



# Windrush Anchor Heritage Education programme Celebrating Mary Seacole



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**MARY SEACOLE BICENTENARY LONDON 2005**

**CASE STUDY**

**FLORENCE NIGHTINGALE MUSEUM**

Interviewee: Alex Attewell (Director)

Rudi Page, Project Manager, Guy's & St Thomas NHS Foundation Trust

**Summary:**

A museum aiming to “contribute to people’s knowledge and development in terms of health and educational opportunities and inspire (them) to reach their potential” through promoting an understanding of the legacy of Florence Nightingale. The bi-centenary of the birth of Mary Seacole (a nurse of African ethnic origin who served in the Crimea at the same time as Florence Nightingale) was the focal point of a programme based on three themes – Education and Training, Professional Development and Historical Perspectives. Working with a freelance project manager and adopting his “Synergy Model” to effect diversity changes both in the museum and within the local NHS Foundation Trust which funded the project.

**Key Relevant Themes:**

- Creating accountability
- Working with a multi-stranded strategy
- Diversity through “branding”
- Partnership with public institution (NHS Foundation Trust) to effect structural change and accommodate diverse workforce

**Background**

The Florence Nightingale Museum had for some years worked to develop its accessibility through a particular focus on community education. Its work with schools, including special educational needs schools, and its museum based events held for the benefit of local Lambeth and Southwark residents introduced its collections and its services to communities for the first time and had drawn very positive feedback from participants.

The Museum has historically maintained close associations with Guys and St Thomas’s Hospital NHS Foundation Trust, which was itself making concerted efforts to pursue a diversity agenda, not least because it was the largest employer in Lambeth and served one of the most ethnically diverse areas in London. Its staff composition reflected local demographics.

## Background Cont'd

The Hospital Chairman identified the bi-centenary of the birth of Mary Seacole as an opportunity for collaboration on achieving a number of separate objectives.. Though in the Victorian era Mary Seacole had been a woman greatly celebrated for her contribution to nursing care in the Crimea and thereafter, recognition of her achievements had faded. Her African mother and the fact that she originated in Jamaica resonated in view of the ethnic make up of the local area.

A stakeholder committee was formed to develop activities that would appropriately mark her life and influence. Representatives were drawn from the Trust, nursing and midwives' bodies as well as Black Cultural Archives, the Mary Seacole Memorial Association and the Caribbean Nurses Organisation. There was consensus that the programme should go much further than a one off exhibition and that a fitting tribute to her legacy would see lasting organisational changes that would widen access to educational services and enhance staff development.

Rudi Page, Project Manager was appointed in October 2004 to oversee the implementation of the programme. He was a consultant who had an impressive track record of introducing changes that encouraged greater diversity in workplaces spanning the commercial, public and voluntary sectors including the health field. Working with the three broad themes agreed by the stakeholder committee: Education and Training, Professional Development and Historical Perspectives, he adapted an implementation model that was based on the twin principles of facilitating dialogue between individuals, institutions and the community and reducing the impact of "disparities of commitment" by allocation of clear roles and responsibilities. The clear and public lines of accountability were central to the planning and achievement of the programme.

## **The Project**

As stated, activities under the programme were divided into three principal themes. These were identified by the the Project Manager in collaboration with the stakeholders. Each will be considered in turn.

**Education and Training:**

London South Bank University (LSBU) held a one day education forum for students and lecturers in nursing, midwifery and the allied health professions. Attendees were from London and the south east with representatives of the Nurse's Association of Jamaica, the Caribbean Nurses Organisation and its student body. The event was addressed by Sir Trevor McDonald (LSBU Chancellor), representatives of principal stakeholders, with a keynote address by the recently retired Chief Nurse from Department of Health.

The Museum also contributed to primary school level education. Education packs were designed and tailored to the needs of the core curriculum. Existing relationships with teachers facilitated visits and allowed staff to assist on English and art assignments based on the life and work of Mary Seacole. It sparked discussions with the children and inspired them to write on her background and her potential as a role model. The artwork of the children was used extensively as part of the exhibition and in subsequent publicity.

Collaboration with Kings College led to Mary Seacole featuring in their promotion of nursing as an access course and as a positive career option in its "Uni 4 You" campaign.

**Professional Development:**

An intrinsic element of the programme was the involvement of senior personnel in the NHS Trust introducing structural changes aimed at encouraging greater diversity within the workforce and meeting the career progression needs of staff from black and minority ethnic backgrounds. Using Mary Seacole as inspiration and a figurehead for these developments, plans are advanced to introduce a mentoring scheme for health professionals and a BME Network. Case studies of career progression by BME staff were identified by the Hospital's Facilities department and these were developed in a video shown during the Hospital's Mary Seacole branded event: "Diversity and Delivering Excellence". BME networks have been established in other fields and afford a forum for exchanges of ideas on issues affecting the place of BME staff in the relevant area. They have also been proved to lead to an effective lobby to bring about institutional changes that will positively influence career progression opportunities. The programme has also led to reviews of training undertaken within the Trust and awards schemes to recognise achievement.

## **Historical Perspectives:**

The most public manifestation of the programme was of course the Mary Seacole Bi-centenary exhibition itself: The Wonderful Mrs Seacole, which will run for a year until May 2006. A review of the Museum's collections revealed a stock of material that was available and other museums were generous in their lending of additional objects. Careful planning went into the promotion of the Exhibition and its opening. Extensive media interest was generated, particularly when Trevor McDonald was invited to formally open the exhibition. A partnership with Black Cultural Archives and Lambeth Archives led to part of the exhibition being dedicated to highlighting the experience of black nurses in Britain in the 1950s and 1960s. A series of events and public discussions has and will continue to take place during the year to mark the bi-centenary both examining the life of Mary and examining her contemporary relevance.

### **Main Findings**

#### **Achieving a broad mandate**

Stakeholder committee members had to be selected carefully. There was a potential for controversy in approaching a subject such as Mary Seacole – the added ingredient of her rivalry with Florence Nightingale could have led to suspicion. However, because of the Museum's knowledge of the sector the composition was inclusive and engaged all relevant bodies and individuals. It was important to accommodate a certain amount of "messiness" in the work of the committee. Difficult questions arise in projects of this kind related to identity and different voices need to be heard as to how best to be faithful to a legacy whilst resonating in the modern world. The programme was more rounded and substantial as a result of the consensus that was achieved through this process though a balance obviously had to be maintained in order to "get the job done".

### **Making people accountable**

As previously mentioned, a central aim of the Synergy Model was to open (and keep open) communication channels between those involved at different levels of the programme as well as to induce commitment and ownership. One of the early efforts to this end was a large event at Governors Hall in London in January 2005. Billed as a celebration and giving the opportunity to raise the profile of the programme, it also compelled senior managers responsible for its implementation to lend their support and articulate their roles and specific tasks. Those involved also used the opportunity to network and make links with other participants leading to an understanding of needs and resources and addressing the “disparity of understandings and commitments” that can otherwise jeopardise projects. As an example, the Public Relations team at the NHS Trust, which was responsible for the excellent promotion of the Exhibition, learned at an early stage about the subtleties of what was planned and could adapt their strategy accordingly. This and similar opportunities were taken to ensure all parties were continuously kept on board (and on track) and were working according to the same understandings. This approach with an emphasis on accountable actions gave much more freedom to the project manager to manipulate contributions.

### **Personality led programmes**

The figure of Mary Seacole allowed, and will allow in the future, the Museum and others to introduce debates, initiatives and policies aimed at enhancing diversity to wider audiences. She provides a focal point or framework of reference within which diversity themes can be explored. Similarly, the “brand” of Mary Seacole, especially in the context of the Museum’s commercial activities e.g. souvenirs sold in the Museum shop, creates a lasting impression on the public perception of the Museum and its future activities. Care ought, nevertheless, to be taken in placing exclusive reliance on the “brand” since there are dangers of “blotting out” other aspects and perceptions of diverse cultural heritage.

### **Sustaining the momentum**

It is clear to the Museum Director that the goodwill generated by the exhibition and its related activities needs to be acted upon. He sees the inclusion of members of the stakeholder committee within a more diverse advisory panel of the Museum’s Associate Trustees as well as the creation of a ring fenced fund for diversity programmes (in which Associate Trustees will have a stake) as important first steps. Future projects, such as an oral history programme on local nurses and patients, will promote diversity more effectively as a result of the engagement of Mary Seacole stakeholders.

## **Final Thought - Museums and archives and their contemporary role**

Throughout, the Museum's role was to provide cultural leadership for the projects and to use its resources, both skills and items from its collection, creatively. They successfully established in the minds of many key stakeholders what Museums and archives could contribute to the achievement of social justice goals. Its reputation now fixed in the consciousness, future invitations to be involved in other projects with similar contemporary themes are extremely likely.

## **ALM LONDON'S OBJECTIVE**

By 2010 London's **archives, libraries and museums** will be responsive to the needs of London's diverse communities, providing Londoners with opportunities to develop their knowledge, build cohesion, access information and contribute to the unique identity of London.

London's archives, libraries and museums have an important role to play in promoting knowledge and understanding of diverse cultures and in fostering a sense of identity and racial tolerance.

Sep 2005

## Annexe A

**Rudi Page** is a policy implementation specialist for Workforce Development and Knowledge Transfer, his unique mentoring & coaching style, has taken well-established private sector practices, such as collaboration, competitiveness and entrepreneurship, and applied them within diverse occupational groups and local communities. He has specialised in the initiation and strategic direction of programmes and projects that influence the way that individuals and organisations access, communicate and engage with and respond to education, healthcare, cultural learning, regeneration, business support and economic

He is the co-founder and co-ordinator of London Joburg Initiative 2003, the first African Caribbean Trade Mission to South Africa representing the UK, supported by UK Trade & Investment and Business Link for London.

He devised the "Synergy Project", a strategic communication and development tool now being used by Government Agencies, Academia, Private, Public and Not-for-profit organisations. The Synergy Model provides institutions with a cultural insight into the needs and aspirations of diverse communities (hard to reach groups), whilst building the capacity of ethnic communities to understand the wider political and strategic context within which they are placed.

He has opened up a whole new approach to economic development through the creation of the Protocol Framework (an economic development tool focusing on Learning, Management Skills and Entrepreneurship) as a practical medium to facilitate and engage those networks of diverse communities within inner cities and urban areas which still have close relations with their countries of origin.

He has a formidable track record within UK Enterprise Support and Healthcare Economy in the initiation and development of Networks and Cultural Awareness Workshops for NHS, Higher Education and Training Organisations. He has a unique approach to establishing Management Frameworks for Diversity, Equality & Cultural Understanding in Workplace Representation & Workforce Development. He devised and implemented the path breaking Royal College of Nursing Connect Programme, which developed networks and networking tools for encouraging cultural understanding and challenging the barriers Black and Minority ethnic members face in the workplace.



Rudi Page cont'd

His most recent success include **Imperial as One**; Race Equality Advisory Group, Imperial College London developed from a series of Staff Diversity, Equality & Cultural Understanding workshops and and the widely-acclaimed Mary Seacole Bicentenary London 2005.

He has also successfully introduced The New Learning model™ in 2004, a comprehensive range of inter-related programmes that seamlessly integrates Collaborative Leadership, Management Skills and Cultural Understanding into the complex structures of communities and their institutions. The model is an innovative management development tool that captures the dynamics of cultural synergy and translates self-directed learning towards improving human potential and service delivery.

Ends.

***Mary Seacole Bicentenary Lecture 2005***

***Revd. Dame Sarah Mullally***

***20th May 2005***

I grew up in Surrey and come up to train in London at the age of 18. It was here that I met for the first time people from black and ethnic backgrounds and I now could not imagine living in a community that is not racially mixed for I believe that my life is now the richer for my experiences. I feel fortunate that during my pre registration training here at the London South Bank University I sought for nursing heroes and found Mary Seacole – her determination and what sometimes other may have viewed as stubbornness and her refusal to be pigeon holed inspired me to seek to improve the care I gave. So when I was Director of Nursing at the Chelsea and Westminster Hospital in the 1990's and a new unit was opened I saw nothing unique in supporting it taking its name from Mary Seacole.

We have a lot to be grateful for in the NHS people who have travelled to work and make their homes in this country.

I was fascinated to listen recently to Mavis Stewart on radio 4's ***Home Truths*** on the 29<sup>th</sup> January 2005 as she talked about her story. She was born in Jamaica with 6 brothers and 1 sister. She was chosen by her parents to have her family's income invested in her secondary school education and she then came to this country in 1954 on the SS Estonia to train as a nurse then later as a midwife.

She talked of how she came to this country with an image of the UK that was different from the reality she found; she exchanged the colours of the Caribbean for the smoke, fog and general drabness of the 1950's austerity of London.

Mavis talked about the difficulties she experienced, racial prejudice from both patients and staff, but she also told of the support that she was given by shop

owners and patients who invited her back for tea. I spoke recently to a retired nurse who came here in 1955 from Barbados and went straight to Rochdale as one of only four nurses from black and ethnic groups – she had nothing but good things to say about the care and consideration she was shown.

Mavis has gone on to fulfil her dreams. Each of her qualifications were dedicated to a member of her family who gave up much for her to come. Her MBE for her contribution to community relationship she savoured for herself.

Mavis's story is not unique and aspects are shared not just by other nurses that came in the 1950's but also by Mary Seacole and also by nurses who come today. Nurses who have come to this country do so with stories that are unique to each individual as are their motives for coming as underlined by the recent Kings Fund/RCN survey. We owe a lot to nurses and midwives from other countries.

In a recent ***Primary Care NHS Magazine*** (11 April 2005) Trevor Phillips, Chair of the Commission for Racial Equality, reminded us that since the NHS was formed in 1948 there had been a steady stream of healthcare staff imported from overseas and rightly recognised that this group had been the NHS's backbone. Professionals have come from countries spanning the Caribbean, Indian sub continent, Africa, the Philippines and now else where. They bring with them a wealth of experience and talent.

He also reminded us that the buildings of the 1940's had been built by the Irish and in the 1970's one quarter of all the NHS domestic staff were black or Irish.

The 2001 census showed that 7.9% of our communities are from black and ethnic groups. 8.4% of our NHS work force comes from those groups and 9.3% of all nurses. However, only 6% of F grades are from black and ethnic groups, 5% of

G grades, 4% of H grades and only 3% of grades and in 2003 only 16 of the NHS's 400 Nurse Directors were from black and ethnic groups.

Reports from the Royal College of Nursing and the Department of Health have documented well the difficult experience of nurses that have come to this country from overseas – a failure of the NHS to recognise past experience and expertise, people have found that their career progression has been slower than those white colleagues born in this country, they have experienced unequal pay and at worst discrimination, harassment and overt and covert racism.

**The Nursing Standard** 26<sup>th</sup> January 2005, told of the Rosie Purves whose Trust had allowed a mother to dictate that she should not care for her child. A resent NHS Primary care magazine told about the difficulty that a refugee from Ethiopia with a Masters from and UK University had experienced in gaining the 6 months supervised practice required for registration.

When I was Director of Nursing at the Chelsea and Westminster Healthcare Trust a ward sister's post became vacant. I spend some time encouraging existing senior staff nurses to apply; amongst them was a very talented Senior Staff Nurse who happened to be from a black and ethnic group. When I approached her to consider applying for the post her response surprised me. She did not think that someone from Jamaica could apply for such a position.

I had not imaged that's what black and ethnic staff felt like, although I only needed to look around me to realise the shortage of role models for black and ethnic nurses seeking to move into leadership positions.

In a survey carried out by the **Nursing Standard** in October last year (20<sup>th</sup> October 19(6) 2004 12-14) one in ten white nurses felt that the NHS was institutionally racist but one in three black and ethnic nurses thought that the NHS was institutionally racist.

I have since reflected that as someone who had always valued diversity I had made assumptions and that what I had failed to do was understand what the world was like for some one else.

But I guess that it taught me a lesson that we should always seek to see things from some one else's shoes, this may not be easy to do or to then recognise what you see. But this is something we all should do - listen and give others voice – staff and patients alike.

In an NHS which is seeking to improve people's experiences as both staff and users we need nurses who are able give this voice, who are able to challenge the status quo and who are bring about change which improves people's experiences.

When I came into post some 5 and half years ago as the governments Chief Nursing Officer I found a picture where only 3 Nurse Directors from black and ethnic groups. Yet as I looked around I found that there was no shortage of good black ethnic nurse and midwifery leaders but they were invisible. They were invisible because they had not found their voices and they where invisible because people where not giving them the opportunities. Over the next five years this was to change, these nurses and midwives became visible.

I would like to pay tribute to those nurse leaders from black ethnic groups that over the five years I was in post as the Chief Nursing Officer raised the visibility of their skills and abilities. They formed networks, they developed their knowledge of organisational politics, they became better well informed and they had the courage stand up – stand up at conference and challenge, they put them selves into the press, establish leadership programmes, centres of diversity, and advisory groups even an advisory group for the Chief Nursing Officer.

Most importantly however, these nurses and midwives where the best they could be which was demonstrated by those nurses which have been recognised by nursing awards such as the Mary Seacole awards, the nursing times and nursing standard award and the Health and Social care awards.

These nurses and midwives have created a visible leadership for black and ethnic groups and part of their success has been seen in the increase in the number of Nursing Directors from black and ethnic groups to over 37. Increasing the number of nurse and midwifery leaders from black and ethnic groups in the NHS is not just the right thing to do but it demonstrates that the NHS is committed to valuing diversity, they provide powerful role models and they help recruit from under represented groups.

The challenge for you today is to learn from them. To be the best that you can be. In the Department of Health publication in 2002 called ***Getting on against the Odds*** black and ethnic nurse leaders identified factors that helped with their success – we can learn from them.

They said that they needed determination, encouragement from their managers, qualifications and professional ability, they needed to be pro-active and willing to learn, they needed mentors and networks and they needed the support of their families.

They also believed that personal qualities where important epically an ability to be approachable, show empathy, honesty, self-awareness, openness and integrity.

So take opportunities when they come your way, promote what you do and to challenge the way care is given so things can improve. For those of you who are managers and leaders your challenge is to create the environment in which your staff can be the best they can and you need to let them know when they are.

I also believe that we have seen changes in our professional media and I would also like to recognise the nursing press especially the nursing standard who have increased how they used nurses from black and ethnic groups in their articles and pictures.

We should also celebrate the progress that has been made in the support that is available for nurses from black and ethnic groups. Organisations such as the Royal College of Nursing, Royal Collage of Midwives and Unison and the Department of Health are working hard to enable all staff to fulfil their potential, to ensure that glass ceilings are broken and to ensure what Trevor Phillips calls the snowy peak of the NHS is changed. The work by the Department of Health ***Getting on against the Odds*** 2002 showed that programmes such as the Beacon programme, Leading Empowered Organisations, the RCN Leadership Programme and Moving up in the NHS for Black Women all helped people to make progress.

Progress has been made but we still face challenges. We now have a visible nurse and midwifery from the cohort of black and ethnic nurses and midwives but where are our up and coming nursing leaders? We need to ensure that all nurses are given the support and encouragement they need to be future leaders, that our present leaders are mentors and coaches. The profession needs to be one that has a leadership that reflects its membership.

We have lost many of the children of those nurses that joined the NHS in the 50's and 60's because of their experience so we have ground to make up. We need to ensure that those coming to the UK now will have an experience, which means that it is only natural for them to encourage their children into the NHS.

We also have work to do to encourage people to come into nursing and midwifery from every background in this country, back grounds that represent the people that use the services of the NHS. There is good practice around. NHS

Employers is launching an action plan to improve access to Nursing and Midwifery for BME candidates, Sabiya Khan in Bradford is pairing post 16 year olds up with NHS Professionals and there is the CANDLES Project. The Candle project or Campaign to attract nurse and midwives from diverse local ethnic groups is run by the Mary Seacole centre for Nursing Practice at TVU and Elizabeth Anionwu.

We must also recognise the work of London South Bank University to help the university to become accessible to every part of community – help that starts well before applications to pre registration programmes.

But may I offer you another challenge – all of you are leaders, all of you have made a choice to enter into nursing or midwifery – but every day I meet people who perceive they have no choices.

We need black and ethnic role models working in the communities where some of our most disadvantaged black and ethnic young people now live and we need nurses and midwives from black and ethnic groups coaching and supporting our young people who believe they have no choices. I believe they have choices but people like you need to make these choices visible for them.

If we are going to continue to make process on the issue of diversity we need to move away from equal opportunities to valuing diversity – really valuing diversity. In a magazine I came across recently from my husband's employer SAP they talked about the difference potential how when different cultures meet there can be an amazing result.

Mary Seacole was not just of mixed race she was an inveterate traveler, and before her marriage visited other Caribbean islands, including Cuba, Haiti and the Bahamas, as well as Central America and Britain. On these trips she



complemented her knowledge of European medicine with traditional folk medicine. Mary had a diversity, which she put to use.

We need to value what people have to offer – the knowledge they bring with them their experience they have to share and this is not just an issue of race. This is about gender, sexuality, disability, skills and experience. But to share our diversity we need to talk to one another to share our experiences to understand our cultures. Let's talk lets make the most of the NHS workforce – lets realize the difference potential.

Before I finish I would like to make a comment about what I see as a global challenge. When I was in the Department of Health I was a significant mover in developing the Ethical Code for International recruitment. The NHS should not be poaching nurses from countries that can't afford to loose them. But we should not be naive and believe that this is the only issue.

I was speaking to someone last week to come here from Africa. When her she started training as a nurse. Having listened to way she left I could not deny he the chance of a better life by saying she should not have left her country of origin. I asked her what make her return. She said that it was about political change, reduction in unemployment, better investment in public service and a reduction of poverty. But she would not consider putting her children through what she lived through until there was less poverty. If we are really going to see a solution to the global workforce issues it is about wider political and global changes – about a reduction in global poverty. You ask why you should be interested and what can you do. Well if you believe in quality patient care given by the right number of staff appropriately qualified then a global solution is the only way to deliver this. What can you do take a look at the Make poverty History web site – a coalition of aid agency seek to reduce world debt, with better and target aid ensuring that recipient counties appropriately use aid and fair trade.

Mary Seacole represents many of the qualities of our nursing and midwifery leaders today and I would like to end by celebrating the contribution to my career of those leaders with black and ethnic backgrounds – In doing this I risk forgetting some, to whom I apologise but not to name them perpetuates the invisibility I mentioned earlier.

I would like to recognise: - Mary Seacole, Paulette Lewis, Neslyne Durey Watson, Ami Davies, Janet Grant, Mary Clarke, Rosaline Steele, Beverly Malone, Elizabeth Anionwu, Dame Karlene Davies, and I can't possibly forget Nola Ishmael and Agnes who was a Nursing Auxiliary when I was a Ward Sister from whom I learnt so much about caring from.

To you I would like to finish on the lessons that many of them share in the Department of Health document ***Getting on against the Odds***:

- Take the initiative
- Look at the bigger picture and see yourself in it
- Talk about your aspirations
- Be clear about what you want but open to change
- And Value your identity.

And above all be the best you can.

**Wednesday 18<sup>th</sup> May 2005**

**Caribbean Nurses Student Organization (CNSO)  
Mary Seacole Bicentenary Educational Tour**

Group to meet Meral Hart at 09: 15, St Thomas' Hospital, Westminster Road entrance. Tel: 020 71881645

Time	Talk	Speaker	Venue
09:15	Welcome and overview of programme	Meral Hart Assistant Director of Nursing	Colin Stern Lecture Theatre. Post-graduate Centre. St Thomas Hospital Lambeth Palace Road
09:20 – 09:30	Structure of Clinical Services at Guy's & St Thomas'		
09:30 – 09:45	Scope of practice of Registered Nurses – Clinical Competencies	Meral Hart Assistant Director of Nursing	
09:45 – 10:30	Supporting education and practice within the clinical setting	Practice Development Nurse Reps	
	The role of the Clinical Nurse Specialist – Diabetes  The role of the Midwife	Sheila Burmiston - Lead Nurse Diabetes & Endocrine Unit  Midwifery Rep	
10:30 – 10:50	UK Nurse Training /Education	Yvonne Wimbleton Assistant Director of Nursing	
10:50 – 11:00	Question & Answer session	Speakers	

**Educational Tour of Hospital**

**Group split into three groups of 10 :**

Group A :- A & E, Day Surgery, Maternity Unit, Luke Ward

Group B :- Luke Ward, Maternity Unit, Day Surgery, A & E

Group C :- Day Surgery, A & E, Luke Ward, Maternity Unit.

<b>Educational Tour - Group A</b>			
11:00 – 11:30 hrs	A&E	Chris Ellis	Ground Floor, East Wing St Thomas'
11.30 – 12.00 hrs	Day Surgery Unit	Barbara Moujahid	Ground Floor, Lambeth Wing St Thomas' Hospital
12.00 – 12.30 hrs	Midwifery Unit	Geraldine Joyce	7 <sup>th</sup> Floor, North Wing St Thomas' Hospital
12.30 – 13.00 hrs	Luke Ward	Emma Allcott	10th Floor, North Wing St Thomas' Hospital
<b>Educational Tour - Group B</b>			
11:00 – 11:30 hrs	Luke Ward	Emma Allcott	10th Floor, North Wing St Thomas' Hospital
11.30 – 12.00 hrs	Midwifery Unit	Geraldine Joyce	7 <sup>th</sup> Floor, North Wing St Thomas' Hospital
12.00 – 12.30 hrs	Day Surgery Unit	Barbara Moujahid	Ground Floor, Lambeth Wing St Thomas' Hospital
12.30 – 13.00 hrs	A&E	Chris Ellis	Ground Floor, East Wing St Thomas'
<b>Educational Tour - Group C</b>			
11:00 – 11:30 hrs	Day Surgery Unit	Barbara Moujahid	Ground Floor, Lambeth Wing St Thomas' Hospital
11.30 – 12.00 hrs	A&E	Chris Ellis	Ground Floor, East Wing St Thomas'
12.00 – 12.30 hrs	Luke Ward	Emma Allcott	10th Floor, North Wing St Thomas' Hospital
12.30 – 13.00 hrs	Midwifery Unit	Geraldine Joyce	7 <sup>th</sup> Floor, North Wing St Thomas' Hospital