



**Merton**

**Clinical Commissioning Group**

**Report to the Merton  
Clinical Commissioning Group Governing Body**

**Date of Meeting: 18<sup>th</sup> July 2013**

**Agenda No: 8.6**

**ATTACHMENT 14**

<p><b>Title of Document:</b> Yewtree Report on the Jimmy Savile Investigation Update on Actions from Merton Clinical Commissioning Group (June 2013)</p>	<p><b>Purpose of Report:</b> To Receive and Note</p>
<p><b>Report Author:</b> Sadie Daley – MCCG Designated Nurse Safeguarding Children</p>	<p><b>Lead Director:</b> Jenny Kay – MCCG Director of Quality</p>
<p><b>Contact details:</b> <a href="mailto:Sadie.daley@nhs.net">Sadie.daley@nhs.net</a></p>	
<p><b>Executive Summary:</b> As part of the second stage Independent oversight of the NHS and Dept. of Health Investigations into allegations of sexual abuse relating to Jimmy Savile, Sir David Nicholson (SDN) tasked Kate Lampard (Dept. of Health) with overseeing and identifying the themes and issues arising from the three investigations and look at NHS-wide procedures in the light of the findings of those investigations (June 2013).  Merton CCG sought assurance from NHS Trust provider organisations across South West London and the South London Commissioning Support Unit.</p>	
<p><b>Key sections for particular note (paragraph/page), areas of concern etc:</b> Two pages in total, all of note.</p>	
<p><b>Recommendation(s):</b> The Merton Clinical Commissioning Group Governing Body is requested to: 1. Note the assurance provided. 2. Note this is an update to an initial report based on Sir David Nicolson's questions. 3. Note evidence from each NHS Trust is held by the Designated Nurse Safeguarding Children.</p>	

<p><b>Committees which have previously discussed/agreed the report:</b> Quality Committee.</p>
<p><b>Financial Implications:</b> None known.</p>
<p><b>Other Implications:</b> (including patient and public involvement/Legal/Governance/Risk/ Diversity/ Staffing)</p> <p>Compliance of relevant legislation and mandatory guidance by CCG and provider organisations vital to ensure safeguarding of vulnerable people and reputation of organisation.</p>
<p><b>Equality Analysis:</b> There is no indication that areas of the community would be disproportionately disadvantaged due to this assurance process and report.</p>
<p><b>Information Privacy Issues:</b> No sensitive or patient identifiable information shared.</p>
<p><b>Communication Plan:</b> (including any implications under the Freedom of Information Act or NHS Constitution) Information shared at Governing Body, Quality Committee and at next CCG Staff Briefing. Provider organisations have shared their findings through their own governance arrangements.</p>



## **Yewtree Report on the Jimmy Savile Investigation Update on Actions from Merton Clinical Commissioning Group (June 2013)**

As part of the second stage Independent oversight of the NHS and Dept. of Health Investigations into allegations of sexual abuse relating to Jimmy Savile, Sir David Nicholson (SDN) tasked Kate Lampard (Dept. of Health) with overseeing and identifying the themes and issues arising from the three investigations and look at NHS-wide procedures in the light of the findings of those investigations (June 2013).

Kate Lampard wrote to all Clinical Commissioning Groups (CCGs) asking them to provide assurance around the following areas: review what arrangements and practices they and provider organisations have in place, relating to vulnerable people, particularly in relation to safeguarding, access to patients including that afforded to volunteers and celebrities.

Merton CCG sought assurance from the following provider organisations and commissioning support unit:

- South West London & St George's Mental Health Trust
- Epsom & St Helier's NHS Hospitals Trust
- The Royal Marsden – Sutton and Merton Community Health Services
- St George's Healthcare NHS Trust
- Kingston Hospital NHS Foundation Trust
- South London Commissioning Support Unit (CSU)

### **Kate Lampard's additional questions:**

- 1. How do Safeguarding policies, procedures and practice take account of and affect patients, visitors and volunteers within your organisation?***

All providers noted above provided evidence that safeguarding policies have been reviewed and updated to take account of the findings within the Yewtree Report. Volunteers follow recruitment process, pre-employment checks and attend safeguarding training. The CSU follows the policies of commissioning/provider units when undertaking services on their behalf.

**2. What are your governance arrangements in relation to fundraising by celebrities and others on behalf of NHS organisations?**

Providers shared a variety of evidence relating to Media policies and also have strict charity guidelines in place to ensure that any fundraising or VIP visits, including politicians and dignitaries is facilitated and over-seen by their Communications Team. Departments may not independently invite celebrities into their services.

**3. How useful and/or valuable do you consider the association of NHS organisations with celebrities in relation to fundraising, and in relation to the privileges, including access, accorded to them by NHS organisations?**

Feedback showed that celebrity events can be useful in promoting causes and helping to raise funds for dedicated charities; it can also be useful for patient / parent morale. All providers emphasised that VIPs, celebrities are escorted at all times and are not afforded unsupervised access or privileges.

An example given was a recent visit from HRH the Duchess of Gloucester to one of the provider organisations. During her visit there was no opportunity for VIPs to gain access to areas without prior planning and they were escorted by the senior executive team, with support and oversight from the Communications Team at all times.

One provider noted that Individual NHS organisations must have the right to refuse an application even if supported by the Association of NHS Organisations.

**4. How and to what extent do you consider that complaints and “whistle-blowing” policies and procedures and the culture of NHS organisations encourage or discourage proper reporting, investigation and management of allegations of the sexual abuse of patients, staff and visitors in NHS settings?**

There was assurance that complaints and concerns are taken very seriously with clear and accessible complaints, whistle blowing and allegations against staff policies in place. These policies are flagged at induction as well. The Patient Advice and Liaison Service (PALS) is also in place and staff are trained in child and adult safeguarding.

Sadie Daley  
Designated Nurse Safeguarding Children  
Merton CCG