

Promote a culture of openness and learning

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We believe that promoting a culture that balances fairness, learning and accountability is essential. There are different ways to embed principles that support a culture of fairness, openness and learning.

Where a concern about a professional's practise is linked to a [professional's fitness to practise](#), your organisation will have systems and processes for responding to those for the purpose of learning and improving patient safety.

For NHS commissioned services in England, there is an expectation that the NHSE [Patient Safety Incident Response Framework](#) (PSIRF) be used as the tool sets out the NHS's approach for responding to patient safety incidents.

If during those processes, concerns about a professional's fitness to practise are identified an additional response will be required and a separate investigation should be undertaken applying [just culture principles](#).

For example, NHS England's [A Just Culture Guide](#), or similar, can be used to support a conversation between managers about whether a professional involved in a patient safety incident requires specific professional support or intervention to work safely.

The 'Just Culture' guide, was developed in consultation with various partners and many employers in health and care outside the NHS who also use, or reference this tool as good practice, across the four countries of the UK.

It is considered best practice that just culture principles be applied before considering making a referral. These ensure that all concerns about a professional's fitness to practise are considered fairly.

Using tools and processes that are appropriate for your setting along with local policies that promote a culture of openness and learning will help you look at concerns in a way that avoids fear and blame. It will also help professionals and people who use services to feel confident about speaking up, knowing they'll be supported and treated fairly.

Any approach will need to take into account relevant contextual factors that may need to be addressed separately from concerns about a professional. For example, contextual factors may include:

- staffing levels, skill mix and workload at the time of the incident
- a constantly changing environment presenting new challenges
- unusual expectations for staffing levels and workload pressures
- distractions
- management pressure or poor management
- third party pressures for example from families or carers
- physical environment
- device, equipment or product design
- working practices, social norms or organisational/team culture
- history of bullying, harassment or discrimination in the team
- personal stress, health problems.

This approach can help you understand whether someone else with similar experience and qualifications would have acted in the same way or made the same decisions in the same circumstances. If they would, there are likely to be wider issues that need to be addressed.

If you do make a referral to us, we'll ask you for documentation showing any contextual factors that you found to be relevant to the concerns, such as those listed above.