

WRITTEN STATEMENT TO THE ASSEMBLY BY HEALTH MINISTER, MIKE NESBITT – THURSDAY 19 FEBRUARY 2026 – UPDATE ON DEPARTMENTAL POLICIES IN RELATION TO QUALITY AND SAFETY

(PLEASE NOTE THE STATEMENT IS EMBARGOED UNTIL THURSDAY 19 FEBRUARY 2026 AT 3 PM)

Supporting Patient Safety Culture and Empowering Our Workforce

Over recent decades, several public inquiries have highlighted systemic failings within health and social care, particularly around openness, transparency, and accountability. These inquiries have consistently recommended fostering a culture of openness and candour to improve patient safety and to help rebuild public confidence. My Department is committed to working with partners across the health and social care sector to deliver these improvements through a comprehensive programme of cultural and legislative change.

A well-supported workforce is central to achieving better outcomes for patients and service users. Evidence clearly demonstrates that staff who feel empowered, psychologically safe and valued are better equipped and more likely to deliver high-quality, compassionate care. Our strategic plans, including the 3-Year Plan and the HSC Reset Plan, prioritise cultural transformation as a foundation for safer services, supporting and empowering our staff, and improving patient experience.

Today marks a significant milestone on that transformation journey with the launch of the Being Open Framework for Health and Social Care [[Being Open Framework for Health and Social Care in Northern Ireland | Department of Health](#)]. The Being Open Framework provides a structured yet flexible approach to embedding openness, transparency, and accountability across the HSC system. Its core objectives include promoting compassionate and open communication with patients, families, and staff; creating psychologically safe environments where staff can speak up without fear;

supporting the identification and open sharing of learning and improvement; and supporting visible and inclusive leadership at all levels.

The Framework will further support and enable staff to act in accordance with their core HSC and professional values, and help ensure that they feel supported, encouraged and confident in doing so.

Alongside publication of the Being Open Framework itself, I am pleased to also publish the outcome from the public consultation in relation to the Framework. I am reassured that the consultation has shown overwhelming support for the Framework and its underlying intent and objectives.

The launch of the Framework today marks the beginning of a familiarisation period for HSC organisations, allowing them to prepare and begin to align activity in order to support implementation which will commence from 1 April 2026. My Department will provide regional support throughout this process, working with the HSC to deliver effective implementation and oversight arrangements. While we all recognise that cultural change is a journey, the Being Open Framework represents a decisive step forward in enabling and supporting such change.

Whilst I believe that lasting and impactful progress will depend on achieving genuine cultural change, I am also clear that legislation has an important role to play in reinforcing these efforts. In that regard, the public consultation exercise also sought views in relation to a statutory Duty of Candour for Northern Ireland.

Most responses supported the need for introduction of a statutory Duty of Candour and my department is progressing two important strands of work in this area aimed at building public confidence and underpinning and further strengthening a culture of openness, transparency and accountability across our HSC. Importantly, this ongoing work seeks to align Northern Ireland with the other UK nations in relation to both an organisational and an individual Duty of Candour.

Firstly, my officials are progressing work on an Organisational Duty of Candour Bill for Northern Ireland Health and Social Care organisations. This will require organisations

to act openly and transparently when harm occurs, and to ensure that families are informed promptly, compassionately and accurately.

Secondly, officials are collaborating with counterparts across Northern Ireland government departments and with the other UK nations on the Public Office (Accountability) Bill – often

referred to as the Hillsborough Law. This Bill will apply across the UK and across the public sector, including in health and social care, and will introduce new legal duties for public officials to act with honesty and openness. The UK Government has brought forward the Bill in response to institutional failings identified in major public inquiries including Hillsborough, Grenfell, Infected Blood, and Windrush.

The key aims of the Bill are to strengthen accountability and transparency across all public services including healthcare, introducing a range of new requirements including new legal and professional duties of candour, and new mandatory Codes of Ethics which will be sector specific - reinforcing accountability across public services.

Aligning Northern Ireland with the other UK nations in relation to duty of candour helps ensure consistency, clarity, and fairness while strengthening accountability and public trust and confidence. For me such alignment is key and also helps mitigate and minimise the risk of unintended consequences - for example unintentionally hindering recruitment and retention should Northern Ireland adopt a different regime to the other UK nations.

My Department will keep policy in relation to a statutory Duty of Candour under review in the period ahead, including consideration of any further legislation that may be necessary in this area.

Another priority piece of work which my Department is progressing in support of enhancing an open, just and learning culture is a redesign of the current Serious Adverse Incident (SAI) procedure.

I am pleased to be able to announce today delivery of an important milestone in that

project with publication of a Consultation Analysis Summary Report [[Consultation Analysis Summary Report](#)] which summarises the feedback from respondents. This follows a public consultation last year on a proposed new Patient Safety Incident Framework to replace the current SAI Procedure.

The consultation responses reflect strong and thoughtful engagement with the proposed framework and supporting documentation. Overall, there was strong support for the strategic direction set out in the consultation, with respondents endorsing the proposals as a significant step in helping to foster a culture that prioritises openness and is focused on learning to improve patient safety and the quality of care. As such, the core aims and objectives of the proposed new Patient Safety Incident Framework are fully aligned with and complement the Being Open Framework.

I want to thank everyone who took the time to attend the public consultation events and to respond to the consultation process – your feedback is highly valuable and is an important source of evidence and information moving forward.

My officials are now taking time to consider the consultation responses in greater detail to inform changes to the draft strategic Framework and associated documents. I expect that final documents will be available for my consideration in April this year and I look forward to providing more detail in due course. Following publication, a period of managed transition and implementation will commence.

I can also advise that, from 1 January 2026, the HSC is responsible for implementing the new Model Complaint Handling Procedure which has been developed by the Northern Ireland Public Sector Ombudsman. This new standardised approach will simplify the complaints process for service users and staff, promote early resolution, and further foster a culture that values complaints as opportunities for learning and improvement. This is another important development which aligns with our policy agenda by promoting openness, honesty, a focus on learning and better outcomes for both staff and the public.

I wish to also provide an update in relation to proposals, arising from the McBride/Hill report which I published in October 2025, to consider independent regional services for HSC staff to raise concerns. This issue was also explored as part of the Being Open Consultation exercise with a strong level of support expressed by respondents for an Independent Speaking up Guardian.

While there are existing policies which support staff to raise concerns, and legislation in place underpinning whistleblowing arrangements and aimed at protecting those that speak-up, we must never be complacent and I am keen that we must always continue to look for opportunities to strengthen and further enhance existing systems and arrangements. As such, I have asked officials to scope proposals in relation to a regional Independent Freedom to Speak Up service, and for a dedicated regional HSC Whistleblowing mechanism. This work will examine the current policy and legislative landscape to evaluate its sufficiency, and will take account of feedback from the Being Open consultation exercise and of best practice in other nations, to consider what enhancements are needed to deliver optimal arrangements. I expect to be in a position to provide a further update on these proposals later in 2026.

Governance and Systems

To help support and embed these changes effectively within and across our HSC Trusts, I can update that my officials are working with Trusts and Trust Chairs on the establishment of dedicated Patient Safety and Quality Committees within each Trust. These committees will be formal sub-committees of Trusts' corporate boards and will operate within a regionally standardised approach to fulfilling these key governance functions and principles. While all Trusts currently have established governance arrangements in place, the aim of these dedicated committees is to support and enable enhanced oversight and assurance on matters related to patient safety and quality. Further, the establishment of dedicated Patient Safety and Quality Committees directly addresses a key recommendation from the Independent Neurology Inquiry.

To further strengthen governance supporting patient safety and quality, my Department is also working to finalise an updated HSC Board Member Handbook, which serves as a comprehensive resource to support Board members in effectively

discharging their duties. The Handbook includes updated and detailed guidance for Board members on oversight and assurance arrangements in relation to patient safety and quality. It will be complemented by an updated training programme for Board members again with a focus on safety and quality improvement and related governance. These measures will ensure that patient safety remains the highest priority across all levels of leadership and decision-making within the HSC and they are key to further supporting hard working and dedicated Board members in the delivery of their roles.

I also wish to update that, again taking account of the level of support and the feedback expressed by respondents to the Being Open consultation exercise, I have asked that my Department work with stakeholders to consider and develop proposals for a Regional Patient Safety and Quality Committee. This Committee will build upon the new Trust-level Patient Safety and Quality Committees and will bring together leaders and expertise from across the HSC and Department to support collaborative joint working and oversight on strategic matters related to patient safety and quality, including supporting a whole-system focus on safety and quality culture and supporting continuous improvements across the region. I will say more about this important strategic opportunity in the months ahead as proposals are developed. These proposals may include the appointment of a Patient Safety Advisor, who would report directly to the Minister for Health.

Embedding an open and just learning culture is essential to help rebuild and restore public confidence and trust, and to improve patient safety, quality of care, and staff wellbeing. All of the policy commitments in this package need to be seen in the context of learning and thereby reducing the likelihood of any recurrence of the quality failings. This requires continued collective effort across all HSC organisations, supported by robust frameworks, legislation, and governance. It is clear that cultural change is a journey and cannot be achieved immediately - it demands sustained commitment, ownership, and leadership at local organisational level, and with strong continued support from the Department. My Department and HSC organisations remain fully committed to this journey, ensuring that openness, transparency, and learning become hallmarks of our health and social care system.