

**A MEETING OF THE BOARD OF DIRECTORS OF THE SOUTH LONDON AND  
MAUDSLEY NHS FOUNDATION TRUST  
WILL BE HELD ON TUESDAY 30<sup>TH</sup> APRIL 2013 AT  
3:00pm BOARDROOM, MAUDSLEY HOSPITAL**

**AGENDA**

- 1 **APOLOGIES for absence:**
- 2 **Declarations of Interest**
- 3 **Minutes** of the Board Meeting held on 26<sup>th</sup> March 2013 **Attached**
- 4 **MATTERS ARISING**
- 5 **QUALITY**
- 5 To receive the Infection Control Surveillance Report **Page 7 App A**
- 6 To receive the Service Quality Indicator Report **Page 10 App B**
- 7 To receive an update on NICE Guideline Assurances **Page 18 App C**
- 8 **PERFORMANCE AND ACTIVITY**
- 8 To discuss the Finance Report Month 12 **Page 28 App D**
- 9 **GOVERNANCE**
- 9 To receive a Report from the Acting Chief Executive **Page 49 App E**
- 10 To receive a verbal Update on Kings Health Partners **Page 54 App F**
- 11 To receive an Update from the Members Council **Page 55 App G**
- 12 To receive the Audit Committee Minutes from the March Meeting **Page 57 App H**
- 13 To receive the Staff Survey Report 2012 **Page 70 App I**
- 14 To discuss the Assurance Framework Report **Page 86 App J**
- 15 **INFORMATION**
- 15 Director's Reports **Verbal**
- 16 Forward Planners **Page 100 App K**
- 17 Any other business

To consider a motion that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public bodies (Admission to Meetings) Act 1960

**Date of Next Meeting: Tuesday 28<sup>th</sup> May – 3:00pm, Board Room, Maudsley Hospital, Denmark Hill, London, SE5 8AZ. Please send apologies to Alison Baker 0203 228 4763  
[alison.baker@slam.nhs.uk](mailto:alison.baker@slam.nhs.uk)**

Please note that minutes from this meeting are a public document and will be published on the Internet and may be requested under the Freedom of Information Act (2000). Any attendee that would like their name omitted from the minutes should discuss this with the minute taker. Note that it may not always be possible to oblige as this is dependent on the persons role and the business being discussed.

**MINUTES OF THE SIXTY THIRD MEETING OF THE BOARD OF DIRECTORS OF THE  
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST  
HELD ON 26<sup>th</sup> MARCH 2013**

**PRESENT**

Madeliene Long	Chair
Dr Martin Baggaley	Medical Director
Dr Patricia Connell-Julien	Non Executive Director
Robert Coomber	Non Executive Director
Nick Dawe	Interim Director of Finance
Harriet Hall	Non Executive Director
Gus Heafield	Acting Chief Executive
Kumar Jacob	Non Executive Director
Prof Shitij Kapur	Non Executive Director
Zoë Reed	Director of Strategy & Business Development
Dr Jane Sayer	Acting Director of Nursing and Education

**IN ATTENDANCE**

Mark Allen	Service Director, Addictions CAG
Sam Antwi-Marful	Deputy Director, B&DP CAG
Alison Baker	PA to Chair & Non Executive Directors
Matt Beavis	Assistant Director of Nursing
Lucy Canning	Service Director, Psychosis CAG (item 6 onwards)
Dan Charlton	Head of Communications
Prof Tom Craig	Director of Research and Development
Steve Davidson	Service Director, Psych Medicine and MAP CAGs
Roy Jaggon	Head of Performance
Paul Mitchell	Trust Board Secretary
Louise Norris	Director of Human Resources (item 6 onwards)
David Norman	Service Director, Older Adults CAG
Noel Urwin	Vice Chair, Members' Council

**APOLOGIES**

None

**DECLARATIONS OF INTEREST**

Routine declarations were made:

- Madeliene Long declared an interest as a Lewisham Borough Councillor and an Honorary Fellow of King's College London.
- Zoe Reed declared an interest as Chair, Time Banking UK and as a Trustee of Richmond Borough MIND.
- Dr Patricia Connell-Julien declared an interest as an employee of Kings College London and as Trustee of Southside Certitude Support.

- Prof Shitij Kapur declared an interest as a member of the CNS Scientific Advisory Board of Lundbeck Co and Roche Co. Prof Kapur advises and consults with pharmaceutical companies periodically.

## **MINUTES**

The minutes of the meeting held on the 26<sup>th</sup> February 2013 were agreed as an accurate record of the meeting.

The draft minutes of the Service Quality Improvement Sub-Committee February meeting were noted. Harriet Hall explained that the Board Declaration on Quality Governance, which was part of external quality reporting, required that four sets of questions be answered. It was agreed that this would be reviewed at the May meeting of the Service Quality Improvement Sub-committee and the Board would then be briefed accordingly. **Action: Dr Martin Baggaley.**

## **BOD 28/13 MATTERS ARISING**

There were no matters arising from the previous minutes.

## **BOD 29/13 INFECTION CONTROL SURVEILLANCE REPORT**

Dr Martin Baggaley reported that there had been no cases of c.difficile and one colonised case of MRSA. There had been three cases of Campylobacter spp. on two wards at the Ladywell Unit and Bethlem Royal Hospital. In all cases the ICT liaised with the local Health Protection Unit, no further action was required by the ICT.

There had been reports of diarrhoea and vomiting on an acute adult inpatient ward at Lambeth Hospital, the Mother and Baby Unit, an Older Adult inpatient ward at Bethlem Royal Hospital and an Older Adults Inpatient Unit at the Maudsley. Following investigations food was not implicated and the pattern suggested that the outbreaks were of viral origin.

**The Board of Directors noted the report.**

## **BOD 30/13 SERVICE QUALITY INDICATOR REPORT**

Roy Jaggon tabled additional information which included an update regarding the CPA 12m review and explained that taking into account the scheduled reviews taking place in the Psychosis CAG and B&DP CAG should take the overall Trust position to 95.0%. As other CAGs continued to review and provide similar information it was anticipated that the Trust would meet this target. The latest information on delayed discharges indicated that this figure had decreased to 8.2%. Copies of care plans fluctuated by 0.5% each month, there had been significant improvement within the CAMHS CAG data during the month. The child need risk screen showed a significant improvement on previous months, with the overall Trust figure now 92.93%.

Prof Shitij Kapur commented that the extra pages added to the report were helpful. He particularly welcomed information on the number of beds that each CAG managed and the average length of stay within services as these were important in placing the data in context.

Roy Jaggon explained that there were increasing demands for service quality information coming from different directions. It was important to align what was collected to what the commissioners wanted.

Gus Heafield explained that the Trust had initiated a rolling process to review quality indicators. This work was being undertaken with Grant Thornton and a summary update would be brought back to the Board of Directors.

**Action: Gus Heafield/Nick Dawe.**

**The Board of Directors noted the report.**

#### **BOD 31/13 SAFEGUARDING CHILDREN ARRANGEMENTS DECLARATION**

Matt Beavis emphasised that the Trust was committed to safeguarding children across the organisation which was reflected in the Trust's Safeguarding Children Strategy. Work to strengthen and improve safeguarding children arrangements was ongoing within the Trust. Following the publication of the Care Quality Commission report into arrangements within the NHS for safeguarding children the Trust had reviewed its own arrangements against priority areas highlighted by the CQC and Monitor. As a result of this review the Trust was satisfied that all recommendations were in place.

Matt Beavis explained there had been some improvements to the child need and risk screen with the addition of increased text boxes and a link to the Trust Safeguarding Children Intranet site.

It was suggested that examples of specific cases would be beneficial.

**The Board of Directors noted the recommendations listed in the report.**

#### **BOD 32/13 FINANCE REPORT – MONTH 11**

Nick Dawe reported that the Trust EBITDA position of £14.3m was £0.25m above the current Plan at month 11. There was an overall decrease in the favourable variance from plan with overspends in Psychosis, B&D and Estates driving the position. In addition the Bethlem Triage Ward continued to operate at a deficit while discussions continued with Croydon PCT regarding its funding. These overspends had been offset to some extent by underspends in other CAGs and infrastructure directorates and through the use of the contingency reserve. The overall position was still ahead of Plan but pressures remained with overspill activity reaching its highest level so far this year, specialist activity falling in key areas and year end discussions with some local PCTs still to be conducted. Constructive year end financial agreements had been reached with Southwark and Croydon.

Nick Dawe advised that the significant under performance on cost improvement plans will be one of the reasons for financial pressures next year. Any unrealistic expectations of the current year impact of proposals would be addressed during the next financial year by tighter monitoring on a scheme by scheme basis from April 2013.

**The Board of Directors noted the report.**

### **BOD 33/13 ACTING CHIEF EXECUTIVE REPORT**

Gus Heafield explained that following publication of the Francis Report four staff engagement sessions had been held along with a meeting of the Trust's Senior Leaders' Forum which included all the key clinical and managerial leaders within the Trust. Issues explored included the coherence of current structures; further updates will be brought back to the Board of Directors.

Gus Heafield reported that there had been a CQC visit to River House on the back of a recent incident. Some issues had been raised around the quality of the environment. An action plan was being developed to follow up on the issues raised.

Gus Heafield explained that as from the 1<sup>st</sup> April 2013 PCTs were being abolished and would be replaced by CCGs. This would lead to changing relationships with key partner organisations and would have an impact on the current round of contract negotiations.

Madeliene Long said that it was important for the Trust to develop corporate functions which could support the CAGs in areas such as market awareness and business intelligence.

**The Board of Directors noted the report.**

### **BOD 34/13 KHP UPDATE**

Madeliene Long reported that McKinsey had been appointed to support the development of the full business case for the creation of a single academic health care organisation. They would be invited to attend a future meeting of the Board.

**Action: Paul Mitchell.**

A meeting of the Steering Group had been held with Capsticks Solicitors to consider advice on competition issues raised from the proposed merger of the Bournemouth and Poole NHS FTs.

It was hoped that the full business case would be brought back to the partner Boards for consideration by October 2013, monthly reports would still continue. The KHP Staff Bulletin was being regularly produced which provided information for staff.

**The Board of Directors noted the report.**

### **BOD 35/13 UPDATE FROM THE MEMBERS' COUNCIL**

Noel Urwin reported that at the recent Members' Council meeting, Prof Hilary McCallion had made a presentation on the Francis report highlighting the quality implications and the future roles of governors.

A joint meeting with the Members' Council and the Board of Directors had been held on Friday, 22<sup>nd</sup> February 2013 which had been very positive.

The membership and communications group had met where items for discussion were an update on the introduction of the membership benefits scheme and the feasibility of linking membership to fundraising initiatives.

**The Board of Directors noted the report.**

**BOD 36/13 ASSOCIATE HOSPITAL MANAGERS – ANNUAL REVIEW**

Dr Patricia Connell-Julien explained that the Associate Hospital Managers had now been interviewed for their annual reviews, the process followed that of previous years and included some feedback from the competency based system that had been introduced in September 2007. A total of 43 annual reviews were undertaken, 42 were recommended for approval by the Board of Directors from the 1<sup>st</sup> April 2013.

Three experienced AHMs would be taking some time away from AHM duties on the grounds of ill health, at a the point they were fit to resume they would be reviewed by OHC to ensure they were fit to carry out the role.

**The Board of Directors approved the 42 Associate Hospital Managers Annual Reviews.**

**BOD 37/13 DIRECTOR'S REPORTS**

There were no Directors reports.

**BOD 38/13 FORWARD PLANNERS**

The Forward planner was noted.

**BOD 39/13 ANY OTHER BUSINESS**

No any other business was considered.

**BOD 40/13 MOTION TO EXCLUDE THE PRESS AND PUBLIC**

The Board of Directors agreed that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public bodies (Admission to Meetings) Act 1960.

The date of the next meeting will be: **Tuesday, 30<sup>th</sup> April 2013 – 3:00pm Boardroom, Maudsley Hospital, Denmark Hill, London, SE5 8AZ**

**Chair**

## KHP Update

### SLaM Board Meeting 30<sup>th</sup> April

#### 1. Celebrating our achievements, planning our future

On Tuesday 16 April, over 150 representatives from our Clinical Academic Groups and staff from across King's Health Partners gathered to take stock of our progress as an Academic Health Sciences Centre (AHSC) and plan for the future.

With 10 presentations, two seminar sessions and a 'Question Time' panel debate, delegates heard from leading researchers and clinicians about the ambitions and achievements of our partnership. Presentation topics included the integration of mental and physical health care; the importance of value based health care and putting patient needs first; the progress made in the Southwark and Lambeth Integrated Care programme; and the growing expertise of the King's Centre for Global Health.

For the event, each of the 21 Clinical Academic Groups (CAGs) produced a poster about their work. The posters can be viewed on the [CAG pages of our website](#).

#### 2. King's Health Partners' Professors appointed as NIHR Senior Investigators

Six Professors across King's Health Partners have been appointed as NIHR Senior Investigators in the recent annual competition for positions. Of those appointed, five are existing holders of the award, with one new award made to Professor Graham Lord in the field of Immunology.

This is a significant achievement for our Academic Health Sciences Centre, as this year's competition was particularly intense with 169 applications for 56 positions. The overall bibliometric standing of applicants appeared higher than in all previous years.

Senior Investigators are the NIHR's pre-eminent researchers and represent the country's most outstanding leaders of clinical and applied health and social care research.

Each Senior Investigator receives an award of £15,000 and attracts additional NIHR Research Capability Funding to the main NHS organisation with which they hold a contract of employment or an honorary contract.

The following appointments were made across King's Health Partners:

- Sir Robin Murray, Professor of Psychiatric Research, Institute of Psychiatry and Honorary Consultant, South London and Maudsley;
- Sir Simon Wessely, Professor of Psychological Medicine, Institute of Psychiatry, King's College London and Consultant Psychiatrist at King's College Hospital and South London and Maudsley;

- 
- Lucilla Poston Professor of Obstetrics & Gynaecology and Head of Division of Women's Health, King's College London;
- Simon Lovestone, Professor of Old Age Psychiatry, King's College London and Director, NIHR Biomedical Research Centre for Mental Health;
- Graham Lord, Professor of Medicine King's College London, Honorary Consultant in Nephrology and Director of NIHR Biomedical Research Centre, Guy's and St Thomas';
- Frank Nestle Professor of Cutaneous Medicine and Immunotherapy, King's College London and Guy's and St Thomas'.

### **3. Executive Director appointed to Mayor's Health Board for London**

The Mayor of London, Boris Johnson will head a new strategic Health Board for London that will bring together a range of experts, including King's Health Partners Executive Director Professor Sir Robert Lechler, to champion the health needs of people across the capital and promote London's life sciences research sector.

The Mayor is working with London's councils and health organisations to create a forum where key London issues and resources can be discussed, advocated and promoted. This is part of a range of health initiatives the Mayor is supporting including funding grass root sports and physical activity, backing healthy school breakfasts, launching take away tool kits, tackling alcohol misuse, and providing cancer information in communities.

Members of the Board include council leaders and representatives from the health sector including GPs and doctors, and they are set to meet for the first time in May.

### **4. FBC progress update**

Last month the Full Business Case work began in earnest. Key workstreams include:

#### ***The FBC is aiming to address three basic questions***

What is the best, viable, option for closer integration of the three Foundation Trusts (GSTT, KCH and SLaM) and the University (KCL), in order to deliver the Tri-partite mission in the most effective way and how would this option be delivered?

1) Are any of the SOC recommended options unviable as a result of:

- Being too challenging to operate,
- Delivering insufficient value,
- Not being acceptable to regulators / competition bodies?

2) Which viable option for closer integration do the organisations believe will drive the greatest benefit in the most effective way (the preferred option)?

3) How do the organisations intend to deliver the preferred option (the option that drives the greatest benefit)?

## ***Current focus***

Early workshops and groups are:

- Articulating the potential benefits of integration
- Describing to what extent are these reliant on merger
- Determining what the future organisation could look like
- Understanding the likely regulatory challenge to integration.

## ***Work streams and work stream leads***

There are 7 separate workstreams,

- Cross-cutting themes - Public Health (Dementia & Alcohol), Mind and Body, Integrated Care and Value Based Healthcare (Jill Lockett),
- CAG focus areas (Children, Cancer, Cardiac, Dental, Diabetes & Obesity, Mental Health & Neurosciences, Transplantation (Jackie Parrott)
- Finance Case (Ed Kessler)
- Corporate functions (HR-Ann MacIntyre)
- Capital & Estates (-tbd)
- Organisational Design and Development (William McKee)
- Legal and Regulatory (Paul Mitchell)
- Communications and Stakeholder Management (Dan Charlton).

In addition Madeliene Long and Tim Smart are mentoring the Legal and Regulatory work and Madeliene continues to lead the Communications and Stakeholder Engagement.

### **1. Timeline**

The programme aims to produce a draft business case for the end of June in which it will articulate the potential benefits for further integration against each of the options, with the aim of enabling the Partners Board to take a view on the preferred integration option. This could mean closer partnership working or a three way merger. The preferred option will then be formally reviewed and presented as a Full Business case by end September 2013.

**29th April 2013**

## TRUST BOARD OF DIRECTORS – SUMMARY REPORT

<b>Date of Board meeting:</b>	30 <sup>th</sup> April 2013
<b>Name of Report:</b>	Report from the Members' Council
<b>Heading: - (Strategy, Quality, Performance &amp; Activity, Governance, Information)</b>	Governance
<b>Author:</b>	Paul Mitchell, Trust Secretary
<b>Approved by: (name of Exec Member)</b>	Gus Heafield, Acting Chief Executive
<b>Presented by:</b>	Noel Urwin, Vice Chair, Members' Council

### **Purpose of the report:**

To update the Board on the current areas of Members' Council activity.

### **Action required:**

To note.

### **Recommendations to the Board:**

To note.

### **Relationship with the Assurance Framework (Risks, Controls and Assurance):**

The Members' Council is an integral component of the Trust's Constitution as a Foundation Trust.

### **Summary of Financial and Legal Implications:**

Budgetary provision has been made to support the activities of the Members' Council.

### **Equality & Diversity and Public & Patient Involvement Implications:**

The Members' Council has a responsibility to ensure that the Trust's membership is representative of the local populations in terms of diversity and that all members, including those from the patient & public constituencies, are fully involved.

## **Members' Council update report April 2013**

### **1. Constitution review**

Monitor has agreed the changes to the FT Constitution agreed in September 2012 as a consequence of the passing of the Health and Social Care Act 2012. The second stage of the review of the FT Constitution will be commencing shortly. This will offer the opportunity to review the composition of the Members' Council (Council of Governors), namely reviewing the partner organisation representation in the light of the recent NHS organisational changes as well as the constituencies for the elected representatives.

### **2. Membership and communications**

The next meeting of the group will be taking place on Wednesday, 8<sup>th</sup> May 2013. Items for discussion include an update on the introduction of the membership benefits scheme and an update following the letters sent to all members alerting them to the fundraising opportunities created by the integration of the three Trust associated charities through KHP. The current position is that following the first two mailing segments, 118 opt-ins have been received. The third segment to Carers and Services Users is scheduled to be mailed this Friday (26<sup>th</sup> April).

### **3. Annual Plan and Strategy group**

The Annual Plan and Strategy group met on 3rd April. This provided an opportunity for an update on the development of the Annual Plan.

Paul Mitchell  
Trust Secretary  
April 2013

Z: ce / board / meeting 2013 04 30 / mc update report apr 13

**TRUST BOARD OF DIRECTORS ('THE BOARD') – SUMMARY REPORT**

**Date of Board meeting:** Tuesday 30<sup>th</sup> April 2013

**Name of Report:** **Audit Committee ('AC'):**  
 (a) draft minutes of meeting held 26.Mar.2013  
 (b) signed and sealed report (Dec.2012 to Mar.2013)

**Heading:** Governance

**Author:** Steven Thomas (AC Secretary)

**Approved by:** Robert Coomber (AC Chair and Non Executive Director – 'NED')  
 (name of Exec Member)

**Presented by:** Robert Coomber (AC Chair and NED)

**Purpose of the reports:**

**AC draft minutes.** To inform the Board about proceedings at the AC meeting held on 26.Mar.2013  
**Signed and sealed report.** To inform the Board about documents signed and sealed on behalf of the Trust in the period Dec.2012 to Mar.2013

**Action required:**

**Review** the documentation presented.

**Recommendations to the Board:**

**Note** the documentation presented.

**Relationship with the Assurance Framework (Risks, Controls and Assurance):**

The AC's role includes consideration of the Assurance Framework

**Summary of Financial and Legal Implications:**

No specific significant implications identified.

**Equality & Diversity and Public & Patient Involvement Implications:**

No specific significant implications identified.

**KEY ISSUES SUMMARY (references are to the AC minutes attached)**

*(The AC Chair may wish to expand on the following at the Board meeting)*

At its 26.Mar.2013 meeting, the AC concluded that no matters required **escalation** for the attention of the Board (14.1 refers). However the AC considers that the Board should be **kept aware** of the AC's concerns about the following issues.

- **Competitive marketing/benchmarking** (8.1.2 and 8.1.3 refer). SLaM needs to understand competitive marketing/benchmarking (including commissioners' needs) so that SLaM has hard evidence to demonstrate the superior quality of SLaM's service.
- **Estates and Facilities** (8.2.1 and 8.2.2.refer). The AC recommended Nick Dawe and Louise Norris to consider with Gus Heafield how to assure the Board that Estates and Facilities business and management is fit for purpose now and for the future. This should include consideration of business models for service provision and Board confirmation thereof.
- **Risk management compliance** (12.2 refers). Robert Coomber will discuss with Gus Heafield and Nick Dawe how best to ensure that SLaM management (*not* Jenny Goody the Governance Manager who coordinates the system): (a) takes responsibility for the judgments involved in updating the assurance framework; and (b) presents the assurance framework itself. The purpose is to provide the Board with proper assurance

**SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST ('SLaM')**  
**MINUTES OF AUDIT COMMITTEE ('AC') MEETING**  
**Tuesday 26<sup>th</sup> March 2013: 08:30 to 09:00 (private session) 09:00 to 11:00 (main session)**  
**BOARDROOM, MAUDSLEY HOSPITAL, DENMARK HILL**  
**DRAFT FOR COMMENT**

**AC MEMBERS**

Name	Inits.	Role	Presence
Robert Coomber	RC	AC Chair and Non-Executive Director ('NED')	All items
Patricia Connell-Julien	PCJ	AC member and NED	All items
Professor Shitij Kapur	SK	AC member and NED	All items

**AC SUPPORT FUNCTION**

Name	Inits.	Role	Presence
Steven Thomas	ST	AC Secretary	All items

**OTHER PERSONS IN ATTENDANCE**

Name	Inits.	Role	Presence
Nick Dawe	ND	Interim Director of Finance and Corporate Governance	All items
Louise Norris	LN	Director of Human Resources	Items 2 to 6 and 8
Steve Davidson	SD	Service Director of: Psychological Medicine Clinical Academic Group ('CAG'); and Mood Anxiety and Personality CAG	Items 1 (part) to 6, and item 8.1
Jenny Goody	JG	Governance Manager	All items bar item 1 (part)
Kevin Limn	KL	Internal Audit (Chief Internal Auditor – Parkhill)	All items
Nicola Meeks	NM	Internal Audit (Computer Audit – Parkhill)	All items
Matthew Hall	MH	External Audit (Partner – Deloitte)	All items
Angus Fish	AF	External Audit (Senior Manager – Deloitte)	All items
Bill Simpson	BS	Local Counter Fraud Specialist ('LCFS' – and Manager at Parkhill)	All items bar item 1
David Kenealy	DK	LCFS (Parkhill)	All items bar item 1

**NOTES**

The AC Chair decides on the appropriate order in which to take agenda items at AC meetings, and this is not necessarily the order shown below. The minutes focus on recording the information and assurances provided in the meeting, in response to questions from AC members and otherwise, rather than on the questions themselves.

**1. PRIVATE SESSION**

1.1 RC, PCJ, SK, ND, KL, NM, MH, AF and ST held a private session. All agreed that formal notes of the session were not required and that attendees would make their own notes as appropriate. The main purpose of the session was to assess the contributions to efficient and effective audit/governance (with reference in particular to cost control, quality reporting and change management) of the following parties: the AC; SLaM's Board of Directors ('the Board'); internal auditors; external auditors; and LCFS. To support the assessment ST had provided a checklist, consistent with that used in prior years, in the AC's agenda papers.

1.2 In summary, after due discussion, it was agreed that all parties had performed well and had contributed appropriately to efficient and effective audit/governance arrangements. However, in common with other Trusts, SLaM faced significant challenges. All parties should therefore remain alert and should continue to seek to improve their performance.

1.3 The following specific points were noted during the discussion about audit/governance:

- (a) MH considered that there was good interaction between relevant parties;
- (b) MH considered that SLaM's performance was 'on track' in general except as regards quality accounts. In that area SLaM is working, with Grant Thornton's assistance, to resolve the issue noted from the 2011/12 audit regarding lack of support for certain key performance indicators ('KPIs');
- (c) ND considered that an efficient, effective and traditional approach was taken to audit/governance matters, and no fundamental weaknesses were apparent;
- (d) KL and NM advised that they had no views based on personal experience, as they were newly in role, but it was noted that their predecessors in Parkhill considered that there were no major problems as regards audit/governance;
- (e) the AC noted that SLaM faces three main challenges: the impact of the potential merger with partner bodies in King's Health Partners ('KHP'); issues around responding to changes in the commissioning environment; and issues regarding continuity in the top management team (which currently includes an acting Chief Executive and several directors who are either interim, acting up or newly appointed directors); and
- (f) the AC noted that the unparalleled position faced by SLaM does not appear to be reflected in the audit approach.

**1.4 Action/(timescale). All AC attendees will reflect on changes required to: the focus of AC meetings; reporting to the AC; and the nature of AC meetings. For example, amend reporting methods so the AC can reduce AC time reviewing routine matters and reports (to say 50% of AC meeting time), and use the time so released to review key arising SLaM operational and strategic issues (including discussions with senior management). ST will schedule a 45-minute AC private session for the Jun.13 AC meeting to discuss approaches (Mar.13 to Jun.13).**

## **2. APOLOGIES FOR ABSENCE**

2.1 RC opened the meeting. Attendees introduced themselves as appropriate. ST advised that apologies for absence had been received from Gus Heafield (Chief Executive). After due discussion **the AC noted** this agenda item.

## **3. DECLARATIONS OF INTEREST**

3.1 RC asked all present to declare any relevant interests. Routine declarations were made. PCJ declared an interest as an employee of King's College London and as Trustee of Southside Certitude Support. SK declared an interest as a member of the CNS Scientific Advisory Board of Lundbeck Co and Roche Co. SK advises and consults with pharmaceutical companies periodically. After due discussion **the AC noted** these declarations.

## **4. MINUTES OF PREVIOUS AC MEETING(S)**

4.1 The AC considered the final draft minutes of the AC meeting held on Tuesday 11<sup>th</sup> December 2012. After due discussion **the AC approved** the minutes.

## **5. ACTION POINTS ('APs') FROM PREVIOUS AC MEETINGS**

5.1 The AC considered the AP list. After due discussion **the AC noted** the AP list. *Post meeting note: with the AC Chair's agreement ST has updated the AP list to reflect information received during the AC meeting and subsequently*

## **6. MATTERS ARISING (IF ANY)**

6.1 No other matters arising were reported. **The AC noted** this agenda item.

## **7. KEY POINTS FROM RECENT SQIC MEETING(S)**

7.1 JG presented this report based on the most recent meeting of the Service Quality Improvement Committee ('SQIC'). The following points in particular were amongst those discussed in the AC meeting:

- (a) as regards quality accounts, MH advised that Monitor had (on 22.Mar.2013) mandated the third of the three performance indicators to be audited for 2012/13;
- (b) KL advised that the internal audit plan included review of data quality;
- (c) ND advised that Grant Thornton had reported on SLaM's approach to ensuring appropriate data quality; and
- (d) after due discussion **the AC noted** the report.

## **8. REPORTS FROM/DISCUSSIONS WITH SLAM MANAGEMENT (OTHER THAN FINANCE)**

### **8.1 Discussion with CAG/service leader re data quality, change management and commissioning**

8.1.1 SD introduced himself as service director of two CAGs (Mood Anxiety and Personality; and Psychological Medicine) advising that each of these CAGs has about 450 staff and about £20m annual income, and:

- (a) SD explained that the CAG arrangements are more efficient than the Borough-based arrangements previously in place, as the CAG system develops care pathways for people with similar issues across Boroughs, and benefits from links with academic work;
- (b) SD advised that commissioning arrangements for Croydon and Lewisham differ from Lambeth's;
- (c) SD advised as follows. CAG teams anticipate that the new activity-based commissioning system will allow SLaM to demonstrate more clearly than under the current block contract system that SLaM's service is more efficient and of higher quality than the services of other Trusts. SLaM has successfully built strong relations with commissioners, and maintaining these appropriately will be a key challenge for SLaM under the new less cooperative system. To improve the efficiency and effectiveness of commissioning discussions, it is vital to include clinicians;
- (d) SK noted that the CAG-based system could be less user-friendly, as it has potentially many points of contact for users. SD stated that CAGs have been adopting an account manager approach to counteract that weakness (for instance SD acts in an account manager capacity for the Croydon area); and
- (e) SD reported that SLaM's corporate risk management system did not clearly/formally deal with commissioning risk, but 'unstable income' had been recorded as a risk in CAG risk registers, reflecting the fact that two local Clinical Commissioning Groups ('CCGs') are in financial difficulties.

8.1.2 SK noted that national commissioning specialists are looking to reduce spend on mental health, and asked about SLaM's strategy for maintaining/growing its position. Further to this:

- (a) SD advised that SLaM has adopted a proactive approach and SLaM's membership of KHP may also help, by giving access to a larger market, although recent experience of a bid with a KHP partner body was not particularly positive;
- (b) ND advised that SLaM had rethought its approach informally (not formally – no related agreements having been signed) key themes being: **(i)** to bid to Local Authorities which need support for their public health role, as Local Authorities are more data rational than other commissioners; and **(ii)** to increase partnership working to maximise usage of specialist wards;
- (c) RC noted that the Board had not formalised a view on the key themes around which SLaM's commissioning strategy should be based. However the maintenance of quality in the new environment (in actuality and as evidenced by appropriate performance indicators) is key. SD advised that he was working with staff teams to identify appropriate quality performance measures, taking account of the developing quality agenda and core data used in the quality report. RC noted the importance of consulting commissioners about the measures they wish to use;
- (d) ND observed that historically commissioners would pay more for a higher quality service, but now demand higher quality at the same price;
- (e) SK noted that 'length of stay', taking account of differing patient mixes, was a key quality performance measure as was 'explanations to patients' (which correlated with engagement with patients). SK asked how SLaM compared on these measures with competitors such as Oxleas NHS Foundation Trust, but no clear answer emerged from discussion;
- (f) PCJ noted the importance of SLaM developing a user-friendly 'marketing package' to enable SLaM to communicate to commissioners its competitive advantages efficiently and effectively. JG advised that the SQIC discusses quality performance, and has noted a lack of shared detailed data. The meeting discussed sources for information that could be used in a marketing package, and discussed problems with ensuring comparability with other Trusts given that SLaM uses some unique measures;
- (g) SD confirmed that data reliability had much improved. SD advised that service managers review data entries each month, corrections being made subsequently as necessary; and

(h) after due discussion **the AC thanked SD and noted** the agenda item.

**8.1.3 Action/(timescale). The AC will flag to the Board the need for SLaM to understand competitive marketing/benchmarking (including commissioners' needs) so that SLaM has hard evidence to demonstrate the superior quality of SLaM's service. ST will flag in the AC's key issues report to the Board (Apr.13).**

## **8.2 Discussion re estates-related issues and lessons learned**

8.2.1 ND and LN presented this agenda item reporting that on an interim basis estates business has been managed as follows: ND manages strategic matters, capital projects and investment; and LN manages facilities and maintenance. ND and LN reported on the steps being taken to resolve estates-related issues and in particular:

- (a) ND and LN advised that the current position is being reviewed and project prioritisation reassessed. The Estates Capital Group has been re-convened with CAG staff as key attendees;
- (b) LN reported that the estates team has faced huge demand, which exceeds capacity, and this is worsened by gaps in the estates management structure which prohibit effective prioritisation of demand;
- (c) ND advised that many models exist for service provision, key to which is flexibility and the need for a service-driven estates plan;
- (d) RC noted that current estates arrangements do not appear sustainable and the AC noted, with concern, the time taken to resolve the estates-related issues discussed. RC noted his recollection that the Board has not to date been invited to consider alternative business models for service provision; and
- (e) after due discussion **the AC noted** the agenda item.

**8.2 2 Action/(timescale). The AC recommends ND and LN to consider with GH how to assure the Board that Estates and Facilities business and management is fit for purpose now and for the future. This should include consideration of business models for service provision and Board confirmation thereof (Apr.13).**

## **9. EXTERNAL AUDIT**

### **9.1 Report on findings from interim stage audit work and any update to plans for 2012/13 audit**

9.1.1 MH and AF presented this report, and in particular:

- (a) MH advised that interim work had revealed no major issues, that audit work was on track, and that external audit would shortly meet SLaM management to discuss SLaM's 2012/13 quality accounts and the audit thereof and to receive a copy of Grant Thornton's related report;
- (b) AF summarised Deloitte's comments on SLaM's proposed change of approach for accounting for grant income and related expenditure, advising that the change appeared reasonable (affecting only the statement of financial position) but that this would be re-assessed when auditing the 2012/13 accounts;
- (c) AF advised that testing of the indicator 'incidents resulting in severe harm or death' will be reported privately for 2012/13, but Monitor will probably require a public assurance report for 2013/14; and
- (d) after due discussion **the AC noted** the agenda item.

**9.1.2 Action/(timescale). Deloitte will review password protection of their reports to facilitate merger with other AC papers into a single pdf pack (Apr.13).**

## **10. INTERNAL AUDIT (INCLUDING ICT AUDIT AND CLINICAL AUDIT IF RELEVANT)**

### **10.1 Progress report (flagging key changes per AP.346)**

10.1.1 KL and NM presented this agenda item, and in particular:

- (a) RC commented that internal audit's reports tend to appear low-key, irrespective of the content;
- (b) KL advised that the timing of development/finalisation of Cost Improvement Plans ('CIPs') means that typically CIP implementation starts around September, giving little chance of delivering planned savings. KL commented that CIP development needs more clinical input. KL and ND planned to discuss further outside the meeting;
- (c) KL advised that, as a proportion of total payroll costs, erroneous continued payments to staff leavers are lower for SLaM than for many other Trusts;
- (d) ND confirmed that SLaM did not have a recently approved Estates Strategy;

- (e) KL outlined internal audit's reasons for giving a 'limited assurance' opinion as to the sustainability of the Productive Ward Programme. ND responded, advising that SLaM planned to adopt a 'zero based' approach to budgeting and monitoring. SK noted that if implemented properly the Productive Ward Programme would release funds to help cover the initial costs and to sustain the programme;
- (f) NM outlined the computer audit reports included in the Progress Report; and
- (g) after due discussion **the AC noted** the agenda item.

### **10.2 Feedback on liaison with auditors of KHP partners**

10.2.1 KL presented this agenda item, advising that he had spoken informally with the internal auditors at Guys and St Thomas' NHS Foundation Trust, who confirmed that they would share their draft Head of Internal Audit Opinion for discussion around April 2013. After due discussion **the AC noted** the agenda item.

**10.2.2 Action/(timescale). Internal audit will liaise with Paul Grady (Head of Internal Audit at Imperial College Healthcare NHS Trust) about how he addressed issues faced by that AHSC (Apr.13).**

### **10.3 Closure of audit agreed actions (and Computer Audit update per AP.347)**

10.3.1 KL advised that this matter was not covered in the written reports, but would be dealt with at the June 2013 AC meeting, by which time the format of the Progress Report would have been amended. NM advised that final responses were awaited from SLaM management regarding Computer Audit reports. The AC was concerned that a substantive report on closure of audit agreed actions was still outstanding, given that the relevant action point AP.347 was raised at the Sep.12 AC meeting, and noted that this must be resolved at the Jun.13 AC meeting. After due discussion **the AC noted** the agenda item.

### **10.4 Draft internal audit plan (2013/14)**

10.4.1 KL presented the draft plan, and:

- (a) KL advised that the draft plan reflected a 'mini audit needs assessment' in view of SLaM's changed circumstances, and that internal audit would next discuss it with the executive team and external audit;
- (b) RC and SK noted the 5 main risk areas faced by SLaM (10.4.2 refers). RC and SK noted that for a number of reasons there were issues around leadership capacity at all levels, that SLaM needed to prepare for competitive commissioning and that this included improving systems for monitoring/reporting commissioner/customer satisfaction and improving marketing so that all parties are aware of SLaM's competitive strengths;
- (c) the AC and ND considered that the set of risks around the KHP project needed specification and refinement, and that the audit perspective was not best suited to that task; and
- (d) after due discussion **the AC noted** the agenda item.

**10.4.2 Action/(timescale). Internal audit will with ND review their plan so as to: (a) spread reports to the AC more evenly through the year; (b) reflect key issues (the main 5 are KHP, commissioning, budgets and CIPs, estates (management team issues) and change management); and (c) allow more time (say 20%) for key non-routine reviews as tasked by ND and the AC (Apr.13).**

**10.4.3 Action/(timescale). ND and RC will liaise to consider engaging an external consultant to report on issues arising from the KHP process and to advise on addressing these (Apr.13).**

## **11. LOCAL COUNTER FRAUD SPECIALIST ('LCFS')**

### **11.1 Progress report**

11.1.1 BS and DK introduced themselves, advising that DK was now acting as lead LCFS as Jenny Loganathan, the previous LCFS with whom DK had worked closely, was now on maternity leave. DK presented the report, and:

- (a) DK advised that the Crown Prosecution Service had decided not to proceed with case PAA 4827, but that LCFS was seeking to obtain a reversal of that decision;
- (b) DK advised that further fake passports had been identified following further training in this area;
- (c) DK reported that LCFS had recommended SLaM to complete the proactive 'National Fraud Initiative' review (these occur biennially);
- (d) RC noted that LCFS must allow Human Resources sufficient time to comment on each draft LCFS quarterly Progress Report, so that their comments can be included in the reports presented to the AC (this was not the case for the current Progress Report); and

(e) after due discussion **the AC noted** the agenda item.

## **12. RISK MANAGEMENT AND FINANCE**

### **12.1 Report from Director of Finance on items 12.2 onwards**

12.1.1 ND reported as appropriate within agenda items 12.2 to 12.6 below.

### **12.2 Update on risk management compliance**

12.2.1 JG presented three related reports, noting in particular that risk reporting is ultimately to the AC and the Risk Management Committee (but not to the SQIC), with risk ratings being presented to CAGs for comment, and:

- (a) during discussion of these three reports, reference was also made to the update on suicide-related events (agenda item 12.3) and the Assurance Framework (agenda item 12.4);
- (b) ND commented that SLaM is refreshing its risk management approach;
- (c) RC queried the non-compliances noted in section 4 of the report. JG explained that the risk management process works well in CAGs, that the Finance team's performance is appropriate but that other infrastructure groups are not meeting appropriate % compliance targets and this point is not currently reflected in the Assurance Framework;
- (d) RC noted that risk management reporting appears complicated, with JG performing much work and in practice being required to make management judgments, resulting in the AC being uninformed as to the *Executive's* view of risk management arrangements. JG commented that the Trust Executive has previously stated that the Trust Executive does not consider it appropriate for the Trust Executive to review the Assurance Framework;
- (e) JG advised that Cliff Bean is currently working on a project for Monitor, and could thus advise as to best practice at other Trusts; and
- (f) after due discussion **the AC noted** the agenda item.

**12.2.2 Action/(timescale). RC will discuss with GH and ND how best to ensure that infrastructure groups achieve appropriate risk management process % compliance targets, and SLaM management (not JG): (a) takes responsibility for the judgments involved in updating the assurance framework; and (b) presents the assurance framework itself. The purpose is to provide the Board with proper assurance (Apr.13).**

### **12.3 Update on action re suicide-related events**

12.3.1 JG presented this report, which was also considered during discussion of agenda item 12.2. After due discussion **the AC noted** the report.

### **12.4 Assurance Framework**

12.4.1 JG presented the Assurance Framework, which was also considered during discussion of agenda item 12.2. After due discussion **the AC noted** the Assurance Framework.

### **12.5 Signed and sealed documents, SFI breaches and STAs**

12.5.1 ND presented the 'signed and sealed' report, the 'single quote/tender action submissions ('STA') report, and the 'breaches of Standing Financial Instructions ('SFIs') report. After due discussion **the AC noted** the agenda item and **approved** the proposal that the signed and sealed report be appended to the draft minutes of the AC meeting when these are taken to the Board of Directors for information.

### **12.6 Proposed changes to Standing Orders and Standing Financial Instructions**

12.6.1 ND presented this agenda item, advising that the update of Standing Orders ('SOs'), Standing Financial Instructions ('SFIs'), the Board Reservation and Delegation of Powers document and the Detailed Scheme of Delegation document reflected a number of themes, including the desire to increase the appropriate delegation of powers. ST advised that the draft revised SOs and SFIs reflected comments received on initial draft revised documents issued for comment to the Director of Finance and Corporate Governance and representatives from: the Finance team; Human Resources; Communications; the Trust Board Secretariat; external audit; internal audit; and the Trust's Local Counter Fraud function.

12.6.2 RC asked whether the Board had been advised of the nature and extent of its powers and responsibilities, and ND stated that this was part of the remit of the Trust Board Secretary, who had advised the Board as appropriate. After due discussion **the AC: noted** the agenda item; **was content** with the draft

SOs and SFIs; and **was content** that these drafts be presented to the Board for approval subject to reflection of points raised by Trust Board Secretary (the drafts contained some points flagged for his attention).

**13. AC-RELATED MATTERS**

**13.1 Consider commissioning outcomes-based assurance work**

13.1.1 After due discussion **the AC considered** that the work noted at 10.4.3 was the only such additional work that the AC should be involved in commissioning at this time.

**13.2 AC workplan for the year ahead**

13.2.1 ST presented the workplan. After due discussion **the AC approved** the workplan, subject to any updating to reflect points raised in the meeting.

**14. CPD NEEDS, ESCALATION OF MATTERS TO THE BOARD AND ANY OTHER BUSINESS**

14.1 After due discussion **the AC concluded** that all agenda items and supporting agenda papers had received due consideration, that no significant training (Continued Professional Development – ‘CPD’) needs had been identified for AC members, and that (except where otherwise noted in these minutes) no matters required escalation for the attention of the Board. There being no further AC business, **RC closed the meeting.**

**15. DATES OF NEXT MEETINGS**

15.1 The **next** meeting will be a special meeting to review SLaM’s draft 2012/13 accounts and related documents. The date/time for this is to be confirmed, but MH advised that to meet the required publication timetable the meeting should be held in **late May, probably in the last week of May 2013.**

15.2 The **next quarterly** meeting will be held on **Tuesday 25<sup>th</sup> June 2013 starting at 09:30am** in the Boardroom, Maudsley Hospital, Denmark Hill.

**ACTION POINT (‘AP’) LIST**

Excluded from the AP list below are actions previously agreed by the AC as completed and actions agreed by the AC Chair as completed.

Date arising	AC action point	Action lead	Date to complete	Notes/evidence that completed (or ref to relevant agenda item)	AC Chair sign off
<b>Note.</b> The table seeks to help AC members monitor and control key actions arising at AC meetings, and so does not necessarily list all points of detail such as drafting points. Attendees are expected also to make their own notes of action points affecting their areas of responsibility.					
28.05.12 334	5.4.2 ND GH will update the AC about consolidation of the charitable funds and the impact of consolidation on SLaM’s accounts	ND GH	Jun.13		
20.09.12 347	9.3.2 Parkhill Computer Audit will deal with the remaining recommendations showing as unresolved since 2009 and 2010 (Progress Report Appendix 1 refers) and will reconcile and resolve the different priority ratings assigned by auditors and SLaM management	NM, KL ML	Dec.12 Mar.13 Jun.13	Full update to be given at Mar.13 AC meeting (brief verbal update only given at Dec.12 AC meeting). To be resolved finally at Jun.2013 AC meeting. Mar.13 AC minutes 10.3.1 refers.	
11.12.12 355	7.1.2 JG will ask the SQIC Chair (HH): <b>(a)</b> to liaise with Cliff Bean and the Members’ Council (Noel Urwin) as soon as possible as regards the selection of a KPI for quality audit purposes; and <b>(b)</b> to flag to the Board key risks affecting quality of service over the next 3 to 4 years (due to the KHP process or otherwise)	<b>JG</b>	Dec.12 Jun.13	Considered at Mar.2013 AC meeting. Per JG email 27.Mar.2013 ‘ <i>the KPIs have not yet been agreed ... and anticipated service quality risks are being reviewed under the current review of strategic risks within the AF, the results of which will be presented to the AC in June.</i> ’	
11.12.12 356	9.1.2 Deloitte will advise the AC of lessons learned by other clients re efficient and effective change management (with due regard to confidentiality)	MH AF	Jun.13		
11.12.12 358	12.4.2 Further to the results noted in section 4.1 of the risk monitoring report, JG will work with SLaM management to: <b>(a)</b> assess the adequacy of any alternative processes used by divisions with apparently poor compliance; and <b>(b)</b> report thereon to the SLaM executive and the AC	JG	Mar.13 Jun.13	JG states (email 14.Mar.2013) that she will cover at the Jun.2013 AC meeting	
11.12.12 359	12.5.2 ND plans to present an integrated risk/performance/finance report to the Board in April 2013 (also covering relations with commissioners) and ND will ask the Board and AC to consider if that report can support or	ND	Jun.13		

Date arising	AC action point	Action lead	Date to complete	Notes/evidence that completed (or ref to relevant agenda item)	AC Chair sign off
	replace the Assurance Framework reports as currently presented to the Board and AC				
11.12.12 360	12.6.2 Every 6 months JG will test the Assurance Framework (as was done in agenda item 12.6) and report to the AC thereon	JG	Jun.13 onward		
26.03.13 362	1.4 All AC attendees will reflect on changes required to: the focus of AC meetings; reporting to the AC; and the nature of AC meetings. <i>For example, amend reporting methods so the AC can reduce AC time reviewing routine matters and reports (to say 50% of AC meeting time), and use the time so released to review key arising SLaM operational and strategic issues (including discussions with senior management).</i> ST will schedule a 45-minute AC private session for the Jun.13 AC meeting to discuss approaches	All AC attendees  ST	Mar.13 to Jun.13  Jun.13		
26.03.13 363	8.1.3 The AC will flag to the Board the need for SLaM to understand competitive marketing/benchmarking (including commissioners' needs) so that SLaM has hard evidence to <b>demonstrate</b> the superior quality of SLaM's service. ST will flag in the AC's key issues report to the Board	RC, SK, PCJ  ST	Apr.13  Apr.13		
26.03.13 364	8.2.2 The AC recommends ND and LN to consider with GH how to assure the Board that Estates and Facilities business and management is fit for purpose now and for the future. This should include consideration of business models for service provision and Board confirmation thereof.	ND, LN, GH	Apr.13		
26.03.13 365	9.1.2 Deloitte will review password protection of their reports to facilitate merger with other AC papers into a single pdf pack	MH, AF	Apr.13		
26.03.13 366	10.2.2 Internal audit will liaise with Paul Grady (Head of Internal Audit at Imperial College Healthcare NHS Trust) about how he addressed issues faced by that AHSC	KL	Apr.13		
26.03.13 367	10.4.2 Internal audit will with ND review their plan so as to: <b>(a)</b> spread reports to the AC more evenly through the year; <b>(b)</b> reflect key issues (the main 5 are KHP, commissioning, budgets and CIPs, estates (management team issues) and change management); and <b>(c)</b> allow more time (say 20%) for key non-routine reviews as tasked by ND and the AC	KL, ND	Apr.13		
26.03.13 368	10.4.3 ND and RC will liaise to consider engaging an external consultant to report on issues arising from the KHP process and to advise on addressing these	ND, RC	Apr.13		
26.03.13 369	12.2.2 RC will discuss with GH and ND how best to ensure that infrastructure groups achieve appropriate risk management process % compliance targets, and SLaM management (not JG): (a) takes responsibility for the judgments involved in updating the assurance framework; and (b) presents the assurance framework itself. The purpose is to provide the Board with proper assurance	RC, GH, ND	Apr.13		

<b>Summary of Documents signed on behalf of the South London &amp; Maudsley NHSFT where sealing is required</b>						
<b>Number</b>	<b>Date</b>	<b>Description</b>	<b>Between</b>	<b>And</b>	<b>Signature</b>	<b>Signature</b>
99	29/01/2013	Deed of Variation to include additional break clauses (1 copy)	SLaM	Amadeus Properties Ltd	Zoe Reed	Gus Heafield
100	14/02//2013	Contract in respect of the NHS Standard Mental Health & Learning Disability 2010/2011 National Variation Deed 2012/2013 (2 copies)	SLaM	Greenwich PCT	Louise Norris	Nick Dawe
101	04/03/2013	Lease Agreements in respect of 88 and 90 Camberwell Road (1 copy of leave for each of the two addresses). Settlement Deed in respect of 88 and 90 Camberwell Road (1 copy)	SLaM	John Ray Bloomfield	Louise Norris	Nick Dawe

<b>Summary of Documents signed on behalf of the South London &amp; Maudsley NHSFT where signing is required</b>						
<b>Number</b>	<b>Date</b>	<b>Description</b>	<b>Between</b>	<b>And</b>	<b>Signature</b>	<b>Signature</b>
286	10/12/2012	Service Level Agreement in respect of the 2012/2013 Standard Contract for the provision of an Integrated Primary Care Talking Therapies Service (2 copies)	SLaM	Lambeth PCT	Zoe Reed	Nick Dawe
287	10/12/2012	Sub-Contract Agreement in respect of Research Services under the Prime Contract to establish a Biomedical Research Centre and Biomedical Research Unit (see entry no 207 for Prime Contract) (2 copies)	SLaM	King's College London	Nick Dawe	Zoe Reed
288	10/12/2012	Clinical Trials Agreement in respect of the ATLAS Trial led by Rob Howard (2 copies)	SLaM	King's College London & Bradford District Care Trust	Nick Dawe	Zoe Reed
289	10/12/2012	Clinical Trials Agreement in respect of the ATLAS Trial led by Rob Howard (4 copies)	SLaM	King's College London & Cheshire and Wirral Partnership NHS FT	Zoe Reed	Nick Dawe
290	10/12/2012	Co-operation Agreement and Audit Agreement relating to Energy Managed Services (2 copies)	SLaM	Schneider Electric Ltd	Zoe Reed	Nick Dawe
291	10/12/2012	Framework Agreement in respect of the provision of Face to Face Interpreting Services for the period 17th September 2012 to 31st August 2014 (2 copies)	SLaM	The Big Word Interpreting Services Ltd	Nick Dawe	Zoe Reed
292	10/12/2012	Variation Agreement relating to The Learning and Development Agreement (2 copies)	SLaM	Strategic Health Authority	Nick Dawe	Zoe Reed
293	10/12/2012	Clinical Trials Agreement in respect of the Atlas Trial led by Rob Howard (3 copies) (SEE ALSO ENTRY 309)	SLaM	King's College London & South Staffordshire and Shropshire Healthcare NHS FT	Nick Dawe	Zoe Reed
294	11/01/2013	Joint Bidding Agreement in respect of the provision of a Specialist Integrated Neuro- Rehabilitation Service in Bexley (1 copy) together with a Non Disclosure Agreement in the same respect (1 copy)	SLaM	Guy's and St Thomas' NHS FT King's College London NHS FT Bromley Healthcare Community Interest Co Ltd	Louise Norris	Nick Dawe
295	11/01/2013	Research Contract in respect of the project entitled "Seclusion and Psychiatric Intensive Care Evaluation Study (2 Copies)	SLaM	Secretary of State for Health	Louise Norris	Nick Dawe
296	11/01/2013	Clinical Trials Agreement in respect of the ATLAS Trial led by Rob Howard (3 copies)	SLaM	King's College London Derbyshire Healthcare NHS FT	Nick Dawe	Louise Norris
297	11/01/2013	Clinical Trials Agreement in respect of the trial led by Dr Sukhi Shergill (Ref: NN25310) - (4 copies) and under Ref: NN 25307 in the same respect (4 copies)	SLaM	Quintiles Ltd King's College Hospital NHS FT Roche Products Ltd	Nick Dawe	Louise Norris

<b>Summary of Documents signed on behalf of the South London &amp; Maudsley NHSFT where signing is required</b>						
<b>Number</b>	<b>Date</b>	<b>Description</b>	<b>Between</b>	<b>And</b>	<b>Signature</b>	<b>Signature</b>
298	11/01/2013	Contract Variation number 3 in respect of the transfer of Child and Adolescent (CAMHS T4) Services to the London SCG (2 copies)	SLaM	NHS Bexley NHS Bromley NHS Croydon NHS Greenwich NHS Lambeth NHS Lewisham NHS Southwark	Louise Norris	Nick Dawe
299	29/01/2013	Clinical Trials Agreement in respect of the "ATLAS Trial" led by Professor Rob Howard (3 copies)	SLaM	King's College London West London MH NHS Trust	Gus Heafield	Zoe Reed
300	29/01/2013	Contract Amendment in respect of Clinical Trials Agreement led by Maxine Patel ( 3 copies)	SLaM	Amgen Ltd King's College Hospital NHS FT	Gus Heafield	Zoe Reed
301	04/02/2013	KHP Clinical Trials office Collaboration Agreement	SLaM	King's College London King's College Hospital NHS FT Guys and St Thomas' NHS FT SLaM ( 5 copies)	Gus Heafield	Louise Norris
302	04/02/2013	Clinical Trials Agreement in respect of the ATLAS Trial led by Professor Rob Howard (3 copies)	SLaM	King's College London Devon Partnership NHS Trust	Gus Heafield	Louise Norris
303	14/02/2013	Collaboration Agreement in respect of the "Avatar Therapy" project led by Professor Julian Leff ( 4 copies)	SLaM	University College London King's College London	Louise Norris	Nick Dawe
304	27/02/2013	Clinical Trials Agreement in respect of the "ATLAS Trial" led by Professor Rob Howard (3 copies)	SLaM	Oxford Health NHS FT King's College London	Gus Heafield	Nick Dawe
305	27/02/2013	RMSA Agreement (RMSA) in respect of research led by Dr Paul Morrison (3 copies). Statement of Agreement in respect of the Clinical Trials led by Dr Paul Morrison (3 copies)	SLaM	King's College London GW Pharma Ltd	Gus Heafield	Nick Dawe
306	27/02/2013	Agreement in respect of the Clinical Research Study entitled " A Randomized Controlled Trials of Internet based Cognitive Therapy" and Standard Cognitive Therapy (CT) for Social Anxiety Disorder" led by Professor David Clark (3 copies)	SLaM	Oxford University	Gus Heafield	Nick Dawe

<b>Summary of Documents signed on behalf of the South London &amp; Maudsley NHSFT where signing is required</b>						
<b>Number</b>	<b>Date</b>	<b>Description</b>	<b>Between</b>	<b>And</b>	<b>Signature</b>	<b>Signature</b>
307	27/02/2013	Licence to share possession relating to accommodation at 36-42 Hare Street ( 1 copy) A letter each to the Trust's Landlord and the superior Landlord that the Trust will indemnify them against any losses arising from Oxlea's sharing (1 copy of each letter)	SLaM	Oxleas NHS FT	Gus Heafield	Nick Dawe
308	04/03/2013	Research Contract in respect of the MADE Trial (2 copies)	SLaM	Secretary of State for Health	Louise Norris	Nick Dawe
309	12/03/2013	Duplicate Clinical Trials Agreement in respect of the ATLAS Trials led by Prof Rob Howard (3 copies). Agreement originally signed on 10/12/2012 see entry 293 but was lost in transit to South Staffordshire and Shropshire Healthcare NHS FT	SLaM	King's College London South Staffordshire and Shropshire Healthcare NHS FT	Gus Heafield	Nick Dawe
310	12/03/2013	Research Funding Agreement in respect of the project "Seclusion and Psychiatric Intensive Care Evaluation Study" led by Leonard Bowers ( 2 copies)	SLaM	King's College London	Gus Heafield	Nick Dawe

## TRUST BOARD OF DIRECTORS – SUMMARY REPORT

<b>Date of Board meeting:</b>	30 April 2013
<b>Name of Report:</b>	Assurance Framework Report
<b>Heading:</b>	Governance
<b>Author:</b>	Jenny Goody, Governance Manager and Nick Dawe, Interim Finance Director
<b>Approved by:</b>	Nick Dawe
<b>Presented by:</b>	Nick Dawe

### **Purpose of the report:**

To present the principal risks that currently threaten the achievement of the Trust's objectives in 2013/14, with proposed risk ratings, key mitigating actions and risk leads.

### **Action required:**

The Board of Directors is asked to review the attached report, challenging and improving it as necessary to ensure that the Board's Assurance Framework reflects the Trust's current circumstances.

### **Recommendations to the Board of Directors:**

Accept the attached Assurance Framework Report, subject to any changes agreed by the Board.

### **Relationship with the Assurance Framework (Risks, Controls and Assurance):**

This paper forms the basis of the on-going process that ensures; risk identification, mitigation and management comply with the requirements of the Assurance Framework.

### **Summary of Financial and Legal Implications:**

The Assurance Framework underpins the statutory requirement to produce an Annual Governance Statement, which confirms that the Trust is appropriately and effectively governed and managed.

### **Equality & Diversity and Public & Patient Involvement Implications:**

The Assurance Framework enables the Board to assess and manage the organisation's principal risks and ensure that the Trust's strategic aims are achieved.

# Trust Principal Risks 2013/14

## Introduction

This paper has been produced following initial discussions at the Trust Executive to agree the principal risks currently facing the Trust, evaluate and prioritise them and move swiftly on to producing and delivering action plans to address and mitigate them.

The final list of principal risks and the action plans to address them will form part of the Annual Plan that will be approved by the Board of Directors in May.

## Background

The identification and management of risk forms a key part of the production and delivery of the Annual Plan. By the very nature of the services that the Trust provides and the reputation, scale and complexity of the Trust, the number of risks facing the Trust is large, with several of the risks being significant. It is not only important that the Trust identifies these significant risks, it is critical that the Trust has a realistic risk appetite that supports innovation, change and the capacity and capability to manage and mitigate risks.

The Trust's risk appetite is currently set at 12, which means that Trust-wide strategic risks rated 12 and above should be regularly reviewed by the Trust Executive and progress towards mitigating them should be monitored jointly by the Audit Committee and the Service Quality Improvement Sub Committee.

## Principal Risks

The Trust Executive considered a suggested list of principal risks, particularly the need to strengthen the focus on the quality of care in light of the Francis Report. These risks relate to the three principal objects of the Trust and are summarised as follows:

### The service user is the centre of all we do:

- Insufficient attention is given to quality issues in strategic and operational decision making and practice. (20)
- Heightened levels of violent and aggressive behaviour. (16)
- Unexpectedly high levels of Serious Incidents and Complaints. (12)

### Provide effective and efficient services that meet the needs of our service users:

- Failure to deliver the Forward Plan (CIPs and QIPPs). (12)
- Demand for services exceeds capacity and contracted levels. (12)
- Insufficient capacity & capability to deliver the AMH transformation programme (12)
- Insufficient capacity & capability to deliver the Forensics transformation programme (12)

### Retain the position of a leading MH Trust, with proven clinical and business success:

- High levels of vacant, acting and interim posts, coupled with high levels of organisational change, including the advent of the Kings Health Partnership. (12)
- The estate is not functionally suitable for key services. (12)
- Lack of timely and accurate performance information (clinical, contractual, bed, etc.) (12)
- Failure to develop robust relationships with CCGs, SCGs and Local Authorities. (12)
- Workforce not fit for purpose, due to age, fitness and/or skills profile. (9)
- Ineffective Business Continuity planning to cope with a major incident or emergency, such as major infrastructure failure (ICT, Hotel Services, etc) extreme weather conditions or a 'flu pandemic. (8)
- R&D and Education are seen as an overhead rather than a value proposition. (6)

It is proposed that the risks scored twelve and above should be added to the Annual Plan and monitored regularly by the Board of Directors and its sub committees. The remaining risks that are currently rated below 12 should be managed by a specific CAG or Directorate, such as Nursing & Education or Strategy & Business Development.

The full list of principal risks, the consequences should they be realised, current risk ratings, key actions to mitigate them and proposed risk leads can be found at Attachment 1; the Risk Analysis Tool at Attachment 2 defines the Trust's understanding of the risk ratings used within this report.

### **Actions**

The Board of Directors is asked to discuss and decide the following:

- That the list of risk areas and associated risks at Attachment 1 represents the principal risks facing the Trust in 2013/14.
- That the associated consequences identify the major implications of failing to manage the risks correctly.
- That the risk ratings accurately reflect the criticality and likelihood of each risk.
- That the key actions identified to date will be sufficient to mitigate each risk to an acceptable level.
- That a risk rating of 12 should be retained as the boundary for the Trust's risk appetite but that risks with a high potential risk rating (such as the risk relating to the New NHS) should also be kept on the Board's Assurance Framework.

## Proposed Principal Risks 2013/14

Objective	Ref.	Risk Area	Risk Description	Consequences (Reason for Inclusion)	Risk Rating			Key Actions	Risk Lead(s)
					I	L	R		
The service user is the centre of all we do.	1.	Offer people the quality of service they require / deserve (Service Quality)	Insufficient attention is given to quality issues in strategic and operational decision making and practice.	<p><b>Service Users:</b> Service users fail to thrive and improve; failure to embed a caring and compassionate culture.</p> <p><b>Service:</b> Service users choose to go elsewhere.</p> <p><b>Business:</b> Failure to comply with regulatory requirements and/or evidence Monitor's Compliance Framework.</p>	5	4	20	<p>Ensure the Trust's Quality Plan for 2013/14 contains specific quality targets and baselines.</p> <p>Disseminate the Quality Strategy throughout the Trust.</p> <p>Ensure mechanisms for patient, carer and staff satisfaction are regular and robust and respond appropriately.</p> <p>Ensure that quality implication statements appear on all decision papers at CAG, Executive and Board level.</p>	Trust Board and Executive collectively, co-ordinated by Medical and Nursing Directors
	2.	Inadequate focus on patient safety (Patient Safety)	Heightened levels of violent and aggressive behaviour.	<p><b>Service Users:</b> Injury; unsatisfactory in-patient experience.</p> <p><b>Service:</b> Injury to staff; poor staff morale; sickness absence.</p> <p><b>Business:</b> Backfill costs; damage to Trust property and premises; litigation.</p>	4	4	16	<p>Address the problem of an aging/less fit workforce and their capability to use and train in PSTS techniques.</p> <p>Implement improved alarm system.</p>	CAG Service Directors, co-ordinated by Medical and Nursing Directors

Objective	Ref.	Risk Area	Risk Description	Consequences (Reason for Inclusion)	Risk Rating			Key Actions	Risk Lead(s)
					I	L	R		
The service user is the centre of all we do. (contd.)	3.	Inadequate focus on patient safety (Patient Safety)	Unexpectedly high levels of Serious Incidents and Complaints.	<b>Service Users:</b> High level of patient mortality. <b>Service:</b> Lack of awareness of key performance indicators and inability to respond appropriately. <b>Business:</b> Litigation.	4	3	12	Develop agreed benchmarks and a mechanism to raise awareness, identify issues and respond appropriately.	CAG Service Directors co-ordinated by Medical and Nursing Directors
Provide effective and efficient services that meet the needs of our service users.	4.	Forward Plan	Failure to deliver the Forward Plan (CIPs and QIPPs).	<b>Service:</b> Inability to deliver the service that is fit for purpose. <b>Business:</b> The Trust is not operationally viable.	4	3	12	Improve 'SMART' monitoring of CIP and QIPP delivery.  Manage performance of CIP and QIPP delivery, holding managers to account at Board meetings.	Executive and CAG Service Directors
	5.	Activity	Demand for services exceeds capacity and contracted levels.	<b>Service Users:</b> Non responsive or inappropriate care; unacceptably long waiting lists; patient safety compromised (community and in-patient). <b>Service:</b> Unacceptably high bed occupancy and community caseloads. <b>Business:</b> Cost of overspill (patients going to private sector).	3	4	12	Improve capacity and demand forecasting.  Establish bed management office and monitor performance.  Agree how best to use £3m demand contingency monies set aside for additional capacity and/or placements.	CAG Service Directors

Objective	Ref.	Risk Area	Risk Description	Consequences (Reason for Inclusion)	Risk Rating			Key Actions	Risk Lead(s)
					I	L	R		
Provide effective and efficient services that meet the needs of our service users. (contd.)	6.	AMH transformation	Insufficient capacity & capability to deliver the AMH transformation programme (due to its scale and experimental nature).	<p><b>Service Users:</b> Don't receive a modern and applicable service.</p> <p><b>Service:</b> Loss of market share, through commissioners or service users choosing to go elsewhere.</p> <p><b>Business:</b> Unaffordable business model that does not meet demand; failure to comply with regulatory requirements.</p>	4	3	12	<p>Produce SMART Business Case.</p> <p>Identify and train implementation project team.</p> <p>Monitor progress against plan and report to Board.</p>	AMH CAG Service Directors
	7.	Forensics transformation	Insufficient capacity & capability to deliver the Forensics transformation programme (due to its scale and experimental nature).	<p><b>Service Users:</b> ': Don't receive a modern and applicable service.</p> <p><b>Service:</b> Loss of market share; through commissioners choosing to go elsewhere.</p> <p><b>Business:</b> Unaffordable business model that does not meet demand; failure to comply with regulatory requirements.</p>	4	3	12	<p>Produce SMART Business Case.</p> <p>Identify and train implementation project team.</p> <p>Monitor progress against plan and report to Board.</p>	B&DP CAG Service Director

Objective	Ref.	Risk Area	Risk Description	Consequences (Reason for Inclusion)	Risk Rating			Key Actions	Risk Lead(s)
					I	L	R		
Retain the position of a leading MH Trust, with proven clinical and business success.	8.	Organisational and Operational Position	High levels of vacant, acting and interim posts, coupled with high levels of organisational change, including the advent of the Kings Health Partnership.	<b>Service:</b> Insufficient management capacity / capability to deliver or support the delivery of clinical services; prolonged uncertainty and inability to act. <b>Business:</b> Failure to comply with regulatory requirements and/or evidence Monitor's Compliance Framework.	3	4	12	Identify and manage gaps proactively.  Identify and develop leadership skills.  Recruit to key Director and other senior posts.	Chief Executive
	9.	Estates responsiveness	The estate is not functionally suitable for key services.	<b>Business:</b> Rapid repairs; inability to deliver approved projects; failure to comply with regulatory requirements.	4	3	12	Initiate rapid response arrangement and create buffer stock of key estate components.  Improve operational, programme and project management arrangements.  Ensure proactive approach to statutory testing and remedy.	Finance and HR Directors (pro temps)

Objective	Ref.	Risk Area	Risk Description	Consequences (Reason for Inclusion)	Risk Rating			Key Actions	Risk Lead(s)
					I	L	R		
Retain the position of a leading MH Trust, with proven clinical and business success. (contd.)	10.	Decision support	Lack of timely and accurate performance information (clinical, contractual, bed, etc.).	<p><b>Service:</b> Inability to make correct operational and strategic decisions.</p> <p><b>Business:</b> Under recovery of income (including PbR), fines, contract sanctions and inability to implement zero based budgeting.</p>	4	3	12	Identify information requirements, establish data supply (source and timetable) and monitor performance.	Medical, Strategy and Finance Directors, supported by Director of ICT Strategy
	11.	Business Retention	Failure to retain and develop our business (retain/expand market share, expand into new markets and respond to commissioner needs, policy and intentions).	<p><b>Service:</b> The need for further efficiencies that are increasingly difficult to achieve.</p> <p><b>Business:</b> Loss of market position/influence, loss of income of brand equity.</p>	3	4	12	<p>Ensure that SLAM's models of care are seen to be innovative and credible.</p> <p>Identify prospective customers, review their requirements and provide appropriate response.</p>	Medical, Strategy and Finance Directors

Objective	Ref.	Risk Area	Risk Description	Consequences (Reason for Inclusion)	Risk Rating			Key Actions	Risk Lead(s)
					I	L	R		
Retain the position of a leading MH Trust, with proven clinical and business success. (contd.)	12.	New NHS	Failure to develop robust relationships with CCGs, SCGs and Local Authorities, in light of commissioning changes and the introduction of Payment by Results.	<p><b>Service Users:</b> New commissioning plans may not be perceived as patient focussed.</p> <p><b>Service:</b> Service users choose to go elsewhere.</p> <p><b>Business:</b> Delays / changes in commissioning intent; reduced income.</p>	4	3	12	<p>Refresh marketing strategy and commit to a market share defence / expansion plan.</p> <p>Improve relationships with key GPs, commissioners and boroughs through targeted contact, information provision and support.</p> <p>Review 4Ps (product, placement, price and promotion) approach to service offering to community, GPs and commissioners.</p>	Strategy Director and CAG Service Directors
	13.	Workforce	Workforce not fit for purpose, due to age, fitness and/or skills profile.	<p><b>Service:</b> Inability to cope with service needs and pace of transformational change; sickness absence.</p> <p><b>Business:</b> Backfill costs; litigation.</p>	3	3	9	<p>Refresh skills gap analysis in light of service transformation plans.</p> <p>Improve leadership throughout the organisation by focussing on areas of potential weakness.</p>	HR Director, supported by CAG Service Directors

Objective	Ref.	Risk Area	Risk Description	Consequences (Reason for Inclusion)	Risk Rating			Key Actions	Risk Lead(s)
					I	L	R		
Retain the position of a leading MH Trust, with proven clinical and business success. (contd.)	14.	Business Continuity	Ineffective Business Continuity planning to cope with a major incident or emergency, such as major infrastructure failure (ICT, Hotel Services, etc) extreme weather conditions or a 'flu pandemic.	<b>Service Users:</b> Unsatisfactory or unsafe experience for community and in-patient service users. <b>Service:</b> Inability to deliver core functions and systems to support clinical services under duress.	4	2	8	Maintain CAG and Directorate Business Continuity / Evacuation plans, including desktop exercises and peer review.  On-going Board guidance on potential issues.	HR Director supported by Executive Team
	15.	Research, Development and Education	R&D and Education are seen as an overhead rather than a value proposition.	<b>Service:</b> Loss of academic reputation. <b>Business:</b> Income reduction.	2	3	6	Establish requirements for maintaining SLAM's position and identify measures of performance.  Create performance reporting and monitoring to ensure progress is achieved.	Medical Director

**PART 1: RISK IMPACT GRADING**

GRADES		OUTCOME				
Grade	Category	INJURY	STATUTORY COMPLIANCE	SERVICE CONTINUITY	FINANCE	REPUTATION
					(for use by Senior Managers and Directors)	
5	<b>CATASTROPHIC</b>	<ul style="list-style-type: none"> <li>Fatality/Fatalities. (including non-preventable deaths, homicide, suicide, death by accidental causes and sudden and unexpected deaths)</li> </ul>	<ul style="list-style-type: none"> <li>Sustained failure to meet national professional standards and/or statutory requirements e.g. failure to meet the requirements of: Mental Health Act, HASAWA 74, DDA, Data Protection Act, Medical Records Act etc.</li> <li>Legal outcome could be:                             <ul style="list-style-type: none"> <li>Prosecution for Clinical Negligence</li> <li>Criminal Prosecution by HSE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Service closed for in-determinant period</li> <li>Impact on wider Directorate or Trust services</li> </ul>	> £10M	<ul style="list-style-type: none"> <li>National media &gt; 3 day coverage</li> <li>Questions in the House</li> </ul>
4	<b>SEVERE</b>	<ul style="list-style-type: none"> <li>Injury requiring immediate hospital admission for more than 24 hours (RIDDOR reportable)</li> <li>Permanent disability/disease</li> </ul>	<ul style="list-style-type: none"> <li>Intermittent Failure to meet professional standards and/or statutory requirements e.g. failure to meet the requirements of:                             <ul style="list-style-type: none"> <li>Mental Health Act, HASAWA 74, DDA, Data Protection Act, Medical Records Act etc.</li> </ul> </li> <li>Legal outcome could be:                             <ul style="list-style-type: none"> <li>Prosecution for Clinical Negligence</li> <li>Criminal Prosecution by HSE</li> <li>Civil action for negligence</li> <li>Prohibition notice being served</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Service suspended for &gt;24hours</li> <li>Disruption of wider service</li> </ul>	£1M - £10M	<ul style="list-style-type: none"> <li>National media &lt; 3 day coverage</li> <li>Department executive action</li> </ul>
3	<b>SIGNIFICANT</b>	<ul style="list-style-type: none"> <li>Injury causing member of staff to take &gt; 7 days absence from work (RIDDOR Reportable)</li> <li>Injury requiring a member of staff/ public/service user to be taken to hospital (A&amp;E)</li> <li>Injury requiring Medical attention (from a qualified clinician)</li> </ul>	<ul style="list-style-type: none"> <li>Failure to meet internal professional standards and/or national performance standards e.g. failure to meet the requirements of:                             <ul style="list-style-type: none"> <li>Mental Health Act, HASAWA 74, DDA, Data Protection Act, Medical Records Act Trust policies and procedures etc.</li> </ul> </li> <li>Legal outcome could be:                             <ul style="list-style-type: none"> <li>Civil action for negligence</li> <li>Prohibition/Improvement notice being served</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Service suspended for &lt;24 hours</li> <li>Serious disruption for &gt;24hours</li> </ul>	£100K - £1M	<ul style="list-style-type: none"> <li>Regulator Concern</li> <li>Local press coverage on &gt;1 issue</li> </ul>
2	<b>MODERATE</b>	<ul style="list-style-type: none"> <li>Abrasions/bruises</li> <li>Minor Injury dealt with on site (first aid)</li> <li>&lt; 7 days absence [sick leave]</li> </ul>	<ul style="list-style-type: none"> <li>Failure to meet internal standards e.g. failure to comply with Trust policies/guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Some service disruption for &lt; 24 hours</li> </ul>	£5K - £100K	<ul style="list-style-type: none"> <li>Within unit, Local press coverage on 1 issue</li> </ul>
1	<b>LOW</b>	<ul style="list-style-type: none"> <li>No injury</li> </ul>	<ul style="list-style-type: none"> <li>Minor non-compliance</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	< £5K	<ul style="list-style-type: none"> <li>None</li> </ul>

## PART 2: RISK RATING

		Likelihood				
		1 Remote	2 Unlikely	3 Possible	4 Likely	5 Certain
Impact	1 Low	1	2	3	4	5
	2 Moderate	2	4	6	8	10
	3 Significant	3	6	9	12	15
	4 Severe	4	8	12	16	20
	5 Catastrophic	5	10	15	20	25

### To rate a risk:

1. Grade the impact of the worse case scenario [Part 1].
2. Multiply this impact [1-5] by the likelihood [1-5], to get the rating.

## PART 3: RISK MANAGEMENT - ACTION AND TIMESCALES

KEY	Risk Level	Action and Time scales
RED	<b>CATASTROPHIC</b> 20 – 25	Immediate action must be taken to manage the risk. Control measures should be put into place which will have the effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.
	<b>SEVERE</b> 16	Significant resources may have to be allocated to reduce the risk. Where the risk involves work in progress urgent action should be taken.
AMBER	<b>SIGNIFICANT</b> 12 – 15	Efforts should be made to reduce the risk, but the costs of prevention should be carefully measured and weighed against the impact of an event. Establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.
	<b>MODERATE</b> 8 – 10	Efforts should be made to reduce the risk and the likelihood of harm to be established before implementing further controls. Existing controls should be monitored and adjusted. Consideration may be given to a more cost-effective solution or improvement that imposes no additional cost burden.
GREEN	<b>LOW</b> 1 – 6	Acceptable risk. No further action or additional controls are required. Risks at this level should be monitored, and reassessed at appropriate intervals.