

NMC response to the Northern Ireland Department of Health Being Open Framework consultation – March 2025

1. Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. We are the largest healthcare professional regulator in the UK, regulating more than 841,000 nursing and midwifery professionals across three diverse professions which constitute a substantial part of the health and social care workforce across the UK.

Executive Summary

2. We welcome the opportunity to respond to the Northern Ireland Department of Health's [consultation](#) on the Being Open Framework.
3. We previously [responded](#) to the Department of Health's 2021 consultation on policy proposals for the duty of candour and being open in Northern Ireland and [responded](#) to the 2019 call for evidence on a statutory duty of candour.
4. We remain deeply aware of the tragic deaths of children with hyponatremia in Northern Ireland and the continuing impact on the families who have experienced such devastating losses.
5. Open cultures are fundamental to patient safety, and we want to work with all our partners in the health and social care system to foster these.
6. We have published [joint guidance on the duty of candour](#) with the General Medical Council (GMC), which was refreshed in December 2024.
7. We have explicit requirements on the professional duty of candour:
 - 7.1 in our revised [standards framework for nursing and midwifery education](#) and in all of our approved programmes.
 - 7.2 in the standards of proficiency for [nurses](#) and [midwives](#) that individuals are required to demonstrate at the point of entry to the register and throughout their professional practice.
 - 7.3 in our [Code](#) for all nursing and midwifery professionals on our register.
 - 7.4 for the [revalidation](#) process, every registrant must reflect on our Code, which has specific reference to the professional duty of candour.
 - 7.5 in our revised [fitness to practise strategy](#) for concerns that we investigate about people on our register.
8. We support the statutory organisational duty of candour, because open organisations create open and safe cultures.
9. We would welcome a discussion to understand more about any plans for a statutory individual duty of candour.

10. We believe a statutory individual duty of candour with either criminal sanctions or criminal offences would run contrary to having open cultures.

Consultation responses

Understanding Openness and Culture

Question 1: 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?

Yes. We think that it would be helpful to support understanding of openness and culture in the framework, if examples are given of what is expected, what would exceed expectations and what is not desirable.

Question 2: 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?

Yes. We think that a values-based commitment to openness is important with supportive ways to learn and improve. This speaks to the culture and leadership of an organisation, where the leadership is committed to learning and demonstrates this via professional role modelling. In promoting a [culture of openness and learning](#), the focus should be in a way that avoids fear and blame.

Supporting openness in everyday care

Question 3: 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. We would welcome this, particularly if training and examples were used to clarify the interaction between the organisational and professional duty of candour across settings.

We agree that it is particularly important to recognise and celebrate examples of good practice in being open.

We think that the wording 'supervision' should be clarified as this could refer to clinical or restorative supervision when things go wrong, or to supervising people during learning.

Openness with a focus on learning

Question 4: 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?

Yes. We think that there should be an additional point confirming that staff will always be treated respectfully, [fairly](#) and without bias. This would help professionals to feel confident about speaking up, knowing they will be supported and treated fairly.

It is not clear whether openness with a focus on learning relates solely to system learning. We think that it is important to take [context](#) into account, such as staffing levels and poor management.

In making improvements visible to the public, the organisation must involve them in meaningful engagement in line with published processes.

Openness when things go wrong

Question 5: 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).**

Do you agree with the proposals for when things go wrong?

Yes. An [apology](#) does not mean admitting legal liability. When things go wrong, if this is due to systemic issues, then there needs to be recognition and support rather than blame.

Furthermore, it is important to offer psychological support to all affected. We established a Careline in October 2019 to provide support for nursing and midwifery professionals going through fitness to practise proceedings. This provides emotional support and help and advice to all professionals during the process. This is available 24 hours a day, every day of the year.

Question 6: 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. We would suggest considering the sequencing of the bullet points above on serious incidents. We think that there should be a continuous timeline of support, as the offer of support might not be accepted when it happens, and that might change at a check in.

Duty of Candour to support Openness

Question 7: 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. We agree in principle to support the statutory organisational duty of candour and we would welcome further engagement on this matter. Organisations are responsible for their own culture and so it is right that there should be a duty on them.

However, this would have to be part of a package as it needs to align with the development of an organisational culture and show how an individual would operate. This should include how an organisational duty of candour is proportionate; the reach and impact for an individual; and that it does not duplicate, overlap, or run contrary to professional duties.

Question 8: Do you think that the introduction of a statutory individual Duty of Candour would support individuals to be more open?

We already have the professional duty of candour which we use to hold individuals to account. This is set out in our [Code](#) for all nursing and midwifery professionals on our register.

We believe a statutory individual duty of candour with either criminal sanctions or criminal offences would run contrary to having open cultures.

We would welcome a discussion to understand more about any plans for a statutory individual Duty of Candour.

Question 9: Do you think that including a “Duty of Candour” clause in staff contracts will improve openness?

We already have a professional duty of candour. An organisational culture of learning and creating a supportive environment are more likely to improve openness than contractual obligations.

Leadership and oversight to promote Openness

Question 10: Should Boards of organisations and Chief Executives, through their Board Patient Safety and Quality Committee, be held responsible for creating an open culture?

Yes. We support the proposal that organisational boards and chief executives, through their Board Patient Safety and Quality Committee, should be held responsible for creating an open culture. This should build on the Nolan [principles](#) of public life, which should apply to all in public service.

There will be a need to measure the performance and success of Boards to enable accountability. This would need to be proportionate, meaningfully monitored and not just target driven.

The professional duty of candour already forms part of the professional standards for clinicians. We support individuals in leadership positions having a similar duty of candour. We welcome the expectation that creating safe spaces, encouraging professional openness, and speaking up are at the heart of leadership.

Question 11: 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, we support these proposals. However, there is need for clarity about regulatory remits. The organisational duty of candour should relate to system regulators only.

The NMC and other healthcare professional regulators solely regulate individual professionals. We already have a professional duty of candour and regulate professionals in relation to the professional duty of candour. For example, it is embedded in our Code.¹

Question 12: Would the introduction of an Independent Patient Safety Commissioner improve openness and patient safety?

Any senior leaders and role models with a specific focus on patient safety and the need to promote open and learning cultures is to be welcomed and may go some way to improve openness.

¹ [The Code](#) states that professionals on our register must 'work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk.' (p15).

There is a need to embed patient safety and openness in every organisation to ensure that it is not perceived as solely the responsibility of the Commissioner.

Training and education to support openness

Question 13: 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, we support this proposal. This is integral to all professionals on our register.

Our [joint guidance](#) with the GMC on the professional duty of candour complements the [joint statement](#) on the professional duty of candour by professional healthcare regulators (October 2014) and section 14 of [the Code](#). It focuses on the duty to be open and honest with people and the need to be open and honest within organisations in reporting adverse incidents or near misses that may have led to harm.

Our standards of proficiency for registered nurses state that at the point of registration, the registered nurse will be able to 'understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes'.²

Our standards of proficiency for midwives state that at the point of registration, the midwife will be able to 'understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in sub-standard care, dysfunctional attitudes and behaviour, ineffective team working, or adverse outcomes'.³

These proposals will be important for supporting nursing and midwifery staff to meet these standards as well as for enabling all nurses and midwives across their careers to reflect on and work within our standards.

Question 14: 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?

² [standards-of-proficiency-for-nurses.pdf](#) (p11).

³ [standards-of-proficiency-for-midwives.pdf](#) (p17).

Yes, we support these proposals. Different training methods will suit the needs of different staff members. We would also support interprofessional opportunities to develop a system-wide understanding of the duty of candour and support multi-disciplinary working.

Public Consultation on the Duty of Candour and Being Open Framework

Question 15: Any further comments on these proposals to improve openness?

We would welcome continuing to work together with the Department of Health and partners across Northern Ireland to promote positive working environments and how we can encourage open and learning cultures.

We embed principles of openness as part of learning sessions delivered for nursing and midwifery professionals across employer organisations in Northern Ireland, via our Employer Link Service.

We welcome that the Department of Health will review the implementation and efficacy of the Being Open Framework within two years. Findings will be useful to further understand the impacts of open cultures and if we need to make any changes to the professional duty of candour.