Annex B
CONSULTATION QUESTIONNAIRE

Question 1:
Do you agree that the arrangements that should be in place to support an organisational duty of candour should be outlined in legislation?

Yes X No □

BACP commends the Scottish Government for taking this initiative forward. The legislation offers a real opportunity to increase levels of trust between users of services and the professionals tasked with the delivery of services.

Question 2:
Do you agree that the organisational duty of candour encompass the requirement that adequate provision be in place to ensure that staff have the support, knowledge and skill required?

Yes X No □

Yes, it is imperative that staff are provided with additional guidance to assist with the implementation of the organisational duty of candour, including resources to support the process of notification, staff support and public reporting as described in 7.6 of the document. Further training both for the organisations and for specific individuals dealing with the issue or who might be required to support the aggrieved individual is also necessary.

Question 3a: Do you agree with the requirement for organisations to publically report on disclosures that have taken place?

Yes X No □

Yes.

Question 3b: Do you agree with the proposed requirements to ensure that people harmed are informed?

Yes X No □
Yes.

Question 3c: Do you agree with the proposed requirements to ensure that people are appropriately supported?

Yes X No □

Yes, BACP believes that all people who have been affected by an instance of harm, their relatives and staff who have been involved with the event should be appropriately supported. Specifically, BACP would suggest that patients, relatives and staff are offered counselling and psychotherapy as described on page 30 of the document, under ‘organisational support for staff’ and ‘support for patients/clients/carers’, if requested.

BACP would recommend that all psychological interventions are performed by trained professionals. For example those providing psychological therapies should be registered on an Accredited Voluntary Register (AVR). The Health and Social Care Act 2012 established the Professional Standards Authority for Health and Social Care (the Authority) and the Accreditation Scheme for Accredited Voluntary Registers.

In February 2013, BACP - the leading and largest professional body for counselling and psychotherapy in Europe, with a membership of over 41,000 practitioners - became the first psychological therapists’ register to gain accreditation from the Authority. Being on the BACP Register demonstrates that a counsellor or psychotherapist exceeds the minimum level of competence that a client has a right to expect from a practitioner as well as protecting the health and safety of the public by ensuring rigorous standards in the practice of talking therapies.

In addition to the register, all BACP members are bound by the Ethical Framework for Good Practice for Counselling and Psychotherapy and within this, the robust Professional Conduct Procedure.

Question 4:
What do you think is an appropriate frequency for such reporting?

Quarterly □ Bi-Annually □ Annually □ Other □ (outline below)

Not applicable.

Question 5:
What staffing and resources that would be required to support effective arrangements for the disclose of instances of harm?
Counsellors and Psychotherapists in the NHS see clients regularly who have issues with NHS or social care services. They generally have a complicated and ongoing relationship with the service and require a candid, confidential opportunity to organise their response - this could be best provided by a trained advocate, or depending on the circumstances a counsellor or health care assistant (assertiveness or coping strategies). The problem that can be foreseen for a psychological therapy service is getting the right sort of referral, particularly if they were seen as a short cut (i.e., in-house).

BACP would suggest that the provision of counselling and psychotherapy is made available for staff, patients and relatives - see response to question 3c above.

Question 6a:
Do you agree with the disclosable events that are proposed?

Yes X  No □

Yes.

Question 6b: Will the disclosable events that are proposed be clearly applicable and identifiable in all care settings?

Yes X  No □

Yes.

Question 6c:
What definition should be used for 'disclosable events' in the context of children's social care?

Not applicable.

Question 7
What are the main issues that need to be addressed to support effective mechanisms to determine if an instance of disclosable harm has occurred?

Not applicable.
Question 8:
How do you think the organisational duty of candour should be monitored?

Not applicable.

Question 9:
What should the consequences be if it is discovered that a disclosable event has not been disclosed to the relevant person?

Not applicable.

End of Questionnaire