Health and Social Care

The Regulation and Quality Improvement Authority


# A Framework for Safety Culture within Health and Social Care in Northern Ireland

## Summary Guide
## HSC Leaders and Managers

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# Welcome to this guide

## What is the Being Human Framework?

The Being Human Framework focuses on prioritising people over processes. It values patient safety and staff wellbeing equally. The Framework recognises that the quality of care people receive is closely linked to how staff are supported, valued and led. It is also designed to guide leaders and managers to acknowledge the inevitability of human error and create a compassionate, open and learning focused culture.

The Framework recognises that people do best when:

- Their needs are met
- They are treated with kindness, respect and understanding
- They feel listened to and valued
- They experience real human connection.

## Why was the Framework developed?

The Framework's person-centred approach moves away from a 'one-size-fits-all' way of delivering services. It was informed by patients and families with lived experience who co-produced the Framework with HSC staff and partners.[1] The Framework was developed in response to previous care failures linked to poor safety culture, where staff faced blame instead of collective learning. It recognises that mistakes can happen, and supports continuous improvement.

### Who is this guide for?

A series of guides has been created for different audiences to ensure the Framework is shared and used by everyone.

This guide is for leaders and managers at all levels working in health and social care services.

## Why does safety culture matter?

The behaviours, attitudes and decisions demonstrated in leadership roles shape the culture experienced by staff and service users. The aim of the Being Human Framework is for a strong, safe, and caring culture to be the norm for everyone, not the exception.

Successfully transforming the culture will lead to stronger, more effective leadership practices, and higher performing staff teams. This helps ensure improvements in patient safety, leading to better outcomes.

[1] **Co-production means s**ervices are shaped together by professionals, carers, and people with lived experience, who are recognised as having valuable expertise and insights that should be part of the process.

The **purpose** of the Framework is to set out expectations of what a good safety culture looks like for the HSC system, patients and the public; and provide the foundation for assessing safety culture within HSC organisations.

## About this guide

This guide explains the Being Human Framework so that you:

- Understand what a good safety culture looks and feels like
- Know what you should expect, and what's expected of you, in three areas:

**1: Commitment to patient safety and staff wellbeing**

**2: Compassion, civility and respect**

**3: Curiosity and constructive challenge**

## What is a good safety culture?

Our values of **Teamwork - Openness and Honesty – Compassion – Excellence -** informed the Framework's vision of what a good safety culture looks like:

**Safe and compassionate**

- ✓ Patients and families are listened to with kindness, respect and understanding
- ✓ Patients are treated as partners in decision-making
- ✓ Leaders encourage and value staff input
- ✓ Everyone feels comfortable raising concerns about safety

**Just and open**

- ✓ Patients and families get early support and honest information when mistakes happen
- ✓ Harm is acknowledged and apologised for
- ✓ Staff are treated fairly if they raise concerns
- ✓ Leaders take responsibility for system failures

**Continually learning and improving**

- ✓ Mistakes are opportunities for learning, rather than blame
- ✓ Everyone is encouraged to ask 'why' and look for better ways of doing things
- ✓ Everyone's views matters, including staff, patients and families
- ✓ Learning is shared and leads to real improvements in care

## 1. Commitment to patient safety and staff wellbeing

**Theme: Promoting collective accountability**

### ❖ Everyone working in health and social care has a role to play

- **Responsibility**

➢ Everyone 'floor to board' has a shared responsibility for keeping patients and staff safe, no matter what their role is. This includes frontline staff, managers, senior leaders, and Trust Boards who have final responsibility for ensuring there is a strong safety culture.

- **Ownership**

➢ Leaders promote and reinforce the shared vision and strategic direction for a strong safety culture. This role includes:

- Setting clear goals and putting action plans into practice
- Providing autonomy and support for staff
- Monitoring performance with a focus on quality, safety and improvement
- Creating systems for openly communicating performance
- Motivating individuals and teams to strive for excellence

➢ Staff at all levels understand the values and behaviours they are expected to demonstrate. They take patient safety seriously, not as a 'tick-box' exercise.

- **Being open**

➢ Leaders and managers encourage teams to discuss and raise patient safety risks and concerns, and support teams to openly discuss and work together to address patient safety issues.

➢ We check how safe our services are by gathering information from many places, including patient and staff feedback. Information is shared publicly about service effectiveness, patient safety and staff wellbeing.

- **Learning from mistakes**

➢ Leaders and managers are provided with training, resources and support to address staff behaviours that are not consistent with the values of HSC.

➢ We help staff members improve in their role if needed, through early support and practical feedback. Managers receive training and guidance on how to support staff with performance issues.

## Green flag leadership behaviours: Dealing with poor performance

Effective leaders avoid blaming individuals for poor performance and instead:

- **Reflect and adapt:** Consider their leadership role and adjust behaviours to achieve better outcomes
- **Actively listen:** Engage with teams to understand system barriers and co-develop solutions
- **Show compassion:** Support staff experiencing burnout, distress or trauma
- **Enable improvement:** Provide practical support to individuals and teams
- **Provide enhanced support:** Offer additional guidance to newly qualified staff, locum and agency workers, or staff unfamiliar with the HSC Trust
- **Directly address performance:** Be willing to have difficult conversations to safeguard patients from harm
- **Set and monitor targets:** Track progress to ensure improvement
- **Escalate when needed:** Raise concerns appropriately if improvement does not occur, and seek additional support.

### Case Study: Fostering a culture of accountability

Cahal manages the stroke unit at Antrim Area Hospital, which opened in 2023. His nurse-led approach emphasised that preventing falls is 'everyone's business'. Cahal prioritised staff engagement, training, health and wellbeing, while embedding falls prevention into daily practice. He also strengthened collaboration with the wider multi-disciplinary team. Under Cahal's leadership clinical excellence flourished, ensuring high standards of patient-centred care and positive outcomes.

**Outcomes**

Within 6 months:

- 43% drop in inpatient falls
- 44% drop in radiology requests, saving an average £2,240
- Improved staff morale and retention

## ❖ Patient care is informed by evidence-based practice

Decision-making on patient care can vary across Health and Social Care Trusts, leading to different experiences and outcomes.

➢ We aim to provide the same standard of safe, effective care for everyone. Decisions about care are based on the best available evidence and clinical guidance, not where patients receive care.

➢ Leaders embed evidence-based practice, by ensuring that:

- Patients receive care in the right place, from the right professional, at the right time. Decision-making about admission, assessment, treatment, patient transfers, and home discharge is based on each person's needs.

- If resources are limited, clinicians are supported to have balanced discussions with patients and families about risks, benefits, and care options. Staff at all levels receive training, support and guidance on ethical decision making and resource stewardship.

- Staff consistently follow national and local clinical guidelines, and effective systems are in place for developing local guidance. If care differs from standard guidance, staff are able to explain the reasons to patients.

- Staff keep up to date with their practice through training and Continuing Professional Development (CPD).

## ❖ Health inequalities are reduced

There are disparities in health across the population, and between different groups within society. We want every patient to receive the same high-quality care regardless of their background and where they live in Northen Ireland.


➢ Leaders understand and clearly demonstrate how health inequalities are being tackled as a safety priority at all levels in the organisation.

- They actively engage with advocacy groups, local communities, and the voluntary and community sector to understand the quality and safety of health and social care services, including for underrepresented groups, and identify areas for improvement.

- They use population data, patient feedback and learning from the experience of under-represented groups to plan, design and improve services.
- They ensure that all staff receive role-specific training to care for patients who face barriers to health and social care, and are at risk of poorer health outcomes.

- People living in deprived areas
- Minority ethnic populations
- People who have experienced trauma
- People with multiple and complex needs
- Socially isolated people
- People with disabilities and other protected characteristics

## Theme: Looking after staff well-being

### ❖ Staff are nurtured to perform at their best


Staff wellbeing is a core organisational value linked directly to patient safety and quality of care. Our shared ethos is that 'we look after our staff so that they can look after their patients'.

➢ Organisational planning to guide staff wellbeing initiatives is aligned with the DoH Health and Wellbeing Framework 2025.

➢ Line managers receive training and support in order to adhere to NICE Guidance NG13 - Workplace health: management practices.

➢ Leaders receive support to engage with teams to understand any wellbeing concerns, and co-design practical solutions to improve working conditions.

➢ Leaders and managers recognise and promote staffs' core needs at work:

**Autonomy:** Having a voice and some control in your role

**Belonging:** Feeling part of a supportive team

**Contribution:** Knowing your work is valued and meaningful

➢ Leaders and managers support staff by working proactively to:

- Ensure staffing levels and skills mix are safe and appropriate
- Manage rotas and workloads to reduce burnout, stress and absence

- Recruit in a timely way and plan ahead to avoid workforce gaps
- Establish clear escalation mechanisms for staffing concerns
- Encourage staff to raise concerns without fear
- Listen and act when staff raise concerns about risks to patient safety
- Ensure staff can receive support for work-related stress and trauma.

**Support for staff**

- ✓ Schwartz Rounds (reflective spaces)
- ✓ Coaching and mentoring
- ✓ Peer support forums
- ✓ Health and wellbeing initiatives
- ✓ Access to clinical psychology

**Green flag leadership behaviours: Enabling staff to fulfil their potential**

- **Lead by example:** Leaders and managers model expected behaviours and actively champion, advise, and teach their teams.
- **Give open, constructive feedback:** Staff receive regular feedback on performance, including how well they demonstrate HSC values.
- **Support professional development:** Staff are given protected time for in-house education and training, and to meet CPD requirements.
- **Encourage shared learning:** Staff at all levels are given time and space to develop, including across multidisciplinary teams.
- **Recognise and value staff:** Staff skills, attributes and effort are regularly acknowledged and appreciated.
- **Reward values-based behaviours:** Staff who consistently demonstrate HSC values receive particular recognition and praise.

## ❖ Staff diversity is welcomed and championed

Health and Social Care staff from under-represented groups are more likely to experience poorer physical and mental health outcomes. This sometimes occurs due to discrimination, bullying and harassment at work. It can negatively affect the delivery of high quality patient care.

➢ Leaders and managers champion Equality, Diversity and Inclusion (EDI) so that its value in strengthening organisational effectiveness is understood. They create inclusive team cultures which foster a sense of belonging:

- Encourage staff at all levels to actively seek out, welcome and respect different viewpoints and lived experiences.

- Ensure that all staff, regardless of role, grade or background, have an equal voice and are supported to contribute.
- Welcome staff who are new to Northern Ireland, ensuring they feel valued.
- Provide access to mentorship and peer support for under-represented groups, including staff new to NI, and those with disabilities / additional needs.

- Identify and nurture the strengths and talents of all staff, ensuring training and development opportunities (including online learning) are equitable and accessible.
- Provide timely support for staff with disabilities or additional needs.
- Ensure prompt access to occupational health support and timely implementation of reasonable adjustments

➢ We support inclusive recruitment practice and provide additional support for under-represented groups.

➢ Mechanisms are in place to actively listen and gather feedback from diverse staff voices, to drive improvements in organisational culture relating to EDI.

## Theme: Listening to patients, families and staff

### ❖ Feedback is welcomed

Patients, families and staff are well-placed to notice unsafe practice. Taking action early means a problem can be resolved before it becomes more serious.

**Feedback comes from:**

- ✓ Staff forums
- ✓ Staff surveys/focus groups
- ✓ Story boxes
- ✓ Leadership walk-rounds
- ✓ Service user organisations
- ✓ Patient engagement forum
- ✓ Patient and family stories
- ✓ Complaints

➢ Leaders and managers are aware that staff can have a high threshold for escalating concerns through fear of blame or negative consequences, and may need support to speak out.

➢ Leaders and managers ensure that patients, families and staff are aware of the different ways they can share their experiences, views and concerns.

- They ensure that staff who rotate across HSC services and Trusts, such as locum and agency workers, resident doctors, and students, are aware that they can provide feedback and understand how to do so through available mechanisms.

➢ Feedback is reviewed at clinical and governance team meetings. Patient and family stories are part of staff education and safety improvement programmes.

*'Through listening, hearing and acting we can avert crisis'*

## Compassion, civility and respect

### Theme: Leading with compassion

#### ❖ Culture comes from the top

Leaders shape organisational culture and set the tone for how everyone works together. Safe, effective organisations are led by compassionate leaders. They 'do what's right', including making unpopular decisions and holding others to account for their behaviour. Compassionate leadership is about 'being human'.

**Compassionate leaders do:**

- ✓ Make time for genuine connections with staff
- ✓ Build trust by being visible, approachable and consistent
- ✓ Treat everyone with respect
- ✓ Notice colleagues who are struggling, and support them
- ✓ Understand that mistakes and poor performance may arise from hidden suffering
- ✓ Value diversity
- ✓ Be curious and listen to others' perspectives
- ✓ Have humility; accept they don't have all the answers
- ✓ Focus on learning, not blame.

➢ We promote values-based leadership:

- All leaders are accountable for their performance. We assess how well their behaviours align with HSC values, and support staff wellbeing and patient safety.
- HSC values are reflected in processes for leadership recruitment, development, appraisal and succession planning.

➢ Leaders engage with 360-degree feedback, coaching and mentoring to reflect, learn and improve their practice.

➢ Leaders and managers strive to meet the core needs of staff in relation to Autonomy, Belonging and Contribution. This includes:

- Leadership responsibilities are collectively shared across staff teams, not just held by senior management.
- Staff are provided with opportunities to connect and reflect as a team.

**Line managers are trained to support staff early and constructively using informal approaches, without over-reliance on HR procedures. This includes:**

- Support with wellbeing issues
- Handling sensitive situations
- Having difficult conversations
- Managing performance issues
- Managing incivility and conflict
- Resolving concerns early

## Good practice: Compassionate leadership

Paula is the Treatment Lead Radiographer in North West Cancer Centre. Using a person-centred approach to staff management, she leads a team of 30-40 multidisciplinary staff who deliver radiotherapy outpatient services.

Paula ensures that team voices shape service improvements through staff polls, 1-2-1s, and group discussions. She is also prepared to have difficult conversations, and co-create solutions.

Paula focuses on supporting staff well-being through Take 5 principles and encouraging staff to reset during the day. Her coaching experience enables her to intervene promptly, listen, and provide guidance. Staff can access health and wellbeing initiatives, and psychological support when needed.

Staff are encouraged to pursue learning opportunities and support each other through shared interests.

Paula's 'open-door' policy promotes psychological safety, empowering staff to speak up.

**Key Outcomes:**

- Lower sickness absence rates
- High staff retention and a waiting list to join the team
- Strong team cohesion and peer support culture
- Increased willingness to provide short notice cover
- Excellent patient care record with 500+ feedback responses annually
- Zero patient complaints in over three years.

## Theme: Empowering staff, patients and families


### ❖ Effective teamwork and psychological safety is nurtured

Psychological safety underpins effective teamwork which is essential for better communication, cohesion, and retention amongst staff, and safe patient care.

➢ Leaders role model compassion, inclusivity, humility, and curiosity in order to foster psychologically safe environments.

**All staff feel safe to speak up, ask questions, share ideas or raise concerns, without fear of blame, embarrassment, or poor treatment.**

➢ Leaders receive training on psychological safety, civility and human factors.

- They ensure teams work well together by having:
  - ✓ Shared purpose
  - ✓ Clear roles and responsibilities
  - ✓ Opportunities for team building
  - ✓ Multi-professional learning
  - ✓ Time for reflection

- They establish psychologically safe team forums where staff from all backgrounds, roles and grades can meet to share ideas and discuss issues. This includes learning and feedback from incidents and governance activities; and service development and improvement.

- They resolve barriers to effective team working, e.g., incivility, bullying, harassment and discrimination.

## ❖ Incivility (poor behaviour) by staff is taken seriously

Incivility in the workplace is any action that is offensive, intimidating, or hostile. Staff incivility can have a significant impact on colleagues who experience it, increasing the likelihood of mistakes causing harm to patients.

➢ Leaders and managers set clear expectations about behaviour in line with HSC values; and have access to training, resources, and support to manage incivility in the workplace.

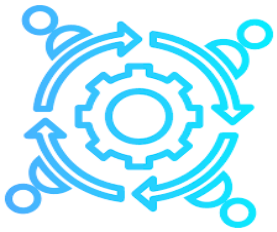
- They understand the difference between team conflict that arises due to situational stressors, and intentional harm; and distinguish overt behaviour such as disrespect or harassment from hidden or subtle 'red flag' behaviours.

Red flags include:

- Controlling behaviour
- Manipulation tactics
- Self-interest
- Lack of empathy
- Pitting colleagues against each other
- Isolating people

- They ensure that staff receive training on the impact of incivility, expected conduct, and handling 'red flag' behaviours from colleagues.

- They act early to resolve incivility through team engagement, mediation, negotiation, identification and mitigation of stressors; and holding individuals to account. They use formal HR processes when needed to address bullying, harassment, and discrimination.



### ❖ Patients and families are partners in care

Seeing patients as partners in health and social care, rather than passive recipients, is fundamental to enhancing safety and improving health outcomes.


➢ Leaders ensure that care is delivered using person-centred approaches. This includes a culture shift away from 'What's the matter with you? to 'What matters to you?'.

- Staff consider, with patients', their medical, psychological, and social needs.
- Patients are involved in decision-making, and asked for their views, preferences and choices.
- Patients receive clear, honest information about their treatment options, including benefits, risks, and alternatives.
- Staff receive training and support on person-centred care, shared decision making and informed consent.

➢ Leaders ensure patients' wider support and communication needs are met:

✓ Make patient information accessible (easy read; decision aids)
✓ Ensure access to advocacy and interpreting services
✓ Embed trauma-informed approaches in relevant services
✓ Strengthen multi-agency working for vulnerable patients

## Theme: Enhancing openness, trust and mutual respect

### ❖ Staff listen, hear and act on concerns

Outcomes improve when patients and families feel heard, believed and supported. Ignoring their concerns can result in missed clinical details, and preventable harm. Mutual trust and respect between HSC leaders / managers and staff is essential for the provision of safe, effective care.

➢ Leaders and managers take action to embed a culture where all staff consistently apply the principles of 'listening, hearing and acting' on patient safety concerns:

- ✓ Role model active listening, empathy, responding and supporting
- ✓ Emphasise that patient and family voices are valued and must be heard
- ✓ Ensure staff understand that dismissing concerns can cause both psychological and physical harm
- ✓ Support staff to take all concerns seriously and respond appropriately
- ✓ Ensure staff understand how to respond to requests for second opinions
- ✓ Reinforce that second opinions are a valuable safeguard, and not criticism
- ✓ Ensure all staff know that everyone is responsible for patient safety once a concern is known.

## ❖ Everyone is treated fairly when mistakes happen

Most patient safety incidents happen because of complex systems, pressures, and human errors, not because someone intended harm. If staff are afraid of being blamed or punished, they will not speak up.

➢ All staff understand that anyone can make an honest mistake. Leaders are aware that ultimate accountability for patient safety sits with the Trust Board, not individual frontline staff acting in good faith.

➢ Leaders embed just culture principles (fairness, openness, learning) into organisational systems, policies, procedures and approaches to managing incidents, concerns and complaints.

**Restorative approach**

- ✓ Open, honest and fair
- ✓ Sympathetic and caring
- ✓ Non-judgemental
- ✓ Access to counselling and clinical psychology
- ✓ Encourages collaboration
- ✓ Solution-focused
- ✓ Learning and improvement

➢ Leaders and managers are trained in patient safety, human factors and the application of just and restorative approaches and principles.

➢ Incident review panels are skilled and trained in empathetic, compassionate and restorative approaches. Staff feel confident to engage candidly in reviews.

### ❖ People receive an honest response when care goes wrong

The duty of candour requires health and social care professionals to be open and honest with patients and families when things go wrong. To support this, staff should feel comfortable admitting that they may not have all the answers.

➢ Leaders champion candour as a core value, promoting a narrative that:

- There is protection in the truth;
- Power in an apology; and
- Healing in acknowledgement.

➢ Leaders emphasise how candour helps rebuild trust with those who have experienced healthcare-related harm by sharing examples of where openness led to improvement.

➢ Leaders ensure that formal investigations are not used as a reason to delay an explanation or provide support. Managers and staff are trained in early engagement with patients / families, and don't wait for things to escalate:

- ✓ Talk to patients early
- ✓ Acknowledge what has happened
- ✓ Offer a meaningful apology
- ✓ Share what we know and don't know
- ✓ Explain what happens next

## 3. Curiosity and constructive challenge

**Theme: Addressing fear and defensiveness within the HSC system**

### ❖ Staff understand the investigations process

Staff defensiveness hinders improvement in organisations, often due to a fear of the consequences when care goes wrong. Causes include past trauma, negative beliefs, blame culture, and lack of investigation experience.

➢ Leaders recognise that staff may fear HSC Trust processes. They challenge defensive cultures and actively reduce fear in the system by ensuring that staff receive training and resources to demystify what happens, when and why.

- ✓ Explain key processes (e.g., complaints, reviews, inquests, media coverage)
- ✓ Communicate staff rights, responsibilities, and protections
- ✓ Explain the range of possible outcomes (not just worst-case scenarios)
- ✓ Highlight available support, and share examples of good practice.

➢ Leaders and managers ensure that all staff in HSC Trust processes receive meaningful support. Enhanced support is offered to staff in public inquiries or coroner investigations, which can involve intense scrutiny. This includes access to counselling, clinical psychology and trauma-informed approaches.

➢ Managers apply policies and procedures in line with HSC values, ensuring they are not used to deflect responsibility, avoid conversations, or target individuals. Our processes are:

- Escalated only when necessary, in line with their intent
- Applied fairly and proportionately
- Free from bias and discrimination
- Guided by openness and accountability
- Informed and refined by staff and patient feedback

## Theme: Making it safe for staff to speak up

### ❖ Constructive feedback is welcomed

➢ Leaders create a collective understanding of the purpose of challenge for learning and improvement. They role model curiosity, openness, and humility when providing and receiving constructive feedback.

➢ Leaders and managers welcome constructive criticism with gratitude, act on concerns, and empower staff to give and receive feedback effectively.

- They are vigilant to and address red flag behaviours around challenge. This includes defensiveness to feedback, punitive responses to staff who speak up (e.g., unfairly labelled as 'difficult'), or a lack of challenge where it is expected (e.g., meetings to discuss complex cases)

➢ Leaders encourage staff to find better ways of providing care. They seek out learning from other organisations, reviews and inquiries; and welcome external review and support.

### ❖ Speaking up is encouraged and valued

*'Whistleblowing is not an inconvenience or betrayal – it is an act of moral courage, integrity and kindness.'*

All staff have a professional and moral responsibility to act on safety concerns. Leaders have a clear role to promote a culture where staff are protected from psychological harm when they speak up.

➢ Leaders and managers ensure that staff have access to:

- **Training and awareness**

✓ Mechanisms to raise concerns
✓ Formal procedures
✓ Support available
✓ Statutory entitlements
✓ Legal protections

- **Support if they speak up**

✓ Ongoing support, not just at the point of reporting
✓ Peer support / buddy systems
✓ Clear routes to report any unfair treatment or victimisation

➢ Leaders ensure that mechanisms to raise concerns about patient and staff safety are embedded within daily operational activities.

- Formal systems (e.g., incident reporting, whistleblowing) may also include the independent Speak Up Champion at HSC Trust Board Level.
- Informal methods are evident through Leadership Walk Rounds, Listening Exercises, Staff Forums, and Story Boxes.

## Theme: Being curious to learn and improve

### ❖ There is a culture of reflection across the organisation

*'What can we do differently?'*

➢ Leaders 'hold up the mirror' and reflect on how they may do things differently. They ensure that reflection is embedded into daily conversations and decision-making.

➢ Leaders and managers create time and space for staff to talk about:

✓ What is working well
✓ What could have been done better
✓ How care and safety can be improved.

**Effective leaders**

⚑ Model reflective and curious leadership
⚑ Use reflection to drive improvement
⚑ Focus on impact, not just activity
⚑ Promote continuous learning

### ❖ Learning leads to real improvement

➢ Leaders identify and implement learning; and ensure measurable change.

✓ Learn from both good practice and harm
✓ Establish feedback loops to monitor progress and make adjustments
✓ Encourage teams to share what works and scale it

- ✓ Embed 'Appreciative Inquiry' and 'Investigating Success' approaches[2]
- ✓ Engage with staff, patients, families, and communities to assess HSC service benefits, workforce health impacts, and areas needing improvement
- ✓ Ensure the development of communication plans suited to each team so that staff know what changed, why, and the impact. This may include:

- Staff team meetings and huddles
- Governance meetings
- Staff training, education and events
- Leaflets and posters
- Letters and emails
- Videos, podcasts and infographics

## Conclusion

**Why Being Human matters for you:**

- Builds leadership sustainability and self-awareness
- Fosters mutual respect between leaders, staff teams, patients and families
- Prioritises staff well-being to improve performance and retention
- Promotes psychological safety, so staff can raise concerns without fear
- Supports a fair response to mistakes, focused on learning and not blame.

Being Human is a living framework, which supports services to keep learning and getting better. The framework is meant to be:

- Used for reflection
- Talked about openly
- Improved over time

### Further information

You can read the Being-Human-Framework-for-Safety-Culture here, or by visiting our website www.rqia.org.uk/beinghuman/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[2] 'Appreciative Inquiry' (AI) and 'Investigating Success' are strengths-based approaches which explore what is already working well and builds upon those successes.