

Minutes of Trust Board Meeting

Thursday 28 June 2018, 10:00 – 13:00, Barnes, Richmond & Sheen Rooms, Queen Mary's Hospital

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive	CEO
Ann Beasley	Non-Executive Director	NED
Jenny Higham	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
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
Mike Murphy	Quality Improvement Director, NHS Improvement	QID
Ellis Pullinger	Chief Operating Officer	COO
APOLOGIES		
Stephen Collier	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
SECRETARIAT		
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: Douglas Bader Rehabilitation Centre, Gwynne Holford Ward, Wolfson Rehab unit, Bryson Whyte Rehab Unit, Mary Seacole Ward, Gait Lab/Wheelchair Service, Special Seating, Day Case and Endoscopy, Dermatology, Outpatient Physiotherapy and Rehab and Bader Gym.

The MD reported that staff in the Douglas Bader Rehabilitation Centre were enthusiastic and knowledgeable. The facilities were impressive, particularly the outpatient and prosthetic rooms. It was noted that there were very few patients at the time of the visit, and this potentially gave rise to questions around productivity. There was also a concern that there was only one practitioner for nursing, as this could lead to sustainability issues. The CN agreed to pick this up. The CFO noted the need to explore commissioning arrangements, as well as looking at prevention options.

The COO reported on the visit to the Gwynne Holford Ward and Wolfson Rehabilitation Unit, and

commented that the group had been able to see the whole patient pathway during their visit. The links with the amputee service were also evident. The clinicians were keen to learn and the ward sister was enthusiastic about increasing the ward accreditation from silver to gold. The group were particularly impressed at the attention to detail, with the outside space designed to be a part of the rehabilitation process. There was opportunity to utilise the outpatient service for more activity. The COO would be meeting with the team again soon.

The DEF reported that the Bryson White Rehab Unit and Mary Seacole Ward were very spacious and bright. The reception staff were welcoming. The staff were pleased that their ward accreditation had increased. The matron was keen to ensure the system was well bedded in. Agency costs remained too high, however there was a plan in place to address this. There were some barriers in place from social care, although these were not significant.

The DS reported that the services that she visited covered south west London and the south of England. They were small specialised teams, where staff retention was high. However due to the nature of the services it was difficult to recruit when staff did move on. This could have a significant impact on waiting lists. Staff were happy generally and well motivated, although there was some uncertainty as to how to access corporate services. She would ensure this was addressed.

The DDET reported that the group had seen good patient flow through the services visited, with a calm atmosphere. There were some environmental issues, as well as concern around mixed sex accommodation. However the nurse leadership in place was an exemplar of modern working. Ann Beasley noted the stark positive difference when compared with the endoscopy unit she had recently attended at another hospital.

The DCA reported that the services visited had been quiet, clean and freshly painted. The friends and family test score was very good at 97%. There were some issues with working areas for staff. Desk space was a challenge. In addition, cupboards in the staff kitchen were being used for storage of clinical equipment as this was the only lockable cupboard. The CN and DEF agreed that alternative arrangements for storage would be found. Staff were keen to start using ERS for referrals. The COO would be following up with the team in relation to the switch over. The Bader Gym was an impressive facility and while there were only a few patients during the time of the visit, the gym was used by both patients and staff.

The Chairman commented that it was important for the Board to be at Queen Mary's Hospital. She also noted that there had been general messages of under-utilisation. The CEO responded that it was clear there was not enough leadership on the site. Arrangements would be made to have regular Board meetings there. Plans were in place to strengthen the leadership, including Executive Directors being on site more often. Using the site more would help to ensure the local population did not have to travel to access services.

The DCA reported that actions arising for Board visits would be brought quarterly for follow up, to ensure Board members were kept updated on progress.

OPENING ADMINISTRATION

Welcome and Apologies

1.1	The Chairman opened the meeting and welcomed members of the public and a number of the Trust's Governors. Apologies had been received from Stephen Collier and Sarah Wilton, Non-Executive Directors. The Chairman also welcomed Penny Lock to the meeting, who would be observing on behalf of Integrated Development, who were working with the Board on its development.
------------	---

Declarations of Interest

1.2	No declarations of interest were made.
Minutes of previous meetings	
1.3	The minutes of the meetings held on 24 May 2018, 31 May 2018 and 14 June 2018 were agreed as true and accurate records.
Action log and matters arising	
1.4	<p>The Board reviewed the action log and agreed to close the action related to the Board Assurance Framework (TB.31.05.18/80). It also noted the following updates:</p> <ul style="list-style-type: none"> • TB. 29.03.18/ 76 and TB. 29.03.18/ 77 - The DHROD stated that he would cover actions relating to the Freedom to Speak Up Guardian and the Staff Survey under the Workforce and Education Committee Report. • TB. 31.05.18/ 78 - The CEO reported that she had met with staff affected by the Trust's decision to withdraw from a number of community services contracts. A programme lead had been appointed, who would be working closely with the communications team, to ensure ongoing communications with affected staff. • TB. 31.05.18/ 79 - Non-Executive Director opinions had been sought at the Finance and Investment Committee in relation to the new style of Integrated Performance & Quality Report. The updated report format was a work in progress.
1.5	CEO's update
	<p>The CEO reported that a number of staff and stakeholder workshops were scheduled to take place throughout July to help inform the development of the Trust's new clinical strategy. The early indications were that these would be well attended and would help ensure those who work at the Trust and use its services have an opportunity to shape the strategy, particularly in its formative phases of development.</p> <p>The CEO acknowledged that the Trust's ICT infrastructure remained fragile but reported that additional funding had been secured for the Trust's critical care service. The Trust's ICT Strategy was in development, and the Board would consider this in Part 2. Securing further investment in the ICT infrastructure remained crucially important to staff and patients.</p> <p>NHS70 events would be taking place the following week. The CEO commented that it was great to see staff and the values and achievements of the NHS being celebrated. The CEO congratulated a number of staff who had been nominated for awards. The Urology team had been chosen as hosts for a European training centre. Staff had also been hosted at the Houses of Parliament in May by Siobhain McDonagh MP to thank them for their hard work and dedication during the winter months. An afternoon tea had been held earlier in the month for long serving members of staff and volunteers. The CEO reflected that it was very enjoyable spending time with such passionate people and it was important that their dedication to the Trust was acknowledged and celebrated.</p> <p>In relation to staff, the DDET noted that although the vacancy rate was improving, it should</p>

	<p>not be overlooked that there were still some areas causing operational issues. This had been discussed at the Workforce and Education Committee, which agreed that it should be kept under review and revisited if the Trust was unable to put in place robust plans to fill junior doctor rota gaps. The risk rating may also need to be reviewed. This was particularly relevant in relation to the medical staffing issues as a result of breaches in agreed caps by other trusts.</p>
STRATEGY	
2.1	Corporate Objectives 2018-19
	<p>The DS reported that feedback from Non-Executive Directors had been received and included in the updates made to the objectives. The process remained developmental, with the aim of using the learning for the following year's objectives. A great deal of thought had been put into how to measure progress in the future. The quarter one report would be presented to the Board in July 2018 and this would include more detail around the delivery milestones and mitigations.</p> <p>The Chairman commented that there had been a significant improvement to the document since the objectives were first brought to the Board in May 2018, though there was still room for further development and next year's objectives would reflect this. Ann Beasley noted that further proof reading was required. Some of the objective measures of success also needed further work, as some of the objectives were not as 'SMART' as others. This would be key in ensuring that progress and impact could be measured effectively.</p> <p>The Chairman agreed, and noted that she had provided detailed feedback to the DS ahead of the meeting. As such, she would not go through all of these points at Board. However, there were some significant gaps to highlight, including a lack of reference to funding for medicines management, patient partnership work and detail on equalities work. The CN agreed that the metrics around patient partnership and stakeholder engagement needed further refinement and input from the DCA and communications team would be sought on the latter. The DS noted that all feedback would be included in the final version at the next Board meeting.</p> <p>The Board approved the revised corporate objectives and agreed to delegate authority to the Chairman and CEO to finalise the further refinements required. The Chairman also asked that the agreed objectives be circulated to the Board within a fortnight.</p> <p>TB. 28.06.18/ 81: Objectives to be recirculated to Board members following further update, within two weeks</p>
QUALITY & PERFORMANCE	
3.1	Quality & Safety Committee Report
	<p>Sir Norman Williams presented the Committee's report and noted that the draft CQC report had been reviewed for factual accuracy and that the Trust expected to receive the final report expected in July. There had been improvements in the QIP dashboard, with the four hour accident and emergency performance gradually increasing, and improvements to outpatient follow ups, never events, and avoidable grade 3 and 4 pressure ulcers. The Committee had also noted an improvement in meeting complaint response times, with 84% of complaints now dealt with within 25 days. However, the Committee had seen a deterioration in performance in on the day cancellations for theatre and percentage utilisation of pre-operative appointments. The Committee also requested that additional focus be given to improving performance in discharging patients before 11 am. The</p>

	<p>importance of learning from legal claims was noted, with one significant settlement having been reported to the Committee. The Committee had also received an informative report about learning from deaths and had also received a report on Clinical Negligence Scheme for Trusts in relation to maternity, both of which were on the Trust Board agenda.</p> <p>Sir Norman Williams observed that the GIRFT programme was an important driver of quality and productivity improvements and it would be important to understand more about the Trust's approach on this. The CEO responded that visits were in place, but the Board needed to be better sighted on GIRFT. The MD noted that GIRFT and Model Hospital were both very good models that had been shown to have a positive effect elsewhere. He also noted that the lead Emergency Department Consultant would be taking a deep dive to the Committee on sepsis following a drop in performance. Sir Norman Williams suggested that the Quality and Safety Committee and the Finance and Investment Committee should receive reports on the Trust's work on GIRFT so that the Board could have greater assurance on this.</p> <p>TB. 28.06.18/ 82: Updates on progress and impact of GIRFT reviews to Board via QSC and FIC.</p> <p>The DDET noted that 11am discharges were slightly better than had been reported due to recording issues that had since been addressed, but there was further work to do to improve performance. The improved response rate to complaints was noted. The Board queried whether this meant that there was a drop in the quality of responses. The CN assured the Board that responses were monitored by the appropriate Executive who signed off each one. The Trust also reviewed how many complaints were upheld by the Ombudsman and this was considered when looking at quality control.</p> <p>The COO noted that the Trust did not have an internal target for on the day cancellations, which were currently at less than two per cent. Over 90% were rebooked within 28 days. The aim was to make this 100%. Ann Beasley noted the importance of understanding the reasons behind cancellations, and suggested that it would not be suitable to set a target where cancellations were for valid clinical reasons.</p> <p>The Board noted the report.</p>
<p>3.2</p>	<p>Integrated Quality & Performance Report</p>
	<p>The DDET introduced the report and observed that there had been a good level of outpatient activity, although elective and day surgery numbers remained a challenge. Outpatient clinic outcome recording was being revisited and the previous target set had been met, which was positive.</p> <p>The CN reported that May had been better in relation to quality. There had been no Never Events and both falls and pressure ulcer numbers were reducing. The reasons behind this were being reviewed and it appeared to be linked to a reduction in the number of unfilled duty hours. C.Difficile had fallen in May 2018 following a peak in cases the previous month; whereas there had been six cases of C.Difficile in April, there had been a single case in May. The friends and family test results for the Emergency Department were red and below the national and London averages, and the team were looking at whether there were any recurring themes which could be addressed to improve the scores. The Chairman queried how the Emergency Department got their feedback, as she had been unable to give any formally following a recent visit. The CN stated that all patients should be invited to do so by text message.</p> <p>The COO reported that the Trust had delivered six out of seven national cancer standards in</p>

	<p>April.</p> <p>Tim Wright welcomed the intention to move the format of the report towards a balanced scorecard approach, and asked that this be further developed ahead of the July Board meeting. He also observed that it would be helpful for the summary slide (“how are we doing?”) to set out the previous month’s scores in addition to the results from the current reporting period so that the Board could see at a glance the direction of travel of the key metrics. The DDET noted that the balanced scorecard approach was a work in progress and a further development of the pack would be introduced in July.</p> <p>The QID commented that he had challenged the format of the report on several occasions and further refinements would be welcome. In particular, he noted that, in places, the briefing and commentary which provided context to the detailed performance metrics needed more detail and explanation. In the absence of this, it would be hard for the Board or its Committees to take assurance. In relation to maternity and mortality performance, for example, the QID observed that these appeared to have been declining in recent months, but the commentary in the report did not provide sufficient explanation for this. On maternity, the C-Section rate indicator had turned red in May, and the commentary stated only that the indicators would continue to be monitored and reviewed by the divisional governance process. More information to explain this movement was needed. The MD acknowledged this, and agreed that further information should be included in future reports to explain significant movements in performance. A forecast would also help to promote discussion. The CFO stated that the Finance and Investment Committee had agreed to show forecasting following month three.</p> <p>The CEO stated that the Trust wanted to get to the position where the position could be seen on a daily basis, to enable issues to be identified and addressed as quickly as possible. There also needed to be a culture of setting mitigations at the same time as the data they related to for assurance.</p> <p>TB. 28.06.18/ 83: Next report to give further detail on reasons for changes in Maternity, Mortality and Readmissions performance figures.</p> <p>The DHROD reported that the downwards trend in vacancies and sickness continued. Appraisals were also increasingly taking place. The new pay deal allowed the Trust to stop increments if appraisals were not completed. Agency performance remained below target for the year. The Trust had committed to break glass rates for junior doctors, however some trusts locally were not abiding by this agreement, and this posed a real challenge in holding the position at the Trust. The Agenda for Change pay deal had been ratified, so would begin from July and be backdated to April. The Chairman noted that although the funding was in place for the first one per cent, how the remainder would be funded had not been clarified.</p> <p>Sir Norman Williams questioned whether there was a national process in place to stop others breaking the rates agreed upon between trusts. The DHROD stated that there was not. However, trusts would have to start reporting overpayments shortly. The MD noted the pressure this had put on junior doctor recruitment and the operational impact felt.</p> <p>The Board noted the report.</p>
<p>3.3</p>	<p>Elective Care Recovery Programme</p>
	<p>The COO reported that there was a significant amount of work to be done, but the timeline discussion for a return to reporting had taken place. The forward planner would be brought to the July Board meeting for feedback. RTT staff training was taking place and a review of cancer services had also been undertaken.</p>

	The Board noted the report.
3.4	Emergency Care Performance
	<p>The COO reported that the report format had been standardised. The performance against the four hour standard was expected to be 93-94% overall for year to date. There had been a difficult two week period which had affected the result. Inpatient modelling work had taken longer than expected and would be scrutinised further at the Trust Executive Committee and Board Committee level.</p> <p>Ann Beasley asked what a reasonable assumption would be to reduce the length of stay. The COO noted that this was one of the areas which required further discussion. Clarity was also needed as to what constituted length of stay. The CFO noted that this was a first cut of the data and no assumptions had been made as to what improvements would be required as yet. Engagement would take place with NHS Improvement and all clinical divisions.</p> <p>The Board noted the report.</p>
3.5	Safeguarding Adults Annual Report
	<p>The CN reported that separate reports would come to the Board at future meetings in relation to the Mental Capacity Act, Deprivation of Liberty and children's safeguarding. There were a number of interdependencies. A Head of Safeguarding had been appointed, who had a background in social work, and brought invaluable experience and a new approach. There were no section 42 investigations to report. The main risks to note related to training. The outcome of the ongoing consultation would determine decisions around resourcing for training. PREVENT training required improvement, with a target of 85% agreed with commissioners by the end of August 2018.</p> <p>The Board noted the report.</p>
3.6	Learning from Deaths – Quarterly Report
	<p>The MD reported that the report had been reviewed by the Quality and Safety Committee and was required quarterly. The process centred around learning and doing things better in the future. The Trust had often been held out as an exemplar nationally. Some procedural changes were under consideration but required more work. The CN noted that any avoidable death went through the serious incident process.</p> <p>Sir Norman Williams noted that there had recently been a report published on gross negligence manslaughter in healthcare. It was important to review reports such as this and ensure national guidance was followed to ensure standards were maintained. Family involvement was also important to ensure they did not feel resentment, which could lead to legal action.</p> <p>Ann Beasley stated that the prison service had begun investigating near deaths as a way of learning. The MD noted that the Trust did this in certain cases, with a group of clinicians reviewing through the risk process.</p> <p>The Board noted the report.</p>
3.7	CNST Incentive Scheme for Maternity
	The MD introduced the report. The Department of Health had set out a strategy which aimed to reward organisations which had taken action to improve maternity safety. One aspect of

	<p>this was that Trusts which could demonstrate compliance against 10 nationally set criteria could qualify for a 10% reduction on their Clinical Negligence Scheme for Trusts premium, which was an insurance scheme for medical errors. The MD explained that assurance had been reviewed at divisional level and by the Trust Executive Committee and the Quality and Safety Committee. All 10 metrics were being achieved, and the Quality and Safety Committee had commended the self-reporting compliance statement to the Board. The DDET noted that a great deal of work had gone into the process, with multi-disciplinary training being an area of particular challenge. A 10% CNST reduction was a significant saving for the Trust and one which could contribute significantly to achieving the forecast deficit for the year.</p> <p>The Board approved the submission to NHS Resolution.</p>
FINANCE	
4.1	Finance & Investment Committee Report
	<p>The Chairman noted that she had chaired the Committee meeting on 25th June, in the absence of the Committee Chair. The Committee had discussed the current assessment of the key financial risks and how these related to the strategic risks on the Board Assurance Framework. It had also noted that work was ongoing to address the estates risks discussed during a recent Board workshop. The ICT Strategy progress was reported on, with the Committee welcoming the appointment of a new Chief Information Officer and the grip she had brought to the ICT function. It had been agreed to recommend the iClip business case to the Board for approval. The Committee had considered month 2 financial performance and had noted that this was broadly within plan, but also noted that elective activity was below plan and was adversely affecting income. There were some areas of overspend which needed to be addressed, particularly as CIP delivery was scheduled to increase sharply in the coming months. The Committee also discussed the business plan for 2018/19 which had been resubmitted to NHSI on 20 June 2018. The final control total had been confirmed as £29m, and receipt of an additional sum of £12.6m Provider Sustainability Funding would be contingent on delivering the agreed control total. The Committee also approved two finance policies, the first on private patients, the second in relation to overseas visitors.</p> <p>The Board noted the report.</p>
4.2	Month 2 Finance Report
	<p>The CFO reported that the Trust had a deficit of £10.7m at the end of May 2018, which was £200k adverse to plan. The key issue was shortfall against income targets. This was, in part, offset by an underspend in expenditure, particularly in relation to non-pay. CIP delivery in the first quarter of 2018/19 was in line with plan, though the CFO noted that months three to five required material increases in the CIP delivery targets. Control of expenditure was a key area of focus, as some parts of the organisation were continuing to overspend.</p> <p>The CFO also reported that actions were being picked up to ensure that speciality teams were including them in weekly planning. Workforce planning was also included to manage capacity issues. The activity target had been met, but not on a consistent basis. In response, the COO noted that a new general manager for Outpatients was in place who had been tracking the daily booking lists to ensure robust control and progress delivery against</p>

	<p>targets.</p> <p>The Board noted the report.</p>
WORKFORCE	
5.1	Workforce & Education Committee Report
	<p>The DHROD presented the report in the absence of the Committee Chair. The DHROD explained that the Committee had received a report from the Freedom to Speak Up Guardian. Communications relating to how the Guardian could be contacted were extensive and she also attended every Trust induction session, as well as holding webinars for staff. The Guardian also carried out ward visits and was involved in policy development. Five referrals had been received this year, with three of them live. The DHROD had met with Sir Norman Williams as the Non-Executive lead for whistleblowing. There remained work to be done in relation to bullying and harassment and patient safety.</p> <p>The DHROD reported that the majority of the actions taken from the 2016 staff survey had now been implemented. The two year engagement plan that was in place was under review, with a great deal of work ongoing. Staff engagement sessions would take place as part of the review. The DHROD thanked the Trust Quality Improvement Director for her hard work in facilitating this.</p> <p>Sir Norman Williams noted that there could be a fear of reprisals related to whistleblowing and queried what the Trust did to counteract this. The DHROD stated that the Trust ensured individuals felt supported, and this was embedded within the policy. They had access to a Non-Executive Director as well as the DHROD meeting with them personally. However there was no standard approach that would suit all whistle blowers. The CEO noted the importance of strong leadership to manage conflicts and assure staff.</p> <p>The Chairman noted that she looked forward to seeing a diversity and inclusion report at the Board. The DHROD questioned whether a Board seminar would be more appropriate, which was welcomed by Board members.</p> <p>TB. 28.06.18/ 84: Diversity and inclusion Board seminar to be arranged.</p> <p>The Board noted the report.</p>
5.2	Fit & Proper Persons Regulation – Quarterly Update
	<p>The DHROD reported that all Board members met the Fit and Proper Person requirements. All appropriate checks had now been received for Stephen Jones, Director of Corporate Affairs.</p> <p>The Board noted the report.</p>
CLOSING ADMINISTRATION	
6.1	Questions from the public

	<p>Khaled Simmons, public Governor from Merton, asked how the corporate objectives could be approved when there was still work outstanding and how they could be owned by one Executive. The Chairman stated that they had been developed and owned by all Executives, with each of them agreeing milestones for their particular areas of responsibility. The role of the DS was to coordinate the objectives across the Executive team, rather than to own this herself. The Chairman added that that the objectives were in a much better position than the version shared with the Board the previous month, never the less it was a work in progress and emphasised that the Board had agreed to delegate final authority to the Chairman and Chief Executive to approve the further refinements that were necessary. Performance against the objectives would be reviewed quarterly by the Board.</p> <p>In relation to whistleblowing, Khaled Simmons commented that the financial sector had shown enthusiasm for ensuring that speaking up in relation to whistleblowing would not adversely affect career prospects.</p>
6.2	Any new risks identified
	<p>The CFO noted the medical staffing issues as a result of breaches in agreed caps by other trusts. The DHROD noted that this should be reviewed under the risk register.</p> <p>TB. 28.06.18/ 85: Review risk register to ensure medical staffing risk is adequately expressed and mitigations explained.</p>
6.3	Any Other Business
	<p>The Chairman reported that she had collected the Armed Forces Covenant Employment Recognition Scheme award on behalf of the Trust, which had been nominated by a member of staff. The Human Resources team had worked hard and the staff member had recognised this. The positive impact made was very apparent.</p> <p>Tim Wright noted the thanks from St George's Charity for the input into their Chief Executive recruitment process by the DHROD.</p>
6.4	Reflection on the meeting
	<p>The DDET noted the benefits of meeting at Queen Mary's Hospital and the importance of the Board being visible to staff outside of St George's Hospital.</p> <p>The CEO stated that, in future, at the point at where the Trust was taken out of special measures, consideration would need to be given to attendance at Board sub-Committees and how the Committees gave assurance to the Board.</p>
	PATIENT STORY
	<p>Sara Smith, amputee therapy team lead at Queen Mary's, accompanied Mr William Dickel who spoke to the Board about his experience as a patient at Queen Mary's Hospital. Sarah had been working at the hospital since 1987. She explained that Queen Mary's was one of 35 prosthetic centres across the country, with both in- and outpatient facilities. Patients remained with the Trust for life. Referrals were of both vascular and trauma patients. There</p>

were 10 inpatient beds, where stays tended to be for six to seven weeks. Once discharged, patients would be reviewed regularly. She also noted that inpatients were seen daily by the team, which was shown to give good outcomes and reduce length of stay when compared with other facilities.

Mr Dickel told the Board that he had stayed as an inpatient for 12 weeks, due to complications. He had suffered a blood clot which resulted in amputation six years previously. He said that the staff had been fantastic and were very dedicated. He was able to come back to the hospital whenever he needed to and found it easy to access the services. When asked if there was anything he thought could be improved, Mr Dickel said that there was not. He would have preferred to have had a shorter inpatient stay, but that could not have been avoided.

The DS asked what, if any, psychological help had been offered to him. Mr Dickel said that, while he had not made use of it himself, there was support available. Sara Smith noted that there was a clinical psychologist available two days a week within the team.

The Chairman thanked both Sara and Mr Dickel for attending and sharing their experiences with the Board.

**Date and time of next meeting: Thursday 26 July 2018, 10:00 – 13:00
Hyde Park Room, St George's Hospital**