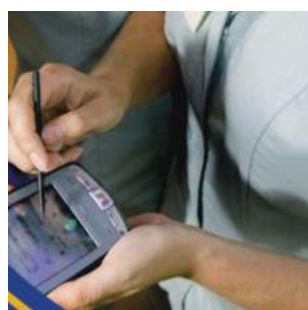
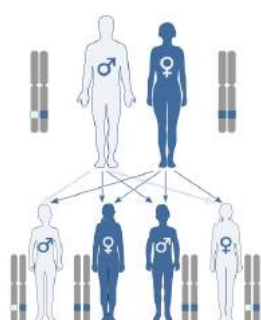


Saint Mary's Hospital

Annual Report 2017-18



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Foreword

Welcome to the 8th Saint Mary's Hospital Annual Report.

I am delighted to share with you this 8th annual report which represents a very exciting time in our organisation. On the 1st October 2017 two organisations (Central Manchester University Hospitals NHS Trust and University Hospitals South Manchester) merged to form the Manchester University NHS Foundation Trust and so this report will share many achievements of the legacy Saint Mary's Hospital but also the changes that occurred in the latter six months in preparation for the inauguration of Saint Mary's Hospital Managed Clinical Service which commenced in April 2018. I thought it was pertinent to share with you the history of Saint Mary's Hospital to demonstrate the development overtime and how change can be good for the populations we serve. The new organisation structure and governance arrangements are included but I wanted to take this opportunity to thank Professor Dian Donnai who has expertly led Saint Mary's Hospital for over 15 years with incredible skill, knowledge and wisdom. Although Professor Donnai chose not move into the role as Medical Director we are delighted that she has taken on the role as Clinical Director of Strategy as she has a breadth of vision and expertise which will enhance the Saint Mary's offer.

Our teams have worked incredibly hard in the last 12 months to maintain safe services whilst at the same time planning to merge and deliver benefits for patients as a result of our merger. The gynaecology team committed to develop an additional gynaecology urgency operating list on the Wythenshawe site in the first 100 days to reduce the time women wait for their operation. They have delivered this and recent results show the waiting time has reduced by up to 1.5 days.

Patient and staff feedback has been extremely important during this time as one measure of success is whether we can maintain or improve our feedback scores during times of change. Other organisations which have merged have sometimes seen these measures deteriorate but I am delighted to say that our staff engagement scores have been maintained at a high level and patient feedback has been very positive with a reduction in complaints received and an increase in compliments.

Research continues to be a key strength of our service for patients and the translational benefits clearly shine through with teams sharing the positive impacts and the improvements in either diagnosis or health outcomes.

My final thoughts are that these are very exciting times for Saint Mary's Hospital Managed Clinical Service as there are many opportunities to shape our services for the benefits of patients and staff and to be able to influence the standards of care across Greater Manchester, the North West and beyond.

I hope you enjoy this 2017/18 report.



Professor Dian Donnai
Clinical Head of Division



Karen Connolly
Chief Executive Officer

A History of Saint Mary's Hospital

Saint Mary's Hospital was created in 1790 from the Manchester Infirmary when Charles White (founder of the Manchester Royal Infirmary in 1752—pictured) founded a new charity to provide midwives and doctors for poor mothers in childbirth, 'The Manchester Charity for Lying-In Women'. Saint Mary's Hospital quickly became a recognised hospital and was home to Lloyd Roberts who became the country's best known Gynaecologist at that time.



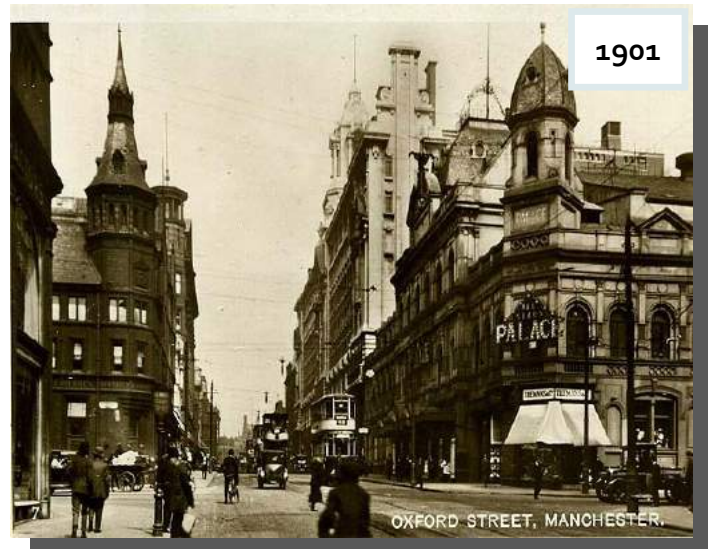
Charles White

The Lying-In Charity for delivering poor women at their home and the Lying-In Hospital when built came into existence as a consequence of rancour between opposing factions among the trustees and medical staff of the Manchester Infirmary.

In 1790, when the Manchester Lying-In Hospital was founded, power looms were already in use by the cotton industry.

Initially the charity was housed on Salford Bridge, until 1795, when a large building, originally intended to be a hotel, was purchased. The building was the Bath Inn on Stanley Street, Salford and was near to the New Bailey Prison and River Irwell.

The premises at Stanley Street became unsatisfactory and it was decided that Number 2 South Parade was purchased. The building



adjoined the Eye Hospital and was close to Saint Mary's Church.

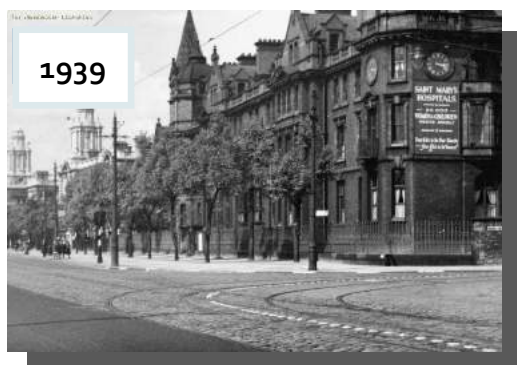
In early 1900s, it became a single hospital charity and adopted the name of Saint Mary's Hospital. They opened two new buildings, the Whitworth Street/Oxford Street site in 1904 serving Obstetrics and the Owens Estate near Whitworth Park in 1910 which covered Gynaecology and Paediatrics. The High Street Hospital was ready for occupation at the beginning of 1910, but no money was



available and the hospital remained empty for 15 months.

By the mid 1930s, they were planning a bigger, new maternity hospital built behind their Gynaecology Block.

By 1935, Saint Mary's had taken over all of the Manchester Infirmary's Gynaecological Patients and had agreed to use the Infirmary's laboratories. In 1948, the NHS was founded which brought them both under the same organisation.



A new Saint Mary's Hospital was considered essential in 1938, but it wasn't until 30 years later it came to fruition. In 1970 it received its first in-patients as a culmination of a 10 year detailed plan and the climax of a building programme which began in 1966. The total cost of the new building was just over £3 million including equipment costs of £370,000.



In 1982, the first NHS IVF Unit in the country was opened at Saint Mary's.

Services relocated to the current building in 2009 and the newest hospital was officially opened by Her Majesty the Queen on 23rd September 2012.

On 1st October 2017 the Central Manchester University Hospital NHS Foundation Trust (CMFT), which includes Saint Mary's Hospital, merged with the University Hospitals of South Manchester NHS Foundation Trust (UHSM), forming a new organisation—Manchester University NHS Foundation Trust (MFT).



Saint Mary's Hospital is now responsible for the Managed Clinical Services of Gynaecology, Newborn Services and Obstetrics.

Today our leading edge services are tailored both to meet the needs of the local population and patients with complex medical conditions referred from other areas in the Greater Manchester conurbation, the North West and beyond.

More than 2,000 staff, including doctors, nurses, midwives, scientists, clinical and non clinical support staff work in Saint Mary's Managed Clinical Services and provide the highest standards of care in the Manchester Centre for Genomic Medicine; Gynaecology; Newborn Services; Maternity Services and the Sexual Assault and Referral Centre.

The Managed Clinical Services are delivered from across a number of sites including Wythenshawe, Withington, Trafford and Salford, whilst also providing ongoing support to North Manchester General Hospital.

Saint Mary's Hospital Managed Clinical Services aims to maintain and strengthen its reputation as a Regional Centre of Excellence, committed to providing the highest quality care to patients and their families from the North West and beyond. The development of Saint Mary's Hospital continues.

Saint Mary's Hospital Managed Clinical Service

On the 1st October 2017 Manchester University NHS Foundation Trust was formed following the merger of the previous Central Manchester University Hospitals NHS Foundation Trust and the University Hospitals South Manchester NHS Foundation Trust. This created a Group model of nine hospitals of which Saint Mary's Hospital Managed Clinical Service was one.

When the new organisational structure was being considered there were some services which lent themselves to coming under a single leadership arrangement regardless of where they were delivered in order to standardise the quality of those services. This would provide an opportunity for those services to share good practice and to integrate to make the most of the capacity and skills available.

Saint Mary's Hospital prior to the merger delivered care through five Directorates these being Genomic Medicine, Gynaecology, Newborn Intensive Care Services, Obstetrics and the Sexual Assault and Referral Centre (SARC) and Wythenshawe delivered care through Scheduled and Unscheduled care Divisions which had numerous directorates including Women and Children but not genomic medicine or SARC. It made sense, therefore, that the directorates of gynaecology, obstetrics and neonates would come under a single leadership model. These became the Managed Clinical Services of Gynaecology, Newborn Services and Obstetrics under the leadership of Saint Mary's Hospital.

Although the 1st April 2018 was the official date for commencement of the new Saint Mary's Hospital Managed Clinical Service (SMH MCS) the preparation for this commenced before the merger in demonstrating to the Competition and Markets Authority that this would benefit patients and after the merger in working together to develop strategies for what our newly merged services would look like.

It was imperative that the organisational structure and leadership team was established first and this started in earnest in December 2017 with the appointment of the Chief Executive Officer for SMH MCS, Karen Connolly. The senior leadership team was then appointed over the next couple of months and included Medical Director Dr Sarah Vause, Director of

Operations Alison Haughton, Director of Nursing and Midwifery Kathryn Murphy, Director of Finance David Kay, Director of Human Resources and Organisation Development Victoria Hall, Director of Business and Innovation Ian Daniels and Clinical Director of Strategy Professor Dian Donnai.

The services which now form the SMH MCS were either all looking to expand or had recently undergone expansion and so the leadership teams for these services needed to undergo a review. Together with the wider Group, a management of change process commenced and our hospital developed four Divisions and one Directorate each with an Accountable Officer leading the team but with a triumvirate leadership arrangement to include medical, nursing/midwifery and managerial representatives. The Accountable Officers are the Clinical Heads of Division who are Professor William Newman for Genomic Medicine, Dr Sean Burns for Gynaecology, Dr Ngozi Edi-Osagie for Newborn Services, Dr Clare Tower for Obstetric Services. SARC remained a directorate in the new leadership model and so the Accountable Officer remained Dr Catherine White.

In the six months from the merger to the establishment of Saint Mary's Hospital Managed Clinical Service a significant amount of work was undertaken. In Genomic Medicine the team was preparing to submit a bid to NHS England to become one of seven Genomic Laboratory Hubs. This was an intense piece of work and involved collaboration with other laboratories across the North West. SARC has recently agreed to manage and develop the SafePlace Merseyside SARC which involved developing compliant rotas and standardising care across these two services. Gynaecology, Obstetrics and Newborn services commenced fortnightly meetings to agree how the MCS would commence the programme of integration and provide safe services across all of the sites where they are delivered. The teams also held away days to work alongside each other to develop their visions for the future. The Newborn Services Division had also been commissioned to provide the neonatal transport service not only for Greater Manchester but for the North West (Connect North West).

Gynaecology Consultants Away Day

To help shape the future vision a Consultant away day was held on the 11th October 2017, where clinicians from both sites spent dedicated time talking about the best way to configure Gynaecology services across Manchester to deliver safe and effective care with equitable access to all.



Obstetrics Away Day

On the 16th January 2018, an Obstetrics Away Day was held with over 60 attendees from across all clinical and administration disciplines involved in the delivery of the service. Here they spent dedicated time focusing on how we can configure our services to deliver the Obstetrics Vision to ensure that Women across Manchester receive world-leading Obstetric care.



Emergency Gynaecology List at Wythenshawe

As part of the steering group a working group has also been established to facilitate the successful implementation of a designated urgent gynaecology surgery list at the Wythenshawe site. Currently staff across both hospitals have been pulling together to facilitate a Wednesday Theatre list at Wythenshawe for the surgical management of miscarriage. During a trial period, women at Central site are being given the option to travel to Wythenshawe to have their procedure. Not only does this improve patient choice but it also reduces the length of time a woman has to wait if the lists at Central are already full. Whilst there is still further work to be done the team continues to work closely together to ensure we can deliver the best possible care to our patients

Saint Mary's Hospital Managed Clinical Service

All of our clinical services across Saint Mary's are organised within four divisions and one directorate, which are shown below, along with the clinical, managerial and nursing and midwifery leaders for each division.

Genomics	Gynaecology	Newborn Services
   <div> <div>Clinical Head of Division</div> <div>Bill Newman</div> </div> <div> <div>Divisional Director</div> <div>Stuart Bayliss</div> </div> <div> <div>Head of Nursing</div> <div>Louise Weaver-Lowe</div> </div>	   <div> <div>Clinical Head of Division</div> <div>Sean Burns</div> </div> <div> <div>Divisional Director</div> <div>Keeley Hegarty</div> </div> <div> <div>Head of Nursing</div> <div>Louise Weaver-Lowe</div> </div>	   <div> <div>Clinical Head of Division</div> <div>Ngozi Edi-Osagie</div> </div> <div> <div>Divisional Director</div> <div>Chris Ashworth</div> </div> <div> <div>Head of Nursing</div> <div>Louise Weaver-Lowe</div> </div>
<p>Childhood metabolic paediatric disorders</p> <p>Lysosomal Storage Disorders</p> <p>General adult genetic clinics</p> <p>General paediatric clinics</p> <p>General cancer genetic clinics</p> <p>Genetic counsellor clinics</p> <p>Outreach clinics</p> <p>Specialist clinics:</p> <div> <div>Adult endocrine</div> <div>Heart conditions</div> <div>Cleft lip and palate</div> <div>Deafness</div> <div>Genetic dermatology</div> <div>Inherited neurological problems</div> </div> <div> <div>Rare forms of inherited cancer (inc. NF1, NF2)</div> <div>Rare childhood developmental disorders</div> <div>Kidney</div> <div>Eye conditions</div> </div>	<p>Colposcopy</p> <p>Emergency Gynaecology Unit (EGU)</p> <p>Endometriosis</p> <p>Gynaecological Oncology</p> <p>Hysteroscopy</p> <p>Menopause</p> <p>Paediatric and Adolescent Gynaecology</p> <p>Recurrent Miscarriage</p> <p>Reproductive Medicine</p> <p>Urogynaecology</p> <p>Whitworth Clinic</p>	<p>Neonatal intensive care</p> <p>High dependency and special care</p> <p>Complex respiratory diseases</p> <p>Complex renal conditions</p> <p>Complex cardiac conditions</p> <p>Complex neurological conditions</p> <p>Babies that require surgical care</p> <p>Complex genetic and metabolic disorders</p> <p>Retinopathy of Prematurity (ROP) screening and treatment</p> <p>Connect North West Neonatal transport</p>

Saint Mary's @ Salford

Obstetrics general antenatal clinic
Antenatal assessment unit
Diabetic obstetric clinic
Obstetric epilepsy clinic
Obstetric renal clinic

Saint Mary's @ Trafford

Gynaecology
Obstetrics antenatal clinic

Obstetrics



Clinical
Head of
Division

**Clare
Tower**



Divisional
Director

**Mary
Hynes**



Head of
Midwifery
ORC

**Mary
Symington**



Head of
Midwifery
Wythenshawe

**Sharon
Hyde**

Antenatal assessment units
Diabetic pregnancy service
Fetal cardiology
Fetal medicine unit
Joint obstetric cardiology clinic
Joint obstetric haematology
Joint obstetric neurology
Joint obstetric /HIV clinic
Lupus in pregnancy (LIPS) clinic
Manchester antenatal vascular service (MAViS)
Manchester placenta clinic
Obstetric anaesthetic clinic
Obstetric cardiac clinic
Obstetric ultrasound service
Perinatal mental health clinic
Preterm labour clinic
Physiotherapy
Rainbow clinic
Raised BMI clinic
Renal hypertension antenatal clinic
Specialist midwifery service for asylum seekers and refugees
Young parents specialist clinic

SARC



Clinical
Director

Cath White



Directorate
Manager

**Rachel
Coppock**

24 hour forensic medical examinations (all ages and gender)
STI/pregnancy advice for adults (including emergency contraception provision)
HIV/Hepatitis B Prophylaxis
specialist child clinics
Specific STI clinics for children
Child medical examinations- FGM
Crisis work support (including 24 hour helpline)
Independent Sexual Violence Advisor (ISVA) support
Counselling including pre – trial therapy, group intervention and psycho-education courses

Saint Mary's SARC also manages the sexual assault services at SAFEPlace Merseyside

Your Leadership Team



Karen Connolly
Chief Executive
Officer



Ian Daniels
Director of Business
& Innovation



Professor Dian Donnai
Strategic Clinical
Director



Victoria Hall
Director of HR & OD



Alison Haughton
Director of
Operations



David Kay
Director of Finance



Kathryn Murphy
Director of Nursing
& Midwifery



Sarah Vause
Medical Director

Saint Mary's @ Wythenshawe

Gynaecology
Newborn services
Obstetrics

Saint Mary's @ Withington

Gynaecology
Obstetrics

Senior Leadership Team

Meet the Saint Mary's Hospital Senior Leadership Team.



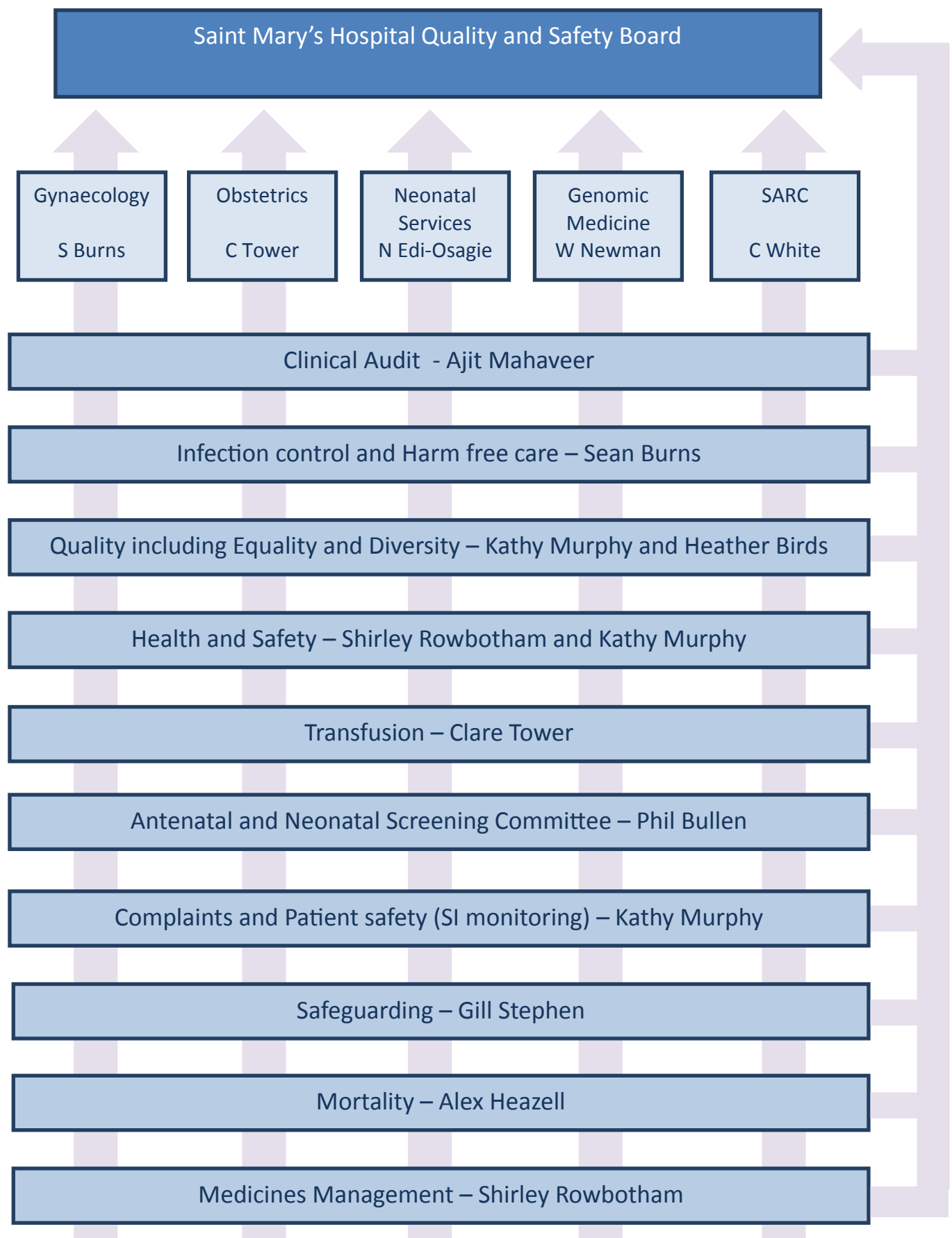
Chief Executive Officer
Karen Connolly



Above are the Directors who make up the Senior Management Team responsible for running the Managed Clinical Service. Each Director takes responsibility for overseeing different elements of the service, working together collectively to ensure it delivers care to patients in the most safe, effective and efficient way.



Saint Mary's Hospital Governance Structure



Programme Management Update

e-Referral Implementation

Throughout 2017-18 the Programme Management Office has been supporting services to prepare for the switch to electronic referrals in April 2018. The purpose of this work is to reduce the use of paper and postage in the GP to Hospital referral process and increase the speed at which referrals move between the two.

A local process has been implemented to return non-urgent paper and e-mail referrals to GPs, with a request that they are re-sent via e-Referral System (eRS).

Gynaecology, Genomic Medicine and Paediatric Metabolic services are now established on the eRS system with a dedicated Referral Assessment Services (RAS). The RAS allows referrals to be received electronically from GPs and subsequently sent to triage prior to any appointment being made. It is hoped that this will ensure the first appointment a patient receives is in the most appropriate clinic for their needs. The eRS system provides an opportunity for clinicians to electronically triage referrals and this will be explored further going forward.

Shared Urgent Gynaecology Lists

Following the merger in October 2017 work has been undertaken to integrate Gynaecology services across Saint Mary's Hospital, known as the Oxford Road Campus (ORC), and Wythenshawe Hospital. Particular attention has been given to developing an additional emergency gynaecology surgery list at Wythenshawe, whilst retaining two lists at Saint Mary's Hospital ORC. This provided gynaecology surgeons across the Trust with exclusive theatre access for treating women requiring urgent surgery on a Monday, Wednesday and Friday.

The establishment of these shared lists means that patients can choose 'What matters to me' - whether that be early treatment or local access, and it ensures equity of service across the city as patients will receive the same level of service regardless of where they live.

Clinical engagement, combined with operational input, has been a key component to successfully delivering this integration project. Through regular meetings and review of processes, much work has taken place to ensure the amalgamation of surgical pathways, supporting cross site working for staff to allow continuity of care, and the standardisation of policies and patient information.

A Monday list has been established at Wythenshawe allowing for patients at Saint Mary's Hospital to have their treatment at Wythenshawe. The patients are able to come for their pre-op in the morning and have their treatment in the afternoon. Work is continuing into 2018-19 to enable patients from Wythenshawe to access theatre lists at Saint Mary's Hospital.

Atrium Re-design and Installation of In Touch Self Check-In

A great deal of work has been done to establish and approve plans for the re-design of Saint Mary's Hospital ORC atrium over the last couple of years with the design being finalised during 2017-18.

The new atrium will offer a more modern and comfortable environment with additional varied types of seating for patients waiting for appointments.

The plans were shared with staff and the public as part of NHS Change Week in November 2017 and were well received.

Integral to the changes to the atrium, the Programme Management Office have been supporting and preparing the services based within Saint Mary's Hospital for the installation of In Touch Self Check-in. This work on self check-in was completed in January 2018 with a huge amount of data collection to enable the system to be configured to most accommodate Saint Mary's.

Self check-in allows patients to use automated kiosks to check in for their appointments, tracking their out-patient journey and gathering a greater level of data around how well services are performing with regards to waiting times in clinic. This improved reporting will allow us to continue to improve the experience of patients within Saint Mary's Hospital ORC

The improvements to the atrium are scheduled to be completed in 2018, with the roll out of self check-in being an integral part of the process.



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.

What's new/key achievements in 2017-18

Our services, both clinical and laboratory, continued to grow and we saw more patients and produced more laboratory results than in previous years. Patients are seen in our dedicated out-patient centre in Saint Mary's Hospital, and at regional clinics across the North West of England.

Our diagnostic laboratory services were successfully accredited to the ISO 15189 standard in November 2017. This is a requirement for medical laboratories, providing evidence of our quality and competence to international standards.

Building on the world-leading expertise within the centre, many of our consultants also lead research teams. Led by Professor Jill Clayton-Smith, an international team bid for, and were awarded, the ITHACA European Reference Network (ERN) project. This aims to improve the care of individuals with rare congenital malformations and intellectual disability. The ERN will improve access to diagnostic opinions for patients, help guide management of rare diseases, provide teaching and training, undertake collaborative research and establish and utilise rare disease registries.

In addition to ITHACA, our clinical staff are involved in additional ERNs, including ophthalmology, inherited cancer and metabolic disease.

Continuing our international work, the centre has led multiple visits to Beijing, China, to teach Chinese doctors at the Peking Academic Health Science Centre how to care for patients in the same way we do here in the genomics centre at Saint Mary's Hospital. We are sharing our expertise, which has built up over many decades, so doctors in China can improve the way they care for their own patients.

The Greater Manchester Genomics Medicine Centre co-ordinates regional activity to support the UK 100,000 genomes project and is led by the Centre's Prof Bill Newman. The project, working with our laboratory services, has begun to deliver results from the cancer and rare disease arms of the project back to patients. The GM GMC has worked closely with Greater Manchester Cancer to establish a Molecular Tumour board, to ensure cases and results are discussed and co-ordinated at the regional level. This board will ensure molecular diagnostics becomes a routine aspect of cancer care for patients across the region.

The GEM Appeal charity donated a state-of-the-art Waters TQ-XS mass spectrometer to the Willink Biochemical Genetics laboratory. This piece of equipment will support research and development of biomarker assays, which will help improve the diagnosis and monitoring of children with inherited metabolic disorders.



Clinical Director
Dr Kay Metcalfe



Strategic Director
Prof Graeme Black



100k Genomes Project
Lead—Prof Bill Newman



Directorate Manager
Lynn Chantler

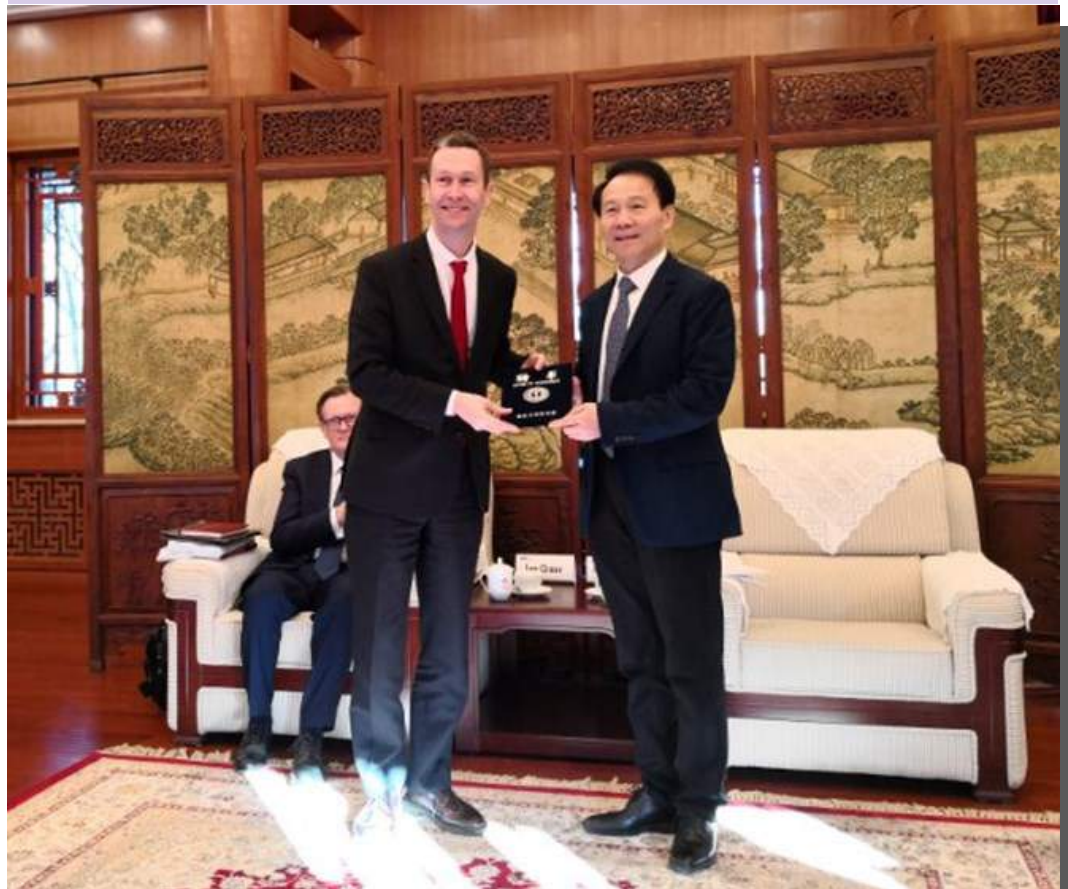


Director of Laboratories
Dr Lorraine Gaunt

Awards/Special recognition

- 100,000 Genomes Project Team - shortlisted for MFT 'We're Proud of You' annual awards (Non-clinical Team of the Year)
- Professor Graeme Black, Professor William Newman with colleagues Dr Tao Wang and Professor Ian Greer were awarded Guest Professorship by Peking University Health Science Centre (PKUHSC). The President of PKUHSC, Prof Qimin Zhan, presented the certificates.

Below: Professor William Newman receives his Guest Professorship at PKUHSC from Professor Qimin Zhan



New appointments

The team welcomed Michael Smith and Myfanwy Rawson – appointed as ERN-ITHACA Project manager and ERN-ITHACA Database Officer, respectively.

Focus for 2018-19

A major focus for 2018-19 will be leadership of the North-West component of a national Genomic Laboratory Hub network which is being formed by NHS England. This will join up laboratory testing across the whole of the North-West and facilitate and coordinate genetic testing across England.

Congratulations to Professor Graeme Black, Honorary Consultant in Genetics and Ophthalmology, for his OBE in the Queen's Birthday Honours List

Professor Graeme Black, Strategic Director at the Manchester Centre for Genomic Medicine was awarded the Order of the British Empire (OBE) in the Queen's Birthday Honours List in 2017.

Graeme, who is also an Honorary Consultant at MFT and Professor in Genetics and Ophthalmology at The University of Manchester, has played an integral role in developing Manchester's position as a leader in the field of inherited ophthalmic disease, since joining CMFT and University of Manchester in 1995 as a Wellcome Trust Clinician-Scientist Fellow.

Graeme's strategic leadership has been integral to developing Manchester's infrastructure and research investment, including The Greater Manchester NHS Genomic Medicine Centre and numerous successful grants from NIHR, Wellcome Trust, Department of Health and national eye charities to fund further research.

Throughout his career, Graeme has sought to improve the diagnosis, management and treatment of rare genetic disorders associated with visual disability. This has involved working closely with patient groups and visual impairment organisations. Most recently, Graeme has overseen a scientific team that provides genetic testing for inherited ophthalmic disease. Having introduced genetic testing for these conditions over the last decade, this can now produce a diagnosis in around 80% of

children with retinal dystrophies.

Professor Black commented:

"I am delighted to have received this honour. I am privileged to be part of a team locally and nationally, who over the past

decade have progressed from discovering genes linked with inherited retinal diseases, to developing and implementing genetic diagnostics within the NHS. Being able to provide accurate and prompt diagnosis is vital to ensure patients receive the right support and treatment going forward."

Professor Neil Hanley, Clinical Head of Research & Innovation at CMFT said:

"I am thrilled that Graeme has received this honour. Graeme is at the forefront of Manchester's drive in personalised healthcare. His dedication and effort over many years has made a difference to the lives of many patients. His work is a very strong part of why genomic medicine and ophthalmology in Manchester has such as strong international reputation."





Professor Dian Donnai receives American Society of Human Genetics Award

The American Society of Human Genetics (ASHG) has named clinical geneticist Professor Dian Donnai, Clinical Head of Division at Saint Mary's Hospital, as the 2017 recipient of the annual Arno Motulsky-Barton Childs Award for Excellence in Human Genetics Education.

The ASHG award recognises an individual for contributions of exceptional quality and importance to human genetics education internationally.

Professor Donnai's efforts in human genetics education have reached large and diverse audiences, including clinical geneticists, genetic counsellors, students, and the public. Her research at the Manchester Centre for Genomic Medicine has focused on understanding the underlying causes of developmental disorders in children; in this effort, she founded the biennial International Manchester Dysmorphology Conference series in 1984, which has acted as a focus for many research collaborations. She also initiated and continues to run an annual dysmorphology workshop at the European Society of Human Genetics (ESHG) conference, and often runs similar workshops in other countries. She was founding editor of the journal *Clinical Dysmorphology*, and has served as editor-in-chief since 1992.

Professor Donnai has also been involved with genetic service development and sat on many national and international committees, including a term as consultant advisor to the Chief Medical Officer of England (1998-2004). She co-wrote with Andrew Read *New Clinical Genetics*, a case-based textbook on



clinical genetics practice that is now in its third edition. And in 2003, she established Nowgen, a centre for public education, engagement, and research in biomedicine and genetics, which offers learning and teaching resources as well as public events and online materials.

A longtime member of ASHG, Professor Donnai belonged to the Society's Nominating Committee in 2009 and its Programme Committee in 2011. She served as President of the Medical Sciences Section of the British Association for the Advancement of Science in 2007 and as President of the ESHG from 2009-10. Among several awards and honours, she received the March of Dimes Lifetime Achievement Award in Genetics in 2010 and the ESHG Education Award in 2011, and was the Carter Medalist and Lecturer of the Clinical Genetics Society (UK) in 2005.

Highlights

Disease discoveries unlock door to diagnosis and new treatments

An international team of scientists and doctors has identified a family of five new genetic diseases which are likely to affect more than 1 in 5000 children.

The discovery of the diseases, which cause combinations of developmental delay, and problems with growth, heart, kidney and other organs, has important implications on diagnosis and treatment.

The study, led by Dr Siddharth Banka from The University of Manchester and the Manchester Centre for Genomic Medicine, Saint Mary's Hospital, is published in the reputed American Journal of Human Genetics.

The diseases are the result of abnormalities in genes dedicated to regulating the processes that control DNA modifications and gene expression – known as master regulators.

A hundred patients—mostly in the UK—have already been identified with the diseases – coined by the team as histone lysine methylation disorders.

Though there are no epidemiological studies, the team believe at least 1 in every 5,000 children are affected.

Dr Victor Faundes, a PhD student in Dr Banka's lab, studied genetic variants in a group of master regulators called 'histone lysine methylases and demethylases or KMTs and KDMs.

He compared the genetic variants in KMTs and KDMs in children with developmental problems and the general population.

He said: *"I found that some specific types of genetic changes that interfere with function of some KMTs and KDMs were commoner in children who had problems with development of their brains or other organs.*



"These results tell us that KMT and KDM mutations explain the diagnosis in a disproportionately large number of children with developmental disorders.

"This is an important discovery because we already know that some drugs can control the activity of KMTs and KDMs and thus could be potential treatments for these conditions."

Dr Banka said: *"This is very exciting because in addition to giving an idea of the scale of the problem, this has also enabled us to identify five new genetic disorders.*

"Our findings have helped in providing diagnoses in children in whom the underlying cause for their medical condition was previously a mystery".

He added: "We are now planning more detailed studies to understand the biological link between the mutations and the clinical problems.

"And we are also trying to identify more patients with these disorders that will help in revealing the full clinical spectrum of these conditions."

Doctors and scientists are unable to deal with individual enquires from the public. However, patients should in the first instance contact their GP who may refer them on to a local geneticist.

MCGM awarded International research grant

The Manchester Centre for Genomic Medicine at Saint Mary's Hospital has been awarded a Centres of Research Excellence grant by US-based company FDNA.

The grant provides funding to researchers to advance next-generation phenotyping (NGP) and facial analysis technology at key sites working on precision medicine.

Led by Prof Jill Clayton-Smith, Consultant Clinical Geneticist at Saint Mary's Hospital and Honorary Professor in Medical Genetics at The University of Manchester, and Dr Sophia Douzgou, the Manchester Centre will use FDNA's Face2Gene suite of applications for research and clinical evaluations of patients.

The work is expected to determine the incremental value of using Face2Gene's next-generation phenotyping technologies on patient evaluations and genetic test interpretation at Saint Mary's. The collaboration is also expected to advance knowledge of specific diseases, such as chromatin remodeling disorders, by identifying deeper relationships between disease-related genetic

variations and the phenotypes they cause.

"Genetic variations result in changes to a person's phenotype in ways that technologies—like Face2Gene—can detect," said Prof Jill Clayton-Smith.

Early detection could mean increased access by patients to life-improving therapy, and access for researchers to developing precision medicine.

A patient's phenotype is vital to understanding their genetics. While every person has genetic variations and errors — many of which are known to cause disease — such genes are not always expressed or result in related health issues.

Next-generation phenotyping technology looks at the expression of genetics, often measurable in biometrics such as facial analysis, to see which genes are actually being expressed. The result is increased ability of clinicians to predict what syndromes or genes to test for, as well as increased ability to interpret the genetic test results in light of the phenotype.

Genetic test could give women a more accurate breast cancer risk when combined with standard screening

New research shows a promising genetic test, when combined with mammograms, could provide a more accurate breast cancer risk in women attending routine breast cancer screening.

Led by Prof Gareth Evans, researchers found that when combined with mammograms and risk assessment questionnaire, the SNP18 genetic test provides a more accurate risk analysis and can accurately identify women who may benefit most from preventative therapy or additional screening. Not only will this allow medical teams to provide more personalised prevention and early-detection treatment pathways in the future, but it has the potential to bring cost savings to the NHS through the improved accuracy of the test.

Going forward researchers in the NIHR Manchester BRC will continue to develop more personalised screening strategies to identify cancer sooner and help match an individual to the treatment most likely to work for them and in some cases prevent conditions progressing into cancer.

The test assesses breast cancer risk based on genetic variations (single nucleotide polymorphisms, SNPs) in an individual's DNA. A previous research study, in a smaller group of women with a family history of breast cancer, found that mutations of 18 SNPs were indicative of breast cancer risk for women who did not carry BRCA1/2 mutations.

Gynaecology



Clinical Director
Dr Gail Busby



Lead Nurse
Pam Kilcoyne



Directorate Manager
Sam Evans

The Gynaecology service at Saint Mary's Hospital MCS 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 service 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, two Emergency Gynaecology Units, two gynaecology ward, a theatre department and a standalone Reproductive Medicine Unit housed in the Old Saint Mary's building.

What's new/key achievements in 2017-18

In 2017/18 the service implemented a collaboration with Fairfax Cryobank to establish a new base for storing and distributing sperm from Manchester throughout the UK and Ireland. This partnership has:

- Established Saint Mary's as the UK's largest donor sperm bank;
- Improved patient experience by reducing the waiting time for donor sperm treatment;
- Improved quality by offering a wider range of sperm for patients to choose from;
- Generated income for the NHS.

The service also undertook a review of the administrative structure and through this process:

- Converted Band 3 secretarial posts to Band 4 to aid recruitment and retention;
- Recalibrated the middle management operational structure to provide enhanced management support to the out-patient clerk team to improve the availability of notes for clinic and the quality of notes preparation;
- Established Band 4 co-ordinator posts to ensure that high cost services (colposcopy, hysteroscopy and urogynaecology) fully utilise available capacity.

Focus for 2018-19

Towards the end of 2017/18 a management restructure was undertaken within Saint Mary's Hospital to reflect the changing management structures across Manchester University NHS Foundation Trust.

From 2018/19 onwards Gynaecology services across MFT will be managed as a Division.

Gail Busby, Pam Kilcoyne and Sam Evans would like to thank everyone in Gynaecology for all their hard work and support during 2017/18 and wish their colleagues on all sites all the very best for the future.

The new Gynaecology Management Team for the Managed Clinical Service is led by Dr Sean Burns, Clinical Head of Division, Louise Weaver-Lowe, Head of Nursing, and Keely Heggarty, Divisional Director. During 2018/19 the Management Team will be working on:

- Integrating services across all sites within MFT where Gynaecology services are delivered:
 - Wythenshawe Hospital
 - Trafford Hospital
 - Oxford Road Campus
 - Altrincham Hospital
 - Withington Hospital
- Implementing an out-patient medical management of miscarriage service.
- Seeking to reduce waiting times for patients following a GP referral.
- Implementing a reconfiguration of gynaecology services, whereby more patients who require surgery will receive this on the Oxford Road Campus
- Make the 'pooled' urgency lists a permanent feature of the surgical management of miscarriage service.

Strategic Developments

In October 2017, Saint Mary's Hospital as part of Central Manchester University FT merged with University Hospitals South Manchester under the new organisation of Manchester University Foundation Trust (MFT). Between October 2017 and April 2018, MFT have been working to align the infrastructure and services ready for the start of the new financial year.

The Directorate of Gynaecology has been activity working with our clinical and managerial colleagues at Wythenshawe and we are looking forward to harmonising services across our hospitals and delivering the benefits of the recent merger.

Improvements in the Department of Reproductive Medicine

You said

I don't know what to expect when I come for my appointment.

- ◆ We have changed the fertility pathway to ensure that patients are investigated appropriately and they receive the correct information to make an informed decision about treatment. This includes rewording the appointment letter and introducing specialist infertility appointments prior to your IVF appointment.
- ◆ Introduced an IVF information session—initially held fortnightly.

You said

I feel stressed when I can't get through on the telephone.

- ◆ So we introduced a telephone tree so that patients are directed to the most appropriate person.

You said

The male production rooms are too clinical and very dated. There isn't enough room to get a wheelchair or stretcher in. The reception area isn't very private.

- ◆ We decorated the rooms, changed the furniture and ensured up to date material was available.
- ◆ We secured a third production room which can be used for men who require disabled access or stretcher access.

To all the nurses ,doctors, scan ladies, embryology and kind reception staff. Thank you once again for all your help, support and understanding you're all wonderful! Another unsuccessful cycle but I am not giving up yet

You said

- I don't understand why my IVF hasn't worked.
- What tests can you offer me following repeated unsuccessful IVF cycles?
- What tests can you offer me following unsuccessful IVF cycles?

- ◆ We have produced a number of new patient information leaflets.

Whatever the outcome, I just wanted to say a big thank you to all the staff who have made our ICSI journey less nerve wrecking, frightening or intimidating.

You said

It's too hot/cold.

- ◆ Heating was checked/repared to ensure everyone is nice and warm.
- ◆ Fans have been made available during the summer months.
- ◆ We've installed water dispensers for your comfort.

Urogynaecology research team recruit first UK patient to first line treatment for stress urinary incontinence study



Congratulations to the urogynaecology research team at Saint Mary's Hospital, who have recruited the first patient in the UK to an observational study investigating the effectiveness of a urethral bulking procedure in women with stress incontinence and the impact on subsequent surgery, if required. The study is also exploring patient choice in relation to stress incontinence management options.

Urinary incontinence affects around 3 million people in the UK, with stress incontinence being the most common type diagnosed in women. It is usually the result of the weakening of or damage to the muscles used to prevent urination. Women with this condition find that urine may leak out at times when their bladder is under pressure; for example, when coughing, laughing or sneezing.

Most often, exercise for the pelvic floor muscles are used as the first form of treatment for stress incontinence. If the leakage continues and remains a problem despite exercises, then an operation may be required. The latest surgical procedure that has been developed is known as urethral bulking, benefits include: no hospital admission needed,

limited side effects, no requirements for synthetic tape to be inserted.

Up until now bulking has only been offered as a last resort to women with complex stress incontinence (that other procedures have failed to improve) and to elderly or frail women. This limits the evidence available about the efficacy of the procedure in the wider population.

The study is led by Dr Fiona Reid, Consultant Urogynaecologist at Manchester University NHS Foundation Trust (MFT), and funded by Speciality European Pharma.

Dr Reid said;

"Urogynaecology has only been recognised as a clinical speciality for the last 30 years or so and because of this, there has been a distinct lack of research in this area. It is important that we continue to drive forward and develop treatment and procedures for women, as urinary incontinence can have such a detrimental effect on millions of people's lives."

Newborn Intensive Care Unit



Clinical Director
Dr Sajit Nedungadi



Clinical Lead Wythenshawe
Dr Abhijeet Godhamgaonkar



Directorate Manager
Chris Ashworth



Acting Lead Nurse
Kath Eaton

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 or surgery.

Serving the population of Greater Manchester and the wider North West conurbation, in 2017/18 the NICU admitted over 1,200 babies and over half of all activity delivered was intensive or high dependency care. 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.

In October 2017, as part of the establishment of Manchester University NHS FT, the NICU merged with the local neonatal unit at Wythenshawe Hospital to form the **Division of Newborn Services**.

The NICU is commissioned for 69 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. The neonatal unit at Wythenshawe serves the local population, delivering short term intensive, high dependency and special care to inborn infants and also accepting babies back onto the unit who may have received specialist care elsewhere.

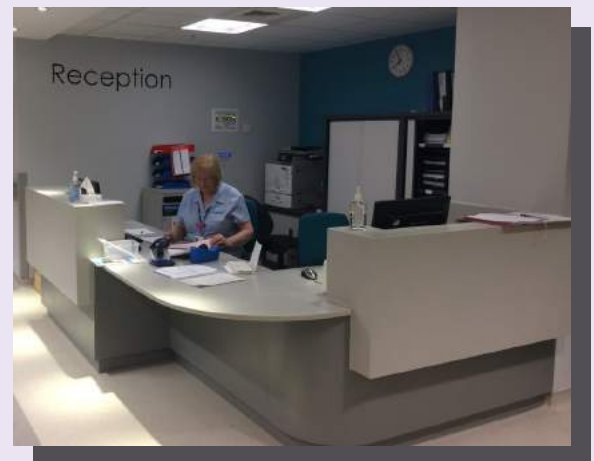
In the past two years, activity within the service has increased significantly and the NICU will be undergoing an expansion to its clinical footprint towards the end of 2018/19 in order to continue to provide care to the sickest of infants, whilst the neonatal unit at Wythenshawe will also increase cot capacity to continue to manage the demand.

The Division also hosts Connect NW, the neonatal transport service and cot bureau for NW England and provides specialist nursing and medical teams to undertake neonatal transfers of small and sick babies across the whole of the North West. There are well developed services for families with a thriving parent forum and an established neonatal Outreach (community) service which enables earlier discharge home. The service is nationally recognised for the quality of bereavement support and the extensive nurse education and development programmes.

Achievements/Highlights

We had many achievements and staff to honour during 2017-18;

- ◆ As part of the refurbishment of the NICU Reception area, we now have a dedicated area for siblings to play safely, along with ongoing provision of weekly sibling craft sessions which allow for uninterrupted time for brothers and sisters away from the clinical environment.
- ◆ In the SMH annual awards the In-reach Team, Clinical Effectiveness Team and Matron Alison O'Doherty received 'highly commended' awards.
- ◆ We were fortunate to be able to secure funding to update the staff sitting room as part of the Trust 'small change, big difference' initiative.
- ◆ We launched the 'Bounce Buddy' scheme so that each new member of staff is assigned a team of buddies from different bands who will provide support and pastoral care.
- ◆ We were delighted to get up and running a weekly surgical-NICU multi-disciplinary meeting, which has enhanced the joint clinical care of our surgical babies. Similarly, for babies transitioning to PICU or HDU, introduction of a monthly multi-disciplinary meeting has greatly improved communication and forward planning with our RMCH colleagues.
- ◆ The recent acquisition of a simulation fellow allows us to further develop our successful simulation programme, with twice weekly multi-disciplinary (and often inter-departmental) sessions providing real-time clinical practice with high-fidelity manikins.
- ◆ NICU at ORC received a Triple Gold ward accreditation in September 2017 which consisted of a presentation by the senior team, a portfolio of evidence of the care and quality improvements made on NICU. The accreditation team spoke to with parents for their views on the care given by NICU as well as reviewing notes/documentation.



Neonatal Research

Curoneb – is a multi-national, multi-centre, randomized controlled trial involving preterm babies who are spontaneously breathing but with mild to moderate respiratory distress syndrome to investigate the safety, tolerability and efficacy of inhaled nebulised Curosurf® in comparison with nCPAP alone. Saint Mary's Hospital was selected as one of three UK sites to participate in the first phase and one of two sites to successfully recruit. The second phase will commence in October 2018.

Neovanc – Saint Mary's NICU remains the highest recruitment rate site in the UK in this multi-centre trial aiming to evaluate outcomes in babies with proven or suspected gram positive sepsis comparing two vancomycin regimes.

SPRING – At least a quarter of babies born preterm meet neuropsychiatric diagnostic criteria by childhood. This 2-year study aims to investigate if there is a link between very preterm

birth, genetics and neuropsychiatric disorders. We were able to double our initial target number of recruits for this study.

Baby-Oscar – is a multi-centre blinded randomised controlled trial to determine short and long term health and economic outcomes of the treatment of a large Patent Ductus Arteriosus (PDA) in extremely preterm babies (babies born at 23+0 to 28+6 weeks of gestation) with ibuprofen within 72 hours of birth. Since opening in January 2018 our recruitment rate puts us in the top three out of the 30 sites participating in the UK.

Paloh Study

The National Institute for Health Research (NIHR) through its Invention for Innovation (i4i) programme has awarded funding to a North West based consortium to carry out the Paloh Study: Development and Implementation of a Point-of-Care Pharmacogenetic Test to Avoid Antibiotic Related Hearing Loss in Neonates.

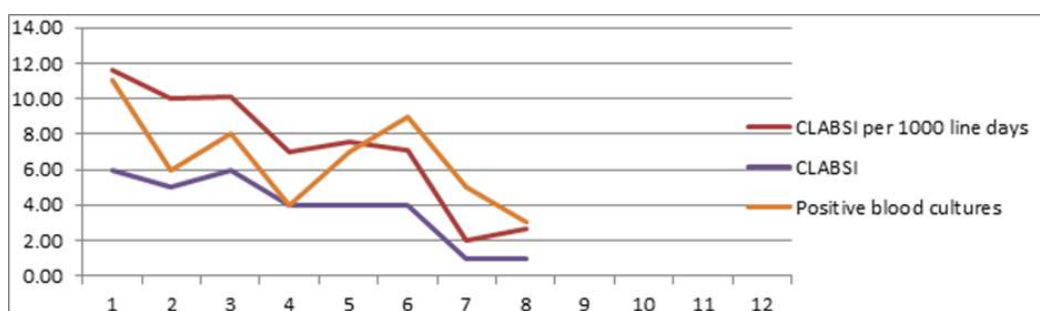
CLABSI rates continue to fall on Newborn Intensive Care

Central line associated blood stream infections (CLABSI) are commonly associated with neonatal care. At Saint Mary's Oxford Road Campus NICU, our CLABSI rates had been consistent over a two year period at 11.5 per 1000 line days.

In December 2017 we re-focused our infection control measures concentrating on hand hygiene (parents, staff and visitors) and ANTT, environmental cleanliness, infection prevention and control education and audit, as well as raising

staff and parent awareness and promoting cultural change in attitudes towards infection control. The maintenance of these measures since December 2017 has also led to a consistent fall in our CLABSI rates in 2018 from 11.6 per 1000 line days in January 2018 to 2.6 per 1000 line days in August 2018.

Our aim is continue to monitor our CLABSI and other infection rates whilst maintaining these infection control measures to ensure the best quality and safety of care.



Development of Retinopathy of Prematurity (RoP) Services in Russia and Eastern Europe

Retinopathy of Prematurity is a disorder of retinal development often seen in premature babies and it can be sight threatening. It is one of the leading causes of blindness throughout the world. Within the UK a national screening programme is in place to monitor the potential development of the disease and to treat early if needed. The RoP screening team on NICU has been established for many years and consistently achieves the highest of outcomes against nationally mandated screening metrics.

The Directorate accepted an invitation to partner with the International Agency for the Prevention of Blindness and in December 2017 was pleased to welcome three guests from the Research Centre for Perinatology in Moscow, Russia.

The aim of the week long observership was to provide the visiting team with the opportunity to engage with colleagues on NICU who are involved in all aspects of the prevention, screening and management of an RoP programme and to use this time to discuss with colleagues the clinical activities as well as the management, governance

and information management systems that underpin a successful programme in order to influence change to policy and practice on return to Russia.

In addition to the clinical elements of the trip there was also the opportunity for our visitors to sample a little of Manchester life with a visit to the Christmas markets, the Manchester museum and afternoon tea at a local hotel!

The visit was very positively evaluated by our Russian visitors and we have been invited to support colleagues from Armenia on a similar scheme in November 2018.



Establishing a Neonatal Managed Clinical Service

As part of the strategy to establish a Single Hospital Service for Manchester, this brought together two of the highest performing neonatal units in Greater Manchester – the neonatal unit at Wythenshawe Hospital and the Newborn Intensive Care Unit at Saint Mary's Oxford Road into a single Managed clinical Service.

Along with the Manchester Neonatal Outreach Team and Connect NW Transport Service (hosted by MFT), these services collectively form the Division of Newborn Services.

Focus on 2018-19

- ◆ Further development of our Neonatal Managed Clinical Service.
- ◆ Introduction of nasogastric tube feeding in the home environment.
- ◆ Expansion of our research portfolio.
- ◆ Introduction of Family Integrated Care (FiCare) at Wythenshawe neonatal unit.
- ◆ Extension of educational provision for the multi-disciplinary team.

NICU Clinical Information System (CIS)

The Clinical Information System was introduced as part of a planned initiative across the four intensive care units in the Trust – NICU, PICU, AICU and CICU. The vision was to move from a paper based system for medical and nursing records to a paperless system of recording patient data, increase efficiency and efficacy of work on a day to day basis, to aid the discharge process and capture reliable data. The initiative was launched in 2014 and is overseen by a Trust CIS project Board which meets regularly.

The team

The CIS team has evolved during its development and implementation for the NICU and included Dr Sajit Nedungadi (Clinical Lead), Andrew Grady, Jacquie Oldham and Elise Gilmour (Configurator Leads) with support from Chris Ashworth, Maureen Daniels, Louise Weaver-Lowe, Kath Eaton, Rebecca Hinton (Pharmacy), Dr Ian Dady and Professor Anthony Emmerson.

Process

The team had the opportunity to visit a NICU setting where the CIS was in practice to understand and learn from their experiences of using a similar system.

All cot spaces have CIS enabled computers and there are additional computers on wheels to support daily ward rounds and nursing notes entry. The patient monitoring, ventilators, infusion pumps, blood gas machines and laboratory results are linked in to the system to provide continuous data points.

The lead configurators worked hard to ensure that the system developed would be user friendly, capture all the required data historically entered on the paper based system and refine processes in the relevant areas. They also trained 'superusers' to support other staff and ensured a smooth Go



Live. Staff training and confidence was also a major project.

Challenges

There have been compromises which had to be made along the way during the development process as the system is not able to provide a full e-prescribing system or a functional fit-for-purpose dashboard. There have also been challenges faced with linking with the electronic discharge system ('Badger') but the hard work of Jacquie and Elise helped smooth this out.

The Go Live dates were postponed on a few occasions but the system was successfully implemented at the end of 2017/18.

This was a major shift in routine clinical practice but with the CIS team leading, every member of the NICU team worked together to help drive this positive change. Ongoing feedback and suggestions have been appreciated and the system will continue to evolve in the coming year.



Neonatal Transport

In June 2017 a new regional neonatal transport service was successfully implemented across the North West Neonatal Operational Delivery Network. This brought together the three previous services for Greater Manchester, Cheshire & Mersey and Lancashire & South Cumbria to provide a dedicated neonatal transport service for all of the neonatal units in the NW and providing out of hours cover for North Wales. Saint Mary's Hospital was invited to be the host provider on an interim basis with management of the service undertaken by Dr Ian Dady (Clinical Director) and Viviane Hall (Lead Nurse).

Connect NW have sustained a robust 24/7 service for the whole of the NW on every shift since then to ensure there is equitable access to emergency neonatal transfers across the whole region, overcoming some of the previous vulnerabilities in other networks prior to the merger. This has been achieved through a proactive staffing development with Advanced Neonatal Nurse Practitioners to provide a highly experienced and proficient workforce, mitigating the risks of medical staff shortages and providing a role model for other nursing staff to aspire to.

Connect NW currently operates from two bases in Saint Mary's Hospital and Liverpool Women's Hospital, and has become one of the busiest neonatal transport services in the UK, receiving

around 2,400 referrals for neonatal transfers per year. There is a 24/7 referral hotline and Cot Bureau team which is also responsible for organising around 700 in-utero maternal transfers per year. The service is delivered by a team of Consultants, Advanced Neonatal Nurse Practitioners and Specialist Neonatal Transport Nurses and offers a full range of intensive care support including advanced ventilation modalities and Therapeutic Cooling. **Connect NW were the first service in Europe to implement High Frequency Ventilation** during transfer and have acquired the most expertise in the UK in its use. They have embraced other emerging technology to reduce fluctuations in oxygenation during transfer and have undertaken research to assess the impact of transfer on vital signs and cerebral oxygenation during transfer.

Since the reconfiguration of the service there has been a 10% reduction in the time taken to prepare and stabilise patients for transfer whilst maintaining a strong performance across a range of clinical outcomes. The service also has a strong focus on parent support during neonatal transfer and has developed a feedback tool for families demonstrating very high levels of user satisfaction. In 2018, 95% of respondents agreed or strongly agreed that Connect NW provided a high standard of medical care and 96% that there was a safe and high quality service.



In the longer term we are anticipating clarification of the long term hosting arrangements and are working with the specialist commissioners and the ambulance service to further improve the service responsiveness. The service has a strong track record of innovation and service development, providing state of the art equipment for the most vulnerable patients whilst being transferred for specialist support.

Obstetrics

Saint Mary's Hospital provides maternity services for women living in Manchester, Trafford, Salford, the North West and beyond with primary, secondary and tertiary obstetric care.

From 1st October 2017 the Maternity Services at Manchester University NHS Foundation Trust comprise of two maternity units which are part of the Saint Mary's Hospital Obstetrics Managed Clinical Service (MCS). The maternity units are located in Saint Mary's (Oxford Road Campus) and Wythenshawe Hospital.

The merger of two well respected albeit two distinct maternity units provides a huge opportunity to foster a culture of collaboration to shape and share the future of providing a first-class service for women and their families within Manchester and beyond.

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. There is 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 in one of our 22 specialist clinics in addition to general antenatal clinics.

The specialist services provided by the division include the following clinics on the Oxford Road Campus:

- Diabetic Pregnancy Service
- Fetal Cardiology
- Fetal Medicine Unit
- Joint Obstetric Haematology Clinic
- Joint Obstetric/HIV Clinic
- Joint Obstetric Neurology Clinic
- Lupus in Pregnancy (LIPs) Clinic
- Manchester Antenatal Vascular Service (MAViS)
- Manchester Placenta Clinic
- Obstetric Anaesthetic Clinic

- Obstetric Cardiac Clinic
- Obstetric Ultrasound Service
- Perinatal Mental Health Clinic
- Preterm Labour Clinic
- Rainbow Clinic
- Raised BMI Clinic
- Renal Hypertension Antenatal Clinic
- Specialist Midwifery Service for Asylum Seekers and Refugees
- Young Parents' Specialist Clinic

We also have specialist antenatal clinics for women who live in Salford:

- General Antenatal Clinic
- Diabetic Obstetric Clinic
- Epilepsy Clinic
- Obstetric Renal Clinic

And an antenatal clinic for women who live in Trafford.

On the Wythenshawe site in addition to General antenatal clinics there are specialist clinics for the following:

- Diabetic Clinic
- Rainbow Clinic
- Perineal Clinic
- Midwife Haematology Clinic
- BMI Clinic
- Obstetric Mental Health Clinic
- Fetal Medicine Clinic

The Fetal Medicine Unit at the Oxford Road campus is a tertiary referral unit and provides a full range of screening, diagnostic and therapeutic services supported by multi-disciplinary counselling for families who are faced with potential fetal / neonatal complications. There is also a Fetal Medicine Unit located at Wythenshawe which provides care for women who do not require specialised fetal medicine input.

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



Kathy Murphy
Deputy Director of Nursing/
Head of Midwifery



Clinical Director
Dr Clare Tower



Directorate Manager
Eleanor Stanley

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 the Birth Centre at Wythenshawe or in the consultant led Delivery Units across both sites.

The ORC maternity unit is co-located with a level three regional neonatal intensive care services and at Wythenshawe it is collocated with level two intensive care unit.

There has been a small decrease in antenatal bookings in 2017/18 by 0.6% compared to 2016/17 and likewise in births (1.7%).

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.

To address these challenges the directorate has introduced the following:

- Elective caesareans on Saturdays (as and when required)
- Elective induction of labour pathway for woman to be transferred from induction (ward 65) to delivery unit
- Introduction of small for gestations age midwife /sonographer led clinic for low risk women
- In collaboration with the radiology department continue to support midwives to undertake third trimester scanning
- Introduction of midwife led BMI clinic with dietician input

Workforce

During 2017/18 the directorate held a number of successful recruitment days in May 2017 and January 2018 to continue to strengthen the midwifery force.

Our baseline in April 2017 for midwifery staffing was 341.84 whole time equivalent (wte) with 12.26wte vacancies. In October 2017 the directorate increased this baseline to 351.09 wte and by March 2018 there were 347.71 midwives in post with 3.38wte vacancies. The average number of midwifery staff leaving each month was 2wte.

In addition the directorate funded a part time post for a diabetic specialist nurse to support the diabetic service.

Further work was undertaken during the year and will continue to be carried forward in 2018/19 for substantive appointments for consultants' posts.

We recognise that although the junior doctor rota was strengthened in August 2016 with the appointment of two additional Clinical Fellows, further work is required to strengthen the rota to facilitate both the training and operational demands.

The administrative workforce was strengthened with the substantive appointments of a Pathway Co-ordinator for elective caesarean section and induction of labour.

Number of births:	9,278
Number of twins and triplets:	171
Number of boys:	4,698
Number of girls:	4,576

North Manchester Stabilisation Programme

2017/18 saw the continuation of the North Manchester Maternity Service Stabilisation programme.

Since January 2018, five consultants from North Manchester have been visiting Saint Mary's for their own professional and personal development, and with the aim of further developing services on the North Manchester General Hospital site.

To facilitate the programme, four of the Saint Mary's obstetric consultants here working at NMGH, between them covering 2-3 days per week.

The CQC report for PAHT was published in March 2018. There was an improvement in the rating of

Saint Mary's Birth Centre

Saint Mary's Centre (free standing midwifery led unit), which was located at Salford Royal Foundation Hospital and was opened in December 2011, closed at the end of September 2017. There were 58 deliveries from April 2017 to September 2017.

A huge thanks to all of the midwives, maternity assistants and administrative staff who worked in the Birth Centre. Women continue to have the option of having their baby in a midwifery led unit at Saint Mary's Hospital.

Celebrating Achievements:

This year the Maternity team were shortlisted for :

- RCM Annual Midwifery Awards—Maternity Support Worker of the Year: Susan Stahl.
- Award for Excellence in Maternity Care Enhanced Recovery Pathway: Kristen Jamieson and Beverley O'Connor.
- RCM Caring for you Award: Kathy Murphy HOM & Natalie Jones RCM Representative.
- SANDS Award for Bereavement Care: Midwife Led post-mortem consent Vicky Holmes and Lyndsey Sykes.
- The production of memory boxes for foster babies was awarded second place at the

the maternity services from 'inadequate' to 'good' and the significant contribution made by Saint Mary's was acknowledged.

OASI
CARE BUNDLE



Saint Mary's Hospital OASI Care Bundle

We are excited to announce that Saint Mary's Hospital has begun rolling out the OASI Care Bundle, a quality improvement project which aims to reduce Obstetric Anal Sphincter Injuries.

These injuries can have a devastating impact, both long- and short-term, on the women who sustain them. Saint Mary's has been chosen as a pilot site for rolling out this package of intervention, which is a collaborative project between the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists.

BJM awards.

- Greater Manchester Research Awards: The Midwifery team were nominated for the Research Team of the Year; Heather Glossop for Research Midwife of the Year; Christine Hughes for Research Practitioner of the Year; and Professor Ed Johnston as Investigator of the Year.
- Tommy's Healthcare Hero: Victoria Holmes nominated by four separate women.
- International Day of the Midwife, International Day of the Nurse, International Women's day (#BeBoldForChange) was celebrated.
- MiNeSS study led by Professor Alex Heazell with the support of the Midwifery research team #stillbirth#safesleeping campaign.

MAViS clinic celebrates five years of specialist care for women with chronic and pregnancy-related hypertensive

The Manchester Antenatal Vascular Clinic (MAViS) at Saint Mary's Hospital celebrated its 5th birthday in June, with families who have gone on to have successful pregnancies following specialised care at the clinic.

acid supplement L-Citrulline for the treatment of high blood pressure and prevention of pregnancy complications. Other studies at the clinic have evaluated a new test – placental growth factor (PGF) to determine how it effects clinical care for women with placental disease.



In the five years since it was set up, MAViS and the team have helped women who have a high risk of hypertension in pregnancy, by providing additional monitoring, scans & support thanks to funding from the National Institute for Health Research (NIHR) and Tommy's.

The celebration was a chance to catch up with families who had attended the clinic, highlight the outcomes and impact of the clinic's research and look ahead to future clinical studies.

The team has grown a portfolio of clinical research since it launched five years ago, including the Beetroot in Pregnancy Trial for the treatment of chronic hypertension. This study was the first to test the blood pressure lowering effects of beetroot juice as a dietary supplement in pregnancy.

The team have also just launched their CHERRY Trial which will investigate the effects of an amino

Dr Myers said,

"The MAViS clinic team have cared for in excess of 600 women who require additional monitoring throughout their pregnancies. The clinic is able to ensure their blood pressure medication is optimised and that their care is tailored to their individual requirements. I would like to thank all the families who came out to celebrate our study achievements and gave us the opportunity to meet their special new arrivals."

Karen and her one year old son Oliver were one of the families who came out to celebrate with the team. Previous to having Oliver, Karen sadly lost her daughter, Chloe, two days after she was born. She had started to lose hope when a subsequent pregnancy was high risk. It was then that Karen was referred to the clinic for specialist treatment and only had high praise for the team.

Highlights

Infant Feeding team show support at Breastfeeding Friendly scheme launch

The Manchester Breastfeeding Friendly scheme was launched on Friday by Jennie McAlpine at her restaurant Annie's in Manchester, supported by members of our Infant Feeding team. The restaurant now displays a breastfeeding friendly Manchester sticker, which reassures mums they are welcome to come and feed their babies at the restaurant.

Toni Lowe, Infant Feeding Advisor/ Junior Sister on NICU, along with Coordinators/ Midwives Kathy



The scheme is free to join and businesses don't need to make any alterations to their venues - they simply display the new breastfeeding badge in the window to show their support.

Kathy Henshall and Natalie Jones are part of the Manchester Infant Feeding Group which consists of members of Manchester Council and other infant feeding leads from the Greater Manchester region. Infant Feeding Lead for Children's Community Services Justine Baines is also a member of the group.

The purpose of the group is to improve – through optimal feeding – the nutritional status, health and development of infants and young children in Manchester.



Administration Forum

The directorate continued to have its bi-monthly Administration forum, which aims to provide an opportunity for the administrative staff to meet each other, facilitate discussion on issues that concern them and to provide them with updates.

The forum also provides an opportunity to celebrate success with presentation of ACE certificate to staff nominated by colleagues in recognition of them reflecting Trust Values and Behaviours.

Sickness for the directorate in for 2017/18 was 5.66% compared to 3.95% for 2016/17.

Tommy's Star Researcher Award for Professor Heazell

Professor Alex Heazell, Professor of Obstetrics and Director of the Tommy's Stillbirth Research Centre at Saint Mary's Hospital part of Manchester University NHS Foundation Trust, has won a Tommy's Award, presented by baby charity Tommy's. The GSK Star Researcher Award celebrates someone who has demonstrated exceptional commitment to stimulating enthusiasm and interest in pregnancy complications research amongst the general public.



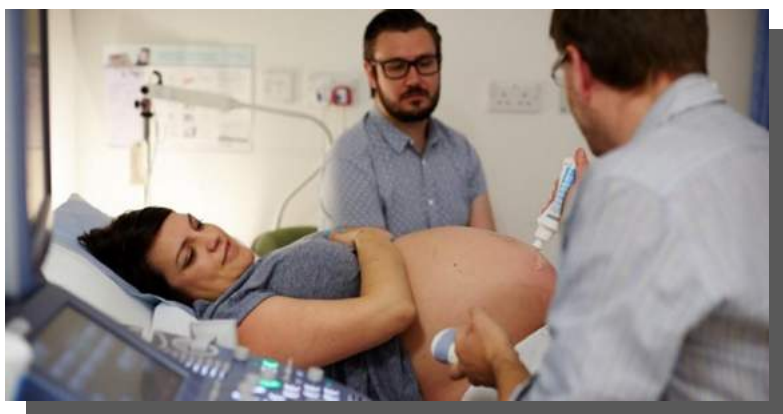
Now in its 23rd year, the Tommy's Awards recognise heroes and families who've have been touched by pregnancy complications, or the loss of a baby. Each year in the UK, one in four parents lose a baby through miscarriage, stillbirth and premature birth. Every year, 60,000 babies are born prematurely.

Professor Heazell was nominated by Claire Shelmerdine, 36, who was his patient at the Rainbow Clinic in Manchester after she lost her twins, one before birth and one nine days after birth. Claire comments:

"Alex is is just an amazing man. After losing my twins, he offered me hope and made me feel safe

and in control during subsequent pregnancies. He has an aura of security and calmness and I will be forever indebted to him, not only for the work he does for Tommy's and the Rainbow clinic, but for the safe haven he provided for me at the clinic. A place where I'd suffered such sadness soon became a happy place for me again."

Professor Heazell recently led the clinic's research into maternal sleep and late stillbirth, which looked into 291 pregnancies that ended in stillbirth and 735 women who had a live birth. It confirms findings from earlier studies in New Zealand and Australia that, in the third trimester (after 28 weeks of pregnancy), pregnant women who go to sleep on their back are more likely to have a stillbirth.



The Tommy's Awards is focussed on celebrating the courage, strength and support provided by friends, family and healthcare professionals during pregnancy.

Highlights

Partnership working with North Manchester General Hospital

North Manchester General Hospital (NMGH) is part of Pennine Acute Trust. In 2016 it was rated as 'Inadequate' by the CQC. Around the same time there was a lot of negative publicity in the newspapers about the maternity services at NMGH. A team from Saint Mary's was asked to perform a diagnostic review of the maternity services, and following this a



programme of support was put in place. Consultants, senior Midwives and managerial staff from Saint Mary's worked on the NMGH site, alongside their NMGH colleagues. Faith Sheils, midwife, spent four days each week there in a leadership capacity and Gill Furey, midwife, spent two days working on the governance systems and processes. The aim of the support package was to work with colleagues from NMGH to improve safety, act as role models, develop the governance and business processes and improve the culture and morale within the maternity unit.

What sort of things were done?

- Review of the process for the management of incidents.
- Establishing twice weekly practice review.
- Promotion of an open culture, sharing learning and supporting staff to raise concerns.
- CTG improvement work stream promoting the use of CTG stickers, and then subsequently introducing K2 electronic monitoring.
- Post-partum haemorrhage improvement work stream resulted in a 45% reduction of PPH's over 2000mls.
- Theatre work stream which reduced the number of general anaesthetics for emergency caesarean sections from a high of 26.7% per month to 16% per month.

- Sharing of the CMFT WHO Surgical site check list, which was adapted for NMGH. Work was undertaken to ensure the sign in and sign out was undertaken with compliance monitored by an observational audit.

The next stage of the partnership working involved consultants from NMGH coming to Saint Mary's Hospital and attending some of the specialist clinics. This was with a view to them developing similar services on the NMGH site. The areas we focussed on were those where there was a high risk of morbidity or mortality, and which were common problems in NMGH, namely Small for Gestational Age babies, Preterm labour, Hypertension, Perinatal Mental Health and Obesity.

Joint posts have also been developed. Julie Hempstock is seconded to NMGH as their Head of Midwifery. Two new consultants (Roshni George and Victoria Corkhill) have been recruited, who do some sessions on the NMGH site, and some at Saint Mary's. Phil Bullen, Teresa Kelly, Rosemary Howell and Sarah Vause continue to do clinical sessions on the NMGH site.

It has been really rewarding to see the changes which have been made, the improvements in care and the rise in the morale of the staff. The CQC recently rated the maternity unit as 'Good', and this was a reflection of the hard work put in by the team at NMGH and their Saint Mary's colleagues.

Sexual Assault Referral Centre

The Saint Mary’s Sexual Assault Referral Centre (SARC) at Saint Mary’s Hospital Manchester was established in 1986. To date services have been provided to over 24,510 clients, 6,398 of which were children.

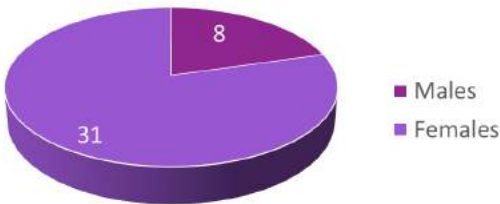
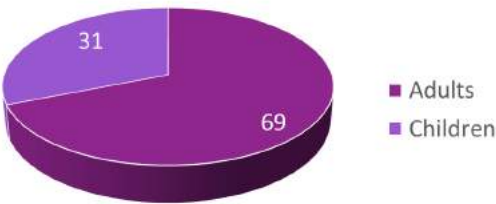
The SARC provides a Forensic Medical service for men, women and children in Cheshire and a Forensic Medical and Aftercare Service (ISVA and Counselling) to men, women and children in Greater Manchester who have experienced rape or sexual assault recently and in the past.

Activity

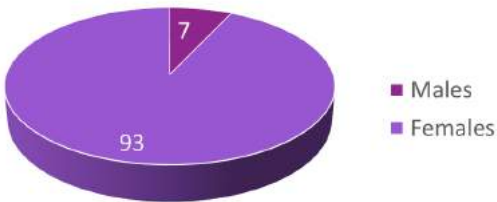
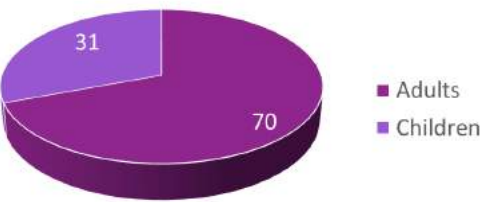
During the financial year 2017/18, 1,240 people attended the Manchester SARC for a Forensic Medical Examination; 384 were children.

All of these clients, plus an additional 673, received support from the SARC ISVAs totalling 1,913. Of these 570 were children. Over 1,089 people (308 children) were referred to the SARC Counselling Service.

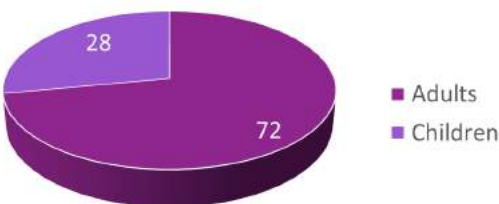
Forensic Medical Service



Independent Sexual Violence Advisor (ISVA) Service



Counselling Service





Clinical Director
Dr Cath White



Directorate Manager
Rachel Coppock

St Mary's Centre



Sexual Assault Referral Centre

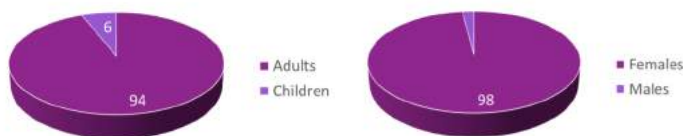
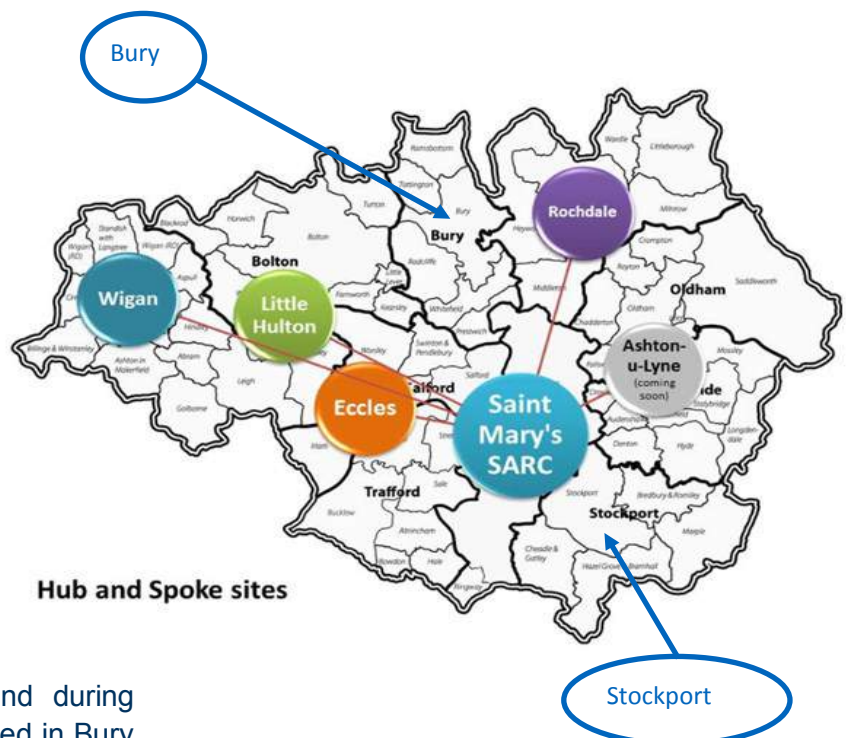
New Services

SAFEPlace Merseyside

On 1st May 2017 the Saint Mary's SARC was delighted and excited to begin the management of the SARC service at the SAFEPlace Merseyside and 239 clients aged over 16 have

Hub and spoke

The Counselling Hub and Spoke model has been running since April 2016 and during 2017/18 new venues have been introduced in Bury and Stockport. The ISVAs also provide support outside of the SARC, depending upon client preference.



The Counselling teams have also introduced a new psycho-education course and commenced therapy groups with excellent client feedback received.

Improving services for people with learning disabilities

Following a recent audit, SARC has worked with clients to develop a number of leaflets about our services that are more accessible to a wide range of clients, including those with learning difficulties. The leaflets will be distributed to partner agencies, and GP surgeries to better communicate the SARC services and improve accessibility. This is particularly relevant for those clients who do not wish to report to the police in the first instance.

This project won an PENNA award in March 2018.

SARC Annual Debate

SARC annual debate took place on 11th January, discussing 'Portrayal of sexual violence in drama: A force for good or a vehicle for harm?'. A force for good or a vehicle for harm?'

Top panelists - Kim Harrison, senior lawyer at Slater and Gordon, Coronation Street story editor Lyndsey Williams, Director and actor, Noreen Kershaw and Dr Catherine White, from St Mary's SARC - gave valuable insight and presentations, which led to a lively and relevant debate.

Following on from such a traumatic experience, I have now experienced a caring, helpful, meaningful experience. The crisis worker and doctor have been absolutely wonderful, put me at ease from the minute I arrived and I can't thank them enough.

My life has changed so much for the better and improving every day. I would be in hell, darkness and despair if it wasn't for this service. Thank you so much.

Awards

On 1st March 2018 the Saint Mary's SARC was awarded a National Patient Experience Network (PEN) award in the category of 'Using insight for Improvement' and was also a finalist in the 'Use of Technology/Social Media' category.



Media Focus on FGM

Dr Cath White appeared on Newsnight talking about services for clients who have experienced female genital mutilation.

St Mary's SARC works in partnership with a charity to support clients to access services.

www.bbc.co.uk/news/uk-41150621

I feel this is the best place in the world. I was treated with respect.

The Police Officer, Crisis Worker and Doctor were all very professional and went above and beyond the call of duty. I can't thank them enough for the way I was treated. They all made me feel at ease and very relaxed under the stressful circumstances.

The team designed new patient information leaflets, which use innovative digital technology to engage service users.

The judges commended SARC for its innovative approach to provision of information.

I was very nervous but was made to feel at ease and as comfortable as possible in the given situation.

My counsellor and the Saint Mary's team have been amazing in helping me to gain my control and trust back. I now feel like I can live my life again thanks to them.

Improvement projects

SARC will receive a charity donation via Zochonis Charitable Trust which will be used to refurbish the Merseyside site SARC – SafePlace. This will provide a better environment for clients.

Sexual health screening pilot

Saint Mary's SARC is due to launch a pilot with RUClear of sexual health home testing/ screening to clients over 16 years of age who attend the service and live in Greater Manchester and Cheshire. RUClear provides the Greater Manchester Chlamydia and Gonorrhoea Screening Programme. Currently SARC clients need to attend a sexual health clinic for this care. The new system will allow them to perform the tests themselves at home and post them (free of charge to clients). RUClear will then contact them with the results and arrange any treatment required.

Psycho-education course pre-trial

The counselling service at SARC has developed a psychoeducation course called Coping with Trauma. The intervention is designed to provide clients with stabilisation skills and strategies for coping with post-traumatic stress symptoms such as overthinking and anxiety, whilst the supportive group environment allows clients to share their strategies and hear those of others. Clients who complete the course have shown reduced levels of distress and post-traumatic stress symptoms, with some feeling that they no longer need one to one therapy. The intervention has recently been approved as compliant with pre-trial therapy guidance by Crown Prosecution Service colleagues, which allows clients who are still within

the Criminal Justice System to benefit from this even before their case reaches court

Non-Fatal strangulation work

Saint Mary's SARC has worked alongside Greater Manchester Police, North West RASSO Unit and the North West Crown Prosecution Service (CPS) to raise awareness of Non-fatal Strangulation. A briefing regarding this produced in July 2018 by the Clinical Director for SARC, Dr Catherine White, is now being used in CPS and police training in the North West.

SARC Court Room Video Link

The Saint Mary's Centre offers an Independent Sexual Violence Advisor (ISVA) service to clients who live throughout Greater Manchester. The ISVA role is to advise and guide clients through the Criminal Justice System and support them whilst giving their evidence (usually within Court Buildings) utilising which ever special measure the client has chosen as their preferred option. The Saint Mary's ISVA Team recognised that attending Crown Court was often a daunting experience for clients and after a period of consultation with the Judiciary; Greater Manchester Police; Crown Prosecution Service; Witness Care Service; Witness Support Service and staff from HMCTS was successful in securing funding from the Ministry of Justice to house a remote video link within SARC. This allows clients to be cross-examined in familiar, comfortable surroundings well away from the court building itself. The link became live in January 2016 and has supported over 42 clients to date.

The Video Link Suite consists of four rooms which are based towards the back of the Saint 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.

Thank you for treating me with care, understanding and respect. A wonderful service at a 'weird' time.

Clinical Effectiveness

Incident Management

Main highlights

- Merger of UHSM and CMFT- formation of new Governance structures
- Reduction in high level harm sustained
- Focus on sepsis across Obstetrics and Gynaecology resulting in improvements in management
- Good incident reporting culture
- Sustained improvement in VTE management
- Good compliance in Obstetrics and Gynaecology with SSCL (surgical safety checklist) audit
- Decrease in falls
- Continued good staff engagement with Governance using the quality bus; themed weeks and ACE days to share lessons learned.

There is an excellent reporting culture in Saint Marys Hospital and though the incident numbers are high, overall harm remains low in comparison.

There have also been 80 excellence reports with positive feedback to all these staff to support their revalidation and appraisal

General themes

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

Incident type	Number of incidents
Treatment/Clinical care*	1503
Communication/documentation	837
Access/admission/transfer/discharge	573
Infrastructure/staffing	331
Medication errors	307

*this includes all incidents flagged as maternity/neonatal care

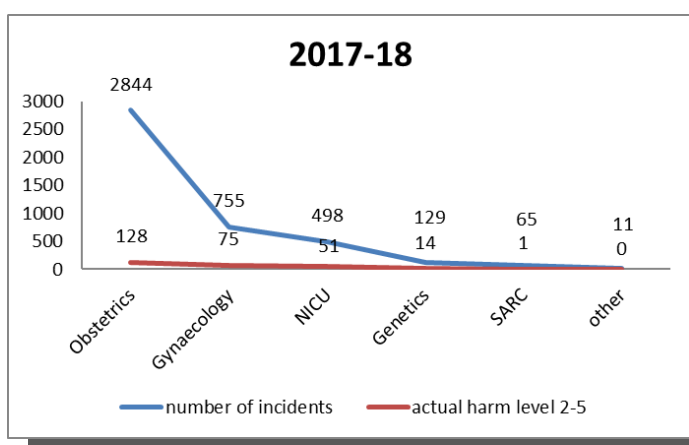
Key themes

- **Wrong Blood in tube** – This accounts for 34% of all incidents reported in 2017/18. Work has been undertaken across all divisions (on both the Oxford Road site and the Wythenshawe site) focusing on positive patient identification.
- **Gynaecology- patient lost to follow up** – There have been 5 incidents relating to follow up of which one resulted in high level harm. There is a recurrent theme around these incidents as some have also been reported at lower levels. Investigations have been

Risk Management

(Oxford Road Campus only - Incident system merged on the 1st April 2018)

From April 1st 2017 to 31st March 2018 there have been 4302 incidents. This is slightly less than the previous year.



undertaken, risk assessments have been completed and plans put into place to mitigate risks.

- **Information Governance** - 12% of the incidents have been related to Information Governance. Breaches in confidentiality, primarily through letters going to incorrect addresses has remained a challenge. There has been a review of systems and processes to ensure these are robust.

Serious incident investigation

Saint Mary's have undertaken 64 high level investigations during the reporting period. This is a decrease of 22% from the investigations undertaken in 2016/17.

Within the Division of Obstetrics, there were 27 investigations undertaken, only 10 of these have been related to direct clinical care of women and babies (excludes WBIT's; information Governance and diverts) and of these 4 resulted in harm. This demonstrates ongoing significant improvement in the quality of care provided.

There have been 5 incidents resulting in high level harm. 4 of these were in Obstetrics, 1 in Gynaecology. These were all investigated thoroughly and shared with the families involved. The low number of incidents with high level harm demonstrates that our teams continue to deliver a high quality of care for women which has not been compromised by the increasing demand capacity related issues.

Risks

- **Maternity Unit staffing and capacity**

This has been the key risk for several years, given the year on year increase in the number of women booking at Saint Marys Hospital. In 2017/18, there has been a further uplift in midwifery staffing establishment and recruitment days have been undertaken to recruit midwives. These have been very successful. There has also been recruitment into consultant posts. Though the risk has reduced since 2016/17 the risk has remained on the Group Risk Register until audits were undertaken demonstrating improvement and a reduction in the overall risk.

- **Relocation of services from Salford CCG**

A new location has been identified to provide the antenatal care previously provided at Salford Royal Foundation Trust by Saint Mary's Hospital. Some specialist services have been relocated to the Oxford Road site and a work programme is underway to continue to provide services in the city of Salford.

- **Patient referral and follow up in Gynaecology**

There have been some delays in Referral to Treatment times which have resulted in clinical incidents and non-compliance with the 18 week target. There are plans in place to address this throughout 2018/19.

Infection Control

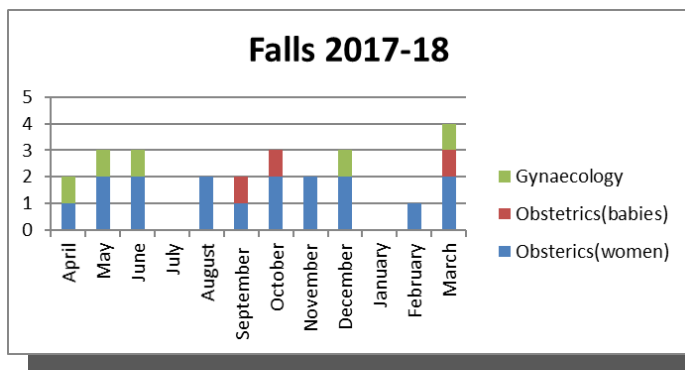
There have been no cases of MRSA bacteraemia or Clostridium difficult in 2017/18.

There has been an outbreak of VRE on NICU. 22 babies were screened positive during the outbreak. There was full multidisciplinary engagement and an action plan implemented which resulted in no new cases after February 2018.

Harm Free Care

Falls

There were 25 falls in total. This is a decrease from the 2016/17 when there were 36. All falls have resulted in minimal or no harm. The audit of baby falls data from 2016/17 has led to some local changes to rounding and admission documentation which has led to this year's decrease.



VTE

Excellent management of VTE has been sustained since the improvement plans introduced in Gynaecology during 2015/16; as a result there have been no avoidable incidents in 2017/18 in Gynaecology. There was one incident in Obstetrics which was avoidable for which actions are in place which focus on the tools used to record risks across the Division and communication.

Pressure ulcers

The prevalence over the year is low and the majority are low level (grade 1 or 2). All of these are reviewed and discussed at the Saint Marys Infection Control and Harm free care meeting. The majority are within NICU where the challenge of preventing pressure ulcers in neonates with very little skin integrity is difficult and the usual methods of pressure relief versus minimal handling have to be taken into consideration. The MFT tissue viability team have continued to provide support to the nursing team.





Quality

Complaints

The number of complaints has decreased over the year against a background of steadily increasing in-patient and out-patient activity.

Directorate	2015/16	2016/17	2017/18
Obstetrics	88	69	56
Gynaecology	37	59	57
Dept of Reproductive Medicine	30	14	14
Genomic Medicine	8	6	2
NICU	2	5	3
SARC	1	0	1
Totals	166	153	133

In addition, Saint Mary's Hospital has received a further 377 PALs enquiries, with the majority being raised in Gynaecology (59.4% of which 35.7% relate to out-patients/appointment cancellations). Obstetrics had 27.6% of the enquiries raised.

Poor communication is the overriding theme across all Divisions.

Performance relating to complaint resolution has proved challenging due to a number of issues such as:

- Delays resulting from misplaced notes;
- High Level Incidents (which require a separate investigation procedure to run concurrently with the complaint investigation);
- Multiple site/agency involvement;
- Multiple steps in the quality assurance process;
- The availability of individuals for meetings, etc.

The NHS gets a lot of criticism and it's under a lot of strain at the moment due to our so called "Government" but the care I received was outstanding and that was down to the skill, kindness and dedication of the staff.

Compliments

The division has received 50 formal compliments within the year. Staff and teams named in the compliments have received a third party validation certificate to support their professional revalidation and appraisal submissions.

Patient Choices

The division received 44 postings. 60% of the patient choices received contained positive feedback.

For the Young parents specialist Midwife

Just want to thank you both for all you have done for me throughout my pregnancy. You both really are amazing midwives and I'm sure you'll both continue to make other lives as happy as you have made mine. Dealing with pregnant women isn't easy and it takes a lot of understanding and commitment which you have definitely shown me throughout my 9 months. I probably won't get to see you both now until after I have given birth to my Son, consultant booked me in to be induced on Wednesday 8th at 6pm. So I won't get to see you both beforehand. Thank you! I really do appreciate it all!

Excellence Reports

This is a mechanism by which staff can nominate a colleague or team to be recognised for notable work that goes beyond what is expected of them. This year 63 reports were received.

Staff Engagement

The Royal College of Midwives (RCM) Caring for you Campaign focuses on staff health, safety and wellbeing issues, namely:

- Stress in the workplace.

Staff Engagement

- Undermining and bullying behaviours.
- Working extra hours and longer shifts.
- Insufficient breaks and unpaid overtime.

The health and wellbeing action plan drawn up by SMH MCS included:

- A consultation with staff about shift patterns.
- Introduction of a more formal management of breaks.
- Ongoing recruitment of staff.
- Increased Staff Engagement.
- Reintroduction of the Trust's Values and Behaviours framework.

Engagement sessions have been held with the student midwives, the administration and clerical staff, and maternity assistants. New forums have also recently been established for the ward managers and the matrons.

Annual Open Day: This year we invited our newly qualified midwives to meet and greet prospective student midwives and this proved to be a very positive way of providing real face to face feedback of what it is like to be a newly qualified midwife in such a large and busy regional maternity unit. We took the opportunity to showcase the unit and the different teams demonstrated how they support one another and that the work experience voiced by the newly qualified midwives was a true reflection following joining the Trust and how valued the preceptorship and educational support had been. #proudtocare

Nursing and Midwifery Conference: This year's conference included 5 successful submissions from Saint Mary's Hospital and several joint presentations by staff:

- E Malone and L Stephens jointly presented 'Prioritising care for ladies following early pregnancy loss' and 'Improving care in pregnancies after stillbirth'.
- H Birds and TA Lowe jointly presented 'What matters to me? Staff and Patient

Engagement in Saint Mary's Hospital' and

- 'Expressing Journal - a quality improvement initiative to promote breastfeeding.'
- L Chan presented 'Improving the Discharge process in the Maternal Care pathway'.
- A Florence Nightingale Lamp tour was also organised to celebrate the formation of the new Hospital Trust.

Education and Development: In addition to the management of the annual mandatory clinical and corporate training programmes, specialist training requirements and preparation for appraisals (compliance >95%), two Maternity Assistant Study Days were hosted by Saint Mary's and RCM. The staff enjoyed two days of team building, awareness raising and engagement. Topics included the Role of the Maternity Assistant, Infant Feeding, Bereavement Care, What Matters to Me/Caring for You and the opportunities available for professional development through the RCM i-folio. The RCM Senior Education lead for Learners visited all wards, raising awareness of the educational support and training opportunities the RCM have for Midwives and Midwifery support staff.

Senior Leadership Development programme: Making Matrons Matter: 2 cohorts have been held to date and 6 matrons from Saint Mary's Hospital. have benefited from the programme and network/support. The 'Quality Bus' (a mobile teaching platform) was used to deliver a variety of clinical skills such as Obstetric Anal Sphincter Injury (OASI) training, cardiotocography (CTG), raising awareness of Sepsis identification etc.

Staff Health, safety and wellbeing survey action plan: The RCM caring for you campaign/RCN 'Healthy Workplace, Healthy You' campaign linked with Pulse Check and Staff survey results to re-draft the Divisional Health, Safety and wellbeing action plan.

Mental Health Toolkit roll out continued and included the introduction of 'Buddy Boxes' across all areas to help staff 'de-stress'.

What Matters to Me

At every opportunity we ask our patients, visitors, family and friends “What matters to you about...” a wide range of issues. Over 1800 pieces of data have been obtained this year.

- ◆ **Patient Experience Week:** The Patient Engagement team followed up National Experience of Care week with CMFT Patient Experience Week.
- ◆ The theme of the WMTM patient engagement in May was Equality, Diversity and Inclusion - the importance of the midwife and the nurse's role. The Gynaecology Out-patient Department excelled and obtained 230 feedback forms; Ward 66 and Reproductive Medicine asked Equality, Diversity and Inclusion focused questions and received 26

forms back, all with positive statements.

- ◆ **What Matters To You Day** (6th June 2017): Wards and departments asked patients and visitors ‘What matters to you today?’. Staff were asked whether they were happy with how we communicate between teams and each other, whether they felt the care being provided is safe, whether they were happy with how incidents are managed and if they have what they need to do their job well. A stand in the atrium had a bare tree on it and was covered with the resultant speech bubbles (like leaves).

We received lots of valuable feedback:

What mattered was the support of the staff and making me feel comfortable when coming to appointments.

To be treated with respect, to have your dignity maintained at all times. To be listened to. To have your individual needs met at all times. All staff here have been most helpful, friendly and approachable, efficient and caring at all times.



What Matters to Me

...better preparation and communication before induction of my wife so me, the dad, doesn't book paternity leave too early. Came in for Induction Friday, having baby on Tuesday means lost 4 days paternity in induction.

To be able to see a woman and her family throughout pregnancy. Continuity of care is so important.

- ◆ **What Matters To Me week** (one year on). MFT wanted to mark the week with sharing all the good practice that has taken place over the year across the Trust and it provided us with an opportunity to share the message with our Wythenshawe colleagues.
- ◆ WMTM has been introduced into a wide variety of documentation across the Obstetric patient journey and used as a question in all patient satisfaction surveys.
- ◆ **Cancer Engagement Listening Event.** There were three such events held this year and whilst the numbers of attendees was small, there was high quality engagement, with patients and their partners providing insightful and honest feedback. (Macmillan nurses and our medical team are fantastic!)
- ◆ Maternity wards introduced a **NICU natter coffee morning** 3 times a week to engage with parents who may be feeling isolated and need a listening ear and opportunity to talk.

- ◆ **Patient Safety Week:** Kitchen table/trolley dash underpinned with the WMTM about patient safety question: Fetal monitoring and WBIT's focused on in Obstetrics.
- ◆ Gynaecology and infection control did some focused work on the **use of PPE** (personal protective equipment). Maternity and Neonates together undertook a focus week on the **DASH (dry, assess, skin to skin and hat) campaign** to reduce the number of unnecessary admissions to NICU.
- ◆ **Patient satisfaction surveys** were undertaken within the Rainbow Clinic, Pessary Clinic (SMH and Trafford), Triage, Homebirths and Delivery Unit.
- ◆ NICU Bereavement Team organised the second **Sibling Memorial Day** and the Midwifery team led the Baby Loss Awareness week with the Gynaecology Specialist Nurse for Early Pregnancy loss.
- ◆ NICU supported **World Prematurity Day:** Families were asked 'what matters to you about the here and now'. £1200 was raised through donations and a raffle.

That all staff are kind and respectful to our patients and to each other', efficient and caring at all times.

I've just had my second baby at Saint Mary's and I cannot fault the staff and the service I received. I chose to go back to Saint Mary's - even though it isn't our nearest maternity hospital - because I felt really happy with our experience the first time.

I have been here for 3 days. I was admitted into Ward 62 2 years ago. This time I have experienced good changes in the ward. Staff are quite helpful, nice and polite. Housekeeping department is very clean and hygienic. Food - meal is much better than before. Really pleased to see the changes. It was not bad before but it is really good now. Thank you.

Listening and responding to the needs of our stakeholders is extremely important to us.

Here are some examples of how we listened and responded this year:

- As a result of feedback from patients, a new standard operating procedure was introduced to facilitate smooth and timely transfer of women from the induction of labour bay to the delivery unit. Two co-ordinators now oversee the delivery unit, providing support and education to all staff and communication between all members of the multi-disciplinary team.
- Following increased feedback from women wanting care on the delivery unit outside of

From when I was first admitted for my pre-op, and all the way through to when I left Saint Mary's after my abdominal hysterectomy, I felt at ease and relaxed - thanks to everyone who I came into contact with at every stage of my procedure. I was explained what was happening at each stage, and I was given the opportunity to ask questions. This helped me to feel safe and confident in the knowledge that I was in capable hands.



the guideline, we have increased our equipment and knowledge on the use of telemetry. We have completed the work needed on our birthing pool room and undertaken training sessions with staff to re-familiarise staff when caring for patients in the birthing pool.

- A woman wanted to have a tailored plan and bring in a formula powdered milk, this is outside of policy for 'preparation of sterilising milk feeds' so we have now devised a new plan that has been put in place to support the family's request.
- The MCGM receptionist provides a quiet area/private waiting room for patients with individual needs, for example patients with autism waiting for their appointment, patients undergoing chemotherapy (who are immune suppressed) and breastfeeding mothers.

The waiting time matters a lot to me as almost always I have to wait well over an hour to be seen by the Consultant. It would be good to be able to park closer to the hospital.

Staff Survey Results

The 2017 NHS Staff Survey results were released in March 2018 and we were delighted to achieve an overall engagement score for Saint Mary's on the Oxford Road Campus of 3.86, based on a scale of 1-5 (poorly engaged to highly engaged).

This is a small variation from the 2016 census score of 3.90 and remains above the Trust-wide score and the threshold for the top performing 20% of acute Trusts nationally.

During 2017/8 our quarterly pulse checks have returned consistently high engagement scores. The Saint Mary's staff survey key findings results demonstrated scores 'better than the National 2017 average for combined acute and community Trusts' and/or 'better than the CMFT Trust' in 25 of the 32 key findings.

Key areas of achievement included increases in scores across a range of indicators relating to the reporting of incidents indicating that staff understand how to raise concerns and feel confident that their concerns will be acted upon.

We still have areas to improve upon and our focus for 2018/9 will be:

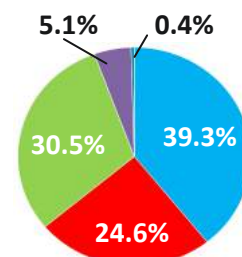
- To maintain the Engagement Score across Saint Mary's Managed Clinical Service above the Trust wide average and in the threshold of top 20% of acute Trusts.
- Deliver against an updated Health, Wellbeing and Engagement Action Plan and demonstrate to all our staff that their health and wellbeing is important to us.
- Further develop staff engagement initiatives to focus on key areas of improvement identified via the 'What Matters to Me' and 'Caring for You' campaigns and via the staff survey and quarterly pulse checks.
- Adopt the Affina Team Coaching model across the Managed Clinical Service - developing a network of team coaches to support the development of high performing teams.
- Continue to ensure all staff across the Managed Clinical Service have a regular, high quality appraisal.
- Ensure all staff continue to be able to actively contribute to service improvements and work to their full potential.
- Work in Partnership with the ED&I team to identify further actions to ensure our workforce reflects the communities we serve.



Activity - Oxford Road Campus

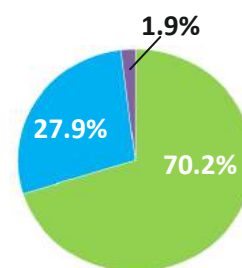
Referrals - The number of patients referred into the service for treatment

Total	50,558
Gynaecology	19,852
Clinical Genetics	12,456
Obstetrics	15,423
Gynaecological Oncology	2,602
Paediatric Metabolic Disease	225



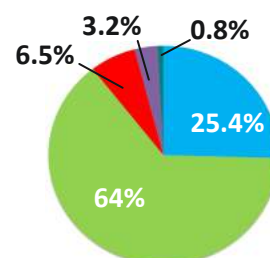
In-patient admissions - The number of patients admitted to a ward

	Elective	Day Case	Non-Elective
Total	1,555	4,968	21,237
Obstetrics		1	19,479
Gynaecology	1,151	4,847	1,748
Gynaecological Oncology	404	120	10



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

	First Attendances	Review Attendances	Total
Grand Total	46,797	144,183	190,980
Gynaecology	19,470	29,098	48,568
Obstetrics	15,734	106,524	122,258
Clinical Genetics	8,582	3,861	12,443
Gynaecological Oncology	2,815	3,367	6,182
Paediatric Metabolic Disease	196	1,333	1,529



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

	First Appointments	Review Appointments	Total
Total Appointments	46,797	144,183	190,980
Obstetrics	3.7%	18.4%	6.5%
Gynaecology	1.7%	2.4%	2.4%
Clinical Genetics	8.9%	2.1%	0.7%
Gynaecological Oncology	7.4%	7.0%	0.5%
Paediatric Metabolic Disease	1.5%	9.4%	0.1%

Activity - Oxford Road Campus

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%

Closed Pathways

Breaches	Non - Breaches	Total	%
2,932	22,260	25,192	88.4%

Cancer Figures

Measure	Performance
Cancer two week wait target of 93%	81.7%
31 day to first treatment target of 96%	95.7%
62 Day Referral to treatment target of 85%	80.6%
31 day to subsequent treatment target of 94%	90.4%

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).

Admitted	Completed	Breached	%
27,459	24,225	273	99.0%

Emergency Department Performance

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

Cases	% Non-Breach	% Breach
13,497	97.9%	2.1%

Neonatal Bed Day Capacity

	Cots	% Occupancy
Intensive Capacity	15	80.3%
High Dependency Capacity	18	95.0%
Special Care Capacity	23	75.5%

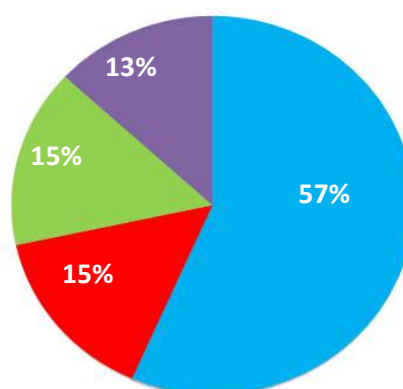
Antenatal Bookings

Total	9,788
Intermediate Pathway	4,979
Standard Pathway	3,646
Intensive Pathway	1,163

Deliveries

- The number of women who have given birth

Total	9,111
Spontaneous	5,153
Assisted Delivery	1,371
Elective C-Section	1,392
Non-Elective C-Section	1,195



Births

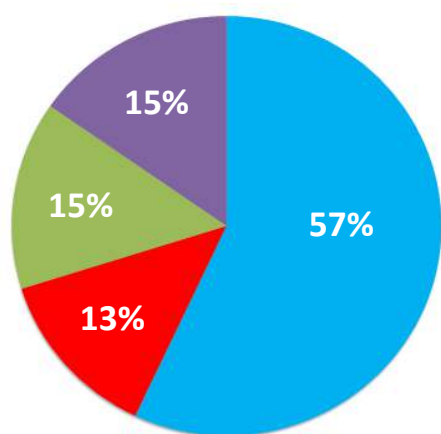
- The number of babies that have been born.

Total	9,278	
Singletons	8,931	
Twins	332	166 (Pairs)
Triplets	15	5 (Sets)

Activity - Wythenshawe

Neonatal Bed Day Capacity

	Cots	% Occupancy
Intensive Capacity	1	40.5%
High Dependency Capacity	3	126.8%
Special Care Capacity	11	75.7%



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 or birth (an obstetrician).

Total	4,702
Intermediate Pathway	517
Standard Pathway	1,364
Intensive Pathway	2,821

Deliveries

- The number of women who have given birth

Total	4,269
Spontaneous	2,433
Assisted Delivery	562
Elective C-Section	620
Non-Elective C-Section	654

Births

The number of babies that have been born.

Total	4,314
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Cancer Figures

Measure	Performance
Cancer two week wait target of 93%	95.89%
31 day to first treatment target of 96%	100%
62 Day Referral to treatment target of 85%	79.16%
31 day to subsequent treatment target of 94%	100%

Finance

Financial Summary

The Hospital ended the 2017/18 financial year with a reported deficit of £2.5m (2016/17: £1m deficit) which is 1.9% of its annual income turnover of £129.9m, as noted in the table opposite.

Although the Division did not achieve its break even target, the outturn deficit had a number of significant improvements and achievements.



Divisional Finance Director
David Kay



Divisional Accountant
Hollie Glazebrook

In-year performance

As with all NHS Trusts, the Hospital is required to achieve annual efficiencies and in 2017/18 it was allocated a savings gap target of £3.1m, which was 2.3% of total income; this was added to the unachieved target from 2016/17 of £3.5m. Overall the target of £6.6m was 5% of annual income.

The in year performance of the Hospital was strong and £4.2m of the savings target were delivered.

Income

Patient Related Income: Overall the patient related income target of £121m (2016/17 £109.2m) was underachieved by £3m (2016/17 £0.7m overachieved); this was driven by a combination of under-performance against plan: in the maternity pathway, income received following discharge from the Neonatal unit and out-patients relating to gynaecology and IVF.

Divisional Income: The Divisional income target of £8.9m (2016/17 £7m) was marginally underachieved by £98k (2016/17 overachieved by £2m).

Direct expenditure budgets

In 2017/18 the Division had direct budgets of £89.5m (2016/17 £83.5m) and had a year-end underspend of £0.7m (2016/17 £3.7m overspend) which included the unachieved trading gap of £2.3m (2016/17 £3.5m).

Pay: The Hospital's pay budget was £73.8m (2016/17 £69m) and represents 82.4% (2016/17 82.7%) of expenditure budgets. Overall pay was underspent by £3.1m (2016/17 £2.3m underspend). This is primarily due to the non-recurrent underspends relating to vacancies across the Division. Recruitment is proactively addressed throughout the Hospital and the vacancies largely relate to turnover of staff.

Non-pay: The non-pay budget of £18.6m (2016/17 £17.9m) underspent by £0.5m (2016/17 £2.5m overspend). The non-pay pressure from 2016/17 largely related to charges from other Trusts associated with the maternity pathway; this was proactively reviewed in 2017/18 resulting in a reduction in year costs and non-recurrent gain from prior year accrued costs.

	2017/18			2016/17
	Plan £'000	Actual £'000	Variance £'000	Variance £'000
Patient related income				
A&E	1,999	2,019	20	-31
IVF/IUI	5,216	4,795	-420	321
Elective	5,481	5,042	-439	1
Non Elective	29,843	29,422	-423	324
Out-patients	13,735	13,457	-278	280
Maternity	22,159	21,127	-1,032	-141
NICU	29,702	29,298	-403	-184
Genetics	8,976	8,924	-52	96
Other	3,896	3,900	4	0
Sub Total	121,007	117,984	-3,023	666
Divisional Income	8,882	8,784	-98	1,967
Total income	129,889	126,768	-3,121	2,633
Direct expenditure budgets				
Trading Gap	2,254	0	-2,254	-3,504
Pay Expenditure	-73,818	-70,720	3,098	2,292
Non Pay Expenditure	-18,646	-18,163	483	-2,470
Reserve	675	0	-675	
Sub Total	-89,535	-88,883	652	-3,682
TOTAL	40,354	37,885	-2,469	-1,049

Key challenges

The merger of CMFT with University Hospital of South Manchester Foundation Trust (UHSM) and the creation of Saint Mary's Hospital as a Managed Clinical Service will present the Hospital with significant opportunity to enhance its provision of obstetrics, gynaecology and neonatology for patients in Manchester. The drive for efficient quality care across all of the Hospital's services will be a facilitator to bring the Hospital into recurrent balance over the medium term.



Research

2017-18 was another good year for Saint Mary's research with 4312 participants recruited across 136 studies. Each team exceeded their recruitment target. Data shows that the 70 day target has been maintained, aided by monthly performance management meetings.

The number of publications authored by Saint Mary's staff during 2017-18 was 342, with 55% of those within top quartile rated

journals. This includes an MFT clinical evaluation of new diagnostic markers for pre-eclampsia.

Grant income has increased from £428,385 in 2016-17 to £770,242 for 2017-18. £204,678 of this is NIHR income. Commercial research income fell short of the target for the second consecutive year, receiving £962,995 in total. This is almost 18% below the target of £1,173,412.

Study Successes and Media Coverage

We have been working with the R&I Communications Team to promote research

successes in Saint Mary's Hospital. Work streams include improving our presence on the external website, the intranet and Twitter.

Genomic Medicine

- **XIRIUS** study – Manchester Centre for Genomic Medicine (MCGM) and Manchester Royal Eye Hospital (MREH) have collaborated to deliver the first ocular gene therapy trial within the Trust, recruiting and treating the third patient ever worldwide to have this pioneering treatment developed by Nightstar Therapeutics. To date 12 patients diagnosed with X-linked Retinitis Pigmentosa have been treated in the UK, with six receiving gene therapy in Manchester. Patients are being followed in clinic for 24 months post operatively in order to assess safety and tolerability. Professor Stanga of MREH is Chief Investigator and performs surgery, with Professor Graeme Black of MCGM as Co-Investigator.

<https://research.cmft.nhs.uk/news-events/manchester-royal-eye-hospital-delivers-first-gene-therapy>

- Ultragenyx has won FDA approval for the first treatment of an ultra-rare inherited

condition, MPS VII, following a phase I/II clinical trial where SMH were the only recruiting EU site.

- A Genetic test could give women a more accurate breast cancer risk when combined with standard screening.

<https://research.cmft.nhs.uk/news-events/genetic-test-could-give-women-a-more-accurate-breast-cancer-risk-when-combined-with-standard-screening>

- The first drug targeting the cause of Huntington's disease was safe and well-tolerated in its first human trial led by UCL scientists. IONIS-HTTRx successfully lowered the level of the harmful huntingtin protein in the nervous system. Dr David Craufurd is the local lead for that trial and also for the open-label extension study which has recently commenced recruitment.

Newborn Intensive Care Unit

- We have interviewed a parent who was involved in a number of our studies about her experience of being involved in research on the NICU. Her patient story has been used on the internet and in a poster for use on the NICU and wider within CMFT.
- The NICU research team have recruited the first six UK patients to the multi-centre **Neo-Vanc** study.

<https://research.cmft.nhs.uk/case-studies/elis-story>

<https://research.cmft.nhs.uk/news-events/newborn-intensive-care-unit-has-recruited-the-first-two-uk-patients-to-multi-centre-european-vancomycin-study>



The research team / PI's have set up a team WhatsApp group and regularly communicate both in and outside normal working hours to let other members of the team know about potential recruits. Recently we recruited our first commercial **Curoneb** study baby. Several members of the research team (below) came into work late evening and stayed until 2.00 am to facilitate the randomisation and nebulisation of the study drug.

Gynaecology

- The MFT sponsored multi-centre study **Latitude** has opened across another 16 UK sites. The study, led by Dr Fiona Reid, will assess how effective Bulkamid® is as a first line treatment for stress urinary incontinence. This will be assessed by following the symptoms of a group of women who choose to have Bulkamid® as their primary treatment.
- The NIHR HTA funded **TOPSY** trial – Treatment Of Prolapse with Self-care pessary – will soon open for SMH participants. Dr Rohna Kearney is a co-applicant on the grant and is PI for the MFT team.
- Also within the Uro-gynae team, Dr Karen Ward is co-applicant and MFT PI on the NIHR HTA funded **FUTURE** trial. The aim is to evaluate whether routine Urodynamics investigation and comprehensive clinical assessment significantly improves patient-reported success rates following treatment, compared to comprehensive clinical assessment only.

Obstetrics

- First UK patient on **HOLDS** study: Saint Mary's research team go over and above to recruit first UK patient to delayed labour study.

<https://research.cmft.nhs.uk/news-events/saint-marys-research-team-go-over-and-above-to-recruit-first-uk-patient-to-delayed-labour-study>

- **MAViS** clinic celebrates five years of specialist care for women with chronic and pregnancy-related hypertensive disease.

<https://research.cmft.nhs.uk/news-events/mavis-clinic-celebrates-five-years-of-specialist-care-for->

Below: The MAViS team celebrate.



- SMH have been the highest recruiting sites for **PARROT** and **PHOENIX**.
- **MiNESS** led to the development of the #sleeponside campaign which had an enormous reach (>2.6M views of webpage – see attached): *New research confirms that the risk of stillbirth is doubled if women go to sleep on their backs in the third trimester.*

<https://research.cmft.nhs.uk/news-events/new-research-confirms-that-the-risk-of-stillbirth-is-doubled-if-women-go-to-sleep-on-their-backs-in-the-third-trimester>

- The World Health Organization (WHO) is recommending early use of tranexamic acid to treat bleeding post childbirth after fresh analysis of the **WOMAN** trial was published in The Lancet. Results from the WOMAN trial, led locally by Dr Clare Tower, Consultant in Obstetrics and Maternal and Fetal Medicine, were published earlier this year in The Lancet. Findings from the trial showed that women who receive tranexamic acid (TXA) for post-partum haemorrhaging (PPH) within the first couple of hours of bleeding have a significantly better survival rate.

Grants Awarded

- The NIHR i4i Product Development Awards Panel have recommended Professor Bill Newman's application for funding. Bill is currently responding to due diligence requests, but the start date is expected to be May 2018. The **PALOH** project will develop and implement a point-of-care pharmacogenetics test to avoid antibiotic related hearing loss in neonates.
- Dr Emma Crosbie has been awarded funding from the Moulton Foundation to expand **DETECT** - DEveloping Tests for Endometrial Cancer deTection.
- FDNA have awarded funding to Professor Jill Clayton-Smith for the Face2Gene study:

<https://research.cmft.nhs.uk/news-events/international-research-grant-awarded-to-manchester-centre-for-genomic-medicine>

- Professor Tina Lavender has recently been selected for the five year NIHR Senior Investigator position. These awards are presented to outstanding leaders of patient and people-based research within the NIHR faculty. NIHR Senior Investigators provide visible leadership within the NIHR. Members also act as a key source of advice to the Department of Health's Chief Scientific Adviser.
- Dr Fiona Reid is a collaborator on the NIHR HTA funded **FGM Sister Study**.
- Laura Ormesher MRC Clinical Research Training fellowship for **PICK-UP**: A foundation study of the effects of postnatal enalapril on maternal cardiac function following early-onset pre-eclampsia.

<https://research.cmft.nhs.uk/news-events/lung-and-pregnancy-research-receives-boost-as-two->

Awards & Achievements

- Professor Graeme Black, Honorary Consultant at MFT and Professor in Genetics and Ophthalmology at The University of Manchester has been awarded the Order of the British Empire (OBE).
- Professor Alex Heazell has been awarded a Distinguished Achievement Medal for being the University of Manchester Researcher of the Year, July 2017.
- Alex also won Tommy's Star Researcher Award, March 2018:
- The Maternal & Fetal Health Research Centre (MFHRC) has secured an increase in Tommy's funding to £460k for 2018-19.
- Professor Colin Sibley has been awarded the IFPA Senior prize, which recognises career-long contributions to the placental research community.
- Dr Ed Johnstone was shortlisted for the Greater Manchester Clinical Research Network Investigator of the Year award.
- The midwifery research team were also shortlisted for the GM CRN awards for Team of the year.
- Louise Stephens, Heather Glossop, Suzanne Thomas & Catherine Chmiel all presented posters at the NMAHP research conference in May 2017
- The MFHRC hosted the **Before You Were Born** event engaging families in pregnancy & childbirth research as part of PPE September 2017. This unique public event explored placental research through interactive games, poetry and playdough!
- <https://research.cmft.nhs.uk/news-events/beforeyouwereborn>
- Heather Glossop, Research Midwife, won the Compassion award for Going the Extra Mile (GEM Awards 2017)

<https://research.cmft.nhs.uk/news-events/nurses-and-midwives-achievements-recognised-for-going-the-extra-mile-gem-awards-2017>

Research Staff Update

- Developing research capacity and capability in the nursing team and for facilitating the development of nurse research ideas and education continues to be a priority. Nicola Booth was involved in the organisation of the first Nursing, Midwifery and Allied Health Care Professional Research Conference at CMFT in May 2017 and the interest and attendance at the conference from NICU nurse delegates was excellent. Following the success of two internship programmes we have been successful in supporting a Band 6 neonatal nurse in undertaking a fully funded, part time MSc programme.
- The M&FHRC team have established a joint midwifery post with Wythenshawe to enable research collaborations and increase activity across the MFT sites.
- Charlotte Bryant has been selected for a secondment to the Research Design Service as an Engagement Officer.
- The midwifery research team led on the Equality & Diversity annual event for R&I, focusing on the Inclusion & Exclusion of pregnancy in research.
- Sue Thornber and Sarah Lee both presented their Masters at the MMB conference in Bristol April 2017 and then at the RCM conference in October 2017.
- Catherine Chmiel, Research Midwife Co-ordinator and Safeguarding lead for the R&I division, has written a blog: *The importance of safeguarding NHS patients*.

<https://research.cmft.nhs.uk/news-events/importance-safeguarding-nhs-patients>

- Louise Stephens has also written a blog: *A midwife's experience of improvement science by Louise Stephens, SGA Specialist Midwife*.

New appointments

- Meg Hyslop – Research Midwife.
- Kym Farrant – Research Midwife – has also recently completed a Masters in Clinical research.
- Lisa Cornwall – Research Nurse for Gynaecology.
- Rhiannon Hughes – Research Practitioner for Gynaecology.
- Olga Colaco will soon join the Gynaecology team as Senior Research Nurse.
- Rebekah Brown – Research Practitioner for Genomic Medicine.
- Rachel Mahood – BRC Research Practitioner for Genomic Medicine.

Focus for 2018-19

Work next year will focus on increasing commercial income and working with small and medium-sized enterprises (SMEs), building on current collaborations and looking for opportunities to bring new technologies and therapies into the hospital. All of the research teams in Saint Mary's Hospital will be aiming to continue their successful record of meeting LCRN portfolio recruitment targets. The recent increase in grant-funded studies in each area will contribute to this.



Charity

Over the past 12 months we have 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 **£485,468** during 2017/2018.

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:

For the third year running, Charity Boxing Nights kindly supported our Newborn Intensive Care Unit (NICU) with their glamorous event at the Hilton in Manchester. Following weeks of intensive training with event organiser Ric Moylan, 14 contestants stepped into the ring and were cheered on by guests including boxing legend Frank Bruno and Coronation Street star Catherine Tyldesley.

Fundraising on the night included a raffle, auction and a 'Punch & Guard' game, which along with sponsorship raised by the contestants, brought the grand total to a truly wonderful **£49,475**



To celebrate the safe arrival of her baby brother at Saint Mary's Hospital, Phoebe from Boothstown decided she wanted to help poorly babies in the hospital. Phoebe decided to sell slime, the latest playground craze, at her school, St Andrew's CE Primary.

Once Phoebe had perfected her recipe, she opened her order books offering a bespoke colour service. Proving extremely popular with Years 3

and 4 along with her own class in Year 6, Phoebe raised a wonderful £65!

Ingrid and Andy Platt-Chance decided to support NICU to say thank you for the care that was given to their son Freddie before he passed away at just 25 days old. Andy and Ingrid spent a year fundraising for specialist equipment on the unit, and to support the work of the NICU Bereavement Midwives. To mark Freddie's first birthday, they also donated a book and a teddy to each patient on NICU too. Following their year of charity events, they presented a cheque for an amazing



£25,544.05 to our NICU team. Well done and thank you to everyone involved in this fantastic feat of fundraising for Freddie's legacy!

Parents Xavier Just-Baringo and Elena Redondo-Castro celebrated their daughter Ingrid's second birthday at the Eighth Day café in Manchester by raising money for NICU. To say thank you for the care given to Ingrid after she was diagnosed with sepsis and bacterial meningitis just hours after she was born, the family asked for donations, rather



than birthday gifts, raising £133.45 for NICU. Thanks to charitable support we have been able to provide a 3D VPOD Distraction Unit for use in the child medical examination room at the Sexual Assault Referral Centre (SARC). Children who have suffered from sexual abuse undergoing forensic examination can be traumatised and very apprehensive about being examined. Providing a specialist distraction unit will enhance the client experience and help a traumatised and anxious child to focus on the interaction with the 3D equipment rather than on the medical examination and in turn help them tolerate the examination.

In March we were delighted to welcome parents and supporters to the official opening of the newly refurbished Newborn Intensive Care Unit reception and waiting areas. The make-over, which has made the reception a more welcoming space, was



made possible thanks to the generous donations of many supporters.

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 0161 276 4522, e-mail charity.office@mft.nhs.uk or visit www.mftcharity.org.uk



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On the internet:
www.mft.nhs.uk/saint-marys/

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