

Saint Mary's Hospital Managed Clinical Service Annual Report 2018-19



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Foreword

Welcome to the 9th Saint Mary's Hospital Annual Report

2018/19 was the first year of our new hospital Managed Clinical Service (MCS). This involved bringing together specialities being delivered over more than one site by more than one team into a single managed clinical service. As a result, the Hospital MCS had a new leadership team and new organisational structure of four Divisions and one Directorate. The report shares with you the new teams and what has been delivered in year one. The challenges have been many and varied with each Division and Directorate facing significant change. Gynaecology, Newborn Services and Obstetrics have become Managed Clinical Services looking to integrate teams and standards previously delivered by two separate Trusts. This involved working together to develop their vision, values and strategies for 2018/19 and beyond.

Genomic Medicine was successful in bidding to be one of the seven national Genomic Laboratory Hubs. This was true partnership working on a major scale across the North West to agree how the future of Genomic laboratories would work and importantly develop a workforce and structure that would be agile and efficient to develop new tests and consolidate a number of laboratories into one. 2018/19 saw the successful outcome of the bid translate into an implementation programme and the start of the longer journey of integration and development.

SARC services had previously undergone an integration following the agreement to manage services in Merseyside. 2018/19 has been the busiest year to date seeing an increase of 15% in counselling referrals alone. SARC has still been able to deliver a high profile conference and expanded their education offer.

There are many examples of 'showcase' services including high calibre research studies which show fantastic 'bench to bedside' developments and clinical improvements. These really demonstrate again the true partnership between the clinicians, academic institutions, commercial partners and

national bodies to enable real benefits for patients. Saint Mary's Hospital is really proud to be part of this work.

It would be remiss of me not to mention also that the annual report acknowledges the challenges faced by the Hospital MCS which we have not been able to resolve this year. We have too many patients waiting too long for their first treatment for example and our financial position is not sustainable. We are committed in 2019/20 to improving access for patients through transforming our services which in turn will deliver improved financial stability. We can only do through ongoing engagement with our staff, understanding What Matters To You and crucially what matters to our patients. We aim to learn from the best to implement best practice and recognise this is a new beginning to get it right first time. I hope you enjoy reading our many achievements in 2018/19 and that this continues to inspire you to continue to work together to make 2019/20 matter for everyone.

Thank you.



Karen Connolly
Chief Executive Officer

Saint Mary's Hospital Managed Clinical Service

Senior Leadership Team

Saint Mary's Hospital is a centre of excellence for the provision of healthcare for women, children and families. Our four Divisions and one Directorate offer integrated secondary and tertiary services with strong research and innovation programmes.

Components of the Managed Clinical Service

The Saint Mary's Hospital Managed Clinical Service is made up from:

The Genomics Division
The Gynaecology Division
The Newborn Services Division
The Obstetrics Division
The Sexual Assault Referral Centre

Saint Mary's Managed Clinical Service Purpose, Principles & \Commitments

Our Purpose

To deliver clinically excellent care to women, families and individuals across Manchester and beyond, by providing safe, innovative, evidence based and efficient services.

Our Underpinning Principles

- Develop Divisions \ Directorates and individual services with its purpose in mind.
- Actively engage patients to seek their views and have patient care at the centre of decision making.
- Aim to provide equitable access to services for the community it serves.
- Aim to provide a safe and rewarding environment for staff to work in.
- Aim to utilise NHS resources in the most effective way to deliver the most benefit to patients.
- Have a continued focus on research and innovation in order to improve patient care.

- Aim to become nationally and internationally recognised for clinical excellence.

Our Commitments

- Ensure every part of the managed clinical service remains focused on delivering its purpose.
- Make every member of staff across every site feel a valued part of the managed clinical service.
- Support Divisions \ Directorates in developing and delivering medium and long term service strategies.
- Strive to secure the resources required to deliver those strategies.
- Balance the priorities and needs of the Divisions \ Directorates within the managed clinical service alongside those of the wider MFT group and external partners and stakeholders.

Saint Mary's Managed Clinical Service Strategy

To be known as one of the leading NHS and internationally recognised large scale multisite provider of Genomic, Gynaecology, Newborn, Obstetric and SARC services. Having a highly skilled, highly motivated, multidisciplinary workforce, working in fit-for-purpose estates with facilities and technology that enables the delivery of safe and evidence-based models of care to the populations we serve.

To engage with regional, national and international stakeholders and to be a beacon hospital for specialist and tertiary services in our fields of expertise that attracts talented individuals from around the globe and is world renowned for its wide ranging, comprehensive, cutting edge research programmes supported by major research funding bodies.

To embed a culture of continuous education and workforce development throughout our divisions and directorates, facilitated by the development of wide ranging and productive partnerships with the universities and other education organisations across the region. To develop specialist courses where and when appropriate which will benefit our own staff and will attract outside delegates to raise the profile of Saint Mary's Hospital MCS.

Saint Mary's Hospital Managed Clinical Service

Senior Leadership Team



Karen Connolly
**Chief Executive
Officer**



Dian Donnai
**Strategic Clinical
Director**



David Kay
Director of Finance



Ian Daniels
**Director of Business
& Innovation**



Kathryn Murphy
**Director of Nursing &
Midwifery**



Victoria Hall
Director of HR & OD



Sarah Vause
Medical Director



Alison Haughton
**Director of
Operations**

Saint Mary's Hospital Managed Clinical Service

Service Structure

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



Clinical
Head of
Division

Divisional
Director

Head of
Nursing

**Bill
Newman**

**Stuart
Bayliss**

**Louise
Weaver-
Lowe**

Childhood metabolic paediatric disorders
Lysosomal Storage Disorders
General adult genetic clinics
General paediatric clinics
General cancer genetic clinics
Genetic counsellor clinics
Outreach clinics
Specialist clinics:
Adult endocrine
Heart conditions
Cleft lip and palate
Deafness
Genetic dermatology
Inherited neurological problems
Rare forms of inherited cancer (inc. NF1, NF2)
Rare childhood developmental disorders
Kidney
Eye conditions

Gynaecology



Clinical
Head of
Division

Divisional
Director

Head of
Nursing

**Sean
Burns**

**Keeley
Hegarty**

**Louise
Weaver-
Lowe**

Colposcopy
Emergency Gynaecology Unit (EGU)
Endometriosis
Gynaecological Oncology
Hysteroscopy
Menopause
Paediatric and Adolescent Gynaecology
Recurrent Miscarriage
Reproductive Medicine

Newborn Services



Clinical
Head of
Division

Divisional
Director

Head of
Nursing

**Ngozi Edi-
Osagie**

**Chris
Ashworth**

**Louise
Weaver-
Lowe**

Neonatal intensive care
High dependency and special care
Complex respiratory diseases
Complex renal conditions
Complex cardiac conditions
Complex neurological conditions
Babies that require surgical care
Complex genetic and metabolic disorders
Retinopathy of Prematurity (ROP) screening and treatment
Connect North West Neonatal transport

Provided via SMH at

Oxford Road Campus
Liverpool Women's Hospital
Outreach clinics across the North West

Provided via SMH at

Oxford Road Campus
Trafford General Hospital
Withington Community Hospital
Wythenshawe Hospital

Provided via SMH at

Oxford Road Campus
Wythenshawe Hospital

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)
Specialist midwifery service for asylum seekers and refugees
Obstetric ultrasound service
Young parents specialist clinic
Manchester placenta clinic
Obstetric anaesthetic clinic
Perinatal mental health clinic
Obstetric cardiac clinic
Renal hypertension antenatal clinic
Preterm labour clinic
Physiotherapy
Rainbow clinic
Raised BMI clinic

Provided via SMH at

Oxford Road Campus
Salford Royal Hospital
Trafford General Hospital
Withington Community Hospital
Wythenshawe Hospital

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

Provided via SMH at

Oxford Road Campus
SafePlace Merseyside

Innovation & Improvement Team



Ian Daniels
**Director of
Business &
Innovation**

Here to help you with 'iit'

2018-19 marked the launch of the Saint Mary's Innovation and Improvement Team. This team, which will be continuing the work of the former Saint Mary's Programme Management Office, is in place to promote the strong innovation and improvement culture we are creating across the Managed Clinical Service.

The purpose of the team is to support the Divisions and Directorates within Saint Mary's in delivering large structured programmes of change and improvement wherever they are needed, providing help in defining the benefits and also the work that needs to be done to deliver them. Once the programmes are up and running the team coordinate and keep track of all the key tasks that need to be completed and who is responsible for delivering them, reporting on the progress being made and ensuring the benefits are being realised.

In addition to this they provide advice, guidance, support and a lot of enthusiasm with regards to service improvement and innovation adoption across the MCS. They are also not afraid to roll their sleeves up and get involved in helping change happen, and are able to offer support and help with all programme and project management, including; process mapping, facilitating discussion, information gathering, finding best practice, problem solving and making recommendations for improvement.



Pamela Kilcoyne
Lead Nurse for
Gynaecology



Katherine Bradford
Innovation &
Improvement Manager



Kathryn Chamberlain
Innovation &
Improvement Manager



Edel Dobbin
Innovation &
Improvement Manager

During the year the team have supported:

- The Genomics Division in helping establish the North West Genomics Laboratory Hub.
- The Obstetrics Division in managing the process of relocating antenatal services in Salford to the Lance Burn Health Centre, and also the roll out of new software to the Triage and Antenatal Assessment Units on the Oxford Road Campus that allows them to electronically send information about a woman's attendance to their GP.
- The Gynaecology Division in establishing improvement programmes within Theatres and Reproductive Medicine.



NHS
North West
NHS Genomic Laboratory Hub



In addition to working within Saint Mary's Hospital, the team has also worked closely with other service improvement colleagues from the other Hospitals and Managed Clinical Services within the MFT group to share ideas and learning in order to ensure best practice approaches are widely shared.

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, leading 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.
3. Participating in clinical trials that are developing new therapies and improving the lives of patients seen in our service, for example the first successful major treatment trial for Huntington's Disease.



Divisional Director
Stuart Bayliss



Clinical Head of Division
Dr Bill Newman

2018-19 Key Achievements



Professor Graeme Black
Academic & Scientific Director



Dr Lorraine Gaunt
Scientific Operational Director

The service saw its highest ever number of patients in 2018/19. Clinics are managed from Saint Mary's Hospital, across the North West region, offering patients a choice of care close to their homes. These services include nationally commissioned clinics for patients with the complex conditions Neurofibromatosis types 1 and 2 and lysosomal storage disorders, which require the involvement of many expert health professionals.

Diagnostic laboratory services were boosted across the North West, as from October 2018, Saint Mary's Hospital Managed Clinical Service as part of Manchester University NHS Foundation Trust (MFT) were awarded a contract by NHS England to deliver genomic services across the whole of the North West as part of the new NHS National Genomic Medicine Network. A partnership of Trusts, led by MFT, has been established, including genetic services based at Liverpool Women's Hospital, The Christie and Liverpool Clinical Laboratories to mobilise the North West Genomic Laboratory Hub. Plans are well advanced to appoint key clinical and laboratory staff under the leadership of the Scientific and Academic Director, Professor Graeme Black and an initial investment has been made in new equipment to ensure smooth delivery of more testing for patients across the North West and beyond.

New senior appointments have been made within Genomic Medicine – Professor Bill Newman has been appointed to the post of Clinical Head of Division and Stuart Bayliss has been appointed to the post of Divisional Director.

Continuing Excellence

New clinics for patients with CHARGE syndrome, led by Dr Banka and Dr Douzgou were started earlier this year and welcomed by patients' families. This reflects a growth in expertise and knowledge of rare diseases within Genomic Medicine and we look forward to expanding such specialist services, helping patients and families in understanding their conditions and improving their quality of care. Professor Clayton Smith led ITHACA -the European Reference Network for Rare Congenital Malformations and Rare Intellectual Disability.

The metabolic genetic medicine team working with Professor Rob Wynn and Professor Brian Bigger in Manchester gave the first child in the world gene therapy for a rare condition called Sanfilippo syndrome. The treatment was developed in Manchester over the past 10 years and marks a great advance for this devastating condition. The service continued its international portfolio of engagement with teaching visits to Beijing over the year, accompanied by colleagues from the University of Manchester. Our teaching includes working with senior doctors and scientists, as Genomic Medicine is developed as a new service in China.

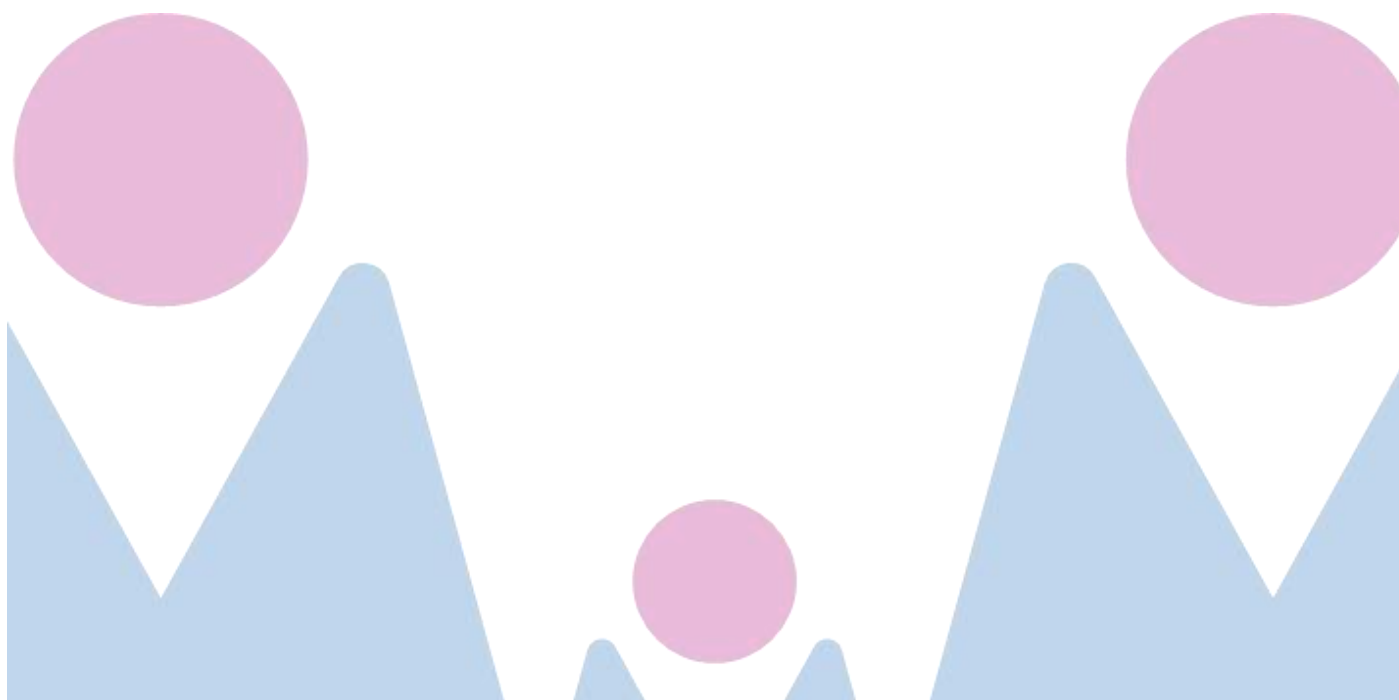
We have also extended our outreach activities to India where we are in the early stages of an exciting collaboration in the diagnosis and care of patients with rare diseases with colleagues at Kasturba Medical College. Professor Katta and colleagues are visiting Manchester in June 2019 with a reciprocal visit to India in December.

We have led European training programs on developmental, cardiac, ophthalmic and metabolic genetics and continue to lead the national training programs for genomic laboratory scientists, counsellors and bioinformaticians.

Strategic Developments

Over the winter and start of 2019, Genomic Medicine held a number of workshops with colleagues across MFT to develop our Clinical Service Strategy. We were grateful for attendance and engagement by colleagues from every area of the Trust and the enthusiasm for using genetic and genomic data in everyday clinical care. We are currently defining a multi-year action plan, involving a rare disease centre, increasing the speed at which we can deliver genetic tests for patients with cancer and ensuring the spread of genetics to all areas of medicine, which we will begin to roll out over 2019-20.

We said goodbye to a number of consultants and senior staff within the Genomic Medicine service over the past year, including Professor Bronwyn Kerr, Mrs Lynn Chantler, Dr Helen Kingston, Dr Liz Howard, Dr Catherine Breen and Dr Mick Henderson. We thank them for their remarkable service and contributions. We are delighted that we have been able to attract stellar replacements, who will continue the great foundations that have been established.



Gynaecology

2018/19 has been a busy and exciting year since the launch as a new Division delivering the largest Gynaecology specialist service for women in Manchester. We have welcomed new colleagues to our team at Oxford Road, Wythenshawe and North Manchester General, and introduced a new clinical and managerial leadership structure to take forward our vision for our secondary and specialist tertiary services.



Clinical Head of Division
Sean Burns



Divisional Director
Keeley Hegarty



Head of Nursing
Louise Weaver-Lowe

What's new/key achievements in 2018-19

This year the Division featured in the Group post-merger update celebrating some of our major achievements seen as part of the Single Hospital Service development. Gynaecology offered one of the first service improvements, improving access to emergency care by working as an MCS to increase choice and access, meaning women are now getting faster treatment for surgical management of miscarriage under the merger.

The Division now has a new governance structure in place led by Dr Cath Holland and the governance team with a programme of work to support the delivery of the quality and safety agenda.

Our specialist clinical teams have welcomed the new clinical leadership structure to take forward the harmonisation of services across the MCS while focusing on patient centered care in the advancement of sharing knowledge and skills across the MCS through joint clinics and MDTs.

Continuing excellence

Despite the major transformation, the teams have remained focused on maintaining our excellent standards of care and ensuring a good patient experience, as well as driving to improve operational performance across the managed clinical service.

This has been a strong year for developing plans to improve our waiting times for elective care with a 40% reduction in waiting times and focus on developing our cancer pathways for patients.

Theatres have developed a programme of work to look at how we schedule our patients through to surgery on the day to reduce cancellations. The outpatient team have been fantastic in responding to the demands of the service while we focus on seeing patients and the Emergency Gynaecology Unit and Administration teams have led on 'What Matters to Me' to ensure staff wellbeing and patient experience is at the heart of what we do.

Focus for 2019-20

Outpatient Services

In July 2019, the Division will launch an outpatients transformation programme which will be the first look at how we deliver outpatient services across the 4 hospital sites in the MCS. This provides an opportunity to review capacity and processes across all sites to identify areas of good practice and areas for integration to help us improve our waiting times for patients.

Inpatient Services

The team will continue to develop cross-site plans for delivering our surgical treatments for patients and this year we will have a focus on developing Team-Based listing, especially for day case surgery at our Trafford site and looking at how we can enhance our service by offering dedicated lists and day case beds to better support our women. To support our surgical care, we will be improving our point of care pregnancy testing facilities to ensure our women are not delayed for their surgery on the day and improve our capacity to treat more women this year.



Operational Excellence

Delivering on our operational excellence domains is key to ensuring we meet our quality standards and provide the best patient experience possible and improve patient outcomes. As part of our wider transformation programme, our 18/19 Q4 plans will be implemented this year and we will see further improvements on our referral to treatment time and our cancer standards.

Finance: The focus this year for finance will be ensuring we get our core business plans in place to meet our income and expenditure targets with a focus on improving the efficiency of our service.

Administration Services

The Division will welcome a new managerial structure that will offer the right level of support and expertise to deliver clinical services and service transformation.

The focus for this year will be enhancing our administration services to ensure we have the right model to meet our key operational and national targets and support our administration staff to continue their development.



Strategic Developments

Greater Manchester Single Oncology MDT: This is an exciting year ahead for Greater Manchester Gynaecology cancer services. Saint Mary's Hospital has been commissioned as lead provider to work with our key provider, The Christie NHS FT as the two centres of excellence for gynae-oncology surgery. The New Single MDT will launch in November 2019 and will provide women across GM greater access to surgery and improve clinical outcomes. Once the Single MDT is established by Q4, we will then look to expand on the project to develop plans for a single on call rota ready for 2020/ 21.

Awards and celebrations

The award for the Largest Amount Raised by a Group went to Saint Mary's Emergency Gynaecology Unit (EGU).

In May 2018 members of the EGU team ran the Manchester 10km/ Half Marathon and managed to fundraise £2348.25, which was the largest amount by a group in Manchester University NHS Foundation Trust.

From this money, EGU have created dignity packs including comfortable clothing for women ending up unexpectedly in hospital and have plans to transform the waiting room in 2019 with the remaining money.

We were really proud of two of our Colleagues in Gynaecology who received GEM awards this year. Kelly Hilton, Theatre Education Lead, received the GEM award for Employee Wellbeing for her support of the staff in Theatres.

Maxine Saravanamuttu CNS for Early Pregnancy Loss received the Saint Mary's GEM award for Professional Excellence for the fantastic improvements to patients' support post miscarriage.

In the Autumn of 2018/ 19, our benign gynaecology team received an award for collaboration as part of the MCS and their outstanding contribution to the improvements made to patient waiting times by working together as a team across Wythenshawe, Trafford and Oxford Road Campus. Our two clinical leads, Dr Ursula Winters and Dr Theo Manias along with our management colleagues, Megan Lyons and Sister Paddy Byrarapu, guided the team towards success.



Capital bids

The division has had huge success in securing capital money to replace many of our major pieces of equipment. Theatres and Outpatients have received investment to refurbish and replace all the procedure stack systems across sites and the Department of Reproductive Medicine was successful in replacing their cryogenic freezers and nitrogen storage tanks which will reduce the level of risks on our department risk register.



Research

Research remains a key area of focus with the Division. Our Urogynaecology clinical team are all involved in clinical research. We have a growing research program with multiple grants, including a multi centre NIHR portfolio study TOPSY where we are the highest recruiter out of 15 sites, an industry funded multi centre study Latitude, CRN studies VUE, Future and PROSPECT which resulted in publication in the Lancet in 2017. We have a consistent program of research fellows who have successfully completed higher degrees and received national awards for their research.

The IVF team under Professor Fitzgerald have led on the NEST study that sees a clinical evaluation of daily application of Nestorone® (NES) and Testosterone (T) Combination Gel for the first ever Male Contraception. Saint Mary's is the first site in the UK to recruit to the study.

Our early pregnancy services are leading on Alife 2, Low-molecular-weight heparin to increase the chance of live birth in women with recurrent miscarriage and inherited thrombophilia. Again, Saint Mary's is the highest screening site out of 30 sites across the UK for the Miscarriage study.

Benign services

In the summer of 2018, the Wythenshawe benign service supported the Oxford Road Campus with capacity to see 100 patients as part of the initiative to reduce the waiting times for patients waiting to be seen. During this period, Wythenshawe maintained a strong performance by consistently meeting the 2 week wait High Suspicion of Cancer standard and the waiting time for a first new benign appointment.

Continuing with the initiative, the benign team at Oxford Road provided additional and weekend clinics to see new patients and expedite plans to reduce the waiting times for treatment.

North Manchester General Hospital

This year has been all about building on new relationships, working with our NMGH colleagues to successfully appoint two consultant joint posts and our Warrell Unit team providing specialist urogynaecology clinics for the women of North Manchester.



Developments in the Department of Reproductive Medicine

The department of Reproductive Medicine continues to have success with its research portfolio and this year is no different with the department leading the way on male conception which will open up new options for both men and women in the management of conception.

Operationally, the team have seen some changes this year to the way we navigate our patients through their fertility and IVF pathway with support from the Innovation and Improvement Team. In collaboration with our Clinical Support Services colleagues, the department has seen the introduction of 1 stop fertility assessment clinics which will reduce the number of appointments and offer couples a quicker route to diagnosis and fertility treatment.

Strategically, the team have been working hard to visualise and develop plans for the future of our reproductive medicine and IVF services. Dr Raj Mather, Clinical Lead has been supporting local commissioners to develop their policy on access to services that will enable more men and women to get support for IVF.

This coming year, the team will be developing plans to offer sustainable IVF services.



Urogynaecology

The Urogynaecology team have been working to deliver their strategy for services across the MCS and now provide equity of pelvic floor medicine to all women in Manchester, from basic primary nurse led treatments through to complex supra-regional / national tertiary services such as the vesico-vaginal fistula service and management of complication of polypropylene mesh. Pelvic floor clinics are now provided across 4 hospitals in Manchester and is the largest mesh complication service in England.

This has been a challenging year for Urogynaecology nationally as the national review of the provision of mesh procedures and creation of specially accredited providers has led to a pause in the use of Mesh. Many surrounding hospitals are no longer able to offer continence surgery which has seen an increase in referrals to the Warrell Unit team at Saint Mary's. In response, the team are training other surgeons to provide non-mesh alternatives for continence surgery.



Emergency Gynaecology Unit

It was another successful year for the EGU course, designed to develop nurses with advanced skills in clinical assessment, diagnosis, and treatment of Emergency Gynaecology procedures and conditions. The 10 week Emergency Gynaecology course in 2018 had candidates from across Saint Mary's Hospital Managed Clinical Services, it has been one of the most ambitious yet, not least by promoting learning through user involvement, skills simulations and professional networking.

Huge thanks go to the many MDT members - Gynaecology & Obstetric Consultants, Specialist Nurses & Midwives, Ward/ Department Managers and other associated Healthcare Professionals who make it all happen with their enduring support and commitment to provide high quality learning experiences, which continue on well after the programme has completed.



Uganda visit

Once again, the Birth Aid team visited Virika Hospital to deliver specialist surgical care for the women of Uganda. The team carried out 40 surgeries over the course of 1 week. Saint Mary's Hospital is Twinned with Virika Hospital and has had a long standing collaborative relationship that has seen tremendous care and support over the years for the women on Uganda. For more information on Birth Aid visit:

www.birth-aid.org.uk/



Newborn Services

In October 2017, with the creation of Manchester University NHS Foundation Trust, the two neonatal services in the former CMFT and UHSM merged to form the Newborn Services Division, a single managed clinical service operating on two sites.

The Newborn Services Division forms part of the North West Neonatal Operational Delivery Network (NWNODN) and works in partnership with neonatal care providers across North West England to that ensure safe, appropriate and seamless care is provided as close to home as possible for any infant who requires it.



Clinical Head of Division
Dr Ngozi Edi-Osagie



Divisional Director
Chris Ashworth



Head of Nursing
Louise Weaver-Lowe

Surgery and specialist medicine

The Newborn Intensive Care Unit (NICU) at the Oxford Road Campus is unique in that co-location to both the Royal Manchester Children's Hospital (RMCH) and Saint Mary's tertiary obstetric service provides access to highly specialised clinical teams and facilities enabling the service to manage infants with very complex needs. The NICU is the only provider of neonatal surgery, cardiology, retinopathy of prematurity (RoP) treatment and specialist paediatric services in Greater Manchester and the only unit with a co-located neonatal surgical service in North West England. As a result, many babies requiring care of this nature are admitted from external units and in the 2018/19 year, of the 1200 babies admitted to NICU at the Oxford Road Campus, approximately 1000

(83%) were inborn and the remaining 200 were transferred in. Of these the significant majority were admitted requiring either surgical or specialist medical care (e.g. renal, neurology, endocrine, metabolic) from specialist paediatricians within RMCH.

The requirement for surgical provision of care has been steadily increasing over time such that in the 2018/19 year the level of surgical activity led to a requirement of approximately 22 cots for surgical care alone, which is approximately 31% of the total number of cots.

Research

The Research team is responsible for the safety and quality of research activity on NICU, as set out by the NHS Health Research Authority. Responsibilities include identifying potential studies, advising on protocol development, local set-up for new studies and the monitoring and reporting of studies in the NICU. With the smooth running of quality research essential, the team have been involved in supporting the RMCH Paediatric Intensive Care Unit (PICU) team in their first commercial CTIMP study.

- Successful National Institute for Health Research (NIHR) Invention for Innovation (i4i) grant application with Dr Mahaveer, Professor Bill Newman and Nicola Booth as co-applicants for the PALOH study: *Development and Implementation of a Point-of-Care Pharmacogenetic Test to Avoid Antibiotic Related Hearing Loss in Neonates*.
- Very successful year with publications and presentations; in total we generated 12 publications and posters. We had poster presentations at EAPS, National Neurology conference and BAPM, with publications in peer reviewed journals like ACTA Paediatrica and Archives of Diseases in Childhood.
- Over-recruitment (and recognised as one of the leading sites for recruitment to) the Baby-Oscar trial.
- Doubled our recruitment target of 15 for SPRING study.
- We were the only UK site to successfully recruit to the Neovanc trial.
- Nicola Booth has secured a position as a 70@70 NIHR Senior Nurse and Midwife Research Leader.
- Developing collaborative work with other specialities, and taking part in multi-specialty research like PALOH (Genetics) and Limbus (Paediatrics).
- Successfully competed to be selected as one of only three UK sites to participate in a multi-national, multi-centre, Phase 2 randomized controlled trial and went on to be one of only two sites to recruit to the first phase of this study, Curoneb.
- Current ongoing portfolio studies for this year are: Optiprem, Optisurf, Neovanc, Baby Oscar, SPRING and Planet-2 study. In all studies we have had 100% time-to-target recruitment and have recruited over and above the set target.

We have been shortlisted for the “**What Research Means to Me**” Event and awards.

Rukhsana Afzal has been awarded a 2019 Churchill Fellowship in partnership with the Burdett Trust for Nursing, for international travel with the aim of exploring best practice in neonatal organ donation.



Simulation

Our simulation and education teams are involved in setting up and facilitating the nationally recognised Resuscitation Council Newborn Life Support (NLS) and Advance Resuscitation of the Newborn (ARNI) courses. ARNI is a Resuscitation Council Course that was initially launched in 2014, designed for healthcare professionals involved in caring for newborn infants in a role more advanced than that of an initial responder. The course teaches a systematic approach to the rapid assessment and management of the newborn with worrying or life-threatening signs. It builds on the newborn life support (NLS) course, emphasising the importance of timely interventions, communication and human factors skills. This course has been undertaken by consultants, middle-grade doctors and senior nurses from Saint Mary's over the last few years, with a growing number then becoming ARNI instructors.

We have continued to run the NeoSim course three times a year, providing participants with an opportunity to explore human factors and team-working within neonatal resuscitation scenarios. NeoSim is aimed at ST2 and ST3 grade doctors (following their core tertiary neonatal post and prior to taking up a middle grade role) and for nurses with significant neonatal experience. This two-day course is primarily run by Dr Gottstein and Dr Ranganna, with the support of other faculty from



In-Line positioning demonstrating more effective and consistent approach to achieving target Positive Inspiratory Pressure.

around the North West, providing opportunities to experience a range of critical scenarios while enhancing technical and non-technical skills.

With simulation proving to be a well-established mode of learning within our NICU and beyond, we plan to continue to expand our programme of MDT simulations and enhance exposure to learning by developing on-line resources in the coming months.

FiCare (Family Integrated Care)

Home Nasogastric Tube Feeding

As part of FiCare, NICU are encouraging parents to get involved at an earlier stage with their babies if they require tube feeding. This is to facilitate earlier discharge for those patients who require nasogastric tube feeding and could be fed at home. To support this, there have been simulated educational sessions offered for parents, to be able to practice skills and gain confidence in enteral feeding administration and insertion of a nasogastric tube.

Bereavement service

In the last year, the team have continued to support 37 bereaved families both in the hospital and at home by telephone, email, text and home visiting. The care involves practical and emotional support, funeral planning and support with siblings and extended family. Parents are supported following the loss of a twin/triplet, returning to work, in the next pregnancy and with Coronial and Inquest issues.

Bereaved families from NICU were invited to attend events hosted by the team throughout the year including Saint Mary's Hospital Baby Memorial Service, Bereaved Sibling Afternoon and the Christmas Coffee event. These events offered the families the opportunity to remember their baby and spend time with other bereaved families.

The team continues to develop ways to help bereaved families create positive memories about their baby including photos/videos, family canvases and 'heart in the hand' products. These resources are purchased for families by the NICU Bereavement Fund, which is mainly supported by donations/fundraising.



Aching arms bears



Heart in the hand keyring

Celebrations

The CQC report gave NICU an Outstanding for Caring rating and a Good overall rating.

Newborn Services has celebrated staff on a number of occasions this year including National Administrators Day and National Nurses day when we took up the RCN theme of Nurses as superheroes.



The unit was also proud to be awarded Gold status for the fourth consecutive year in the Trust Ward Accreditation process.



NICU also received an award in recognition in providing outstanding placements for learners.

Retinopathy of Prematurity

Retinopathy of Prematurity (ROP) is a largely preventable cause of visual loss in premature infants born less than 32 weeks gestational age and/or birthweight of less than 1501grams. It is characterised by an abnormal development of the retinal vessels at the back of the eye. Screening and treatment for ROP must be done within a time critical window. If left untreated, severe ROP can cause retinal detachment resulting in irreversible blindness. It is responsible for 3% of childhood blindness in the UK.

Workforce planning pressures within the network have led to the unique development of a nurse led digital imaging screening service. Led by Julie

Flanagan, four nurses are now fully trained to undertake digital imaging, sending captured images to a grading ophthalmologist for remote assessment. This development is supported by a competency-based training programme and backed by audit data that has validated consistent diagnosis of ROP by an ophthalmologist from images taken by nurses. National Neonatal Audit Programme (NNAP) data shows NICU achieving 100% of ROP screening on time due to our consistent screening nurse presence on the unit and our ability to screen “on demand”.

From April 2017–March 2019

- **291 infants were screened for ROP.**
- **936 individual reviews were performed.**
- **35 bilateral diode laser treatments were undertaken.**
- **3 chemical treatments were undertaken for more severe forms of this eye disease.**



Julie Flanagan has expanded her own and the Trust's international portfolio through her role as nurse representative working alongside members of the International Agency for the Prevention of Blindness (IAPB) and Eye Samaritans International. These organisations seek to provide education and guidance to Eastern European countries, helping them to raise neonatal care practices and ultimately improve screening and treatment policies alongside ROP outcomes. This has led to recent visits to Russia, the Ukraine and Romania to present at international conferences

and to disseminate knowledge and experience. Reciprocal invites have led to International Observerships to the unit from Russian and Armenian neonatal teams in December 2017 and March 2019 respectively. Julie has also written for Community Eye Health in 2017. “Involving the Parents of Preterm Babies” describes how parents are important members of the ROP team and their involvement is crucial in ensuring optimal visual outcomes.

Charitable activity

Newborn Services have benefited from extremely generous individual and organisational charitable donations in the past year which have funded the following:



- Refurbishment of parents' bedrooms and sitting room.
- Upgrade of Ventilators
- Videolaryngoscope
- Patient Monitoring Equipment

Sibling storytime session

Siblings who are visiting the ORC campus are able to share in a Story time session once a month with our visiting play professional, Miriam. Comments from the children and families included ““can it be every week?” and “this is her favourite book”. The latest story time features SUPERTATO.



CQC inspection

During 2018, the Care Quality Commission (CQC) undertook a series of inspections throughout the Group and we were very proud to have been assessed as 'Outstanding' in the domain of 'Caring' and 'Good' overall. We were delighted to have been given the opportunity to demonstrate to the regulators the very high quality service we deliver to families on a daily basis.



During 2017/ 18 NHSE/I undertook a series of peer review visits to each neonatal service in the UK and we were very pleased to have many of our innovative services, including the Simulation Programme, the Education Quality bus, parent information leaflets and transitional care provision, highlighted as exemplars of good practice.



Obstetrics

The Obstetrics Division at Manchester University NHS Foundation Trust operates as a managed clinical service comprising of two maternity units which are located at Saint Mary's Oxford Road Campus and Wythenshawe Hospital, with antenatal services delivered from multiple locations across the catchment area including Trafford Hospital. The service provides care for women with primary, secondary and tertiary (specialist) obstetric care in Manchester, Trafford, Salford and within the North West. It is renowned both regionally and nationally for its clinical, research, fetal and maternal medicines expertise.

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 the Salford area which are now provided at Saint Mary's @ Lance Burn which opened at the end of April 2019.

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

Saint Mary's Hospital has always provided local services for women closer to home and the refurbishment of Lance Burn has been a collaborative project with Salford CCG to maintain this choice. In the new premises, there are antenatal and community midwifery services which include an antenatal assessment unit and an ultrasound scan service run by sonographers and midwives.

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

There are Fetal Medicine Units at the Oxford Road Campus and at Wythenshawe which provide 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 are approximately 1,000 staff working within the division. This upcoming year (2019/20) the Obstetric Division plans to book 15,279 women and enable 13,415 to give birth across both sites.

The service has strong and collaborative working relationships with the wider clinical teams at MFT including Gynaecology, Anaesthetics, Neonates, Genetics, Specialist Medicine and the Research and Innovation Division. The Division has an active national and international research portfolio.

Divisional Leadership



Clinical Head of Division
Dr Clare Tower



Head of Midwifery
Oxford Road Campus
Mary Symington



Head of Midwifery
Wythenshawe
Sharon Hyde



Divisional Director
Mary Hynes



Directorate Manager
Eleanor Stanley

The divisional leadership is based on a triumvirate model which is made up of the Divisional Clinical Head, Dr Clare Tower, Divisional Director Mary Hynes, with two Heads of Midwifery; Mary Symington for the Oxford Road Campus and Sharon Hyde for the Wythenshawe site. Eleanor Stanley, Directorate Manager, was a member of the triumvirate from April 2018 until Mary Hynes joined the Division in January 2019. The team is supported by senior midwifery and administrative teams, with named consultant clinical leads assuming responsibility for the MCS and subspecialty areas.

Partnership with GMEC

Saint Mary's Managed Clinical Service has supported a number of work streams during the last 12 months within Greater Manchester and Eastern Cheshire Local Maternity System (GMEC LMS). As part of the maternity transformation work within GMEC, which aims to meet the Better Births objectives and improve choice and personalisation, a choice website has been designed and created with support from midwives within our units. This website will aim to improve the awareness of choice around the maternity units across Saint Mary's MCS, as well as the other units with GMEC, and also support women to think about the care they receive during their maternity journey. The website is due to launch at the end of June 2019. In addition, to improve personalisation within the maternity services, Saint Mary's MCS was part of a working group which helped design a personal maternity plan in partnership with GMEC Maternity Voices Partnership (MVP). This has now been printed by GMEC LMS and is currently being given to all women across GMEC. Our midwives will support women to use these plans to ensure that the care received is personal for each mother and family.

As part of Better Births, and now integrated into the NHS Long Term Plan, continuity of carer (CoC) has been focussed on greatly within the last 12 months which includes the following:

- An objective set by NHS England that 20% of women booked onto a CoC in March 2019, both maternity sites achieved this objective achieving 23% overall.
- The work remains ongoing to increase the number of women booked onto a CoC pathway, so that by March 2020 35% of women book onto a CoC pathway.
- We are working closely with GMEC LMS to look at more complex pathways and how CoC may work for these women, such as Diabetes, Young Parent and vulnerable groups and continue to meet monthly with other trusts across GMEC to support scale and spread of CoC pathways.

Number of births:	Oxford Road Campus	9,213	4,118
		155	127
		4,727	2,129
		4,476	1,988
Number of twins and triplets:	Wythenshawe		
Number of boys:			
Number of girls:			

Community Midwifery

2018-2019 has continued to be a busy time for the community midwives, young parent team and specialist midwife for asylum seekers and refugees here at the Oxford Road Campus.

This past year has seen an increased number of women choosing a home birth as their birth option and the continued success of the home birth group which helps to support and inform women regarding their choices for a home birth. In line with the Better Birth's agenda the team have been undertaking work to improve continuity of care in the antenatal and post-natal period, this is being achieved by all caseloads having a named midwife and each small team of midwives offering choice for post-natal care. In our Salford zone we have been working with the CCG on the Pioneer programme which piloted the offer of unbiased choice of provider for women who were newly pregnant by way of a leaflet, this work has since been adopted by the LMS and a website is being developed to give women the opportunity to review all maternity providers in the GM area and make their choice accordingly.

2019 has also seen the launch of the new MFT Stop Smoking Team (Maternity) this small team led by a Band 6 Midwife and 4 Maternity Assistants trained in smoking cessation is part of the GM wide smoking strategy which uses the babyClear programme to assist women in quitting smoking in pregnancy. Early indications are that the introduction of Carbon Monoxide monitoring and subsequent referral to the stop smoking team are having positive benefits for women to have supported quit attempts and for the midwives to have improved confidence in having the conversations with women on the risks of smoking in pregnancy and onward referral to a dedicated team.

Going forward into 2019-2020 will see the community midwifery teams at Oxford Road and Wythenshawe work towards integration and harmonisation. The aim of this project is to create a single community service across the MCS and remove traditional boundaries making it easier for women to access care and improve choice.

Capital bids

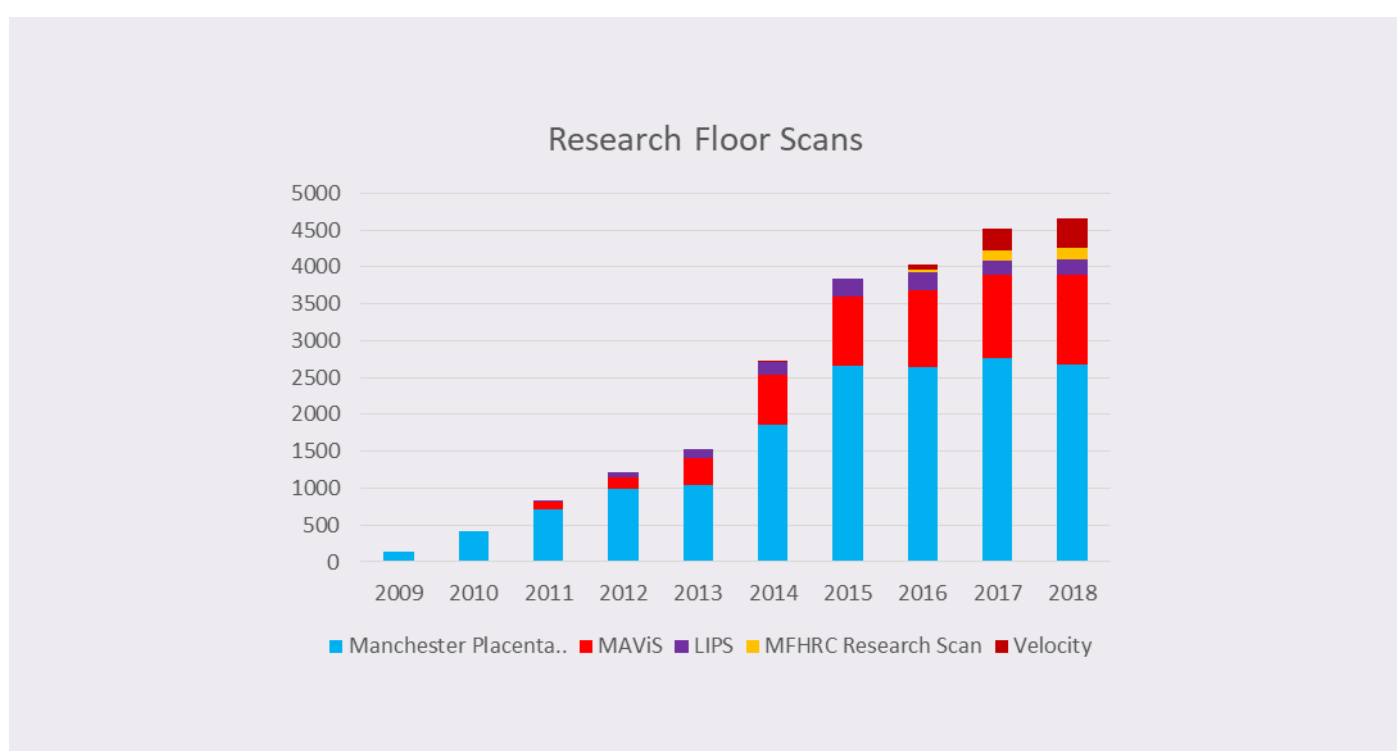
Eleanor Stanley, Directorate Manager, and the Enhanced Recovery Pathway (ERP) Team representatives; Clare Docherty, Fiona Mackintosh and Kayleigh Goddard attended the Green Cloud IT Emerald Ball on the 3rd October. The team received a £5,000 grant which will contribute towards the refurbishment of the enhanced recovery day room.



Maternal and fetal health: MFH and portfolio research

MFH

MFH has had a successful 2018-2019 with multiple high impact publications including 2 in the Lancet. In addition to these established outputs we have also played a major role in the development of national Saving Baby's Lives 2 guideline for the management of reduced fetal movements (A. Heazell) and fetal growth restriction (E. Johnstone). Research clinic activity remains core to the department and to the effective running of the clinical service with more than 4500 scans provided for the service in the last year (see below). The largest research clinic (Manchester Placental Clinic) was 10 years old this year and has now seen more than 5000 patients. We continue to train research fellows and junior doctors with two more MD's completed and a core team of 5 research fellows performing both clinical and research work.



GM Clinical Research Network portfolio studies

The Reproductive group led by Melissa Whitworth and Catherine Chmiel have had one of their most successful years in 2018-19, recruiting nearly 3000 patients to portfolio studies within the hospital. Highlight achievements nationally have been being the top recruiting sites for Phoenix and Big Baby. Locally we have continued to expand and train our research midwifery workforce with more midwifery sonographers trained in our MFH clinics and further expansion into Wythenshawe which has recruited more patients in the last 18 months than ever before. Partly in recognition of her excellent work in leading the midwifery research team, Catherine Chmiel has been awarded an NIHR 70@70 fellowship which she will begin in late 2019.

Focus for 2018-19

- Birth options evening class planned for June 2019: A two hour session run by midwives, designed to offer women up to date evidence based information regarding VBAC so that they can make an informed decision and determine if they would like to include a VBAC in their birth plans. These sessions run every two months and both women and their birth partners are encouraged to attend, ask questions and raise any concerns in a non-judgemental midwifery led environment. Two Midwives are in attendance and up to twelve women can be accommodated.
- The research midwife role is now well established at the Wythenshawe site. The main success is Big Baby, with Manchester Foundation Trust being the trial's recruiter of the month for June. Big Baby aims to investigate the potential benefits of offering induction of labour in large for gestational age fetuses at 38+0 to 38+4 weeks gestation. Other successes include recruiting 574 women to the Tommy's Data Collection Study, which collects demographic data to contribute to stillbirth research. BUMP Survey, which investigates the prevalence of self-monitoring of blood pressure in pregnancy, includes 99 women to date.
- In May 2018, the annual Saint Mary's MCS Recruitment and Open Day welcomed 120 midwives to tour the unit and apply to commence their midwifery career at MFT. 95 midwives were interviewed and 61 midwives were offered jobs within the MCS. 37 Midwives accepted roles at Oxford Road whilst 6 accepted at Wythenshawe.
- Introduction of staff wellbeing day by the Practice Based Educator: Sessions that offer Art Classes, Yoga, Mindfulness, Massage and Reiki. Each Session is designed to allow the full maternity multidisciplinary team to reset, re-evaluate and relax and to spend time with each other, building trust and rapport. We have already run two successful sessions and have plans to continue with them over the coming months and in 2020.
- Introduced continuity of care pathways across the MCS for low risk women and Rainbow Mums in March 2019 as part of the Better Births initiative.

Professional Midwifery Advocate

The PMA (Professional Midwifery Advocate) service across the Saint Mary's MCS offers one to one and group Restorative Clinical Supervision sessions to all midwives and bespoke sessions have been facilitated to Student midwives at Manchester and Salford Universities. Bev O'Connor, Lead Midwife and Kylie Watson, Consultant Midwife attended the first annual PMA conference and presented information and research findings to the group to ensure a robust PMA service and restorative clinical supervision is available to midwives across the MCS and open to midwives from the GM LMS.

Awards and celebrations

The Division received various nominations in this years MFT Excellence Awards across a variety of roles and areas. Nominees included:

- Mary Symington, Head of Midwifery - Inspirational Leader.
- Louise Ayres and Olivia Chan - Non-clinical Team of the Year.
- Eleanor Stanley, Directorate Manager - Unsung Hero.
- Lesley Chan, Matron for Inpatient Wards - Equality, Diversity and Inclusion Champion.

During the Excellence Awards ceremony, Saint Mary's MCS Maternity received 7 Gold Ward accreditations from 2018/ 2019.

The Annual Trust Gem Awards recognise staff that go that extra mile across a multitude of disciplines. In 2018, the Obstetrics Division won an array of awards including:

- Leadership Award for Gill Furey.
- Heather Birds, Patient Experience & Quality Lead, for going the extra mile for not just our teams but our families.
- Housekeeper Marie Byrne for her continued support to the staff and ensuring our environment is the best it can be for our families.

Since 2004, the RCM Awards have rewarded, celebrated and shared outstanding achievement in midwifery across the UK. They recognise the best new evidence-based practice projects and the best in team working.

Saint Mary's Hospital were shortlisted at the 2019 awards for the following categories and attended the event in London in December to present to a panel of experts:

- Team of The Year - Kathy Murphy, Director of Nursing & Midwifery, and Mary Symington, Head of Midwifery, presented.
- Leadership Award - Kathy Murphy and Mary Symington presented.
- Policy and Practice - GM AEQUIP model development was presented by Kathy Murphy and Eileen Stringer, Clinical Lead Midwife, Greater Manchester & Eastern Cheshire Strategic Clinical Network.



Face Mums

Facemums is an exciting new service funded by Health Education England (HEE) and coordinated by the University of Salford. Faecmums provides pregnant women with membership to a confidential Facebook group (#Facemums) throughout their pregnancy and up to 6 weeks postnatal. The group was launched at Oxford Road Campus and Wythenshawe this year to provide women with an online social networking portal to seek support from other women and midwives. This initiative has enabled women to make contact with other pregnant women count using social media communities to support new mothers. Midwives from across MFT have been identified to support the group.



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 28,997 clients

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.



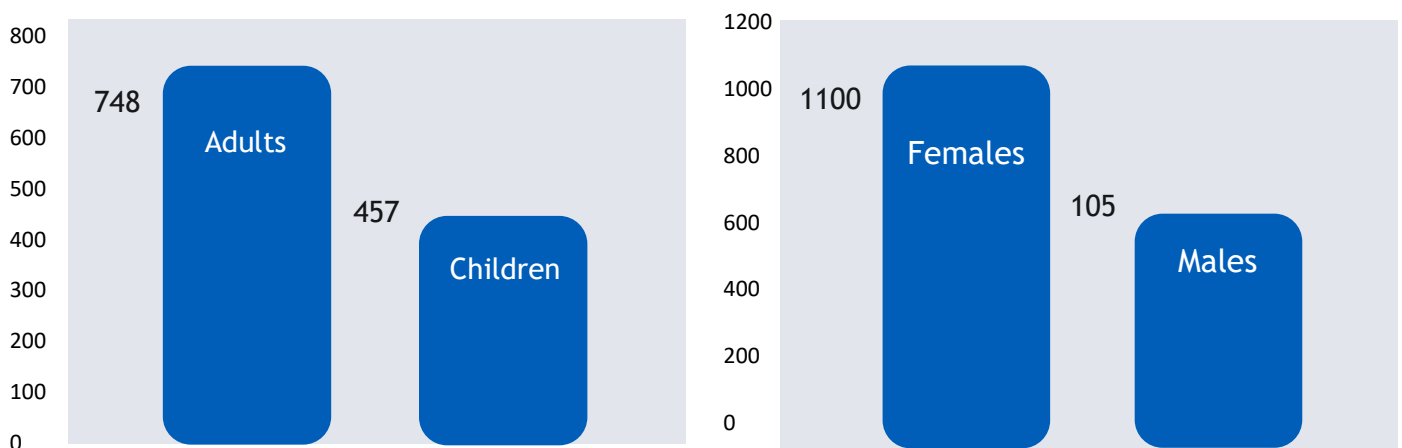
Directorate Manager
Rachel Coppock



Clinical Head of Division
Dr Cath White

Forensic Medical Examinations

During the financial year 2018/2019, 1,205 clients attended the Saint Mary's Centre for a forensic medical examination.



Aftercare Services

Child ISVA

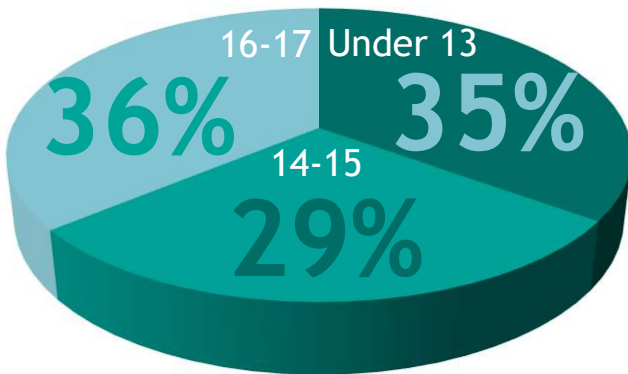
The Children & Young Person's Independent Sexual Violence Advisors received a total of 630 referrals to the service during 2018/19.

377 of these came through to the service following attendance for a Forensic Medical Examination and 253 from the Aftercare referral pathway.

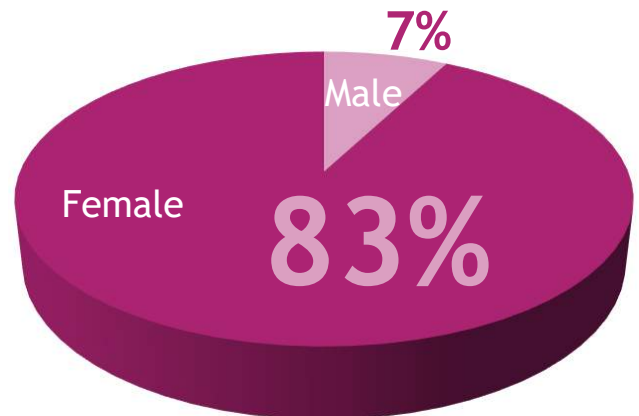
The Children's ISVA team has supported 48 children at a trial in court this year.

Child ISVA

Age range from Aftercare Referrals



Gender from Aftercare Referrals



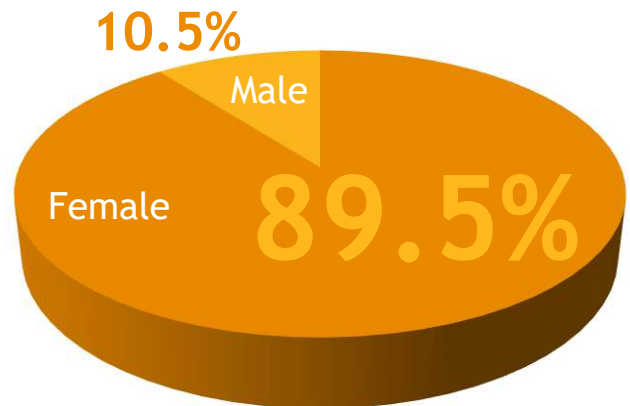
Adult ISVA

The Adult Independent Sexual Violence Advisor's received a total of 1,438 referrals to the service during 2018/2019.

616 of those referrals came through to the service following a Forensic Medical Examination and 822 from the Aftercare referral pathway.

The Adult ISVA's have supported 84 adults throughout a trial in Court this year.

Gender for Aftercare Referrals

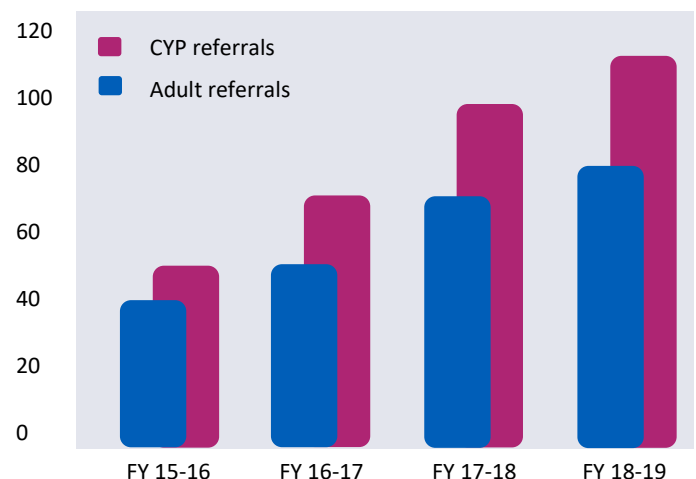


SARC Counselling Service

The counselling service at SARC provides specialist trauma focussed counselling for adults and children throughout Greater Manchester who have experienced sexual violence, whether they have reported to the police or not. We also offer counselling within pre-trial therapy guidance for those clients involved in the criminal justice system.

Busiest year yet...

In 2018/19 the counselling service received **1,348** requests for counselling from adults and children which is a 15% increase on the previous year. The average of monthly referrals have continued to rise, with a small increase in the proportion of referrals for children and young people.



In 2018/19 we offered 791 assessment and initial support sessions to children, young people and adults. Within this extended session, our specialist qualified counsellors work with the client or their family members to understand how sexual violence is impacting them so that we can work out what kind of support is appropriate for the individual. We consider risk of suicide and self-harm, and we also offer advice on sexual health. Additionally, we offer immediate psychoeducation about normal reactions to sexual violence and coping strategies for dealing with the impact of trauma reactions. A recent client commented that she felt she had benefitted more from a single one of these sessions with one of our counsellors than a number of CBT sessions she had accessed to help with the impact of the same incident.

In 2018/19 adult and CYP counsellors offered 2,792 counselling sessions. For the adult service **35%** of these sessions were delivered in spoke sites throughout Greater Manchester.

In 2018/19 adult and CYP counsellors completed 281 episodes of counselling. 95% of clients who completed pre and post therapy outcome measures reported improvements after completing counselling at SARC. Additionally, the team collects feedback from clients after completing their counselling.

Feedback from clients

This year, questionnaires from our children and young people's counselling service show that:

- **96%** of respondents felt listened to by the people they saw at the centre.
- **96%** felt that the people they saw at the centre were working together to help.
- **97%** say they would recommend the help they got at the centre to a friend.

Questionnaires from our adult service show that:

- **92%** of respondents felt that their practical skills to help cope with the symptoms have improved or improved a lot.
- **83%** reported that the frequency or intensity of their symptoms has improved or improved a lot.
- **84%** reported that their ability to get on with day to day life has improved or improved a lot.

'...I always have a laugh and get everything off my chest. I always felt comfortable'.

'I was listened to and asked if there was anything I wanted to talk about so I always did get the help I need'

'Every two weeks my daughter comes here for counselling, and then I have two weeks to address the issues she brings to myself, as a result of the counselling. But my daughter addresses issues from a position of empowerment from the result of the counselling. ... The counselling marked the beginning of the end of my daughter's problems and emotional pain. It has empowered her and I hope will be the building block to prevent her being abused again in the future'.

It's good that the person who we came to see listened to us both and we could talk about our week, what went on. My son seems a lot more happier and can see a slight change coming on. ...The service is excellent; the staff are well trained and friendly. I know my son is in good hands'.

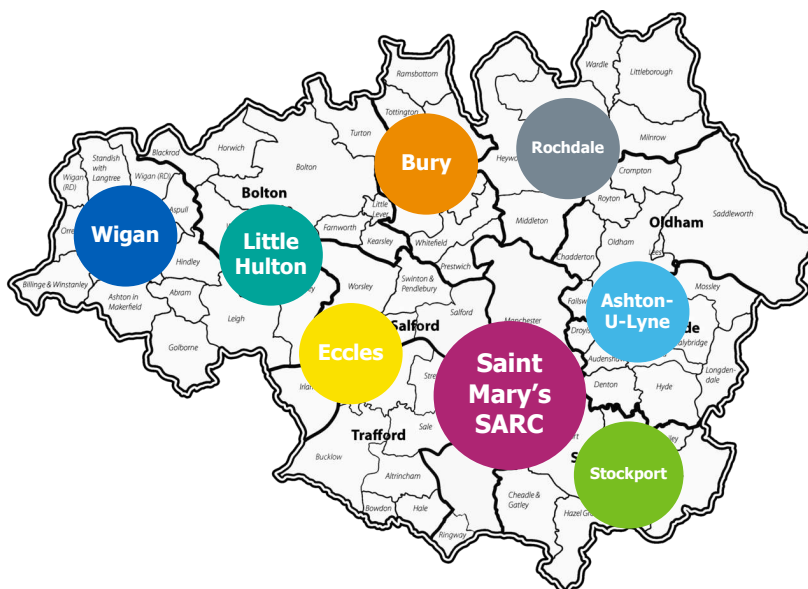
'The issues my daughter had were taken seriously. She was looked after by [the counsellor] and really enjoyed her company, all the SARC staff made us feel safe and comfortable ... It's sad that we had to go through such a traumatising experience but it was great to discover such wonderful people, caring and compassionate about their job and it felt they were not just doing their job they are friends. Thank you everyone'.

'My first initial reaction to counselling was a lot of fear, especially the fear of being judged. However, when attending I realised that it was the complete opposite, I faced a lot of demons that I never thought I would and spoke about things I felt that I had no one to talk to about. [My counsellor] (as cheesy as this may sound) has been my rock and without her I don't think I would be where I am today, which is confident, happy and working towards bettering myself. This place has been a safe place for me to talk about my issues and I will forever be grateful, thank you'.

Looking forward

Last year we continued our development of psychoeducation courses for adults by embedding our course Coping with Trauma into our core service delivery. Over the coming year we will be developing a psychoeducation course for parents of children who have experienced sexual violence, which will support parents to support their children.

We continue to deliver our counselling service through a hub and spoke model throughout Greater Manchester. Over the next year we will move into the Bolton area, which will enable us to offer specialist trauma focused sexual violence counselling in eight of the ten Greater Manchester boroughs.



The 16th Annual SARC Conference

Saint Mary's SARC hosted its 16th annual conference and explored the theme of 'Rape: Not an isolated issue. Sexual violence and multiple types of abuse. The conference is a regular event, the aim of which is to provide an opportunity to share thoughts and learning and generate new ideas to benefit clients.

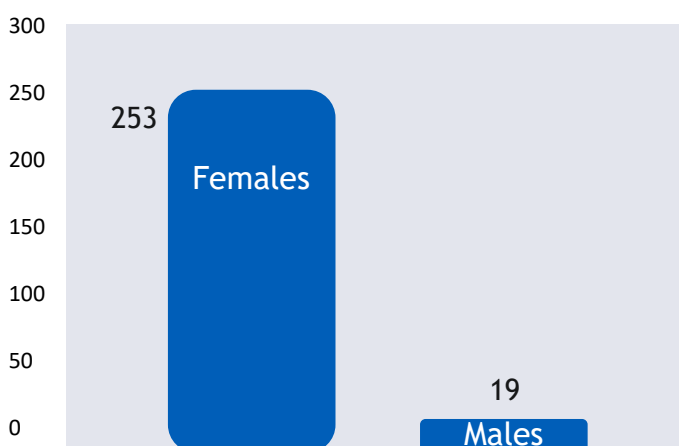


SAFE Place Merseyside

Since May 2017, the Saint Mary's SARC has also managed the Merseyside SARC, SAFEPlace Merseyside. In the last 12 months, Dr Michelle Carroll has been appointed as Senior Forensic Physician and Nicola Kharadi-Weaver as Operational Manager.

SAFEPlace operates with a fantastic team of on-call Forensic Physicians and Crisis Workers, and

has recently appointed two part-time Crisis Workers who will be based at the centre during the day. A charitable donation from the Zochonis Charitable Trust was received recently which will be used to create a better environment for the clients by purchasing new furniture and décor.



Forensic Medical Examinations SAFE Place

During the financial year 2018/19, 272 clients aged 16 years and up have attended the Centre for a Forensic Medical Examination. Of the 272 clients, 18 were aged 16/17 years.

Clinical Effectiveness

Main highlights

- CQC inspection - Saint Mary's Hospital classified as 'Good'.
- Aligning of Governance processes in Obstetrics, Gynaecology and Newborn Services.
- Well established Quality & Safety Board with Hospital wide meetings in place to address key areas, i.e. mortality, infection control and harm free care; audit.
- Harmonisation of policies.
- Excellent reporting culture across the Managed Clinical Service.
- Reduction in high level harm in Obstetrics.
- Continued good staff engagement with Governance and Patient Experience on ACE days and with the Quality Education bus.
- Improvement in completion of incident investigations within time frames.
- Excellent compliance with safety standards on the Accountability Oversight Framework.
- No Never Events.
- Improved management of sepsis across Obstetrics and Gynaecology.
- VTE compliance constantly meeting MFT targets.

Following the management changes in Saint Mary's Hospital, the first meeting of the Saint Mary's Hospital Managed Clinical Service (SMH MCS) Quality and Safety Committee was held in May 2018, chaired by Dr Sarah Vause, Medical Director. With this, came the birth of the Saint Mary's Quality and Safety Strategy which identified the work streams required from 2018- 2021.

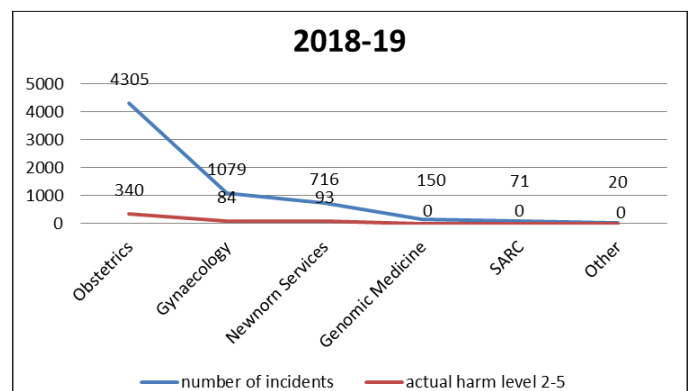
In August 2018, the Accountability Oversight Framework replaced existing dashboards used to monitor performance and activity at Hospital level in line with the MFT key objectives.

At the Quality and Safety Committee, there is monthly monitoring of 2 of the 6 sections- Safety and Patient Experience. All the areas within the framework are addressed on the agenda frequently over the course of the year.

Within the safety section, the areas for monitoring include mortality; Never Events; serious incident investigation target dates; Infection Control and Harm Free Care. The year-end position resulted in the ideal score of 1, demonstrating that care provided is safe and effective.

Risk Management

In April 2018, six months after MFT was formed, incident reporting across the Trust combined into a single system. SMH MCS have had 6,341 incidents reported in 2018-19. 30% of these are incidents reported on the Wythenshawe site which accounts for the increase in numbers from the previous year. 92% of these incidents reported as no harm to patients and less than 2% of incidents were reported as severe or catastrophic harm.



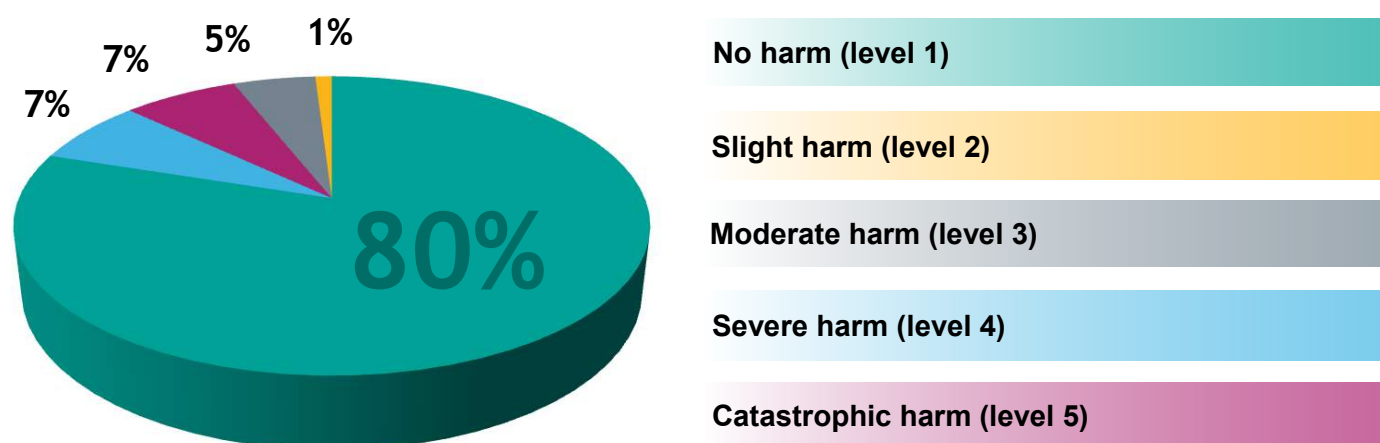
Serious incidents

Saint Mary's MCS have undertaken 87 investigations during this last year. For 80% of these, there has been no harm to patients.

There have been 12 incidents that have resulted in high level harm, six cases within Obstetrics and six within Gynaecology. These have been thoroughly investigated and have been shared with the families involved via a duty of candour process. The lessons learned from these have been shared in the Divisions to ensure that actions put into place will prevent reoccurrence. They have also been reported externally via the CCG.

It is difficult in some cases to say with any certainty whether the outcome is a result of the incident in any of these cases however it is important to be open and honest with any evidence that may lead us to these conclusions.

Harm from serious incidents



Key themes

Wrong Blood in Tube

The Wrong Blood in Tube incidents account for 41% of all the serious incidents reported in 2018/19. The majority of these have occurred due to staff not using positive patient identification and have been reported by the staff member who made the error. No harm has come to any patients as a result. Though these numbers appear high, as a percentage of the number of patients who come through Saint Mary's and have blood taken, this is a very small number of relative incidents. Increased awareness through education and training however remains ongoing with the aim of decreasing the number of incidents that occur going forward.

Gynaecology lost to follow up

There is a recognised risk with meeting Referral to Treatment Times (RTT). There have been 9 serious incidents relating to delays in referral/ follow up. Alongside these, there are a high number of low level incidents, formal complaints and PALS enquires.

Risk Management

Throughout the year, there have been around 200 risks on the Saint Mary's MCS Risk Register. The main high level risks, reviewed monthly have been:

Maternity staffing and capacity (score 15)

"If there are insufficient midwives and/ or doctors and/ or insufficient beds/ assessment rooms available for the number of women accessing care in the maternity unit, this could result in an adverse outcome or poor patient experience for a mother or baby, as appropriate care cannot be given".

The limited availability of junior doctors is impacting upon the ability of the service to undertake timely reviews of women who attend Maternity Triage or who are inpatients on the maternity wards. The delay in undertaking these reviews can result in delayed discharge for women. which in turn impacts upon the patient flow within the maternity unit. Due to the length of time that women are having to wait for a review from a doctor when there are peaks in attendance at maternity triage, some women are choosing to self-discharge. This is a risk to the safety of women and there has been considerable work over the year to ensure that the safety of women is prioritized. This has been challenging and continues to be a key focus for the service

Following a successful annual recruitment day in May 2018, qualified midwives were recruited to establishment level, with all vacancies filled. These staff will commence in post from September 2018.

Ambulance provision for Connect NW. (score 16)

"If North West Ambulance Service (NWAS) are unable to dispatch an ambulance in a timely manner this could impact on the ability of Connect NW neonatal transport service to respond to nationally agreed standards for 'time critical' transfers and uplift (intensive care) response time".

There were ongoing discussions with NHSE, the Neonatal network and NWAS in order to formulate and take proposals forward to improve ambulance provision across the region. This focuses around the need for dedicated drivers to improve response times and maximise safety.

There are other key risks in the Divisions which have been a focus this year and are managed by the divisional teams as part of their quality and safety agenda, these include:

Gynaecology	Newborn Services	Obstetrics	Genomic Medicine
<ul style="list-style-type: none">• Gynaecology Outpatients staffing and capacity (to meet patient access targets)• Case note availability• Completion of outpatient letters within timeframe• Specialist equipment requirements• Building condition of Old Saint Mary's Hospital	<ul style="list-style-type: none">• Electronic prescribing• Junior doctor recruitment	<ul style="list-style-type: none">• Diabetic support for women• Staffing- Maternity Triage at Wythenshawe• Provision of services for women in Salford	<ul style="list-style-type: none">• Specialist equipment requirements• Genomic Laboratory Redesignation

Infection Control & Harm Free Care

Infection control

There have been no cases of MRSA bacteraemia and though there have been 3 cases of Clostridium Difficile, none of these have been as a result of any lapses in care.

Also monitored are the number of gram negative infections. There were 13 cases in the year, the majority of which were in Newborn Services. This is anticipated given the complexity of neonates that require surgery.

Pressure ulcers

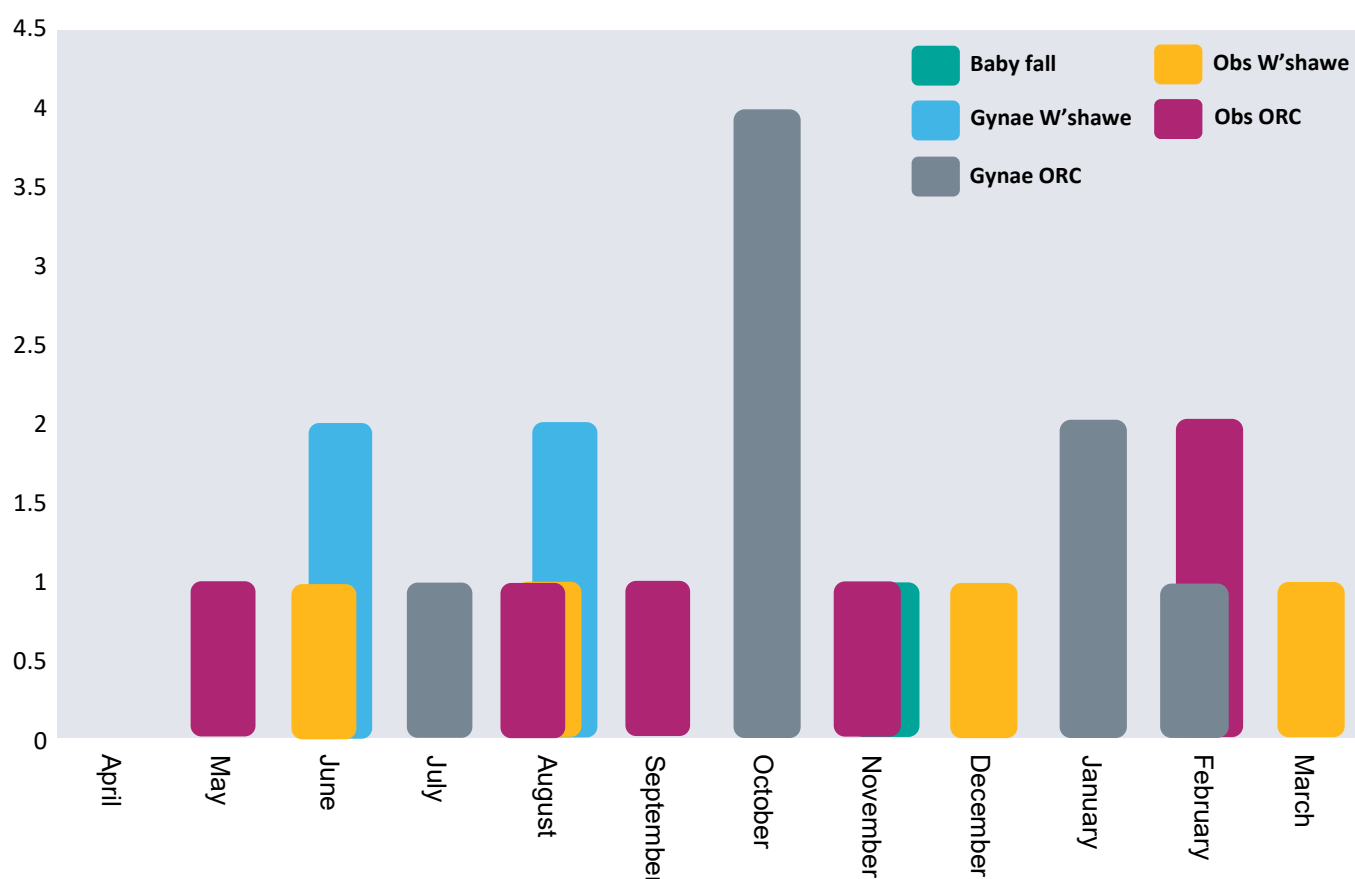
The numbers of these are minimal due to the nature of the services we provide across the MCS.

Most of the incidents are reported in Newborn Services. Neonatal skin care is one of the most challenging aspects of caring for infants as a result of immaturity. There is a greater risk of neonatal skin injury from pressure, especially for those neonates receiving intensive care. Newborn Services have local guidelines and a specific tissue viability assessment tool to support care provision.

Falls

All of the falls we have had in Saint Mary's have not resulted in any harm to women or babies, that said, all of them have been reviewed to ensure that risks are minimised and that we ensure any lessons learned are disseminated. The low level of baby falls in the year is 1 which demonstrates that the work completed in maternity around baby falls from May 2016 - March 2017, of which there were 8 baby falls, has been fully embedded into practice. This work has since been shared across the MCS.

SMH MCS Patient Falls 2018-19



CQC Inspection

The CQC inspection on both the Oxford Road and Wythenshawe site was undertaken in October 2018. Saint Mary's Hospital have been rated "Good" overall. We performed consistently across all of the domains of the inspection and performed particularly well in demonstrating our caring approach and our focus on meeting the needs of patients with individual needs which was rated as outstanding in Newborn Services at the Oxford Road Campus.

A big thank you goes to all staff who were welcoming to the assessors and keen to share their knowledge and experience.

Oxford Road Campus

	Safe	Effective	Caring	Responsive	Wellled	Overall
Maternity	Good	Good	Good	Goo	Good	Good
Newborn Services	Good	Good	Outstanding	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

Wythenshawe

Maternity	Good	Good	Good	Good	Good	Good
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Positive feedback from the inspection

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Services took account of patient's individual needs. Services controlled infection risk well. Staff kept themselves, equipment and premises clean. They used control measures to prevent infection.
- Staff received appropriate education and training to enable them to provide safe care and treatment.
- The service planned and provided services in a way that met needs of local people. People could access the service when they needed.
- Staff gave enough food and drink to meet their needs and improve health.
- Managers across the services had the right skills and abilities to run a service providing high quality sustainable care.
- Staff were committed to improving services by learning when things went well and when they went wrong, promoting training, research and innovation.

Areas for Improvement

- Engagement with public service user groups
- Equipment maintenance checks
- Patient information for delayed cord clamping
- Records storage on wards
- Breastfeeding support
- Compliance with safeguarding level 3 training
- Training compliance for medical staff
- Fridge temperature monitoring
- Recruitment
- Guidelines
- Uptake of breast feeding within Newborn Services
- Implement 24 hour visiting
- Minimise closures

To view the full report visit: <https://www.cqc.org.uk/location/R0A05>

Quality

Complaints

Prior to the merger, the number of complaints for Saint Mary's at Oxford Road Campus had dropped against the background of increased activity from 166 to 133 complaints. Since the development of the Managed Clinical Service with its associated increase in patient volume and activity, the number of complaints and concerns have increased incrementally by 26.5%, when compared to the pre-merger figures.

Annual complaint numbers

In 2018-19 Saint Mary's MCS received 180 formal complaint cases; Gynaecology account for 55.6%, Obstetrics 40%, Genomics 3.3% and Newborn Services 1.1%.

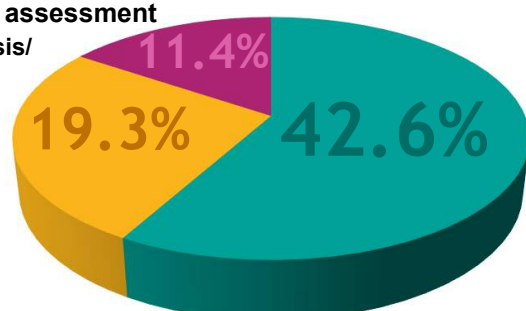
Area	2016/17	2017/18	2018/19
Obstetrics	69	56	72
Gynaecology	59	57	79
Dept of Reproductive Medicine	14	14	21
Genomic Medicine	6	2	6
Newborn Services	5	3	2
SARC	0	1	0
Total	153	133	180

Key complaint themes

The majority of PALS concerns during 2018/19 related to the Gynaecology Outpatient areas, which accounted for 204 (59.48%) of the 343 contacts received.

Formal complaint themes

- Treatment & procedures
- Communication
- Clinical assessment (Diagnosis/scan)



Compliance with timeframes

The timeframes for responding to complaints or PALS issues are set by the Corporate Complaints team at either 25, 40 or 60 days depending on the complexity of the complaint.

Following the creation of the Managed Clinical Service, the management of the complaints process was devolved into the Hospital in April 2018 with the support of a case manager. Training for the staff involved in responding to a complaint was delivered at the Professional Forum twice and the Quality Assurance process was clarified. A weekly complaints monitoring meeting has had a significant impact on our ability to meet the timeframe, and a clear improvement has been demonstrated.

Compliments

All areas receive many hundreds of cards, boxes of chocolates and biscuits to say 'Thank You' to the staff for the care they have received, but as a Trust we are only able to monitor Formal Compliments and send a personalised thank you response from Mrs Karen Connolly, CEO to each patient that has taken the time to email/ write to us.

Area	Q1	Q2	Q3	Q4	Q1-4
Obstetrics	4	6	5	7	22
Gynaecology	4	3	4	5	16
Newborn Services	1	2	4	4	11
Total	9	11	13	16	49

Care Opinion and NHS Website feedback

Care Opinion and the NHS Website are independent healthcare feedback websites whose objective is to promote honest and meaningful conversations about patient experience between patients and health services. More than two thirds of the overall comments are positive.

Staff Engagement

‘Tell us Today’

The value of undertaking Local Resolutions at the time can clearly be seen within the Maternity services where the Lead Midwives, Matrons, Ward Managers and Bleep holders have undertaken timely interventions, meeting complainants on the ward and listened to complaints and concerns and provided midwifery debrief sessions post-delivery, undertaken actions to resolve complaints and provided an essential listening and de-escalation of issues which has a direct impact on the number of complaints that become formal. Within the Neonatal Service there is a Shift Coordinator and a Matron always available for a similar activity and within Gynaecology, the Matrons and Lead Nurse carry the Tell us Today phone and respond to local issues within a timely manner.

Staff Engagement Sessions

The Gynaecology Administration and Clerical team attended a What Matters to You focused Workshop to provide an opportunity for staff to voice concerns and make suggestions for service improvements. The new Vision and Values framework was shared with them and they were asked to consider what they did well and the elephants in the room / Pebbles in their shoes. Dr Yara Mohammed, Megan Lyons and Heather Birds facilitated group discussions.

The midwifery staff on Ward 64 held an engagement session led by Ward managers utilising mentimeter.com to ask staff for 3 words that were positive and 3 negative to create Wordclouds and help to focus on key action areas. Key positive word was Teamwork and negative word was lack of equipment.

The Genomics team rolled out the WMTM New Framework in 2 Staff Engagement sessions early in 2019

SARC Balance project – Rebecca, from the administration team, took the lead on a staff wellbeing project and organised a team walk in October 2018.

NICU has been focusing on ‘Leaders of the Week’, aligned with the Bee Brilliant campaign and to support staff in preparing for the Regulatory Visit. This has included raising awareness of the MFT Leadership and Culture Strategy 2018 and how staff on NICU provides a well-led service. The Band 7 away day held a session on complaints resolution and management incorporating the new Values and behaviours / WM2M themes.

NHS Big7Tea Event

The NHS celebrated its 70th Anniversary on the 5th July 2018. To celebrate and mark the event, wards and departments celebrated in our usual way with cake and tea. Several wards held competitions for the best cakes and creations.



Vision & Values Framework

The work to embed the revised Vision and Values framework, ‘Together Care Matters’ was commenced at a Professional Forum workshop entitled:

‘Beeing Brilliant ... lets pull it all together’.

The purpose of the workshop was to be able to link the various quality, safety and leadership strategies and develop a plan as to how we would embed these into day to day practice. The plan took the form of the N,M&AHP Commitments for 2018-2021.



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. Below are some examples of the data we collected.



As a result of feedback from patients, a new standard operating procedure was introduced to facilitate the smooth and timely transfer of women from the induction of labour bay to the delivery unit. Two coordinators now oversee the delivery unit providing support and education to all staff and communication between all members of the multidisciplinary team.

Listening to what women want during labour has enabled us to rethink what we do. We have purchased new technology which supports women to be mobile in labour while still being able to monitor their babies. We have completed the work needed on our birthing pool room and undertaken training sessions with staff to re-familiarise themselves when caring for patients in the birthing pool.

One of the main themes of complaints on Ward 65 relates to the long induction of labour (IOL) process. In particular, the delayed arrival to Ward 65 and a long wait to start the IOL process once they were admitted. The team changed the way the work load was redistributed, improved the continuity of care for the women and reviewed the admission times to improve the patient and staff experience.

‘Dr and her team worked with me to support me through this procedure. They listened to my needs as a survivor of sexual abuse and discussed with me the procedure and sedation/pain relief. A big thanks to the anaesthetist, for taking the time to talk through with me what would work best, and for sitting with me, holding my hand and talking to me all the way through as I had requested. Having an all women team that day made all the difference to me.

I felt respected and cared for. They made the experience warm, friendly and we had some laughs!’

Patient’s experience of the Hysteroscopy clinic.

We identified from the ‘What matters to me’ patient engagement feedback with families that women wanted to go home earlier in the day. Our ability to achieve this was compromised by several variables, such as medical reviews of both mums and babies, awaiting medication prescriptions and staff focusing on providing clinical care. The Midwifery Staff fed back that their priorities were the women who were newly delivered and needing more acute care than those families that were well and waiting to go home. The Discharge Audit pre and post implementation of the 10-6 Midwifery shift demonstrates a significant increase in the number of women discharged before 1.00 pm with many more between 11.00 am and 12.00 am facilitating the transfer of delivered women from Ward 64 thus enabling the women waiting for Induction of Labour to be transferred to the Delivery Unit. The Bottleneck had been identified, reduced and the patient experience throughout the maternal care pathway improved.

Being accessible to all

The Disability Midwifery Advocate (DMA) Service was set up in October 2018 by Matron for Inpatient Wards, Lesley Chan and to date we have received 80 referrals for women with a disability via the ICE electronic system. This service was praised by the CQC and Maternity Voice Partnership during their visits.

The service was highly commended at the MFT awards 2019 for the Equality Diversity Inclusion champion category.

The service offers to meet with women face to face or by telephone to prepare an inpatient personalised 'person centred' care plan to document their 'reasonable adjustment' needs for their disability when they come into hospital to have their baby. Women can opt in or out of the service, the choice is theirs. Personal Assistant to the Division, Louise Ayres then makes contact with women to organise meetings to develop their care plans.

This provides women with person centred care plans, this meets the Equality Act 2010 laws supporting those with a disability. The care plans are uploaded to chameleon so they also support midwifery staff to know at the point of arrival to inpatient areas exactly what matters to the woman.

The DMA has given lectures at the University of Salford and Manchester to raise the service and disability awareness to our student midwives.

Lesley has also presented at the Diversity Matters Launch and this contribution supports a movement that will help the Trust achieve the aims of the Equality, Diversity and Inclusion Strategy over the next four years.



Lesley also presented at the Nursing & Midwifery Conference 2019, 'leading change' which supports and raises disability awareness and insight into our service.

We have secured funding for 2 fitted carer beds in rooms 1 and 24 on Ward 66.

We have also secured funding and purchased two devices for hearing impaired women, so they can be alerted if a baby is crying while they sleep via a vibration device placed under their pillow. If women are unable to hear a knock on their room door, we have a call bell device, which when pressed flashes inside the room when a staff member is wanting to enter the room, this protects a woman's rights to her dignity and privacy.

The feedback and praise from women for our staff following their care plans has been really positive and this has been shared via an update poster to

Working in partnership to provide opportunities for our communities to live healthy lives

- SMH Infant Feeding Coordinators are part of the Manchester Infant Feeding Group, which consists of members of Manchester Council and Infant Feeding Leads from the Greater Manchester region. The purpose of the group is to improve – through optimal feeding – the nutritional status, health and development of infants and young children in Manchester. The campaign was launched by Jennie McAlpine at her restaurant Annie's in Manchester, the restaurant now displays a breastfeeding friendly Manchester sticker which reassures mums they are welcome to come and feed their babies there.
- The Manchester Antenatal Vascular Clinic (MAViS) celebrated their 5 year anniversary. MAViS is a clinic for women at high risk of developing pre-eclampsia in pregnancy due to pre-existing vascular disease, such as Chronic hypertension. Dr Jenny Myers, Consultant Obstetrician, NIHR Clinician Scientist and Senior Lecturer at The University of Manchester set the clinic up with Catherine Chmiel, Research Midwife and together with the expertise and knowledge of all of the research professionals involved including Midwives and Clinical Research Fellows they have now recruited more than 1,100 women onto studies over the years, with the overall aim of improving outcomes for the women and families we care for across Greater Manchester.
- Freedom to Speak up champions; Freedom to Speak Up (F2SU) is a national programme that supports staff, students and patients to raise concerns. Effective speaking up arrangements help to protect patients and improve the working experience of NHS workers. Every Trust has an appointed Freedom to Speak up Guardian. (David Cain) At MFT the F2SU our Guardian can be contacted via a confidential email F2SUGuardian@mft.nhs.uk or by calling 0161 276 6262. Heather Birds and Chris Collinge are the appointed Freedom to Speak Up Champions with Saint Mary's Hospital.
- The Antenatal Clinic capacity and available appointments/ waiting times for women attending the Antenatal Clinic appointments has been reviewed using the IQP methodology and Out Patient standards and an action plan is in place to reduce bottlenecks and service issues.
- Screening, vaccination and other health promotion services reach & benefit all local communities: Roll out of the BCG vaccination programme. The BCG coordinator is in post and we have a team in place.
- An audit of staff understanding of the Accessible Information Standard (AIS) has been completed and a training package aimed to fill the gap in knowledge was rolled out in October. Staff had 5 key steps to remember:
 - Identify (ASK) if the patient has any requirements, need for reasonable adjustments.
 - Record those needs.
 - Flag on the patients records so everyone knows.
 - Share with others to provide continuity of care.
 - Act!

Human Resource & Organisation Development



Victoria Hall
Director of HR & OD

Saint Mary's Hospital Managed Clinical Service

Following the merger of our services with those at Wythenshawe, the HR team has been involved in understanding existing and developing common new approaches to workforce challenges, working with staff and managers across sites. The HR team has been integrated into the Hospital management to improve visibility, drive internal accountability and support the achievement of workforce key performance indicators.



HR Business Partner
Rowan Fawcett



HR Advisor
Sarah Stephenson



Assistant HR Business Partner
Emma Bowden



HR Manager
Katie Mountford

Health & Wellbeing

Following the 2018 Staff Survey results, an area identified with room for improvement was staff Health & Wellbeing. A long term plan and focus on employee health and wellbeing was implemented, beginning with the below incentives and ideas:

- Signposting staff to the resources available in the Employee Health and Wellbeing Department.
- Introducing Buddy boxes to the wards and departments, and 'mugging' individuals with a caring cup of cheer.
- Encouraging staff to look out for each other and identifying staff who need extra support.
- Designing a Health and Wellbeing calendar of events.
- Asking staff regularly 'What Matters to Me' and providing multiple opportunities for staff to tell us about 'the elephant in the room' or the 'pebbles in my shoes' to try and sort out issues for them.
- Delivering the Caring for You programmes of work, ensuring staff get a break daily.
- Celebrating as many achievements, evidence of exemplary work as we could.
- 2019 in celebration of our 10th Anniversary will take a monthly focus on health issues.



SMH Excellence Awards

We were also very proud of our three finalists in this years MFT Trust Excellence Awards in 2018.. Winners included:

Lesley Chan, Inpatient Matron, [Equality, Diversity & Inclusion Champion](#)

Carolyn Burns, Healthcare Assistant, [Unsung Hero](#)

Angela Bryant, Uro-gynaecology Specialist Nurse, [Brilliant Ideas](#)

You can view the three finalists short award videos by clicking on their names above.

SMH Staff Recognition Awards

This year we created our first MCS wide Staff Recognition Awards to recognise the contribution, achievements and commitment that all of our staff provide to ensure the best care for all our patients. We received over 50 nominations across 11 categories which included:

- Achieving the Highest Standards for Patient Safety.
- Excellence in Equality.
- Diversity and Inclusion.
- Improving the Patient Experience.
- Outstanding Achievement Award for the Integration of Services.

A member of the Hospital Senior Leadership Team presented each winner with a formal award to recognise their achievement and runners up received a Highly Commended certificate. This was a great opportunity to personally congratulate and recognise the achievements of our staff.



Workforce strategy

We have developed a workforce strategy for our Managed Clinical Service outlining a vision that **'We will provide a safe, rewarding and supportive environment for our staff with the right values, behaviours, skills and experience that allows everyone to flourish, develop and make a valuable and recognised contribution to our patient experience.'**

By achieving this vision we believe that we can:

- Create a committed and engaged workforce who are aligned to our vision, proud of our Trust, act as advocates and live our values every day.
- Develop a highly competent and capable workforce, demonstrating excellence in care, innovation and continuous improvement.
- Enable an agile and responsive workforce that maximises flexibility and optimises performance.

We are working on our delivery plan which will deliver the strategy and ensure our workforce priorities are fully integrated with the Hospital vision and priorities.



Annual Open Day

This year we held our third annual Careers Open Day, the first as a Managed Clinical Service, advertising job opportunities across our Service. Over 100 potential candidates visited us to talk to our staff and tour the Hospital. We took the opportunity to showcase our services across Obstetrics, Gynaecology, Newborn Services and Theatres and to ask visitors what mattered to them when starting in a new job role. The feedback will help to inform how we nurture and develop those who join us in the future. We continue to work closely with our local Universities during the course of the year to encourage students to consider joining our teams post qualification.




Staff survey results 2018

Incorporating the Staff Friends and Family Test (SFFT)

Staff engagement

 Staff recommendation of SMH as a place for their friends and family to receive treatment is 87%.

 Staff recommendation of the Trust to friends and family as a place to work is 68%.

Overall staff engagement score is 7.2 (a 10 point scale for measuring staff engagement was introduced in the 2018 staff survey).

89% agreed that access to career progression/ promotion was non-discriminatory.

63% agreed that MFT/ Saint Mary's takes positive action on Health & Wellbeing.

92% of staff reported that they feel that their role makes a difference to patient/ service users.

92% of staff reported that their manager supported them to review training, learning or development.

97% reported that the last time they saw an error, near miss or incident that could have hurt staff or patients/ service users they themselves or a colleague reported it.

Our views

80% Agree that care of patients / service users is MFT's top priority*

84% Discussed the MFT values as part of their appraisal process.

77% Agreed that there are frequent opportunities to show their initiative at work.

* Percentage of staff who 'agree' or 'strongly agree' with the statement.

You said...

Everyone works in different ways: I am not always clear on what my role is, who I should be managing and how I should be doing it. Things are not consistent.

We did...

We are creating a Manager's Skills Training programme; all managers will be able to attend bespoke training sessions to enhance and develop their skills, and everyone will be encouraged to take time out to attend. Some training will be available as short online courses and all will be publicised via the staff forums and the weekly blog.

Activity

Saint Mary's Hospital Managed Clinical Service continues to deliver thriving and active diverse clinical services as the activity figures highlight below.

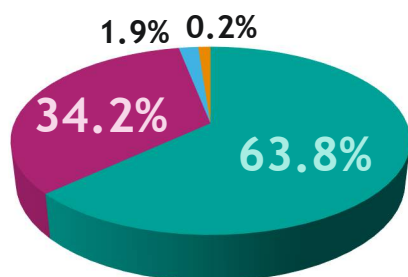
Referrals

The number of patients referred into the service for treatment

Total	78,418
Gynaecology	36,646
Obstetrics	25,205
Clinical Genetics	12,950
Gynaecological Oncology	3,392
Paediatric Metabolic Disease	225

In-patient admissions

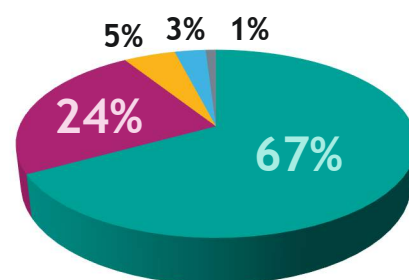
The number of patients admitted to a ward



	Elective	Day Case	Non-Elective
Total	8,214	2,318	28,188
Obstetrics	8	36	24,672
Gynaecology	7,904	1,871	3,451
Gynaecological Oncology	301	410	7
Other admissions	1	1	58

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	64,449	194,085	258,534
Gynaecology	24,612	38,730	63,342
Obstetrics	27,112	145,806	172,918
Clinical Genetics	9,020	4,030	13,050
Gynaecological Oncology	3,506	4,069	7,575
Paediatric Metabolic Disease	199	1,450	1,649



Out-patient DNA rates

'Wasted' appointments where patients Did Not Attend as expected

	First DNAs	Review DNAs	Total
Total DNAs	7,723	18,403	26,126
Obstetrics	10.1%	8.7%	9.3%
Gynaecology	10.8%	8.6%	9.0%
Clinical Genetics	11.5%	6.2%	9.9%
Gynaecological Oncology	12.2%	11.1%	11.6%
Paediatric Metabolic Disease	7.0%	10.8%	10.4%

Compliance with elective access standards

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.

Gynaecology is Saint Mary's main RTT specialty. Clinical Genetics performance against RTT is also being monitored during 2019/20. Improvements are being made during 2019/20 to minimise waiting times and increase efficiency through redesigned outpatient and theatre processes.

Incomplete Pathways

(Gynaecology as at the end of March 2019) target 92%

Total	Within 18 weeks	%
7,905	6,406	81%

Cancer (Gynaecology Apr 18 – Mar 19)

Measure	Performance
Cancer two week wait (target 93%)	87%
31 day to first treatment (target 96%)	96%
62 day referral to first treatment (target 85%)	71%

VTE risk assessment target 95%

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	%
28,019	27,651	368	98.7%

Emergency Department performance

(Emergency Gynaecology Unit—EGU) The national standard is that of 95% of patients are required to be seen within 4 hours of arrival.

Cases	% Non-Breach	% Breach
14,262	95.8%	4.2%

Neonatal bed day capacity

	Cots	% Occupancy
Intensive Capacity	21	78.4%
High Dependency Capacity	21	105.1%
Special Care Capacity	46	82.5%

Antenatal Bookings

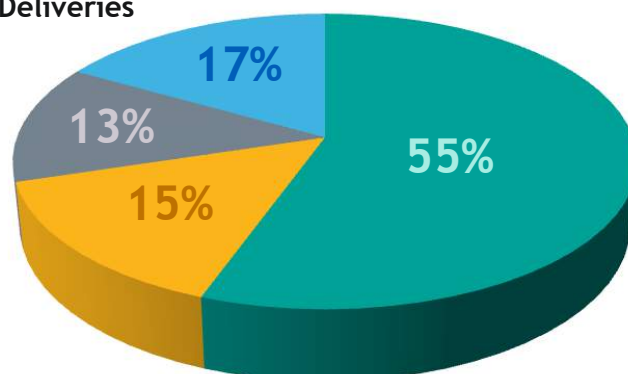
Total	14,632
Intermediate Pathway	4,162
Standard Pathway	6,743
Intensive Pathway	3,682

Deliveries

The number of women who have given birth

Total	13,162
Spontaneous	7,309
Assisted Delivery	1,935
Elective C-Section	1,708
Non-Elective C-Section	2,210

Deliveries



Births

The number of babies that have been born.

Total	13,218	
Singletons	12,790	
Twins	402	201 (Pairs)
Triplets	9	(3 Sets)

Finance

Financial Summary

Saint Mary's Hospital ended the 2018/19 financial year with a reported deficit of £3.7m (2017/18: £2.5m deficit) which is 2.2% of its annual income turnover of £164.8m (2017/18 - 1.9%, turnover £129.9m), as noted in the table on the next page.

2018/19 was the first year for Saint Mary's Hospital as a Managed Clinical Service (MCS) therefore combining services provided from the Oxford Road Campus and Wythenshawe site in MFT.

Services are now provided across the MCS from the Divisions of Obstetrics, Gynaecology and Neonatology for patients in Manchester.

Income

Commissioner Income

The overall income received from the Hospital's commissioner's had a target of £155m (2017/18 £121m) and was underachieved by £0.4m (2017/18 £3m overachieved). The shortfall was driven largely through discharge income within the Neonatal unit; and under delivery of activity in Gynaecology and the department of Reproductive Medicine.

Divisional Income

The Divisional income target of £10m (17/18 £8.9m), which relates to income earned that is in addition to all commissioner income, was overachieved by £0.5m (2017/18 underachieved by £0.1m). The key area of over performance was in Genomics.



David Kay
Director of Finance



Hollie Glazebrook
Divisional Accountant

Direct Expenditure Budgets

In 2018/19 the Hospital had direct budgets of £103m (2017/18 £89.5m) and had a year-end overspend of £3.3m (2017/18 £0.7m underspend). This position included unachieved trading gap and reserves of £2.6m (2017/18 £2.3m).

Pay

The Hospital's pay budget was £93.2m (2017/18 £73.8m) and represents 82.2% (2017/18 82.4%) of expenditure budgets. Overall agreed direct pay budgets were overspent by £0.8m (2017/18 £3.1m underspend). Where the Hospital has vacancies in its Divisions, recruitment is proactively addressed to minimise the impact on service provision and the need for temporary resource.

Non-pay

The non-pay budget of £22.8m (2017/18 £18.6m) was overspent by £0.4m (2016/17 £0.5m underspend), relating to pressures across all Division's within the Hospital.

Saint Mary's Hospital MCS 2018/19			
	Plan	Actual	Variance
	£'000	£'000	£'000
INCOME			
Commissioner Income	154,578	154,183	-395
Divisional Income	10,065	10,586	521
TOTAL INCOME	164,644	164,769	125
EXPENDITURE			
Pay Expenditure	-93,199	-93,951	-751
Non Pay Expenditure	-22,794	-23,234	-441
Trading Gap Reserves	2,635	0	-2,635
TOTAL EXPENDITURE	-113,358	-117,185	-3,827
TOTAL	51,286	47,584	-3,702

Key Challenges

The Hospital has significant recurrent trading gap and negative reserve pressures which are the driver for the year end deficit. The Hospital requires transformational change from the Divisions to enable solutions to be identified to relieve the pressure.

The creation of the MCS will provide an opportunity to drive efficient quality care across all of the Hospital's services and will be the key enabler for bringing the Hospital into recurrent balance over the medium term.

Research

Gynaecology

Current studies actively recruiting

PROTECTOR

A new study which has just opened on the Oxford Road site. Dr Emma Crosbie is PI. Looking at preventing ovarian cancer through early excision of tubes and late ovarian removal. This study involves 3 surgical arms and 1 control arm where participants simply complete questionnaires.

In set up

Also, 2 early phase studies in set up; both looking at new types of HPV vaccines one of which will be led by Dr Ursula Winters and will be a first in human use study.

Recruitment

Recruitment for the Gynaecology team for the year 2018 - 2019 was 1956 participants from a target of 1475.

Alife 2

Low-molecular-weight heparin to increase the chance of live birth in women with recurrent miscarriage and inherited thrombophilia : Highest screening site (out of 30 sites) - Miscarriage study.



TOPSY study

Saint Mary's Hospital were the second highest recruiter to the TOPSY study out of 15 recruiting sites. We have over recruited with a total of 36 patients consented to a set target of 30. (Urogynaecology study).

Future Pilot study

Evaluate the cost effectiveness of urodynamic investigations in management of overactive bladder symptoms. Saint Mary's was one of the top recruiting centres. (Urogynaecology study)

PRISM: Progesterone In Spontaneous Miscarriage

The PRISM trial results have now been published in the NEJM. Overall, the study found a 3% increase in live birth with progesterone compared with placebo, and in higher risk patients (with a previous history of pregnancy loss) there was a significant increase in live birth with progesterone:

A history of one or more previous losses showed a 5% increase in live birth compared with placebo
A history of three or more previous losses showed a 15% increase in live birth compared with placebo

There has been a lot of media attention on this important finding and activity on social media. The next step is to present these findings to the NICE guideline committee to ask them to consider this new information from the largest trial ever done on this subject.

Endometrial Scratch Study

A Multicentre Randomised Controlled Trial of Induced Endometrial Scratch in Women Undergoing First Time in Vitro Fertilisation (IVF). Saint Mary's was the highest recruiter.

The Gynaecology Research team took part in the Young Peoples Event last year in June 2018 showcasing Gynaecology/ IVF Research.

Newborn Services

The Neonatal research activity continues to thrive with Dr Ajit Mahaveer as Consultant Lead and Nicola Booth as Research Nurse Team Lead. With Karen Dockery (Research Coordinator), Imelda Mayor and Clare Clifford (Research Nurses) the team deliver our portfolio of neonatal studies and are developing neonatal research.

Over the past year the successes include:

Recruitment to target and above on all our NIHR portfolio studies.

The only UK site to successfully recruit to a study and to meet our target despite the study closing early.

The first site to recruit to a European multi-centred commercial study.

Selected as a site for our first Phase One study and the first site to open to this European multi-centred commercial study.

Dr Ajit Mahaveer, Professor Bill Newman and Nicola Booth are co-applicants on the National Institute for Health Research (NIHR) Invention for Innovation (i4i) programme to carry out the Paloh Study: Development and Implementation of a Point-of-Care Pharmacogenetic Test to Avoid Antibiotic Related Hearing Loss in Neonates. Gentamicin is the first-choice antibiotic regimen for treatment of suspected infection in the neonatal period. However, there is a known genetic mutation (m.1555A>G) strongly associated with aminoglycoside-induced deafness and has a reported prevalence of 1 in 500. Current genetic testing takes 3-4 days to return a result and therefore not

appropriate for use in the NICU where antibiotic administration is required to be given within an hour of admission.

This project aims to assess the clinical implementation of a point of care diagnostic test giving a result in <25 minutes. By introducing a simple genetic point of care test, we have the potential to avoid around 180 cases of severe irreversible deafness caused by this antibiotic every year in the UK.

Successful joint bid for a fully funded BBSRC Doctoral training partnership PhD at University of Manchester.

Imelda Mayor's successful completion of her MRes programme with a study that will inform and support our neonatal research practice into parental perceptions of being approached about enrolment of their baby into more than one research study whilst they are patients on the Newborn Intensive Care Unit.

Looking ahead:

The team have secured their involvement as a site for a further large international, multicentre commercial study.

Development of our own studies to include an NIHR grant application for Research for Patient Benefit and working with an industry partner on



Obstetrics

In the last 12 months Saint Mary's Hospital (SMH) have led recruitment to national pregnancy research; we were the highest recruiting site for the REMiT2, Big Baby and CStitch2 studies and second only to St Thomas' in London for BUMP, PHOENIX and PARROT. This would not have been achieved without the amazing support of the clinical staff on the wards who have really supported research delivery across the trust and the midwifery research team at the Oxford Road Campus and Wythenshawe.

Some statistics from the 5th floor Research team:

- We run 6 translational research clinics every week on the 5th floor.
- 4,664 ultrasound scans have been performed in our translational research clinics since November 2018
- We have worked on over 35 studies this year.
- We have recruited over 1800 participants to research.

Manchester Placenta Clinic

Throughout 2019, the Manchester Placenta Clinic, which is based within Saint Mary's Hospital, has been celebrating 10 years of specialist care for women who have, or are at risk of, having babies with fetal growth restriction in pregnancy.

As part of a [celebratory booklet](#) published by our partner, The University of Manchester, Professor Ed Johnstone discussed the challenge of developing the Manchester Placenta Clinic and how it has grown to provide compassionate, individualised antenatal care for hundreds of families facing uncertain pregnancies as a result of placental dysfunction.

Professor Johnstone outlined the research undertaken in the clinic and how we now have, along with other translational clinics in the department, one of the largest high-risk pregnancy datasets in Europe. In the last 12 months, clinical information, blood samples and placentas have been collected from over 1000 women giving birth at Saint Mary's. This ongoing collection contributes to a wealth of clinical and fundamental science research within the Maternal & Fetal Health Research Centre at Saint Mary's.



The team in the Manchester Antenatal Vascular Service (MAViS) clinic have also had a busy year recruiting to several national studies relating to the management of hypertension in pregnancy. The findings of the PHOENIX study have been published in the Lancet and have informed the management of women with pre-eclampsia. The PARROT study (co-applicant Myers) also completed this year and published in the Lancet.

Follow the links for access to the full articles.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33212-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33212-4/fulltext)

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31963-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31963-4/fulltext)

The findings from the PARROT trial, in addition to previous research led by Professor Chappell in London and Dr Myers in Manchester has led to the introduction of a new blood test recommended by [The National Institute for Health and Care Excellence \(NICE\)](#) for the management of gestational hypertension and suspected preeclampsia. The innovative test, which identifies

which women are developing this serious condition, is now available to women across Greater Manchester. The test is changing the care of hundreds of women affected by hypertension in pregnancy across our hospital sites and across the city.

Dr Jenny Myers, Consultant Obstetrician at Saint Mary's, who runs the MAViS clinic, has led on the implementation of the test at Manchester Foundation Trust (MFT) and through collaboration with Health Innovation Manchester has led the implementation of a new care pathway incorporating the test across the North West Region.

Dr Myers said "We've been carrying out research in this area for 10 years and the fact that this test is now funded through the NHS is amazing. I'm very grateful to the whole team at the Manchester Maternal and Fetal Health Research Centre and to MFT's Research and Innovation team for making that happen.

In addition, to the contribution to national studies the team across the research floor continue to recruit a number of Manchester-led CRN portfolio studies. Recruitment to the VELOCITY cohort, funded by Diabetes UK and Tommy's has now recruited >150 women across Manchester and Leeds. The CHERRY study, which investigated the feasibility of citrulline supplementation for women with hypertension in pregnancy, has now completed and will be published later this year. Our first study of postnatal hypertension (PICK-UP) has also recruited ahead of target with 70 women with preterm pre-eclampsia included in the intervention and observational parts of the study.

Midwifery-led research has also expanded over the last 12 months. Kylie Watson has led an NIHR-funded study investigating telemetry in the context of intrapartum fetal monitoring which has now completed as part of her PhD thesis and Catherine Chmiel and her team have successfully led the PEONY North study which will inform the care of women with hypertension in the weeks after birth.



Saving Babies Lives Care Bundle

Our research findings have influenced national and international policy and clinical practice with initiatives such as version 2 of the Saving Babies' Lives Care Bundle

Key recommendations from the Saving Babies Lives Care Bundle (SBLCB) Evaluation, led by Professor Alex Heazell in 2017/18, have been incorporated into the second iteration of the care bundle (SBLCBv2) launched nationally in March 2018. Professor Heazell led the working group for the development of the second iteration of Element 3 of the care bundle "Reduced Fetal Movements" which incorporated some of the evaluation findings. Professor Ed Johnstone led the working group for the second iteration of Element 2 "Fetal Growth Restriction" based on the local and regional work around detection and management of fetal growth restriction.

We have also developed regional guidelines (to be used in Greater Manchester and East Cheshire Strategic Clinical Network) for the detection and management of fetal growth restriction, management of early onset fetal growth restriction and management of reduced fetal movements.

<https://www.england.nhs.uk/north-west/gmec-clinical-networks/our-networks/maternity/resources/>

Rainbow Clinic

The Saint Mary's Rainbow Clinic model, established in 2013, has now supported more than 700 families, helping to reduce the stillbirth rate by 34% (Saint Mary's). These specialised clinics are tailored to meet the specific needs of women and deliver a more efficient and effective model of care.

The Rainbow Clinic model is now being implemented across all nine Greater Manchester maternity sites, enabling families from across all GM localities to benefit from the enhanced support offered, which will lead to a reduction in stillbirths and preterm births in this population across Greater Manchester.

Rainbow Clinic has to date achieved outstanding results by delivering this additional enhanced care pathway, resulting in far fewer second incidents of stillbirth or late miscarriage than the average expected for this patient group. The Rainbow Clinic cared for over 700 women with only one woman sadly having a second stillbirth and one who experienced a neonatal death (from an unrelated cause). This is significantly less than the 15 predicted from published data. Notably, the Rainbow Clinic model has also considerably reduced the incidence of preterm birth from 20% to 10% by both a reduction women that have gone into pre term labour naturally and fewer babies that doctors have had to deliver early because of problems.

Independent evaluations of the Rainbow Clinic model of care by Manchester Business School and the New Economics Foundation have demonstrated that the Rainbow Clinic model of care is associated with up to £6.10 of value for every £1 invested. Parents particularly noted that there was reduced frequency of consultations in primary care, maternity and mental health services, finding that the structured approach of care was preferred to a more chaotic experience in which women frequently sought interactions to address their anxiety/concerns. The model of care has also facilitated additional training for medical and midwifery staff.



Genomics

In November 2018 the Genomics Division we started recruitment to the NIHR BioResource Rare Disease study, a national initiative that aims to build up cohorts of patient data and samples for the benefit of all researchers in the field. There are over 50 rare diseases currently included in the study, with more added each year. The Genomic Service at Saint Mary's are the national lead centre for the Neurofibromatosis Type 1 and 2, Congenital Hyperinsulinism, Turner Syndrome and Familial Interstitial Pneumonia cohorts. Researchers will be able to apply to access the cohorts for future research into rare diseases. Further information about the project can be found at <https://bioresource.nihr.ac.uk/rare-diseases/rare-diseases/>

Dr John McDermott, a trainee based at the Manchester Centre for Genomic Medicine, was named as one of four winners of the joint National Institute for Health Research Clinical Research Network (NIHR CRN) and Royal College of Physicians (RCP) award <https://research.cmft.nhs.uk/news-events/saint-marys-doctor-awarded-outstanding-contribution-to-nhs-research-award>

Over 4,000 patients with rare diseases and their relatives from Greater Manchester were able to take part in the 100 000 Genomes project. Professor Bill Newman, a Clinical Geneticist from Saint Mary's says that 'this remarkable project has given NHS patients access to state of the art new genetic technologies and pushes the boundaries of scientific knowledge to unravel the causes of rare genetic conditions and offer insights into the biological mechanisms underpinning disease to pave the way for new treatments for future generations.' The Clinical Scientists at the Manchester Centre for Genomic Medicine are now working through the vast array of genetic data that has been returned from the project to identify new diagnoses for patients taking part in the project. As well as focusing on rare diseases, over 800 cancer patients from across Greater Manchester were also able to take part in the project, which aims to use

whole genome screening of tumours to guide the development of personalised treatments for cancer therapy.

Over 90 women attending Saint Mary's, who have been identified to at high risk of developing ovarian cancer, have had the opportunity to take part in the ALDO study. This study is led from London, and being run locally as a joint venture by Professor Gareth Evans (Manchester Centre for Genomic Medicine) and Professor Richard Edmondson (Gynaecology). The aim is to evaluate whether screening with the ROCA blood test can detect ovarian cancers at an earlier stage before symptoms develop. Ovarian cancer is often diagnosed at a late stage and this has a significant impact on survival. By taking part in this study, we hope to improve cancer screening for women at risk of ovarian cancer.



Charity

Over the past 12 months we have seen some fabulous fundraising taking place in support of Saint Mary's Hospital. Thanks to the hard work and dedication of a number of individuals, community groups and companies, during 2018/ 19 we were delighted to receive an amazing £263,314 in charitable donations.

These funds will help to make a huge difference to our patients and their families, supporting life-changing treatment, ground-breaking research and exemplary care at the hospital.

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

Lisa and Phil Juniper were over the moon to find out they were expecting their second baby after trying for many years, and their 11-year-old son Jack was excited about becoming a big brother. However, life doesn't always go according to schedule and baby Theo was born in June 2017 at 25 weeks, weighing just 1lb 14oz. He had bleeds on his brain, lung, heart and eye problems, and numerous infections. He was ventilated and taken straight to NICU at Saint Mary's Hospital to be cared for, where Lisa and Phil spent the next 113 days at his bedside. Theo is now doing well and has grown into a cheeky, funny little boy, although he is deaf in both ears, and still has lung problems. To say thank you for the care that little Theo received, Lisa and Phil decided to raise funds through a blog detailing their story, an auction, and a charity fun day on Theo's 1st birthday – and the family presented NICU with a wonderful £6,000!



The Real African Housewives of Manchester, a group of five ladies who banded together to give something back to the community, raised funds through a bake sale in celebration of group member Valerie Djithieu's birthday. Valerie and the other members Monique Chiappi, Nathaly Tientcheu, Esther Malala and Avilie Mouga succeeded in raising a wonderful £501.80, which they chose to donate to the Newborn Intensive Care Unit.

Also in October 2018, long-time supporters Ric Moylan and Jordan Walker hosted their fourth charity boxing night at The Hilton in Manchester, raising funds for the Neonatal Intensive Care Unit (NICU) at Saint Mary's Hospital and for Royal Manchester Children's Hospital's iMRI Scanner Appeal. The glam black tie event had over 550 attendees and the evening included seven bouts of boxing by complete amateurs who had trained hard for the event – one of whom was none other than NICU Matron Kath Eaton, who won her bout! Ric has supported NICU following the care that his niece received there before she sadly passed away in 2015, and the charity team were recently delighted to be presented with a cheque for an incredible £50,239.42 from the event.



Corporate supporters Greencloud IT hosted their second Glitz and Glam Emerald Ball in October 2018, raising money for both Saint Mary's Hospital Charity and Royal Manchester Children's Hospital Charity. The event at The Hilton, Deansgate, had a fantastic line-up including comedian Chris Ramsay, as well as a raffle and auction on the night – and succeeded in raising over £19,000! £3,000 worth of the donations will go towards the redecoration of the day room on our Delivery Unit at Saint Mary's Hospital Oxford Road Campus, to make it a more welcoming and calming environment for expectant families.



When 13-year-old Boe Kilshaw's baby cousin was born prematurely at 24 weeks, weighing just 1lb 8oz, she was looked after at Saint Mary's Hospital. Boe decided to fundraise to say thank you for the care her cousin had received, and set herself the challenge of a sponsored read-a-thon – she aimed to complete 50 books in the space of six months, between July and December 2018. She set up an online donation page to ask for sponsorship and succeeded in raising an amazing £1,654.40 to donate to the Neonatal Intensive Care Unit!

Charity

Following the devastating still birth of their baby daughter Grace Mary, in January 2016, parents Dermot and Lucy Finnigan were blessed with the arrival of daughter Niamh Iris just over a year later. To say thank you to the doctors and midwives in the Rainbow Clinic, who offer specialist support to families in a subsequent pregnancy following stillbirth or perinatal loss, and whose hard work made sure that Niamh came into the world safely, Lucy and Dermot decided to do something positive in Grace's memory. They held a ball in October 2018 at Bowdon Rugby Club, which included a three course meal, entertainment, raffle and auction. Over 180 people attended, and the event (along with an associated Just Giving page for people that couldn't attend) raised an incredible £9,842 for the Rainbow and Placenta Clinic. The funds will go towards helping to train midwives to scan in the third trimester, to help refurbish consulting rooms in the clinic to make it a more



comfortable, peaceful environment, to provide special reading material to help families better understand baby loss and provide new baby packs for families who are expecting rainbow babies – babies who are born subsequent to a miscarriage or stillbirth.

These are just some of the wonderful feats of fundraising that have occurred over these 12 months, and we would like to thank everyone who has shown their support. It really does make a lasting difference to all of our patients, young and old, and their families, each year.

If you would like to get involved and show your support for Saint Mary's Hospital Charity, from participating in one of our annual sporting challenges such as the Great Manchester Run, to organising your own event to raise funds, or by simply making a donation, please visit www.mftcharity.org.uk or contact 0161 276 4522.

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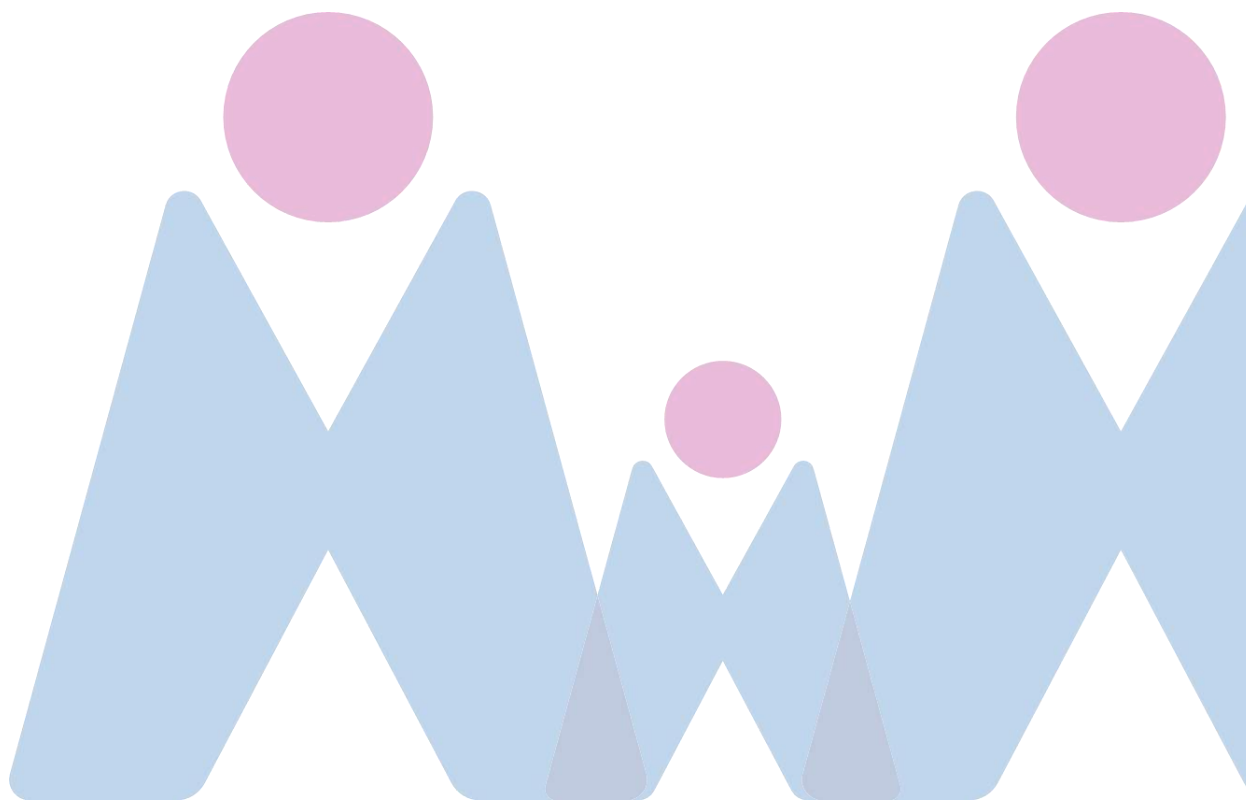
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