



Northern Ireland  
Assembly

Committee for Health

# OFFICIAL REPORT (Hansard)

Adult Protection Bill: Department of Health

16 May 2024

# NORTHERN IRELAND ASSEMBLY

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**Members present for all or part of the proceedings:**

Ms Liz Kimmins (Chairperson)  
Mr Danny Donnelly (Deputy Chairperson)  
Mr Alan Chambers  
Mrs Linda Dillon  
Miss Órlaithí Flynn  
Miss Nuala McAllister  
Mr Colin McGrath  
Mr Alan Robinson

**Witnesses:**

Ms Kerry Loveland-Morrison	Department of Health
Mr Mark McGuicken	Department of Health

**The Chairperson (Ms Kimmins):** In attendance today, we have, from the Department of Health, Mark McGuicken, director of disability and older people; and Kerry Loveland-Morrison, head of the adult safeguarding unit. You are both very welcome. Thank you for your time. Members, we have about 40 minutes for the session. I would really appreciate it if people could stick to that and members could keep their questions brief. I will open it up to officials.

**Mr Mark McGuicken (Department of Health):** Thank you for the opportunity to provide the Committee with an update on the adult protection Bill. As you mentioned, I am joined by Kerry Loveland-Morrison, who is head of the adult safeguarding team in the Department, which has led on the drafting of the adult protection Bill. I will do my best to keep my opening comments brief to allow plenty of time for questions.

You will have seen in the briefing paper that, in September 2020, Minister Swann announced his intention to consult on legislative options to inform an adult protection Bill. That was largely following the failures at Dunmurry Manor Care Home and Muckamore Abbey Hospital. Subsequently, the consultation ran from December 2020 to April 2021. That led to policy proposals being brought to the Executive in October 2021. Thereafter, the Executive gave their approval for the Department to commence drafting the legislation.

The draft Bill is close to completion. The paper that we submitted provides details of what is in the draft Bill, but I will give a bit of background. The draft Bill will, essentially, introduce additional powers and duties to strengthen and improve the adult protection process and bring Northern Ireland into line with other parts of the UK, where such legislation already exists. The Republic of Ireland does not have specific legislation in relation to adult safeguarding, but Kerry and the team are in regular contact with the other four jurisdictions on a range of safeguarding issues. The draft Bill is based largely on

seven key principles: prevention, autonomy, empowerment, dignity, proportionality, partnership and accountability. Those principles are incorporated in the draft Bill and should be adhered to by everyone involved in adult safeguarding and adult protection.

The draft Bill will place a duty to report and a duty to cooperate on a number of organisations such as health and social care trusts, the PSNI, the Regulation and Quality Improvement Authority (RQIA), the Probation Board and the Housing Executive. GPs and independent providers of health and social care will have a duty to report to relevant health and social care trusts any cases where they believe that there is reasonable cause to suspect that an adult meets the criteria of an adult at risk. The relevant health and social care trust will have a statutory duty to make enquiries into all cases that are brought to its attention. The draft Bill will introduce the power to access records, including financial records; the power of entry; and associated additional powers such as assessment orders, removal orders and banning orders. Those powers will be used by trained adult protection social workers. However, a number of conditions will have to be met before any of the powers can be used. For example, a magistrate's approval will be required in all instances, and a reasonable attempt must be made to seek the consent of the adult involved, if they have capacity.

The draft Bill will introduce a statutory provision of independent advocates who can assist adults at risk to be involved in and influence decisions taken about their care. The draft Bill will empower the Department of Health to establish an adult protection board for Northern Ireland and place it on a statutory footing. The board will have a number of core functions, including having responsibility for carrying out and managing serious case reviews.

Finally, the draft Bill will see the introduction of new offences relating to ill treatment and wilful neglect. There are two specific offences in the Bill, namely the care worker offence and the care provider offence, which are intended to cover instances of harm by care workers and care providers that are not captured by existing offences available in Northern Ireland. The offences are similar to those in place in England and Wales under the Care Act 2014.

As I said, the draft Bill is close to completion, with one minor outstanding issue. That issue would not prevent the Bill as drafted from progressing, because, if necessary, it could be addressed through amendments during the passage of the Bill. Kerry and Bill team colleagues are working closely with departmental finance colleagues to finalise and agree the business case, which will need to be approved before the draft Bill can be introduced into the Assembly.

As you will see from the paper, current estimates indicate that implementation of the Bill will cost approximately £16 million in year 1 and £160 million over the 10-year period of the business case. Given the pressures in the Department, that is not within existing baselines and will have to be new funding. The additional costs are attributed largely to additional staffing costs associated with implementing the new powers. Therefore, it is unlikely that all staff will be recruited in year 1. It is expected that the actual spend on staffing will be less than is anticipated in the business case, and that there will be more of a gradual increase in spend on staffing as incremental recruitment takes place over a number of years.

The Bill has been highlighted for inclusion in the Executive's legislative programme as a year-1 priority. Subject to the progression of the necessary financial approvals, the Bill could be brought to the Executive immediately.

I am happy to take questions. We will write to the Committee on any that we cannot answer today.

**The Chairperson (Ms Kimmins):** Thank you, Mark, for that introduction and for providing the briefing paper ahead of the meeting.

This is an important piece of legislation. You referred to cases that we are all aware of, the implications of those and the impact on the people involved. It is very important that we are able to bring this Bill forward. Given what has happened in the past, partnership working will be so important. I want to get a wee bit more detail about that. With the Bill, how is partnership working among all the relevant stakeholders — service users, families, carers, care workers, care providers, the trusts, RQIA and the PSNI — envisioned? When it is disjointed, that is when things can go wrong. Can you talk a wee bit more about what you think that would look like?

**Mr McGuicken:** The Bill has been developed under the auspices of a programme board in the Department. The Department is represented on that at both official level and through the Office of Social Services and the strategic planning and performance group (SPPG). RQIA, DOJ, PSNI, trusts

and the Ambulance Service all sit on that board as well. Through the Patient and Client Council (PCC), we have regular engagement with families who have been affected by the situations at Dunmurry Manor and Muckamore. The duty to report in the Bill will make it a statutory responsibility for those named organisations to report any instances where they believe an adult may be at risk. That partnership approach has been built in, Chair. It has been built in through the development of the Bill and by placing those statutory powers on a number of named organisations. I mentioned that one issue is outstanding, and discussions are ongoing with the Prison Service about whether it should be named in the Bill as a partner that has a statutory duty to report.

There is also a clause in the Bill — I will maybe turn to Kerry to give more detail on this — about keeping families informed as part of the process, where that is possible. If it is thought that the family is the cause of the potential harm to the adult, obviously it would not be appropriate to keep that family involved, but there is a clause about making sure that families are kept involved throughout any investigation process.

**The Chairperson (Ms Kimmins):** OK. Thank you for that.

You mentioned the new offence of wilful neglect, and you referenced care workers and care providers. I have worked in safeguarding, so I declare an interest in that regard. Obviously, other people can be responsible for abuse of, for example, older people. It could be family members, neighbours or friends. Is that fact incorporated into the offences around carers' wilful neglect?

**Ms Kerry Loveland-Morrison (Department of Health):** There was thought to be a particular gap in the law around care providers and care workers. Those offences are similar to offences in the Care Act in England and Wales. We do not have similar offences here, so that is why we focused on those. We have worked with PSNI and regulators, and it was thought that that was a particular gap.

**The Chairperson (Ms Kimmins):** OK. No problem. Thank you.

This is my last question before I move on to other members. You mentioned the cost, and, obviously, as we hear week on week, we are in a very difficult financial situation. Has any comparison been made between what will happen if this is properly implemented and what will happen and what the risks will be if we do not do that? The Dunmurry Manor inquiry, for example, means that, retrospectively, that situation cost a huge amount of money. There is also a lot of work involved in that, and it takes a lot of time. Has any comparison been made? Maybe you cannot answer that today. In the longer term, this will probably be cost-saving, because people will get the care that they need and it will be properly governed with an accountability mechanism, rather than it having to be dealt with when issues arise and people have become victims of abuse and given everything that is involved with that.

**Mr McGuicken:** We have not, Chair. As part of the business case process, you have a do-nothing option. The do-nothing option will look at what would happen if abuse was to happen again and we did not have these regulations in place, and we could not investigate or prosecute them properly. We have not done the analysis to say, "How much would that cost?". We based the business case on how much it would cost to implement as opposed to how much it would cost not to implement, Chair. I am not sure that we have any figures on that at all. Do we, Kerry?

**Ms Loveland-Morrison:** Not today, no, but that is an interesting point. We have been in contact with the trusts throughout, and the message from them is very clear: more resourcing needs to be put into safeguarding. That is where all this has come from.

**The Chairperson (Ms Kimmins):** This is my last point; it is not so much a question. Different stakeholders from the health and social care system have come to the Committee. We had the Royal College of Nursing (RCN) here a few weeks ago. I have dealt with individual cases of where this has happened. Because of the huge pressure on health and social care workers, things can happen, though obviously not intentionally. However, many of those cases will go down an adult safeguarding route. That has to be factored in. We must deal with that to reduce the risk of things like that. That is not covered just by this Bill, but it feeds into health and social care governance, and it links with the safe-staffing legislation as well.

**Mr McGuicken:** Part of the costs associated with implementing the Bill, Chair, relate to a wide-ranging education and training programme across all the health and social care providers. It is not just for the specific individuals who will be involved; it is about making sure that safeguarding and protection are

on everybody's agenda so that they know what is appropriate and what is not. As part of this, there will be a wider training programme across all areas.

**The Chairperson (Ms Kimmins):** OK. Thank you.

**Miss McAllister:** Thank you for the presentation, Mark and Kerry, and apologies that I am not there in person. I have a number of questions. I have been in touch, through written correspondence, regarding the inclusion of mandatory CCTV in the legislation, which I will come on to.

Yesterday, the Muckamore inquiry heard from Geraldine O'Hagan, a social worker. The families have been working with Geraldine, and they gave her an ovation after her evidence was read in. I want to put on record that we, as a Committee, are grateful to the social workers who brought to light a lot of the incidents that took place in those adult care homes.

This legislation is welcomed and much-needed. I want to ask about the safeguarding elements for staff so that people, like Geraldine, do not ever again feel that they cannot come forward for fear of losing their job, or feel that, even if they do come forward, everything will not be followed through. Can you shed some light on the whistle-blowing elements of the review board that will be set up, please?

**Mr McGuicken:** Nuala, I am not sure that we have looked specifically at whistle-blowing as part of the adult protection board. Whistle-blowing arrangements are already well embedded in the trusts. There is a process for taking the arrangements forward in those circumstances. The adult protection board will largely be responsible for taking forward the serious case reviews; that will largely be its role. As part of the Bill, we will have a statutory duty to take forward any incidents that are reported. That will clear up any whistle-blowing issues that are not taken through the normal whistle-blowing processes within trusts. If an incident is reported to a trust and the trust believes that an adult is at risk or risk of harm, the trust has to take that incident through the process.

**Miss McAllister:** Thank you. I recognise that there will be that statutory duty, but there is a statutory duty on a lot of other issues. When it comes to the trusts, the Department of Health and a lot of other Departments, statutory duties exist already. Can any additional work be done on the whistle-blowing policies to make sure that everything is strengthened as much as possible? I do not expect an answer today.

Moving on to CCTV, I understand that mandatory CCTV was not part of the public consultation. I was really disappointed that it was not. We speak to families who are involved in Dunmurry Manor or Muckamore. The fact that there was CCTV for the police to see was helpful, and that will be helpful in the future. The police have spoken out about the use of CCTV and the fact that it has helped them in their role. I just do not understand the process of having an enabling power to bring forward regulations governing the use of CCTV in social care settings. What does that actually mean? What does it mean for families who want to put their loved one in a home that will put their minds at ease? I have asked families if they would prefer to have CCTV or not. Obviously, there are privacy issues. What does that actually mean for addressing the concerns about the use of CCTV that families have and that I would have for any loved one of mine? You talk about enabling powers to bring forward regulations. I do not understand that, as an elected representative. I want to see how we will get the public to understand it but also to realise that CCTV can be a powerful tool.

**Ms Loveland-Morrison:** Essentially, that power will allow the Department to bring forward regulations that govern how CCTV is used, when it is used. Part of that would be a requirement for institutions to consider whether it is appropriate to use CCTV. You raised a lot of points there, Nuala, that we have heard from families when we have talked to them. We have also heard that message from the PSNI about the importance of CCTV and how helpful it has been in uncovering abuse at the likes of Muckamore. We have certainly heard those messages, and we have discussed them at great length with our transformation board in the Department.

We have talked to the Office of the Legislative Counsel and the Departmental Solicitor's Office (DSO) to receive legal advice on this. Essentially, we have been advised strongly that we are not able to bring forward something that would make CCTV mandatory. It would be difficult to make something mandatory when nothing stops CCTV being used at the moment. Additionally, DSO felt that, if we had something like that in it, it would potentially render the Bill outside the legislative competence of the Assembly. The legal advice that we received was very strongly that we could not do that. We believe that the enabling power to bring forward regulations, as we are recommending, is the strongest thing that we are able to do in relation to CCTV at present.

**Mr McGuicken:** Nuala, that issue was discussed at length at the transformation board, and there were very strong views, as you have said, from the PSNI, families and others. We also discussed it at length with the Office of the Legislative Counsel and DSO when drafting the Bill, as Kerry said. That is the advice that we have been given. It would be very difficult for us, as officials, to go against that legal advice in the drafting.

**Miss McAllister:** I respect that it would be difficult for you, but, given that we have not seen that legal advice to understand why it cannot be made mandatory, that still does not address all the concerns. I understand it being outside the legislative competence. Is that the only reason, or are there other reasons? It is hard to agree with it if you do not see the entirety of the legal advice.

**Ms Loveland-Morrison:** There were also a number of issues on European Convention on Human Rights grounds, such as concerns around privacy, but, again, as I said, there was concern that we could not mandate something when there is nothing to stop it being done now. CCTV can be used now. There is nothing to prevent that.

**Miss McAllister:** Can you mandate that they at least consider it and at least assess whether it is appropriate or not?

**Ms Loveland-Morrison:** That is one of the things that we think should be included in the regulations — that it should be considered. Some of our stakeholders have concerns that this was not part of our consultation. It is the intention to have a full public consultation on the content of those regulations when they are brought forward.

**Miss McAllister:** Do you see that happening in a future mandate or in this mandate?

**Ms Loveland-Morrison:** That would depend on how quickly the draft Bill can come through.

**Miss McAllister:** OK.

**Mrs Dillon:** I have a number of quick points on the back of what others have said. Liz asked a question about people who might be abused within their own home by family, friends or neighbours. Is the gap because that falls under the domestic abuse legislation and will be captured in that legislation?

**Mr McGuicken:** The transformation board was content that there was already enough on the statute book to cover some of those. I am not sure, Linda, whether it was directly under the domestic abuse legislation. The PSNI was content that there were enough other legislative vehicles for taking prosecutions forward in those circumstances. It was specifically around care worker and care deliverer that there was a gap.

**Mrs Dillon:** That is fair. I know that the intention with the domestic abuse legislation was to capture all kinds of abuse within the home, so that is why I asked that, in the hope that that would be the answer.

The Bill is now entitled the "adult protection Bill", but it was previously advocated that it would be the "adult safeguarding Bill". Is there a reason why the title was changed? I think, maybe, my nervousness is around the intent. Obviously, we want to ensure that we are proactive rather than reactive, and that goes back to some of the stuff that has already been said. I will let you answer that before I go on to the next question.

**Ms Loveland-Morrison:** That is absolutely true. The feeling was that "safeguarding" is very much an umbrella term that covers many different aspects, including prevention and protection. It was felt that, in legislating, we are trying to stop abuse as it happens, to put the right measures in place to bring prosecutions forward where necessary, to allow people to take action where necessary and that those measures are protective more than anything else. Therefore, calling it the adult protection Bill more correctly indicates what the Bill will do. However, that is not to say that the other aspects of safeguarding are not still important: they certainly are.

**Mrs Dillon:** I appreciate that, thank you.

I want to follow up on what others have said. Nuala's point is fair enough, but I understand the challenges that you are up against. Perhaps we, as a Committee, could ask for our own advice around

that? I do not think that the Department can share its legal advice with us. As far as I am aware, legal advice belongs to the Department and cannot be shared with the Committee.

**The Committee Clerk:** We can make a request.

**Mrs Dillon:** It is just to get an understanding of it. I get where the complications might be around that.

My last question is about the current criticism around safeguarding processes: lack of evidence of improving outcomes for service users, staff or care providers, health authorities or regulators. How does the proposed Bill deal with or address that criticism?

**Mr McGuicken:** Putting that statutory duty on a number of organisations on which it does not fall at the minute, Linda, will bring in certain protections. Obviously, through serious case reviews, lessons will be learned. We will need to make sure that any lessons learnt from them are disseminated throughout the system, and ongoing training will be updated as we learn. We are learning lessons from Dunmurry Manor and Muckamore Abbey Hospital. The lessons already learnt are being built in to what we propose in the Bill.

As the adult protection board starts to look at some of those serious case reviews, the outworkings of them and any prosecutions that come through, we need to ensure that any gaps that appear through those prosecutions are then filled through amendments to the Bill or through other guidance that is issued.

**Mrs Dillon:** I would like to bottom out at some point what is meant by "harm". We should be flexible about that, because the types of harm can be ever evolving. I am not sure whether you are in a position to do that now or whether it is something that we need to do when we get into the legislation more.

As a final point, as somebody who has worked with families who had family members, loved ones, in Muckamore and who suffered, I must say that cost is one element to it but the cost to those people's lives is irreparable. Some of those who were in Muckamore were irreversibly damaged by what happened to them. There is nothing that we can do to help them now, but we need to make sure that we never allow it to happen again to any other person or family, because it has a knock-on effect, as you know, to the entire family. It is worth pointing that out.

On the harm aspect, if you are not in a position to answer at present, I am happy to hold off until we get more into scrutinising the Bill.

**Mr McGuicken:** It is probably easier to do that as we go through the Bill.

**Mrs Dillon:** That is fine.

**Mr McGuicken:** On your second point, Linda, about the families that have been affected through Muckamore, one of my areas of responsibility is Muckamore hospital and the resettlement, so we meet quite regularly. We have brought amendments as part of the drafting of the Bill that have been direct requests from those families. Issues were raised through our PCC engagement platform. We brought those to the transformation board, and the draft Bill was changed as a direct response to some requests from the families. We are listening, but I agree that the damage is irreparable, and no matter what we do those families will —.

There is an awful lot of trust to be built back up with the system. That is why we have tried to continually engage through the PCC with the families that have been affected. It is challenging at times because we cannot share the draft Bill with them. We are saying, "We are listening" and "trust us". That is difficult for them. However, we have taken on board the commentary from the engagement through the PCC, and the Bill has been changed as a result.

**Mrs Dillon:** When will it be shared with them? For example, around historical institutional abuse (HIA) and mother-and-baby homes, it is shared with the victims and survivors, and probably before it is shared with elected representatives. That is fair.

**Ms Loveland-Morrison:** The HIA inquiry legislation was shared with them before it came to the Assembly, although that was a special circumstance that they had to get permission for. The normal procedure would be that no one sees a Bill before it is introduced to the Assembly.

**Mr McGrath:** Thank you for your presentation. We are probably going to see a lot of each other over the next six months.

I am interested in looking at the impact on the sector. I am hearing figures of about 60 social workers, even per trust, needed to implement the legislation. The social work fraternity is quite small and under a lot of pressure. If we see, as the Committee has asked for, a roll-out of multidisciplinary teams (MDTs), that would move social workers out of the social work profession and into various health centres. There is a suggestion of a slight increase of maybe 40 social work training places in universities. However, if it is going to be 60 per trust, we might need 300. Granted, that is going to be five or 10 years down the line. Is there a plan alongside this legislation to up the number of social worker that we can have to be able to manage its implementation?

**Mr McGuicken:** The costings for the Bill envisage around 120 new social workers — at bands 7 and 8, I think. Other staff will be involved as well. It is 60 band 7s and 60 band 6s. There will be additional staff at bands 5 and 4 and at various other grades. My understanding is that the current intake of social work students is around 300 a year. Around 285 of those are trust places, and another 15, I think, are Youth Justice Agency, probation and others.

This year, as you said, there have been an additional 40 places, largely for MDTs. Talking to Office of Social Services (OSS) colleagues, they reckon that they would need around an additional 60 training places over a five-year period to ensure that there are enough staff in the system to accommodate what we need for MDTs and the Bill. We would never envisage them being newly-qualified social workers. They would be band 7/band 8 social workers, so would have experience before they come out.

It is about making sure that there is enough in the system to allow people of a more senior level to fill those roles and to continue to bring in enough staff at the bottom. We continue to struggle with funding for those places. However, the Office of Social Services is developing a social work strategy, and part of that will be about training places and how we take that forward. An additional 60 over a five-year period would get enough additionality into the system to allow us to fill these and the MDT roles as well.

**Mr McGrath:** That is useful information, and thank you for that. In our scrutiny role, it is something that we need to keep a close eye on. This is binocular viewing. We can see that, four or five years down the line, especially if they are band 7 and band 8 jobs, that is going to be attractive to those in lower social work grades. However, if they all haemorrhage up into there, the lower grades are going to be left struggling to be filled. There is a crisis in family and childcare in particular, which is often left to the lower grades to go into, and they typically last a period of time and then move on to different jobs. We should bring any pressure that we can as part of the passage of this Bill to make sure that there is the provision and proper number of places. That is what we all want. We want the best world for everybody, which is the right number of social workers to be able to do the job. That information has been useful.

**Mr McGuicken:** That concern about the impact that the Bill will have was raised by trust colleagues on the transformation board. That is why we have made sure that the costings for the Bill cover as much as we can in building sustainability into the system.

**Mr Donnelly:** This is an awful issue, and I cannot begin, as Linda said, to imagine the horrendous effect that it has had on victims and their families. You cannot put a price on safety. Protection from abuse is paramount: the cost is what it is. I was just a bit concerned about the difference in the estimates. The initial estimate is £807,000 and then £821,000 annual costs. That has gone up by a factor of 20, by the look of things, in five years. Is that in relation to the extra staff that you will have to bring in? You mentioned the education piece there as well and the expansion of the social work programme. Are there any other reasons for that level of increase?

**Ms Loveland-Morrison:** It is really just a reflection of the amount of work that we have done since those initial estimates were made. They were based on very early estimates drawn up between ourselves and the trusts, really at the very start of our work on drafting the Bill before we had worked out exactly how much would be required of everyone involved. We have since worked extensively with all five trusts and with the Office of Social Services to bottom out what this really means and to try to



work out a fair estimate of the increased workload that this is going to mean for all bodies involved. That is really why the initial estimates were not close to what we are seeing now.

**Mr McGuicken:** Just to make you are aware, Danny, we have looked at Scotland and how many cases have gone through the courts there. We have extrapolated that down in proportion to the population size of Northern Ireland. This is not a finger-in-the-air job, at this stage. It is as detailed as we can make it, based on experience in other jurisdictions and how that might impact here: how many cases and banning orders might go through. The figure work now is probably as detailed as we can make it. It goes down as far as how many additional desks we will need. It is very detailed to make sure that, when we get this implemented and get the Bill through, all those costs are covered and trusts will be able to run with it very quickly after that.

**Mr Donnelly:** Serious case reviews are obviously very important when they are necessary. From a systemic point of view, does the serious case review look into the pressures on the system at the time? I am talking about workloads, the pressure on the staff, staff shortages and everything that is happening in the area where a case is being reviewed. Is that part of the consideration in a serious case review?

**Ms Loveland-Morrison:** It would look into the details of that particular case. We envision that they would happen in very serious cases, where someone had potentially died or was at risk of that. They are similar to the case management reviews that happen in the child protection world, but they also happen in other parts of the UK as well, so it will be useful to have that option available to us here.

**Mr Donnelly:** We hear again and again on this Committee that a lot of our staff are working under extreme pressures right across the system. Is that a factor in the serious case reviews? Are the systemic pressures considered?

**Ms Loveland-Morrison:** They consider everything relating to that case.

**Mr McGuicken:** It will be about whether there are lessons to be learnt from the wider system as well. If it comes out from a serious case review that it occurred because of sheer pressure on the system, lack of numbers, workloads or caseloads or anything such as that, it will have to make recommendations. My view is that it would have to make recommendations on how we make sure that that does not happen again: that may be more staffing, smaller caseloads or a different way of working. It would be up to the board to make those recommendations, as part of that serious case review, on how pressures could be alleviated. It would look at the totality. It cannot just look and say, "This incident happened in a specific area". It would have to look, as you say, at the wider systemic issues around it happening.

Again, it would also have to look at the specific instance. As Kerry said, if there was a death or the potential of someone dying, it would have to look at the specific instance to see who was involved and what the circumstances were. I imagine that the board will look at both.

**Mr Donnelly:** It is that whole piece about the environment that people are working in and what is happening on the ground at the time.

We talked previously about CCTV. In the absence of CCTV, how can you be sure that any of this is going to be enacted? If we do not have CCTV in a premises, how do we know that anything happened?

**Ms Loveland-Morrison:** The trusts have all been supportive of the work that we are doing and are keen to be involved in it. We are not developing any of these policies without them; we are doing so alongside them. They recognise that there are things that need to change and that there are things that we need to do better, so it has very much been a partnership between us. We do not need CCTV to make people realise that we need to change; we know that we need to change.

**Mr McGuicken:** As Kerry said, there is a responsibility on us, as officials, to do as much as we can through the legislative change and where we can make it. It might well be that, as the Bill goes through, the Committee proposes changes to the CCTV provisions. We have taken it as far as we possibly can based on the advice that we have been given.

There genuinely is a will on the part of the system to change, and, as Kerry said, there has certainly been a will among senior officials from the trusts and the likes of the Chief Social Work Officer and her colleagues on the transformation board to drive that change forward. I think that part of the education programme, which is part of the Bill and the costs of the Bill, will drive that forward, and nobody in a health and social care setting will be able to say, "I didn't know" or, "I didn't know it was my responsibility". That, married with the offences in the Bill, will make it a lot stronger. There is a lot of focus, and rightly so, on CCTV, but the other parts of the Bill will bring a lot more security, for want of a better term, around the whole safeguarding and protection arena. There are changes in the Bill, even in the absence of mandatory CCTV, that will make some of the most vulnerable in society an awful lot safer than they currently are, particularly through the duty to investigate anything that is brought to a trust. That is one of the strongest powers that will change where we currently are.

**Ms Loveland-Morrison:** The Bill also establishes the adult protection board for Northern Ireland, which would have responsibility for looking at adult protection on a regional level. That role will also be there.

**Mr Donnelly:** Thank you.

**Ms Flynn:** My question is about the independent sector. Are there any instances when you might have an independent provider who is not connected to a trust and, if so, would they fall anywhere in the Bill? I do not know if there is, but I was just thinking about it as you were speaking.

**Ms Loveland-Morrison:** We capture independent providers under the duty to report, so they will have the same duty as all the statutory providers do.

**Ms Flynn:** Is it the case that all the independent providers would be connected to a local trust area for that trust area to be able to investigate?

**Mr McGuicken:** They will be within a trust area. There will be some provision that is not trust-contracted — I think that is what you are saying — but the duty will still be on those independent providers. If something is brought to a trust's attention, the trust will still have the responsibility —

**Ms Flynn:** The ultimate responsibility.

**Mr McGuicken:** — to investigate that, whether it is trust-contracted or not.

**Ms Flynn:** OK. Are the trusts content or happy enough that they would be able to build the infrastructure, the resources, the knowledge and the expertise to take on the investigations? When you have been speaking with them until now, are they content that they are able to take that work on? I am sure that it will be big, heavy work in the instances when there are reports of harm.

**Mr McGuicken:** Whilst a lot of what we are dealing with in terms of additional staffing is around band 6 and band 7, it is also around information officers, minute takers and all that sort of stuff. They are telling us what they need to be able to deliver what the Bill says that they have to deliver. The proof will always be in the eating, Órlaithí, and, as it is rolled out, we will need to look at whether it is enough or whether it is too much. To date, the trusts have certainly been very heavily involved. We have gone out to trusts on numerous occasions to make sure that the detail and all the information that they have provided for us about what it will take to deliver is as robust as we can possibly make it at this stage.

**Ms Flynn:** That is great.

Finally, how senior will the roles be? Who oversees the investigations? Is it director level? Is it chief executive level? Does that have to be worked out and defined? At what level of seniority will the investigations take place? Furthermore, for any recommendations or learning coming from the investigations, who oversees that? Will the trusts be overseeing their own learning? Kerry mentioned the adult protection board.

**Ms Loveland-Morrison:** Yes. The adult protection board will have a role as well, and it will have an independent chair. In the trusts, I think that the investigations are done at band 7 level.

**Mr McGuicken:** We can provide the detail to the Committee, if that is helpful. They have said that the senior governance will be done at band 8c level and that the operational governance, oversight and monitoring of the investigations will be done at band 8a level. That will be additional staff. We are talking about, potentially, an additional four band 8as per trust, one band 8c per trust and two band 8bs per trust to oversee that overall governance. As Kerry said, the board would have the responsibility of implementing regional changes to the safeguarding.

**Ms Flynn:** That is great. Thanks very much.

**Mr Chambers:** I have a very quick question about CCTV. Will any guidance be given on how long the video recordings have to be archived?

**Ms Loveland-Morrison:** Yes. We would detail all that in the regulations. As I said, we intend to consult on the content of those regulations before they are brought in. I did not say this earlier, but we also intend for those regulations to be brought in with draft affirmative resolution, which is the highest level of scrutiny that regulations can be given.

**Mr Chambers:** Will any guidance be given on the CCTV being monitored within care homes? It is only as good as people —.

**Ms Loveland-Morrison:** Yes; absolutely. The regulations will need to cover how they are monitored, how often and who would be able to look at the footage. It will need to cover all that detail.

**Mr Chambers:** The lesson that has come out of Muckamore is the value of the archived video recordings.

**Ms Loveland-Morrison:** Absolutely.

**Mr Chambers:** Thank you.

**The Chairperson (Ms Kimmins):** Thank you both. That has been very good. We will probably have a lot more questions as we go through the Bill. Hopefully, it will not be too long until we are dealing with that. Thank you for your time today.