

Report to Trust Board of Directors

Date of Meeting:	2 June 2015	
Enclosure Number:	9	
Title of Report:	Trust Response to Lampard Review	
Author:	Melanie Baxendale, Named Nurse - Safeguarding Children	
Executive Lead:	Gail Naylor, Executive Director of Nursing & Midwifery	
Responsible Sub-Committee (if appropriate):	Safeguarding Board	
Executive Summary:	In response to the publication of Independent oversight of NHS & Department of Health investigations into matters relating to Jimmy Saville (Lampard, 2014), North Cumbria University Hospital has reviewed the nine key recommendations for NHS organisations and discussed them at the Safety and Quality Committee in May. The Trust is required to respond formally to the recommendations by 31 May 2015 in relation to current position; gaps and actions required and attached at appendix 1 is the Trusts response, which will be monitored by the Safeguarding Board.	
Board Assurance Framework Reference:	2.6	
Risk Rating (high, medium, low risk) and any recommended changes to risk rating:	Medium	
Compliance, legal and national policy regulatory requirements:	Children; CQC Outcome 7, Section 11 (Children Act 2004)	
Financial Implications:	N/A	
Actions required by the Board:	To approve:	Discussion and decision
	To note:	Where the Board is made aware of key points but no decision required
	For information:	For reading and consideration and for discussion by exception only
	The Trust Board is requested to NOTE the response to the Lampard review.	

Data quality:	Source:	Melanie Baxendale, Named Nurse - Safeguarding Children Danny McAllister, Safeguarding Adult Lead Meredith Jardine, Lead Midwife Safeguarding
	Validated by:	Melanie Baxendale, Named Nurse - Safeguarding Children Danny McAllister, Safeguarding Adult Lead Meredith Jardine, Lead Midwife Safeguarding
	Date:	20 May 2015

APPENDIX 1

NAME OF TRUST:		North Cumbria University Hospitals NHS Trust			
Recommendation	Evidence summary	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.	No robust evidence.	The Trust does not have a dedicated policy.	The current media policy will be reviewed and expanded to include this specific element.	Communications team reviewing policy to draft and update.	31/08/2015 Lead: R Whytlock Exec: COO
II. All NHS trusts should review their voluntary services arrangements and ensure that: <ul style="list-style-type: none"> They are fit for purpose; 	Volunteer Co-ordinator appointed with support from Buddy FT on systems and processes which are well established in NHFT.	Volunteer work programme requires formal review to ensure good governance and clear milestones are in place.	Annual work programme to be presented to Workforce Committee for volunteers.	Priorities currently being identified with new post holder.	31/07/2015 Lead: C Unwin Exec: COO
<ul style="list-style-type: none"> Volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision; and, 	Main objective of new co-ordinator is to ensure robust recruitment and training is in place.	Training needs analysis (TNA) not completed for volunteers. DBS checks required for existing volunteers.	TNA to be established for all volunteers. Existing volunteers are being progressed in relation to DBS checks with restrictions applied where necessary for volunteers who have not yet completed the checks.	L&D will undertake a review of appropriate training needs for all volunteers and apply the most appropriate levels of training to fit the needs of their roles across the Trust	End of June 2015 Lead: Head of HR Exec: COO

Recommendation	Evidence summary	Issue identified	Planned Action	Progress to date	Due for completion
<ul style="list-style-type: none"> All voluntary services managers have development opportunities and are properly supported. 	<p>Volunteer & Charity Development Officer has access to development opportunities and is line managed by Head of Charity Development and Volunteering at NHFT.</p>	<p>None.</p>	<p>None.</p>	<p>N/A</p>	<p>N/A</p>
<p>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.</p>	<p>Volunteers receive safeguarding prior to commencement of their role.</p>	<p>Record keeping of volunteer training records poor. No refresher training identified.</p>	<p>Mandatory training reports to be established for all volunteers. TNA to be established for all volunteers.</p>	<p>L&D will undertake a review of appropriate training needs for all volunteers and apply the most appropriate levels of training to fit the needs of their roles across the Trust, as a minimum this will include Fire Safety , Information Governance, Safeguarding Children & Adults; & Infection Prevention and control</p>	<p>End of June 2015 Lead: Head of HR Exec: COO</p>

Recommendation	Evidence summary	Issue identified	Planned Action	Progress to date	Due for completion
<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, 	<p>Annual Audits: Statutory Section 11 safeguarding children audit. Statutory NHS safeguarding adults & children audit. Internal safeguarding children/unborn documentation audit. Internal audit of child protection medical assessment documentation. Quarterly: safeguarding children training audit. Analysis of the evidence to prove compliance with CQC Essential standards of quality & safety. Monthly: safeguarding children assessment A&E audit.</p> <p>Daily analysis of the information to named nurse forms.</p>	<p>None</p>	<p>All audit findings are presented to the Safeguarding Board as a way of feeding back to business units. All audits result in an action plan which is monitored by the Safeguarding Board.</p>	<p>None</p>	<p>None</p> <p>Lead: Mel Baxendale Exec: DoNM.</p>

Recommendation	Evidence summary	Issue identified	Planned Action	Progress to date	Due for completion
<ul style="list-style-type: none"> The behaviours and responsiveness of management and staff in relation to safeguarding issues. 	<p>Representatives from each business unit attend Safeguarding Board. Safeguarding Children champions on Paediatric wards, SCBU, Obstetrics, ITU, EAU, ED and midwifery. Quarterly safeguarding newsletter. Monthly safeguarding children drop in sessions on each site. All staff have been made aware of their responsibility to evidence safeguarding competence as per the Intercollegiate Document (2014)</p>	<p>Following two days additional training safeguarding children champions have been unable to fully take up their role due to staffing issues on the wards which have prevented them from facilitating supervision.</p> <p>Sharing of practice should be integrated into the Trusts Safety newsletter.</p> <p>Annual Appraisal must include evidence of safeguarding competence and this must be recorded.</p>	<p>Safeguarding Supervision to be re-launched with safeguarding champions shadowing members of the safeguarding team as they facilitate supervision.</p> <p>Key articles to be included in the trust Safety Newsletter.</p> <p>All appraisals to include feedback on safeguarding practice and reports to be issued to the Workforce Committee and Safeguarding Board on compliance.</p>	<p>This deficit has been highlighted in the trust's annual report. Safeguarding champions have requested to provide dates for supervision.</p> <p>Safeguarding administrator to send key articles from safeguarding newsletter on a quarterly basis.</p> <p>Electronic safeguarding children appraisal documentation commenced April 2014.</p>	<p>30/09/2015</p> <p>31/05/2015</p> <p>31/10/2015</p> <p>Lead: M Baxendale Exec: DoNM</p>

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<ul style="list-style-type: none"> To ensure that their arrangements are robust and operate as effectively as possible. 	<p>Staff are directed and supported to provide effective safeguarding care during formal/informal training which is overarched by guidance and policy. The various audits then determine whether these structures are robust and effective and direct remedial plans.</p>	<p>Safeguarding may not always be integrated into day-to-day practice.</p>	<p>Individual Business Units to evidence compliance with CQC safeguarding standards quarterly.</p>	<p>To commence May 2014.</p>	<p>May 31/05/2015</p> <p>Lead: M Baxendale Exec: DoNM</p>
<p>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.</p>	<p>DBS checks undertaken for all new employees and volunteers.</p> <p>DBS checks being implemented for all existing volunteers. Restrictions in place for non-compliance.</p>	<p>No policy to undertake checks every 3 years for staff or volunteers.</p>	<p>Workforce Committee to review risk and compare practice with other organisations in relation to 3 yearly checks and make recommendations.</p>	<p>95 DBS completed out of 278 volunteers.</p>	<p>30/09/2015</p> <p>Lead: Head of HR Exec: COO</p>

Recommendation	Evidence summary	Issue identified	Planned Action	Progress to date	Due for completion
<p>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.</p>	<p>Patient information leaflet in place.</p>	<p>No robust assurance on suitability of leaflet and accessibility on ward / patient areas.</p> <p>No specific mobile phone policy.</p> <p>Children specific information is a gap.</p>	<p>Audit of availability and awareness of the leaflet to be undertaken.</p> <p>Content of leaflet to be reviewed with IG team.</p> <p>Mobile phone policy for staff being developed.</p> <p>Dedicated information and awareness needed in children's areas.</p>	<p>Scope of audit to be agreed with author and communications team.</p> <p>Policy in development.</p> <p>Children's play specialist designing a poster to inform children.</p>	<p>30/09/2015 Lead: R Whytlock</p> <p>30/08/2015 Lead: J Mitchell</p> <p>30/09/2015 Lead: CCC Exec: DoNM</p>
<p>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.</p>	<p>Pre-employment checks are in place in line with NHS Employers standards including, OH, DBS, Qualifications and Registration, employment history/references, ID and Right to work checks</p>	<p>Outstanding issues relating to the engagement of volunteers.</p>		<p>Pre-employment checks are in place in line with NHS Employers standards including, OH, DBS, Qualifications and Registration, employment history/references, ID and Right to work checks</p>	<p>Outstanding issues relating to the engagement of volunteers.</p>

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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.	All recruitment processes adhere to national standards. Compliance action plans in place in relation to CQC Fit and Proper Persons. Single Executive Director responsible on the Board (Chief Operating Officer)	None. Working with Northumbria to ensure consistent approaches on medical and non-medical recruitment.	n/a	n/a	n/a
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.	Guidance in place for the allocation of charitable funds. Annual report and audit in place.	No written guidance on risk assessment and major donors / celebrities.	Standards of Business Conduct Policy and SFIs to be reviewed to include specific guidance for staff on this point.	Review of policies and key guidance for use of charitable funds being reviewed.	31/08/2015 Lead: J Stockdale Exec: DoNM
	<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>				