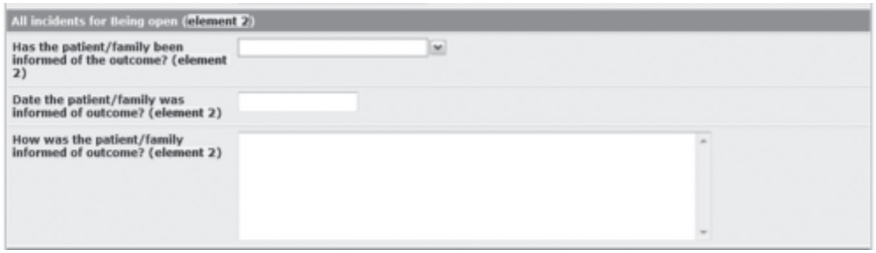
For Managers closing incidents:

When closing an incident or at the conclusion of the investigation, Managers should ensure completion of the being open (element 2) section i.e. to detail the communication of the outcome following investigation (where the statutory duty of candour applies).



If you are unsure if a discussion with the patient or relative / carer has taken place, you will need to discuss the incident with the member of staff who completed the incident form or the clinical team involved. Completing the above Datix fields will ensure that we can monitor compliance with our processes and fulfil our contractual Duty of Candour. For further information, please refer to the Trusts 'Being Open' Policy (OP 60) on the intranet.

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NHS
The Royal Wolverhampton
NHS Trust

Duty of Candour

Staff Leaflet
What it means

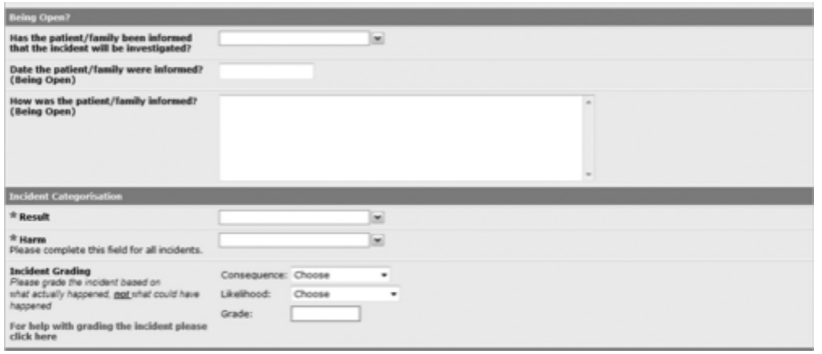
Being Open
Saying sorry when things go wrong

Remember, apologising does not mean an admission of any guilt or wrong-doing, you are apologising for what has occurred. For further information, please refer to the Trust's 'Being Open' Policy (OP 60) on the intranet.

For Staff reporting incidents on Datix:

Complete the Being Open fields on datix and use the dialogue box to document any conversations with patients or relatives/ carers, e.g.

"I informed my ward manager of the fall and we spoke to the patient and her daughter about the immediate action we have taken"
"I informed my consultant of the drug error and the action I had taken. He went to see the patient to explain what had happened, what additional monitoring we would be carrying out, and that there would be a full investigation into how the error occurred"



Incidents where prolonged psychological harm has been identified must be entered as either moderate or severe harm on Datix depending on the circumstances in each case.

For Managers approving incidents on Datix:

The same set of fields within the being open section are shown for managers. These are **mandatory fields** and **must be completed** before approval of the incident. If prolonged psychological harm has been identified must be entered as either moderate or severe harm on Datix depending on the circumstances in each case.

What does this mean for me?

If you are involved in an incident that causes moderate, severe harm, death or prolonged psychological harm, you should:

- Take immediate action to make the situation safe and report the incident to your manager and on Datix
- Discuss with your line manager or a senior clinician to agree who is the most suitable person to speak to the patient or relative/carer
- This person should then offer an explanation of the facts and an apology for what has happened
- Make an entry in the patient's medical records giving a brief description of the incident and confirmation that the patient or relative / carer has been advised of the incident or the plan to inform them
- Attach to the incident on the Datix system any letters, meeting notes or other communication to the patient, relative or carer. All communications must be documented for record of the Duty of Candour process
- If you are leading the Being Open communication:
    - Sensitive and factual communication is key at all stages
    - Following the investigation in order to provide feedback to the RCA you should contact the patient to offer options for this communication e.g. a meeting, phone discussion or feedback in writing
- Discuss with your manager any support needs you may have arising from the incident

What is Duty of Candour?

We provide safe and effective care to many thousands of patients every year. But sometimes, despite our best efforts, things can go wrong.

When this happens, NHS organisations are expected to be open and honest about mistakes, this helps to create a culture where staff are open with patients.

Candour is defined in Robert Francis' report as: 'The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

The essence of Being Open is that patients, relatives and carers should receive the information they need to understand what has happened, receive an apology, details of the investigation into the incident and reassurance that lessons will be learned to help prevent the incident happening to someone else.

From April 2013, NHS England established a contractual duty of openness in all commissioning contracts, called 'duty of candour'. From November 2014 a statutory Duty of Candour is placed on providers of health and social care to be open with patients (or their relatives) when patients suffer harm related to care or treatment. This means that all NHS organisations are now under a statutory and contractual duty to tell the patient or their relative about adverse events where harm has occurred, and to ensure that lessons are learned to prevent them from being repeated.

When does the Duty of Candour apply?

Staff must apply the Duty of Candour (Being Open process) where a patient has suffered moderate, severe (major) harm or death; or where prolonged psychological harm has occurred or is anticipated (see definitions of harm below).

Definitions of harm:

Moderate harm: Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.

Moderate increase in treatment: An unplanned return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment area (such as intensive care).

Severe (major) harm: Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care.

Permanent harm: Permanent lessening of bodily functions, sensory, including removal of the wrong limb or organ, or brain damage.

Prolonged psychological harm: psychological harm which the service user has experienced or is likely to experience, for a continuous period of at least 28 days.

Death: Any patient safety incident that directly resulted in the death of one or more persons receiving NHS-funded care.

NB. Death and severe harm are qualified in that they only apply where the death or severe harm is related directly to the incident rather than the natural course of the service user's illness or underlying condition.

Where unintended or unexpected events cause moderate harm, these must be reported on Datix and investigated to establish Duty of Candour.

The definition of Prolonged psychological harm is judged by the reasonable opinion of the healthcare professional.

Each case has to be judged on its own merit and it may be necessary to convene a group of clinical/management professionals to consider a decision and way forward. Decisions and rationale should be documented and retained with the incident and investigation report.

What does the contractual Duty of Candour require?

Where an incident causing moderate, severe harm, death or prolonged psychological harm has occurred/been caused to a patient, they or their relative/carer need to:

1. Be informed about the incident within 10 days of the incident being reported and that an investigation will be undertaken
2. Receive an apology for what has happened and be provided with information on the facts known at the time
3. Be briefed about the investigation process and told how they will be kept informed
4. Be offered updates and an opportunity to hear and discuss the outcome of the investigation (within 10 days of the report being available)

These principles are outlined in the Trusts 'Being Open' policy (OP 60 procedure 1). Please refer to the policy for guidance on:

- The appropriate person to lead communications
- Contacting the patient
- Documentation of communication with patient, relative / carers

As a Trust, we want to encourage a culture of openness and honesty so that our patients feel informed and supported.