

## **Action required by the Board of Directors**

To **receive** and **note** the Chief Executive's update report and attachments.

## 1 National Developments

National developments since the Board last met in October that I wish to bring to the Board's attention this month due to their potential strategic significance for the Foundation Trust are as follows:

### 1.1 One million 'dementia friends' scheme launched

An ambitious project to register one million people by 2015 who can increase understanding of dementia, is one of the next steps in the Prime Minister's Dementia Challenge. Under the scheme led by the Alzheimer's Society, people who become dementia friends will be given free information sessions, to help them raise awareness of dementia in their communities.

Other measures include providing £9.6m for dementia research, extra support for GPs to spot and diagnose dementia, and a pilot programme in schools and youth projects to help young people become dementia aware.

### 1.2 Health technologies to improve the lives of people with long-term conditions

One hundred thousand people with long-term conditions are set to benefit from new health technologies such as Telehealth. The Department of Health has confirmed seven 'pathfinders' – NHS and local authority organisations, including clinical commissioning groups – are to agree contracts with industry suppliers that will mean 100,000 people benefiting from Telehealth next year. Leading technology companies will be supplying the NHS with the technologies and services at no upfront cost.

The Board will be pleased to note that Airedale is included within the successful North Yorkshire Pathfinder bid, building on our successful Telemedicine service

### 1.3 Key publications

This month the Department of Health released three key publications which will influence and drive next year's NHS planning round, and influence service developments:

- The NHS Mandate between the Government and the NHS Commissioning Board sets out the ambitions for the health service for the next two years;
- the NHS Outcomes Framework 2013 to 2014 sets out the outcomes and corresponding indicators that will be used to hold the NHS Commissioning Board to account for improvements in health outcomes, as part of the government's Mandate to the NHS Commissioning Board;
- and the NHS Constitution<sup>1</sup> Consultation . The Department of Health has launched a public consultation on strengthening the NHS Constitution. Proposals, which reflect advice from the NHS Future Forum, include greater clarity on patient involvement covering end of life care, same-sex wards and refusing access to abusive patients. They also include new staff responsibilities around openness about mistakes, acknowledging complaints, and delivering compassionate care. The deadline for staff and the public to respond is 28 January 2013.

Headlines from each of the publications are attached for reference (**Appendix 1**). Given the importance of these publications to the Foundation Trust's 2013/14 planning round, Directors were briefed in more detail at the Board strategy day held on the 22<sup>nd</sup> of November. The Council of Governors will be briefed at their Annual Planning meeting with the Board in December.

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<sup>1</sup> **The NHS Constitution** establishes the principles and values of the NHS in England. It sets out patient and staff rights and responsibilities. It protects the NHS and helps ensure patients receive high-quality healthcare

## **1.4 Dr Foster 2012 Hospital Guide**

This year's Hospital Guide will be published by Dr Foster at the end of the month. The 2012 Hospital Guide will have a greater focus on efficiency metrics as well as the traditional quality measures to provide a comprehensive view of care. The indicators fall under the broad categories of Mortality ratios, Efficiency index and Clinical variance and will be published at individual trust level.

The Dr Foster team visited the Foundation Trust earlier this month to share headline performance ratings. The information is currently embargoed. Final results for the whole of England will be published in one of the broad sheets on 3 December.

## **1.5 Care minister launches review of Liverpool Care Pathway (LCP)**

Care minister Norman Lamb has convened a summit of doctors and patient groups to discuss issues with the Liverpool Care Pathway (LCP) and discuss how it can be improved. It will take place late November. The announcement follows concerns raised in the media about the use of the pathway. The LCP is intended to ease the final hours of patients who are close to death.

## **1.6 Standards for NHS board members launched**

A voluntary code of standards for NHS board members that pledge care and compassion at the heart of their work has been launched by the Professional Standards Authority for Health and Social Care. The standards are based on seven core values: responsibility, honesty, openness, respect, professionalism, leadership and integrity. They challenge board members to take responsibility for decisions, to challenge the behaviour of others and to recognise and resolve conflicts of interest.

The Company Secretary, Jane Downes, will be reviewing how the code can be reflected in the Board's ongoing professional development.

# **2 Local Health Economy Developments**

## **2.1 North Yorkshire & York**

The sustainability review commissioned from KPMG by the Chief Executives of the main acute trusts and the ambulance service, together with the CCG leaders and current PCT Cluster Chief Executive is coming to a conclusion. The leadership community is now involved in negotiating and finalising action plans for implementation next year.

As previously reported the review is set against the context of a worsening financial position across North Yorkshire. The PCT Cluster has agreed with the SHA that it will not exceed an operating deficit of -£19m by the end of March 2013. However, the PCT cluster could potentially exceed this agreed deficit by a significant margin, including overtrading at most of its acute providers, including Airedale, if it does not implement turnaround actions in the short term and the recommendations of the sustainability review in the longer term.

Clearly this situation continues to represent a significant risk to the whole health and social care community including Airedale. We have contributed extensively in terms of suggestions for transformation and improvement including better integration and support to enable patients to be better treated at/closer to home utilising technology including sharing emerging evidence from our Telemedicine service. Once plans are finalised I will brief the Board on the detail.

## **2.2 System leadership and stakeholder engagement**

Our ongoing work to strengthen relationships with and support and influence key local stakeholders continues. Since the last Board meeting, in addition to supporting and participating in the now well established commissioner and local health economy planning events and the North

Yorkshire sustainability review, I have also hosted two events on behalf of Kris Hopkins, MP. In the first event, Kris had extended an invitation to one of the Government's new health ministers, Dr Dan Poulter who visited Airedale to meet front line staff and talk to patients and their relatives. Dr Poulter was particularly interested in the care we provide for patients suffering from Dementia, and our innovative Telemedicine service. The visit attracted very positive local press coverage. In the second event Airedale hosted a round table health economy wide discussion for Kris to enable him discuss with health and social care senior leaders the Government's proposals for social care reform and the local health economy's appetite for transform and integration.

Directors have also been continuing discussions with the Ambulance Trust, local primary care out of hours provider (Local Care Direct), the CCG and Airedale clinical representatives regarding an improved urgent care pathway for nursing home patients.

## **2.3 Clinical Commissioning Groups (CCGs): Update**

Our local CCGs are part way through the authorisation process. Most have now had their independent panel visits and are now working through final areas requiring further action/clarification. They will be advised of the outcome once the NHS CB has formally reviewed the outcome of the authorisation review in January.

# **3 Airedale Foundation Trust Update**

## **3.1 Care Quality Commission (CQC) unannounced visit**

Last week the CQC arrived for an unannounced visit. The visits are part of the CQC's routine schedule of planned reviews. During the visit, CQC inspectors visited a number of wards in the hospital as well as A&E and the medical admissions unit.

At the time of writing this Board paper, the Foundation Trust had not received the CQC's draft report. Under the CQC's new reporting regime non compliance with any standard, no matter how minor, will result in a non compliance overall rating. As soon as the report is received, Directors will prepare an action plan in response as appropriate. The Board will want assurance that management's response to any findings is appropriate.

## **3.2 DH gateway letters for Board assurance**

### **i) Gateway reference 18350: Savile allegations**

Following recent media coverage regarding allegations of abuse of NHS patients involving Jimmy Savile, NHS Chief Executive Sir David Nicholson has issued a gateway letter to the NHS.

The Secretary of State has appointed Kate Lampard, a barrister and Vice Chair of NHS South of England, to provide assurance that the Department of Health and the relevant NHS organisations are following a robust process aimed at protecting the interest of patients. The letter advises that Ms Lampard will also look, as part of that work, at NHS wide procedures, in the light of the findings of the reviews, to see whether they need tightening. The intention is that once concluded any learning relevant for the wider system will be shared across the service as a whole.

In the meantime, Boards are encouraged to take the opportunity to review their own arrangements and practices relating to vulnerable people, particularly in relation to: safeguarding; access to patients (including that afforded volunteers or celebrities); and listening to and acting on patient concerns. This approach has been agreed with David Bennett, Chief Executive of Monitor.

I have asked Rob Dearden, as Director of Nursing, to lead on this. Mr Dearden has developed a response which was considered by Executive Directors at the Executive Assurance Group held on 20 November. A final version of the response is attached (**Appendix 2**).

## ii) **Gateway reference 18220: publication of 2011-12 reference costs**

The Department of Health has published the 2011/12 reference costs. I am delighted to advise the Board that Airedale's reference cost index is confirmed as 95. This is a reflection of the huge effort by front line teams and back office support functions to improve productivity and increase efficiency. Our commissioners and local community should take assurance from this that Airedale continues to provide value for money. Other external accreditation focussing on quality and safety, such as the CHKS Safest Hospital in England Award, and the Dr Foster hospital guide (latest results awaited) provide the assurance that quality is not compromised.

(Note: These newly-published reference costs are part of the Department of Health's commitment to provide accountability and transparency in relation to the costs of NHS services. Reference costs have a number of very important uses, principally in recent years to inform the national tariff. The NHS uses the data for reporting to executive teams, benchmarking, contract negotiation and local pricing of non-tariff services.)

## 3.3 **Financial position**

The overall position at the end of October is a surplus of £752,000 which is in line with plan. Although the financial position at this stage remains on plan the underlying trend is indicating a real risk in the deterioration of the overall financial performance for the year. We are now starting to see a slowdown in the level of overtrade but the level of expenditure continues to increase. This is now starting to have a significant impact on our EBITDA and is being offset at this stage by the under-spends in depreciation and anticipated PDC payments. The forecast model is now indicating that there is very little scope left for any further adverse movements in income if the current levels of expenditure continue. Further details are included in the Director of Finance's report.

## 3.4 **Operational update: service pressures**

- **C Difficile:** At last month's Board meeting I reported that, despite our best efforts, the likelihood of breaching Monitor's de-minimus threshold level of 12 cases for the financial year was extremely high. At the end of October the Foundation Trust had recorded 11 cases of C Difficile. With winter approaching and 5 months remaining of the year under review, it is now inevitable that this threshold level will be breached. Whilst achieving a Governance Risk Rating for quarters 1 and 2 of GREEN, as the C Difficile threshold for the Foundation Trust this year was so challenging – one of the lowest in the country – we have always declared achievement as a risk in the Annual Plan. I am therefore predicting an AMBER/GREEN rating for Quarter 3 (October – December) as per our Annual Plan forecast submitted to Monitor in May.
- **Accident & Emergency:** As can be seen from the Director of Finance's performance report, for the month of October the Foundation Trust failed the A&E treatment time standard. Detailed work is taking place by the operational groups to put in place the corrective action required to achieve the threshold for the quarter.
- **Bed Pressures:** As reported last month, the hospital continues to experience high demand and as a result continues to operate with a higher number of beds than originally budgeted for and is struggling to achieve the stretch target we set ourselves for patients waiting for treatment in A&E. I continue to take a close interest in resolving the flow issues and am

overseeing a detailed comprehensive action plan following the urgent care summit I hosted earlier this month. This builds on urgent care meetings I have been having with partners across the health economy as the solution requires a health and social care economy integrated approach.

### **3.5 New patient administration system (PAS) goes live**

As reported at the Board's strategy session on 22 November, the new Patient Administration System (SystemOne) went live this month as planned. This implementation, delivered in partnership with technical partners TPP and Accenture, is an important step in delivering the Trust's ambition to improve the patient experience. Through this development – one of the first in the country - we will be able to better integrate care for the local population as we now have the basis of an electronic shared record with primary care.

Led by Christine Miles, Director of Operations, the implementation project team, drawn from across the Foundation Trust, TPP and Accenture has worked tirelessly to deliver this major system development and installation in less than 6 months. As well as providing PAS functionality and the shared electronic record, the development package with TPP also includes bed management. In the New Year we will implement the next phases which will enable e prescribing and e discharge.

This is a very exciting development and is a key enabler to support our ambitions for seamless end to end care for our patients. The teams are to be congratulated for a successful at pace implementation and productive partnership.

### **3.6 Rheumatology peer review**

The Foundation Trust has just received a very positive report following a peer review carried out earlier this year under the auspices of the British Society for Rheumatology & British Health Professionals in Rheumatology Peer Review Scheme. The report highlights many areas of good practice, as well as making helpful recommendations for improvement. The report will be shared with the Board through the usual governance channels to provide assurance.

### **3.7 Workforce update**

As the Board is aware, we are embarking on Director replacement recruitment following the appointment of the Director of Finance, Sheenagh Powell, to the NHS Commissioning Board, and the resignation of the Director of Operations (Christine Miles) and forthcoming departure of the Director of OD and Workforce (Justine Steele).

The advert for the Director of Finance position has been placed with interviews planned for the first week in December. With regard to the remaining vacancies, the Foundation Trust is in the process of finalising the recruitment arrangements.

### **3.8 Choose Well campaign**

The Foundation Trust is supporting a campaign urging patients in Bradford and Airedale to *Choose Well* and get the right NHS treatment this winter. Thousands of *Choose Well* leaflets are being sent to GPs, pharmacists and local hospitals across the district to help people make the right choice about which health service to use over the coming months.

Demand on emergency services increases dramatically at this time of year, so it is important that patients stop and think; does this injury or illness really need emergency treatment? On a busy day, staff in our A&E department can see more than 200 people. Some patients do not really need to go to hospital - they could be treated more quickly by their GP, their local pharmacist who can offer advice on common illnesses and the best medicine to treat them, or even by themselves with basic self-care, first aid and advice.

### **3.9 Forward look: Annual Plan 2013/14**

As the Board is aware Directors are making preparations for next years planning round. The approach was presented the Board strategy day held on 22 November. This will be followed by the Board to Council of Governors meeting on 13 December when the Board will brief the Council on progress on this year's plan, as well as briefing on next year's plan and agreeing how best to represent the views of the public and staff members and stakeholder organisations that they collectively represent.

Clinical groups are currently working on their plans which they will be presenting to the Board at the deep dive sessions planned for January. This will provide an opportunity for the Board to review detail for the next 3 years and be assured regarding delivery of this years plan.

## **APPENDIX 1**

### **National Developments: Briefing on NHS Mandate, NHS Operating Framework 2013/14 and NHS Constitution Consultation**

#### **i) NHS Mandate**

The Mandate reaffirms the Government's commitment to an NHS that remains comprehensive and universal – available to all, based on clinical need and not ability to pay – and that is able to meet patients' needs and expectations now and in the future.

The NHS Mandate is structured around five key areas where the Government expects the NHS Commissioning Board to make improvements:

- preventing people from dying prematurely
- enhancing quality of life for people with long-term conditions
- helping people to recover from episodes of ill health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm.

Through the Mandate, the NHS will be measured, for the first time, by how well it achieves the things that really matter to people.

The Mandate includes a series of key objectives including the following which are of particular relevance to the Foundation Trust:

- improving standards of care and not just treatment, especially for the elderly
- better diagnosis, treatment and care for people with dementia
- better care for women during pregnancy, including a named midwife responsible for ensuring personalised, one-to-one care throughout pregnancy, childbirth and the postnatal period
- every patient will be able to give feedback on the quality of their care through the Friends and Family Test starting from next April – so patients will be able to tell which wards, A&E departments, maternity units and hospitals are providing the best care
- preventing premature deaths from the biggest killers
- by 2015, everyone should be able to find out how well their local NHS is providing the care they need, with the publication of the results it achieves for all major services

#### **ii) NHS Outcomes Framework 2013/14**

This latest version of the framework builds on the previous two versions and contains measures to help the health and care system to focus on measuring outcomes. It describes how the NHS Outcomes Framework will work in the wider system, and highlights the indicator changes since the 2011/12 edition.

It's purpose is threefold:

- to provide a national level overview of how well the NHS is performing
- to provide an accountability mechanism between the Secretary of State for Health and the NHS Commissioning Board for the effective spend of some £95bn of public money
- to act as a catalyst for driving up quality throughout the NHS by encouraging a change in culture and behaviour

The main headlines include:

- 5 domains (Figure 1 below) correspond to the 5 focus areas of the NHS Mandate
- The Framework will be kept up to date to reflect changing public and professional priorities, and balanced to reduce distortion or perverse incentives from focusing inappropriately on some areas at the expense of others
- NHS organisations are to be held to account through outcome rather than process objectives
- For the first time the NHS Outcomes Framework has been aligned with the Outcomes Frameworks for Public Health & Adult Social Care which were published in tandem with the NHS Outcomes Framework

**Figure 1. NHS Outcomes Framework Domains**

<b>Domain 1</b>	<b>Preventing people from dying prematurely;</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions;</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill health or following injury;</b>
<b>Domain 4</b>	<b>Ensuring that people have a positive experience of care; and</b>
<b>Domain 5</b>	<b>Treating and caring for people in a safe environment; and protecting them from avoidable harm.</b>

Areas identified for early progress include:

- improving standards of care and not just treatment, especially for older people and at the end of people's lives
- the diagnosis, treatment and care of people with dementia
- supporting people with multiple long-term physical and mental health conditions, particularly by embracing opportunities created by technology, and delivering a service that values mental and physical health equally
- preventing premature deaths from the biggest killers
- furthering economic growth, including supporting people with health conditions to remain in or find work

Indicator changes to this edition of the Outcomes Framework include:

Domain	Indicator changes
1	<ul style="list-style-type: none"> <li>▪ Better outcomes measures for <b>children</b> strengthened</li> <li>▪ New <b>cancer</b> survival indicators</li> <li>▪ Clarification of indicator for people with <b>Learning Difficulties</b></li> </ul>
2	<ul style="list-style-type: none"> <li>▪ <b>Dementia</b> indicators updated &amp; extended</li> </ul>
3	<ul style="list-style-type: none"> <li>▪ Stronger emphasis on <b>mental health</b> with new indicators for psychological therapies</li> <li>▪ <b>Trauma</b> indicator better defined</li> </ul>
4	<ul style="list-style-type: none"> <li>▪ New <b>friends &amp; family test</b> indicator introduced</li> <li>▪ New indicator introduced to measure improved experience of <b>integrated care</b></li> </ul>
5	<ul style="list-style-type: none"> <li>▪ New indicator introduced to measure <b>hospital deaths</b> attributable to problems in care</li> </ul>

### iii) NHS Constitution Consultation

The Government is seeking views on proposals to strengthen and reinforce the NHS Constitution. The NHS Constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what people can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.

Recommendations for strengthening the NHS Constitution were outlined by the NHS Future Forum to the Secretary of State following a series of listening events held in the summer. The Future Forum, chaired by Professor Steve Field, identifies three 'essential steps' for the NHS Constitution to make a difference in the NHS:

- awareness must be raised dramatically among public, patients and staff – for staff, this means helping them really understand what the Constitution means for their everyday work
- the Constitution must be clearer about what happens when the NHS falls short of people's rights or expectations
- the content needs updating and reinforcing in specific areas.

The areas in which the Future Forum says the Constitution should be updated and reinforced are:

- involving patients in decisions about their care

- supporting staff
- encouraging feedback and a more open working culture
- how information is used and protected
- 'making every contact count', so that healthcare professionals take every suitable opportunity to talk to patients about improving their health.

The Secretary of State has accepted the recommendations and is now consulting on proposals to strengthen the Constitution. Within the document the Department of Health recognises that a key part of the credibility of the Constitution lies in people being equipped to use it to uphold their expectations of the NHS. The Government has given a commitment that early next year, they will develop and consult on proposals, following the publication of the Francis inquiry report, on how to give the Constitution greater traction.

Subject to the outcome of this consultation, the Government plans to publish an updated Constitution by 1 April 2013

Links to all 3 publications are as follows:

NHS Constitution Consultation

<https://www.wp.dh.gov.uk/publications/files/2012/11/Consultation-on-strengthening-the-NHS-Constitution.pdf>

The Mandate: A Mandate from the Government to NHS Commissioning Boards

<https://www.wp.dh.gov.uk/publications/files/2012/11/mandate.pdf>

NHS Outcomes Framework 2013-14

<https://www.wp.dh.gov.uk/publications/files/2012/11/121109-NHS-Outcomes-Framework-2013-14.pdf>

## **Appendix 2**

### **Purpose:**

This paper is to provide assurance to the board in respect of the DH Gateway Reference 18350 (*Appendix 1*).

### **Key elements of the paper:**

The paper provides the existing assurance against the areas highlighted: safeguarding, access to patients (including that afforded to volunteers or celebrities) and listening to & acting on patient concerns.

It identifies further enhancements required in Voluntary Services Management, which will be completed by the end of the financial year.

Wider staff awareness & vigilance is necessary in relation to employees of other organisations with access to patients/public

### **Requirements of the Trust Board:**

The Trust Board are asked to receive, note and consider the assurance provided & actions proposed.

**Context**

Following recent media coverage regarding allegations of abuse concerning Jimmy Savile; the NHS Chief Executive has written to Chief Executives & Chairs within NHS organisations (*appendix 1*). This requires a review of local practices & arrangements in relation to vulnerable people, in respect of Safeguarding, access to patients (including that afforded to volunteers or celebrities) & listening to & acting on patient concerns.

**Local Arrangements & Assurance**

<b>Local Arrangements</b>	<b>Assurance</b>
Safeguarding	<ul style="list-style-type: none"> <li>• Robust Safeguarding Policies (Children &amp; Young People / Adults) which dovetail with District Partnership Policies</li> <li>• Policy includes lessons learnt from Serious Case Reviews across the Country</li> <li>• Links to Human Resources Policies including recruitment checks</li> <li>• Relevant training for staff of all grades &amp; compliance monitored quarterly &amp; reported via QSOG &amp; Strategic Safeguarding Group</li> <li>• Safeguarding referrals data reported to QSOG</li> <li>• External assurance on Safeguarding activity provided to PCT</li> <li>• Most young people are admitted to the children's ward, for those admitted elsewhere there is a recently strengthened system of alert to safeguarding children team.</li> <li>• Safeguarding principles mainstreamed across the organisation – strong awareness</li> <li>• Robust Safeguarding Team</li> <li>• Complaints &amp; PALS are assessed for Safeguarding</li> </ul>
Access to Patients	<ul style="list-style-type: none"> <li>• All volunteers go through a comprehensive recruitment check including enhanced CRB (PoVA &amp; PoCA) – over 70%. Those who haven't will be so by 1 January 2013 to achieve 100%</li> <li>• Voluntary Service Manager maintains comprehensive records of volunteer assignment, codes of practice for different areas all signed up to by volunteers, in addition to their terms of agreement.</li> <li>• All volunteers attend mandatory training &amp; specific training for their roles, volunteer badge incorporating name &amp; photograph issued &amp; to be worn at all times</li> <li>• PPEE Volunteers with any patient contact are all CRB checked</li> <li>• All celebrity visitors and other VIPs visiting children's areas should be arranged via the Matron for Children's Services who is also Named Nurse for Safeguarding Children. The Matron will ensure all celebrity visitors are chaperoned for the duration of their visit.</li> <li>• Consent for photographs taken on a visit, must be given by the child's parents prior to taking of photo. Agreement is obtained at the time regarding where these will be published.</li> </ul>

	<ul style="list-style-type: none"> <li>• Chaperone Policy in place</li> </ul>
Listening & Acting on patient concerns	<ul style="list-style-type: none"> <li>• All formal complaints are reviewed for Safeguarding &amp; forwarded to Safeguarding Leads as appropriate within 3 working days</li> <li>• CPALS have all attended mandatory training on Safeguarding Children &amp; Adults</li> <li>• PALS concerns are risk assessed as low, medium, high with appropriate ongoing referral</li> <li>• Audit of Complaints &amp; PALS files to ensure appropriate actions &amp; escalation have occurred</li> <li>• Any complaints re volunteers are dealt with seriously &amp; are dealt with directly by the Voluntary Services Manager &amp; if more serious, escalated to the Head of Facilities</li> <li>• All complaints involving children &amp; young people are reviewed by the Matron for Children’s services who is also the Named Nurse for Safeguarding. Also reviews PALS themes.</li> </ul>

**Actions Identified**

There are safeguards in place to protect our patients & public. Further review of these have, and are taking place, to ensure continuous improvement in respect of recent publicised events.

Further enhancements to the management of volunteers have been identified – all recruitment to be processed via the Voluntary Services Manager (there has been the odd occasional recruitment direct by a ward/department) – wider awareness necessary of wards & departments re safeguards/recruitment/identification of volunteers, consideration of an ‘appraisal’/review meeting for volunteers, adaptation/review of the job role, volunteers to be requested in writing for any convictions since their last CRB & the update/development of a policy for Volunteers working within the organisation. An action plan is being developed to address these issues & will be completed in full by the end of the financial year, led by the Voluntary Services Manager, supported by the Head of Facilities & Director of Operations.

(Further awareness & vigilance of all staff is necessary in respect of the necessary checks of employees/representatives visiting from other organisations who may require access to patients/relatives/public, for example, Healthwatch, Care Quality Commission).

**Conclusion**

There is strong leadership in respect of safeguarding which is well embedded & mainstreamed across the organisation. However, we must never be complacent & always be alert to the potential for abuse & act swiftly & in line with policy as appropriate.

Date: 12 November 2012

To:  
All Chairs and Chief Executives of NHS Trusts in  
England  
All Chairs and Chief Executives of NHS Foundation  
Trusts in England

Cc:  
Monitor  
All Chairs and Chief Executives of Primary Care Trusts  
in England  
All Chairs and Chief Executives of Strategic Healthcare  
Authorities in England  
All Chief Executives of Local Authorities in England

Gateway reference: 18350

Dear Colleague

### **Savile Allegations**

You will all have seen the recent media coverage of the allegations of abuse involving Jimmy Savile. These are appalling allegations and it is deeply disturbing to think that abuses of this nature may have occurred in NHS organisations.

The three NHS organisations about whom allegations of abuse have been made – Stoke Mandeville Hospital, Leeds General Infirmary and West London Mental Health Trust – are working closely with the police and Local Safeguarding Boards, undertaking reviews to ascertain what happened and whether there are any lessons to learn. In addition the Department of Health is holding a review into Savile's role at Broadmoor Hospital for the period it was responsible for its management.

The Secretary of State has appointed Kate Lampard, a barrister and Vice Chair of NHS South of England, to provide assurance that the Department and the relevant NHS organisations are following a robust process aimed at protecting the interest of patients. She will also look, as part of that work, at NHS wide procedures, in the light of the findings of the reviews, to see whether they need tightening. When this work has concluded we will share any learning relevant for the wider system across the service as a whole.

However, in the meantime, I would ask that you take the opportunity to review, with your Boards, and working as necessary with local agencies, your own arrangements and practices relating to vulnerable people, particularly in relation to: safeguarding; access to patients (including that afforded volunteers or celebrities); and listening to and acting on patient concerns. I have discussed and agreed this approach with David Bennett, Chief Executive of Monitor.

While the nature of protection for children and young people in the NHS is far in advance of what it was in the 1970s and 1980s, we must be absolutely sure that all our existing NHS procedures are robust.

Thank you in advance for actively considering and reviewing your position on this important issue.

Kind regards

A handwritten signature in black ink, appearing to read 'D Nicholson', with a long horizontal flourish extending to the right.

**Sir David Nicholson KCB CBE**  
**NHS Chief Executive**