

Response to request for assurance in regard to the issues arising from NHS reports in relation to the activities of Jimmy Saville within healthcare establishments
15th July 2014

Report Summary

Purpose of this Report:

This report is to provide initial assurance through North Somerset CCG on the assurance in regard to current safeguards in place in AWP and future plans to enhance these in response to the issues arising from recently released NHS reports in relation to the activities of Jimmy Saville within healthcare establishments.

Following the publication of the Jimmy Saville reports, South Gloucestershire CCG requested reassurance from the NHS organisations from whom it commissions services that necessary reviews have been undertaken on the following basis:

Since April 2013 we have included in your contracts a standard regarding the safe recruitment of any volunteers, charity fund raisers or celebrities as well as permanent, bank and temporary staff. (*Standard 8 - Safe Recruitment and Retention of Staff, The provider must demonstrate they have safe recruitment procedures that protect and safeguard children in line with guidance for NHS employers. The provider must ensure that their safe recruitment policy takes into account the work of any volunteers, charity fund raisers or celebrities.*) We would like to receive reassurance that your:

1. Safer recruitment policy meets the requirements for standard 8

And that you

2. Review your safeguarding policies to ensure that they properly protect patients. Such policies should also specifically extend to the care and transportation of deceased patients.
3. Assess the quality of the current policies and systems in place to encourage staff to raise concerns or for staff/patients to complain.
4. Ensure that security policies relating to the attendance of visitors on NHS premises are reviewed and that they specifically cover visits by VIPs and celebrities.
5. Ensure that there are proper policies and controls in place covering security within mortuaries and that these are regularly audited. A review of the transportation and storage of bodies of deceased patients should be undertaken.
6. Ensure that Trust policies make clear that public officials who recommend the appointment of someone with whom they have a close relationship should withdraw from the appointment process to ensure independence.

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Head of Safeguarding

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This request was also sent to AWP, and this report is intended to initial assurance to South Gloucestershire and other local CCG's on the current safeguards that are in place and future actions that are planned to improve these based on full consideration of the relevant reports.

1. Safer recruitment

The Trust adheres to the NHS standards in relation to pre-employment checks and there is a rolling re-check programme that ensures that all staff are regularly reviewed in relation to DBS checks.

The Trust recruits exclusively through NHS Jobs and therefore recruitment is based on the pathways and safeguards built into NHS Jobs.

We also check that staff are checked in relation to their professional registration (whether clinical or not). If a role depends upon accreditations (qualified nurses, doctors, etc.) and these expire, then the individual is suspended until they are reinstated. Staff are not able to commence employment until these checks are received. Any deviation from this process, which is rare, will be subject to agreement from the Head of Safeguarding.

We are regularly audited on our recruitment practices and we were audited towards the end of last year and the audit was "clean" with no concerns raised.

There is an expressed and explicit onus on staff to inform us if there is any material or potential impact on their clearances. If we become aware of issues that may impact upon clearances, they are investigated and re-checks are done as necessary and appropriate actions taken..

The recruitment department oversees that due safer recruitment processes are followed and flag any concerns to the operational management and the Head of Safeguarding.

Safer recruitment training for recruiting managers has been provide in the Trust, but the this is being redeveloped, with a roll out of a revised competency development package planned for Q3 2014/15 to demonstrate and improve competencies more effectively.

2. Safeguarding Policies

Safeguarding policies are reviewed regularly to ensure they protect patients (annually). They include a clear process for management of allegations of abuse, and in addition a range of mechanisms are provided to report concerns though the management, safeguarding and whistle blowing routes.

AWP does not provide care or transportation for deceased patients (this being provided through the acute care system or undertakers) however the duty of care for deceased patients will be referenced in the next policy review (due in August 2014).

3. Quality of current policies and systems in place to encourage staff to raise concerns or for staff / patients to complain

The Trust has a whistleblowing policy and this is available on Ourspace and identifies

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methods to raise concerns confidentially and in confidence. The policy and process are to be reviewed within the next few weeks to ensure that staff receive support to do so and do not feel under duress or at fault for raising concerns.

Staff (including Bank staff) and students on placement have access to an e-form for electronic reporting of concerns of poor practice or safeguarding concerns directly to the Trust safeguarding team.

Staff are encouraged and required to discuss concerns at clinical and / or management supervision, which should now be occurring regularly (at least monthly) – frequency of supervision is monitored directly at a practitioner, team, service and Trust level through the IQ system. Outside of this, (current or former) staff are able to contact Iain Tulley or other senior members of staff. All staff receive an acknowledgement, concerns are investigated and staff receive a written response.

Staff leaving the Trust are invited to complete an exit form and provide feedback on a number of issues. They are also able to contact HR and request a telephone or face-to-face meeting. Issues raised are reported back to relevant individuals and appropriate actions are taken as necessary.

Members of the public may also contact Iain Tulley (CEO) directly and this is followed up and responded to in writing.

PALS and Complaints

If PALS and Complaints received any such concerns they would:

- Make a safeguarding referral immediately to the appropriate organisation (varies on locality); ensure that they had confirmation that concerns are being taken forward. If a concern meets the threshold for safeguarding the case would be handled by them / the police. They would not process as a formal complaint at this stage as safeguarding processes would take precedence.
- PALS routinely liaise with the Trust safeguarding team in relation to potential safeguarding concerns raised by service users, families and the general public
- PALS would offer support/ link with clinical team if it was a patient / carer with the concern
- If a concern was brought to PALS and referred to safeguarding but this did not reach the threshold or if the safeguarding investigation did not find any issues PALS would continue to investigate the concerns under the NHS complaints procedure.

When staff are named in complaints this is recorded on the Ulysses database allowing for 'soft intelligence' to be built by the Trust overtime about complaints against staff and the reason for the complaint. Apart from the complaints policy, (reviewed 3yr cycles or if there is a change in national legislation/ guidance) they work to the Safeguarding Policy and the training they have received on this subject.

4. Visitors and celebrities

The Trust has a clear visitor's policy contained in the Trust security policy, this states:

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- All visitors including visiting staff, Service User Carer Representatives and Volunteers must report to the reception area on arrival.
- Visitors must sign the visitor's book recording their name, business, the person they are visiting, time of arrival and departure.
- Visitor badges will be issued to all non AWP employees on official Trust business. Anyone suspected of not following the correct signing in procedures will be challenged and, if necessary, escorted to the reception, in order that the signing in process can be completed.
- Once the visitor has signed in, he/she must wait until the person, with whom they have an appointment, arrives to escort them to their destination. At the end of the meeting, the visitor will be escorted back to the reception area to sign out, prior to departure.
- Visitors must not be left unaccompanied with the exception of external organisations who may need to visit the building on official business taking account of prevailing health and safety risks. This will be at the agreement of a relevant Director or local Manager.

Additionally clinical inpatient areas have clear local protocols for visits to service users by persons known to them to ensure the safety of the service user and visitor.

The Trust does not have a separate policy for celebrities who would be covered by the general arrangements for visitors. The Trust does not use celebrities in relation to on-going fund raising activities. The Trust security policy will be reviewed to reference the specific issues raised

5. Security in mortuaries and transportation and storage of bodies

The Trust does not provide a mortuary service or undertake the transportation or storage of bodies (this is undertaken within the acute provision or by undertakers).

6. Trust policies in relation to recommendations for recruitment

Any potential employee who applies for a role is required to declare whether they are related to any Trust employee.

For senior (Board and Executive Directors) and doctor appointments there are a number of external panel members (including service users) who are invited to sit on the selection panel.

They are required to declare any interest in any applicant and withdraw from the selection process if necessary.

All appointments made within the Trust are subject to the same checks, including references.

Actions Arising from the Report:

The initial actions identified in the review of these reports to improve assurance that the

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appropriate safeguards are in place are:

- Roll out of a revised competency development package for safe recruitment by managers in 2014/15
- Referencing the duty of care for deceased patients in the next policy review (due in August 2014) of the Trust Safeguarding adults policy
- Review of the Trust security policy to reference the specific issues raised re VIP's/celebrities

The Trust will continue to review and consider whether further actions are required arising from the currently released NHS reports, and any further report (NHS and otherwise) in relation to the activities of Jimmy Saville.

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