

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: BOARD OF DIRECTORS****DATE: 21 MAY 2015****SUBJECT: RECOMMENDATIONS FOR PROVIDERS FROM THE SAVILE REPORT****REPORT FROM: INTERIM CHIEF NURSE AND DIRECTOR OF QUALITY****PURPOSE: Discussion  
Information****CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

Following the recent publication of Kate Lampard's 'Lessons Learnt' report, detailing the investigations into the abuse by Jimmy Savile on NHS premises, the Secretary of State for Health has announced that he will be accepting 13 of the 14 recommendations made in the report with a view to further consultation being undertaken to consider how these actions will be implemented.

The Secretary of State has asked for a response from Trusts in three months; Local Safeguarding Boards and commissioners will also require a copy of the response.

**SUMMARY:**

There were nine recommendations relating to provider organisations. These are outlined in the attached paper, along with the current position of the Trust outlined. Many of the recommendations are already in place. There are three areas where further actions are required:

1. The Trust must make a decision on whether to undertake three yearly reviews of the findings of employee Disclosing and Barring Service (DBS) checks as this will have a financial consequence. The process for volunteers has not yet been agreed by the Secretary of State for Health.
2. The arrangements for pre-employment checks for agency and contract staff are not as robust as the procedures for substantive staff. This is of greatest concern for those staff recruited using "off Framework" agencies.
  - 2.1. Doctors - Agency Locum bookings are placed on the booking platforms NHSP and Staff Flow. When the locum is confirmed in a placement the system checks whether a worker has a GMC number and its expiry date. The booking cannot be processed any further if the GMC number is out of date. The system will not know if there are any investigations on the doctor or other GMC registration issues. The system does not carry out right to work checks etc.
  - 2.2. At confirmation stage, a full file of the locum including copies of the Agency Worker Placement Checklist, Passport, CV, references carried out by the agency, the most recent DBS Check, Qualification Certificates and Training are sent to the engager from the agency. It is the responsibility of the department to check this file, upon every booking along with identity and right to work permits etc. With new engagements, Clinical Leads/Consultants make telephone contact with the most recent employer and take up a verbal reference, regardless of the written reference provided

<p>from the agency.</p> <p>2.3. Nurses - Requests for workers are sent to NHSP. In the first instance, NHSP will attempt to fill the requirement with a NHSP employed bank worker. NHSP employed bank workers have gone through a recruitment process that is fully compliant with NHS employment check standards. Any requests that the bank cannot fill will be sent to agencies.</p> <p>2.4. Assuming an agency worker is available, when the nurse is confirmed in the placement the system requires the agency to enter an NMC number and the expiry date. The booking cannot be processed any further if the NMC number is out of date. The system will not know if there are any investigations on the nurse or other NMC registration issues. The system does not carry out right to work checks etc.</p> <p>2.5. Framework appointed agencies should be recruiting their staff in line with the NHS employment check standards and should be supplying a one page 'Agency Worker Checklist' which confirms the eligibility to work in the UK, the DBS number, NMC number, confirmation of fitness to work, confirmation that mandatory training has been completed and that they are competent in written and oral English amongst other things. It is unclear whether these checklists are being received and if they are being checked.</p> <p>2.6. Procurement Services are doing a full scale agency review in order to ensure the Trust receive compliant workers.</p> <p>3. The Risk Management Strategy requires a review to outline in more detail the reputational risks associated with celebrity endorsements. A short paper was presented to the meeting of the Charitable Funds Committee in order to ensure that the risks are fully outlined.</p>
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**RECOMMENDATIONS:**

The Board is asked to review the responses to the relevant recommendations.

**NEXT STEPS:**

Agreement on the outstanding actions that are required by the Board of Directors'. Assurance provided to commissioners and the Secretary of State for Health on the current and forecast Trust position on the outstanding actions.

**IMPACT ON TRUST'S STRATEGIC OBJECTIVES:**

None

**LINKS TO BOARD ASSURANCE FRAMEWORK:**

None

**IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:**

None

**FINANCIAL AND RESOURCE IMPLICATIONS:**

None

**LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:**

None - The aim of the Public Sector Equality Duty is not relevant to this report.

**PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES**

None

**BoD ACTION REQUIRED:**

- (a) Discuss and agree recommendations.
- (b) To note

**CONSEQUENCES OF NOT TAKING ACTION:**

The Trust will be unable to provide a response to the Secretary of State for Health within the agreed timeframe.

**Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile****Kate Lampard Feb 2015.**

Following the recent publication of Kate Lampard's 'Lessons Learnt' report, detailing the investigations into the abuse by Jimmy Savile on NHS premises the Secretary of State for Health has announced that he will be accepting 13 of the 14 recommendations made in the report with a view to further consultation being undertaken to consider how these actions will be implemented.

A summary of the key recommendations that are relevant to provider organisations is attached. It does not include those recommendations that apply to The Home Office, Department of Health and NHS England.

The Secretary of State has asked for a response from Trusts in three months Local Safeguarding Boards and commissioners will also require a copy of the response.

The full report and details about the separate investigations into the 16 trusts can be found on the [gov.uk website](http://gov.uk).

Rec	Requirements	Current position	Date for completion	Person responsible	Additional Comments	RAG Rating
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.	There is a section in our Adult Safeguarding policy	In date and available on SharePoint	Head of Adult Safeguarding	The date for review current policy is September 2015	
2	All NHS trusts should review their voluntary services arrangements and ensure that: <ul style="list-style-type: none"> <li>they are fit for purpose;</li> <li>volunteers are properly selected, recruited and trained and are subject to appropriate management and supervision;</li> <li>All voluntary services managers have development opportunities and are properly supported.</li> </ul>	Internal audit review of the process has just taken place	Completed	Corporate Events, Trust Membership and Volunteer Services Manager	There are currently around 400 volunteers across the Trust. All volunteers have either a DBS or Enhanced DBS screening on appointment, but this is not repeated every three years. The process of recruitment has recently been audited by Baker Tilley; this shows nearly full compliance (98%) with best practice. The completion of a "right to work in the UK" form is suggested on an annual basis.	
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.	We have trained our all volunteers working in the Trust.	In place and part of on-going compliance	Head of Adult Safeguarding; Head of Child Safeguarding	There is a programme for training all new volunteers and staff with substantive contracts have this as a component of mandatory training and subject to monitoring	
5	All NHS hospital trusts should undertake	Part of formal contract	In place	Head of Adult	Wide range of training	

	<p>regular reviews of</p> <ul style="list-style-type: none"> <li>• their safeguarding resources, structures and processes (including training programmes);</li> <li>• and the behaviours and responsiveness of management staff in relation to safeguarding issues;</li> </ul> <p>to ensure that their arrangements are robust and operate as effectively as possible.</p>	monitoring for 2015/16	and part of on-going compliance	Safeguarding; Head of Child Safeguarding	currently offered with the requirement that staff complete mandatory training in child and adult safeguarding. Good working relationships with partner organisations with demonstrable presence at multi-agency meetings.	
7	<p>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> <p>Not accepted, instead the Department of Health will carry out a review of current practices, and use of the DBS Update Service.</p> <p><i>*This recommendation has not been agreed in full in relation to volunteers</i></p>	Discussion held at the Quality Committee in April 2015. Agreement and costing is required to deliver a 3-yearly DBS update. Director of HR to oversee the implementation once a decision has been taken	Decision to be taken by Jun-15	Resourcing Manager; Corporate Events, Trust Membership and Volunteer Services Manager	All volunteers have either a DBS or Enhanced DBS screening on appointment, but this is not repeated every three years. The same process is in place for all substantive appointments; again this is not repeated every three years and will have a cost implication and a decision will need to be taken first.	
9	<p>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</p>	There is existing email, internet and social networking guidance published by the Communications team and social media guidelines for patients and visitors	May -15	Director of Communication	The guidance is reviewed annually with the communication team, Information Governance and HR input. Currently being reviewed.	

	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 that these are subject to monitoring and oversight by their own HR managers.	This process is in place but it is not always followed in relation to Locums recruited directly by the Divisions or locums booked via "off Framework" agencies in hard to recruit areas e.g. A&E/ECC. All other recruitment from Framework agencies is managed by procurement services.	Sept-15	Director of HR	The number of "off Framework" agencies currently being used is increasing. It is not clear what processes are in place with in these agencies to undertake the required level of pre-employment checks. No formal process currently exists for "off-Framework" agency booking.	
11	All 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 overall responsibility for these matters rests with a single executive director.		In place and part of on-going compliance	Director of HR	Currently reviewing and process mapping to avoid delays in the recruitment process but still maintaining adequacy of checking. Monitoring of the risk in starting a new employee without the full checks in place is currently monitored and reported. Listing completed quarterly and an annual report included to SMG. The responsibility rests with the Director of HR	
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 the reputation of the Trust are outlined in the RM strategy. There is a risk on the corporate risk	Jun-15	Deputy Director of Risk, Governance	RM strategy is reviewed annually but this is being revised currently on the basis of feedback from	

	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.	register relating, in part, to the reputation of the Trust.		and Patient Safety	Deloitte.	
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## RAG Rating explanation

Completion	Action plan on Target	No actions taken, out of target plan