

# Annual Review

## 2015/16



Delivering the best in care

University Hospitals Birmingham **NHS**  
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 2015/16.

The last twelve months have brought some significant changes to both the social and political landscape and local economies are bearing witness to ever-increasing demands on health and social care services.

While this is a very difficult time for acute trusts in particular, I have enormous confidence in our staff, volunteers and managers to do their utmost not only to continue providing the best in care for our patients, but to continually look for further ways to innovate and improve our work.

Putting the views of patients and carers at the heart of everything we do is crucial to ensure that we're providing a fantastic service to patients, carers and their families. Some of the most useful comments are those where people have highlighted problems. Knowing where things haven't gone right is a vital way of getting an idea of what needs to change and what actions need to be taken.

This year, for the first time, we have treated over 1 million patients. I'm proud to say, in most cases, the quality of care these patients experienced was exceptional. We know that, because we ask them. We have some of the highest levels of patient feedback of any similar trust in the country – and at Board meetings, we always look at the results of the patient surveys and feedback to see where we can improve. Our governors too make it their job to get out and about to listen to staff, patients and our members.

Over the last 12 months we have introduced initiatives to improve patient experience and quality and conducted vital research. We have opened a new dialysis centre in my home town of Redditch; we have improved our cancer waiting times; and the Trust has once again, made a significant reduction in hospital acquired pressure ulcers – an outstanding achievement which has had a huge impact on the quality of care.

The Annual Review is a summary of our activities over the last year 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 the best in care.



A blue ink signature of Jacqui Smith, written in a cursive style.

**Rt Hon Jacqui Smith**  
Chair

## Chief Executive's Welcome



**Dame Julie Moore**  
Chief Executive

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. I hope you find this a useful and thought-provoking insight into our work and I welcome your feedback.

Over my nine years as Chief Executive, I have seen a great deal of change with the demand for services increasing exponentially year on year – and with that grows the challenge of delivering high quality, patient-centred care, while maintaining efficiency and managing our costs.

For the first time in our history the Board set a deficit plan which reported a final financial deficit of £4.7million. Yet despite the shortfall, this year we have seen a great deal of growth in the range of facilities we are able to offer and the number of patients we have treated.

In July 2015, through Birmingham Health Partners, the Trust opened the Institute of Translational Medicine (ITM) – a new world class clinical research facility located in the Heritage Building which will help to transfer the very latest scientific research findings into enhanced treatments for patients. Alongside the ITM the Trust has established a Centre for Rare Diseases.

In August 2015 the Trust launched an innovative sexual health service for Birmingham and Solihull, having been awarded a five-year contract as lead provider by Birmingham City Council and Solihull Metropolitan Borough Council. Working in partnership with the third sector, GPs and pharmacies, Umbrella will deliver better access to services and better outcomes to the people of Birmingham and Solihull.

In 2015 the Trust established the West Midlands Genomics Medicine Centre, in partnership with the University of Birmingham as part of the national 100,000 Genomes project to transform diagnosis and treatment for patients with cancer and rare diseases.

The Board of Directors and I will continue in our efforts to deliver a robust strategy that will enable the Trust to:

- Deliver the highest levels of quality evidenced by technology, information and benchmarking
- Listen to what patients want and respond quickly and proactively
- Create a fit-for-purpose workforce for today and tomorrow
- Ensure UHB is a leader of research and innovation
- Reduce inequality and provide added value the local health economy and communities we serve

Thank you all for your continuing support.

## About the Trust

**University Hospitals Birmingham NHS Foundation Trust (UHB) is one of the highest performing NHS organisations in Europe with a proven international reputation for its quality of care, information technology, clinical education and training and research. The Trust was established in 1995 and was amongst the first to be awarded foundation trust status by Monitor in July 2004.**

UHB is a regional centre for cancer, has the second largest renal dialysis programme in the UK and has the largest solid organ transplantation programme in Europe. It also provides a series of highly specialist cardiac and liver services and is a major specialist centre for burns and plastic surgery. The Trust is also a regional Neuroscience and Major Trauma Centre and is world-renowned for its trauma care.

The Royal Centre for Defence Medicine (RCDM), hosted by UHB, has been the primary receiving unit for all military patients that are injured overseas since 2001. This combined experience of treating trauma patients and military casualties has led to the development of pioneering surgical techniques in the management of ballistic and blast injuries, including bespoke surgical solutions for previously unseen injuries. As such it has been designated as a Level 1 Trauma Centre and host of the UK's only National Institute for Health Research (NIHR) Surgical Reconstruction and Microbiology Research Centre (SRMRC).

The Trust employs over 9,000 staff and is the largest single site hospital in the country. The £545m Queen Elizabeth Hospital Birmingham (QEHB) 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 the world.

Since the hospital opened the Trust has seen significant growth in demand by patients and GPs for its services and consequently has opened a further 170 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 Trust.

In recent years the Trust has been increasingly acknowledged as one of the most successful NHS foundation trusts and the Trust has therefore been asked to provide management support to a number of other trusts, for example supporting George Eliot Hospital NHS Trust to leave special measures within a year and is presently supporting NHS Improvement (formerly known as Monitor) with an intervention in Heart of England NHS Foundation Trust to improve its clinical, financial and operational position, most notably by sharing its Chief Executive and Chair who have been appointed Interim Chief Executive and Interim Chair since October and November 2015 respectively.



IN RECENT YEARS THE TRUST HAS BEEN INCREASINGLY ACKNOWLEDGED AS ONE OF THE MOST SUCCESSFUL NHS FOUNDATION TRUSTS AND THE TRUST HAS THEREFORE BEEN ASKED TO PROVIDE MANAGEMENT SUPPORT TO A NUMBER OF OTHER TRUSTS

## Trust Performance

**UHB has continued to be one of the best performing foundation trusts in England in 2015/16 despite some significant challenges within Birmingham and the local health economy and the NHS as a whole.**

During 2015/16 the Trust saw, for the first time in its history, over 1 million patients – testament to the rise in demand for its services, which rose by 4% over the course of the year, and double the rise experienced in 2014/15.

In total, the Trust completed 1,027,034 treatments including more than 789,000 outpatient appointments, over 129,500 inpatient episodes and more than 108,400 A&E attendances.

The Trust continues to offer high quality, safe care. It continues to perform well against the majority of the national targets set by NHS Improvement and, despite having set a deficit plan for the first time ever (expected £6.6 million), has outperformed this by delivering a smaller deficit than planned at £4.7 million.

One of the Trust's key priorities for 2015/16 was reducing pressure ulcers – more commonly known as bedsores – which are often caused by sitting or lying for prolonged periods of time and are associated with hospitals or care settings.

Excellent progress has been made on reducing pressure ulcers. In the twelve month period 79 patients developed a grade 2 pressure ulcer compared to 144 in 2014/15 – a 45% decrease largely due to increased education around pressure ulcers, improved documentation of skin grades and the introduction of dedicated Skin Champions.

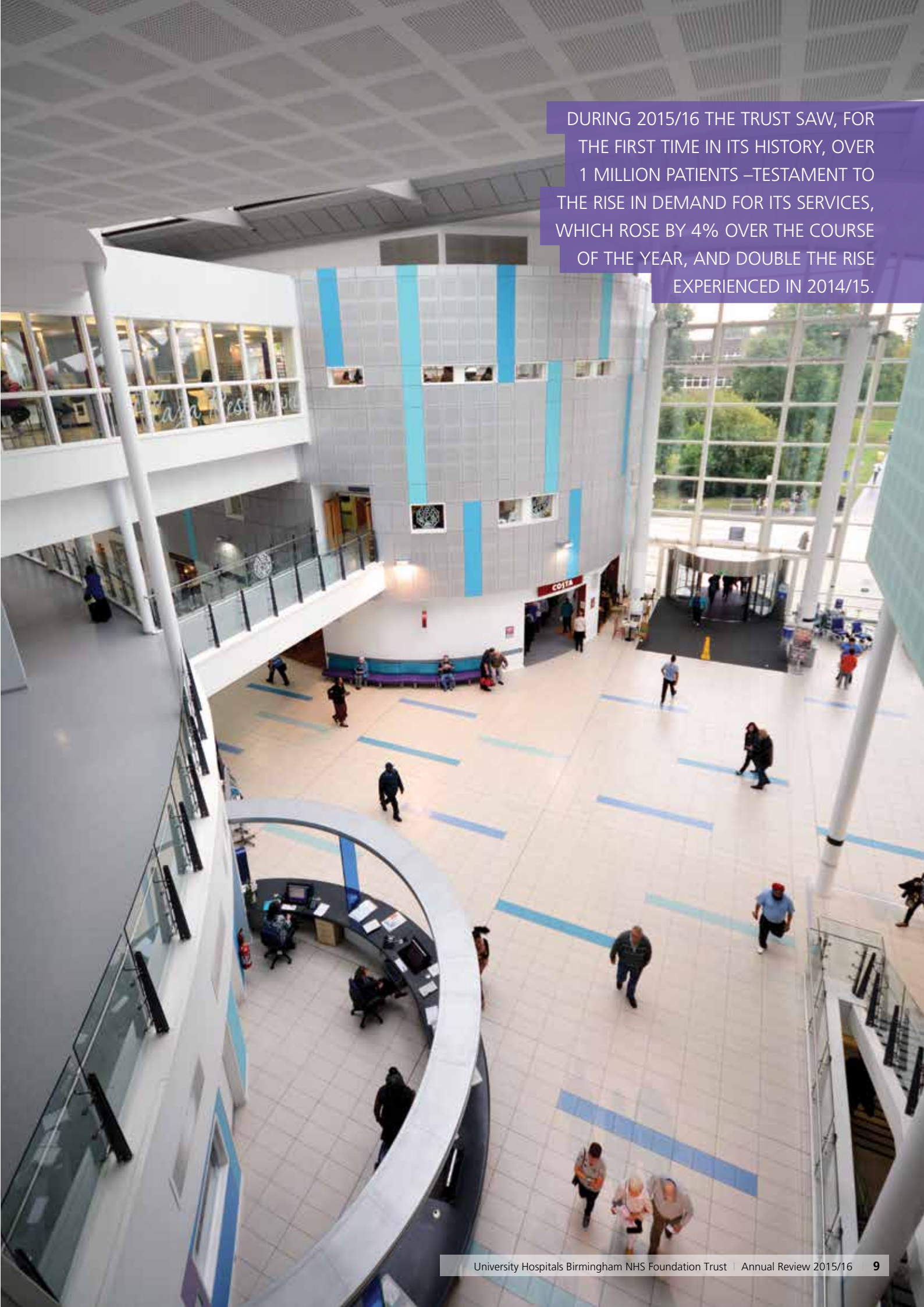
Significant developments have been made in improving patient experience. Over the course of 2015/16, the Trust made improvements in 12 out of 13 areas of the local patient survey based on the previous year's scores. Encouragingly, it also maintained a positive recommendation rate in the NHS Friends and Family Test, which was significantly higher than both the national and regional averages.

The Trust was unable to meet the national cancer target for '62-day wait for first treatment from urgent GP referral' for the third 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 (97.4%); for seeing patients with breast symptoms (achieving 98.5%) and providing anti-cancer drug treatments within the 31-day target (99.4%) – improving on last year's performance in the latter by almost 1%.

The Trust's well-proven monitoring systems identified Cardiac Surgery as an area where care could be improved and established a quality improvement programme, prior to the service being inspected by the Care Quality Commission, with a distinct focus on improving quality in this particular area in the latter part of the year.







DURING 2015/16 THE TRUST SAW, FOR THE FIRST TIME IN ITS HISTORY, OVER 1 MILLION PATIENTS –TESTAMENT TO THE RISE IN DEMAND FOR ITS SERVICES, WHICH ROSE BY 4% OVER THE COURSE OF THE YEAR, AND DOUBLE THE RISE EXPERIENCED IN 2014/15.

## PATIENT CASE STUDY:

### Elsie Day

**When Elsie Day came to the hospital at the tender age of 96, little did she know she would become a medical marvel; but that is exactly what happened.**

Mrs Day became one of the first patients in the United Kingdom to receive the world's smallest pacemaker at Queen Elizabeth Hospital Birmingham when she was implanted with Medtronic Micra device by consultant cardiologists Professor Francisco Leyva and Dr Howard Marshall.

Mrs Day is among the first in the country to benefit from the cutting-edge device as QEHB continues Birmingham's pioneering history in heart surgery and pacemaker technology.

After undergoing a successful procedure in June 2015, she was looking forward to getting back to her home in Bournville and husband Ernest, who celebrated his 103rd birthday just a few weeks later, having already had a traditional pacemaker fitted at the QEHB himself.

Traditional pacemakers are inserted under the skin in the chest and connected to the heart via a lead but this new device can be implanted directly to the heart, removing the need for any wires or leads.

The tiny pacemaker was inserted via Mrs Day's inner thigh and threaded through veins until it reached her heart, where it will help to regulate her heartbeat.

The £6,000 torpedo-shaped device has been under development for a number of years. Successful trials have been carried out in the United States, Germany and at Southampton General Hospital, but it has only recently become generally available to patients in the UK.

Professor Leyva said: "This new pacemaker has a number of benefits for the patient.

"The implantation procedure is a lot less intrusive and, once in place, the lack of any wires drastically reduces the risk of complications or infections developing." This is really the first generation of a whole new type of pacemaker that will be used in the future. It represents the transformation of heart pacemaking."

Mrs Day was delighted with her new pacemaker, although admitted to being a little puzzled by the cutting-edge technology.

"I feel very happy about it," she said. "It's in now, and I think it will make such a difference for me when it settles down.

"When the doctor first told me about the operation I wondered how it would get from my leg up to my heart but he explained everything



to me. Everyone has been so lovely, very kind and caring."

Before the implant Mrs Day's failing heart had led to difficulties getting around, dizziness and falls – one resulting in a fractured skull which was also treated at QEHB.

Also pleased with the result was daughter, Gillian Withers, who said the pacemaker would allow her mother to retain her independence.

"Mum and Dad live alone and she is effectively Dad's sole carer," she said. "We visit every day but she still insists on doing all her own cleaning around the house and takes the ring and ride service to do her weekly shop.

"Being independent is important to her and everyone at the hospital understood that and how much this pacemaker would mean to her."

## Infection Control

**With an exponential rise in the number of patients attending and the increase in antibiotic resistant infections emerging across the NHS, infection prevention and control continues to be one of UHB's key priorities.**

In 2015/16, the Trust has seen eight cases of MRSA (compared with 6 in 2014/15) and 66 cases of *clostridium difficile* (same as previous year)

These have all been subject to root cause analysis and any issues identified addressed. The Trust has also agreed a comprehensive MRSA reduction plan with its commissioners focusing on further enhancing staff training; appropriate antimicrobial use and identifying patients at risk of developing infection.

A number of initiatives have already been put into place to aid infection control. Routine screening for MRSA, and decolonisation where required, was introduced for all patients who go to Critical Care. The Trust has not had any further MRSA bacteraemias involving patients who have been to Critical Care since this change was implemented in December 2015.

The consistency of MRSA screening has also been improved; swabs are taken by nursing staff to ensure that they have been properly taken from the nostrils, groin and back of the throat plus any additional sites as required.

The Trust has also increased awareness of the proper hand hygiene with staff, patients and visitors via articles in news@QEHB, information stands in the hospital's main entrance and is engaging with the public via social media.

Deputy Chief Nurse Michele Owen promotes infection prevention and control.



ENCOURAGINGLY, THE PERCENTAGE OF STAFF SUFFERING WORK RELATED STRESS IN LAST 12 MONTHS HAS DECREASED BY 6% COMPARED WITH LAST YEAR, WHICH COULD BE ATTRIBUTED TO THE RANGE OF HEALTH AND WELLBEING INITIATIVES RUN BY THE TRUST



## Staff Wellbeing

**At University Hospitals Birmingham, patients are not the only people we invest in; we also invest in providing support training and resources to benefit staff.**

2015/16 saw the introduction of a further range of initiatives aimed at improving staff health and wellbeing.

In 2016, the Trust launched its first Staff Well Clinic and appointed a dedicated consultant to oversee the care of employees using the service.

The Staff Well Clinic is able to offer services including blood pressure, height, weight, and body mass index measurements and referrals to specialist teams if required.

The Trust also provides easy access to healthy food choices through a permanent fresh fruit and veg stall and its three restaurants; The Plaza, The Cellar and The Clock Tower. The well-established Farmers' Market, one of the most successful in the West Midlands, also increased the number of stalls and frequency in 2015 due to popular demand.

The results of the annual NHS Staff Survey show that UHB's performance was average or higher than average for 30 out of the 32 key findings.

Crucially, 93% of staff agree that their role makes a difference to patients or the service – an increase of 3% on the previous year's result and bucks the national trend where the average dropped by 1% in 2015/16.

Encouragingly, the percentage of staff suffering work related stress in last 12 months has decreased by 6% compared with last year, which could be attributed to the range of health and wellbeing initiatives run by the Trust including the Staff Counselling Service and weekly Tranquillity Zone sessions.

Indeed, the staff score for those who would recommend the organisation as a place to work or receive treatment; Staff satisfaction with resourcing and support and satisfaction with the quality of work and patient care they are able to deliver all went up and were higher than the national average.

Further plans will be developed over the next year to improve on the two areas where the Trust performance decreased. These were the percentage of staff feeling pressure to attend work when feeling unwell (14% increase) and staff's confidence in reporting unsafe clinical practice which fell by 0.17 on the scale (1-5) to 3.69 from 3.86 (2014/15).





Volunteers help improve patient experience



New Wi-Fi improves internet access



## Patient Experience

**The Trust monitors feedback via a variety of different methods including the patient advice and liaison contacts, complaints, compliments, mystery patient initiative, the NHS Friends and Family Test, Patient and Carer Councils, membership and both local and national surveys.**

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.

Feedback from patients has resulted in a number of initiatives to improve patient experience including;

- An extension of the 'buddying scheme' to provide companionship for young people who are inpatients
- The installation of new artwork in a number of areas to enhance the environment and make it more pleasant for patients, visitors and staff
- The installation of free Wi-Fi in key areas across the Trust to support patients and visitors with communication and internet access while using our services

In line with its four key values, the Trust takes the resolving of issues very seriously. In 2015 a Patient Relations 'Hub' was developed combining staff from the patient advice and liaison service (PALS) and complaints team to provide a 'one-stop-shop' approach to dealing with any queries or issues raised.

The team liaise closely with divisional managers to deal with issues swiftly as they arise and where a formal complaint is raised, that the complaint is investigated and responded to in a timely manner to the satisfaction of the complainant.

The total number of complaints in 2015/16 received was 629 – 14% lower than during the preceding year. By contrast, the Trust received 2,349 official compliments, an increase of 218 on the number received in 2014/15.

THE TOTAL NUMBER OF COMPLAINTS IN 2015/16 RECEIVED WAS 629 – 14% LOWER THAN DURING THE PRECEDING YEAR. BY CONTRAST, THE TRUST RECEIVED 2,349 OFFICIAL COMPLIMENTS, AN INCREASE OF 218 ON THE NUMBER RECEIVED IN 2014/15.

A new Patient Experience Dashboard was also launched in January 2016 to provide staff with easier access to patient experience feedback results enabling them to take ownership of suggestions and feedback. The initiative has been very well received and has enhanced staff engagement, in addition to improving experience.

## Clinical trials

Research plays an essential role in the development of care. It's extensive and innovative clinical trials programme is central to this and participation in clinical trials mean our clinicians can, in many cases, access drugs or treatments which are not generally available to the rest of the NHS.

These trials offer access to new medicines which can provide hope for patients for whom conventional treatments might have failed. During 2015/16, 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 traumatic brain injury, bladder cancer, burns and scarring and those with corneal damage.

During 2015/16 the number of clinical research projects increased significantly, with 356 new trials being registered with the Trust's R&D team (306 in 2014/15). UHB recruited over 5,000 additional patients to clinical trials.



## 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 ground breaking treatments, technologies and techniques.**

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.

THE TRUST REPUTATION FOR RESEARCH ATTRACTS SUBSTANTIAL FUNDING FROM A RANGE OF EXTERNAL PARTIES. IN COLLABORATION WITH THE UNIVERSITY OF BIRMINGHAM, UHB HAS BEEN AWARDED A £30.6M BOOST FOR A FIVE-YEAR RESEARCH PROJECT INTO PATIENT CARE.

In July 2015, the much-anticipated Institute of Translational Medicine (ITM) – 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 (UoB) and Birmingham Children's Hospital.

The Institute 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.

Research specialty groups resident in the ITM include audiology, skin and peripheral nerve, respiratory, cardiology, intensive care, liver, renal and cancer. It is also home the Centre for Rare Diseases which opened its doors in September 2015.

The Trust reputation for research attracts substantial funding from a range of external parties. In collaboration with the University of Birmingham, UHB has been awarded a £30.6m boost for a five-year research project into patient care.

The funds comprise a £10 million investment from the National Institute for Health Research (NIHR) which will be complemented by £20.6m match-funding from local health and social services to continue evaluating and developing healthcare until December 2018.

Amongst the numerous research units based at the Queen Elizabeth Hospital Birmingham, is The Healing Foundation Centre for Burns Research. Over the last year the centre has established a fully integrated research infrastructure and is currently conducting a ground-breaking study - the Scientific Investigation of the Biological Pathways Following Thermal Injury in Adults and Children (SIFTI) study – due to complete in December 2016. As well as improving our understanding of how the body responds to burn injury in adults and children, the £6 million research centre also carries out clinical research to aid the development of new treatments.

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

QEHB Charity also funds research projects and in 2015/16 made grants totalling £1,024,000.



Sister for the Centre for Rare Diseases

## Centre for Rare Diseases

### **The Centre for Rare Diseases is a new purpose-built facility located within the Institute of Translational Medicine.**

Opened in summer 2015, the Centre for Rare Diseases co-locates clinics previously held in the Queen Elizabeth Hospital Birmingham into one bespoke space within the new Institute of Translational Medicine.

It boasts its own entrance, with a nearby car park, a reception area and waiting room, a suite of consulting rooms, resource room, offices, plus conference and meeting facilities.

The centre which is representative of UHB's intent to contribute to the delivery of the Department of Health's strategy for rare diseases, brings together multi-disciplinary and multi-specialty clinics to provide co-ordinated clinical care and increased access to research for patients with rare diseases.

Despite the title 'rare', there are an estimated 7,000 rare diseases, most of which are inherited. In reality this means many people in the UK are living with a rare disease that can have a major impact on the quality of life and that of their relatives.

The innovative and streamlined approach to managing care pathways cuts down the burden of travel for patients and their carers by providing one-stop multi-disciplinary clinics, where doctors and researchers can work side by side to diagnose, treat and cure rare diseases.

A total of 1,148 patients from 36 rare disease clinics, covering 11 different clinical specialties, have been transferred from the main outpatients department at QEHB between September 2015 and January 2016.

On the ground floor the café and conference meeting rooms host various ITM events including business engagement, collaborative, research set up, seminar series and training days. Initial engagement meetings and ITM tours have been established and are proving very popular. The Trust continues to engage with

external bodies to leverage additional benefit associated with the ITM through collaborations and new funding for research and innovation infrastructure growth.

A TOTAL OF 1,148 PATIENTS FROM 36 RARE DISEASE CLINICS, COVERING 11 DIFFERENT CLINICAL SPECIALTIES, HAVE BEEN TRANSFERRED FROM THE MAIN OUTPATIENTS DEPARTMENT AT QEHB BETWEEN SEPTEMBER 2015 AND JANUARY 2016.

## Developments in Quality

**Quality is a driving factor across the NHS, informing national strategy and policy. UHB's continued focus is to improve the quality of its services and to deliver the best in care.**

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.

The last full inspection by the Care Quality Commission (CQC) took place in January 2015 with the report published in May 2015. This inspection assessed the Trust's full range of services against the five key questions the CQC uses:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs
- Are they well-led?

The CQC gave the Trust an overall rating of 'Good' with 'Good' ratings in the four of the five main domains (Safe, Effective, Caring and Responsive) and an 'Outstanding' rating for Well-led.

The CQC subsequently undertook a focussed inspection of Cardiac Services in December 2015,

following the release of national audit data that showed the Trust to be an outlier for in-hospital survival rates. The inspection identified some concerns around the leadership, culture and governance of the service, which were already being addressed by the Medical Director. Satisfied with the improvements made through the Trust's Cardiac Surgery Quality Improvement Programme, the CQC removed the conditions it imposed on the Trust to provide regular reports on the service in May 2016.

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).

Information published includes:

- Quality Reports: these include the Trust's 2015/16 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
- Patient experience feedback
- Other information: this includes some Annual Reports on specialised services such as HIV and national audit reports

**Staff Nurses Terri Herbert and Jo McGugan**



# Umbrella:

## Sexual Health Service

**In December 2014, University Hospitals Birmingham won the contract to provide the sexual health service for Birmingham and Solihull. The new service – called Umbrella – launched on 10 August 2015.**

Umbrella is an innovative partnership, led by UHB, consisting of a number of community-based organisations, charities and health service providers – and forms the largest, most integrated sexual health service in the world.

Its aim is to deliver better sexual health outcomes by providing the people of Birmingham and Solihull with the knowledge to avoid sexually transmitted diseases (STI) and HIV, and how to seek help if they are experiencing sexual coercion or violence.

Umbrella's comprehensive strategy to address the three top sexual health issues affecting the population of Birmingham and Solihull, will serve to improve all aspects of sexual health by providing greater education, access and range of services.

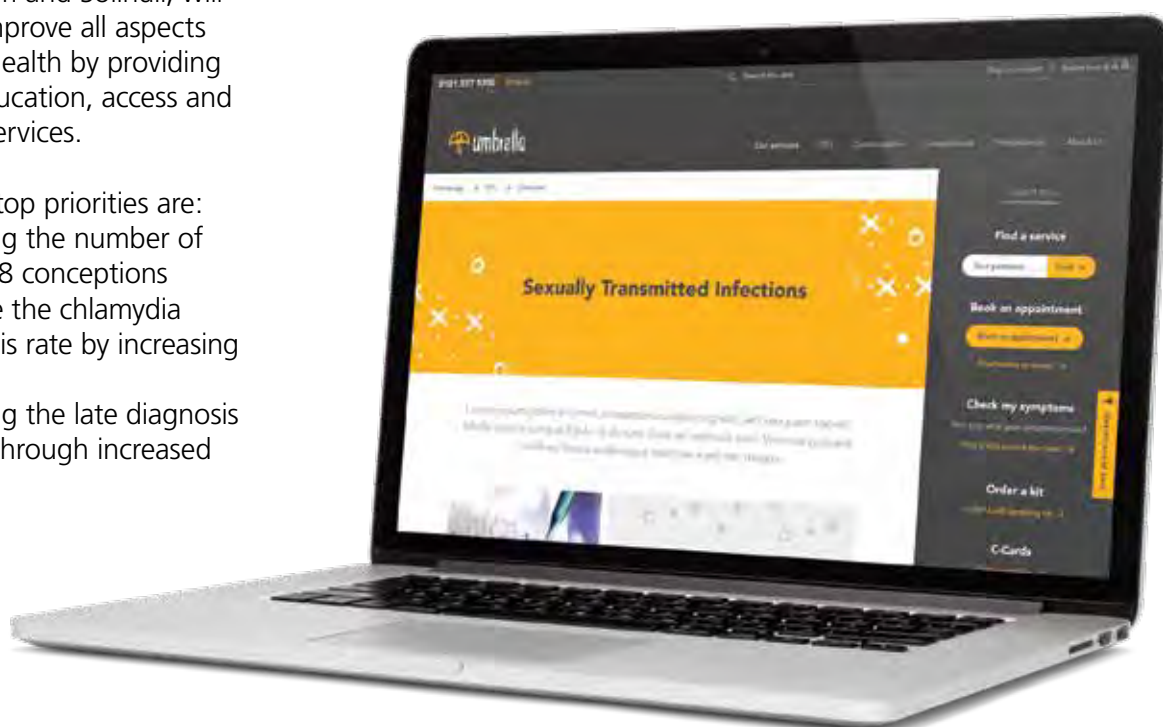
The three top priorities are:

- Reducing the number of under-18 conceptions
- Increase the chlamydia diagnosis rate by increasing testing
- Reducing the late diagnosis of HIV through increased testing

Those concerned about their sexual health can access free and confidential advice, support, testing and treatment via a unique network of local providers including eight NHS clinics run by UHB, almost 100 pharmacists, GPs and third sector partners.

The service also offers free home self-sampling kits, which test for HIV, chlamydia, syphilis, Hepatitis B and gonorrhoea which can be ordered to your home.

For further details about Umbrella and information on sexual health issues, or to locate your nearest clinic, book an appointment or order a self-sampling kit visit the website: [www.umbrellahealth.co.uk](http://www.umbrellahealth.co.uk)



A portrait of Dr Adnan Sharif, a man with dark hair, wearing a dark suit, white shirt, and a patterned tie. He is smiling and looking towards the camera. The background is blurred, showing what appears to be a public event or conference.

I HOPE THIS RECOGNITION  
FUELS INTEREST IN THE WORK OF  
THE ORGANISATION AND  
DRAWS URGENT ATTENTION TO  
THE ISSUE OF UNETHICAL ORGAN  
TRANSPLANT ACTIVITY

## UHB consultant nominated for Nobel Peace Prize

**Consultant nephrologist Dr Adnan Sharif has been nominated for the prestigious Nobel Peace Prize alongside colleagues from an international organisation set up to fight unethical organ transplants around the world.**

Dr Sharif, who has been a consultant at QEHB since 2011, has played an important role in promoting organ donation both within the hospital and across the West Midlands, working tirelessly to increase donors from within the Muslim community.

Outside the hospital, Dr Sharif is secretary of Doctors Against Forced Organ Harvesting (DAFOH) – an organisation which campaigns globally against illegal and unethical transplant.

He was also part of a delegation that travelled to Geneva in December 2013 to hand in a petition – signed by 1.5 million signatories – asking the United Nations Human Rights Commissioner to investigate claims of forced

organ procurement from executed prisoners in China.

He said: “I’m tremendously honoured to share this nomination for the 2016 Nobel Peace Prize with my colleagues from DAFOH, which has been campaigning for nearly a decade to raise awareness of unethical organ procurement.

“The nomination is specifically an acknowledgement of the work DAFOH has undertaken over many years in directing the world’s attention to gross violations of medical transplant ethics in countries such as China, where organs have been systematically procured from non-consenting capital prisoners and prisoners of conscience, to fuel a lucrative transplant tourism industry.

“I hope this recognition fuels interest in the work of the organisation and draws urgent attention the issue of unethical organ transplant activity, which unfortunately continues to the present day in places like China.”

# 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

# Council of Governors

Covering period 31 March 15-April 16

## Patient



Paul Darby  
from 01/07/15



Ian Fairbairn  
deceased on 30/06/15



Aprella Fitch



Linda Stuart  
from 01/07/15



Shirley Turner  
up to 30/06/15

## Public



Bernadette Aucott  
from 01/07/15



Paul Burgess  
from 01/07/15



John Cadle



Edith Davies



John Delamere



Alex Evans  
from 01/07/15



Sunil Handa  
deceased on 07/03/16



Sandra Haynes



Elizabeth Hensel



Anthony Ingold  
up to 30/06/15



Bridget Mitchell



Valerie Reynolds  
up to 30/06/15



David Spilsbury  
up to 30/06/15

## Staff



Helen England



Tom Gallacher



Margaret Garbett



Patrick Moore



Susan Price

## Stakeholder



Susan Barnett



Joanne Duberley



Paul Evans



Margaret Jacobi



Valerie Seabright  
from 01/07/2015



Alasdair Walker  
from 01/01/2016



Iestyn Williams  
from 01/06/2015



## MEMBERS PROFILE:

### Jenny Buchan

**Retired teacher Jenny Buchan loves her volunteering work at Queen Elizabeth Hospital Birmingham (QEHB) – because it gets her out of doing the housework!**

Jenny, aged 74, knows all about hospitals after teaching young patients at Birmingham Children’s Hospital for many years but her association with QEHB began when a close friend became ill.

“Living in Harborne I had always thought of the Queen Elizabeth [hospital] as my local hospital and had regarded it affectionately as it had treated various friends for relatively minor conditions,” she explains.

“But that changed when a friend had cancer and I realised just how important the hospital was to people from far and wide and what a breadth of knowledge and experience there was available to be used in their treatments.”

Her friend eventually lost their battle with cancer, but Jenny was determined to give something back to the hospital – initially taking a job as a clerk in the liver unit after she finished teaching.



– with The Cancer Information and Support Service in the Cancer Centre’s Patrick Room on Mondays and with QEHB Charity on Tuesdays and she is a familiar face in the atrium when the charity host a stand there.

“I have been volunteering in the Patrick Room for twelve years and find it both challenging and very rewarding,” she said.

“The room is open to everyone without appointment, which means that we never know who may come in or what questions we might be asked. We have a vast amount of information at hand to give people and are always ready to try to find more if necessary.

“Sometimes people just come back for a chat and to tell us of their progress, which is lovely.

“Working in the QEHB Charity office gives me a completely different view as they are concerned with the whole hospital and raising money for a myriad of projects, from large ones such as supporting Fisher House and buying equipment to individual patients being lent laptops or provided with toiletries.

“Hopefully I can continue in both of these roles for some time yet – and an added bonus is that it gets me out of doing the housework!”

I HAVE BEEN VOLUNTEERING IN THE PATRICK ROOM FOR TWELVE YEARS AND FIND IT BOTH CHALLENGING AND VERY REWARDING. THE ROOM IS OPEN TO EVERYONE WITHOUT APPOINTMENT, WHICH MEANS THAT WE NEVER KNOW WHO MAY COME IN OR WHAT QUESTIONS WE MIGHT BE ASKED.

“On retirement I then began volunteering and also became a member of the Trust,” she went on. “The Trust newsletters keep me well informed about developments and the wider issues at the hospital, while volunteering gives me a chance to learn more about how small sections function and to interact with both staff and patients.”

Jenny actually has two volunteer roles at QEHB

## Membership development

**UHB was one of the first trusts to receive Foundation Trust status in July 2004. Foundation Trust membership is largely representative of the populations it serves and has members from a broad range of backgrounds.**

Members play an important role in developing and improving services. During 2015/16, via the membership magazine *Trust in the Future*, members have contributed significantly to research used to deliver benefits to patients across the West Midlands.

Members are involved through the National Institute of Health Research (NIHR)'s patient and public involvement group to help in the design of trauma research studies being carried out at the hospital. Members are also engaged with, and invited to take part in, health research via the Trust's monthly health talks.

Evidence of the contribution members make towards improving the Trust's services can be seen in the monthly 'You Said, We Did' articles, which highlight areas of improvement made by listening to feedback. Examples of this in 2015/16 include members taking part in projects to install patient pagers to reduce waiting times on Ward 621; improve the seating in Audiology and to introduce a hot drinks trolley in Outpatients.

Members have also actively participated in the work of the Trust's Community Orchard and Gardens Project with members tending to the trees, vegetable patches and bee hives within the hospital's grounds.

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 take part in many of the Trust's annual awareness days by volunteering to support clinicians in handing out literature on various topics and sharing their stories of coping with their conditions. In 2016 members held information stands on renal care to mark World Kidney Day and to raise awareness of the hospital's patient support group as well as taking part in a series of events during Tinnitus Awareness Week.

The Trust's annual Best in Care Awards provide an opportunity for governors to recognise those members who have gone that extra mile to support the Trust through 'Member of the Year'. Staff, public and patient governors celebrate members' contribution and help to select the winners from the quarterly Customer Care awards nominations.

During 2015/16 the overall membership remained consistent with just a small increase from 24,211 to 24,249.

### Contacting the Membership Office

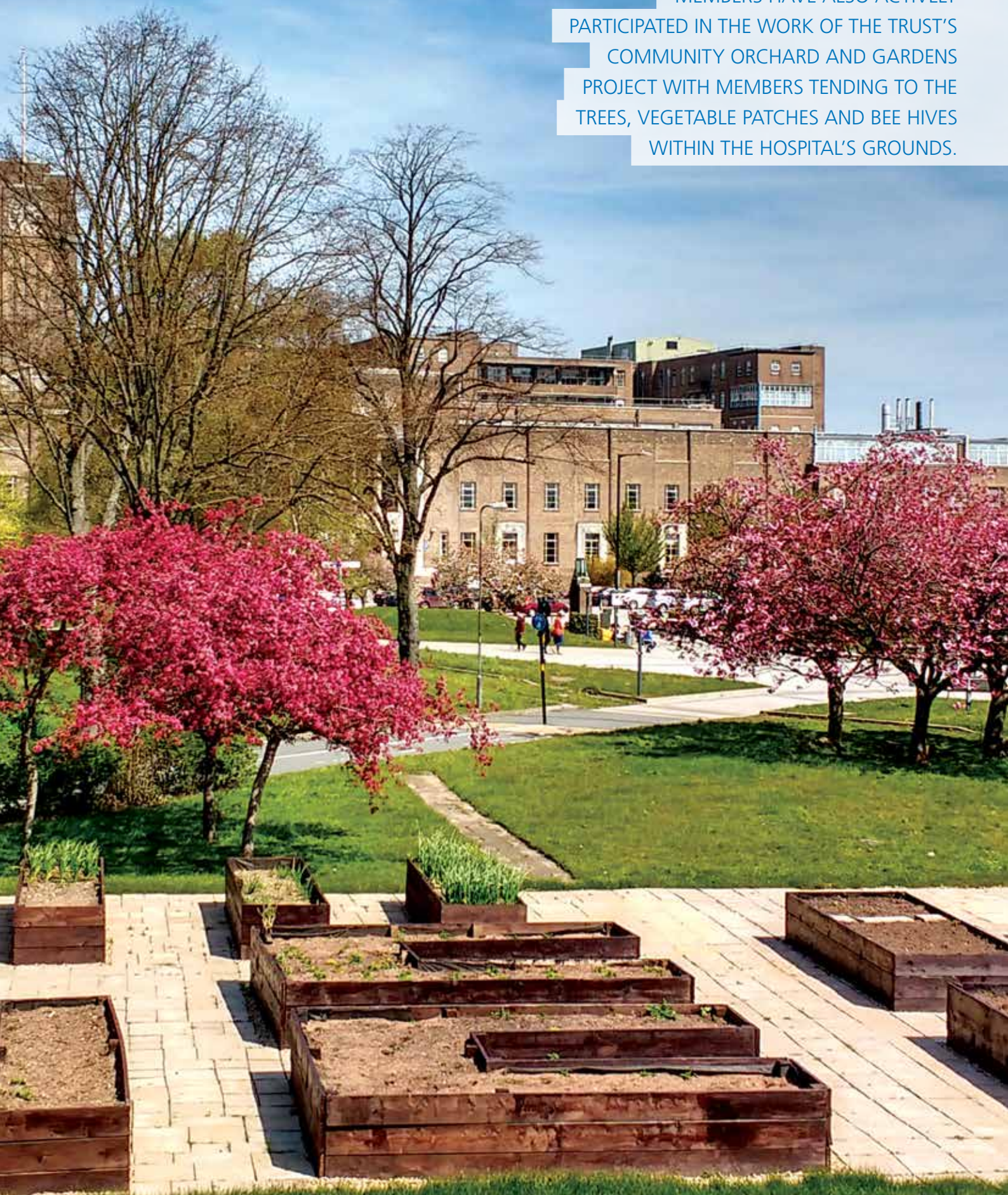
Membership Office triages queries from members to the most appropriate governor, and/or Director, for action.

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

Telephone: 0121 371 4323

Post: Membership Office, University Hospitals Birmingham, Mindelsohn Way, Edgbaston, Birmingham, B15 2TH

MEMBERS HAVE ALSO ACTIVELY PARTICIPATED IN THE WORK OF THE TRUST'S COMMUNITY ORCHARD AND GARDENS PROJECT WITH MEMBERS TENDING TO THE TREES, VEGETABLE PATCHES AND BEE HIVES WITHIN THE HOSPITAL'S GROUNDS.





## UHB haematologist awarded CBE in New Year's Honours

**Consultant Professor Charles Craddock received the ultimate accolade when he was awarded a CBE for services to medicine and medical research in the Queen's New Year's Honours.**

Prof Craddock is Director of the Blood and Marrow Transplant Unit at the Queen Elizabeth Hospital Birmingham (QEHB) and Professor of Haemato-oncology at the University of Birmingham. He is also Director of the Centre for Clinical Haematology at QEHB and was Transitional Director of the £24 million Birmingham Institute of Translational Medicine which opened on the hospital site in July 2015.

In 2003, Prof Craddock co-founded the blood cancer charity Cure Leukaemia, which has established a network of specialist research nurses.

Prof Craddock stated in 2014 that Cure Leukaemia can help find cures for all forms of blood cancer within the next 30 years. He has helped thousands of people suffering with blood cancer including former professional footballers Geoff Thomas and Stiliyan Petrov.

Dame Julie Moore, Chief Executive of UHB, said: "I am delighted to hear that Prof Craddock's

life-saving work has been recognised in the New Year's Honours. He is dedicated to his profession and thoroughly deserves this accolade for his commitment to improving people's lives through medicine."

Prof Craddock studied medicine at Oxford University and underwent postgraduate training in haematology at the Hammersmith Hospital, London, the Institute of Molecular Medicine at the University of Oxford and the Fred Hutchinson Cancer Research Centre at the University of Washington, Seattle.

In 1999 he was appointed Director of the Blood and Marrow Transplant Unit at the QE and in 2004 took up a newly created Chair of Haemato-oncology at the University of Birmingham.

In the past decade the BMT unit at University Hospitals Birmingham has grown rapidly to become the second largest adult transplant programme in the UK

The Centre for Clinical Haematology houses an integrated clinical leukaemia and transplant programme and an early phase trial unit serving one of the largest catchment areas in Europe.

## Redditch dialysis centre

**Haemodialysis patients from Redditch and Bromsgrove who previously had to travel for dialysis treatment, are now able to dialyse on their doorstep, thanks to a new purpose built unit in the heart of the community.**

The Redditch Kidney Treatment Centre, which opened on 30 March 2016, is the latest purpose-built centre to be opened as part of the Queen Elizabeth Hospital's dialysis programme, which has opened six new units since November 2014.

The new satellite facility currently caters for around 50 patients from the north of Worcestershire who require dialysis, with capacity to treat up to 100 in the future.

It boasts 20 stations – four of these are in private side rooms – four consulting rooms and free patient Wi-Fi throughout.

Dr Clara Day, who leads the haemodialysis programme in the West Midlands said: "We understand that travelling to and from dialysis sessions can be a source of anxiety for patients.

"After a great deal of analysis into where our patients live, we decided that opening a centre in Redditch, would minimise travel time and enable more people to be treated close to their homes – in turn improving their experience and quality of life."

The spacious new dialysis centre, run by Diaverum who also manage the Aston, Hereford, Kings Norton and Great Bridges treatment centres, opened on schedule and has been well received by patients and the local community.

In charge of the centre is unit manager Liz Simpson, who has over 30 years of dialysis care experience and most recently was matron for established renal failure at the Queen Elizabeth Hospital.

Angela Richards (pictured) who has been on dialysis since August 2015, was one the first patients to dialyse at the unit. She explained how dialysing closer to where she lives would impact on her life:

THE NEW SATELLITE FACILITY CURRENTLY CATERS FOR AROUND 50 PATIENTS FROM THE NORTH OF WORCESTERSHIRE WHO REQUIRE DIALYSIS, WITH CAPACITY TO TREAT UP TO 100 IN THE FUTURE.

"It's wonderful to be able to be treated at a unit so close to home.

"Previously it was about a forty-five mile round trip to get to my dialysis sessions so this is going to save me a lot of time and petrol money in the long run; it will make a big difference to me.

"The new unit is lovely. We have internet access and our own TV and there is a really nice atmosphere."



FISHER HOUSE, THE HOME AWAY FROM HOME FOR MILITARY PATIENTS AND THEIR FAMILIES HAS NOW BEEN A SAFE HAVEN FOR OVER 2,000 PATIENTS AND FAMILY MEMBERS AND HAS PROVIDED OVER 11,000 NIGHTS' ACCOMMODATION IN THE THREE YEARS SINCE IT OPENED IN JUNE 2013.



## 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 supports the Trust by raising funds to purchase equipment and facilities not normally seen in NHS hospitals, funding research at the University of Birmingham, and providing those little extras that make a stay in hospital just that little bit easier – from pizza nights and music teachers on the Teenage Cancer Trust Young Persons' Unit, to memory lane cafés and conversation cards for our elderly patients.

The charity generates income through fundraising, donations, charitable grants,

legacies and sponsorship and has raised over £18 million over the past five years, enabling the charity to continue to run existing activities as well as take on new and exciting projects. The Charity's Trustees oversee charitable expenditure to ensure that funding is for clear benefit to patients, their families and others using the hospitals.

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 which has now been a safe haven for over 2,000 patients and family members and has provided over 11,000 nights' accommodation in the three years since it opened in June 2013.



In 2015/16, QEHB Charity made grants to the Trust totalling £3,448,000. (2014/15: £3,182,000). Of this, QEHB Charity spent £1,374,000 on new equipment (2014/15: £1,179,000) that would not otherwise be available in an NHS hospital including more than £300,000 on imaging and electrophysical diagnostic equipment for the Centre for Rare Diseases.

The charity also funded four SiteRite 8 ‘Sherlock’ ultrasound machines; two for use on the Chemotherapy Day Unit and two for hospital’s mobile IV service. This equipment will enable nurses to insert vital lines for antibiotics and nutrients more quickly and more accurately, reducing the need for repeated chest X-rays.

An important part of the charity’s charitable grants programme is funding research. In total the charity made grants of over £1 million in

2015/16. 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 and education and patient support and welfare. In 2015/16, it spent £362,000 in this area on resources such as patient information films on cardiac rehabilitation exercise. The charity also funded free patient access Wi-Fi throughout the site to improve experience.

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

## Sustainability: Creating a better 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 set challenging national targets for NHS in England to make a 10% reduction in emissions by 2015 and an overall 80% reduction by 2050.

UHB successfully met and exceeded the first milestone in 2015, delivering a representative 27% reduction in its carbon footprint through a wide range of procurement, transport and

waste minimisation initiatives aimed at staff, volunteers, patients and visitors.

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.





## Improving access to training and employment

**A key priority for the Trust has been to broaden access to the jobs and training that healthcare can offer to unemployed people, particularly those living in the most disadvantaged parts of the city.**

The Trust's focal point for its community work is the Learning Hub, which provides a purpose-built facility to train unemployed people into entry level healthcare jobs and to help existing staff where they lack a basic skill.

The training projects based in the Learning Hub, have enabled nearly 2,200 people to gain a job – with 192 trainees gaining employment or an offer of employment in 2015/16 alone.

One particular innovative programme (called RISE)

providing intensive training for young homeless people, has proved hugely successful. Some 57 homeless clients were referred, of which 51 completed training. As a result of the programme 23 have been offered an apprenticeship and further two have been offered permanent jobs.

The majority of the Learning Hub's pre-employment training provides induction and placement in a ward, technical or administrative area. Experience shows this is invaluable in gaining unemployed people a job.

The Learning Hub continues to work in partnership with external organisations in particular the Prince's Trust, with whom it has delivered 13 "Get into Hospitals" programmes aimed at help young people in to work.



The Learning Hub

## Mixed recycling

**University Hospitals Birmingham 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.**

In 2015/16 the Trust recycled 974.00 tonnes of material – an increase of 26% on the volume in 2014/15. This significant rise is the result of a continuous effort to reduce waste through its mixed recycling scheme.

More than 850 mixed recycling receptacles

are located in departments and public areas to encourage the recycling of a wide range of items 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)



## Travel

**The Trust employs some 9,000 staff and last year treated over one million patients, with an estimated two million visitors. Consequently, the QEHB site is a major generator of traffic from across the city and beyond.**

As part of its wider sustainability strategy, the Trust encourages sustainable transport modes, through a comprehensive Green Travel Plan and, in conjunction with the City Council and other employers within the campus, has launched a Green Travel District (GTD) as part of the city's medium-term transportation strategy 'Birmingham Connected'.

The Trust's efforts in improving sustainable travel usage have been steadily bearing fruit. Between 2003 and 2013 there was a 20% reduction in the number of single occupancy car journeys, complimented by a 7% increase in staff commuting by public transport and a 3% increase in staff cycling to work.

Over the past year the Trust has re-invigorated its strategy by developing incentives for staff to minimise car use and increase the use of sustainable transport modes. This includes the introduction of eligibility criteria for staff car parking, which has led to a significant reduction in the number of staff cars permitted to access the Trust premises.

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 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
- Frequent events and promotion of travel opportunities, schemes and discounts

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.

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



## Clothing and food bank

**As part of the Trust's commitment to reducing disadvantage three new clothing and food bank drop-off points have been installed at the hospital, after the successful introduction of a food collection point to QEHB in 2014.**

Since the new donation points were installed in October 2015, the hospital's generous visitors and staff have donated over 800kgs of food and more than a tonne of second-hand clothing.

The crises faced by people who have relied on these donations of food and clothes range from victims of domestic abuse who are forced to leave their homes without their possessions, or people who have been made redundant, homeless or have recently been bereaved and have no access to money.

This initiative not only allows the Trust to collect food and clothing for local people, it enables us to further support our patients that need additional help.

Clinical staff are able to assess their patients upon discharge and if needed - offer support in the form of an emergency food parcel or vouchers for the local food bank and/or seasonally appropriate clothing.

Donations given to the food and clothing bank are given to Sparkhill foodbank which run a number of satellites across the city and which is part of the Trussell Trust network of foodbanks.

If you would like to donate clothing or food at the hospital, the drop-off points can be found by the Education Centre Reception on Level 1, and in the main atrium of QEHB on Level 0.

## Community orchard and gardens

**The community orchard and gardens, part of the Birmingham and Black Country's Nature Improvement Area, is spread over 16,000sq metres around the QEHB campus.**

It includes a wildflower meadow, more than 1,000 trees including more than 200 fruit trees, some 50,000 honey bees, vegetable plots, a pond and a woodland walk.

Local volunteers regularly take part in creating raised food beds, tending the orchards and running nature walks around the hospital site.

In January 2016, the Trust appointed a dedicated community worker to manage the development of the orchards funded by The Heritage Lottery Fund, through The Conservation Volunteers (TCV).

**Pictured top to bottom: fruit trees, wildflower meadow and woodland walk**



## PATIENT CASE STUDY:

### David Dawson

#### **David Dawson's 30-year wait for a new kidney is finally over following a successful transplant at Queen Elizabeth Hospital Birmingham.**

The 52-year-old from Stoke-on-Trent, had given up hope of ever getting a suitable donor organ after one failed transplant in 1984.

When the transplant co-ordinator called Mr Dawson at 4.00am on 30 June 2016, he nearly didn't answer because he thought it would be a crank call. But 12 hours later he was in a theatre undergoing the operation he'd been dreaming of for three decades.

"I just wondered who the hell it could be calling so early," he said. "But the phone went three or four times and I eventually decided to go downstairs and answer. It was QE transplant co-ordinator, Sheryl Parsons. She told me they had a possible match and that I needed to get to Birmingham as quickly as I could.

"Tissue typing and cross-matching had to be done at that stage and I had to go on dialysis for four hours when I arrived. Just before I came off that the co-ordinator came and said it was a match and I just broke down and cried."

Mr Dawson's condition only came to light when he went for a routine medical in his late teens.

"I wasn't ill before I was diagnosed. I just went for a medical before starting a job and the urine test showed some blood. That's when it all started," he said.

Mr Dawson underwent a transplant at North Staffordshire Royal Infirmary in 1984 but that kidney failed after nine months and he had been waiting for a second chance ever since.

"You see other people getting transplants after a matter of months and you get to a point where

you think, 'This is not going to happen'.

"But the message I would give to people in the same position now is to never give up hope; never, say never. It can happen no matter how long you've been waiting."

Mr Dawson, a former jewellery repairer, is now looking forward to enjoying a more normal life.

"I had accepted that I would be dialysing for the rest of my life," he said. "It's absolutely brilliant. I'll be a lot fitter and free from the dialysis, which has taken up three days of my life every week," he said. "The problem will be finding things to do with myself now."

The former jewellery repairer can't wait to start enjoying some of the foods he has not been able to enjoy.

"I'll be able to go and have a pint now," he said. "But, believe it or not, I'm really looking forward to having a banana and one of the first things I intend to do is to have a Costa coffee because I've never had one – they weren't about 30 years ago!"



THE MESSAGE I WOULD GIVE TO  
PEOPLE IN THE SAME POSITION  
NOW IS TO NEVER GIVE UP HOPE;  
NEVER, SAY NEVER. IT CAN  
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YOU'VE BEEN WAITING



## A £250k make-over for children's radiotherapy treatment area

**As an adult hospital we understand that a child coming into this environment may find the experience more daunting than going to a children's hospital.**

To improve the experience for children, the Trust undertook a £250,000 revamp of the radiotherapy department, funded by QEHB Charity, in October 2015.

IT'S IMPORTANT THAT YOUNGER PEOPLE AND THEIR FAMILIES ARE MADE TO FEEL AS RELAXED AS POSSIBLE AT WHAT CAN BE A DIFFICULT TIME.

A new dedicated children's recovery room provides a larger, more calming and age-appropriate environment than the 11 year-old facility it replaced.

In addition, a play area for siblings and patients was relocated closer to the new recovery room and re-equipped for children aged 18 months and upwards, some of whom have to have a general anaesthetic before their radiotherapy treatment.

The old recovery room was transformed into a quiet room where consultants can talk to parents about their child's treatment and a complete

re-decoration of the existing waiting room, including new furniture, was carried out. A new designated trolley bay for patients waiting for transport with an adjacent reception desk was also created.

Mike Hammond, QEHB Charity Chief Executive, said: "It's a little known fact that children from all over the country come to the QE for their radiotherapy treatment.

"That's why we are funding this project through our VIP Appeal – because all children are very important people.

"The idea is to create an area that feels more comfortable

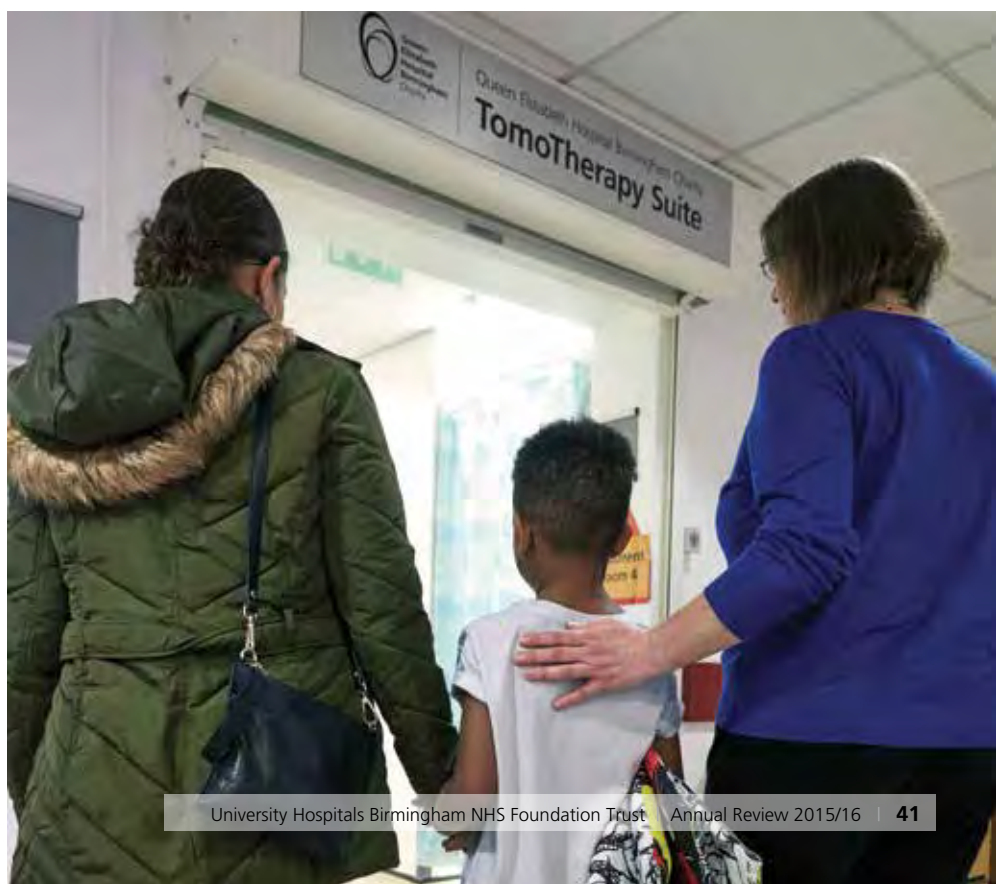




than clinical," said Mike. "It's important that younger people and their families are made to feel as relaxed as possible at what can be a difficult time."

The VIP Appeal attracted contributions from dozens of donors, with some of the largest donations coming from Help Harry Help Others, the Sikh Arts and Culture Association and Irish Cycle Appeal.

The QEHB Charity also funds age-related character blankets for each child undergoing radiotherapy treatment. They are given the same blanket at each of their appointments and a toy at the end of the course.



## PATIENT CASE STUDY:

### Valerie Pinfold

Doctors told Valerie Pinfold that it had been touch and go after her body rejected the first implanted liver in 2015 – but after a second operation in 72 hours she slowly began the road to recovery.

And now more than a year later the 49-year-old mother of two is working part-time and has become an avid campaigner to raise awareness of the desperate need for donor organs – writing a blog about her experiences, speaking to media and fundraising for the British Liver Trust.

Valerie's problems began in 2000 when tests following a prolonged bout of diarrhoea revealed that she had the anti-mitochondrial antibody that sometimes leads to Primary Biliary Cholangitis (PBC) – a long-term liver disease which can lead to scarring (cirrhosis) and failure of the organ.

MY SURGEONS ARE NOW MY HEROES AND I THANK ALL THE DOCTORS AND NURSING STAFF, FROM BOTH CRITICAL CARE AND THE LIVER WARD, WHO LOOKED AFTER ME DURING MY LONG STAY AT QEHB. I ENJOY SPENDING THIS EXTRA TIME I HAVE BEEN GIVEN WITH MY FAMILY AND DOING THE 'NORMAL' THINGS AGAIN THAT I HAVEN'T BEEN ABLE TO DO FOR SUCH A LONG TIME.

Unfortunately for Valerie PBC was confirmed in 2007, followed by several years on various medications and a regular procession of check-ups, tests and scans until, in December 2014, she was referred to specialists at QEHB who confirmed that she urgently needed a transplant.

Barely two months later and she was back in Birmingham for the operation – at the start of what would turn out to be a somewhat nervous

week for her and her family.

"I think the operation went quite smoothly from what I have been told," said Valerie. "But in the afternoon of the following day my family were told that the liver was failing, my arterial vein was too small and half of the liver was without blood.

"I didn't know anything about this at the time as I was so heavily sedated, but I was put onto the super-urgent list and my family were told that another liver needed to be found for me within 72 hours.

"It took rather a long time, I had some infection from the failing first liver, I lost a lot of blood, and at a later clinic appointment I was told that they only just saved me."

But Valerie wasn't out of the woods after her second transplant. She developed pneumonia and spent a further six weeks at QEHB before being discharged, suffering hallucinations and nightmares in the early days due to the drugs she was on.

"I was one crazy lady," she said. "I had such detailed dreams, which all involved the doctors and nurses looking after me, but were set in different places.

"Worse than that for my family, was that I was horrible to them. I was swearing, shouting, screaming. I was also like this with the doctors and nursing staff, refusing to have things done. I must have made it very difficult for them to do what they needed."

Eventually Valerie was able to return to her home in Chipping Norton, Oxfordshire, and slowly began to regain her strength.

"Some days were tougher than others but I very gradually recovered," she went on. "I know I am very lucky to still be here today. I do still get very tired but I am doing well.



"My surgeons are now my heroes and I thank all the doctors and nursing staff, from both critical care and the liver ward, who looked after me during my long stay at QEHB.

"I enjoy spending this extra time I have been given with my family and doing the 'normal' things again that I haven't been able to do for such a long time.

"I am extremely grateful to my two donors and their families and always will be. Without them I

quite simply would not have been here to do any of those things.

"It is important that we get as many people as we can to join the donor register. It really is a gift of life."

University Hospitals Birmingham   
NHS Foundation Trust

 Delivering the **best** in care