

**Minutes of Trust Board Meeting**

**Thursday 26 July 2018, 10:30 – 13:30, H2.8, Hunter Wing, St George's Hospital**

<b>Name</b>	<b>Title</b>	<b>Initials</b>
<b>PRESENT</b>		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Sir Norman Williams	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
Andrew Rhodes	Acting Medical Director	MD
<b>IN ATTENDANCE</b>		
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
Mike Murphy	Quality Improvement Director, NHS Improvement	QID
<b>APOLOGIES</b>		
Jenny Higham	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
<b>SECRETARIAT</b>		
Terri Burns	Interim Assistant Trust Secretary	ATS
Sal Maughan	Head of Corporate Governance	HCG

**Feedback from Walkabout**

Members of the Board gave feedback on the departments they had visited ahead of the meeting. These included: Brodie Ward, McKissock, Jungle Ward, Dragon Centre, Keate Ward, Acute Gynaecology Unit, Apheresis Unit, Trevor Howell Day Unit, Dalby Ward, Neonatal Unit and Paediatric ITU.

The CFO reported that they had seen a well laid out physical environment, with patients being complimentary and staff feeling positive and engaged. The challenges witnessed were related to attention to detail and a struggle to recruit to vacancies on a permanent basis. There were also low response rates for the Friends and Family test. It was noted that there had been some churn of senior staff, so it would be important to ensure that staff felt supported.

Tim Wright reported that Jungle Ward appeared to be running efficiently and the senior nurse was pleased with how it was operating. Challenges faced were largely environmental, with the ward being

in the centre of the site without any external windows. There was also poor Wi-Fi coverage. Dragon Centre felt spacious and the treatment rooms were used intensively. Wheelchair access and car parking were difficult. There were electronic kiosks in place, although these did not seem to be being used to their full potential.

The CN reported that the Acute Gynaecology Unit provided a number of services from one place, including outpatients. The layout was not ideal and was in need of review. Patient experience could be improved with some simple changes. Keate Ward had challenges in relation to the mix of skills required from staff. There were dedicated days in place to ensure staff were confident and competent in provision of care. The group had been impressed with the ward and noted that it had been small details which prevented the ward from gaining gold when reviewed under the Ward Accreditation programme.

The DCA reported that the group had visited a number of other areas, as well as the Apheresis and Trevor Howell Day Units. The new Ward Manager in the Trevor Howell Day Unit was dynamic and had made an impact. The ward had good Friends and Family Test responses and were performing well on infection control. However there were some challenges in relation to recruitment. The corridors were also a little cluttered. The Gordon Smith Ward had been awarded a bronze under the Ward Accreditation Scheme and was keen to achieve silver in September. The staff in the Apheresis Unit were very pleased with the new unit and would be making a presentation at the August senior leaders event. The group had heard that Apheresis nurses were in particularly short supply and their skills were highly valued by the Trust. The group had, in addition, visited the Ambulatory Oncology Unit, which was intended to provide a better service for cancer patients who were feeling ill to come straight to the unit rather than going through the ED, at the same time taking some pressure off ED.

The DS reported that the Dalby Ward refurbishment was impressive, as it was Dementia friendly. The electronic information board was very impressive and the group had suggested the team apply for a grant from the charity in order to roll this out to other areas. There were some issues with staff retention on the Neonatal Unit, however they were as flexible as possible to encourage those staff returning from maternity leave to remain there. There were some environmental issues noted, although these were things that were within the power of the ward itself to address. The heat had been causing some problems, but staff had praised the efforts of the Estates team.

Sir Norman Williams agreed that the electronic information board on Dalby Ward was very good. He also noted that the refurbishment costs seemed to be reasonable and it was obvious how much care and attention had gone into the details. The Paediatric ITU appeared cluttered, although there was a plan in place to make better use of the space available. The staff had reported having to turn away patients due to a lack of beds. The CEO noted that bed usage in the unit was highly dependent on the season, with greater demand in the winter.

The DCA stated that the Board Visits Action Tracker had been circulated for information and would be included quarterly to give assurance that feedback provided was being acted upon. The CEO noted that some parts of the Trust had not been visited as frequently as others and she knew that staff were keen to see Board members there. She asked that the planning of future Board visits ensured that members had the opportunity to go to these less frequently visited parts of the site.

## **OPENING ADMINISTRATION**

<b>Welcome and Apologies</b>	
<b>1.1</b>	The Chairman opened the meeting and welcomed members of the public and a number of the Trust's Governors. Apologies had been received from Jenny Higham and Sarah Wilton, Non-Executive Directors.
<b>Declarations of Interest</b>	
<b>1.2</b>	No declarations of interest were made.
<b>Minutes of previous meetings</b>	
<b>1.3</b>	The minutes of the meeting held on 28 June 2018 were agreed as a true and accurate record.
<b>Action log and matters arising</b>	
<b>1.4</b>	<p>The Board noted the action log and the following updates:</p> <ul style="list-style-type: none"> <li>• TB. 29.03.18/ 77 – The DHROD stated that the Staff Survey report would be discussed at the August Workforce and Education Committee meeting.</li> <li>• TB. 31.05.18/ 78 – The CEO reported that further meetings with staff had taken place and conversations remained ongoing. The action was agreed for closure.</li> <li>• TB. 28.06.18/ 81 – The Corporate Objectives were noted as an agenda item.</li> <li>• TB. 28.06.18/ 82 – It was noted that GIRFT was an agenda item for the August Quality and Safety Committee meeting. The action was agreed for closure.</li> <li>• TB. 28.06.18/ 85 – It was noted that one of the planned Board Seminar sessions would be dedicated to diversity and inclusion.</li> <li>• TB. 28.06.18/ 86 – Medical staffing risks would be reviewed by the Workforce and Education Committee at the August meeting.</li> </ul>
<b>1.5</b>	<b>CEO's update</b>
	<p>The CEO reported that the final CQC report had been received. Staff had been briefed and had the opportunity to ask questions. Changes had been made since the last inspection and the report showed that improvements had been made and recognised. An action plan would need to be submitted to the CQC in August, prior to the August Board meeting, and would need to be reviewed by the Board on email circulation before submission. The Chairman noted that the Chair of NHS Improvement had contacted her to congratulate the Trust on the progress made.</p> <p>The CEO also drew attention the staff achievements in her report and emphasised how proud she was of those involved. A number of academic successes had been recognised, as well as the Trust being named top of the transplant performance list. It was noted that an energy saving programme had been launched in the Trust. The CEO praised staff who had been involved in the NHS70 events. She also drew attention to the MD and Dr Moss from</p>

	<p>the Emergency Department, who would be taking part in the Ride London 100 on 29 July to raise money for charity.</p> <p>The CEO reported that the Trust Executive Committee had given approval for the development of a full business case for the refurbishment of Cardiac Catheter Labs, and that around £300k would be spent on this; the full business case would come to the Board later in the year.</p> <p>It was also noted that Kathy McLean, Executive Medical Director and Chief Operating Officer, at NHS Improvement, had been very impressed by the Trust Ward Accreditation Programme during a recent visit to the Trust.</p> <p>The Board noted the report.</p>
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<b>STRATEGY</b>	
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<b>2.1</b>	<b>Corporate Objectives 2018-19</b>
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	<p>The DS stated that the report showed progress against the quarter one milestones, along with the mitigations in place. All notable risks had been indicated, with RAG ratings given for progress made. The Board were asked to consider whether these were accurate and the mitigations suitable.</p> <p>Tim Wright noted that the RAG ratings did not appear to be reflective of the position, with the potential for disappointment in the future if they were too optimistic (the green rated items might appear to suggest that the particular issue was resolved, whereas the rating simply referred to progress against a specific objective). The DS stated that the ratings reflected progress against agreed actions as opposed to risk ratings. The Chairman noted the importance of recognising the progress made.</p> <p>Ann Beasley queried why two red actions, in relation to theatres and RTT, had not yet been delivered. The COO noted that these were covered elsewhere on the agenda. The DS stated that the real test would be from the performance reported in quarter two, which would show how much progress had been achieved and whether the mitigations for quarter one actions had been effective.</p> <p>The Chairman thanked the DS for her work and for developing a very helpful tool. She asked for assurance in relation to action 13.4, which remained amber. The CN reported that a great deal of work had been undertaken around serious incidents and never events. The team were clear about what needed to be done to prevent recurrence of issues. There was a strong audit trail and robust system in place. The same methodology was also being used to improve the complaints process. Testing the practice was the final outstanding piece of work to be carried out, some of which was being picked up through the Ward Accreditation programme.</p> <p>Ann Beasley asked whether there would be any opportunity for learning from the clinical audit plan. Sir Norman Williams highlighted the importance of closing the audit loop. It was noted that there were often informal audits, such as those carried out by medical students, which were not formally used by the Trust.</p>
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	<p><b>TB. 26.07.18/ 87 - Information from both formal and informal clinical audits to be used as a learning tool to prevent recurrence of SIs and NEs</b></p> <p>The QID noted that the Trust holding itself to account and delivering on its action plan would be key to meeting regulatory requirements. The DHROD queried whether it would be more prudent to have more conservative ratings, given the potential for similarly rated actions to have different overall scores. The DS stated that this was a decision for the Trust Executive Committee.</p> <p><b>TB. 26.07.18/ 88 - RAG rating methodology to be reviewed by executive team</b></p> <p>The Board noted the report.</p>
<b>QUALITY &amp; PERFORMANCE</b>	
<b>3.1</b>	<b>Quality &amp; Safety Committee Report</b>
	<p>The Committee Chair reported that there had been a marked improvement in quality over the course of the previous two years. There was still work to be done, but the achievement should be recognised. The QIP Dashboard had shown that mandatory training had improved. The estates indicator for responsiveness to urgent issues had increased, from 54% to 82%. Emergency patients were receiving intravenous antibiotics much more quickly, which the Committee was pleased to see.</p> <p>The Committee had also been told that <i>C. difficile</i> cases were back under target levels and should remain as such for the year overall. There had been three serious incidents in maternity, which were being investigated as a group, with the report due to be discussed at the Committee as soon as available.</p> <p>The CQC would be returning to the Trust within six months, with Outpatient services due to be re-inspected as part of that visit. The General Manager in Outpatients was undertaking a programme of work to ensure the transformation process was implemented.</p> <p>Ann Beasley asked whether mental health liaison arrangements were fit for purpose, given the breach that had recently taken place within the Emergency Department. The CEO noted that all 12 hour trolley breaches had been mental health patients in the current year. Discussions were taking place with South West London and St George's Trust (SWLStG) and the issue had been escalated to Wandsworth and Merton CCGs. SWLStG had been very helpful and consideration was being given to moving mental health patients to their hospital for assessment to get them right the first time. The MD also noted that staff within the Trust with mental health experience were being brought together to set up an advisory board.</p> <p>Ann Beasley noted that assurance had been given previously to the Committee in relation to deaths, that was later found to be inaccurate. She queried what other assurance there was aside from that which had been reported. The Committee Chair stated that there was a quarterly mortality review which gave further detailed assurance. A proposal for funding for a Trust Medical Examiner post was also being developed. The QID stated that a more</p>

	<p>detailed explanation to the Board would be helpful, particularly as this was an area that the CQC were likely to look at. Dr Nigel Kinnear, Associate Medical Director attended Board periodically to report on learning from deaths and the next report was due at the August 2018 Board meeting.</p> <p>The CN reported that the terms of reference for the Patient, Partnership and Experience group had been approved. Work was now needed to ensure the strategy was credible and had undergone proper scrutiny. While the CN hoped to bring the strategy to the September Board, the Chairman noted that it would be important to get the content right, even if that meant deferring the Board's consideration of the strategy to October.</p> <p>The Board noted the report.</p>
<p><b>3.2</b></p>	<p><b>Integrated Quality &amp; Performance Report</b></p>
	<p>The DDET reported that the balanced scorecard approach had been better highlighted and aligned with the summary report. Red areas had been pulled out in greater detail, with an aim of focussing on exception reporting. However it would be important not to lose the granularity of detail. He reported that outpatient productivity was positive, with further areas of opportunity to be identified within theatre productivity.</p> <p>Sir Norman Williams stated that the national GIRFT Board had a programme of work in place and queried how the Trust was engaging with it. The DDET reported that the Trust was part of the first wave of those engaged and would be focussing on benchmarking and data sharing to begin with. There would also be the opportunity to improve consistency of application across the organisation. The COO noted that a hands-on approach was being applied in relation to scheduling to ensure that lists were being booked appropriately. This was giving oversight to long standing issues, with improvement seen over the preceding few weeks. Stephen Collier stated that there was some anxiety in relation to the elective care figures, particularly in relation to theatre scheduling.</p> <p><b>TB. 26.07.18/ 90 - Action plan to be taken to August 2018 FIC meeting regarding elective care theatre schedules</b></p> <p>Tim Wright noted that it was evident there was a great deal of data, which could be better presented on the balanced scorecard so as to be more understandable to non-clinical Board members. The Chairman asked that this be discussed outside of the meeting to ensure the report was as useful an assurance tool as possible.</p> <p><b>TB. 26.07.18/ 91 - Discussion re best way to present balanced score card to ensure it is an effective assurance tool, to take place with NEDs</b></p> <p>The DHROD reported that a regulatory notice in relation to appraisal rates had been received from the CQC, and that continuous improvement was being shown thanks to engagement with divisions. An electronic appraisal system was also being sought to better implement the process across the Trust.</p> <p>The CN reported that no patients had developed MRSA Bacteraemia within the Trust for a year, which was something to be proud of.</p>

	<p>The Board noted the report.</p>
<p><b>3.3</b></p>	<p><b>Elective Care Recovery Programme</b></p> <p>The COO reported that there had been a commitment to conclude phase one of the historical Patient Tracking List validation process. This had fallen behind schedule, although a review of the inconclusive patients had been completed. Phase two was expected to be completed by the end of 2018 and would cover lower risk patients. A slow training process had caused delays and divisional directors had been instructed to prioritise this in order to regain time lost.</p> <p>Sir Norman Williams queried whether there were any notable patterns in relation to patients with severe or notable harm and whether cancer was included in the figures presented. The MD noted that it may be helpful to present a more detailed report to the Quality and Safety Committee.</p> <p><b>TB. 26.07.18/ 92 - Report on PTL validation in relation to cancer care to be taken to the August 2018 QSC meeting</b></p> <p>Ann Beasley stated that a more detailed breakdown of the figures would be useful to see.</p> <p><b>TB. 26.07.18/ 93 - Breakdown of PTL validation figures to be circulated to the Board</b></p> <p>The Board noted the report.</p>
<p><b>3.4</b></p>	<p><b>Emergency Care Performance</b></p> <p>The COO reported that the Trust continued to deliver well, at 93% against a target of 95%, compared with other Trusts across London and nationally. The paper set out a breakdown of reasons for breaches of the Four Hour Standard. There was a focus on reducing Emergency Department breaches, with a targeted approach in place. Bed modelling had proven difficult, with quarter one figures showing where there was more work to be done. The CEO noted that the STP and commissioners were pleased with the Trust approach to this. The COO indicated that there may be the need for a winter ward this year, although this would require executive agreement which had not yet been sought.</p> <p>Stephen Collier asked what the cut-off date for the July data had been, as the initial figures for the second half of the month showed that there was room for optimism. It was clarified that 16 July had been the end date for the reported figures.</p> <p>The CFO reported that the Trust was now eligible for Provider Sustainability Fund (PSF) funding. Payment of this was linked in part with the Trust's Emergency Department performance for each quarter. It was therefore important to recognise that failure to hit the agreed performance trajectory in any quarter could impact on the level of PSF available to the Trust.</p> <p>The Board noted the report.</p>

<b>3.5</b>	<b>Transformation Update: Quarterly Report</b>
	<p>The DDET reported that three main principles formed the basis of the transformation work which was undertaken. These were: getting patients to the most appropriate place for diagnosis, treatment and care; capacity planning; the right thing for patients being made the easiest thing for staff to do. The next significant piece of work would be to make the Trust paper light. A methodology was in place, which would also apply to the delivery of cost and quality improvements. The DDET stated that further cultural change would be needed across the Trust in order to fully embed change.</p> <p>The executive team were using KPIs to hold themselves accountable. The admitted pathway performance was at 95% the previous day. Detailed reviews of DNA rates were being undertaken, which seemed to be indicating that the Trust had been over-declaring. Surgical wards were trialling 'exemplar patients'.</p> <p>Tim Wright noted that MADE had made a significant difference to discharge rates. He queried why this was an 'event' and not used on a permanent basis. The DDET stated that there was an integrated discharge sequence in place to embed the learning sustainably. Labelling it as an event enabled it to be used to draw attention of senior people in a way that was not possible on a day to day basis.</p> <p>The Board noted the report.</p>
<b>3.6</b>	<b>MCA/DoLS Annual Report</b>
	<p>The CN reported that the item had been reviewed by the Quality and Safety Committee. She had been interviewed by NHS Improvement on this topic as part of Provider Oversight. A great deal of work had been undertaken and it was clear where there was more left to do. The Trust needed to be mindful of the risks involved and a bid had been placed with NHS Improvement for additional project support.</p> <p>The Board approved the report.</p>
<b>FINANCE</b>	
<b>4.1</b>	<b>Finance &amp; Investment Committee Report</b>
	<p>The Committee Chair reported that the Committee had considered the Board Assurance Framework risks that it was responsible for and also focussed on water safety. The engineer had reported that some of the plans in place had not been carried out as thoroughly as expected. However he had given assurance that the system was operating safely for patients and staff.</p> <p>The Committee also heard that month three financial performance was on plan for the most part, although this would get more difficult to achieve as the year went on so would need to be carefully monitored. They had been satisfied with the progress in relation to community services, noting that some would continue to be provided past the contract end date to allow commissioners time to undertake a procurement exercise.</p> <p>The Committee had agreed the revised Procurement Policy, noting the robust systems put in place and the reduction in numbers of waivers and breaches. A great deal of awareness</p>



	<p>raising had been taking place with staff.</p> <p>Sir Norman Williams noted that CIPs were concerning and queried whether the Committee had reviewed them in sufficient detail. The Committee Chair stated that this was a key agenda item for the August meeting. Executives were also holding fortnightly run rate and CIPs meetings for assurance purposes. They were confident that CIPs could be delivered in year.</p> <p>The Board noted the report.</p>
<b>4.2</b>	<b>Month 3 Finance Report</b>
	<p>The CFO reported that there was a £12.5m deficit at the end of the first quarter, which was slightly above plan. There was some variation noted, however the PSF for the quarter had been secured. This position needed to be maintained. It had previously been noted that financial risk remained a key area of focus for the Trust. Cash was slightly ahead of plan and the Trust had been able to borrow slightly less than planned. Discussions with NHS Improvement in relation to expenditure were ongoing in order to ensure a secure position. Assurance was taking place via the Finance and Investment Committee.</p> <p>Tim Wright queried how the NHS pay award was being funded. The CFO stated that the stated financial position included the initial 1% uplift and that this was what Trusts had been instructed to make provision for in their budgets. The next 2.5% would be funded directly by the Department of Health, based on 2017/18 staff figures. This would mean there was potential for pressure where there was variation in agency spend. However this was a marginal pressure and most of the cost was funded. Doctors and Very Senior Managers were not part of the pay award, so confirmation on funding was still required centrally.</p> <p>The Board noted the report.</p>
<b>GOVERNANCE</b>	
<b>5.1</b>	<b>Audit Committee Report</b>
	<p>Ann Beasley reported in the absence of the Committee Chair. She reported that a number of Internal Audit recommendations remained outstanding beyond their due date. The Committee had requested assurance that timescales for audit actions be realistic when agreed by lead Executives. Internal audit work was on plan, with no assurance given in relation to the GDPR audit, as had been expected given that work on GDPR readiness had only recently started. There had been 18 new counter fraud contacts and awareness sessions were being run for staff. The Committee also heard that good progress had been made against aged debt. The Committee had received the first of its regular reports on whistleblowing and had welcomed this, but had also asked for further assurances that staff felt supported to raise concerns.</p> <p>The DCA stated that the Internal Auditors were due to attend the Trust Executive Committee in August 2018, to report the next phase of the plan. Sir Norman Williams noted that they had been complimentary in relation to the ease of the process compared with previous years.</p>

	The Board noted the report.
<b>5.2</b>	<b>Board Assurance Framework</b>
	<p>The CN reported that assurance ratings and the rationales against these had been updated. Risks had been reviewed by the appropriate sub-committees of the Board. Two risks had increased assurance ratings, with none decreasing. Overall the picture was improving. The Board were asked to confirm that they were content with the position of those risks for which it reserved responsibility.</p> <p>Ann Beasley queried why SR2 had previously been scored as 16 and was now 15, meaning that both the impact and likelihood had changed. The CN explained that the overall risk was scored according to the highest scored sub-risk within that group, which was now 15. She also noted that judgment was used and in this case the executives felt the score was appropriate. The Chairman noted the need for a further workshop on the Board Assurance Framework in order to review progress and consider whether any more fundamental changes were needed. .</p> <p><b>TB. 26.07.18/ 94 - Board workshop on BAF to be arranged</b></p> <p>The DDET stated that, in relation to SR6, capability development had been undertaken. There was a need to ensure more consistent outputs. There were a number of interim and fixed term staff in key positions. Permanent appointments were being sought. A further review of the risk score would take place once they were in post.</p> <p>The Board agreed for strategic risks reserved to itself (SR 9,16,17) to:</p> <ul style="list-style-type: none"> <li>• Confirm the risk rating</li> <li>• Agree the proposed assurance rating</li> <li>• Agree the proposed assurance statement</li> </ul> <p>The Board agreed for the 14 risks assigned to its assuring committees to:</p> <ul style="list-style-type: none"> <li>• Note the risk score, assurance rating and statement from the relevant assuring committee.</li> </ul>
<b>CLOSING ADMINISTRATION</b>	
<b>6.1</b>	<b>Questions from the public</b>
	<p>Khaled Simmons asked how much of the vocational rehabilitation programme was tailored to individual needs. Trudy Kemp stated that everything was tailored based on personal requirements.</p> <p>The DDET responded to a question received by email from Hazel Ingram, a Trust Governor, who had asked how a virtual fracture clinic would work in practice. The DDET encouraged those present to look at Westminster as a particularly good example of how this type of clinic worked. It had improved patient experience immensely and 35% of their activity had become virtual.</p> <p>The Chairman thanked members of the public for their questions.</p>
<b>6.2</b>	<b>Any new risks identified</b>

	No new risks were identified.
<b>6.3</b>	<b>Any Other Business</b>
	No other items of business were raised.
<b>6.4</b>	<b>Reflection on the meeting</b>
	<p>Stephen Collier expressed his support for the Chairman's focussed approach to discussions on reports, asking for high level discussions where they had already been scrutinised in detail by sub-committees of the Board.</p> <p>The CEO noted that many of the recent patient stories had been positive and, while it was good to hear that people were happy with their care, it would be more helpful to also hear from people that had criticism to give so that improvements could be made.</p> <p><b>TB. 26.07.18/ 95 - Ensure mix of both positive and negative patient stories are brought to Board</b></p>
	<b>PATIENT STORY</b>
	<p>Trudy Kemp attended the meeting to give the Board an account of her experience of being a patient at the Trust. She noted that she had previously been a director within the Trust, so knew the organisation and a number of staff very well.</p> <p>She told the Board that she had been at an event at King's College Hospital when she collapsed. It had been very lucky that she was on the hospital site at the time as she was able to be diagnosed and treated very quickly. She remained unconscious for four months and had aneurisms coiled at King's College before being transferred to St George's Hospital. She had also spent six months doing rehabilitation at Queen Mary's Hospital.</p> <p>The CEO asked if there was anything that could have been done differently. Trudy said that her family had told her they were impressed with St George's, as she had no memory of her stay as an inpatient. Her husband had been given a parking permit, which whilst a small thing had made a big difference to him. Flexible visiting hours had also been a great help and were really appreciated. He had found it difficult to identify who Trudy's doctor was however.</p> <p>Jane Kelly, Head of Nursing for Neuroscience stated that open visiting hours were being trialled across wards. She was concerned that the consultant was not easily identifiable, as this should have been visible on the board in the ward. She told the Board that there was now an allied health professional day centre at Queen Mary's Hospital, which allowed patients to carry out their rehabilitation as outpatients.</p> <p>Sir Norman Williams asked if the parking and flexible visiting were perks due to Trudy having been known to staff. Sarah Duncan, Patient Advice and Involvement Manager, stated that all in patients were able to have a parking pass for £10 per week.</p>

<p>Trudy told the Board that she had attended an interview that morning, with the intention of returning to work. She had been supported to do this by the vocational programme provided by the Trust.</p>
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<p>The Chairman thanked Trudy, Jane and Sarah for their time.</p>
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**Date and time of next meeting: Thursday 30 August 2018, 10:00 – 13:00  
Hyde Park Room, St George's Hospital**