Contact

BRIEFING UPDATE 2017

NI Suicide Prevention Bill

Clinical Duties of Candour, Competence and Cooperation

CRITICAL ASSUMPTIONS:

The proposed NI Suicide Prevention Bill
1) accepts suicide is a preventable harm (WHO Global Suicide Report 2014)
2) regards clinical engagement with patient family and friends as an essential protective safety factor for suicide prevention, in every case
3) following patient suicide, best practice lessons learned from critical incident review demonstrate family engagement as an important protective factor against future suicide
4) all references to engage family includes family and friends; references to clinician include clinician/team; patient, service user and client are interchangeable terms

INDIVIDUAL CLINICAL DUTY OF CANDOUR

When instances of patient harm or near-miss involve clinician error, urgent supervisory support will enable timely disclosure to the patient / family of what went wrong at the earliest possible opportunity. The clinical duty of candour requires clinician full and frank disclosure of all factors contributing to circumstances leading to the near-miss incident or actual patient harm. The clinical duty of candour will set minimum standards specifying clinician responsibilities including remedial steps towards restitution where possible. Each clinician has a further duty to implement lessons learned with immediate effect in order to identify, avoid, trap or mitigate similar future risk of preventable patient harm.

CORPORATE DUTY OF CANDOUR

All clinical service providers have a corporate duty to inform staff and patients with full and timely candour where corporate error results in near-miss incidents and patient harm. The corporate duty of candour will define professional obligations, supports and time constraints for full and frank disclosure specifying who will inform the individual patient/ family members, recording feedback on progress towards restitution and lessons learned. The corporate duty of candour will set clear time-bound action plans to implement, monitor and evaluate lessons learned. Action plans will include remedial measures to enhance capacity to avoid, trap and mitigate future risk of patient harm repetition. Feedback from applied lessons learned will be available to every patient /family following preventable harm incidents.

CLINICAL DUTY OF COMPETENCE

Individual & Provider / Employer Duty of Competence
All health and social care providers and clinicians will have a statutory duty to achieve discipline-specific pre-qualification accredited suicide prevention risk assessment and safety planning intervention competence training. The clinician will demonstrate professional competence to practice, updated every three years. This duty will require (at least) three-hour initial suicide prevention awareness gatekeeper training for allied health professionals followed by annual CPD one-

hour updates to maintain accreditation / registration; six-hour pre-qualification training for frontline clinicians followed by annual updates. The goal of suicide prevention gatekeeper and clinical risk assessment/safety planning training will enhance workforce confidence and competence across health, social care and justice systems as suicide prevention practitioners.

Clinical duty of competence for suicide risk assessment and safety planning will demonstrate applied understanding of 'just culture' and 'clinical human factors' at initial prequalification training and mandatory annual updates.

While clinicians will have a mandatory clinical duty of suicide prevention risk assessment and safety planning competence, employers will maintain compliance and governance responsibility ensuring steady progress towards just culture and clinical human factors competence, reported regularly to the Protect Life 2 Suicide Prevention Strategy Implementation Board, independently monitored for compliance.

Importantly, corporate duty of competence must distinguish between forensic accountability when things go wrong and clinical review that enables unhindered timely access to comprehensive lessons learned implementation strategies.

DUTY TO COOPERATE

The corporate duty to cooperate will ensure critical information sharing at crisis point by direct referral as the standard continuity of care best practice. Corporate health, social care and justice system providers must screen for and eradicate custom and practice restrictions that may impede cooperation to provide the most efficient, timely and relevant suicide prevention risk assessment and safety planning intervention for all crisis care patients.

The corporate clinical duty to cooperate will ensure staff release to complete standardised up-to-date continuous professional development, integrating clinical duties of candour and competence compliance testing.

Individual clinicians will be duty bound and adequately protected to cooperate with all suicide prevention and preventable harm inquiries applying communication best practice standards to ensure timely implementation for all aspects of the Suicide Prevention Bill.

The corporate duty to cooperate will champion excellent staff, patient/family and community engagement, demonstrating high visibility corporate leadership accountability. Health and justice system leadership duty to cooperate will also model just culture communication, demonstrating evidence-informed culture and practice change, ensuring whole-system planning, implementation and review to drive patient safety from suicide.

FERGUS CUMISKEY
CEO Contact

WHO IS CONTACT?

Contact is a charity specialising in crisis counselling and suicide prevention

OUR VISION:

Society free from suicide

OUR MISSION:

Getting you through the most difficult times

Contact Head Office: 1st Floor Lanyon Building, Jennymount, North Derby St, Belfast BT15 3HL
Tel: 028 90 744499 | Fergus Cumiskey fergus.cumiskey@contactni.com | @ContactNI
www.contactni.com