Communicating with patients, their families and carers following a patient safety incident

Being open is a set of principles that healthcare staff should use when communicating with patients, their families and carers following a patient safety incident in which the patient was harmed.

Being open supports a culture of openness, honesty and transparency, and includes apologising and explaining what happened.

In 2005, the National Patient Safety Agency (NPSA) issued a Safer Practice Notice advising the NHS to develop a local Being open policy and to raise awareness of this policy with all healthcare staff.

The guidance has now been revised in response to changes in the healthcare environment and in order to strengthen Being open throughout the NHS.

The revised Being open framework (available at www.nrls.npsa.nhs.uk/beingopen) should be used in conjunction with this Alert to help develop and embed Being open in each NHS organisation.

The Being open principles are fully supported by a wide range of royal colleges and professional organisations, including the Medical Defence Union, Medical Protection Society, NHS Litigation Authority and Welsh Risk Pool.

Tools to support organisations in the implementation of this Alert are available at: www.nrls.npsa.nhs.uk/beingopen

Endorsed by:

- Action Against Medical Accidents
- Department of Health
- Healthcare Inspectorate Wales
- NHS Confederation (England)
- NHS Confederation (Wales)
- NHS Litigation Authority
- Medical Defence Union
- Medical Protection Society

- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Obstetricians and Gynaecologists
- Royal College of Physicians
- Royal College of Psychiatrists
- Welsh Assembly Government
- Welsh Risk Pool

Action for the NHS

For action by Chief Executives of organisations commissioning and providing healthcare.

Deadlines:

- Actions underway: 22 February 2010
- Actions completed: 23 November 2010

Actions:

1) Local policy: Review and strengthen local policies to ensure they are aligned with the Being open framework and embedded with your risk management and clinical governance processes.

2) Leadership: Make a board-level public commitment to implementing the principles of Being open.

3) Responsibilities: Nominate executive and non-executive leads responsible for leading your local policy. These can be leads with existing responsibilities for clinical governance.

4) Training and support: Identify senior clinical counsellors who will mentor and support fellow clinicians. Develop and implement a strategy for training these staff and provide ongoing support.

5) Visibility: Raise awareness and understanding of the Being open principles and your local policy among staff, patients and the public, making information visible to all.

6) Supporting patients: Ensure Patient Advice and Liaison Services (PALS), and other staff have the information, skills and processes in place to support patients through the Being open process.