

**Meeting of the Council of Governors
4.00 – 6.00pm on 27 November 2017
Room 2, The Education Centre,
Birmingham Heartlands Hospital**

A G E N D A

	Indicative Timings (minutes)
1. Apologies	1
2. Minutes of Previous Meetings	5
2.1 25 September 2017 – AGM - BHH (Public)	
3. Matters Arising	5
4. Chairs Report and Emerging Issues (Oral -JS)	5
5. Performance Report Update (M7) (Oral -KB)	15
6. Financial Report Update (M7) (Oral – JMi)	15
7. Focus on Staff Recruitment and Retention – presentation (HW)	10
8. Chair of CoG Sub-Group Reports	
8.1 Hospital Environment Group (SH)	10
8.1.1 28 September 2017	
8.1.2 23 November 2017	
8.2 Patient Experience Group (TC)	10
8.2.1 15 September 2017 (Approved Minutes)	
8.2.2 17 November 2017	
9. Any Other Business Previously Advised to the Chair	10
10. Next Meeting (Formal – Q3) – Monday 22 January 2018, Room 2, Education Centre, Birmingham Heartlands Hospital	

Light refreshments will be available from 3.00pm when NEDs will be available to Governors

David Burbridge
Interim Director of Corporate Affairs
10 November 2017

**Minutes of a meeting of the
Annual General Meeting
of the
Council of Governors
Heart of England NHS Foundation Trust held
in Room 2, Education Centre, Birmingham Heartlands Hospital
on 25 September 2017 at 4.00 pm.**

PRESENT: Rt Hon J Smith (Chair)

Mr S Baldwin	Mrs A McGeever
Mrs K Bell	Mrs V Morgan
Mrs C Doyle	Mr G Moynihan
Miss S Edwards	Mr B Orriss
Mr K Fielding	Cllr M Robinson
Mr A Fletcher	Mrs J Thomas
Mr D Hoey	Dr M Trotter
Mrs S Hutchings	Mr D Wallis
Mr P Johnson	Mr T Webster

IN ATTENDANCE:

Mrs F Alexander	Mrs J Hendley
Mr D Burbridge	Ms K Kneller
Mr J Brotherton	Dame J Moore
Mr A Edwards	Mrs J Tunney

Members of the Public

17.072 APOLOGIES

Apologies for Governors had been received from Mr Cannon, Cllr Mahmood, Mrs Nicholl and Mrs Passey.

Apologies for Directors had been received from Dr Kinski, Prof Sheppard and Mrs Wyton.

17.073 WELCOME

The Chair welcomed everyone to the meeting and recorded thanks and gratitude to staff, volunteers and clinical staff for their work over the last 12 months in what had been a challenging year. The NHS continued to face real financial pressures and changes across region and city.

The Chair went on to set out the format for the meeting, the CEO would present an overview of the overview of the last 12 months, the Finance Director would present the Annual Report and Accounts for 2017/18; the Chair would give an update on the Case for Change.

The Chair advised that any members would have the opportunity to address members of board, speakers and governors however no comments relating to individual cases would be accepted.

A copy of the annual review would be available to attendees to take away at the end of meeting.

17.074 QUORUM

The meeting was quorate.

17.075 A YEAR IN THE LIFE OF HEFT

The Chief Executive presented the report for the year ended March 2017. The new leadership team had been in place for 22 months.

There had been sustained improvement with performance in almost all areas and the Trust had been achieving all of the nationally mandated elective care targets for more than a year that included 18 weeks Referral to Treatment times, 2 week wait and 62 day cancer and 6 weeks diagnostics. The only exception had been the A&E target, a problem shared by many other trusts regionally and nationally. During Q3 HEFT had been in the top 10 providers in the country for cancer performance and remained one of the best performing organisations in the region.

There had been a review of the Trust estate and equipment and a strategy had been implemented to improve and rationalise the buildings on the Heartlands Hospital site that include demolition of the Oncology bungalow and Bordesley House as part of the new state-of-the-art Ambulatory Care and Diagnostics (ACAD) centre development. Some back-office services including Finance and Employee Services had been relocated to Regent Court, Edgbaston. It was proposed to refurbish the entrance of the Richard Salt Unit on the Good Hope site. The Trust was also undertaking a scoping exercise to explore opportunities to relocate the Birmingham Chest Clinic to Attwood Green Centre.

Plans for the new Ambulatory Care and Diagnostics (ACAD) centre had been developed by clinical teams over the last 18 months. Planning applications had been made, with construction planned to begin in 2018 and completed by 2020. The ACAD development was the first major estates development for over 10 years.

The Trust had during 2016/17 dealt with:

- 267,793 A&E attendances, an increase of 2% on the previous year.
- 88,713 day case and elective spells
- 856,556 outpatient attendances
- 76,674 emergency spells
- Supported 10,242 births

The Friends and Family Test (FFT) was a single question survey that asked patients whether they would recommend the NHS service they have received to friends and family. The Trust had received 135,000 comments from patients, carers and relatives about their experiences of care during 2016/17 of which 91% (last year 83%) of comments had been positive reflections of care and treatment. The Feedback was used at service level to reinforce positive examples for staff.

Research and Development continued to grow at the Trust with nearly 5,500 patients recruited to clinical trials. There were more than 500 research projects being undertaken in over 30 specialities.

The Trust had 696 volunteers across its sites and the Chair and CEO thanked and recognised the huge contribution they made to the Trust.

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 hospitals in the West Midlands. The new charity would enable more money to be spent for the benefit of patients, and support more money being raised to provide those items that were over and above what can be funded by the NHS.

During 2016/17 the HEFT Charity gave over £1.8m of charitable support to the Trust for the benefit of its patients and staff. The Trust's Charity Friends: Friends of Solihull Hospital and Friends of Good Hope Hospital raised and donated over £200,000 and £11,000 respectively in 2016/17.

17.076

ANNUAL REPORT AND ACCOUNTS 2016/17

The Annual Report and Accounts 2016/17 had been properly prepared in accordance with accounting policies directed by NHS Improvement and the NHS Act 2006 and the Interim Finance Director presented an overview of accounts and laid them before the Council of Governors.

External Audit Opinion

KPMG had issued an opinion comprising:

- an unqualified opinion on the financial statements.
- had been unable to satisfy themselves that the Trust had made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- had issued a qualified limited assurance report on the Quality Report due to reporting discrepancies around 18 weeks and the A&E 4 hours target.

In terms of the financial performance for 2016/17, the Trust had reported an overall deficit of (£22.8m) that included a technical adjustment of (£11.5m) due to an impairment loss. Excluding impairments, the deficit was (£11.3m) compared to a planned deficit of (£13.6m). The Use of Resources Metric (UoR) of 3 had been issued by NHS Improvement (NHSI). The value of assets had reduced during the year primarily as a result of the impairment of assets of £11.5m. The value of liabilities had increased during the year as a result of the increased value of overdue creditors. Cash had reduced by £12.3m to £19.2m. In 2016/17 the central organisations that managed the NHS had allocated £1.8 billion of new income to a Sustainability and Transformation Fund (STF) to “reset” provider finances. The Trust's 2016/17 position included £25.2 million of STF. In order to achieve the reported position, the Trust had delivered total recurrent savings of £26.4m (nearly 4% of turnover), which was £12.4m over and above the 2% national efficiency requirement, plus a further £7.7m of non-recurrent efficiency.

The Finance Director went on to set out the financial outlook for the future that included:

- A planned deficit of (£7.5m) in 2016/17 after delivery of £30.2m of efficiency savings in line with the Financial Recovery Plan (FRP)
- The current forecast was a deficit of (£19.0m) due to the impact of readmission penalties (£5.4m) and year to date the results were broadly in line with the planned trajectory
- Cash was significantly depleted and interim revenue support was expected to be needed during 2016/17.

The Chair gave an overview of the rationale, strategic benefits and process that had been undertaken as part of the Case for Change business case. In late 2015, Dame Julie Moore and Rt Hon Jacqui Smith had become interim CEO and Chair of Heart of England NHS Foundation Trust. Following the intervention considerable improvement in performance, governance and finance at HEFT had been seen. In July 2016 the Boards of Directors at both trusts agreed to build a case for change to potentially become one trust. It was also based on the belief that every resident had a right to access the best care possible in the most appropriate setting.

The patient and workforce strategic benefits included:

- Improved clinical benefits by standardising clinical practice, protocols and quality standards which, in turn, would reduce variation and improve patient safety and outcomes.
- The opportunity to pool the talent of both organisations and use staff more effectively across all sites, providing greater career and developmental opportunities and retention of staff.
- Investment in clinical services from savings realized by integrating administrative, education and training financial, logistic and procurements services from both trusts.
- Maximising combined R&D potential with existing academic partners and the opportunity to build future medicine innovation.
- A more resilient organisation better, able to influence and act as a supportive partner within the Birmingham and Solihull Sustainability and Transformation Plan and the wider West Midlands' economy and healthcare market.

The Chair explained the 3 approval stages for the merger.

- Stage 1: approval by the Competition and Markets Authority (CMA). The Trust had received a phase 1 clearance on 30 August 2017.
- Stage 2: Achieve NHS Improvement (NHSI) approval. On completion of the review by NHSI a transaction risk rating would be issued. A rating of Green/Amber was required.
- Stage 3: Subject to ongoing approval the boards of both organisations would make a recommendation to their respective Council of Governors. As a statutory transaction involving two foundation trusts, more than half the members of both full Councils must approve, or not, the Boards decision. On receipt of Governors' approval a joint formal application would be submitted to NHSI. Following which, NHSI would grant the application provided it was satisfied the necessary steps had been completed. At that stage the completion date would be agreed, and the merger would take place on the date stipulated in the grant document issued by NHSI.

The Chair opened the meeting to questions and the following was noted:

Finance

The impairment in the report related to a medical record scanning project that was no longer going forward and the asset had been written off.

NHSI had changed the scale for the financial risk rating during the last 12 months. The Trust was rated 3 on of a scale of 1 – 4 where 1 was the best and 4 the worse rating.

Long term financial modelling was subject to consideration by both Boards, HEFT and UHB, separately.

Tariff was the price the organisation got paid for elective procedures. It was set nationally and was not subject to variation.

Business Case For Single Entity Organisation

It was up to the UHB Board of Directors to decide if the benefits to patients outweighed the financial situation at HEFT.

It was clarified that the transaction was a merger by acquisition by UHB. HEFT would become part of UHB on the date of transfer. There would be opportunities for both trusts. Each of the hospital sites would form part of the 'new' trust.

The combined trust would be able to procure services and consumables jointly and achieve better prices. There would be some combining of back office services.

It was reported that the Council of Governors had received an excellent presentation on the clinical benefits of the Case for Change.

ACAD Development

The ACAD development would take place in phases, and would include the demolition of some buildings to give access to construction vehicles and plant. There would be some disruption but this would be minimised where possible.

The new building would be to the right of existing main entrance and would be built on existing staff car parking, however additional land had been purchased that would be used for staff parking.

The Treasury had funded the development of the plan. The funding for the build would be secured through a loan from the Department of Health.

There was a query following the announcement at the recent Labour Party Conference that there would be no future PFI funding if they came to power and whether would this affect the build. It was noted that should a labour government be elected that would be considered at the appropriate time. The Business case was still being written and finances would be considered as part of that process.

The Deputy CEO – Improvement in response to a question around the status of the maternity 'project pelican' advised, that maternity was being reviewed and was formed a later phase of the estates strategy.

A member of the public, who had worked as part of the nurse bank for over 10 years, noted the huge amount of support by the interim leadership team in the Case for Change.

The Chair thanked everyone for their attendance.

The Chair advised that there would be a private meeting of the Council of Governors held immediately after the AGM.

The AGM closed at 5.30pm.

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Chair

EXCLUSION OF THE PRESS AND PUBLIC

The Council of Governors resolved "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".

PRIVATE SESSION ANY OTHER BUSINESS

17.080

None. The meeting closed at 6.15pm

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Chair

**Agreed Minutes of a meeting of the
Patient & Staff Experience Group of the
Council of Governors
of Heart of England NHS Foundation Trust
held on Friday 15th September 2017 at 10.00am
in the Boardroom, Devon House, Birmingham Heartlands Hospital**

PRESENT:	CANNON, Antony (AC) CHAPLIN, Dawn (DC) FIELDING, Keith (KF) HUTCHINGS, Susan (SH) PASSEY, Louise (LP) THOMAS, Jean (JT) WEBSTER, Thomas (TW)	Chair (and Chair of the GHH PCP) Head Nurse, Patient Experience Governor Governor Governor Governor Governor
IN ATTENDANCE:	EMERY, Jamie (JE) RUDGE, Kevin (KR)	Head of Patient Services & Engagement Chair of the SOL PCP
MINUTES:	HIGGINS, Vickie (VFH)	Executive Assistant

17.045 Welcome

AC welcomed everyone to today's meeting, especially due to the short notice of having the meeting held slightly earlier than planned.

17.046 Apologies for Absence

Apologies were received from Stan Baldwin, Anne Horton, Karen Kneller and Julie Tunney.

17.047 Minutes of the Previous Meeting

After one minor amendment around initials, the minutes of the meeting held on Friday 14th July 2017 were agreed as an accurate record and have been forwarded to Angela Hudson.

17.048 Matters Arising

AC advised the GHH PCP met yesterday but did not receive an update from Shahzad Razaq concerning the recovery of prescriptions charges. **Action** : Shahzad Razaq to be invited to attend a future meeting and give an update to the Group.

17.049 Feedback / Verbal Reports from PCP Meetings

BHH : AC advised Anne Horton (Deputy Chair) had had an operation recently but had developed an infection. The Group wishes her a speedy recovery.

SH : KR advised the last meeting was very good, well-attended and saw three presentations:-

- Jacqui Smith and Martin Nadin with regard to the merger.
- Gill Abbott from Infection Control with regard to MRSA prevention.
- Neil Mallett from Division 3 (Emergency Care) with regard to recruitment and retention.

GHH : AC advised there was the same presentation from Martin Nadin and expressed thanks for the excellent work in achieving first stage approval from the CMA for the Case For Change. This was the first merger of NHS Trusts in the country to be approved at this stage, which shows the competence of the work of the team. Gill Abbott also gave an excellent presentation on the use of Octenisan body wash.

There was an update from Division 5 by Matrons Gail Moore and Caroline Deekes on behalf of Lynn Fisher, Head Nurse. There was a detailed discussion on nurse recruitment and the problems the Division is facing in obtaining staff.

17.050 Patient Experience Dashboard

AC advised he was pleased to see this dashboard and the only issue was the font size when printed on A4

The Group reviewed the FFT data, showing high levels of patient participation (39% contributing). This was a good patient sample with around 2,500 responses each month, every month. KPIs were at 30% and the Trust saw 92% to 95% positive recommender rates.

The Group reviewed the Performance Data and the Trust Patient Experience survey. New questions included those around pain, buzzers and dignity and respect.

DC discussed complaints data, an increase in response rates and the high level of data - ie. every week, each area and each Division receives live data. They should be 85% compliant by Mar18 and were currently in the mid-50s. The 50 working day data should be zero but there will always be a few. However, they were at 67 a few months ago.

AC felt complaints figures should be given relative to the possible responder score - ie. a very small number distorts the actual picture. Wards should also be defined. However, DC advised some wards change, such as Flex Wards and Dementia Wards (see attached document - "Divisions List - Matrons & Senior Sisters").

17.051 PLACE 2017 Action Plans

AC felt this had improved, with the remaining outstanding issues highlighted in blue (Nursing Wards). There were also positive and negatives - ie. noticeboards, marks on walls, etc. - but it was felt minor issues were not relevant to patient care. Some were "awaiting funding" or "awaiting review". These needed to be followed through and SH advised this would be discussed at the next Hospital Environment meeting on Thursday 28th September.

It was agreed the Group could not judge this year's data without seeing the data from previous years. SH advised Catherine Williams held previous data and KF suggested they establish the data now and compare this year to next year. A comparison could then be made against the national average.

JT felt the PLACE Inspections had deteriorated year-on-year and asked about the actions and areas to be addressed - ie. respect and dignity. JT will discuss further with AC.

17.052 Update : Governor Drop-In Programme

The Group reviewed the report for the first 'Drop In' on Ward 30 BHH The responses to the questions on training were particularly interesting (question 18). KF felt this should be fed into staff development programmes. It was suggested the form should include a description of the type of Ward/Department being surveyed. **Action** : DC.

KF was asked about staff feedback and body language and LP felt staff may have appeared to be comfortable but may not have been. KF also suggested the front page of the survey was altered to the present tense, rather than the past tense. **Action** : DC.

SH advised she met with patients and not staff, asking what their experiences were, did they mind being surveyed, what was good and bad and what did we do well and what could be improved. SH stressed this was just a survey and not an inspection.

AC asked what grades of staff were surveyed, HCAs or Staff Nurses and KF felt it was unfair to say. DC suggested staff nurses - ie. HCAs in the bedded rooms - but we would get a bigger picture when more surveys have been done.

JT asked if there was any resentment and DC felt there was not. Staff were sharing good practice and spoke of personal issues, support and training and AC suggested the survey should focus on what additional training they felt they needed rather than ask them to grade their competence. Some patients were not aware there was a television in the Day Room, so communications could be improved.

KF felt we were not doing enough drop-ins, as it would take five years to get around all the wards AC agreed but said that the workload was a consideration. After the proposed merger, there would be 20 Public Governors only to cover four hospitals and the Birmingham Chest Clinic. With two Governors per team and the need to allow for ad hoc Drop-Ins if required, it would need very careful planning to increase to two scheduled 'Drop-Ins' per month. SH asked if more lay people could be involved taken from the existing PCP panels and AC agreed this was a possibility but the initial response could have been better.

TW agreed with KF and felt we were not doing enough.

AC summarised this was a survey and not an inspection. It needed more support and ideally a higher frequency - ie. two per month involving two Governors and one Lay Member - but was concerned that the programme would not get that level of support.

17.053 Patient Passport

AC felt this was moving along nicely and confirmed the Sub Group (JT, LP, SH and AC) met on Friday 18th August 2017. AC had also circulated the latest draft, which had been produced by HEFT's Medical Illustration department.

AC had met with Lorraine Longstaff (LL), Adult Safeguarding lead, and was very impressed. LL had made a few observations - ie. The legal section should include provision for 'advanced decisions' and a safeguarding section to identify any care and support concerns - DC felt that it would be useful to get some feedback from the Carer's Forum.

It was agreed that patients would be sent a 'Passport Form' with their admission paperwork and that copies would be available on the wards and assessment units.

AC advised of the outstanding issues - ie. who should be the point of contact if a patient needed further information on the 'Patient Passport,' DC suggested this should be the Ward Staff and AC suggested adding; "Any concerns on how to complete the passport should be discussed with the Nursing Staff on admission."

AC advised he had met with Emma Hartill, Deputy Head Nurse from Division 4, who was happy to run some trials on the Elderly Care Wards and the Assessment Unit on Ward 21 at GHH

17.054 Presentation : Macclesfield District General Hospital

LP advised she met with Lyn Bailey on Thursday 6th April 2017, the lead for autism training and work. This was a District General Hospital and not a Foundation Trust.

LP walked around the hospital and discussed policies and training. Patient Passports were used (Attachment 1) and Risk Assessments (Attachment 2). They had also won a national award in 2013 for their pilot on training around dental outpatients and paediatrics. All staff received basic training in autism awareness. Some areas also had an autism champion to help patients and family members. There were leaflets (Attachment 3), calm boxes, an e-Learning package for staff, an "Open To Autism" project and an autism noticeboard. They have regular contact with the Autism Alliance and Autism Charter and had signed up to six workstreams. Lots of work was being done but this was complex and difficult, which required dedication to make it work.

JE asked if there was a team of staff or whether this was just Lyn's role and LP advised Lyn was part of Patient Experience. No-one else was doing this work - they were very dedicated.

JT asked how much time was dedicated to this and what the time commitment was and LP agreed to find out.

SH asked how patients with autism were currently treated and DC advised of reasonable adjustments such as a quiet environment, involving the carers, NOK issues and nurses. However, it still required greater awareness and support but would be a very big piece of work.

LP advised Macclesfield was very small but autism had increased - around 700,000 people in the UK were autism specific (or 1 in 100), with around 2.8 million families affected. There were lots of children with autism but many were classed as having mental health problems.

TW thanked LP for her presentation and advised, as a Governor, he was not aware of any problems at the Trust and this would be difficult to overcome.

AC was also not sure of any problems but could look at what HEFT was doing to avoid any potential problems - there did not appear to be many complaints at the moment.

17.055 Complaints Team's "Snakes and Ladders" Game

Staff are praising an inventive approach to complaints handling training using a twist on the traditional snakes and ladders game. The Trust has recently introduced a new complaints process as it continues its drive to improve the experience for service users.

DC devised the game as part of the complaints process training with the aim being early intervention and resolution by looking at how we get the message out around the complaints process in a slightly more memorable and usable way, so the information really sticks. DC devised a snakes and ladders game to compliment other resources.

The game has 30 squares to represent the 30 days to complete the process. They use real but anonymous complaint scenarios and each team receives a case study, following the board from receiving the complaint to requesting statements, drafting the response and a response letter enabling resolution. However, there are snakes and ladders along the way, which can either delay or expedite the process. For example, escalating to senior members of staff will see you go up a ladder or being defensive or inaccurate will see you go down a snake to the beginning of the process again.

The game covers all areas of complaints and gets the teams to think about what they would do. Feedback has been very positive and there will be more sessions going forward, so everyone in the Trust understands the process.

AC and the Group thanked DC for showing them this innovative and interesting initiative.

17.056 Any Other Business

17.056.1 Complaints Pathway

JT asked about complaints the Governors received, which used to be referred to Sam Foster and AC asked DC to clarify the route.

DC advised any complaints received via Julie Tunney's office, addressed to the Chief Nurse or the Chief Executive go directly to Julie and are then passed to her. It was agreed Governors should contact DC concerning any complaints they receive for the moment. JT agreed this makes sense and was the best process.

17.056.2 Compliments & Criticisms

SH asked where compliments in the press went as there had been quite a few recently, with lots of nice things said about the hospital and certain wards.

DC advised Ward compliments went to the Ward Sister and Head Nurse. However, it was agreed they needed to be captured centrally - maybe via the Communications Team.

AC advised he had received an email from Fiona Alexander confirming this matter was in hand.

DC advised of the IR2 system used on maternity and ITU. This was time-consuming but staff were being encouraged to use it.

TW discussed his collections for the "Friends of Good Hope", where the response had been fantastic - in one 30-minute slot, he had collected £51.

AC advised the "Friends of Good Hope Charity" regularly collects money and had recently been appointed "Charity of the Year" by Sainsbury's Local, which was very gratifying. The last collection raised over £1,000 in three days. DC thanked TW for all his hard work.

AC advised HEFT was now working with the new hospital charity on joint projects via Mike Hammond at UHB.

17.056.3 Fitness & Wellbeing

TW advised he had recently taken up Tai Chi at GHH and his balance had much improved. Attendance had doubled at GHH, which was very good.

AC also advised of a friend with a lung condition that had recently started dance classes and SH advised singing could help with COPD.

17.057 Next Meeting

The next meeting will take place on Friday 17th November 2017 at 12.00pm in Room 4, Education Centre, Birmingham Heartlands Hospital.

**PATIENT & STAFF EXPERIENCE GROUP OF THE
COUNCIL OF GOVERNORS**

Schedule of Matters Brought Forward and Action Points

Date Raised	Minute Number	Details	Action	Due	Status	Completed
19May17	17.028	Dawn Chaplin to bring the 'snakes and ladders game' to the next meeting.	DC	15Sep17	Presented.	15Sep17
14Jul17	17.039	Dawn Chaplin will try to arrange a meeting with Shropshire Community Health NHS Trust's and obtain more copies of the "Observe & Act Course Handbook".	DC	15Sep17	Ongoing.	
14Jul17	17.043.3	Louise Passey to give a 10-minute presentation from her visit to Macclesfield District General Hospital.	LP	15Sep17	Presented.	15Sep17
15Sep17	17.048	Shahzad Razaq to be invited to attend a future meeting to give an update to the Group on the recovery of prescription charges.	VFH	31Dec17		
15Sep 17	17.052	Dawn Chaplin to action amendments to the Governor Drop-In Survey Form.	DC	27Sep17		

**PATIENT & STAFF EXPERIENCE GROUP OF THE
COUNCIL OF GOVERNORS**

G L O S S A R Y

Abbreviation	Definition
A&E	Accident & Emergency
BCU	Birmingham City University
BHH	Birmingham Heartlands Hospital
CMA	Competition and Markets Authority
COG	Council Of Governors
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQMG	Clinical Quality Monitoring Group
CQUIN	Commissioning for Quality and Innovation
DNA	Did Not Attend
ED	Emergency Department
FFT	Friends & Family Test
FLR	Follow-Up Request
GHH	Good Hope Hospital
HCA	Healthcare Assistants
HEFT	Heart of England NHS Foundation Trust
IR1	Incident Reporting Form (Datix)
ITU	Intensive Therapy Unit
KPI	Key Performance Indicators
LOS	Length Of Stay
MFFD	Medically Fit For Discharge
MRSA	Methicillin-Resistant Staphylococcus Aureus
NOK	Next Of Kin
NPS	National Patient Survey
PCP	Patient Community Panel
PHSO	Parliamentary & Health Service Ombudsman
PLACE	Patient-Led Assessments of the Care Environment
QA	Quality Assurance
QEHB	Queen Elizabeth Hospital Birmingham
RAG	Red Amber Green
RTT	Referral To Treatment
SH	Solihull Hospital
TBA	To Be Agreed
UHB	University Hospitals Birmingham NHS Foundation Trust

ATTACHMENT 1 (Front)

<p>Name</p>		<p>Patient Passport</p>		<p>Insert Picture here...</p>
<p><u>Medical Information</u></p>				
<p><u>Risks</u> (Please complete reasonable adjustment (RA) care plan)</p>				
<p><u>Communication</u></p>				
<p><u>Support / Environment</u></p>				

ATTACHMENT 2

Please Insert patient
 Information sticker

RISK ASSESSMENT/REASONABLE ADJUSTMENTS CARE PLAN

Patient's Name:

Issue	Risk identified	Reasonable adjustment
Communication		
Capacity and best interests		
Mobility		
Medication		
Pain		
Eating/drinking		
Dysphagia swallowing difficulties leading to increased risk of choking or aspiration		
Behaviour		
Personal hygiene		
Discharge, (including pre-discharge meeting)		
Other		

Completed by (Print Name):

Checked by Nurse (Print Name):

Date updated:

Version 2: 21.8.13

ATTACHMENT 3 (Front)

If you would like more information about the Open2Autism project, or if you are having problems contacting one of our Autism Link Staff then please contact one of the Autism Project Leads:

Sam Leonard

Email: sam.leonard1@nhs.net
Telephone: 01625 663988

Lyn Bailey

Email: lynbailey@nhs.net
Telephone 01625 663981

Or write to:
Lyn Bailey
2nd Floor
New Alderley House
Macclesfield District General Hospital
Victoria Road
Macclesfield
SK10 3BL

Comments, compliments or complaints

We welcome any suggestions you have about the quality of our care and our services.

Contact us:

Freephone: 0800 161 3997
Phone: 01625 661449
Textphone: 01625 663723
Customer Care, Reception, Macclesfield District General Hospital, Victoria Road, SK10 3BL

For large print, audio, Braille version or translation contact the Communications and Engagement Team on **0800 195 4194**

Admission information The trust accepts no responsibility for the loss of, or damage to, personal property of any kind, in whatever way the loss or damage may occur, unless deposited for safe custody. Please leave valuables at home. If you need to bring personal items that are expensive, for example micro hearing aids, please be aware that you do so at your own risk.



East Cheshire NHS Trust does not tolerate any form of discrimination, harassment, bullying or abuse and is committed to ensuring that patients, staff and the public are treated fairly, with dignity and respect.

East Cheshire 
NHS Trust

Children & Adults with Autistic Spectrum Conditions

Patient Information

Open2Autism Project



East Cheshire NHS Trust
www.eastcheshire.nhs.uk



@eastcheshirenhs

Ref: 11583 Review: 12/2016

ATTACHMENT 3 (Back)

The Open2Autism Project

East Cheshire NHS Trust has been looking at ways to improve access to our services for adults, children and young people with autism.

In February 2013 we launched our "Open2Autism" project which has provided basic autism awareness training to all of our doctors, nurses and health care staff.

Autism Link Staff

As well as basic autism awareness training, we have also provided more in depth training in autism to key members of staff across our hospital and community services.

We call these members of staff our "Autism Links" and they are there to help support you when you access any of our services.

How can Autism Link Staff help?

There are a number of things that we can do to help support you when you access our services, whether that's coming into the hospital, attending an outpatient appointment or seeing one of our staff in your own home.

This may involve things like:

- finding you a quiet area to sit and wait for an appointment or procedure
- discussing procedures and expectations with you prior to your appointment
- re-arranging appointment times if you'd find a later or earlier time more manageable
- arranging for visits to a clinic, ward or department before you come in for your treatment
- adjusting the environment if you are sensitive to things like noise or lights
- helping you to manage any fears and anxieties in a way that supports you.

How to contact an Autism Link

You can find contact details for our Autism Link Staff via the "Open2Autism" web page on the Trust's website:
<http://www.eastcheshire.nhs.uk/Our-Services/open2autism.htm>

Other information you may find useful

There is a wide variety of written information available on the Trust's website which you may find useful when preparing for your hospital visit.

These include things like hospital maps and floor plans, information leaflets about different departments and procedures, and some photographs of common clinical areas like X-Ray, Pre-op Clinic and Outpatients.