

THEMES AND LESSONS LEARNT FROM NHS INVESTIGATIONS INTO MATTERS RELATING TO JIMMY SAVILE

1. INTRODUCTION

In October 2012 the Secretary of State for Health commissioned an independent review of the investigations at three NHS hospitals (Leeds General Infirmary, Stoke Mandeville and Broadmoor) and the Department of health into the associations that the late Sir Jimmy Savile OBE, had with those hospitals and the Department and allegations that Savile committed sexual abuses on the hospital's premises.

The review lead by Kate Lampard and Ed Marsden were asked to identify any emergent themes from those investigations and to take an NHS-wide review of systems and processes in light of the investigation's findings and recommendations.

The full report into 28 NHS organisations was published in June 2014

2. TERMS OF REFERENCE

The purpose of this paper is to primarily analyse the findings and recommendations of the investigation report and secondly to undertake an organisational wide gap analysis in order to identify examples of compliance and areas that require further improvement.

3. FINDINGS

The findings of the separate NHS investigations regarding the cultures, behaviours and governance arrangements that allowed Savile to gain access and influence the various hospitals of which gave him the opportunity to carry out abuses on their premises over many years is striking consistent. The common themes and issues identified within the investigation report include:

- 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 / observance of due process and good governance.

Appendix 1 provides further detail regarding each of the above indicators and provides evidence and assurance from an organisational perspective regarding compliance / areas requiring further improvement.

4. CONCLUSION

This report provides a response to the Lampard review, highlighting areas of good practice / compliance and includes areas requiring further development and improvement

Lisa Dinsdale Deputy Director of Nursing & Quality

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No:	Key themes identified within the report	Recommendations	Sherwood Forest Hospitals NHS Foundation Trust Current Position	Action	Lead Individual	Timescale	RAG Rating
1.	Security and access arrangements	Develop and implement a policy to support VIP, celebrity and other official visitors to the organisation	Not compliant	<p>Policy to support VIP, celebrity and other official visitors to the organisation to be ratified and cascaded</p> <p><u>Update</u></p> <p>A draft policy has been produced and is available on the Trust's website. This is currently undergoing refinement prior to being implemented.</p>	Yolanda Martin Head of Comms	<p>July 2015</p> <p>October 2015</p>	Yellow
2.	Role and management of volunteers	<p>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 	Compliant	No response required.	Director of Corporate Services/ Company Secretary		Green

		<ul style="list-style-type: none"> All voluntary services managers have development opportunities and are properly supported 					
		All NHS trusts should ensure that their volunteers undergo formal refresher training in safeguarding at the appropriate level at least every three years	Compliant	No response required	Director of Corporate Services / Company Secretary		
3.	Safeguarding	Ensure that safeguarding training is included in induction and mandatory training programmes for all employees	Compliant	Safeguarding training is included within induction and mandatory training for all employees	Andy Haynes		
		Seek assurance that safeguarding teams are sufficiently resourced to deliver a comprehensive service	Compliant	An external review of the Safeguarding Service has been undertaken	Andy Haynes		
4.	Human Resources	Ensure that recruitment policies and procedures are in place for all new appointments and seek assurance that they operate in a robust and consistent manner.	Compliant	Recruitment policies and procedures are in place	Kate Lorenti		
		Seek assurance that DBS checks are undertaken upon appointment, retrospectively and every three years for all staff	Partial Compliance	DBS checks are undertaken on all new appointments. For retrospective checks and three	Kate Lorenti Graham Briggs	August 2015	

				yearly checks this has been performed in risk assessed areas and a plan is under discussion to agree the approach for the wider trust			
		Ensure that the management of third party contractors (E.g.: interim, locum, agency staff) are consistent with best practice HR processes and standards	Partial Compliance	Where we use framework agencies we are compliant and an action plan is underway as part of our Turnaround Plan to ensure only these agencies are used	Kate Lorenti Graham Briggs	New process in place and due for audit in July 2015 <u>Update</u> Audit in process	
		Ensure that there is an internet / social media policy in place of which is widely publicised and regularly reviewed and updated	Compliant	The trust has an Internet and Social Media Policy in place	Kate Lorenti		
5	Raising concerns and complaints	Ensure that a 'Whistle Blowing' Policy is in place of which is widely publicised and regularly reviewed and updated	Compliant	The trust has a Raising Concerns Policy in place	Kate Lorenti		
		Seek assurance that the attitude, behaviours and responsiveness of managers and staff in relation to safeguarding investigations are appropriate, open and	Complaint	All staff receive safeguarding training on a regular basis. The training provides clarity regarding specific role and	Kate Lorenti		

		transparent		responsibilities. This is further underpinned by our 'Quality For All' values and behaviours			
5	Fundraising and charity governance	Ensure that there is a fund raising and charity policy and risk assessment in place in order to protecting the organisational brand and reputation	Partial Compliance	<p>The Charitable Fund Committee have identified the need for an overarching Fund Raising Strategy with a policy and risk assessment.</p> <p>At present each new significant fund raising project is reviewed and assessed on a case by case basis by the Charitable Fund Committee.</p> <p>These are then reviewed / managed by a dedicated project team, with fundraising being co-ordinated by Voluntary Services.</p>	Michael Powell / Tracey Brassington / Director of Corporate Services / Company Secretary	July 2015	

				<p><u>Draft fundraising strategy and guidance taken to July Charitable Fund Committee. Amendments were agreed and a revised version is to be submitted.</u></p>			
	Ensure that there are robust policies and procedures in place regarding the management of charitable trust funds including the roles of celebrities and donors who play a part in fundraising	Partial Compliance	<p>The Trust has an established Charitable Fund Committee that is chaired by a Non-Executive Director. This is supported by a number of policies and procedures including: Financial Standing Orders, Investment Policy, Fund Manager Induction Training and an authorised signatory bank. Further assurance is required however regarding the role of celebrities and</p>	<p>Michael Powell / Tracey Brassington / <u>Director of Corporate Services / Company Secretary</u></p>	July 2015		

				donors who play a part in fund raising. <u>Draft fundraising strategy and guidance taken to July Charitable Fund Committee.</u> <u>Amendments were agreed and a revised version is to be submitted.</u>			
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