



Delivering the best in care

University Hospitals **NHS**  
Birmingham  
NHS Foundation Trust

# Annual Review 2012 / 13

DOCTOR

**>585,000**  
outpatient  
appointments

**>125,000**  
inpatient  
treatments

**>94,000**  
A&E  
attendances

## 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.

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# Chairman's welcome



Welcome to University Hospitals Birmingham NHS Foundation Trust's (UHB) Annual Review for 2012/13. The Annual Review is a summary of our activities over the past 12 months at the Queen Elizabeth Hospital Birmingham. It also provides patients with the opportunity to share their experience of the care they receive. I hope it will give you an insight into the work we do and how the Trust strives to deliver the best in care to patients, and I hope you find it both informative and engaging.

This year we saw a record number of transplants performed at the Queen Elizabeth Hospital Birmingham, including the 4,000th patient to undergo a liver transplant. In March, we celebrated the success of our first year as a Major Trauma Centre, which has enabled us to offer specialised life-saving care and better recovery outcomes to hundreds of people from across our region.

We have continued in our efforts to improve patient experience, in particular for those with physical impairments, through our partnerships with accessibility organisations and local charities as well as our 250 patient experience champions.

Our Council of Governors and our members play an ever-increasing role in shaping the Trust's future and setting our priorities. This year saw the introduction of a new membership constituency to give even more people the opportunity to have a say in the way our services are developed.

As you may be aware, I complete my two-terms as Chairman in December after seven amazing years at the Trust. I would like to take this opportunity to thank you all – our members, governors, staff, patients and the public - for the contribution you have made to the Trust over this time and the personal support you have given to me during a period of great change and challenge at UHB.

I wish you all the success you deserve in the coming months and years.

A handwritten signature in black ink, appearing to read 'Albert Bore'. The signature is fluid and cursive, with a long horizontal stroke at the end.

**Sir 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 interesting and informative and I welcome your feedback.

This is my eighth year as Chief Executive and I am very proud to be a part of this Trust. This year we have undoubtedly faced a number of challenges and it is down to the commitment and enthusiasm of our staff, volunteers, members and governors that we continue to meet these head on while delivering quality care to our patients.

This year we have worked hard to achieve better outcomes for patients. The arrival of two state-of-the-art TomoTherapy HD machines and the UK's first Cyberknife machine for the treatment of cancer has ensured that the Trust remains at the forefront of cancer care.

On 21 June 2013 we successfully opened Fisher House – a purpose-built facility for the families of injured service personnel. Fisher House was officially opened by His Royal Highness the Prince of Wales, who has a long history of visiting injured troops at the hospitals.

Between October 2012 and February 2013, the Trust was confronted with one of the most intense media spotlights ever faced by the NHS, when Malala Yousufzai was admitted to the Queen Elizabeth Hospital Birmingham to undergo specialist care after being shot by the Taliban on her school bus in Pakistan. The exceptional skill and professionalism demonstrated by all staff, whether involved in her care or not, has put the Trust firmly on the international map as a centre of excellence.

We, like many other NHS organisations, face the challenge of providing excellent patient care whilst maintaining efficiency and managing costs. I believe our strategy will ensure we are prepared for such a challenge.

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

A handwritten signature in black ink, appearing to read 'Julie Moore'.

**Dame Julie Moore**  
Chief Executive

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# About University Hospitals Birmingham NHS Foundation Trust



University Hospitals Birmingham NHS Foundation Trust (UHB) is recognised as one of the leading teaching hospitals in Europe and has an international reputation for quality of care, informatics/IT, clinical training and research.

It is the leading university teaching hospital in the West Midlands and provides traditional secondary care services to the adult population of South Birmingham and specialist tertiary care across the West Midlands and beyond.

The Trust employs over 8,000 staff and delivers care in the UK's newest and largest single site hospital – the Queen Elizabeth Hospital Birmingham.

UHB provides direct clinical services to over 800,000 patients every year, serving a regional, national and international population. It provides care across the full range of clinical specialities (with the exception of elective orthopaedics and women's and children's health) and is a

regional centre for cancer, trauma, renal dialysis, burns and plastics. UHB also has the largest solid organ transplantation programme in Europe.

Internationally recognised for the quality of its specialist medical and surgical training, UHB has forged relationships with hospitals in many different countries to provide training and share clinical expertise.

UHB hosts, and is partners of, a number of internationally recognised programmes such as the National Institute for Health Research and Cancer Research UK. It is also the home of the UK's first and only National Institute for Health Research Centre for Surgical Reconstruction and Microbiology Research and the hospital celebrated its first year anniversary as one of the UK's 22 major trauma centres in March 2013.

UHB achieved Foundation Trust status on 1 July 2004. It has around 24,000 members and a Council of Governors. In 2012/13 its annual budget was £640 million.





## Trust Performance

During 2012/13 the Trust treated more patients than ever before. It completed more than 585,000 outpatient appointments, 125,000 inpatient treatments and over 94,000 A&E attendances.

The Trust achieved, and in many cases exceeded, all national targets and indicators with the exception of the A&E maximum waiting time target. The target requires 95% of patients attending A&E to be admitted, transferred or discharged within four hours of arrival. The Trust narrowly missed the target by 0.05% (94.95% of patients were seen within the four hour target).

The Trust received 752 formal complaints in 2012/13, compared with 797 in 2011/12, a decrease of over 5%. The decrease was due,

at least in part, to the pro-active 'triaging' of complaints by the Executive Chief Nurse, to ensure all such contacts received are dealt with promptly in the most appropriate way.

UHB continued to improve patient experience through public engagement, its Patient and Carer Councils and its membership programme. Staff satisfaction has also improved thanks to enhanced communication and an innovative health and well-being strategy. In 2012/13 71% of staff said they felt able to contribute to improvements at work (a 10% increase on 2011/12). There was also a 10% increase in the number of staff who said they were satisfied with the quality of work and patient care they are able to deliver (an increase from 76% in 2011/12 to 86%).

## Research and Development 2012/13

As a regional and national centre for specialist clinical services, University Hospitals Birmingham is home to some of the country's leading clinical research institutions dedicated to developing and implementing groundbreaking treatments, technologies and techniques.

Research plays an important role in the development of care and because our clinicians are involved in research, they are closely engaged with the very latest advances in their area of medicine. In some cases, this means they can access drugs or treatments which are not generally available to the rest of the NHS.

The Trust's research expertise is widespread: from Burns, Critical Care and Liver Surgery to Renal Medicine, Diabetes and Sexual Health, across a whole range of specialties in between.

The diversity of its patient population allows the Trust to recruit effectively to clinical trials with valid and timely outcomes, which benefit not just our own patients but the whole of the NHS.

The Trust, in collaboration with the University of Birmingham, currently hosts the largest Wellcome Clinical Research Facility in the UK, a national research unit in liver disease, the largest specialist Cancer Trials Unit in the UK and the UK's only centre for trauma research.

In January 2013 the Trust appointed Professor Phil Begg, its first ever Head of Academic Innovation, Research/Education. In March 2013 he established a Public Patient Involvement Research Task and Finish Group to develop a plan to increase the awareness and participation of patients and their relatives in research within the Trust.

## Funding

In July 2012 the Government announced support for the creation of a new world-class clinical research facility co-located within the Trust and University of Birmingham campus as part of the City Deal funding allocation.

The centre, due to open in June 2015, will help progress the very latest scientific research findings from the combined expertise of the University and Trust into enhanced treatments for patients across a range of major health issues including cancer and liver disease.

In December 2012 the Trust and its partners were awarded an £800,000 research grant and designated a Healthcare Technology Cooperative (HTC).

The HTC scheme is run by the National Institute for Health Research (NIHR) and provides funding to NHS organisations to act as centres of expertise, developing new concepts which are applicable across the NHS. The funding has been awarded for a four-year period which began in January 2013.

The QEHB Charity continues to support the Trust's research agendas, and has funded a number of research projects (a total of £500,000) that have gone on to receive further funding as a direct result.



## Clinical Trials

The Trust's extensive and innovative clinical trials programme is central to its research and development work and is gaining momentum year on year.

These trials offer access to new medicines which can provide hope for patients for whom conventional treatments might have failed. During 2012/13, UHB has been able to deliver benefits to patients on clinical trials including reduced symptoms, improved survival times and improved quality of life.

These include patients with prostate cancer, cancers of the blood, relapsing remitting multiple sclerosis (RRMS) and Hepatitis C Virus (HCV) infection.

During 2012/13 286 clinical research projects registered with the Trust's R&D team – an increase of 46% on the previous year's trials. The total number of patients recruited to clinical trials during 2012/13 also significantly increased from 6,811 in 2011/12 to 8,598, representing a 26% increase.

## Clinical trials in focus

**A new clinical trial** is ongoing to determine whether patients can hold their breath long enough to aid radiotherapy treatment for breast cancer. Breath-holding is not part of current treatment strategies. The aim of the new trial is to test whether typical patients can be helped to keep still by holding their breath for long enough to allow a single 'beam-on' time to irradiate tumours.

**A new treatment** has begun a crucial trial phase. Blood cancers are notoriously difficult to treat, because chemotherapy drugs attack the cancer but also damage the body's vital ability to create new red and white blood cells. However, Professors Chris Bunce and Mark Drayson have developed a combination of drugs which reduces this damage while still providing a treatment for the cancer.

**Research** into the association between bacteria and sciatica, a lower back pain which often involves inflammation around the sciatic nerve root as it leaves the spine, has been funded. The cause for this disease process is still unclear, but may involve trauma, degenerative disease or tumour.

**QEHB researchers** are carrying out a study which could improve doctors' ability to predict outcome and survival in patients with cancer of the oesophagus and gastro-oesophageal junction. The number of new cases of oesophageal and GOJ cancer is rapidly increasing every year in the UK and is often fatal.



## Developments in Quality

Quality is a driving factor across the NHS, informing national strategy and policy. The focus on quality has been further reinforced by the Francis Inquiry into Mid Staffordshire NHS Foundation Trust.

In 2012/13 UHB continued to build on the strong approach to quality improvement by enhancing and expanding the existing systems and processes. UHB has also continued its development of electronic patient records and the use of digital decision support systems and reporting tools to improve outcomes for patients.

UHB has made good progress in all five quality improvement priorities for 2012/13: 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 services. These can be found via the Trust website at: [www.uhb.nhs.uk/quality.htm](http://www.uhb.nhs.uk/quality.htm).

Information published includes:

- **Quality Reports:** these include the Trust's 2012-13 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

# Board of Directors\*



**Sir Albert Bore**  
Chairman



**Dame Julie Moore**  
Chief Executive



**Fiona Alexander**  
Director of Communications



**Professor David Bailey**  
Non Executive Director



**Gurjeet Bains**  
Non Executive Director



**Kevin Bolger**  
Executive Chief Operating Officer



**David Burbridge**  
Director of Corporate Affairs



**Kay Fawcett**  
Executive Chief Nurse



**David Hamlett**  
Non Executive Director



**Morag Jackson**  
New Hospitals Project Director



**Tim Jones**  
Executive Director of Delivery



**Angela Maxwell**  
Non Executive Director



**David Ritchie**  
Non Executive Director



**Dr David Rosser**  
Executive Medical Director



**Mike Sexton**  
Executive Director of Finance



**Professor Michael Sheppard**  
Non Executive Director

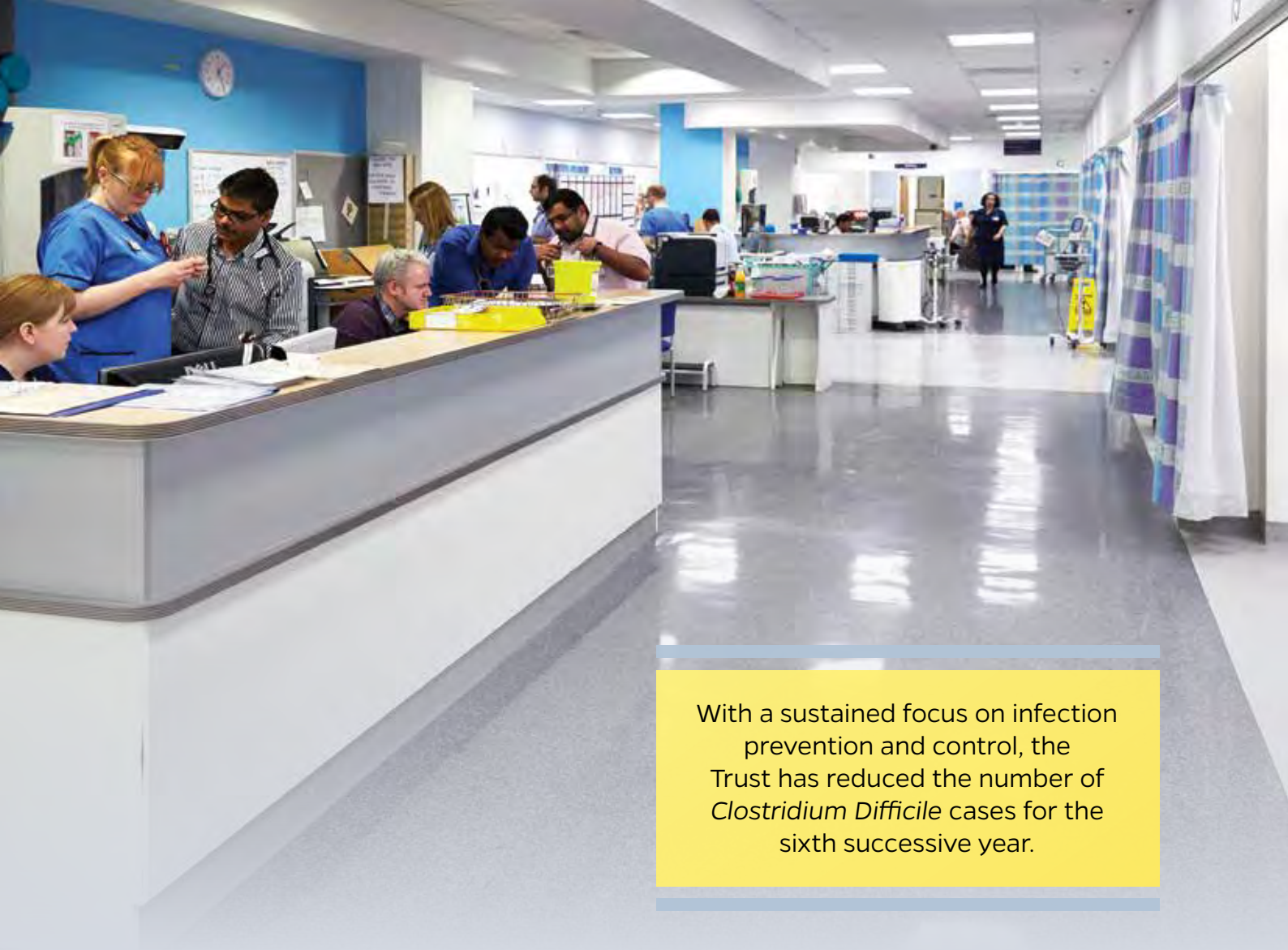


**Viv Tsemelis**  
Director of Partnerships



**David Waller**  
Non Executive Director

\*Correct up to 31 March 2013



With a sustained focus on infection prevention and control, the Trust has reduced the number of *Clostridium Difficile* cases for the sixth successive year.

## Infection Control

With a sustained focus on infection prevention and control, the Trust has reduced the number of *Clostridium Difficile* cases for the sixth successive year. In 2012/13 there were 73 cases of *Clostridium Difficile* – a 14% reduction compared with 2011/12. In 2012/13, there were 5 cases of MRSA compared with 4 the previous year.

The Trust's infection prevention and control strategy includes:

- The introduction of a new system for blood collection which has proved to reduce cross-contamination
- A multi-disciplinary group which reviews any clinical practice which may affect the onset of surgical site infections
- Investigation into all infection incidences to determine the root cause (known as a root cause analysis)
- The monitoring of all invasive devices used e.g. catheters

## Royal Centre for Defence Medicine

UHB is host to the Royal Centre for Defence Medicine (RCDM) and treats all seriously injured British military personnel evacuated from overseas. It also treats military casualties from other countries, such as Denmark, and holds the contract for providing medical services to military personnel evacuated from overseas via the 'Aero-Med' service.

As a world-renowned centre for trauma care the Trust has developed pioneering surgical techniques for the management of ballistic and blast injuries, including bespoke surgical solutions for previously unseen injuries. Of the 9,100 treated, 80 military personnel who were not expected to survive, based on injury severity scoring, have survived thanks to these new techniques.

The combined experience of the military and medical staff and the civilian doctors, nurses and allied health professionals working together means RCDM/UHB strive to deliver the best in care in the country. The hospital is at the leading edge in the medical care of trauma injuries and the experience gained by the staff working in this busy acute care environment provides the ideal training required for operations in Afghanistan.

As a result of its clinical expertise in treating trauma patients and military casualties, QEHB is also host to the UK's first and only £20m National Institute for Health Research (NIHR) Centre for Surgical Reconstruction and Microbiology Research.

As a world-renowned centre for trauma care the Trust has developed pioneering surgical techniques for the management of ballistic and blast injuries, including bespoke surgical solutions for previously unseen injuries.

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## Hearing centre move completes new hospital

In 2012 University Hospital Birmingham's specialist hearing team successfully transferred to the Queen Elizabeth Hospital Birmingham site completing the phased transfer of services from the Selly Oak site.

The Hearing Assessment and Rehabilitation Centre (HARC) moved from its previous location at Selly Oak Hospital to a newly-refurbished, purpose-designed area within Nuffield House, close to QEHB.

Dr Huw Cooper, Consultant Clinical Scientist (Audiology), said: "The new department will help us to deliver the best possible care to our patients. Our existing staff team has moved to Nuffield House, so we have brought with us the expertise built up over many years at Selly Oak Hospital.

"We have developed an excellent reputation for providing a unique range of services to adults affected by problems with hearing, balance or tinnitus, and our new state-of-the-art facilities will allow us to build on this for the future."

The new facilities include a specialised hearing implant programme and state-of-the-art soundproof rooms.

Dr Cooper added: "We are both very pleased and very excited by the facilities which will allow us to develop and continue to provide a centre of excellence for the region and beyond."

People experiencing difficulties with hearing and communication can take advantage of a free service run by the Trust to assess and care for their hearing needs.

The Trust has many years experience as one of the main providers of hearing aids and associated care for the Birmingham area, providing hearing aid maintenance and offering long term support to hearing aid users.

As well as fitting a wide range of state-of-the-art hearing aids, the department has specialist expertise used to help in more complex cases from around the region. It is also the regional centre for hearing implants, including one of the leading cochlear implant and BAHA (Bone Anchored Hearing Aid) teams in the country.

Dr Cooper added: "Anyone who is struggling with hearing loss or balance problems, or needs advice about their hearing needs, should speak to their GP and ask for a referral."

HARC, which has changed its name to the Queen Elizabeth Hospital Audiology Centre to reflect its new location, was the last clinical department to move from the Selly Oak site following a series of phased relocations over the past two years. The new QEHB was officially opened by Her Majesty the Queen in July 2012.



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## Organ Donation

As Europe's leading solid transplant centre, organ donation is an important part of University Hospitals Birmingham's strategy.

In 2012/13 The Trust carried out 397 transplants including 20 heart, 206 liver, 163 kidney, 2 small bowel and 6 lung transplants.

In order to increase the number of donors, the Trust has improved communication about organ donation and provided further tools for staff to enable them to engage families who may be considering organ donation.

During National Transplant Week, which takes place every June, staff and volunteers held an awareness stand to promote organ donation and answer questions about how the process of joining the register affects families.

Online campaigns through social media such as Facebook and Twitter have also proved to be effective ways of raising the topic.

In 2012/13 over 100 organs were retrieved from patients at QEHB who had become a donor during the same year. The organs were then transplanted either at QEHB or at another centre.

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## Wife's ultimate gift for husband

It is the ultimate gift that any spouse can give to their husband or wife. So, when Rana Gill was diagnosed with a severe kidney disease, his wife did not hesitate in finding out whether she would be a suitable organ donor.

On 8 April 2013, 28-year-old wholesaler Kamaljit Kaur donated one of her kidneys to help safeguard her husband's life and help restore his health.

Kamaljit, from Oldbury, said: "It is something I was very happy to do and I feel good in myself for doing it. It was great when I found out that we were the same blood group and I was eligible as a match."

The couple, who met in India when Birmingham-born Kamaljit was on holiday, have been married 11 years and have a seven-year-old son.

They were both operated on in the same operating theatre and were able to share the same ward beforehand.

Kamaljit was discharged from hospital a week later, on April 15 and two days later husband Rana, a self-employed retailer, was discharged home too to further his recovery.

"It was a real shock when Rana was diagnosed with kidney disease," explained Kamaljit, "we were completely unaware of it. He used to be tired and was losing his appetite but it was only when he had about 40 per cent of his kidney function left that we realised."

That was in the summer of 2011 after Rana had been referred to University Hospitals Birmingham NHS Foundation Trust by his GP, and a subsequent biopsy revealed the extent of his kidney disease.

"We were told his kidneys had been damaged quite drastically because of this disease and obviously it wasn't treatable. They said that in the near future he would require dialysis three times a week or a kidney transplant.

"But his kidney function had dropped further to 20 per cent and, within a week, it had fallen even more to just ten per cent. That's when it was decided he needed a transplant and so I started having tests to see if I was eligible. It was just something I wanted to do."

Kamaljit added: "We were in the same ward and I went in first to the operating theatre and, once I was operated on, my husband was brought down and his transplant was done by the same surgeon.

"My husband feels much better now that he has a new kidney and really appreciates what I was able to do for him. We are just a bit sore and the weakness is there as well, but they have told us we will both get back to what we were. The hospital has been very good and very supportive throughout."

Rana said: "It was wonderful that Kamaljit has given me quality as well as quantity of life. I will never forget what she has done for me."



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## 4,000 and counting

The Trust celebrated a major milestone in 2013 when Sharon Bromage (pictured right) became the 4,000th patient to undergo a liver transplant in Birmingham.

The landmark operation was performed by liver transplant surgeon Mr Simon Bramhall who carried out the life-saving operation in around four hours.

Sharon, aged 53, had a chronic liver condition and had only been on the transplant waiting list for a day despite the national shortage of organ donors.

Sharon's husband of 33 years Gary Bromage said: "Sharon had been ill for a couple of years, but had been gradually deteriorating during that time. She had no energy and couldn't remember things.

"Sharon was diagnosed with liver disease after being transferred here and eventually put on the transplant waiting list. But it was a shock when we found out there was a liver for her so quickly."

The couple, who live in Swindon in Wiltshire, have four grown-up children, plus a fifth child they have legally adopted, and also currently look after three foster children.

The 4,000 liver transplants have predominantly been carried out by the specialist team at University Hospitals Birmingham, but a number of operations have also been performed at Birmingham Children's Hospital.

The very first transplant in Birmingham was carried out at the old Queen Elizabeth Hospital on 19 January 1982 by pioneering former surgeon Professor Paul McMaster.



Mr Bramhall said: "Professor McMaster and Professor Elwyn Elias started the liver unit here and were pioneers nationally. Without them we wouldn't be here.

"The initial operations took significantly longer than today, with the removal of the liver taking an average of eight hours and the actual transplant taking an average of 12 hours to complete. The average operation now is around four hours, as was the case with Mrs Bromage."

Survival rates have continued to improve significantly, from around a third of patients being alive at 1 year in the early 1980s to more than 85 per cent now and the number of transplants has also been steadily growing.

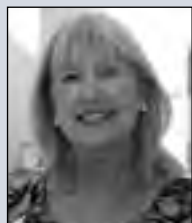
In fact, 2012 saw a record number of liver transplants carried out by the liver teams at QEHB and Birmingham Children's Hospital. The total of 199 liver transplant operations (165 adults and 34 children) comfortably beat the previous record of 181 set in 2010.

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## Council of Governors\*



Graham  
Bunch



Christine  
Beal



Margaret  
Burdett



John  
Coleman



Richard  
Crookes



Edith  
Davies



John  
Delamere



Air Marshall  
Paul Evans



Ian  
Fairbairn



Aprella  
Fitch



Dr Tom  
Gallacher



Sandra  
Haynes MBE



Rabbi  
Margaret  
Jacobi



Patrick  
Moore



Tony  
Mullins MBE



Jenni  
Ord



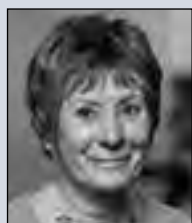
Erica  
Perkins



Susan  
Price



Prof. Joanne  
Duberley



Valerie  
Reynolds



David  
Spilsbury



Barbara  
Tassa



Prof Ian  
Trayer



Shirley  
Turner

\*Correct up to 31 March 2013

<b>Public Governors (by Parliamentary Constituency)</b>		
<b>Constituency</b>	<b>From 1 January - July 2012</b>	<b>From 13 July 2012</b>
Northfield	Margaret Burdett	Sandra Haynes, MBE
	Edith Davies	Edith Davies
Selly Oak	Valerie Reynolds (from 1 February 2012)	Valerie Reynolds (from 1 February 2012)
	John Delamere	John Delamere
Hall Green	David Spilsbury	David Spilsbury
	Tony Mullins MBE	Tony Mullins MBE
Edgbaston	John Coleman	Christine Beal
	Ian Trayer	Ian Trayer
Ladywood, Yardley, Perry Barr, Sutton Coldfield, Erdington & Hodge Hill	Graham Bunch	Graham Bunch
Rest of England Area		Vacant until Dr John Cadle was appointed in June 2013

<b>Patient Governors</b>
Shirley Turner
Ian Fairbairn
Aprella Fitch

<b>Staff Governors</b>	
<b>Constituency</b>	
Nursing Class	Barbara Tassa
Medical Class	Dr Tom Gallacher
Ancillary, Administrative and Other Staff	Patrick Moore
Clinical Scientist/Allied Health Professional	Susan Price
Nursing Class	Erica Perkins

<b>Stakeholder Governors</b>	
<b>Appointed by</b>	
Birmingham City Council	Cllr Susan Barnett
University of Birmingham	Prof. Joanne Duberley
South West Area Network of the Secondary Education Sector in Birmingham	Richard Crookes
Birmingham Faith Leaders' Group	Rabbi Margaret Jacobi
Ministry of Defence	Air Marshall Paul Evans
Birmingham & Solihull NHS Cluster	Jenni Ord

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## Membership

Over the last 12 months work has continued to ensure that members are engaged through activities aligned to the four membership types; thought, time, energy and support.

Social media tools such as Facebook and Twitter have played an important part in improving the accessibility of membership information available throughout the year. Members may now receive information directly via their smartphone, or any other device with internet access, as it is released.

Increased awareness around the role of staff governors has been made through a number of Trust publications. Engagement activities involve staff governors holding drop-in sessions for staff and fronting internal awareness campaigns in their role as staff governor, such as the Trust's Cycle Safe Campaign, which was launched in September 2012.

The introduction of Membership Week was a new initiative for 2012/13. This enabled the Trust to focus on the value of members and inspire others to join the programme.

Information stands, recruitment activity and leaflet distribution was carried out by the Membership Office and Trust Ambassadors during November 2012.

Members continue to play an important role in obtaining patient feedback on services. Information gathered via a survey directed at foundation members contributed significantly towards the creation of [mystay@QEHB](#) – a website providing information on the quality of clinical services. Members also took part in a Trust-wide survey on public transport facilities serving the hospital site, which has resulted in improvements to local bus services and timetable information.

Evidence of the contribution members make towards improving the Trust's services can also be seen in the monthly 'You Said, We Did' articles published in Trust publications, which highlight areas of improvement made by listening to feedback. Examples of this include improving information on travel routes, providing better seating and improving visitor facilities on wards.





Members took part in a Trust-wide survey on public transport facilities serving the hospital site.

## 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.

In November 2012, Ambassadors took part in the first UHB Membership Week aimed at promoting membership to patients and visitors.

Since launching the Ambassador Programme, the Trust has been approached by several NHS trusts interested in adopting a similar programme for enthusiastic members or aspiring governors.

To become a member, simply complete the online form or contact the Membership Office:

Email: [Members@uhb.nhs.uk](mailto:Members@uhb.nhs.uk)

Telephone: 0121 371 4323

Website: [www.uhb.nhs.uk/membership.htm](http://www.uhb.nhs.uk/membership.htm)

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## Malala Yousufzai: Caring for the world's most famous patient

On Monday 15 October 2012, Malala Yousufzai was admitted to the Queen Elizabeth Hospital Birmingham having been flown from Pakistan to the UK to undergo specialist care after the Taliban attacked her travelling on a school bus.

Malala was shot at point blank range. The bullet hit her left brow and instead of penetrating her skull it travelled underneath the skin, the whole length of the side of her head and into her shoulder.



The shock wave shattered the thinnest bone of the skull and the soft tissues at the base of her jaw and neck were damaged. The bullet and its fracture lines also destroyed her eardrum and the bones for hearing. She was left with no hearing in her left ear. However, the hearing nerve remained intact, giving the specialist teams hope of restoring some of her hearing.

In February 2013, as the world watched in anticipation, Malala underwent a titanium cranioplasty, which involved repairing the missing area of her skull using a specially moulded titanium plate.

Malala then had a cochlear implant fitted - a small, complex electronic device that provides a sense of sound to someone who is profoundly deaf or severely hard of hearing.

More than 1.3 million people across the globe followed Malala's care at QEHB over the three-month period she was an inpatient. Frequent coverage from the world's most influential media (CNN, BBC, Sky, ITN, ABC and NBC) highlighted the work of the clinicians with QEHB quoted as being among the 'best in the world'.

The multi-specialist team included clinicians from Neurosurgery, Imaging, Trauma and Therapies who worked alongside colleagues from Birmingham Children's Hospital to provide expert surgical treatment and rehabilitative care.

Following her operations Malala said: "I am feeling alright and I am happy that both operations were successful. It doesn't seem that I had a very big operation."

Determined to return to her campaign for girl's education, Malala made an excellent recovery, evident from her maiden speech at the United Nations in July 2013. She said her "mission" remained the same, which was to help people.



More than 1.3 million people across the globe followed Malala's care at QEHB over the three-month period she was an inpatient. Frequent coverage from the world's most influential media (CNN, BBC, Sky, ITN, ABC and NBC) highlighted the work of the clinicians with QEHB quoted as being among the 'best in the world'.

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## QEHB Charity

Queen Elizabeth Hospital Birmingham Charity exists for the benefit of patients at University Hospitals Birmingham. 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 providing equipment and facilities over and above that provided by core NHS funding, and through funding research projects.

The charity generates income through fundraising, donations, charitable grants, legacies and sponsorship. The Trustees oversee charitable expenditure to ensure that funding is for clear benefit to patients, their families and others using the hospitals.

During the financial year under review, Queen Elizabeth Hospital Birmingham Charity made grants totalling £2,832,000 (2011/12: £6,507,000). This figure does not include construction costs of Fisher House – the charity's major project for 2012/13 (see page 26) – which are classified as an asset rather than as expenditure. The costs of Fisher House will be spread over a ten year period.

The QE Cancer Appeal, which launched in July 2011, successfully purchased TomoTherapy TomoHD and CyberKnife radiotherapy systems following a £6.5 million fundraising appeal. It has now embarked on a further campaign to raise £1 million to support the Trust in thyroid cancer treatment trials; £1 million to develop a Rare Disease Centre; £1 million to support women with breast cancer and £0.3 million to purchase three new cutting-edge medical diagnostic and treatment machines for the Ophthalmology Department.

In addition to the large capital purchases, QEHB Charity contributed more than £113,000 to fund four members of staff at the Chronic Disease Resource Centre (CDRC) - established to explore ways to treat inflammatory diseases, a group of diseases which includes diabetes, multiple sclerosis and arthritis. The charity spent a further £444,000 on new equipment for the hospital during 2012/13.

An important part of the charity's charitable grants programme is funding research. In total the charity made grants of £839,000 in 2012/13. Amongst those, Dr Jonathan Webber, consultant physician, was awarded £60,701 for his diabetes study and Heather Draper was granted over £44,300 to support her study into split liver transplantation.

As well as funding equipment and research, QEHB Charity also supports training, education and patient support. In 2012/13, it spent £520,000 on training and education - an increase on the previous year. This includes funding for nursing staff to attend courses and events to expand their knowledge and skills for the benefit of patients. The charity has also funded a range of patient information films on subjects as wide ranging as cardiac rehabilitation exercise, breast reconstruction information and paediatric radiotherapy.

In 2012/13 QEHB Charity received generous legacies to the value of £469,000.

For more information about the work of the charity or information on how to fundraise, visit [www.qehb.org](http://www.qehb.org). Queen Elizabeth Hospital Birmingham Charity can be contacted by email at [charities@uhb.nhs.uk](mailto:charities@uhb.nhs.uk) or by telephone on 0121 371 4852.



## A World-Class Cancer Centre Strategy

QEHB has an aspiration to become the leading adult radiotherapy treatment centre in Europe within five years.

In 2012/13 the Trust became the leading cancer centre in the region, following the delivery of two sophisticated TomoTherapy radiotherapy treatment machines.

The TomoTherapy treatment system enables ultra precise targeting of the radiotherapy beam, thereby minimising the radiation dose to healthy tissue. Clinicians at QEHB aim to use the ground-breaking therapy for the treatment of patients with prostate, head and neck cancer.

QEHB is the only centre in Europe to have two TomoTherapy HD machines. They will be used to provide high quality general radiotherapy to around 20-30% of its patients.

The purchase of CyberKnife – a robotic system capable of delivering high doses of radiation with sub-millimetre accuracy – added to the suite of cancer technologies at QEHB in January 2013.

Its precision makes it particularly effective against tumours that are in difficult locations, such as in the brain or near the spinal cord. CyberKnife's image-guided approach continuously tracks, detects and corrects any movement of the patient and tumour throughout the treatment to ensure precise targeting.

This, in addition to its research links with Cancer Research UK and the University of Birmingham, places it among the leading cancer centres in the UK.

Cyberknife's precision makes it particularly effective against tumours that are in difficult locations, such as in the brain or near the spinal cord.

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## Fisher House receives Royal seal of approval

The Prince of Wales opened a 'home from home' for families of military patients being cared for at the Queen Elizabeth Hospital Birmingham on 21 June.

After unveiling a commemorative stone at the special dedication ceremony, Prince Charles was given a tour of the 18-bedroom Fisher House before chatting with some of the families staying there whilst their relatives recover at the hospital just a short walk away.

Fisher House – the result of a unique partnership between Queen Elizabeth Hospital Birmingham (QEHB) Charity, Help for Heroes and American charity Fisher House Foundation – provides a haven for those whose loved ones are injured in current conflict and returning service personnel receiving on-going treatment.

Mike Hammond, Chief Executive of QEHB Charity, said: "The Queen Elizabeth Hospital Birmingham is the receiving hospital for all injured British forces personnel. We have long provided world-class medical care for our troops and now, with the opening of Fisher House, we are able to give the same quality of care and support to their family members."

The £4.2 million Fisher House offers free accommodation for families and patients, enabling them to spend time together away from the hospital ward.

Designed by a Birmingham-based architects, the purpose-built two-storey property, is a largely open plan property comprising 18 en-suite bedrooms for the families of patients and communal living facilities including a family room and play area, lounge, kitchen, dining areas and laundry room as well as a private garden with space for children to play in.

Kelly Gemmell and her family have been staying at Fisher House whilst her husband is being cared for at QEHB.

Kelly said: "Fisher House is amazing. I've been bowled over by the support we've received from everyone here. It's wonderful to be able to stay so close to the ward and have the chance to chat to other families in the same position here at the house.

"When you've got to split yourself between your loved one here at the hospital and your family at home, having somewhere like Fisher House to call 'home' makes things that little bit easier."





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## Major Trauma Centre marks first year

More than 1,000 of the region's most severely injured casualties have passed through the front doors of the QEHB since it went live as a Major Trauma Centre (MTC) on 26 March 2012.

In its first year the hospital's specialist teams have treated the most complex injuries suffered by victims including massive internal bleeding, brain injury, multiple fractures and cardiac failure.

The QEHB is at the heart of the Birmingham, Black Country, Hereford and Worcestershire Trauma Network. Without the new system it is possible that many of these patients would not have survived while others may not have made as successful a recovery without the early interventions they received.

In total, between 26 March 2012 and March this year, a total of 1,073 patients arrived at

the hospital due to its Major Trauma Centre status. Around 40% of these patients arrived in the Emergency Department following road traffic accidents.

In the past year, 80-90% of major trauma patients arrived by land ambulance and 10-20% by air ambulance. The average length of stay in the hospital was 16 days.

Half of major trauma patients who are admitted will go straight to a ward, about 10% will go directly to theatres, a further 20% will go to Critical Care and 20% will go home.

Mondays and Tuesdays see the largest number of patients arriving, between 8am and 7pm. Conversely, there has been an increase in overnight activity (8pm-8am) over the weekends, particularly on Friday and Saturday nights.

...between 26 March 2012 and March this year, a total of 1,073 patients arrived at the hospital due to its Major Trauma Centre status.

## VIPs visit QEHB

The Queen Elizabeth Hospital Birmingham receives its fair share of high-profile visitors who want to show their support for the staff providing round-the-clock care to patients.

Receiving visits from famous faces provides a welcome boost to patient and staff morale as well as highlighting the important work of the Trust.

As well as visits from actress Ruth Jones and singer Cliff Richard, the Trust welcomed footballing legend David Beckham and actor Ray Winstone, who met injured troops during visits to the Queen Elizabeth Hospital Birmingham in January.

The pair spent around an hour and a half visiting military and civilian patients and their families on the mixed trauma ward before meeting a number of staff from the Royal Centre for Defence Medicine.

David Beckham then went on to the Teenage Cancer Trust's Young Persons Unit in the hospital, where he chatted with patients aged 16-24 years and the staff caring for them.



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## Learning Hub

The Learning Hub provides new, purpose-built accommodation to train unemployed people into entry level healthcare jobs and to help existing staff where they lack a basic skill. The Trust continues to run the Learning Hub on behalf of the whole health and social care sector.

The majority of the Learning Hub's pre-employment training provides induction and placement in a ward, technical or administrative area. Feedback from pupils reveals that this is invaluable in helping unemployed people secure a job. Some 62 unemployed Learning Hub clients gained a job as a healthcare assistant during 2012/13 having taken part in the Building Health programme which provides entry level training for healthcare assistants.

By entering into new partnerships with Pertemps' People Development Group and with Birmingham City Council, the Learning Hub has overcome the challenge of reduced public sector resources for skills training to help unemployed people back into work, in particular for those from disadvantaged backgrounds.

The Learning Hub's Inspired programme continues to provide long-term patients with educational and vocational skills and mentoring support whilst being treated. Some 101 patients were provided with information, advice and guidance during 2012/13. Additionally, the Learning Hub works closely with representative bodies of those with a disability and significantly contributes to the Trust's Diversity and Equal Opportunities Strategy.

As a result of the very high rates of youth unemployment across Birmingham, the Learning Hub focused more on the young unemployed (18-24-year-olds). UHB was a member of the Birmingham Commission for Youth Unemployment set up by the City Council which reported in early 2013 with substantive recommendations including the establishment of a Birmingham Jobs Fund.

The training projects now in the Learning Hub have enabled almost 1,500 people to gain a job – with 155 trainees gaining employment in 2012/13.



By entering into new partnerships with Pertemps' People Development Group and with Birmingham City Council, the Learning Hub has overcome the challenge of reduced public sector resources for skills training to help unemployed people back into work, in particular for those from disadvantaged backgrounds.

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## From van maker to healthcare worker: Learning Hub success

Former motor assembly worker Tony Ellor thought he was on the scrapheap after the collapse of Birmingham van maker LDV left him jobless at the age of 47.

After enrolling on the Learning Hub's Activate programme which he discovered at a local jobs fair, Tony now aged 50, is enjoying his new-found career as a healthcare assistant in the Burns Centre at Queen Elizabeth Hospital Birmingham.

He learnt his trade as a welder at Industrial Welding Services in Hockley, before joining Linpac Mouldings in Witton, where he worked as a paint sprayer, and then went to Jaguar Land Rover as a welder on the production line.

But after being made redundant from JLR in 1990, Tony left England to work on building sites in Germany, in similar vein to the 'Auf Wiedersehen, Pet' television series, where he stayed for four years before returning to Birmingham to work for LDV.

The former welder had been out of work for 12 months when a chat with an Activate employee changed his life: "I thought I was on the scrapheap when LDV went bump and I was made redundant. At the age of 47 I was being told there was no longer a job for me.

"I sent my CV to all sorts of engineering companies but got no replies. Then I went to a jobs fair at Villa Park for ex-LDV workers and got speaking to a girl from Activate, which was the only one to take my CV off me.



"The first question all the engineering companies asked me was 'how old are you'? It seemed I was the wrong side of 45. But then Activate phoned me out of the blue and offered me an interview to go on their course. I thought I had nothing to lose."

Tony initially did a six-week course at the Learning Hub which included a three-week placement in the Imaging Department in the old Queen Elizabeth Hospital, plus three weeks in the classroom.

He then went back to Activate who put him on a separate course to train as a healthcare assistant.

"There were eight jobs available so I went for it. I got through the interview, completed the course, and started on the burns unit at Selly Oak Hospital in April 2010, before services moved to the new QE."

He added: "I genuinely wish I had done this 20 years ago. Every day is completely different and you don't know who is going to be coming through the door. I just love it."



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## Care for all: improving facilities for the visually impaired

Providing facilities that meet the needs of patients and their carers is a heart of the Trust's work. Keen to help patients with visual impairments be as independent as possible, the Trust has teamed up with the local charity Guide Dogs to improve the experience of those attending the Queen Elizabeth Hospital Birmingham.

More than 40 volunteers have undergone special training in escorting people with no or limited vision, which is carried out by Guide Dogs sighted guide ambassadors and involves the volunteers working together in pairs.

After watching a DVD about how to approach and guide a visually impaired person, the volunteers again take it in turns to guide their blindfolded partner out of the seminar room, down the stairs to the main atrium, then round to the lifts, up to the second floor, and then finally guide them back down the stairs.

The introduction of sighted guides has been well received by patients using the service, which has generated a number of compliments.

In addition to providing sighted guides a new initiative, which is believed to be the first of its kind in the country, has been introduced and involves a special crèche reserved for very important canines – guide dogs.

The idea is that visually-impaired patients can leave their guide dog in a designated area while they are escorted to their appointment by the volunteers.

UHB Senior HR Manager Antony Cobley said: "It became clear that guide dogs couldn't be allowed into all areas of the hospital, such

as Critical Care, so we identified a rest area behind the main Information Desk where blind and visually impaired people can now leave their dog secure and happy while a volunteer guides them to their appointment and then guides them back."

The first guide dog to use this designated rest area was Lyle, a three-year-old black Labrador, who accompanied his owner, Simmy Gould, 25, from Solihull, to her clinic appointment.



Simmy was diagnosed with Alstrom Syndrome, a rare genetic condition which affects eyesight, when she was aged seven.

Simmy, who was accompanied by her mother Mary, said: "It is wonderful to have this area for Lyle because it is stressful when you go to a clinic, and you are more aware of having a dog with you getting in the way."

Her mum added: "This is much nicer and better for the dog, because with the fresh air coming through it helps keep them cool. It is someone thinking outside of the box."

Colin Vince, Mobility Team Manager, said "The support we have received from staff at the QEHB has been amazing and we hope to continue working closely with them in the future."

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## Edward Shirley

After 48 hours of enforced silence, the first words uttered by Edward Shirley were “Linda, I love you” to his wife of almost 50 years.

Edward had effectively lost his voice following a major illness which resulted in him becoming one of the oldest patients to have a liver transplant at Queen Elizabeth Hospital Birmingham.

But, just three weeks after his liver transplant, he was found to have a split in his bile duct, which carries bile for the digestion of food from the liver to the intestine, and he needed to have a stent inserted. A few days later he lost his voice.

His left vocal cord had somehow become paralysed, resulting in his voice becoming little more than a squeak and so the 72-year-old found himself back in QEHB to this time undergo voice-lift surgery.

Just a few days after having the procedure under local anaesthetic, Edward was thrilled to have his normal, strong voice back.

He said: “The consultant said ‘don’t use your voice for a couple of days’, so my wife and I were writing each other notes all the time. As soon as the two days were up, bang on 48 hours, I came downstairs and said ‘Linda, I love you’, and the voice was back just as it was before.”

Edward, from Bridgnorth, who has served as local Mayor twice and also been chairman of Bridgnorth District Council, discovered something was wrong towards the end of January 2012.



He recalled: “A friend said I wasn’t looking very well, so I had some tests done at my local hospital in Shropshire and they referred me to the QE at Birmingham.

“They said I was in desperate need of a liver transplant, so was placed on the critical list, and on February 13 I had the operation. It all just happened over a fortnight.”

Edward said that once the paralysis showed no sign of correcting itself, he was referred to Ear, Nose and Throat consultant surgeon Declan Costello, who performed a voice-lift operation.

Pleased to have his voice back, Edward said: “It has given me a fantastic boost to my confidence, and even seemed to help with my recovery from the operation.

“I felt embarrassed because of the voice and Linda ended up doing all the talking for me. So, when I had this procedure it was a tremendous release and people remarked how much better I looked. Before I had it, I was worried I might never get to speak properly again.

“But I nearly died before having the liver transplant, so we thank God, the donor, and the surgical teams at the Queen Elizabeth Hospital. I couldn’t have been in a better place.”

## Cycling Safe Campaign

The Trust's first cycling campaign – Cycle Safe – was launched in August 2012 after an increase in the number of seriously injured cyclists sparked concern amongst the Emergency Department's staff.

In just six weeks five young men aged between 16-24 died at QEHB as a result of a cycling incident involving a vehicle. Consultants in Trauma and Neurosurgery were staggered at the level of injuries sustained by one patient, commenting that it was the worst case they had ever seen. None of the men had been wearing safety clothing.

The campaign aims to raise public awareness on cycle safety and help to reduce injuries by encouraging motorists and cyclists alike to take more care on the roads as well as encouraging cyclists to wear protective gear such as helmets and hi-vis clothing.

Within the first three months the number of cyclists attending the Emergency Department had fallen by almost 40%...

As part of the Cycle Safe campaign, QEHB teamed up with Halfords and the Royal Society of the Prevention of Accidents (RoSPA) to advise staff and visitors on road safety, through distributing information leaflets and holding cycle clinics.

Within the first three months the number of cyclists attending the Emergency Department had fallen by almost 40% and over the year 22.6% fewer patients were admitted to A&E having come off a bike compared with the previous year.

For advice on cycling or to download a leaflet, visit [www.uhb.nhs.uk/cycle-safety](http://www.uhb.nhs.uk/cycle-safety).



## Shuttle bug celebrates its first birthday

Sometimes it is the simple things that can make a huge difference to patient experience and Shuttle Bug is one of those added extras.

Shuttle Bug is quite simply an adapted golf buggy but he [the buggy is taking on a life of its own] is proving a huge hit for patients and visitors with mobility problems at QEHB.

Amazingly the electric buggy, which was introduced in April 2011, has transported 14,000 passengers in its first year.

The buggy, which has its own charging point in the visitor car park, operates from 9am-4pm, Monday to Friday. It can carry up to

three passengers and is driven in turn by 12 volunteers.

The vehicle, which has been modified from a standard golf buggy by adding a rain-proof covering, a safety bar, and a rear drop-step, transports elderly and disabled patients to the main hospital entrance from the nearby visitor car park and back again.

It was officially named Shuttle Bug following a competition among the hospital's army of volunteers. The competition was won by Jackie Henderson who has been volunteering at QEHB for almost three years, helping out on one of the wards on Monday afternoons.





Some (patients) who have declined a lift on the way up from the car park are glad of a ride back down once they have left the hospital. Others cannot believe the service is operated by volunteers and offer to make a small donation.

**Dawn Roach,**  
Voluntary Services Coordinator

Jackie was presented with a bouquet of flowers and a gift voucher during the official naming ceremony at the hospital.

Dawn Roach, Voluntary Services Coordinator, said they had received positive feedback from patients who were “so appreciative” of the service. She said: “Patients comment about the distance they would need to walk from the car park and say they would ‘never make

it without the buggy’, and that the drivers are very helpful.

“Some who have declined a lift on the way up from the car park are glad of a ride back down once they have left the hospital. Others cannot believe the service is operated by volunteers and offer to make a small donation.”

## Could you be a volunteer?

Volunteering is a rewarding and remarkably useful way to spend a few hours each week. The Trust is always looking for willing volunteers to get involved and help make a real difference to our patients. They perform a variety of tasks to complement the work of paid staff.

The Trust has over 600 volunteers who come from a variety of different backgrounds,

cultures and communities and are aged between 18 and 88. The longest serving member has been volunteering for more than 40 years!

If you would like to get involved, please contact us via:  
Email: [Voluntary.Services@uhb.nhs.uk](mailto:Voluntary.Services@uhb.nhs.uk)  
Telephone: 0121 627 7847  
Website: [www.uhb.nhs.uk/volunteers.htm](http://www.uhb.nhs.uk/volunteers.htm)

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## Health and wellbeing

Healthy eating is an important part of the Health and Wellbeing agenda at University Hospitals Birmingham. However, research shows that busy lifestyles often prevent people from making the right choices – and it is even more difficult for shift workers such as nurses.

In order to offer staff and visitors a real alternative, the Trust introduced its first Farmers' Market in November 2012 and its success has seen it become a regular date for the diary.

The Farmers' Market, which is held on a monthly basis at the Queen Elizabeth Hospital Birmingham, supports local businesses and has been introduced as part of the Trust's strategy to improve health and wellbeing and helping to sustain the environment.

The stalls showcase the best the region has to offer including seasonal vegetables; fresh meat, game, fish and eggs; breads, chutneys and preserves, cheese and honey.

In addition to offering a great choice, the Farmers' Market also supports local people such as social enterprise Change Kitchen, who

work with the city's homeless. They offer a selection of vegetarian and vegan products made in the heart of Birmingham.

Antony Cobley, who spearheaded the initiative said: "This is a great opportunity for everyone – our staff, visitors, patients and relatives – to buy quality, seasonal produce whilst supporting local enterprise."

In addition to the Farmers' Market a range of activities aimed at improving the overall health and wellbeing of staff the Trust has introduced a number of initiatives to increase physical activity.

The Workout at Work programme provides monthly articles on exercising at work via the Trust's publication news@QEHB. Markers indicating the number of steps walked have also been introduced in stairwells and along the main corridor to inspire staff to increase their step count.

Working with Weight Watchers, the Trust has also introduced weekly weigh-in and support sessions for staff trying to lose weight.



# FARMERS' MARKET

QUEEN ELIZABETH HOSPITAL BIRMINGHAM

Hummus

Garlic Pesto

Contains Nuts

Very Hot

Tapenade

Roast Pepper Kfta

