

## Annex A

Report on actions in response to Kate Lampard's into <a href="#">Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile</a>	
<b>NAME OF TRUST:</b>	<b>SOUTH TEES HOSPITALS NHS FOUNDATION TRUST</b>
<i>(add more lines to the table if necessary)</i>	

<b>Recommendation</b>	<b>Issue identified / current position</b>	<b>Planned Action</b>	<b>Progress to date</b>	<b>Due for completion</b>
<b>R1</b> 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.	The trust has a long standing media relations (and official visits) policy in place that addresses this recommendation.	It is due for renewal in 2015 and the revised policy will continue to address this recommendation.		30 Sept 2015
<b>R2</b> All NHS trust 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 recruited, selected and trained and are subject to appropriate management and supervision; and</li> </ul>	<p>Arrangements were reviewed in 2013 following the appointment of a voluntary services co-ordinator to ensure they were fit for purpose.</p> <p>Arrangements were put in place to ensure proper recruitment, selection, training, management and supervision of all trust volunteers.</p>	No further action to take		

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<ul style="list-style-type: none"> <li>all voluntary services managers have development opportunities and are properly supported.</li> </ul>	<p>The co-ordinator role sits within the charity team and is linked into a North-East volunteer network.</p>			
<p><b>R3</b> The Department of Health and NHS England should facilitate the establishment of a properly resources forum for voluntary services managers in the NHS through which they can receive peer support and learning opportunities and disseminate best practice</p>				
<p><b>R4</b> 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.</p>	<p>Trust volunteers receive safeguarding as part of induction and ongoing training programme.</p> <p>The trust has a safeguarding children training strategy valid until 2016. This requires all staff to have training at a level commensurate with their role with children in line with Royal College of Paediatrics and Child Health guidance. This requires update training between 1-3 yearly depending on the level.</p>	<p>No further action to be taken</p> <p>None required</p>		

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	<p>Safeguarding adults training is mandatory for all staff and Mental Capacity Act training is mandatory for all clinical staff. Ensuring full compliance is challenging. An action plan to improve compliance is in place and this is being monitored at the relevant Governance groups. Compliance has been discussed with commissioners.</p>			
<p><b>R5</b> All NHS hospital trusts should undertake regular reviews of:</p> <ul style="list-style-type: none"> <li>• their safeguarding resources, structures and processes (including their training programmes); and</li> <li>• 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.</li> </ul>	<p>Resources in Safeguarding Adults and Safeguarding Children were reviewed in late 2014. Some capacity was relocated from Children’s Safeguarding to Adults to address an imbalance; additionally a new model of safeguarding adults practice was introduced to more firmly embed safeguarding adults practice in clinical care. Training programmes are reviewed regularly particularly in response to changes in legislation and guidance. The trust takes part in multiagency case file audit in relation to children subject to child protection plans, children in need and children looked</p>	<p>None required</p>		

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	after. All referrals/alerts to social care are quality assured by the adult/ children's safeguarding team as appropriate.			
<p><b>R6</b> The Home Office should amend relevant legislation and regulations so as to ensure that all hospital staff and volunteers undertaking work or volunteering that brings them into contact with patients or their visitors are subject to enhanced DBS and barring list checks</p>				
<p><b>R7</b> 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>The Trust's DBS policy was changed in November 2014 to bring it into line with current regulations set by the Disclosure and Barring service on the eligibility for DBS checks at a standard and enhance level and the NHS Employment check standards. The policy covers the following groups:  Medical staff including Doctors in Training, Non-Medical staff, Volunteers, Temporary/Agency staff, Contractors, Military staff, Secondments, Non-Executive Directors, Clinical placements / Attachments, Honorary</p>	<p>In line with current DBS regulations, NHS Employers Employment check standards and legislation the Trust is compliant with its current DBS policy (agreed November 2015). Therefore at this stage we would not need to take any action. The guidance from NHS Employers, legislation and the DBS guidance should be kept under review as if the 3 yearly checks are implemented into these requirements the Trust would need to change its policy and this would have significant cost and resource implications to implement.</p>		

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	<p>appointments, Students/ Trainees/Placements</p> <p>A paper was also submitted to Corporate Executive team on the Trust's process prior to the policy being changed, as at that time all staff were DBS checked either at standard or enhanced which was in breach of the DBS regulations. The paper also made recommendations not to carry out retrospective checks in line with guidance produced by NHS Employers and not to carry out checks every 3 years for the majority of staff (as there is no legislation to state this must be done) and these two actions were agreed.</p> <p>In the policy agreed in November 2014 there is a flow chart to follow to identify if a person requires a DBS check and at what level based on guidance from NHS employers standards. The policy stipulates that 3 yearly checks will only be carried out for staff working in local schools and early years providers (e.g. school nurses), as this is a recommendation of</p>			

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	the Dept. of Education and local safeguarding boards, but is not legislative.			
<p><b>R8</b> The Department of Health and NHS England should devise and put in place an action plan for raising and maintaining NHS employers' awareness of their obligations to make referrals to the local authority designated officer (LADO) and to the Disclosure and Barring Service.</p>				
<p><b>R9</b> 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>Currently the trust does not provide wi-fi access for patients and visitors to access the internet. If wi-fi was to be made available then a policy would be developed in line with the recommendation.</p>	<p>No action currently required</p>	<p>N/A</p>	

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<p><b>R10</b> 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 are subject to monitoring and oversight by their own HR managers.</p>	<p>As indicated above the DBS policy includes agency and contract staff. In the Recruitment and Selection policy it states that any agency staff used in the Trust should only be taken on via a provider that is stipulated on the crown commercial services framework. The crown commercial framework regulations ensure that agencies on the framework comply with NHS Employment check standards.</p> <p><b>Nursing – Registered and Healthcare Assistants</b> - All nursing bank staff are used through NHSP and the HR department are provided with assurance that checks are undertaken via a report from NHSP into the Governance manager in HR. This report also goes the Director of Nursing and Deputy Director of Nursing.</p> <p>Any other usage of nursing staff through agencies has to be agreed via the Director of Nursing and the Director of Workforce.</p>	<p>HR Action - To implement a process that notifies HR of agency staff that are being used in the Trust excluding medical (HCL Managed service) and nursing (NHSP) so that assurance can be given that the pre-employment checks have been verified by the Trust line manager of the agency staff member.</p> <p>HR Action - To implement a reporting process and appropriate monitoring of pre-employment checks, via compliance reports from agencies and contractors used in the Trust.</p> <p>Academic Centre Action – To implement a process to ensure that the local induction checklist is completed for all agency staff</p>		<p>Oct 2015</p>

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<p><b>R11</b> 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.</p>		<p>To review the 10% file audit process - 10% of medical files checked and 10% of non-medical files checked monthly based on the new starter list for all centres and directorates to ensure that file audit identifies compliance across centres and directorates and can identify areas of non-compliance</p> <p>Shortlisting and interview panel checks -</p> <p>There is currently no check done of this requirement when names for the interview panel names are sent to Recruitment. A check should be completed to ensure that at least 1 panel member has been trained in Recruitment and Selection training by Recruitment when setting up the interview schedules.</p>	<p>Currently a 10% sample is checked from non-medical recruitment and a further 10% from medical recruitment to ensure that all pre-employment checks are undertaken and recorded. This audit checks recruitment documentation that has been completed by Recruitment and the Appointing Manager to appoint a member of staff.</p> <p>Recruitment and selection training is offered to all staff and it is mandatory for at least one person on each interview and shortlisting panel to have completed the training.</p>	<p>September 2015</p>

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<p><b>R12</b> 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 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.</p>	<p>The trust's risk register and board assurance framework is used to highlight potential reputational risks, and actions to address those risks.</p> <p>The trust's charity has a risk register that is used to highlight potential reputational risks.</p> <p>The trust's media (and official visits) partially addresses this requirement in the management of celebrity and VIP visits, but will be strengthened to specifically address major donors.</p> <p>The trust's advertising and sponsorship policy also partially addresses the issue of reputational risk from links with certain organisations, companies and industries. This will be strengthened to address potential major donors.</p>	<p>The trust's charity works in line with trust policies.</p> <p>The media (and official visits) policy is due for renewal in 2015 and the revised policy will fully address the issue of major donors.</p> <p>The trust's advertising and sponsorship policy is due for renewal in 2016 but it will be revised within the timescales of the media (and official visits) policy to address major donors.</p>		<p>30 Sept 2015</p>

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<p><b>R13</b> Monitor, the Trust Development Authority, the Care Quality Commission and NHS England should exercise their powers to ensure that NHS hospital trusts, (and where applicable, independent hospital and care organisations), comply with recommendations 1, 2, 4, 5, 7, 9, 10 and 11.</p>				
<p><b>R14</b> Monitor and the Trust Development Authority should exercise their powers to ensure that NHS hospitals trusts comply with recommendation 12.</p>				