



Dear Colleague

SAFETY AND PROTECTION OF PATIENTS, STAFF AND VOLUNTEERS IN NHSSCOTLAND

Background

The Lampard Report¹ was commissioned by the Department of Health following investigations into matters relating to Jimmy Savile and was published in February 2015. The report considered emerging themes to identify risks and lessons learnt offering recommendations for the NHS in England and Wales, The Department of Health and wider Government.

In continuing to meet its commitment to ensuring patient safety and the safety of the staff and volunteers who work within and for the NHS in Scotland, the Scottish Government has chosen to give careful consideration to the Lampard Report recommendations and how these may be applied in NHSScotland. More detailed information is provided at **Annex 1 and 2**.

Actions for Boards

1. Boards are asked to consider each of the Lampard Report Recommendations, identifying any necessary local actions and to ensure that arrangements for the monitoring, measurement and reporting of the impact of these actions are considered through their Board level governance processes.
2. Boards should also consider the themes identified in the Lampard Report. These are implied in relation to some of the culture and process issues raised in view of their impact on individual behaviour in the workplace. They include how individuals' perception, trust and power relate to organisational effectiveness/safety and public protection through encouraging openness and accountability. Boards should ensure that any necessary action is identified and fed into local improvement plans.

DL (2017) 7

11 May 2017

Addresses

For action

Chief Executives, NHS Boards and Special Health Boards and NHS National Services Scotland (Common Services Agency)

For Information

COSLA
IJB Chief Officers
Local Authority Chief Executives
NHS Board Chairs

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(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf)

3. Boards are asked to engage with national groups and external partners to consider local issues in the application of the recommendations and identified actions detailed in Annex 2.

A number of these actions will also be of relevance for Integration Joint Boards (IJB) and therefore this letter has also been copied to IJB Chief Officers for consideration.

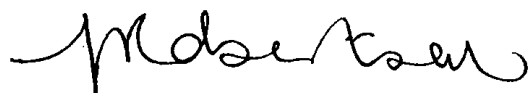
Yours sincerely



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Jason Leitch,
National Clinical Director



Fiona Robertson
Director of Learning and Acting Director of Children and Families

1. Background

Following investigations into the abuse of individuals by Jimmy Savile on NHS premises, The Secretary of State for Health appointed former barrister Kate Lampard to consider NHS guidelines and procedures governing involvement of volunteers in the NHS and advise the Secretary of State for Health on whether and how any such guidelines or procedures needed to be tightened or changed.

The subsequent Lampard Report published in February 2015 identified themes and lessons learned providing 14 recommendations for the NHS in England and Wales, The Department of Health and wider Government. These recommendations focussed on:

- Celebrities, VIPs and other official visitors
- Voluntary services arrangements including recruitment and selection, training and development, supervision and support
- Voluntary Service Managers' Support and opportunity to share good practice
- Safeguarding arrangements, training, resources and structures
- Vetting information checks and referrals for employees and agency/contract staff where applicable
- Assessment of risks to brand and reputation relating to associations with celebrities and major donors
- Patient and visitor social media access arrangements and process.

Although the Lampard report was aimed at NHS England, we chose to take stock of the report and reviewed NHSScotland arrangements thoroughly.

2. Summary of Progress

Scottish Government Policy Leads reviewed the current policy position in view of the recommendations, taking into account the differences between NHS England and NHSScotland.

This work has informed our position that good progress has been made in recent years in developing robust procedures and practices at a national level and we are pleased to see that arrangements to fulfil many of the recommendations are already in place.

These include:

- Good practice and protocols for managing visitors being shared through NHSScotland Communication Leads to enable Boards to develop appropriate local arrangements.
- NHSScotland PIN Policies covering: employment checks for individuals engaged in unpaid work and placements, bullying and harassment of staff by visitors, mechanisms for staff to raise concerns about child protection. The annual PIN compliance exercise has informed Scottish Government that Boards have implemented these PINs and meet the required standards.

- The Clear Pathway project led by VHS (The national network for Scotland's voluntary health organisations). This is a new collaborative project which aims to support safe, effective and person centred volunteering in NHS settings, with the focus on volunteers recruited and managed by third sector organisations.
- The Scottish Health Council work with NHSScotland Boards and the National Group for Volunteering in NHSScotland to identify and assess potential risks at Board level. The findings have been communicated to Strategic Leads for Volunteering and Voluntary Services Managers.
- The National Guidance for Child Protection in Scotland (2014) and the Child Protection Guidance for Health Professionals (2013) (the Pink Book) which contain instructions for the provision of child protection within Health Boards.
- Healthcare Improvement Scotland's new quality of care reviews will assess and provide public assurance regarding the quality and safety of NHS services across Scotland and will take cognisance of the Lampard recommendations where appropriate.

As a result we are content that Scottish Government is able to demonstrate our commitment to ensuring that necessary policy safeguards are in place. We will continue to review our procedures and practices through our existing mechanisms and working arrangements.

3. Next Steps

The Strategic/Policy Leads in Scottish Government/HIS will continue to work with NHSScotland Boards to help them to maintain the necessary safeguards as demonstrated in Annex 2, and we encourage all Health Boards to review local practice in light of the Lampard recommendations and take forward the relevant actions where they have been identified within the attached table.

Boards should be aware of the Scottish Child Abuse Inquiry and the Independent Enquiry into Child Abuse in England and Wales. Scottish Government will continue to provide updates on any subsequent recommendations to further ensure the safety and protection of patients, staff and volunteers and will continue to support Boards to ensure that identified actions are implemented nationally and locally as appropriate.

Boards should also be aware of the Child Protection Improvement Programme, in particular the report and recommendations of the independently chaired Systems Review Group, '*Protecting Scotland's Children and Young People: It is Still Everyone's Job*', accepted in full by the Minister for Childcare and Early Years on 2 March 2017. The Review identified that leadership is a critical factor in creating a system with effective processes and culture to ensure children and young people are protected from harm. As such, the Scottish Government will establish a National Child Protection Leadership Group with senior leadership representation from the organisations which have responsibilities for scrutiny and delivery of child protection, to assist the whole sector by providing national strategic oversight and mechanisms for improvement across Scotland. The Leadership Group will identify work needed to support Chief Officers to strengthen delivery of their responsibilities and there will be regional leadership events for Chief Officers Groups and Child Protection Committees.

ANNEX 2

Lampard Report Recommendation	Policy/Guidance/Arrangements	Policy Lead Area in Scottish Government /Healthcare Improvement Scotland (HIS)	NHSScotland Boards are required to fully consider local arrangements and take the necessary action in the following areas:		
<p>1 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.</p>	<p>Safer Pre and Post Employment Checks PIN- employment checks for individuals engaged in unpaid placement</p>	<p>Workforce Practice, Directorate for Health, Workforce and Strategic Change.</p>	<p>Local compliance of these PIN requirements regarding celebrities, VIPs and other official visitors.</p>		
	<p>Preventing and Dealing with Bullying and Harassment in NHSScotland PIN- bullying and harassment of staff by patients, service users, carers, relatives, visitors or advocates.</p>				
	<p>Implementing and Reviewing Whistleblowing Arrangements in NHSScotland PIN- raising concerns including concerns about child protection</p>				
	<p>Local Boards' policy for visitors to premises</p>	<p>Corporate Communications, Office of the Director General Health and Social Care and Chief Executive NHSScotland.</p>	<p>Local arrangements for managing visitors in view of the good practice and protocols which are being developed and shared through NHSScotland Communication Leads.</p>		
<p>2 All NHS trusts should review their voluntary services arrangements and ensure that: They are fit for purpose, Volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision. All voluntary services managers have development opportunities and are properly supported.</p>	<p>Safer Pre and Post Employment Checks PIN- employment checks for individuals engaged in unpaid placement</p>	<p>Workforce Practice, Directorate for Health, Workforce and Strategic Change.</p>	<p>Local compliance of these PIN requirements regarding volunteers.</p>		
	<p>http://www.sehd.scot.nhs.uk/mels/CEL2013_05ad_d.pdf- NHSScotland volunteer roles which involve regulated work require the volunteer postholder to become a PVG scheme member.</p>			<p>Scottish Health Council, Healthcare Improvement Scotland</p>	<p>Local compliance of these CEL requirements in particular, volunteering support and supervision.</p>
	<p>Voluntary Health Scotland is working with NHS Boards and third sector organisations in 2016/17 to consider the implications of the situation involving indirect engagement of volunteers</p>				<p>Local compliance with the Protection of Vulnerable Groups Scheme regarding volunteers. Ensure local Board engagement in the work of Voluntary Health Scotland.</p>

		through third party/third sector organisations		
		Volunteering in NHSScotland: a handbook for volunteering Feb 2014		Local arrangements for recruitment and checking of indirectly engaged volunteers in view of the work being undertaken by Voluntary Health Scotland to produce guidance and share good practice.
		Volunteering in NHSScotland Programme		Local arrangements for volunteer support and supervision.
				Local volunteer managers' ability to access development and support including opportunities provided through the Volunteering in NHSScotland Programme.
3	The Department of Health and NHS England should facilitate the establishment of a properly resourced forum for voluntary services managers in the NHS, through which they can receive peer support and learning opportunities and disseminate best practice.	http://www.sehd.scot.nhs.uk/mels/CEL2008_10.pdf	Scottish Health Council, Healthcare Improvement Scotland	Local compliance of this CEL requirement to have a local strategic lead for volunteering
		NHSScotland Volunteer Managers Network	Scottish Health Council, Healthcare Improvement Scotland	Local volunteer managers' ability to access and to engage with the national Volunteer Managers Network.
4	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.	National Guidance for Child Protection in Scotland (2014) And _Child Protection Guidance for Health Professionals 2013 contain instructions for the provision of child	Workforce Practice, Directorate for Health, Workforce and Strategic Change.	Local implementation of child protection guidance including training.

5	All NHS Hospital trusts should undertake regular reviews of: - Their safeguarding resources, structures and processes (including their training programmes) and 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.	protection within Health Boards. This is then determined locally.	Care and Protection, Directorate for Children and Families Scottish Health Council, Healthcare Improvement Scotland	
6	<i>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.</i>	Addendum to CEL 5(2013)- In NHSScotland, volunteer roles which involve regulated work require the volunteer postholder to become a PVG scheme member. Disclosure Scotland Protecting Vulnerable Groups Scheme	Workforce Practice, Directorate for Health, Workforce and Strategic Change. Scottish Health Council, Healthcare Improvement Scotland	Local compliance of this CEL requirement through assessment of volunteer roles against the definition of regulated work in the PVG Scheme. Consideration of approach to those volunteers engaged in activities outwith scope of PVG to mitigate potential risk.
7	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.	<i>Note that the continuous and automatic updating nature of PVG compared to the NHS England DBS System, means that 3 year checks are not required.</i> Safer Pre and Post Employment Checks PIN- http://www.sehd.scot.nhs.uk/mels/CEL2013_05.pdf -All staff who meet the definition of working with children and vulnerable groups, as laid down by the scheme, must obtain membership by 1 April 2015.	Workforce Practice, Directorate for Health, Workforce and Strategic Change. Scottish Health Council, Healthcare Improvement Scotland	Local arrangements for employee and volunteer PVG checks.

8	<p>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><i>*The Designated Officer or team of officers (previously LADO) is a local authority role responsible for managing and overseeing concerns, allegations or offences relating to staff and volunteers in any organisation across a local authority area.</i></p>	<p>Safer Pre and Post Employment Checks PIN</p> <p><i>Note that the PVG Scheme means that Disclosure Scotland would be alerted to any criminal offence and advise the employer accordingly.</i></p> <p>https://www.disclosurescotland.co.uk/disclosureinformation/guidancedocuments/PVGGuidanceChapter6ReferralsbyOrganisations.pdf -</p> <p>Where an employer takes disciplinary action to remove an individual from regulated work as a result of harmful behaviour towards a vulnerable person, then they have a duty to refer the individual to the PVG Scheme so that consideration can be given to whether that individual should be barred from any kind of regulated work with protected groups.</p>	<p>Workforce Practice, Directorate for Health, Workforce and Strategic Change.</p>	<p>Local arrangements for referrals to Disclosure Scotland.</p>
9	<p>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>http://www.nhsemployers.org/case-studies-and-resources/2016/11/social-media-toolkit-for-the-nhs</p>	<p>Workforce Practice, Directorate for Health, Workforce and Strategic Change.</p> <p>Corporate Communications, Office of the Director General Health and Social Care and Chief Executive NHSScotland.</p>	<p>Local arrangements for access by patients and visitors to the internet, to social networks and other social media activities.</p>
10	<p>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>Safer Pre and Post Employment Checks PIN - Board and service provider responsibilities regarding Suppliers of Temporary Agency Staff, locum doctors and medical bank staff.</p>	<p>Workforce Practice, Directorate for Health, Workforce and Strategic Change.</p>	<p>Assurance of service provider compliance with responsibilities and local arrangements regarding Suppliers of Temporary Agency Staff, locum doctors and medical bank staff</p>

11	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>Safer Pre and Post Employment Checks PIN – recruitment processes.</p> <p>Personal Development Planning and Review PIN Policy</p> <p>Implementing and Reviewing Whistleblowing Arrangements in NHSScotland Policy – Designated Whistleblowing Officer</p> <p>Responsibility in each Board for PIN Policy implementation lies with the Director of Human Resources</p>	<p>Workforce Practice, Directorate for Health, Workforce and Strategic Change.</p> <p>Scottish Health Council, Healthcare Improvement Scotland</p>	<p>Local PIN compliance.</p> <p>Arrangements for volunteers.</p>
12	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.	<p>Boards' Code of Conduct/Standing Financial Instructions</p> <p>Security Services Standards for NHSScotland 2014</p> <p>Financial Risk Register</p>	<p>N.A. Local Board Arrangements</p>	<p>Local Code of Conduct and risk assessment.</p>
13	Monitor, the TDA, the CQC and NHS England should exercise their powers to ensure that NHS hospital trusts, (and where applicable, independent organisations providing hospital services to NHS patients), comply with recommendations 1, 2, 4, 5, 7, 9, 10 and 11.	<p>http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_reviews.aspx - Healthcare Improvement Scotland (HIS) will progress these recommendations through the next phase of testing and implementation of the Thematic Reviews of Major Priorities.</p>	<p>HIS</p>	<p>Support HIS as required.</p>

14	<p>Monitor and the TDA should exercise their powers to ensure that NHS hospital trusts comply with recommendation 12. <i>Monitor-</i></p> <p><i>*Monitor is an executive non-departmental public body of the Department of Health. It is the sector regulator for health services in England.</i></p> <p><i>TDA- NHS Trust Development Authority: provides support, oversight and governance for all NHS Trusts</i></p> <p><i>CQC- Care Quality Commission: the independent regulator of health and social care in England.</i></p>			
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