

TRUST BOARD IN PUBLIC		Date: 30th October 2014	
		Agenda Item:	
REPORT TITLE:		Savile Action Plan	
EXECUTIVE SPONSOR:		Fiona Allsop, Chief Nurse	
REPORT AUTHOR:		Sally Brittain, Deputy Chief Nurse Information supplied by Executive Team	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)			
Action Required:			
Approval (√)	Discussion (√)	Assurance (√)	
Summary of Key Issues			
<p>The investigation reports in relation to Jimmy Savile's association with 28 NHS trusts were published recently. Two of the main reports related to Savile's association with Leeds Royal Infirmary and Broadmoor Hospital. The action plan within this paper highlights the recommendations from those two main reports. Review of those recommendations and population of the action plan has highlighted no concerns with Trust process or practice.</p>			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO1: Safe -Deliver safe services and be in the top 20% against our peers SO3: Caring – Ensure patients are cared for and feel cared about SO5: Well - led			
Corporate Impact Assessment:			
Legal and regulatory implications	yes		
Financial implications	yes		
Patient Experience/Engagement	yes		
Risk & Performance Management	yes		
NHS Constitution/Equality & Diversity/Communication	yes		
Attachments:			

The Jimmy Savile NHS Investigation Reports - Findings and Recommendations

The investigation reports in relation to Jimmy Savile's association with 28 NHS trusts were published recently. Two of the main reports related to Savile's association with Leeds Royal Infirmary and Broadmoor Hospital. A copy of the reports can be found by [clicking here](#).

Summary of key findings

1. Savile was an opportunistic abuser who sexually abused a number of patients and staff within Broadmoor and Leeds, such victims ranging from 5-75 years old.
2. Savile could gain access to wards within Broadmoor and Leeds, and thereby access to vulnerable patients (or deceased patients) without being challenged or supervised.
3. Staff tolerated Savile due to his celebrity status. He was manipulative leading to many staff believing that he had the power to get them dismissed.
4. Due to significant shortcomings in systems, processes, hospital culture and DH practice, Savile became head of the Broadmoor Task Force in 1988.

In total there are 10 recommendations within Broadmoor Hospital report and 31 recommendations within the Leeds Royal Infirmary, which will need to be considered and implemented.

Following the publication of the reports, Jeremy Hunt, Secretary of State for Health, accepted the recommendations and asked NHS England, CQC, Monitor and the NHS Trust Development Authority, along with all NHS organisations, to carry out a review of safeguarding procedures within the NHS.

Next steps

Following Jeremy Hunt's request, NHS organisations need to take action to consider the recommendations and implement any reviews and changes where necessary. CQC, Monitor, the NTDA and NHS England will require assurance on whether necessary reviews have been undertaken and NHS Trust Boards need to be prepared for such scrutiny.

Broadmoor Hospital

The analysis of Savile's time at the trust revealed significant shortcomings in systems, processes, hospital culture, Department of Health practice, and the response to celebrity.

Recommendations are

1. Celebrities should not be exempt from standard procedures governing access to patients. NHS bodies who consider the appointment of a celebrity to improve patient welfare and help raise charitable funds should ensure that appropriate checks are carried out suitable to their contact with the NHS facility and its patients. Under no circumstances should privileged access be given.
2. Celebrities may possess the necessary qualities and desires to undertake non-executive director posts, the usual selection process must be followed. Celebrities should not be considered for operational or executive roles at NHS Trusts.
3. Nobody but a properly trained and appropriately supervised member of staff should be in a clinical area without supervision.
4. Complaints with regard to safeguarding vulnerable adults must be reported and appropriately investigated.
5. Trusts must have process in place for staff to report concerns; the use of these should be encouraged at induction, in mandatory training and within Trust policies.
6. Specific to Broadmoor
7. Any decision to have the Department of Health directly manage an operational service should be exceptional and subject to thorough risk assessment.
8. Within the recruitment process those with close personal relationships to a candidate should withdraw from the recruitment process
9. NHS Boards should ensure that policies and systems are in place to encourage staff to report sexual relationships between senior and junior staff members and make sure that the organization can act to eradicate it. This is as a result of the corrosive effect that stories of multiple sexual relationships such as this had within Broadmoor.
10. The review could not confidently exclude the possibility that an irregular payment was made to settle an impending tribunal case at which embarrassing personal allegations would be made. Trust policy should guide against this possibility.

Leeds Royal Infirmary

Recommendations from within the review are grouped in a way that links them to the characteristics of a safer organisation.






- Leadership; organisational values; executive accountability
- Patient-centred drivers; safeguarding patients
- Board/ward coherence






- Security and controls on the physical access to hospital premises
- Policy development and implementation
- Fundraising









The detail of these recommendations is contained within the Trust Self-Assessment table attached. Please note that there are not 41 recommendations with the table, this is because some are specific actions for the relevant Trust.


The Board is asked to review the self-assessment and confirm that it provides the necessary assurance.



**Savile Recommendations from Broadmoor and Leeds Royal Infirmary
Trust Self-Assessment**




Recommendation	Action Required	Action Owner	Evidence	Status
Broadmoor Hospital				
<p>Celebrities should not be exempt from standard procedures governing access to patients. NHS bodies who consider the appointment of a celebrity to improve patient welfare and help raise charitable funds should ensure that appropriate checks are carried out suitable to their contact with the NHS facility and its patients. Under no circumstances should privileged access be given.</p>	<p>Policy review and embedded as evidence</p>	<p>Yvonne Parker (YP)</p>	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  0383crb-isa.pdf </div> <div style="text-align: center;">  0429whistleblowing.pdf </div> <div style="text-align: center;">  Copy of Applicant Checklist.xls </div> <div style="text-align: center;">  0373securitymanagement.pdf </div> <div style="text-align: center;">  recruitment.pdf </div> </div> <p>All prospective candidates both substantive and fixed term including volunteers are subject to Trust policy.</p>	<p>Complete</p>






<p>Celebrities may possess the necessary qualities and desires to undertaken non-executive director posts, the usual selection process must be followed. Celebrities should not be considered for operational or executive roles at NHS Trusts.</p>	<p>Policy review and embedded as evidence</p>	<p>YP</p>	<p> recruitment.pdf  Copy of Applicant Checklist.xls</p>	<p>Complete</p>
<p>Nobody but a properly trained and appropriately supervised member of staff should be in a clinical area without supervision.</p>	<p>Policy review and embedded as evidence</p>	<p>YP</p>	<p> 0525chaperonepolicy.pdf</p>	<p>Complete</p>
<p>Complaints with regard to safeguarding vulnerable adults must be reported and appropriately investigated.</p>	<p>Policy review and embedded as evidence. Audit evidence if available/stats of referrals</p>	<p>FA</p>	<p> 0551safeguardingad ults.pdf  0552managementofallegations.pdf</p>	<p>Complete</p>
<p>Trusts must have process in place for staff to report concerns; the use of these should be encouraged at induction, in mandatory training and within Trust</p>	<p>Policy review and embedded as evidence</p>	<p>FA</p>	<p>Currently have a Trust incident reporting and management policy and a Trust raising serious concerns (whistle blowing) policy in place. All staff are responsible for reporting incidents which they can do via the trust Datix web (database) which is available to all staff as an icon on Trust computers. Training on incident reporting is covered in the MAST sessions.</p>	<p>Complete</p>




policies.			  0397incidentreportin 0429whistleblowing. g.pdf pdf	
Any decision to have the Department of Health directly manage an operational service should be exceptional and subject to through risk assessment.	Policy review and embedded as evidence	Sue Jenkins (SJ)	Whilst it is unlikely that the DH would undertake this function should for example a Turnaround Director be appointed to the Trust the recruitment process identified throughout this document would be applied as appropriate including risk assessment where required.	
Within the recruitment process those with close personal relationships to a candidate should withdraw from the recruitment process	Policy review and embedded as evidence	YP	When a candidate applies for a role in the Trust [NHS] there are asked to declare any  recruitment.pdf personal relationships/next of kin etc: on their application.	Complete
NHS Boards should ensure that policies and systems are in place to encourage staff to report sexual relationships between senior and junior staff members and make sure that the organisation can act to eradicate it. This is as a result of the corrosive effect that stories of multiple	Policy review and embedded as evidence	YP	     Raising-Concerns-at- NHS_staff_survey_2 Guidance for 0429whistleblowing. whistleblow 2nd Work.pdf 013_RTP_sum.pdf Managing a Candidat pdf version 2014 (3).doc	Complete





sexual relationships such as this had within Broadmoor.				
The review could not confidently exclude the possibility that an irregular payment was made to settle and impending tribunal case at which embarrassing personal allegations would be made. Trust policy should guide against this possibility.	Policy review and embedded as evidence	YP	 new-disciplinary-policy.pdf	Complete
Leeds Royal Infirmary				
The organisational development programme should incorporate the following <ul style="list-style-type: none"> The safety of patients, staff and volunteers 	Policy review and review of quality account/BAF/QGAF to ensure compliance	Gillian Francis-Musanu (GFM)	The Board Assurance Framework and Significant Register are reviewed by the Board on a monthly basis. The Quality Account has recently been updated and approved by the board for publication. Our Quality Governance Framework is currently undergoing external validation by Deloitte.	Complete






<p>and visitors as a central priority</p> <ul style="list-style-type: none"> • The promotion of enquiring leadership at all level enabling all staff and volunteers to challenge inappropriate behaviour • A review of procedures, policies and knowledge to ensure that empowers staff to raise concerns • A review of current processes to the management of and responses to complaints from patients 			<p>Trust Board Code of Conduct</p> <p> SASH Trust Board Code of Conduct - Se</p> <p>Whistleblowing policy</p> <p> 0429whistleblowing.pdf</p> <p>The Executive team hold individual x 3 weekly open sessions for any member of staff to talk to them or raise a concern. This is publicised widely throughout the Trust.</p> <p>Following an internal review, in early 2013 the Trust Board agreed to restructure the management of the PALS (Patient Advice & Liaison Service) and complaints teams and in September 2013 appointed a Customer Care Manager. New processes have been implemented and embedded, ensuring the Trust learns from complaints, therefore reducing the risk of repeated events and promoting a culture of being open. Complaints are an agenda item at divisional governance meetings so that learning is shared and associated action plans are monitored. All complaints are triaged by the Customer Care Manager, who identifies potential safeguarding and risk issues and</p>	
---	--	--	--	--



<p>and visitors</p>			<p>signposts appropriately.</p> <p>The Management of Complaints Policy is currently being revised and a Standard Operating Procedure developed to ensure principles are clear and consistent.</p> <p>In February 2014 an external complaints audit was completed and the Trust is working to achieve the recommendations. This is being monitored at the monthly Patient Experience Committee.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Audit 2014 (completed).pdf </div> <div style="text-align: center;">  Complaints Policy.pdf </div> </div>	
<p>The Executive Director/s with responsibility for safeguarding patients and E&F should jointly assure the Board on how support services contribute to safeguarding patients in the following areas</p> <ul style="list-style-type: none"> The Trust Safeguarding policies explicitly state the care and transportation of deceased patients 	<p>Policy review and embedded as evidence</p> <p>Review of SOP's and embed</p>	<p>Fiona Alsopp (FA), Ian Mackensie (IM) YP</p>	<p>Contained within Care of the Dying Policy</p> <div style="text-align: center;">  0660care-of-the-dying-policy.pdf </div>	<p>Complete</p>



<ul style="list-style-type: none"> • There are policies and controls covering security at the mortuary and that this is regularly audited • The audit programme should include safeguarding training compliance and employment checks • DBS checks are in place for all relevant employees • The complaints system is of high quality which is monitored • The Board 			<p>The Trust has in place a ratified organisation-wide Policy for Security Management. The mortuary has robust security, comprising of proximity door readers and mortise locks. CCTV cameras view entry doors. Security is regularly monitored by mortuary staff and security staff and issues are addressed</p> <p> 0373securitymanagement.pdf</p> <p>  ED update 30 mn inc Prevent Training.doc DVD may 14.ppt</p> <p> DBS check policy.pdf</p> <p> 0384complaints.pdf</p>	
---	--	--	--	--








<p>should be assured of the robustness of the Trust processes for staff and others to raise concerns and that these are responded to and addressed (particular attention to allegations of sexual impropriety)</p>			 Model process flowchart for raising c  0429whistleblowing.pdf  NHS_staff_survey_2013_RTP_sum.pdf	
<p>There should be a Trust wide campaign to raise awareness of safeguarding duty to all patients for all staff including volunteers</p>	<p>Policy review and embedded as evidence</p>	<p>FA</p>	<p>Safeguarding training is within the MAST programme and now all at level 2 and MDT therefore all grades of staff participate together.</p> <p>Safeguarding information is available on the website for all staff http://intranet.sash.nhs.uk/department-directory/clinical-support/adult-safeguarding/</p> <p>There are safeguarding Lead Nurses for Adults and Children and both have had an increase in establishment at senior level within the last 6 months ensuring that staff have access to expertise in hours. Enhancement of the Site team means that an Operational Matron is on duty 24/7 in addition to the Clinical matron at weekends to provide support and advice to staff.</p> <p>There is a Consultant lead for Adult Safeguarding and the Consultant for Safeguarding Children has been enhanced.</p>	






<p>All safeguarding promotional material and education/training should be explicit in the inclusion of all those who have contact with patients.</p>	<p>Policy/information review and embedded as evidence</p>	<p>FA</p>	<p>Safeguarding training is within the MAST programme and now all at level 2 and MDT therefore all grades of staff participate together.</p> <p>E-Learning has been provided to medical staff and will roll out to other staff groups as soon as possible.</p> <p>The Trust is about to run the second of its Level 3 MDT training days.</p> <p>Safeguarding Children Training will be externally reviewed to ensure quality of content 29th October 2014.</p>	<p>Complete</p>
<p>The quality of work carried out by porters should include reference to patient experience and safeguarding in addition to the measurement of time to complete tasks</p>	<p>Evidence of audit or related KPI</p>	<p>IM</p>	<p>All porters undertake safeguarding level 2 training.</p> <p> Portering Team.doc</p> <p>The Trust uses 'portertrack' a software system that allows oversight of the tasks porters are carrying out/ who is on a break etc</p>	<p>Complete</p>
<p>Porters should receive training and support about the transportation and handling of deceased patients. De-briefing and counselling should be available for porting staff who are adversely affected by the duty</p>	<p>Evidence of action</p>	<p>IM</p>	<p> Portering Team.doc</p> <p> Acrobat Document.pdf</p> <p> 0660care-of-the-dying-policy.pdf</p>	<p>Complete</p>




<p>The Trust Quality Committee should commission a specific project on the care, storage and transportation of bodies to give wider assurance on the matters raised within the report and that they could not happen again</p>	<p>Minutes of meeting and output of project with recommendations if required</p>	<p>IM</p>	<p> Portering Team.doc  0660care-of-the-dying-policy.pdf  Acrobat Document.pdf</p>	<p>Complete</p>
<p>Guidance and active support on interfacing with VIP patients should be developed and issued to consultants and senior clinicians and monitored through the appraisal process</p>	<p>Evidence of action</p>	<p>Des Holden (DH)</p>	<p>Policies embedded within this document are adhered to by all Trust Employees including Consultants and Senior Clinicians, specifically the Media and Chaperone Policies below. The robust recruitment process also demonstrated/embedded similarly applies to all. During appraisal reference is made to the Trust Values. In addition GMC Standards make clear reference to the professional behaviours required of all medical staff while revalidation as a process requires multisource feedback from staff, patients and also from complaints, PALS and clinical risk and therefore supports the monitoring of standards of practice and behaviour.</p>	<p>Complete</p>
<p>A visitor policy should be established with clear boundaries regarding the role of the media/VIP's and the role of celebrities</p>	<p>Policy review and embedded as evidence</p>	<p>GFM</p>	<p> media-policy-2014-final-version-review.doc  0525chaperonepolicy.pdf</p>	<p>Complete</p>

<p>The Trust should conduct a review to ensure the support, advice and care it provides to the victims of sexual violence consistent with best practice</p>	<p>Policy</p>	<p>YP</p>	<p>  0143harassment.pdf 0551safeguardingad ults.pdf</p> <p>In addition all staff have access to confidential external counselling and to the adult safeguarding lead who makes this explicit within her education and training.</p>	<p>Complete</p>
<p>The Trust should conduct an audit of placements of children and young people in adult in patient areas to ensure this no longer happens</p>	<p>Audit</p>	<p>FA</p>	<p>Audit of placements of children and young people in adult areas between April 2014 and August 2014 identified 1 child admitted to an adult ward as a day case. All other children admitted appropriately.</p>	<p>Complete</p>
<p>The Trust should provide a safe and confidential counselling service for staff</p>	<p>Evidence of service</p>	<p>YP</p>	<p>The Trust does provide a confidential counselling service to its employees from its Occupational Health Service.</p>	<p>Complete</p>
<p>Development of strategies should continue to improve the visibility of executive and non-executive directors across the organisation</p>	<p>Embed relevant strategies after review</p>	<p>GFM</p>	<p>All strategies are reviewed and ratified by the Trust Board. Recent strategies which have been reviewed are:</p> <p>Quality Strategy, Clinical Strategy, Workforce and OD Strategy, IT Strategy, patient Experience strategy, membership strategy</p> <p>The Board pages of the website have copies of these strategies:</p> <p>http://www.surreyandsussex.nhs.uk/about-us/about-the-trust/board-papers/</p>	<p>Complete</p>

<p>As part of their Board responsibility directors should foster a culture of curiosity, internal scrutiny and constructive challenge particularly on matters that have a major impact on public confidence in Trust services</p>	<p>Minutes of Trust Board</p>	<p>Alan McCarthy (AM)</p>	<p>The Board has completed a programme of development that specifically addressed achieving assurance through constructive challenge and scrutiny and this is evident in Board discussions and decisions.</p> <p>Board Code of Conduct which includes Nolan principles.</p>  <p>SASH Trust Board Code of Conduct - See</p>	<p>Complete</p>
<p>The Board should develop an understanding of how it feels to be a patient in the Trust and identify methods of communication to share good practice and celebrate success</p>	<p>Minutes of Trust Board</p>	<p>AM</p>	<p>The Board regularly receives a patient story at its monthly Board meetings. It also receives reports on patient feedback through surveys, Patient Opinion and Your Care Matters and also via the Safety and Quality Committee from the Patient Experience Committee. It recognises good practice and challenges areas for improvement. Quality Walks also enable Board member to assess the quality of the ward environment from a patient. The Board also conduct regular Quality Walks to wards and departments across the Trust. The outcome of which are shared with the relevant speciality and division. The Board is in the process of launching monthly “Board to Ward” briefings.</p>	<p>Complete</p>
<p>The Trust should review security across all sites including on call residences and develop a comprehensive strategic security plan</p>	<p>Audit</p>	<p>IM</p>	<p>The Trust has a full time LSMS in place who reviews security across the site. There is an on-site security presence 24/7. The Trust has in place a ratified organisation-wide</p>  <p>0373securitymanagement.pdf</p> <p>Policy for Security Management.</p>	<p>Complete</p>

<p>A unified HR system should be in place across the Trust that fulfils the recruitment and employment requirements for all staff, volunteers and contractors</p>	<p>Policy review and embed as evidence</p>	<p>YP</p>	<p> recruitment.pdf  Copy of Applicant Checklist.xls</p>	<p>Complete</p>
<p>The Trust should review its policy on gifts and hospitality and seek assurance that all staff are aware of their responsibilities. Compliance should be audited annually</p>	<p>Policy review and embed as evidence</p>	<p>GFM</p>	<p> Final Stadarnds of Business Conduct Poli</p>	<p>Complete</p>
<p>The Trust should have a volunteers policy which covers induction, training, access to the Trust, training and clarity of boundaries</p>	<p>Policy review and embed as evidence</p>	<p>FA</p>	<p> ANNUAL REPORT 2013 - 14.doc  Volunteers Policy 2014.doc</p>	<p>Updated Volunteers Policy awaiting ratification due 12/11/14</p>
<p>The Trust should have a major strategic plan for the management of potentially catastrophic issues where public confidence maybe at</p>	<p>Policy review and embed as evidence</p>	<p>PB</p>	<p> 0571majorincidentplan.pdf  media-policy-2014-final-version-review.doc</p>	<p>Complete</p>

stake				
The Trust should have a policy in place to manage large financial donors, specifically setting out how to deal with requests for favours from them	Policy review and embed as evidence	Paul Simpson (PS)	The Trust is updating its Managing Financial Donors Policy to cover this and will be completed by 31 st October 2014.	Work in progress
The Trust dignity at work policy must explicitly mention sexual harassment with a clear definition and examples given. This policy should be audited to gain assurance that those with line management responsibility are fully conversant with actions when faced with such allegations	Policy review and embed as evidence	YP	    0143harassment.pdf 0551safeguardingad ults.pdf 0614safeguardingchil dren-informationshari 0552managementofa llegations.pdf	Complete
All policies should be reviewed to ensure they comply with statutory obligations about retention of records	Evidence of review? Embed policy on policies?	IM	The Trust has a Policy for Records Management and Strategy for Information Lifecycle Management (ILM). Which defines clear expectations for records management and retention.  0533recordslifecycle.pdf	Complete

			These expectations are covered annually in the Trusts information governance training and corporate records are audited annually for records retention as part of the IG Toolkit.	
The Trust should review how it seeks the views of a wide range of stakeholders in developing policies and ensure all policies are patient centred	Policy review and embed as evidence (policy on policies)	GFM	Guidelines for staff include ensuring the relevant stakeholders (including patients) are included in the development of relevant policies and procedures.  0555PolicyforProceduralDocuments.pdf	Complete
All policies should be succinct and in plain language and identify the points that people need to know in order to implement them	Policy review and embed as evidence (policy on policies)	GFM	 0555PolicyforProceduralDocuments.pdf	Complete
There should be mandatory compliance with policies designed to protect patients and staff	Policy review and embed as evidence (policy on policies)	GFM	 0555PolicyforProceduralDocuments.pdf	Complete
The Executive team must establish priority setting and decision making processes that reflect the needs of patients with regard to	Minutes and policy if appropriate	PS	The Trust has Charitable Funds Expenditure Guidance describing all relevant aspects of the use of funds, procedures in place to manage decision making, objects in individual funds were last updated in 2012 and there are processes in place requiring committee sign off of larger amounts of money. All donations are reviewed and any deemed unusual are investigated to ensure they	Complete

charitable funds and fund raising			meet Trust, NHS and legal requirements	
Assurance that charitable funds are channelled appropriately should be gathered in a systematic and on-going basis and reported to the Trust Audit Committee to ensure the mechanisms in place to do this continue to be effective	Minutes/policy/audit	PS	Charitable funds has its own committee (with the AAC Chair on it), the accounts and procedures are subject to external audit. Reports are provided direct to Board	Complete