

Annual Review

2010/11





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Our Vision

To deliver the best in care

Our Purpose

To provide leading edge healthcare for the people and communities we serve locally, nationally and internationally by delivering excellence in patient care through clinical expertise, research, innovation, teaching, training and support services.

Our Values

Respect

We respect each other at all times with regard to age, disability, gender, position, race, religion and sexual orientation through **professionalism and courtesy**, treating all patients, colleagues, visitors, carers, communities and others as they **would wish to be treated**.

Responsibility

We take **personal and collective responsibility** to do the best we can, working towards agreed individual and Trust-wide goals and expect to be held accountable and to challenge poor performance.

Honesty

We are **open, have integrity and are inclusive** in our engagement and our decision processes.

Innovation

We strive to be **responsive, creative and flexible**, always looking for ways to do things better. We trial new ideas and share best practice quickly and fully.



Chairman's welcome

Welcome to University Hospitals Birmingham NHS Foundation Trust's (UHB) Annual Review. I hope you find it interesting, informative and easy to read.

The Annual Review is a summary of the activities of our hospitals – the Queen Elizabeth and Selly Oak hospitals and the new Queen Elizabeth Hospital Birmingham – over the last 12 months. It also provides some of our patients with the opportunity to share their experiences of the care we deliver.

I am proud to say that 2010/11 has been another remarkable year at UHB. We have once again met, and in many cases, exceeded our operational targets whilst treating over 700,000 patients regionally, nationally and internationally.

We have continued in our efforts to improve patient experience and have made significant reductions in MRSA and Clostridium Difficile rates

for the fourth successive year, which is a great achievement. We have also broadened further our research activities.

Our Board of Governors and our members play an ever-increasing role in shaping our future and setting our priorities. Over the past 12 months, we have extended and improved our membership programme, creating more opportunities for our patients and local communities to play an active role in helping us to deliver the best in care.

I would like to take this opportunity to thank everyone – our members, governors, staff, patients and the public – for the contribution you have made to the Trust over the past year.

A handwritten signature in black ink, appearing to read 'Albert Bore'. The signature is fluid and cursive, written over a light blue circular watermark or seal.

Albert Bore
Chairman

Chief Executive's welcome

The Annual Review is a more reader-friendly, patient-focused alternative to the Annual Report and Accounts, which we are required by law to produce for Parliament and our regulator Monitor. I hope you find it insightful and I welcome your feedback.

This is the fifth year I have been Chief Executive and I am delighted to say that thanks to the commitment of our staff, volunteers, members and governors, this has been a momentous year at UHB.

In June 2010 we successfully opened Birmingham's first new hospital in 70 years – a world-class facility delivered on time and on budget. Over a number of phased moves we have successfully transferred hundreds of patients from the old Queen Elizabeth and Selly Oak hospitals into the new facility. Most importantly, we have continued to deliver the highest standard of care throughout – an amazing achievement from all involved.

As the Chairman has outlined, we have also continued to

develop our research portfolio, have continued to reduce infection rates and ensured that our patients benefit from some of the most cutting-edge treatments seen in the NHS.

As you know, the NHS, like many other organisations, is facing an uncertain period but I believe our strategy will ensure we are prepared for the challenges ahead. Our key priorities are:

- To deliver the highest levels of quality evidenced by technology, information and benchmarking
- To listen to what patients want and respond quickly and proactively
- To create a fit-for-purpose workforce for today and tomorrow
- To ensure UHB is a leader of research and innovation



Julie Moore
Chief Executive



About University Hospitals Birmingham NHS Foundation Trust



University Hospitals Birmingham NHS Foundation Trust (UHB) is the leading university teaching hospital in the West Midlands. It provides traditional secondary care services to the adult population of South Birmingham and specialist tertiary care across the West Midlands and beyond.

The Trust runs three hospitals, the Queen Elizabeth Hospital Birmingham, Queen Elizabeth Hospital and Selly Oak Hospital, which provide adult services to over 700,000 patients every year, from a single outpatient appointment to facial reconstruction. The Trust is a regional centre for cancer, trauma, burns and plastics, and has the largest solid organ transplantation programme in Europe.

The Trust employs around 7,000 staff and has recently transferred services from Selly Oak Hospital to Birmingham's first new acute hospital in 70 years – the Queen Elizabeth Hospital Birmingham, which opened its doors to patients on 16 June 2010.

UHB achieved Foundation Trust status on 1 July 2004. It has around 24,000 members and a Board of Governors. In 2010/11 its annual budget was £535.7 million.

Trust Performance

During 2010/11 the Trust saw nearly 500,000 outpatients, 67,000 inpatients, 32,000 day cases, and 83,000 A&E attendances. Over 95% of patients were treated, admitted, or discharged from A&E in less than four hours over the course of the year.

The Trust continued to meet the national 18-week referral-to-treatment target both as a Trust and at specialty level and was already meeting the new waiting times ahead of their introduction in April 2011.

The Trust has also successfully met all the national cancer waiting time targets in 2010/11.

Board of Directors



Executive Directors



Directors



Non Executive Directors



“

MRSA and Clostridium
Difficile were reduced
by 15.4% and 18.5%

”



Infection prevention and control

In 2010/11, the Trust once again made significant reductions in infection rates. MRSA and Clostridium Difficile were reduced by 15.4% and 18.5% respectively against the previous year - our lowest number of cases to date.

The reduction is a result of a number of initiatives including:

- More in-depth analysis into individual cases of infection, which has provided valuable insight into preventing the spread of infection
- Introducing enhanced cleaning programmes
- Extending MRSA screening to all admitted patients

Awareness campaigns such as Infection Prevention and Control Week continue to educate staff, patients and visitors about the importance of hand hygiene.

In October the Trust's Patient and Carer Councils led the fifth annual Clean Your Hands Campaign, using ultraviolet glow boxes to demonstrate effective hand-washing techniques. Staff and members of the Councils visited wards and departments over a two-week period offering leaflets, promotional items and hand gel to patients, visitors and staff.

They also held information stands and conducted surveys, the results of which were fed back to the executive-led Infection Prevention and Control Committee.

Developments in Quality

UHB has made good progress in all five quality improvement priorities for 2010/11: reducing medication errors, reducing infection, reducing delays in antibiotic delivery, completion of venous thromboembolism (VTE) risk assessments and improving patient experience and satisfaction.

A key part of UHB's commitment to quality is being open and honest about performance. The Trust's Quality web pages provide staff, patients, members of the public and other stakeholders with regular, up-to-date information on the Trust's performance in relation to

the quality of our services. These can be found via the Trust website at: www.uhb.nhs.uk/quality.htm.

Information published includes:

- Quality Reports: these include the Trust's 2009-10 Quality Report plus quarterly update reports on progress
- Specialty Quality Indicators: graphs showing performance and explanatory text for specialty quality indicators which are updated monthly
- Department of Health (DH) Quality Indicators: graphs showing performance for some of the indicators suggested by the DH which are updated quarterly

Other information: this includes some Annual Reports on specialised services such as HIV and national audit reports

Compliments and complaints

The number of compliments the Trust received rose by over 300% during 2010/11. The majority of compliments are received in writing – by letter, email or feedback leaflet – and the rest are received verbally via telephone or face-to-face. Whilst a high percentage of compliments are about treatment, one third concerned nursing care (three times more than the previous year) and one third complimented the friendliness of staff.

In 2010/11 there was a 30.6% increase in the number of formal complaints received by the Trust compared with the previous year. An increase in complaints was expected based on the experiences of other trusts who have transferred services. A number of initiatives are being delivered through the Patient Experience and Learning and Development teams to address the issues.

Making patient experience count

Improving patient experience continued to be a priority during 2010/11. A number of initiatives have been set up to provide patients with more opportunities to give feedback on our services. In March 2011 the Trust introduced a Customer Care Facilitator to deliver

training and support to departments in improving customer service. The Trust has also established a Young Person's Council to give people aged 16-25 a greater voice in decisions about healthcare at UHB.

The Trust also has four patient and carer councils who advise teams on issues affecting patients. If you are a patient or carer and would like to join a Patient and Carer Council, please contact Carol Rawlings, Associate Director of Patient Affairs, on 0121 627 8179 or via email at carol.rawlings@uhb.nhs.uk.

Customer Care Awards

The Customer Care Awards, launched in March 2011, aim to recognise individuals or teams who have demonstrated outstanding customer care to patients, relatives or visitors. The awards are held quarterly and the winner from each goes forward to the annual Best in Care Awards.

The awards are divided into four categories:

- Individual (clinical)
- Individual (non-clinical)
- Team (clinical)
- Team (non-clinical)

The winner in each category is decided by the Trust's Customer Care Group and receives a £25 voucher. For more information, visit our website www.uhb.nhs.uk/awards or call 0121 204 1970. Patients, carers, visitors and colleagues can nominate staff members or teams using the nomination form online or by completing a nomination form in the hospital.

You said, we did:

"The children got very bored in the waiting area"

QEHB Charity has provided colouring books and crayons for children to use whilst in the waiting area.

"I could get lost easily in Ambulatory Care as the area is so big"

We have introduced a 'meet-and-greet' role to show patients to their designated bed or trolley space on arrival.

"The chairs in the waiting area are old fashioned and uncomfortable"

We ordered new waiting area chairs and sofas in bright colours.

We recognise individuals or teams who have demonstrated outstanding customer care

Derek Ball, Customer Care Facilitator





“We have outstanding staff here at UHB and this initiative has been embraced

Care Rounds

In March 2011 Care Rounds were introduced to all 29 inpatient wards to simplify nursing on the wards, make working practices more efficient and give patients a daily structure of when they will be seen by a healthcare professional.

The Care Round involves an hourly interaction with each patient about their care needs – anything from having enough to drink to needing extra pillows. The Care Round also encompasses non-clinical aspects of care such as having a book or slippers at easy reach, as research shows that trying to get out of bed for such items is a contributing factor in patient falls. The checklist can be completed by anyone who visits the patient, including nurses, doctors, physiotherapists, dieticians, healthcare assistants or relatives, and is already proving successful.

UHB Chief Nurse Kay Fawcett said the initiative would reinforce and standardise levels of patient care: “We have outstanding staff here at UHB and this initiative has been embraced because it gives us a way of ensuring patients are being seen and cared for.

“Even on very busy wards, we know the clinical care remains excellent but we need to ensure the patient is as happy and as comfortable as possible. And, most importantly, they need to feel that the staff are looking after them and are there to help.

“Patients are at the centre of everything we do here, so this is extremely important for us and we feel it is something which will be watched closely by other trusts around the country.”

Initial results show a reduction in falls and positive feedback from both staff and patients.

Communication made easy

Visiting hospital can be stressful when you find communicating easy, so imagine what it would be like if you had difficulty seeing, hearing, speaking or understanding spoken language.

The Dignity in Care team at the Queen Elizabeth Hospital Birmingham has launched a special ‘communications box’ to help patients explain their needs, where an interpreter is unavailable.

Funded by the hospital’s official charity, the box includes a hospital communication book, which has information about how to support people who have difficulty communicating, with pictures that give people choices, explain what is going to happen and help them to communicate with hospital staff and family members.

The box also contains a spectacle repair kit, hearing aid batteries, a magnifying glass, pen and notepad, and a hand-held communicator.

Research and Development

UHB is a leading UK centre for medical research thanks to its diverse portfolio of clinical trials.

Our researchers play a vital role in advancing the treatment we are able to deliver to our patients and in doing so they support the Trust's vision to deliver the best in care, help maintain its reputation for excellence and, most importantly, make a real difference to people's lives.

In January 2011 the Queen Elizabeth Hospital Birmingham (QEHB) was announced as the host of the £20m National Institute for Health Research (NIHR) Centre for Surgical Reconstruction and Microbiology – a joint venture between the Department of Health, the Ministry of Defence, UHB and the University of Birmingham.

The QEHB is the main receiving hospital for all of Britain's serious military casualties and the new NIHR centre will be used to help bring military and civilian trauma surgeons and scientists together to share innovation in medical research and advanced clinical practice in the battlefield, benefiting all trauma patients in the NHS at an early stage of injury.

Research will focus initially on today's most urgent challenges in trauma, including:

- Identifying effective resuscitation techniques
- Surgical care after multiple injuries or amputation
- Fighting wound infections

In January 2011, Dr Simon Bowman, a consultant rheumatologist at Selly Oak Hospital, was awarded almost £1 million by Arthritis Research UK to research treatment for an autoimmune condition called Sjögren's syndrome, which affects around half a million people in the UK.

The main hub of research work at UHB is The Wellcome Trust Clinical Research Facility, WTCRF, based on the Queen Elizabeth Hospital site.

The QEHB Charity has continued to support research projects and awarded £1 million in grants to the Trust and University of Birmingham during 2010-11. The latest awards, in March 2011, totalled more than £521,000.

The number of new studies registered at the Trust between April 2010 and March 2011 was 181. Of these, 51 were commercial research projects.

A full summary of the Trust's research activities in the past 12 months is available on the Trust's website: www.uhb.nhs.uk under the heading 'Research'.

Research Open Day

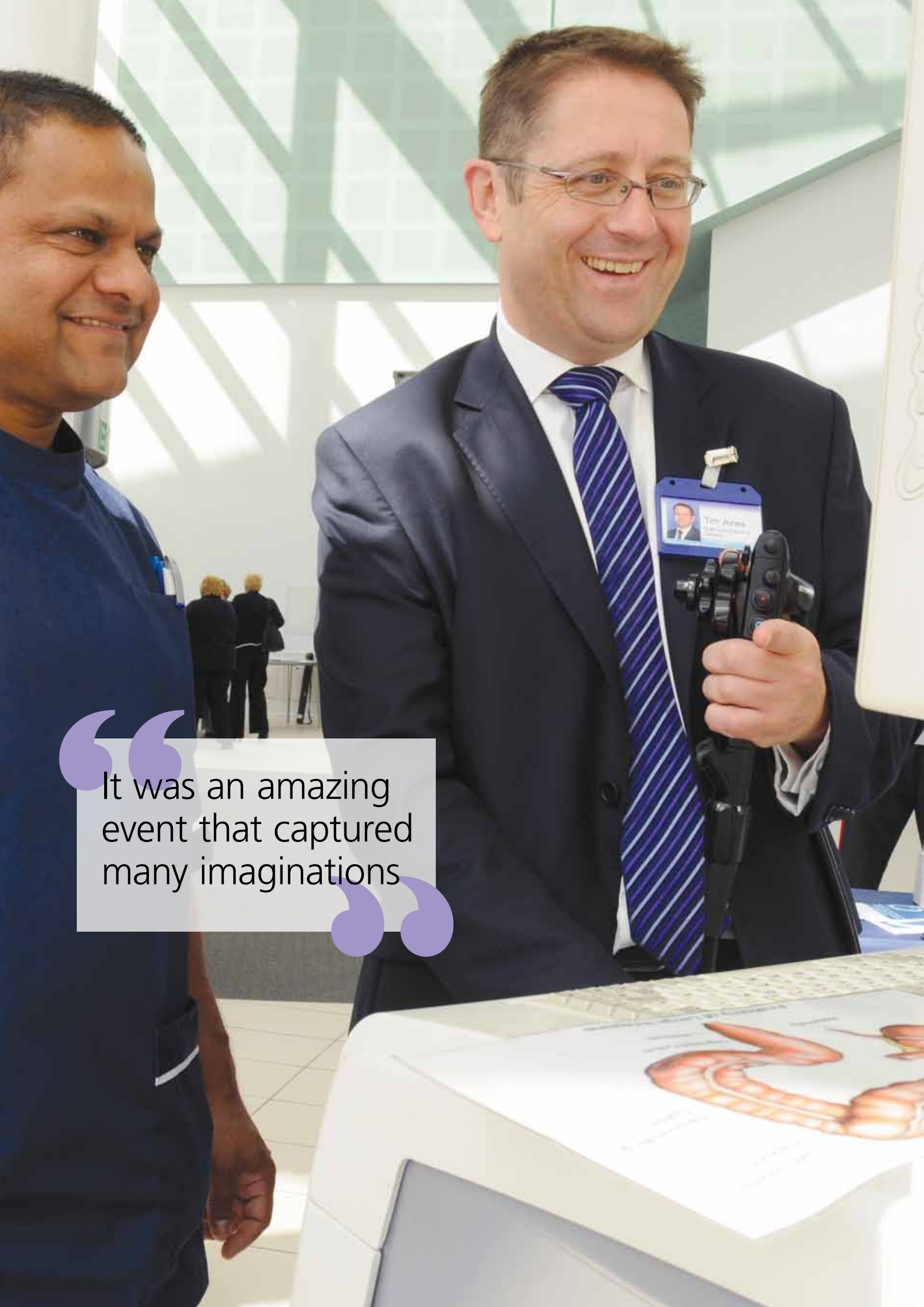
The Trust held its first Research Open Day – a showcase featuring a wealth of medical and scientific teams and their work during 2010/11 – in the atrium at the new hospital in May.

Held as part of International Clinical Trials Day, the event included information about a pioneering UHB study to look at how sugar can be used to help the healing process of wounds, how diet and nutrition can improve outcomes for kidney transplant patients and how research into bone marrow stem cells could have a beneficial effect on patients with liver disease. Other stands offering patients and visitors the chance to get hands-on included a test to determine the age of your skin.

Peter Bracken, 62, of Sutton Coldfield, who was visiting his wife at QEHB, said it was a fascinating display: "I had some spare time so thought I would have a look round. I didn't know there was so much going on at the hospital."

GCSE school pupils from Harborne Academy in Birmingham also took the opportunity to visit the showcase.

Tim Jones, Executive Director of Delivery, said the day had proved a huge success: "It was an amazing event that captured many imaginations. What a fantastic way to showcase the research we are doing here."



“It was an amazing event that captured many imaginations”

Board of Governors during 2010/2011

Patient Governors



Valerie
Jones



Colin
McAllister



Jamie
Gardiner



Shirley
Turner

Public Governors

Northfield



Margaret
Burdett



Edith
Davies

Selly Oak



Rita
Bayley



John
Delamere

Hall Green



David
Spilsbury



Tony
Mullins MBE

Edgbaston



Rosanna
Penn



Prof
Ian Trayer

Ladywood



Shazad
Zaman

Perry Barr and Sutton Coldfield



Joan
Walker

Hodge Hill and Erdington



Monica
Quach

Yardley



Kadeer
Arif

Staff Governors



Dr Tom
Gallacher



Patrick
Moore



Erica Perkins



Susan Price



Barbara
Tassa

Stakeholder Governors



Prof
David Cox



Ms Ruth
Harker



Cllr James
Hutchings



Rabbi Margaret
Jacobi



Prof
Edward Peck



Vice Admiral
Raffaelli

Foundation Membership

NHS Foundation Trusts present local people with the opportunity to influence how services are run and to be involved in setting local priorities. Our membership – the people of Birmingham, our patients and our staff – has a real voice in how the Trust will develop in the future.

Most importantly our members play a vital role in looking at how the Trust delivers its services and, through electing people to serve on the Board of Governors, help us form our strategies.

Developments in 2010/11

Since concluding a high-profile recruitment campaign in March 2010, work has continued to ensure that members are actively engaged.

Over the past 12 months, the Trust has worked with QEHB Charity to involve members in fundraising and supporting Trust events. In February 2011 the charity began recruiting members through its own mailings and recruitment channels.

A monthly email bulletin to members who have chosen to receive email communications was set up and has proven very successful. The bulletin is used to inform members of forthcoming events, opportunities to meet with governors i.e. 'drop-in' sessions, and links to the Trust's website for the latest news features. Since the bulletin started in April 2010, attendance to members' Health Talks has increased almost two-fold.

In autumn 2010, the already popular governors' drop-in sessions were rolled out to community settings within the public membership constituencies to ensure more people had access to attend and to raise the profile of membership within the community. Typical locations have been faith centres, libraries and health centres and these sessions have been well received by the public and Governors alike.

Between 1 April 2010-February 2011, 1,846 people joined as foundation members while 1,508 members left the programme, due to moving away from the area or dying, resulting in an overall increase in membership of 1.4%. The Trust's membership is representative of its patients and the communities it serves.

There are four membership types; thought, time, energy and support and opportunities to be involved in activities are communicated in the Trust in the Future magazine to its members. To become a member, visit the website www.uhb.nhs.uk.

Ambassador Programme

In June 2010 the Ambassador Programme was launched to give members who wanted to play a more active role in their community setting, the opportunity to do that. The programme also offers support to the Membership Office.

Members are given the opportunity to become Ambassadors of the Trust through the Ambassador Programme. The role of an Ambassador is to promote the Trust, Foundation Trust Membership and recruit new members. Ambassadors attend a number of knowledge sessions to enhance their communication and presentation skills and are provided with an in-depth working knowledge of membership.

The role of an Ambassador is to:

- Assist in promoting the profile of the Trust by attending local community groups
- Support the distribution of Trust information i.e. leaflets, posters and newsletters
- Assist at and support corporate functions and events such as fun days
- Act as an information resource for patients and the public on Actively promote and sign up new members

At present, the Trust has eight Ambassadors who are actively involved in promoting the Trust through presenting at community groups, fundraising for the Trust's charity, recruiting new members and giving feedback as 'mystery shoppers'.

Recognition of UHB's Membership Programme

In 2010, the Trust was asked by Monitor (the regulator of Foundation Trusts) to be featured in their report as a case study of a successful membership programme. Monitor invited UHB to share its experience of recruiting and engaging with members. UHB has also been approached by several NHS trusts as well as the Foundation Trust Network and the NHS Confederation, to offer its expertise on membership.

Kathryn Protheroe

On 3 March 2011, Great Barr teacher Kathryn Protheroe celebrated the 51st birthday she may not have seen had it not been for specialists at UHB's the Liver Unit.

In January 2010 Kathryn suffered sudden liver failure with no warning. There was no history of the condition in her family and she was otherwise a healthy, active mother-of-two who played hockey and took regular exercise.

She was initially admitted to Sandwell Hospital on 29 January but transferred to the old Queen Elizabeth Hospital in Edgbaston when, a couple of days later, her condition deteriorated. Doctors gave her just four days to live. Fortunately she was fit enough to undergo surgery straight away and, when a liver became available, she underwent a successful transplant.

"It was touch and go, but I was so far out of it I didn't realise how serious things were," says Kathryn. "Afterwards I was still in denial about what had happened even though I could see the scar."

Kathryn has nothing but praise for her surgeon, Darius Mirza, and the whole team that saved her life: "They were all fabulous, so supportive," she says. "I just

wanted to give something back to thank them for me being here today."

Kathryn returned to the Liver Outpatients Department at Nuffield House at the old QE on her birthday, 3 March, to hand over a cheque for £2,427 to the Queen Elizabeth Hospital Birmingham Charity. The money, which Kathryn raised as a thank you to the unit, will be shared equally between the Liver Foundation Trust Fund and the QEHB Charity's Liver Unit Ward and Outpatient Department Trust Fund.

Pupils and parents at Cherry Orchard Primary School, where Kathryn worked, helped raise £277.03 of the total. The other £2,150 was raised by the Streetly Singers, of which Kathryn is a member and her brother Philip Morris is musical director.

Kathryn has recently enlisted as a Trust volunteer, along with husband Clive, and has exchanged letters with her donor's wife. Clive has also written to the family from a spouse's perspective: "It's helped us both greatly," says Kathryn.

"The whole experience has really put life into perspective. It really was a gift of life and I'm now trying to get the message across to friends and family about just how important organ donation is."





Royal Centre for Defence Medicine

UHB is host to the Royal Centre for Defence Medicine (RCDM) whose primary function is to provide medical support to military operational deployments. The RCDM involves service personnel from all three armed forces. It provides both secondary and specialist care for members of the armed services and has a special facility to treat those who are evacuated from overseas duties after falling ill or being injured. The Trust also holds a contract to provide medical services to defence personnel evacuated from overseas via the 'Aero-med' service.

Although the RCDM is currently based at Selly Oak Hospital, defence personnel are integrated across both sites and treat both military and civilian patients. It also has a dedicated training centre for military personnel and focuses on medical research.

A praised partnership

The Trust has a strong partnership with the RCDM, both benefiting from the knowledge and expertise their professionals offer each other. Medical military staff gain valuable experience working in an NHS hospital, equipping them with the skills needed to carry out life-saving treatment in war zones, while NHS clinicians learn from dealing with more complex trauma injuries.

The Military Plastics Outreach Team, part of the Royal Centre for Defence Medicine, received the Defence Nursing Award at the Nursing Standard Nurse Awards held in London.

Major John Clark and the nursing team, who specialise in plastic surgery and reconstruction at QEHB, collectively treat some of the most complex and life-threatening injuries caused by bomb blasts and improvised explosive devices (IEDs).

Major Clark described what winning the award meant to the team: "We are in a very privileged position in caring for our injured colleagues and we take a great pride in providing the best possible care for them. In the last few years we have developed our service in line with the developing patterns of injury. This has been both challenging and extremely rewarding. To be recognised nationally for the work that we do is an absolute honour."

Sir Keith Porter

Professor Sir Keith Porter, the UK's only Professor of Clinical Traumatology, has been at the forefront of developing world-class treatment for injured military servicemen and women for decades. He is most renowned for his work at UHB with the RCDM over the past 10 years and, most recently, in his involvement with the Centre for Surgical Reconstruction and Microbiology. In January 2011 his contribution to the development of trauma care was recognised with a knighthood which was announced in the Queen's New Year's Honours list.

Prof Porter said: "It is a great honour to be recognised in this way. I am privileged to be the civilian lead for a service that is highly tuned and fully engaged in the care of injured soldiers. However, I am just one of a number of people who have helped improve the quality of care for patients through evidence-based learning, innovation and multi-disciplinary team working.

"I am proud of the efforts of the military and NHS teams that work side-by-side to deliver excellent outcomes for patients who had previously non-survivable injuries. This experience of treating military patients has also had a positive impact on the care of our NHS patients, with improved survivability and more rapid recovery, particularly in polytrauma cases."

Prof Porter, 61, who is married and has four children, trained at St Thomas' Hospital in London before being jointly appointed at the Birmingham Accident Hospital and Selly Oak Hospital in April 1986. He was awarded a professorship by University Hospitals Birmingham, the University of Birmingham and the Royal Centre for Defence Medicine in 2005.

Prof Porter said: "In a lot of our work today, especially with the military, we are seeing some very complex wounds and we are having to institute management that isn't in the textbooks.

"The experience here at UHB is absolutely unique in the UK. A lot of the improved skill-base and wider knowledge is now being implemented in civilian practice. This means we're now giving a much better quality of service.

"I was involved in looking after patients in the first Gulf War and without a doubt the whole aspect of military care, from the point of wounding to ultimate discharge and rehabilitation, is now so much better."



“ I am privileged to be the civilian lead for a service that is highly tuned and fully engaged in the care of injured soldiers ”

Volunteers

For Brian and Kathleen Wood, volunteering is about providing 'tender loving care' to those patients who need it.

Having volunteered as part of the Chaplaincy team at UHB for over 16 years, Brian and Kathleen (pictured below) have been on hand to listen, talk or just pray with patients.

Working two mornings a week and two Sundays a month, Brian and Kathleen used to help push patients in wheelchairs to the chapel for the Sunday morning service.

This was just the beginning of Brian and Kathleen's inspiring volunteering journey at UHB. After many years of compassion and dedication, both are now licensed to carry out communion and Brian was even asked to conduct a funeral.

"We got to know a gentleman who was a patient in the hospital and his wife very well during his time here. When he was discharged they moved down south and when the gentleman died his wife asked me to conduct the funeral. Unfortunately we had planned to visit our son in South Africa at the time so I was unable to do so."

Both are determined to carry on with their volunteering duties for as long as their physical strength allows. They see themselves as the link between the patient and chaplain, assisting where they can but calling on professional help from UHB chaplains where needed.

A firm part of the Chaplaincy team, Brian and Kathleen are happy to talk to patients from all faiths and backgrounds about anything and everything.

"Sometimes patients want to talk about anything but their procedure," said Kathleen. "For patients who are speaking to doctors and nurses every day it is nice for them to talk to someone outside medicine. Some people don't have family or friends nearby to visit them, so we can be there for them when they need a friendly ear."

Both Brian and Kathleen have nothing but praise for the volunteering team they work with.

"We are part of an outgoing, friendly and embracing group of volunteers. The team work well together and ultimately this has a positive effect on the patients," said Brian.

To become a volunteer visit: www.uhb.nhs.uk or call Voluntary Services on 0121 627 7847.



Kathleen and Brian are pictured above right



New Hospital

The new Queen Elizabeth Hospital Birmingham opened on 16 June 2010 and is the biggest single site hospital development in the United Kingdom. Patient services from the Queen Elizabeth and Selly Oak hospitals transfer over six planned moves, which will be complete by the end of 2011.

Facts and figures:

- It is the first new acute hospital to be built in Birmingham for 70 years
- There is capacity for 1,213 beds - about the same number available at the Selly Oak Hospital and Queen Elizabeth Hospital sites combined
- 44% of beds are in single rooms and the rest in four-bed rooms. This greatly improves privacy and dignity and enhances our ability to prevent infections
- All rooms have full en-suite facilities
- Each main ward has 36 beds and takes up half of one floor in each of the three towers. The oval design is the most efficient shape for managing movement around the building and offers more natural light
- There are sinks at the entrances to each ward to aid hand hygiene
- The new hospital has 30 operating theatres - seven of them in a dedicated day-case unit
- It has a 100-bed critical care unit, the largest in Europe and the largest single floor critical care unit in the world
- UHB has sourced the world's most advanced imaging
- Equipment for the new hospital in the biggest deal ever managed through the NHS Supply Chain
- The hospital has its own mini-ring road to improve access and reduce traffic on local roads
- There are 3,800 car parking spaces
- Once inside the hospital, there are separate lifts for patients, visitors and supplies to ease the flow of people around the hospital
- The new hospital also has a large research centre run by the University of Birmingham's Medical School
- The total building cost of the new hospital is £545m
- The new hospital is due to be fully open in 2011

Key visits to the QEHB in its first year:

27 July 2010

Their Royal Highnesses the Prince of Wales and the Duchess of Cornwall visited military patients and their families at the QEHB.

The royal couple flew in by helicopter and were met by Julie Moore, Chief Executive of UHB, and Group Captain Wendy Williams, Commanding Officer of the Royal Centre for Defence Medicine.

They were then introduced to NHS and military staff, who work together to care for the military patients at the hospital.

17 December 2010

Birmingham City Football Club manager Alex McLeish spread Christmas cheer among staff and patients at the QEHB by handing over toys for the Emergency Department playroom.

Mr McLeish visited the hospital to launch the club's new partnership with the QEHB Charity and to give his pre-match press conference for the game against Newcastle United.

21 December 2010

The Prince of Wales and Prime Minister David Cameron paid a morale-boosting pre-Christmas visit to injured troops being treated at the new hospital as well as thanking both military and civilian staff at the unit

21 January 2011

Secretary of State for Health Andrew Lansley, Surgeon Vice Admiral Philip Raffaelli, and Director General of Research and Development at the Department of Health and interim Chief Medical Officer Professor Dame Sally C Davies, visited QEHB when it was announced as the focus of a £20m national centre for research into treating trauma.

9 March 2011

His Royal Highness the Prince of Wales was introduced to NHS and military staff, who work together to care



for the military patients at the hospital, before visiting military patients and their families at QEHB.

The party flew into the hospital by helicopter and were briefed on the latest developments in military healthcare before meeting Dr Dave Rosser, Medical Director, and Group Captain Wendy Williams, Commanding Officer of the Royal Centre for Defence Medicine.

6 May 2011

Prime Minister David Cameron met patients and staff when he visited QEHB as part of the Government's "listening exercise" to hear people's views on proposed reforms to the NHS.

Mr Cameron was accompanied by Health Minister Simon Burns and Steve Field, Chair of the NHS Future Forum.



THE SIX MOVE PHASES



1 16 June 2010

All Selly Oak inpatient services, A&E, critical care, theatres and day case

2 17 November 2010

Therapies from both sites; all QE inpatient beds, critical care and theatres (except those associated with Neurosciences and the Cancer Centre)

3 January 2011

From QE: cardiac catheter labs, cardiology inpatients and daycase, cardiology outpatients and endoscopy (outpatients)

4 May 2011

From QE: all oncology inpatients, chemotherapy daycase, haematology day unit and inpatients, bone marrow transplant, endoscopy inpatient service

5 July - Sept 2011

Some outpatients from both sites, eg dermatology, fracture clinic, rheumatology from Selly Oak plus renal, liver and urology from QE

6 October 2011

Remainder of outpatients from Selly Oak plus neuroscience services from QE, including wards, theatres and critical care



Clocking Out

In November 2010, inpatient services from the Queen Elizabeth Hospital began transferring to the new hospital. Over 650 staff, visitors and patients visited the 'Clocking Out' celebration held to mark the contribution the Queen Elizabeth Hospital has made over eight decades since its opening in 1938.

A detailed timeline of the QE's fascinating history was exhibited during the three-day art deco-themed event, where staff, patients and local residents signed aerial

photographs of Queen Elizabeth Hospital and left heart-warming messages on the memory wall.

Since the Histories project was launched in 2008, hundreds of letters, photographs and hospital artefacts have been donated.

To read interviews with staff or make a nostalgic contribution, visit the Histories website: www.uhb.nhs.uk/histories. Alternatively you can write to Histories Project, Communications, Selly Oak Hospital, Raddlbarn Road, Birmingham B29 6JB.

Danny Yardley

On 13 August 2008, Danny Yardley was cycling home from his job on the assembly line at LDV when a teenager stepped off the pavement into his path. As they collided, Mr Yardley's head struck the back of her head before he hit the edge of the kerb, splitting his face open.

The impact fractured his lower jaw, upper jaw, nose, forehead and eye sockets - a pan-facial injury. He lost four teeth and a segment of bone from the lower jaw.

He was admitted to hospital for head injury observation where it was decided that he should undergo surgery using an innovative 3D CT scanning technique to realign his jaw. The treatment brought together traditional and modern technologies and surgical techniques to deliver complete restoration of the face.

"My life changed overnight," explains Danny. "The injuries were terrible and at first I wouldn't even allow my parents to see me. Then the operations started and gradually, after about three months, I could look in the mirror and see someone who actually looked like me again.

"Because my injuries were so serious and complex, they literally had to cut my face off to rebuild it: I was completely stripped down. At one point I had 58 staples in my head and so, to see how far I have come since then

is amazing - a real tribute to all the expertise that has gone into putting me right."

In the two years after his operation, Mr Yardley underwent six operations and made 60 visits to hospital.

"The injuries were terrible and at first I wouldn't even allow my parents to see me

"There have been complications but at every stage there's always been another expert with another procedure to deal with what's come up," said Danny.

"I have encountered some people along the way who have reacted negatively to my appearance while I was still recovering and the whole experience has changed me. But I've got my confidence back now and I feel like I'm ready to move on. That really is down to the expertise and technical know-how of the medical teams, plus the support I've had from my wife and my son."

During his rehabilitation, Danny was made redundant. He has since undertaken a brain injury rehabilitation course and is hoping to secure funding to study occupational therapy.



QEHB Charity

The Queen Elizabeth Hospital Birmingham Charity, formerly UHB Charities, exists to support the patients of UHB. The charity does this by providing extra equipment and facilities at the hospitals, and by funding research projects into improving patient services and treatments.

As the only charity set up to support the whole of the Trust, QEHB Charity's aim is to help UHB achieve excellence in care for everyone they serve. The charity does this by encouraging and assisting with advances in patient care, staff development, education and innovation.

In 2010/11, Queen Elizabeth Hospital Birmingham Charity spent £1,163,000 on new equipment for use in the Queen Elizabeth Hospital Birmingham including 4 Mobile X-ray systems, a fibroscan machine which spares liver patients the need for a biopsy, eight portable echocardiogram machines and an innovative new surgical navigation system for brain tumour patients.

Other projects funded include a £77,000 Monaco IMRT treatment station, which enabled clinicians to precisely shape the radiation beams to the exact contours of a tumour. This will minimise damage to the surrounding healthy tissue, reducing the side effects for patients.

The charity funded over £2 million of research projects in 2010/11 into a range of subjects including coronary bypass surgery, cancer trials, auto-immune liver disease and reduced renal function.

Professor Nick James received a grant of £69,432 from QEHB Charity towards his research into bladder cancer and Dr Alice Wood received a grant of £69,752 towards her research into tuberculosis, a disease that is seeing a worrying increase in Birmingham.

As well as funding equipment and research, QEHB Charity spent £554,000 funding improvements to buildings or even completely new facilities. In 2010/11 the charity spent £192,000 on facilities, of which the single largest grant was for the improvements to the radiotherapy outpatients department, including the children's play area.

The charity also supports the UK's military patients, who are treated at the new Queen Elizabeth Hospital Birmingham, and is currently fundraising to create a Forces and Families Centre to support injured service personnel.

Ex-soldier's marathon feat for charity

Having survived being burned alive when his tank was petrol bombed on duty in Iraq, brave former soldier Karl Hinett aims to run 52 marathons by the end of 2011 for the Queen Elizabeth Hospital Birmingham's official charity.

The 24-year-old from Tipton is doing the marathon feat to thank burns unit staff at the hospital who cared for him when he was flown home following the attack.

Karl, who is funding the challenge himself using his army pension, said: "Raising money to help other patients on the unit through the QEHB Charity is the least I can do to thank the fantastic doctors and nurses who saved my life and enabled me to achieve what I have.

"To me, anything is possible. A few months after the attack, I ran the London Marathon just to prove I could. My time wasn't great but I've improved a lot since, having now done 11 marathons all over the world. I've become a bit of an adrenaline junkie, doing skydiving, bungee jumping, motor bike racing, anything which pushes me to the limit. I just want to do as much as possible and the next thing always has to be better - I never give myself enough credit."

Karl, who now lives in Dudley, left school at 16 and after a brief spell working in a glass factory, joined the Staffordshire regiment aged 17. He served in Iraq for just five months when he was injured on the 19 September 2005. His regiment was part of a rescue operation to free two British soldiers who had been captured and held in Basra.

"A riot had broken out and we were the first tank on the scene," explained Karl. "The sights had been broken by people throwing bricks and so we had to open the hatches to see what was happening. Someone threw a petrol bomb. I remember the smell and then feeling the dampness through my uniform. When I was alight



“To me, anything is possible. A few months after the attack, I ran the London Marathon just to prove I could

I didn't feel any pain – I guess it must have been the shock at first.

“I remember my commander telling me to keep calm through the radio and then I felt the pain. My hands were burning as I pushed down on the top of the tank to climb out of the hatch. The metal was searing hot and I couldn't get free, as I was still wearing the headset and the wire pulled me down into the tank again. I gritted my teeth and pushed again, hoping the wire would snap or melt. Thankfully it did and as I fell from the tank I blacked out. My friends put me out with an extinguisher and then I was taken to the field hospital.”

Karl, who suffered 37% burns to his hands, legs, arms

and face and had to learn to walk again, lost count of the number of operations and skin grafts he had.

“It was a long process of recovery and I still go to the outpatients department now, but despite all the challenges I've faced, I've come through. It's now time to give something back,” said Karl.

To sponsor Karl, please visit:
www.justgiving.com/karl-hinett

For more information about how you can support the Queen Elizabeth Hospital Birmingham, please visit www.qehb.org or contact 0121 371 4852.





