

# Annual Review 2014/15



Delivering the best in care

University Hospitals   
Birmingham  
NHS Foundation Trust

## 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

Welcome to University Hospitals Birmingham NHS Foundation Trust's (UHB) Annual Review for 2014/15.

This is an enormously challenging time for the Trust – and for the whole NHS. However I am proud to say, in the past year, the quality of what we deliver here at UHB has been recognised by the Care Quality Commission who, following their inspection in January, deemed us to be Good with Outstanding leadership at all levels of the organisation. All of our staff deserve great credit for this but we believe there is always more we can do to improve the care we provide for patients and the value we offer to taxpayers.

IN THE PAST YEAR, THE QUALITY OF WHAT WE DELIVER HERE AT UHB HAS BEEN RECOGNISED BY THE CARE QUALITY COMMISSION WHO DEEMED US TO BE GOOD WITH OUTSTANDING LEADERSHIP.

It is five years since the QEHB opened and in that time we have seen an increasing number of patients coming through our doors. Our reputation and the services we provide mean that this year we will treat one million patients for the first time. The numbers place great pressures on our staff, our systems and our estate and we are constantly striving to respond to those challenges.

There are exciting developments in research including leading the Genomics Medicine Centre in the West Midlands. We also have a growing international reputation for our research and our specialist expertise.

The financial situation across the NHS means that we must strive to be as efficient as possible and to identify cost savings. And we know that others within the NHS are finding it even tougher than us. We are working with other hospital trusts who are struggling as we take our responsibility to the local and national health system seriously too.

This report is a summary of our activities over the past year. I hope it will give you an insight into the work we do and how the Trust will continue to strive to deliver the best in care.



A blue ink handwritten signature of Jacqui Smith.

**Rt Hon Jacqui Smith**  
Chair

## Chief Executive's welcome



**Dame Julie Moore**  
Chief Executive

Welcome to the Annual Review. The 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 an informative and thought-provoking insight into our work and I welcome your feedback.

I can hardly believe that this year we marked the fifth anniversary of the opening of the new hospital. During those five years our reputation for excellence and demand for our services have increased year on year and in 2015–16 we will be treating in excess of one million patients per year.

This year we have seen a great deal of growth in the range of facilities we are able to offer. Most recently, the Trust opened a new research facility, the Institute of Translational Medicine (see page 15), which aims to cure disease and save lives through innovation, science and technology. We have also seen the expansion of our haemodialysis programme with the opening of Smethwick Dialysis Centre.


I CAN HARDLY BELIEVE THAT THIS YEAR WE MARKED THE FIFTH ANNIVERSARY OF THE OPENING OF THE NEW HOSPITAL.

Importantly, significant improvements have been made in reducing the number of operations cancelled and reducing waiting times within the Emergency Department. The Trust also made a 78% reduction in hospital acquired pressure ulcers – an exceptional achievement which has had a huge impact on the quality of care.

Over my nine years as Chief Executive, I have seen a great deal of change and the challenge of delivering high quality, patient-centred care, while maintaining efficiency and managing our costs, is ever increasing.

Our strategy to enable us to meet the demands we face is:

- 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



UHB HAS AROUND 24,000  
FOUNDATION TRUST MEMBERS AND  
AN ANNUAL TURNOVER IN 2014/15  
OF £733 MILLION.

# About University Hospitals Birmingham NHS Foundation Trust

UHB is one of Europe's leading hospitals with a proven international reputation for its quality of care, information technology, clinical education and training and research.

It is located in the heart of an exciting, vibrant, accessible and diverse city providing direct clinical services to nearly one million 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 programme in Europe. UHB is also home to the largest outpatient physiotherapy service in Europe and the biggest Ambulatory Care department in the world.

UHB employs over 8,800 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 (QEH) opened in 2010 and has 1,213 inpatient beds, 32 operating theatres and a 100-bed critical care unit, the largest co-located critical care unit in Europe.

The Trust has also opened 170 extra beds in the original Queen Elizabeth Hospital, now known as the Heritage Building, as well as a second Ambulatory Care facility and two theatres, to ensure capacity for the increase in the number of patients wishing to be treated at the hospitals.

Since 2002 the Trust has hosted the Royal Centre for Defence Medicine which treats all seriously injured military personnel injured overseas. UHB is also the home of the UK's first and only National Institute for Health Research Centre for Surgical Reconstruction and Microbiology and has been one of the UK's 22 major trauma centres since March 2014.

UHB achieved Foundation Trust status on 1 July 2004. It has around 24,000 members and

a Council of Governors. In 2014/15 its annual budget was £733 million.

In January 2015 the CQC carried out a full inspection of the Trust's range of services against its five key criteria. The Trust received an overall rating of 'Good' encompassing 'Good' to 'Outstanding' ratings across the five key areas:

1. Safe – good
2. Effective – good
3. Caring – good
4. Responsive – good
5. Well-led – outstanding

THE TRUST HAS OPENED 170 EXTRA BEDS IN THE ORIGINAL QUEEN ELIZABETH HOSPITAL, NOW KNOWN AS THE HERITAGE BUILDING, AS WELL AS A SECOND AMBULATORY CARE FACILITY AND TWO THEATRES, TO ENSURE CAPACITY FOR THE INCREASE IN THE NUMBER OF PATIENTS WISHING TO BE TREATED AT THE HOSPITALS.

## Trust performance

The Trust's values (honesty, responsibility, respect and innovation) are central to delivering the best in care to the million patients it treats, the families and carers it supports, as well as the staff it employs.

Year on year the number of patients the Trust treats increases as demand for its specialist services grows.

In 2014/15 it completed 994,117 treatments including more than 752,000 outpatient appointments, over 139,000 inpatient episodes and more than 102,000 A&E attendances.

Referrals from GPs increased by 4.4% and emergency admissions rose by over 14% compared with the previous year. However despite growing pressure on services, UHB has made good progress with delivery of its 2014/15 objectives.

THE TRUST HAS DELIVERED YEAR-ON-YEAR IMPROVEMENTS IN ITS RATE OF STAFF APPRAISAL COMPLETION, MANDATORY TRAINING, AND CORPORATE AND LOCAL INDUCTION.

The Trust has made significant improvements in reducing the number of operations it cancelled in 2014/15. In the context of increasing activity levels, the Trust has delivered a 40% reduction in the proportion of cancelled operations for non-clinical reasons.

In A&E significant improvement has been seen in the time patients wait to undergo initial assessment and improvements have been made in the time taken to complete ambulance handover.

The Trust was unable to meet the targets for 62-day wait for first treatment from referral for suspected cancer following an increase in referrals (7.3% in 2014/15) for the second year running. Further action has been taken to increase capacity, including extending the working hours of the department. The Trust did however, exceed the targets for second and

subsequent radiotherapy treatment (98.0%) and anti cancer drug treatments (98.5%). It also reported its highest performance to date on the two week target for seeing patients with breast symptoms, achieving 99.9%.

One of the Trust's key priorities for 2014/15 was reducing pressure ulcers – commonly known as bedsores which are often caused by sitting or lying for prolonged periods of time.

Among a number of initiatives set up to address the issue of pressure ulcers, the Trust's Pressure Ulcer Action Group developed 'React to RED' which provides a simple but effective way to identify and manage potential pressure ulcers. Using this slogan staff are encouraged to see red skin then think 'RED' or more literally: Reposition, Equipment, Documentation.

Since implementing these strategies the Trust has achieved a 78% reduction in the incidence of hospital acquired pressure ulcers.

The Trust participated in the national staff survey generating a 56% response rate which is in the highest 20% of acute trusts nationally. The results showed that 86% of responses were either average, above average, or in the highest 20% of trusts compared to 82% in 2013/14.

The Trust has delivered year-on-year improvements in its rate of staff appraisal completion, mandatory training, and corporate and local induction. Importantly fewer staff feel pressured at work and fewer staff are experiencing bullying, largely as a result of strong staff engagement strategy and an innovative health and well-being programme.

UHB also successfully implemented the local staff friends and family survey and has delivered improvements in the score, quarter on quarter, ranking within the top 11% of trusts as a recommended place to work or receive care.





IN 2014/15 UHB COMPLETED 994,117 TREATMENTS INCLUDING MORE THAN 752,000 OUTPATIENT APPOINTMENTS, OVER 139,000 INPATIENT EPISODES AND MORE THAN 102,000 A&E ATTENDANCES.

# Patient experience

The Trust monitors feedback via a variety of different methods including the Patient Advice and Liaison contacts, complaints, compliments, Mystery Patient initiative, Friends and Family test, Patient and Carer Councils, membership and both local and national surveys.

IN OCTOBER 2014, THE TRUST HELD ITS FIRST PATIENT EXPERIENCE CONFERENCE ENTITLED 'LISTEN, INVOLVE, LEARN, IMPROVE' WHICH DREW DELEGATES FROM ACROSS THE UK.

Ward-based feedback is also well established via an electronic bedside survey. These surveys have helped the Trust to benchmark the success of its patient improvement measures against the results of the National Patient Survey.

In October 2014, the Trust held its first Patient Experience conference entitled 'Listen, Involve, Learn, Improve' which drew delegates from across the UK. Speakers from UHB and other organisations shared examples of good practice to further improve care and help staff develop best practice.

As part of the Trust's overall strategy to improve patient experience, a great deal of work has been carried out to ensure patients and visitors can make comments. This has included raising the profile of the Patient Advice and Liaison Service (PALS) through newsletters, improved signage and information on the digital screens in Outpatients. The PALS team also make regular visits to wards to speak to staff and patients about any concerns they may have.

The number of formal complaints received in 2014/15 was 654, compared to 664 the previous year and 752 in 2012/13. The Trust also received 2,328 formal compliments about the care it provides.

The complaints team liaise closely with key divisional colleagues to ensure that complaints are investigated and responded to in a timely manner to the satisfaction of the complainant.

In response to feedback from patients and carers a number of patient-focused initiatives were also developed during 2014/15 including the 'Communicating Well at UHB' project. This initiative aims to improve interpersonal communication by providing clear guidance, training resources and an accessible toolkit for all grades of staff.

In addition improvements to patient catering have also been made. The UHB Catering Team were crowned runners-up in the 'Catering Service of the Year' category at the Hospital Caterers Association Awards 2015.





## Infection control

Infection control remains a priority for the Trust. In 2014/15 the Trust achieved an 18% reduction in *Clostridium difficile* cases compared to 2013/14 ensuring that the Trust met its annual target.

In 2014/15 there were 66 cases of *Clostridium difficile* (14 fewer cases than in the previous year), and six cases of MRSA.

Whilst improvements have been made in many areas, the Trust acknowledges that further work is required to maintain and improve on this.

IN RESPONSE TO FEEDBACK FROM PATIENTS AND CARERS A NUMBER OF PATIENT-FOCUSED INITIATIVES WERE ALSO DEVELOPED DURING 2014/15 INCLUDING THE 'COMMUNICATING WELL AT UHB' PROJECT.



RESEARCH PLAYS AN ESSENTIAL ROLE IN THE DEVELOPMENT OF CARE AND BECAUSE CLINICIANS ARE INVOLVED IN RESEARCH, THEY ARE CLOSELY ENGAGED WITH THE VERY LATEST ADVANCES IN THEIR AREA OF MEDICINE.

## 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, in collaboration with the University of Birmingham, currently hosts the largest NIHR 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 2015 the Trust opened the Institute of Translational Medicine – a £24 million project to develop an international centre for life sciences which will help progress the very latest scientific research findings into life-saving treatments across a range of major health issues including cancer and liver disease.

On 21 June 2014 the Trust hosted a Rare Disease Patient Information Day for patients living with rare conditions and their family members and carers. The day featured a mixture of talks and workshops from both experts and patient representatives. Topics included current projects to improve care, psychological support, transition, genetics and inheritance.

UHB was one of 126 NHS trusts in England taking part in the High-intensity Specialist Led Acute Care (HiSLAC) project, which involved consultants and specialists completing a short, anonymised survey to contribute to a nationwide 'snapshot' of care provided for emergency hospital admissions.

The QEHB Charity continues to support the Trust's research agendas and has funded a number of projects and infrastructure.

## Clinical trials

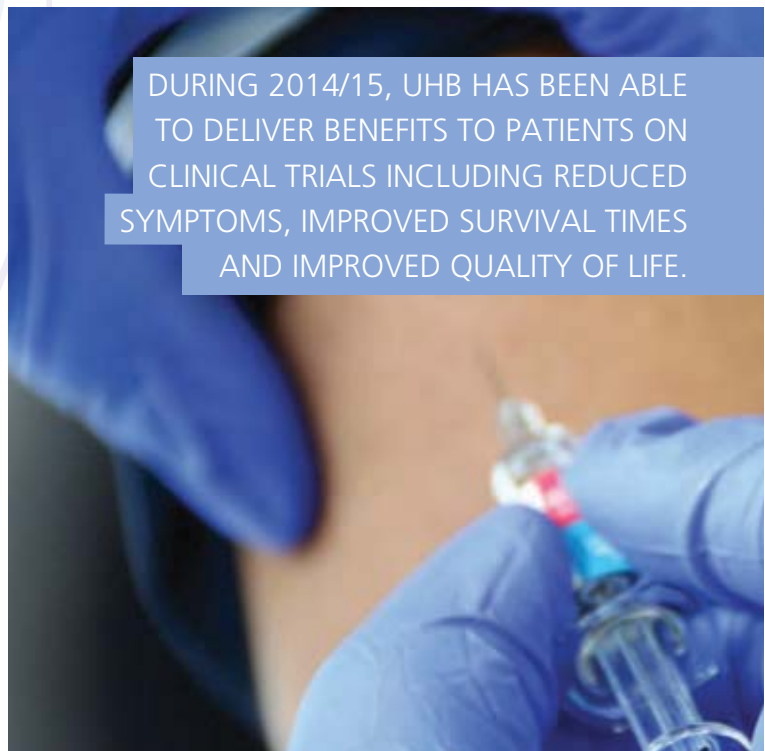
The Trust's extensive and innovative clinical trials programme is central to its research and development work and is gaining momentum year on year.

These trials offer access to new medicines which can provide hope for patients for whom conventional treatments might have failed. During 2014/15, 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 2014/15 307 clinical research projects registered with the Trust's R&D team and UHB recruited over 11,000 additional patients in clinical trials making UHB one of the highest recruiting trusts in the West Midlands Clinical Research Network. This benefits UHB patients by giving them access to new trial treatments and medicines.



DURING 2014/15, UHB HAS BEEN ABLE TO DELIVER BENEFITS TO PATIENTS ON CLINICAL TRIALS INCLUDING REDUCED SYMPTOMS, IMPROVED SURVIVAL TIMES AND IMPROVED QUALITY OF LIFE.



THE THREE-YEAR PROJECT, LAUNCHED BY THE PRIME MINISTER, WILL TRANSFORM DIAGNOSIS AND TREATMENT FOR PATIENTS WITH CANCER AND RARE DISEASES.



## 100,000 Genomes Project

In December 2014, NHS England announced Birmingham and the West Midlands would become one of 11 centres across the country that will lead the way in delivering the 100,000 Genomes Project.

The three-year project, launched by the Prime Minister, will transform diagnosis and treatment for patients with cancer and rare diseases.

The initiative involves collecting and decoding 100,000 human genomes – complete sets of people’s genes – that will enable scientists and doctors to understand more about specific conditions.

The project has the potential to transform the future of healthcare. It could improve the prediction and prevention of disease, enable new and more precise diagnostic tests, and allow personalisation of drugs and other treatments to specific genetic variants.

University Hospitals Birmingham will act as the lead trust within the West Midlands region.

## Institute of Translational Medicine

In July 2015, the much-anticipated Institute of Translational Medicine – a £24 million investment in health research – opened on the site of the original Queen Elizabeth Hospital.

The ITM is delivered by Birmingham Health Partners, a collaboration which brings together the clinical, scientific and academic excellence of University Hospitals Birmingham, the University of Birmingham and Birmingham Children's Hospital.

The ITM offers world-class facilities that will speed up the rate at which research can improve patient treatments and outcomes by using a multi-disciplinary, highly-collaborative approach.

Recent insights into the basic biology of human disease have generated a wave of new diagnostics, drugs and devices. The work of the ITM will ensure the rapid and cost-effective assessment of these new drugs, medical devices and diagnostics to quickly bring them to market and frontline clinical use.

Patients benefit from personalised medicine (also known as stratified medicine). The approach subdivides patients into groups based on their risk of developing specific diseases or their response to particular therapies, offering the 'right treatment, for the right person, at the right time'.

As part of the ITM, a dedicated clinical facility, the Centre for Rare Diseases (CfRD), opened in September 2015. Its dedicated patient care co-ordinators will arrange highly-organised one-stop clinics where patients can undergo pre-planned diagnostic tests and see all specialists relevant to their care in one visit, cutting the burden of travel for multiple consultations on different dates.

Within the CfRD there is a Resource Room which has been funded by the Queen Elizabeth Hospital Birmingham Charity. It provides a relaxing space for patients and their carers to spend time between appointments.

In addition to the benefits for patients, the ITM will offer opportunities to develop a post-graduate training programme in translational medicine alongside joint NHS/private sector scientific and professional development courses and create in excess of 2,000 high-value jobs long-term in clinical trials, diagnostics and Life Science industries.

The Institute will also provide conferencing facilities, video conferencing, seminar rooms, office space for small to medium-sized enterprises and a central café meeting point as well as advice and finance potential through links with Birmingham Finance, Birmingham City Council and the Chamber of Commerce.

Institute of Translational Medicine  
Birmingham

THE INSTITUTE OFFERS WORLD-CLASS FACILITIES THAT WILL SPEED UP THE RATE AT WHICH RESEARCH CAN IMPROVE PATIENT TREATMENTS AND OUTCOMES.



THE TRUST IS COMMITTED TO BEING HONEST AND OPEN WITH PATIENTS AND RELATIVES ABOUT THE QUALITY OF THEIR CARE.

## Developments in quality

**Quality is a driving factor across the NHS, informing national strategy and policy.**

In 2014/15 UHB continued its strong approach to quality improvement making steady improvements year on year through the innovative use of information technology, using real-time data on activity within the hospital and working with commissioners to improve patient pathways.

The Trust is committed to being honest and open with patients and relatives about the quality of the care and has developed many ways of enabling the wider public to understand how the Trust is performing against local and national targets.

Its public-facing website containing performance information – called *mystay@QEHB* – allows 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 excellent progress in the completion of electronic observation charts and prevention of venous thromboembolism (VTE) – two of its key priorities, and some improvement in reducing medication errors; reducing infection; and improving patient experience and satisfaction.

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](http://www.uhb.nhs.uk/quality.htm).



# Inspection praises 'outstanding' work

The findings from the Care Quality Commission have put the Trust in the top 20 per cent of trusts nationally.

In the report, published in May, the Trust was rated as 'Outstanding' for whether its services were well led and 'Good' in relation to whether services were safe, effective, caring and responsive.

Critical care was rated as 'Outstanding' with urgent and emergency care, medical care, surgery, end of life care and sexual services rated as 'Good'.

The report revealed that across the Trust, the inspection team found areas of outstanding practice, including:

- Robust governance processes and a powerful culture of innovation which encouraged staff to take opportunities to enhance services.

- Strong recruitment practices, where teams were encouraged to over recruit when good candidates presented at interview to secure capable individuals when they were available.

- Instances where the Trust had engaged with patients over previous problems and changed practice; such as complementary hearing aid boxes and providing sleep masks and ear plugs to all inpatients.

- The use of theatre technicians to support trauma teams in the emergency department was indicative of the trust-wide multidisciplinary working. The practice provided support to the duty anaesthetist for more complex patients and allowed learning between disciplines and departments.



The Emergency Department's newsletter enabled safety and governance messages to be passed to staff in one concise document, reducing the number of emails which gave staff more time.

Among those areas where it was recommended that the Trust make changes were:

- Improve infection control and hygiene, particularly in Urgent and Emergency Care services.

- Investigate appointment waiting times in outpatient services.

- Ensure sufficient consultation time is available for patients with complex conditions.

The full report of the inspection has now been published on the CQC's website and can be viewed at [www.cqc.org.uk/provider/RRK](http://www.cqc.org.uk/provider/RRK).

## Medical care

"Medical care services ensured incidents were regularly reported, acted upon and we saw examples of lessons learned. Infection control procedures were upheld by staff and equipment was well-maintained and in good supply."

"Risks, concerns and complaints were identified and acted upon swiftly and patients were cared for by compassionate and competent staff."

## End of life care

"Staff provided compassionate care for patients. Services were very responsive to patients' individual needs and those of their families and next of kin. We saw and heard about many examples where practical, emotional and spiritual needs were considered and met."

## Outpatients & diagnostic imaging

"Patients told us treatment was discussed with them and they were involved in the decision making process. Staff praised the support they received from the trust with continual professional development and training."

## Outpatients – sexual health services

"We found the sexual health services to be caring. Patients spoke highly of the staff and the service they had received. Patients were treated with dignity and respect. Patients felt supported and were given clear explanations about their care and treatment."

## Critical care

"Critical care services were found to be outstanding, providing effective treatment with excellent leadership."

"Critical care services were obtaining excellent results for patients who received treatment that was based on national guidelines. The hospital had seven-day working and outstanding, effective multidisciplinary working which had a positive impact on patient care and recovery. Critical care staff were caring and compassionate."

"The leadership of critical care was outstanding. Staff reported that nursing and medical leaders were supportive and encouraged innovation. Staff were aware of and committed to the trust's vision and demonstrated commitment to its objectives and values. Staff were proud of the standard of care they provided and said that their achievements were recognised by their senior managers."

## Surgery

"Patients told us they were very appreciative of the respect they were shown from the professional, compassionate highly valued staff. Learning from incidents was promoted and seen to be a learning and improvement tool in the trust."

"The trust used pioneering treatments to achieve positive outcomes for surgical patients with complex trauma cases and transplant needs."

"The trust excelled in research, including working closely with the University of Birmingham to be one of the world's leading centres for research and treating liver disease."

## Urgent and emergency services

"Staff were well-trained and well-managed which motivated them to provide good care. Our observations showed that staff were caring and compassionate towards patients and their families. The majority of patients we spoke with could not speak highly enough of the staff who had dealt with them. Services were tailored to meet individual patient's needs."

Information published includes:

- Quality Reports: these include the Trust's 2014–15 Quality Report plus quarterly update reports on progress
- Specialty Quality Indicators: graphs showing performance and explanatory text for specialty quality indicators which are updated monthly

- Department of Health (DH) Quality Indicators: graphs showing performance for some of the indicators suggested by the DH which are updated quarterly
- Other information: this includes some Annual Reports on specialised services such as HIV and national audit reports

# Board of Directors



**Rt Hon  
Jacqui Smith**  
Chair



**Dame Julie Moore**  
Chief Executive



**Fiona Alexander**  
Director of  
Communications



**Kevin Bolger**  
Executive Director of  
Strategic Operations



**David Burbridge**  
Director of  
Corporate Affairs



**Jane Garvey**  
Non Executive  
Director



**David Hamlett**  
Non Executive  
Director



**Tim Jones**  
Executive Director  
of Delivery



**Andrew McKirgan**  
Director of  
Partnerships



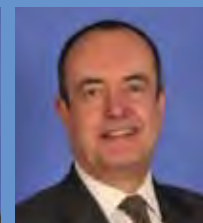
**Dr Catriona  
McMahon**  
Non Executive  
Director



**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



**David Waller**  
Non Executive  
Director



**Cherry West**  
Executive Chief  
Operating Officer



**Dr Jason Wouhra**  
Non Executive  
Director

## Smethwick opens its doors to first patients

After months of meticulous planning, building work and training, Smethwick Dialysis Centre opened its doors to its first patients on 3 June.



PICTURED: MR HARJIT DHILLON WITH HEALTHCARE ASSISTANT LEANNE SCOTT (LEFT), AND DIALYSIS NURSE NAOMI SAUNDERS (RIGHT) AFTER COMPLETING HIS FIRST DIALYSIS SESSION AT THE NEW SMETHWICK DIALYSIS CENTRE.

The new dialysis centre is run by Assure Dialysis Services – a private provider subsidiary of University Hospitals Birmingham.

Among the first patients to dialyse on opening day were Shashi Patel, Harjit Dhillon, Yvonne Layton and Tejinder Panesar.

Shashi Patel, officially the first person to dialyse at Smethwick, spoke of her experience in the care of the Smethwick centre: “So far everything is going just fine,” said Shashi who has been dialysing for nearly 20 years. “It’s quite a big unit so I haven’t met many of the staff yet but all the healthcare assistants I have seen seem very nice.

“I arrived here and I was the first person to be put onto the machine. In fact it was the nurse in charge Gabby, who I have known for years, who put me on the machine.

“I have a schedule of what I like to watch on the TV – all my regular shows – so I’ll just getting myself settled in, get nice and warm and watch the TV for a few hours.”

Gabby Kelly, Lead Nurse for Assure Dialysis Services which runs Smethwick Dialysis Centre,

cared for Shashi while working as a dialysis nurse in Wolverhampton.

Gabby said: “It has been a wonderful to see everything come together and finally see the patients here.

“We are extremely proud of this new facility as it will mean patients can access high quality dialysis care right in the heart of the community – exactly what patients have told us they want.”

And Gabby is right. Many of the patients spoke of how convenient the location of the new centre is.

Yvonne Layton, who has been dialysing for around five years said: “I’m going save a lot of time by coming here. I have always relied on patient transport, which could take about an hour to get me to my previous dialysis unit, but because there are bus stops just by the entrance to this centre, I will now be able to get the bus from right outside my house.”

Dr Clara Day, Lead Consultant for Haemodialysis at University Hospitals Birmingham said: “The facilities at Smethwick Dialysis Centre are fantastic – a great deal of consideration has been given to factors such as heating and lighting, as well as the quality of the furnishings such as chairs – which we know has a significant impact on the patient’s experience.

“It is not just the state of the art facilities which will benefit our patients. Historically those who live in the Smethwick area have had to travel to other areas to access dialysis care. Now, not only will our patients receive their dialysis treatment much closer to home, we will also be able to provide outpatient appointments for patients not yet on dialysis at Smethwick Dialysis Centre.”

The centre opened for 12 patients on each shift but gradually over time this can increase to a maximum 40 patients per shift. These dialysis stations are spread over four bays of eight and eight isolation rooms. In addition there are specialist research facilities, a bespoke home haemodialysis training suite, a large meeting room and free patient parking.

Mr Dhillon said: “I’m happy! Everything went very well and the new centre is very nice.”



## 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.

INITIATIVES SUCH AS THE FARMERS' MARKET AND THE RECENTLY LAUNCHED COMMUNITY ORCHARD, ALSO BENEFIT LOCAL PEOPLE IN A NUMBER OF ECONOMIC AND SOCIAL WAYS.

The Government has set challenging national targets for NHS in England to make a 10% reduction in emissions by 2015 and a more significant target of an 80% reduction in CO<sub>2</sub> 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 though its excellence in life sciences. It has created some 130 highly skilled jobs at the Centre for Clinical Haematology alone over the last three years and the ITM, opened 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


University Hospitals Birmingham now has a well-established 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.

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)



Following the introduction of mixed recycling across the Trust the percentage of tonnage recycled rose from 29% in January 2013 to 52% in August 2013 and is now standing at 56%.



EACH YEAR THE TRUST TAKES PART IN NATIONAL BIKE WEEK BY PROMOTING CYCLE ACTIVITIES TAKING PLACE ACROSS THE CITY.

## Travel

As part of the planning consent for the new hospital, the Trust developed a Travel Plan to manage the increase in both staff and patient activity on the campus, with the aim of reducing single-occupancy car usage and increasing uptake of other modes of travel such as public transport, cycling or walking.

Between 2003 and 2013 there has been a 20% reduction in the number of single occupancy car journeys, which has been complemented by a 7% increase in staff commuting by public transport and a 3% increase in staff cycling to work.

As part of its wider sustainability strategy, the Trust refreshed its Travel Plan in 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

Each year the Trust takes part in National Bike Week by promoting cycle activities taking place across the city and offering staff the opportunity to try out cycling at special lunch-time ride events through its partnership with the city's Bike Right! scheme.

For a copy of the UHB Travel Plan visit [www.uhb.nhs.uk/travelplan](http://www.uhb.nhs.uk/travelplan)

## 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 the Ukraine, and holds the contract for providing medical services to military personnel evacuated from overseas via the 'Aero-Med' service.

RCDM 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 conflict zones.

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.

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) Surgical Reconstruction and Microbiology Research Centre (SRMRC).

RCDM IS A TRI-SERVICE ESTABLISHMENT, MEANING THAT THERE ARE PERSONNEL FROM ALL THREE OF THE ARMED FORCES.

Emergency Department A&E



LEON AFTER THE ACCIDENT.

NERVE TRANSFER SURGERY INVOLVES SURGICAL REWIRING OF THE HUMAN NERVOUS SYSTEM TO BRING LIVE NERVES CLOSE TO THE NERVE ENDS OF NON-FUNCTIONING MUSCLES.

## Leon Hill

Leon Hill was on his regular early morning cycle to work as a JCB and forklift truck driver in Ledbury, Herefordshire, when he suffered the injuries that would dramatically change his life.

At around 6.30 on the morning of 7 November 2013 Leon collided with a van travelling behind him, resulting in major injuries and the loss of movement in both his arms as well as both his legs.

After several months of rehabilitation, 42-year-old Leon's hopes of regaining some degree of independence depended on the surgeons at Queen Elizabeth Hospital Birmingham, who were keen to offer him the chance to 'regrow' his nerves.

Leon's wife Amy said: "I was told that this procedure was new, so I was obviously a bit apprehensive. But compared to what Leon had before we had to try anything, to give him some independence for himself.

"He didn't have any movement at all, so just to give him something, even if it only means he can move his wheelchair, would be a big improvement. Anything would be better than what he had before.

"The nerve regrows at about a millimetre a day, so it will take time to reach his hand. It could be 6–12 months before he gets anything like full movement in his right arm.

"But the signs are already good. He started to feel some sensation down his arm within a few weeks and can now pull his arm right up to his mouth."

The procedure, known as nerve transfer surgery, was first carried out on a tetraplegic patient in the USA after he was left with upper and lower limb paralysis from a similar spinal cord injury.

The brachial plexus is a network of nerves from the spine to the arm supplying all upper





LEON WITH HIS WIFE AMY

“SURGERY WENT WELL AND WE HOPE TO GIVE HIM THE ABILITY TO REACH WITH HIS ARM AND TO GRASP BY RESTORING SENSATION AND DEXTERITY IN HIS FINGERS.”

limb movement and feeling. These nerves are commonly injured by traction in falls and road traffic collisions but are also prone to injury with gunshot wounds and stabbings.

Nerve transfer surgery involves surgical rewiring of the human nervous system to bring live nerves close to the nerve ends of non-functioning muscles.

Dominic Power, Consultant Hand and Peripheral Nerve Surgeon at UHB, said: “We have been treating patients with complex peripheral nerve injuries using nerve transfer surgery for several years but the extension of this technique to patients with spinal cord injury and paralysis is a recent development.

“Rapid regrowth of the nerve into the denervated muscle reliably restores function and can be used in a number of clinical scenarios where nerves are not working.

“Luckily for Leon, there was one nerve root still

working to his right shoulder and upper arm, so we were able to transfer these eight nerve branches within his arm to effectively re-wire his limb. This was done by splitting the existing nerves and reconnecting them.

“Surgery went well and we hope to give him the ability to reach with his arm and to grasp by restoring sensation and dexterity in his fingers.

“It is anticipated that he will begin to re-innervate the muscles in the next 2–4 months and then further improvements in strength and control will occur in the next 12–18 months.”

In the meantime, Leon waits in a private rehabilitation centre while a suitable adapted home can be found for him to return to his wife Amy, 35, and their children Harmani, 12, Sienna, five, and Reagan, four.

Amy added: “The next step is to get his wrist and then his fingers moving, but Leon is quite positive. He’s doing ok.”



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

Between February and June 2015 a series of programmes were recorded with the BBC, who committed to delivering an insight into the complexity of transplantation and the outcomes for patients. Radio 5 Live broadcast live from the Queen Elizabeth Hospital Birmingham and featured a number of interviews with transplant patients and surgeons, which received a great deal of interest and praise.

Interviews were also recorded with the BBC World Service and the BBC's religious affairs programme to further highlight the issue of donor shortages and broaden the discussion around the permissibility of donation in some cultures.

RADIO 5 LIVE BROADCAST  
LIVE FROM THE QUEEN ELIZABETH  
HOSPITAL BIRMINGHAM AND FEATURED  
A NUMBER OF INTERVIEWS WITH  
TRANSPLANT PATIENTS AND SURGEONS.

## Organ donation

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

In 2014/15 the Trust carried out 431 transplants – an 8% increase on the total number carried out in the previous year. These included 30 heart (58% increase), 192 liver, 182 kidney and 27 lung transplants.

In order to increase the number of donors, the Trust has continued its efforts in raising awareness of the issues surrounding organ donation and provided further tools for staff to enable them to engage families who may be considering organ donation.

Hospital staff, supported by colleagues from the national charity Kidney Research UK, work in conjunction with local mosque leaders and community groups to educate those from Asian backgrounds through discussing transplant and organ donation in the context of religious beliefs. People from Asian backgrounds, particularly Muslim people, are under-represented on the organ donation register and could be affected by the lack of donors.



## World's first revived liver transplant is successful

Surgeons at Queen Elizabeth Hospital Birmingham achieved a world first after resuscitating a liver that would have previously been considered unviable.

The transplant team successfully revived the liver by pumping oxygenated blood through it after a journey of more than 200 miles inside an ice box.

The entire process took around 18 hours from the organ first being retrieved to completion of the transplant operation. It involved a team of around a dozen UHB staff led by consultant liver transplant surgeons Mr Thamara Perera, Mr Paolo Muiasan and Mr Hynek Mergental, consultant anaesthetist Dr Hentie Cilliers, and theatre staff.

"In this particular case the organ was transported to QEHB in an ice box so it was seven hours before it arrived at the hospital for transplanting," Mr Mergental explained.

"This was considered too long for the transplant operation to be carried out in the conventional way – from the cold storage directly into the recipient.

"Medical teams can preserve these organs in cold storage but only up to about eight hours as the chance of organ failure is much higher beyond this period. There is also an increased chance of liver failure after the transplant.

"If we had used the liver in the normal way then the chance of failure would have been high so it was decided to resuscitate this organ on the machine using 'warm blood'."

The team carried out the resuscitation procedure on the liver using a machine called Organ Assist, funded by the hospital's own QEHB Charity, which works by constantly pumping blood at body temperature into the liver through two blood vessels in the organ.

The warm blood revitalises the liver by taking out the coldness from being in an ice box, but also nourishes it through the oxygenated blood.



"I KNEW THAT I WAS IN THE BEST PLACE WITH THE RIGHT PHYSICIANS AND STAFF. I HAVE BEEN TOLD THAT IT HAS BEEN VERY SUCCESSFUL, SO IT'S A WORLD BREAKER."

Mr Satpal Mahal

It is able to simulate the blood supply within a real body, thereby preventing a graft failure once a transplant is carried out.

"Within the first 90 minutes of using the machine all the parameters became normal, so a collective decision was taken by the surgical and anaesthetic team to transplant this liver," explained Mr Perera who carried out the operation.

"When the transplant operation was completed the liver was resuscitated for a further seven hours on the machine, but his immediate outcome was comparable to any other patient receiving a straightforward transplant."

The transplant recipient, Mr Satpal Mahal, from Walsall in the West Midlands, was discharged from QEHB just 11 days after receiving his new liver.

Mr Mahal who had liver cirrhosis, said problems with his liver were first diagnosed almost three years previously, but his condition deteriorated to the point where he was put on the transplant waiting list for a new organ about two months before his inspiring operation.

The 46-year-old, who was the managing director of his own import and export business prior to his illness, said he was enjoying life as a record holder: "I was very confident even though this was a new procedure.

"I knew that I was in the best place with the right physicians and staff. And I have been told that it has been very successful, so it's a world breaker."

# Council of Governors



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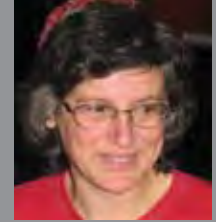
Sunil Handa



Sandra Haynes



Elizabeth Hensel



Margaret Jacobi



Bridget Mitchell



Patrick Moore



Susan Price



Valerie Seabright



Linda Stuart



Iestyn Williams



## Membership development

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

Social media channels such as Facebook and Twitter play an increasingly important role in engaging members. Members may access information directly to their smartphone, or devices with internet connectivity, as it is released and monthly e-bulletins are sent to members who have signed up to receive them.

Staff governors hold drop-in sessions for staff, front internal awareness campaigns and take an active role in developing the Trust's health and wellbeing strategy by championing cycling and healthy eating.

Members continue to play an important role in developing and improving services. Via the membership magazine Trust in the Future, members have actively participated in the work of the Trust's Community Orchard and Gardens Project. More than 50 members and volunteers have planted 120 trees as well as developing vegetable patches and setting up bee hives within the hospital's grounds.


The involvement of Trust members has contributed significantly to research used to deliver benefits to patients across the West Midlands. One example of this is the NIHR SRMRC research into head injuries as a result



of cycling incidents. UHB members were involved in promoting the head injury study and awareness around cycle safety.

Members are also engaged with and invited to take part in health research via the monthly health talks. In January 2015, the Falls Prevention Team invited members to take part in a ground-breaking study into reducing falls through the use of bare-foot technology.

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 this in 2014/15 include improving the 'Shuttle Bug' service, introducing better cups for patients and providing better facilities on Ward 303 for teenage patients such as the introduction of games consoles and DVD players.



THE AMBASSADOR PROGRAMME,  
LAUNCHED IN 2010, GIVES MEMBERS  
WHO WANT TO PLAY A MORE  
ACTIVE ROLE IN THEIR COMMUNITY  
SETTING, THE OPPORTUNITY TO DO  
JUST THAT.

## Membership recruitment

During 2014/15 the overall membership decreased by 335 (1.36%) from 24,536 to 24,211.

Although overall numbers of members leaving (either due to death or having moved away) was greater than those recruited, 1,797 new members joined over the course of the year. Despite this slight decrease in numbers, UHB is still in the top 10 of foundation trusts with the highest number of members.

The staff constituency saw the greatest increase in members with an additional 282 staff joining. This is due to recruitment of permanent staff to manage the increase in capacity and new projects such as the ITM.

The membership is representative of the constituencies it serves.



## 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.

In February 2015, UHB recruited six new Ambassadors, all of whom are currently studying medicine at the University of Birmingham.

The new Ambassadors will support the Trust's 'Every Contact Counts' programme and will assist the outpatient teams through handing out health education literature to patients within the Queen Elizabeth hospitals.

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

Email: [Members@uhb.nhs.uk](mailto:Members@uhb.nhs.uk)  
Telephone: 0121 371 4323  
[www.uhb.nhs.uk/membership.htm](http://www.uhb.nhs.uk/membership.htm)



THE COMMUNITY ORCHARD AND GARDENS HAS SEEN A HUGE AMOUNT OF ACTIVITY OVER THE PAST YEAR WITH OVER 1,000 TREES PLANTED, AND ALMOST 200 BRITISH APPLE, PEAR, DAMSON AND PLUM TREES BEING PLANTED BY TEAMS OF VOLUNTEERS.

## Community Orchard and Gardens

In March 2014 planting began for a formal fruit tree orchard 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.

The Community Orchard and Gardens, which is spread over 16,000sq metres, include a new wildflower meadow as part of the Birmingham and Black Country's Nature Improvement Area. Local volunteers have also taken part in creating a woodland walk under-planted with bluebells and snowdrops near to the main entrance of the hospital.

The Community Orchard and Gardens has seen a huge amount of activity over the past year with over 1,000 trees planted, and almost 200 British apple, pear, damson and plum trees being planted by teams of volunteers.

At the same time, a new raised food growing area has been created, with much of the work completed in partnership with The Conservation Volunteers, through the Health for Life programme, which has supported the project from the beginning.

The Health for Life programme is a five-year programme for south Birmingham which promotes healthy lifestyles, such as green gym sessions, and also helps to create and develop community allotments and food growing spaces. It is funded by the Mondelez International Foundation, supporting the community around the company's manufacturing site at Bournville.

The Trust was placed first in the business sub-category for the award, which also honoured entries from community and education establishments.



Antony Cobley, health and wellbeing lead at QEHB said: "This is another fantastic achievement for the project which has grown from strength to strength in such a short space of time.

"In the past year we have brought 50,000 honey bees to the hospital site to pollinate a wildflower meadow, and our orchard of fruit trees, as well as delivering a food bank which has supported local people in crisis with the equivalent of 870 meals."

As part of the Community Orchard and Gardens project, QEHB has been given 5,000 bulbs of both bluebell and snowdrops that must be planted during the first weekend of November.

This new orchard complements a number of health and wellbeing initiatives already in place or planned at QEHB, such as a monthly Farmers' Market, vegetable plots and a woodland walk.



For more information on UHB's Community Orchard project, visit the website [www.uhb.nhs.uk/orchard](http://www.uhb.nhs.uk/orchard)



"IN THE PAST YEAR WE HAVE BROUGHT 50,000 HONEY BEES TO THE HOSPITAL SITE TO POLLINATE A WILDFLOWER MEADOW, AND OUR ORCHARD OF FRUIT TREES AS WELL AS DELIVERING A FOOD BANK WHICH HAS SUPPORTED LOCAL PEOPLE IN CRISIS WITH THE EQUIVALENT OF 870 MEALS."



## Kieran Bayliss

At the age of six, Kieran Bayliss was diagnosed with type 1 diabetes after a bout of chicken pox triggered a rare genetic response that led to his pancreas shutting down.

Tragically at the age of seven, Kieran learned that he would likely become blind before his 60th birthday.

Diabetic eye disease or diabetic retinopathy can cause the blood vessels in the retina (the photographic film of the eye) to either become blocked, leak or bleed, depriving those affected of their vision.

Approximately 40 per cent of type 1 diabetes sufferers and up to 20 per cent of type 2 diabetes sufferers will develop some degree of diabetic retinopathy that could potentially, if left untreated lead to blindness.

Now 31, with clear vision, Kieran is enjoying the relief that he may now never lose his sight thanks to advances in treatments: "The first laser treatments I had were uncomfortable and sometimes very painful; it wasn't something I looked forward to - even though I knew it would help save my sight.

"As a diabetic, it was explained to me when I was young that I could go blind one day – that would cost me everything so I was willing to endure the pain.

"I didn't want to be in the position where I wouldn't be able to see my three boys, or my wife – how would I support them?

"As a carpenter and a shop fitter, my family rely on me. Losing my sight is as bad as I could imagine.

WITH THE PASCAL LASER, TREATMENT TAKES 10 TO 20 MINUTES TO PERFORM WITHOUT HAVING TO STOP DUE TO PAIN OR DISCOMFORT.

“PREVIOUSLY, PATIENTS WHO COULD NOT TOLERATE LASER TREATMENT SOMETIMES NEEDED TO UNDERGO A GENERAL ANAESTHETIC FOR THE PROCEDURE, WHICH HAS ITS OWN INHERENT RISKS ASSOCIATED WITH IT.”



“When the hospital’s charity funded this new laser I can’t even begin to say how relieved I felt and how much better my procedures with the new retinal laser have been,” he added.

Kieran’s ophthalmic consultant, Marie Tsaloumas said: “Diabetes and its ocular complications is a condition that can continue to progress if untreated.


“When I first started laser treatment on Kieran, it could take over an hour for each session, with frequent pauses so that the treatment could be tolerated. With the Pascal Laser, treatment takes 10 to 20 minutes to perform without having to stop due to pain or discomfort.

“Previously, patients who could not tolerate laser treatment sometimes needed to undergo a general anaesthetic for the procedure, which has its own inherent risks associated with it.

“The old laser would only fire a single beam to one area at a time; the Pascal offers up to 25 simultaneous shots that are fully adjustable to pre-determined patterns and intensity. This massively reduces the amount of time a patient needs for one treatment session.

“Patients prefer the Pascal Laser because they now experience only a minimal amount of discomfort over a much shorter period of time,” she added.

Kieran, who recently became a father for the fourth time, will still have to attend the clinic regularly to have his eyes monitored every 3–6 months. However he no longer worries about his clinic visits.



IN 2014/15 THE CHARITY SPENT OVER A MILLION POUNDS ON CUTTING EDGE MEDICAL EQUIPMENT (£1,179,000) THAT WOULD NOT OTHERWISE BE AVAILABLE IN AN NHS HOSPITAL.

## QEHB Charity

Queen Elizabeth Hospital Birmingham Charity exists for the benefit of patients at University Hospitals Birmingham NHS Foundation Trust. 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 and patient welfare and education activities.

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 £3,182,000 (2013/14: £3,852,000).

QEHB Charity relies on the kindness and generosity of fundraisers and donors from far and wide; with the majority based throughout the West Midlands, but with an increasing number of donors from across the UK and even overseas who support Fisher House, the home away from home for military patients and their families.

During 2014/15 the charity opened another facility for patients and families – Karen's Home from Home. This is a two bedroom flat within walking distance of the hospital for the families of bone marrow transplant patients, who come to UHB from across the UK.

In 2014/15 the charity spent over a million pounds on cutting edge medical equipment (£1,179,000) that would not otherwise be available in an NHS hospital. A lot of the equipment will feature in the new Centre for Rare Diseases, which opened its doors to patients in September 2015.



An important part of the charity's grants programme is funding research. In total the charity made grants of £806,000 in 2014/15. The largest ongoing research project is the AccelerateD cancer drugs trial run by Professor Hisham Mehanna, which aims to find new drugs for cancer patients by repurposing out of patent drugs. This research project has been awarded £1,000,000 over a five year period.

As well as funding equipment and research, QEHB Charity also supports training, education and patients. In 2014/15, it spent £773,000 in this area. This includes funding for nursing staff to attend courses and events that are in addition to statutory training that help 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 continued to develop its range of patient information videos on subjects as

diverse as cardiac rehabilitation exercise, breast reconstruction information and paediatric radiotherapy.

You can find out more about QEHB Charity and its activities at the charity's website, [www.qehb.org](http://www.qehb.org)



THE CHARITY GENERATES INCOME THROUGH FUNDRAISING, DONATIONS, CHARITABLE GRANTS, LEGACIES AND SPONSORSHIP.

# Selly Oak site begins transformation

The sale of the former Selly Oak Hospital site has been completed, marking the beginning of a new chapter in south Birmingham's history.

Property developer Persimmon purchased the entire hospital site in 2014 and began building in April 2015 to transform the Selly Oak site into a neighbourhood of high quality homes.

The primarily residential development is the result of several months' consultation with the local community and will provide a mixture of much-needed housing for various family types, lifestyles and incomes.

The planned residential community is expected to consist of approximately 500 homes surrounded by recreational and open spaces, maintaining the area's leafy aesthetic.

A number of the hospital buildings of historic and architectural interest and a number of established trees will be retained to serve as focal points, creating an area of unique style and character.

In addition to homes some mixed-use property will be made available, which may be used for community meeting rooms, offices, dentists, libraries or small-scale retail premises, encouraging a sense of community and bringing employment opportunities to the area.

A canal corridor will connect the far end of the site (Linden Road) to the canal towpath and transport links, creating a scenic route through the development for pedestrian and cyclists.

Retained features:

Gate House, Workhouse Buildings, Water Tower, Well House, Woodlands Nurses Home, Tramps Block

For details of the plans and further updates visit [www.sellyoaknewera.co.uk](http://www.sellyoaknewera.co.uk)





