Department of Health
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BEING OPEN FRAMEWORK

FOR HEALTH AND SOCIAL CARE NORTHERN IRELAND

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1. Introduction

Openness and honesty are core values of the Health and Social Care system in Northern Ireland (HSC)[1]. This means being open and honest with each other and acting with integrity and candour.

Building a culture that is open, compassionate, fair and continuously improving is essential to providing effective, person-centred care. Such a culture improves outcomes for those who use HSC services and enhances the experiences of those delivering them. The Department of Health's **Being Open Framework for Health and Social Care** in Northern Ireland (the Framework) supports and sustains this culture, embedding openness, honesty, accountability and learning at all levels of Health and Social Care.

The Framework provides a standardised, regional approach to help create the conditions where a culture of openness and trust can flourish between those who use services, their families and carers, Health and Social Care staff and leaders, and HSC organisations. The Framework is very much aimed at enhancing a **culture of openness** and is designed to support and strengthen the HSC values and existing policy, legislation and professional standards that support openness. This is based on the premise that neither legislation nor policy alone will inspire the behaviours that are core to an open organisation and that a focus on culture is critical to success. While policy and legislation play a role in reinforcing collective efforts, sustained improvement is dependent on achieving genuine cultural change.

HSC staff operate in highly complex, regulated and demanding environments and strive to provide high quality, safe, and effective care every day. The Framework sets out a clear requirement that openness, honesty and transparency are the foundation across the spectrum of all activities - from everyday practice to circumstances when things go wrong. A Glossary of Terms is at **Appendix 1**.

[1] HSC Values - Business Services Organisation (BSO) Website

2. Background

The Inquiry into Hyponatraemia-Related Deaths (IHRD)[2] was published in 2018 following an extensive investigation into the deaths of 5 children in hospitals in Northern Ireland. The Inquiry Report made 96 recommendations across several themes.

This Framework is grounded in the principles of openness, honesty and candour which were central to the IHRD report, findings and recommendations. The Framework also takes account of relevant best practice in other regions and internationally, as well as findings and recommendations from other public inquiries, research and reports.

The Framework does not introduce any new form of statutory or legal duty of candour in Northern Ireland[3]. Health and Social Care professionals across the UK already have an individual duty of candour to be open and honest in their professional codes and standards. The requirements set out in this Framework align with such codes and standards and do not in any way change or amend them.

[2] Report of the Inquiry into Hyponatraemia related Deaths
IHRD - Latest Updates | Department of Health

[3] Unlike the other parts of the UK, there is currently no statutory Organisational Duty of Candour in place in the Northern Ireland Health & Social Care sector. At the time of launch of the Being Open Framework, legislation in relation to a statutory Organisational Duty of Candour is being developed by the Department of Health.

3. Purpose and Aims

3.1 The purpose of the Framework is to:

- Define, support and promote a culture of openness and transparency across the HSC.
- Enable and support all staff, leaders at all levels and HSC organisations to exercise openness and honesty.
- Ensure organisations have in place the necessary governance arrangements, supports and systems to embed an open culture.

3.2 The aims of the Framework are to:

- Improve patient safety and quality of care by supporting an open, just and learning culture.
- Normalise openness as a valued everyday behaviour rather than something that is only important in certain circumstances.
- Position and frame openness as part of mainstream business, not as an optional add-on.
- Ensure those who use services, their families, carers and staff are listened to and are treated openly, fairly and with compassion and respect; and their experiences and views are recognised as having a valuable contribution to learning and improvement.
- Ensure HSC staff experience visible, engaged and inclusive leadership at all levels that demonstrates and promotes an open, just and learning culture – including from those in the most senior leadership positions.
- Enable leaders at all levels of the organisation to drive cultural improvements.
- Create psychologically safe spaces for all staff to speak up and to learn.
- Support a move from blame to balanced accountability, and a focus on system-based learning when an event or incident has occurred or where concerns are raised.
- Support open and prompt sharing of learning across the organisation and beyond as appropriate, both when things go wrong and when they go well.
- Ensure that all staff understand the expectations and responsibilities upon them to operate in an open, just and learning culture, and that they are supported to do so.
- Achieve a sustained focus by leaders at all levels, including senior leaders, on embedding an open culture that is informed by both qualitative and quantitative data.

4. Scope of the Framework

The intention of this Framework is to **define, support and promote a culture of openness** to be achieved across the full range of Health and Social Care delivery organisations in Northern Ireland. In that context, it is intended to be expansive in its reach and scope, and that all individuals and organisations involved directly or indirectly in the provision of Health and Social Care delivery and support services embrace and adopt the requirements of the Framework in their everyday practice.

The Framework applies to all staff, independent contractors and organisations providing care and services as part of, or on behalf of, the HSC system in Northern Ireland. All bodies that are part of the HSC system as identified in the HSC Framework 2011 are within scope (see **Appendix 2**), as are those organisations that are commissioned, funded or contracted by HSC bodies or by the Department for the purpose of contributing to the provision of HSC services in Northern Ireland.

This includes but is not limited to:

- HSC Trusts providing statutory services;
- Regional Agency for Public Health and Social Well-being (known as Public Health Agency);
- Regional Business Services Organisation (known as Business Services Organisation – BSO. This includes HSC staff employed by BSO who work under the direction of the Department of Health within the Department's Strategic Planning and Performance Group);
- Special Agencies: Northern Ireland Blood Transfusion Service; Northern Ireland Medical and Dental Training Agency; and the Children's Court Guardian Agency for Northern Ireland;
- Patient and Client Council;
- Regulation and Quality Improvement Authority;
- The Northern Ireland Practice and Education Council for Nursing and Midwifery;
- The Northern Ireland Social Care Council;
- Independent/Community/Voluntary sector organisations commissioned, funded or contracted to provide care; and
- Family Practitioner Services and Primary Care (commissioned/contracted through the Department's Strategic Planning and Performance Group).

5. Inequalities in Health and Social Care

The World Health Organisation defines health equity as '*the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically'*.

The Being Open Framework promotes a positive opportunity for compassionate, respectful and meaningful engagement with all those that use HSC services. HSC organisations should actively consider when developing their Being Open Policy how best to optimise opportunities through effective implementation of the Framework, working as part of wider programmes of work, to help address inequalities in health and social care outcomes. This includes consideration of statutory duties under Section 75 of the Northern Ireland Act 1998. A focus on addressing health and social care inequalities will help ensure equality in the delivery of services and lead to better outcomes for everyone.

6. Related Legislation, Policies and Guidance

The Framework supplements a wide range of existing legislation, policies, guidance, systems and practice which all, at least in part, contribute to supporting, promoting and delivering an open, just and learning culture for the HSC system in Northern Ireland. Whilst not an exhaustive list, some of these are listed at **Appendix 3**. The Being Open Framework does not amend or change any existing legislation or Departmental policy.

7. Defining an Open Culture

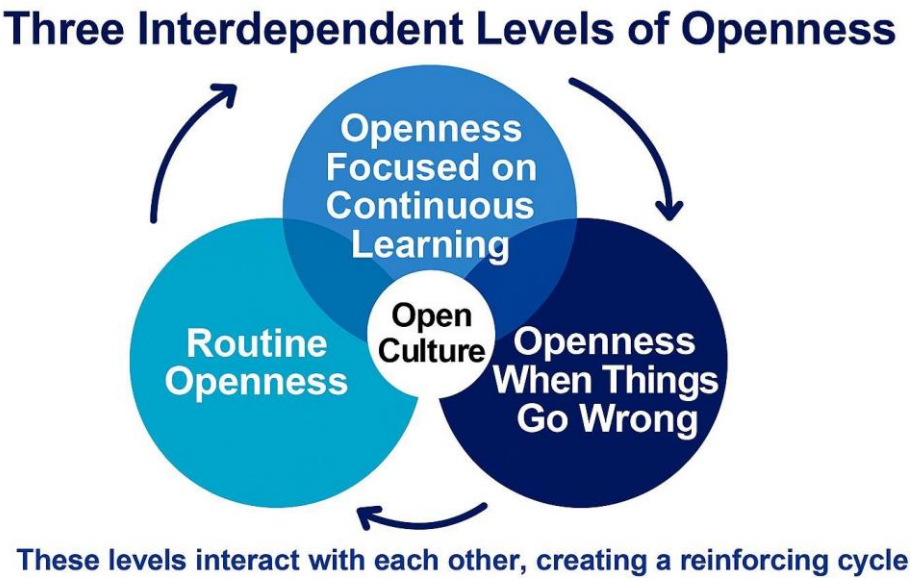
The Framework defines the **Levels, Components** and **Enablers** of an open culture across the HSC system.

The Framework is not intended to be overly prescriptive or exhaustive. Organisations are required to implement the Enablers (see Section 9) in a way that most effectively creates and supports an open culture. Recognising that **'one size never fits all'**, organisations should be flexible and pragmatic in implementing the Enablers taking account of the challenges and opportunities of diverse HSC settings.

7.1 Levels of Openness

Openness is expressed at three interdependent levels (**see Figure 1**). These levels interact with each other, creating a reinforcing cycle: routine openness supports openness in learning, and both enhance the capacity to remain open when things go wrong in the delivery of care or service.

Figure 1



7.2 Defining the Levels of Openness

Routine Openness - Everyday openness, honesty and transparency should be embedded in all staff and team interactions between colleagues and with those who use services, their families and carers. Routine openness emphasises proactive communication and honesty and is facilitated by meaningful opportunities for reflection and sharing of experiences.

Openness Focused on Continuous Learning is an intrinsic and valued part of a continuous learning culture. An open culture should be inquisitive, where staff and those who use services feel psychologically safe and empowered to speak up when they see opportunities for learning and improvement. In such a culture, opportunities to learn are proactively sought. They arise from an ongoing commitment to improve. Whether things are running smoothly or not, the same assumption is made that improvements can always be made. It is vital to learn from systems and processes that reduce risk or improve care before harm can occur. Without the pressure of challenge or urgency to motivate learning and improvement, open sharing and creative reflection become important mechanisms through which opportunities for learning can be identified and explored.

Managers and leaders should also ensure that there is time, space and opportunities for reflection by staff and for teams to learn about what works well and to focus on replicating and optimising these behaviours and processes. Learning leading to improvement should be highlighted, recognised and affirmed, and shared openly, widely and in a timely fashion.

Openness When Things Go Wrong should be easier and more natural as part of a culture in which openness is the norm throughout all aspects of everyday service delivery. It is the component of an open culture that is most impactful on the direct experience of those who use and who work in HSC services and is one of the most important characteristics that builds trust for the public and staff. When care does not go as planned or expected or goes wrong, openness means that staff are supported to report accurately and in a timely way their account of exactly what has happened.

For both those who use services, their families, carers and for staff, they are provided with compassionate and person-centred support as part of whatever relevant processes are required, and they are supported with the emotional impact of their experiences.

7.3 Defining the Components of Organisational Culture

For the purposes of the Framework, the culture of an organisation is understood to have three interlinked and interdependent Components (these are summarised in **Figure 2**):

Organisational Infrastructure - the practical policies, procedures and systems that create the conditions and requirements for openness.

Organisational Behaviours - the everyday behaviours and actions of all staff, managers and leaders that show how the policies, procedures and expected practices are put into practice.

Organisational Beliefs and Narratives – this is what staff themselves believe, and what they say to one another, about how things are done in the organisation. It is the culture of the organisation as it exists in the minds of those who work in it, and as such has a huge impact on their attitudes and behaviours.

The Open Culture Matrix at **Figure 2** summarises how each level of openness interacts with the three cultural Components.

Figure 2

Open Culture Matrix

	Organisational Infrastructure	Organisational Behaviours	Organisational Beliefs and Narratives
Routine Openness	What systems are in place to support routine openness?	What staff or managerial behaviours are exhibited to encourage routine openness?	What do people believe will be the consequences of routinely being open?
Openness Focused on Continuous Learning	What systems are in place to facilitate ongoing learning and improvement?	How do staff or managers respond to learning opportunities?	What do people believe about the sincerity of the organisation's desire to learn and improve?
Openness When Things Go Wrong	What systems are in place to ensure openness when things go wrong?	How do staff or managers behave when things go wrong?	What do people believe will be the consequences when things go wrong?

8. Enabling Principles of an Open Culture

Patient safety and high-quality care depend on much more than individual effort. These should be supported by a culture based on trust, openness, a commitment to learning and strong collective leadership[4]. The following principles describe the key elements of that culture and should be adhered to by HSC organisations.

8.1 Effective Leadership

Leaders at all levels should take ownership for driving forward and achieving improvement in culture. Senior leaders set the tone and vision for all staff and have a key role in delivering that vision. Leaders should be visible, engaged and lead by example, modelling the values and behaviours required. These include compassion, kindness, proactive listening, inclusion, recognising success and with a strong focus on continuous improvement and learning. Leaders will ensure that support to be open for staff and for those who use services, their families and carers is central to an open, just and learning culture.

8.2 Psychological Safety

Staff at all levels should feel empowered and be supported to speak openly, raise concerns, ask questions and seek feedback about their work and the work of others. Leaders at all levels should ensure psychological safety so that staff can raise issues confidently, knowing that they will be heard with respect and empathy and that concerns will be acted upon fairly. Similarly, those that use services and their families or carers who raise issues or concerns should also be listened to with respect, empathy and compassion.

8.3 Just Culture and Accountability

It is widely recognised that a blame culture can stifle openness. **A just culture balances fairness, compassion and learning with proportionate and balanced accountability**. It recognises that staff operate within complex systems and, when things do not go as planned or expected or have gone wrong, the response should focus on understanding what has happened and why, identifying all relevant contributing factors. There is a strong commitment to system-based approaches to learning, leading to improvements which minimise the chance of recurrence.

Accountability involves openly sharing what happened, understanding why, and taking responsibility for making changes that improve future safety, care and

[4] HSC Collective Leadership Strategy | Department of Health

services. A just culture of learning seeks the correct balance of organisational and individual accountability. It is not about an absence of accountability, nor an absence of taking responsibility for actions. Staff will always remain accountable for their practice within the scope of their contracts of employment, professional regulatory bodies where applicable, and the law.

8.4 Continuous Learning and Reflection

Leaders at all levels support staff and those who use services and their families and carers to communicate openly and honestly about, and to reflect on, what has worked well and what could be improved. All staff and leaders should be responsive, proactive and inquisitive to feedback, and view it as an **opportunity to learn and improve rather than a sign of failure**. Learning should also **highlight what works well and why** so that it can be replicated to optimise these behaviours and processes leading to further improvement. Leaders should **promote a culture of reflection** to support learning and improvement, enabling time, space and opportunities for reflection by staff and for multidisciplinary teams to come together.

8.5 Effective Governance, Oversight and Monitoring

Effective governance, oversight and continuous monitoring arrangements are essential to embed and sustain an open culture. This is necessary at every level of the organisation up to and including the most senior leaders and at Board level. Such arrangements are required to help ensure that an open culture is achieved and experienced to a consistent standard across the organisation. These also help build trust and confidence amongst those who use services, their families, carers and staff that an open culture is a clear priority at all levels of the organisation. Organisations should demonstrate how they have incorporated oversight and continuous monitoring of effective implementation of the Framework into governance arrangements.

8.6 Open, Honest and Compassionate Communication

Effective communication at all levels is critical to supporting an open culture. This includes but is not limited to communication between leaders, managers and staff; within and across multidisciplinary teams; and between staff and those who use services and their families and carers. Effective communication at all levels should be:

- Open, honest and fair;
- Respectful and civil;
- Early, proactive and ongoing where this is required;
- Using appropriate language and methods of communication, taking account of individual needs;
- Sensitive, empathetic, compassionate and understanding;
- Active listening to better understand the core of issues or concerns;

- Using only accurate and relevant information, and well-informed by all relevant facts and issues;
- Respectful of confidentiality and in circumstances where information cannot be shared, because it is not relevant or due to the duty of confidentiality, this should be explained clearly and in a supportive manner; and
- Supported by thorough preparations and by appropriate training for sensitive situations.

8.7 Diversity, Equality and Inclusion

Leaders at all levels should ensure that an open culture is inclusive and accessible to all staff, regardless of background or protected characteristics. **The experience and views of minority groups are valued and essential to embedding and sustaining an open culture**. HSC organisations should actively seek to understand specific challenges that staff from diverse backgrounds may face to being open and proactively create mechanisms that empower them, and similarly those who use services and their families and carers from diverse backgrounds, to speak up confidently and contribute their perspectives, knowing they will be heard with respect, empathy and compassion.

9. Promoting and Enabling a Culture of Openness

To create an open culture, organisations are required to implement the following Enablers. This is not an exhaustive list and organisations are encouraged, in taking ownership to drive forward improvements to culture, to supplement those listed in order to further embed and develop an open culture.

9.1 Routine Openness

Routine Openness is a foundation of the Framework. It is achieved where openness is a routine part of normal activity and is exhibited in all staff and team behaviours and interactions. Routine openness means being proactively transparent in everyday practice.

Enablers of Routine Openness include:

Organisational Infrastructure

- Contracts reflect the HSC values of openness and honesty.
- Openness awareness education and training as part of formal induction and ongoing training.
- Provision for supervision, team handovers, safety huddles and reflection processes including opportunities for sharing experiences, reflection and learning. These should be on a multidisciplinary basis and organised routinely, with appropriate support and training for facilitation.
- Standards and expectations regarding openness should be clearly communicated to the public and staff.

Organisational Behaviours

- Leaders and managers at all levels, including those in senior leadership and Board roles, should model openness and reflect this in their own behaviours and in managing others.
- Staff routinely seek, share and act on feedback.
- Case studies of good openness practice and feedback from those who use services, their families and carers - both positive and negative - are shared and discussed in staff meetings and staff engagement events to aid learning and improvement.

Organisational Beliefs and Narratives

- Case studies of appropriate routine openness and its benefits are captured and shared widely.
- Examples of openness are highlighted, recognised and affirmed.

9.2 Openness Focused on Continuous Learning

Openness Focused on Continuous Learning prioritises supporting staff to speak up, be inquisitive, ask questions, seek feedback and to reflect and share ideas. All feedback is viewed as an opportunity for continuous learning and improving patient safety and the quality of care and services.

Enablers of Openness Focused on Continuous Learning include:

Organisational Infrastructure

- There should be policies and processes that are focused on capturing and implementing service improvement suggestions and learning from the experience of staff and those who use services irrespective of whether there has been a formal event, incident or concern.
- Priority should be given to the learning component of existing processes that are intended to identify learning from close calls or 'near misses' and other learning and improvement opportunities aimed at reducing risk or improving care and service delivery before any harm has occurred.

Organisational Behaviours

- Speaking up about concerns and when things do not go to plan or as expected is normalised and is valued.
- Events, incidents and concerns are viewed as an opportunity for system learning rather than through a narrow lens of blame and individual punishment.
- Leaders and managers at all levels actively encourage openness and respond with curiosity, compassion and a willingness to listen and learn.
- Leaders and managers are supported, including by the Board and senior leadership team, to respond positively to openness.
- Multidisciplinary teams learn from each other and acknowledge and highlight 'good saves' when openness has led to learning.
- All voices are valued and encouraged, regardless of role or seniority, and are recognised as having a valuable contribution to learning and improvement.
- The role of staff contributions to learning and improvement through being open is publicly recognised and reported.

Organisational Beliefs and Narratives

- Staff are confident and believe that they will be supported and treated compassionately and justly when they are open and speak up.
- Publishing and widely promoting positive case studies where openness has led to service improvement builds confidence and helps create and reinforce strong narratives and beliefs.

- Those who use services, their families and carers are informed of and can see improvements brought about by staff openness, helping build trust and confidence.
- Everyone believes in the importance of openness to support continuous learning and that it is a shared responsibility.

9.3 Openness When Things Go Wrong

Openness When Things Go Wrong explains how openness is delivered and experienced by all those involved and affected when things go wrong or do not go as planned or expected in the delivery of care or services. This includes in any subsequent incident, complaint or other review process established to understand what has happened and why and aimed at identifying learning. When things go wrong in the delivery of care or services, openness to all those affected should be prompt, compassionate, truthful and supported by facts.

Supporting and enabling staff and those who use services to be open leads to better learning and improvement in care and service; better outcomes for staff, those who use services and the organisation; supports just and balanced accountability and helps restore confidence and build trust. Openness when things go wrong can be understood as an ethical and professional responsibility to be accountable, open, honest and candid.

Enablers of Openness When Things Go Wrong include:

Organisational Infrastructure

- All systems and processes focused on review and learning following an event, incident, complaint or concern raised – including for example the current Serious Adverse Incidents[5], Never Events, Complaints Handling and Raising Concerns/Whistleblowing – should be fully aligned with this Framework and have a focus on supporting staff to be open and honest.
- Such systems and processes should:
    - **Support and encourage** openness and honesty to understand what has happened and why and be focused on learning and proactive communication.
    - **Create a psychologically safe** space where staff affected are supported and encouraged to report and to participate in review and learning processes.
    - **Support the move away from a culture of blame to a just and learning culture**, which prioritises understanding and consideration of

[5] The current Serious Adverse Incident Procedure is under review by the Department and will be replaced in 2026.

system-based contributory factors when an incident has occurred, while maintaining an appropriate and balanced approach to accountability.

Organisational Behaviours

- All those affected, including staff, those who use services, their families, carers (or a representative if one has been appointed) and others, will be supported and involved in a compassionate, empathetic and meaningful manner throughout review and learning processes.
- All those affected will be engaged in a collaborative, person-centred way, and will be listened to and kept involved in line with their wishes.
- Communication should be open and ongoing throughout with timely updates provided.
- Organisations will apply **'just culture'** principles where staff affected are treated fairly and openly and are supported through a constructive and learning focused process.
- It is the collective responsibility of leaders at all levels to model, value and demonstrate the required organisational behaviours.
- Those with a specific role or responsibilities in an incident or other learning review process will have the appropriate skills and training to undertake the role.
- Recognise that early acknowledgement can de-escalate situations, foster mutual understanding and support early resolution.
- **Providing an apology:** Openness following an event, incident, complaint or concern raised may often include the provision of an apology to those affected that it has occurred. Where something has gone wrong, an apology should be offered early and should be meaningful, sincere and tailored to the specific circumstances. Delay in providing an apology can often increase anxiety and stress for all involved. A meaningful apology or expression of regret does not amount to an admission of liability or negligence. It may also be necessary to advise those affected that a further review may be required to understand all the factors contributing to what has happened and why, and that they will be kept informed.

Organisational Beliefs and Narratives

- Effort is put into fostering confidence and belief amongst all staff that they will be supported and treated compassionately and justly throughout review and learning processes.
- Organisations foster a culture that supports the move away from blame to a just and learning culture; where events, incidents, complaints and concerns are viewed as an opportunity for system learning, and where leaders and managers respond with support, compassion and a willingness to listen.

10. Governance, Accountability and Monitoring

HSC organisations should have in place effective systems and processes to support the promotion, development and sustaining of an open culture. Clear senior leader and Board level commitment together with effective arrangements for Board and senior level oversight and continuous monitoring are key to ensuring successful implementation of the Framework.

The following key elements of governance are required to support implementation of the Framework:

- Accountability for developing an open culture in an organisation should be understood to be the **responsibility of all leaders** including the most senior leaders up to and including the Board. Leaders at all levels up to and including Board level should actively promote and role model openness.

- **Robust oversight and reporting** of an open culture across the organisation and of implementation of the Framework should be regularly and routinely monitored at senior leadership meetings and at the full Board. Clear actions should be taken to acknowledge and highlight successes, for example where openness has led to service improvement, and to address areas where improvement is required. Actions should be documented and monitored to ensure these have been effectively implemented.

- **A nominated Non-Executive Director** should be responsible for independent oversight of implementation of the Framework and monitoring of its effectiveness.

- For HSC Trusts, oversight and monitoring of the continuous implementation of the Framework and its impact should come under the remit and scrutiny of the **Patient Safety and Quality Committee**[6] of the HSC Trust Board. The Committee and its Non-Executive Directors will seek and scrutinise assurances that the organisation is continuing to comply with the Framework, including that learning is taken forward, and that concerns are being escalated to the Board where appropriate. The Committee will also

[6] Independent Neurology Inquiry - Recommendation 20: The NI Department of Health should ensure that Trust Boards have a Safety and Quality Sub-Committee, which has a similar status to the Audit Committee.

oversee reporting to the full Board regarding implementation and impact of the Framework.

- **The Chief Executive** of the organisation as Accounting Officer has overall executive responsibility and accountability for ensuring the effective and sustained implementation of the Framework. This includes for ensuring the development and provision of training and support for all staff.

- **The HSC organisation's Being Open Policy** should be updated in line with the requirements of this Framework. The policy should be updated in line with co-production principles. This should include engagement with teams identified as experiencing specific challenges to being open as appropriate. The policy should be fully integrated with other relevant policies, for example the current Serious Adverse Incident procedure; complaints handling and whistleblowing/raising concerns. The organisation's Being Open Policy should be reviewed at a minimum every two years.

11. Audit and Assurance

11.1 HSC Organisations

HSC organisations should promptly establish audit arrangements to ensure effective implementation of the Framework. This might include, for example, local level assessment and audit/review carried out to determine that management and supervisory practices are embedding the Framework across the organisation. Findings and learning from this audit activity should be shared and discussed openly and widely and be welcomed as opportunities to enhance implementation.

To provide robust assurance to senior leaders and to the Board, the approach to the implementation, embedding and impact of the Framework should also be subject to independent audit within the organisation's Internal Audit plan.

To provide an added level of scrutiny and assurance to senior leaders and to the Board, the implementation, embedding and impact of the Framework can also be subject to external audit and assessment.

11.2 Regulation and Quality Improvement Authority

The role of the Regulation and Quality Improvement Authority (RQIA) includes to keep the Department informed about the provision, availability and quality of Health and Social Care services; to encourage improvement in the quality of Health and Social Care services, and to make recommendations for improvement.

Under these arrangements the RQIA may utilise its regulatory role to assess and report on the implementation of the Being Open Framework and the impacts achieved within HSC organisations. Such reports are made available to the HSC organisation and to the Department and are published.

Arrangements for audit assurance, scrutiny and review at each level set out above should be clearly described and defined in the organisation's Being Open Policy.

12. Organisational Reporting

12.1 Reporting

HSC organisations will be required to publish annual reports regarding implementation and compliance with the Framework, and on the outcomes and impacts of implementation.

Reporting will include a focus on the voice of those with lived experience (including staff and those who use services, their families and carers), highlight successes, and include arrangements for supporting continuous improvement to further embed an open culture.

Reporting and assurance regarding implementation of the Framework should be included in HSC organisation's Mid and End-year Governance Statements submitted to the Department of Health.

Reporting on the implementation and impact of the Framework should also be made available internally and discussed by leaders at all levels with staff and teams, and by the Board.

12.2 Confidentiality

It is envisaged that all reporting in relation to the implementation and impact of the Framework will be anonymised and that no personal or confidential data will be disclosed. Care should always be taken not to unwittingly enable a person to be identified from information reported. Organisations must fully comply with all relevant regional and local information governance policies and procedures, and with UK Data Protection law, including the Data Protection Act 2018 and UK GDPR, where relevant.

13. Monitoring by the Department of Health

HSC organisations and Trusts are responsible and accountable for ownership, implementation and monitoring of the Framework at organisational level. This local ownership and commitment are fundamental to successful implementation of the Framework.

The Department of Health will monitor and seek assurance regarding organisational implementation of the Framework as part of existing HSC performance, sponsorship and accountability arrangements, including through performance oversight arrangements managed by the Department's Strategic Planning and Performance Group (SPPG). This includes consideration under the Health and Social Care Support and Intervention Framework (SIF) overseen by SPPG where that may be required. The SIF sets out the Department of Health's approach for gaining assurance from HSC organisations and the approach to support and intervention where there are matters of concern that need to be addressed.

The Department may also seek additional assurances regarding HSC organisations' implementation of the Framework. This might include, for example, as part of assessment or review undertaken by RQIA.

APPENDIX 1

Glossary of Terms

Term	Description
Apology	While there is no legislation in this area of law which applies specifically to Northern Ireland, the following are relevant: 'As soon as possible after you become aware something has gone wrong; you should seek out the patient and or their family and say sorry and acknowledge what has happened and tell them that you will find out more. (NHS Resolution) 'An apology, an offer of treatment or other redress, shall not of itself amount to an admission of negligence or breach of statutory duty'. (Compensation Act 2006).
Candour	Being open and honest when care goes wrong.
Clinical and Social Care Governance	A system through which Health and Social Care organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence will flourish. This includes mechanisms for monitoring quality and safety through structured programmes, for example, audit.
Harm	Impairment of structure or function of the body and/or any deleterious effect arising there from, including disease, injury, suffering, disability and death, and may be physical, social or Psychological.
Health and Social Care (HSC)	Services available from Health and Social Care providers across a variety of settings, including hospitals, care homes, agencies and community settings.
Just Culture	Staff, those who use services, their families and carers are treated fairly, with empathy and consideration when they have been involved in an adverse incident or have raised a safety issue.
Near Miss	An incident or potential incident that was averted by chance or because it was intercepted.
Never Event	A list of serious, largely preventable patient safety incidents that would not have occurred if the available preventive measures had been implemented.

Openness	Levels of Openness as defined for the purposes of the Being Open Framework (Routine; Focused on Continuous Learning; When Things Go Wrong) are described in the body of the Framework.
Psychological Safety	Staff feel safe to ask questions and learn, safe to discuss ideas on how to improve, and safe to communicate and raise concerns so that patients and staff can be safeguarded from harm. Patients and families, are empowered, supported and enabled to raise concerns about care and treatment, to have their voices listened to so that the HSC system can learn and improve.
Section 75 Duties	Section 75 of the Northern Ireland Act 1998 aims to change the practices of government and public authorities so that equality of opportunity and good relations are central to policy making and service delivery. The Section 75 statutory duties aim to encourage public authorities to address inequalities and demonstrate measurable positive impact on the lives of people experiencing inequalities. Its effective implementation is designed to improve the quality of life for all of the people of Northern Ireland.
Staff	Defined as anyone charged with carrying out the work of the HSC or sometimes on behalf of the HSC (that is working for, employed by or contracted to the HSC).
Those who use services, their families and carers	Refers to anyone who receives, or has received, care or services from the HSC and the people who may act or speak on their behalf. This includes patients, service users, clients, those in receipt of care, families, parents, visitors, guardians or representatives and carers as defined under the Carers and Direct Payments Act (Northern Ireland) 2002 and subsequent guidance.
Whistleblowing	A term used to describe a situation where a worker raises concerns about wrongdoing in the workplace. Also referred to as ‘raising concerns in the public interest’ or ‘making a protected disclosure’.

APPENDIX 2

Framework Document September 2011

The Framework Document[7] describes the roles and functions of the various Health and Social Care bodies and the systems that govern their relationship with each other and the Department of Health.

The following HSC bodies are within scope of the Framework Document 2011:

- Belfast Health and Social Care Trust (BHSCT)
- Business Services Organisation (BSO)
- Children's Court Guardian Agency for Northern Ireland (formerly known as the Northern Ireland Guardian Ad Litem Agency) (CCGA)
- Northern Health and Social Care Trust (NHSCT)
- Northern Ireland Ambulance Service (NIAS)
- Northern Ireland Blood Transfusion Service (NIBTS)
- Northern Ireland Fire and Rescue Service (NIFRS)
- Northern Ireland Medical and Dental Training Agency (NIMDTA)
- Northern Ireland Practice and Education Council (NIPEC)
- Northern Ireland Social Care Council (NISCC)
- Patient and Client Council (PCC)
- Regional Agency for Public Health and Social Well Being (PHA)
- Regulation and Quality Improvement Authority (RQIA)
- South Eastern Health and Social Care Trust (SEHSCT)
- Southern Health and Social Care Trust (SHSCT)
- Western Health and Social Care Trust (WHSCT)

Note: The Framework Document (September 2011) is currently under review by the Department of Health.

[7] DHSSPS Framework Document - September 2011 | Department of Health. The Health and Social Care Board closed in 2022 and its functions transferred to the Department of Health.

APPENDIX 3

Related Legislation, Policies and Guidance

The Being Open Framework supplements a wide range of existing legislation, policies, guidance, systems and practice which all, at least in part, contribute to supporting, promoting and delivering an open, just and learning culture for the HSC system in Northern Ireland. The Being Open Framework does not amend or change any existing legislation or Departmental policy.

Whilst not an exhaustive list, some of these are:

- Statutory Duty of Quality (set out in the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003).
- Personal Public Involvement (PPI) Statutory Duty.
- Public Interest Disclosure (Northern Ireland) Order 1998.
- The Quality Standards for Health and Social Care - Supporting Good Governance and Best Practice in the HPSS (2006).
- Serious Adverse Incidents Procedure (under review).
- Adverse Incidents.
- Near Misses.
- Never Events.
- Maintaining High Professional Standards (under review).
- HSC Lookback Reviews.
- Department of Health Co-Production Guide.
- Raising a Concern in the Public Interest (Whistleblowing) - HSC Framework and Model Policy for HSC organisations.
- NIAO “Raising Concerns – A Good Practice Guide for the NI public sector”.
- NIPSO Model Complaints Handling Procedure.
- Cooperating with Coroner’s investigations and Preparing for Inquests.
- Morbidity and Mortality Review Guidance and HSC Policies.
- Learning from Clinical Negligence and Litigation.
- HSC Collective Leadership Strategy.
- Department of Health Early Alerts Protocol.
- Organisational Clinical and Social Care Governance, Quality Management and Assurance Systems - including where relevant

HSC Trust Board and supporting Committees [HSC Trust Board Patient Safety and Quality Committee and Board Sub Committees to be established in 2026].

- HSC Organisations' Integrated Risk Management and Assurance arrangements.
- Departmental (SPPG) oversight of Primary Care in general and family practitioner services – including performance monitoring, quality improvement, adherence to standards and delivery of policy.
- HSC Board Member Handbook (under review).
- Department of Health Ethics Advice and Support Framework for Clinical Decision Making (under review)
- HSC Trust learning committees and structures – for example Mortality and Morbidity committees.
- Quality Improvement and the role of the HSC QI Alliance (local and regional HSCQI).
- Code of Conduct for HSC Employees.
- HSC Staff Supervision and Appraisal Systems.
- Delivery of Accredited Education & Training.
- Workforce Training & Support – including the role of HSC Occupational Health Services.
- Staff Contracts and terms of employment.
- HSC Health and Safety Policies.
- Statutory role, function and activities of RQIA (set out in the *Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,* and related legislation).
- Healthcare Professionals regulatory bodies – such bodies for example set Standards of Conduct and Practice; Standards of Education; Fitness to Practice and enforcement procedures. These bodies are: General Medical Council; Nursing and Midwifery Council; Health and Care Professions Council; General Dental Council; General Optical Council; General Osteopathic Council; and General Chiropractic Council all of which operate across the UK. The Pharmaceutical Society of Northern Ireland regulates pharmacists in Northern Ireland; and the Northern Ireland Social Care Council (NISCC) regulates the social care workforce in Northern Ireland. The Professional Standards Authority for Health and Social Care (PSA) oversee the bodies which regulate health professionals in the UK (with the exception of NISCC).
- Royal Colleges and Professional Bodies' Clinical Standards and Best Practice Guidance and guidelines.
- Clinical standards and guidelines – for example NICE.
- Range of Safeguarding Policies and Procedures.

- Care standards and Minimum Standards for regulated services – which increasingly emphasise open, respectful, participatory cultures.
- Safeguarding Board Safety reporting and analyses.
- External Reports – for example Patient and Client Council; NI Public Sector Ombudsman and NI Commissioners.
- Findings and implementation of recommendations arising from Public and Independent Inquires.

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