



**Steering Group to assist Department of Health in its development of a national policy on adult safeguarding in the health sector**

**Note of Meeting**

Date	<b>07 October 2021 (Meeting 10)</b>
Location	Online meeting hosted by Department of Health (DoH)
Chair	Ms Fiona Larthwell, Older Persons Service Oversight and Planning Unit, DOH
Members in Attendance	Mr Pat Benson, Public Interest Representative Mr Tim Hanly, National Safeguarding Office (NSO), HSE Mr Finbarr Colfer, HIQA Ms Carol Grogan, HIQA Mr Gary Kiernan, Mental Health Commission, MHC Mr Deaglán Ó Briain, Department of Justice (DOJ) Mr James Gorman, Patients' Private Property Accounts Central Unit, HSE Mr JP Nolan, Community Quality and Patient Safety, HSE Inspector Aonghus Hussey, An Garda Síochána (AGS) (alternate) Ms Gráinne Morrissey, Department of Children, Equality, Disability, Integration and Youth (DCEDIY) Ms Margaret Brennan, Acute Quality and Patient Safety, HSE Mr Niall Redmond, Older Persons Policy Reform Unit (DOH) Ms Rachel Downes, Citizens Information Board (CIB)
Apologies	Ms Ginny Hanrahan, CORU / Health and Social Care Regulatory Forum Superintendent Michael Corbett, An Garda Síochána (AGS)
In attendance	Mr Conor Foy (Secretary), Older Persons Service Oversight and Planning Unit (DOH) Ms Imelda Farrell (Secretariat), Older Persons Service Oversight and Planning Unit (DOH) Ms Stacey Evans (Secretariat), Older Persons Service Oversight and Planning Unit (DOH) Mr Ciarán Ó Maoileoin (Secretariat), Older Persons Service Oversight and Planning Unit (DOH)

**1. Standing items**

- The note of the previous meeting was accepted without amendment
- The chair drew attention to the Conflicts of Interest Policy and asked members who had not yet signed a declarations of interest form to make contact with the Secretariat and do so.
- The chair noted with appreciation the service of former members Kathleen MacLellan and Mary Dunnion.



## 2. Discussion on draft policy provisions

### **Determination of thresholds for reporting of incidents in the health and social care sector and types of actions that might be appropriate at various levels if a tiered approach is adopted.**

Key discussion points:

- The proposed tiered approach to reporting is welcome.
- There are significant concerns in relation to any proposal that services would define their own reporting thresholds.
- It may be appropriate for the regulators to determine the reporting tiers.
- There may be a need for a tier between the proposed reporting tier 1 and tier 2.
- The zero-tolerance approach in the 2014 HSE policy served to embed adult safeguarding in services, but a more sophisticated / proportionate approach (like the proposed tiered one) is now more appropriate.
- The current zero-tolerance approach can generate a large number of reports that aren't relevant.
- A standardised approach to reporting with a message that won't change significantly over the years is important.
- The HSE will need to educate staff to prepare for future expansion of the remit of the HSE safeguarding policy from social care to all HSE and HSE-funded services.
- It is welcomed that the HSE's policy will eventually expand beyond social care services to include mental health and other healthcare services.
- It is important to have an overarching framework for safeguarding in the health sector.
- Providers prefer to have a framework in place alongside guidance as it allows them to have certainty and to know their responsibilities.
- A health sector regulatory framework could be created to support the policy once finalised. Regulations can set a benchmark for service providers.

### **Framework for determining the scope and nature of sanctions that might be applied at corporate and individual level to public, voluntary or private providers of health and social care services or their employees or contractors.**

Key discussion points:

- The proposed introduction of adult safeguarding individual risk assessment in services is welcome.
- The benefit of specific sanctions for abuse in the health and social care sector should be explored.
- It may be more appropriate to better use existing sanctions rather than creating new ones.



- Defining the policy instruments which will enforce provisions in the policy requiring / compelling compliance will be key.
- There is a need to facilitate access to advocates.
- HIQA is currently limited to regulating specific areas in the health and social care sector. As such, it will be important in the future to consider how it will address regulation in the context of adult safeguarding in health and social care settings that are not within its current remit.
- It was noted that health and social care professionals are subject to professional regulation regarding their care decisions but that senior administrative and management staff in health and social care services who oversee their work are not subject to similar oversight.
- The Law Reform Commission project on a regulatory framework for adult safeguarding is developing in parallel to this policy, and both projects will interact with each other.
- In the “Children First” context when mandatory reporting was introduced there was originally a suggestion regarding introduction of new criminal sanctions, but corporate sanctions and the provisions of the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 were found to be sufficient.

**Determination and assignment of powers and rights in relation to health or social care service providers, including (potentially) rights of access to premises or data, powers to make various orders, and powers to sanction.**

Key discussion points:

- HSE’s preference is for a body independent of HSE to be assigned such proposed new powers, due to potential conflicts of interest in relation to oversight of its own services.
- Existing powers should be utilised as intended and care should be taken not to replicate them, while new powers for appropriate health bodies may be created if required.
- There is a need to ensure agencies don’t prioritise concerns relating to GDPR over addressing adult safeguarding concerns and better education on data protection legislation and capacity legislation may assist with this.
- GDPR can act as an enabler for data sharing if used correctly.
- Powers of the Mental Health Commission in current legislation and regulations are insufficient, e.g. the recent Heads of Bill for the revised Mental Health Act does not mention adult safeguarding.
- Important that any new body created does not infringe on the role of the regulators but maintains their independence.



**National and regional framework for safeguarding structures within the health and social care sector that would deliver this policy, including structures that would facilitate wider inter-agency and inter-sectoral cooperation.**

- The remit that DOH has been given by Government is to introduce through this national policy a system that extends across the public, private and voluntary sector, and the Nursing Homes Expert Panel report recommends that the HSE expand its adult safeguarding services to cover all nursing homes.
- The lessons over the last year have showed the importance of providing support to service users in both public and private sector health and social care services.
- HSE's current focus is on ensuring adult safeguarding is now fully embedded in all HSE and HSE-funded services and its preferred position would be to not extend HSE safeguarding services into the private sector but to welcome engagement with that sector at the regional level.
- If the HSE was to have an expanded role to cover private sector services, it would need significant resourcing in order to do so.
- Incremental change in relation to adult safeguarding may not have the same impact in changing culture as an immediate large shift (e.g. the introduction of HIQA regulation was a large change which challenged practices and may not have had the same impact if the change had been incremental).
- It is important that any structures set up have necessary independence.
- A standardised system of adult safeguarding is important.

**3. Discussion on other key points relating to the draft policy provisions**

- The section on supporting the service users' decision making is welcome, as individual's decision-making and capacity must be at the centre of adult safeguarding.
- Measures of effectiveness that capture the experience of service users could usefully supplement quantitative data already collected, e.g. by looking at whether affected service users were involved in decision making and safeguarding process relating to them and whether they were satisfied with the outcome of safeguarding interventions.
- Important to review previous and any future adult safeguarding cases/scandals to ensure that lessons are learnt and related issues addressed in our policy.
- There's an opportunity for the proposed Adult Safeguarding Boards to have a function in relation to commissioning serious case reviews and looking at adverse incidents, similarly to the UK system.
- Capturing individuals' stories about their experiences of services is impactful. The HSE hears service user stories at management board meetings and would be happy to share these with the Department.



#### 4. Next steps

- The Department invited Steering Group members to submit any written comments on the draft policy provisions to the Secretariat by COB 22 October.
- A further Steering Group meeting to be arranged.
- Preparations by the Department to launch a public consultation and thereafter a costing study.

Approved by Laura Casey on behalf of Chair:

Signature: 

Date: 16 October 2023