



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Standard Operating Procedure

The management of Garda Disclosures required within HSE Designated Residential Services for Older Persons and People with disabilities

Document Reference No:	Drafted By:	Revision No:	Approved By:
SOP SCD2017 :004	Service Improvement Team, Services for Older People and Services for Disability Social Care Division	2	Head of Operations and Service Improvement Services for Older People And Head of Operations Disability Services, Social Care Division
Approval Date:	Revision Date:	Responsibility for Implementation:	Responsibility for Evaluation & Audit:
10/11/2017	09/11/2018	Chief Officers	Head of Operations and Service Improvement Services for Older People And Head of Operations Disability Services, Social Care Division

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1.0 Background

Garda Vetting is the first step in the protection of residents in Older People Services & Disability Services. The commencement of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 introduces a legislative basis for the vetting of persons who wish to undertake certain work or activities relating to children or vulnerable adults.

The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 – 2016 has brought about a substantial change in the requirements for Garda Vetting for Persons in Charge (PIC's) and Persons Participating in Management (PPM's).

Under this Act, an organisation cannot employ a person to engage in relevant work or activities relating to vulnerable persons without having a Garda Vetting Disclosure from the National Vetting Bureau Office. This applies to all staff and volunteers with an additional requirement that all Persons in Charge (PIC) and Persons Participating in Management (PPM) in a Designated Registered Centre are re-vetted every 3 years.

The Office of the Chief Inspector, HIQA, has further advised that the HSE Garda Vetting Confirmation Slip/Sheet previously issued by the HSE Garda Vetting Liaison office to line managers is no longer acceptable. The full garda vetting disclosure and summary of any risk assessments carried out should now be available locally for all staff working in Regulated Residential Services for review by HIQA inspections and submission as required for Registration applications and notifications. This has resulted in an immediate change to the Garda Vetting process within the HSE so as to comply with statutory regulations.

This document has been agreed with the Garda Vetting Liaison Office (GVLO) as the national standardised operational guidance for all personnel involved in garda vetting for HSE Designated Centres. It details the process required in order to ensure the Older People and Disability Services are complying with the Health Act 2007 and the HIQA regulations.

This Standard Operating Procedure should be read in conjunction with the following:

- Registration Prescribed Information Handbook 2017, HIQA
- All National guidance issued from the HSE's National HR
- Information and guidance issued by the Garda Vetting Liaison Office (GVLO)
- Guidance in relation to responsibilities on data protection requirements as specified in national guidance issued from HR and the Data Protection Commissioner.

Please note the following:

- a) The re-vetting of PIC's and PPM's should be in line with the application process for registration or renewal of a registration process or in connection with a change in the PIC or PPIM.

- b) The issue of re-vetting for all other staff, is subject to change and this Standard Operating procedure will subsequently be updated to reflect this change when and if it occurs

2.0 Purpose

The purpose of this document is to provide operational guidance for all staff involved in Garda Vetting for staff and volunteers working in Designated Residential services in both older persons and people with disabilities. It will support services to be compliant with statutory regulations in relation to Garda Vetting as pertains to regulated residential services for both older persons and people with disabilities.

3.0 Scope

This Standard Operating Procedure (SOP) applies to Chief Officer, Heads of Social Care, Data Controller, Provider Nominees, Person's in Charge, People Participating in Management and all other staff and management within all HSE residential services for older people and people with disability within each CHO

This SOP does not replace existing procedures in place for garda vetting within each CHO. However, it does require that existing processes are aligned to ensure that Garda Vetting requests for all staff working in Regulated residential services are submitted to the HSE Garda Vetting Unit through the Data Controllers Officer using the Batch Header form (appendix 2)

4.0 Relevant Legislation and Policies

- 4.1 Data Protection Act (1989),(2003)
- 4.2 Data Protection – It's everyone's responsibility – an Introductory guide for Health Service Staff
- 4.3 Data Protection And Freedom Of Information Legislation - Guidance for Health Service Staff
- 4.4 Data Protection Breach Management Policy, 2010
- 4.5 A guide for Data Controllers, Data Protection Commissioner, 2012
- 4.6 Health Act (2007). Dublin: The Stationery Office
- 4.7 Health Act 2007 (Care and Welfare of residents in Designated Centres for older people) Regulations, 2013
- 4.8 Healthcare Act 2007 – (Care and Support of residents in Designated Centred for Persons (Children and Adults) with disabilities) Regulations 2013.
- 4.9 Registration Prescribed Information Handbook, HIQA, 2017
- 4.10 Registration, renewal and variation application handbook, HIQA, 2017
- 4.11 Registration notification handbook, HIQA, 2017
- 4.12 HSE Garda Vetting Process, HBS, April 2017 (Draft)

5.0 Glossary of Terms

- 5.1 **All HSE Staff:** Staff recruited and employed by the HSE
- 5.2 **CHO:** Community Health Organisation
- 5.3 **Data Controller:** The designated named staff for each CHO Area responsible for the availability and processing of the Garda Vetting documents. All processes are to be compliant with the data protection regulations.
- 5.4 **Garda Vetting Details:** Copy of application and Garda Vetting Disclosure. A copy of a risk assessment summary may also be required in certain circumstances
- 5.5 **GVLO:** Garda Vetting Liaison Office (within HSE)
- 5.6 **HIQA:** Health Information and Quality Authority
- 5.7 **HSE:** Health Service Executive
- 5.8 **Non HSE Staff:** Volunteers and other personnel who may attend the centre on an infrequent basis
- 5.9 **Person in Charge (PIC):** This is the person whose name is entered on the register and certificate of registration as being in charge of, or managing the designated centre
- 5.10 **Persons Participating in Management (PPIM):** Persons actively engaged in the governance and management of the designated centre
- 5.11 **Provider Nominee:** Person responsible on behalf of the HSE for the overall management of a Designated centre
- 5.12 **SOP:** Standard Operating Procedure
- 5.13 **Volunteers:** people who work in the service and are unpaid by either the HSE or the person/family

6.0 Roles and Responsibilities

6.1 Chief Officer / Heads of Social Care and other relevant managers

- i. Appoint a dedicated Data Controller for each CHO area.
- ii. Provide an appropriate office space for the safe storage of all documentation relating to garda disclosures within the CHO area
- iii. Ensure the Data Controller has sufficient support to allow for monitoring and retrieval of all information
- iv. Identify staff that can support in the storage and retrieval of files as required
- v. Ensure all staff that has access to this information has been fully trained and understand the Data Protection Policy

6.2 Provider Nominee/ PIC's and PPM's

- i. Ensure that all PIC's and, PPIM's are aware of the requirements as outlined in the legislation Registration Registration Prescribed Information Handbook HIQA 2017
- ii. Ensure that PIC's and PPM's understand how to access Garda Vetting Disclosures as required

- iii. Ensure that all staff are aware of the requirements for garda vetting
- iv. Provide the Data Controller with a list of all staff working in each Designated centre broken down by PIC's and PPM's and all other staff
- v. Provide the Data Controller with the list of all Registered Centres that fall within their remit and the date of Registration
- vi. Liaise with the Data Controller to ensure Garda Vetting Disclosures are sought for all staff and submitted to HIQA as requested
- vii. Identify and risk assess any volunteers working in the service on requirement for Garda Vetting. If required to process through the Data Controller
- viii. Ensure that all documentation in relation to requests for Garda Vetting is valid, completed correctly and submitted to the Data Controller using the Batch Header form, appendix 2
- ix. Request from the Data Controller the re-vetting for PIC and PPIM's as part of the renewal for registration or for ongoing compliance with regulations
- x. Identify all other non HSE staff who visit service, for example, Hairdresser, maintenance person and risk assess to consider if Garda Vetting is required for these individuals. Process to be agreed with GVLO on how to progress such applications
- xi. Advise the Data Controller on the name of any staff that HIQA have requested Garda Disclosures and request that the data controller make these available to the Registration Department in HIQA
- xii. Update the Data Controller when staff retire, resign or new employees are appointed.
- xiii. Comply with all instructions from the Data Controller on the management of sensitive information.
- xiv. Adhere to the process for the performance management of staff who do not comply with the requirements in securing garda vetting disclosures

6.3 Data Controller

- i. Update and maintain the CHO master dataset of all staff employed and volunteers working in each Registered Designated Centre for Older People and People with Disabilities which will include registration details of the Designated Centre, see appendix 3
- ii. Develop and maintain a database of all the Registered centres in the CHO area to include dates of registration
- iii. Obtain Garda Disclosures for all staff and volunteers working in Designated Centres noting that some will already be available through GVLO and for some staff, revetting will have to be carried out.
- iv. Continue to prioritise PIC's and PPIM's for Garda Vetting

- v. Continue processing the revetting of PIC's and PIM's as advised by the Provider Nominee
- vi. Ensure process is in place for revetting of PIC's and PPM's in line with Registration of the Centre
- vii. Monitor and update the master database as required when notified of staff changes in employment in each Registered Designated Centre.
- viii. Sign off the Batch Header form on which all Garda Vetting requests are sent to the GVLO.
- ix. Ensure all Garda Vetting disclosure copies are sent in a timely manner by registered post to the Registration Team in HIQA office as advised by the Provider Nominee or PIC.
- x. Ensure that the secure storage area can only be accessed by designated staff that will support the Data Controller in the retrieval of the Garda Vetting documentation working on behalf of the Data Controller and in line with data protection guidelines.
- xi. Establish an appropriate method of a tracking and retrieval system for the maintenance of the Garda Vetting Documentation in line with data protection guidelines.
- xii. Inform the Provider Nominee if any staff member is not complying with the requirements in securing Garda Vetting.

6.4 Staff Managing Garda Vetting on Behalf of the Data Controller

- i. Understand the National Garda Vetting Bureau Act 2012 and HIQA Registration requirements
- ii. Comply with all guidance from the National Garda Vetting Unit
- iii. Comply with this Standard Operating Procedure
- iv. Work with the Data Controller on commencing Garda vetting process as required
- v. Comply with all data protection guidelines

7.0 Procedures

- i. Chief Officer to appoint a Data Controller
- ii. Chief Officer to provide central secure storage space in line with Data Protection guidelines which will provide a locked filing cabinet, within a locked room within a locked building
- iii. Chief Officer to ensure sufficient support available to the Data Controller to allow Data Controller to meet tight timeframes in the storage and retrieval of information
- iv. The Data Controller to register with the Garda Vetting Office prior to commencing work.
- v. Assign staff to the Data Controllers Office to support the Data Controller.

- vi. Data Controller to establish database of all registered centres within the CHO to include registration details
- vii. Data Controller to establish Database of all PIC's and PPM's working in the Designated Centres and all the staff working in the Centres using a master dataset – see appendix 3.
- viii. This dataset should be broken down by PIC/PPM's, staff employed since April 2016 and staff employed pre April 2016
- ix. The Data Controller may use a variety of information sources in developing the master data set such as HR and SAP system
- x. As dataset is being completed, the Data Controller should submit the master dataset on a weekly basis to GVLO to establish the garda vetting status of the relevant staff. This is a rolling process
- xi. Data Controller to seek verification from the Provider Nominee/PIC on information pertaining to each service
- xii. GVLO office will identify the staff that Garda Vetting Disclosures are available for and forward same to the Data Controller by registered post. Included with this will be the summary of any risk assessments carried out.
- xiii. The letter will be opened by the Data Controller or a designated person within the Data Controllers office who will log receipt of the documentation.
- xiv. An acknowledgement should be sent by the Data Controller's office for receipt of the documentation. This can be done by email.
- xv. For staff that Garda Vetting Disclosures are not available for, the Data Controller should immediately instigate Garda Vetting for these staff as per local procedure.
- xvi. The hiring manager/line manager will be responsible for the Identification verification process and completion of the Garda Vetting Request Form. This application form is returned to the Data Controller for processing.
- xvii. All applications for Garda Vetting must be completed on the Batch Header form and signed by the Data Controller

7.1 Registration applications

- i. Garda Vetting Disclosures and the summary of any risk assessments for PIC's and PPM's must accompany all Registration applications. These should be in the registration pack.
- ii. In preparing for HIQA registration, the Provider Nominee or PIC must formally contact the Data Controller in writing to request copy of the relevant Garda Vetting Disclosure. However, it should be noted that re vetting of PIC's and PPM's for registration will almost certainly be required as we bring the 3 year re vetting requirement in line with the Registration date for the Designated Centre
- iii. On receipt of the Garda Vetting Disclosure from GVLO, either through existing Garda vetting information or re vetting, the Data Controller should then forward a copy of the relevant documentation to the Provider Nominee by registered post.

- iv. The Provider Nominee should include this copy of the Garda Vetting Disclosure with the HIQA registration pack ensuring that it remains confidential within the overall pack.
- v. The Provider Nominee will confirm receipt of the Garda Vetting Disclosures by email to the Data Controller.
- vi. No copy of the Garda Vetting Disclosures should be held by the Provider Nominee or PIC

7.2 Announced HIQA Inspections:

- i. As soon as the date has been provided for the visit, the Person In Charge or provider Nominee should request a copy of the Garda Vetting Disclosures for the PIC's and PPM from the Data Controller. The process outlined above will be followed in providing same.
- ii. On the day of the announced Inspection, the Garda Vetting Disclosure has to be available for Inspection on the day of the announced inspection.
- iii. The Data Controller will forward by registered post to the Provider Nominee, a copy of the relevant documentation with a letter advising that the information must be returned to the Data Controller following the HIQA inspection following steps above.
- iv. Following the HIQA inspection, all documentation relating to the Garda Vetting Disclosures should be returned immediately by registered post to the Data Controller

7.3 Unannounced one day inspection:

- i. The Person in Charge will advise the HIQA Inspector that this information is not available on site but will arrange for a copy to be forwarded to the HIQA office in Mahon Co. Cork.
- ii. The Person In Charge will then contact the Data Controller advising of the Garda Vetting Disclosures that are required and request that a copy of each will be forwarded to the HIQA office in Mahon Co Cork for the attention the Registration team. A follow up email will be sent within 24 hours requesting same.
- iii. The Data Controller will copy the relevant documents and forward by registered post to the Registration Team in the Registration Department, HIQA, Mahon, Co. Cork. A letter will accompany this to advise that this information should either be shredded or maintained securely in line with Data Protection Guidelines within 48 hours of the visit.

7.4 Unannounced two day inspection:

- i. On arrival of HIQA inspectors, the Person in Charge should advise the Inspectors that Garda Vetting Disclosures relating to PIC's and PPM's are not maintained on site and he/ she will organise to have them available at the end of the visit the following day.

- ii. The Person in Charge will immediately contact the Data Controller requesting the relevant disclosures required and request that they be made available on site by the following evening. A follow up email will be sent within 24 hours requesting same.
- iii. The Person in Charge and the Data Controller will need to discuss the logistics of getting this information on site. The following options may be considered:
 - a. By Registered post to arrive the following evening.
 - b. Hand delivered by the Data Controller.
 - c. The Person In Charge may need to arrange to have them collected.
- iv. Whatever method is agreed, the Data Collector must ensure that the documentation is placed in a sealed envelope and there is a signature trail following the envelope until it is made available to the HIQA inspectors.

7.5 Non cooperation with Garda Vetting process:

- i. In the event that an employee does not appear to be participating and co-operating with the Garda vetting process in a timely manner, this matter should be escalated without delay to their immediate line manager for attention.
- ii. The line manager should follow the locally agreed procedures for non compliance with the the Garda Vetting process. Non cooperation should be viewed as a disiplinary issue and procedures should be in line with disciplinary processes.

8.0 Implementation

This Standard Operating Procedure is effective immediately. It will be distributed to the Chief Officer, the Heads of Social Care and to the Data Controllers for immediate implementation.

9.0 Review and Audit

This document will be reviewed and evaluated within 12 months or earlier if required by amendments to existing guidance.

10.0 References

- 10.1** Data Protection Act (1989),(2003)
- 10.2** Data Protection – It’s everyone’s responsibility – an Introductory guide for Health Service Staff
- 10.3** Data Protection And Freedom Of Information Legislation - Guidance for Health Service Staff
- 10.4** Data Protection Breach Management Policy, 2010
- 10.5** A guide for Data Controllers, Data Protection Commisioner, 2012
- 10.6** Health Act (2007). Dublin: The Stationery Office
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- 10.8** Healthcare Act 2007 – (Care and Support of residents in Designated Centred for Persons (Children and Adults) with disabilities) Regulations 2013.
- 10.9** Registration Prescribed Information Handbook, HIQA, 2017
- 10.10**Registration, renewal and variation application handbook, HIQA, 2017
- 10.11**Registration notification handbook, HIQA, 2017
- 10.12**HSE Garda Vetting Process, HBS, April 2017 (Draft)

11.0 Appendices

Signature Sheet

HSE Garda Vetting Residential Batch Header

Master Data Set

Flow Chart – Version 3

1.1 Appendix 1: **SIGNATURE SHEET**

PRINT NAME	SIGNATURE	AREA OF WORK	DATE

1.2 Appendix 2: HSE GARDA VETTING REQUEST

Residential Units only

Applicants Details			
Name			
Date of Birth			
Address			
Role /Position Applied for (in full do not use abbreviations)			
I Confirm that this applicant will be engaged in 'relevant work' as per Schedule 1 Part 1 & 2 NVB Acts 2012 to 2016			<input type="checkbox"/>
HIQA Registration Details		Application Type	Tick (One)
			<input checked="" type="checkbox"/>
PIC	Yes <input type="checkbox"/>	Initial Hire	<input type="checkbox"/>
PPIM	Yes <input type="checkbox"/>	Existing employee	<input type="checkbox"/>
Date Notification of appointment to HIQA		Volunteer	<input type="checkbox"/>
Registration Renewal		Work Experience	<input type="checkbox"/>
Validation of Identity			
I confirm that the identity of this applicant has been validated as required and that I have retained form NVB_ID01			<input type="checkbox"/>
Passport No. (if Given)			
Identity verified by (Print Name)			
Date of Verification			

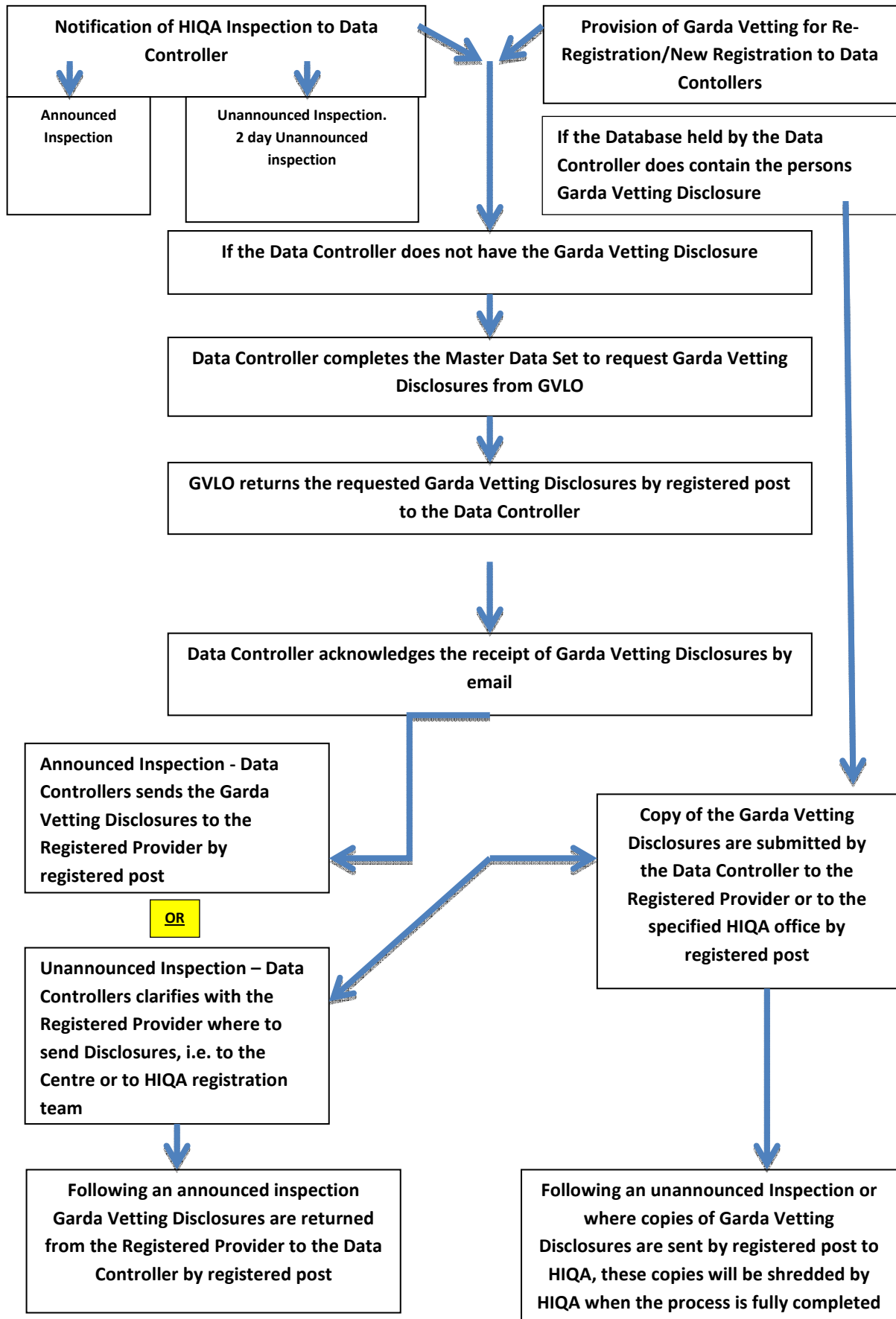
Parental Consent (for applicants aged 16 or 17 only)		
I have obtained and retained signed parental consent for this applicant as they are under the age of 18 <input type="checkbox"/>		
Consent obtained by (Print Name)		
Contact person / Issue Vetting Disclosure to		
Name		
Grade		
Address 1		
Address 2		
Address 3		
Address 4		
Tel No:		Email:
Are you also the responsible person in the event of receipt of an unsatisfactory Garda Vetting disclosure Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature		Date
Responsible Person (if different to the contact person listed above)		
Name		
Grade		
Address 1		
Address 2		
Address 3		
Address 4		
Tel No:		Email:

Please note it is an offence to knowingly provide false information to secure a vetting disclosure

1.3 Appendix 3- Master Data set

The screenshot shows a Microsoft Excel spreadsheet titled "Minimum data set for CHO repsV2 0 - Microsoft Excel". The spreadsheet contains a table with the following structure:

1	Personnel Number																
2	Personnel Number	First Name	Surname	Date of Birth	PIC or PPIM	IF PIC or PPIM Date assigned this role	if PIC or PPIM date disclosure released to HIQA	Residential Centre	Older Persons or Disability services	Have they been vetted	Date of Clearance	Date of Registration	Renewal Date of Registration	Disclosure on file	Where held	Release of disclosures	
3				dd/mm/yyyy	Yes/ No	dd/mm/yyyy	dd/mm/yyyy			Yes/ No	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	Yes/ No		Date of request	Date Released
4																	
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6																	
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DOCUMENT SUMMARY SHEET

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SOP SCD2017 :004	Service Improvement Team, Services for Older People and Services for Disability Social Care Division	1	Head of Operations and Service Improvement Services for Older People And Head of Operations Disability Services, Social Care Division
Approval Date:	Revision Date:	Responsibility for Implementation:	Responsibility for Evaluation & Audit:
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