

Safe and sound

The subject of safeguarding both children and vulnerable adults has been moving up the NHS agenda in recent years. Scandals such as the neglect of patients at Mid Staffordshire Hospital have shown it is very much a matter for hospitals as well as the social care sector, reports Anne Gulland.

ADULT SAFEGUARDING HAS PERHAPS BEEN THE POOR relation to children's safeguarding in terms of clear legal frameworks which govern activity and investigations. However, the Care Act 2014, which came into force in April, now puts much of what many providers are already doing onto a statutory footing, says Corinne Slingo, Partner and Head of Healthcare Regulatory at DAC Beachcroft in Bristol.

"There has been a statutory framework for children's safeguarding investigations and responsibilities for many years, but adult safeguarding has been a bit ad hoc. Adult safeguarding has evolved in terms of how it is recognised at operational level and how it is investigated. It's been an evolution, but not necessarily a structured evolution," she says.

One element of the Care Act, which will have an impact on the health service, is a power enabling local authorities to make a broad range of enquiries, or ensure others do so, if they believe an adult is subject to or at risk of abuse or neglect.

"One of the concerns that the NHS may have is whether the local authority will request information in an appropriate and proportionate way. Will local authorities fulfil this role with due diligence rather than with a scattergun approach?" says Slingo.

A lack of resources means that local authorities will probably be unable to go on 'fishing trips'. The act will lead to an increased flow of information between hospitals, clinical commissioning groups and local authorities where concerns around safeguarding for vulnerable adults arise, and this is clearly a positive move in the vast majority of cases.

"We have had concerns from clients about whether safeguarding issues are genuine. Should you breach confidentiality for the individual?" adds Slingo. She believes that hospitals are used to finding that delicate balance between breaching an individual's confidentiality and protecting them from harm.

Having a statutory framework for adult safeguarding may go some way to ensuring it receives more attention. "The increase in the

ageing population and in those requiring social and health care in their homes, or in care facilities, means there is an increasing group of potentially vulnerable and cared for individuals, in addition to young adults with learning disabilities. Many receive excellent care from professional and family carers – however, some remain exposed to abuse and neglect, and a clearer system for safeguarding is a positive," says Slingo.

Senior support

Mala Karasu, Head of Safeguarding Adults at Guy's and St Thomas' NHS Trust in London, leads a large hospital safeguarding team that supports staff and patients across two hospital sites and adult community services in Lambeth and Southwark. The team began in 2007 with just one member of staff and has steadily grown into a team of nine. The Trust's focus on safeguarding comes from the top, with Guy's and St Thomas' Chief Nurse, Dame Eileen Sills, being the executive lead for adult safeguarding across the Trust.

While many smaller trusts could not support a team on the scale of Guy's and St Thomas', Karasu says that there has to be someone at every hospital whose sole focus is safeguarding. "In



Gary Fitzgerald

We need to focus on how we prevent abuse from happening in the first place.



Raising awareness

A statutory framework may help ensure adult safeguarding receives more attention

some hospitals safeguarding can be added on to someone's role, but you cannot effectively set up a system of training and raising awareness if you're involved in other things. Adult safeguarding is quite a wide remit and every organisation has to have dedicated staff to make sure patients' rights are upheld," she says.

As awareness of adult safeguarding has increased, so has Karasu's workload. In the past financial year the team received about 700 referrals from staff raising concerns about patients suspected of being abused or neglected prior to their admission. After the abuse scandal at Mid Staffordshire Hospital, and Robert Francis' resulting inquiry and report in 2013, the team got a flurry of referrals as staff and patients became more concerned over whether they were witnessing abuse or neglect. Most of the allegations turned out to be complaints and the safeguarding team advised and directed staff to the appropriate policies and procedures to address the concerns raised.

"When we receive referrals we discuss it further with the referee. We make a decision with them about whether it's a safeguarding issue or not and liaise with social services appropriately. It might be someone concerned about a person neglecting him or herself who needs a package of care or a needs assessment, or concern about how a package of care is being delivered at home," she says.

While a team of nine may be large in comparison with other

safeguarding teams, making sure all staff are aware of the issue is a challenge, says Karasu, much of whose role is focused on training and education. The team is producing cue cards containing information about safeguarding, which staff can put in their pockets and refer to when they have a concern. The team also produces a bimonthly newsletter alerting staff to important policy and legal developments.

"At the moment 90% of our staff have done level two safeguarding training, which is quite an achievement. We want to ensure that it remains at that level," she says.

Gary Fitzgerald, Chief Executive of the charity Action on Elder Abuse, believes that safeguarding teams are a demonstration of commitment from a Trust, but he adds: "The trouble is a lot of safeguarding tends to happen after the event. What we need to focus on is how we prevent abuse from happening in the first place. What we have to get a grip on is the culture that allows it to take place and how that culture is created. Work with older people in hospital doesn't carry the same status as work with children," he says.

Enormous value

Slingo agrees that children's safeguarding is in some ways more advanced than adults. She says the process of serious case reviews carried out when something goes wrong in children's services could improve learning in adult safeguarding. She advised on the inquiry carried out by Kate Lampard into the abuse of patients by Jimmy Savile. The report looked at Savile's unfettered access and warned that Trusts, which frequently engage volunteers and increasingly celebrities, needed to make sure these people were monitored.

"The Lampard report has enormous value for those who suffered at the hands of Savile but a lot of the learning points that came out of the report have already been addressed. Because the awareness of safeguarding has generally been raised over the past five to ten years, everyone is a lot more astute and mindful of the risks.

"I would anticipate most of what he was allowed to do, and patients he was allowed access to, would not be permitted in modern times, and we must all work to make that so," she says. ■

 To discuss the issues raised in this article, please contact Corinne Slingo on +44 (0)117 918 2152 or cslingo@dacbeachcroft.com