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The past 12 months have been both challenging and rewarding for Heart of England NHS Foundation Trust (HEFT). Our interim Chair, Rt Hon Jacqui Smith and interim Chief Executive, Dame Julie Moore, explain why 2016/17 has been a significant year.

Welcome to our Annual Review, a ‘reader-friendly’ alternative to the Trust’s full Annual Report and Accounts which can be found on our website www.heartofengland.nhs.uk. We hope you find it an informative read and we would welcome your feedback.

We have held interim executive leadership roles at HEFT alongside our existing roles at University Hospitals Birmingham NHS Foundation Trust (UHB) since October and December 2015, respectively. Our focus since joining the Trust has been to focus on delivering high quality care and treatment to patients whilst working on improving our position in relation to governance, finances and operational performance.

Thanks to the great efforts and support of our staff, members, governors and volunteers, we have made some considerable gains in a number of areas this year.

However, as you will be aware the NHS is under considerable strain and 2017 has already presented some of the toughest challenges; demand for our services grows year-on-year with an increasing number of patients choosing to be treated in our hospitals.

It is testament to the success of the NHS – which celebrates its 70th birthday next year – that we are living longer. But with this success comes ever-tougher challenges. What is clear is that significant changes need to be made to ensure equity of access to quality services for all and one of the ways we are looking to transform care in Birmingham is by working closely with other providers across the city.

It is our belief that by reviewing, rationalising and sharing services across non-frontline services, we can then channel resource and investment into sustaining and developing our clinical services and sites, which is why in July 2016 UHB and HEFT agreed to work together to develop a ‘Case for Change’ for the two organisations to become a single entity.

This hugely significant move was driven by the desire to achieve the maximum patient benefits and organisational efficiencies; which was not deemed achievable under the current interim arrangements and without us coming together as one legal entity. Final decisions on whether to merge or not, will be taken towards the end of the 2017.

During 2016/17 we have developed a number of joint working groups between HEFT and UHB, with the aim of encouraging joint-working and the sharing of best practice from both organisations; for example, reviewing serious incidents and taking a combined approach to safety projects such as identification and management of sepsis and the introduction of National Safety Standards for Invasive Procedures.
Work has progressed on ambitious plans to build a new, state-of-the-art Ambulatory Care and Diagnostics Centre (ACAD) at Heartlands Hospital. This multi-million investment will house a wide range of health services, including outpatients, endoscopy and diagnostic services, and will help us deal with the increasing demand on our health service. We are currently at the planning stage with approved building designs, including detailed artist impressions and detailed floor plans, and our intention is to have the facility ready to start receiving patients in 2020.

Radiology services across HEFT have benefited from £3 million worth of investment in new patient equipment this year and endoscopy services at the Trust have also signed an investment contract worth £9 million ensuring state-of-the-art kit will continue to be used across specialties using flexible endoscope procedures.

The past year has not been without challenges, as is the case for other Trusts across the country, with pressures on our hospitals increasing. There are challenges on all parts of the health and social care system as increasing numbers of patients require our services. However, we are rising to these challenges and we are pleased to say that we have seen significant improvements in our performance targets despite the rise in attendances and admissions.

In line with national trends, the Trust has seen unprecedented demand for its Emergency Department services with large increases in attendances and admissions, which has in turn put significant pressure on our ability to deliver some planned treatments.

We do, however, continue to be one of the best performing Trusts in the country in relation to meeting cancer operational standards whilst also being one of the country’s largest and busiest providers.

The Trust was last inspected in October 2016 by the Care Quality Commission (CQC) as part of the national inspection regime. The regulator’s resulting report did not include a Trust rating as it was a focussed inspection, therefore the 2014 rating of ‘requiring improvement’ remains.

However, the CQC have acknowledged that significant positive change has been made in a number of areas and the Trust is rated ‘good’ for being ‘effective’ and ‘well-led’.

NHS Improvement, the body who imposed enforcement undertakings on the Trust in October 2015 for breach of its licence, has also recognised the improvements we are making. This is good news for the organisation and wouldn’t be possible without the contributions made by each and every one of our staff, volunteers and governors.

Whilst there remain some key areas where we need to continue to work hard to improve, there are also many areas of excellent practice. It is fair to say significant progress has been made and the Trust continues to move in a positive direction.

From speaking to patients and staff on the ground there is a lot of support to help us succeed as our organisation moves forward into a new and progressive future and this is encouraging. We would, once again, like to thank everybody for their hard work and determination during a busy 2016/17.

Interim Chair
Rt Hon Jacqui Smith

Interim Chief Executive
Dame Julie Moore
2. About us

i. Who we are and who we serve

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

We operate from:

- Birmingham Heartlands Hospital (700+ beds)
- Good Hope Hospital in Sutton Coldfield (500+ beds)
- Solihull Hospital (230+ beds)
- Birmingham Chest Clinic (outpatient facility)

Alongside these four sites, we also deliver services in a number of community settings. These include a varied portfolio of community healthcare services for Solihull residents and a number of satellite renal units serving patients who live in the surrounding catchment areas.

In 2016/17, our organisation looked after:

- 267,793 A&E attendances
- 88,713 day case and elective spells
- 856,556 outpatient attendances
- 76,674 emergency spells
- 10,242 births

Check out more of our ‘HEFT in Numbers’ at https://vimeo.com/229118594

HEFT is 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. We specialise in treating a range of conditions including heart and kidney disease, cancer and HIV/AIDS and are home to the West Midlands Adult Cystic Fibrosis Centre and a nationally renowned weight management clinic and research centre.

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

Our Workforce

HEFT has a large and diverse workforce of more than 10,500 staff.

The diagram below shows a breakdown of our staff types by staff group:

Delivering top-quality services depends on our ability to recruit and keep good staff. We are constantly developing schemes to make the best use of the skills and knowledge of our existing staff, as well as attracting new talent.

The Faculty of Education was launched in 2010 to support delivery of the Trust’s workforce development strategy. The Faculty of Education provides our staff both clinical and non-clinical, with a wide range of education and development opportunities.

We value our workforce and regularly seek their feedback through:

- Quarterly and annual staff surveys.
- Staff inclusion networks (disability, BaME and LGBT) to provide further opportunities for staff to share their experiences, to promote inclusion, and to identify areas for further improvement.
- Staff-side engagement and consultation forums – the JNCC (Joint Negotiating Consultative Committee) and JLNC (Joint Local Negotiating Committee).
- A range of regular communications activities including Chief Executive’s Team Brief.

The national staff survey in 2016 showed that we achieved a significant improvement in our staff engagement score from 2015. These results reflect the positive changes seen in the Trust during 2016/17. In the year ahead, we will be focusing on two key workforce priorities – improving the resources our staff and teams have to do their jobs and staff health and wellbeing.
Our Board of Directors

The Board is responsible for the overall management and performance of the Trust. The directors serving on the Board during the year ended 31 March 2017 were:

Mr Jonathan Brotherton
Director of Operations

Mr Andrew Edwards
Non-executive Director

Mrs Sam Foster
Chief Nurse

Prof Jon Glasby
Non-executive Director

Mrs Jackie Hendley
Non-executive Director

Mrs Hazel Wyton
Director of Workforce and Organisational Development

Dr Mike Kinski
Non-executive Director

Ms Karen Kneller
Non-executive Director

Miss Mehrunnisa Lalani
Non-executive Director

Mr Julian Miller
Interim Director of Finance

Dame Julie Moore
Interim Chief Executive

Dr Jammi Rao
Non-executive Director (resigned June 2016)

Dr David Rosser
Interim Medical Director

Prof Michael Sheppard
Non-executive Director (appointed June 2016)

Rt Hon Jacqui Smith
Interim Chair

Mrs Hazel Wyton
Director of Workforce and Organisational Development
Our Council of Governors

The Trust’s Council of Governors continues to make a significant contribution to the success of the Trust and its commitment, support and energy is greatly valued.

The Council of Governors is responsible, amongst other things, for:

- Representing the interests of members as a whole and the public.
- Holding the Non-executive Directors individually and collectively to account for the performance of the Board.
- The appointment and, if appropriate, removal of the Chair, Non-executive Directors and the external auditor.
- Determining the remuneration of the Chair and the Non-executive Directors.

Governor elections were held in July 2016. Governors are normally elected or appointed for a three-year period and are eligible for re-election or reappointment for a further two three-year terms. The Public Governors are elected by ballot of public members, Staff Governors are elected by ballot of staff members and Stakeholder Governors are appointed by specified organisations.
There are several current Governor vacancies as follows:

- Stakeholder Governors at Aston University, Lichfield District Council and Tamworth Borough Council (joint) and University of Birmingham.
- Public Governors — one vacancy for Rest of England and Wales, two for Perry Barr and one for Tamworth.

For further information about these vacancies contact 0121 424 3297. For more information about HEFT Governors, visit our website: www.heartofengland.nhs.uk/governors

Our Trust Members

Our Trust Membership is very important to us. By being more involved our Members help us to make sure that our hospital services meet the needs of local people.

A Foundation Membership should be largely representative of the population it serves and we work hard to ensure that we have members from a broad range of backgrounds. During 2016/17, we have continued to work on engaging with our Members and the community with an additional special focus on our local youth population.

We engage with our Members in a range of ways including:

- Regular publication of Heart and Soul Members’ magazine and distribution of a monthly members’ newsletter to our more active members.
- Hosting monthly free health talks on our hospital sites and in the community.
- Ensuring we have Membership representation on a range of groups and panels such as the Community Patient Panels, Patient Participation Groups and the Clinical Research Ambassador Group (CRAG).

By becoming a member of our organisation you will be able to have a greater influence in how we as a Trust develop and will receive more information and feedback. Membership is free and members can get involved as little or as much as they like. Those who want to get more involved than others can become a volunteer, attend events or focus groups. Others may simply want to receive the members’ newsletter to keep them informed of what’s happening in the Trust.

Get in touch with our Membership Office:

Tel: 0121 424 1218
Email: membership@heartofengland.nhs.uk
Address: HEFT Membership Office, Stratford House, Heartlands Hospital, Bordesley Green East, Birmingham B9 5SS

Also look out for updates on twitter @heartofengland and on our website www.heartofengland.nhs.uk
iv. Our vision, purpose and values

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
Building Healthier Lives Awards

The Trust's annual ‘Building Healthier Lives’ Awards recognise members of staff and teams who continue to go the extra mile in caring for our patients. This year’s ceremony, which took place in November 2016, saw a wide range of awards presented to deserving staff who had been nominated through their roles at Heartlands, Good Hope and Solihull Hospitals, as well as Birmingham Chest Clinic and the Trust’s Community Services. The Trust’s Emergency Departments (pictured) were awarded the ‘Outstanding Achievement Award’ for their sterling team efforts in keeping our patients safe following torrential downpours in June 2016 which caused extensive flooding in Accident & Emergency.
3. Our journey through the year

Celebrating compassion
Over 70 of our nurses, nursing staff and support staff from across the Trust were presented with Compassion Awards for demonstrating exceptional work ethic and consideration towards those they care for on International Nurses Day.

International Day of the Midwife
Recognising the hard work and dedication of our midwives and maternity teams; International Day of the Midwife was marked with a celebratory staff awards ceremony and all babies born on the day received special commemorative vests and certificates.

TV star joins midwives to celebrate baby friendly status
Popular television star, Emma Willis, took time to make a trip to Good Hope to present the midwifery team with the UNICEF Baby Friendly Award. The team were reaccredited for their excellent support with breastfeeding for local mums.

Cardiologists showcase skills in real time live demo
As a high volume centre for coronary interventional procedures, the interventional cardiology team were invited to perform live transmission demonstrations at the principal meeting of the year for the British Cardiovascular Intervention Society.

Hybrid operating theatre
In 2016, a £4million hybrid theatre opened at Heartlands, confirming the Trust’s position as the regional centre for vascular surgery. The theatre can be used for a range of specialist procedures including keyhole endovascular aneurysm repair. It is the first of its kind in the Midlands and one of only three in the UK.

BBC Panorama Diabetes: the Hidden Killer (broadcast Oct 2016)
The BBC’s popular current affairs programme Panorama spent six months at the Trust following the stories of patients with type 2 diabetes, including individuals being supported in managing the condition through lifestyle changes, and others going through vascular and bariatric procedures as a result of the disease.
i. A selection of highlights

First accredited allergy service in the UK

The Allergy and Immunology team celebrated after becoming the first NHS Trust in the UK to be awarded an ‘Improving Quality in Allergy Services’ (IQAS) accreditation by the Royal College of Physicians.

Chemotherapy at home service marks first year

The chemotherapy at home service, run by Heartlands Haematology Cancer Unit on ward 19, celebrated its first birthday. The service offers patients the choice to receive their chemotherapy treatment in the comfort of their own home.

Cycle4Sepsis complete mammoth ride to Cardiff

Sepsis survivors and campaigners from across the West Midlands set off from Good Hope to cycle over 147 miles to Cardiff to help raise awareness of the deadly disease, which claims over 44,000 lives in the United Kingdom every year.

Investment boost in endoscopy

The Trust secured a first-of-its-kind investment service contract worth £9 million this year in order to begin commissioning state-of-the-art endoscopy equipment. The new flexible endoscopes are being used in procedures across a range of specialties. Last year alone, our specialists carried out more than 24,000 endoscopy procedures.

Picture perfect as imaging goes digital

State-of-the art digital imaging technology was installed in our hospitals as part of a phased £3 million radiology equipment upgrade and refurbishment scheme. The Trust-wide project has included investment in an interventional radiology suite, three new digital x-ray rooms, an image intensifier, a new CT scanner and ultrasound machine.

Launch of Baby Box scheme for every newborn

Birmingham and Solihull United Maternity and Newborn Partnership (BUMP) launched a city-wide Baby Box programme. Every family of babies born in the area was given access to Baby Box University, an online educational platform for parents, and a free Baby Box for their newborns to sleep in.
ii. Clinical quality

Whilst this section is not an exhaustive list of all the improvements and efforts we are making around quality, we are making good progress and are always looking at how we can improve the quality of care we provide to our patients.

For a more detailed look at quality, including our priorities for improvement 2016/17, please see ‘Section 3: Quality Account’ of the Trust’s Annual Report and Accounts 2016/17. This is available to view at www.heartofengland.nhs.uk/annual-reports

Trust inspection

The Trust was last inspected in October 2016 by the Care Quality Commission (CQC) as part of the national inspection regime. The regulator’s resulting report did not include a Trust rating as it was a focussed inspection, therefore the 2014 rating of ‘requiring improvement’ remains. However, the CQC have acknowledged that significant positive change has been made in a number of areas and we are rated ‘good’ for being ‘effective’ and ‘well-led’.

NHS Improvement, the body who imposed enforcement undertakings on the Trust in October 2015 for breach of its licence, has also recognised the improvements we are making.

Launch of Nursing Associates role

The Trust is leading as a pilot site for the brand new Nursing Associate role. The Nursing Associate training is a two-year programme which provides all of the skills and knowledge required to successfully support registered nurses in caring for patients.

We recruited more than 40 Nursing Associate trainees in Spring 2017. Many of the successful applicants for the role previously worked as healthcare assistants for the Trust.

The trainees will be spread across many areas and specialities to test the role in different clinical settings and this process will influence the local and national development of the role.

Emergency Medicine demand

In line with national trends, we have seen unprecedented demand for our services with large increases in Emergency Department attendances and admissions, which has put significant pressure on our ability to deliver planned treatments to the planned performance trajectory for the year.

Another priority in 2016/17 in the Emergency Department was to improve the response rate and overall score in the Friends and Family Test. This has shown marked improvement with our response rate now consistently above the regional average.

Cancer services - meeting our targets

On average the Trust received more than 2,500 urgent ‘2 week wait’ referrals each month during 2016/17. This means we continue to be one of the busiest providers of cancer services in the country.

Despite this increase in activity, we remain one of the best performing Trusts in the country in relation to meeting cancer operational standards, having successfully met the key cancer waiting times targets throughout the year.
Birmingham and Solihull United Maternity and Newborn Partnership (BUMP)

We became a partner of Birmingham and Solihull United Maternity and Newborn Partnership (BUMP) along with Birmingham Women’s and Children’s NHS Foundation Trust, Birmingham Community Healthcare NHS Foundation Trust and Birmingham and Solihull Mental Health NHS Foundation Trust during 2016/17.

BUMP is working to revolutionise maternity and newborn services in the region over the next few years by creating a single point of access for all expectant mums to have the same range of services available, from home births to birthing centres and delivery suites.

Eat, Drink, Move… repeat

Our patients are encouraged to keep active

The ‘eat, drink, move’ project within our elderly care division and led by the therapies service along with nursing, aims to encourage elderly patients to eat, drink and move around to aid their recovery to give them and their families the confidence that they will be able to return home, and importantly, stay home and avoid rapid re-admission.

Hugely popular tea dances, old-fashioned tea mornings, events based around major sporting events and commemorative days have all been held this year for our elderly patients to enjoy. The positive impacts have been clear to see with reduced length of stay, reduced risk of falls and bed sores and the project has proved helpful from a nutrition and hydration perspective. The wellbeing of patients in an acute setting has also seen significant improvement.

‘A’ grade for stroke performance

Data from early 2017 published by the Sentinel Stroke National Audit Programme (SSNAP) has shown that Heartlands is one of the best performing hospitals in the West Midlands for providing stroke care.

Heartlands Hyper Acute Stroke Unit (HASU) was rated as level A in the audit with a score of 87.4, the highest level achieved since the Unit opened in 2014 and a huge improvement from a C rating in March 2016.

Both Good Hope and Solihull Hospitals’ stroke units both achieved B ratings with scores of 74.4 and 75 respectively. Again this is a significant improvement on the D ratings given in March 2016.

The SSNAP clinical audit provides information to inform the public about how well their local hospital is performing at diagnosing and treating stroke patients. It looks at the whole hospital stroke pathway from when the patient arrives at hospital through to when they are discharged.

Infection prevention and control

The Trust has continued to implement a robust infection prevention and control programme this year which has been designed to meet the increasing demands and emerging challenges. We have focused on recognising best practice and rewarding staff for infection control compliance and innovation during 2016/17. A Gold Standard Award was presented to Ward 4 at Heartlands for their innovative work and continued high standards of infection control practice.

Falls prevention

The overall Trust falls rate has been reducing gradually year on year, however this dropped significantly in April 2016 and has remained consistently below the National Average since this time.
iii. Patient feedback

We want to hear what our patients and visitors think about our hospitals, which is why we continuously collect and respond to the feedback we receive. It is important as it helps us improve the care we offer our patients.

There are many different ways you can give us your feedback. These include patient surveys (local, national, formal and informal), the NHS Friends and Family Test; through our Trust website, NHS Choices and Patient Opinion websites; on social media, through focus groups, letters to our Chair and Chief Executive and through our Patient Services team, formerly known as the Patient Advice and Liaison Service (PALS).

There is also a programme of unannounced Board of Directors’ visits to randomly chosen wards and departments. A report of the visit, complete with summary of observations, issues and an action plan are provided as part of the Medical Director’s Quality Report at each Board of Directors’ meeting. This feedback is used to make improvements to services and the team is monitoring how these improvements are embedded throughout the Trust.

Inpatient satisfaction

All inpatients are asked to comment on their experience as a patient. During 2016/17, 36,000 inpatients provided feedback. Patients are asked to rate their satisfaction with the care they received during the day time and the night time separately. Patients’ experiences of weekend services are also monitored.

As an overall measure over the year patients reported 86% satisfaction with their care as a whole (average data April 2016 to March 2017).

The Trust has an online dashboard which all ward areas use to monitor patient, carer and relative’s feedback about care provided. This includes both the statistical ratings of their ward and also the specific written comments that are also provided by patients, carers and relatives. Whilst ward areas look at these comments to identify themes to assist in their continuous improvement, in the main these comments tend to be very positive and motivational for staff in clinical areas, in understanding what they have done well.

Clinical leaders are asked to report their patient experience data monthly via ward to Board reporting mechanisms and account for any exceptions in performance.

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. In line with national practice driven by NHS England, we present results as a percentage of respondents who would recommend the service (either likely or extremely likely to recommend the Trust’s care) to their friends and family.

The Trust undertakes this feedback work across inpatient care, the emergency department, maternity services, outpatients, day case surgery and community services. Through our FFT work, we have received 135,000 comments from patients, carers and relatives about their experiences of care during 2016/17.

The vast majority of these comments have been positive reflections of care and treatment and these comments are used at service level to reinforce these positive examples to follow with staff.

Positive feedback

Whilst compliments are not routinely collated across the Trust, 115 compliments have been recorded during 2016/17 via the Trust’s Patient Services team. These compliments may have been made when a complainant has pointed to something positive in the course of making their complaint. Positive letters are sometimes also forwarded to the Patient Services team.

Compliments across the organisation are far vaster and come in many forms, usually a thank you card, a verbal thank you or sometimes small gifts of appreciation passed directly to staff teams. There is no routine collation of these, however the comments received via the FFT referred to above, do provide a useful indicator of what drives compliments.

How the Trust is using feedback

Feedback, including complaints, tells us that a large proportion of patient experience improvements centre around how well teams communicate with patients, relatives and carers and how systems are built and provide care and treatment with the patient in mind. The continued development of the nursing quality dashboard and the ward to Board assurance framework will assist in this. Over the year the patient experience team has continued to work closely with the updated Patient Community Panels (PCP) members.
Complaints

Before the start of the year, a rigorous quality assurance process was implemented and embedded. Following this we sought to reduce the live caseload of complaints and improve the timeliness of complaint handling. We have concentrated heavily on how complaint handling is managed, building on the work of the previous year.

During the year, 1,120 complaints were received and 1,309 complaints were closed. Complaints handling training has been provided across the Trust to senior managers, heads of nursing, matrons, and ward sisters/charge nurses. This training has been interactive, using live examples of complaints made. All complaints received are analysed for the themes they contain. From the 1,120 complaints received, 1,936 themes were identified.

Twitter snapshot

The Trust’s twitter account can be found at https://twitter.com/heartofengland

This @heartofengland account is used by patients, staff, relatives, carers and members of the public and is managed and monitored by the Trust’s communications department.

In March 2017 our account:

- had a total of 8,001 followers
- was mentioned 307 times, re-tweeted 123 times
- gained 164 click-throughs from links posted

The top Trust Twitter highlights for the month included:

- Division 1
- Division 2
- Division 3
- Division 4
- Division 5
First new asthma drug in 20 years trialled

A new drug called Fevipiprant has been hailed as a game changer for the future of asthma treatments and Heartlands has played its part in its clinical trials.

The Lancet-published trial aimed to investigate whether the drug lowered eosinophil levels (a white blood cell linked to asthma) in patients with moderate to severe eosinophilic asthma.

The trial was a phase II clinical trial with the leading centre in Leicester. Heartlands had four of its patients take part and was the only centre in the West Midlands to contribute to the study.

Dr Adel Mansur, consultant physician and contributing doctor to the trial, said: “The drug is the first of its class and works as an anti-eosinophilic agent that reduces airway inflammation in asthma and therefore improves symptoms and reduces asthma attacks and exacerbations.”

The drug is currently in a phase III trial to determine its efficacy and safety further in a large group of severe asthma sufferers.
iv. Research

Here at HEFT we are committed to improving care. That is why we conduct research across all of our hospitals, and offer the right support, training and management to make sure it is done well and safely.

Doctors and all other medical staff are encouraged to be actively involved in research. This simply means that as a Trust we are keen to explore and discover new and better ways of treating patients. We want our patients to receive the best and most up-to-date care – and the only way to achieve this safely is to test treatments before we use them.

HEFT research in numbers for 2016/17:

- Nearly 5,500 patients recruited
- More than 500 research projects being undertaken
- More than 150 new studies given approval
- 30 specialties currently taking part in research
- Our highest recruiting specialties based on numbers of patients entered into research projects are diabetes (899), respiratory medicine (608) and thoracic surgery (341).

Clinical trials remain the largest research activity performed in terms of project numbers. We have a mix of commercial and academic studies, the majority of which are adopted onto the National Institute of Health Research (NIHR) portfolio. Non-portfolio work is also undertaken and this comprises of commercial clinical trials, student-based research or pilot studies for future grant proposals.

In general surgery, in particular bariatric surgery and obstetrics and gynaecology, the Trust has seen an increase in activity following a period of investment into research infrastructure. Both areas have recruited over 150 patients and have each contributed 4.5% of the Trust’s portfolio.

This year has also seen the participation of the Trust in a key NIHR/Clinical Research Network led patient experience survey, the results of which demonstrated the value HEFT patients place on participation in research. A grant submission is also planned to work on ways in which patient involvement can be enhanced in the future.
The Final Countdown to Year End

As the Trust approached the end of the financial year, we marked the occasion with a weekly awareness campaign for staff exploring different areas of the Trust’s finances. Whilst our number one priority is, and will always be, to ensure our patients receive great care, we cannot avoid the high costs involved in running our hospitals. The countdown provided our staff with some additional insight into how we spend Trust money and how we can all make a difference.

Light me up

The Trust spends £1.33 million per year on electricity, powering our medical equipment, computers and lights on our wards. In addition to this, a further £5.2 million is spent on gas and heating oil to heat all of our premises. We can all do our bit to help when it comes to energy consumption:

- Switching off your PC monitor overnight could help the Trust save £50,000 per year.
- A 2°C increase in office temperature creates enough CO2 in a year to fill a hot air balloon.
- Office lights left on overnight use enough energy in a year to heat a home for almost 5 months.

Get your waste wrapped up

Did you know we spend £779,000 on managing 3,645 tonnes of waste every year? And of this, disposing of 1,142 tonnes of clinical waste costs us £592,000 per year? Audits have shown that around 20% of items in clinical waste have been placed in the wrong bin. If this 20% was disposed of as recyclables it would save the Trust £58,000 per year.

Back in stock

Our organisation has stock including drugs and clinical supplies worth £9 million. We spend £66 million each year on stock items, ranging from drugs and clinical supplies on wards, to dressings and theatre consumables such as prostheses, sutures and surgical gloves.

In 2015/16 we disposed of £180,801 worth of drugs, including those out of date or damaged. As well as the cost of buying/ replacing these items, we also have to pay for their safe disposal. The Genesis programme is being rolled out across the organisation to help us better manage stock levels; but in the mean time you can start to reduce waste by topping up stock from the back so that older stock is used first.

Food for thought

Last year it cost nearly £5.2 million to provide more than 1.9 million meals to patients on our wards (including ward provisions). Of these meals, our waste audit indicates that 12% were thrown away. Whilst we have worked to reduce waste food from 16% during the last 12 months; there are plans to reduce this further to 10%. This could save the Trust £103,820.

You used to call me

We spent a grand total of £852,524 on making phone calls last year including line rental, land line calls and mobile phone costs. Of this total £253,489 was spent making mobile phone calls. With video conferencing facilities available for staff to use, have you considered using this as a cost effective means of communicating? This can be cheaper than arranging a phone conference and has the added benefit of letting you see who you are talking to!
v. Financial position

Overview

In common with the rest of the NHS, the Trust is currently facing a very difficult financial environment.

For the 2016/17 financial year, the Trust delivered a total deficit of £11.3m before impairment losses (accounting adjustments to reflect a reduction in asset values). This is £2.3m better than the maximum deficit ("Control Total") of £13.6m that was agreed with NHS Improvement (NHSI) and represents a significant improvement on the deficit of £46.1m that was reported in the previous financial year. Although this represents good progress for the organisation, significant financial challenges remain and there is still a lot more work to be done.

The net impact of asset impairments was a loss of £11.5m and therefore, after this was included, the Trust reported an overall deficit of £22.8m at the end of the financial year.

Income

There was a 5% increase in the Trust’s total income to £709.1m, due to a combination of a 2% growth in clinical revenue and £25.2m of new income from the Sustainability and Transformation Fund (STF) provided by the Department of Health. The STF scheme was introduced in an attempt to bring the provider sector back to a position of financial sustainability and is linked to organisations hitting their control totals and meeting agreed performance targets.

Expenditure

The Trust’s total expenditure in the year was £731.9m. As in previous years, staff costs are the largest component of expenditure, accounting for 60 percent of operating expenses.

As part of the Financial Recovery Plan and the efficiency requirements included in the national tariff, the Trust was required to deliver a significant programme of cash releasing efficiency savings in the 2016/17 year. A range of schemes were implemented across the Trust and monitored throughout the year, with reports to the Financial Recovery Programme Board, leading to delivery of actual savings of £25.1m in the year.

Cash and Capital

The Trust began the year with a cash balance of £31.5m, which was significantly lower than in previous years and was showing a rapidly decreasing trend. Cash management measures were applied that have stabilised the rate of reduction and resulted in a cash balance of £19.2m at the end of March 2017.

In 2016/17, the Trust committed £14.6m of capital expenditure, including £5.7m on ICT schemes to upgrade the data and voice infrastructure, £2.5m improving the estate and £1.9m on enabling works to improve radiology facilities across all three sites.

Future

The Trust is continuing to work through the schemes identified in the Financial Recovery Plan to try to implement the further savings plans that were identified with the aim of returning to a more sustainable financial position in the years ahead.
4. How HEFT helped me -
A selection of patient stories

Sophie Rogers, Castle Bromwich

Sophie is now 25 but was just 22 when she went to see her GP after getting irregular bleeding between periods. Her GP was worried and referred her directly to Heartlands. Sophie had her appointment a week later, where she had a colposcopy (a simple hospital procedure used to look at the cervix) and the nurse specialist was concerned when she saw abnormalities during the investigation.

Sophie admits that she was scared when she could also see what looked like a tumour during the colposcopy on the screen and she was told that the cells might be cancerous or pre-cancerous and she was invited to see an oncologist at the hospital.

She had a biopsy and before her results were in, she begged the team looking after her to allow her to go on a holiday that had been booked months before. She spent a week in Barcelona and Paris, travelling with ‘little squidgy’ (an affectionately named pillow that she needed after the biopsy made sitting painful.)

When she returned from her break, Sophie was told that it was cancer. It was staged as 1b1 – which meant the cells were restricted to the cervix, but covered a large area. It was at this appointment that she met Julie Smith, gynaecology nurse specialist, who arranged the appointment with the specialist consultant.
The only sure way to remove all of the cancer, and give Sophie the best chance of survival, was to have a radical hysterectomy.

Sophie said: “I was 22 and hadn’t even considered having children yet — so when I was told that a radical hysterectomy was the best method of removing the cancer, but would mean that I wouldn’t be able to have children, I was devastated. I went from not thinking about it, to feeling like the choice was out of my hands.”

Sophie and her long-term boyfriend, Josh, were offered the option of fertility treatment and a cycle of treatment which led to 20 embryos being created and frozen for them to use in the future with the help of a surrogate.

With her fertility options left open, Sophie felt more comfortable about undergoing the six and a half hour surgery to remove her womb, ovaries, cervix and 13 lymph nodes. Sophie spent six days in hospital initially but returned when she developed lymphoedema. As she had no lymph nodes around her surgery site, lymph fluid could not drain away and led to uncomfortable tissue swelling. She was quickly diagnosed and shown how massage could relieve the symptoms. She will have lymphoedema for the rest of her life, but has learned how to manage it.

Unfortunately the cancer cells had already spread to three of the 13 lymph nodes removed, so Sophie had to undergo a gruelling schedule of chemotherapy, radiotherapy and brachytherapy (internal radiotherapy).

“My body struggled to cope with all the treatment I needed”, she said. “I lost a lot of weight after my surgery and am still trying to put it back on even now. I was also having ‘hot flushes’ which were a symptom of sudden menopause and I’m now on long-term HRT. I felt tired and sick most of the time during chemo and didn’t manage to find an anti-sickness medication that suited me until near the end of my treatment.”

Perhaps surprisingly, Sophie credits her experience with cancer as being one of the best things to ever happen to her.

She explained: “Before I was diagnosed with cancer, I worked as a babywear designer for a supermarket clothing brand. I travelled quite a distance on the M6 to work each day. Having gone into that job straight from university I was determined to prove myself as a designer, so worked long hours to get ahead.

“However, having a break from work while I recovered, gave me plenty of time to think about what was really important to me. I attended relaxation, yoga and meditation sessions at the Cancer Support Centre in Sutton Coldfield, on the advice of my nurse Julie, and found it really helped my sense of wellbeing. I didn’t want to be as busy and stressed as I had been before I was diagnosed.”

“So I quit my job and began making my own crystal healing jewellery as a hobby. I now do it as a business and I couldn’t be happier. Due to my cancer diagnosis, I really appreciate how important my wellbeing and happiness is to my health. I now get to do what I love every day and I’m excited for the future.”

Sophie admits that she wouldn’t have been able to get through it all without the support of her boyfriend Josh, mum Jane, dad Tony and sister Hayley.

“I think it’s harder for those who are watching someone they love going through cancer treatment”, she said. “My family and friends have been amazing. The care I received at all the hospitals I was treated at, Heartlands, City, Queen Elizabeth and the Teenage Cancer Trust Young Persons Unit, was second to none and made it all a lot more bearable.

“I’d advise anyone who’s procrastinating about getting their smear test done, to please do it. Even if you’ve not been invited to have one yet, if you have symptoms that you are worried about, bleeding between periods, pain or you feel something has changed or just isn’t normal for you, see your GP. They can help you. You know your own body, so get it checked out.”

“The care I received at all the hospitals I was treated at was second to none and made it all a lot more bearable.”
Edward Evans, Studley

Edward Evans from Studley, Warwickshire, has a new lease of life after a team from Heartlands successfully implanted a custom built 3D-printed titanium sternum and ribs to replace those that were removed following a rare bone infection six years ago.

Edward is the first patient in the UK to receive this type of implant, and only the second in the world. He became ill and surgeons had to remove part of his sternum and ribcage in 2011 after it became infected. Edward, a keen sportsman and former rugby coach, felt vulnerable with just a thin layer of muscle protecting his heart and lungs.

The usual technique for protecting these organs and restoring chest wall movement, following the removal of the sternum is to replace it with an implant made of methyl methacrylate (cement), but only after the infection is eradicated.

Cardiothoracic surgeon, Mr Ehab Bishay, had read of the world’s first 3D implant by a team of surgeons in University Hospital Salamanca, Spain. They had collaborated with Australia-based medical device company, Anatomics, creating a custom built titanium implant that precisely replicated the structure of a sternum and rib cage in a cancer patient which was then implanted.

Mr Bishay said: “We approached Anatomics initially, who put us into touch with the team from Salamanca to learn from their experience. It was a real multinational collaboration between surgical units as well as industry using the latest technology.”

The team in Australia used high-resolution CT scans of Edward’s chest to recreate the defect so that the implant would precisely fit. This data was then fed into a 3D printer that uses a powerful electron beam, to melt and fuse metal powder into a 3D object, layer by fine layer.

Using the latest advances in chest wall dynamic imaging and lung function assessments, Edward’s surgical team were able to demonstrate a significant improvement in his chest wall movement and lung function.

The cardiothoracic surgeons were part of a multi-disciplinary team which included a plastic surgical team, led by Mr Haitham Khalil, as well as thoracic anaesthetists and specialist theatre nurses that carried out Edward’s four hour surgery last September. He recovered on a specialist thoracic ward with the help of nurses and dedicated physiotherapists.

Edward spent five days in hospital and now four months after his surgery, has made a full recovery.

Edward is very happy with the results and said: “I feel more confident now. My chest now feels like it did before. Whatever I do now — simple or difficult — I feel better doing it. I can even fall over, knowing that my heart and lungs are protected, and that’s something I couldn’t do before.

“I am very grateful to Mr Bishay for giving me the opportunity to take advantage of this new implant technology and thank him, Mr Khalil and the rest of the medical team involved for the excellent treatment I received at Heartlands Hospital before, during and after surgery.”

“I feel more confident now…whatever I do now - simple or difficult - I feel better doing it.”
Thanks to a routine bowel cancer screening test, 62-year-old Albert was able to receive treatment for a growth that possibly saved his life.

Although fit and with no symptoms, blood was found in the sample Albert provided as part of the screening kit he used. Albert was referred to Good Hope for a colonoscopy, where doctors take a closer look at the bowel using a camera. Following this procedure the cancerous growth was detected and removed. Although he will need to go back for a check-up in six months’ time, Albert has been given the all clear.

Albert reflects that if he hadn’t been screened, his story could have turned out very differently. He says: “Father’s Day will be a special day for me – just a few months ago as far as I was aware I was healthy and there were no signs anything was wrong. It goes to show that you just don’t know what can happen. Father’s Day will be special this year considering what I could have missed – I might not have been here to enjoy spending time with my sons and daughter and see my grand children grow up if I hadn’t sent off the screening kit and received the treatment I needed.

"Without hesitation I would urge people to send the kit through, there is no barrier to doing it and it could save your life."

Trust bowel cancer screening co-ordinator, Janet Broughton, said: “Many people are embarrassed about discussing bowel symptoms such as bleeding, change in bowel habits, and are worried about finding out that they have cancer, or find the kit unpleasant to complete. But we would encourage anyone to take part in screening if they are eligible as early detection can save lives.

“The test kit, which is used to detect traces of blood in the bowel motion, can be completed at home. Bowel cancer is one of the most common forms of cancer in the UK, but Albert’s story is a perfect example that if it is picked up early, the chances of successful treatment are greatly increased.”

Everyone between the ages of 60 - 74 years old who is registered with a GP is invited to take part in the National Bowel Cancer Screening Programme. They are sent screening kits every two years which will detect any signs of blood unseen to the human eye.
Alexcia Williams, Birmingham

Researchers at the Trust are involved in the 100,000 Genome Project – a national ground-breaking project to sequence genomes from patients across the UK.

The aim is to collect and sequence 100,000 whole genomes, your body’s unique genetic code, from patients with rare diseases and their families as well as cancer patients to enable doctors to understand the conditions better and potentially develop new treatments and patient-specific personalised care.

One patient who is involved in the project is Alexcia Williams, a six-year-old girl, who has been suffering from an undiagnosed condition since she was seven months old.

Alexcia’s condition has caused many illnesses, including recurrent chest infections, strep throat, nose bleeds and coughing up blood. Her combined symptoms have been linked to genetic diseases such as Ehlers Danlos Syndrome and Hereditary Haemorrhagic Telangiectasia. However, despite numerous medical tests throughout her childhood, a definitive diagnosis has still not been found.

Alexcia’s family are hoping the genome project will offer them not only diagnosis and treatment for Alexica, but also for her one-year-old brother Charlie who is exhibiting the same symptoms as his sister.

Natasha Williams, Alexcia’s mother, said: “We just want answers and we have gone so long without knowing what the cause is. It’s even more important now as Joe is now suffering from the same symptoms as his sister. We don’t want him to go through all the long tests and treatments that she has had to have. It would dramatically improve our quality of life to be able to have the proper treatment and diagnosis for both our children.”

Natasha, a mother-of-three, explained how every time Alexcia has an episode, it results in hours spent in hospital to ensure she doesn’t have any complications. They are hoping that by taking part in the 100,000 Genome Project, in future they will have more guidance on how to manage the condition, allowing them to spend less time in hospital and resume a normal family life.

“It would dramatically improve our quality of life to be able to have the proper treatment and diagnosis for both our children.”
Diabetes patient, Peter Sarjeant, with Dr Muhammad Azam, specialist registrar for diabetes.
Peter has been presented with Diabetes UK’s Alan Nabarro Medal, which is awarded to people who have lived with Type 1 (insulin dependent) diabetes for 50 years. Alan Nabarro waged a lifelong battle against discrimination of people with diabetes. In 1968 he was awarded the OBE for his work with young people in London.

Peter, 72, was diagnosed with diabetes at the age of 21, and said that living with the condition has changed radically for the better in that time.

He said: “50 years ago life was so different in terms of the way diabetes was managed – there was no flexibility. When I first went into hospital to be stabilised you would get a fixed amount of insulin every day and that had to be balanced with the right amount of food.

“The management of Type 1 diabetes is so much more flexible now. In 2010 the hospital sent me on a five day course on Dose Adjustment For Normal Eating (DAFNE) and that brought me a whole new insight into what we should and shouldn’t do. I am now able to eat, within reason, whatever I want to eat and adjust the insulin myself to balance.

“Blood tests were also so different 50 years ago – it would take 30 minutes to analyse a sample of blood in the hospital laboratory. At Birmingham General, as it was then, I used to be taken into a room to wait for the blood to be analysed which was a bit like a bottling plant. Today it’s do-it-yourself and instant.

“Very recently modern gadgets have become available that allow for an instant blood sugar reading without the need to prick my fingers anymore like I used to, which is fantastic as that was becoming a real struggle.

“People being diagnosed nowadays have far more options than I had back then. There are also centres of excellence like here at Heartlands that are fantastic and the team here are superb – I don’t think we realise how well off we are now.

“Hopefully more and more people will be able to get to receive a medal like this because of these improvements in treatment.”

Dr Muhammad Azam, specialist registrar for diabetes, presented Peter with his medal and said it had been extremely rare for a diabetes sufferers to reach this landmark but that is all beginning to change.

He said: “It is a pleasure to be able to present Peter with this medal as it really is a huge achievement. A few decades ago this was unheard of but I would expect it to become more and more likely because of the improvements in managing the condition.

“The biggest improvement has been in the education around diabetes because it was just not there a few decades ago. People with diabetes can be educated to become an expert for life and manage their condition.”

“The team here are superb – I don’t think we realise how well off we are now.”
Jean Deakin, Derek Irving, Vera Holley, Mary Irving, Lisa Moss receiving their long service awards in July this year - collectively these volunteers have served the Trust for 97 years!
5. A little help from our friends - volunteering

The volunteer service has continued to recruit new much-needed and valued volunteers during the year. Interest in volunteering from our Hospitals’ communities remains high alongside the demand for volunteering support from clinical areas across the Trust.

We wish to give our heartfelt thanks to every one of our volunteers who has given their time to help make a difference to our patients throughout the year.

Our volunteers in numbers

We have nearly 600 active volunteers covering 700 placements across a range of areas of the Trust. The chart below shows a breakdown of the areas our volunteers are working across:

- Ward volunteers 225
- Clinics 109
- Patient experience 90
- Chaplaincy 90
- Meet and greet 78
- Clinical departments 41
- Special projects 32
- Emergency department 16
- Non clinical department 15

Volunteering on wards is the largest area of placement in the volunteer service. Ward volunteers assist with making drinks for patients, as well as helping out at mealtimes. There are clear guidelines given to volunteers on the scope of help they can provide which does not include any personal care; but does involve giving invaluable help and support to patients helping them feel more at ease whilst in our care.

The range of roles available for volunteers contributing to patient experience is varied and includes running the patient library at Good Hope, providing arts activities, working with the chaplaincy team, patient liaison and getting involved in patient community panels.

Moving forward

Moving forward into 2017/18, we hope to focus the efforts of the volunteer service in making sustainable improvements to patient experience, using the Friends and Family Test and complaints data to identify any areas requiring extra support. We will also be looking at ways that we can communicate more effectively with our volunteers and will be conducting a volunteer survey to find out how we might do this.

Anybody wishing to find out more about the Trust’s volunteering placement and the training and induction process should contact 0121 424 9486 or email volunteer.services@heartofengland.nhs.uk
Patients undergoing chemotherapy treatment on ward 19 at Heartlands spend many hours unable to move far due to the equipment they are attached to. Luckily, volunteers are on hand to make sure that they have a steady supply of hot and cold drinks, biscuits, sandwiches and friendly chatter while they are on the ward. As many patients attend quite frequently, volunteers get to know them well and support them throughout their treatment.

The Dementia Outreach team at Solihull (DADOT) has made excellent use of volunteers in helping to care for patients with dementia. With additional training provided, this group responds through the DADOT team to requests for support from wards. The volunteers help support patients and keep them calm by talking to them about their early lives and giving a caring and reassuring presence.

A group of crafty volunteers worked tirelessly to knit 250 twiddlemuffs in just under a year for our dementia patients across the Trust. An avid crocheter and member of staff Angela McKenna-Hylton, with the help of the Lingard House ‘knit and natter’ group in Walmley, created the hand muffs which are decorated with ribbons and textured fabrics. Patients with dementia often have restless hands and like something to keep them occupied whilst staying on our dementia wards. The twiddlemuffs provide a source of visual, tactile and sensory stimulation at the same time as keeping hands snug and warm.

The art-cart at Good Hope is supported by the hospital charity and provides activity packs to patients to help encourage creativity and alleviate boredom. The volunteers take the cart around the wards giving out colouring packs, puzzle packs, cross stitch kits, knitting kits, playing cards and dominoes. This is very popular with patients and we would like more volunteers to help with this at all the hospitals.

Volunteering highlights

The Dementia Outreach team at Solihull (DADOT) has made excellent use of volunteers in helping to care for patients with dementia. With additional training provided, this group responds through the DADOT team to requests for support from wards. The volunteers help support patients and keep them calm by talking to them about their early lives and giving a caring and reassuring presence.
6. Giving back - our hospital charities

Exciting times for the hospital charities

On 1 April 2017, Heart of England NHS Foundation Trust Charitable Funds merged with University Hospitals Birmingham Charity to create a partnership of four hospital charities supporting some of the largest and busiest hospitals in the West Midlands.

The merger will enable more money to be spent for the benefit of patients, and support more money being raised to provide those items that are over and above what can be funded by the NHS.

Patients, families, visitors and staff will now see the hospital charities becoming more visible across all our sites, under the brands Heartlands Hospital Charity, Good Hope Hospital Charity and Solihull Hospital Charity.

There will be lots more fundraising events and opportunities — from running the London Marathon, to taking part in parachute jumps and abseils, running a bake sale at your place of work, or even coming to our Christmas Carol Concert at Birmingham Cathedral.

You can find out more about the charities’ events and fundraising opportunities, plus see a wide range of the things that have been purchased thanks to your generous donations, by visiting the charities’ website, www.heft.org.uk

We thank you for your continued support.

How do we support our hospitals?

Our hospital charities support patients, families and staff at their hospitals by providing ‘added extras’ that are over and above that which is provided by the NHS.

We have just over 300 funds covering every speciality as well as a general fund for each hospital. When we meet with fundraisers or donors we let them know they can raise money for any of these funds and the money will be allocated to the area they have chosen. We can then tell them exactly what their donation has purchased or contributed to and how it has benefited our patients.

The Charity provides funding in many different areas including equipment purchases, research, facilities and training.

During the past year the Charity was delighted to be able to give over £1.8million of charitable support to the Trust for the benefit of patients, families and staff.
Charity highlights

Children’s ED receives toy and cash donations after flood damage

Young patients visiting the Children’s Emergency Department (ED) at Heartlands were delighted after receiving a bumper donation of toys to replace the thousands of pounds worth of toys and equipment that were damaged during the floods of June 2016.

£5,000 was kindly donated by Jaguar Land Rover, the same amount was donated by the Trust, Asda Small Heath donated toys and the Birmingham Vineyard Church donated £500. Sue and Eliot Wright from Topsham in Devon, whose daughter Katie works as a consultant in ED, also donated £500.

Thousands raised by singing group

A group of 20 ladies raised £3,000 through the singing of special holy hymns popular in the Sikh religion. This year they decided to donate to Heartlands and chose to split the £3,000 between the ward 16 Children’s ward, where they purchased a sofa for the adolescence room, Children’s A&E where they purchased toys and to our Medical Day Hospital where they purchased two Dyson fans and an opthalascope.

Intrepid Lucy helps fund chemotherapy at home service

Lucy Harborne, 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.

Lucy took on the challenge in memory of her uncle Mark who was treated on the ward 19 blood cancer unit at Heartlands, but sadly died after a courageous five-year battle with the disease. She said: “During the past five years ward 19 supported Mark and my family huge amounts. He always went on about how great the nurses were and how they put up with his sense of humour. The doctors and nurses really kept his spirits high for a long time.”
The Charity asked its non-clinical staff, visitors and even patients to flaunt their favourite Christmas jumper or pair of jolly socks on Friday 16 December to help bring festive cheer to our hospitals and donate £1 to a worthy cause.

These donations helped provide chocolate hampers for patients and staff to share as well as free visitor car parking on Christmas Day.

Friends of Good Hope Hospital

The Friends of Good Hope Hospital are a group set up by volunteers from the community to raise funds to help improve patient experience. They run a range of fundraising activities including the ‘Friends Art Exhibition’ in the Treatment Centre, a monthly ‘book table’ outside Main X-Ray and supermarket and garden centre collections. In what was their first full year the Friends raised £10,922 for the benefit of Good Hope patients.

Donation improves care for prostate cancer patients

Good Hope patients with prostate cancer are being treated more effectively thanks to a £200,000 donation from the Sutton Coldfield Charitable Trust. The money enabled the urology team to purchase a fusion prostate biopsy machine to benefit patients and increase the early detection and treatment of prostate cancer.

Mr Vivek Wadhwa, consultant urological surgeon said: “We are so grateful for this generous donation. This new machine will allow us to much more accurately target areas of concern when diagnosing prostate cancer.”

The Charity asked its non-clinical staff, visitors and even patients to flaunt their favourite Christmas jumper or pair of jolly socks on Friday 16 December to help bring festive cheer to our hospitals and donate £1 to a worthy cause.

Blues bring festive cheer to children’s ward

Poorly children at Heartlands got a fun Christmas surprise thanks to a visit from some of Birmingham City Football Club’s star players.

Team members gave out goody bags to dozens of young patients and presented staff with a £1,000 donation for play equipment.

Friends of Solihull Hospital

An independent registered charity that has been in existence for over 60 years, the Friends raise their funds by holding stalls at the hospital, organising charity events such as the annual hospital fete and running the afternoon trolley shop.

All of the proceeds from their fundraising are used to purchase vital medical equipment for the Hospital. 2016/17 was another fantastic year for them, as they donated over £200k worth of equipment.

The most wonderful time of the year

The Charity asked its non-clinical staff, visitors and even patients to flaunt their favourite Christmas jumper or pair of jolly socks on Friday 16 December to help bring festive cheer to our hospitals and donate £1 to a worthy cause.

These donations helped provide chocolate hampers for patients
7. Looking forward

i. Case for change

During the time that UHB has been supporting HEFT, the interim executive management team has delivered the stability, structure, governance and financial leadership to allow clinicians to better focus on delivering quality care for their patients.

As a result of new leadership, all key performance targets – bar the Emergency Department 4-hour standard – are now being met and our organisation is one of the top 10 best performing trusts in the country for cancer targets.

The next stage in further improving performance and delivering the full range of potential benefits, is to decide if the two trusts should come together as a single, legal entity.

The process involves a number of stages including submitting several documents to the regulators Competition and Markets Authority (CMA) and NHS Improvement (NHSI) and gaining approvals/risk-ratings.

The preparation of these documents has so far involved consultation with more than 130 clinical staff at both Trusts, to help determine the broad clinical benefits to patients that only a merger can provide.

The Competition and Markets Authority (CMA) and NHS Improvement then decide whether the merger is viable; whether it is safe; and whether it is in the best interests of patients’ clinical care. Once those decisions are reached, which is likely to be by October 2017, both Trusts’ Boards of Directors need to give approval, or not, for the transaction and then that decision is then agreed, or not, by both Councils of Governors.

The outcome would be one Trust running the Queen Elizabeth Hospital Birmingham, Heartlands, Good Hope and Solihull Hospitals, the Chest Clinic and Solihull Community Services, as well as satellite services. The earliest this is likely to happen is December 2017.

How a potential new Trust would benefit patients

By optimising the talent of the two Trusts’ combined staff, the size and ethnic diversity within the combined catchment area’s population, and the close proximity to the major academic and research institutions of the Birmingham health-sciences campus, a single Trust would develop to become a world leader in healthcare delivery, medical research and innovation.

Birmingham and Solihull have a total population of c1.3m people. Over 1.1 million people live in Birmingham and 205,000 in Solihull. Both have areas of affluence and areas of significant deprivation. The following factors are leading to poor health outcomes:

- 440,000 (~46%) of our residents live in the “bottom 10%” most deprived areas in England.
- There is a life expectancy gap: Birmingham males and females live less than the national average and the gap for males is widening.
- Solihull males and females both live to above the national average age, however there is a greater gap between the average age of death in the most affluent and deprived areas of the town (10 years).
- 1 in 3 children live in poverty.
- Birmingham has higher levels of ED attendances (0–4 years) than the rest of England.
- More infants die in Birmingham than in the rest of England.
- 38% of children aged 10–11 were classified overweight or obese in 2014/15, the worst quartile (national average 34%).
- Birmingham and Solihull have higher levels of family homelessness than the rest of England.

In view of the challenges posed by these demographics, a single Trust would bring greater clinical benefits to patients while improving effectiveness, efficiency and driving improvements in services.
ii. New Ambulatory Care and Diagnostics Centre (ACAD)

For the past 18 months, clinical and operational teams from across the Trust have been working on the designs and planning arrangements for a new, four-storey facility on the Heartlands site which will transform our current service provision for patients.

The £multi-million building will offer world-class facilities and house a wide range of health services, including outpatients, endoscopy and diagnostic services, which will care for hundreds of thousands of patients each year.

Our intention is to progress through the planning application stage in autumn 2017, to begin construction in 2018 and to have the facility open by 2020.

The new development will bring many benefits to our patients, staff and local communities in the Heartlands area:

- The £multi-million build will be the first major estates investment since 2008.
- It features clinician-led design focused on patients to deliver best in care.
- It will provide world-class, state-of-the-art services and equipment for a range of health services including outpatients, endoscopy and diagnostics.
- The building’s construction will bring employment opportunities to the local community.
- The new centre will be the start of further potential future investment.
- ACAD will deliver quality, efficiency and will be future-proofed against an ever changing NHS.

We will be ensuring our patients, visitors, key stakeholders and local residents and community are kept updated on all of the ACAD plans as they progress. For more information, contact ACAD@heartofengland.nhs.uk or visit www.heartofengland.nhs.uk/acad
8. How to find out more

Related Information
To view Heart of England NHS Foundation Trust’s Annual Report and Accounts for 2016/17, visit www.heartofengland.nhs.uk/annual-reports/

We welcome your feedback on this Annual Review. Contact the Communications team on 0121 424 3337 or email communications@heartofengland.nhs.uk

Patient feedback
If you would like to share your experiences of our Trust publicly on an independent website, please visit Care Opinion at www.careopinion.org.uk or NHS Choices at www.nhs.uk

If you would like to share your experiences of our Trust privately, contact the Patient Services Department on 0121 424 0808 or email bhs-tr.complaints-concernsandcompliments@nhs.net

General Enquiries
For general enquiries, contact:
- HEFT main switchboard on 0121 424 2000
- Twitter @heartofengland
- www.heartofengland.nhs.uk