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| Reference Number: 436 Version Number: 2 | Date of Next Review: 18 Dec 2021 Previous Trust/LHB Reference Number: T291 |
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**BEING OPEN
POLICY**

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we are committed to Being Open with patients and staff following adverse events.

The Policy defines Being Open in line with the framework introduced to the NHS by the former National Patient Safety Agency (NPSA) in 2005, with updated guidance in 2009.

Being Open broadly involves:-

- acknowledging, apologising and explaining to patients, their families and carers when things go wrong;
- when appropriate, conducting a thorough investigation into adverse incidents 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.

The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013 chaired by Robert Francis QC, made many significant recommendations; recommendation 181 was that a statutory duty of candour be introduced for health and care providers. The following definitions were referred to the Report and are adopted by the UHB.

- Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.
- Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.
- Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

We encourage an open and just culture. The aim of reporting and investigating adverse incidents is not to blame but rather learn from the event and to minimise risk of recurrence. A critical component of the learning process is to be open with those affected by the event, including conveying an apology. It is important to remember that saying sorry is not an admission of liability and is the right thing to do when an adverse incident has occurred.

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|---|--------|----------------------------------|
| Document Title: Being Open Policy | 2 of 6 | Approval Date: 18 Dec 2018 |
| Reference Number: UHB 436 | | Next Review Date: 18 Dec 2021 |
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The way a concern is initially handled can have an impact on everything that follows, so a robust approach to Being Open by providing a sympathetic, genuine and listening approach is crucial.

Policy Commitment

To ensure that all staff, regardless of seniority or permanency, understand the responsibility to be open and transparent in their communication with relevant persons following an adverse incident.

To promote a culture that encourages candour, openness and honesty at all levels. This is an integral part of a culture of safety that supports organisational and personal learning.

To enable the UHB to be compliant with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and Safe Care, Compassionate Care: A National Governance Framework.

To enable individual members of staff who are registered with professional bodies to fulfil the obligations of their professional duty of candour.

Supporting Procedures and Written Control Documents

- Incident, Hazard and Near Miss Reporting Procedure

Scope

This policy applies to all staff in all locations, including those with honorary or temporary contracts.

The policy applies when harm to patient/s at moderate, major or catastrophic level has been identified. This is irrespective of whether the harm is identified by patients, their family or carers, for example, through the concerns process or by staff through incident reporting procedures. Any decision to discuss near miss / low harm incidents with patients, their families and carers will be on an individual patient basis.

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| Equality and Health Impact Assessment | An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact |
| Policy Approved by | Quality, Safety and Experience Committee |
| Approved by | Quality, Safety and Experience Committee |
| Group with authority to approve procedures | Clinical Board Quality, Safety and Experience Groups |

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|---|--------|----------------------------------|
| Document Title: Being Open Policy | 3 of 6 | Approval Date: 18 Dec 2018 |
| Reference Number: UHB 436 | | Next Review Date: 18 Dec 2021 |
| Version Number: 2 | | Date of Publication: 15 Jan 2019 |
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| written to explain how this policy will be implemented | |
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| Accountable Executive or Clinical Board Director | Executive Nurse Director |
| Author(s) | Head of Patient Safety and Quality |
| <p><u>Disclaimer</u> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p> | |

| Summary of reviews/amendments | | | |
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| Version Number | Date of Review Approved | Date Published | Summary of Amendments |
| | | | <i>State if either a new document, revised document (please list main amendments). List title and reference number of any documents that may be superseded</i> |
| 2 | 18 Dec 2018 QSE Committee | 15 Jan 2019 | Policy and Procedure have been separated into different documents. Updated reference to National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and Safe Care, Compassionate Care: A National Governance Framework is made. |
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Equality & Health Impact Assessment for **BEING OPEN POLICY**

Please answer all questions:-

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| 1. | For service change, provide the title of the Project Outline Document or Business Case and Reference Number | Being Open Policy |
| 2. | Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details | Executive Nurse Head of Patient Safety and Quality – 46387 |
| 3. | Objectives of strategy/ policy/ plan/ procedure/ service | <ul style="list-style-type: none"> • To ensure that all staff, regardless of seniority or permanency, understand the responsibility to be open and transparent in their communication with relevant persons following an adverse incident. • To promote a culture that encourages candour, openness and honesty at all levels. This is an integral part of a culture of safety that supports organisational and personal learning. • To enable the UHB to be compliant with the National Health |

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|---|--------|----------------------------------|
| Document Title: Being Open Policy | 5 of 6 | Approval Date: 18 Dec 2018 |
| Reference Number: UHB 436 | | Next Review Date: 18 Dec 2021 |
| Version Number: 2 | | Date of Publication: 15 Jan 2019 |
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| | | <p>Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and Safe Care, Compassionate Care: A National Governance Framework.</p> <ul style="list-style-type: none"> To enable individual members of staff who are registered with professional bodies to fulfil the obligations of their professional duty of candour. |
| 4. | <p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> population data staff and service users data, as applicable needs assessment engagement and involvement findings research good practice guidelines participant knowledge list of stakeholders and how stakeholders have engaged in the development stages comments from those involved in the designing and development stages | <p>The Being Open framework was introduced to the NHS by the former National Patient Safety Agency. The framework specifically considered the needs of patients in particular circumstances, for example, those who are children, those with mental health issues, those with cognitive impairment, different language, communication or cultural considerations. The associated Procedure considers these issues in turn.</p> <p>The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013 chaired by Robert Francis QC, made many significant recommendations; recommendation 181 was that a statutory duty of candour be introduced for health and care providers. The Report can be accessed here. This has been introduced by the Care Quality Commission in NHS England into their regulatory framework. In NHS Wales, it is underpinned by the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011</p> |

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|---|--------|----------------------------------|
| Document Title: Being Open Policy | 6 of 6 | Approval Date: 15 Dec 2018 |
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| | Population pyramids are available from Public Health Wales Observatory ¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need ² . | (more information is here) and Safe Care, Compassionate Care: A National Governance Framework (more information is here). |
| 5. | Who will be affected by the strategy/ policy/ plan/ procedure/ service | This policy applies to all staff in all locations, including those with honorary or temporary contracts. |

¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>