



Delivering the best in care

University Hospitals **NHS**
Birmingham
NHS Foundation Trust

Annual Review
2013/2014

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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Chair's welcome

It gives me great pleasure to welcome you to University Hospitals Birmingham NHS Foundation Trust's (UHB) Annual Review for 2013/14.

The Annual Review is a summary of our activities over the last 12 months at the Queen Elizabeth Hospital Birmingham. It also offers patients the chance to share their experience of the care they have received. I hope it will give you an insight into the work we do and how the Trust strives to deliver excellent healthcare for our patients.

I joined UHB in October 2013 because I truly believe this Trust is not only at the forefront of medical innovation, but that we have some of the most talented and hardest working staff in the NHS. Through our partnerships in education, research and enterprise, UHB is creating excellent opportunities for the communities we serve.

Listening to patients – and even more importantly, responding to what they say – is crucial to ensure that we're providing the best in care. Capturing patient experience, their opinions and acting upon what patients and their relatives tell us, is at the heart of everything we do.

Our Council of Governors and our members play an ever-increasing role in shaping the Trust's future and setting our priorities. And, more than ever, young people – through the Young Person's Council – are creating a better environment for patients.

This year we launched the Community Orchard which aims to improve our local environment and provide a focus for health and well-being activity and education. We also celebrated the contribution of volunteers during the 30th annual National Volunteers Week.

Whether you are a patient, a member, staff or a governor, you will bring crucial experience and insight to help us in our vision to provide the best in care. I would like to take this opportunity to thank you all for the contribution you have made to the Trust over the past year.



Rt Hon Jacqui Smith
Chair



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 is both an exciting and challenging time. Our reputation for excellence and the growth in need for hospital care means that we are facing unprecedented demand for our services. This year we have treated more patients than ever before and it is down to the commitment and enthusiasm of our staff, volunteers, members and governors that we have been able to do so.

This year we have continued to achieve better outcomes for patients through investment in state-of-the-art equipment. More than 100 patients have now been treated using Cyberknife – a radiotherapy system with sub millimetre accuracy – since it became operational in July 2013. Patients are also benefiting from the addition of a da Vinci surgical robot to the Trust's technological portfolio.

In December 2013, planning permission was granted for the construction of a new research facility, the Institute of Translational Medicine (ITM), which aims to cure disease and save lives through science and technology research and specialised education and training. We also launched mystay@QEHB (see page

23) to give patients better access to information about the quality of our services. The Trust also achieved another impressive milestone when it reached 10,000 patients taking part in research trials – a significant focus of our work – which will lead to advances in care for the benefit of patients nationwide.

The Trust and the NHS as a whole face some significant challenges in the coming years. However, I believe our strategy will ensure we can meet those demands whilst continuing to deliver high quality, patient-centred care, maintaining efficiency and managing our costs.

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



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.

UHB provides direct clinical services to almost 900,000 patients every year, serving a regional, national and international population. It provides traditional secondary care services to the adult population of South Birmingham and specialist tertiary care across the West Midlands and beyond.

It delivers 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.

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

The Trust employs over 8,500 staff and delivers care in the UK's newest and largest single site hospital – the Queen Elizabeth Hospital Birmingham. It also runs the adjacent Queen Elizabeth Hospital and a number of satellite centres.

UHB has the largest solid organ transplantation programme in Europe carrying out hundreds of transplants each year. 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 second anniversary as one of the UK's 22 major trauma centres in March 2014.

Since 2002 the Trust has hosted the Royal Centre for Defence Medicine which treats all seriously injured military personnel injured overseas.

In 2013/14 the Trust opened an additional 70 beds in the old Queen Elizabeth Hospital as well as a second Ambulatory Care facility and two theatres to enable it to meet increased demand for its services.

UHB achieved Foundation Trust status on 1 July 2004. It has around 24,000 members and a Council of Governors. In 2013/14 its annual budget was £691 million and a reported a surplus of over £3 million.

> Trust Performance

During 2013/14 the Trust treated more patients than ever before. It completed more than 132,500 inpatient appointments, 666,900 outpatient treatments and over 97,000 A&E attendances.

The Trust achieved all targets and indicators included in Monitor's Risk Assessment Framework in 2013/14 with the exception of two:

1. The Trust was unable to meet the target for 62-day wait for first treatment from urgent GP referral for suspected cancer following an unprecedented increase in referrals for radiotherapy, in particular, from outside the Trust's catchment area. A number of actions have been taken to increase capacity, including extending the working hours of the department.
2. The Trust exceeded its agreed number of MRSA and Clostridium difficile cases for 2013/14, however significant reductions were made throughout the year and the Trust was praised at a national level for its process of reviewing cases with local commissioners.

The Trust received 664 formal complaints in 2013/14, compared with 752 during the previous year (representing a reduction of over 11%) and received 2,131 formal compliments.

The decrease in complaints has been seen across inpatient, outpatient and emergency care, despite increased activity across all of these areas. This in part can be attributed to a new approach to dealing with complaints whereby senior divisional staff have an early opportunity to resolve the issues highlighted, usually via a telephone call from a relevant senior colleague. This can provide a prompt resolution and potentially removes the need for a formal investigation of the issues where it is not warranted or requested.

A key priority for the Trust has been to improve information for patients regarding their care. UHB launched the mystay@QEHB

website in September 2013, providing patients with information and performance against key clinical indicators by ward, prior to their stay. The portal myhealth@QEHB, which was successfully launched in 2012/13, continues to expand and improve with over 4,272 patients (more than a three-fold increase since 2012/13) now signed up.

UHB continued to improve patient experience through public engagement, its Patient and Carer Councils and its membership programme. It also saw continued improvement in its national Inpatient Survey score and good improvements have also been seen in response rates to the NHS Family and Friends Test.

The results of the 2013 NHS Staff Survey show that job satisfaction at UHB is amongst the highest in the country. Responses from 480 staff who took part in the survey, which is conducted nationally, placed the Trust in the top 20% or above average in 28 sections of the survey with UHB achieving the highest score in the country for training and learning opportunities.

Staff satisfaction has also improved thanks to enhanced communication and an innovative health and well-being strategy. In 2013/14 the number of staff who said they would recommend the organisation as a place to work rose by 8% from 67% (in 2012/13) to 75%. Encouragingly, almost three quarters of staff (73%) said they felt able to contribute to improvements at work (representing a 2% increase on 2012/13) and 51% of staff said the organisation takes positive action on health and well-being – an increase of 7% on the previous year. There was also a 4% increase in the number of staff who said they undertook job-relevant training, learning or development in the last 12 months (87% in 2013/14 compared to 83% in 2012/13).

The Trust was also listed in the top 100 places to work by the Health Service Journal.





> Research and Development

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 essential 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 July 2013 the Trust received £24 million via the City Deal to develop an international centre for life sciences through the Institute of Translational Medicine. The ITM will be a world-class clinical research facility located in the old Queen Elizabeth Hospital, close to the University of Birmingham campus.

The centre, due to open in June 2015, will help progress the very latest scientific research

findings from the combined expertise of UHB, the University of Birmingham and Birmingham Children's Hospital (known collaboratively as Birmingham Health Partners) into life-saving treatments across a range of major health issues including cancer and liver disease. The Trust has been awarded £30.6 million – £20.6m from local health and social services and £10m from the National Institute for Health Research (NIHR) – to boost its research into patient care.

In addition, UHB launched The Healing Foundation Centre for Burn Injury Research – a new £6 million research facility. It is one of two national research centres and will study how the body responds to burn injuries and develop new treatments for repair.

In early 2014, Microbiologist Professor Robin May was awarded a five-year £1.9m grant from the European Research Council (ERC) to study emerging strains of fungi that are causing life-threatening diseases.

Prof May is a key lead in trauma research at the Surgical Reconstruction and Microbiology Research Centre (SRMRC), which is hosted by the Trust.

In March 2014 researchers at SRMRC won a circa £200,000 grant from the SME Technology Council of Great Britain to pursue the development of an optical pupillometer that could significantly impact the way traumatic brain injury (TBI) is identified, assessed and treated in civilian and military patients.

The QEHB Charity continues to support the Trust's research agendas and has funded a number of projects to the tune of £200,000.

> Institute of Translational Medicine Birmingham

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As part of the Trust's long-term strategy to be a world leader in health research and innovation, a new research facility will be built in the old QE Hospital to bring together clinical, scientific and academic excellence.

Called the Institute for Translational Medicine (ITM), the new unit will help progress the very latest scientific research findings from Birmingham Health Partners – a collaboration between UHB, Birmingham Children's Hospital NHS Foundation Trust and the University of Birmingham – into enhanced treatments for patients.

Planning permission for the centre was granted in December 2013 and construction work to refurbish the existing space is well underway. The centre is due to open in June 2015 and will provide access to medical innovation for the region's diverse population across a range of major health issues, including cancer and liver disease.

The ITM will work with community and industry partners to capitalise on growth potential in the NHS and create a resource for local enterprise and international pharmaceutical companies.

Co-locating pharmaceutical firms with clinicians and academics will provide opportunities for employment and deliver major clinical benefits for patients.

The Institute will provide serviced office space for small to medium-sized enterprises; meeting and networking facilities; access to support, advice and finance potential through links with Birmingham Finance, Birmingham City Council and the Chamber of Commerce.

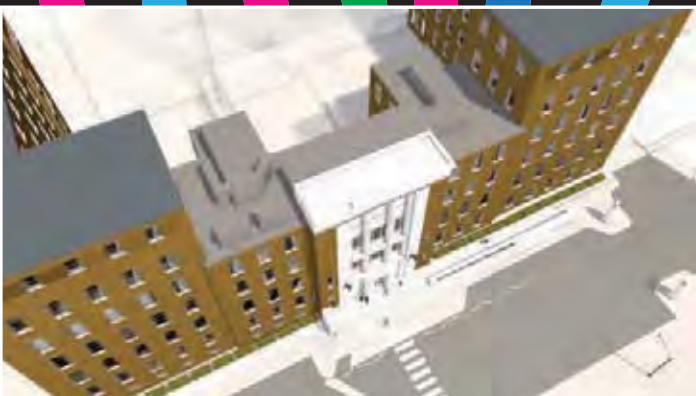
It will be supported by conferencing facilities, video conferencing, seminar rooms and a central café meeting point.

The Institute will also offer opportunities to develop a post-graduate training programme in translational medicine alongside joint NHS/private sector scientific and professional development courses.

It is anticipated that the Institute will create hundreds of jobs long-term in clinical trials, diagnostics and related life science industries.



Artist's impression



Overhead Image of ITM building
(Impressions from 3D flythrough)



Overhead Image of ITM CRF
(Impressions from 3D flythrough)



Image of Lecture Theatre
(Impressions from 3D flythrough)



Image of ITM CRF Image
(Impressions from 3D flythrough)



> 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 2013/14, 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 2013/14 306 clinical research projects registered with the Trust's R&D team – an increase of 7% on the number of trials conducted in the previous year. For the first time, the total number of patients recruited to clinical trials rose to more than 10,000. During 2013/14 10,778 patients were recruited compared to 8,598 in 2012/13, representing a 25% increase.

> 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 2013/14 UHB continued its strong approach to quality improvement by working with commissioners to improve patient pathways, in particular focussing on pre-operative assessment and discharge. Its public-facing website containing performance information called [mystay@QEHB](#) enables patients to see how wards and specialties are performing against key quality indicators and provides information on what to expect when attending those inpatient areas.

UHB has made good progress in all five quality improvement priorities for 2013/14: 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, 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. Information published includes:

- Quality Reports: these include the Trust's 2013-14 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



Robert Whalley

A large white robotic arm, part of a CyberKnife system, is positioned over a patient's head. The arm is holding a surgical instrument. The background is a purple floral pattern. The robot arm is mounted on a white base with the Queen Elizabeth Hospital Birmingham Charity logo and the CyberKnife logo.

Queen Elizabeth Hospital Birmingham Charity
www.qehb.org
CyberKnife

“You are fully conscious during the treatment. It was very good and I was well looked after.”

> CyberKnife in action: Robert Whalley's story

Retired train fitter Robert Whalley is only too aware of the benefits of CyberKnife, having previously undergone surgery for the tumour in his brain

Robert was given the option of a further operation after a scan revealed that his meningioma had begun to grow.

The 73-year-old, from Stechford in Birmingham, chose to become one of the first patients at QEHB to have Cyberknife treatment in July 2013.

Robert, who worked on the Pendolino tilting trains during his working life, first discovered he had a brain tumour while on holiday in America more than a decade ago.

"We were holidaying in America in 2002 when I lost the strength in my left arm. I had no grip at all. My wife reckoned it was quite bad," he explained.

"I came home and went to see my doctor. They thought I had had a sort of mini-stroke, but I was sent by my doctor to hospital in Solihull where I had a CT scan, and that revealed the tumour."

Fortunately for Robert, the tumour was found to be non-cancerous, and he was transferred to Queen Elizabeth Hospital where he underwent surgery in November 2002.

"They had to leave a bit of the tumour in from the original operation because it was inside the brain, but I continued to have follow-up scans every 12 months.

"But when I went for my regular scan at the beginning of this year [2013], it revealed that it had grown by a millimetre from the previous year. I was given the choice of CyberKnife or further surgery, so I said I would go for CyberKnife."

CyberKnife, which is most useful for patients diagnosed with previously inoperable or surgically complex tumours, uses computer-controlled robotics and image guidance cameras to deliver high energy radiation with sub millimetre accuracy and from virtually any direction. This means CyberKnife is able to kill tumour cells whilst minimising damage to surrounding tissue.

Robert underwent just three treatment sessions on consecutive days, each lasting 40 minutes. Happy with his treatment he added: "You are fully conscious during the treatment. It was very good and I was well looked after."



Board of Directors*



**Rt Hon
Jacqui Smith**
Chair



**Dame
Julie Moore**
Chief Executive



**Fiona
Alexander**
Director of
Communications



Gurjeet Bains
Non Executive
Director



Kevin Bolger
Executive
Director of
Strategic
Operations



**David
Burbridge**
Director of
Corporate Affairs



Jane Garvey
Non Executive
Director



David Hamlett
Non Executive
Director



Morag Jackson
Director of
Projects



Tim Jones
Executive Director
of Delivery



**Andrew
McKirgan**
Executive Chief
Operating Officer



**Angela
Maxwell**
Non Executive
Director



Philip Norman
Executive
Chief Nurse



Harry Reilly
Non Executive
Director



**Dr David
Rosser**
Executive
Medical Director



Mike Sexton
Chief Financial
Officer



**Professor
Michael
Sheppard**
Non Executive
Director



Viv Tsesmelis
Director of
Partnerships



David Waller
Non Executive
Director

*Correct up to 31 March 2014

Council of Governors*



Susan Barnett



Christine Beal



Graham Bunch



John Cadle



Richard Crookes



Edith Davies



John Delamere



Joanne Duberley



Helen England



Paul Evans



Ian Fairbairn



Aprella Fitch



Tom Gallacher



Margaret Garbett



Sandra Haynes



Margaret Jacobi



Patrick Moore



Tony Mullins



Susan Price



Valerie Reynolds



David Spilsbury



Ian Trayer



Shirley Turner

*Correct as at 31 March 2014

Public Governors

| Constituency | |
|---|-------------------------------------|
| Northfield | Sandra Haynes MBE Edith Davies |
| Selly Oak | Valerie Reynolds John Delamere |
| Hall Green | David Spilsbury Tony Mullins MBE |
| Edgbaston | Christine Beal Ian Trayer |
| Ladywood, Yardley, Perry Barr, Sutton Coldfield, Erdington & Hodge Hill | Graham Bunch |
| Rest of England Area | John Cadle (elected 1 July 2013) |

Stakeholder Governors

| Appointed by | |
|---|-------------------------|
| 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 |

Patient Governors

| |
|----------------|
| Shirley Turner |
| Ian Fairbairn |
| Aprella Fitch |

Staff Governors

| Constituency | Before 30 June 13 | From 1 July 2013 |
|---|-------------------|------------------|
| Medical Class | Dr Tom Gallacher | Dr Tom Gallacher |
| Corporate and support services | Patrick Moore | Patrick Moore |
| Clinical Scientist/Allied Health Professional | Susan Price | Susan Price |
| Nursing Class | Barbara Tassa | Margaret Garbett |
| Nursing Class | Erica Perkins | Helen England |

> Membership development

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Over the past 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 play an important part in improving the accessibility of membership information available throughout the year. Members may receive information directly via their smartphone or devices with internet access. They also receive regular newsletters and e-bulletins and Governors also hold regular drop-in sessions.

The Trust's annual Best in Care Awards provides an opportunity for governors to recognise those members who have gone that extra mile to support the Trust. In 2013 the Young Persons' Council, consisting of members aged 16-25, won the Member of the Year award for their work to improve the experience for young patients at the hospital. These young members have helped improve the environment on the young person's cancer unit; bid for funds for additional equipment by adding the 'patient view'; and informed strategies on ward activities.

The involvement of Trust members has contributed significantly to research delivering benefits to patients across the West Midlands. One example of this is the CLAHRC (Collaborations for Leadership in Applied Health Research and Care) project that a number of UHB members were involved in. Their input has led to the instigation of a West Midlands-wide online training course to help GP receptionists recognise the symptoms of stroke and the introduction of a specialist stroke paramedic role.

Further evidence of the contribution members make towards improving the Trust's services can also be seen in the monthly 'You Said, We Did' articles which highlight areas of improvement made by listening to feedback. Examples of these include improving

information on travel routes, taste-testing patient meals, providing better seating and improving visitor facilities on wards, such as Internet access.

Membership recruitment

In January 2013, UHB launched an ambitious campaign – to attract 2,013 new members by the end of the year. Throughout the year, patients and visitors pledged support by signing up. As a result, 4,636 new members (including staff members) joined the Trust over the calendar year (1 Jan 2013-31 December 2013).

Membership Week, which was a new initiative for 2012, continued to flourish in 2013. This has enabled the Trust to place an emphasis on the role of members and inspire others to join the programme. Information stands were held at the Main Entrance where potential members could sign up.

Ambassador Programme

The Ambassador Programme, launched in 2010, gives members who wanted to play a more active role in their community setting, the opportunity to do just that. Ambassadors also offer support to the Membership Office by fronting the Trust's annual Membership Week and 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

Telephone: 0121 371 4323

Website <http://www.uhb.nhs.uk/membership.htm>

at your
over
re
to



> 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.

RCDM has approximately 380 uniformed personnel – mainly clinical, but around 50 in the headquarters and some working in academic positions throughout Birmingham. It is a tri-service establishment, meaning that there are personnel from all three of the armed forces.

The combined experience of the military medical staff and the civilian clinical staff 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.

The majority of military patients will receive their treatment on a trauma ward which has a high complement of military staff. The overriding priority is to ensure that the individual receives the most appropriate care and therefore patients will be based on the ward most appropriate for their clinical condition.

> Infection Control

Whilst improvements have been made in many areas, the challenges faced in 2013/14 have resulted in the Trust exceeding its agreed number of MRSA and Clostridium difficile cases for the year. Despite this, the Trust has developed, in partnership with its local commissioners, a process of reviewing cases that is being described nationally as exemplar practice.

In 2013/14 there were 80 cases of Clostridium Difficile (seven more cases than in the previous year), the majority of which – 64 out of 80 – were deemed to be unavoidable. In 2013/14, there were five cases of MRSA, the same number of cases as seen in 2012/13. The Trust's infection prevention and control strategy includes:

- Maintain infection prevention and control surveillance programme
- A multi-disciplinary group which reviews any clinical practice which may affect the onset of surgical site infections
- Monthly audit of urinary tract infections
- Investigation into all infection incidences to determine the root cause (known as a root cause analysis)
- Continue to minimise the risk of infection through better management of invasive devices used e.g. catheters and cannulas





> Organ Donation

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

In 2013/14 the Trust carried out 389 transplants including 19 heart, 173 liver, 177 kidney and 18 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.

Considerable efforts have been made in conjunction with local mosque leaders and community groups to increase the numbers of donors from South East Asian backgrounds.

Staff from the hospital supported by colleagues from the national charity Kidney Research UK, have held community-based

events including a health awareness session at Birmingham Central Mosque.

The initiative aims to educate people about transplant and organ donation in the context of religious beliefs; how those from Asian backgrounds, particularly Muslim people, are under-represented on the register and how they could be affected by the lack of donors.

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. BBC actor Adil Ray supported UHB's activities in particular, through encouraging fellow Muslims to sign the organ donation register.

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

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> Improving access to information – mystay@QEHB

In September 2013 the Trust launched a new online patient information service called mystay@QEHB.

The website, which is accessible to the public, provides quality information for each inpatient specialty at the hospital and includes infection rates, medication given, observations, clinical assessments and patient feedback. As well as searching by medical specialty, patients can also search for the names of individual consultants.

The website was developed following a survey of Trust members. More than 700 members responded to the list of questions, including what information would you need when

planning a visit to UHB? And what would you want to know about your treatment?

Among the key messages received were the importance of quality of care when choosing a hospital; what other patients thought of clinical care provided by medical and nursing staff; and patients wanting to know more about their procedure, including infection rates.

The website was launched in September 2013 and is regularly updated to reflect patient opinion and provide quality data.

To view the website visit www.uhb.nhs/my-stay

> Mollie Smith:

Europe's oldest cochlear implant patient

Mollie Smith was born a month after the outbreak of the First World War began but that's not the only remarkable fact about her.

She became the oldest person in Europe to receive a cochlear implant to improve her hearing when she underwent the procedure at the Queen Elizabeth Hospital Birmingham in January 2014.

Mollie from Rugby in Warwickshire, who celebrated her 100th birthday on 19 September, was profoundly deaf in both ears and is registered blind but despite her impairments, fiercely maintains her independence.

The very active great grandmother, who regularly goes to the gym and walks her dog every day, says it has already made a huge difference to her life.

She said: "My hearing is definitely better since I had the implant. It is much sharper and the implant has made a great difference to me.

"I haven't had a great deal of opportunity to talk to people for a while because they wouldn't visit me as I couldn't hear them.

"But I've got a neighbour opposite and I can hear what she says now. And I also have a friend who comes to my flat every Sunday and I can now hear him."

Mollie, a widow who has three children aged 67 to 77, added: "Before I had the implant I hadn't had the television on for nearly two years.

"I'm now able to have it [the TV] on more and watched the Winter Olympics which I could see because of the snow in the background and I could hear the presenters saying what they were doing, such as 'that was a good jump'. That was quite clear so it was very good.

"I have also been able to hear my great grandson and his partner quite clearly. And

when I go to the gym with my daughter I can now hear the receptionist."

Mollie, who takes her Jack Russell terrier Zena for daily walks on her mobility scooter, also enjoys gardening and being outdoors.

She added: "I'm definitely happy I had the operation as I can now hear better. I know I'm not fragile like most people my age but I still didn't think I would get it done."

Consultant ENT surgeon, Andrew Reid said: "The intent was to improve her hearing and allow her to maintain a level of independent living.

"This sort of thing is possible for older people because of modern-day skills of anaesthesia and nursing care, and is a great example of teamwork across many clinical areas."

Louise Craddock, Midlands Hearing Implant Programme Manager, said of Mollie's cochlear implant: "We would not discriminate on the basis of age.

"Even though she's registered blind, it's her deafness that has been the biggest barrier to her independent life.

"Since she has had the implant I think everyone has seen a significant improvement in her communication."

Mollie's daughter Rita, who cares for her, said her mother used to be one of the finest dog trainers in the country and was a motorbike despatch rider during the war before working as a bus conductor.

"The quality of her life has certainly improved since she had this implant fitted," Rita added. "I am so proud of her because she's so independent and so determined."

“I have also been able to hear my great grandson and his partner quite clearly. And when I go to the gym with my daughter I can now hear the receptionist.”





> Sustainability: creating a brighter future

Sustainability is about providing the best in care – high quality patient-centred healthcare that meets the needs of today, without compromising the needs of tomorrow.

The Government has set challenging national targets for the NHS in England to make a 10% reduction in emissions by 2015 and a more significant target of an 80% reduction in CO2 equivalent gasses is required by 2050.

However, sustainability is not just about reducing the Trust's carbon emissions. It is also about how we deliver care, how we create a healthier population and how we ensure we can continue to deliver care in the future by developing a local workforce.

To meet these challenges the Trust plays an active role in supporting local communities through broadening access to the jobs and training we provide and by working with local

organisations to improve services and create a sustainable local economy.

The Learning Hub has already made a huge impact in reducing disadvantage by helping over 1,700 local unemployed people back into work through programmes like ACTIVATE and Building Health.

The Trust is also helping create prosperity through its excellence in life sciences. It has created some 130 highly skilled jobs at the Leukaemia Centre alone over the last three years and the ITM, due to open in 2015, will further improve opportunities for local enterprise.

Initiatives such as the Farmers' Market and the recently launched Community Orchard, also benefit local people in a number of economic and social ways.

> Mixed recycling

In April 2013 University Hospitals Birmingham launched its mixed recycling programme enabling staff, volunteers, patients and members of the public to recycle on a high-volume scale across its two hospital sites and its off-site administrative premises.

In total 660 recycling bins were introduced including large recycling points in public areas, to promote a culture of recycling throughout the site. A wide range of items can be collected, from newspaper and cans to plastic food trays and wrappings. At ward level, housekeeping staff collect the recyclable waste from patient areas. In addition, an extensive range of other items are recycled throughout the Trust, including:

- Cardboard and paper
- Green waste (garden)
- White goods (fridges etc)
- Fluorescent tubes/light bulbs
- Clothing (uniforms)
- Metal
- WEEE (electrical goods)

The project has met the corporate target to achieve a 20% increase in the volume of recyclable waste by 2015/16, within its first 12 months of the implantation, and this is set to increase.

In February 2013 the Trust was selected as a finalist in the National Recycling Awards. The Trust also received a 'highly commended' award at Birmingham City Council's 2013 Recycling Awards for businesses.

> Community Orchard

In March 2014 planting for a formal fruit tree orchard began on the Queen Elizabeth Hospital Birmingham site. The project brings together a collection of volunteer groups, charities and businesses who are working together to improve the environment for the benefit of patients, visitors, staff, and the local community.

Plans on the site, which is spread over 16,000sq metres, include the sowing of a new wildflower meadow as part of the Birmingham and Black Country's Nature Improvement Area. Local volunteers will also work to help create a woodland walk underplanted with bluebells and snowdrops near to the main entrance of the hospital.

A colony of 50,000 honey bees has been established to help ensure the huge variety of species on the site, will continue to bloom.

In addition to these plans, raised beds for growing fruit and vegetables are soon to be planted on the Metchley Roman Fort site, to provide a practical educational resource for local schools on healthy eating agendas. Around four acres of land across the medical campus is to be re-designated for food production or habitat enhancement.

Dedicated gardens will also be created to support the Trust's Dignity projects by providing a safe and peaceful space for elderly patients to exercise and enjoy the outdoors. The National Trust will also bring one of the National Collections of Ferns to five courtyard areas in the hospital.

For more information on UHB's Community Orchard project, visit the website www.uhb.nhs.uk/orchard

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> Travel

As part of its wider sustainability strategy, the Trust launched a comprehensive Travel Plan in June 2014 to improve accessibility to more environmentally friendly forms of transport.

Dedicated travel information kiosks and screens are positioned in the main entrance of the new hospital to provide timely information on public transport serving the site. Bus route maps and timetables are readily available from the hospital's main entrance and via the Trust's website and intranet.

The Trust also has a wide-ranging support programme to make walking and cycling to work a practical alternative to driving. Staff can take advantage of:

- Cycle schemes to purchase bikes via their salary
- Cycle training sessions through local schemes
- Regular 'Dr Bike' cycle clinics offering on-site triage and servicing
- Marked cycle routes and footpaths on site; cycle lanes along roads leading to the hospital site and accessible routes along the neighbouring canal towpaths
- On site cycle storage for up to 300 cycles

In March 2014, the Trust held its first annual Sustainable Travel Roadshow, which saw scores of staff and visitors attend information stands or take part in organised walks and bike rides.

For a copy of the UHB Travel plan visit www.uhb.nhs.uk/travelplan



Orchard team planting

Call the Transport Department

Getting to the hospital



In terms of transport, the QH&B is one of the most fortunate hospitals in the country, with excellent public transport links, cycle paths and easy access to beautiful canal towpaths. Unlike for out-of-town hospitals or rural healthcare centres, travel to the site allows people to take advantage of frequent bus and train services which provide many with the opportunity to get more exercise, reduce their carbon footprint and even save money on their travel and parking costs.

Walking

Walking to work has lots of health benefits as it provides regular low-impact physical activity.

Research shows walking over part of the journey to a treatment centre to receive transport is more likely to be used than a car. Some staff park on the site of the hospital and walk the rest of the way. Some staff walk to work, using the canal-side path to the hospital.



Walking groups
There are a number of walking groups that walk along routes leading to the hospital. Some walk along the canal-side path to the hospital.

Benefits of walking
• Improves energy level
• Reduces stress levels
• Reduces blood pressure
• Improves a healthy heart
• Prevents heart disease
• Reduces weight

AFC of Greater Birmingham and Solihull
• Improves energy level
• Reduces stress levels
• Reduces blood pressure
• Improves a healthy heart
• Prevents heart disease
• Reduces weight

33 Staff Travel Costs

Usual working hours: 9.5 - 5.30
Allowance time: 25 minutes
Current transport: Walking
Cost per month: £0

Describe your journey: You live about 3.7 miles from work and travel to work via the canal-side path to the hospital. The site is about 1.5 miles from the canal-side path to the hospital. You walk to work every day.

Reason for travel choice: I have a 30-minute walk to work every day. I do not have a car and I do not want to buy one. I also do not have a bicycle.

Benefit: I walk to work every day. I do not have a car and I do not want to buy one. I also do not have a bicycle.

Car sharing

Car sharing is essentially giving someone a lift or accepting a lift. Many of us share cars regularly, with our friends and family, without thinking about it. But there are often times when a driver has empty seats in the car because they don't know of anyone else who needs a lift.

Benefits of sharing a car:
• Reduces the cost of the car
• Reduces the cost of the car
• Reduces the cost of the car

33 Staff Travel Costs
Usual working hours: 9.5 - 5.30
Allowance time: 25 minutes
Current transport: Car sharing
Cost per month: £100 (based on 100 miles per month)

Describe your journey: My usual drive and journey to work is 10 miles. It's a 15-minute car journey.

Reason for travel choice: I have a 10-minute car journey to work every day. I do not have a bicycle.

Benefit: I have a 10-minute car journey to work every day. I do not have a bicycle.

Cycling

Cycling to work has lots of benefits and is a very popular alternative to driving. Cycling can provide regular physical activity without the need to spend time and money in a gym. Once you have bought your bike, cycling is a cheap and convenient way to travel and many find it quicker than driving in the city.

33 Staff Travel Costs
Usual working hours: 9.5 - 5.30
Allowance time: 25 minutes
Current transport: Cycling
Cost per month: £100 (based on 100 miles per month)

Describe your journey: I live about 3.7 miles from work and travel to work via the canal-side path to the hospital. The site is about 1.5 miles from the canal-side path to the hospital. I cycle to work every day.

Reason for travel choice: I have a 30-minute cycle journey to work every day. I do not have a car and I do not want to buy one. I also do not have a bicycle.

Benefit: I cycle to work every day. I do not have a car and I do not want to buy one. I also do not have a bicycle.

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Benefit: I cycle to work every day. I do not have a car and I do not want to buy one. I also do not have a bicycle.

Train

University hospitals, which are part of the University of Birmingham, are just a short distance from the city centre. Many staff travel to work by train.

33 Staff Travel Costs
Usual working hours: 9.5 - 5.30
Allowance time: 25 minutes
Current transport: Train
Cost per month: £100 (based on 100 miles per month)

Describe your journey: My usual train journey to work is 10 minutes. It's a 15-minute train journey.

Reason for travel choice: I have a 10-minute train journey to work every day. I do not have a bicycle.

Benefit: I have a 10-minute train journey to work every day. I do not have a bicycle.

33 Staff Travel Costs

Usual working hours: 9.5 - 5.30
Allowance time: 25 minutes
Current transport: Train
Cost per month: £100 (based on 100 miles per month)

Describe your journey: I live about 3.7 miles from work and travel to work via the canal-side path to the hospital. The site is about 1.5 miles from the canal-side path to the hospital. I cycle to work every day.

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Benefit: I cycle to work every day. I do not have a car and I do not want to buy one. I also do not have a bicycle.

33 Staff Travel Costs

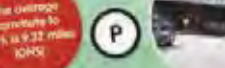
Usual working hours: 9.5 - 5.30
Allowance time: 25 minutes
Current transport: Train
Cost per month: £100 (based on 100 miles per month)

Describe your journey: I live about 3.7 miles from work and travel to work via the canal-side path to the hospital. The site is about 1.5 miles from the canal-side path to the hospital. I cycle to work every day.

Reason for travel choice: I have a 30-minute cycle journey to work every day. I do not have a car and I do not want to buy one. I also do not have a bicycle.

Benefit: I cycle to work every day. I do not have a car and I do not want to buy one. I also do not have a bicycle.

The average commute to work is 9.32 miles



“ I now feel a lot better than I did and am able to do more than I probably could have done prior to the surgery ”



> Case study: Mark Baldwin

Account manager Mark Baldwin is living proof of the benefits of the national organ donation programme having undergone a combined heart and kidney transplant in a nine-hour operation

Mark, aged 45, from Nantwich in Cheshire, had been living with a heart condition for more than half his life before his health deteriorated to the point where he needed a transplant.

And, having had his right kidney removed as a child following discovery of a tumour, he also found himself in need of a new left kidney at the same time.

So, having been placed on the priority waiting list seven weeks earlier, Mark underwent successive transplant operations at Queen Elizabeth Hospital Birmingham in June 2013, lasting almost nine hours in total.

"I had a Wilms' tumour on my right kidney when I was nine and had to have it removed," explained Mark.

"But then, when I was about 21, I also had heart failure. I had a very bad viral flu and was really short of breath and also retaining fluid. That's when they initially started me on drugs, but it got progressively worse over the years with pneumonia.

"I had a pacemaker fitted a few years ago at North Staffordshire, which was ok for a while, but then my condition progressed."

Mark, who still relied on just his left kidney, was then referred by North Staffs to Queen Elizabeth Hospital Birmingham for assessment in September 2012.

"They said a transplant was necessary, and wanted me to go on the waiting list in January. I then had another assessment in April and was put on the priority transplant list."

Mark had also been seeing Nephrology Consultant Dr Graham Lipkin around the same time.

"My remaining left kidney wasn't working as well as it should, so they put a new right kidney in on the same day as the heart," he added.

"I now feel a lot better than I did and am able to do more than I probably could have done prior to the surgery, so hopefully I will continue to progress."

Mark spent just under three weeks in hospital following his transplants, before being discharged to be looked after at home by his wife Rachel before returning to work in the autumn.



> 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 £3,852,000 (2012/13: £2,233,000). This figure does not include construction costs of Fisher House – the charity's major project for 2012/13 which are classified as an asset rather than as expenditure. The costs of Fisher House will be spread over a 10-year period.

QEHB Charity has now embarked on four key campaigns to raise funds for additional investment in new treatments and technology. It has pledged to raise £1 million to support the Trust in thyroid cancer treatment trials; £1 million to develop a Rare Disease Centre within the ITM; £1 million to support women with breast cancer and £300,000 to purchase three new cutting-edge medical diagnostic and treatment machines for the Ophthalmology Department.

An important part of the charity's charitable grants programme is funding research. In total the charity made grants of £819,000 in 2013/14. Amongst those, Dr Olufunso Adedeji, consultant surgeon, was awarded £27,000 for his colorectal cancer study and David Williams was granted over £16,600 to support his study into post intensive care rehabilitation.

In 2013/14 the charity saw its first patient treated using CyberKnife – a world class piece of equipment purchased in 2012/13 as part of the QE Cancer Appeal. The charity spent a further £618,000 on new equipment for the hospital during 2013/14 (an increase of £174,000 on the previous year) including a Cubescan bladder scanner, three advanced life simulators, a VeriQ graft flow system and a IM900 ophthalmology system, all of which would not be possible through NHS funding streams.

As well as funding equipment and research, QEHB Charity also supports training, education and patient support. In 2013/14, it spent £736,000 on training and education – a 41% 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. In addition, the charity funds a number of patient welfare initiatives, from pizza night on the Young Persons Unit, to memory lane cafés and activities for elderly patients. It also funded a range of patient information films on subjects as wide-ranging as cardiac rehabilitation exercise, breast reconstruction information and paediatric radiotherapy.

In 2013/14 QEHB Charity received generous legacies to the value of £334,000.

For more information about the work of the charity or information on how to fund raise, visit www.qehb.org. Queen Elizabeth Hospital Birmingham Charity can be contacted by email at charities@uhb.nhs.uk or by telephone on 0121 371 4852.

> Volunteers: Mark 30th anniversary

University Hospitals Birmingham, which has 600 volunteers in a variety of roles across the Trust, marked the 30th anniversary of National Volunteers' Week by celebrating the history of volunteering at the Queen Elizabeth hospitals.

Among those taking part in the celebrations was the longest-serving volunteer at the Trust, Shaunagh Wand, who has been a volunteer for 42 years having joined the Friends of the QE Medical Centre in 1972.

She was joined by 20-year-old Imogen Chappelow, a medical student at the University of Birmingham who began volunteering in September 2012 when she joined the Young Person's Council, and Wendy Marks who has been volunteering for 30 years.

The festivities included a three-day display in the atrium at QEHB and other activities such as a tea party demonstration to show the contribution volunteers make to Dignity in Care.

A multi-faith service was also held in the Faith Centre on June 2 to commemorate and thank the Trust's volunteers for their efforts.

Shaunagh, aged 83, explained why she had dedicated so much of her time to the hospital: "The reason I started volunteering was because I wanted to continue nursing but I was involved in looking after my husband, so I started volunteering by raising money to buy television sets and other amenities for patients and staff."

Imogen said: "The main thing I have been involved in is a Buddy scheme where I go onto wards and chat to younger patients and keep them company. I was in hospital after breaking my ankle last year so realise first hand how boring it can be."

For more information on becoming a volunteer at UHB, please 0121 371 6731 or email: voluntary.services@uhb.nhs.uk

> Julie Liddle

The most important people in Julie Liddle's life are the reasons why she became and continues to be a volunteer at QEHB.

In 1971 Julie was pregnant. When her unborn daughter stopped breathing during her labour, an emergency caesarean saved her life. This traumatic experience – which thankfully had a positive outcome – was the first but sadly, not the last of her experiences of Selly Oak Hospital, which was run by the same trust as QEHB.

In 1984, at the age of 37 and suffering with heart disease, Julie's husband Brian underwent a triple bypass. Over a decade later in 1998, Brian had another bypass.

After working in banking for almost 50 years, Julie retired in 2009. Feeling fortunate to still have those that she loved around her, Julie decided she wanted to do something for the hospital.

"I felt I needed to pay back something to the NHS for keeping my family safe for all those years," explained Julie.

She now gives her time and energy going "back to the floor" on visits with the hospital's matrons to help address any issues that arise and also serves on a number of the Trust's committees.

In her quest to 'give back' she has also joined a Patient and Carer Council and has adopted three oncology wards where she carries out patient surveys.

In 2011, Julie herself was taken seriously ill and was treated at QEHB. Since then she has been offered the opportunity to work with the dignity team and is now a dignity champion for patients, in particular the elderly.

She said: "Volunteering is so incredibly rewarding and gratifying; these hospitals saved the lives of the people I love dearly and I love every moment I am here."



Julie Liddle



Left to right: Mr Powell, Mr Doherty and Mr Spence

> Tale of two surgeries: Pioneering treatment saves prostate cancer patients

Little did David Spence know when he was diagnosed with prostate cancer that he would be making history. But that is exactly what happened. He became the first patient at the Queen Elizabeth Hospital Birmingham to have robot-assisted surgery when he underwent a prostatectomy in January 2014.

The Trust commissioned the da Vinci system in November 2013 – an advanced piece of equipment often referred to as a robot – which translates a surgeon’s hand movements into smaller more precise movements of tiny instruments inside a patient’s body. These instruments can bend and rotate far more easily and precisely than the human hand making complex or delicate surgery safer.

The system also features a magnified 3D high-definition vision technology that gives a better depth of vision. As a result, the robot allows surgeons to operate with enhanced accuracy and control.

After a successful procedure, Mr Spence (right), from Worcestershire, met another prostate cancer patient, Hubert Powell (left), himself no stranger to being a medical first.

Mr Powell aged 80, became the first patient in the Midlands to have his prostate removed by keyhole surgery at the Queen Elizabeth Hospital in 2003.

The pair got together to share their experiences of undergoing pioneering surgery, and thank the surgeon who carried out both of their treatments.

Mr Alan Doherty (centre), consultant urological surgeon, whose revolutionary surgery has helped many patients over the last decade said: “In August 2003, Mr Powell was my first keyhole surgery patient. Now this type of operation is routine and technology has moved forward so that robot-assisted operations now represent the cutting edge of urological surgery.

“Mr Spence’s operation was very successful and took just over three hours – he was discharged home within three days.

“It was lovely to meet Mr Spence and I’m really pleased his operation was successful too. I wish him a speedy recovery.”

“The advantage of using the da Vinci Surgical System is that we can work via much smaller holes in the patient’s body, which means less blood loss, less scarring and quicker recovery.” Mr Powell, who was keen to meet another patient who had undergone pioneering urological surgery at QEHB, said: “Back in 2003, I had no reservations about being the first patient to have a keyhole prostatectomy. I remember feeling a little bit nervous but I had total faith in Mr Doherty.”

> Heart nurse awarded OBE

For Tara Bartley this New Year was one to remember – for all the right reasons.

Tara, 49, from Leamington Spa was awarded an Order of the British Empire in the Queen's New Year's honours list for her services to cardiothoracic surgery and nursing, recognising her work at a national level as the nursing representative for the Society of Cardiothoracic Surgery in the UK and Ireland.

Tara who has two sons, Lewis, 16, and Miles, 19, said she was "honoured and overwhelmed" to receive the letter detailing the honour.

Tara, who qualified as a nurse in 1986 at the Royal London, Whitechapel, has gained her experience in Cambridge, Oxford and Coventry in a variety of disciplines from general surgery and transplantation to accident and emergency and intensive care.

Since 2009, Tara has worked at QEHB helping to develop the role of nursing practitioners within cardiothoracic surgery with the aim of bridging the gaps between medicine and nursing.

Ms Bartley said: "It has come completely out of the blue; there are so many brilliant people within the health service doing remarkable work it is just hard to believe that I have been acknowledged in this way.

"It was such a polarisation of emotions, receiving the letter after arriving home late from work, I thought it might have been a tax letter, but it was such a gracious letter that really left me in shock.

"I went to work the next day with less than four hours sleep as it dawned on me that I couldn't tell anybody. When I did tell my husband he said that it is well deserved but I don't think I could have achieved what I have done without my family's love and support.

"The advanced practitioner and surgical care practitioner team, the surgeons and the Trust have also been very supportive of the work that I do to really push the importance of multi-professional care for patients undergoing cardiothoracic surgery."

Dame Julie Moore, Chief Executive of University Hospitals Birmingham said: "It is a real credit to Tara to be acknowledged in the honours list.

"Tara has helped create more cohesive and consistent care across the cardiothoracic surgery team helping to change the experience of the patient for the better which has also fed into work done nationally.

"Tara has become an invaluable source of expertise to the team and her passion for nursing and drive to ensure the best in care has earned Tara this honour."



