

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
Part 1 (Public)
Thursday 20 December 2018, 10:00 – 13:30
Boardroom, 2nd Floor Hunter Wing, St Georges University**

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive Officer	CEO
Ann Beasley	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection, Prevention & Control	CN
Andrew Grimshaw	Chief Finance Officer	CFO
Richard Jennings	Chief Medical Officer	CMO

IN ATTENDANCE		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Kevin Howell	Director of Estates & Facilities	DEF
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Ellis Pullinger	Chief Operating Officer	COO

APOLIGIES		
Stephen Collier	Non-Executive Director	NED

SECRETARIAT		
Shelia M Murphy	Interim Trust Secretary (Minutes)	IDTS

Feedback from Board Visits
<p>Members of the Board gave feedback on the departments visited, which included Sterile Services, Emergency Department, Clinical Research Facility, Surgical Day Unit, Estates Workshop, Central Stores Receipt and Delivery, Neurology Intensive Care, Holdsworth, Florence, Keate, Caroline, Belgrave and Kent Wards.</p> <p>The COO commented on the enthusiasm of staff on Florence Ward which dealt mainly with cancer patients and patients with difficult social and clinical histories. There was an issue with the amount of time it took for patients to be transferred to the Royal Marsden for radiotherapy treatment for which both trusts had shared responsibility. The Chairman spoke with a patient who had difficulty communicating but was full of praise for the staff and the care he had received.</p>

Feedback from Board Visits	Action
<p>Ann Beasley reported that the Emergency Department (ED) had been calm and quiet with very enthusiastic and committed staff. The new patient streaming process was working well, with patients waiting no more than 15 minutes to be seen. There was concern about the increase in the volume of patients attending which made it hard to keep pace with demand. In Paediatric ED, the patient flow did not work as well and children often became delayed in assessment. The CN commented that feedback from staff on iClip rollout that it caused some delays in discharge.</p> <p>Tim Wright reported on the Clinical Research Facility which used to be part of the University before transferring to the Trust. It was a patient-facing activity funded by the Clinical Research Network with 400 trials covering a wide range of areas and 11,000 patients involved. He also reported on his visit to the Day Surgery Unit which was spacious, clean and calm, and saw 30 patients a day using five theatres. The text message appointment reminders to patients were working well, achieving 86% response, but had dropped to 76% last month with increased DNAs. Staffing was an issue as was insufficient storage space, with the corridors full of bulky equipment.</p> <p>The DDET reported on his visit to Florence and Keate Wards. He commented that a request to the estates team to fix lights in certain patient areas had taken a week to resolve. He highlighted that additional hardware was required to make better use of iClip. The DDET highlighted a serious information governance breach, having confiscated an unattended iClip card. He noted that this would be raised formally with the Chief Information Officer via the CFO.</p> <p>Sir Norman Williams commented that he had spoken to a number of junior doctors from EU member states who expressed concern about the effect of Brexit on their ability to continue working in the NHS.</p> <p>The CFO commented that the Estates Workshop was efficient and reflected on the huge effort by staff. A particular issue for the Workshop was short notice requests. Central Stores had received a Values Award for going above and beyond in rolling out the new stock system.</p> <p>The CMO observed that staff on Belgrave Ward were disappointed by falling from gold to bronze in a recent Ward Accreditation, which was due principally to issues with the assessment of patients. Overall, the wards were well run, friendly and very welcoming.</p> <p>The DS visited Kent Ward, which held silver accreditation and was only two points off gold. In the PFI part of the site, there were problems with a leaking shower leak and as a result 12 patients were having to depend on one shower unit. The DS highlighted that she had found an unlocked drugs cupboard during the visit which was a concern. The NICU was very busy, and relied very heavily on agency staff. In Neuro Intensive Care, there were good links between consultants which had a positive impact on patient care.</p> <p>The Chairman reflected that, overall, there were a lot of things that were positive and that the feedback had moved on a good deal recent months, particularly in relation to estates. Undoubtedly, there continued to be problems with the estate, but what had come through clearly was the generally good morale among staff.</p>	<p>CFO</p>

OPENING ADMINISTRATION		Action
1.1	Welcome, Introductions and apologies	
	The Chairman opened the meeting and noted that Stephen Collier had given his apologies. She noted that Board was taking place earlier in the month due to the festive period and that, as a result, some of the performance data would be less comprehensive than usual but this was unavoidable.	
1.2	Declarations of Interest	
	It was noted that there were no declarations of interest.	
1.3	Minutes of the meeting held on 29 November 2018	
	The minutes of the meeting held on 29 November 2018 were agreed as an accurate record subject to two amendments: <ul style="list-style-type: none"> • Item 1.5: Amend second sentence to read “those who did not provide reports”. • Item 2.3: Amend final sentence of second paragraph to add “older people’s” after “planned”. 	
1.4	Action Log and Matters Arising	
	The Board reviewed the action log and agreed to close those actions proposed for closure, subject to the substantive discussion on item 2.3 of the agenda on the Elective Care Recovery Programme which would address whether this action had been completed.	
1.5	Chief Executive Officer’s Update	
	The CEO provided an update on the following issues: <ul style="list-style-type: none"> • NHS Improvement and NHS England had now appointed the majority of the executive roles in the new joint structure, with Sir David Sloman, Chief Executive of the Royal Free London NHS Foundation Trust, becoming Regional Director for London, replacing Steve Russell. • Steve Livesey had started with the Trust earlier that month and was already having a positive impact on the cardiac surgery unit and would be undertaking improvements to the governance of the unit as well as taking forward measures to improve team behaviours and ways of working. It was noted that the CQC report on cardiac surgery, which had been published on 6 December 2018, confirmed the cardiac surgery service was safe but also noted that improvements were needed in a number of areas, including the culture of the unit. • Performance in cancer and diagnostics was strong but there remained challenges in delivering the emergency care performance standard. • Average response rates to the 2018/19 NHS staff survey in England were 46.4%, with the Trust having achieved a response rate of 54%, which was an improvement compared with the previous year. Flu immunisation was currently at 75% of all Trust staff, and this was above the national average. 	

OPENING ADMINISTRATION		Action
1.5	Chief Executive Officer's Update	
	<ul style="list-style-type: none"> The Diversity and Inclusion Strategy had been launched. All executives would be champions across a variety of groups and this should ensure the work received focused attention. In addition, staff objectives would be set with a specific focus on seeking to ensure a reduction in bullying and harassment at the Trust. Financially, the Trust remained in a challenged position and further progress was required. A range of factors had contributed to this, including loss of income from certain sources including cardiac surgery and overspends in medical staffing. It was noted that nursing had done well but other areas still needed to reduce cost. <p>The Board noted the report.</p>	
QUALITY AND PERFORMANCE		
2.1	Quality and Safety Committee Report	
	<p>Sir Norman Williams updated the Board noting specifically:</p> <ul style="list-style-type: none"> QIP Dashboard - it was noted progress had plateaued, with no deterioration but also no improvement, which was disappointing. Challenges remained such as achieving the one hour standard for giving antibiotics to patients with suspected sepsis and complaints. CQC Action Plan – This was on track apart from eight amber actions which would be on-going such as those for Estates. These would need to be carefully monitored. SWL Pathology – SWLP had performed very well overall, although it was noted that there had been two similar Never Events 11 months apart involving the cross matching of plasma. The recent incident report was being investigated and would report shortly. Immediate action had been taken as the controls put in place since the first incident had not been sufficient. Learning was said to have taken place but the Committee was concerned that a similar incident could have taken place. The Committee had been assured that the necessary actions had now been taken, in particular the standardisation of the blood typing process across all sites where SWLP provided services. IQPR - There had been an increase in falls which was a concern to the Committee, but the outcomes were better. There had also been an increase in type 2 pressure ulcers. The Trust had exceeded its internal threshold for C.Difficile infection rates but still within the national target 	

2.1	Quality and Safety Committee Report	Action
	<ul style="list-style-type: none"> • PSQG - The Committee heard that the Trust should be reasonably confident that no serious harm had arisen due to delays in treatment. There were 17 outstanding actions in Children's, Women's, Diagnostic, Theatres, Critical Care and Community Services but the Committee had been assured that appropriate actions were in place. <p>Ann Beasley commented that the SWLP never events were a concern given that there had been two similar events in a relatively short period of time. She queried why the Committee was now assured that remedial action had been taken and that a similar events would not occur. She also queried whether there should be a longer period for following up on never events to ensure there were no similar occurrences. Sir Norman Williams commented that training had not been implemented and reiterated the difficulty with recruitment to the team which had now been rectified. Both events had been on the Croydon site. The CN commented that processes were being standardised across the four different centres which would help prevent future such incidents but this had been challenging.</p> <p>Performance against the antibiotic one hour standard in the emergency department had been reviewed and this suggested an electronic issue relating to IClip rather than a fall in the number of patients receiving treatment within the timescale. With reference to falls and pressure ulcers, the CN drew attention to the timing of the report and availability of data. In response to the Chairman's comment that the Committee was eager to ensure learning is implemented promptly, the CMO observed that learning could be seen in other areas such as C.Difficile and hand hygiene, particularly with the involvement of senior role models and the empowerment of junior staff. The CEO commented that the CMO was undertaking a wider piece of work on clinical governance across the organisation to ensure there was appropriate training and clinical governance across all areas. This would provide the Board with the necessary assurance that the Trust had in place robust structures, systems and processes of clinical governance Trust-wide.</p> <p>The Chairman commented that there was no doubt the accreditation scheme had transformed wards but the Board would like to see evidence that the improvement was embedded and that learning around never events had taken place. She also observed that the work on governance should include SWLP.</p> <p>The Board noted the report.</p>	
2.2	Integrated Quality and Performance Report	
	<p>It was noted that, due to the timing of the Board meeting, the report was not as comprehensive as usual. The DDET summarised the monthly performance noting there remained a challenge around the 4 hour operating standard and discharge before 11:00 am. Cancer performance continued to be strong and the diagnostic access six week target had been achieved for 12 months.</p>	

2.1	Quality and Safety Committee Report	Action
	<p>However, more work needed to be undertaken with neurosciences and in relation to theatre cancellations. There remained a focus on addressing on the day cancellations for non-clinical reasons; among patients cancelled for this reason, in November 2018 98.1% of these patients had been rebooked within 28 days. The non-elective length of stay had increased in November with a knock on effect on bed availability. It was noted the maternity dashboard had been useful in tracking performance with the continuity of care a key action. The COO reported there would be root cause analysis undertaken on the 2 mental health cases exceeding the 12 hour wait which would be taken to the Trust Executive Committee and Quality and Safety Committee for review.</p>	
2.2	Integrated Quality and Performance Report	Action
	<p>The CEO commented that informing patients of cancellations on the day should not happen. If junior doctors were listing patients who were then cancelled on the day by consultants this needed to be reviewed. The CN commented that it was the first time that cancelled operations had reached amber with the new General Manger in theatres having a significant positive impact.</p> <p>Tim Wright queried whether staff were conscious of the value of data input such as the importance of discharge times showing the holistic picture of the hospital. The DDET commented that this was not consistent at present. Sarah Wilton commented that staff on the Board visits earlier in the day had referred to encountering some difficulties with IClip. The CFO responded that there would always been difficulty at first but agreed with Tim Wright that there was a need for staff to be on board with the process.</p> <p>The Chairman commented on the high performance on diagnostics and cancer and stated that there needed to be a continuing focus on the emergency department and noted that oversight of juniors should not be overlooked. The DHROD explained that the Trust continued to improve its vacancy rate which had reduced to 8.9% in November 2018. He also noted that the latest data in relation to the Workforce Race Equality Standard would become available in January 2019 and this would be an area of focus.</p> <p>The Board noted the report.</p>	
2.3	Elective Care Recovery Programme Update	
	<p>The COO presented the report, which explained that the Trust continued to shadow report internally on its referral to treatment waiting time performance and was continuing to see a reduction in the size of the waiting list. The COO also set out the training that staff had received in relation to RTT, with 1,103 staff scheduled to have been trained by the end of December 2018. In addition, since October 2018, all new staff joining the Trust were being trained on RTT.</p> <p>The Board noted the report, and agreed that the outstanding action relating to RTT training on the Action Log could be closed.</p>	

2.4	Quality Improvement Academy Update	Action
	<p>The DDET introduced Martin Haynes, Improvement Methodology Director, who gave an overview of the paper, and highlighted the positive participation of staff during the recent Quality Improvement week. He drew attention to the areas in which progress had been made against various initiatives. In response to a question from Sir Norman Williams, the DDET commented that whether the momentum and enthusiasm of staff could be maintained was, to some degree, a cultural issue which was in the process of being addressed. The CEO added that the whole organisation needed to be involved, starting with the Board, with clear objectives for the year ahead. Trust-wide, teams were already responding positively by identifying issues and finding ways to remedy them, such as the steps ICU had taken in reducing ventilation-acquired pneumonia.</p> <p>The Board noted the report, and agreed that there was significant scope to learn from other organisations, such as Orlando Health which the CEO and colleagues had recently visited, and that the challenge would be around maintaining momentum.</p>	
2.5	<p>Cardiac Surgery Update</p> <p>The CMO presented the report noting that the cardiac surgery service had moved on significantly since the CQC inspection in August 2018 and with the appointment of Steve Livesey, who had taken up post in early December and whose positive impact was already apparent. Mr Livesey was undertaking a review to consider taking back some of the more intermediate complexity cases, through a move from a Euroscore II of less than two to a Euroscore II of up to five. A range of external assurances continued to be in place with NHS England and NHS Improvement. An independent review of mortality within the period of the NICOR alerts (2013-18) was now in place and had started its work earlier that month. The CMO commented it would be important to identify improvement opportunities in cardiac surgery, but also look beyond this and consider lessons that could be learned in the other areas of the Trust, particularly in relation to clinical governance and learning from Serious Incidents.</p> <p>Sir Norman Williams asked how long the independent mortality review panel was expected to last. The CMO explained that the work had only recently started and initial progress had been slower than anticipated; in part the duration of the review would depend on how quickly the Trust could provide the panel with the information it needed. Sir Norman Williams also commented that the Board needed assurance that there were no other departments in a similar situation. The CEO commented that the CMO would be undertaking a review of clinical governance across the Trust and this would help provide assurance to the Board. In relation to cardiac surgery, the CEO emphasised that the issues with the service had been known within the Trust for some time, but that this was the first time the Trust had sought to tackle the issues.</p>	

2.5	Cardiac Surgery Update	Action
	<p>An entirely new Executive team had been appointed over the past 18 months and was committed to addressing the problems with the service. The CEO stated that, the CMO's review of Trust-wide clinical governance was likely to identify areas of exemplary practice and others that needed improvement, but the process would identify these areas and provide the assurance required. The DHROD commented that there were areas known to have historical problems and HR was working to ensure staff understood the importance of raising concerns early and how to do so. The Chairman queried whether Mr Livesey had direct access to the Independent Scrutiny Panel, and the CMO confirmed this was the case.</p> <p>The Board noted the report.</p>	
2.6	Water Safety	
	<p>The DEF presented the report and confirmed that work was being carried out in line with statutory requirements and regulations and reiterated the measures in place to address the risk. The Board was informed of actions underway with completion dates of March and April 2019 to address some of the areas of risk, but there remained gaps in compliance which would require significant capital investment to address. The DEF informed the Board that a recent presentation to the Water Safety Group had been well received and would be presented to Board. The DEF noted that all staff were working together to train staff. Ann Beasley commented that the report provided limited assurance and expressed concern at the gaps in assurance. The Chairman agreed, but also noted that it was a positive step to have the report at Public Board to ensure there was transparency and accountability on such an important issue. The CEO added that the Trust had been engaging with NHS Improvement about water quality and emphasising the need for urgent capital investment.</p> <p>The Board noted the report.</p>	
FINANCE		
3.1	Finance and Investment Committee Report	
	<p>Ann Beasley presented the report highlighting that the Committee had held useful discussions about financial risk, with Estates and IT remaining high, and had a better understanding of what was being delivered and what needed further mitigation. It was noted that a lot of the mitigation relied on capital funding approval which was still awaited and had been escalated to the Provider Oversight Meeting (POM) with NHS Improvement on 19 December 2018. The Committee also agreed that without this confirmation of funding, patient safety issues were of such a nature that a letter should be written to the Chair of NHS Improvement explaining the severity of the Trust's current capital situation. Emergency flow had been discussed including the potential financial impact.</p>	

3.1	Finance and Investment Committee Report	Action
	<p>It was commented that it was very disappointing that the deficit year-to-date exceeded the control total for the year. It was observed that the forecast for the Trust is between a median case of £55.6m deficit and best case of £51.6m, and there was a commitment from the Executive to deliver the best case scenario. The Committee had emphasised the need to get ahead particularly on the cost improvement programmes. It was reported that there was very good control on cash but once the control total was exceeded cash would become tighter.</p> <p>The CFO noted the deteriorating financial position but commented that whilst the Trust was getting some things wrong there was much it was getting right. Certain issues, such as medical pay, needed to be resolved in order that the impact was not repeated next year. The full CIP value had been delivered and should be again next year.</p> <p>The Board noted the report.</p>	<p>CFO</p>
3.2	<p>Month 8 Finance Report</p> <p>The CFO noted the position was in line with the revised forecast with some variance but consistent with the prediction and pressures previously highlighted. The key issues were cash and capital. The problems with capital had been discussed at the Provider Oversight Meeting with NHS Improvement on 19 December 2018, which had advised that the Trust write to the Chief Executive of NHSI to set out the risks associated with the delay in capital funding. The Chairman added that, at the POM, NHS Improvement had explained that it now recorded such risks on its own corporate risk register.</p> <p>The Chairman commented that there remained no comfort in the current financial position, and there was a significant risk that the Trust would finish the year with the same level of deficit as the previous financial year, and in the best circumstances only just better.</p> <p>The Board noted the report, and agreed that the CFO should prepare a letter to the Chief Executive of NHS Improvement early in the new year setting out the patient safety risks around further delay in approving the Trust's capital bid.</p>	<p>CFO</p>

STRATEGY		Action
5.1	Clinical Strategy Highlight Report	
	<p>The DS commented that there had been a three hour Board strategy seminar that week with dates booked for future seminars. Stakeholder events emerging themes were set out in the Appendix to the report. It was noted that executive director colleagues were aware of the need to ensure all staff groups attended events, not just clinical staff. The DS commented that the report summarised emerging themes, the need for alignment with strategy and that staff are being involved with the strategy development.</p> <p>The Board noted the report, the progress, issues and risks identified.</p>	
GOVERNANCE		
6.1	GDPR Implementation Update	
	<p>The CFO presented the report. Jenny Hingham asked how the Trust compared with Trusts in becoming compliant with GDPR. The CFO responded commenting that while some Trusts were compliant already, others were in a similar position to St George's. The Chairman asked whether it was yet clear when the Trust would be compliant. The CFO explained that the Trust had made considerable progress in becoming GDPR compliant but there was more to do and a plan was in place to ensure full compliance by mid-2019. The DCA suggested that given the pressure on the Board agenda, it may be appropriate for updates on GDPR to be taken through the Finance and Investment Committee to allow for more detailed scrutiny and assurance than was possible at Board.</p> <p>Ann Beasley, Chair of the Committee, and the CFO agreed that, from January 2019, FIC would consider GDPR and DPA implementation and provide assurance to the Board on progress with compliance.</p> <p>The Board noted the report.</p>	CFO
ESTATES		
7.1	Patient Led Assessment of the Care Environment (PLACE) 2018	
	<p>The DEF presented the paper commenting that further to a workshop in September 2018 all low cost issues arising from the assessment had been addressed and preparation was underway for the 2019 PLACE assessment. Overall, St George's had improved but there remained disappointment at the scores for disability and dementia, recognising however that these were issues nationally. The DEF commented that whilst a comparison was not available with other trusts or a national level, he understood the Trust was in the top 50% for the country and top 25% in London.</p> <p>Sarah Wilton expressed gratitude to the patients who had given their time to the PLACE inspections, which had provided the Board with a very different perspective. It was also noted that the charity had funded a disability study and this would be brought to the Board.</p>	DS

7.1	Patient Led Assessment of the Care Environment (PLACE) 2018	Action
	<p>The CEO commented that it was necessary to differentiate between sites to ensure that the report was not misleading. The CN commented that there remained a lot of work to do to improve the conditions for patients in some areas and this needed to be costed. Tim Wright asked whether there were likely to be unforeseen capital requests for reviews, to which the DEF responded by commenting that large capital bids were not anticipated.</p> <p>The Board noted the recommendations set out in the report and requested that the DEF thanked the volunteers for a critical piece of work.</p>	DEF
CLOSING ADMINISTRATION		
8.1	Questions from the Public	
	<p>A member of the public referred to the CQC report on cardiac surgery, which had been published on 6 December 2018, and asked the Chairman to explain what steps had been taken at Trust level to rectify what had been described in the report as a lack of credible and effective leadership and managerial oversight. The Chairman responded that the issues affecting the cardiac surgery service were longstanding and that the NICOR alert, which warned of potential excess mortality in the unit, covered the period from April 2013 during which time a completely new Board had been appointed, including a new Executive team. The Trust had undertaken a major restructure of its clinical divisions earlier in the year and the CMO would be leading a comprehensive review of clinical governance across the Trust to ensure that systems and processes functioned effectively, issues were identified early and that lessons were learnt.</p> <p>A question was raised concerning the attitude of some of the diagnostic staff which was considered unpleasant and upsetting for patients. The Chairman asked the COO to investigate and report back to Board on matters raised concerning the attitude of some of the diagnostic staff which was considered unpleasant and upsetting for patients</p>	COO
8.2	Any new risks or issues identified	
	The information governance breach identified during the Board visits was flagged as a risk and that this would be addressed.	
8.3	Any Other Business	
	No other business was identified.	
CLOSING ADMINISTRATION		
8.4	Reflection on meeting	
	The Chairman introduced the item noting that she had agreed with the CEO and DCA a more structured approach to reflections, with Executive Directors and Non-Executives taking it in turns to lead the discussion following Board meetings. On this occasion, she asked the DCA to offer his reflections on the meeting. The DCA offered reflections on the quality of the agenda, the supporting paperwork, the discussion at the meeting and participation across the Board.	

8.4	Reflection on meeting	Action
	<p>The Board agenda had been quite heavy, albeit that there had been a good balance between seeking assurance, setting strategy, and discussing culture and that the agenda items corresponded to the major areas of risk on the Board Assurance Framework. The papers supported productive discussions at the meeting, but as had been identified at the Board development day in October, there were opportunities to improve the quality of Board papers and this was being taken forward. In terms of the discussions, the DCA noted that these generally complemented and built on the discussions at the sub-Committees of the Board, rather than duplicated them, and that the discussion of the Quality and Safety Committee report had been a good example of this, which tested and probed where the Committee felt assured. The discussion on cardiac surgery had been the most reflective to date in Part 1 of the Board. The DCA also highlighted the number of occurrences during the meeting where a contribution referred back to the earlier Board visits across the Trust, which demonstrated the value of holding the visits prior to Board meetings.</p> <p>The CEO commented that the Executives should seek to distill the key points of their papers when presenting rather than summarise their reports as well as focus more clearly on assurance. She also noted that the Board should not only be about Non-Executive Directors questioning Executives but that the Executives should challenge each other more than at present. Jenny Higham and the Chairman commented that where an item was to be discussed in both public and private, it was not always clear which issues should be discussed in which part of the meeting. The Chairman emphasised the importance of public accountability given the Trust's current position.</p>	
PATIENT STORY		
	<p>As the patient (Patient M) was unable to attend, Victoria Morrison, Head of Nursing (Surgery and Major Trauma), and Martin Haynes, Improvement Methodology Director, set out the details of the story and the lessons learnt by the Trust. The patient's experience had resulted in a complex complaint. The patient had received successful surgery as a result of which she was temporarily incapacitated. She was cared for on a ward in which a fellow patient had undergone emergency amputation and a patient known to staff to have challenging behaviour was also admitted. The behaviour of these patients was intimidating, particularly towards Patient M, resulting in Patient M having to be provided with a security escort on discharge from the ward. It was acknowledged how Patient M must have felt given that she was incapacitated and could not walk away from the situation. Discussion took place on the need to ensure staff and users of the Trust were fully aware of the zero tolerance policy but also the need for staff to be properly informed of issues so that they could appropriately prioritise against competing demands. Also identified was the risk of accepting as "norms" issues that should and could be addressed such as proximity of single sex toilet facilities for patients and communicating such issues with patients. The staff involved had been extremely upset about the failure to transfer Patient M to another ward.</p>	

PATIENT STORY	Action
<p>As a result of the experience, the Trust's violence and aggression policy was now followed more rigorously and the zero tolerance aspects of this had been implemented. The CEO commented that there appeared to be a culture of not applying the policy due to a lack of knowledge among staff.</p> <p>The DHROD commented that he would look into staff awareness of the violence and aggression policy further as it linked in with bullying and harassment on which the Trust was committed to addressing. The DEF commented that staff could be afraid that violence or aggressive patients knew where they worked and that the policy would only go so far to protect them.</p> <p>The CMO queried if an issue was that staff did not know what should be tolerated and how much support they would receive from management. The CN commented on the fact that this was an immobile patient who was unable to walk away from a situation. Victoria Morrison and Martin Haynes responded that the Violence and Aggression Group had noted a lack of support from clinical leads in securing exclusion and that there were ethical considerations. However, an awareness of policy would mean that the warning process could start as soon as possible.</p> <p>The Chairman thanked Victoria and Martin for presenting the patient's experience. The CEO commented that the complaint had prompted staff to think in a different way, to learn and apply policy, but there remained a need to empower staff and make it clear what would not be tolerated.</p>	<p>DHROD</p>

Date of next meeting: Thursday 31 January 2018 at St George's Hospital