
Being Open Framework

Consultation Response Form

RESPONSE FORM (IF NOT RESPONDING ONLINE VIA CITIZEN SPACE) Please indicate your answer to the questions by **circling** your selection. You can also provide further comments in the free text field.

Please send responses electronically using the response sheet below and email address below.

Responses to be sent by email to:

being.open@health-ni.gov.uk

or by post to:

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About you or your organisation:

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About RCPsych NI:

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Doctors in training) who provide the backbone of the local Psychiatric service, offering acute and community treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland.

Consultation Response Form – Being Open Framework

CONSULTATION QUESTIONS

Please indicate in each section if you agree YES or NO and add comments in the box below.

Understanding Openness and Culture

These questions focus on how organisations can create a culture where being open and honest is the norm (further information is provided in Section 3 of the 'Being Open Framework').

Q1 The framework looks at openness at three levels:

- **Routine openness:** Being honest in everyday care and communication.
- **Learning from mistakes:** Reflecting on errors to improve and avoid repeating them.
- **When things go wrong:** Clear communication and accountability when harm is caused.

Do you think these levels are helpful and appropriate?

Q2 The framework focuses on three areas of culture in an organisation:

- Infrastructure (e.g., policies and systems to support openness).
- Behaviours (e.g., how staff interact and communicate).
- Beliefs and stories (e.g., shared values and lessons from the past).

Do you think it's helpful to also focus on three areas?

Comments: We totally support the view that there is a link between Patient Safety and an Open, Just and Learning Culture.

Our starting point is the acceptance that well known failings within Health and Social Care in Northern Ireland are of such a serious nature and degree that change is required. We would wish to express our sympathy to Patients and

families who have suffered loss and also for the painful journey they have had to travel. We would wish to clarify that our comments herein on the aspects of change we support, are specifically informed by how we view the proposals impacting in practical terms on Mental Health service provision for Patients and families in Northern Ireland. Any opinion we express on the proposals should in no way be misinterpreted as diluting our equally held view that Patients and families who have suffered from failings in the system, deserve and must receive solidarity, support, understanding and candour.

Q1 We agree with the three levels of Openness as described. However there needs to be more recognition of the dynamic relationship between these three levels of Openness both conceptually and in everyday practice.

Q2 The Framework is very comprehensive and it recognises the importance not only and crucially for Patients and their families - but also support for the Staff involved.

Supporting openness in everyday care

These questions focus on how organisations can make honesty and openness a natural part of daily care (further information is provided in Section 2, Section 3.3.1 and Section 7).

Q3 To support staff in being open it is proposed that organisations:

- Provide regular training for staff to promote openness.
- Share real-life examples of openness and what was learned.
- Recognise and celebrate examples of good practice in being open.
- Provide supervision that is supportive of openness.

Do you agree with these will help staff be open and honest every day?

YES

Comments:

Q3 These dimensions of supporting Staff in being Open are very good. However, they need to be integrated into every day practice as well as for example presentations in academic meetings, case presentations, appraisals etc... They must not be seen as something separate or additional – rather they must become ingrained, core and fundamental in order for this to come to active fruition.

There will also be a need for the training of managers and staff with responsibility for other staff in how to support and develop this aspect of staff professionalism.

In addition to staff, students of all specialties should be introduced to this topic in their College/University curriculum in addition to its application during their Clinical attachments. This must not be left until they take up professional posts.

Openness with a focus on learning

These questions focus on how organisations learn from experience to improve care and avoid future harm (further information is provided in Sections 2 and 3).

Q4 To improve learning it is proposed that organisations should:

- Encourage staff to talk openly about mistakes without fear of unfair retribution.
- Understand the circumstances that may contribute to failures and mistakes.
- Share lessons across teams to improve safety and care.
- Make improvements visible to the public, so people know what has changed.

Do you agree that these will improve learning from experience?

Comments:

Q4 We support these recommendations.

Formal reflective practice as a personal and systemic learning tool could play an important role in learning. This could focus on the practitioner's role in mistakes as well as failures in the general system e.g. workforce pressures or system failures which need to be identified and rectified.

Openness when things go wrong

These questions focus on when things go wrong, and how organisations and their staff handle these situations with openness, compassion, and clear communication (further information is provided in Section 3).

Q5 When things go wrong, it is proposed that organisations immediately:

- Inform patients and families as soon as possible after an incident.
- Offer apologies and explanations early.
- Provide emotional or therapeutic support to all those affected (patients; carers; staff).
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Do you agree with the proposals for when things go wrong?

YES

Q6 For all involved in serious incidents, it is proposed that they have:

- Timely access to information about the incident.
- Regular updates on progress and outcomes of any investigations.
- Counselling or emotional support as and when needed for all involved.
- Debriefs to discuss what happened and how to improve.

Do you think all involved in serious incidents should receive support?

YES

Comments:

Q5 We support this. There is a need for the training of Staff and their Managers to meet the expectations of this important aim.

Q6 It is very important that everyone involved in a serious incident receives support. Much of this can be provided by good management skills by Supervisors/Managers. A number of staff may need formal counselling.

Duty of Candour to support Openness

These questions relate to the proposals for the introduction of a statutory organisational and individual Duty of Candour.

Q7 Do you think that the introduction of a statutory organisational Duty of Candour would support organisations in their development of a more open culture?

YES

Q8 Do you think that the introduction of a statutory individual Duty of Candour would support individuals to be more open?

NO

Q9 Do you think that including a “Duty of Candour” clause in staff contracts will improve openness?

NO

Comments:

Q7 We totally support the organisational Duty of Candour. However, we would not support criminal sanctions being applied to Organisations. We believe that this could lead to organisations developing defensive practice policies which would inhibit learning and impact on the just culture for individual staff members to which we all aspire.

Q8 We do not support the introduction of a statutory individual Duty of Candour. We feel this responsibility should be set out and governed by the professional bodies e.g. in our case, the GMC. This professional Duty of Candour would complement an organisational Duty of Candour.

We would support a broad piece of work to ensure that the GMC Duty of Candour is respected and undertaken to the extent that the public would expect and deserve. To strengthen its role, the GMC Duty of Candour should be introduced into the undergraduate medical curriculum at university. Similar equivalent professional Duty of Candour should also be added into the undergraduate

training for other health and social care professional groups – and further focussed on during postgraduate training in all health and social care specialties.

We would not support any criminal sanction being applied with regard to a specific individual Duty of Candour as we are certain this would inhibit learning and impact on the just culture for individual staff members to which we all aspire.

Q9. We do not think a Duty of Candour clause should be included in contracts. Changing Contracts would be legally problematic and if applied to new Contracts would introduce jeopardy between newly recruited and existing Staff. It would also exacerbate the already precarious Workforce numbers by the suggestion of introducing a clause unique to Northern Ireland which does not exist in Contracts in our neighbouring jurisdictions. Instead, the responsibility for Candour should be further strengthened by the regulating professional bodies. This will ensure that there is a robust professional Duty of Candour.

Leadership and oversight to promote Openness

These questions consider the role of leaders in promoting and monitoring openness (further information is provided in Section 4).

Q10 Should Boards of organisations and Chief Executives, through their Board Patient Safety and Quality Committee, be held responsible for creating an open culture?

YES

Q11 Proposals for monitoring openness in organisations

- Organisations should report and publish regularly on their progress in being open.
- Organisations should be held accountable for supporting openness by the Department of Health and regulators.

- Independent audits should assess whether organisations are meeting openness standards.

Do you agree with the proposals to monitor openness?

YES

Q12 Would the introduction of an Independent Patient Safety Commissioner improve openness and patient safety? (Further information is provided in Section 6.2).

YES

Comments:

Q10 We agree with this.

Q11 We agree with this.

Q12 The introduction of a Patient Safety Commissioner (PSC) would be welcome as they can learn from the existing work of the PSC in England. They can also help develop standards on “Being Open” reflecting the structures outlined in this report – as well as how to implement the outcomes into everyday practice for the Clinicians and the organisations.

A Patient Safety Commissioner could facilitate in the HSC the important shift from a blame culture to an open, just and learning culture.

Training and education to support openness

These questions focus on the training and support that is needed to help staff understand how to be open and honest in different situations (further information is provided in Sections 7 and 8).

Q13 Organisations should support and train staff in being open in different situations so they can:

- Be open and honest in everyday care.
- Learn from mistakes and failures to share lessons.
- Support patients and families when things go wrong.

Do you think all staff should be trained for these purposes?

YES

Q14 Organisations should provide support and train staff at different times using a range of training methods

- Training for openness at induction and as refresher training for all staff.
- Provision of a range of different opportunities for learning such as online or in person.
- Provision of support through mentorship, coaching and supervision.
- Learning provided in way appropriate to the staff role and the most effective training method.

Do you think all staff should be trained for in these ways?

YES

Comments:

Q13 We support this, but it should not only apply to staff - but also to students and professional trainees.

Q14 We support this.

Public Consultation on the Duty of Candour and Being Open Framework

Thank you for taking the time to respond to the consultation questions and in sharing your views. Your feedback is vital for shaping these proposals in improving honesty and openness in health and social care in Northern Ireland.

Any further comments on these proposals to improve openness?

Training and support on Being Open should not only permeate the culture and structures of Health and Social Care providers, but must permeate the curriculum for the training of staff at Colleges and Universities.

Competitive prizes/medals on this subject should be introduced into undergraduate training. This will help develop the concept for staff at the very outset stage of their careers and in this way secure it going forward as an ingrained and embedded essential requirement of professional practice in Health and Social Care.

Dated: 21st March 2025



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- on behalf of RCPsych NI

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