

Being Open Policy: Communicating Incidents, Complaints and Claims with Patients and/or their Carers

SWH 00356

South Warwickshire
NHS Foundation Trust



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Document History

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1. Introduction

The effects of harming a patient can be widespread and have devastating emotional and physical consequences for patients, their families and carers as well as be distressing for the professionals involved. 'Being Open' about patient safety incidents, complaints or claims and discussing them promptly, fully and compassionately can help patients and professionals to cope better with the after effects.

'Being Open' involves:

- Acknowledging, apologising and explaining when things go wrong
- Conducting a thorough investigation into the incident and reassuring patients, their families and carers that lessons learned will help prevent the incident recurring
- Providing support for those involved to cope with the physical and psychological consequences of what happened

Apologising and explaining when patients have experienced harm or have expressed concerns about their care can be difficult but they must receive an apology and explanation as soon as possible and staff must feel able to apologise on the spot.

Openness and honesty towards patients are supported and actively encouraged by many professional bodies and litigation and indemnity bodies, including the Medical Defence Union (MDU), the Medical Protection Society (MPS), the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) see **Appendix A**.

The NHS Constitution for England embeds the principles of Being Open as a pledge to patients in relation to complaints and redress. It states:

'The NHS also commits when mistakes happen to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively'

Patient safety incidents also incur extra costs through litigation; openness and honesty can help prevent such events becoming formal complaints and litigation claims. The National Health Service Litigation Authority (NHSLA, 2009) circular to chief executives and finance directors encourages healthcare professionals to apologise and provide explanations to patients harmed as a result of healthcare treatment, and explains that an apology is not an admission of liability (**Appendix A**).

Saying sorry is the right thing to do. Patients have a right to expect openness in their healthcare. Communicating effectively is a vital part of the process.

As part of its strategy to improve patient safety South Warwickshire NHS Foundation Trust (SWFT/the Trust) is committed to improving communication between patients and/or their carers and healthcare professionals especially when a patient is harmed because of a patient safety incident, complaint and claim. In line with National Patient Safety Agency (NPSA/2009/PSA003 Being Open) standards the Trust advocates and supports a culture of being open, honest and transparent when things go wrong.

2. Purpose

The purpose of this policy is to ensure that patients, their families and carers and staff all feel supported when a patient safety incident, complaint or claim occur or things go wrong.

It provides a best practice framework to create an environment where patients, families, carers, healthcare professionals and managers all feel supported when things go wrong and have the confidence to act appropriately.

This policy is based on guidance from National Patient Safety Agency (NPSA/2009/PSA003 Being Open) and Communicate with Patients and the public' (2004) the National Health Service Litigation Authority (NHSLA) circular 02/02.

The framework offers guidance on how to develop and embed the Being Open policy and is one which fits our local circumstances.

The policy framework provides guidance how to communicate with patients, their families and carers, based on evidence in the research literature and the experience of other countries.

The guiding principles of Being Open as described in **Appendix B** apply to all events when communication with patients, their families and carers is required. This can be as a result of an adverse incident, a complaint or a claim.

3. Audience

This policy applies to all permanent and temporary staff, staff in training, employees seconded to the Trust or working on an agency basis within the South Warwickshire NHS Foundation Trust.

4. Links with other Documents

These guidelines should be read in conjunction with the following internal documents, which can be found on the Trust's Intranet site:

- SWH 00020 Incident Management Policy, including the Management of Serious Incidents
- SWH 00353 Complaints Policy
- SWH 00015 Guidance for Managing Claims against the Trust
- SWH 00424 Consent to Examination or Treatment Policy
- SWH 00310 Whistle-blowing Policy
- SWH 00059 Capability Policy

If, for any reason, a member of staff does not have access to the Trust Intranet they should contact their manager.

5. Responsibilities / Duties

5.1 Board of Directors (BoD)

The BoD is responsible for determining the governance arrangements of the Trust including developing and creating a safety culture and to ensure the Trust complies with its statutory obligations.

The BoD leadership role is crucial ensuring the 'Being Open' Principles are embedded within the Trust by:

- Committing publicly to being open at board and senior management level
- Actively championing the 'Being Open' process by promoting an open and fair culture that fosters peer support and discourages the attribution of blame. Part of the process of 'Being Open' is encouraging open communication between healthcare organisations, healthcare teams, staff, patients and/or their carers the Chief Executive Officer has committed the Trust to 'Being Open' through the 'Patient Charter' (**Appendix C**). This is displayed in all ward areas and is communicated annually to staff through E-pulse

5.2 Clinical Governance Committee

The Clinical Governance Committee, chaired by a Non-Executive Director, will provide assurance to the BoD that the Trust is fulfilling its statutory duties, complying with national standards and achieving its own objectives in respect of the provision of clinical care.

The Committee is responsible for implementing the governance agenda to ensure that there is continuous and measurable improvement in the quality of the services provided and for providing assurance to the BoD.

The committee is also responsible for reviewing the SI Investigative reports and assuring itself of the robustness of the investigation and action planning. As part of this process the committee will review whether Trust staff have 'Been Open' in their communication with patients and their carers.

5.3 Risk Management Board (RMB)

The RMB is responsible for reviewing the annual audit of this policy relating to 'Being Open' and if required ensuring that actions are put in place to improve compliance

5.4 Chief Executive Officer (CEO)

The CEO has overall responsible for ensuring that there are robust Governance, including Risk Management, systems in place. This will include ensuring that there is an infrastructure is in place to support openness between healthcare professionals and patients and/or their carers following an incident, complaint or claim.

The Director of Nursing is the Executive with delegated responsibility for Governance within the Trust.

5.5 Director of Nursing

The Director of Nursing is the Executive Director with delegated responsibility will as far as is reasonably practical, ensure that:

- An appropriate support infrastructure is in place for staff involved in patient safety incidents, complaints and claims
- There are appropriate processes in place to enable the principles of 'Being Open' to be followed

5.6 Head of Governance

The Head of Governance has management responsibility for delivering the Governance Agenda including this policy.

5.7 Associate Medical Director for Governance

The Associate Medical Director for Governance has clinical responsibility for supporting the delivery of the Governance Agenda, including this policy. He/She will be responsible for mentoring and supporting fellow clinicians in 'Being Open' principles.

5.8 Staff with Lead Responsibilities

The Patient Safety Manager / Risk Manager / Health and Safety Lead / Patient Experience Officer and Legal Services Co-ordinator are responsible for the day-to-day management of this policy in their areas of accountability.

5.9 Patient Advocacy and Liaison Service (PALS)

PALS provide information to patients, families and carers on the organisations/agencies which can provide support during the course of the 'Being Open' process.

5.10 Divisional Associate Directors of Operations / Associate Medical Directors

The Divisional Associate Directors of Operations / Associate Medical Directors, supported by the Matrons will ensure that:

- The most appropriate staff are identified to meet with the patient and/or relatives
- There are adequate local support mechanisms in place to support Investigation Leads with the 'Being Open' process
- There are adequate local support mechanisms in place for staff involved in the patient safety incident, complaint or claim
- There are opportunities within the clinical schedule for healthcare staff involved in the 'Being Open' process to discuss their involvement and/or circumstances leading up to the patient safety incident/complaint/claim
- There is compliance with the policy

5.11 Senior Clinicians

It is expected that the most senior healthcare professional involved in the patient's care will be the individual who has primary communication with the patient and who will chair/lead

the discussion meetings with the patient, their families or carers. They will have sufficient experience and expertise in relation to the type of patient safety incident/complaint/claim which has occurred to be credible to patients, carers and staff.

They will keep in close communication with the Incident Investigation Lead to enable regular and informed communication with the patient and/or carer.

5.12 All Staff

All staff working within South Warwickshire NHS Foundation Trust are expected to adhere to this policy and are responsible for ensuring that they familiarise themselves, and comply with, the requirements of this policy and the:

- Incident Management Policy, including the Management of Serious Incidents (SWH 00020, 2011)
- Complaints Policy (SWH 00353, 2011)

Staff will ensure that:

- Incidents are acknowledged and reported as soon as they are identified
- Take seriously from the outset all cases where a patient and/or their carers inform them that something untoward has happened
- Take seriously from the outset all cases where a patient and/or their carers complain to them about the care they are receiving or have received
- Treat all concerns with compassion and understanding

Failure to follow this policy could result in the instigation of disciplinary procedures.

6. 'Being Open'

Being open about a patient safety incident, complaint or claim is more than a one-off event; it is a communication process with a number of stages. An overview of the process is shown in **Appendix D** with a Quick Reference Guide for implementing the process. The duration of the process will depend on the incident, complaint or claim, how the investigation progresses and the needs of the patient, their family and carers.

6.1 Event Detection and Recognition

The Being Open process will begin when any of the following occur:

- The recognition that a patient has suffered harm or has died as a result of an unexpected event in the course of their care (an incident)
- The Trust receives a formal complaint
- The Trust receives a 'Letter of Claim'

As soon as an event is detected the top priority is to ensure that prompt and appropriate clinical care and the prevention of further harm. Staff will then initiate processes that are identified in the appropriate policy:

- Incident Management Policy, including the Management of Serious Incidents
- Complaints Policy

Events that give rise to incidents, complaints or claims are almost always unintentional. However, if at any stage it is determined that harm may have been the result of a criminal or intentionally unsafe act the Patient Safety Manager must be notified immediately. If there is a belief that a criminal act has occurred then the potential crime scene must be preserved (see the Incident Management Policy, including the Management of Serious Incidents, SWH 00020, 2011).

How the process for 'Being Open' is implemented will be dependent on whether the event is an incident, complaint or claim.

6.2 'Being Open'- General Patient Communication Issues to Consider

The following should be considered by practitioners and staff with lead responsibilities:

- Early identification of, and consent for, the patient's practical and emotional needs. This should include:
 - Names of people who can provide assistance and support and who the patient has agreed can be given information about their healthcare
 - Any special restrictions on openness the patient requests
 - Identifying if the patient does not wish to know every aspect of what went wrong, respect of their wishes and reassuring them that this information will be available if they change their mind
 - Providing repeated opportunities for the patient/carers to obtain information
 - Providing information to patients in verbal and/or written format
- Providing assurance that the patient will continue to be treated according to their clinical needs and that the prospect of, or an actual dispute between, the patient/carers and the healthcare team will not affect their access to treatment
- Facilitating inclusion of the patient's carers in discussions where the patient agrees
- Providing carers with information to assist in making decisions if the patient is unable to participate in decision-making. This should be done with regard to confidentiality and in accordance with the patient's instructions
- Ensuring carers are provided with known information, care and support if a patient has died as a result of an incident. The carers should also be referred to the coroner for more detailed information
- Ensuring that discussions with patients/carers are documented and that information is shared with them
- Ensure the patient/carers are provided with information on the complaints procedure if they wish to have it
- Ensure the patient's account of the events leading up to the incident are fed into the incident investigation
- Ensure the patient/carers are provided with information on how improvement plans derived from any Root Cause Analysis (RCA) will be implemented and their effects monitored

7. Process for 'Being Open' in the Event of an Incident

The level of response to a patient safety incident will depend on the level of harm to the patient and the subsequent grading of the incident as described in the Incident Management Policy, including the Management of Serious Incidents (Section C1.6, SWH, 00020, 2011).

Very Minor Injury/Short Term Harm (Green and Amber)	Apply the principles of 'Being Open' (Appendix B)
Long Term Harm/Death (Dark Amber/Red)	Apply the 'Being Open' Process (outlined in the following sections)

A staff information pack is available on the Intranet under the Governance Section which gives guidance for managing an incident where 'Being Open' principles apply.

7.1 Preliminary Team Discussion

The multi-disciplinary team, including the most senior health professional involved in the event, should meet as soon as possible after the event, usually within 48 hours of the event or of that event coming to light and will:

- Establish the basic clinical and other facts
- Assess the event to determine the level of response
- Identify who will be responsible for discussion with the patient, their families or carer
- Determine level of involvement of patient, family or carer in the investigation process
- Consider the appropriateness of engaging patient, family or carer support at this early stage
- Identify immediate support needs for the healthcare staff involved
- Ensure there is a consistent approach by all members around discussions with the patient, their family or carers

If the incident is determined to be a **Serious Incident** then the discussions should be led by the Lead Investigator nominated to undertake the Root Cause Analysis (RCA) Investigation. The Lead Investigator will also be responsible for ensuring that the Patient Safety Manager is kept informed of the progress of the investigation including discussions with patient, their family or carers.

7.1.1 The Coroner

All cases of untimely, unexpected or unexplained death and suspected unnatural deaths need to be reported to the coroner. A Coroner may request the case not be discussed with other parties until the facts have been considered. However this should not preclude a verbal and written apology or expression of regret where appropriate.

7.1.2 Legal Services Co-ordinator

Staff should note that where it is likely that a patient safety incident occurred due to

negligence on the part of the Trust, and/or there is an indication that legal proceedings will be brought against the Trust then the Legal Services Co-ordinator must be informed as the National Health Services Litigation authority (NHSLA) may need to be involved at an early stage.

7.2 Support during the Process

It is recognised that during the 'Being Open' process general and consistent support must be provided to staff, patients, their families or carers and that clear lines of communication and a single point of contact will help facilitate this support. However, there may be instances when very specific support is required.

7.2.1 Staff

Where staff experience particular difficulties as a result of any event, managers should consider referring the staff member to one of the in-house specialist services as describe in the Incident Management Policy, including the Management of Serious Incidents (**Section D**, SWH, 00020, 2011).

Mentoring and support to colleagues can be provided by the AMD for Governance. Staff can also seek support from the Medical Director, Associate Medical Directors, Director of Nursing and Matrons who have been identified as Senior Clinical Counsellors. Governance. The role of Senior Clinical Counsellors is explained in **Appendix E**.

7.2.2 Patients, Families or Carers

Patients/carers may need considerable practical and emotional help and support after experiencing an incident. The most appropriate type of support may vary widely. It is therefore important to discuss their individual needs with the patient/carers. Any support offered will be documented in the patient's health care records.

Consideration should be given to offering specific support to patients, families or carers. This may be through the use of a facilitator, a patient advocate, a healthcare professional or a national organisation or charity that will be responsible for identifying the patient's needs and communicating them back to the healthcare team.

Support may be provided by patients' families, social workers, religious representatives and healthcare organisations such as Patient Advisory and Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS) among others.

More information and advice on support for patients, families and carers can be obtained from the Trust's Patient Advice and Liaison Service (PALS) or from Patient UK on www.patient.co.uk.

7.3 Choosing the Individual to Communicate with Patients, their Families or Carers

This should be the most senior, appropriate, person involved in the patient's care. They should also:

- Ideally be known to, and trusted by, the patient, their family or carer

- Have a good grasp of the facts relevant to the event
- Be senior enough or have sufficient experience and expertise in relation to the type of event to be credible to the patient, their family or carer
- Have excellent interpersonal skills, including being able to communicate in a way that can be easily understood and avoids excessive use of medical jargon
- Be willing and able to offer a meaningful apology, reassurance and feedback
- Be able to maintain a medium to long-term relationship with the patient, their family or carer

7.4 Use of Substitute Healthcare Professional for the 'Being Open' Discussion

In exceptional circumstances, if the most senior healthcare professional cannot attend, they may delegate to an appropriate trained deputy providing that deputy has the appropriate expertise and is fully informed of the details of the event. Alternatively, it may be that the patient and/or carer would prefer to speak to someone other than the senior healthcare professional who was responsible for their care. The Director for Nursing, and/or Divisional AMD/AMD for Governance can provide advice and support in this regard.

7.5 Responsibility of Junior Healthcare Professional

Junior staff or those in training should not lead the Being Open process except when all of the following have been considered:

- The event resulted in low/minor harm
- They have expressed a wish to be involved in the discussion with the patient and/or their carers
- The senior healthcare professional responsible for the care of the patient is present for support
- The patient and/or carers agree

If a junior doctor/nurse is involved in the Being Open discussion, it is important they are accompanied and supported by a senior team member; it is unacceptable for junior staff to communicate patient safety information alone.

7.6 Involving Healthcare Staff who made Mistakes

Some events will have resulted from errors made by healthcare staff. In these circumstances the member(s) of staff may or may not wish to participate in the 'Being Open' discussion with the patient and/or their carers.

Every case where an error has occurred needs to be considered individually, balancing the needs of the patient, their family and carers. In cases where they choose to attend to apologise personally, they should feel supported by their colleagues. In cases where the member(s) of staff chooses not to attend, then consideration should be given to them providing a written apology to be given to the patient and/or carer during the initial discussion.

7.7 The Initial 'Being Open' Discussion

The initial 'Being Open' discussion with the patient, their family or carer is the first part of an ongoing communication process and should occur at the earliest practical opportunity after recognition of the event. Factors to consider when timing this discussion include:

- Clinical condition of the patient
- The patient's personal circumstances
- Patient preference – in terms of when and where the meeting takes place and which healthcare professional leads the discussion
- Privacy and comfort for the patient
- Availability of the patient's family or carer
- Availability of key staff involved in the 'Being Open' discussion
- Availability of support staff e.g a translator or advocate

There may be 'particular patient circumstances that also need to be considered (**Appendix F**) when conducting any 'Being Open' discussions.

7.7.1 Process for Acknowledging, Apologising and Explaining

The patient, their family or carer should be advised of the identity and role of all those people attending, before the discussion commences. This allows them the opportunity to state their preference about which healthcare staff they wish to be present.

The discussion should cover the following:

- An expression of genuine sympathy, regret and a meaningful apology for the harm that occurred
- The facts that are known, as agreed by the multidisciplinary team. Where there is disagreement, communication about these should be deferred until the investigation has been completed
- That an investigation is being carried out and more information will become available as it progresses
- The patient's understanding of what happened and that should be taken into account and noted, as well as any questions they may have
- An explanation of what happened, in terms the patient, family or carer can understand and what will happen next in terms of the short through to long term treatment plan; this should include how care can be transferred where the patient and/or carer requests this
- An offer of practical and emotional support. For example from charities and voluntary organisations. Information about such groups can be obtained from the PALS
- The name of the person the patient and/or carer should contact in the event of further queries or issues arising

It is essential that the following does not occur:

- Speculation
- Attribution of blame

- Denial of responsibility
- Provision of conflicting information from different individuals

The details of any discussions will be documented as per **Section 7.11** of this policy.

7.8 Follow-up Discussion

Follow up discussions with the patient, their family or carer is an important step in the 'Being Open' process. Depending on the event and the timeline for the investigation there may be more than one follow-up discussion.

7.9 Process Completion

After completion of the investigation, feedback should take the form most acceptable to the patient, their family or carer; this maybe in the form of a written letter or a meeting.

Whatever method is used, the communication should include:

- The chronology of clinical and other relevant facts
- Details of the patient's and/or their carers concerns
- A repeated apology for the harm suffered and any shortcomings in the delivery of care that led to the event
- An explanation of what led to the incident occurring, factors that contributed to the event and any lessons learned
- Information on what has been and will be done to avoid recurrence of the event and how these improvements will be monitored

It is expected that in most cases there will be a completed discussion of the findings of the investigation and analysis. In some cases information may be withheld or restricted. For example, in rare cases, where communicating information will adversely affect the health of the patient; where investigations are pending coronial processes; or where specific legal requirements preclude disclosure for specific purposes. In these cases the patient must be informed of the reasons for the restrictions.

7.10 Continuity of Care

When a patient has been harmed during the course of treatment and requires further therapeutic management or rehabilitation, they should be informed of the clinical management plan.

Patients, families and carers should be reassured that they will continue to be treated according to their clinical needs. They should also be informed that they have the right to continue their treatment elsewhere if they prefer.

7.10.1 Communication with the GP and Other Community Care Service Providers

Wherever possible, the Senior Clinician will send a brief communication to the Patient's GP before discharge describing what happen.

When the patient leaves the care of the Trust the discharge letter will also be forwarded to the GP and/or appropriate community care service. It should contain summary details of:

- The nature of the incident and the continuing care and treatment
- The current condition of the patient
- Key investigations that have been carried out to establish the patient's clinical condition
- Recent results
- Prognosis

7.11 Documentation

Throughout the 'Being Open process' it is important to record discussions with the patient, their family or carer as well as the incident investigation. Required incident documentation includes:

- A copy of relevant medical information which should be filed in the patient's healthcare records. Written records of the Being Open discussion should consist of:
 - The time, place and date, as well as the name and job title of all the attendees
 - The plan for providing further information to the patient, their family and carer
 - Offers of assistance and the patient's, family or carer's response
 - Questions raised and answers given
 - Plans for follow up meetings
 - Progress notes relating to the clinical situation and accurate summary of all the points explained to the patient, their family or carer
- A copy of the Incident Report; this should include if the 'Being Open' discussions have been commenced with the patient and/or their carers
 - It should also record if the incident has been documented in the patient's health care records
- Records of the Investigation and analysis process
- Copies of letters sent to the patient, family or carer

The incident report and record of the investigation process and any written notes pertaining to the incident will be filed separately to the patient's healthcare record and will be held centrally by the Patient Safety Manager.

It is the Patient Safety Manager's responsibility to maintain an electronic file for each Serious Incident reported by the Trust. These files will be kept as part of the Trust's Library of Governance's Records.

8. Process for 'Being Open' in the Event of a Formal Complaint

A Department of Health Guide to Better Customer Guide (2009) outlines the new complaints process and is consistent with 'Being Open' principles.

The level of response to a complaint will depend on whether the complaint was Informal, Verbal and Formal (Complaints Policy, 2011).

For Informal and Verbal complaints the principles of 'Being Open' (**Appendix B**) will be

applied.

The 'Being Open' Process (outlined in the following sections) will be applied for Formal complaints.

8.1 Support during the Process

It is recognised that during the 'Being Open' process general and consistent support must be provided to staff, patients, their families or carers and that clear lines of communication and a single point of contact will help facilitate this support. However, there may be instances when very specific support is required.

8.1.1 Staff

A copy of the letter of complaint will be sent to the senior health professionals involved in the complaint requesting information relating to the issues raised in the letter of complaint.

Where staff experience particular difficulties as a result of any complaint, managers should consider referring the staff member to one of the in-house specialist services as describe in the Incident Management Policy, including the Management of Serious Incidents (**Section D**, SWH, 00020, 2011).

Mentoring and support to colleagues can be provided by the AMD for Governance. Staff can also seek support from the Medical Director, Associate Medical Directors, Director of Nursing and Matrons who have been identified as Senior Clinical Counsellors. Governance. The role of Senior Clinical Counsellors is explained in **Appendix E**.

8.1.2 Patients, Families or Carers

Patients/carers may need practical and emotional help and support when making a complaint. The most appropriate type of support may vary widely. It is therefore important for the Patient Experience Officer to discuss their individual needs with the patient/carer. Any support offered will be documented in the complaints file kept by the Patient Experience Officer.

Consideration may be given to offering specific support to patients, families or carers. This may be through the use of a facilitator, a patient advocate, a healthcare professional or a national organisation or charity that will be responsible for identifying the patient's needs and communicating them back to the healthcare team.

Support may be provided by patients' families, social workers, religious representatives and healthcare organisations such as Patient Advisory and Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS) among others.

More information and advice on support for patients, families and carers can be obtained from the Trust's Patient Advice and Liaison Service (PALS) or from Patient UK on www.patient.co.uk.

8.2 Choosing the Individual to Communicate with Patients, their Families or

Carers at a 'Complaint' / 'Being Open' Meeting

This should be the most senior, appropriate, person involved in the patient's care. They should also:

- Ideally be known to, and trusted by, the patient, their family or carer
- Have a good grasp of the facts relevant to the event
- Be senior enough or have sufficient experience and expertise in relation to the type of event to be credible to the patient, their family or carer
- Have excellent interpersonal skills, including being able to communicate in a way that can be easily understood and avoids excessive use of medical jargon
- Be willing and able to offer a meaningful apology, reassurance and feedback
- Be able to maintain a medium to long-term relationship with the patient, their family or carer

8.2.1 Use of Substitute Healthcare Professional for any Complaint / 'Being Open' Meeting

In exceptional circumstances, if the most senior healthcare professional cannot attend, they may delegate to an appropriate trained deputy providing that deputy has the appropriate expertise and is fully informed of the details of the complaint. Alternatively, it may be that the patient and/or carer would prefer to speak to someone other than the senior healthcare professional who was responsible for their care. The Director for Nursing, and/or Divisional AMD/AMD for Governance can provide advice and support in this regard.

8.2.2 Involving Healthcare Staff who made Mistakes

Some complaints will have resulted from errors made by healthcare staff. In these circumstances the member(s) of staff may or may not wish to participate in the 'Being Open' discussion with the patient and/or their carers.

Every case where an error has occurred needs to be considered individually, balancing the needs of the patient, their family and carers. In cases where they choose to attend to apologise personally, they should feel supported by their colleagues. In cases where the member(s) of staff chooses not to attend, then consideration should be given to them providing a written apology to be given to the patient and/or carer during the initial discussion.

8.3 Process for Acknowledging, Apologising and Explaining following a Formal Complaint

The Patient Experience Officer will as, detailed in the Trust's Complaints Policy (2011), acknowledge the letter of complaint within 3 working days. The letter will offer the Complainant the opportunity for telephone discussion or a preliminary meeting to discuss their complaint in more detail. The letter requests the Complainant to contact the Trust to indicate their requirements and allow the Trust to make the necessary arrangements.

8.3.1 Preparation for a Complaint / 'Being Open' Meeting

The initial meeting with the patient, their family or carer may be the first part of an ongoing communication process and will be arranged at the earliest practical opportunity after receipt of the complaint. Factors participants in the meeting need to consider when timing this discussion include:

- Clinical condition of the patient
- The patient's personal circumstances
- Patient preference – in terms of when and where the meeting takes place and which healthcare professional leads the discussion
- Privacy and comfort for the patient
- Availability of the patient's family or carer
- Availability of key staff involved in the 'Being Open' discussion
- Availability of support staff. For example: a translator or advocate

Other factors participants will need to discuss prior to the meeting include:

- Establishing the basic facts relating to the complaint
- Assess the event to determine the level of response
- Identify who will be responsible for leading the discussion with the patient, their families or carer
- Determine level of involvement of patient, family or carer in the complaint investigation process
- Ensuring there is a consistent approach by all members around discussions with the patient, their family or carers

There may be 'particular patient circumstances that need to be considered (**Appendix F**) when conducting any 'Being Open' discussions.

8.3.2 Complaint / 'Being Open' Meeting - Process for Acknowledging, Apologising and Explaining

The patient, their family or carer should be advised of the identity and role of all those people attending, before the discussion commences. This allows them the opportunity to state their preference about which healthcare staff they wish to be present.

The discussion should cover the following:

- An expression of genuine sympathy, regret and a meaningful apology for the issues that have been raised
- The facts that are known, as agreed by the multidisciplinary team. Where there is disagreement, communication about these should be deferred until the investigation of the complaint has been completed
- That an investigation of the complaint is being carried out and more information will become available as it progresses
- The patient's understanding of what happened and that should be taken into account and noted, as well as any questions they may have

- An explanation of what happened, in terms the patient, family or carer can understand and what will happen next in terms of the short through to long term treatment plan. This should include how care can be transferred where the patient and/or carer requests this
- An offer of practical and emotional support. For example from charities and voluntary organisations. Information about such groups can be obtained from the PALS
- The name of the person the patient and/or carer should contact in the event of further queries or issues arising

It is essential that the following does not occur:

- Speculation
- Attribution of blame
- Denial of responsibility
- Provision of conflicting information from different individuals

The details of any discussions will be documented as per **Section 8.6** of this policy.

8.3.3 Follow-up Discussion

Follow up discussions with the patient, their family or carer is an important step in the complaint and 'Being Open' process. Depending on the event and the timeline for the investigation there may be more than one follow-up discussion.

8.3.4 Process Completion

After completion of the complaint investigation, feedback will take the form most acceptable to the patient, their family or carer; this maybe in the form of a written letter or a meeting.

Whatever method is used, the communication should include:

- The chronology of clinical and other relevant facts
- Details of the patient's and/or their carers concerns
- A repeated apology for the issues arising which gave reason for the complaint and any shortcomings in the delivery of care that led to the event
- An explanation of what led to the complaint occurring, factors that contributed to the event and any lessons learned
- Information on what has been and will be done to avoid recurrence of the event and how these improvements will be monitored

It is expected that in most cases there will be a completed discussion of the findings of the complaint investigation and analysis. In some cases information may be withheld or restricted. For example, in rare cases, where communicating information will adversely affect the health of the patient; where investigations are pending coronial processes; or where specific legal requirements preclude disclosure for specific purposes. In these cases the patient must be informed of the reasons for the restrictions.

8.4. Legal Services Co-ordinator

Staff should note that where it is likely that a complaint may lead to an allegation of negligence on the part of the Trust, and/or there is an indication that legal proceedings will be brought against the Trust then the Legal Services Co-ordinator must be informed as the National Health Services Litigation authority (NHSLA) may need to be involved at an early stage.

8.5 Continuity of Care

The patient, their family or carers need assurance that they can raise any concerns without fear of recrimination (Complaints Policy, 2011). Patients, families and carers should be reassured that they will continue to be treated according to their clinical needs. They should also be informed that they have the right to continue their treatment elsewhere if they prefer.

8.6 Documentation

Throughout the Complaint and 'Being Open process' it is important to record discussions with the patient, their family or carer as well as the complaint investigation.

It is the Patient Experience Officer's responsibility to maintain an electronic file for each of the Formal complaints being made against the Trust. These files will be kept as part of the Trust's Library of Governance's Records.

Required documentation for each complaint includes:

- The letter of Complaint
- Copies of letters sent to the patient, family or carer
- All correspondence (both internal and external) relating the complaint including e-mail correspondence
- A copy of the Incident Report if an incident was reported; this should include whether any 'Being Open' discussions took place
- Records of any Complaint Investigation and the analysis process
- Statements made by Trust Staff
-

The Letter of Complaint, Incident Report and record of the complaint investigation process and any written notes pertaining to the complaint will be filed separately to the patient's healthcare record and will be held centrally by the Patient Experience Officer.

Written records of the Complaint and 'Being Open' meeting should consist of:

- The time, place and date, as well as the name and job title of all the attendees
- The plan for providing further information to the patient, their family and carer
- Offers of assistance and the patient's, family or carer's response
- Questions raised and answers given
- Plans for follow up meetings
- Progress notes relating to the event and accurate summary of all the points explained to the patient, their family or carer

- Copies of letters sent to the patient, family or carer

9. Process for 'Being Open' in the Event of a 'Letter of Claim'

The majority of claims made against the Trust are as a direct result of an incident or complaint of which the Trust would already be aware. It is therefore unusual for staff involved in a claim to be unaware that there is an issue of some sort involving a patient with whom they have had contact.

When the 'Letter of Claim' is received by the Trust the Legal Services Co-Ordinator will inform the member of staff of the potential claim and to ensure that they receive support appropriate to their level of involvement in the claim's process.

Following a claim all communication (with staff, solicitors and the NHSLA) will be as open as possible dependent on the advice from the NHSLA Solicitors. All requests will be responded to within the given time scales as outlined in the Trust's Guidance on Managing Claims (2011).

Following the outcome and closure of a claim, dependant on the advice from the NHSLA Solicitor a written apology will be provided to the claimant by the CEO on behalf of the Trust. This will be facilitated by the Legal Services Co-Ordinator.

9.1 Documentation

It is the Legal Services Co-ordinator responsibility to maintain an electronic file for each of the claims being made against the Trust. These files will be kept as part of the Trust's Library of Governance's Records.

Required documentation for each claim includes:

- A copy of the patient's healthcare records which should include any 'Being Open' discussions if they took place
- A copy of the Incident Report if an incident was reported; this should include if whether any 'Being Open' discussions took place
- Records of any Incident Investigation and analysis process
- Records of any complaints made and copies of letters sent to the patient, family or carer
- Statements made by Trust Staff

10. Training Requirements

Training in the principles of 'Being Open' will form part of the Consultant's mandatory training programme.

The principles and concept of 'Being Open' are included in mandatory training on adverse incident, complaints and claims management and in the Trust's root cause analysis training.

Training is also available through the NPSA which provides an e-learning package on 'Being Open' and video-based workshops, which are available via their website (www.npsa.nhs.uk).

11. Monitoring Compliance

Situations when the application of the Being Open policy is required will be identified through the Incident reporting system and also via investigations triggered by complaints. Whilst Being Open is a general concept, the specific delivery of "Being Open" communications will vary according to the severity grading, clinical outcome and family arrangements of each specific event. In exceptional cases information may need to be withheld or specific legal requirements might preclude disclosure. Equally records of communications with patients and families would not normally be shared in the public domain.

The document will be monitored for compliance as per **Appendix G**. If any deficiencies are identified these will be fed back to the appropriate manager who will be responsible for producing and implementing an action plan. The action plans will be monitored by the Risk Management Board..

12. Author(s)

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13. Contributors

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Jane Downie	Legal Services Co-Ordinator
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14. Acknowledgements

Portsmouth NHS Trust

15. Equality Impact Assessment Tool

Has an Equality Impact Assessment been carried out?

YES

Preliminary Stage 1 Equality Impact Assessment (must be completed if required*)

What date was Stage 1 completed and published?

06/07/2011

Has a Full Assessment Stage 2 Equality Impact Assessment Tool been undertaken*?

N0-Not Applicable

If yes, what was the date of assessment and publication of Stage 2 and action plan?

Input Date or type N/A

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17. Appendices

Appendix A 'Being Open' and Policy Makers, Regulators, Litigation Bodies

Appendix B Principles of 'Being Open'

Appendix C 'Being Open' Patient Charter

Appendix D Overview of the 'Being Open' Process and Quick Reference Guide

Appendix E Senior Clinical Counsellors

Appendix F Particular Patient Circumstances

Appendix G Monitoring Compliance with the Document

18. Appendix A 'Being Open' and Policy Makers, Regulators, Litigation Bodies

'Being Open' is consistent with recommendations by other national organisations and NHS commitments. Below are details of how the Policy Makers, Regulators, Litigation Bodies want to encourage a culture of 'Being Open' in the NHS (Being Open, NPSA, 2009 pg 9).

Policy makers

In January 2009, the Department of Health (DH) launched the NHS Constitution for England. This represents a major vehicle for improving candour in the NHS and incorporates the principles of 'Being Open' as:

- A pledge to patients in relation to complaints and redress;
"The NHS also commits when mistakes happen to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively."

An expectation of staff responsibility:

"You should aim to be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation. You should contribute to a climate where the truth can be heard and the reporting of, and learning from errors is encouraged."

In addition, the new approach for dealing with complaints in England is based upon the six principles of Good Complaint Handling which are consistent with 'Being Open'.

Regulators

The CQC's guidance about compliance with the section 20 regulations of the *Health and Social Care Act (2008)*. 'A quality service, a quality experience' states, in relation to complaint handling, that service providers encourage and support a culture of openness that ensures any comments or complaints from service users, or others acting on their behalf, are listened to and acted upon.

Litigation Bodies

Both the NHSLA circular, released in May 2009, and WRP technical note 23/2001615, encourage healthcare professionals to apologise and provide explanations to patients harmed as a result of healthcare treatment, and explain that an apology is not an admission of liability:

"It is both natural and desirable for clinicians who have provided treatment which produces an adverse result, for whatever reason, to sympathise with the patient or the patient's relatives; to express sorrow or regret at the outcome; and to apologise for shortcomings in treatment. It is most important to patients that they or their relatives receive a meaningful apology. We encourage this, and stress that apologies do not constitute an admission of liability. In addition, it is not our policy to dispute any payment, under any scheme, solely on the grounds of such an apology. Patients and their relatives increasingly ask for detailed explanations of what led to adverse outcomes. Moreover, they frequently say that they derive some consolation from knowing that lessons have been learned for the future. In this area too, the NHSLA is keen to encourage both clinicians and NHS bodies to supply appropriate information whether informally, formally or through mediation."

19. Appendix B Principles of 'Being Open'

These are more fully described in the document; Being Open: Communicating patient safety incidents with patients, their families and carers (NPSA, 2009).

1. Principle of Acknowledgement

All events should be acknowledged and reported to the Patient Safety Manager (incidents), Patient Experience Officer (complaints) or Legal Services Co-Ordinator (claims) as soon as they are identified. In cases where the patient, their family and carers inform healthcare staff that something has happened, their concerns must be taken seriously from the outset and treated with compassion and understanding by all staff. Denial of a patient's concerns will make future open and honest communication more difficult.

2. Principle of Truthfulness, Timeliness and Clarity of Communication

Information about any event must be given to patients and/or their carers in a truthful and open manner, by an appropriately nominated individual and should be based solely on facts known at the time.

Communication should also be timely, informing the patient, their family and carers what has happened as soon as practicable, with an explanation that new information may emerge as the investigation is undertaken, and patients and /or their carers will be kept up to date with the progress of an investigation.

A single point of contact for patients and/or their carers should be identified, from whom they can receive clear, unambiguous information, without the use of medical jargon, which may not be understood. Other healthcare workers should direct all questions and requests regarding the event through that contact in order to avoid the possible issue of conflicting information.

3. Principle of Apology

Patients, their family and carers should receive a meaningful apology – one that is a sincere expression of regret for the harm that has resulted from any event, should be given to patients and/or their carers as soon as possible, and should not be delayed for any reason, even for the setting up of a more formal 'Being Open' discussion. A delay in the delivery of an apology is likely to increase patients' and/or their carers' anxiety, anger and frustration and is more likely to prompt them to seek medico-legal advice.

In the first instance, a verbal apology will be given. Where appropriate this will be followed by a written apology, clearly stating that South Warwickshire NHS Foundation Trust is sorry for any suffering and distress resulting from the event. The decision on which staff member should give the apology must take into account seniority, relationship to the patient, and experience and expertise in the type of event that has occurred.

4. Principle of Recognising Patient and Carer Expectations

Patients and/or their carers can reasonably expect to be fully informed of issues surrounding the event and its consequences in a face-to-face meeting. They must be treated sympathetically, with respect and consideration, and confidentiality must be maintained. Patients and/or their carers should also be provided with support in a manner appropriate to their needs. This may include an independent patient advocate, a bereavement councillor or an interpreter, as well as the provision of information on the Patient Advisory and Liaison Service (PALS) and other relevant support groups such as Action against Medical Accidents (AvMA).

5. Principle of Professional Support

The Trust's open and fair culture seeks to create an environment in which all healthcare staff are encouraged to report events that may be considered adverse events and/or may lead to a complaint or claim. Managers should ensure that staff feel supported throughout the investigation process as it is recognised that they too, may have been traumatised by their involvement in the event. They should not feel unfairly exposed to punitive disciplinary action, increased medico-legal risk, or any threat to their registration.

Where there is reason for the Trust to believe that a member of staff has committed a punitive or criminal act, it will take steps to preserve its position. It will advise the member/s of staff of its belief at an early stage, to enable them to obtain legal advice and/or representation. Staff will also be actively encouraged to seek support from relevant professional bodies such as the General Medical Council, Royal Colleges, or the Medical Protection Society.

6. Principle of Risk Management and Systems Improvement

Root Cause Analysis (RCA) will be used to uncover the underlying causes of a patient safety incident and complaints and claims will be investigated in accordance with the relevant policies. Investigations will focus on improving systems of care, which will then be reviewed for their effectiveness.

7. Principle of Multi-disciplinary Responsibility

This 'Being Open' policy applies to all staff with key roles in the patient's care. Most healthcare provision involves multidisciplinary teams and communication with patients and/or their carers should reflect this. This will ensure that the philosophy that adverse incidents, complaints or claims usually result from systems failures and rarely from the actions of one individual.

8. Principle of Governance

The Trust's Governance Framework supports patient safety and quality improvement processes and ensures adverse incidents, complaints and claims are investigated, analysed and steps taken to prevent their recurrence: those findings being disseminated to staff to enable them to learn. The Framework also involves a system of accountability through the Chief Executive to the Board to ensure these steps are implemented and their effectiveness reviewed.

9. Principle of Confidentiality

Full respect will be given to the privacy and confidentiality of staff, patients and/or their carers. Details of any event should at all times be considered confidential. The consent of the individual concerned should be sought prior to disclosing information beyond the clinicians involved in treating the patient. Where this is not practicable or an individual refuses to consent to the disclosure, disclosure may still be lawful if justified in the public interest, or where the investigating panel has statutory powers for obtaining information. Communications with parties outside of the clinical team will be strictly on a need to know basis and, where practicable, records will be anonymous. Patients and/or their carers should be informed of who will be involved in the investigation before it takes place, allowing them the opportunity to raise any objections.

10. Principle of Continuity of Care

Patients are entitled to expect that they will continue to receive all usual treatment and be treated with respect and compassion following an adverse incident, complaint or claim. Should such patients express a preference for their healthcare needs to be taken over by another team every effort will be made to accommodate their wishes.

20. Appendix C – ‘Being Open’ Patient Charter

Patient Charter

At South Warwickshire NHS Foundation Trust staff work hard to deliver the highest standards of healthcare to all patients. Although we provide safe and effective care to many thousands of people every year, sometimes, despite our best efforts, things can and do go wrong.

If a patient is harmed whilst receiving their care, we believe that they, their family or carer should receive an apology, are fully informed as to what has happened, have their questions answered and know what action is being taken in response.

We call this ‘*Being Open*’ and therefore make a commitment to our patients to: -

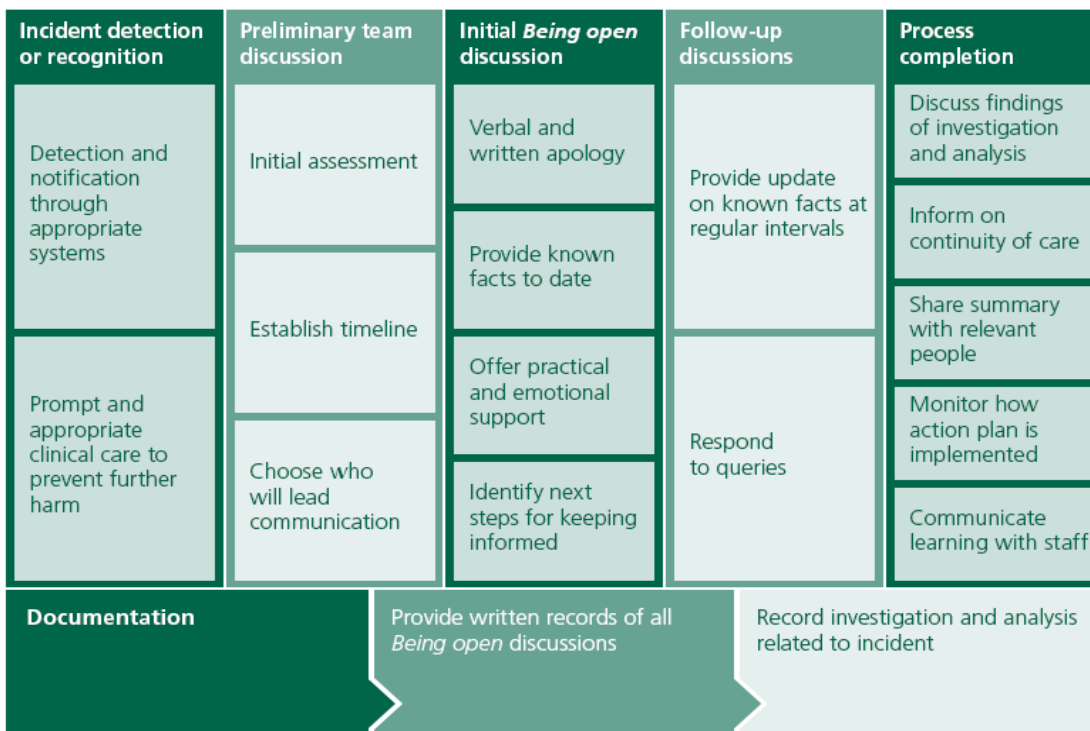
- Apologise for the harm caused
- Explain, openly and honestly, what happened
- Describe what we are doing
- Offer support and counselling services that might be able to help
- Provide the name of a person to speak to
- Give updates on the results of any investigation

Chief Executive
South Warwickshire NHS Foundation Trust

21. Appendix D Overview of the ‘Being Open’ Process and Quick Reference Guide

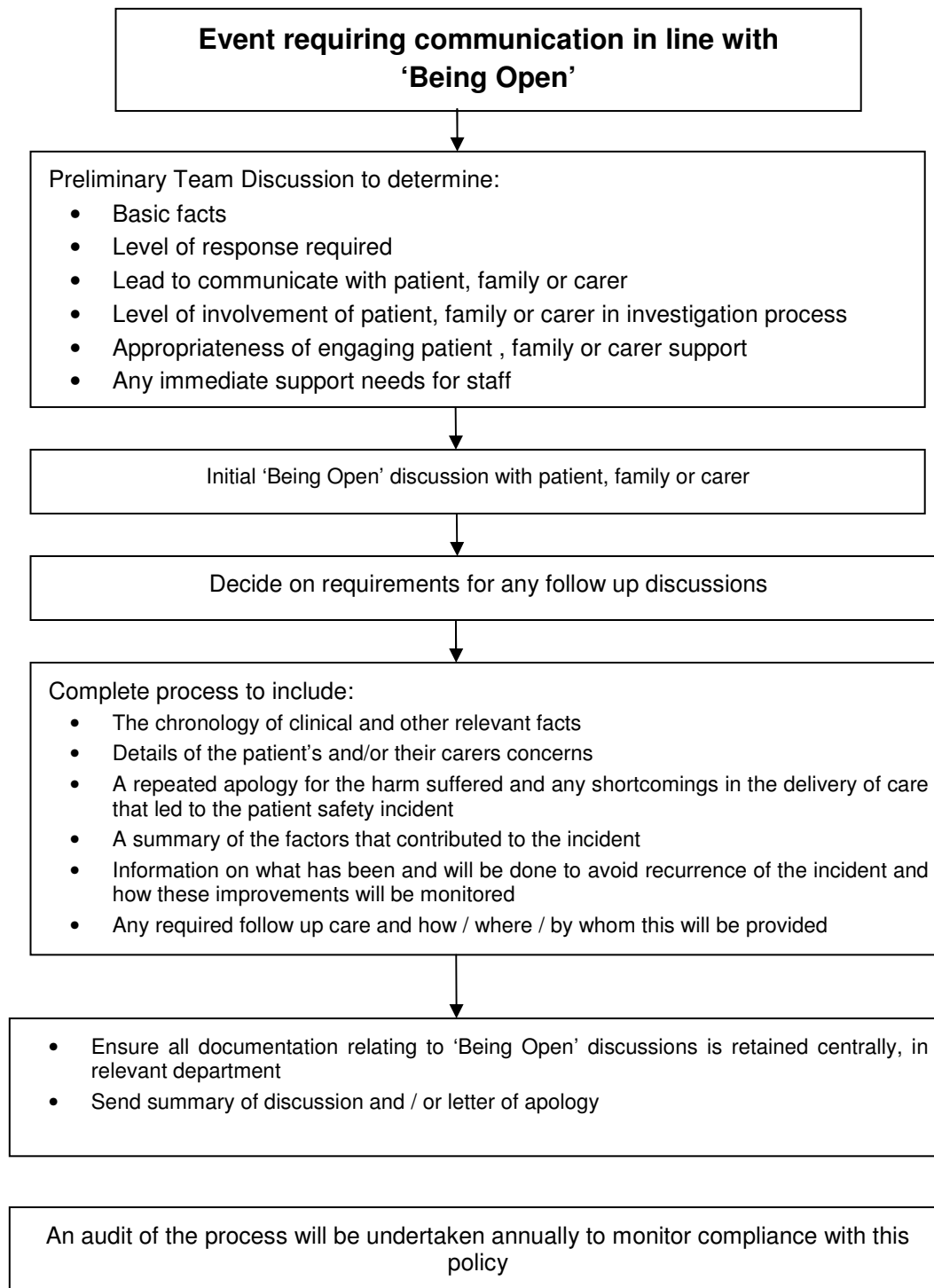
This process requires the support of improvement through clinical governance frameworks in which patient safety incidents, complaints and claims are investigated and analysed to find out what can be done to prevent their recurrence.

Overview of the *Being open* process



For quick reference the guide below is a summary of actions required. This does not negate the need of those involved in the process to be aware of and follow the detail of this policy.

‘Being Open’ is a process with a number of stages, rather than a one-off episode. The duration of the process depends on the type of event (patient safety incident, complaint or claim) the needs of the patient, their family and carers, and how the investigation progresses



22. Appendix E Senior Clinical Counsellors

Senior clinical counsellors provide mentoring and support to their colleagues. Identification of these people comes from one of the recommendations for strengthening 'Being Open' as outlined in the 'Being Open' NPSA Alert (NPSA, 2009 pg 33) and is reproduced below. A few organisations have these people in place already.

A senior clinical counsellor should only be asked to lead 'Being Open' discussions when appropriate. Their primary role is to provide support to their colleagues in implementing 'Being Open'. Senior clinical counsellors should:

- Support fellow healthcare professionals with 'Being Open' by:
 - Mentoring colleagues during their first 'Being Open' discussion
 - Advising on the 'Being Open' process
 - Being accessible to colleagues prior to initial and subsequent 'Being Open' discussions
 - Facilitating the initial team meeting to discuss the incident when appropriate
 - signposting the support services within the organisation for colleagues involved in 'Being Open' discussions
 - Facilitating debriefing meetings following 'Being Open' discussions;
 - Mentoring colleagues to become senior clinical counsellors
- Support fellow healthcare professionals in dealing with patient safety incidents by:
 - Signposting the support services within the organisation for colleagues involved in patient safety incident discussions
 - Advising on the reporting system for patient safety incidents
- Practice and promote the principles of 'Being Open'

For further information about this role see the supporting resources on the NRLS website at: www.nrls.npsa.nhs.uk/beingopen

Requests for a senior clinical counsellor to assist with 'Being Open' should be made by discussion with the Nursing Director/AMD for Governance who will nominate an appropriate clinician.

23. Appendix F Particular Patient Circumstances

According to the 'Being Open' NPSA Alert in certain circumstances communication with a patient may need to be modified. The following 'Good Practice' guidance is reproduced from the Alert.

22.1 When a Patient Dies

When an event has resulted in a patient's death, it is crucial that communication is sensitive, empathetic and open. It is important to consider the emotional state of bereaved relatives or carers and to involve them in deciding when it is appropriate to discuss what has happened.

The carers will probably need information on the processes that will be followed to identify the cause(s) of death. Discussions will generally occur before the coroner's inquest, but in certain circumstances it may be more appropriate to wait for the inquest before holding discussions with the carers. The coroner's report on post-mortem findings is a key source of information that will help to complete the picture of events leading up to the patient's death. In any event an apology should be issued as soon as possible after the patient's death, together with an explanation that the coroner's process has been initiated and a realistic timeframe of when the carers will be provided with more information.

22.2 Children

The legal age for giving consent to treatment is 16. It is the age at which a young person acquires the full rights to make decisions about their own treatment and their right to confidentiality becomes vested in them rather than their parents or guardians. However, it is still considered good practice to encourage competent children to involve their families in decision making.

The courts have stated that younger children who understand fully what is involved in the proposed procedure can also give consent. This is sometimes known as Gillick competence or the Fraser guidelines. Where a child is judged to have the cognitive ability and the emotional maturity to understand the information provided, he/she should be involved directly in the Being Open process. The opportunity for parents to be involved should still be offered unless the child expresses a wish for them not to be present.

Where children are deemed not to have sufficient maturity or ability to understand, consideration needs to be given to whether information is provided to the parents alone or in the presence of the child. In these instances the parents' views on the issue should be sought. More information can be found in the Trust's Consent to Examination or Treatment Policy (SWH, 2011) or the Department of Health's website, www.dh.gov.uk.

22.3 Patients with Mental Health Issues

'Being Open' for patients with mental health issues should follow normal procedures, unless the patient also has cognitive impairment (see below). The only circumstances in which it is appropriate to withhold information about an event from a mentally ill patient is when advised to do so by a consultant psychiatrist who feels it would cause adverse

psychological harm. However, such circumstances are rare and a second opinion (by another consultant psychiatrist) would be needed to justify withholding information from the patient. Apart from in exceptional circumstances, it is never appropriate to discuss information about any event with a carer or relative without the express permission of the patient. To do so is an infringement of the patient's human rights.

22.4 Patients with Cognitive Impairment

Some individuals have conditions that limit their ability to understand what is happening to them. They may have authorised a person to act on their behalf by an enduring power of attorney. In these cases steps must be taken to ensure that this extends to decision making and to the medical care and treatment of the patient. Discussions would then be held with the holder of the power of attorney. Where there is no such person the clinicians may act in the patient's best interest in deciding who the appropriate person is to discuss the welfare of the patient as a whole and not simply their medical interests. However, the patient should, where possible, be involved directly in communications about what has happened. An advocate with appropriate skills should be available to the patient to assist in the communication process.

22.5 Patients with Learning Disabilities

Where a patient has difficulties in expressing their opinion verbally, an assessment should be made about whether they are also cognitively impaired (see above). If the patient is not cognitively impaired they should be supported in the 'Being Open' process by alternative communication methods e.g. by being given the opportunity to write questions down. An advocate, agreed on in consultation with the patient, should be appointed. Appropriate advocates may include carers, family or friends of the patient and should focus on ensuring that the patient's views are considered and discussed.

22.6 Patients with Different Communication Needs

A number of patients will have particular communication difficulties, such as a hearing impairment. Plans for the meeting should fully consider these needs. Knowing how to enable or enhance communications with a patient is essential to facilitating an effective 'Being Open' process, focusing on the needs of the individuals and their families and being personally thoughtful and respectful.

22.7 Patients with Different Language or Cultural Considerations

The need for translation and advocacy services and consideration of special cultural needs (such as for patients from cultures that make it difficult for a woman to talk to a male about intimate issues), must be taken into account when planning to discuss information about any event. It may be useful to obtain advice from an advocate or translator before the meeting, on the most sensitive way to discuss the information. Avoid using 'unofficial translators' and/or the patient's family or friends as they may distort information by editing what is communicated.

22.8 Patients Who Do Not Agree with the Information Provided

Sometimes, despite the best efforts of healthcare staff or others, the relationship between

patient/carers and the healthcare professional breaks down. They may not accept the information provided or may not wish to participate in discussions. In this case the following strategies may assist:

- Deal with the issue as soon as it emerges
- Write a comprehensive list of the points that the patient/carer disagree with and reassure them you will follow up these issues
- Where the patient agrees, ensure their carers are involved in discussions from the beginning
- Ensure the patient has access to support services
- Offer the patient/carers another contact person with whom they may feel more comfortable. This could be another member of the team. If the relationship with the senior clinician has broken down then another senior clinician with appropriate skills and knowledge will need to be identified. The AMD for Governance will be able to assist with this process
- Use a mutually acceptable mediator to help identify the issues between the Trust and the patient and to look for a mutually agreeable solution
- Ensure the patient and/or their carers are fully aware of the complaints procedure

24. Appendix G – Monitoring Compliance Form

Title of Document	Being Open Policy – Communicating Patient Safety Incidents, Complaints and Claims with Patients and their carers
Date	July 2011

CQC regulations relating to this document (if any)	Health and Social Care Act 2008 Regulation 9		
NHSLA Standard related to this document (if any)	NHSLA 2011 Standards 5.10		
Does the document fulfil the criterion of NHSLA? (please circle as appropriate)	<u>YES</u>	No	N/A
	<u>If not, why not:</u>		

Being Open	Lead	Monitoring	Frequency	Reporting Arrangements
Process for encouraging open communication between healthcare organisations, healthcare teams, staff, patients and/or their carers	Patient Safety Manager/Nominated Deputy	Audit all wards to determine if Being Open Charter is displayed	Audit undertaken at least once a year	Reported to the Risk Management Board
'Process for acknowledging, apologising and explaining when things go wrong' and 'Requirements for documenting all communication' including 'Provision of additional Support' (of patients/carers)	Patient Safety Manager	Incident: audit healthcare records of 10% sample number of Red/Dark Amber incident during audit period and determine level of discussion and documentation, including support offered to patients/carers	Audit undertaken at least once a year	Reported to the Risk Management Board
	Patient Experience Officer	Complaints: Audit complaints spreadsheet to determine how many were acknowledged and responded to in given timescales; audit complaints files of 10% of complaints received in audit period to determine if correct discussions had taken place and been documented, including support offered to patients/carers	Audit undertaken at least once a year	Reported to the Risk Management Board
	Legal Services Co-ordinator	Claims: Audit Claims Monitoring Forms to determine if letter of claim was acknowledged, notified to NHSLA,	Audit undertaken at least once a year	Reported to the Risk Management Board

Communicating Incidents, Complaints and Claims with Patients and their Carers

		records requests complied with etc, in timescales (refer to SWH-00015)		
Provision of additional Support (staff)	Patient Safety Manager	Refer to SWH-00020	Audit undertaken at least once a year	Reported to the Clinical Governance Committee
	Patient Experience Officer	Refer to SWH-00353	Audit undertaken at least once a year	Reported to patient Experience Group
	Legal Services Co-ordinator	Refer to SWH-00015	Audit undertaken at least once a year	Reported to Risk Management Board
<p>Following an audit required changes to practice will be identified and actioned within a specific time frame with a responsible person identified to lead the implementation of the actions. Lessons and action plans will be shared with all the relevant stakeholders.</p>				