



Department of Health (Northern Ireland)

Consultation on Duty of Candour and Being Open Policy Proposals

**Response to Public Consultation from
Regulation and Quality Improvement Authority (RQIA)**

31 August 2021

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Foreword

The Regulation and Quality Improvement Authority (RQIA) welcome the opportunity to comment on the draft policy proposals, developed by the Duty of Candour Workstream and Being Open Group, set out in order to implement the relevant recommendations arising from the report of the Inquiry into Hyponatraemia-Related Deaths (IHRD). It is clear from the IHRD findings, and from other reviews and investigations, that the system has failed and that decisive action is required to address the shortcomings.

The evidence presented, that had led to the avoidable deaths of five children, and the subsequent recommendations from the Inquiry, have already lead to improved behaviours and processes within the health and social care system that are remarked upon by the Chair of the Duty of Candour Workstream. However more remains to be achieved.

RQIA, as the independent regulator of health and social care services across N Ireland, have a core and primary role in assuring the quality and safety of care provision, and public confidence in the quality, safety and effectiveness of services provided through our independent proportionate and responsible regulation processes and actions.

Regulation cannot operate effectively without candour. By its nature, regulation delivered through registration, inspections, reviews and audits fundamentally requires those individuals and organisations involved to be candid about the delivery of services. If regulation could not depend on people and organisations being inherently candid, then a different approach would be needed to secure access to the facts, the evidence and apply the learning.

The public consultation on proposals to put in place legally enforceable organisational and individual duties of candour, with criminal sanctions, is therefore critical to the consideration and impact on regulation and the function and powers associated with regulation.

RQIA have considered in its response to the consultation, its existing powers to enable the securing of the facts and evidence appropriate to its role as the regulator and what challenges, opportunities and consequences that may come with the adoption of primary legislation to enforce individual and organisational candour.

RQIA also note the parallel proposals around changing culture that would come with the adoption of the Being Open Framework. This Framework proposes the mechanism by which cultural change would be facilitated, and the supports that would be required to be put in place to ensure staff across health and social care are enabled to exercise candour throughout their practices. This aspect of the Consultation is also a key issue for RQIA as



regulator, given the achievement and embedding of cultural change will be essential, if regulation processes to evidence change and achieve improvement are to be successful.

The Authority Board of RQIA and its staff, trust that our response to this Consultation may be helpful in considering how we move forward as a community and ensure that candour can be assured and integral to service delivery and to its regulation. It is vital to the bereaved families that we do so. The painful learning from the IHRD programme must lay the ground work for improved services, the rebuilding of public confidence and the achievement of cultural change.

Christine Collins

Christine Collins
Interim Chair, RQIA

Section 1 : Summary of Key Points

The consideration and response by RQIA to the Public Consultation on the Duty of Candour and the Being Open Framework is set out in this document. The key responses against each of the considered elements are summarised below. The full response should be considered to provide the context and background to these high level summary points.

1. In relation to considering the implementation of a Statutory Duty of Candour for Individuals, with criminal sanctions, the Authority consider that this is a finely balanced decision that must weigh up: the ability to secure candour through already existing or enhanced processes and arrangements; or does it necessitate legislation. A measured or stepped approach should be considered, testing first other measures and if deemed to fail to achieve the required changed behaviours, then legislative steps considered.
2. In relation to considering the implementation of a Statutory Duty of Candour for Organisations, with criminal sanctions, the Authority support the proposed implementation if it is coupled with appropriate planning and resource investment, as insufficient preparation and resources across both provider organisations and regulation will result in failure to deliver the required impact.
3. RQIA support the implementation of the Being Open Framework to enable and support achieving cultural change. While shared learning from other jurisdictions in terms of the guidance, policies, training and support needed to support organisations to embed openness and candour, there will be a need for specific and ongoing capacity needed in this region. This will be required to co-produce the guidance and supports necessary, and create regulator capacity to seek evidence of achievement, publication of results and compliance actions where required.
4. In considering the implications and consequences for Regulation, where the oversight and authority for compliance of organisational candour would lie, it will be imperative that RQIA is given the time and resources to understand and develop:
 - a. the skills, expertise and capacity to exercise the authority for compliance, enforcement and prosecution where required;
 - b. that steps are taken to ensure this extended role does not inhibit effective collaboration across services and sectors;
 - c. and that clarity is provided as to how candour will be achieved / evidenced/reported on for those services not within the existing remit of the RQIA.

Section 2 : Role of RQIA

The Regulation and Quality Improvement Authority (RQIA) is the statutory, independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care services. The RQIA was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 with the key statutory duties of keeping the Department of Health informed on the availability and quality of health and social care services; and encouraging improvement in the quality of those services. How we currently deliver against these duties is set out in detail in Annex A.

In summary, RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the Health and Social Care (HSC) Board, HSC trusts and agencies through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We have four stakeholder outcomes, which define how we work to demonstrate our effectiveness and impact as a regulator:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well-led?

We carry out our duties through a range of approaches including inspections and reviews. The 2003 Order provides RQIA with statutory powers to take enforcement action.

Enforcement actions are designed to protect the safety of service users and to address situations where there are significant failings and/or lack of improvement in the quality of service provision. There is a range of enforcement options to ensure compliance with regulations and minimum standards; to effect improvements and to afford protection to service users. Enforcement actions may be taken that include:

- an improvement notice
- a failure to comply notice
- action to place conditions on the registration of the service
- action to deregister the service or provider

The role and functions of RQIA, is the context for RQIA consideration of the public consultation on the Duty of Candour and Being Open policy proposals.

Section 3 : Considering Statutory Duty of Candour for Individuals

RQIA is the independent regulator of health and social care services across NI, and the organisations who provide them. RQIA do not hold regulatory responsible for individual professionals working across health and social care services. Regulation relating to individual professionals falls to the Professional Bodies who register / licence individuals to practice. The public Consultation on Duty of Candour and Being Open acknowledges that in other jurisdictions, individual duty of candour was not enacted on the basis that it was considered individual professionals were already placed under an 'ethical duty' of honesty by their professional organisations. However the IHRD inquiry noted 'obvious weakness' in this reliance on an 'ethical duty' imposed by Professional Regulators and hence recommended this individual duty of candour, now being consulted on.

It is important that RQIA refrain from determining if individual duty of candour, with the potential for criminal sanctions where that duty is breached, should be implemented, given its compliance and oversight would not fall directly within its powers. What RQIA can observe and reflect is the following:

- Effective system regulation relies upon the candour of individuals working across the health and social care system
- The necessity for candour is inherent in regulation and in the safe provision of care, and for a system and service that is committed to learning, improvement and avoidance of causing of harm
- Other jurisdictions have avoided its adoption to date, and so progressing the legislation here in N Ireland will set us apart from others
- That may be seen as exemplar in terms of securing an open and honest culture that would lend itself to a wider cultural drive across the region as we learn from the past and drive towards a new open, welcoming and collaborative community, across sectors, geography and traditions
- Conversely it may be seen as litigious , a reliance on criminal sanctions to secure truth and honesty in a sector (health and social care provision) that is built upon trust between clinicians and patients in their diagnosis, care and treatment
- Would the adoption of an individual duty of candour better place us in N Ireland to attract and retain the health and social care workforce we must secure to meet our population health needs now and into the future? That is now a global market and we do need to define and differentiate this place as somewhere professionals can

achieve of their best, personally and professionally, and that embeds securing optimum outcomes for patients and service users

- Staff who are committed to open, honest reflection and learning should have nothing to fear in a world where there is an adopted individual Duty of Candour, given the duty relates to being honest in all parts of clinical practice, on a day to day basis, and working within an organisation that is required to support and enable its workforce to behave so, without fear
- Nonetheless, the perception expressed by some professional bodies, reflecting the views of registrants, expresses that fear as a reality
- The decision on this issue is finely balanced. There is a necessity to secure candour and the consideration is, can that be achieved by others means: already existing processes and infrastructure; enhancing existing means; the implementation of a Being Open culture; or does it necessitate legislation
- Perhaps there is a need to take a measured, stepped approach over a period of time. The adoption of legislation being at the latter part of that journey, should other measures put in place and tested, fail to achieve the required changed behaviours.

Section 4: Considering Statutory Duty of Candour for Organisations

The adoption of a statutory Duty of Candour for organisations has already been put in place in some other jurisdictions. The public Consultation points to and shares the findings and learning from others places on the impact of the adoption of a statutory Duty of Candour for organisations and those that are taking forward plans in that regard.

The Consultation refers to RQIA having the oversight for the compliance of organisations under this Duty, including the powers for criminal sanctions. RQIA consider the implications of the proposal for RQIA under section x of this response, and at this part of our response, consider the proposal only in terms of its potential to add benefit to the achievement of organisational openness and honesty in its participation in regulation and achievement of improvement.

In this regard, RQIA would observe and reflect the following :

- A statutory Duty of Candour for organisations is already in place in England, Scotland and is planned for wales. Adopting same in N Ireland would then see some consistency across the UK in terms of the nations (not withstanding that some of the powers and scope of regulation may differ to some extent in each of the nations)
- The implementation of organisational duty of candour would require organisations to give tangible evidence to their requirement to create a culture of openness, honesty and transparency, and provide support to - with enabling processes and procedures - to enable the workforce to adopt that organisational approach and commitment
- An absolute commitment to candour, and putting in place the processes, policy and behaviours that embed it, are essential to organisational learning and achieving improvement
- The adoption of a Statutory Duty of Candour for organisations has the potential to play a material part in the building of public confidence in health and social care systems, complimentary to the Statutory Duty of Quality
- The implementation of a statutory duty of candour will require preparation for organisations and significant support, both to ensure consistency of approach, economy of efforts and scale, and the ability to regulate its implementation

- Collective leadership, with supporting behaviours, will be critical to setting the context for implementation. Collaboration and working in partnership will be important in an approach that is adopted across organisations
- There will be a need to give visible evidence of its impact, both for staff working within the health and social care organisations affected and for service users, not only through regulation and reporting but importantly in the proactive support and steps taken by organisations to demonstrate the new ways of working
- Those with the powers to have the oversight of compliance, must have the skills and resources to seek out the evidence and report on findings, as a matter of course
- There is no doubting the required effort to implement a Statutory Duty of Candour for organisations, and the complexities of resolving the regulatory roles that cover organisations who are not at this point part of the RQIA scope and remit for regulation. However doing so is a requirement if the health and social care system in Northern Ireland is to catch up with developments elsewhere
- Implementation will mean a collaborative programme of work backed by material resources, which the Department of Health will need to plan for, in a particularly challenging time now and ahead
- Inadequate preparation for implementation, and failure to create the implementation construct for collective effort, with insufficient preparation and resources across both provider organisations and regulation, will result in failure to deliver the required impact.

Section 5 : Considering the Being Open Framework

The Being Open Framework sets out the proposed mechanisms through which cultural change would be facilitated. In making explicit the measures that would be required to be put in place to ensure that staff are supported and enabled to exercise candour in all their practices, routinely, this is likely to create behavioural change and evidence openness. Openness is defined as a culture that enables concerns and complaints to be raised freely and without fear, and enabling performance information to be shared with staff, patients, and public and with regulators.

- RQIA welcome and support the adoption of the Being Open Framework.
- It seeks to embed candour and openness on a day to day basis , as well as when something has went wrong.
- This is essential for effective regulation and the embedding of the mechanisms to facilitate and exhibit it would be beneficial in the inspection, review and regulatory role and actions.
- The implementation of the Being Open Framework in advance of any other legislative change in terms of Duty of Candour, will be essential to prepare for and realise benefits
- The Being Open Framework is support by the shared values of the HSC: Compassion, Openness, Working Together, and Excellence.
- Organisations can expect and will require support to develop policies, procedures and practices which will assist them in exercising their responsibilities for promoting an open and transparent culture
- Organisations will also require clear guidance on the legal and operational requirements they must fulfil whenever death or harm has been caused by an error
- In this context the role and capacity of the Regulator will be important, with the expectation that the Regulator provides much of this guidance, to ensure consistency and preparation for demonstrating evidence and compliance at an organisational level
- RQIA will require the capacity to fulfil this extended role. Shared learning from other jurisdictions will be helpful but can't replace the need for a collaborative approach in developing the guidance, policy, procedures and mechanisms to effect this cultural change in N Ireland
- The RQIA as regulator will also need the capacity to seek evidence of achievement and publication of results.

Section 6 : Implications/ Consequences of Statutory Duty of Candour for Regulation

Existing legislative Framework and Enforcement Powers

The Regulation and Quality Improvement Authority (RQIA) was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order). RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland, encourages continuous improvement in those services and safeguards the rights of service users.

The 2003 Order provides RQIA with statutory powers to take enforcement action. Article 34 of the 2003 Order also places a statutory duty of quality on the Health and Social Care Board and on HSC Trusts in respect of the services they provide.

Enforcement actions are designed to protect the safety of service users and to address situations where there are significant failings and/or lack of improvement in the quality of service provision.

Enforcement action is an essential element of the responsibilities of RQIA. There is a range of enforcement options to ensure compliance with regulations and minimum standards; to effect improvements and to afford protection to service users. RQIA adopts a stepped approach to enforcement and the following actions may be taken:

- an improvement notice
- a failure to comply notice
- action to place conditions on the registration of the service
- action to deregister the service or provider

Registered establishments (including Nursing and Residential Care Homes, Childrens Homes) and agencies, are required to comply with the 2003 Order and the associated service specific regulations.

Other services including HSC Board, HSC trust or special agency are required to comply with DHSSPS minimum standards (Article 39) (Article 35) of the 2003 Order.

Failure to comply with registered service specifications or DHSSPS minimum standards may result in enforcement action. Enforcement action applies to the regulation and inspection of any establishment or agency, and to persons registered under the 2003 Order. This includes the HSC Board, HSC Trust or special agency, if RQIA believes that the board, trust or agency is failing to comply with any statement of minimum standards.

RQIA may employ simultaneous enforcement actions in regard to a registered service, provided the action is related to separate breaches of standards and/or regulations. RQIA may increase inspection activity to monitor compliance and ensure that the necessary

improvements are being made. RQIA may also escalate enforcement actions at any time. Enforcement action is proportionate and related to the level of risk to service users and the severity of the breach of regulation and RQIA follow up enforcement action to ensure that quality improvements are achieved.

Prosecution can also result in appropriate cases, including for example where a provider has:

- Failed to register with RQIA
- Intentionally obstructed the exercise of a power conferred by Article 40 of The Health and Personal Social Services (Quality, Improvement and Regulation) Order 2003.
- Withholding from RQIA inspectors, information which they had requested relating to bank accounts in which residents' moneys were retained contrary to Article 42(2)(a) of The Health and Personal Social Services (Quality, Improvement and Regulation) Order 2003

The above are examples where RQIA have power to prosecute under existing legislation.

Implications of Statutory Duty of Candour, with criminal sanctions for RQIA as system regulator

Extract from Duty of Candour Consultation document

3.34. It has been recommended that oversight of compliance with the statutory organisational Duty of Candour should be undertaken by the RQIA. Compliance would be monitored by review or inspection, and the range of enforcement powers currently available to the RQIA to improve performance would also be available.

Considerations

The proposed adoption into legislation of a Statutory Duty of Candour for organisations would require the extension of the scope, role and powers of RQIA to monitor and enforce the Duty; and this is referred to in the Consultation document (see above).

Any extension of the role of the RQIA in monitoring and evaluation, and in taking enforcement action, to take on the role of taking forward criminal prosecutions for breach of the organisational Duty of Candour, has considerable implications for the nature of the RQIA, and the way in which it conducts its business.

Such a change could fundamentally alter its current status, and ethos as a regulator, bringing it into closer alignment with the Care Quality Commission in England, which exercises prosecutorial powers in respect of a range of breaches of Regulations, which are criminal offences, including the Duty of Candour.

This leads to a number of issues to consider for regulation and enforcement.

Capability/ Expertise to achieve evidential standards required for prosecution

- As set out earlier in this response, RQIA have existing powers to bring providers to prosecution, under current legislation. Should RQIA have the extended power to enforce a Duty of Candour, in addition to its role to register, regulate, monitor and improve services, then adding additional powers to enforce candour could be seen as RQIA both taking the role as investigator of quality, safety and candour, and associated evidence, with limited opportunity to challenge the findings of RQIA before organisations may be subject to enforcement with the prospect of potential criminal sanctions.
- Under these expanded arrangements, RQIA may be considered as ‘judge, jury and prosecution’, without challenge in relation to duty of candour.
- Given RQIA already have powers of enforcement under the 2003 Order, adding the power to prosecute by RQIA for failings under the proposed Duty of Candour, may be considered by some as not an unreasonable step to take.
- In this scenario, significant work would be required to consider how the approach to identification, gathering and preparation of evidence in terms of it being of sufficient standard to take to a level of potential prosecution for failings in relation to this Duty.
- In parallel, or alternatively, consideration could be given to potentially RQIA gathering evidence, relating to Duty of Candour, which could then be passed on to another body for prosecution consideration.
- Where RQIA was to carry out this extended role, then a framework would be required to be put in place to provide opportunity to challenge findings and decision-making at the appropriate levels.

Scope and Navigation/Access to Regulation

- While RQIA has a wide scope in terms of organisations that fall within its remit for regulation under the 2003 Order, not all health and social care services are currently regulated by RQIA. For example RQIA does not regulate General Practice.
- This brings variation into the oversight of compliance of Duty of Candour for organisations not within the scope of existing Regulation, necessitating either a review of the scope of Regulation and associated powers, or the development of parallel approaches for those services regulated and those not within that scope.
- For the public too, the understanding of existing regulation functions, professional and system, can be challenging to understand. The expansion of powers of system regulation, and a separate approach for non-regulated services, may add to the

complexity. There is an ongoing review of the role and approach to professional regulation. In adding the Duty of Candour, there will be need to simplify and explain the responsibilities of different bodies so that access to same is practical and possible for all.

Effective Collaboration

- A role for the regulator that includes potential for criminal sanctions, may create a different view by organisations of the regulator and affect its efforts around collaboration and engagement, given the powers to review/ inspect, secure improvement, enforcement and to take forward to legal proceedings.
- This is likely to change relationships and would need to be addressed in scoping RQIA's role and construct, as effective relationships and partnership working are critical, well understood and evidenced, to ensuring effective and safe service delivery, and regulation function, and to achieve shared learning and improvement through collective endeavour.
- In its role as service regulator, RQIA have been working to improve relationships with professional bodies, such as GMC, NISCC, RCN and others. Expanding the role of RQIA and powers for criminal sanctions may impact on building effective relationships at this level, particularly if criminal sanctions were adopted at individual level as well as at organisational level. The unintended consequence of this Statutory Duty of candour as set out may adversely impact on collaboration across systems and services.

RQIA Skills and Resources

- To extend the role of RQIA will require significant investment to develop the required skillset to gather evidence to be sufficient for a prosecutor to determine if the case evidence meets the required threshold. It presents a skills and capacity gap for RQIA if undertaking this role. It presents too an opportunity in developing the scope of RQIA role to re-engage with the public to explore, discuss and understand the role of RQIA.
- RQIA would have to expand its resources, skills and experience to fulfil this duty.
- It will be expected to take some time for legislation to come into effect. It would be vital to use this period to prepare the scope of investment that RQIA would require to be prepared for legislative implementation.
- Initial scoping of the investment requirements in other jurisdictions would be a reasonable place to start, though the extension of powers and therefore skills and expertise may not compare like with like, and so factors specific to the proposed NI legislation would also have to be given specific and bespoke consideration.

Annex A

Regulation and Quality Improvement Authority (RQIA)

What We Do

RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the Health and Social Care (HSC) Board, HSC trusts and agencies through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We have four stakeholder outcomes, which define how we work to demonstrate our effectiveness and impact as a regulator:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well-led?

Inspection

RQIA registers and inspects a wide range of health and social care services. These include:

- nursing homes
- residential care homes
- children's homes
- day care settings
- independent health care
 - private dental services
 - independent hospitals
 - independent hospices
 - independent clinics
 - clinics providing certain laser or intense pulse light (IPL) cosmetic treatments
- adult placement agencies
- domiciliary care agencies
- nursing agencies
- residential family centres
- voluntary adoption agencies
- school boarding departments (inspected only)

RQIA is required to inspect nursing, residential care and children's homes at least twice a year, while other services are inspected at least once a year. During our inspections, most of which are unannounced, we assess the quality of the services provided against regulations and associated care standards produced by the Department of Health (DoH).

Through our inspections, we aim to ensure the safety, comfort and dignity of those using these services. Following an inspection we ask the service provider to make any changes we consider necessary through a quality improvement plan and we publish this information in a report of our findings, available on our website, www.rqia.org.uk.

Where necessary, RQIA may take enforcement action to drive improvements. This may include the issue of notices of failure to comply with regulations; placing conditions of registration; taking action to impose fines; or closing a service.

RQIA Independent Health and Social Care Reviews

RQIA reviews a wide range of services across health and social care services. Our review programme takes into consideration relevant standards and guidelines, the views of the public, health care experts and current research. During our reviews we examine the service provided, highlight areas of good practice and make recommendations for improvement. We report our findings and share any lessons learned across the wider health and social care sector.

In addition, when required, we carry out reviews and investigations to respond to specific issues of concern or failures in service provision.

Hospital Inspections

RQIA undertakes a programme of inspections at acute hospitals, which examine the quality of care and leadership within specific wards or clinical areas. We also conduct an ongoing programme of infection prevention/hygiene inspections at a range of health and social care facilities, including hospitals. These provide an overview of areas inspected, highlighting to service managers both good practice and areas of concern. This helps drive improvements for all those using these facilities and services.

Mental Health and Learning Disability

RQIA has a specific responsibility to assess the health and social care services provided to people with a mental illness or a learning disability. Our responsibilities include promoting good practice; preventing ill treatment; remedying any deficiency in care or treatment; terminating improper detention in a hospital or guardianship; and preventing or redressing loss or damage to a patient's property.

We will talk directly to patients and ask them about their experiences. This personal experience informs our wider programme of announced and unannounced

inspections. Using a human rights based approach to inspection, we examine the quality of these services, and make recommendations for improvement.

Radiology Inspections

RQIA is responsible for monitoring, inspecting and enforcing the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 (IR(ME)R) to protect service users against the dangers of ionising radiation in medical settings. Our inspectors examine and report on arrangements in diagnostic radiology, nuclear medicine, and radiotherapy departments in hospitals, dental practices and chiropractic services.

RQIA's Inspection and Review Reports

The RQIA website, www.rqia.org.uk, provides access to a wide range of information about the work of RQIA, including all our published inspection and review reports for health and social care services. This information, including copies of our reports, is also available on request from RQIA.

Engaging with the Public

We are committed to listening to and acting on the views and opinions of the public. As part of our inspections and reviews of services, we listen to the views of people who use these services. These views form an important part of our reports on the quality of health and social care services.

RQIA's Human Rights Approach

A human rights based approach is central to RQIA's role in encouraging continuous improvements in health and social care services and safeguarding the rights of service users. In support of this, we have developed a range of indicators to help us assess the quality of care against standards, and to ensure service users and their carers know their rights in relation to their care.

RQIA's Role in Places of Detention

RQIA is responsible for the oversight of health and social care in Northern Ireland's prisons, children's secure accommodation and mental health and learning disabled facilities. Given this role, RQIA has been designated as a national preventive mechanism (or NPM) by the UK government to ensure the protection of the rights of those in places of detention.

Influencing Policy

Many of our inspection and review reports contain recommendations which aim to drive improvements across health and social care services. Recommendations directly influence the actions of both service providers and commissioners, and can support and lead to new policies being developed and implemented by DHSSPS and by other health and social care organisations.

Complaints about Health and Social Care Services

Where an individual has a complaint about a regulated health and social care service, in the first instance we ask the complainant to raise the issue directly with the service provider. The Provider should aim to resolve the complaint, and where necessary they may involve the commissioner of the service (generally the local health and social care trust). Where a satisfactory resolution is not achieved, complaints can refer the complaint to the Northern Ireland Ombudsman.

Whistleblowing

If a member of staff working for a health and social care service wishing to raise an issue through whistleblowing, they can contact RQIA for help.

We take all intelligence that comes to our attention seriously, whether through inspection, complaints or whistleblowing. We assess this information to determine what action may need to be taken, to protect those using health and social care services in Northern Ireland.

This outline above, of the role and functions of RQIA, is the context for RQIA consideration of the public consultation on the Duty of Candour and Being Open.

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