

Trust Board Paper 1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 May 2015

COMMITTEE: Quality Assurance Committee

CHAIR: Dr S Dauncey, Non-Executive Director

DATE OF MEETING: 30 April 2015

This report is provided for the Trust Board's information in the absence of the formal Minutes, which will be submitted to the Trust Board on 4 June 2015.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- **East Midlands Congenital Heart Centre** - the Committee endorsed the recommendations following the external review and requested a further update at QAC meeting in 3 months' time. The report to be sent to the TDA and NHS England;
- **Whistle Blowing Update** – the contents of the paper were received and noted, QAC were supportive of the investigation and the ownership at CMG level with future corporate challenge, the process of which had yet to be identified via NET. It was agreed that the report would be submitted to CQC;
- **Jimmy Savile Investigation** – the content and recommendations of the Kate Lampard 'Savile Report', and UHL's proposed response to it, were discussed. The response forms the basis of the report requested by the TDA and outlines UHL's position on the recommendations. The response and action plan are attached. This has been brought to the Trust Board for information and approval and it should be noted that this needs to be provided to the TDA by the end of May. QAC was fully assured by the response and action plan;
- **Update on CQC Applications** – the Committee noted that;
 - an application had been made to remove Harborough Lodge from UHL's registration;
 - an application had been made to add the Northampton Renal and Dialysis Unit (Riverside House) as a new location, and
 - a declaration of non-compliance regulation 22 (staffing) at the Northampton Renal and Dialysis Unit (Riverside House) and it was planned to be compliant by 31 August 2015.

SPECIFIC DECISIONS:

- None

DISCUSSION AND ASSURANCE:

- **Update Regarding Reasons for TTO errors and any further actions that could be taken** – the Committee noted the contents of the report and the action plan. Further assurance on the action plan was requested with an update at QAC in four or five month's time;
- **Feedback re. Theatre Production 'Inside Out of Mind'** – received and noted and discussed the

opportunity for shared learning;

- **Patient Safety Monthly Report** – the new style of report was well received and further consideration to be given to featuring a dashboard on RIDDOR;
- **Freedom to Speak Up Report** – the Committee supported the continuing work and requested that the progress updates be submitted to QAC whilst the gap analysis work continued and would then progress to the Trust Board once completed;
- **Prevent Training** – received and noted;
- **Months 12 Quality and Performance Report** – particular note was made in respect of deterioration in #NOF target, performance in respect of pressure ulcers and nutrition assessments. Improvements had been made with mortality rates;
- **Nursing Report** – a brief update on real time staffing, vacancies, premium pay and the nursing clinical dashboard was provided;
- **Friends and Family Test Scores** – received and noted;
- **CQUINS and Quality Schedule Monthly Report** – received and noted in particular amendments to the ratings of PS02, PS03, PS08, PS12 and CE08;
- **AOB** – the Committee received a briefing on an ongoing court case: the next hearing would be on Friday 1 May 2015 and the trial would commence 5 October 2015, and
- **CQC Intelligent Monitoring Report** – the Committee was sighted to the fact that the Trust had received a priority band rating of 4.

DATE OF NEXT COMMITTEE MEETING: 28 May 2015

Dr S Dauncey – Committee Chair
30 April 2015

Quality Assurance Committee – 30 April 2015

Proposed Response to the Kate Lampard ‘Savile Report’

DIRECTOR:	Carole Ribbins, Acting Chief Nurse
AUTHOR:	Michael Clayton Head of Safeguarding
DATE:	30 April 2015
PURPOSE:	The purpose of this report is to alert Executive Quality Board to the recently published NHS report relating to the relationship of Savile with the NHS. The report outlines the Trust position to the recommendations in the Kate Lampard Report as requested by the Trust Development Authority.
PREVIOUSLY CONSIDERED BY:	None
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input type="checkbox"/> 2. An effective, joined up emergency care system <input type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	To note that a proportionate approach is recommended in response to national recommendation to maintain effective public relations.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	None
Organisational Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register <input type="checkbox"/> Board Assurance Framework <input checked="" type="checkbox"/> Not Featured
ACTION REQUIRED *	
For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input checked="" type="checkbox"/>	

- ♦ We treat people how we would like to be treated
- ♦ We do what we say we are going to do
- ♦ We focus on what matters most
- ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

* tick applicable box

University Hospitals of Leicester NHS Trust

Report to: Quality Assurance Committee
From: Michael Clayton, Head of Safeguarding
Date: 30 April 2015
Subject: Proposed Response to the Kate Lampard 'Savile Report'

Purpose Of The Report

The purpose of this paper is to update members of the recommendations from the Department of Health National review of the association with Jimmy Savile and the NHS.

The paper outlines progress against these recommendations and areas for development together with implications for the Trust.

Background

Following the death of Jimmy Savile a number of allegations were made about his conduct in NHS establishments which led to an independent review undertaken by Kate Lampard.

The findings of this review were published in February 2015 which confirmed that it is likely that Jimmy Savile sexually abused staff and patients over a number of decades, but that systems did not enable the effective reporting of allegations.

The review also identified concerns regarding the use of charitable funds and the influence of Jimmy Savile over the management of NHS organisations and the role of volunteers within NHS establishments.

Following the publication of the report a number of recommendations have been made and subsequently, the Trust Development Authority will be seeking assurance that Trust Boards have considered the recommendations contained in the report. In particular the nine recommendations are reviewed and progress against these reported to the Trust Development Authority by 31 May 2015 (Appendix 1).

Implications for the Trust

The recommendations derived from the Savile Report have been considered by the respective Trust leads for

- Volunteer Services
- Safeguarding
- Recruitment and Selection
- Media and Communications
- Charitable Funds

Paper I

The action plan has been completed and this has identified that overall the Trust follows current guidance and standards. The review has identified that most of the recommendations made in Kate Lampard's Report can be incorporated into existing practice, with the exception of recommendation V and VI, where further guidance is being sought from NHS England and the Trust Development Authority.

Progress to Date

The Trust received the correspondence from the Trust Development Authority on 11 March 2015 and work has been undertaken to determine the current position against the recommendations.

The Head of Safeguarding has liaised with interested parties within the Trust to pull together a position statement and associated action plan. Part of this process included seeking clarification from NHS England Area Team and NHS employees in relation to recommendations as required.

The enclosed Action Plan highlights the actions to be taken by 31 May 2015 to achieve compliance.

It is proposed that once approved and signed off at the Trust Board, update reports and actions plans are shared with the local Safeguarding Boards.

Conclusion

This report outlines the proposed steps to be taken to ensure that the recommendations made in the Savile Report are met as requested by the Trust Development Authority.

It has outlined the key areas where assurance is currently being sought and more detail will be provided in an update report for the May Trust Board.

The QAC is requested to:

- Note the content and recommendations made in the NHS Savile Report as requested by the Trust Development Authority.
- To note approve and sign off the attached Action Plan.

Michael Clayton
Head of Safeguarding
April 2015

Annex A: REPORT ON TRUST PROGRESS IN RESPONSE TO KATE LAMPARD'S LESSONS LEARNT REPORT

NAME OF TRUST:	University Hospitals of Leicester			
Recommendation	Issue identified	Planned Action	Progress to date	Due for completion
I. All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors.	Policy in place	None	The Trust has a policy in place which was created in April 2014.	N/A
II. All NHS trusts should review their voluntary services arrangements and ensure that: <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; and, • All voluntary services managers have development opportunities and are properly supported. 	That the Trust Volunteer Policy will be updated, and the recommendations of the report will be considered in revisions.	The Trust Volunteer Policy will be reviewed in April 2015 and will take into account the findings of Kate Lampard's report in its revisions.	The Trust has a current Volunteer Policy in place which is due to be renewed in April 2015. All volunteers are subject to a recruitment process which includes a DBS check, interview and are overseen by the Trust Volunteer Manager.	May 2015
III. All NHS hospital staff and volunteers should be required to undergo formal refresher training in safeguarding at the appropriate level at least every three years.	That volunteer training information is contained in the Trust's Quarterly Safeguarding Report.	To include in the Trust safeguarding reports, safeguarding training compliance figures for volunteers.	Training is provided to all staff and volunteers on safeguarding adults and children on induction and	May 2015

			has to be refreshed every three years. Training data is reported quarterly across the organisation to the Executive Quality Board.	
<p>IV. All NHS Hospital trusts should undertake regular reviews of:</p> <ul style="list-style-type: none"> • 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. 	To include additional safeguarding performance data in the Trusts annual safeguarding report	<p>The Safeguarding Annual Report is in the process of being written. In response to the Kate Lampard report a section will be included regarding actions taken to include specific assurance information on:</p> <ul style="list-style-type: none"> • Training compliance. • Numbers of allegations received relating to staff. • New policy and procedures. 	<p>The Trust produces an annual Safeguarding Report which describes service developments, performance, service pressures and referral information. Quarterly Safeguarding Reports are submitted to the Executive Quality Board and for review by the Clinical Commissioning Group (CCG). Staff's knowledge of safeguarding procedure is spot checked</p>	May 2015

			through unannounced visits by the Safeguarding Team within the Clinical Managed Group.	
V. 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.	Current NHS Employers standards do not require employees to have a three yearly DBS check, NHS Employers have advised that they are awaiting further guidance from the Department of Health	None	The Trust works to NHS Employers standards. The Human Resource Department have checked on 26 March 2015 with NHS Employers whether there is an intention to change current standards, and they have advised they are waiting Department of Health guidance The Trust is also part of a scheme to ensure that medical and nursing staff have three yearly DBS	

			checks.	
VI. 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.	Following discussion with the Trust Communications Department and the Trust Development Authority, it is believed that to place restrictions on peoples access to the internet and social media may infringe human rights legislation.	The Head of Safeguarding will formally write to the Trust Development Authority to seek further clarity on this recommendation.	Patients and visitors are unable to access the internal websites. Information is made available to the general public regarding taking pictures in hospital. Media comments about the Trust are monitored through the Trust communications department	April 2015
VII. All NHS hospital Trusts should ensure that arrangements and processed 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.	That not all agency bookings are overseen by Corporate Nursing. Some Clinical Management Groups organise their own locum and agency staff.	To ensure that across the Trust all areas comply with the Trust standards for employment and use of agency staff. This assurance will be provided to the Trust Safeguarding Assurance Group	The Trust has a system and standard in place to ensure that agencies supplying staff for the Trust meet the required standard, which is overseen by the Corporate Human Resource Team	May 2015

VIII. 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.	That policies and procedures currently exceed the minimum standards required by NHS employers	To include in the Trust Annual Safeguarding Report, assurance information on recruitment and selection process checks.	The Trust has a recruitment and selection policy. Spot checks are undertaken monthly of recruitment checks and process. A minimum of 12 audits are conducted each year and these take place more frequently if issues arise	May 2015
IX. NHS Hospital Trusts and their associated 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 this.	That the content and recommendations made in the Kate Lampard Report should be discussed at the Charitable Funds Committee	That current Trust practice will be benchmarked against the Kate Lampard Report recommendations and an Action Plan produced by May 2015.	That content of the report is due to be discussed at the Trust Charitable Funds Committee	May 2015
<p>I confirm that this Trust Board has reviewed the full recommendations in Kate Lampard's lessons learnt report:</p> <p>SIGNED: _____ DATE: _____</p> <p>CE NAME: _____</p>				