



University Hospitals Birmingham
NHS Foundation Trust



Annual Review **2017/18**

Our vision

To build healthier lives

Our purpose

To improve the health of our patients and communities through delivering the best in clinical care, research, innovation and education.

Our values

Collaborative

Working in partnership with others to provide safe, appropriate care and improve outcomes.

Honest

Being transparent in all that we do, communicating openly, inclusively and with integrity.

Accountable

Taking personal and collective responsibility for the way in which we deliver care.

Innovative

Being responsive, creative and flexible, always looking for ways to do things better.

Respectful

Treating everyone with compassion, dignity and professionalism.



Building healthier lives



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Welcome

Welcome to University Hospitals Birmingham NHS Foundation Trust's (UHB) Annual Review for 2017/18.

The past year has been a momentous one both for the NHS, which is celebrating its 70th birthday, and for our own organisation which has now embarked on an exciting new chapter in its own history.

The successful merger by acquisition of Heart of England NHS Foundation Trust by UHB created one of the biggest NHS trusts in the country.

It was given the go ahead in April this year after a great deal of preparation and planning to make sure the single organisation could provide the best possible healthcare to the people we serve.

While the move towards a merger dominated much of the last year, and the two trusts coming together was a significant achievement, this annual review will highlight many other positives.

Across all our sites and services – Good Hope, Heartlands, Queen Elizabeth and Solihull hospitals, our community services and Birmingham Chest Clinic – we have a lot of success to report and celebrate.

There has been significant progress in a difficult year of increased demand and pressure for the NHS. We have continued to deliver high-quality clinical care despite the ever-increasing demand on our frontline services.

Figures show that we are continuing to treat more and more patients and are facing unprecedented demand for our services and

yet we are proud to say that in most cases the quality of care they experienced was excellent.

At the former Heart of England NHS Trust (HEFT), we were one of the largest and busiest providers of cancer care in the country last year and, despite significant demand, performance against targets remained excellent.

At Queen Elizabeth Hospital Birmingham (QEHB), the Trust made progress in relation to four out of its six quality improvement priorities. Significantly, good progress was made in a target area of reducing grade 2 pressure ulcers or bed sores which has a huge impact on the quality of care.

One particularly pleasing achievement is the progress we have made on new developments. We now have a new £2.2 million Haematology and Oncology unit at Solihull and a refurbished Centre for Clinical Haematology on the QEHB site. During the past 12 months we have been able to move forward on the Ambulatory Care and Diagnostic Centre development at Heartlands Hospital, securing planning permission at the start of 2018, with bulldozers now on site clearing the way for building work to start next year.

As we embark on this new era we have said a fond farewell to Chief Executive Officer Dame Julie Moore following her retirement from the Trust.

We cannot thank her enough for the critical role she has played in the success, development and growth of the Trust, most recently through the merger. Her work across the NHS means that she will be missed but her

achievements over the years will ensure she will not be forgotten.

Deputy CEO Dr David Rosser, who has been Medical Director at the Trust for the past 12 years, has been appointed our new CEO and we both look forward to working together and with all our staff, governors, volunteers and members as we move into a new era building healthier lives for the citizens we serve.



Rt Hon Jacqui Smith
Chair



Dr David Rosser
Chief Executive



About the Trust

University Hospitals Birmingham NHS Foundation Trust (UHB) is one of the largest teaching hospital trusts in England, serving a regional, national and international population.

The Trust includes Birmingham Heartlands Hospital, Queen Elizabeth Hospital Birmingham, Solihull Hospital and Community Services, Good Hope Hospital in Sutton Coldfield and Birmingham Chest Clinic. It also runs a number of smaller satellite units, allowing people to be treated as close to home as possible.

The Trust sees and treats more than 2.2 million people every year across its sites and delivers more babies than anywhere else in Europe.

UHB is a regional centre for cancer, trauma, renal dialysis, burns and plastics, HIV and AIDS, as well as respiratory conditions like cystic fibrosis.

It also has expertise in premature baby care, bone marrow transplants and thoracic surgery and has the largest solid organ transplantation programme in Europe.

The Trust provides a series of highly specialist cardiac, liver and neurosurgery services to patients from across the UK.

UHB is world-renowned for its trauma care and has developed pioneering surgical techniques in 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 has been designated both a Level 1 Trauma Centre and host of the UK's only £20m National Institute for Health Research (NIHR) Surgical Reconstruction and Microbiology Research Centre (SRMRC).

The Trust has more than 20,000 members of staff and is committed to investing in their development and their health and wellbeing.

UHB is a Stonewall Diversity Champion and aims to achieve positive change for LGBTQ+ people by creating an inclusive, inspiring and equal environment for both staff and service users.

The current Trust is an expanded organisation following the merger by acquisition of Heart of England NHS Foundation Trust which managed Heartlands, Solihull and Good Hope Hospitals as well as Solihull Community Services and Birmingham Chest Clinic by UHB, which managed Queen Elizabeth Hospital Birmingham.

This annual review covers the performance and highlights of the year leading up to the formation of this new enlarged Trust which took place at the start of April 2018.

The full reports are available here:
<https://www.uhb.nhs.uk/Downloads/pdf/AnnualReport17-18.pdf> and <http://hgs.uhb.nhs.uk/wp-content/uploads/HEFT-Annual-Report-2016-17.pdf>

UHB staff joined a group of over 100 NHS staff from local trusts to march at Birmingham Pride



The Trust
delivers more
babies than
anywhere else
in Europe



New Birmingham hospital trust formed by merger

The merger by acquisition of Birmingham's two largest hospital trusts went ahead on 1 April 2018.

Plans to bring together University Hospitals Birmingham NHS Foundation Trust – which was managing QEHB – and Heart of England NHS Foundation Trust (HEFT) – which was running Heartlands, Good Hope and Solihull hospitals and community services – were given the green light by the trusts' respective boards of directors, with the decision cleared by both councils of governors.

The enlarged organisation is using the University Hospitals Birmingham NHS Foundation Trust name (UHB).

All individual hospital and clinic names remain the same, including the Birmingham Chest Clinic.

The merger by acquisition, proposed in September 2016, had been under consideration by the government's

Competitions and Markets Authority (CMA) for several months before being cleared in August 2017.

The CMA concluded that, while the merger could give rise to competition concerns across a number of elective specialties, these were outweighed by the substantial improvements to patient care that were expected to arise.

In reaching this view, the CMA placed significant weight on the advice on probable benefits from NHS Improvement, the sector regulator, which strongly supported the merger.

NHS Improvement advised the CMA that HEFT had experienced sustained difficulties in governance, quality of care and finances since 2012, which successive management teams had been unable to address.

It also advised that the appointment of the UHB management to HEFT's executive team in October 2015 had already given rise to a number of benefits, such as reduced waiting



times and improvements in the quality and safety of patient care for all HEFT patients.

The CMA found that HEFT would be a relatively weak competitor to UHB without the merger and that both parties were experiencing capacity constraints.

The CMA compared this to the wide-ranging nature of the benefits identified by the hospitals and NHS Improvement, which would benefit most patients at HEFT.

It also examined UHB's track record and the results already delivered at HEFT since October 2015.

NHS Improvement also needed to approve the application following the clearance from the CMA.

It conducted a thorough review of the proposed transaction, assessed the business case and issued an indicative transaction risk rating of "Amber", which was expected, and sufficient to enable the boards to undertake the transaction.

The merged organisation, approved at extraordinary meetings of both trusts' boards on Monday 26 March, is delivering services to patients in Birmingham, Solihull, Sutton Coldfield and South Staffordshire.

It aims to deliver more equitable patient access to better quality and integrated healthcare across the footprint of the new merged Trust, through Heartlands, Good Hope, Solihull and Queen Elizabeth hospitals.



Merger Benefits

- ▶ Performance
- ▶ Patient Benefits
- ▶ Workforce
- ▶ Investment in Clinical Services
- ▶ Research and Development
- ▶ Improved organisational resilience
- ▶ Investment in capital development

Finances

The acquisition will increase the Trust's annual income, expenditure, staff numbers and healthcare activity. But, like many providers of NHS services, HEFT had reported financial deficits in recent years.

No material financial improvement is expected as a direct result of the acquisition, therefore the combined Trust is planning for a (£38m) deficit in 2018/19 with a further deficit expected in 2019/20.

The Trust will rely on existing cash balances and access to working capital facilities during this period.



Trust performance

University Hospitals Birmingham (QEHB) University Hospitals Birmingham NHS Foundation Trust (UHB) continued to deliver high quality care and treatment to patients during 2017/18 despite a challenging year for the NHS.

The Trust saw unprecedented Emergency Department attendances and hospital admissions which put significant pressure on our ability to deliver planned treatments.

At QEHB, 1,078,619 treatments were completed in this period, including 818,939 outpatient appointments, 142,204 inpatient episodes and 117,476 ED attendances.

This was a one per cent rise in the record for the number of patients we have seen during a year.

Despite this, the Trust made progress in four out of its six quality improvement priorities.

Good progress was made in reducing grade 2 pressure ulcers or bed sores. Only 76 patients developed a grade 2 pressure ulcer in 2017/18, compared to 99 the previous year, a 23% reduction. This was due to a series of initiatives, including education and training.

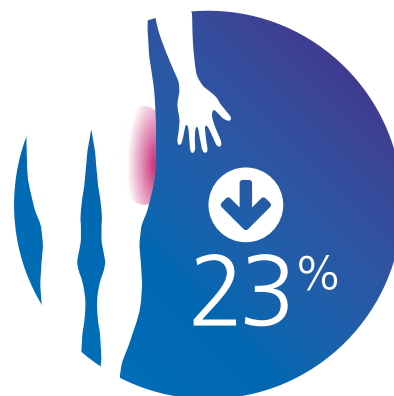
Development was also seen in patient experience with improvements in a quarter of the areas of the local patients survey.

The Trust also maintained a positive recommendation rate in the NHS Friends and Family Test which was mostly higher than the West Midlands regional average and higher than the national average in some areas.

It is encouraging that the number of compliments the Trust receives about QEHB is more than the number of complaints (see page 16).

Nationally, falls in hospital are the most common patient safety issue and at QEHB the percentage of falls resulting in harm dropped slightly from 17.4% in 2016/17 to 17%.

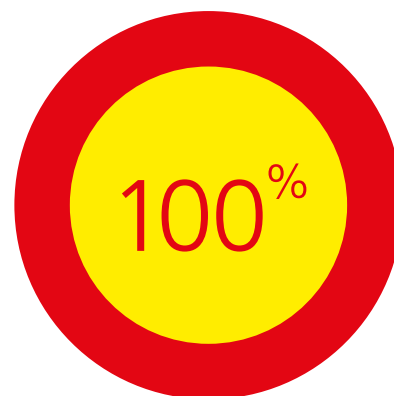
Progress was also made in terms of timely treatment for sepsis, a potentially life-threatening condition which is the result of a bacterial infection in the blood.



Occurrences of grade 2 pressure ulcers **reduced by 23%** from 2016/17



The Trust continues to receive significantly more **compliments** than **complaints**



Sepsis identification in ED and acute inpatients **rose to 100%** in quarter four – against a target of 90%



1,078,619
total treatments

818,939 outpatient appointments

142,204 inpatient episodes

117,476 ED attendances

One of our key aims was to improve early recognition and management of sepsis.

A 90% target for identifying sepsis in emergency departments and acute inpatient settings was missed in the first half of the year but by the fourth quarter it was up to 100%.

The significant rise in the number of people attending the Emergency Department meant there was not always an inpatient bed available. This meant that performance against the total time in A&E target was affected and the 95% target was not achieved.

Action has been taken to make more beds available, including the opening of the Emergency Observation Unit and 24 beds at the Norman Power Centre in January.

The 14-day cancer and breast targets were not met for a period during the year due to increasing demand and reduced capacity and the Trust performed below the 85% national standard for 62-day urgent GP referrals.

In terms of finances, the Trust's total annual revenue increased by 6.9% up to £851.9 million in 2017/18. The Trust's 2017/18 financial position was a surplus, partly as a result of Sustainability and Transformation Funding (STF).

During 2017/18, UHB continued to support Heart of England NHS Foundation Trust (HEFT) in order to share learning and best practice.

Trust performance

Heart of England NHS Foundation Trust

In its final year, the Heart of England NHS Foundation Trust (HEFT) faced similar challenges to other trusts across the country.

During 2017/18, HEFT maintained its focus on delivering high quality care and treatment to patients.

In line with national trends, the Trust continued to see unprecedented demand in Emergency Department (ED) attendances and admissions and that put significant pressure on its ability to deliver planned treatments.

Serving a diverse population of 1.2 million across Birmingham East and North, Solihull, Sutton Coldfield and South Staffordshire, in 2017/18, HEFT dealt with:

- ▶ 272,213 A&E attendances
- ▶ 90,623 day case and elective spells
- ▶ 1,015,956 outpatient attendances
- ▶ 78,839 emergency spells
- ▶ Supported 9,697 births

HEFT continued to perform well against national and local targets in 2017/18 and met all its cancer targets each month of the year with one exception. This made it one of the best performing trusts in the country in this area.

The winter was one of extreme pressure and following national directives all elective work was cancelled in January 2018 in order to relieve pressure on beds. This impacted on Referral To Treatment, which remained below 91% (against a target of 92%) from December onwards.

There was a significant increase in Emergency Department and Ambulatory Emergency Care (AEC) activity levels through the year. The Trust has not delivered the maximum wait time of four hours in ED from arrival to admission, transfer or discharge indicator for a number of years and continues to perform below target. Performance was at 86.6% in April 2017 and continued to decline.





Despite high levels of demand, the Trust delivered the 62-day GP referral to first treatment targets in every month of the year. This was in contrast to the national picture, where very few providers consistently delivered against this target. HEFT had achieved this important target in every month since July 2016.

The Trust received lots of positive feedback from patients about their care.

Through its Friends and Family Test feedback the Trust received 179,693 comments from patients, carers and relatives about their experiences of care during 2017/18 and for inpatients, 93.9% positive recommendations were received.

More staff responded to the annual staff survey with the response rate increasing from 36% last year to 41%.

The Trust's Staff Survey results for 2017 show that performance was average or better for 10 of the 32 key findings and below average for 22 key findings, when compared to other acute trusts.

For the 2017/18 financial year, the Trust reported an overall income and expenditure deficit of £47.4m for the year.

A significant factor was the loss of Sustainability and Transformation Funding (STF) where £5m funding was received in 2017/18 compared to £25.2m in 2016/17.

The Trust made progress in relation to infection prevention and control with numbers of MRSA and *Clostridium Difficile* infections lower than the previous year.



Staff wellbeing

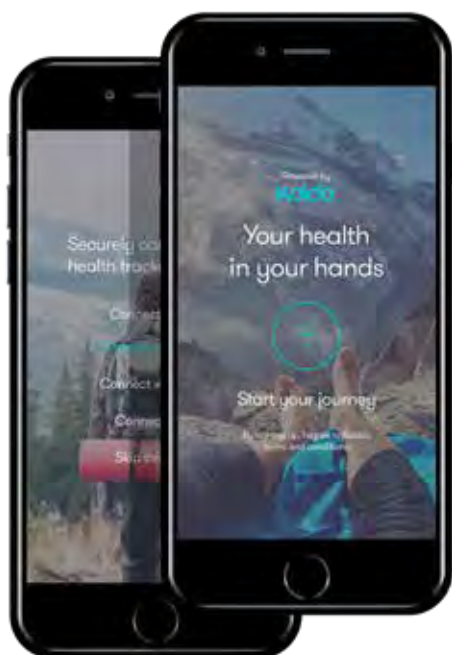
The Trust invests in its staff as well as its patients, providing support, training and resources to benefit the workforce and 2017/18 saw more initiatives aimed at improving staff health and wellbeing.

These included:

- ▶ An app-based challenge was launched to promote healthy lifestyle choices and exercise activities
- ▶ An awareness campaign saw 3,000 'Health and Wellbeing for Staff' leaflets distributed and posters placed in wards
- ▶ Intranet pages which signpost staff to over 20 topic areas for advice and guidance, including bereavement, exercise and weight loss, via the staff portal were updated.
- ▶ National awareness days such as World Mental Health and Time to Talk were widely promoted

Staff members are able to self-refer to a number of activities and services and these include:

- ▶ Staff Support
- ▶ Staff Well Clinic
- ▶ Staff Physiotherapy
- ▶ Occupational Health
- ▶ Mindfulness
- ▶ Chaplaincy Support



Staff Survey

UHB

The results of the annual NHS Staff Survey show that UHB's performance was average or higher than average (in the top 20 per cent) for 24 out of 32 key findings when compared to other acute trusts. The performance was the strongest in the West Midlands.

There was an increase of three per cent in the number of staff who responded and significantly, 90 per cent of staff agree that their role makes a difference to patients or the service.

It is heartening to see that staff satisfaction with the quality of work and patient care they are able to deliver and in recommendation of the organisation as a place to work or receive treatment is among the best 20% of acute trusts.

Last year, the Trust focused on addressing bullying and harassment, and staff health and wellbeing. Staff were made aware of the channels available for raising concerns about harassment, bullying or abuse, the support available, and the staff counselling service.

HEFT

The number of staff who responded to the survey improved by five per cent and the results show that, across the 32 key findings, the Trust maintained the same scores on 24 key findings, and deteriorated on eight key findings.

The staff engagement score was 3.69, lower than the 2016 score of 3.72. Generally, improvements seen in the 2016 survey results were maintained.

Ninety per cent of staff agreed their role made a difference to patients.

In the year ahead, the Trust will be focusing on four key corporate priorities:

- ▶ Staff wellbeing: Providing workshops on mental health issues
- ▶ Staff recognition
- ▶ Leadership
- ▶ Exploring new approaches to flexible working, to support staff wellbeing and staff retention



Staff, family and local community were invited to the Trust's first 'Apple Day', an event bringing people together to celebrate The Orchard Project and the 100 fruit trees that are part of the Trust's community orchard at QEHB.

Patient experience

What our patients have to say matters a great deal to us so feedback is monitored through a variety of methods.

These include 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 and these surveys have helped the Trust to benchmark the success of its patient improvement measures against the results of the National Patient Survey.

We listen to what our patients are telling us but we also act on it too - so feedback from patients has resulted in a number of initiatives to improve patient experience. These include:

Implement more flexible visiting times

Visiting times have been increased from 2.30pm-7.30pm to 11am-8pm – a move that has been well received by patients and their families.

A Visitor Charter was also introduced setting out what visitors can expect from staff and sharing important information for visitors.

Pets in Hospital

A Pets in Hospital scheme has been developed along with Queen Elizabeth Hospital Birmingham Charity. The ground work was laid during the last year and has now been launched.

Buddying

An extension of the buddying scheme to provide companions for young people who are inpatients.



The Trust takes the resolving of issues very seriously. The Trust's Patient Relations Hub – a team comprising patient advice and liaison service (PALS) and complaints team staff – provide a one-stop shop approach to dealing with any queries or issues raised.

The team liaises closely with divisional managers to deal with issues swiftly, 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.

At QEHB, the total number of all complaints received in 2017/18 was 660, a decrease of 15% on the 779 complaints received in 2016/17. The main subjects related to clinical treatment (188), communication (103) and attitude of staff (93), matching the top three subjects from the previous year.

The Trust consistently receives considerably more compliments than complaints.

At HEFT, a new and robust complaints policy and process was embedded throughout the Trust last year. During the year, 1,136 complaints were received compared to 1,120 the previous year with the most common themes being around clinical care or communication.

Governor and patient panel drop-in sessions were also adopted across Heartlands, Good Hope and Solihull hospitals.



Thanks for saving my life

Youngster Sophie Eagle said a big thank you to the hospital unit that saved her life.

Sophie, from Dorridge, was born in 2010 at just 31 weeks and spent five weeks being looked after by the team in the Neonatal Ward at Heartlands Hospital before she was strong enough to come home.

Last year, she was one of our youngest fundraisers when she ran the Knowle Fun Run to raise a fantastic £350 for the ward.

Becky Eagle, Sophie's mum, said: "We've always been very open with Sophie about her time at Heartlands, and there's a photo of her with a feeding tube in an incubator in her bedroom.

"I asked Sophie which charity she wanted to do the fun run for; she said straight away 'Can I run for the hospital that saved my life?'"

Becky has also run half-marathons and 10k races for other local charities which support premature babies.

To find out more about the work of the hospitals' Charity turn to page 40.

Teams' actions saved mum Rose and her baby

Mum Rose Douglas suffered a stroke at the age of 26 while she was 32 weeks pregnant.

It put her life and that of her unborn baby at risk – but thanks to the teams at Queen Elizabeth and Heartlands hospitals both mum and baby survived and are doing well.

Rose, from Hollywood in Birmingham, was dining out with her friend Charlotte when she felt ill.

One minute she was chatting away and the next, she was unable to talk or move the right side of her body.

At first Rose thought it was a bad migraine but Charlotte realised something was wrong and dialled 999.

Rose recalled: “When the paramedics arrived they were asking me questions and in my head I was answering them but my mouth wasn’t responding. When I was in the ambulance I was hooked up to a drip and I noticed that my right arm wasn’t moving. It just kept flopping off my body to the side.

“At that point, I did think that everyone was making a big fuss as surely I was just having a particularly bad migraine. I was worrying about NHS resources being wasted on me.”



Rose, her sister Chloe and mum Cheryl

“It just goes to show that a stroke can affect anyone – I was only 26 when I had mine. I am one of the lucky ones.”

Rose Douglas

She was admitted to Heartlands Hospital Emergency Department and was seen by stroke nurse, Pete Carr, and stroke consultant, Dr Rajendra Yadava and went for an MRI. She was worried that she couldn't feel the baby kicking but staff were able to calm her.

“It was one of the scariest and equally most rewarding moments of my very long career.”

Pete Carr, Stroke Nurse

Staff outlined the options to her.

Thrombolysis treatment could break down and disperse a clot which was preventing blood from reaching the brain, but administering it to a pregnant patient could put both mum and baby at risk.

However, not administering the treatment would put Rose in a life-threatening position, with the clot blocking the blood flow to reach her brain.

Rose consented to treatment and after it was administered, she started to feel better.

But the effects didn't last and she was transferred to QEHB for a thrombectomy. This involves inserting a catheter into a groin artery and passing a small device through the catheter into the artery in the brain. Then the clot can be removed.

She deteriorated during the journey and once at hospital she had the thrombectomy.

Rose was in hospital for nine days and baby Grace Elizabeth was born at 36 weeks.

The long-term effects for Rose include some loss of vision in her left eye but she is still able to drive and her vision may return. She also has some short-term memory loss, lack of



Rose with partner Darren, baby Grace and Amelia

co-ordination and will need to take aspirin for the rest of her life.

She said: “I know that Grace Elizabeth and I are really lucky to be alive. If it had happened when I was at home, I would have assumed it was a migraine and gone to bed to rest. A delay in treatment would have meant a very different outcome for us both. The teams looking after me were so reassuring.

“It just goes to show that stroke can affect anyone – I was only 26 when I had mine. I am one of the lucky ones.”

Stroke nurse Pete Carr said: “It was one of the scariest and equally most rewarding moments of my very long career. We were able to pull our teams at Heartlands and Queen Elizabeth together very quickly, giving Rose and her baby the best chance.”

Research and development

University Hospitals Birmingham is a leading light nationally for research and innovation.

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

The Trust, in collaboration with the University of Birmingham (UoB), 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 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, and facilitates opportunities for new funding for research and innovation infrastructure growth through collaboration with external bodies.

The Centre for Rare Diseases houses 76 clinics over 19 specialties and attendance here has steadily grown with more than 10,000 patients seen since it opened.

The Trust has continued as the lead organisation for the West Midlands Genomic Medicine Centre (WM GMC) playing a key role in the delivery of the national 100,000 whole genomes sequencing project and in driving transformational changes across the West Midlands.

During the past year, colleagues from the NIHR Surgical Reconstruction and Microbiology Research Centre have undertaken new trials and had research findings published.

Highlights from the past year included:

- ▶ A trial looking to find the best way to treat hand fractures surpassed the 100 patient mark.
- ▶ Rugby players took part in a major study led by UoB as part of work to develop a pitchside test to diagnose concussion and brain injury.
- ▶ A successful Research Showcase allowed members of the public, patients and staff to see how their involvement in research can make a real difference.

At QEHB, the Trust has been able to deliver benefits to patients on clinical trials including reduced symptoms, improved survival times and improved quality of life. The total number of patients recruited during 2017/18 was 8,254.

Staff and patients are given the chance to discover how research can make a difference



The Institute of Translational Medicine (ITM) is delivered by Birmingham Health Partners – a collaboration which brings together the clinical, scientific and academic excellence of University Hospitals Birmingham, UoB and Birmingham Women's and Children's NHS Foundation Trust – and represents a £24 million investment in health research.



UHB Charity
funds
research
projects and
in 2017/18
made grants
totalling
£1,597,000

At Heartlands Hospital, the Research and Development department is based in the Medical Innovation, Development, Research Unit (MIDRU) with offices at Solihull and Good Hope hospitals.

Annually, more than 500 research projects are undertaken across the three sites and there are 23 departments currently involved.

During 2017/18, 7,067 patients were recruited, of which 5,682 were entered into NIHR-adopted projects. This is a six per cent increase on the previous year.

The highest recruiting specialities based on numbers of patients entered into research projects were anaesthetics, critical care, pain and resuscitation (1,485), diabetes (1,046), thoracic surgery (536) and cancer (403).

Diabetes remains a highly productive specialty for recruitment into research studies while researchers in renal medicine, respiratory medicine, vascular surgery and cancer services have undertaken the role of Chief Investigator for a number of commercial partners, maintaining the Trust's status as one of the top UK recruiters for commercial research.

Top of the clinical trials recruitment table

Figures published by the National Institute for Health Research (NIHR) show that a record 70,720 people took part in vital clinical research in the West Midlands during 2017/18 – the highest number ever in one year.

The 2017/18 NIHR Research Activity League Table details how much clinical research is happening, where and involving how many participants.

The three hospital trusts who are part of Birmingham Health Partners (BHP) took the top three slots.

University Hospitals Birmingham NHS Foundation Trust (UHB) topped the league and the former Heart of England NHS Foundation Trust was second highest, with Birmingham Women's and Children's NHS Foundation Trust in third place.

The total across the three trusts was a

magnificent 19,339 patients recruited to 665 trials.

Hilary Fanning, Director of Research Development and Innovation at UHB, said: "The level of recruitment to clinical trials is a demonstration of UHB's commitment to supporting our patients to build healthier lives through access to research. This achievement is testament to the generosity of our patients and the dedication of research staff across all of our recently merged hospital sites."

Clinical Director of the Clinical Research Network West Midlands (CRN WM), Professor Jeremy Kirk, said: "Our grateful thanks go to every single person who participates in clinical research, or supports someone who does. Without them, we wouldn't be able to find new and better treatments for patients in the future. It is also a fantastic reflection of the hard work and enthusiasm of our dedicated staff and researchers in the region."

Regional Image Sharing Platform launched

An ambitious new project called the Regional Image Sharing Platform (RISP), has been trialled in four clinical specialties at both UHB and HEFT.

The programme aims to introduce radical change in the way clinical images are accessed, allowing clinicians to instantly access and retrieve patient images, imaging histories and clinical reports for patients under their care.

It will be quicker and more effective than the current system for image sharing, which has inherent delays due to manual intervention and can take over four hours.

RISP will soon be available at 17 trusts across the West Midlands and will improve regional clinical access to diagnostic imaging.





Breda, centre, with cousin Pat on the left and friend Trish on the right

Milestone patient for 100K Genomes Project

Patient Breda Daly signed up to a project which will improve medical knowledge of cancer and some rare diseases.

She was the 10,000th participant to be recruited for the 100,000 Genomes Project.

Breda was asked if she wanted to take part in the project during a pre-op appointment at Heartlands Hospital.

She said: "When the nurses told me about the project, I was very happy to take part. I've had cancer three times in the past 10 years, and two of my brothers died of it, so anything that could help doctors fight cancer is a great thing to be involved in.

"I'd also like to thank the NHS. The staff at Heartlands and Solihull hospitals have been absolutely marvellous, for all my appointments and surgeries."

Breda was recruited to the project by Genomics Nurse, Helen Shackelford.

Helen said: "I'm really pleased to have recruited the 10,000th person to the project. Thanks to people like Breda, who agree to have

their genomes sequenced, we are now really improving our knowledge of how cancer works."

Breda's surgery was performed by Richard Steyn, a cardiothoracic surgeon at Heartlands who is a strong advocate for the project.

The WMGMC is made up of 16 NHS trusts in the West Midlands, which are all currently recruiting.

The genetic make-up of patients' cancerous tumours is compared to their own healthy blood, as variations between the two could improve knowledge about the causes of cancer, which may lead to the development of new personalised treatment and drugs.

The WMGMC is one of 13 centres across England, all of which are recruiting patients with certain cancers, as well as those with eligible rare diseases and their families.

The aim is to collect and sequence 100,000 whole genomes – complete sets of people's genes – to improve doctors' understanding of cancer and some rare diseases.

Nationally, over 50,000 genomes have already been sequenced.



Developments in quality

Quality is a driving factor that informs strategy and policy in the NHS.

UHB's continued focus is to improve the quality of its services and to help build healthier lives.

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

The Trust's quality web pages provide staff, patients, members of the public and other stakeholders with regular, up-to-date information on the Trust's performance in relation to the quality of services.

These can be found via the Trust website at: uhb.nhs.uk/quality.htm

Information published includes:

- ▶ **Quality Reports**
These include the Trust's 2017/18 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

Liver transplant programme reaches major milestone

Raymond Chapman was given the chance of a better life when he became the 5,001st person to have a liver transplant at Birmingham's liver transplant units.

He had struggled with ill health ever since he was diagnosed with a chronic liver disease at the age of 14.

He was diagnosed with Primary Sclerosing Cholangitis (PSC) and went on the transplant waiting list at the age of 22.

By this time, his condition had deteriorated to the point where he was bed-bound and he received a new liver a year later.

Raymond was well for a time after the operation but unfortunately there were complications and he became very unwell in January 2016.

Six months after going on the waiting list again in 2017, Raymond received news that a liver had been found and he travelled from his home town of High Wycombe for the operation at Queen Elizabeth Hospital Birmingham in July last year.

The 5,000th and 5,001st liver transplants were actually carried out on the same day by the city's liver transplant units.

The 5,000 liver transplants have predominantly been carried out by the specialist team at Queen Elizabeth Hospital, with the 5,000th transplant performed at Birmingham Children's Hospital and 5,001st at QEHB.

On being the recipient of the 5,001st liver transplant, Raymond said: "That's a real achievement that so many people have had the opportunity to have a liver transplant. I've missed out on quite a lot through feeling unwell, so I feel really grateful to have a chance to hopefully have a better quality of life."



The very first transplant in Birmingham was carried out at the Queen Elizabeth Hospital in January 1982 by pioneering former surgeon Professor Paul McMaster and team. Having previously worked in Cambridge, Paul came to the Queen Elizabeth to work with liver specialist Professor Elwyn Elias to develop services at the Trust.

It was a much riskier procedure then than it is today, and sadly the very first liver transplant patient died soon after the operation. Despite the risk, the next three transplant patients survived between 20 and 28 years and within 10 years, the unit had become the most active in Europe. By 1986, the unit had been recognised as a national centre and was receiving specific funding.

Survival rates have now improved significantly with a one-year survival rate of 94 percent, and the number of liver transplants that now take place has also grown from just three in that first year of 1982 to more than four to five a week now.



Television highlights

The work of the Trust was featured in some unforgettable television programmes during the year.

At the start of 2017, the incredible award-winning BBC Two documentary series *Surgeons: At the Edge of Life* reached our screens, showcasing the work of some of the Trust's most inspiring and talented staff.

The hard-hitting hour-long programmes were filmed at Queen Elizabeth Hospital Birmingham

and featured staff and patients in theatres and throughout the hospital.

They prompted a heartwarming wave of support on social media as well as much critical acclaim and reached an average audience of three million per episode.

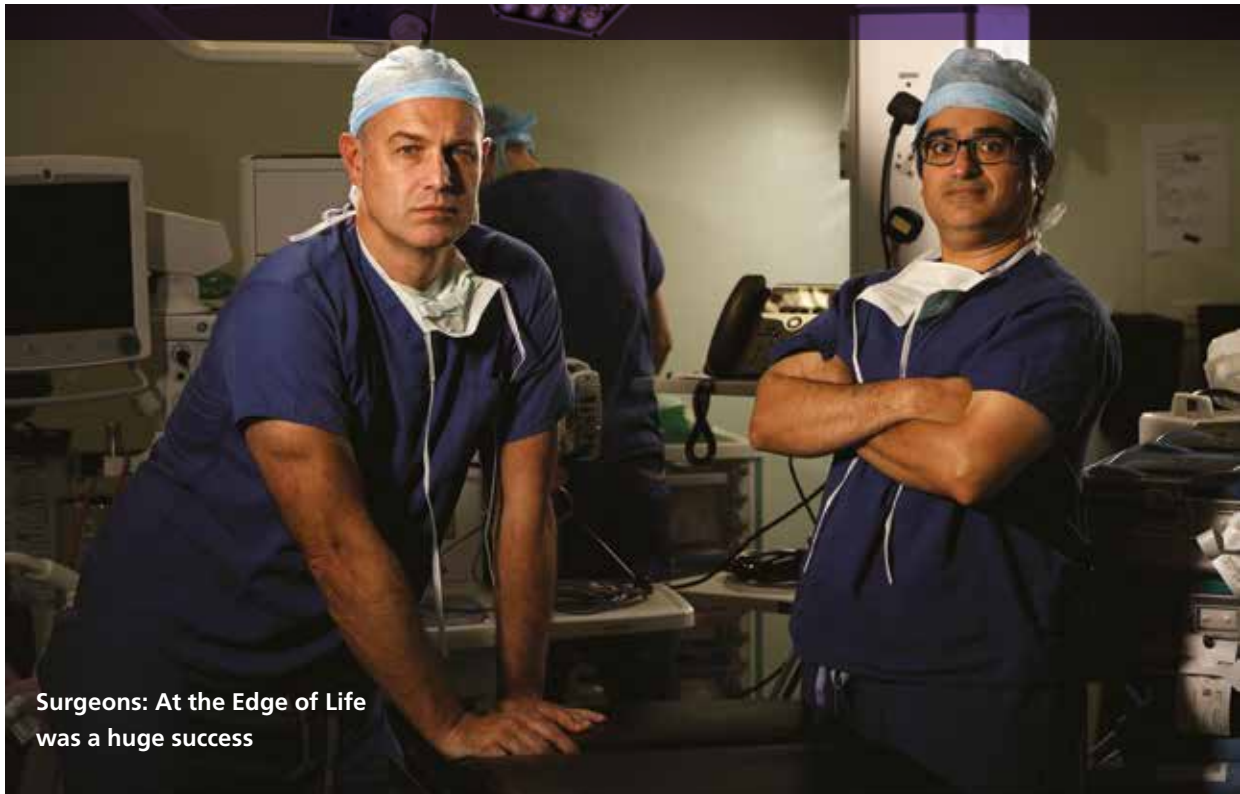
Another popular BBC Two series, *The Secret Helpers*, featured a newly-qualified nurse at Heartlands Hospital's Emergency Department.

Beth Malpass was filmed during her first week in the department and the programme showed her being given advice from strangers from across the globe through a secret in-ear device.

Beth Malpass, who featured in *The Secret Helpers* on BBC Two



Dr Ron Daniels



As the NHS celebrated its 70th birthday, QEHB hosted a very special live programme on BBC Two, presented by Nick Robinson and Anita Rani. More than 600,000 viewers tuned in to watch the 90 minute programme.

Consultant Geriatrician Dr Zoe Wyrko, who works at QEHB and Solihull, was featured in the hugely popular Channel Four documentary Old People's Home for Four-Year-Olds. The programme showed the amazing positive effects children can have on even the grumpiest of older people.

The series showed Zoe and other specialists medically testing the impact the children had on a group of older people. There were significant results, showing major improvements in the mood, memory and mobility of the older residents.

She said: "We thought we were going to see a nice programme with people feeling better but we didn't think we would get anything we could measure. So the results were a genuine surprise to us."

It was not just on screen that the Trust was featured, with several of our experts giving

advice to programmes. These included Dr Sally Payne whose advice on dyspraxia helped the makers of children's TV's Tree Fu Tom and consultant anaesthetist Dr Ron Daniels at Good Hope Hospital who advised Coronation Street on a health-related plot line.



Specialists helped me get back on my feet after freak accident

Phil Cross was left with horrendous injuries when his foot became tangled in a mooring rope attached to a narrowboat.

Amputation was a real possibility for the 68-year-old.

He had been trying to secure the 17-tonne vessel before heading through a canal lock when the accident happened.

Now, two years later, Phil is back on his feet and reflecting on the treatment he received from the specialist teams at the Queen Elizabeth Hospital Birmingham.

Phil, who celebrated his 70th birthday last November, was transferred to the Trust's nationally-recognised Major Trauma Centre a week after the accident in Cheshire.

He had been holidaying with his wife Brenda and two other couples.

"When I looked at my ankle I knew it was bad but told my wife not to worry," said Phil, who had been due to retire from his brewery job a few months later.

"Somehow I had managed to get my foot caught in the rope which was attached to the narrowboat. My ankle was being ripped apart.

"That time was one of the worst weeks of my life," said Phil, who was given extensive blood transfusions to restore his haemoglobin count which had left him feeling low.

"There were discussions about amputation, but I decided against this so had a frame fitted followed by pins to support the ankle."

The six-week hospital stay, including five weeks at the QEHB, enabled Phil to undertake an extensive rehabilitation programme including daily work with the limb reconstruction team, who gave him both support and encouragement when he needed it.

"I decided that I had a choice. I could either accept this or fight this and make sure that not only my leg but my whole body was as fit as it could possibly be, and I could get back to my life," said Phil, who has taken up crown green bowls, swims regularly and has even gone back to narrowboating.

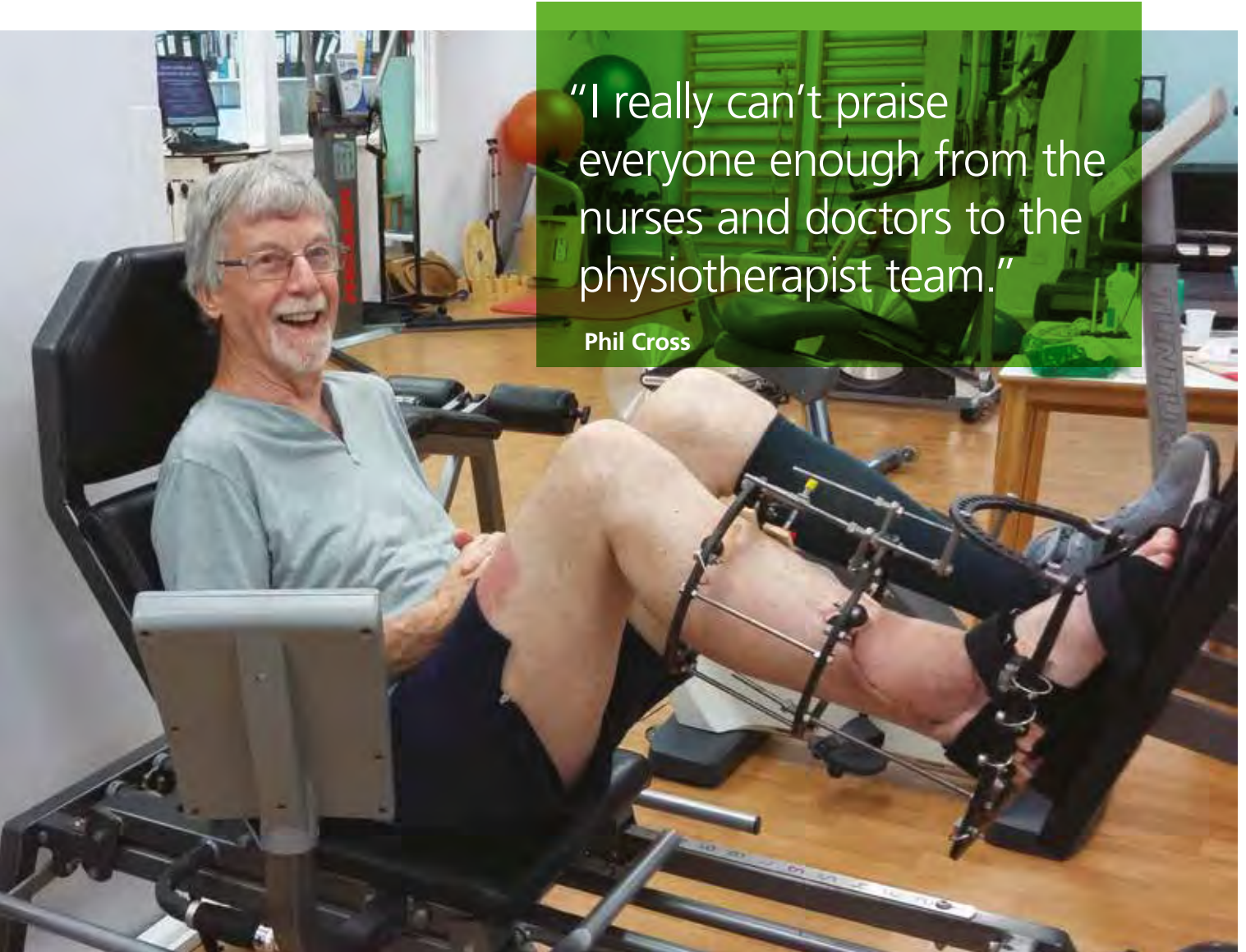
"I can't run but there is still a lot I can do. I really can't praise everyone enough from the nurses and doctors to the physiotherapist team."

Mark Raven, Lead Physiotherapist for the limb reconstruction team, treated Phil over a long period of time.

He said: "Phil always worked hard with his

Phil pictured during his five-week hospital stay at QEHB





"I really can't praise everyone enough from the nurses and doctors to the physiotherapist team."

Phil Cross

physiotherapy, attended regularly and took all our advice on board.

"He has done extremely well and has been an inspiration to many of the patients he has met during his treatment.

"Living with a frame is not easy but I think now Phil can see the benefits in the end."

Deepa Bose, Consultant Orthopaedic Surgeon, from the team who worked on Phil, remembers: "Phil's injuries were extensive and included dislocation of the ankle joint and loss of the overlying skin and soft tissue. He underwent surgery to fuse (stiffen) the ankle joint and then had a "free flap", where plastic surgeons took skin and tissue from his arm, together with blood vessels, and used this to cover the skin defect.

"This involved joining the blood vessels from the arm tissue to the leg vessels, a technique which requires the use of very fine sutures, and is performed with the help of a microscope.

"This surgery took approximately 10 hours. The ankle fusion was stabilised with a circular frame, which looks a bit like a cage surrounding the leg.

"Fine wires and pins pass through the bone and attach to the frame, providing stability until the ankle has fused, and the frame is no longer required.

"At the end of treatment, the frame is removed as an outpatient procedure, using gas and air (just as pregnant women receive during labour)."



Building for the future

The past year has seen significant progress made on a number of exciting new building projects.

The Centre for Clinical Haematology, on the Queen Elizabeth Hospital site, reopened in January following a £3.4million refurbishment.

The development created additional clinic rooms, more treatment chairs and brought clinical facilities under one roof to enhance the patient experience.

It was recently visited by the Earl of Wessex who was given a tour of the revamped facility.

Professor Charlie Craddock, CBE, Director of the centre, said: "The expansion will allow the continued growth of our world-class clinical trials programme, ensuring Birmingham will continue to lead the global fight against all forms of blood cancer.

"It will immediately increase the number of lives saved and will speed the process towards

establishing effective treatments for all blood cancers within 25 years."

Shortly afterwards, a four month transformation began at Solihull Hospital to create a Haematology and Oncology Day Unit.

The £2.2million unit welcomed its first patients in May. With its state-of- the-art





Artist's impression of the new ACAD building at Heartlands Hospital

facilities, the unit is improving provision for cancer patients. It was designed specifically with patient needs in mind and will offer a more peaceful and comfortable environment, including its own entrance and garden area.

Currently the unit has 24 treatment chairs and this is expected to increase to 31 chairs within three years.

Ivan Ford, 75, from south Birmingham, who was the first patient to be treated there, said: "It's very bright and very airy, it's just lovely."

The Trust was supported by Solihull Hospital Charity which has raised £150,000 towards the new unit.

The ambitious multi-million pound Ambulatory Care and Diagnostics (ACAD) development at Heartlands Hospital took a major step forward in January when it was granted planning permission.

Bulldozers have now moved in to get things ready so that construction can start in 2019.

The centre, which is set to be open in late 2020, will contain ambulatory imaging, outpatients, therapies, ENT services, day surgery, interventional radiology and a urology treatment centre, some of the areas with the highest demand.



"It's very bright and very airy, it's just lovely."

Ivan Ford

Board of Directors

From 1 September 2018



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Chair



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Chief Executive



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Lawrence Tallon
Director of Performance, Planning & Strategy



Cherry West
Chief Operating Officer (QEHB)



Jason Wouhra
Non Executive Director

What you said about our services

All staff had a smile on their face, so kind and my room was clean.”

To each and every one of you a big thank you from all of us. Five weeks ago our world was turned upside down. Then we met all you wonderful people and you made part of our journey easier to cope with. Thank you for your kindness, understanding and the hugs when needed. Thank you for being a shoulder to cry on.”

She ensured that Dad was moved to the ward as quickly as possible so that he could have a dignified and peaceful end. That is something myself and my family cannot express our gratitude enough for. She spoke to Dad with such respect, even after he had passed away. She made an absolutely awful day that much easier to cope with.”

Always someone available when assistance required, good at helping ensure patient hygiene.”

The consultant and his team were excellent, and ward staff and nurses. Also theatre staff make you feel reassured and in safe hands. Considering the serious funding cuts, the consultant, his colleagues and team manage to be thoroughly good and seriously appreciated! Thanks.”

I cannot praise your staff enough, they are a brilliant team and nothing is too much trouble and I feel so cared for. They always have a smile and a kind word and are very, very professional. Also the hospital is so clean and the auxiliaries are just wonderful. I have had the best care and attention possible.”

Doctor and his team were excellent in their knowledge and expertise, from the initial prognosis to the operation and finally my aftercare.”

I was impressed with the amount of detail and information given both during the telephone consultation and OT appointment. I appreciated the reassurance and positivity I received regarding the possibility of a diagnosis for my daughter.”

I lost 12 stone in 15 months

Diane Price was able to have a hernia operation after losing more than 12 stone in just 15 months with the help of the dieticians team.

Diane, 65, dropped from 27st to 15st using a meal replacement regime, which helped her become eligible for the operation.

She has been living with rheumatoid arthritis for nearly 25 years, and had been told that her size could lead to a variety of health issues.

She was referred to Professor Wasim Hanif's metabolic obesity clinic at QEHB by her rheumatology consultant.

Gastric band surgery was discussed as a weight management option, but Diane wanted to go down the dietary route.

The very low calorie diet involves drinking four shakes a day for 12 weeks, and has helped a number of patients at QEHB.

Diane said: "I had always been a big girl, and was beginning to think that I would never lose weight.

"I've tried so many diets that some of the younger dieticians at the hospital have never even heard of some of them.

"The dieticians team have been great throughout, and have really helped with motivation and support.

"Now I've lost the weight, it's so nice to get compliments from people, and my grandson is also really pleased because he can now put his arms round Nanny's waist and touch his hands together.

"The hernia operation went really well, and I was thrilled to let the team know – I couldn't have done it without them."

As well as the operation, Diane's weight loss has led to better general health and increased mobility, though she is currently waiting for a new hip.



UHB specialist dietitian Samantha Hill said: "Diane had tried to lose weight for many years, and has followed several different diets, but had struggled to lose any significant weight.

"I started seeing Diane in June 2014, at which point she was ready to make dietary changes and was extremely motivated.

"She has done extremely well to keep off all the weight she has lost and I'm so pleased for her that the operation went well.

"The dieticians team have been great throughout..."

Diane Price

"Diane has, however, done it with proper supervision from a weight management team and it's important to stress that before anyone starts a very low calorie diet they must seek medical advice – especially if they have a complex medical history like Diane."

Referrals to the weight management and diabetes clinic led by Professor Hanif at UHB can be made by general practitioners.

10,000th patient at Centre for Rare Diseases

A bespoke facility delivering care to people with rare diseases has welcomed its 10,000th patient since opening in 2015.

The Centre for Rare Diseases (CfRD) caters for a range of complex rare diseases across 19 specialties.

There are now 76 clinics available at the CfRD, which range in frequency from once a month to once every three months.

Patients are able to see all relevant specialists and the multi-disciplinary team in one visit, thanks to the coordinated one-stop service available at the centre. This is particularly important for those who have to travel long distances, particularly if they have mobility challenges.

The CfRD, situated within the Heritage Building on the Queen Elizabeth Hospital Birmingham site, was officially opened by former Chief Executive Dame Julie Moore in 2017, as part of Rare Disease Day, an annual event to raise awareness about the work being done to diagnose, treat and cure rare diseases.

Dr Graham Lipkin, Consultant Nephrologist and CfRD lead, said: "It's rewarding to see the number of patients receiving care and treatment at the centre grow over a relatively short period.

"Our unique one-stop service really improves a patient's visit and hopefully takes some of the burden from them, as they know all their appointments will be in the centre, on the same day."



Centre for
Rare Diseases

Centre for Rare Diseases



Membership: have your say

The face of University Hospitals Birmingham NHS Foundation Trust is ever-changing, with major developments, new facilities and hospital sites being built and our ground-breaking, innovative work being showcased both nationally and internationally.

And you can be a part of these changes, and make your opinions heard, by becoming a Trust member.

Every month, you will be able to read all about UHB membership, including what it is to be a member, profiles of current members and news and events that matter to you – all for free.

As a member you:

- ▶ Receive a monthly newsletter, keeping you up-to-date with Trust developments
- ▶ Have the opportunity to vote in the elections for the Council of Governors or even stand for Governor yourself
- ▶ Can attend membership events, including monthly health talks on a wide range of topics
- ▶ Could help out within the hospital – you decide on how much or little you wish to be involved

Monthly health talks cover a wide range of topics



The larger and more involved our membership is, the more closely it reflects the diverse communities we treat as patients.

Members are encouraged to contribute suggestions for improvements and feedback on the needs and expectations of the local community.

The Trust now has 29,536 public members and 20,366 staff members.

Anyone who lives in the Birmingham area and is over 16-years-old is eligible for membership.

For more information on the benefits of UHB membership, or to become a member, visit: www.uhb.nhs.uk/membership.htm

Contacting the Membership Office

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

✉ membership@uhb.nhs.uk

☎ 0121 371 4323

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



Sister Kate sets the pace

Good Hope Hospital senior sister Kate Whittock became the first nurse in the UK to fit a patient with a pacemaker.

Kate has performed the procedure, which is usually carried out by a consultant, registrar or junior doctor, more than 100 times and is now training other nurses too.

The 30-year-old from Aldridge began at her career at Good Hope Hospital as a newly qualified nurse in coronary care in 2008 and became a sister in 2012 in the cardiac cath lab. From there, she started implanting loop recorders and subsequently pacemakers, which she spent four years training to be able to do.

Kate is also an advanced support instructor working towards a masters degree in advanced practice and non-medical prescriber.

She said: "It is an incredible honour to have been offered the opportunity to train to fit

pacemakers. The procedure can be technically challenging but I have had fantastic support and training from several of the consultants, including Dr Kiran Patel, allowing me to develop my skills.

"It was discussed with the other consultants and we felt there was a gap that could be filled by an experienced, highly trained nurse which would then allow the consultants more time to do other more complex procedures.

"This will hopefully lead to shorter waiting times and a better overall experience for patients. I think this is the future."

A pacemaker is a small medical device fitted in the chest or abdomen, which generates electrical impulses for stimulating the heart muscle and regulating its contractions.

It is used to treat abnormal heart rhythms that can cause the heart to either beat too slowly or miss beats.

Sustainability and Transformation Partnership

Advances in care mean that more people are living longer and often with complex needs. This means more people requiring support from both health and social care services.

University Hospitals Birmingham is a key member of the Birmingham and Solihull Sustainability and Transformation Partnership (STP), a collaboration of public NHS and council social care providers across Birmingham and Solihull working together with partners in the voluntary, community and social enterprise (VCSE) sector.

University Hospitals Birmingham and partners have pledged to find the most effective ways to manage the health and care needs of our population within the available resources and to provide high quality, sustainable care for the future.

Health and adult social care services in England have traditionally been funded, administered and accessed separately. Greater integration between services improves the experience for our patients and people who use social care services by putting the person who needs care at the centre of how that care is organised locally.

It also saves public money by reducing unnecessary emergency hospital admissions and delayed transfers of care (where a person is declared medically fit to leave hospital but a proper package of care outside of hospital has not yet been agreed).

The Birmingham and Solihull Sustainability and Transformation Partnership includes three hospital NHS foundation trusts; Birmingham Women's and Children's, University Hospitals

Birmingham and the Royal Orthopaedic Hospital. West Midlands Ambulance NHS Foundation Trust is an associate member.

It also includes 177 general practices (many of which are organised within large federations), Birmingham Community Healthcare NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust, NHS Birmingham and Solihull Clinical Commissioning Group (CCG).

The partnership also encompasses two local authorities; Solihull Metropolitan Borough Council and much of Birmingham City Council. West Birmingham is included in the neighbouring Black Country STP, with which we work closely.

We will also work with our local academic institutions such as Birmingham Health Partners (a strategic alliance between the University of Birmingham, University Hospitals Birmingham NHS Foundation Trust and Birmingham Women's and Children's NHS Foundation Trust) and the West Midlands Academic Health Sciences Network (WMAHSN), in order to take decisions on the basis of the best available research and evidence.

This work is very complex but we are making good progress towards our goal of ensuring every citizen in Birmingham and Solihull will be born well, will grow well, live well, age well and die well.



Working
together
towards a
better future
for everyone



UHB Charity

University Hospitals Birmingham Charity exists to support the patients of University Hospitals Birmingham NHS Foundation Trust.

The charity works across all four of the Trust's hospital sites and now has four identities under the UHB Charity umbrella: Queen Elizabeth Hospital Birmingham Charity, Heartlands Hospital Charity, Good Hope Hospital Charity and Solihull Hospital Charity.

UHB Charity's aim is to help the Trust achieve excellence in care for everyone it serves. It is the only charity set up to support the whole of the Trust.

The charity supports the Trust by raising funds to purchase cutting-edge medical equipment normally available only abroad or in private practice and providing facilities not usually available in NHS hospitals. It also funds world class research or helps make a patient's stay in hospital just that little bit better.

The charity generates millions of pounds in income through fundraising, donations, charitable grants, legacies and sponsorship, enabling the charity to continue to run existing activities as well as take on exciting new projects.

The charity's Trustees oversee charitable expenditure to ensure that funding is for the clear benefit to patients, their families and others using the hospitals.

UHB Charity relies on the kindness and generosity of fundraisers and donors locally and nationally. People have supported us in all sorts of ways including parachute jumps, mud-splattered obstacle courses and even treks across the Sahara.

This year saw the charity's biggest-ever participation event, when more than 1,000 riders took part in Velo Birmingham, a 100-mile closed road cycle ride, raising over £400,000 for the hospital charity.

Most of the charity's supporters are based throughout the West Midlands, but there are an increasing number of donors from all over the UK, and even overseas, who support Fisher House; the 'home away from home' for military patients and their families.



About 1,000 cyclists took part in Velo Birmingham 2017 for the charity



The breast cancer team with new equipment paid for by the charity



The charity funded a Heart in a Box machine which means more heart transplants can be performed at QEHB



Representatives from the Sikh Arts and Cultural Association (SACA) at the opening of the SACA Home from Home, which offers free accommodation for patients on the Teenage Cancer Trust Young Person's Unit and their families.



Fisher House has now been a safe haven for over 3,500 patients and family members in the five years since it opened in June 2013 and has provided over 20,000 nights' accommodation. 2017/18 was the busiest year for the house since it opened, with just over 1,000 patients and family members using the house.

The charity's two NHS family facilities, Karen's Home from Home and SACA's Home from Home, continue to build on the success of Fisher House and serve the families of leukaemia and cancer patients.

The charity has continued to support ground-breaking medical research, provide cutting edge medical equipment, and improve patient experiences. UHB Charity also funds research projects and in 2017/18 made research grants totalling £1,597,000.

In 2017/18, UHB Charity donated grants of £7,441,000 to support the Trust, a significant rise on the previous year.

Of this, £2,757,000 went on new equipment (compared to £542,000 the previous year) that would not be otherwise be available in an NHS hospital. This included £284,400 on radiotherapy equipment for treating patients with breast cancer and £97,500 of initial payments for a Heart in a Box machine, increasing the number of organs available for transplant.

As well as funding equipment and research, UHB Charity also supports training and education and patient support and welfare and in 2017/18, it spent £1,165,000 in this area.

You can find out more about UHB Charity and its activities at the charity's website <https://www.hospitalcharity.org/>



“...I recognise the contributions made by so many others to the work we have undertaken with Transplant Links”

Andrew Ready, MBE

Surgeon honoured with MBE

Surgeon Andrew Ready, who performed the first organ transplant in Ghana, was honoured with an MBE in the New Year Honours List.

Andrew, a consultant renal transplant surgeon at UHB, was recognised for his decade of overseas development work with Transplant Links Community (TLC) and for services to renal transplantation.

He is Medical Director of TLC, a charitable organisation dedicated to supporting renal transplantation in the developing world. In this role he has led transplant teams to Ghana, Nigeria, Trinidad, Jamaica, Barbados and Nepal and is currently developing plans with countries as far afield as Uganda and Papua New Guinea.

His overseas work with Transplant Links is supported by renal transplant experts from the

kidney transplant unit at the Queen Elizabeth Hospital Birmingham. The TLC team includes the Trust's surgeons, kidney specialists, nurses and operating theatre technicians who give up their own time to travel.

He said: “I am truly honoured to receive this award. Nevertheless, in accepting it, I recognise the contributions made by so many others to the work we have undertaken with Transplant Links. I am most grateful to my colleagues in TLC for their determination to make this project succeed and to the personnel from UHB who have travelled with us, in their own time, to support the initiative. I also recognise the support that Dame Julie (Chief Executive) gave when I first spoke to her of starting the overseas activity and, for that, I am most grateful.”

Born and bred in Birmingham, he is a graduate of the University of Birmingham Medical School.



Building healthier lives

uhb.nhs.uk