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Title	NHS Savile Investigations - Lessons Learnt Recommendations
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Status	Report for noting
History	New document

Board Lead(s)	Mark Power, Director of Organisational Development and Workforce			
Key purpose	Strategy	Assurance	Policy	Performance

NHS Savile Investigations - Lessons Learnt Recommendations

1. Purpose

1.1 The purpose of this paper is to inform the Trust Board of the requirement for all NHS trusts to comply with the recommendations arising following a large number of investigations into the activities of the celebrity figure, Jimmy Savile. The recommendations are summarised within the paper and specific Trust compliance activity is highlighted in the accompanying Action Plan.

2. Background

2.1 In February 2015 a further 16 reports were published relating to investigations conducted into the alleged widespread offences perpetrated by Jimmy Savile in NHS institutions. In total, 44 separate investigations have been undertaken and the latest published reports included the overarching 'Lessons Learnt Report' authored by Kate Lampard. Commissioned by the Secretary of State for Health, the terms of reference for the work described in the Lessons Learnt Report, were to:

- identify the common themes from all the NHS investigation reports into matters relating to Jimmy Savile;
- look at NHS-wide guidelines and procedures in the light of the findings and recommendations of all the NHS investigation reports;
- seek relevant expert advice (if appropriate); and
- advise the Secretary of State for Health on whether and how any relevant guidelines or procedures need to be tightened or changed.

2.2 The Secretary of State affirmed his particular interest in determining whether any inappropriate access that Savile was given was because of his celebrity or fundraising role and status: He also expressed concern regarding whether current systems sufficiently safeguard patients.

2.3 A full copy of the Lessons Learnt Report is available from the www.gov.uk/government/publications website. The Report concludes that the findings of the separate NHS investigations relating to the cultures, behaviours and governance arrangements which allowed Savile to gain access and influence in the various NHS hospitals, and gave him the opportunity to carry out abuses on their premises over many years, are strikingly consistent. The common themes and issues that have emerged from the investigations' findings which the Report views to be relevant to the wider NHS, today, are grouped under the following general headings:

- security and access arrangements, including celebrity and VIP access;
- the role and management of volunteers;
- safeguarding;
- raising complaints and concerns (by staff and patients);

- fundraising and charity governance; and
- the observance of due process and good governance.

2.4 In her Report, Kate Lampard includes a total of 14 recommendations for the NHS, the Department of Health and wider government. These refer to access, volunteering, safeguarding, complaints and governance, and are detailed at **Appendix 1**. The Secretary of State has accepted, in principle, 13 of the 14 recommendations. Although the recommendation relating to enhanced DBS checks was not supported, trusts are urged to take a considered approach to checks on volunteers, including the use of enhanced DBS services where volunteers may work closely with patients, in the future.

3. Local Action

3.1 In March 2015, the Chief Executive of the Trust Development Authority wrote to all NHS trust Chief Executives to highlight the publication of the Lessons Learnt Report and to ensure that, at a local level, the following activity is completed:

- the Report's recommendations for NHS trusts are reviewed;
- an action plan is developed, in order to identify where additional action is needed against the recommendations; and
- assurance is provided that the necessary action has been taken or, where this is in progress, the date by which it will be completed.

3.2 A mandated progress report was submitted to the Trust Development Authority on 31 May, in the form of an Action Plan, which addresses the nine recommendations relating to NHS trusts. The Action Plan is detailed at **Appendix 2**. Work is being undertaken by the OD and Workforce Directorate to ensure that all required actions are fully completed by 30 September 2015.

4. Recommendation

4.1 The Trust Board is asked to note the contents of this paper, and in particular the local actions being taken to ensure the Trust's compliance with the applicable recommendations arising from the Lessons Learnt Report.

Mark Power
Director of OD and Workforce

June 2015

Appendices:

1. Kate Lampard Lessons Learnt Report Recommendations
2. Lessons Learnt Report Recommendations Compliance - Action Plan

Appendix 1: Kate Lampard Lessons Learnt Report Recommendations

R1: All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.

R2: All NHS trusts should review their voluntary services arrangements and ensure that:

- they are fit for purpose;
- volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision; and
- all voluntary services managers have development opportunities and are properly supported.

R3: The Department of Health and NHS England should facilitate the establishment of a properly resourced forum for voluntary services managers in the NHS through which they can receive peer support and learning opportunities and disseminate best practice.

R4: All NHS trusts should ensure that their staff and volunteers undergo formal refresher training in safeguarding at the appropriate level at least every three years.

R5: All NHS hospital trusts should undertake regular reviews of:

- their safeguarding resources, structures and processes (including their training programmes); and
- the behaviours and responsiveness of management and staff in relation to safeguarding issues to ensure that their arrangements are robust and operate as effectively as possible.

R6: The Home Office should amend relevant legislation and regulations so as to ensure that all hospital staff and volunteers undertaking work or volunteering that brings them into contact with patients or their visitors are subject to enhanced DBS and barring list checks.

R7: All NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers.

R8: The Department of Health and NHS England should devise and put in place an action plan for raising and maintaining NHS employers' awareness of their obligations to make referrals to the local authority designated officer (LADO) and to the Disclosure and Barring Service.

R9: All NHS hospital trusts should devise a robust trust-wide policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policy should be widely publicised to staff, patients and visitors and should be regularly reviewed and updated as necessary.

R10: All NHS hospital trusts should ensure that arrangements and processes for the recruitment, checking, general employment and training of contract and agency staff are consistent with their own internal HR processes and standards and are subject to monitoring and oversight by their own HR managers.

R11: NHS hospital trusts should review their recruitment, checking, training and general employment processes to ensure they operate in a consistent and robust manner across all departments and functions and that overall responsibility for these matters rests with a single executive director.

R12: NHS hospital trusts and their associated NHS charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect such risks.

R13: Monitor, the Trust Development Authority, the Care Quality Commission and NHS England should exercise their powers to ensure that NHS hospital trusts,(and where applicable, independent hospital and care organisations), comply with recommendations 1, 2, 4, 5, 7, 9, 10 and 11.

R14: Monitor and the Trust Development Authority should exercise their powers to ensure that NHS hospital trusts comply with recommendation 12.

Appendix 2: Lessons Learnt Report Recommendations Compliance - Action Plan

Recommendation	Issue identified	Actions underway, or planned	Progress to date	Due for completion
R1: All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors.	Current practice for managing visits is informal.	Develop and implement Policy based on existing good practice.	Open for consultation.	August 2015
<p>R2: All NHS trusts should review their voluntary services arrangements and ensure that:</p> <ul style="list-style-type: none"> • They are fit for purpose; • Volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision; and, • All voluntary services managers have development opportunities and are properly supported. 	Ensuring that hosted Voluntary Services (VS), e.g. League of Friends, hospital radio etc. follow Trust policy for Recruitment, Induction and Safeguarding.	<p>Continue review of existing policy.</p> <p>Undertake audit of hosted voluntary services on an annual basis.</p> <p>Conduct internal audit of effectiveness of systems and processes.</p>	<p>Policy was introduced in December 2013 to comply with current employment practice.</p> <p>Manager is accountable to Deputy Director of Workforce.</p> <p>Performance meetings conducted bi-monthly in addition to fortnightly one to one meetings.</p> <p>Manager and VS team are members of the NHS National Association of Voluntary Services Managers.</p>	September 2015
R4: All NHS hospital staff and volunteers should be required to undergo formal refresher training in safeguarding at the appropriate level at least every three years.	Non-compliance with KPI to deliver the required level of face to face training. Not all staff have	<p>Increase training capacity.</p> <p>Ensure all staff are made</p>	One additional training post has been funded and an external agency engaged to cover until substantive employee	September 2015

	<p>accessed the online level 1 & 2 safeguarding children training. Statutory and mandatory training is currently 84% with a KPI of 90%. Full compliance has not yet been achieved.</p> <p>Refresher training is not yet mandatory for hosted organisations.</p>	<p>aware on level 1 training which is available online from Oxfordshire Safeguarding Children Board.</p> <p>Ensure all volunteers undertake refresher training, in accordance with Trust policy.</p>	<p>arrives.</p> <p>Pay and Performance Policy is being launched, requiring all non-medical staff to comply with training to achieve an annual pay increment. The requirements are also linked to completion of annual appraisal. Compliance will be further enhanced with the requirements of revalidation for Nurses.</p> <p>Safeguarding training is undertaken during induction when all volunteers commence employment (many are in place on a temporary basis). Work is underway to identify those to whom this requirement would be applicable.</p> <p>Sufficient face to face training is now in place to enable compliance with 90% KPI.</p> <p>All staff have been</p>	
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			contacted to ensure they undertake their on-line training. Managers have been notified of any staff who are not compliant with training competence.	
<p>R5: All NHS Hospital trusts should undertake regular reviews of:</p> <ul style="list-style-type: none"> • Their safeguarding resources, structures and processes (including their training programmes); and, • The behaviours and responsiveness of management and staff in relation to safeguarding issues. • To ensure that their arrangements are robust and operate as effectively as possible. 	Managers are unclear of process when dealing with safeguarding issues related to staff.	<p>Develop a new policy via the Trust's Safeguarding Children Strategy Group.</p> <p>Undertake an audit of the impact of introducing and using the new Allegations Management Policy.</p>	<p>Policy introduced and awareness cascaded throughout the Trust.</p> <p>Two identified and trained Designated Safeguarding Officers (within the Workforce Directorate) advise on every safeguarding issue involving a member of staff or a volunteer.</p>	September 2015
<p>R7: All NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers.</p>	This recommendation is acknowledged. Current and previous experience suggests it will require significant additional investment in infrastructure to achieve and maintain.	Review any guidance issued by NHS Employers and undertake further consultation with Trust Executives, and other Trusts, with regard to re-checks for staff and volunteers.	All staff employed in the Children's Hospital, all consultants, midwives and maternity support workers in the Women's Centre, are subject to a DBS check every three years. This is being extended to all gynaecology staff. All volunteers are checked appropriately.	August 2015

<p>R9: All NHS hospital trusts should devise a robust trust-wide policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policy should be widely publicised to staff, patients and visitors and should be regularly reviewed and updated as necessary.</p>	<p>A Trust-wide policy has been developed and agreed for staff. The use of social media is not sufficiently explicit.</p> <p>Access to the Trust internet for patients and visitors, as guests, is a new consideration and policy development is being progressed.</p>	<p>Review the provisions of the current policy to ensure there is appropriate reference to social media, and patient and visitor access to the Trust internet.</p>	<p>A policy is in place and widely distributed to all staff regarding Trust internet and intranet use. This includes non-specific guidance on the use of social media. Staff are reminded of the policy at each sign on.</p>	<p>August 2015</p>
<p>R10: All NHS hospital trusts should ensure that arrangements and processes for the recruitment, checking, general employment and training of contract and agency staff are consistent with their own internal HR processes and standards and are subject to monitoring and oversight by their own HR managers.</p>	<p>Following review it is evident that:</p> <ul style="list-style-type: none"> • Non-framework agencies are either not consistently checking staff, or are not willing to produce audit evidence to assure compliance. • Sole traders are not subject to checks where appropriate. • No audit evidence exists to ensure compliance from third party contractors, although the requirement to 	<p>Obtain audit information detailing all pre-employment checks undertaken on Agency staff, sole traders and third party suppliers.</p> <p>Human Resources support has been identified to assist in the audit and review of all material supplied.</p> <p>Consider terminating the use of agencies which are unable to comply with requirements.</p> <p>Agree and implement a compliance framework for third party</p>	<p>Evidence has been requested and in some cases supplied.</p> <p>All sole traders have been identified. The requirement to comply is written into service contracts of engagement, but no auditing is currently undertaken.</p>	<p>August 2015</p>

	<p>undertake checks is contractual.</p> <ul style="list-style-type: none"> • Three agencies cannot meet the required standard. • Human Resources practitioners are not advising on audit or reviewing evidence. 	<p>contractors.</p> <p>Establish a management framework relating to the use of sole traders.</p>		
<p>R11: NHS hospital trusts should review their recruitment, checking, training and general employment processes to ensure they operate in a consistent and robust manner across all departments and functions and that overall responsibility for these matters rests with a single executive director.</p>	None	None	<p>The recruitment and selection policy was reviewed in 2014 to ensure compliance with current legislation and NHS recruitment check standards. The process is audited regularly, internally by super users and externally by the Trust's auditors. Staff are trained using a comprehensive workbook, aided by regular training events. The service is led by the Deputy Director of Workforce.</p>	Completed

<p>R12: NHS hospital trusts and their associated charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect this.</p>	<p>Policy requires review in light of recommendations contained in the Lessons Learnt Report.</p>	<p>Review and update current Trust policy.</p>	<p>Due Diligence Policy and guidance for major donors was approved by the Trustees on 27 June 2013.</p>	<p>August 2015</p>
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