

Thames hospice

Policy and Procedure: BEING OPEN (DUTY OF CANDOUR)

Date	Author / Reviewer	Approved by	Doc name	Comment	Responsible Committee	Review
May 2019	Linda Nelson	PCQC	CLIN-P-0004 (Formerly IPU-P-0036)	<u>April 2019:</u> Minor amendments and layout changes. Document renamed to CLIN-P-0004	PCQC	May 2021
May 2017	Jacque Batchford / Linda Nelson			<u>April 2017:</u> Policy reviewed. Minor amendments to text and layout.		
May 2015	Jacque Batchford Director of Patient and Family Services			<u>May 2015:</u> New policy		

Policy Summary:

This policy:

1. Provides guidance to staff about when the principles of Being Open and Duty of Candour requirements apply, and the processes to be followed to support openness with patients and their families following an incident, complaint or claim.
2. Identifies specific responsibilities of staff.
3. States expected practice.
4. Provides information on action in the event of a breach of policy.
5. References.

Providers must promote a culture that encourages candour, openness and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning. There should also be a commitment to being open and transparent at board level, or its equivalent such as a governing body.

Taken from page 8 of Regulation 20: CQC Duty of Candour, published March 2015.

Purpose of Policy

- 1.1 To provide guidance to staff about when the principles of Being Open and Duty of Candour requirements apply and the processes to be followed to support openness with patients and their families following an incident, complaint or claim.

2. Responsibilities

2.1 Director of Patient and Family Services.

- Has overall responsibility for ensuring that clinical staff receive training in Being Open, and that the guidelines on the process for Being Open are followed when a serious incident occurs.
- Must ensure that clinical staff are aware of their responsibilities under Duty of Candour and meet the requirements after a relevant incident occurs.

2.2 Head of Governance and Quality.

- Is responsible for monitoring patient safety incidents to identify those that require a more formal approach to Being Open, in order to meet the Duty of Candour requirements, and provide an annual audit report regarding compliance with the policy.

2.1 Medical Director, Head of In Patient Services, Rapid Response Team Leader, Head of Psychological Support Services and Head of Therapy Services.

- Are responsible for ensuring that clinical staff follow the principles of Being Open and Duty of Candour in practice.

2.3 Doctors, Allied Health Care Professionals, Registered Nurses, Health Care Assistants and Volunteers in patient facing roles.

- Are responsible for their own practice within the scope of the policy.

3. Policy

- 3.1 Thames Hospice believes that promoting a culture of openness is a prerequisite to improving patient safety. It involves explaining and apologising for what happened to patients who have been harmed or involved in an incident as a result of their healthcare treatment, and ensures that communication is open, honest and occurs as soon as possible following an incident.

- 3.2 Thames Hospice recognises that when clinical staff make errors, which may result in harm to patients, they need to feel confident about acknowledging such mistakes. The culture of openness means that in such circumstances clinical staff will be supported, and that any resulting disciplinary or capability action will be aimed at improving practice.

3.3 The culture of openness encompasses communication between healthcare organisations, healthcare teams, patients and/or their carers.

3.4 Definitions:

Being Open: apologising and explaining what happened to patients who have been harmed as a result of a patient safety incident. It encompasses communications between healthcare professionals, patients and their carers.

Duty of Candour: applies to patient safety incidents that occur during care, that result in moderate harm, severe harm or death, and is a requirement to ensure that patients and/or their families are told about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences.

Notifiable Safety Incident (Care Quality Commission): an unintended or unexpected incident that occurs during the provision of care that in the reasonable opinion of a health care professional could result in:

- Death as a direct result of the incident, not as a result of the underlying illness or condition.
- Severe harm, moderate harm or prolonged psychological harm (a period of at least 28 days).

Relevant Person: the person who should receive an apology and explanation – in most circumstances this should be the patient, unless the patient has died, lacks capacity or is under 16.

Staff: includes Thames Hospice employees and volunteers in patient facing roles.

4. Principles

4.1 The following principles involved in the communication of patient safety incidents are essential to support the policy:

- Acknowledgement.
- Truthfulness, timeliness, and clarity of communication.
- Apology.
- Recognition of patient and carer expectations.
- Professional support.
- Risk management and systems improvement.
- Multi-disciplinary responsibility.
- Clinical governance.
- Confidentiality.
- Continuity of care.

4.2 The principles of Being Open must be applied to any incident, complaint or claim occurring as a result of healthcare treatment provided by a Thames Hospice service resulting in harm to the patient.

5. Related Thames Hospice Policies

- Incident Reporting Policy.
- Safeguarding Adults Policy.
- Deprivation of Liberty Policy
- Risk Management Policy.
- Whistleblowing Policy.
- Disciplinary Policy and Procedure.
- Capability Policy and Procedure.
- Volunteer Problem Solving Policy and Procedure.

6. Staff training

All Doctors, Registered Nurses and Health Care Assistants must read this policy on induction and when the policy is reviewed.

All volunteers in patient facing roles will receive a booklet on induction that they must read.

7. Breach of Policy

- 7.1 Any deviation in practice from the above policy and procedure will be deemed a breach of policy.
- 7.2 Any breach of this policy by Thames Hospice employees may lead to formal disciplinary action.
- 7.3 Any breach of this policy by Thames Hospice volunteers may lead to formal action under the Problem Solving Policy and Procedure.

8. References and useful reading

Being Open NHS Improvement <https://improvement.nhs.uk/resources/learning-from-patient-safety-incidents/>

Updated June 2018. Accessed 26/04/19.

CQC. Regulation 20. Duty of Candour <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour>
Accessed 26/04/2019.