National Patient Safety Agency

National Reporting and Learning Service

Patient Safety Alert: NPSA/2009/PSA003

Being open

November 2009

Supporting information

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1. Why has the *Being open* policy been revised?

Since the release of the original *Being open* policy in 2005, the NHS in England and Wales has undergone significant changes that have altered the context, infrastructure and language of patient safety and quality improvement. A review of the *Being open* policy, undertaken in 2008, showed that more needed to be done to strengthen the implementation of *Being open*, particularly in light of these changes.

Based on the recommendations and feedback from a listening exercise with healthcare professionals and patients, the National Reporting and Learning Service (NRLS)* has developed an updated *Being open* framework to demonstrate how to strengthen the culture of *Being open* within healthcare organisations. A Patient Safety Alert has also been issued which sets out actions for the NHS.

2. Why is openness important?

Communicating effectively with patients, their families and carers is a vital part of the process of dealing with patient safety incidents in healthcare. Research has shown that patients are more likely to forgive medical errors when they are discussed in a timely and thoughtful manner[1], and that being open can decrease the trauma felt by patients following a patient safety incident[2].

Openness also has benefits for healthcare professionals as it can: help to reduce stress through the use of a formalised, honest, communication method; alleviate the fear of 'being found out'; and improve job satisfaction by:

- ensuring that communication with patients, their families and carers has been handled in the most appropriate way;
- helping the healthcare professional to develop a good professional reputation for handling a difficult situation properly; and
- improving the healthcare professional's understanding of incidents from the perspective of the patient, their family and carers.

3. Why should the NHS implement *Being open*?

The benefits of *Being open* are widely recognised and supported by policy makers, professional bodies, and litigation and indemnity bodies, including the Department of Health, General Medical Council (GMC), National Health Service Litigation Authority (NHSLA), Medical Defence Union (MDU) and the Medical Protection Society (MPS).

The NHS Constitution for England[3] embeds the principles of *Being open* as a pledge to patients in relation to complaints and redress. It states:

> "*The NHS also commits when mistakes happen to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively."*

The Constitution recommends that staff should view the services they provide from the standpoint of a patient, and involve patients, their families and carers in the services they provide, working with them, their communities and other organisations[7].

The work of the Welsh project **'**Putting Things Right*'* and its interim guidance (September 2009) echo these messages.

* The NRLS is a division of the National Patient Safety Agency (NPSA)

The GMC in their handbook *Good Medical Practice*, also advise that:

> *"If a patient under your care has suffered serious harm, through misadventure, or for any other reason, you should act immediately to put matters right, if that is possible. You should explain fully to the patient what has happened and the likely long and short-term effects. When appropriate, you should offer an apology."*[4]

Fear of legal action may be preventing some healthcare professionals from being open with patients, but the MDU, MPS, NHSLA and Welsh Risk Pool have all issued recent guidance[5,6,7] to reassure healthcare professionals that they are not admitting liability if they apologise when something has gone wrong with their treatment of a patient.

4. Are there any examples of 'being open' from other countries?

The principles of *Being open* or 'open disclosure' are becoming recognised worldwide and there is an increasing bank of best practice examples from which the NHS can learn.

For example, a recent pilot study evaluating the efficacy of the Australian Open Disclosure Project[8] revealed that healthcare staff supported this initiative when:

- they have adequate training in carrying out open disclosure and possess relevant qualities such as excellent communication, listening and rapport-building skills;
- current infrastructure, such as clinical governance systems, is part of the process;
- there is careful pre-planning, responsive disclosure, adequate follow-up and internal, as well as independent, counselling support.

Patients and family members were shown to support the initiative when:

- there is an offering of an immediate and sincere apology;
- the original team member(s) who looked after the patient are involved;
- there is a sensitive, engaging and respectful exchange of dialogue which allows for active and reflective listening;
- there is clear guidance of the process of open disclosure.

There are also case studies which demonstrate how open disclosure and improving patient safety can have economic benefits. Examples include:

- The Mater Hospitals, Brisbane, Australia – the hospitals have noticed a significant reduction in claims with savings of nearly $2 million AUD over four years, and a substantial return on investment[9].
- A large, academic hospital in Singapore – there has been a reduction in the number of claims after implementing their system for handling serious incidents. In the past two years, they have had no cases proceed to litigation, with estimated savings of approximately $500,000 SGD per year[10].
- The University of Michigan Hospital System – the full-disclosure programme has halved the number of pending lawsuits resulting in a total average annual savings of $2 US million[11].

Overall, the programmes that appear to be most successful take a comprehensive approach to promoting being open, which includes involving all stakeholders from patients and frontline clinicians, to malpractice insurance companies.

This approach is well-described in the disclosure policy recently developed by the National Quality Forum in the US[12]. Notable examples include The Catholic Healthcare West Disclosure Program[13], COPIC 3Rs program[14], and programs at Johns Hopkins Medical Institutions[14], the University of Michigan[11], and the Lexington Kentucky Veterans Affairs Medical Center[15].

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Further information

Further information on the Australian Open Disclosure Project can be found at: www.safetyandquality.sa.gov.au

Download the *Being open* Alert, framework and other supporting tools and information from: www.nrls.npsa.nhs.uk/beingopen