

Annual Review 2015/16

Heart of England 
NHS Foundation Trust





Our Vision

To build healthier lives

Our Purpose

To serve our patients with excellence in care
and improve the health of our communities

Our Values

Caring

Treating everyone with compassion and respect

Honest

Truthful and open with all

Supportive

Working together to get things done

Accountable

Taking personal and collective
responsibility for doing our best

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Chair's welcome



Welcome to Heart of England NHS Foundation Trust's (HEFT) Annual Review for 2015/16. This is a shorter, more 'reader-friendly' alternative to

our Annual Report and Accounts which we are required by law to produce for Parliament and our regulator, NHS Improvement (NHSI), formerly Monitor. I hope you find it an informative read and I would welcome your feedback.

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

Our Trust has undergone a particularly difficult year, both in terms of changes in executive management, poor finances and poor performance. In line with national trends, we have seen unprecedented pressure on our services with large increases in emergency department attendances and admissions which has put significant pressure on our ability to deliver planned treatments for the patients we treat.

During our time in the Trust, I have been really encouraged by the positive response from our staff, governors, members and volunteers to change and challenge. Our focus, whatever our

role, is to provide or support excellent care for our patients, and to continually look for further ways to innovate and improve our work. I see this focus in our hospitals, in our clinics and in our community services.

And this commitment, alongside strong management, clearer roles, responsibilities and accountabilities, is already paying dividends. But we need to do more.

Moving forward we are focussing on building healthier lives for our patients and achieving outcome and access targets, alongside managing rising demand for our services and bringing financial stability and sustainability to the Trust. We will continue to work closely with commissioners, healthcare providers and other partner organisations to help influence how care is delivered in the future and deliver further improvements in quality.

The Annual Review is a summary of our activities over the last year. I hope it will give you an insight into the work we do and the high quality care we strive to deliver to our patients across the region every day.

Rt Hon Jacqui Smith
Interim Chair

Chief Executive's welcome



Welcome to the Annual Review. I was appointed as Interim Chief Executive in October 2015 and Rt Hon Jacqui Smith took up the role of Interim Chair

in December 2015. Our new dual roles across HEFT and University Hospitals Birmingham NHS Foundation Trust (UHB) were agreed by Monitor (now NHS Improvement (NHSI)) who advised HEFT Board of Directors and Council of Governors to appoint a new interim leadership team after finding HEFT was in breach of its licence to provide NHS services.

Since I have been in this role at HEFT I am pleased to report that, thanks to the efforts and support of staff, governors and members, we have made some considerable progress in a number of areas. This organisation is staffed by committed, caring people who want to do the best for their patients, their service and their colleagues. If we continue to deliver the same progress, at the same pace as we have done in the rest of the year, I have no doubt we will become, once again, one of the best trusts in the country.

We have seen significant improvement in our mandated performance targets for several months in a row showing that we are providing consistent, quality care for the 1.2 million patients we see each year. We have not so far managed to meet the A&E 4 hour target, a problem shared by many other trusts. However, we have seen some improvement in performance despite a significant rise in attendances and admissions. I have been very impressed by the commitment of all the staff in the emergency departments to find new ways to improve patient care and reduce waiting times further.

We finished 2015/16 with an overall deficit of £46.1m, however this was after receiving

one-off support of £19.5m and therefore the underlying deficit was £65.6m. This is not such good news, however in the last few months of the financial year the rate of overspend decreased significantly but we still have a long way to go.

We have introduced a new operational divisional structure to ensure clear roles, responsibilities and accountabilities across the organisation.

We are working with the Department of Health and the Treasury to secure capital funding to build a new, state-of-the-art Ambulatory Care And Diagnostics (ACAD) centre at Heartlands Hospital and a new tower block to rehouse clinical services from the worst parts of the Heartlands estate.

We have agreed Phase 1 of the development of an Urgent Care Centre on the Solihull Hospital site.

Good Hope's £3.2m Acute Medical Triage and Assessment Unit (AMU), purpose-designed to provide rapid initial assessment and management of adult patients who are referred from the Emergency Department or their GP, successfully opened for business.

NHSI, who imposed enforcement undertakings on the Trust in October for breach of its licence, have also recognised the progress we are making. This is good news for the organisation and great acknowledgement for all the hard work of all staff in the organisation. There is a lot more to do but we are on our road to recovery.

A handwritten signature in blue ink, appearing to read 'Julie Moore'.

Dame Julie Moore
Interim Chief Executive



About Heart of England NHS Foundation Trust

HEFT is one of the largest acute hospital trusts in the country, serving a diverse population of 1.2 million across Birmingham East and North, Solihull, Sutton Coldfield and South Staffordshire.

Our organisation comprises:

- ▶ Birmingham Heartlands Hospital in Bordesley Green East
- ▶ Good Hope Hospital in Sutton Coldfield
- ▶ Solihull Hospital in Lode Lane, Solihull
- ▶ Birmingham Chest Clinic in the city centre

We also provide a range of community services and run a number of smaller 'satellite' units ensuring patients can be treated closer to home. We have a workforce of approximately 11,000 staff.

Birmingham Heartlands NHS Trust was formed in 1992 and became the first acute trust in the city. The following year it merged with Yardley Green Hospital and acquired Birmingham Chest Clinic. In 1995, after merging with Solihull Hospital, the Trust was renamed Birmingham Heartlands and Solihull NHS Trust (Teaching). In 2005 it achieved foundation trust status and took the name it is known by today. In 2007 Good Hope Hospital joined the fold. Since 2011 there has been a varied portfolio of community healthcare services for Solihull residents.

The Trust is situated amongst a number of other large West Midlands providers of healthcare, including University Hospitals Birmingham NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust and University Hospitals Coventry and Warwickshire NHS Foundation Trust.



HEFT is one of the largest acute hospital trusts in the country, serving a diverse population of 1.2 million across Birmingham East and North, Solihull, Sutton Coldfield and South Staffordshire.

We are recognised as a centre of excellence for thoracic surgery, vascular, bariatric and pathology services, as well as the treatment of MRSA and other infectious diseases. The Trust also specialises in treating a range of conditions including heart and kidney disease, cancer, HIV/AIDS and is home to the West Midlands Adult Cystic Fibrosis Centre.

As one of the region's most active research hospitals, doctors and other medical staff are involved in more than 500 projects aiming to find new and better ways of treating patients.

Funding for services comes mainly from local Clinical Commissioning Groups (CCGs) and NHS England.

Trust performance

Patient Numbers

Year on year the number of patients our organisation treats increases as demand for services grows. In 2015/16 we dealt with:

- ▶ 907,602 total outpatient attendances
- ▶ 261,225 A&E attendances
- ▶ 87,198 day case & elective spells
- ▶ 74,182 emergency spells
- ▶ Supported 9,989 births

NHSI Intervention

The Trust is currently subject to NHSI undertakings and as such work is underway to re-establish a sustainable financial position while continuing to improve performance against access targets. A financial recovery plan was developed during the second half of the financial year and was submitted to NHS Improvement, the independent regulator of the Trust.

Areas of Priority

Prior to NHSI's intervention our organisation has been concentrating on improving the basics. Work focused on improving:

- ▶ Governance
- ▶ Urgent care
- ▶ Scheduled care
- ▶ Information management and technology
- ▶ Mortality
- ▶ Culture and engagement
- ▶ Financial stability

Excellent progress has been made with the stroke pathway since the reconfiguration in 2014/15 and we are now performing above the national average in all of the indicators we are measured against. There has also been a reduction in the number of hospital acquired

grade 2 pressure ulcers, with the Trust narrowly missing the 10% reduction trajectory set by the Clinical Commissioning Group (190 grade 2 pressure ulcers against a trajectory of 187).

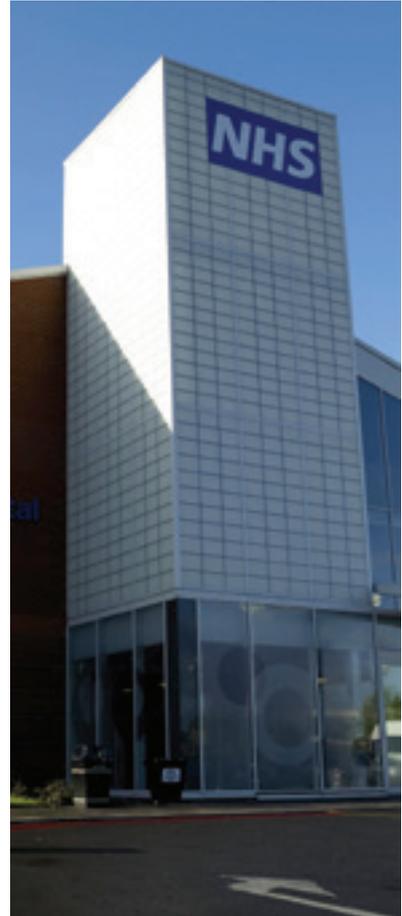
A key safety priority is to reduce the number of falls in our organisation and the harm arising from such falls, for example fractured neck of femur. Several work streams have enabled this to happen and overall we have recorded a reduction of 234, meaning a reduction in falls rate from 7.19 falls per 1,000 occupied bed days to 6.32 for 2015/16.

The final priority was to improve the response rate and overall score in the Friends and Family Test in the Emergency Department. Unfortunately, despite a number of initiatives, the Trust has not improved as much as planned, and therefore this priority will be continued into 2016/17 quality account.

Sign up to Safety

The national Sign up to Safety campaign was launched in 2014 and aims to make the NHS the safest healthcare system in the world. The ambition is to halve avoidable harm in the NHS over the next three years. Organisations across the NHS have been invited to join the Sign up to Safety campaign and make five key pledges to improve safety and reduce avoidable harm. HEFT joined the Sign up to Safety campaign in 2015 and made the following four Sign up to Safety pledges:

- ▶ Reducing harm from deterioration including sepsis
- ▶ Reducing medication-related harm
- ▶ Reducing harm from pressure ulcers
- ▶ Reducing harm in maternity services



Interim Leadership team

Since the new interim leaders were appointed, their priorities have been to bring financial and operational stability to our organisation to ensure we are delivering the best quality care to patients as possible.

A new operational structure has been implemented to ensure clear roles, responsibilities and accountabilities across the organisation. Monthly CEO-led Root Cause Analysis meetings have also been established to clearly focus the organisation on clinical quality.

An independent estates review has been undertaken and draft strategy produced identifying £190m for investment needed in the first phase, and a preliminary review of ICT has been undertaken in a bid to understand how the use of intelligent informatics can help drive improvements in our clinical outcomes.

The most important task of all faced by the executive team is to reinvigorate the clinical and support staff to engage with addressing the

challenges. This is a significant cultural change and will take time to deliver. However staff have been welcoming and keen to embrace change.

2016/17 will be particularly challenging for our organisation as we focus on building healthier lives for our patients and achieving outcome/ access targets alongside rising demand for our services and bringing financial stability and sustainability to the Trust.

Since the new interim leaders were appointed, their priorities have been to bring financial and operational stability to our organisation

Financial sustainability

The Trust's income in 2015/16 was £682.9m and we reported a deficit of £46.1m after an impairment gain of £0.9m and a technical accounting adjustment of £18.6m. The underlying Trust deficit was £65.6m. Following intervention by NHSI part way through financial year 2015/16, Ernst and Young (EY) were appointed to provide specialist support to us in developing a financial recovery programme and the new Executive Team took further steps to reduce costs, particularly in non-clinical areas.

Whilst the rate of spend has decreased in the later months of the financial year, the final result was a significant deficit. The Trust's financial recovery plan, which is currently being implemented, details the steps that need to be taken in order to return to financial balance.

The Trust's full annual accounts are detailed on pages 137–202 of the Annual Report and Accounts. This is available to view online at www.heartofengland.nhs.uk/annual-reports

Infection control

We continue to have a robust Infection Prevention and Control programme in place and whilst significant improvements have been made, challenges have remained.

A trajectory of zero post 48 hour MRSA bacteraemia was set. Four post 48 hour MRSA bacteraemia have been reported and there was one community acquired MRSA bacteraemia which was deemed to be attributable to the Trust. This leaves a total of five MRSA bacteraemia for 2015/16. There have been no MRSA bacteraemia at Solihull Hospital for over four years and none at Good Hope for over two years.

A very challenging trajectory of 64 post 48 hour *Clostridium difficile* cases was set this year. We have remained within this with a total of 54 cases. Of these cases, 36 were considered to be unavoidable and it is likely that an irreducible minimum has now been achieved.

Division-led organisational structure

With the new Executive Leadership team in place from October 2015, work soon began in creating a new divisional-led structure for our organisation which was introduced at the end of the financial year and is being fully embedded as we move further into 2016. There are five main areas of services and specialities across the Trust that all clinical teams sit under, enabling staff to work across the hospital sites, have clearer areas of responsibility and have the opportunity to focus on and further develop a more varied portfolio of work within our hospitals and clinics. To view the new structure in full visit our website at: www.heartofengland.nhs.uk/about-us/

Vision, values and branding

A large programme of work was undertaken during the second half of the financial year to launch a new vision and purpose for our organisation with accompanying values. These would signify a new direction for HEFT and help to bring together a shared sense of purpose, as well as representing a set of values and principles that define us and should guide the way we all behave. These are:

Vision

To build healthier lives

Purpose

To serve our patients with excellence in care and improve the health of our communities

Values

- **Caring** – Treating everyone with compassion and respect
- **Honest** – Truthful and open with all
- **Supportive** – Working together to get things done
- **Accountable** – Taking personal and collective responsibility for doing our best

New HEFT branding and a refreshed logo was launched alongside our organisation's new vision and values – a new colour palette and design, again, representing the positive changes taking place within HEFT.

Environmental issues

The Trust recognises its corporate responsibility to take care of the environment.

Our three main hospital sites recorded the following energy consumptions in 2015/16:

- ▶ Heartlands: 64.7 GJ/100m³
- ▶ Solihull: 75.46 GJ/100m³
- ▶ Good Hope: 72.05 GJ/100m³

Currently this falls below the NHS Estates Department of Health target of 55–65 GJ/100m³ by an average of eight percent. Energy costs and consumption are monitored on a monthly basis and data stored on TEAM software, an industry recognised database.

In order to meet Department of Health targets, our organisation has invested heavily in Combined Heat and Power (CHP) at all three sites. Cogeneration is a more efficient form of power generation as the losses from transmission are lower providing greater fuel efficiency from generating the power on-site.

A four year energy and sustainability plan of action was commissioned in 2013 and has seen two phases implemented to date. These phases operate on guaranteed savings and whilst maintenance and verification reports are still being finalised, they are set to deliver guaranteed savings of £850k per annum with carbon reductions of 3,500 tonnes per annum for Phase I and guaranteed savings of £200k per annum with carbon reduction of 900 tonnes per annum for Phase II. The schemes include major lighting upgrades, improved insulation, the use of energy display meters, variable speed drives and high efficiency pumps. The next step is to develop Phase 3 of the Energy & Sustainability Programme.

Waste Management

In 2014 we introduced recycling to reduce as much of the 1,400 tonnes of municipal waste our organisation produces annually as possible.

In 2014/15 the Trust recycled 154 tonnes and recycled 275 tonnes in financial year 2015/16.

To consolidate costs and gain further efficiencies, a three year contract for clinical waste collections was awarded to US company SRCL (Stericycle Inc) in June 2015, prior to this, two clinical waste contractors serviced our three main hospital sites.

As part of this new clinical waste contract, a trial of SRCL's Bio System (reusable sharps containers) started in July/August 2015 with the aim of reducing cost for sharps containers and reducing carbon footprint of burning plastics. The trial was successful and is now being rolled out across our organisation, saving the Trust in excess of £80k per year.

Transport

During 2015 a review of our commercial fleet was undertaken with the aim of rationalising the number of vehicles required for service delivery, this saw a reduction from 33 to 19.

In 2015 we joined the Network Smart, smarter choice group. This group is run by Birmingham City Council, Solihull Council and includes the Centro travel network. The aim is to identify and encourage both our staff and visitors to explore alternative methods of travel to and from our hospitals.

Centro have assisted us with obtaining two grants, one for Heartlands and the other for Solihull Hospital. These grants enabled the hospitals to obtain four new bicycle shelters, located near to our main entrances.

To encourage greater use of bus travel, public information screens have been installed at all our hospital sites located in reception areas and Emergency Departments which help inform both our staff and visitors of real bus departures from the hospital site in question.

Service development highlights

This financial year saw the launch of three multi-million pound projects; Solihull Hospital's new Dermatology Unit, Heartlands Hospital's new hybrid theatre and Good Hope's new Acute Medical Unit (AMU).

These new developments help provide the best levels of care for our patients in a high quality environment and support us in becoming a more efficient service.

SEP
2015

New unit gives Solihull one of the leading dermatology centres in the UK

A brand new £3.5 million unit at Solihull Hospital opened its doors to patients in September 2015 securing the area as one of the leading dermatology centres in the UK.

The new unit includes state-of-the-art facilities and has been purpose-built to suit the needs of patients with skin cancer and other skin disorders such as eczema and psoriasis.

Among the benefits of the new unit are three new skin surgery theatres, increased surgical capacity and a more efficient and seamless journey for patients. In addition, there is a state-of-the-art skin allergy testing facility, phototherapy and integrated consulting and treatment rooms.

Dr Irshad Zaki, Consultant Dermatologist and Clinical Director, said it was a “very exciting” time for the highly acclaimed service: “The dermatology service at Solihull Hospital provides a comprehensive service for the local population, but is also a tertiary referral centre for patients with severe skin disease and skin cancer, as well as for allergy testing. We receive referrals from as far afield as North Wales, particularly for complex skin cancer surgery.

“We are one of only a few departments in England for Mohs micrographic surgery (a type of skin cancer surgery) and the laboratory in the new department enables us to analyse the specimen during surgery to ensure the whole skin cancer has been removed. We are also one of the two national centres for epidermolysis bullosa, a rare and severe genetic skin disorder, while the opportunities for education and teaching in our department have been recognised nationally.”



Among the benefits of the new unit are three new skin surgery theatres, increased surgical capacity and a more efficient and seamless journey for patients.

Leading surgeon cuts the ribbon on state-of-the-art operating theatre

A trail-blazing surgeon who became the first female President of the Royal College of Surgeons cut the ribbon on a state-of-the-art operating theatre at Heartlands Hospital in February 2016.

Clare Marx was the guest of honour as she officially opened the new £4 million hybrid operating theatre. One of only three of its kind in the UK and a first in the Midlands, it has opened the door for world class treatments and training to take place at the Trust.

Miss Marx said she was “extremely impressed” with the new facility: “I was pleased to be asked to open this wonderful new facility – it is terrific for the patients and also for the staff as it is a world class environment for them to work in.

“I believe it is vitally important that we continue to invest in improving our services with new technology and striving to be the best. We should aim to be the place in Europe where the most talented people want to train and work, as well as to provide the best possible care for the communities we serve.”

The theatre centres on the GE Discovery 740 robotic machine which utilises 3D technology and can be used for a range of specialist procedures including keyhole endovascular aneurysm repair.

The development has supported the hospital to become the regional centre for vascular surgery, as well as make room for an expansion of the hospital’s interventional radiology service.

Martin Claridge, Clinical Director for Vascular Surgery, said: “The hybrid theatre has already made a massive difference to the patients we



are able to treat, as well as increasing surgical capacity across the Trust for all specialties so it really has been win-win.

“We have the busiest complex endovascular service in Europe achieving outstanding results and this world class facility enables us to treat our patients in a safe high quality environment and gives us so many opportunities in terms of training the next generation of vascular surgeons.”

“The hybrid theatre has already made a massive difference to the patients we are able to treat as well as increasing surgical capacity across the Trust.”

Martin Claridge,
Clinical Director for Vascular Surgery

NOV
2015

New Acute Medical Unit opens at Good Hope Hospital

A new rapid assessment unit opened its doors to patients at Good Hope in November 2015.

The £3.2m development was the culmination of over a year's work by consultants, nurses, nurse practitioners and managers and is purpose-designed to provide rapid initial assessment and management of adult patients who are referred from the Emergency Department or their GP.

The multi-disciplinary team of staff ensure each patient is placed in the right care setting for their needs and the unit is increasing both assessment and short stay capacity and helping avoid unnecessary hospital admissions.

The bright and spacious 34-bedded unit has four key areas – triage, assessment, ambulatory emergency care and short stay.

Dr Arne Rose, Medical Director, said: "This is a crucial development for patients. Our team of consultants, nurses, nurse practitioners and managers have worked really hard to make it happen.

"It delivers more space, a much improved environment for both patients and staff, and overall, a better experience for our patients."

The Unit was officially opened by HRH Princess Alexandra on 27 May 2016.



Patient experience

Our organisation measures patient experience feedback in a variety of different ways including local and national patient surveys, the NHS Friends and Family Test (FFT), patient advice and liaison (PALS) contacts, through complaints and compliments, Patient and Carer Panels and online sources such as NHS Choices and Patient Opinion.

Patient feedback is also well established via text message questionnaires in our Outpatient Departments.

All of this feedback is vital in helping us make improvements to services.

Inpatient Satisfaction Review

Between April and November 2015 patients were asked to give their feedback in relation to eight different aspects of their stay. Following the review, the Trust sought to understand how our patients felt about the overall experience of care. Between December and March this score has remained constant each month for our organisation as a whole at 86% satisfaction with care overall.

The Friends and Family Test (FFT)

The FFT is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family if they were in need of similar treatment or care. The Trust undertakes this feedback work across inpatient care, emergency departments, maternity services, outpatients, day case surgery and community services. Response to this measure has increased with the number of patients who gave feedback increasing from 64,616 in 2014/15 to 205,822 in 2015/16.

Through its FFT work, our organisation received almost 70,000 written or text message comments from patients, carers and relatives about their experiences of care during 2015/16. The vast majority of these comments, over 83%, were positive reflections of care and treatment and are used at service level to reinforce the positive messages when feeding back to staff. Further training is on-going with staff on how to access and use the feedback provided.

National Survey Programme

The Trust participated in the national inpatient patient experience survey during 2015–16 on behalf of the Care Quality Commission (CQC). The Trust improved significantly compared with 2014 regarding:

- ▶ Waiting to be provided with a bed on a ward
- ▶ Mixed-sex bathroom or shower areas
- ▶ Delayed discharge

The Trust deteriorated significantly compared with 2014 regarding provision of:

- ▶ Written or printed discharge information
- ▶ Information explaining how to complain about care received

Positive Feedback

Whilst compliments are not consistently collated across our Trust (compliments come in a vast array of forms from a verbal thank you on the ward, a formal thank you card/letter, calls to the Chief Executive), we are able to gain a sound understanding of what patients appreciate from the FFT narratives.

The nursing quality dashboard now enables wards to look at their individual patient experience data per ward so the many patient comments can be viewed directly at service level.

Complaints

A significant amount of work has been undertaken during 2015/16 to improve the Trust's complaint handling process. This work will continue into 2016/17.

An independent external peer review of complaints was undertaken and a number of recommendations have been implemented including a review of all associated policies and procedures.

PALS

The PALS team work closely with managers to deal with issues swiftly as they arise and where a formal complaint is raised, we ensure the complaint is investigated and responded to in a timely manner.

How are we responding?

Our feedback tells us that a large proportion of patient experience improvements centre around how well we communicate with patients, relatives and carers and how we build our systems with the patient in mind. Previously, user-led patient groups existed with varying levels of involvement and function. In response, the Trust now has three Community Patient Panels (CPPs) aligned to each main hospital site with a Youth Council and a Carers' Forum.



“I wish I had paid more attention to my symptoms and not assumed that I knew what the problem was. It was a complete shock to be told that I had a late stage tumour and it all happened so quickly.”

Anna Pinnell (right)
pictured with daughter Lucy



JAN
2016

PATIENT STORY
Anna Pinnell

Anna Pinnell, 54, from Streetly, was diagnosed with a stage three bowel cancer when she attended the Emergency Department at Good Hope Hospital with constipation and pain in her stomach.

The 6.5cm tumour had completely blocked the bowel and the team decided that emergency surgery was the only option. Anna was rushed to theatre and consultant colorectal and general surgeon, Mr Haney Youssef, carefully removed the large tumour in a four hour operation. He was also able to join the bowel back together, without the need for Anna to have a permanent colostomy bag – something that is quite unusual in this kind of surgery and especially on large tumours.

Anna's story had started the year before when she started to feel tired and a bit down, so visited her GP who arranged blood tests that showed she was anaemic. Anna – thinking it was probably the menopause – started taking iron tablets. She took two a day for nearly a year, but the tablet masked the changes that were already happening in her bowel movements.

When she later started getting cramps and stomach pains, she put it down to the stress of helping to organise her son Stuart's wedding and her daughter Lucy's 30th birthday party. Anna began getting crippling pain in her stomach and after two days, her partner insisted on taking her to the emergency department at Good Hope Hospital where the cancer was diagnosed and quickly removed. Because there were some cancer cells found in her lymph nodes after the surgery, Anna also underwent chemotherapy treatment for six months.

Although she didn't lose her hair, the three-weekly chemotherapy cycle left her extremely tired and because the diagnosis and surgery had happened so quickly, in shock. She still has some lingering side effects from the chemotherapy, but has been reassured by her consultant clinical oncologist, Dr Good, that these will gradually get better.

Anna admits that if anyone reading could take something from her story – it's not to self-diagnose and if you're worried about your health, please see your GP. She said: "I wish I had paid more attention to my symptoms and not assumed that I knew what the problem was. It was a complete shock to be told that I had a late stage tumour and it all happened so quickly. I am really grateful to Mr Youssef, Dr Good and the teams who looked after me and helped me to deal with my diagnosis.

"I was fully expecting to wake up with a colostomy bag after my surgery and to find out that Mr Youssef had managed to save my remaining bowel so I didn't need one, was a huge relief. It's given me back a quality of life I wasn't expecting to have."

Mr Youssef, consultant colorectal and general surgeon, said: "Anna's tumour was fairly advanced and had it been left any longer, she would have almost certainly had to lose a lot more of her bowel and would have had a permanent stoma bag fitted. I am pleased Anna is doing so well after her treatment and I'd also like to reiterate that if you have any symptoms you are worried about – please see your GP."



Seema pictured with her partner Manesh and baby son, Jai



APR
2015

PATIENT STORY

Seema Tailor-Bulsara

Seema Tailor-Bulsara was supported under the toughest circumstances when she was diagnosed with breast cancer whilst six months pregnant.

Just two days after turning 33 years old, Seema was diagnosed with stage three invasive breast cancer and was told by medics at Solihull Hospital that she would need urgent major surgery and chemotherapy in order to save her life. Fast tracked to receive surgery at Good Hope Hospital, she had a mastectomy within one week of diagnosis. "The breast care surgeon, anaesthetist, obstetrician and oncologist worked closely together to achieve one outcome", Seema says, "To save our baby and me."

Seema's unborn child coped under surgery, through x-rays, CT scans and chemotherapy treatment and not wanting to expose him to any further treatment, Jai was born under an elective caesarean at 34 weeks on 2 December 2014 at Heartlands Hospital, weighing 1.78kg.

Seema said: "It was a truly incredible day for us, and we thought it fitting to name him Jai, which means 'victorious' and what a victory it has been so far. Jai continued to fight and did amazingly well while in the neonatal unit being allowed home after two weeks.

"On 22 December we waited anxiously for my scan results. I still cry now when I replay my consultants words in my head, 'I have terrific news for you Seema, there are no further signs of cancer'. I grabbed my little boy and said, 'mummy's going to see you grow up and get married!' I plan to do whatever it takes to keep my promise to my son."

Jai is now four and a half months old and Seema is counting down her chemotherapy sessions and is looking forward to enjoying future life with her family. She says: "Cancer can affect anyone at any time. If you suspect something isn't right then don't just ignore it and hope it will disappear. For me I was lucky, the breast cancer and maternity teams were amazing.

"Consultant Obstetrician, Dr Cathy Rhodes, was like a breath of fresh air when we were at our lowest point and got us through our darkest days. The midwives were helpful and caring, aware of our extreme circumstances and attending to us immediately. This is what makes our NHS priceless."

"Cancer can affect anyone at any time. If you suspect something isn't right then don't just ignore it and hope it will disappear. For me I was lucky, the breast cancer and maternity teams were amazing."

Seema Tailor-Bulsara

Staff engagement and well-being

The Trust recognises and values the contribution of our workforce in providing the highest quality of care to our patients.

There has been an emphasis on greater levels of engagement with staff this year and this is demonstrated in feedback received by the HR Department and also indicated with the Trust's improved rates of appraisal alongside reduction in absence. There also continues to be an emphasis on developing workforce to ensure they have the skills to support future clinical services.

The National Staff Survey (NSS) ran from October to December 2015 and included a full census of staff at the Trust. It achieved a 29 percent response rate (circa 3,000), a decrease from 39 percent in 2014.

The results show that across the 32 key findings, there was an improvement with the overall engagement score of 3.63 compared to 3.53 in 2014. This is a metric score out of 5, with the acute Trust average being 3.79.

Although there were improvements indicated from 2014 to 2015, on the whole the feedback generated from the Staff Survey highlights that further work is required to improve the perception and feeling of staff. There is an opportunity to build on the improvements and directly support the areas that need additional support.

The Trust recognises and values the contribution of our workforce in providing the highest quality of care to our patients. There has been an emphasis on greater levels of engagement with staff this year and this is demonstrated in feedback received by the HR department.

Hospital Divisions are developing action plans to address the main issues presented by staff and are working in partnership with HR representatives to highlight positive changes.

Staff satisfaction will be monitored through the new divisional structures going forward and the results of the 2015/16 NSS will feed into those new Divisions.

In addition to the NSS, the Trust has also established a 'Pulse' indicator of staff engagement, whereby a quarter of staff are surveyed each quarter.

In order to measure engagement, the following question was used as a Recommender Index: "How likely are you to recommend this organisation as a place to work to your friends and family?"

There was a slight decline in quarter 3, during a period of instability with it dipping to 48 percent, though it had improved significantly by quarter 4 back to 55 percent.

The new Trust Values and behaviours (based on feedback from the previous year's Staff FFT), have been used to create a Culture Metric which has been included in the survey over the last two quarters. The aim being to give a benchmark of how staff are 'living' the Trust's Values.

For more information on staff engagement, partnership working, equality and diversity, education and development, workforce planning and recruitment, please view pages 43–49 of the Annual Report and Accounts online at www.heartofengland.nhs.uk/annual-reports



Hospital staff event provides boost for better health

Members of staff were invited to attend a healthier lifestyles event to support and inspire them to make positive lifestyle changes at the start of 2016.

Hosted at Heartlands and organised by the Trust's occupational health team, the day consisted of fun and interactive events covering a wide range of lifestyle-related topics designed to showcase the support and services available to staff in maintaining and improving their health and well-being.

Activities included a 'Smoothie' bike, a rowing machine for staff to try out provided by Anytime Fitness and British Military Fitness were on hand to challenge staff to squat for 30 seconds at a time.

The Trust's dieticians, occupational health practitioners and physiotherapists offered advice and answered questions on anything from weight management to coping with pressure and alcohol awareness, and there was the opportunity for staff to receive a comprehensive free health check. Staff were also invited to put forward their ideas to help shape the future health and well-being strategy across the Trust.

Membership Manager, Sandra White said: "There was so much activity taking place on the day from people having their blood pressure taken, to those taking part in the smoothie bike and fitness challenges, there was a real buzz. I think it's really useful to have events like this as people don't always know what is available to them. It also raises morale amongst teams."

"There was so much activity taking place on the day from people having their blood pressure taken, to those taking part in the smoothie bike and fitness challenges, there was a real buzz."

**Sandra White,
Membership Manager**



Research and development

In 2015/16 over 100 new studies have been given approval to start within our Trust meaning we now have more than 500 projects in progress. There are 28 departments across our Trust taking part in research with between one and six research active consultants in each of these areas.

In 2015/16 6,086 patients have been recruited to trials. Clinical trials remain the largest research activity performed at the Trust, in terms of project numbers. There is a mixed portfolio of commercial and academic studies, the majority of which are adopted onto the National Institute for Health Research (NIHR) portfolio. Non-portfolio work is also undertaken and this comprises commercial clinical trials, student-based research or pilot studies for future grant proposals.

Patient recruitment has been highest in Renal Medicine, Diabetes and Thoracic Surgery. Renal Medicine has been particularly successful this year thanks to a Trust investigator, Dr Mark Thomas-led study; which has been supported by the Critical Care, Anaesthetic and Resuscitation Research team. This is an on-going study which is looking at the identification and management of acute kidney injury, the results of which may have national impact.

Areas to highlight research growth are:

- ▶ **Mental Health:** 0.43% in 2015/16 compared to 0.08% in the previous year
- ▶ **General Surgery:** 1.36% in 2015/16 compared to 0.06% in the previous year
- ▶ **Vascular Surgery:** 0.44% in 2015/16 compared to 0.16% in the previous year

2015/16 has seen the continuation of new research-led grant applications and research collaborations both within the Trust and with external partners. Academic appointments have also strengthened these partnerships, particularly in new research areas for example public health and patient safety. Applications for funding, either led by the Trust or with Trust co-applicants, continues to be made predominantly to the NIHR funding streams, and for the year 2015/16 totalled in excess of £13 million. To date much of this still awaits an outcome against the application; with many NIHR funding streams taking in excess of eight months to conclude.

Professor Debbie Carrick-Sen, Florence Nightingale Chair of Nursing, has started the Clinical Research Internship Programme and has eight nurses and midwives undertaking a Research for Masters at the University of Birmingham. Professor Carrick-Sen is helping develop these students into future researchers, all of whom have expressed a desire to continue to a PhD.

In addition to this, the Research and Development Department has developed a Research Fellows Forum, led by Professor Fang Gao, which aims to provide an introduction to research in the NHS. This forum provides an opportunity for the research fellows to be informed of the practicalities of research from experienced researchers within the Trust, as well as an opportunity to discuss their own research with their peers.

The continued commitment to the support and nurturing of the junior doctors, nurses, midwives and allied health professionals in developing their research skills and knowledge is essential to encourage and develop the researchers of the future, for changing practice and also in the potential of findings being used for further, larger research projects.

The Research and Development Department has developed a Research Fellows Forum, led by Professor Fang Gao, which aims to provide an introduction to research in the NHS.



JAN
2016

PATIENT STORY
Amy Reynolds

Solihull couple, Amy and Daren Reynolds had even more reason to celebrate as they marked their first-born son's third birthday. After enduring the heartbreak of three unexplained miscarriages, including twins, 31-year old Amy and 35-year old Daren feared they would never have a baby of their own, never mind two.

After her first miscarriage in 2010 and then the sad loss of the twins, both at the 12 week early stages of pregnancy, Amy decided that she would try five times in total and if it wasn't meant to be the couple would look at adoption. But thanks to pioneering work at Heartlands Hospital, Amy and Daren are at last proud parents to Freddie, who turned three on 22 January 2016 and Henry, aged four months. Amy said: "I saw it as losing four lives rather than as three devastating events. It was almost a sense of relief to know that I could get help after the third miscarriage."

Referred by her GP to Heartlands Recurrent Miscarriage Clinic when she fell pregnant for the fourth time, Amy took part in a double blind trial called PROMISE, where half the participants received supplements of the hormone progesterone for 12 weeks, and the other half received a placebo to see if the hormone boost helped to maintain a healthy pregnancy. Although she was not aware if she had received the progesterone or the placebo, Amy gave birth to Freddie, who was a healthy eight pounds. The couple then went on to have Henry on 13 September 2015 weighing nine pounds after participating in the RESPONSE trial, introduced to test a new medication called NT100.

Women taking part in the RESPONSE trial made up to 12 clinic visits during their pregnancies, with half the participants receiving the NT100 medicine and half receiving a placebo. NT100

is a man-made form of a naturally occurring protein in the female reproductive tract called G-CSF (granulocyte colony-stimulating factor) and the aim of the trial was to find out if this drug improves the chances of maintaining a successful pregnancy.

Amy said: "The boys are my two little miracles – I'm so blessed to have them. The fact I was helping myself by taking part in the trials helped raise my morale. I can't thank recurrent miscarriage midwife, Rachel Small and obstetrics and gynaecology consultant, Dr Gupta enough. They took care of me and monitored the babies but more importantly, they understood why I was worried. I also hope by sharing our story, we might help other people reach out for much-needed support."

Rachel Small said: "Miscarriage can be devastating, lonely and a heart-breaking time for couples. The Recurrent Miscarriage Clinic looks to find causes and treatments for preventing miscarriage, as well as offering support and continuity of care. In some couples we do not find a cause for their miscarriages hence why it is so important we continue our clinical trials, to try to find new causes and treatments for women like Amy so couples can take their babies home. I am so happy for Amy and Daren that they have their happy ending twice and am also very grateful to them for participating in our clinical trials that will benefit many couples in the future."

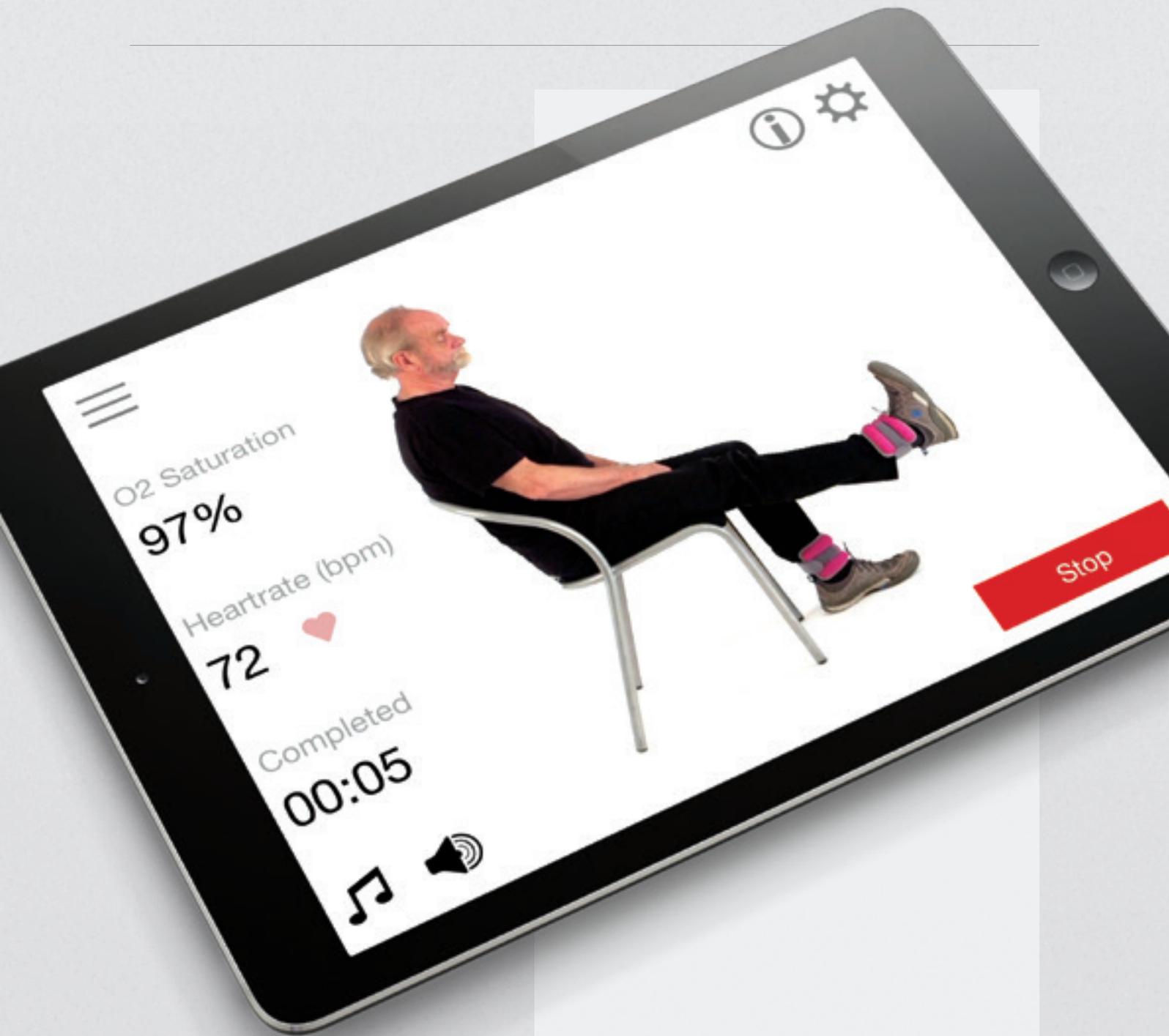
For further information about the Recurrent Miscarriage Clinic at Heartlands Hospital, including criteria for referral to the clinic and any clinical trials taking place, call: 0121 424 3505.





“The boys are my two little miracles – I’m so blessed to have them. I can’t thank recurrent miscarriage midwife, Rachel Small and obstetrics and gynaecology consultant, Dr Gupta enough.”

Amy Reynolds



“Through our new mobile app, patients can access rehabilitation wherever they want without having to visit hospital.”

**Mr Babu Naidu,
Consultant Thoracic Surgeon**

OCT
2015

New mobile app transforms care for lung surgery patients

An innovative mobile app developed by HEFT researchers is aiming to transform how lung surgery patients receive their rehabilitation after surgery.

The Fit for Surgery app developed by the thoracic surgery research team enables patients to access the award-winning Rehabilitation for Operated Lung Cancer (ROC) programme from the comfort of their own home without the need for a hospital visit.

The ROC programme was developed at the Trust and has been widely adopted across the UK. The outpatient programme consists of exercise training, self-management education, nutritional and smoking cessation support.

Mr Babu Naidu (pictured right), Consultant Thoracic Surgeon at Heartlands, which is home to the regional thoracic surgery unit covering a catchment area of more than six million people, explained why the app has been developed and what benefits it could bring for patients.

He said: "Research shows that around 15% of the 5,700 patients in the UK that undergo lung resection or removal primarily for the treatment of cancer develop post-operative pulmonary/lung complications (PPC), and once this has developed, mortality increases from 0.5% to 12%.

"The ROC programme has demonstrated improvement in complications and hospital readmission, but the lack of immediate access to pulmonary rehabilitation programmes across the country has hampered its success, so we identified a need to develop a service that can be delivered immediately at the convenience and control of the patient.



"Therefore we have developed a new mobile app through which patients can access the rehabilitation wherever they want without having to visit hospital. The app has a Bluetooth-enabled Pulse Oximeter which provides the patient with feedback on their heart rate and oxygen saturation levels before and during exercise which we can then record and monitor. The app also gives us the opportunity to evaluate the programme so we can see how we can further meet the needs of our patients."

The app has been developed and is currently being trialled before it is rolled out across the board so the team at HEFT has recruited 50 patients to take part in the research project which has been funded by the Health Foundation. The patients have been given access to tablet computers to run the app.

Mr Naidu added: "Should this prove to be effective it could lead to a national roll-out of this lung surgery rehabilitation programme and define the new gold standard of care, as well as potentially being adopted for other types of surgery as well."

Board of Directors

The Board is responsible for the overall management and performance of the Trust. The voting Directors serving on the Board during the year ended 31 March 2016 were:



Ms Fiona Alexander
Interim Director of
Communications



Mr Kevin Bolger
Interim Deputy Chief
Executive (Improvement)



Mr Jonathan Brotherton
Director of Operations



Mr David Burbidge
Interim Director of
Corporate Affairs



Dr Patrick Cadigan
Non-executive Director
– resigned 31 October 2015



Mr Darren Cattell
Interim Director of Finance
and Performance
– resigned 21 Jan 2016



Dr Andrew Catto
Medical Director and Interim
Deputy Chief Executive
– resigned 29 February 2016



Mr Andrew Edwards
Non-executive Director



Mr Andrew Foster
Interim Chief Executive
– resigned 31 October 2015



Mrs Sam Foster
Chief Nurse



Prof Jon Glasby
Non-executive Director
– appointed 1 October 2015



Ms Hazel Gunter
Director of Workforce and
Organisational Development



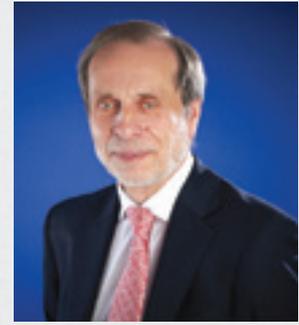
Ms Jackie Hendley
Non-executive Director



Mr Michael Kinski
Non-executive Director



Ms Karen Kneller
Non-executive Director



Mr Les Lawrence
Chair
– resigned 30 November 2015



Mr David Lock QC
Non-executive Director and
Senior Independent Director
– resigned 29 February 2016



Ms Alison Lord
Non-executive Director and
Deputy Chair
– resigned 31 January 2016



Mr Julian Miller
Interim Director of Finance
– appointed 3 February 2016



Dame Julie Moore
Interim Chief Executive
– appointed 26 October 2015



Dr Jammi Rao
Non-executive Director



Dr David Rosser
Interim Deputy Chief Executive
(Quality) and Medical Director
– appointed 1 March 2016



Prof Laura Serrant
Non-executive Director
– resigned 30 September 2015



Mr Michael Sheppard
Non-executive Director



Rt Hon Jacqui Smith
Interim Chair
– appointed 1 December 2015



Mr Adrian Stokes
Director of Delivery and
Deputy Chief Executive
– resigned 13 November 2015

Council of Governors

The Trust's Council of Governors continues to make a significant contribution to the success of our Trust and its commitment, support and energy is greatly valued. Governors are normally elected or appointed for a three year period and are eligible for re-election or re-appointment for a further two three-year terms. Elections were

held earlier this year with votes closing on 14 July 2016. Our 19 new and re-elected public and five staff governors have been welcomed to the Trust as they begin work in their new roles.

To find out more about our Governors and their role visit www.heartofengland.nhs.uk/governors



Stan Baldwin
Solihull



Kath Bell
Rest of England and Wales



Tony Cannon
Sutton Coldfield



Sarah Edwards
Hall Green



Keith Fielding
Yardley



Albert Fletcher
Erdington



Derek Hoey
Tamworth



Susan Hutchings
Hall Green



Phillip Johnson
South Staffordshire



Michael Kelly
Rest of England and Wales



Attiqa Khan
Hodge Hill



Anne McGeever
Solihull

Stakeholder Governors

We also have three vacant stakeholder governor roles at Solihull Metropolitan Borough Council, Aston University and Joint Lichfield and Tamworth Borough Council.



Mohammed Aikhlag
Birmingham City Council



Nicola Burgess
University of Warwick



Carol Doyle
Birmingham City University



Catherine Needham
University of Birmingham



Veronica Morgan
Nursing and midwifery



Gerry Moynihan
Hodge Hill



Suzanne Nicholl
Clinical support



Barry Orriss
South Staffordshire



Louise Passey
Sutton Coldfield



Jane Teall
Nursing and midwifery



Jean Thomas
Solihull



David Treadwell
Yardley



Matthew Trotter
Medical and dental



David Wallis
Solihull



Thomas Webster
Erdington



Lee Williams
Non-clinical support

Membership

Foundation Trust membership is largely representative of the populations it serves and has members from a broad range of backgrounds.

Our members

Members play an important role in developing and improving services and our organisation has a range of ways we engage with our membership. These include a dedicated quarterly magazine called Heart and Soul, monthly health seminar invites, youth engagement with an annual HealthySelf Youth Conference and engagement with local schools. There is also active social media presence.

Membership movement and engagement is reported to the Membership and Community Engagement Committee of the Council of Governors, which in turn reports to the full Council of Governors' meetings that are attended by Executive and Non-executive Directors.

The Trust has two membership constituencies:

- ▶ public constituency
- ▶ staff constituency

The public constituency is divided into nine geographic areas that correspond to the Parliamentary constituencies of Birmingham and Solihull and a tenth that covers 'the Rest of England and Wales'.

The staff constituency is divided into four classes:

- ▶ medical and dental
- ▶ nursing and midwifery
- ▶ clinical support
- ▶ non-clinical support

During the year the Membership and Community Engagement Committee recognised that we were an outlier in terms of having a

very high public membership compared to other foundation trusts and that a considerable majority of its public members were not particularly engaged, possibly because a large number of them had been automatically enrolled.

The Committee formed a view that it would be better to have a smaller but more engaged public membership and, after consulting with the interim Chair, interim Chief Executive and Council of Governors, the Committee was authorised to oversee a project that anticipates the total public membership reducing to around 10,000–15,000 during 2016. This would mean that our Trust would remain in the top 10 foundation trusts by size of membership.

The Committee recognises that it may be necessary to re-balance the profile of the membership following completion of the exercise to ensure that it remains representative. It is also anticipated that there will be a significant reduction in ongoing membership administration and communication costs as a result of the exercise.

The membership and community engagement objectives moving forward are:

- ▶ To substantially reduce public membership numbers and foster a more engaged membership
- ▶ To ensure the membership remains representative
- ▶ To run Governor elections for all constituencies
- ▶ To continue the community and youth engagement programme

Contacting the Membership Office

✉ sandra.white@heartofengland.nhs.uk

☎ 0121 424 1218

📍 Stratford House, Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS

MAR
2016

New volunteers join hospital team aiming to prevent delirium

A group of kind-hearted volunteers at Solihull Hospital began their journey to helping prevent delirium, a common condition affecting up to one in three elderly patients.

Patients with delirium can be confused, agitated, drowsy, less mobile and they can experience frightening hallucinations. Although it's a short-term condition, the effects can be long-term and extremely distressing, with potentially longer stays in hospital and a higher chance of developing dementia in the future.

Solihull Hospital has its own dementia and delirium outreach team and earlier this year appealed for volunteers to join the team by spending time on wards assisting elderly and frail patients, encouraging eating and drinking, helping with mobilisation and orientation and supporting activity such as playing card games or doing jigsaws.

The response from the public was fantastic and 16 new volunteers were invited in for their welcome induction.

Phil Hall, senior nurse for dementia, said: "The name of the project is PREVENTS – it is a delirium prevention programme. This is our second batch of volunteers and we are really overwhelmed by the response. It is already making a real difference to frail and elderly patients as we aim to prevent delirium, which is a serious and common harm in acute hospitals.

"People see volunteering as an opportunity to really make a difference to people's lives and many of us will have had relatives or friends who have been touched by dementia and delirium at some point so it is quite a personal thing to



many people. It is also really about being part of the team in the hospital and having a really clear and defined role which I think the volunteers appreciate."

Volunteer Carol Davies who has been working on the project said she would encourage more people to get involved.

She said: "I volunteer as part of the PREVENTS project and absolutely love it. We have a structure to our day and make a real difference to the experience and outcomes of the patients who we support. As a PREVENTS volunteer you are really part of the team in the hospital and get to work with some wonderful people."

If you think you can offer your time and care to support elderly patients, please contact Phillip Hall or a member of the Dementia and Delirium Outreach Team on 0121 424 4277, or e-mail phillip.hall@heartofengland.nhs.uk or follow them on Twitter @DADOTSH1.

Contacting the Volunteering Office

Contact us to find out about the opportunities available across our organisation.

✉ volunteer.services@heartofengland.nhs.uk
☎ 0121 424 0901

Trust Charity

The Heart of England Charity exists for the benefit of patients, carers and families at our local hospitals – Heartlands, Good Hope, Solihull Hospital, Birmingham Chest Clinic and within our health services in the community.

Contact our Charity

- ✉ samantha.howell@heartofengland.nhs.uk
- ☎ 0121 424 7560
- 🌐 www.heartofenglandcharity.org.uk
- 📘 Heart of England Charity
- 🐦 @HeftCharity
- 📺 Heart of England NHS Charity



With just over 300 funds, as well as a general fund for each hospital, the Charity provides funding in a diverse range of areas including research, equipment purchases, facilities and training. This expenditure helps to improve patients' care and experiences above and beyond what the core NHS funding allows. During the past year the Charity was delighted to be able to give over £1.9m of charitable support to the Trust for the benefit of our patients and staff.

How we are funded

Donations from generous individuals, companies, community groups, staff, patients and their families represent a vital source of income for the Charity. It is only with their support that we can continue to fund the projects that benefit our patients.

Our Communities

The local community in which our Trust belongs has always played a key part in our fundraising projects and this year was no exception. We have built valuable relationships with local

schools, colleges, pubs and supermarkets and provided them with support to raise funds for their local hospitals.

Birmingham children's charity, **The Boparan Charitable Trust, Jaguar Land Rover PLC and Asda** have donated a combined total of £13,750 to transform the Children's A&E department at Heartlands Hospital. Along with a refurbishment of the department, children can now enjoy new toys and games purchased for the waiting room area and young people have access to a newly opened adolescents' room.

In 2015 Sutton Coldfield based business **Hall's Garden Supplies** celebrated their eighth year of continuous support to the Children's Assessment Unit at Good Hope Hospital. The Harvey Unit, a 24-hour assessment unit for young patients at Good Hope, has received more than £4,000 since the company began donating £50 a month in 2008.

On 9th May 2015 **HEFT as well as UHB, Birmingham Children's Hospital and**



Adolescents' room

Birmingham Women's Hospital joined forces to climb the highest peak in England and Wales – Mount Snowdon. The first combined charity challenge of its kind saw climbers of all abilities and team sizes digging out their walking boots to scale the heights of the 3,560 ft. mountain and raise £26,300 worth of valuable funds for their chosen hospital.

In June 2015 brothers **Jacques and Benedict Barker** cycled across Wales to raise money for the Neonatal Unit at Heartlands. The brothers, along with their triplet sister, were born seven weeks premature and were patients of the Heartlands-based unit. Now, 13 years later, the boys wanted to give something back by undertaking a 95km bike ride.

On 25th September 2015 they presented the Unit Community Nurse, Sarah Moxon, with a cheque for more than £2,000 during an assembly at Solihull School.

Young fundraiser **Jake Mole** raised an amazing £550 by hosting a car wash at Solihull Fire Station. The funds went into the special Paediatric Diabetes Fund which treats children from across the Birmingham and Solihull area.

The **Ward 19 Charitable Fund**, which was established by former patient Dean Field, is made up of staff, patients and friends and is supported by a growing number of volunteers. Since its creation the fund has been hard at work and raised £24,384 towards a target of £25,000 via its Justgiving page.

The money raised has been used to purchase vital equipment such as blood analysers, heat pads and televisions for waiting areas.

Solihull Barons captain **Rob Eley** decided to retire from ice hockey at the end of the 2015/16 season. To show their appreciation for Rob's commitment, the Barons offered Rob a testimonial season with the added incentive of raising money for charities close to his heart. Rob enthusiastically accepted this offer and decided to raise money for the Trust Charity and The Willow Foundation.

The campaign is known as '19 for 19' in honour of Rob's Solihull Barons shirt number and the Ward 19 as well as its target of £19,000. To date the '19 for 19' campaign has raised over £36,000, exceeding its fundraising target.





Lucy Harborne (right), from Kings Heath, handed over a cheque for over £6,000 to a cause close to her heart after completing a gruelling charity trek across the Great Wall of China in June 2015. Lucy took on the challenge in memory of her uncle Mark who was treated on the Ward 19 blood cancer unit at Birmingham Heartlands Hospital, but sadly died after a courageous five-year battle with the disease.

Staff Engagement

2015 has seen a surge in staff involvement with fundraising appeals and initiatives, with teams of staff from all sites proactively organising fundraising events, supporting campaigns or even undertaking extreme challenges to make a difference on the daily experience of patients on their units.

In November 2015 a group of nurses, consultants and staff from Neonatal Unit held a special neonatal awareness event at the main entrance of Heartlands Hospital. Over £200 was collected for the 'Newborns in Need' appeal, which raises funds towards the purchase of vital equipment such as breathing machines, incubators, and sophisticated monitoring equipment.



Following the creation of a new Cancer Services Fund, the Cancer Services Lead team has undertaken several fundraising initiatives and has so far raised just over £4,500.

Members of staff at the Acute Medicine Unit – Short Stay at Good Hope raised £1,000 on their first event for their 2016 fundraising campaign. The initiative was launched on 25th January 2016 with a special non-stop 12 hours cycling challenge.



Our 'Friends'

Friends of Solihull Hospital

Friends of Solihull Hospital is an independent registered charity that has been in existence for over 60 years.

The Friends can count on 70 active volunteers and many other regular supporters. They raise their funds by holding stalls in the hospital, organising charity events and running the afternoon trolley shop at the Hospital.

All of the proceeds from their fundraising are used to purchase vital medical equipment. 2015/16 has been a fantastic year for the Friends, who donated over £113,000 worth of equipment, with a particular focus on Podiatry Department and the Outpatients Department Breast Clinic.

Get in touch

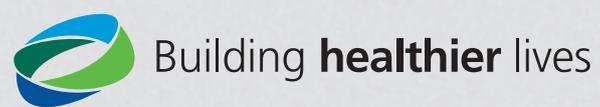
Contact Liz Steventon, Chairman of Friends of Solihull Hospital
 ✉ liz@steventon.net

Friends of Good Hope Hospital

The Friends of Good Hope Hospital is a fundraising group set up by volunteers from the local community to support patients, relatives and visitors at the hospital. They raise funds with a range of activities including bric-à-brac stalls, car-boot sales, and coffee mornings to raise funds for the benefit of patients. The group has so far raised over £6,500 to improve patients' experience at Good Hope.

Get in touch

🌐 www.friendsofgoodhope.org
 ☎ 07444 537656
 ✉ info@friendsofgoodhope.org



heartofengland.nhs.uk