Do you agree with our proposal that the new offence should cover all formal health and adult social care settings, both in the private and public sectors? Please explain your views.

Yes	\boxtimes	No	
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While we agree that it is important that vulnerable individuals should be protected and that any new offence should cover all formal health and adult social care settings it is not clear what the proposed legislation will add to that which is already in place.

- 1. We would welcome a clearer definition of the term 'Wilful neglect'. For example, how does this compare with clinical negligence or criminal neglect? In particular we would like to see how this term differs from similar charges which may be applied e.g. professional negligence
- 2. Similarly we would like greater explanation as to how this fits with the Adults with Incapacity and Mental Health Act.
- 3. We would like clarification on how wilful neglect will be differentiated from genuine error before prosecution? There are concerns that individuals will be more likely to be exposed to the criminal justice system as a consequence of this legislation. This may impact on professional indemnity arrangements and deter individuals from entry to some healthcare professions.
- 4. We are concerned that such legislation may be detrimental to the NHS as it may encourage a blame culture prone to litigious action as may be seen in the US.
- 5. Such legislation may make staff reluctant to speak out about care issues as there would be concerns that they or a colleague may face criminal charges and a potential jail term rather than disciplinary action.
- 6. Staff may be reluctant to be part of significant clinical investigations for similar reasons which would ultimately have a negative impact on patient safety.
- 7. There are concerns that in their anxiety to deflect any potential charge of 'wilful neglect', health and social care workers may 'over-treat patients' to the detriment of the latter's comfort and personal wishes.
- 8. In the light of the last three comments, it is difficult to see how the legislation's approach is facilitative of a learning approach for system failures.
- 9. We feel that if this legislation is designed to augment the action taken against individuals who are currently unregulated by a professional body. It might be better to introduce regulatory bodies for the individuals e.g. health care support workers.

In summary we have concerns that there will be few additional benefits to individuals in health and social care settings from this legislation. However, there may be a significant detrimental impact on patient safety in particular the development of a learning approach from system failures and recruitment within some healthcare professions.

Do you agree with our proposal that the offence should not cover informal arrangements, for example, one family member caring for another?

We would welcome clarity as to how and when the offence would be applied to an organisation.

Issues will arise when individual workers are indemnified by an organisation. The organisation will then be asked to act against itself when an individual charged with 'wilful neglect' raises the defence of organisational failure.

This may lead to the requirement that all individual health and social care workers will be required to carry their own professional indemnity an additional cost to such workers and a potential disincentive for individuals to enter some health or social care professions.

It may lead to a rise in litigation against organisations as it may be seen that they would be able to pay heavier fines, reducing funding available for services such as healthcare in the NHS

How, and in what circumstances, do you think the offence should apply to organisations?
Yes No No
If it can be demonstrated that organisational culture or shortfalls have led to an individual's act of neglect or ill treatment. However, there is a concern that such legislation would prove to be too blunt a tool to identify exactly where in an organisation system failures have occurred. The threat of subsequent criminal prosecution may prove to be a disincentive to organisations engaging fully and meaningfully in a learning approach for system failures
Do you agree that the penalties for this offence should be the same as those for the offences in section 315 of the Mental Health (Care and Treatment) (Scotland) Act 2003 and section 83 of the Adults with Incapacity (Scotland) Act 2000?
Yes No
Should the courts have any additional penalty options in respect of organisations? If so, please provide details of any other penalty options that you think would be appropriate.
Yes No No
Higher financial penalties may lead to an increased desire for litigation. If an NHS organisation bears severe financial penalties then patient care will be detrimentally impacted.
A subsequently risk averse organisation may be impeded from moving forward, learning from system failures to improve quality.
It may prove to be difficult to recruit appropriately qualified office bearers for committees and boards if such posts carry the threat of criminal charges.

What issues or opportunities do the proposed changes raise for people with protected characteristics (age; disability; gender reassignment; race; religion or belief; sex; pregnancy and maternity; and sexual orientation) and what action could be taken to mitigate the impact of any negative issues?

No further protection than that which is already offered under current legislation