine also started her role in 1995, as an auxiliary nurse. She said: "I worked on a Gastroenterology ward for two years then moved to general medicine where I completed my NVQ Level 2 and 3 in care. I stayed there until 2011 and after working regular nights for 10 years I decided I needed a change.

"I found a job advertised in the Maternal and Fetal Health department for a health trainer. The health trainer would support a group of pregnant women to make healthy changes to their diet and increase their activity levels. This was part of a study to see if this group of women, compared with another group, would have better pregnancy outcomes. This career move sounded perfect as I loved to help and support people. I applied for the job and was delighted to be accepted.

"I enjoyed my role as a health trainer but it soon became apparent that I was interested in research as a whole. I was extremely privileged to be asked to apply for the Band 5 Research Practitioner role in 2012 and I have been here ever since, working with a fantastic team."

# Saint Mary's Hospital Charity

**The past 12 months has seen some fabulous 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 £411,280 during 2016/17.**

This fantastic generosity and support helps 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:

- Staff nurse, Roxy Afzal and friends took on the mammoth challenge of a six-hour hula-thon on International Women's Day outside the hospital raising over £1,000.
- The family of toddler Lily Gavin were so grateful for the care they received on the Newborn Intensive Care Unit, when Lily was born early at 34 weeks, that they decided to host a golf day at North Manchester Golf Club. They raised a £1,000 for the unit.
- Both the Bothwell Charitable Trust and Ann and Paul Scales continued their support for Kabuki Syndrome research at the hospital. The Scales family visited the hospital's genetic department to hear how their support, in memory of their daughter Hannah who had the incurable genetic disease, is making a difference.
- In September, members of Ladybridge Bowling Club presented a cheque for £1,000 for the Newborn Intensive Care Unit at Saint Mary's Hospital. The unit was chosen to receive the club's support following Lady Captain, Janice's, personal experience of the unit.
- In October, Ric Moylan held his second charity boxing night at the Hilton Hotel in Manchester, raising over £18,800 for the Newborn Intensive Care Unit.
- To say thank you to the Saint Mary's Bereavement Midwives for supporting them during a very difficult time, Rachel Forge and Ryan Birmingham and their family and friends, organised and took part in a variety of events in memory of Rachel and Ryan's son Regan. A sponsored swim, football match and a charity evening in memory of Regan raised over £3,500 for the hospital's Rainbow Room and Bereavement midwives.
- In March 2017, The Red Sea Pedestrians held their annual charity ball, selecting Saint Mary's Hospital as their beneficiary. The Gala Dinner saw Coronation Street star Kym Marsh speaking about her personal experience of the hospital with a staggering £300,000 raised on the night which has gone towards providing High Frequency Oscillation Ventilators for the Newborn Intensive Care Unit.

Thanks to charitable support we have been able to provide High Frequency Ventilator Oscillators for some of the poorest babies being treated on the Newborn Intensive Care Unit. These ventilators puff small amounts of air into the lungs hundreds of times a minute. This treatment can only be delivered by specially trained staff in the largest units. These new units will be equipped with the very latest technology and software and will ensure that this very specialist form of respiratory support can be offered quickly and without disruption. The newer ventilators are also much quieter, allowing a more appropriate environment for all babies, and their families, being cared for on the unit.

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 get involved with Saint Mary's Hospital Charity please contact us on:**  
**(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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