

**NHS Herts Valleys Clinical Commissioning Group**  
**Board Meeting**  
**4 June 2015**

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|---|--|--------------------------------------|
| <b>Title</b>  | The Jimmy Savile NHS Investigation Reports – Findings and Recommendations  | <b>Agenda Item: 13</b>               |
| <b>Purpose (tick one only)</b>  | Approval <input type="checkbox"/> Discussion <input type="checkbox"/><br>Consideration <input type="checkbox"/> Noting <input checked="" type="checkbox"/>   | Information <input type="checkbox"/> |
| <b>Responsible Director(s) and Job Title</b>  | Jan Norman, Director of Nursing and Quality  |                                      |
| <b>Author and Job Title</b>   | Kate Chand, Quality Lead   |                                      |
| <b>Recommendations/ Action Required by the Board</b>  | For noting   |                                      |
|   |  |                                      |
| <b>Classification</b><br><i>Is this report exempt from public disclosure? (ie. FOIA or DPA)</i>                           | No   |                                      |
| <b>Impact on Patients/Carers/Public</b>   | To ensure that all HVCCG NHS providers have plans to ensure their patients and service users remain safe at all times.   |                                      |
| <b>Engagement with Stakeholders/Patient/Public</b>  | N/A  |                                      |
| <b>Links to Strategic Objectives</b>  | <b>Objective 2</b> - We will commission safe, high quality services that meet the needs of the population, reducing health inequalities and supporting local people to stay well and avoid ill health. |                                      |
| <b>Board Assurance Framework</b> <i>Does this report provide evidence of assurance for the Board Assurance Framework?</i> | N/A  |                                      |
| <b>Does this report mitigate risk that is included in the Corporate Risk Register?</b>                                    | No   |                                      |
| <b>Resource Implications</b>  | N/A  |                                      |
| <b>Equality and Diversity</b><br>(Has an Equality Analysis been completed?)   | N/A  |                                      |
| <b>Legal/Regulatory Implications</b>  | N/A  |                                      |
| <b>Sustainability Implications</b>  | N/A  |                                      |
| <b>NHS Constitution</b>   |  |                                      |
| <b>Report History</b>   |  |                                      |
| <b>Appendices</b>   |  |                                      |

## **1. Purpose**

The purpose of this paper is to provide the HVCCG Board with an overview of the themes and trends that emerged following the major investigations carried out by NHS Trusts into abuse by Jimmy Savile. The paper will look at the recommendations made by Kate Lampard for all NHS Trusts to consider.

## **2. Background**

Jimmy Savile was a well-known radio and television presenter who frequently appeared in the media between 1960 and 2000. He was associated with charity functions, running marathons and fund raising. Jimmy Savile died in October 2011 aged 84.

In 2012 an ITV Exposure programme was broadcast which involved allegations made by 5 women that Jimmy Savile had sexually abused them. After the broadcast, the Metropolitan Police Service looked into the claims and invited others who had experienced abuse by Jimmy Savile to report it. This operation was named "Yewtree". Many hundreds of people have since made allegations and given evidence to Operation Yewtree about sexual abuse committed by Jimmy Savile and others.

After the Exposure programme and the setting up of Operation Yewtree, reports surfaced of Jimmy Savile committing sexual abuse at the 3 NHS hospitals with which he had had long-term associations, Stoke Mandeville Hospital, Buckinghamshire, Leeds General Infirmary and Broadmoor Hospital, Berkshire. In response, three major investigations were set up by each NHS Trust who are now responsible for the hospitals in question.

There were also 28 further NHS investigations relating to Jimmy Savile, including one Hertfordshire NHS organisation, Hertfordshire Partnership Foundation Trust (HPFT). Kate Lampard, a barrister, reviewed the investigations and reported on the themes that had arisen and made recommendations for all NHS Trusts.

The investigation into HPFT centred around Leavesden Hospital, which provided care for people with learning disabilities and closed in 1995. A woman informed Operation Yewtree that she was associated with Jimmy Savile in the 1970's and that he may have visited Leavesden Hospital. As HPFT is the legacy trust for Leavesden Hospital, HPFT initiated an investigation, under the auspices of the Department of Health, to confirm whether Jimmy Savile did indeed visit Leavesden Hospital. The investigation concluded that there was no evidence that Jimmy Savile visited Leavesden Hospital at any time before or after the 1970s. Anecdotal evidence also indicated that Leavesden Hospital had reasonable controls in place during the 1970s to restrict free access to patients to ensure their interests and well-being were protected.

## **3. Summary of key findings & common themes**

There were a number of common themes that emerged from Kate Lampard's report which are relevant to the NHS. The themes and issues have been grouped under the following headings;

- Security and access arrangements, including celebrity and VIP access
- The role and management of volunteers
- Safeguarding children and adults
- Raising complaints and concerns (by staff and patients)
- Fundraising and charity governance
- Observance of due process and good governance.

## **4. Recommendations**

In total there are 14 recommendations which will need to be considered and implemented. Those recommendations are:

- 1) 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.
- 2) 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.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) 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 Disclosure and Barring Service checks.
- 7) 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 Employer.
- 8) 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.
- 9) 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.
- 10) 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.
- 11) 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.
- 12) 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.

- 13) 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.
- 14) Monitor and the Trust Development Authority should exercise their powers to ensure that NHS hospital trusts comply with recommendation 12.

## **5. Local Assurance**

All NHS providers that care for HVCCG patients, including, Buckinghamshire Healthcare Trust (BUCKS), Hertfordshire Community Trust (HCT), Hertfordshire Partnership Foundation Trust (HPFT), Luton and Dunstable Hospitals University Trust (LDHUFT), Royal Free London Foundation Trust (RFH) and West Hertfordshire Hospitals Trust (WHHT) have been asked to provide HVCCG with assurance that they have considered a response to each of the above recommendations.

## **6. Next Steps**

Discussions have started to take place at each provider's Contract Quality Review Meetings in order that the CCG is aware of the plans in place, and also the progress already made against the recommendations set out within Kate Lampard's report.

A further report will be provided to the Board in November 2015 setting out the progress made by each provider.