

NHS Herts Valleys Clinical Commissioning Group
Board Meeting
November 5th 2015

Title	The Jimmy Savile NHS Investigation Reports – Findings and Recommendations	Agenda Item: 09
Purpose (tick one only)	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Consideration <input type="checkbox"/> Noting <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Responsible Director(s) and Job Title	Diane Curbishley, Acting Director of Nursing and Quality	
Author and Job Title	Kate Chand, Head of Quality Assurance	
Recommendations/ Action Required by the Board	The Board is asked to note the progress made by local providers against the Kate Lampard recommendations.	
Classification <i>Is this report exempt from public disclosure? (ie. FOIA or DPA)</i>	No	
Impact on Patients/Carers/Public	To ensure that all HVCCG NHS providers have plans to ensure their patients and service users remain safe at all times.	
Engagement with Stakeholders/Patient/Public	Not applicable	
Links to Strategic Objectives	Objective 2 - 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.	
Board Assurance Framework <i>Does this report provide evidence of assurance for the Board Assurance Framework?</i>	2.1 Risk that we do not deliver on all NHS Constitutional pledges, key national targets and priorities	
Does this report mitigate risk that is included in the Corporate Risk Register?	No	
Resource Implications	Not applicable	
Equality and Diversity (Has an Equality Analysis been completed?)	There are no implications	
Legal/Regulatory Implications	Not applicable	
Sustainability Implications	Not applicable	
NHS Constitution	Principle 3: The NHS aspires to the highest standards of excellence and professionalism	

	Principle 4: The NHS aspires to put patients at the heart of everything it does
Report History	To go to the Quality and Performance Committee on 29 th October 2015
Appendices	Summary Table by Provider

1. Purpose

The purpose of this paper is to provide the HVCCG Board with an update on the progress made by the HVCCG commissioned services on the recommendations made by Kate Lampard following the major investigations carried out by NHS Trusts into abuse by Jimmy Savile.

This paper builds on the information provided to the Board in June 2015.

2. Recommendations made by Kate Lampard

In total there were 14 recommendations which needed to be considered and implemented. Those recommendations were:

- 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 (DBS).
- 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 DBS.
- 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.

3. 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 provided HVCCG with assurance that they have considered a response to each of the above recommendations.

Discussions take place at each provider's Contract Quality Review Meetings (QRM) in order that the CCG is aware of the progress made against the recommendations set out within Kate Lampard's report.

The table below sets out the progress made by each provider.

4. Recommendation for Board

The Board is asked to note the progress made by local providers against the Kate Lampard recommendations.

Provider	Key actions taken by the provider	Key action taken by HVCCG
WHHT	<ul style="list-style-type: none"> - The Safeguarding Team at the Trust is leading this piece of work. - A GAP analysis has been undertaken and an action plan developed which has been shared with the Trust Development Authority (TDA). - All progress is reported to the WHHT Board via the Patient Safety, Quality and Safety Group. - The WHHT Board has been updated on the work undertaken by the Trust in October 2015. 	<ul style="list-style-type: none"> - HVCCG have been kept updated on the progress made by the Trust via the integrated Contract & Quality Review meetings (CQRM) that occur. - A copy of the Trust's action plan has been shared with the CCG and reviewed. - Discussions have taken place during the May and August 2015 CQRM. - A further update will be provided in December 2015 as part of the Trust's requirement to update the CCG on all national enquiries (such as Francis). - The HVCCG Head of Safeguarding Adults attends the Safeguarding Adult Board attended by all HVCCG main providers.
HCT	<ul style="list-style-type: none"> - The Safeguarding Team at the Trust is leading this piece of work. - An action plan has been developed by the Trust which has been shared with the TDA. - All progress is reported to the Trust Executive Board via the Safeguarding Board. - The HCT Board has been updated on the work undertaken by the Trust in May and June 2015. 	<ul style="list-style-type: none"> - HVCCG have been kept updated on the progress made by the Trust via the integrated Contract & Quality Review meetings that occur. - A copy of the Trust's action plan has been shared with the CCG and reviewed. - Discussions took place in May 2015 and the group will be updated again in December 2015 as part of the Trust's response to all national enquiries.
HPFT	<ul style="list-style-type: none"> - The Trust has developed an action plan which has been shared with Monitor. - All progress is reported to the HPFT Board via the Integrated Governance Committee. - The HPFT Board were updated on the work undertaken by the Trust in June 2015. 	<ul style="list-style-type: none"> - HVCCG have been kept updated on the progress made by the Trust via the Quality Review meetings that occur. - A copy of the Trust's action plan has been shared with the CCG and reviewed. - Discussions took place at the CQRG in September 2015.
	<ul style="list-style-type: none"> - The Trust has developed an action plan which has been shared with 	<ul style="list-style-type: none"> - The Trust will be presenting their action plan to the

Provider	Key actions taken by the provider	Key action taken by HVCCG
RFH	<p>Monitor.</p> <ul style="list-style-type: none"> - All progress is reported to the RFH Board via the Safeguarding Committee and the Savile Working Group. - The RFH Board were updated on the work undertaken by the Trust in June 2015. 	<p>October 2015 CQRG.</p>
BUCKS	<ul style="list-style-type: none"> - The Safeguarding Team at the Trust is leading this piece of work. - An action plan has been developed by the Trust which has been shared with the TDA. - The BUCKS Board were updated on the work undertaken by the Trust in March and July 2015. 	<ul style="list-style-type: none"> - HVCCG have been kept updated on the progress made by the Trust via the Quality Review Meetings held by the lead commissioner, Aylesbury Vale CCG, and attended by HVCCG. - A copy of the Trust's action plan has been shared with HVCCG and reviewed. - Discussions took place at the QRM in June 2015.
LDHUFT	<ul style="list-style-type: none"> - The Safeguarding Team at the Trust is leading this piece of work. - An action plan has been developed following an assessment carried out by the Trust. The action plan has been shared with Monitor. - All progress is reported to the LDHUFT Board via the Clinical Outcomes, Safety & Quality Committee. - The LDHUFT Board were updated on the work undertaken by the Trust in July and September 2015. 	<ul style="list-style-type: none"> - HVCCG have been kept updated on the progress made by the Trust via the Quality Review Meetings held by the lead commissioner, Luton CCG. The papers are shared with HVCCG and reviewed. - A copy of the Trust's action plan has been shared with Luton CCG and HVCCG. - Discussions took place at the QRM in September 2015.