

How is your organisation responding to the Jimmy Savile scandal?

As part of the Independent Oversight Review of the allegations of sexual abuse by Jimmy Savile at Stoke Mandeville Hospital, Leeds General Infirmary and Broadmoor Hospital, the barrister tasked with considering themes arising from those investigations (Kate Lampard) has invited comment from NHS staff about four issues.

We set out those issues below together with some of the key questions you should be considering. Should you wish to discuss these issues in more detail, require a review of policies or training on safeguarding generally then please do not hesitate to contact us.

Safeguarding

How policies, procedures and practice take account of and affect patients, visitors and volunteers within NHS settings.

- How easy is it for a patient wanting to disclose abuse to use the policy? Do they know who to contact, what to do, what to say? Is there support available for them if they do make a disclosure?
- How easy would it be for a visitor to make a disclosure? Do they know what to do and who to contact? How easily can they find the information they need? Is there support available for them if they do make a disclosure?
- What about volunteers? Are they confident that their position will not be put at risk if they make a disclosure? What are the implications for disclosure in terms of their working relationships and relationship with the patient?
- What happens after a disclosure? Are there robust policies in place for investigation, with support for both those making disclosures and the staff or other individuals affected by them? Is there a clear explanation of what will happen and how long it will take? How will those individuals be kept informed of what is happening? Will a central point of contact be identified? If so, how and who will it be?
- How up to date are your policies? When were they reviewed? Do they need amending in the light of the recent allegations? Have you updated your approach to “No Secrets” as issues relating to safeguarding have progressed in the light of Winterbourne View?
- How good is your relationship with the local SAB?
- Are you ready for any amendments to policy required as a result of the Care Bill being passed?

Governance arrangements

In relation to fundraising by celebrities and others on behalf of NHS organisations.

- How is this fundraising monitored and regulated? Are there clear, robust, identifiable governance arrangements in place?
- Do you have a current volunteer policy?
- How easy are these to access?
- What will happen if the arrangements are not adhered to?
- How much access will be granted to individuals who are fundraising and how will this be monitored? What are the current levels of access and are they appropriate? If not, why not?
- How is the balance to be struck between ensuring safety and encouraging input, if input is considered to be a good thing?
- Are you confident that the governance arrangements you have would have identified similar issues of abuse? Are you confident that they will currently?
- Do your policies comply with best practice for integrated systems of reporting and governance?

Celebrities

The use and value to NHS organisations of association with celebrities, including in relation to fundraising, and the privileges, including access, accorded to them by NHS organisations:

- Is it beneficial for NHS organisations to be associated with celebrities in general or in particular? If so, what are the benefits? Are there any down sides to it? What are they?
- Should celebrities be treated any differently to volunteer fundraisers who don't have celebrity status? Why? What privileges (if any) should they be granted? Why?
- How up to date are your policies? When were they last reviewed? Do they need amending in light of the Savile Inquiry?

Complaints and whistle blowing

How and to what extent do policies and procedures and the culture of NHS organisations encourage or discourage proper reporting, investigation and management of allegations of sexual abuse of patients, staff and visitors in NHS settings.

- How easy is to access the relevant policy?
- How easy is it to understand?
- Has it been drafted so that individuals other than members of staff can find and use it?
- Is there anywhere to go for assistance if someone wants to blow the whistle?

- What happens once a disclosure has been made? How is an investigation set up? What support is there for the person making the disclosure? Is there a clear framework and timeframe for what happens next?
- Is there a specialist team available to investigate allegations of sexual abuse? Should there be?
- What is the culture of your organisation surrounding whistle blowing? How do you know this? How do you check whether the culture is changing? What (if anything) can be done to make reporting easier or less traumatic?

Ms Lampard has also reminded all NHS bodies to review their own practices relating to vulnerable people, particularly in respect of :

- Safeguarding
- Access to patients by volunteers and celebrities
- Listening to patient concerns
- Acting on patient concerns

At the very least, it is worth checking all relevant policies to make sure that they are current, and to update them if they need updating.

She has set up a dedicated email account at lampardcomments@dh.gsi.gov.uk and has asked that staff email her direct with any information or comments by **30 June 2013**.

Links

[No Secrets – the DH guidance on protecting vulnerable adults in care](#)

[Briefing: the final report on Winterbourne View](#)

[The Care Bill](#)

[Whistleblowing: raising concerns at work](#)

[The Whistleblowing Helpline](#)

[DH: Clinical governance and adult safeguarding: an integrated process](#)

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