The Queen Elizabeth Hospital
Birmingham:
a commemorative history
Queen Elizabeth Hospital Birmingham Charity exists for the benefit of patients of the Queen Elizabeth hospitals.

The charity funds research and provides extra equipment and facilities which are over and above core NHS services.

The charity also supports the UK’s military patients who are treated at the Queen Elizabeth Hospital Birmingham where the Royal Centre for Defence Medicine is based.

**QEHB Charity’s key campaigns include:**

- **Fisher House Project**: A home-away-from-home for military patients and their families
- **Cancer Appeal**: Raising funds to bring CyberKnife technology to the QEHB
- **Young Persons Unit**: Supporting young patients in the hospital’s teenage cancer ward

To make a donation or to find out more visit [www.qehb.org](http://www.qehb.org)
The Queen Elizabeth Hospital
Birmingham:
a commemorative history

How a state-of-the-art hospital was developed
to ensure the most efficient and effective patient
care for an increasingly diverse population.

University Hospitals Birmingham
NHS Foundation Trust
Introduction

Every building has a story. In the case of the Queen Elizabeth Hospital Birmingham it is a story that could be started as long ago as the 1880s, when its roots were established in Birmingham’s first charitable hospitals; or as recently as June 2010, when the first inpatients were admitted to the brand new hospital. Equally, you could talk to the thousands of people who have played a part in bringing this building to life — our patients, staff, visitors, architects, builders, suppliers — and they would all have a different tale to tell.

Whenever the story begins and in whomever’s voice it is told, you would be certain to hear of ambition, altruism, vision and values: the founding characteristics that underpin the development of the QEHB.

To celebrate the official opening of our new hospital we’d like to take you on a short journey through the decades to share our history and bring you right up to date with where we intend to be in the future.

And so our story begins...
From flappers to financial excess, Prohibition and the discovery of penicillin, the Roaring Twenties was a boisterous decade characterised by the rapid progress made in transportation by automobiles, trains, ocean liners, airships and aeroplanes.

While the world became smaller for those wealthy enough to travel, huge leaps were being made in medical science with the discovery of vitamins and growing knowledge of hormones and body chemistry. No longer were the unsanitary conditions of local infirmaries and dispensaries seen as acceptable for the treatment of the sick. Instead, new, specialist hospitals had been established to better treat specific conditions.

Here in Birmingham, we had a variety of charitable hospitals: Birmingham General (1779); Orthopaedic (1817); Eye (1823); the Queen’s (1841); the Earl (1843); Dental (1858); Children’s (1862); Women’s (1871); Skin (1881). It was soon recognised that each unit offered staff and students considerable knowledge and a great opportunity for clinical teaching in a hospital setting.

After the First World War, the option of expanding services at the existing Queen’s and General hospitals was explored but, in 1922, the idea was rejected in favour of creating a new medical centre on land donated by Alderman W. A. Cadbury in Edgbaston, next to the University of Birmingham.

In 1927 an Executive Board was officially formed. Meeting to discuss the plans for the new campus, the members recognised that they were living in a “decade of great advances” and attempted to design the hospital so as to leave as much scope as possible to adapt the rooms.

What happened in the 1920s?

- Alexander Fleming discovers penicillin
- John Logie Baird invents colour TV
- Charleston dance becomes popular
The hospital was to be built at an estimated cost of £1,000,000. The bulk of the cash would be dedicated to the hospital with the remainder going to the University for the construction of the Medical School.

When the plans for the new 600-bed hospital centre were finalised in 1929 it was said it would encourage clinical teaching in medicine, surgery, therapeutics, midwifery, diseases of women, ophthalmology, ENT, orthopaedics, dermatology, venereal disease and radiology.

The vision was short-lived. At the close of the century, amid controversy surrounding the expense of the proposed hospital centre during a period of financial crisis, Lord Austin proposed to the Board an amendment that “in the view of grave national crisis, and the difficulty of maintaining existing Birmingham hospitals, this meeting requests …to postpone building until conditions are more favourable”.

As the plans were shelved, they were not to know just how far medical technology would progress in the coming years.
As the Great Depression ravaged the rest of the world, opposing images of Britain in the 1930s were starting to emerge: in the north, mass unemployment and rows of shabby housing; in the south, families took advantage of falling prices to buy vacuum cleaners, washing machines, radios and even the first televisions, often on hire-purchase.

In April 1930 an expanding Birmingham population and the need to combine the scientific advances taking place at the University with access to clinical services prompted the revival of the medical centre plans. An appeal to raise building costs was launched and by 1931 donations had already surpassed £600,000.

In 1933 construction began at the site, with the Prince of Wales laying the foundation stone on 23 October 1934.

The building was designed by Thomas Arthur Lodge of London architects Lanchester and Lodge, and was constructed to include 740 bed spaces for regular patients with an extra 100 for paying patients. Wards were designed to hold two or four beds; some contained up to 16. Some £1,158,458 was raised in the form of donations, with the building ultimately costing £1,029,057.

The new hospital had been hotly anticipated. It was regarded as a thoroughly modern centre for healthcare which would provide cutting-edge services to the people of south Birmingham and surrounding areas. The hospital was heated by a coal-powered boiler and wards were supplied with gas fires to act as “focal points”.

What happened in the 1930s?

- Bonnie and Clyde’s crime spree
- Empire State Building opens
- Free school milk introduced
The hospital was to be financed by donations and payments for private treatment and was known as a voluntary hospital. However, this arrangement came to an end nine years later with the introduction of the National Health Service.

On 31 December 1938 the Birmingham Hospitals Centre was opened by the Duke and Duchess of Gloucester. It consisted of the Vincent Medical Block, the Cadbury Surgical Block and Nuffield House nurses’ home.

The official opening took place on the 1 March 1939. It was attended by King George VI and Queen Elizabeth, who famously delighted the local crowds by giving her name to the hospital unannounced.

During a tour of the hospital the King and Queen spoke with many patients including little John Mealand, whom the Queen helped to arrange his toy soldiers.
Following the fall of France in 1940, countries around the world were sending troops to Europe to join the Second World War. The profound effects of the first half of the decade were felt well into the second, with post-war reconstruction of bomb-damaged cities having a lasting impact on social, economic and political history for years to come.

During the war, occupancy at the Queen Elizabeth Hospital (QE) rose significantly, with local inhabitants being treated alongside battle casualties, both civilian and military. Hospital occupancy regularly reached double the number of patients the building had been designed to accommodate. As a major manufacturing centre, Birmingham was often the target of German air raids and bed occupancy rose from 3,165 to 12,136 in 1943, with many local businesses and university buildings being converted into extra wards. Until 1945, Ansell’s Brewery served as an emergency hospital for air raid casualties.

In 1941 the old Queen’s Hospital was reopened as the Accident Hospital, ending any confusion over the issue of having two similarly named healthcare institutions in the same city.

In 1943 the QE neurosurgery department was established under the direction of Mr William Sweet of Boston, who was allocated to the hospital by the Ministry of Health. In 1944 penicillin was introduced at the QE.
With the end of the war came the QE’s opportunity to live up to its potential as a centre for innovative care, treatment and research.

In 1945, patient numbers began to decrease, with staff treating 6,000 inpatients, 20,000 outpatients and another 48,000 casualties. On any given day the QE had 800 inpatients with an average stay time of 25 days. With the war’s end, the government encouraged and approved the establishment of a 65-bed cancer unit.

Under the new National Health Services Act in 1946, the QE, as a teaching hospital, became part of the Birmingham United Hospitals Group.

At the first meeting of the Hospital Board after the creation of the NHS in 1948, Chairman Stephen Burman stated that one of the guiding beacons of the group should be “to ensure that all is done for patients in the best possible way; that facilities for the proper training of doctors and nurses are maintained at a high level and that research receives full encouragement and the means for its pursuit”.
1950s

This decade is described as ‘the best of times’ or the ‘worst of times’ – depending on who you speak to. For some it meant being able to leave their door unlocked, allowing the kids to play in the street and the arrival of rock ‘n’ roll. For others, it was sexist attitudes, continued rationing... and the arrival of rock ‘n’ roll – a cause of raised anxiety levels among many prudish parents.

The hospital workforce during the 1950s was still very traditional – there were few female doctors and male nurses were rare. As the city was being redeveloped following the ‘Birmingham Blitz’ the population was growing rapidly to its peak of 1,113,000 in 1951, creating extra pressure on hospitals and the need for additional frontline staff.

Accounts from the time show that costs at the QE had escalated to £2.2 million by the mid-1950s with the majority of this going towards salaries and wages (72%). Other significant costs were provisions (11%), fuel, power and water (7%), medical and surgical supplies (5%), and drugs and dressings (4%).

The QE School of Nursing was opened in the 1950s to provide additional trained nurses to all the Birmingham United Hospitals institutions, including the QE. Students were rotated around the hospitals to give them hands-on experience in different specialties.

A retired nurse, who started at the School of Nursing in January 1958, recalled: “There were 76 of us – 75 females and one male! In those days it

What happened in the 1950s?

- Disneyland opens
- Elvis gyrates on Ed Sullivan’s Show
- First modern credit card introduced
was very much a female-dominated profession. Most of us were straight from school and all were unmarried.

“The tutors spent the first half hour telling us how fortunate we were to be there and that a high standard of behaviour was expected from us and that the three months we would spend in the school was a probationary period for us and that if we did not match up to their standards then our training would be terminated!”

The day started with breakfast at 7.30am, prayers at 7.55am, cleaning from 8-8.30am, lectures 9am-1pm, one hour for lunch and then practical lectures in basic nursing or visits, until 5pm. The door was locked at 10pm and it was ‘lights out’ at 10.30pm.
By the end of the Swinging Sixties, virtually all homes in Britain had electricity and many families had a television, a refrigerator and a telephone. For some it was a decade marked by sexual liberation, women’s rights and hippy protests; for others the hardships and values of the 1950s lingered, a grey backdrop lit by events such as man landing on the moon, England’s World Cup win and the first ever UK heart transplant.

In 1960, the first ever heart pacemaker to be fitted in Britain was given to a patient at the Queen Elizabeth Hospital. The research team behind the breakthrough had invented a device with electrical wires that ran under the skin, up to the heart, with an external box to supply the electrical pulse.

1968 saw the first public demonstration of the computer mouse, video conferencing, teleconferencing, email and hypertext. In the same year the QE administration department announced that a small group of people in the Medical School and hospital were discussing the introduction of an IBM 1440 electronic digital computer.

As well as offering some savings in clerical costs, the innovation revolutionised the storage, retrieval and analysis of hospital statistics. In the years following this innovation, information was still laboriously entered into punch cards which were then fed into a computer. However, this computer dealt with much of the region’s hospital computing and laid the foundations for the future of digital healthcare.

What happened in the 1960s?

- Berlin Wall built
- Beatles smash the US charts
- Martin Luther King Jr. assassinated
for the QE’s trail-blazing work in developing IT systems to improve patient care.

Though technology allowed staff to better manage their work, the patient population at the QE was no longer growing as quickly as in past decades.

In the late 1960s work had begun on the development of the west side of the QE site. As had been discussed 30 years earlier, the Maternity Hospital was relocated from Loveday Street and opened to patients in 1968. There was also a plan to bring paediatrics alongside obstetrics but this was shelved, as was the planned underground rail service from the city centre. The main requirement thereafter became an enlarged radiotherapy department and a new laboratory block.

Throughout the 1960s, the pace of change in medical technology was mirrored in the hospital’s altering workforce demographic following the influx of immigrants from the former British Empire. It marked the beginning of the cultural diversification of staff – something the NHS has actively encouraged ever since.

However, despite the changing society, it was not until the late 1960s that the strict regulations on hospital behaviour, and particularly the expectations placed on nurses, to live in hospital accommodation and remain unmarried, were relaxed.
1970s

It was a decade of strikes that ended with the ‘winter of discontent’ in 1979 when ITV went off the air for five months. A three-day week was imposed during February 1972 to save on electricity and power cuts were so regular that many shops ran out of candles. During the summer of 1976 the weather turned so dry that water supplies reached critical low levels and, in 1977, the whole nation celebrated the Queen’s Silver Jubilee with street parties.

By 1970 the hospital still had only 633 beds, through which more than 13,000 patients passed. Though great in number, this was a 10% decline on annual figures published a decade earlier.

Outpatient numbers had also halved and were insignificant in relation to the General Hospital, where 164,000 total outpatient attendances were recorded, compared with nearly 18,000 at the QE.

The average length of stay of patients was also in decline, totalling little more than 10 days. Some 70% were residents of Birmingham or Warwickshire, with the remainder coming from surrounding Midland counties.

Against this backdrop of falling patient numbers, and perhaps with an eye on the future, the hospital management authorised development on the west side of the site, to provide the enlarged radiotherapy department and new laboratory block, with work starting in 1970 and progressing through the first few years of the decade.

What happened in the 1970s?

- First test-tube baby born
- Munich Olympics Massacre
- Abba win Eurovision Song Contest
- 1970s: The old labs block was replaced at the end of the decade
- New laboratories were viewed as a priority
Nationally, medical advances continued apace and, in 1972, the first CT scan was carried out in the UK, revolutionising the way doctors examine the body. Retired Consultant Radiologist Dr Nalin Chokshi, who began working at the QE in 1976, recalls that inpatients from the old Selly Oak Hospital were brought over to the QE every Monday afternoon for their CT scans.

“In the 1970s, ultrasound, nuclear imaging, angiograms and CT scanners were still being developed. The idea of MRI had hardly even been conceived.

“Building rooms for MRI and CT scanners was always difficult because special measures were needed to contain radiation and magnetic fields. But they were installed and it all contributed to the new ways we now have of looking inside the body.”

In 1974, the first renal patient was dialysed at the Queen Elizabeth Hospital.

Nursing staff embraced technical changes in the way they worked.

First Star Wars movie released

Sony Walkman invented
This was the decade of Thatcherism – entrepreneurialism, the right-to-buy and a defining moment in British industrial relations when the Government defeated the unions in the 1984–85 Miners’ Strike. Meanwhile, Yuppies seeking social status clutched huge mobile phones; teenagers played Pacman, listened to Wham! and watched the new Aussie soap Neighbours – while their parents tuned in to the first episodes of Eastenders.

The Queen Elizabeth Hospital’s transplant programme took its first tentative steps in the early 1980s – going on to become the biggest in Europe, carrying out several hundred complex transplants each year and pioneering transplant surgery in the UK.

Throughout this decade, research and teaching became central to the QE’s role in the region. Highlights from this period include the first renal and liver transplants, undertaken in 1980 and 1982 respectively.

The operation to remove the liver took an average of around eight hours, with an additional average of 12 hours to carry out the transplant. These days, the average operations take around four hours in each case.

What happened in the 1980s?

- Chernobyl
- Reagan assassination attempt
- Prince William born 21 June 1982

The significance and success of these medical advances can not be under-estimated. Transplantation was a pioneering and much riskier procedure in those days: the operations were significantly longer and the outcomes were also worse.
The very first liver transplant in Birmingham was carried out at the Queen Elizabeth on 19 January 1982 by pioneering former surgeon Paul McMaster. According to QEHB Liver Transplant Surgeon Simon Bramhall: “He used to get in his own car – an old police Jaguar – and drive to the donor hospital, which could be anywhere in the country, perform the donor operation, and then bring the liver back to Birmingham and transplant it the same day.”

Retired liver specialist Professor Elwyn Elias, who still has an honorary role with University Hospitals Birmingham NHS Foundation Trust (UHB), was a key member of the pioneering team involved in the first liver transplants at the QE.

He recalled: “It was an amazing thing in those days. Liver transplantation was done in very few places, such as Hanover in Germany and Cambridge. But Paul McMaster, who came to the QE in 1980, was one of only two people at that time able to transplant livers.

“He showed a degree of pioneering spirit and initiative but he still faced a tremendous uphill battle in the early days because there was no separate funding for it and the results at that time weren’t very good. The survival rate was very low but, over the next two or three years, the results became a lot better and then the Department of Health decided to support it, partly because of what we had achieved.”

The new hospital now carries out an average of three liver transplants a week compared to that first year, when the QE only did three in total.

That same year, the hospital came under the control of the West Midlands Regional Health Authority. It was also a significant year for Liz Hall, who first came to Birmingham in 1982 as a student nurse. She was one of just three intakes for that year and remembers fondly the “traditional” atmosphere of nursing and life in Nuffield House – and the mischief the nurses got up to avoiding the strict policing of Mrs Russell, the fearsome Australian warden of the nurses’ halls.

“We had to make good use of the underground tunnel,” she recalls. “There was always a constant flow of boyfriends, passing to and from the Medical School. Our mess parties were certainly memorable. There was a lot of mimicry of each other and also of the matrons, sisters, managers and consultants. Christmas shows were the highlight of the year. Buckets of cocktails always played a part in making those evenings unforgettable.”

In 1989, nurse-turned-agony-aunt Claire Rayner visited the Queen Elizabeth Hospital to launch a cancer advice line with cancer specialist Dr Terry Priestman.

Live Aid watched by global audience of 1.9bn

Berlin Wall falls
1990s

The Cold War came to a quick and decisive end in 1991, at the start of a decade which saw global communications opened up thanks to the internet revolution. The Dotcom boom changed the way the world did business; mobile phones were no longer a novelty and, with the UK economy growing uninterrupted since 1993, ‘Cool Britannia’ celebrated all that was British – and spawned Britpop: Oasis, Blur, Supergrass and the Spice Girls.

By now the original QE buildings were showing their age and becoming unfit for purpose. The size of the rooms and the floor strength meant some advanced new equipment could not be accommodated. At the same time, smaller wards were needed to prevent cross infection and provide more privacy for patients.

Despite these challenges, medical advances continued to thrive with further work in the 1990s resulting in staff developing the split-liver technique, which allowed one liver to be transplanted into both an adult and child patient. This teaching role was further underlined in a subsequent name change in 1995, when the QE, along with Selly Oak Hospital, became part of the University Hospital Birmingham NHS Trust.

The merger between the hospitals, while creating many possibilities in terms of shared expertise,
also brought new challenges. Most noticeable was the division of services and staff over two sites, approximately 1.5 miles apart.

In essence, this was the catalyst that kick-started the serious discussion around a potential new facility – one that could be designed to meet future service requirements. In 1997, the same year that the new haemophilia unit opened and Birmingham Edgbaston MP Gisela Stuart cut the ribbon on the cardiac laboratories, around 500 members of staff and dozens of patient representatives at the Queen Elizabeth and Selly Oak hospitals formed 22 “short life working groups” to consider these needs.

In September 1999, the Cancer Centre and Patrick Room drop-in support service opened, heralding a new era of more effective investigation and treatment and putting the old QE at the heart of a comprehensive, regional service network.

In the same year the new hospital working groups completed their work and delivered their findings.
Britain entered 2000 on a high with the new millennium celebrations heralding the ‘Noughties’. The euphoria was short-lived as the horrific events of 9/11 unfolded and the threat of global terrorism came to haunt the decade, impacting not just on politics but on society in general. Natural disasters too played their part in the turbulence and, with news of death and destruction beamed from around the world, it was perhaps no surprise that escapism in the form of reality TV and celebrity culture captured the nation.

This was a decade of huge progress for the QE campus. In 2000, the Young Persons Unit was officially opened in the QE Cancer Centre and in 2001 both the maxillofacial department and the Wellcome Trust Clinical Research Facility (CRF) became fully operational.

The Centre for Defence Medicine opened in 2001 at Selly Oak Hospital and was designated the principal reception centre for injured personnel aeromedically evacuated from service locations around the world. In April 2002 it received Royal Assent.

What happened in the 2000s?

- Tsunami devastates Indonesia
- Apple launches iPod
- Hurricane Katrina hits New Orleans
In February 2001 the Strategic Outline Case for the new hospital was approved and, in March 2002, the Outline Business Case was agreed. The same year, Gary Lineker officially opened the CRF and Julie Walters visited to open the Breast Screening Unit.

By April 2002 an advertisement had been placed in the Official Journal of the European Union requesting contractors to apply to tender for building the new hospital. Consort Healthcare (Birmingham) Ltd is was chosen as the preferred bidder by January 2004. In June that year, Selly Oak Hospital and the QE were awarded Foundation Trust status and, in another ‘celeb’ visit, original MasterChef presenter Loyd Grossman popped in to work with catering staff on patient menu ideas.
In October 2004 full planning consent was granted for the new hospital and work behind the scenes was stepped up to continue the momentum towards the build. The full business case for the project was approved in May 2006 and by June, when financial close had been agreed between the Trust and Consort Healthcare, work officially started on the site. Later that year Prime Minister Tony Blair visited to give his seal of approval to the construction.

This series of milestones was followed, in 2008, with celebrations to mark the 3000th liver transplant carried out at the QE. In June that year, the new mental health facility, to replace the Queen Elizabeth Psychiatric Hospital, opened.

In August, thousands of people from the local community came together for a family fun day to celebrate the half-way mark in the construction of the new hospital. They were given the opportunity to sign a memory wall which was covered over as the building took shape, although their names remain still, hidden in the structure.

During the build, more than 10,000 tons of steel was used – equivalent to the weight of 83 blue
whales. Approximately 225,000 cubic metres of ground was excavated – enough to fill 90 Olympic-sized swimming pools – and about 55,000 metres of concrete foundation piles were bored into the ground. This is equivalent to 35 miles, or roughly the distance from Birmingham to Worcester.

In March 2009 the Trust proudly announced that the new hospital was to be officially named the Queen Elizabeth Hospital Birmingham following consultation with staff, the public and formal approval from Her Majesty Queen Elizabeth and the Ministry of Justice.
The new decade brought a new phenomenon: the volcanic ash cloud. Europe suffered air travel disruption on an unprecedented scale with the repercussions felt way beyond the immediate airspace. Some 10 million people were stranded as 100,000 flights were cancelled. Weeks later, the eyes of the globe were on South Africa for the World Cup. Here in the UK, 13 years of Labour Government came to an end with the General Election and the formation of the Conservative/Liberal Democrat coalition.

During the first few months of 2010 dedicated UHB teams were working round the clock to put in place systems that would ensure all patients and equipment moving from Selly Oak Hospital and the old QE into the new hospital could be transferred seamlessly and with zero impact on care.

Their attention to detail paid off on 16 June 2010 when the £575m Queen Elizabeth Hospital Birmingham admitted its first inpatients. During a three-day period, an average of one patient every five minutes was transferred in daylight hours from the old hospitals – an enormous challenge that was completed safely and well within the scheduled time frame.

The QEHB was the city’s first new acute hospital for 70 years and is the biggest single site hospital development in the UK, with capacity for 1,213 patients.

What happened in 2010?

- 33 Chilean miners rescued
- Earthquake devastates Haiti
- Deepwater Horizon explosion

The sun shone on the day the hospital received its first patients
beds. Of those spaces, 44% of beds are in single rooms and the rest in four-bed rooms, offering privacy and dignity and enhancing the Trust’s ability to prevent infections.

There are 30 operating theatres in the hospital – seven of them in a dedicated day case unit. The Critical Care Unit has 100 beds, making it the largest single floor critical care unit in Europe.

The hospital was built to strict environmental criteria and is a third more energy efficient than the old Selly Oak and Queen Elizabeth hospitals combined. Up to 25 per cent of all heat energy in the building is recycled and the air conditioning system can suck in and pump out enough air to fill an Olympic swimming pool every five seconds.

Just a few weeks after the first patients were admitted, the QEHB received its first VIP visitors when their Royal Highnesses the Prince of Wales and the Duchess of Cornwall dropped in to meet injured military personnel and their families. The occasion was also enjoyed by MoD and civilian staff caring for the servicemen.

In September, by the time the QEHB’s Emergency Department (ED) had been open for 100 days, 22,677 patients had been seen by its doctors and nurses. Of those, 96 were flown on to the hospital’s new helicopter pad by air ambulance services from across the West Midlands and beyond. Another 7,688 casualties were brought to the hospital’s ED by land ambulance.

By this stage, preparations were well underway for the second major transfer of services from the old hospitals, which would happen in November 2010. During the same month, staff, patients and the public were invited to the Clocking Out event at the old QE, held to celebrate its decades of dedication to healthcare in Birmingham. Visitors signed a memory wall, left messages in a video booth and wrote their personal memories on commemorative cards.

By Christmas, there was another Royal visit and the Trust was gearing up for another series of moves which would start in early 2011.
2011

This was a year dominated by the Arab Spring and Eurozone debt crisis. In March, images from the tsunami that devastated the east coast of Japan haunted our TV screens. No wonder, then, that the world was ready to celebrate in April, with an estimated two billion people watching the wedding of Prince William, Duke of Cambridge and Catherine Middleton at Westminster Abbey. The following month it was an unwitting man’s Tweet about helicopters disturbing his evening that gave the first hint of the raid that killed Osama Bin Laden.

One of the Trust’s greatest responsibilities is as host to the Royal Centre for Defence Medicine (RCDM). Since it transferred to the QEHB from Selly Oak Hospital in 2010, its staff have continued to earn the Trust a world-renowned reputation for trauma care through development of pioneering surgical techniques in the management of ballistic and blast injuries. Thanks to this clinical expertise, more than 100 military personnel who would not have been expected to survive have been saved against the odds.

An opportunity to harness this knowledge and share it with other healthcare professionals came in January 2011 when UHB was announced as the host for the UK’s first £20m National Institute
for Health Research (NIHR) Centre for Surgical Reconstruction and Microbiology (SRMRC).

The SRMRC is a joint venture between the Trust, the University of Birmingham, the Department of Health and Ministry of Defence. Research will focus on the most urgent challenges in trauma, including identifying effective resuscitation techniques, surgical care after multiple injuries or amputation, and fighting wound infections. It means lessons learned on the battlefield and in frontline military trauma care can be shared for the benefit of NHS patients across the UK.

In July, the spotlight was on the Trust’s outpatient services when they started moving into their purpose-built new home on Level 0 (ground floor) of the QEHB. Some 10,000 outpatient appointments are held in the hospital every week and the new department has both space and technology in spades. Thanks to IT developments, the department was the first in the country to access and update outpatient notes electronically, meaning it can operate virtually paper-free.

Another boost came in August when the Trust was awarded more than £6.5 million, under the National Institute for Health Research (NIHR) Biomedical Research Unit funding scheme, to continue its cutting edge research into liver disease and liver cancer. The bid for funding was made jointly by the Trust and neighbouring University of Birmingham with the money amounting to £1,312,340 a year over five years.

Building on the existing partnerships, in December the Trust and University announced a groundbreaking joint working agreement to be known as Birmingham Health Partners (BHP). The collaboration will enable patients to benefit from new therapies delivered by expert clinicians working alongside world-leading clinical trials teams.

Birmingham is one of very few centres internationally that can complete the full circle of translational medicine, the so-called bench-to-bedside process. The new BHP agreement will fuel partnership projects in key research areas, including cancer, immunology and infection; experimental medicine and chronic disease.

As 2011 drew to a close, The Prince of Wales paid another, pre-Christmas visit to injured service personnel. He stopped to chat with delighted well-wishers in the hospital’s main entrance before meeting 16 military patients across the neurological and trauma wards.
Two years into the decade it is difficult to identify what will ultimately define the era: the events, sounds, scientific advances and global influences that will become the focus of debate and fond nostalgia in decades to come. The outcome of the Eurozone crisis, the Royal Wedding and Britain’s Olympic showcase will no doubt feature in people’s memories but the historic occasion that will definitely be documented worldwide is the one in which we are proud to play a small part: the Queen’s Diamond Jubilee.

By January 2012, the Trust was the only centre in Europe operating two Tomotherapy HD machines, which are used to provide high quality general radiotherapy to patients, with fewer side effects than with traditional radiotherapy.

In March 2012, Health Secretary Andrew Lansley visited the Trust to announce that the National Institute for Health Research (NIHR) had awarded the QEHB £12.8 million over the next five years. The grant will be used by the Trust-based Wellcome Trust Clinical Research Facility (WTCRF) to fund the creative and technical process of producing new treatments for diseases and injuries which destroy thousands of lives in Britain every year.

At the end of the month, building on its expertise gained in developing treatments for the most seriously injured military personnel, the hospital was designated a Major Trauma Centre for the West Midlands. It is one of four such centres.
across the region capable of delivering specialist
care to people with major head injuries, severe
knife or gunshot wounds, spinal injuries and
amputations.

In April the Trust’s laboratories, which had been
split across the Selly Oak and old QE sites,
finally went live in their new state-of-the-art
department on Level -1 of the QEHB. They were
the last clinical service to move into the new
hospital and will have the capacity to carry out
nine million ‘bits, bugs and blood’ tests per year.

Also in April, the QEHB Charity, with Help for
Heroes and the American charity Fisher House
Foundation, held a ground-breaking ceremony as
work began on a new home-away-from-home for
injured military personnel and their families.
2012 onwards

Populations in the developed world are living longer and more comfortably than at any time in history. Mortality rates are down, life expectancy is higher than ever and, with the help of research and new medicines, some of the most serious diseases are being managed more effectively. The result of the ageing population is an ever-increasing demand on systems and resources. This in turn has necessitated the move towards a culture of creating health; helping to steer patients on course to better well-being through awareness, understanding and involvement in their own care.

To this end, the Trust’s focus now and in the future is on embracing and building new systems that improve safety, efficiency and, ultimately, patient outcomes.

For the past decade or so, UHB has been developing in-house IT systems to tackle challenges with innovation. The Informatics and IT teams have worked alongside clinicians to develop an advanced Patient Information and Communications System (PICS) that is improving performance and, most importantly, outcomes for patients.

This year a unique in-house designed system called myhealth@QEHB – a leading-edge patient portal that supports the delivery of high quality care through increased knowledge, support and communication – will be rolled out to specialties across the Trust. It follows a successful trial with liver patients and is expected to have close to 2000 users by mid-2013. It has the potential to be a social network for the NHS: giving greater patient satisfaction, improving adherence and resulting in better outcomes and significantly reducing geographic barriers around providing care.

With the support of the QEHB Charity, the Trust is also investing in Cyberknife technology to provide better specialist radiotherapy treatment, predominantly for brain tumours. The robotic system is capable of delivering high doses...
of radiation with sub-millimetre accuracy. Its precision makes it particularly effective against tumours that are in difficult locations, such as in the brain or near the spinal cord.

The QEHB Charity’s Fisher House project is due for completion in early 2013, meaning wounded servicemen being treated at the hospital will be able to spend time away from the ward with their families, friends and colleagues, in a relaxed and conveniently situated facility.

The transfer of services from the old QE and Selly Oak hospitals into the QEHB was a gradual process carried out in a series of seven phased moves, with the laboratories completing the jigsaw in March 2012.

The merger onto the new site, in close proximity to the University of Birmingham Medical School, brings together all major sub-specialties and academics for the first time in the Queen Elizabeth campus’ history.

It means the Trust is one of the few centres internationally that can complete the full circle of translational medicine, with the principle of knowledge transfer underpinning the QEHB’s role as a leading teaching hospital, as the old QE had so distinctly established itself over the previous decades.

As the city’s landscape has been altered by the construction of the Queen Elizabeth Hospital Birmingham, so has its position in the world of healthcare delivery. This imposing building which sits astride one of Edgbaston’s natural elevations not only dominates the skyline but also the field of NHS organisations striving to be at the forefront of treatment, research and innovation.
University Hospitals Birmingham NHS Foundation Trust would like to thank everyone involved in the compilation of this commemorative publication and, in particular, Queen Elizabeth Hospital Birmingham Charity whose support made it possible.