

Annual Review

2011/12



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 Annual Review. I hope you find it interesting, informative and readable.

The Annual Review is a summary of the activities of our hospitals – the Queen Elizabeth and Selly Oak hospitals and the Queen Elizabeth Hospital Birmingham – over the last 12 months. We hope that it will give you an insight into the work of the Trust and how we strive to deliver the best in care to our patients. It also offers patients a chance to share their experience of the care they receive.

We have continued in our efforts to improve patient experience through providing over 2,000 staff with customer care training and establishing 250 patient experience champions. This has seen compliments about our care increase by over 75%. We have also extended the reach of our Dignity in Care programme and hosted the third National Bereavement Care Conference.

Our Council of Governors and our members play an ever-increasing role in shaping our future and setting our priorities.

Through 2011/12 we have surveyed over 15,000 members about our services and, through the continued improvement of our membership programme, have created

more opportunities for our patients and local communities to help us achieve better outcomes for patients.

Of course we could not wait until next year's Annual Review to mention the Official Opening of the Queen Elizabeth Hospital Birmingham, which took place in July, when we were privileged to welcome Her Majesty The Queen and the Duke of Edinburgh during the Diamond Jubilee celebrations.

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 the last year.

A handwritten signature in black ink, which appears to be 'A. Bore'. The signature is written in a cursive style and is positioned above the printed name and title.

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 sixth year as Chief Executive and I am very proud to be a part of this Trust. This has been a momentous year at UHB and it's down to the commitment and enthusiasm of our staff, volunteers, members and governors that we continue to improve year on year.

In June 2010 we successfully opened Birmingham's first new acute hospital in 70 years – a world-class facility delivered on time and on budget. On 12 July 2012 the Queen Elizabeth Hospital Birmingham was officially opened by Her Majesty The Queen.

This year has seen many other great achievements come to fruition. Birmingham Health Partners – a collaboration between the Trust and the University of Birmingham in translational research was launched in 2011. The Trust was also designated one of the region's three dedicated specialist Major Trauma Centres in March 2012. The patient portal myhealth@QEHB was rolled out to further specialties in July 2012 and the Trust secured more than £21million in research funding from a number of sources during the 12-month period.

In addition, we have also met, and in many cases exceeded, our operational targets including making significant reductions in MRSA and *Clostridium Difficile* rates for the fifth successive year, and have treated more than 700,000 patients across the region.

As you know, UHB, like many other NHS organisations, faces 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, which appears to read 'Julie Moore'.

Dame Julie Moore
Chief Executive

About University Hospitals Birmingham NHS Foundation Trust

University Hospitals Birmingham NHS Foundation Trust runs the Queen Elizabeth Hospital Birmingham which is recognised as one of the leading 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 secondary care services to the adult population of South Birmingham and specialist tertiary care across the West Midlands and beyond.

UHB provides direct clinical services to over 700,000 patients every year, serving a regional, national and international population. It is a regional centre for cancer, trauma, renal dialysis, burns and plastics and has the largest solid organ transplantation programmed in Europe.

UHB employs over 7,200 staff and has successfully transferred its services from two hospitals, a mile and a half apart into the UK's newest and largest single site hospital. The £545m Queen Elizabeth Hospital Birmingham opened its doors to patients on 16 June 2010 and has 1,213 inpatient beds and 32 operating theatres as well as a 100-bed critical care unit, the largest co-located critical care unit in the world.

UHB is host to the Royal Centre for Defence Medicine (RCDM) and treats all seriously injured British military personnel evacuated from overseas.

UHB achieved Foundation Trust status on 1 July 2004. It has around 24,000 members and a Board of Governors. In 2011/12 its annual budget was £584 million.





The Trust's commitment to deliver high-class, robust research ensures that the Trust is able to address future challenges and, ultimately, save and improve many lives.

Trust Performance

During 2011/12 the Trust saw around 500,000 outpatients, 67,000 inpatients, 32,000 day cases, and 83,000 A&E attendances.

The Trust has met the targets for maximum waiting times in A&E with over 96% of patients being assessed, treated, admitted or discharged from A&E in less than four hours.

The Trust has successfully met all the national cancer waiting time targets in 2011/12 and although no longer a requirement (as of April 2010), the Trust continued to uphold 18-week referral-to-treatment target.

In November 2011, the Trust won a Nursing Times Award in recognition of its care for those patients who are frail or suffering from dementia.

UHB continued to improve patient experience through public engagement, its Patient and Carer Council and its membership programme. Staff satisfaction has also improved thanks to enhanced communication and an innovative health and well-being strategy.

The Trust also placed 155 trainees into work-based placements via the Learning Hub.

Research and Development 2011/12

The Trust continues to put clinical research at the centre of its work to ensure medical innovation remains a focus and priority in line with Government objectives. Its commitment to deliver high-class, robust research ensures that the Trust is able to address future challenges and, ultimately, save and improve many lives.

The Trust's partnerships and innovations were the focus of the second annual Research Showcase in March 2012. Members of the public, patients and staff were invited to see how their involvement in research could make a real difference to the healthcare of future generations.

Funding

In January 2012, Health Secretary Andrew Lansley announced that the National Institute for Health Research (NIHR) had awarded Queen Elizabeth Hospital Birmingham £12.8 million over the next five years. The grant will be used by the Trust-based Wellcome Trust Clinical Research Facility (WTCRF), to fund the creation of new treatments for diseases and injuries which currently destroy thousands of lives in Britain every year.

Announcing the funding, Mr Andrew Lansley said: "These researchers will push forward the boundaries of what is possible. These are the people and the labs where the very best new treatments will be developed for a huge range of conditions. NHS patients are the ones who will see the benefit of their work."

In August 2011, the Trust was awarded £6.5 million, under the National Institute for Health Research (NIHR) Biomedical Research Unit funding scheme, to continue its revolutionary research into liver disease and liver cancer. The successful bid for funding – amounting to £1,312,340 a year over the next five years – will be used for research into liver disease.

The QEHB Charity has funded the appointment of two clinical research fellows: one in Trauma and one in Neurology. The Charity has also contributed to posts at the Human Biomaterials Resource Centre and the Chronic Diseases Resource Centre.

Clinical Trials

UHB's commitment to developing its commercial trials activity is producing notable results, thanks to new R&D staff and systems and the continued commitment of our clinical staff.

During 2011, the Trust received 65 R&D submissions to carry out commercial trials compared with 48 in 2010. Of those submissions in 2011, 42 had been fully approved by January 2012.

Since September, the average time taken to respond to initial feasibility to undertake a trial enquiries from pharmaceutical companies has dropped from nearly 35 days to just over 10 days. The number of feasibility enquiries climbed from an average of just five per month between January and August 2011 to over 12 per month in the three following months.



Since September, the average time taken to respond to initial feasibility to undertake a trial enquiries from pharmaceutical companies has dropped from nearly 35 days to just over 10 days.



This new partnership is a timely and welcome development which will ensure the University and Trust maximise the marvellous facilities provided by the new Queen Elizabeth Hospital Birmingham.

Sir Albert Bore



Birmingham Health Partners

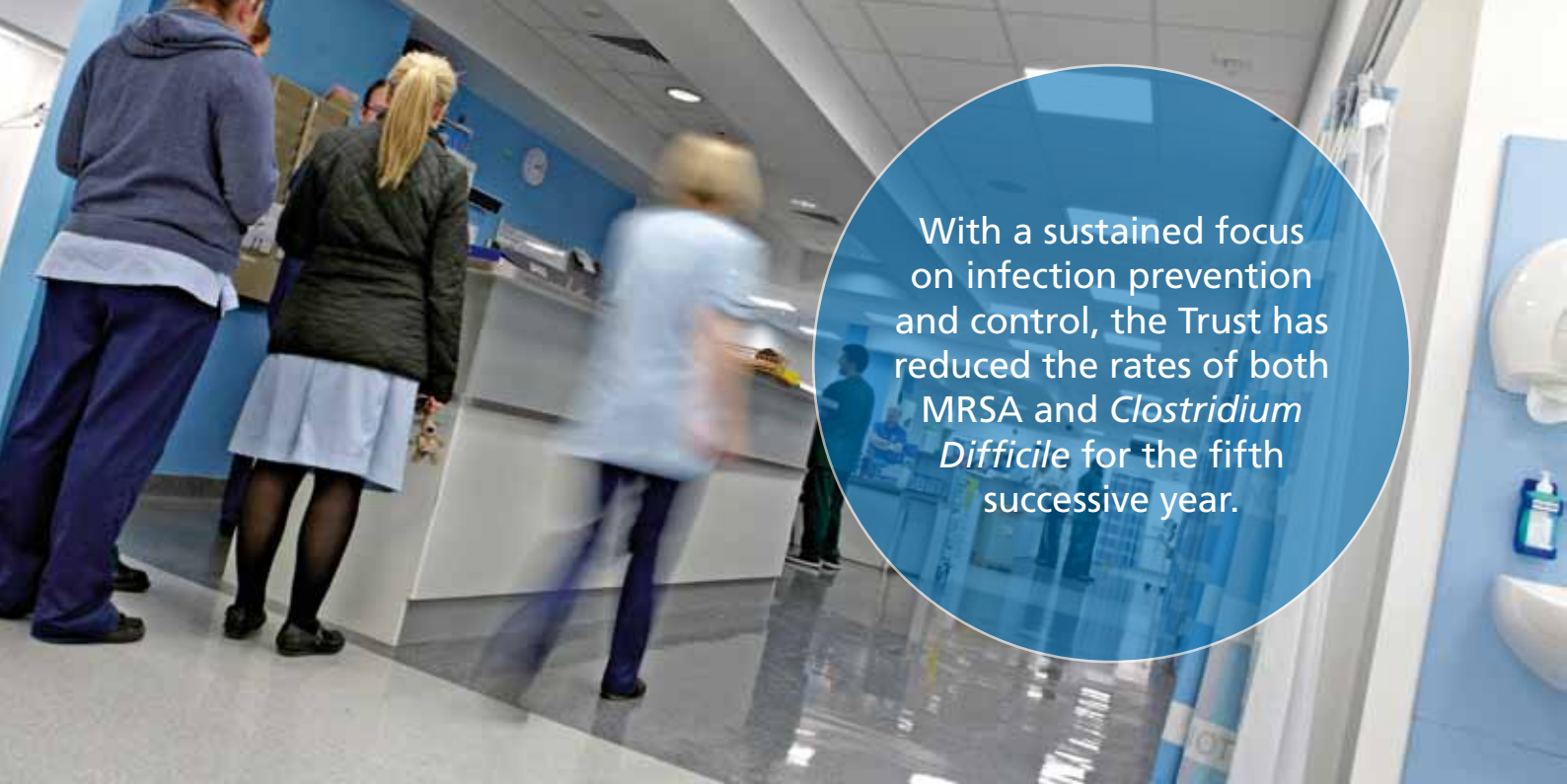
To capture the wealth of clinical and academic expertise within UHB and the co-located University of Birmingham (UoB) campus, a new collaboration called Birmingham Health Partners has been launched. Birmingham Health Partners (BHP) is a landmark joint working agreement between the University of Birmingham and University Hospitals Birmingham NHS Foundation Trust.

Established in November 2011, it enhances the longstanding working relationship between the two institutions and enables patients to benefit from new therapies delivered by expert clinicians working alongside top research scientists and world-leading clinical trials teams.

Based at the new Queen Elizabeth Hospital Birmingham and under the transitional directorship of Professor Charlie Craddock, BHP will fuel collaborative projects in key research areas including cancer, immunology and infection, experimental medicine and chronic disease, and is intended to strengthen and develop the global reputations of both the University and the Trust.

Councillor Sir Albert Bore, who is chair of UHB and also serves on the BHP board, said: "This new partnership is a timely and welcome development which will ensure the University and Trust maximise the marvellous facilities provided by the new Queen Elizabeth Hospital Birmingham."

<http://www.birminghamhealthpartners.co.uk/>



With a sustained focus on infection prevention and control, the Trust has reduced the rates of both MRSA and *Clostridium Difficile* for the fifth successive year.

Infection Control

With a sustained focus on infection prevention and control, the Trust has reduced the rates of both MRSA and *Clostridium Difficile* for the fifth successive year. In 2011/12 there were four cases of MRSA representing a 63% reduction on the previous year and 85 cases of *Clostridium Difficile* – a reduction of 41% compared with 2010/11.

This can be attributed to the following initiatives introduced in 2011/12 and the reinforcement of good hand hygiene and cleaning:

- 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

myhealth@QEHB

QEHB has developed a secure website called 'myhealth@QEHB' where patients with chronic, long-term conditions can view information about their condition. They can also access advice, information about their appointments, medication, blood results (within certain parameters) and how to contact other patients with the same condition. In addition the system allows patients to upload their test results from outside our hospital so that they are all held in one place.

This was successfully rolled out within Liver Medicine during 2010/11 and has been rolled out to patients in other specialties during 2011/12. Access to the website is only granted following discussion between individual patients and their consultants to ensure appropriate Governance arrangements are in place.

Royal Centre for Defence Medicine

UHB is host to the Royal Centre for Defence Medicine (RCDM) and provides clinical training and education for military personnel. A military and NHS partnership at UHB 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.

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 Centre for Surgical Reconstruction and Microbiology, having been awarded a £20million grant by the National Institute for Health Research (NIHR).



Developments in Quality

UHB has made good progress in all five quality improvement priorities for 2011/12: 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 2011-12 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



A key part of UHB's commitment to quality is being open and honest about performance.

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

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 – have a real voice in how the Trust is run and how it 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 Council of Governors, help us form our strategies and shape our future.

Membership Development 2011/12

Over the last year, work has been carried out to develop more dynamic ways of engaging and involving foundation members.

Social media tools such as Facebook and Twitter have played an important part in improving the accessibility of both membership information available and Trust news. Members may now get posts (on average three per day) about the Trust directly to their smartphone, or any other device with internet access, as it is released. Some 26 membership items have been posted via Twitter and four dedicated stories on Facebook have been published in the last 12 months (up to 31 March 2012).

Increased awareness around the role of staff governors has been made through a number of Trust publications including the hospital newspaper news@QEHB and staff governors featuring on Trust screensavers. Engagement activities involve staff governors holding drop-

in sessions for staff in the hospital's Plaza Restaurant and fronting internal awareness campaigns, such as the NHS' Sustainability in Action Day. The staff governor for Admin and Clerical staff was short-listed for the Trust's annual Best in Care Awards for the category 'Member of the Year'.


In November 2011, members' views were sought regarding their preferred methods of communication, in particular in relation to information on conditions, treatments and services the Trust provides. The survey received over 750 responses and provided a useful insight into how information for patients may be developed and improved.

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 just that.

The programme also offers support to the Membership Office.

In 2011/12 two foundation members were elected as governors after participating in the Ambassador Programme for more than 12 months. The Ambassador Programme provided a positive arena to develop their knowledge of the NHS, the needs of patients and visitors, and the skills to engage with the community effectively about the hospitals.



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

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
- Act as an information resource for patients and the public on membership
- Actively promote to and sign-up new members

At present, the Trust has 11 Ambassadors (up from eight in 2010/11) 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 patients'.

Recognition of UHB's Membership Programme

In 2010, the Trust was approached by Monitor to be interviewed as a case study for their report on membership recruitment and engagement. The report was published in July 2011 highlighting the extensive work done at UHB to develop an effective membership strategy.

Monitor's report can be found at: <http://www.monitor-nhsft.gov.uk/sites/default/files/Current%20practice%20in%20foundatio...ecruitment%20and%20engagement.pdf>

Council of Governors up until July 2012



Graham
Bunch



Margaret
Burdett



John
Coleman



Edith
Davies



John
Delamere



Ian
Fairbairn



Aprella
Fitch



Dr Tom
Gallacher



Ruth
Harker



Cllr James
Hutchings



Rabbi
Margaret
Jacobi



Patrick
Moore



Tony
Mullins MBE



Edward
Peck



Erica
Perkins



Susan
Price



Vice
Admiral
Raffaelli



Valerie
Reynolds



David
Spilsbury



Barbara
Tassa



Prof Ian
Trayer



Shirley
Turner

Public Governors (by Parliamentary Constituency)		
Constituency	Up to 31 December 2011	From 1 January - July 2012
Northfield	Margaret Burdett	Margaret Burdett
	Edith Davies	Edith Davies
Selly Oak	Rita Bayley	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	John Coleman
	Rosanna Penn	Ian Trayer
	Ian Trayer	
Ladywood	Shazad Zaman	<i>Constituencies merged</i>
Yardley	Kadeer Arif	
Perry Barr & Sutton Coldfield	Joan Walker	
Erdington & Hodge Hill	Monica Quach	
Ladywood, Yardley, Perry Barr, Sutton Coldfield, Erdington & Hodge Hill	<i>Constituency formed on 1 January 2011</i>	

Patient Governors	
Up to 31 December 2011	From 1 January 2012
Shirley Turner	Shirley Turner
Colin McAllister	Ian Fairbairn
Valerie Jones	Aprella Fitch
Jamie Gardiner	

Staff Governors	
Constituency	
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

Stakeholder Governors	
Appointed by	
Birmingham City Council	Cllr James Hutchings
University of Birmingham	Prof. David Cox (Resigned on 30 November 2011)
South West Area Network of the Secondary Education Sector in Birmingham	Ruth Harker
Birmingham Faith Leaders' Group	Rabbi Margaret Jacobi
Ministry of Defence	Vice Admiral Raffaelli
University of Birmingham	Prof. Edward Peck

UK's first Fisher House provides patients with a home away from home

The Queen Elizabeth Hospital Birmingham Charity has launched a new project to support the UK's military patients and their families which is supported by American charity Fisher House Foundation and UK charity Help for Heroes,

Fisher House at the Queen Elizabeth Hospital Birmingham will be a 'home away from home' where wounded troops can spend time away from the ward with their families, friends and colleagues. The purpose-built two-storey property, located a short walk from the hospital, will be the first of its kind in the UK and is being developed thanks to generous support from local radio station BRMB and nearly 8,000 people who took part in its Walkathon.

Catering for people of all abilities, the home will be a largely open plan property with wide connecting corridors and wheelchair accessible lifts. There will be 18 en-suite bedrooms for families of patients to stay in as well as communal living facilities including a family room and play area, lounge, kitchen, dining areas and laundry room. Outside will be a private garden with space for children to play and guest parking.

Work on the centre began in April 2012 when HRH the Duke of Gloucester, Dame Julie Moore and wounded hero Nick Gibbons broke the ground at a ceremony held to mark the milestone.

The completion of Fisher House is anticipated to be early 2013





The Queen Elizabeth Hospital Birmingham Charity has played an important role in providing additional equipment, care and welfare to the military patients in the hospital...

Mike Hammond

QEHB Charity Chief Executive



Mike Hammond, Chief Executive of the QEHB Charity, said: "The Queen Elizabeth Hospital Birmingham Charity has played an important role in providing additional equipment, care and welfare to the military patients in the hospital, but until now has not focused on the families who travel many miles, and often from abroad, to be by their loved ones' bedsides. We are therefore thrilled to launch the Fisher House for military patients and their families."

"We are also very grateful for the generous grants from Fisher House Foundation and Help for Heroes. Fisher House Foundation has awarded a grant of US\$2m to the project, the first time it has supported a project outside the USA. Help for Heroes has awarded a £1.5m grant, and has already confirmed a further £50,000 per year for the ongoing running costs. In total, the Fisher House will cost in the region of £4.2m."

QEHB becomes Major Trauma Centre

In March, Queen Elizabeth Hospital Birmingham became one of 16 hospitals nationally designated as a 24/7 centre capable of delivering specialist care to people with major trauma.

Major trauma is defined as serious injuries which threaten life including: above the knee amputation; major head injuries; multiple injuries, both internal and external; spinal injury, which could lead to paralysis; severe knife and gunshot wounds.

Not every hospital can provide all the major specialist services, facilities and staff that are needed to treat patients with major trauma injuries, especially neurosurgery. QEHB not only has a full range of trauma specialists, including orthopaedics, neurosurgery and radiology teams but has extensive experience in dealing with complex cases through treating service personnel injured on the frontline.

Patients who have suffered a severe injury often need complex reconstruction surgery and care from many professionals such as physiotherapists, occupational therapists and speech therapists – services also available within the Trust.

Major trauma care accounts for on average 0.1% of A&E patients therefore the majority of trauma patients who are less seriously injured are taken to the nearest trauma unit. If these patients prove to have injuries requiring the services of the major trauma centre, they are then transferred as quickly as possible.

Sir Keith Porter, the UK's only Professor of Clinical Traumatology said: "There's always been an under-provision of funding and differing provision of treatment for trauma. There's been no historical change in the service since 1954.

"This initiative is all about a culture of developing specialties to produce the best possible care for our trauma patients."

The QEHB Major Trauma Centre was launched on 26 March 2012 and is supported by a number of trauma units and rehabilitation units across the region.



“

This initiative is all about a culture of developing specialties to produce the best possible care for our trauma patients.

Sir Keith Porter
Professor of Clinical
Traumatology

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Yvonne Munro: 30 years of liver transplants

Liver transplants have come a long way since the first life-saving operation was carried out in Birmingham at the Queen Elizabeth (QE) Hospital 30 years ago.

The very first transplant in Birmingham was carried out on 19 January 1982 by pioneering former surgeon Paul McMaster. QEHB liver transplant surgeon Mr Simon Bramhall explained transplantation was a revolutionary and much riskier procedure 30 years ago. "Paul used to get in his own car – an old police Jaguar – and drive to the donor hospital, which could be anywhere in the country, perform the donor operation, and then bring the liver back to Birmingham and transplant it the same day."

"The operations were significantly longer and the outcomes were also worse," he said. "The operation to remove the liver took an average of around eight hours, and it then took an average of 12 hours to carry out the transplant. Now, the average operations take around four hours in each case."

Sadly the very first liver transplant patient died soon after the operation. But, despite the risk, the next three patients survived between 20 and 28 years.

Yvonne Munro, a former patient from Little Haywood in Staffordshire, has a daily reminder of the liver transplant that saved her life almost 30 years ago – her son Kelsey.

After having her transplant operation in March 1985, Yvonne went on to become the first liver recipient in the country to have a baby.

Yvonne who is now 62, said: "I started having liver trouble when I was 19, when I was diagnosed with hepatitis, but it gradually got worse about eight months after my first child, Hylton, was born.

"I don't know whether it was anything to do with childbirth, or whether it was due to my immune system but over the years it eventually developed into cirrhosis and it was decided I needed a transplant. Fortunately, I am quite a common blood group so I was found a match."

Yvonne, who was operated on by Paul McMaster, initially rejected her new organ.

"I had a really bad rejection and felt dreadful for the first few weeks. But, once I got over that, I have been absolutely fantastic. It's made a huge difference to my life. I wouldn't have been here without this transplant, especially as they found an enlarged vein had burst on the wall of my stomach."

Yvonne had to wait more than three years before Kelsey, now 23, was born by caesarean in May 1988 weighing just 4lbs 4oz. Kelsey who hopes to become a photographer with the Royal Air Force, was the first child of a liver recipient.

"About a year after my transplant I asked if I could have a baby because I didn't know anyone else who had had one. They said they didn't see why not. I got pregnant almost straight away, but it didn't form into a baby. So I waited another year and got pregnant at 37. Every single day I just thank the doctors for what they have given me."



“

About a year after my transplant I asked if I could have a baby because I didn't know anyone else who had had one. They said they didn't see why not.

Yvonne Munro
Former patient

”

Chief Exec receives top honour

Trust Chief Executive Julie Moore, was bestowed with the grand title of Dame in the New Year Honours list.

Julie, a former nurse who rose through the ranks to become UHB's first female Chief Executive, was appointed to lead the Education and Training group for the NHS Future Forum's NHS listening exercise in April last year.

Speaking about her New Year Honour, she said: "It was a great surprise to receive the letter. It was amongst a week's worth of post and, as it was from the Cabinet Office, I thought it was about the Future Forum work. So when I opened it I was shocked to say the least! I had no idea. It was totally unexpected."

She said: "I am honoured, of course, to receive the award. However, I am not some renowned author who has written a book as an individual. I am part of a team and this award reflects the work of that team. It is great too for the hospital Trust and I am very proud of the care we provide for our patients here at the Queen Elizabeth Hospital Birmingham."

Born in Liverpool, her first job was as a nurse at a hospital in Leeds in the early 80s where she spent 10 years in clinical practice before entering nurse management.

During her time as nurse manager and later nursing director, Dame Julie undertook an MA in Health Services Studies at Leeds University and was seconded to work at the Department of Health on developing nursing roles.



After a year in general management, in 1998, she became a director in the newly-merged Leeds Teaching Hospitals' Trust. She moved to Birmingham in 2002 to become the Executive Director of Operations at University Hospitals Birmingham, where she was responsible for the day-to-day running of its hospitals.

In 2006 she was appointed Chief Executive of UHB, the country's 10th biggest trust, one of only two women in charge of a large teaching hospital, nationwide.

She added: "The title won't change me but it will certainly take some getting used to!"

Trust saves hospital radio



After 60 years of hospital radio the Birmingham Hospital Broadcasting Network (BHBN), which has been delivering a mix of music and sports coverage to patients since 1952, looked like it had come to an end.

Thanks to UHB, the future of hospital radio in the West Midlands was saved when the Trust agreed to house its studios in an old operating theatre.

BHBN had been operating from a building at City Hospital, where it had been since 1989 but was forced to move out after the lease expired.



We are extremely grateful to the hospital for enabling us to carry on, especially as we are celebrating 60 years of broadcasting this year.

David Horton

Director and technical controller



Keen to ensure the much-loved station did not dissolve, the Trust responded to a plea from BHBN offering one of its theatres in the old Queen Elizabeth Hospital as a new home. After soundproofing the walls the radio station began broadcasting in the Summer of 2012. Birmingham's hospital radio, which helped launch the careers of National Lottery and Strictly Come Dancing narrator Alan Dedicoat and local radio presenter Phil Upton, is manned by around 40 volunteer staff.

Director and technical controller David Horton said: "We were in one of the outlying buildings at City Hospital, but we had a call to say a decision had been taken to close the building.

"An approach was made to QEHB and they have been absolutely wonderful by offering us a theatre which was available in the old hospital.

"We are extremely grateful to the hospital for enabling us to carry on, especially as we are celebrating 60 years of broadcasting this year."



A Royal seal of approval

Her Majesty The Queen officially named the Queen Elizabeth Hospital Birmingham in a special ceremony held on Thursday 12 July 2012, accompanied by His Royal Highness The Duke of Edinburgh.

The Royal couple visited the hospital during a two-day visit to the West Midlands as part of her Diamond Jubilee Tour.

They were greeted by cheering and flag-waving crowds outside the main entrance before moving inside to talk to patients, staff and volunteers.

Following a speech by Dame Julie Moore, Chief Executive, and a video showing the hospital at work, the Queen unveiled a piece of commemorative glasswork by local artist Eryka Isaak.





Dame Julie said: “We were quietly optimistic that the Queen would accept our invitation to officially open the new hospital and we’re absolutely delighted that she chose to come here during her Diamond Jubilee Tour. It makes it a doubly special occasion.

“The Trust has a long history with the Queen Elizabeth name, with the Queen Mother naming the old hospital in 1939. It’s fitting that the name has moved to our fantastic new building.



We were quietly optimistic that the Queen would accept our invitation to officially open the new hospital and we’re absolutely delighted that she chose to come here during her Diamond Jubilee Tour.

Dame Julie Moore
Chief Executive



“The visit today is a tribute to all the hard work our staff have put in to make sure the new hospital has been such a tremendous success.”

During her visit, the Queen acknowledged the bust of the late Queen Mother, which was transferred to the main entrance of the QEHB from the old Queen Elizabeth Hospital for the official opening.





On leaving the hospital, she was presented with a posy by Bethan Davies, a 20-year-old patient on the Teenage Cancer Trust Young Persons Unit.

Bethan, from Herefordshire, has been undergoing chemotherapy at the hospital since she was diagnosed with an adrenal tumour in January this year.

Her late great aunt, Miss Hilda Ward was a member of the Royal Household, which she joined in 1936 at the age of 35.

During her employment she was awarded the Royal Victorian Medal (RVM) in recognition of her personal service to the Sovereign or Royal Family. Miss Ward received correspondence from the Queen and Duke of Edinburgh after her retirement and until her death at the age of 90 in 1991.



The visit today is a tribute to all the hard work our staff have put in to make sure the new hospital has been such a tremendous success.

Dame Julie Moore
Chief Executive





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. In 2011/12 overall income rose by 14% with more donations received from the whole of the UK and overseas.

In 2011/12, QEHB Charity spent over £6.5 million in charitable grants. Some £5,055,000 was spent on new equipment (£1,163,000 spent the previous year) including a thermal imaging camera, a digital mammogram for the detection of breast cancers and a portable ultrasound machine for use with military patients to identify shrapnel in the body.

Other key projects include the QE Cancer Appeal launched in July 2011 to raise £6.5 million for the purchase of TomoTherapy HD and Cyberknife machines and the £4.2 million Fisher House Project.

In addition to the large capital purchases, the charity provides small equipment that adds to patient experience. Recent purchases include items such as iPads which are used by hand surgery patients. Listening to music, watching films, or playing games, is an excellent distraction for nervous patients undergoing local anaesthetic, freeing up a member of the surgical team to carry out other tasks.

The charity made £965,000 in grants to research projects in 2011/12 into a range of subjects including congenital hypothyroidism and the use of decorin to treat primary malignant brain tumours.

Dr Wasim Hanif, consultant physician, was awarded £18,000 for his study of glucose homeostasis in patients with acute coronary syndrome and Professor Tom Elliott was granted over £60,000 to support his research into sciatica.

As well as funding equipment and research, QEHB Charity also supports training, education and patient support. It spent £445,000 in 2011/12 on courses and conference fees for nursing staff to attend events that increase knowledge and skills for the benefit of patients, and the creation of patient information films on subjects as wide ranging as cardiac rehabilitation exercise, breast reconstruction information and paediatric radiotherapy.

In 2011/12 QEHB Charity received generous legacies to the value of £282,000.



UHB's superlab is a first for UK

In April 2012 UHB became the first hospital in the UK to have its very own superlab when it opened its ultra-modern facility at QEHB.

The laboratory, which is the size of a football pitch, is housed on Level -1 and has the capacity to carry out nine million 'bits, bugs and blood' tests per year.

It offers a level of automation never before seen in the UK, with samples in the lab travelling along a conveyor-belt track through processing, analysis, storage and inventory in a completely automated process.

Paula Hytch, Pathology Group and Business Manager, said: "This state-of-the-art department puts the Trust at the forefront of laboratory innovation. It is built to meet our vision to become the number one lab in the region and, ultimately, the UK's research powerhouse."

She added: "The new labs use a fully-automated tracking system developed in the USA and some of the things we'll be doing on the tracks have never been done before.

"They have increased the Trust's testing capacity - from around six million tests per year to nine million - and deliver reliable results with even greater efficiency to benefit patient care."

The clinical scientists working in the labs often hold the key to saving lives and confirming important diagnoses. At UHB, these unsung heroes of the patient care pathway not only provide a high quality, cost-effective service and clinical expertise to the Trust, but also deliver a full haematology, haemostasis, and transfusion service to the South Birmingham Community Health and Mental Health trusts, the Royal Orthopaedic Hospital and 150 GP practices. The department also provides specialist services to other hospitals in the West Midlands.



This state-of-the-art department puts the Trust at the forefront of laboratory innovation. It is built to meet our vision to become the number one lab in the region and, ultimately, the UK's research powerhouse.

Paula Hytch
Pathology Group
and Business Manager



Cancer Centre launches TomoTherapy service

TomoTherapy is one of the most advanced and versatile radiation therapy systems available for the treatment of a wide variety of cancers. It is widely regarded as the 'gold standard' in radiotherapy treatment and is particularly useful in treating head and neck cancers, breast cancer, prostate cancer and those affecting children.

The QE is the first hospital in Europe to have two of these state-of-the-art machines, enabling patients with cancer to enjoy a better quality of life during and after treatment.

Unlike conventional radiotherapy, the Tomo HD machines constantly changes the contour of each beam throughout the treatment to target the exact shape and size of the tumour and bend around healthy tissue. The intensity of the radiotherapy beams can also be controlled to maximise the effectiveness of the treatment on the tumour, minimising damage to surrounding areas and the associated side effects.

One of the first patients to complete a course of cancer treatment on the new state-of-the-art machines is John Perry.

John, a 74-year-old from Sutton Coldfield, was diagnosed with prostate cancer in October 2011 and started a seven and a half week course of TomoTherapy HD in early February 2012.

"The whole process was so easy," explained John said: "The machine is state-of-the-art, the care is so great and I had virtually no side effects at all.

"I am delighted with the treatment: it was very easy, nothing to it at all. Both the treatment and the staff were brilliant.

"In fact, the care is so good and stress-free that on the last day of my treatment I jokingly said to someone that I was almost sorry I wouldn't be coming back tomorrow!"

The Queen Elizabeth Hospital Birmingham Charity launched the Cancer Appeal last summer; its first target of £2million bought and installed one of the machines.

Mike Hammond, Chief Executive of the Queen Elizabeth Hospital Birmingham Charity, said: "As one of the UK's leading specialist centres in cancer treatment, the Queen Elizabeth Hospital offers a range of excellent radiotherapy options which now include TomoTherapy. With your help, it can offer even more.

"By supporting our QE Cancer Appeal you can give those with tumours that are difficult to treat with conventional radiation a better chance at life."

To support our appeal at www.qecancerappeal.org.

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I am delighted with the treatment: it was very easy, nothing to it at all. Both the treatment and the staff were brilliant.

John Perry
Patient

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Jacqueline Keeley: a patient's story

It was a simple word, but the very brief 'yes' that Jacqueline Keeley instinctively uttered on the operating table was enough to tell her – and the medical team around her – that her life-threatening clot had been removed.

Jacqueline had agreed to take part in a new medical procedure at Queen Elizabeth Hospital Birmingham, which involved having a clot removed from her brain by means of a tiny mesh basket fed through an artery in her leg.

The 64-year-old volunteer worker had been taken by ambulance to the hospital's Emergency department after suffering a severe stroke at her Kings Norton home, which left her paralysed down her right side and unable to speak.

"I was coming down the stairs at home when Paul asked if I was alright. When I tried to reply, I couldn't speak and Paul said my face had also gone," Jacqueline explains.

"Paul called 999, but by the time the paramedics and an ambulance arrived, my right arm had gone numb and then all down my right side had gone. I couldn't move my leg, anything."

Jacqueline, who volunteers twice a week at St Mary's Hospice in Selly Oak, and her husband of 33 years Paul, knew what was happening on that fateful moment, having seen the recent television adverts depicting signs of a stroke.

She was taken to the QEHB; within minutes she was taken for a brain scan which revealed a clot on her brain.

Jacqueline, who has a 32-year-old son, Lee, added: "I'd obviously had quite a severe stroke, even though I don't smoke or drink and am very active. And, if I hadn't had this op, I could have been bedridden for months and needed rehabilitation to try to get me to speak again."

The procedure, known as a thrombectomy, was only carried out for the first time in Birmingham last April. Jacqueline was only the fourth stroke patient to benefit from the operation at QEHB.

"They put me on a drip which is meant to break up the clot, but I still didn't have any feeling coming back so the doctor said they had this new procedure which they wanted to try.

"I was paralysed down one side anyway so I didn't really have anything to lose, and the doctor said that if it worked I would come out of it straight away."

Jacqueline was on the operating table for about two-and-a-half hours, during which time she was fully aware of what was happening. During the procedure a needle is inserted into the patient's leg and a tube is passed up towards the clot in the brain. A microscopic wire basket is then opened around the clot to pull it out from the brain.

"They put a catheter into my leg and started feeding it through my body towards my head. After a little while I felt this sudden pain, but the doctors were reassuring me all the time and saying 'nearly there'.



“

I realised I could talk, which was absolutely amazing. I then tried to move my arm, which had been completely numb before, and found that I could.

I waved to the doctors, and then tried lifting my right leg which I could do as well. Everything just came back and I could move again.

Jacqueline Keeley
Patient

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“After a second lot of pain, they said to me ‘are you alright?’ and I just said ‘yes’ without thinking.

“I realised I could talk, which was absolutely amazing,” recalls Jacqueline, “I then tried to move my arm, which had been completely numb before, and found that I could.

“I waved to the doctors, and then tried lifting my right leg which I could do as well. Everything just came back and I could move again.”

“The whole family was on cloud nine and couldn’t believe it. It’s like a miracle,

considering how I was and how I could have been.”

Stroke consultant Dr Sims said: “This is something that is currently only done in a handful of centres in the UK. It is a very new procedure so further research will continue to see how many people will be able to benefit from this in the future.”

“The technical ability to retrieve clots in other conditions has always been there but we have never done it for strokes before.”

Healthy eating comes first at QEHB

Staff, patients, visitors and the local community can now buy fresh fruit, vegetables and salad right on the doorstep of the Queen Elizabeth Hospital Birmingham (QEHB).

'Dave's Fruit and Veg' stall is located outside the main entrance to the QEHB and sells seasonal produce from the local area. The stall is open from 07:30-17:30 Monday to Friday.

Antony Cobley, Senior HR Manager, organised the stall and said: "We want to make it as easy as possible for our hospital community to lead healthy lives and make good choices, either for a tasty snack or as part of the weekly shop. This is one of a number of health and wellbeing initiatives at QEHB which helps achieve this aim and will not just be limited to staff as we hope patients, visitors and the local community will see this as a valuable resource."



