

Saint Mary's Hospital Managed Clinical Service Annual Report 2019-2020



Contents

Foreword	1
Saint Mary's Hospital Managed Clinical Service	2
Senior Leadership Team	3
Service Structure	4
Innovation & Improvement Team	7
Gynaecology	9
Genomic Medicine	17
SARC	20
Obstetrics	27
Newborn Services	34
Human Resources & Organisation Development	41
Finance	47
Research	49
Quality and Safety	56
Charity	66
Activity	69

Foreword

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

In reading this report it helps to remind us all of a life before the COVID-19 pandemic. The main thrust of the pandemic started to make a material difference in February/March 2020 and prior to this the Hospital Managed Clinical Service operated very much as in previous years. Although there is mention of the pandemic this is not the main focus in this edition and rightly so as there is so much within here to celebrate and excellence to applaud. What stands out for me in this edition is the research and innovation taking place. In spite of the usual challenges of delivering the right amount of care to the right amount of people in the right time frames there is a significant amount of research being undertaken and grants secured with real benefits to patients. I urge you to read what has been delivered in this regard.

The Annual Report also highlights where our staff have been nominated and won awards for their contributions to the delivery of care or innovation.

We have retained high levels of safety and quality in nearly all aspects, but we do know we can improve against a number of our professional metrics. These are namely delivering care within 18 weeks from referral and within 62 days for a cancer referral. Going forward there will be new plans to address this in 2021/22. We were also unable to deliver a financial break-even position and again this report explains the main reasons for this which will also have renewed focus next year.

Finally, I do need to acknowledge that for the period of the pandemic that this report covers I have witnessed many selfless acts of kindness and fantastic teamwork. Our teams have stepped up and moved services at very short notices to new venues across the Trust to enable oxygen therapy to be provided safely to those who needed it, to care for patients minimising the spread of infection and a willingness to be redeployed to support colleagues in different services and hospitals. I am immensely proud of everyone in our Hospital Managed Clinical Service. Thank you so much for all you have done and continue to do every day. Enjoy this report.



Karen Connolly
Chief Executive Officer

Saint Mary's Hospital

Managed Clinical Service

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 Genomic Medicine Division
The Gynaecology Division
The Newborn Services Division
The Obstetrics Division
The Sexual Assault Referral Directorate

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



Alison Haughton
Director of
Operations



Sarah Vause
Medical Director



Kathy Murphy
Director of Nursing
and Midwifery

Ian Daniels
Director of Business
and Innovation



David Kay
Director of Finance

Victoria Hall
Director of HR and OD



Saint Mary's Hospital

Managed Clinical Service

Service Structure

All 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.

Genomic Medicine



Bill Newman
Clinical Head of
Division



Stuart Bayliss
Divisional Director



Gill Moss
Lead Nurse

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

Provided via SMH at:

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

Benign Gynaecology including menstrual disorders,
hysteroscopy, colposcopy and vulval disorders.

Paediatric and Adolescent Gynaecology

Reproductive Medicine including IVF, endometriosis,
menopause

Urogynaecology including mesh complication service

Gynaec oncology

Provided via SMH at:

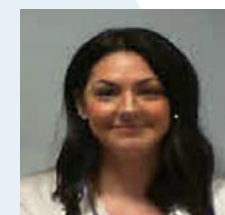
Oxford Road Campus
Trafford General Hospital
Withington Community Hospital
Wythenshawe Hospital

Gynaecology

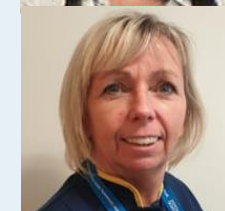
Rohna Kearney
Clinical Head of
Division



Emily Hoyle
Divisional Director



Cath Bartlett
Head of Nursing



Newborn Services



Ngozi Edi-Osagie
Clinical Head of
Division



Christine Ashworth
Divisional Director



Kath Eaton
Lead Nurse

Neonatal intensive care
High dependency and special care
Complex respiratory diseases
Complex renal conditions
Complex cardiac conditions
Complex neurological conditions
Babies who 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
Wythenshawe Hospital

Obstetrics

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
Trafford General Hospital
Withington Community Hospital
Wythenshawe Hospital
Salford Lanceburn

Clare Tower
Clinical Head of
Division



Mary Hynes
Divisional Director



Bev O'Connor
Head of Midwifery
Oxford Road
Campus



Faith Sheils
Head of Midwifery
Wythenshawe



Mary Symmington
Head of Midwifery
North Manchester
General Hospital



SARC



Cath White
Clinical Director



Rachel Coppock
Directorate Manager

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 and
Innovation**

2019-20 has been another busy and productive year for the Saint Mary's Innovation and Improvement Team who have continued to support and promote the strong innovation and improvement culture we are creating across the Managed Clinical Service.

The team has continued 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 with all aspects of programme and project management, including; planning and scoping, task definition, process mapping, facilitating discussion, information gathering, finding best practice, problem solving, defining benefits, and monitoring delivery.

The team are also available to provide general advice, guidance, support and a lot of enthusiasm to those members of staff from across the MCS who wish to embark on service improvement and innovation. They are also not afraid to roll their sleeves up and get involved in helping change happen.



Pam Kilcoyne
Lead Nurse for
Gynaecology
Transformation



**Katherine
Goodman**
Innovation &
Improvement
Manager



Edel Dobbin
Innovation &
Improvement Manager



Daniel Davies
Innovation &
Improvement
Manager

During the year the team have supported:

- The Genomic Medicine Division in continuing the mobilisation of the North West Genomic Medicine Laboratory Hub. This included the transfer of the Liverpool Women's Genomic Medicine Laboratory into the MCS.
- The Obstetrics Division in the delivering the 10 safety actions associated with the National Maternity Incentive Scheme. This scheme is designed to reward units across England that can demonstrate compliance with key actions that facilitate the safe delivery of maternity care.
- The Gynaecology Division by simplifying and reducing the steps in the fertility assessment pathway to shorten the waiting times within it. The team have also worked with the Division to review the ambulatory care and diagnostic offerings across the MCS sites to see how they might be harmonised to ensure a standardised high standard of care for all.
- The development of a clinical brief for the future of Women's services at North Manchester Hospital to feed into the redevelopment plans for the site. This involved working closely with colleagues from North Manchester who are soon to become part of the Saint Mary's Managed Clinical Service.

The team has also continued to engage with other innovation and 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.

Gynaecology

2019-2020 has seen a new Divisional Management Team in place. As a Division we have continued to provide specialist gynaecology services across the MCS and look forward to working more closely with North Manchester as this year progresses.

Divisional Management Team



Clinical Head of Division – Rohna Kearney

Dr Rohna Kearney is a Consultant Urogynaecologist at Saint Mary's Hospital. She trained in Ireland, US and UK and following completion of urogynaecology subspecialty training at University College Hospital, London she was appointed as a Consultant Urogynaecologist at Cambridge University Hospitals NHS Trust where she worked for 8 years before moving to Saint Mary's Hospital in 2014.

Since her appointment at Saint Mary's Hospital she has developed an active research portfolio. She has a research interest in obstetric pelvic floor injury, Magnetic Resonance Imaging of the pelvic floor and conservative management of pelvic organ prolapse.

At a national level, Dr Kearney has served as the topic lead for development of NICE guidelines. She is currently a member of the Specialised Women's Service clinical reference group, RCOG Pelvic Floor clinical study group and the RCOG Women's Network.

As Clinical Head of Gynaecology Division, Dr Kearney enjoys working with colleagues across all sites of the MCS to develop, transform and deliver high quality gynaecology services.



Divisional Director – Emily Hoyle

Emily joined Saint Mary's Hospital as Divisional Director for Gynaecology Managed Clinical Service in February 2020 after working across Surgery and Clinical Support Services at Pennine Acute Hospitals for the past 6 years. Her introduction to the role has been somewhat different than anticipated with the emergence of the COVID-19 pandemic shortly after she arrived, suspending business as usual and existing ways of working across our hospitals. She has been absolutely delighted with colleagues in the Divisional Management Team and at the way that all of the medical, nursing, laboratory, administrative, managerial and other staff in the Division have operated throughout these unprecedented times.

Upon arriving in the Division it was clear that there was a wealth of opportunity for all of our services and that the teams were enthusiastic, open minded and passionate about realising them. This hunger for improvement has only increased during the pandemic, and she is confident that with collaboration and innovation the Division can take some very positive and transformational steps over the next financial year, particularly with the addition of North Manchester General Hospital Gynaecology service to the Division.



Head of Nursing – Cath Bartlett

Cath joined Saint Mary's Hospital as Head of Nursing for the Division of Gynaecology Managed Clinical Service (MCS) in November 2019.

Cath has worked in the NHS for over 30 years in various clinical roles. Qualifying as a nurse in 1997, she initially worked at Trafford General Hospital in Acute Medicine until 2009 when she joined Manchester Royal Infirmary as clinical nurse lead and then Matron across medicine, eventually taking up the post as Matron in Urgent Care.

Following time spent as Matron for Urgent Care she then secured the post of Lead Nurse for Acute Services leading on Emergency Department Nursing services, urgent care and ambulatory care services. Cath is committed to service innovation and development and is passionate about the delivery of high quality services for all.

As Head of Nursing for Gynaecology her role is to provide professional support to the nursing teams and managers within the Division fostering a culture to enable teams and individuals to continually improve services across the MCS.

What's new? - key achievements in 2019-20

- In November 2019 the single Gynae-oncology Multi-Disciplinary Team meetings commenced, combining expertise from The Christie and Saint Mary's Hospital to enhance networking capabilities and improve patient outcomes.
- Our cross-site Endometriosis service received accreditation from British Society of Gynaecological Endoscopy and have a new nursing team. A new telephone helpline has been set up to support patients.
- The recurrent miscarriage service introduced a new scan clinic and developed a proforma to streamline referrals from primary care.
- Point of care testing at Trafford was implemented to improve efficiency and patient experience – the intention is to roll out to Hysteroscopy at Oxford Road Campus and the Emergency Gynaecology Unit.
- Following an inspection by Human Fertilisation and Embryology Authority in March 2019 the IVF Unit within Department of Reproductive Medicine (Old Saint Mary's) licence was renewed for 3 years.
- The standardised Outpatient Medical Management of Miscarriage pathway; an additional treatment option for women experiencing early pregnancy loss, has now been successfully implemented across sites. Feedback provides assurances of patient acceptability, satisfaction and suitability in practice.
- The cancer service has achieved a significant improvement in delivery of 2 week wait times.

Continuing excellence...

Gynaecology multi professional simulations

Working together... including personnel from Saint Mary's Theatres night team, obstetricians & midwives:

Joint simulation covering anaesthetic emergency Malignant Hyperpyrexia (MH), which led to a number of changes needed to be made with the Grab & Go MH kit. Since the simulation the kit has been streamlined to contain essential drugs & equipment only, alongside updated action cards for future reference



Quality improvement for the ReSPECT process

Following on from work done in 2019 the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process creates personalised recommendations for an individual's clinical care in emergency situations. Using local audit, workshops, education and feedback sessions, the initiative has empowered healthcare professionals to work together. This quality improvement work was led by junior medic, Dr Anna Stubbs.

Focus for 2020-21

Following on from the Transformation Team review in 2019 an outpatient transformation plan was developed and has moved forward this year with a focus on triage processes to direct referrals to the appropriate service. There will be introduction of more robust administrative processes and a centralised booking team at ORC to implement a single point of contact for patients across the Managed Clinical Service. A requirement to work differently due to COVID-19 has meant that we have been able to identify opportunities to improve ways of working to continue services to as many patients as possible by providing virtual appointments and a partial booking system.

The endometriosis service has added 2 new Consultants to its surgical audit database and is getting ready for a quality assurance visit from NHS England. The team are also aiming to increase the number of junior doctors receiving advanced surgical skills training.

In IVF the focus is on working towards obtaining regulatory approval to restart fertility services with new working practices to minimise face to face contact in light of new distancing guidance.

Transformational redesign of theatre utilisation across the MCS is an ongoing piece of work to improve efficiency and reduce waiting times.

Strategic Developments

Objectives

- To provide high quality, safe, effective and timely care to all patients accessing our service
- To ensure equity of access to our patients across all sites of the Managed Clinical Service
- To embed shared standards of practice and ways of working across the MCS
- To maintain and develop our provision of nationally accredited specialist services
- To ensure our services are delivered in the most efficient way, making best use of our available resources
- To support, professionally develop and empower a skilled, motivated workforce employing innovative models of service delivery
- To provide evidence based, cutting edge care by ensuring research is part of our everyday business and all patients have access to clinical trials
- To consider best use of estates, facilities and technology in our strategic developments
- To involve our patients in the design and development of our services and strategies
- To increase the diversity of our workforce in all disciplines at all levels to improve decision making and patient care
- To be a nationally recognised leader of Gynaecology training
- To be a powerful advocate for women in Greater Manchester and beyond

The Division has a full recovery and improvement programme with some projects prioritised and some for focus later in the year. All projects are working towards aligning and embedding pathways across Greater Manchester for patients accessing our services;

- **Admin Resource** – Development of a more robust admin structure, processes and standard operating procedures.
- **Ambulatory Services** – Development of a standardised single outpatient diagnostic and treatment service for patients with specific gynaecology disorders and disease.
- **Department of Reproductive Medicine** plans for a new model of service delivery are linked to developments to support relocation and relaunch of the service.
- **Emergency Gynaecology** – MCS wide approach to early pregnancy and emergency gynaecology provision.
- **Outpatient Coding** – Work to capture and record outpatient activity across the MCS.
- **Outpatients** – Improving processes throughout a patient's non-admitted journey.
- **Referral to Treatment Validation Programme** – In depth and robust programme for validation of current open and closed pathways.
- **Spinal Anaesthetics** – expansion of the use of spinal anaesthesia in theatres to allow a reduction in length of stay and increase in theatre throughput.
- **The recurrent miscarriage service** is working towards providing its service at NMGH and aims to roll out the specialised service to the Wythenshawe site.
- **Theatres** – Ensuring most appropriate use of theatre capacity across the MCS.

Awards and celebrations

It has been a difficult job to highlight our awards and celebrations this year as there have been so many. We would love to share them all, here is a selection;

We are proud to have achieved gold accreditation on W62, EGU and Women's Outpatients

In June 2019 Dr Emma Crosbie was promoted to Professor of Gynaecology Oncology and, in October, was nominated as British Medical Journal role model. Professor Crosbie also won an award for outstanding postgraduate supervisor at the University of Manchester, Faculty of Medicine. Also within, gynaecology oncology, the MFT Endometrial Cancer Research Group won the 2019 NCRI Cancer Research Excellence in Surgical Trials (CREST) award for patient recruitment into clinical trials.



Dr Raj Mathur, Clinical Lead for Reproductive Medicine, has been elected chair of British Fertility Society and starts a 3-year term in Jan 2021.

Dr Karen Ward has been elected Vice Chair of the British Society of Urogynaecology.

The recurrent miscarriage service was proud to be nominated by patients for a 'We are proud of you award'.

MRC Clinical Research Fellow Neil Ryan was awarded a PhD for his thesis about Lynch syndrome associated endometrial cancer and our urogynaecology Nurse Specialist Lucy Dwyer has been awarded a National Institute of Health Research fellowship to do a PhD in pessary care.

Capital bids

We successfully bid for funds to purchase a new ultrasound scanner for gynaecology theatres. The machine will be used during egg retrieval procedures and as required during other surgery.

We have also been successful for a charitable bid for the Pinpoint sentinel node detection system which will be used to improve the staging of endometrial cancers whilst reducing the morbidity associated with current techniques.



Benign services

We have been delighted to welcome 2 new Consultants, Andras Kostic and Nikolas Tsampras, to the team. This year there has been improvement to waiting times on the patient tracking lists for benign gynaecology by utilising availability across sites. Work is ongoing to address the challenge of the ever-increasing waiting lists sizes in the post COVID-19 period and there is work in progress towards an outpatient diagnostic / treatment centre. The department has negotiated the pandemic with minimal disruption to our 2 weeks wait pathways and to our emergency gynaecology service. We evolved rapidly, modifying existing practises in an agile, yet harmonised manner, e.g. outpatient management of miscarriage and collaborating on a new pathway across sites. We have continued to modify and update clinical practice in line with regulatory and Trust advice. The benign gynaecology Consultants at Wythenshawe piloted a new electronic triage process. The benign team are looking forward to optimising new opportunities of collaboration and support with North Manchester General Hospital in the coming year.

Department of Reproductive Medicine

In 2019 the department reviewed its procedures and made positive changes which reduced patient waiting times for investigations by 6 weeks. We have also introduced the One Stop clinic where the patient and partner are seen on the same day by both the clinician and the nursing team. This initiative has resulted in the improvements to the waiting time for assisted contraception treatment, reduced the number of appointments patients are required to attend and improved communication between the patient, partner, clinicians and the nursing team.

Additional support from the counselling team has been developed and now includes a telephone follow up appointment by one of our counsellors following embryo transfer or Intra Uterine Insemination (IUI) treatment. This offers extra support to couples during the anxious 2 week wait to see if their treatment has been successful.

The department will continue to make improvements to the service in 2020-21 with the aim of providing the best care possible to our patients, especially in adapting to new ways of working required to provide fertility services during the ongoing COVID-19 emergency.

Early pregnancy & Emergency Gynaecology Unit

Our Emergency Gynaecology unit had another busy year with 13402 new attendances on the Oxford Road Campus alone. Despite the high level of activity, it was a fantastic achievement for the unit to achieve a Gold Accreditation for the second year running. Our nurses have continued to participate in fund raising activities with three members of the EGU team raising over £1200 pounds with the 3 Peaks Challenge. During our Christmas bake sale our staff also raised over £1021. This money will go towards dignity packs including comfortable clothing for women experiencing pregnancy loss as well as additional training for our staff in the counselling aspects of pregnancy loss and bereavement. We are also delighted to have appointed Lindsay Sykes, a full time counsellor to support couples who has experienced pregnancy loss at MFT.

In October our consultants across Oxford Road Campus and Wythenshawe Site with a special interest in early pregnancy held a 'North West Early Pregnancy and Emergency Gynaecology Study Day' with a focus on non-tubal ectopic pregnancies. This was extremely well received

with over 180 attendees including doctors, nurses and sonographers across North West with presentations from trainees and support from the industry.



Urogynaecology

The Manchester urogynaecology team, led by Karen Ward and Lucy Dwyer, hosted a successful 2019 UK Continence Society meeting in the city.

Two of our specialist nurses have been successfully trained in the administration of botulinum toxin injections to the bladder, moving this to a nurse lead ambulatory service to improve patient experience. The department has developed a consultant lead clinic and protocol for women with recurrent urinary tract infection. The Warrell Unit has bid to be commissioned as a specialist centre for women with pelvic mesh complications- the outcome of the bid is awaited.

The team continues to work across sites delivering specialist care at Trafford, Wythenshawe, North Manchester General Hospital and on the Oxford Road Campus.

Response to COVID-19

The Division has implemented a rapid but safe response to ensuring that investigations and treatment for patients who were clinically urgent could proceed. We welcomed retired Consultants who came back to assist the response to COVID-19. Our staff have adapted to the recent demands and challenges by restructuring the way patients access our services.

Our focus has been to keep patients and staff safe. We have encouraged women to call our telephone triage service with their early pregnancy concerns and to facilitate management of patients with suspected or confirmed COVID-19 in a cohort area. We have also increased the capacity for out-patient medical and surgical management of miscarriages in order to keep women safe at home where appropriate.

In response to the challenge posed by the COVID-19 pandemic our EGU on ORC was relocated to our Women's Outpatient department on the ground floor.



We reduced all usual activity and prioritised patients with a high suspicion of cancer, clinically urgent patients and gynae-oncology planned cases. Ongoing capacity for diagnostics (e.g. hysteroscopy, colposcopy), minor treatments (LLETZ) and major gynae-oncology surgery has meant that there has been a dramatic reduction in waiting times. Access and availability to assistance from other surgical specialty teams is having a positive impact on our services.

A new Consultant gynaecology rota was introduced after junior doctor redeployment with 24hr resident Consultant cover to support patient safety and also increased support from gynaecology to obstetric division.

Social distancing measures have been instigated and set up for clinic rooms reorganised during face to face consultations.



Pre-op and Admissions staff have extended their service to enhance patient care during this period by opening a weekend and evening service. This ensures COVID-19 swabs, pre-op assessments and preparations are completed in as timely a manner as possible to maximise likelihood for planned surgical procedures to proceed.

Gynaecology Oncology

The team are proud to have been awarded a 5-year accreditation as an ESGO certified centre in advanced ovarian cancer surgery by the European Society of Gynaecological Oncology. Gynaecology Oncology has also achieved the national standard for seeing women referred in on an HSC pathway within 2 weeks.

Work is ongoing to improve waiting times, both for outpatient appointments and surgery dates.

In Colposcopy, after a successful quality assurance visit a number of recommendations were made and a robust plan to address these is in place.

Work is ongoing to prepare for accreditation in complex gynaecological anomalies and severe endometriosis.

Our oncology team have continued to see and treat women with cancer throughout the pandemic.

Genomic Medicine

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

Manchester Centre for Genomic Medicine, a large unit of over 300 staff across two sites, provides care for patients of all ages affected by disorders that have a genetic basis. Our team is spearheading a transformation of healthcare delivery by broadening and accelerating delivery of genomic medicine. This includes:

- 1) Leading the North West Genomic Laboratory Hub, providing genomic diagnosis across the North West, and delivering some specialised genomic tests at a nationally,
- 2) Providing national and international leadership, and
- 3) Participating in clinical trials that are developing new therapies and improving the lives of patients seen in our hospital, for example the first successful major treatment trial for Huntington's Disease.



Stuart Bayliss
Divisional Director



Dr Bill Newman
Clinical Head of
Division



Gill Moss
Lead Nurse

2019-2020 Key Achievements

We saw great changes at both the start and end of this year, with significant achievements met throughout its course. The service again saw more patients than in the previous year – over 10,000 patients and families were seen and treated by our clinical team. 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.

At the very start of the year, the Centre integrated the Molecular Diagnostics Centre (MDC) in to its portfolio of diagnostic services. The MDC team was welcomed to the department with enthusiasm and pizza. The teams have been working closely together for a number of years and have begun a development process which will harmonise processes.

Diagnostic laboratory services continued to mobilise the North West Genomic Laboratory Hub, in partnership with The Christie and Liverpool Clinical Laboratories, as part of the new NHS National

Genomic Medicine Network. August saw the integration of the services based at Liverpool Women's Hospital with the service based at Saint Mary's Hospital in Manchester. We were pleased to welcome over 60 staff to our team. The lab team have been busy all year streamlining services across the two sites to the benefit of patients across the country as we prepared for the go-live of a new set of genomic tests for the NHS and we have continued to invest in new equipment to help with this.

Clinical services continued their excellent record of developing new insight into patient conditions; in May a new trial of a gene therapy began – designed here in Manchester, for the rare metabolic condition called mucopolysaccharidosis (MPS) IIIA. This is a great example of basic science linked directly to the clinic supported by researchers at the University of Manchester, clinicians at RMCH and Dr Simon Jones and colleagues within MCGM. Hopefully there will be many future successful studies in this area.

In June we hosted the first in what we hope will be a successful series of rare disease symposia. We were fortunate to welcome Prof Girish Katta and his colleagues from the Department of Medical Genetics in Manipal, India at this event, which was opened by Sir Mike Deegan, Trust CEO.

Many staff from the department gave up a Saturday to welcome patients, families and visitors to the Centre in September to our first Patient Open Day

Continuing Excellence

Our Magpie team, who lead on patient engagement for the Centre, attended the RARE-D event at the Whitworth Art Gallery in February. The feedback from the event was fabulous. The genetics games and activities and genome books in gallery 3 were hugely popular with the children (over 250 people including over 100 children attended the day).



In our research team, Dr Rachel Taylor was awarded the 'John Marshall RP Scientist of the Year Award'

Congratulations also to Prof Gareth Evans who gave the prestigious 2019 British Society of Genetic Medicine Lecture titled "From syndromology to population cancer risk stratification: a life's journey in cancer genetics" at the Royal College of Physicians in London.



Sister Gill Moss was appointed as the Lead Nurse for Rare Disease at NHSE and NHSI. Professor Bill Newman, Clinical Head of Department, was appointed Chair of the Medical Genetics Clinical Reference Group, a NHS group that sets the standards for our specialism within the NHS.



Strategic developments

Following our engagement with a diverse group of clinical stakeholders at the end of last year we agreed our clinical service strategy with the MFT corporate team at the start of this year and have made progress on a number of these developments over the course of the year.

- A pan-hospital group led by Medical Director Jane Eddleston started working toward a Trust wide vision for a Rare Disease Centre
- Improvement to cancer pathways continued with a group established to look at optimal tissue use across different cancer pathways, including those involving genomic analysis
- Encouraging mainstream medicine to adopt genomic medicine, which began with masterclasses and information disseminated widely through nursing forums

Work on all three aspects will continue at pace throughout the next year.

Impact of COVID

Finally, COVID-19 impacted on our patients and families and staff. As part of the MFT response, many of our appointments were suspended, however we retained capacity to see all urgent referrals. Our laboratory development team, working with our Virology department and Public Health England colleagues, rapidly mobilised to develop a test to help support COVID testing of patients.

Simultaneously a number of our nurses, consultants, counsellors and administrative team were redeployed to support teams across Saint Mary's and other hospitals within the Trust. Elsewhere, teams outside of genomic medicine were accommodated within the centre – our clinic rooms became spaces for on call consultants and we also provided clinic space for 80 antenatal women each week to have their appointments as their usual GP locations are being used as COVID test centres.

SARC

The Saint Mary's Sexual Assault Referral Centre (SARC) at Saint Mary's Hospital Manchester was established in 1986. The service 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.



Dr Cath White
Clinical Head of
Division



Rachel Coppock
Directorate Manager



Remote STI screening services in SARC

Through excellent partnership working with GUM and RUClear 2019-20 saw the launch of a pilot for remote sexual health screening for SARC clients. The screening is facilitated by SARC but followed up by RUClear/ The Northern. This means that SARC clients can now undertake their own sexual health screening without having to visit GUM. The pilot was well received by clients and has had good feedback. The launch of remote sexual health screening has since been introduced across SARC services and is now accepted as best practice for follow on screening for the over 16s.

Aftercare Services

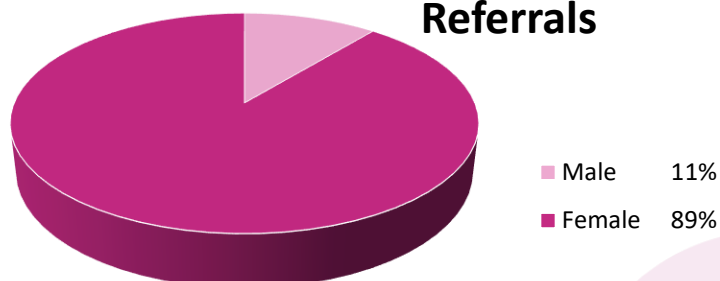
Children's ISVA Team

The Children & Young Person's Independent Sexual Violence Advisors received a total of 691 referrals to the service during 2019/2020.

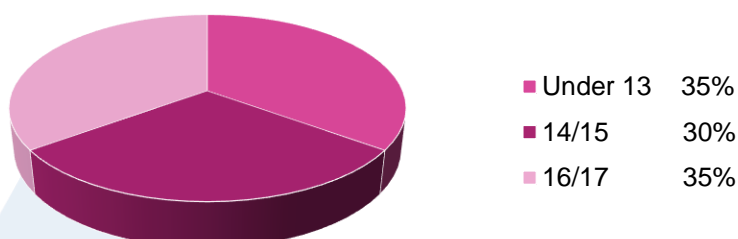
365 of these came through to the service following attendance for a Forensic Medical Examination and 326 from the Aftercare referral pathway.

The Children's ISVA team has supported clients at 61 trials this year.

Gender from Aftercare Referrals



Age Range from Aftercare Referrals



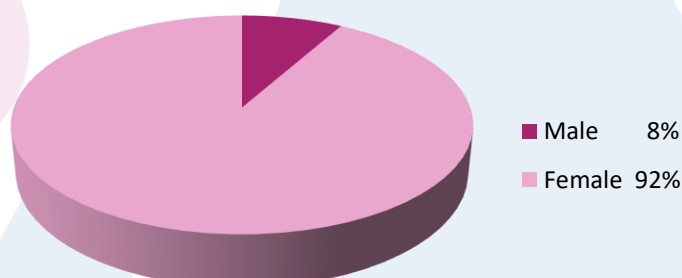
ADULT ISVA

The Adult Independent Sexual Violence Advisor's received a total of 1395 referrals to the service during 2019/2020.

590 came through to the service following a Forensic Medical Examination and 805 from the Aftercare referral pathway.

The Adult ISVA's have supported clients in 87 trials in Court this year and facilitated 568 support sessions

Gender from Aftercare referrals



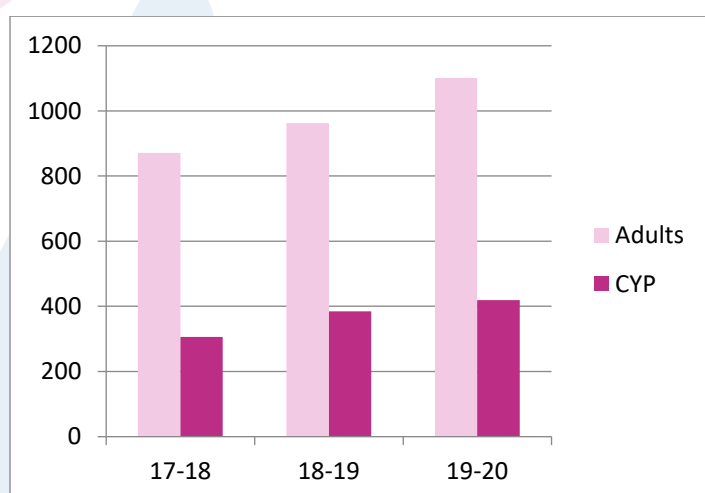
Limelight Awards 2020

The ISVA Team were nominated and won the 'Exceptional ISVA Team' award at the Limelight awards. This was following a long high-profile case which was unprecedented worldwide. The ISVA team supported the majority of the clients involved and worked closely with partner agencies to ensure the best support was provided during 4 trials. In addition, Yvonne Howarth, one of the ISVAs who supports Children and Young People, was awarded the Vicky Bardsley Prize: Outstanding achievement by an ISVA Supporting Children and Young People at the awards.

Counselling service

Providing specialist trauma focussed counselling for adults and children across Greater Manchester, the SARC counselling service continues to see increasing demand for therapy. The service offers therapeutic support for people subjected to sexual violence, whether they have reported to the police or not. A wide range of interventions, that include trauma focussed cognitive behavioural therapy, compassion focussed therapy, mindfulness based interventions and the Rewind Technique, are utilised. For children, play based therapy, and now art therapy. All therapies are offered within pre-trial therapy guidelines if required.

Referrals to the SARC counselling service continue to increase year-on-year. The service received 1,520 requests for a service during the year, a 13% increase on the previous year.



The service offered 4,805 therapeutic hours to clients in 2019-20. That is 1,992 assessment and psychoeducation sessions and 2,813 ongoing therapy sessions and represents a 10% increase in activity on the previous year.

A range of interventions tailored to clients' needs

The therapeutic needs of clients subjected to sexual violence are wide ranging, so no one size fits all. The counselling team at SARC are continuously updating skills and learning new interventions to enhance the therapeutic work. Some of the interventions we have introduced to the service during 2019/20 are:

Compassion Focussed Therapy (CFT) draws on evolutionary psychology, how the brain works, and the thoughts, reactions, feelings and behaviour cycle to normalise clients' reactions. Building an understanding of clients' feelings and helping clients to cultivate compassionate feelings can enable clients to understand their own distress and then be able to alleviate it.

The Rewind Technique is a treatment used within trauma focussed therapy to help address the intrusive and intense nature of flashbacks, repeated nightmares and disturbing imagery of traumatic memories by encouraging clients to re-play the traumatic memory within their mind and then re-wind the memory back to a place and time when the client felt at ease.

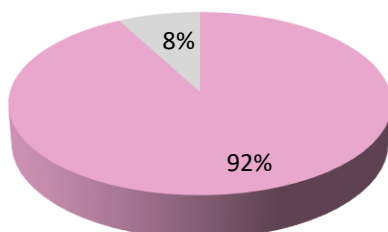
Art therapy is a form of psychotherapy that uses the medium of art as its primary mode of expression and communication. As the area of the brain responsible for language can shut down during a traumatic experience (Rausch et al., 1996), traumatic memories are recorded visually (flashbacks). Art therapy provides safe and non-threatening ways for the patients to access these areas of their brains and visualise these experiences using different art materials.

SAFEPlace Merseyside

SAFEPlace is the Merseyside SARC which has been managed by SMH since May 2017. During the financial year 2019/2020 255 clients aged 16 years and upwards have attended the Centre for a Forensic Medical Examination, of the 255 clients; 20 were aged 16/17 years.

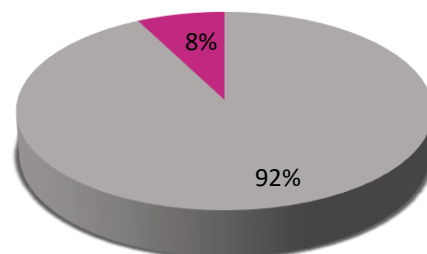
Referral Type

■ Adults 91% ■ 16/17 yrs 9%



Gender

■ Female 93% ■ Male 7%



In 2018 SARC received a donation from the Zochonis Charitable Trust. A decision was made to use this donation to make SAFEPlace a more environmentally relaxing and therapeutic place for clients. This is still a work in progress, with some decoration, artwork and lighting required to complete the transformation, but with new furniture the SARC is already beginning to look much brighter.

Post Exam Room before and after



On call office



The team at SAFEPlace have continued to make links with the local community and delivered a number of welcome talks to the students of Liverpool Hope University and had information stalls at Liverpool John Moore's Fresher's event and also at St Helen's Community College.

LJMU Freshers week



St Helen's & Knowsley College Annual Student Health & Wellbeing Event



Saint Mary's SARC Research Achievements

2019/20 has been an incredible year for research at SARC. Eight peer-reviewed academic papers and two reports have been published. SARC have also been awarded four research bids and these funded projects are all now underway.

Detail on research outputs from 2019/20 listed:

Eight SARC papers:

1. Lee J, Majeed-Ariss R, Pedersen A, Yusuf F. & White C. [Sexually Assaulted older women attending a U.K. Sexual Assault Referral Centre for a Forensic Medical Examination](#). [published online ahead of print August 20, 2019]. *Journal of Forensic & Legal Medicine*. DOI:10.1016/j.jflm.2019.101859
2. Majeed-Ariss R, Karsna K. & White C. [The nature of child sexual abuse amongst boys and girls in Greater Manchester attending Saint Mary's Sexual Assault Referral Centre](#). [published online ahead of print September 5, 2019]. *Child Abuse Review*. DOI:10.1002/car.2588
3. Majeed-Ariss R, Walker T, Lee P. & White C. (2019). [The experiences of sexually assaulted people attending Saint Mary's Sexual Assault Referral Centre for a forensic medical examination](#). *Journal of Forensic & Legal Medicine*. 66, 33-37. DOI:10.1016/j.jflm.2019.06.001
4. Majeed-Ariss R, Rodriguez PM. & White C. (2020). [The disproportionately high prevalence of learning disabilities amongst adults attending Saint Mary's Sexual Assault Referral Centre](#). *Journal of Applied Research in Intellectual Disabilities*, 33(3), 595-603. DOI: 10.1111/jar.12703
5. Massey K, Horvath MA, Essafi S. & Majeed-Ariss R. [Staff experiences of working in a Sexual Assault Referral Centre: the impacts and emotional tolls of working with traumatised people](#) [published online ahead of print April 22, 2019]. *Journal of Forensic Psychiatry & Psychology*, DOI: 10.1080/14789949.2019.1605615
6. Majeed-Ariss R, Brockway A, Cook K. & White C. ["Could do better": Report on the use of special measures in sexual offences cases](#) [published online ahead of print April 09, 2019]. *Criminology and Criminal Justice*. DOI: 10.1177/1748895819840396
7. Manning, D, Majeed-Ariss R, Mattison M. & White C. (2019). [The high prevalence of pre-existing mental health complaints in clients attending Saint Mary's Sexual Assault Referral Centre: implications for initial management and engagement with the Independent Sexual Violence Advisor Service at the Centre](#). *Journal of Forensic and Legal Medicine*. 61, 102-107. DOI:10.1016/j.jflm.2018.12.001
8. Walker T, Majeed-Ariss R, Lee R. & White C. [Women's Experiences of Attending an English Sexual Assault Referral Centre: An Exploratory Study](#). [published online ahead of print Oct 24, 2019]. *Journal of Forensic Psychiatry and Psychology*. DOI: 10.1080/14789949.2019.1683217

Two SARC reports:

*Karsna K. & Majeed-Ariss R. (2019). [Characteristics and experiences of children and young people attending Saint Mary's Sexual Assault Referral Centre, Greater Manchester: A review of 986 case files](#). London, UK: Centre of expertise on child sexual abuse; London Metropolitan University.

*White C, Majeed-Ariss R & Gadd D. (2019) [Gender and sexual violence](#) In *On Gender* (pp. 33-37). University of Manchester, Manchester: Coppermedia.

Saint Mary's Centre-17th Annual Conference

Saint Mary's SARC hosted its 17th Annual Conference at The Midland Hotel Manchester. This annual two-day event has become essential in the field of sexual violence and rape, and gives professionals the opportunity to share their expertise to greatly improve understanding and clinical practice. The SARC's 2019 event was the highest attended yet and featured speakers from the CPS, Police, Forensics and survivors with lived experience.

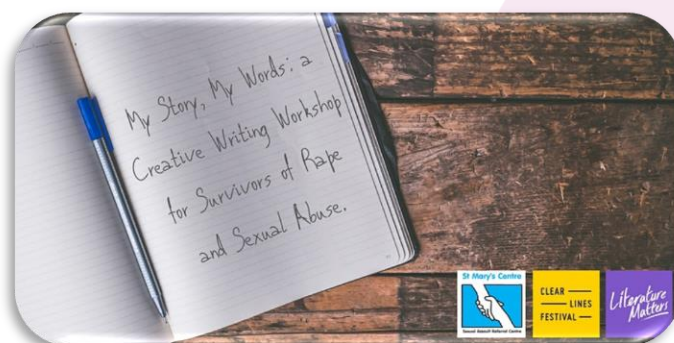


Reaching out to the Community

Saint Mary's SARC reached out to Manchester's Universities and attended the University of Manchester's Fresher's Event; raising awareness about the essential service we provide. The SARC was also called upon to offer expert advice on student-led theatre projects around the subject of consent. The University of Manchester's Student Union has secured a place for the SARC at upcoming fresher's events, as have Manchester Metropolitan University for their Student Life Fair.



My Story, My Words: A Creative Writing Workshop for Survivors of Rape



Saint Mary's SARC have worked with Clearlines and The Royal Society of Literature to host two creative writing workshops for survivors of rape and sexual abuse. Warm, friendly and inclusive, these workshops are to be facilitated by Clare Shaw, a poet and survivor who believes that writing about trauma can be a radical, healing and transformative act. The emphasis of these workshops is on creative writing rather than therapy – attendees can expect conversation, new poems and stories, writing exercises, company, cuppas and cake!

Obstetrics

Saint Mary's Hospital Maternity Service operates as a Managed Clinical Service (MCS) comprising of two maternity units which are located at Oxford Road Campus and Wythenshawe Hospital. Community antenatal and postnatal services are provided from multiple locations across the Manchester including Trafford Hospital, Withington and Lanceburn Health Centre. The maternity service provides care for women in Manchester, Cheshire, Trafford and Salford and across the North West with community, secondary and tertiary (specialist) obstetric care. It is renowned both regionally and nationally for its clinical, research, fetal and maternal medicine 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 of obstetricians, midwives, anaesthetists, neonatologists and physicians providing care to women with specialist fetal and maternal medicine needs in one of our 22 specialist clinics in addition to general antenatal clinics.

Description of Services

The specialist services provided include the following:

- Diabetic Pregnancy Service
- Fetal Cardiology
- Fetal Medicine
- 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
- Midwife Haematology Clinic
- Young Parents' Specialist Clinic
- Perineal 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.

Staffing

There are approximately 1000 staff working within the Maternity service to support the plan to care for 14,331 women and enable 13,160 women to give birth across the managed clinical service.

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

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 three Heads of Midwifery Bev O'Connor for ORC, Mary Symmington for North Manchester General Hospital and Faith Sheils for the Wythenshawe site. This team is supported by senior midwifery, management and administrative teams with named consultant clinical leads assuming responsibility for MCS and subspecialty areas.



Clare Tower
Clinical Head of
Division



Mary Hynes
Divisional Director



Bev O'Connor
Head of Midwifery
Oxford Road Site



Faith Sheils
Head of Midwifery
Wythenshawe Site

Partnership working

Saint Mary's MCS continues to work in collaboration to support a number of work streams within Greater Manchester and Eastern Cheshire Local Maternity System (GMEC LMS). Saint Mary's supports the maternity transformation work within GMEC working closely with the GMEC Maternity Voices Partnership (MVP) striving to improve choice and personalisation with continued input into the ongoing development of the choice website. This aims to give women up to date information they require to support them on their maternity journey. Saint Mary's MCS have been working in partnership with Bolton NHS Trust to support continuity of carer (CoC) which is part of the Better Births initiative and the NHS Long Term Plan. Saint Mary's MCS are working towards providing a CoC service in Salford utilising the stand-alone birth centre; Ingleside.



Saint Mary's have worked in partnership with East Cheshire Trust to support their partial suspension of maternity services due to the current Covid pandemic. Saint Mary's has agreed to provide inpatient care to 25% of the women that would have accessed care through East Cheshire since March 2020.

Maternity and Neonatal Safety Improvement Programme (MatNeoSIP)

The MatNeoSIP is aimed at supporting improvement in the quality and safety of maternity and neonatal units across England. The programme was split into 3 annual waves of which Saint Mary's MCS were part of wave 3. The project aimed to reduce the number of smoke free pregnancies evidenced by a reduction in the proportion of women who smoke at booking and at delivery/36 weeks. A small team from SMH MCS attended a number of learning events, where they learnt improvement methodologies, which were shared with the teams and used to support the project.

Greater Manchester Smoke Free Pregnancy Programme

In 2019 the MFT Stop Smoking Team (Maternity) was launched. This small team, consisting of a Band 6 midwife and 4 maternity assistants are part of the Greater Manchester Smoke Free Programme working in partnership with GM Health and Social Care Partnership with an aim to reduce smoking in pregnancy across Greater Manchester. The use of carbon monoxide monitoring to identify women who smoke at booking and a subsequent referral to the stop smoking team assists women to quit smoking in pregnancy. An intensive intervention is offered at the 12-week dating scan for women who did not accept referral to the specialist service and continue to smoke. In addition, an incentive scheme is offered in order to increase the 4 week quit numbers, and support provided up to 12 weeks post-partum.

The Manchester Birth Centre

In January 2020, the team at Saint Mary's Hospital MCS launched the Manchester Birth Centre at the Saint Mary's Hospital at Wythenshawe site. The centre is the main birth facility for low risk women who choose midwifery-led care. The facility offers five



spacious birthing rooms, each with a birthing pool and en-suite facilities.

Relocation of services to Lanceburn Health Centre, Salford

Saint Mary's Hospital relocated Salford Maternity Services from the Salford Royal NHS Foundation Hospital to Lance Burn Health Centre. Following extensive refurbishment at Lanceburn, the facility opened in April 2019, offering a range of antenatal services to pregnant women within Salford. Midwives and Consultant Obstetricians continue to review patients throughout their pregnancy and refer to specialist clinics as appropriate, seeing women with normal pregnancy, complicated pregnancies requiring consultant input including women with pre-existing diabetes and gestational diabetes.

Refurbishment of the Snowdrop Bereavement Suite at Wythenshawe Hospital

In order to improve the experience of bereaved women and partners at Wythenshawe Hospital, refurbishment of the Snowdrop suite was undertaken, to offer improvements such as one to one care, pain relief, and a caring, safe environment to ensure that the women and their partners feel completely supported during this devastating and life changing time.



Community Midwifery

Community Midwifery is always a busy service and 2019-2020 is no different. The community service includes specialist teams consisting of a young parent team and specialist midwife for asylum seekers and refugees at the Oxford Road Campus.

With the launch of the Manchester Birth Centre community midwives can provide continuity of care in line with the Better Births' agenda and are able to provide care to women in the hospital as well as in the community setting.



Maternal and fetal health: MFH and portfolio research

MFH works across the MCS with facilities on both the Oxford Road and Wythenshawe site. Saint Mary's MCS Professor A Heazell, Professor E Johnstone and Research Midwife Suzanne Thomas played a major role in the development of national Saving Baby's Lives 2 guideline for the management of reduced fetal movements and have been sharing the work both nationally and internationally in 2019/2020. The research clinic (Manchester Placental Clinic) activity remains core to the department and remains one of the largest research clinics in the UK continuing to train research fellows and junior doctors with a core team of 5 research fellows performing both clinical and research work.

Maternity Incentive Scheme (Year 2)

In order to continue to support the delivery of safer maternity care NHS Resolution operated a second year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme. The scheme incentivises ten maternity safety actions and Trusts that can demonstrate they have achieved all of the ten safety actions recover the element of their contribution relating to the CNST maternity incentive fund and also receive a share of any unallocated funds. From December 2018 to August 2019 the teams worked to ensure that all safety actions were met, evidence of this was collated throughout this period and submitted to the Trust Board prior to final submission to NHS Resolution on 15th August 2019.

We were successful in meeting all 10 of the safety actions and received our contribution into the incentive fund, together with a share of unallocated funds. We continue to ensure that we work to meet the safety actions.

PARROT Trial

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 pre-eclampsia. 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 who runs the MAViS clinic, has led on the implementation of the test in Saint Mary's Hospital and through collaboration with Health Innovation Manchester has led the implementation of a new care pathway which incorporates 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".

GM Clinical Research

Network portfolio studies

In 2018/19 Catherine Chmiel was recognised for her excellent work in leading the midwifery research team and was awarded an NIHR 70@70 fellowship to support midwifery research in MFT. In 2019/2020 in partnership with the University of Manchester Saint Mary's MCS have appointed a Consultant Midwife Kylie Watson and Midwifery Research Fellow Kimberly Farrant to lead on midwifery led research projects to support and develop evidence-based practice across the MCS and improve services for our women. The first project is reviewing the maternity care experience of women from BAME backgrounds accessing maternity services.

Professional Midwifery Advocate

The PMA (Professional Midwifery Advocate) service across the Saint Mary's MCS is now

established and PMA's are visible to all staff offering one to one and group Restorative Clinical Supervision sessions to all midwives and Student midwives at Manchester and Salford Universities.

Face Wives

Face Wives is an exciting new service funded by Health Education England (HEE) and coordinated by the University of Salford. Face Wives provides pregnant women with membership to a confidential Facebook group (Face Wives) throughout their pregnancy and up to 6 weeks postnatal. The group was launched for Saint Mary's Hospital maternity service 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 contact other pregnant women using social media communities to support new mothers. Midwives from across the maternity service have been identified to support the group.

Focus for 2020/21

COVID-19 has changed the way in which we deliver some of our services. We continue to deliver full pathways of care in line with the guidance provided by NHS England, Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives but in order to maintain social distancing, safety of the women and the workforce, adaptations to the delivery of the service have been implemented. This includes the use of telephone consultations, flexible and remote working and alternative clinical pathways.

Considerations for the focus in 2020/21 include some of the COVID-19 pathways:

- Review the structure of clinical maternity pathways in light of the COVID changes made with a view to making a more effective use of resources in coordination with increased digital consultations. We aim to:
- Continue to deliver telephone and virtual booking appointments where appropriate, and implement Attend Anywhere to facilitate virtual consultations for Obstetric Specialist Clinics

- Investigate establishment of local hubs for community midwives to allow them to be based in locations closer to home and reduce reliance on GP surgeries, facilitating release of accommodation sourced for community antenatal & postnatal clinics
- Review the provision of Frenulectomy on ORC, which is currently provided by RMCH, whereas on Wythenshawe site the service is provided within the MCS
- Improve integration across sites, and between hospital based and community-based staff, to allow a more flexible, robust and responsive division. This will involve ensuring suitable IT equipment is available for community midwives to allow them to work remotely and access their digital diary and EPR without needing to return to base and enabling access to shared IT systems across all sites and remotely
- Update and improve communication and patient information. Utilise more digital technologies in Communications and Patient Information to allow quicker updates, and more responsive communications. A more interactive and responsive communication strategy would allow information to be shared more quickly and be targeted more accurately.

Appointment of Consultant Midwife and research champion

Kylie Watson was appointed as a Consultant Midwife and Research Champion for Saint Mary's Hospital. Her post is a joint appointment with the Division of Nursing, Midwifery and Social Work at the University of Manchester where she is an honorary lecturer.

Kylie trained as a midwife in New Zealand and worked there before coming to the UK in 2002. She has worked in a variety of settings including caring for women at home, in low risk midwifery-led settings and on busy obstetric-led labour wards. She is passionate about midwifery-led care ensuring that every woman has a labour and birth that optimises her potential for experiencing a physiological birth. In 2016 she was awarded a NIHR Clinical Academic Training Doctoral Fellowship and submitted her PhD in 2019. She is developing continuity of carer pathways at Saint Mary's Hospital and undertaking midwifery-led research on different models of care for vulnerable women.



Newborn Services

The Newborn Services Division delivers a neonatal managed clinical service across two hospital sites at both Saint Mary's ORC and Wythenshawe. The service also provides neonatal community care (Outreach) for north, central and south Manchester and is the host for Connect NW, the neonatal transport service.



Chris Ashworth
Divisional Director



Ngozi Edi-Osagie
Clinical Head of
Division

The service forms part of the North West Neonatal Operational Delivery Network (NWNODN) and works in partnership with all other 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.

Newborn Services is characterised by its delivery of high-quality standards of care, delivered by a rich and diverse blended workforce of specialised and experienced staff who enable the achievement of good health outcomes for babies and help to deliver a positive family experience. The Division drives a strong education culture with nationally recognised simulation education provision central to the service.



Kath Eaton
Lead Nurse

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 and fetal medicine services 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. Proximity to RMCH and access to a team of specialist paediatricians enables the NICU to provide care to babies with a range of complex medical needs including those with renal, neurology, endocrine and metabolic disorders.

The Neonatal Unit at Wythenshawe delivers short term intensive, high dependency and special care to babies who live in the locality. Most babies received their entire care pathway at Wythenshawe whereas a smaller number may require intensive care in the NICU before being transferred back to continue their hospital stay nearer home.

Across both our neonatal units we pride ourselves in putting the family at the heart of everything we do by adopting a Family Integrated Care (FiCare) model; this encourages parents partner with health care professionals and fully supports the integration of families with the care of their own baby.

Key achievements in 2019-20

Introduction of Less Invasive Surfactant Administration (LISA) technique

Reduction in rates of Bronchopulmonary Dysplasia (BPD)

Purchase and introduction of video-laryngoscopes to improve intubation success

Opening of additional clinical room after a 4 year project involving clinical staff, parents, business and finance teams and Estates teams.

Introduction of Physician's Associate role to strengthen the 'blended' workforce

Expansion of the divisional research portfolio, securing a NIHR I4I Grant for the SurePulse study and a local grant to demonstrate a proof of concept for the PureFlow project.

Expansion of Simulation education provision to include bereavement care and support for families of babies requiring short term nasogastric tube feeding at home.

Expansion of Neonatal counselling service

SuppoRTT NW

Dr Ranga Rangannath, Consultant Neonatologist and Divisional Workforce & Education lead was successful in a bid to Health Education England funds to develop an eLearning package for neonatal procedures and deferred cord clamping.

NICU Success Story!

Parents of premature twins born with rare birth defects, weighing 720g (1lb 9oz) and 820g (1lb 13oz) – the equivalent weight of a loaf of bread, paid tribute to staff on the NICU at Saint Mary's Hospital (SMH) and Royal Manchester Children's Hospital (RMCH) for their specialist care and treatment this year.



In February 2019, twins April and Evie were both born with the rare birth defect; Oesophageal Atresia (OA) with Tracheo-Oesophageal Fistula (TOF), which affects approximately 1 in 4,000 newborns. As the defect is not genetic, the chance of them both being affected is incredibly rare and to date, they are the tiniest set of twins seen with this condition at SMH and RMCH.

The girls had a challenging start to life as first-time mum Lindsay went into labour at 26-weeks.

After an emergency caesarean section at Burnley General Hospital, the twins were promptly transferred to NICU @ SMH with their parents where they were provided with one-to-one medical and surgical care. The defect meant that the twins would not be able to swallow as the oesophagus (the tube through which food passes from the mouth to the stomach) is not connected. The condition can result in life-threatening problems such as choking and pneumonia if not treated quickly.

Within hours of being born, April and Evie were stabilised on NICU and then underwent life-saving surgery in the Children's theatres at RMCH, led by Consultant Surgeons David Wilkinson and Nick Lansdale. Each surgeon operated on one baby each as an emergency case. Surgeries were incredibly challenging due to the twins' extremely low birthweight, but both were successfully fitted with a gastrostomy which meant they could be fed via a tube directly into their stomach. After surgery the twins were transferred back to NICU in order to continue their care and treatment and the co-location of both SMH and the RMCH meant that they could be cared for across both connecting sites and collaborating teams, with ease.



After intense nursing and medical care from the team on NICU, April and Evie, were taken for their second round of major surgery, to perform the corrective procedure which would enable them to both feed normally. Following surgery, Evie's health was very fragile, and she spent ten weeks on a ventilator whilst being cared for on NICU.

Nick Lansdale, Consultant Neonatal Surgeon at RMCH said: “Oesophageal Atresia affecting both twins is extremely rare. April and Evie’s surgery was made challenging by their tiny size at birth, with each twin’s oesophagus being approximately the diameter of a piece of spaghetti. Their outcomes are a tribute to the wider Manchester Neonatal Surgery Multi-Disciplinary Teams and their family’s support.”

Ruth Gottstein, Neonatologist on NICU at Saint Mary’s Hospital said: “It was a real challenge to look after these incredibly premature twins with such a rare surgical diagnosis. We had to use all our expertise to ensure their health progressed so that we could get them home with their family. Evie was a bit more of a challenge than her sister as we had to put her on a life support machine, but they were both little fighters and amazing little girls.”



Newborn Services Palliative Care provision

The provision of palliative and end of life care for infants, children and young people is a feature of the NHS Long term plan and Newborn Services have significantly strengthened their service provision in the past year. In March 2020, as part of a collaborative bid with Royal Manchester Children’s Hospital and Children’s Community Health Services, the Newborn Intensive Care Unit (NICU) Bereavement Team secured some non-recurrent funding for palliative care. The bid was approved by the Commissioners and NICU was awarded £4830 to develop palliative care initiatives.

This facilitated the purchase of an additional ‘Cuddle cot’ for use in end of life care to cool a baby’s body after death. The cot may be loaned to a family for use at home for a short time following death should the family choose this. This is especially valuable currently when sibling and Grandparent visiting is not permitted.

The funding will also enable four staff to undertake the Child Bereavement UK (CBUK) ‘Mediating Conflict and Breaking Bad News’ Masterclass, five participants on the Advanced Care Planning Training course and five places at the Together for Short Lives Conference.



Newborn Services Education Team

The NICU Education team had another busy and successful year supporting professional development whilst strengthening the educational footprint across the Managed Clinical Service. This has seen exciting developments in the creation of new Clinical Educators at the Wythenshawe site who work closely with Oxford Road Campus (ORC) colleagues to share information and resources whilst addressing the unique workplace demands and individual needs of staff based at each site.

The provision of a named professional development lead within the team has substantially improved this process. Cot side coaching, teaching and assessment has been made more accessible through the creation of the Clinical Supervisor role. When service needs allow, these experienced and enthusiastic staff are able to support junior staff to provide safe and effective care in our dynamic environment leading to positive feedback from our learners. Data shows that this role has

reduced the time taken to achieve core competencies.

The successful transition to the NMC Standards for Education (2019) and the creation of supervisor and assessor roles continues with regular liaison with MFT Practice Educator Facilitation team and Pan-Manchester University links. Plans to widen the pool of Assessors across the MCS are in place. Positive feedback has been received from pre-registration learners and Trainee Nurse Associates with classroom-based teaching being used to enhance their understanding of neonatal care pathways



Eli Frankland

The NICU team were delighted to hear from the parents of Eli Frankland, born in 2017 at just 23+5 weeks gestation, with the following update and delightful pictures!

“We just wanted to share with you some pictures of Eli now (born 25/03/17 at 23+5). He is now a typical 3-year-old and isn’t behind with any of his development, people are always surprised when we tell them he was premature, especially how early he was.



PReCePT Team award – Midwifery Partnership and Leadership

The NICU team were proud to support the Saint Mary's Hospital PReCePT Team who received an award for 'Midwifery Partnership and Leadership'.

The PreCept research trial is designed to evaluate the impact of the PreCept Quality Improvement toolkit to increase uptake of magnesium sulphate in pre-term deliveries for the prevention of neurodisabilities.

The award was made to the midwifery team in recognition of the commitment and hard work in supporting pre-term mothers and babies by ensuring, giving these babies the best chance to survive and thrive in the future.

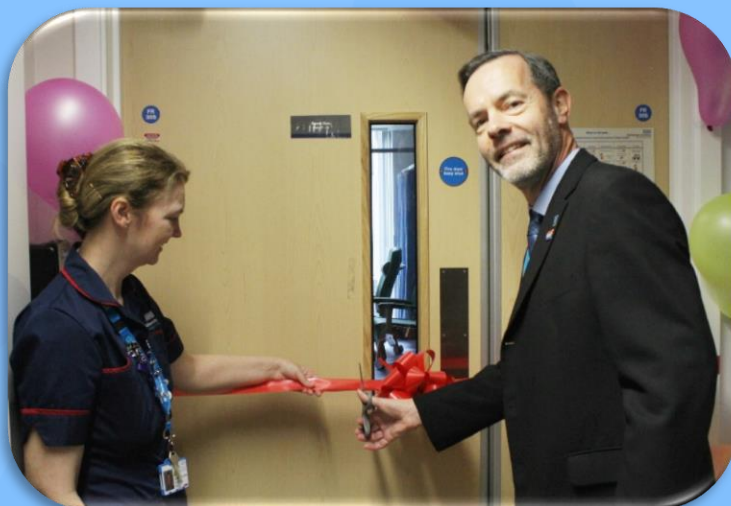
New clinical space officially opened on NICU at Saint Mary's Hospital

Adrian Roberts, Group Director of Finance at MFT officially opened a new clinical space on the Newborn Intensive Care Unit (NICU) at Saint Mary's Hospital (SMH) on February 11th, which has been four years in the making.

Since NICU moved into the new Saint Mary's Hospital in 2009, the demand for the service has grown and this new clinical space will provide a much-needed expansion to the unit.

The bright, airy room flooded with natural light is a welcoming environment for our babies and their families with many parents already commenting on how calming the environment feels. The room has state of the art equipment, with space for up to eight cots, enabling colleagues at the hospital to provide care to babies at all levels of dependency.

Adrian, who supported the team in commissioning this new area back in 2016 with the business case, cut the ribbon and joined in the celebrations with SMH SLT and colleagues on the Unit.



Physician Associates

Adding to the great success we have achieved over the last number of years by building our blended workforce team, we saw an opportunity to add Physician Associates to our NICU family this year. In March 2020, we were been delighted to welcome Angela and Eleanor to Newborn Intensive Care who come with a scientific background, diverse clinical training, and great enthusiasm for their chosen specialty.

They both completed their Physician Associate training last year, and bring a wealth of experience with them, having graduated with science-based degrees before choosing the Physician Associate route. They have both been working in the hospital setting for some time already, but, primarily adult-based before appointment, Angela and Eleanor are finding their feet in neonatal medicine and honing their skills before working as part of the HDU and SCBU teams.



Physician associates have been working in most clinical settings for some time now, but are new to neonatal units in U.K. We are delighted to be leading in this workforce development and are confident that they will be a valuable addition to our growing multi-disciplinary team, helping to create a sustainable and diverse workforce.

Human Resource & Organisation Development



Vicki Hall

Director of HR&OD

The last 12 months have been busy for the HR team as we have continued to work closely with managers, staff and our staff side representatives to ensure that all workforce matters are managed to a high standard and that both managers and staff are supported to deliver their role. We have worked hard to provide a good experience for staff in the workplace and ensure that there is fairness and transparency in practice. We aim to ensure that a high quality and professional HR service is delivered.



Rowan Fawcett
HR Business
Partner



Sarah Stephenson
HR Advisor



Emma Bowden
Assistant HR
Business Partner



Donna Norris
HR Manager

SMH Excellence Finalists

Although the Awards Ceremony scheduled for March 2020 was cancelled due to the pandemic, we were very proud to have secured 2 finalists to represent Saint Mary's Hospital Managed Clinical Service.

Unsung Hero Award – Highly Commended

Vera Johnson, Health Care Support Worker, Gynaecology

Rising Star Award - Winner

George Burghel, Principal Clinical Scientist, Genomic Medicine



SMH Staff Recognition Awards

In our second MCS wide Staff Recognition Awards we recognised the contribution, achievements and commitment that all of our staff provide to ensure the best care for all our patients and we received over 160 nominations. Our winners were:

Everyone Matters:

Rising Star Award: Dr George Burghel



Delivering Compassionate Leadership:

Sarah Owen, Midwife Coordinator Wythenshawe



Unsung Hero:

Christine Caveney – Service Manager, Willink Unit



Working Together:

The Genomic Medicine Laboratory Team won the team of the year and the CEO Award



Collaboration Award:

Antenatal Clinic at Lance Burn Health Centre

On the 29th May 2019 Saint Mary's Salford Antenatal Service moved to a newly refurbished unit within Salford; Lanceburn. The team have worked extremely hard over the last 2 years to enable this to happen and were all very proud on the day



Improving the Patient Experience: Vera Johnson Healthcare Assistant, Gynaecology, Wythenshawe



Achieving the highest standards for Patient Safety: CNST team. Kathryn Chamberlain and Mary Symington

Excellence in Research & Innovation: Jenny Myers, Consultant Obstetrician
Award accepted by Catherine Chmiel on Jenny's behalf.



Midwife of the Year: Charlotte Needham.

Nurse of the Year: Samantha Dixon (Newborn Services)



Emma Bowden, Josh Edgar, Hollie Glazebrook, Elaine Church, Emma Coulton, Andrea Naughton, Margaret O'Callaghan, Sally Schlenker, NICU Senior Nursing Leadership Team, Charlotte Wood, Lesley Purcell and the Midwifery Research Team were also Highly Commended for the contribution that they make. Our celebration event held in December was a great opportunity to personally congratulate and recognise the achievements of all our staff.



Celebrating our unsung heroes on Admin and Clerical Day:
On the Neonatal Unit, the Admin staff were 'Hugged with a mug'.



Workforce Strategy

We have continued to work on the delivery of our Saint Mary's MCS Workforce Strategy offering 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'.

To deliver this vision we focus on:

- 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.

Our workforce has been challenged over the last 12 months and never more so than at the outset of the pandemic in late February/early March but the challenges demonstrated the commitment and professionalism of our workforce that is evident in the quality of service that they provide to our patients and their families every day.

Annual Open Day

This year we held our 4th Annual Careers Open Day, the second as a Managed Clinical Service, advertising job opportunities across our services and sites. We took the opportunity to showcase our work, across Obstetrics, Newborn Services, Gynaecology and Theatres. Over 100 potential candidates visited us to talk to our staff about their roles and to learn more about the research and specialist services we are involved in delivering. There was also the opportunity to tour our Hospital on the Oxford Road Campus. We arranged for candidates to visit our Wythenshawe teams over the following weeks. We continue to work closely with our local Universities during the year to encourage students to join our teams post qualification. We were delighted to welcome so many of those that visited us that day to join us as part of our teams over the months that followed.



Health and Wellbeing

Staff Health and wellbeing event:

This event was supported by the Trust's Employee Health and wellbeing manager Gareth Beck who was able to share many of the resources that are online, but staff don't always access them.

Over 100 Staff attended the two events and were provided with a 'passport' to fill in as they travelled around the stands, finding the answers to the questions set on the stands and being encouraged to use the passport as evidence of learning at their next appraisal.

Great HR Support as always providing lots of advice about Absence Manager, maternity and paternity leave, childcare and flexible working, retirement and disability support, Rewards & Benefits led by Stella Kenny, again staff were unaware of what was available to them.

WM2M led by the Tara, Daniel Toni and Caroline from the Patient Experience Team, lots

of feedback provided and the Freedom to Speak up Champions (Chris and Heather) were available to highlight the resources available to support staff.

We had Mindfulness coaching sessions led by Helen Miller, Helen surprised some sceptical staff with how easy and helpful some of the techniques could be.

Stoptober – Smoking cessation led by midwifery saving lives team and by Gareth. There was lots of advice about healthy eating and drinking, portion sizes, swaps but to sweeten the day tea, coffee and cakes / biscuits available.

Back and skeletal pain is a big cause of absenteeism, so we provided advice about Back care awareness, exercises for the desk bound staff and a focus on the 'That Counts' GM campaign to encourage everyone to move more. With a high proportion of female staff, a Breast cancer awareness and Menopause support information stand was on hand.




HAVE YOUR SAY!

NHS Staff Survey 2019


Staff Survey Results 2019

(Incorporating the Staff Friends and Family Test (SFFT))

Our responses to the 2019 Staff Survey showed that all our colleagues are committed, hardworking and take pride in their job, striving to do more and to always deliver a quality service to our patients.



88% of our staff recommend SMH as a place for their friends and family to receive treatment.



61% of our staff recommend the Trust to friends and family as a place to work.

Our overall engagement score is 6.9 (measured on a 10-point scale)

Our staff demonstrate Trust values and staff are treated fairly

Our staff work with supportive managers and colleagues but would like to be more involved in decision making

We provide opportunities and support development and have a strong safety culture and environment for staff

Appraisals work well but we need to work to make them meaningful for all

We recognise the contribution that our staff make but we can always do more

We can improve communications with our staff and be more innovative

Our staff are working in challenging times and this is acknowledged

We value the health and wellbeing of our staff and it is our priority to support their needs

Finance

Financial Summary

Saint Mary's Hospital (the Hospital) ended the 2019/20 financial year with a reported deficit of £3.8m (2018/19: £3.7m deficit) which is 2.2% of its annual income turnover of £178.1m (2018/19 – 2.2%, turnover £164.8m), as noted in the table below.

2019/20 was the second year for Saint Mary's Hospital as a Managed Clinical Service (MCS) providing services across multiple sites in Manchester, including the Wythenshawe site for obstetrics, gynaecology and neonatology for patients in Manchester.

During 2019/20 the Hospital also took over running Genomic laboratory services in Liverpool, at the Liverpool Women's Hospital Site. The transfer of these services was enacted on the 1/9/2019 income

Commissioner income: Overall income received from the Hospital's commissioners had a target of £166m (2018/19 £155m) and was underachieved by £2.2m (2018/19 £0.4m overachieved). The shortfall was driven by under delivery of activity in Obstetrics, Gynaecology and Reproductive Medicine.

Divisional Income: The Divisional income target of £13.5m (18/19 £10m), which relates to income earned that is in addition to all



David Kay
Director of Finance



Hollie Glazebrook
Divisional Accountant

commissioner income, was overachieved by £0.73m (2018/19 overachieved by £0.5m). The key area of over performance was in Genomic Medicine and The Department of Reproductive Medicine.

Direct expenditure budgets

In 2019/20 the Hospital had direct budgets of £112m (2018/19 £103m) and had a year end overspend of £1.6m (2018/19 £3.3m). This position included unachieved trading gap of £1.68m and positive reserves of £1.98m.

Pay: The Hospital's pay budget was £103m (2018/19 £93.2m) and represents 82% of expenditure budgets. Overall agreed direct pay budgets were underspent by £146k (2018/19 £0.8m overspent).

Non-pay: The non-pay budget of £22.1m (2018/19 £22.8m) was overspent by £2.8m (2018/19 £0.4m overspent) and related to pressures across all Divisions within the MCS.

	Plan (£000)	Actual (£000)	Variance (£000)
Saint Marys Hospital MCS 2019/20			
Income			
Commissioner income	166,119	163,909	(2,210)
Divisional Income	13,517	14,247	730
Income Total	179,636	178,157	(1,479)
Expenditure			
Pay Expenditure	(103,062)	(102,916)	146
Non Pay Expenditure	(22,138)	(24,950)	(2,812)
Reserves	(1,982)	0	1,982
Trading Gap	1,679	0	(1,679)
Expenditure Total	(125,503)	(127,866)	(2,363)
Grand Total	54,133	50,291	(3,842)

Key challenges

The Hospital main challenge, as per prior years, is the delivery of plans to achieve trading gap/waste reduction targets. These pressures are generated annually following application of increases in tariff payments for commissioned services and the resultant shortfall to cover increases in inflation on expenditure.

In 2019/20 this was compounded by an increase in non-pay costs and under achievement in activity plans e.g. a reduction in antenatal activity and births in obstetrics. The challenge in 2020/21 will be to address the shortfall in activity where possible and assess services provision as a result of reduced activity levels.

The challenge set for 2020/21 has also been significantly impacted by the COVID 19 Pandemic and the need for all Hospitals to review their service and delivery models.

Research

Saint Mary's Hospital has a long and distinguished record of research going back decades. Many fundamental discoveries have been made and translated into benefit for patients. Notable past successes include understanding many aspects of placental function, the role of HPV in cervical cancer, innovations in IVF treatments and discoveries of many genes associated with inherited diseases. Research is carried out by doctors, scientists, nurses, midwives, counsellors and other health professionals and is often in collaboration with the University of Manchester and other partners. The Hospital Management Board wants to encourage research of all types and so in 2019 established the Research and Innovation Oversight Committee with the intention of gaining an overview of all research carried out in Saint Mary's, supporting strong programmes and encouraging cross disciplinary research with those divisions or directorates or staff groups that haven't to date had major research programmes. The committee is intended as an enabling body supported by Kate Barugh from R&I and hopes to help overcome any bureaucratic barriers to research where they exist. Research is mentioned in most of the Divisional accounts in this Annual Report, but an overview of research is presented here.



Professor Dian Donnai
Strategic Clinical
Director

Collaborative Studies

We have been particularly pleased to see collaborative research across Divisional boundaries;

Collaboration between Gynae-oncology and Genomic Medicine.

Professors Emma Crosbie and Gareth Evans led research on Lynch syndrome which causes a range of cancers including bowel and endometrial cancer resulting in an excellent PhD for Dr Neil Ryan who was awarded Faculty Academy Postgraduate Student of the year, a Distinguished Achievement Medal from Dame Nancy Rothwell, recognising him as University of Manchester PG Student of the Year 2020. They showed that women want to be tested for Lynch syndrome and that it costs as little as £50/case. The findings prompted the National Institute for Health and Care Excellence (NICE) to assess new guidance that recommends the universal testing of endometrial cancer for Lynch syndrome.

Crosbie EJ, Ryan NAJ, Arends MJ.....Evans DG The Manchester International Consensus Group recommendations for the management of gynaecological cancers in Lynch syndrome. Genet Med. 2019 Oct;21(10): 2390-2400

Collaborative research between Genomic Medicine and Neonatal Services.

In 2018/19 Professor Bill Newman from Genomic Medicine was awarded NIHR funding of over £1million for the PALOH trial with Dr Ajit Mahaveer from NICU and Dr M Turner from Liverpool Women's Hospital as co-applicants. This study of a point of care genetic test is to determine if neonates should be prescribed gentamicin or if it should be avoided because of a genetic variant which would result in permanent hearing loss. This is the first study in the world of a pharmacogenetic test being used in clinical practice generating a result in less than 30 minutes.

McDermott, J.H., Molina-Ramírez, L.P., Bruce, I.A., Mahaveer, A., Turner, M., Miele, G., Body, R., Mahood, R., Ulph, F., MacLeod, R., Harvey, K., Booth, N., Demain, L, A, M., Newman WG, Diagnosing and preventing hearing loss in the genomic age. Trends in hearing, 2019 Jan-Dec 23: 2331216519878983.

Nursing, Midwifery and Allied Health (NMAHP)

Professional research

The NMAHP group meets regularly and supports NMAHP-led research pathways in the hospital. The group contributes to implementation of the MFT NMAHP Research Strategy. We have been keen to support nurse and midwife-led research and we would highlight the leadership contributions of;

Imelda Mayor and Roxy Afzal, neonatal clinical research nurses, are contributing to the development of research in newborn services. Imelda recently completed a Master's in research.

Kylie Watson, consultant midwife, who was awarded a PhD in April 2020 and has a joint role with the University of Manchester. Along with Kimberly Farrant, midwifery research fellow, she is planning midwifery-led research into BAME women's experiences of maternity care in Manchester.

Catherine Chmiel, Research and Innovation Matron, and Nicola Booth, Research Nurse Team Lead, were appointed as a NIHR 70@70 Senior Research Leaders in November 2019.

Lucy Dwyer, urogynaecology clinical nurse specialist, was awarded a prestigious NIHR Integrated Clinical Academic Doctoral Research Fellowship and will begin the fellowship next year.

Nurses, midwives and research practitioners continue to support research throughout the Covid-19 pandemic and have recruited to seven trials that have direct association with women that access SMH services. One of the studies, called the Tommy's Project, is investigating the vertical transmission of Covid-19.



Genomic Medicine research

Cancer Genetic research

Genomic Medicine have always been highly research active with programmes of research whose funders include NIHR, MRC, Wellcome Trust, British Heart Foundation, Fight for Sight and Cancer Research UK. Other externally funded research in genomic medicine includes immunogenetic research led by Dr Tracy Briggs and Huntington's Disease gene therapy trials led by Dr David Craufurd. Highlights in 2019-20 include:

Major grant funding to Professor Gareth Evans, Dr Emma Woodward and Dr MJ Smith from CRUK, Dept of Defence (USA), IMI EU Fund, Breast Cancer Now and ACED to the value of over £13 million plus continuing NIHR BRC core funding.



Over 80 papers in 2019-20 including;

Forde C, Woodward ER. Hereditary Leiomyomatosis and Renal Cell Cancer: Clinical, Molecular, and Screening Features in a Cohort of 185 Affected Individuals. Eur Urol Oncol. 2019 Dec 9. Epub ahead of print.

Evans DG, Hartley CL,, Stivaros SM, Vassallo G,

Harkness EF, Smith MJ. Incidence of mosaicism in 1055 de novo NF2 cases: much higher than previous estimates with high utility of next-generation sequencing. Genet Med 2020 22(1): 53-59

Professor Evans was elected to the fellowship of the prestigious Welsh academy, The Learned Society of Wales.



Eye Genetic research

Gene therapy in collaboration with MREH where mutations in patients are identified in Saint Mary's Genomic Medicine Laboratory Hub <https://mft.nhs.uk/2020/02/21/first-patient-undergoes-revolutionary-new-gene-therapy-procedure-at-manchester-royal-eye-hospital/> Rachel Taylor won the Retina UK young investigator prize with this research/paper

Taylor RL, ... Bishop PN, Clark SJ, Black GC. Loss-of-Function Mutations in the CFH Gene Affecting Alternatively Encoded Factor H-like 1 Protein Cause Dominant Early-Onset Macular Drusen United Kingdom Inherited Retinal Dystrophy Consortium. Ophthalmology. 2019 Oct;126(10):1410-1421.

Developmental Disorder research

Dr Siddharth Banka, Prof Jill Clayton-Smith and Dr Sofia Douzgou are active researchers and Prof Bill Newman has a programme of research into urinary tract disorders in collaboration with colleagues in RMCH. Prestigious publications include:

Heterozygous Variants in KMT2E Cause a Spectrum of Neurodevelopmental Disorders and Epilepsy. O'Donnell-Luria AH, Pais LS Faundes V, Wood JC, Sveden A, Luria V, Wentzensen IM, Widjaja E, Zak J, Baxter S, Banka S, Rodan LH. Am J Hum Genet. 2019 Jun 6;104(6):1210-1222.

Houweling AC, Beaman GM,, Black BL, Newman WG, Woolf AS, Creemers EE. Loss-of-function variants in myocardin cause congenital megabladder in humans and mice. J Clin Invest. 2019 Dec 2;129(12):5374-5380. This study identified a new gene associated with a devastating bladder disorder and contributed to the award of a grant from Kidney Research UK to continue this work.

Metabolic Genetic research

The Willink Biochemical Genetics Unit have an international reputation in research particularly in Lysosomal Storage disorders (LSDs) spanning enzyme replacement therapy, gene therapy and clinical delineation. Numerous other research projects and clinical trials are active in a range of metabolic disorders

The first patient was treated with ex vivo stem cell gene therapy for MPSIIIA earlier in 2019

Commercial clinical trial income £6 million over 5 years

Dr Simon Jones is Director of the NIHR Children's CRF

Highly specialised centre for children with Lysosomal storage diseases (only 3 in UK)

E-HOD, a European network and registry for Homocystinurias and Methylation Defects. Andrew Morris

UK Coordinator & led the Guidelines Group for Classical Homocystinuria

Over 20 publications in 2019

Gynaecology Division Research

There are particularly strong research programmes in Gynaecological oncology. The total gynae cancer research group (incorporating both the Edmondson and the Crosbie Groups) now includes 29 individual researchers.

Professor Emma Crosbie has had an outstanding year being:

- promoted to Professor of Gynaecological Oncology, the first ever woman professor in obstetrics & gynaecology in Manchester (see above, Jenny Myers followed soon afterwards)
- awarded Manchester's first NIHR Advanced Fellowship (2020-25) to test urine HPV testing for cervical screening
- SMH Endometrial Cancer Research Group won the 2019 NCRI Cancer Research Excellence in Surgical Trials (CREST) Award for excellence in surgical cancer trial leadership and recruitment



Professor Richard Edmondson

- In addition to independent studies the Edmondson group collaborates with several other groups in the university and in 2019/20 has received active funding from MRC, CRUK, Innovate UK, Target Ovarian Cancer, Astra Zeneca, and Tesaro Inc totalling approx. £3.5M
- This year will see the launch of Ovstar which for the first time brings adoptive T cell therapy to ovarian cancer patients in Manchester. PRIME will be a novel tissue collection protocol based at Saint Mary's allowing patients to deposit tumour which could be used for their own therapeutic benefit at a later date.
- Publication highlights. PARAGON clinical trial which showed that the hormonal therapy letrozole is effective in advanced and recurrent endometrial cancer. This is a major advance for a group of patients who have traditionally had limited therapeutic options. Phase 2 study of anastrozole in recurrent estrogen (ER)/progesterone (PR) positive endometrial cancer: The PARAGON trial - ANZGOG 0903 PARAGON study group, 2019, In: Gynecologic Oncology.
- Collaborative publication with Genomic Medicine and Christie 'Prevalence of germline pathogenic BRCA1/2 variants in sequential epithelial ovarian cancer cases' Morgan, R., Burghel, G., Flaum, N., Bulman, M., Clamp, A., Hasan, J., Mitchell, C., Schlecht, H., Woodward, E., Lalloo, F., Crosbie, E., Edmondson, R., Wallace, A. J., Jayson, G. & Evans, D. G., 25 Apr 2019, In : Journal of Medical Genetics.

Meanwhile in the rest of the Gynaecology Division the Recurrent Miscarriage service is participating in 3 NIHR portfolio studies and the Fertility Service in 2 further portfolio studies. A US NIH-funded study on male contraception is being run by the department (PI Dr Cheryl Fitzgerald). The Endometriosis service has published its results at an international meeting (American Association of Gynaecological Laparoscopists) and supported a Doctoral thesis of a Clinical Psychologist. Research from Warrell Unit fellows was accepted for presentation at the national and international specialty congresses, and fellows have been successful in completing research degrees; Charlotte Mahoney was awarded a PhD, and Sam Cox an MPhil. Several new research collaborations with the University of Manchester, including projects to study the aetiology of mesh complications, and the role of bladder immune function in women with recurrent urinary tract infections. The Urogynaecology team recruited above target for the Treatment of Prolapse for Self-Care Pessary Multi-centred Randomised Control Trial.



Saint Mary's Sexual Assault Referral Centre Research

SARC is continuing to develop a research profile and have had several notable successes in 2019-20:

8 peer-reviewed papers including;

Majeed-Ariss R, Rodriguez PM. & White C. (2020). The disproportionately high prevalence of learning disabilities amongst adults attending Saint Marys Sexual Assault Referral Centre. *Journal of Applied Research in Intellectual Disabilities*, 33(3), 595-603. DOI: 10.1111/jar.12703

Manning, D, Majeed-Ariss R, Mattison M. & White C. (2019). The high prevalence of pre-existing mental health complaints in clients attending Saint Mary's Sexual Assault Referral Centre: implications for initial management and engagement with the Independent Sexual Violence Advisor Service at the Centre. *Journal of Forensic and Legal Medicine*. 61, 102-107. DOI:10.1016/j.jflm.2018.12.001

Two reports on Gender and Sexual Violence and on experiences of 986 children and young people attending Saint Mary's SARC

Awarded research bids totalling £90k from MFT R&I, NHS England Health & Justice team, non-recurrent funds and Violence Abuse and Mental Health Network: Grants Competition

Projects include:

- Optimisation of care pathways for children and young people in Greater Manchester attending Saint Mary's Sexual Assault Referral Centre: access to follow-up sexually transmitted infection screening and detecting risk of mental health referrals';
- 1000 Adult Case Files Project: Understanding the scale and nature of sexual violence in the UK'
- 'Improving the accessibility of SARC services for Sex Workers'
- 'The Development of Measures to Assess the Long-Term Support Needs of Adult Sexual Assault Survivors'



"It was a privilege to present my journey as part of MFT Research event Celebrating Women in Research. Proud to be on the same bill as other speakers. All from different backgrounds but sharing same determined attitude in response to changes." Rabiya Majeed – Research Associate - SARC

Newborn Services Research

In addition to the nursing and collaborative research already mentioned Newborn services research is continuing to develop with notable successes this year including;

Grants:

- National Institute for Health Research (NIHR) Invention for Innovation (i4i) grant application for the SurePulse study: Aim of this study is to assess, evaluate and support healthcare professionals in a large Neonatal intensive care unit during the use of SurePulse VS into their routine clinical practice at delivery and NICU and to provide feedback to SurePulse Medical Ltd on their experience. . Grant award: £133431.00. PI Ajit Mahaveer
- MFT pump prime award grant: PureFlow project received a local grant for proof of concept of the bigger NIHR grant. This project explores whether a semi-automated system can improve patient and parent experience of Replogle tube practice by reducing the disruption/interruptions to the baby and parents. £7200 PI Dr E Gasiorowski and Dr N Booth

PhD student BBSRC DTP project:

In collaboration with Prof Sheena Cruickshank University of Manchester we have been awarded a 4 year fully funded PhD student. This project will look at investigating the infant microbiome and its role in bowel inflammation and NEC.

18 publications and posters including:

Twelvetree, T., Suckley, J., Booth, N., Thomas, D. and Stanford, P., 2020. Developing sustainable nursing and allied health professional research capacity. *Nurse researcher*, 28(1).

and Khandwalla Z, Tanney K, Gasiorowski E, Lansdale N, Wilkinson D. Communicating bronchopulmonary foregut malformation 1a: imaging and approach. *Arch Dis Child Fetal Neonatal* Ed 2020;0:F1

Obstetric Division research

Maternal and fetal health has been a highly successful research team for many years and has received core funding from Tommy's since 2011 investigating stillbirth, the placenta and fetal growth restriction.



This year has been particularly successful for Jenny Myers who was promoted to Professor by the University of Manchester.

Jenny Myers was also awarded a hugely prestigious and highly competitive European Research Fellowship worth 2 million Euro to examine metabolic syndrome in pregnancy.



Saint Mary's was the lead recruiter to the Parrot study which demonstrated the value of measuring PIGF to detect which women are at higher risk of severe pre-eclampsia or stillbirth. Following publication in the *Lancet* this test has been introduced across GM.

Dunhig KE, Myers J, Seed PT, Sparkes J, Lowe J, Hunter RM, Shennan AH, Chappell LC. Placental growth factor testing to assess women with suspected pre-eclampsia: a multicentre, pragmatic, stepped-wedge cluster-randomised controlled trial. Lancet 393 1807-1818. 2019

Two other studies of note are the Phoenix study which also changed the management of pre-eclampsia where Saint Mary's again were the top recruiters and completion of the first randomised trial of ACEi in postnatal preeclamptic women by Laura Ormesher where exciting results are awaiting publication.

Quality and Safety

Main Highlights:

No never events

No incidents that have resulted in avoidable death

All elements of CQC action plan from the October 2018 inspection completed by March 2020, with good evidence, particularly in relation to compliance with mandatory and safeguarding training.

Good compliance with the safety standard on the Accountability Oversight Framework

Increase in the reporting of incidents alongside a reduction in avoidable harm

Improved management of assessed risks- compliance with review dates and completion of actions

Improvement in timely incident validation

Good team working across sites

Good engagement across sites with the ACE days across all the MDT

HSIB linking with SMH to undertake maternity investigations in line with their standards.

Mortality reviews completed within timescales

Improvements in Medication safety- Patient Safety Week in September 2019 (which included World Patient Safety Day) primarily focused on medication safety. There was positive engagement with the Quality Bus from all staff.

Good compliance with the Annual Health and Safety Performance review.



Dr Sarah Vause
Medical Director



Kathy Murphy
Director of Nursing and
Midwifery



Shirley Rowbotham
Clinical Effectiveness
Manager



Heather Birds
Patience Experience and
Quality Lead

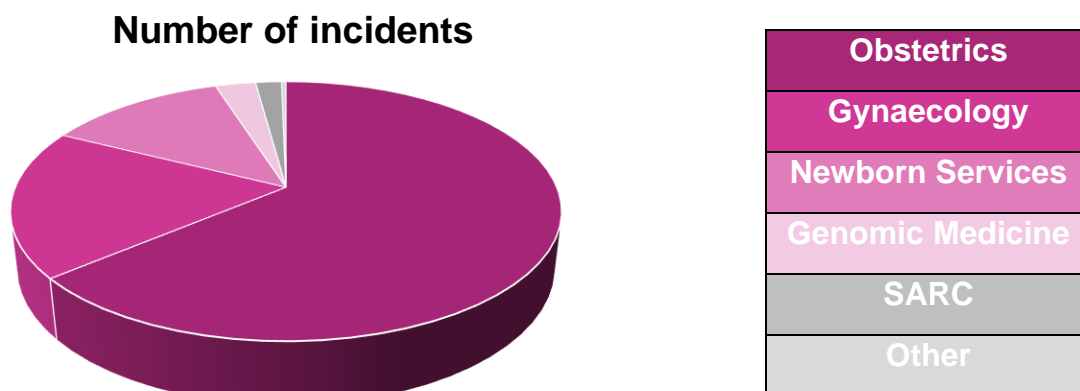
The Quality and Safety Committee in Saint Mary's Hospital Managed Clinical Service, chaired by Dr Sarah Vause Medical Director and supported by Shirley Rowbotham, Clinical Effectiveness Manager is now well established, reporting into the Hospital Management Board and the Group Quality and Safety Committee.

The Accountability Oversight Framework monitors performance, and the Safety and Quality sections are reviewed as part of the work of this committee. Various safety measures are scored with 1 being excellent and 6 being the lowest score. At Saint Mary's the scores for Safety over the 12-month period have been sustained at level 2. The position for SMH MCS is affected by 3 main areas:

- Submission of serious incident investigation reports within the stipulated timeframe- although the reports are always of a very high standard, there has been a delay in submission of some incident investigation reports in Obstetrics. Teams are now more established and there is an improvement in timelines of completion of reports.
- Avoidable infections including- Gram negative infections- these are primarily in Newborn services and are closely monitored
- 7-day service review: first consultant review within 14 hours of admission. Compliance has improved bringing the score down from 3 to 1 in January 2020.

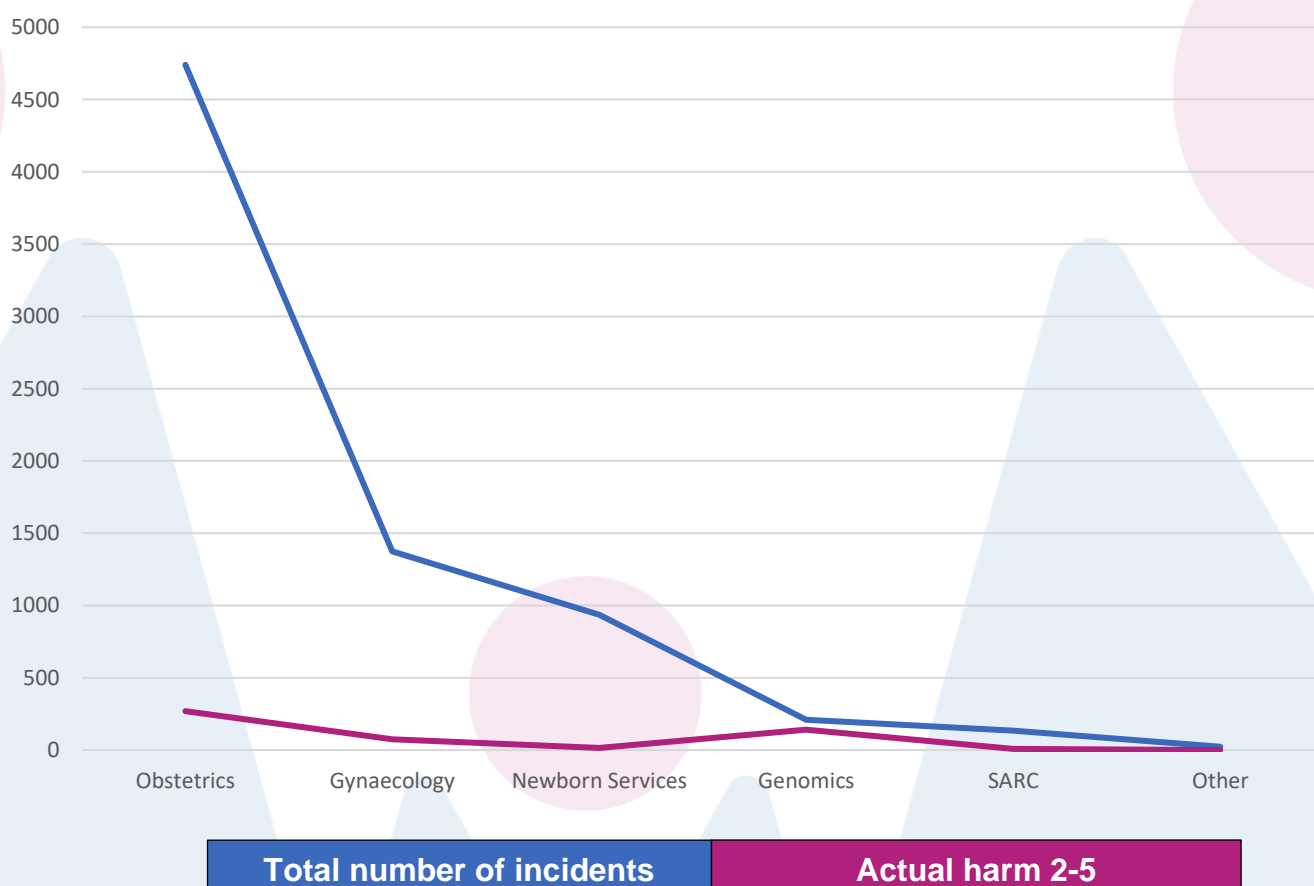
Management of incidents

In 2019-20, 7,419 incidents have been reported across the MCS. This is a 17% increase in reporting from 2018-19.



Out of these incidents, 6.8% have resulted in harm (levels 2-4). This year, we are proud that there have been no level 5 incidents resulting in harm as a result of care provided. This is a significant achievement for SMH MCS and one which shows that robust systems and processes are in place to support staff in providing safe care to our patients.

2019-20 incidents and harm comparison

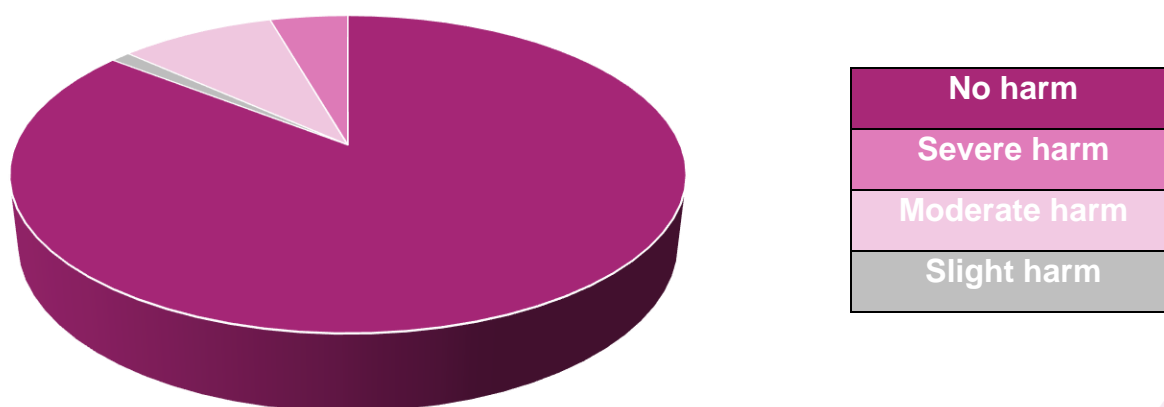


Serious incidents

During 2019-20, there have been 90 incidents reported with a severity of 4 or 5. Only 13 of these (14%) have resulted in actual harm (level2-4).

There have been 4 incidents that have resulted in severe harm, three of these in Obstetrics and one in Gynaecology. These have been thoroughly investigated and the findings have been shared with the families.

Actual harm as a result of level 4/5 severity incidents



Main themes

Wrong Blood in Tube (WBITs)

These are reported as a severity level 4 across MFT. In SMH MCS, they account for 57% of the serious incidents reported. This was also the main theme in the previous year and the majority have occurred due to staff not undertaking positive patient identification and not labelling bloods at the bedside. None of these incidents have resulted in any harm to the patients involved. As a percentage of the patients that come through our services across the MCS, this number is very small, however awareness raising has continued throughout the year with educational support to ensure policies are followed.

Other incidents

There have been a small number of babies that have been transferred to Newborn Services for therapeutic cooling following birth. Some of these meet the criteria set out by HSIB and external teams have come into the organisation to conduct their own investigations as part of the national strategy to improve patient safety.

For those cases where there where there have been some service and/or care delivery problems identified on practice review following the incident, parallel investigations have taken place to ensure any actions required are instigated and the families have timely feedback.

Management of risks

An external review of risk across MFT by KPMG demonstrated that SMH has a positive and mature attitude to risk. This is evidenced by the close monitoring of risks by the Divisional and Senior Leadership teams. Actions have been ongoing in order to reduce the level of risk and provide safe and effective care for our patients.

The divisional teams throughout the year have improved the timely review of risks and the monitoring of actions; they have robust processes in place to meet the standards required. This has been challenging given the number of risks that are managed and the resources available.

Throughout the year there have been an average of 220 risks on the SMH MCS risk register. The risks with the highest scores i.e. those we are most worried about are:

- *Maternity staffing and capacity*
- *Ambulance provision for Connect North West*
- *Reproductive Medicine service- operation stability and HFEA compliance*
- *Genomic Laboratory Redesignation (this has since been reduced as the plan moved forward)*

Capital funds have enabled the purchase of equipment during the year, particularly in Gynaecology. The purchase of 'stacks' for Theatres and Outpatients enabled a significant risk to be closed in Gynaecology; storage freezers and embryoscopes have been provided for the Department of Reproductive Medicine.

Infection Control and Harm Free Care

SMH MCS has an Infection Control and Harm Free Care meeting monthly which focuses on infection control concerns and the five areas of Harm free care- Falls; Pressure ulcers; Catheter acquired urinary tract Infections (CAUTI's), VTE and Pain Management.

Infection Control

There have been no cases of MRSA bacteraemia and 3 cases of Clostridium difficile which have been reviewed and deemed as unavoidable.

There has been a big drive over the year to improve the Management of Sepsis in Obstetrics with an associated action plan put into place. There are new harmonised guidelines in use, there has been a "back to basics" sepsis plan and further work to address wound care management and prevention of Surgical Site Infections (SSI)

Following the "six weeks of sepsis" campaign over the summer of 2019, there was a marked improvement in compliance in Gynaecology which has been sustained and sepsis education remains ongoing.

In March 2020, the Infection control agenda moved to the management of Covid-19 as the pandemic started in the UK.

Pressure Ulcers

The numbers of these are minimal due to the nature of the services we provide across the MCS, the main area where there have been low level incidents over the year has been Newborn Services. Early extubation and use of non-invasive respiratory support is a known risk to preterm skin integrity. The nursing team are working with the Group tissue viability team and liaising with external companies to ensure the most appropriate equipment / pressure relieving aids are used to support the care of our preterm babies.

Falls

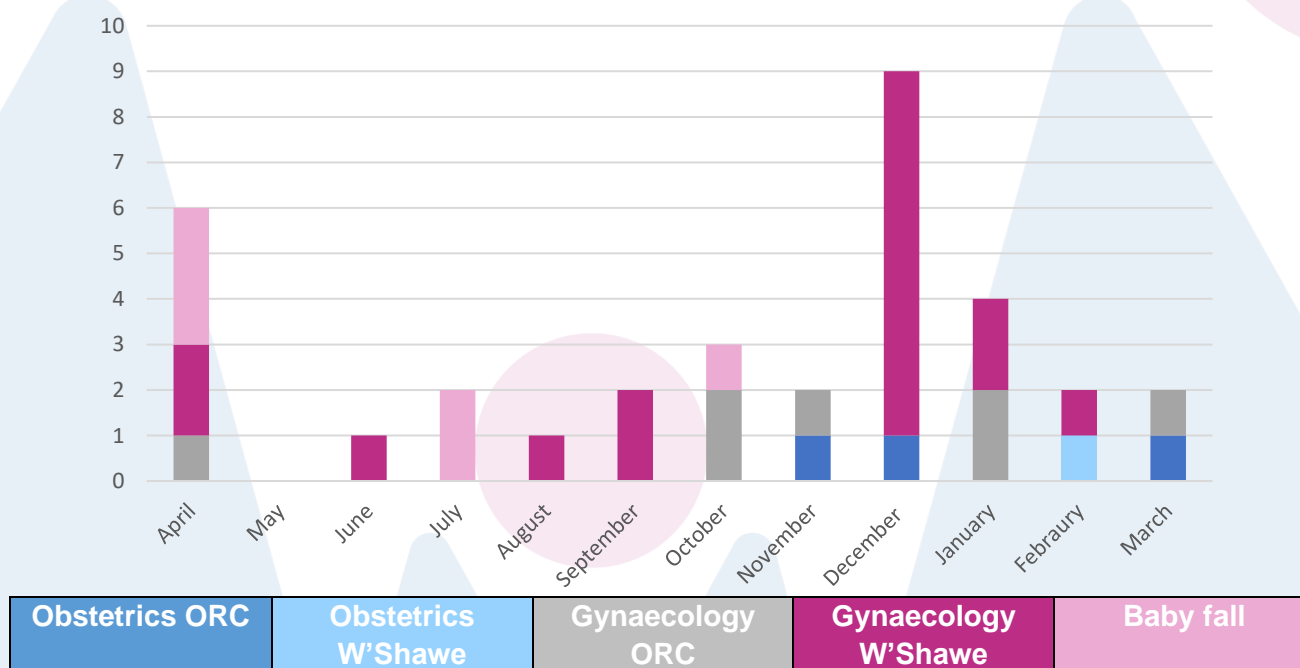
Due to the nature of the service we provide we do not get many patient falls in SMH MCS. All incidents though, irrespective of level are reviewed and any lessons learned disseminated locally.

There has been one fall on F16 at Wythenshawe which resulted in a patient sustaining a fractured neck of femur. A serious incident investigation was completed in conjunction with Wythenshawe Hospital (as the patient was a medical patient being cared for on the Gynaecology ward) and actions have been put into place to prevent reoccurrence. The patient was discharged well from hospital after a period of recuperation.

In December 2019, there was a spike in the number of falls on F16 at Wythenshawe, our nursing team worked with the team at Wythenshawe Hospital to review the criteria for the transferring of patients from medical wards at Wythenshawe to F16 to ensure patients are nursed in appropriate areas where observation is paramount when they are at risk. The number of falls has since reduced.

Following work put into place the previous year, across maternity, the number of baby falls has remained low with 6 reported over the year, none of these resulting in any harm to the babies which were transferred to NICU for observation in line with policy.

Patient Falls 2019-20



Moving forward:

- Supporting the reduction of high-level risks
- Ensuring ongoing Governance support during the COVID-19 pandemic
- Ensure Governance support in place to support service redesign and implementation following the Covid-19 pandemic
- Assess against CQC key lines of enquiry to ensure compliance is maintained
- Embed the divisional AOF's into Governance frameworks to provide effective measures of quality and safety
- Harmonisation of safe surgery procedures across the Managed Clinical Service
- Ensure completion of actions in the Saint Mary's Hospital Managed Clinical Service Quality and Safety Strategy 2018-2021
- Compliance with external standards- ensure updates of external inspections

First babies admitted to Saint Mary's Hospital return for 10th birthday tea party



A mother, whose baby was amongst the first patients to be admitted to the new Saint Mary's Hospital Newborn Intensive Care Unit on its opening day at Oxford Road Campus in 2009, made an emotional return to the hospital on Thursday 11th July for the 10th birthday celebrations. Mum, Gemma Hilton and Daughter Estelle were just one of a number of families, nurses and surgeons invited back to the unit to mark a decade since opening. 10-year-old Daniel Jeeves who was born on the same day that the unit opened, also made his return to the ward to be reunited with the consultant who treated him 10 years ago.

Karen Connolly CEO wanted a focus on staff health and wellbeing throughout the whole year, so the Quality Team devised a cunning plan for different activities each month. Karen lead the first month with lunch time walks....and she set a fast pace so there was NO sauntering in the sunshine. 10,000 steps, or 10 minutes just keep moving! Walks included both Wythenshawe and Oxford Road Campus circuits.



Sustainability and waste management - Operation TLC

It's been a year since the project finished and we have been conducting semi-formal audits and meter reads each quarter to track progress and see how well the actions have been embedded since the programme was delivered.

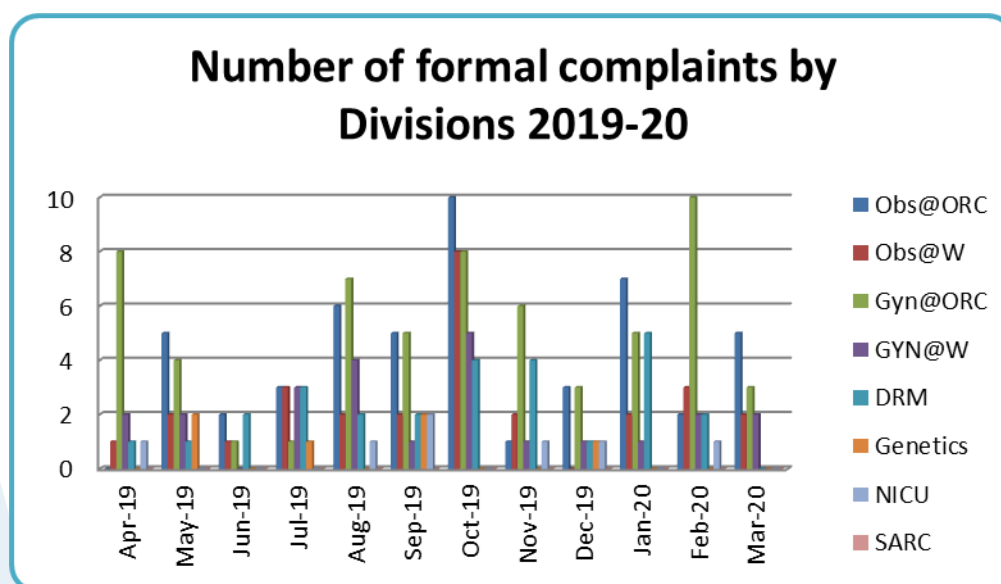
Cumulative consumption has remained about the same which is excellent news, indicating that switch-off behaviours are being sustained. Also, when out and about, it was clear that most wards were making a concerted effort to keep lights off - almost 70% of wards showed a decline in their average daily usage so you can see how these actions do make a difference.

The findings indicate that the energy saving behaviours that were implemented back when the project started have continued, and you are all making a difference and saving the Trust money. Hopefully, you have found that this has made a difference to your patients as well, creating calm, welcoming environments to support healing.

Complaints Management:

Complaints management is taken extremely seriously within the MCS, with weekly meetings, a team monitoring and coordinating the responses and the senior management team reviewing and checking every response and investigation.

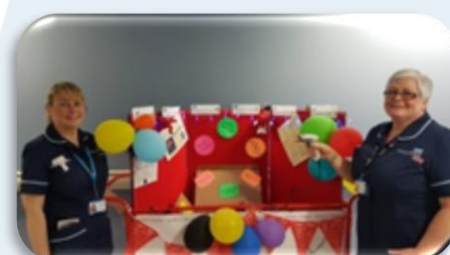
- April-March 2019/20 = 202 complaints (in year 11.6% increase from 2019)



Due to the COVID-19 Pandemic complaints management was 'paused' on the 31st March nationally. Patients whose concerns were related to an expedited discharge or cancelled appointment due to the Pandemic received a Trust level standard response. All new Hospital /MCS complaints were acknowledged and recorded as normal and the recipients advised of the Paused status due to the pandemic. Where a local resolution could be actioned easily, this has been undertaken.

Quality Bus in Disguise

Blood Transfusion Specialist Nurses visited all areas to educate staff on the importance of tracking all blood products



Celebrating and showcasing the great work undertaken within Saint Mary's Hospital

Ms Gill Adgie Regional RCM Head for the North of England visited us. The focus of Gills visit was for Mrs Murphy as chair of the GMEC HOMs education group and member of the LMS Transformation board to brief her on all the great work going on in GM in respect of Student numbers / placement and career development for midwives. To highlight the work on the Better Births work streams & Continuity of Care. The visit was an opportunity to show case SMH as a leading unit for midwifery and Gill was taken around all areas to meet ward managers and staff so they could showcase their own IQP, staff engagement and WMTM work.



Dame Donna Kinnair, RCN CEO visited the Newborn Services to discuss the many opportunities for nurses to develop themselves and their role within the services. She met the Education, Bereavement, Retinopathy of Prematurity and research teams who showcased their services.



Were you part of the MFT BLUE WAVE? We were!

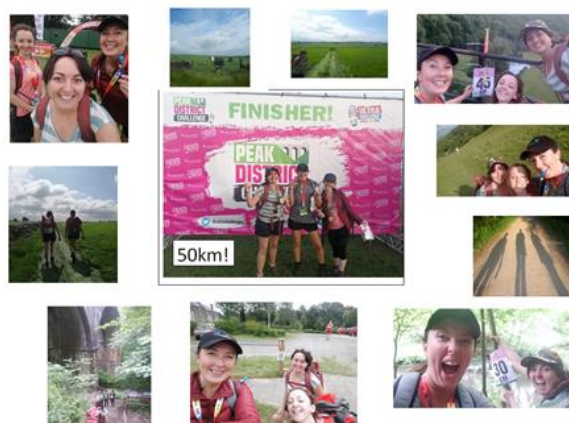
Large number of staff participated in the Manchester 10 KM run as part of the MFT Blue Wave, raising lots of charitable funds for many differing good causes.



Ward 62 staff raising money for early pregnancy loss and end of life care. Bibitha Saji raising £427 for the NF1 Amenity fund to support patient information days.



SR Deirbhle Breslin, SR Lizzie Williams & SN Louise Nicol completed a 50km hike through the Peak District in order to raise money to fund the dignity packs. Dignity packs consist of nighties, knickers and leggings for patients who have saturated their clothes following heavy vaginal bleeding. This enables more dignified admission/discharge home. We are now looking to expand on what we offer within the dignity packs.



The Genetics team had a **Walking Competition on Walk to Work Day: 5th April.**

To reduce carbon footprint as well as health and well-being benefits. The total number of steps recorded was **80,935** which based on an average step calculator is about 40.5 miles! The prize winners in 1st and 2nd place walked just over a whopping 10,000 steps and 3rd clocked up 7,770 steps. Then a Cycle to Work Day 8/8/19: total miles cycled 98.2. (Energetic lot!)

The Genomic Medicine Team also celebrated Jeans for Genes Day with cake on the 19th September and raised over £150.



Saint Marys MCS had 5 pictures in the final of the Proud to Care on Camera this year and the winner was 'Dads Matter'. The pictures were of

a Dad having skin to skin with his baby following the birth of his son by caesarean section. Thank you to Lesley Chan for this entry!



Macmillan Coffee Morning

The event staged in the SMH Atrium raised £211, events took place also on NICU and in Genomic Medicine.

Ward Accreditations

Area	Validated result 2018/19	Validated result 2019/20	Predicted result 2020/2021	Validated result 2020/21
Ward 66	Gold	Gold	Gold	
Ward C2	Silver	Silver	Gold	
ERP	Gold	Gold	Gold	
Ward 65	Gold	Silver	Gold	
Ward C3	Bronze	Silver	Gold	
Ward 64 DU	Gold	Silver	Gold	
Delivery Suite@W	Gold	Gold	Gold	
Maternity Triage	Gold	Silver	Gold	
Ward 47	Gold	Gold	Gold	
Birth Centre	Silver	Silver	Gold	
Ward 62	Gold	Gold	Gold	
Ward 63 EGU	Gold	Gold	Gold	
DRM	Gold	Silver	Gold	
Ward F16	Silver	Silver	Gold	
Newborn Services ORC	Gold	Gold	Gold	
Newborn Services @W	Gold	Silver	Gold	
Antenatal Clinic	Silver	Silver	Gold	
Early Pregnancy Unit @W	Silver		Silver	
Theatres@ORC	Silver	Silver	Gold	
WOP@ORC	Gold	Gold	Silver	
WOP@W	Silver	Gold	Silver	

Equality, Diversity and Inclusion within Saint Mary's Managed Clinical Services.

ED&I week is supported annually in May. This year it coincided with "Dying Matters" week & Mental Health awareness week so we linked all three across the week and we used the What Matters to Me programme to engage with the families in our care;

On What matters to me Monday: A Maternal Mental Health Awareness Information Board was set up by the Specialist Midwives and a Graffiti Board was set up to encourage patients, visitors and staff to scribe their views. Our families provided feedback that said they appreciate it when communication was good, when we showed that we cared about them individually and that we did support their individual needs. What could we get better...the waiting! 99% of the responses commented on waiting times
Let's talk about it Tuesday: The Specialist Bereavement teams in Gynae and Midwifery had a stand in the atrium to support the 'Dying Matters – let's talk about it' campaign.

WEDnesday and I; Why it matters Wednesday: The ED&I strategy was shared with the senior nursing and midwifery team and actions agreed to embed good practice across all areas
Sharing Good things Thursday: Staff were encouraged to make a pledge to maintain and improve our services

Full of facts Friday: the links to an ED&I quiz was shared with staff to check their level of understanding of the ED&I information, the Midwifery Community team demonstrated excellent knowledge levels.

Charity

Over the past 12 months we have seen some fabulous fundraising taking place in support of Saint Mary's Hospital Managed Clinical Services. Thanks to the hard work and dedication of several individuals, community groups and companies, during 2019/20 we were delighted to receive an amazing **£209,832.48** 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:

Thank you to Ciaran Hatzar and Suey Ross, who decided to fundraise for The Rainbow Room and the Newborn Intensive Care Unit (NICU) at Saint Mary's Hospital, after their friend Sally Matthews' unborn son Louis was diagnosed with Patau's Syndrome and sadly passed away. Louis' twin sister, Nancy, was also treated on NICU for a short while after birth but is now healthy and happy at home. Ciaran and Suey raised the funds through their part in the Great Manchester Run in May 2019 and donated an amazing £3,928.20.

In June 2019, 41 members of staff from Wythenshawe's Maternity Unit decided to tackle the Yorkshire Three Peaks. They scaled Pen-y-ghent, Wharfedale and Ingleborough to raise an impressive £2,737 for the unit.



Also in June, a team from Soreen took on the gruelling Samworth Brothers Charity Challenge in support of NICU at Saint Mary's. The malt loaf company chose to fundraise for the hospital as team member Lauren's son was treated there following his birth, and they succeeded in raising a fantastic £2,000 through the tough hiking, kayaking and cycling challenge!

St Peter's Toddler Group donated a fantastic £10,300 to the Neonatal Unit at Wythenshawe Hospital in November 2019. The group is made up of volunteer mums who organise a twice-yearly sale of new or good-as-new baby clothes, toys and equipment at St Peter's Assembly Rooms in Hale.

In October, Julie Peacock visited the hospital to present a cheque for £23,336 to NICU in memory of her granddaughter Elexa-Mae, who passed away from an incurable condition when she was just 6 weeks old. Julie has undertaken various fundraising activities including quiz nights and a Halloween Night.



Louise Bibby and Adam Lang held a charity ball in October in memory of their son Thomas, who passed away when he was just 19 hours old. The family raised an amazing £15,726 for our Neonatal Intensive Care Unit.

In January 2020, Jo Webb and Mark Lawson, who own Lawson's Auto, donated an amazing £715 to the Rainbow Room at Saint Mary's Hospital, in memory of their grandson George. Jo and Mark were supported by Mike from Piston Brake 4x4 who donated knitted teddies.

Freddie's Legacy has been raising funds for the Newborn Intensive Care Unit at Saint Mary's Hospital in memory of their son, Freddie, since 2017. In February, the Freddie's Legacy team raised £6,657 for the unit by taking on the Yorkshire Three Peaks challenge, smashing their £5k target!



Sisters Poppy, 7, and Maisie, 9, joined forces with their dance teacher, Abbie Lindsay, to put on a show in memory of their baby sister Dottie. The school sold limited edition t-shirts for the event, with net proceeds coming to our Newborn Intensive Care Unit, where Dottie was treated. The girls and Abbie succeeded in raising £100 which they presented to us in August 2019.

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 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, by participating in one of our sporting challenges or organised events, to organising your own event to raise funds, or by simply making a donation, please visit mftcharity.org.uk/saint-marys or contact 0161 276 4522.

Birth Aid Charity

The Birth-Aid Charity is now in its 7th year of providing surgical camps giving the women of Uganda their dignity and freedom from incontinence by repairing childbirth injuries such as 3rd & 4th degree tears and vesico- vaginal fistula. In 2019 two teams visited Virika hospital in February and July.

It's an arduous trip with very little down time. Teams arrive around midnight on a Saturday night, after a 13-hour flight followed by an early start on Sunday morning for a 200-mile drive across Uganda, which takes around 6 hours. Virika Hospital is in Fortal Portal which lies in the West of the Uganda, overlooked by the magnificent Rwenzori Mountains.

A team of at least six travel for each visit, Gynaecologist and colorectal surgeons and at least two nurses who spend the next five days working long hours, providing surgical training and educational sessions on preventing obstetric injuries, before setting off home the following Saturday. On site the team are supported by the local Doctors and nurses lead by Dr Augustine and Sister Mary Magdelaine Burungi.

To date the teams have provided surgical treatment for over 250 Women. All trips are self-funded, and the patients' treatment is paid for by the charity. Fundraising activities such as cake sales and quiz nights, sponsored swims and bike rides etc along with our regular donators go towards supporting costs. Latterly the charity has had to purchase surgical equipment and consumables such as sterile gloves and sutures which were previously donated, increasing the cost of each trip.



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	83,400
Gynaecology	29,299
Obstetrics	26,275
Clinical Genetics	12,377
Reproductive Medicine	7,273
Neonatology	4,783
Gynaecological Oncology	3,297
Paediatric Metabolic Disease	96

Inpatient admissions

The number of patients admitted to a ward

Inpatient admission specialty	Day case admissions	Elective admissions	Non-elective admissions
Obstetrics	7	33	24541
Gynaecology	7774	1922	3107
Gynaecological Oncology	288	365	16
Neonatology	0	2	2156
Paediatric Metabolic Disease	3	4	48
Grand Total	8072	2326	29868

Outpatient 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.

Outpatient attendances	First attendances	Review attendances	Total attendances
Obstetrics	26582	151177	177759
Gynaecology	20240	32125	52365
Reproductive Medicine	5689	7519	13208
Clinical Genetics	9409	5010	14419
Gynaecological Oncology	2889	4267	7156
Neonatology	576	2010	2586
Paediatric Metabolic Disease	194	1354	1548
Grand Total	65,579	203,462	269,041

Outpatient DNA rates – 'Wasted' appointments where patients Did Not Attend as expected.

Specialty	First DNA rate	Review DNA rate	Overall DNA rate
Obstetrics	10%	9%	9%
Gynaecology	11%	9%	10%
Reproductive Medicine	13%	7%	10%
Gynaecological Oncology	12%	10%	11%
Clinical Genetics	10%	5%	9%
Paediatric Metabolic Disease	12%	12%	12%
Neonatology	7%	5%	6%

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 - RTT Position

Pathways under 18 weeks	7,774
Open pathways	10,708
RTT performance	72.60%

Cancer

Cancer two week wait (target 93%)	97%
31 day to first treatment (target 96%)	90%
62-day referral to first treatment (target 85%)	49%

EGU Performance

A&E attendances	% Encounter Breach
13402	3%

Number of Deliveries

Delivery method	12,833
Spontaneous Vaginal	6,938
Assisted Vaginal	1,940
Emergency caesarean section	1,954
Elective caesarean section	2,001
Grand Total	12,833

Neonatal Capacity

	Capacity (cots)	occupancy
Intensive	21	72%
High dependency	23	98%
Special care	43	77%



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