



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 26/05/2015	
TITLE of PAPER	Board review of recommendations in the national report into matters relating to Savile.	PAPER REF	5.5
STRATEGIC OBJECTIVE	Provide high quality, safe and clinically-effective services which exceed regulatory and legislative requirements		
PURPOSE OF THE PAPER	The purpose of the paper is to provide an update on the matters relating to Savile at Yorkshire Ambulance Service and the progress against the recommendations from the "Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile" (Lampard 2015).		
For Approval	<input checked="" type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
AUTHOR / LEAD	Karen Warner, Associate Director of Quality & Nursing	ACCOUNTABLE DIRECTOR	Steve Page, Executive Director of Standards & Compliance
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper): The Trust Board has been previously briefed on the internal Trust enquiry which has now been published. The Quality Committee received the updated Quality Governance Development Plan in February 2015. This plan incorporates the recommendations and learning from the already nationally published Savile reports.			
PREVIOUSLY AGREED AT:	Committee/Group: Quality Committee	Date: 4 December 2014	
RECOMMENDATION	It is recommended that the Trust Board: a) is assured with regard to the completion of the necessary actions in relation to the recommendations from the Lampard report b) approves the attached template for submission to the NHS TDA.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission		All	
Monitor Quality Governance Framework		All	

1. PURPOSE/AIM

- 1.1 The purpose of the paper is to provide an update on the matters relating to Savile at Yorkshire Ambulance Service and the progress against the recommendations from the “Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile” (Lampard 2015).

2. BACKGROUND/CONTEXT

- 2.1 The publication of a number of further reports from NHS Trusts in February 2015, detailing the relationship James Wilson Savile had with a number of healthcare organisations, have described the manner in which the extent to which he exploited unrestricted and ungoverned access to healthcare premises, personnel and patients to carry out verbal, physical and sexual abuse of both staff and patients over many years. It is clear from these reports that governance arrangements in place during the period of Savile’s activities fell short of the requirements and arrangements in today’s NHS services.
- 2.2 The publications in February 2015 included that of the internal investigation into matters relating to Savile’s association with the ambulance services in Yorkshire.
- 2.3 In addition, in February 2015, the “Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile” (Lampard 2015) was published. This is an independent report for the Secretary of State and included fourteen recommendations for NHS Hospital Trusts, NHS Charities and regulators. These recommendations aim to prevent such events occurring in the future.

3. CURRENT POSITION

- 3.1 The internal YAS report was published in February 2015 and remains on the Trust website.
- 3.2 The actions which have derived from all the published Savile reports, which have had a requirement for action, have been added to the Quality Governance plan and progress has been reported to each Quality Committee since 2014.
- 3.3 In March 2015, the NHS Trust Development Authority asked all NHS organisations to provide Trust Board assurance that recommendations in the national report had been reviewed, and that necessary action had been taken. Where action is in progress, Trusts are required to indicate the date by which it will be completed.
- 3.4 A template was provided by the NHS TDA for Trust responses. The completed YAS template is attached at Appendix I for approval.

4. RISK ASSESSMENT

- 4.1 No new risks have been identified.

5. SIGNIFICANT EXTERNAL COMMUNICATIONS

- 5.1 Following approval by the Trust Board, the assurance template will be forwarded to the NHS TDA by the due date of 29 May.

6. RECOMMENDATIONS

- 6.1 It is recommended that the Trust Board:
 - a) is assured with regard to the completion of the necessary actions in relation to the recommendations from the Lampard report;
 - b) approves the attached template for submission to the NHS TDA.

7. APPENDICES

- 7.1 Appendix 1 - Report on Trust progress in response to Kate Lampard's lessons Learnt Report.