

Minutes of Trust Board Meeting

Thursday 26 April 2018, 10:00 – 13:00, Hyde Park Room, 1st Floor, Lanesborough Wing

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection, Prevention & Control	CN
Andrew Grimshaw	Chief Finance Officer	CFO
IN ATTENDANCE		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Kevin Howell	Director of Estates & Facilities	DEF
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Ellis Pullinger	Chief Operating Officer	COO
APOLOGIES		
Andrew Rhodes	Acting Medical Director	MD
Mike Murphy	Quality Improvement Director, NHS Improvement	QID
SECRETARIAT		
Shanaz Islam	Interim Assistant Trust Board Secretary (Minutes)	ATBS

Feedback from Walkabout

Members of the Board gave feedback on the departments visited, which included: Cardiothoracic Intensive Care Unit (CTICU), Cardiothoracic Recovery, Heart Failure Unit, CCU, Neuro Day Unit, William Drummond, Clinical Research Facility, Hand Unit, Lanesborough Theatres, Jungle Ward, Trevor Howell Day Unit, Gordon Smith, Rodney Smith and Gunning Ward.

General observations included the importance of training in staff retention, the flow of information from Senior Leaders' briefings down through the organisation, and estates and information technology issues. The Heart Failure Unit was the first such unit in the country and, although small, had been nominated for a BMJ award and other Trusts were keen to learn from the Unit. There had been significant improvements in the length of patient stays in CCU. The Hand Unit had been very successful but was small and was struggling to cope with demand. Patient feedback was consistently

strong. Likewise, Jungle Ward, a paediatric day case ward, struggled to keep up with demand of patients; it had 15 beds but saw between 30 and 60 patients a day, with beds turning over between 3 and 4 times a day. The gynaecological team worked at Lanesborough Theatres often but did not have a permanent home. This meant that staff and equipment needed to be moved across the Trust.

In terms of workforce, effective leadership at ward level was emphasised as a key factor in Gunning's gold rating in the ward accreditation scheme. Gunning was not without its challenges (a 20% vacancy rate, a 14% turnover rate) but had achieved gold despite these. In Lanesborough Theatres, staff morale was high even though many worked beyond their hours to keep the service running effectively. In the Heart Failure Unit, staff reported on-going challenges around rota gaps. On Trevor Howell, staff emphasised the importance of training in nurse retention and reported a lack of training budgets which could impact on retention, which the DHROD agreed to look into. The cascade of information to staff from the Senior Leaders briefings was also raised on a number of wards.

Estates issues were raised on a number of the wards visited. In the Hand Unit, there was currently no hot water and the air conditioning unit could not be switched off. On the Neuro Day Unit, a number of surfaces were dusty and the Wifi fee of £6 a day was a concern among younger patients. On William Drummond, there had been problems with a macerator, but a new unit had been delivered. On Jungle, there had been two flooding incidents in recent weeks and while both had been resolved, lighting damaged during the first flood had not yet been fixed. Litter was an issue in the Atkinson Morley Wing and litter bins were needed. In the Heart Failure Unit staff had to walk a significant distance between areas. IT issues were reported in CCU where one of the red screens was slow and there were IT problems in Rodney Smith where only two out of four computers were currently working.

The Chairman concluded by observing that there had been a change in the overall content of the feedback from ward visits over the past year; staff seemed focused on the issues and potential solutions.

OPENING ADMINISTRATION

Welcome and Apologies

1.1	The Chairman opened the meeting and welcomed members of the public and a number the Trust's governors. Apologies had been received from Professor Andrew Rhodes, Acting Medical Director, and Mike Murphy, Quality Improvement Director, NHS Improvement.
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Declarations of Interest

1.2	There were no declarations of interest to note.
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Minutes of the meeting held on 29 March 2018

1.3	The minutes of the Board meeting held on 29 March 2018 were approved as an accurate record.
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Action log and matters arising

1.4	The Board noted that most actions on the Action Log were not yet due or had been closed because appropriate action had been taken outside the meeting. It was noted that the Chair of St George's Hospital Charity was not available to attend Board in May 2018 and that an appropriate alternative date would be found. There were no matters arising.
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1.5	CEO's update
	<p>The Chief Executive reported to the Board on the Pan London Student Nurse Congress event that she and the Chairman had attended on 18 April. The event had been well organised by Nikki Yun, a new staff nurse, who had brought together a number of senior national nursing representatives and the CEO and Chairman had each spoken about the significant contribution of nurses across the Trust. In relation to emergency care performance, the CEO noted that this had been varied but there was no reason why, with consistent support, the Trust could not achieve the 95% national standard. The introduction of three new ambulatory care units in Paediatrics, General Medicine and Oncology in recent months had already started to make a positive difference in assisting emergency care performance. In response, Ann Beasley noted that the paper later on the agenda did not propose a figure of 95% in some quarters and emphasised that the Board needed to understand what it would take to achieve that figure. The CEO reflected on the recent unannounced CQC inspection in March, the CQC Well Led inspection in April, and the recent Board to Board meeting with NHS Improvement, noting that this had been a critical time and had involved a significant amount of work. The outcome of the inspections was expected in the summer. Noting the earlier discussion about staff development, the CEO highlighted that significant progress had been made over the past year; the recruitment process had been improved, vacancy rates had come down, and 250 leaders across the organisation were going through a leadership training programme run by the King's Fund, about which there had been very positive feedback.</p>
STRATEGY	
2.1	Research update
	<p>Jenny Higham presented the report in the absence of the Acting Medical Director, accompanied by Dan Forton. Leadership of the Joint Research and Enterprise Service (JRES), a joint department of the University and the Hospital, had recently been strengthened with the appointment of Mark Cranmer, Director of JRES. Following this, its core functions, which included clinical research governance, financial management and grant applications had been streamlined and were working more effectively. Jenny Higham highlighted that there has been a significant increase (25%) in the number of patients recruited to clinical trials and that the Trust was leading more clinical trials and commended the whole team on this achievement. Forward priorities were to ensure closer collaboration with the Charity and to lever the potential for use of common resources, given the Trust and University shared a single site. She also emphasised the forthcoming appointment of the Deputy Principal Leadership and Enterprise Director would be key to delivering this. Dan Forton reported that the report also encompassed the results of the first a survey of research activity. In response to Ann Beasley's enquiry regarding the reasons for the previously poor reputation in research management as detailed in the report, Dan Forton agreed that timeliness and a lack of good governance processes within the JRES were the cause of this, and had been significantly improved by Mark Cranmer, as well as through the recruitment of other high calibre of staff. Tim Wright queried how closely the focus of research aligned with, or was driven by, the Trust's strategy. Dan Forton replied that the report reflected strong areas of research where close working between the University and Trust occurred, but observed that there were clear opportunities to align both strategies much more closely. The DS agreed and also suggested consideration of more detailed data</p>

around yearly income and trends, as well as benchmarking data against other teaching and research hospitals would be helpful. Sir Norman Williams expressed his wish to understand the sources of funding and to see a strategy for measuring productivity. Sarah Wilton reported positively from her earlier Board Walkabout of the Clinical Research facility and asked if the governance structure was well understood by staff and whether it was effective in supporting the research agenda. Dan Forton clarified the current committee structure and offered assurance this was robust. The Board noted the report and approved the recommendations and next steps, noting that this supported the Trust's vision to 'Develop tomorrow's treatments today'.

QUALITY

3.1 Quality & Safety Committee report

Sir Norman Williams, Chair of the Committee, reported on the meeting held on 19 April 2018. The Quality Improvement Plan (QIP) dashboard demonstrated improvements in key areas but progress had slowed around outpatients. As such, the Committee had requested the Trust undertake a further self-assessment against the CQC fundamental standards in relation to outpatients within the next two months to provide assurance that compliance was improving. There had been 4 cases of MRSA in 2017/18 but changes to the reporting process meant that there would no longer be recourse to arbitration in cases of suspected MRSA. Internally, robust root cause analysis would continue to take place for every new case identified. There had been 2 cases of C.difficile in March 2018 and, the Committee had heard that performance had improved significantly in recent years. The Clinical Harm Review Group reviewed all potential clinical harms in relation to cancer pathways and 104 day breaches and the Committee Chair noted his concerns that such delays were said to have resulted in no harm. The CN agreed with this and advised that she and the MD had asked the Group to respond. Complaints performance remained problematic and an action plan had been received by the Committee. A report on medication incidents was also received; the Trust had a high level of reporting on medication incidents which was a good indicator of a positive safety culture. The Committee had also asked for a report on the quality of care in Offender Health. The Committee had considered the Trust's draft Quality report which would be integrated into the Annual Report and Accounts. Sir Norman Williams also noted that there had been an alert related to cardiac surgery in 2016-17 which was now under investigation.

Ann Beasley requested further assurance that the high level of reported medication incidents was not suggestive of safety concerns and requested a more forensic interrogation of the incident data in this regard. The CEO responded that themes and levels of harm were crucial to understand whether there was an underlying safety issue. The Chairman noted that senior Pharmacists were undertaking daily audits which should give the Board some assurance. In addition Sir Norman Williams clarified that thematic analysis was included in the regular medication report to the Committee, which also provides information on levels of harm which at present, was relatively low. The Board noted the report.

PERFORMANCE

4.1 Integrated Quality & Performance Report

The DDET presented this report and observed that the Trust was performing positively

	<p>against a number of indicators. However, the Four Hour Operating Standard, 62 Day Cancer Access Standards, and operations cancelled for non-clinical reasons remained a challenge. The Trust had maintained compliance against the diagnostic access target and continued to manage the use of agency workforce. March was reported as having been a demanding month with the number of cancellations having increased from February. Despite this, the COO reported that the 28 day re-booking procedure was being managed well and there were robust processes in place. The DHROD informed the Committee that staff sickness absence and vacancy rates had improved and that the time taken to recruit staff had almost halved. There had been detailed discussions at the Workforce and Education Committee around an electronic solution for appraisals and it was noted that monthly mandatory and statutory training numbers fluctuated, especially when new modules were introduced. This would be monitored by the Workforce and Education Committee for a period of six months to ensure there was no significant fluctuation without an adequate explanation. At the beginning of 2017/18 the agency spend had been £43m annually. However, during 2017/18, this was reduced to £19.9m against an NHS Improvement target of £24m. For 2018/19, the agency cap had been set at £17m and the aim was to exceed this target through recruitment of substantive staff and this would also ensure consistent patient care. The CN reported that the increasing trend in unfilled duty hours since December correlated with the staff working on dedicated flu wards being unable to cross cover other wards due to possible cross infection. The Committee was assured that the trend should decrease as the ward was now closed. The Board noted the report.</p>
<p>4.2</p>	<p>Elective Care Recovery Programme</p>
	<p>The COO introduced the report which provided an update on the Elective Care Recovery Programme. The COO highlighted that following a detailed report last month, the training uptake had now increased with more staff using the e-modules; 50% were now trained and the COO expected this figure to increase over the coming weeks. The COO also thanked Tim Wright for spending time with the Elective Care Programme team to provide advice and insight. Stephen Collier said that he was encouraged that there was greater grip of training and progress around new ways of working which were becoming embedded as business as usual. The CN referred to the overall programme risk log which showed risk scores at 20 and 16; she asked that these be confirmed through the regular report to the Risk Management Executive to ensure correct escalation to the Board Assurance Framework. Tim Wright noted that there appeared to be challenges in releasing staff to undertake training due to staffing pressures and he queried whether there was a lack of commitment in some parts of the Trust to release staff, given that the success of the programme was dependent upon this. The CEO, as chair of the RTT Recovery Board, advised that a Training Needs Analysis had been commissioned for both this and wider training requirement. She agreed that training opportunities had to be provided and that some training may also need to be mandated. It would be important to ensure ownership and accountability for those who do not attend or update their training particularly where errors continue to be made. The Board noted the report.</p>
<p>4.3</p>	<p>Emergency Care Performance</p>
	<p>The COO updated the Board that that the Trust had triggered its most recent OPEL three status on 25 April 2018, in order to highlight the extent of the challenge and that this provided context for the report. The report presented an updated position on the Trust's</p>

emergency care performance, the 15 point plan and presented a revised performance trajectory for approval. In relation to the non-admitted performance and moving patients through the department within four hours, the COO agreed that this was within the Trust's gift and observed that performance had improved significantly in April. In terms of admitted performance, the COO acknowledged that the report did not contain sufficient detail around the trajectory for reducing bed occupancy and length of stay and this was being developed.

Sarah Wilton sought clarity around timescales for delivery in the 15 Point Plan as these were not clear in the report and she emphasised the importance of seeing monthly reporting against the Plan. Ann Beasley further challenged whether the Trust was confident it would achieve the 95% target by March 2019 and stated that she was uncomfortable with agreeing a target below 95%. She also questioned whether there was more that could be done to improve on the current process, which was not encompassed within the report. Stephen Collier commented he was also uneasy about moving from 95%. In response, the COO confirmed metrics would be applied to the 15 point plan and noted that the intention was to set a realistic target for improvement. Jenny Higham commented that as a tertiary centre the Trust often fell victim to delays in repatriating patients and asked what more we could do to address this. The COO responded that repatriation was an on-going challenge particularly with out of area patients. However, there was an established escalation process for this. The CEO added that several of our referring hospitals are very good at receiving patient back in a timely way. The DDET stressed the infrastructure is able to support the required improvements and emphasised the tremendous efforts made by Wandsworth and Merton colleagues in improving out of hospital capacity across the winter. The CEO echoed this and highlighted that there were many reasons for delayed transfers of care many not attributable to social care.

The Chairman summarised the discussion, and concluded that the plan appeared unfinished in a sense that it is not evidence-based but rather based upon the COO's professional judgement around what was achievable. She proposed that the Board signed off the plan in principle, noting that the Board's assurance on this was based purely on the professional judgement of the COO. However, this in principle support was based on the condition that the Board receive monthly reports with more detailed figures. On this basis, the Board agreed to approve the plan. **Action TB.26.04.18/01 COO to bring monthly reports to the Board on emergency care performance**

FINANCE

5.1 Finance & Investment Committee report

Ann Beasley presented this report and set out the key issues discussed and agreed by the Committee at its meeting on 19 April 2018. Further discussions had taken place around risks within the remit of the Committee and in particular the Estates risks, which were now much better understood. The Trust had delivered its forecast outturn of £53m and Ann Beasley explained that whilst this did not achieve the NHS Improvement target of £45m deficit, the fact the forecast had remained accurate over a number of months and was delivered showed an improved level of maturity and grip within the organisation. There had been very late notification capital funding, received in March, and this had been wisely spent, although earlier notification of the funding could have resulted in a more risk-based allocation of funds. Ann Beasley noted that discussions had taken place around the budget

	<p>for the coming year and the importance of agreeing cost improvement plans, as well as financial implications around RTT and the backlog. A new Director had been appointed to help with the management of the cash position. A review of the effectiveness of the Committee had shown significant improvement in the past year, and this was emphasised by the Chairman. The Board noted the report.</p>
<p>5.2</p>	<p>2017-18 Outturn Finance report (March)</p>
	<p>The CFO reported that, overall, the Trust reported a deficit of £53.1m at the end of the financial year 2017/18, which was adverse to plan by £8.1m. In 2017/18, the Trust had delivered £43.6m of Cost Improvement Plan (CIP) savings and this had been £0.1m better than plan. Capital expenditure against the Capital Delegated Expenditure Limit (CDEL) of £51.8m had been incurred year-to-date. The information before the Board was an abridged pack as the draft accounts had been submitted to auditors and had not yet been submitted to NHS Improvement; this would follow consideration of the Accounts by the Audit Committee on 21 May and the Trust Board on 24 May. The Chairman expressed the Board's thanks to executive, and staff across the Trust, for delivery of the £53.1m year-end deficit which, while not where the Trust wanted to be, was nonetheless a significant improvement on the previous year's deficit and demonstrated that the Trust was improving its financial performance. The Chairman observed that improving on this in 2018/19 was a key Board priority and fundamental to coming out of financial special measures. The Board noted the report.</p>
<p>5.3</p>	<p>Annual Plan 2018-19</p>
	<p>The CFO summarised the 2018/19 Financial Plan which had previously been considered by the Trust Executive Board (TEC), Finance and Investment Committee and the Board at an earlier private meeting. The CFO highlighted that three issues were in the process of being finalised with Commissioners: QIP plans, the impact of addressing the RTT backlog, and the commissioning arrangements of the ambulatory care unit. However, the CFO emphasised that none of these would present a material variance to the plan. The Trust was required to submit its financial plan for 2018/19 to NHS Improvement on 30 April 2018. A target deficit of £29m was forecast for 2018/19, and this would be an improvement of £24m on the previous year. This took into account inflation and the continued investment in quality improvement. There was a CIP target of £50m for 2018/19, £30m of which was 'green' with realistic plans in place for achieving this figure. A further £20m of CIPs was in the pipeline. The CFO stated that the full £50m of CIPs would be in place by 18 May 2018. Capital remained a challenge and the Trust was seeking funds from other sources including NHS Improvement and a bid for loan support would be submitted to NHSI before the end of May. It was noted that a control total had not yet been agreed with NHSI for 2018/19.</p> <p>The DS reported that alongside the financial plan, the Trust was required to submit to NHS Improvement an updated narrative plan (a two-year narrative had originally been submitted to NHSI in April 2017). The plan presented to the Board was of a prescribed template and length but that the draft reflected the feedback from Board members following earlier discussions. The DS explained that the financial section and references contained within the narrative plan to the 95% Four Hour Emergency Care Operating standard would need to be updated following the meeting ahead of final submission.</p>

	<p>Sarah Wilton enquired about the critical ICT spends and how confident the CFO was that funding would be made available without delay to progress the required work. The CFO confirmed that ICT was a priority area for investment and that this would support wider service and operational improvements and would not be delayed, pending the bid process to NHSI. The CFO explained that NHSI expected to receive the bid and were aware of the level of investment required. A prioritisation exercise was also being developed to examine the longer term capital programme. The Board noted the report and approved the narrative plan submission, subject to any final amendments required by Board prior to submission. The Board agreed to delegate authority for making any final amendments to the Vice Chairman and CEO; the Chairman was scheduled to be out of the country at the point the final plan was submitted to NHS Improvement.</p>
WORKFORCE	
6.1	Workforce and Education Committee report
	<p>The report set out the key issues reviewed and agreed by the Committee at its meeting on 12 April 2018. Stephen Collier reported on the change to its assessment of the assurance rating in relation to Strategic Risk 1 on the Board Assurance Framework (BAF), noting that the underlying risk had not materially changed. He intended to discuss this further with the CN as executive lead for the BAF. The Workforce Race Equality Standard was not where the Trust would want it to be. The CEO and DHROD agreed that there would be a twin track strategy going forward to progress this. The Committee had received two adverse reports from the Guardian of Safe Working and there was a programme of correction and agreed next steps which was being led by the MD. Tim Wright commented that the staff survey indicated the need for training and to ensure that the necessary support was in place for staff. DHROD agreed and assured him that this remained an important area of focus. The Board noted the report.</p>
GOVERNANCE	
7.1	Audit Committee report
	<p>The report set out the key issues discussed and agreed by the Committee at its meeting on 12 April 2018. Sarah Wilton highlighted that there was concern around limited assurance in relation to the Business Continuity Plan. In response, the COO noted the Business Continuity Steering Group had been reinstated to oversee the required improvement and he would chair this. The Committee had received the interim Head of Internal Audit Opinion and this had concluded that reasonable assurance could be given that there was a generally sound system of internal control. Sarah Wilton reported that the Committee had been concerned with the high volumes of breaches and waivers but that there was now more rigorous challenge and procurement training was being rolled out to staff. She also noted that as Chair of the Committee she had approved the write-off of approximately £153,000 of non-recoverable debt. The Committee had approved changes to the Trust's Standing Orders (SOs), Scheme of Delegation and Standing Financial Instructions (SFIs) and had considered a draft of the Trust's Annual Report and Quality Report. The CEO enquired about the scheme of delegation and how clearly this was understood by staff. The CFO replied that budget training was underway to ensure staff understood their responsibilities and that the Executive team must lead by example. Once staff were fully trained and supported to comply, a system needed to be put in place to ensure on-going compliance. The Board noted the report.</p>

7.2	Board Assurance Framework
	<p>A summary report was provided to the Board which gave an overview of the risk profile of the Trust which had been updated with the Quarter 4 assurance ratings and statements from Committee Chairs. The CN reported that there had been a review of the assurance ratings and that while there had been little movement, this was attributable to the complexity of the risks involved. The Workforce and Education Committee, as noted earlier in the meeting, had changed the assurance rating for Strategic Risk 1 to limited assurance. The Board confirmed the updated risk and assurance ratings and statements for those risks reserved to the Board (SR9, SR16 and SR17) and accepted the recommendations of the assuring Committees for the remaining risks. The CEO thanked the CN and team for the work in developing the BAF. The Board noted the report.</p>
7.3	Interim report on NHS Premises Assurance Model (PAM)
	<p>The Board received the interim report which set out the purpose of the Premises Assurance Model (PAM), and heard that the PAM had been developed to create a common framework for assuring and demonstrating statutory compliance on estates matters. The DEF reported that he had also conducted a review of statutory compliance issues across the Trust but this was not yet comprehensive and was based on available information. As a result, this review provided limited assurance. The DEF planned to undertake a full review in July 2018. The intention was to hold a Board workshop on the PAM in June so that Board members could explore the Model in more detail. Once fully developed, the PAM would enable the Trust to demonstrate to patients, commissioners and regulators that robust systems were in place to assure that the Trust's premises were safe and have confidence in measuring its compliance with statutory requirements. Ann Beasley welcomed the report and noted that estates risks on the BAF were overseen by the Finance and Investment Committee, which would have an interest in its development, particularly in light of earlier Board discussions around estates issues. The Board noted the report. Action TB.26.04.18/02 Plan and schedule Board workshop on the NHS Premises Assurance Model</p>
7.4	St George's Hospital Charity: Quarterly report
	<p>The DS reported that as part of the revised link between the Trust and St George's Hospital Charity, it had been agreed that a quarterly report would be provided to the Board to provide an update on the activities of the Charity and an overview of the grants awarded. The DS noted that, as discussed earlier in the meeting, the Interim CEO and Chair of the Charity had been invited to attend Board in the coming months. The Chairman expressed the Board's thanks for the contribution of the former CEO of the charity, Martin Willis, who had retired the previous month and acknowledged the Charity's support for the Trust's first Annual Staff Appreciation Awards in March. The Board noted the report.</p>
CLOSING ADMINISTRATION	
8.1	<p>Questions from the public</p> <p>A member of the public asked about the two Never Events which had been reported in March. The CN said that the first related to a misplaced naso-gastric tube and the second concerned an incorrect connection to an airflow meter. John Hallmark, a public governor from Wandsworth, asked about the deficit figures for 2017/18 and in particular the reference to the £53m year-end deficit being £8m over the figure agreed by NHS Improvement. The CFO replied that there were a range of factors that explained this, which had been covered</p>

	<p>in earlier Board papers and he committed to share these earlier reports. The CFO confirmed that he had received a question about best practice tariff and the compliance of the tariff. The CFO said that there were 18 best practice tariffs in place and the Trust complied with 14 of these. The DCA reported that two two questions from a member of the public had been received by email shortly before the meeting. The first related to the implications of the divisional restructure for services provided on the Roehampton site. The second was in relation to training at the QMH site. COO explained that the QMH site had been integrated into the Children and Women, Diagnostics, Therapeutics and Critical Care Division (CWDT) and that the division provided leadership for the services provided from the QMH site. The CEO noted that senior leadership was in place on the site as part of the community services provision and this would not change in the new structure. It was agreed that a written response would be provided to the individual.</p>
8.2	Any new risks identified
	No new issues or risks were identified.
8.3	Any Other Business
	The DEF reported further to the earlier walkabout the hand unit and lights were back in operation.
8.4	Reflection on the meeting
	The Chairman thanked the members of the Board for their contribution to the meeting.
	VOLUNTEER STORY
	<p>The Chairman welcomed Angela Lodge, Winner of year volunteer award, and Moira Rowan, Dementia and Delirium Nurse, and asked Angela about her experiences as a volunteer at the Trust, including the high and lows. Angela explained that she worked as a child minder three days a week and volunteered on the other days. She had applied for to become a dementia volunteer in order to learn more about dementia and had worked on the Rodney Smith Ward. Her daily interaction with dementia patients included talking with them, playing music they enjoyed as this often stimulated happy memories for them. Some patients sang along to the music. Typically, Angela stayed with the patients between 4 and 6 hours a day. She said the key was trying to prompt happy memories. Moira Rowan explained that one of her colleagues was currently studying for a masters degree and as part of her dissertation she had focused on patient experience. Various surveys were handed out to staff and the feedback was that staff did not have time to undertake the activities on top of their existing commitments. A colleague then had suggested approaching volunteers and providing training to them so they could look after patients with dementia. The Board thanked Angela and Moira for sharing their experiences and for their work with dementia patients at the Trust.</p>

Date and time of next meeting: Thursday 31 May 2018, 10:00 – 13:00