

## **Being Open Policy**

**Also incorporating Duty of Candour, Whistleblowing, Blame Free Culture**

Adopted by 100Fold CIC

2020

Being Open Policy

Also incorporating Duty of Candour, Whistleblowing, Blame Free Culture

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### **Purpose and definitions**

The purpose of this policy is to provide guidance for staff and assurance to patients that 100Fold CIC is committed to continually providing high quality healthcare for all patients and supporting the staff who provide this care. The aim of the policy is to provide guidance and advice on the culture of being open at 100Fold CIC, when to apply the principles of being open, and how the process is enacted within 100Fold CIC.

All patients regardless of age, gender, ethnic background, culture, cognitive function, sexual orientation, or marital status have the right to have their privacy and dignity respected.

### **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.

Saying sorry is not an admission of liability and is the right thing to do when things have gone wrong.

**Duty of Candour** is a legal requirement for all healthcare organisations.

It advises that as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a registered person (usually the practice manager) must notify the relevant person (usually the patient or parent) that an incident has occurred. The notification should:

- Be given in person by one or more representatives of the registered person (usually a GP and a practice manager).
- Provide an account, which to the best of the health service body's knowledge is true, of all the facts the registered person knows about the incident as at the date of the notification.

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- Advise the relevant person what further enquiries into the incident the registered person believes are appropriate.
- Include an apology.
- Be recorded in a written record, which is kept securely by the registered person.

### Levels of patient harm – National Reporting and Learning System (NRLS) definitions

Incident	Level of response
<b>No harm (including prevented patient safety incident)</b>	<p>Patients are not usually contacted or involved in investigations and these types of incidents are outside the scope of the <i>Being open</i> policy.</p> <p>Individual healthcare organisations decide whether 'no harm' events (including prevented patient safety incidents) are discussed with patients, their families and carers, depending on local circumstances and what is in the best interest of the patient.</p>
<b>Low harm</b>	<p>Unless there are specific indications or the patient requests it, the communication, investigation and analysis, and the implementation of changes will occur at local service delivery level with the participation of those directly involved in the incident.</p> <p>Reporting to the risk management team will occur through standard incident reporting mechanisms and be analysed centrally to detect high frequency events. Review will occur through aggregated trend data and local investigation. Where the trend data indicates a pattern of related events, further investigation and analysis may be needed.</p> <p>Communication should take the form of an open discussion between the staff providing the patient's care and the patient, their family and carers.</p> <p><b>Apply the principles of <i>Being open</i></b></p>
<b>Moderate harm, severe harm or death</b>	<p>A higher level of response is required in these circumstances. The risk manager or equivalent should be notified immediately and be available to provide support and advice during the <i>Being open</i> process if required.</p> <p><b>Apply the <i>Being open</i> process</b></p>

### Scope

This policy applies to all employees of 100Fold CIC, contractors, seconded staff, placements, and agency staff.

### Roles, rights, and responsibilities

#### All staff

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All staff have a responsibility to understand the principles of being open and when they should be applied.

All staff should be open and transparent with people who use our services and other 'relevant persons' (which are people acting lawfully on our behalf) in general in relation to care and treatment.

### **Director of Operations**

To update this policy, ensure that it is aligned with national guidelines, distribute appropriately, and ensure that staff are trained at induction and at regular intervals so that they are aware of the principles of being open and the content of the practice policy.

To work with all staff, patients, and carers to ensure that the being open process is followed and enacted when appropriate.

To report incidents to the relevant bodies, when appropriate.

To collate feedback from relevant bodies and disseminate this to the relevant staff members and/or wider team.

### **Principles of this policy**

This policy adheres to local and national guidance and policy, including the 'National Learning and Reporting Service guidance; Being open'.

The ten principles of being open are:

1. Providing an acknowledgement that something has gone wrong.
2. Providing an approach of truthfulness, timeliness, and clarity of communication.
3. Offering an apology.
4. Recognising patient and carer expectations.
5. Providing professional support to those who need it.
6. Using appropriate risk management and systems improvement methodologies.
7. Taking multidisciplinary responsibility.

8. Using the framework of clinical governance.
9. Undertaking to provide confidentiality during the investigation.
10. Undertaking to provide ongoing continuity of care.

100Fold CIC will always undertake the following steps if a care episode becomes subject to a duty of candour.

- Our process will be timely and contain an approach that encompasses frequent updates for patients and carers, when appropriate.
- Our process will include meetings sensitively handled between patients/carers and relevant practice staff.
- All episodes of patient harm will be followed up and actions taken where appropriate.
- Incident reports are submitted directly to the Care Quality Commission and National Learning and Reporting System.
- Any actions taken are communicated to the patient/carers and an explanation of the impact this will have and any changes at the practice.
- Staff are supported through any investigation and report.
- Incidents are audited and discussed as a multidisciplinary team.

### **Distribution**

Employees will be made aware of this policy via TeamNet.

Patients will be made aware of this policy using patient leaflets and on the practice website.

### **Training**

All staff will be given training on the culture of being open and duty of candour at induction and at regular intervals thereafter.

Any training requirements will be identified within an individual's Personal Development Reviews. Training is available in the Training module within TeamNet.

### **Equality and Diversity Impact Assessment**

In developing this policy, an equalities impact assessment has been undertaken. An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.

If, at any time, this policy is considered to be discriminatory in any way, the author of the policy should be contacted immediately to discuss these concerns

### **Monitoring and reporting**

Monitoring and reporting in relation to this policy are the responsibility of the practice manager.

The following sources will be used to provide evidence of any issues raised:

- PALS.
- Complaints.
- Significant and learning events.

Any incidents relating to being open will be monitored via incident reporting.

### **Summary of NHS legal and mandatory documentation**

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20.



## Versions

Document review history

Version number	Author/reviewer	Summary of amendments	Issue date
1.0	Clarity Informatics	Policy written	29.4.2020
2.0	Tyffanni Markall	Policy Adopted by 100Fold CIC	21.12.2022
3.0	Millie Day	Reviewed and no amendments	05.12.2022
4.0			
5.0			
6.0			
7.0			

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- NHS Improvement. Asking for advice or raising complaints and concerns with us <https://improvement.nhs.uk/contact-us/asking-advice-raising-complaints-and-concerns/#h2-nhs-staff-or-nhs-foundation-trust-governors>

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- NHS England. Freedom to speak up in primary care <https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>
- NHS Confederation. Having the freedom to speak up <https://www.nhsconfed.org/blog/2018/07/having-the-freedom-to-speak-up>
- Report Sir Robert Francis QC. Freedom to Speak up [https://webarchive.nationalarchives.gov.uk/20150218150953/https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU\\_web.pdf](https://webarchive.nationalarchives.gov.uk/20150218150953/https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf)
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