

# 15 Being Open Policy

## for Beyond Medispa

- 15.1 This Policy also incorporates Duty of Candour.
- 15.2 We have an obligation to our patients to act in an open and transparent way at all times but particularly so when things go wrong or when a patient has been harmed.
- 15.3 By promoting honesty and openness throughout the Clinic, we can all ensure that we meet this requirement and ultimately improve patient outcomes, patient safety and the overall quality of the services we provide to our community.

### Definitions: What being open means

- 15.4 Being open means acknowledging, apologising and explaining when things go wrong.
- 15.5 It involves conducting thorough investigations into patient safety incidents and letting patients and/or their carers know the lessons we have learnt to prevent similar incidents happening again.
- 15.6 By doing this, we improve our understanding of adverse incidents from the patients' perspective and it enables us to provide appropriate physical and psychological support to all involved.

### Definitions: Patient notifiable incident

- 15.7 A patient notifiable incident is one that results in any unintended or unexpected incident occurring that results in:-
- the death of a patient (where the death relates to the incident and not to the natural cause of the patient's illness or underlying condition)
  - severe harm, moderate harm or prolonged psychological harm

### Definitions: Harm

- 15.8 Our definitions of harm have been taken from Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:-

#### **Moderate Harm**

This means harm that may require a moderate increase in treatment (e.g. an unplanned return to surgery) and significant but not permanent harm to the patient.

#### **Severe Harm**

This means a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions that is related directly to the incident and not related to the natural cause of the patient's illness or underlying condition.

- 15.22 Beyond Medispa recognises that incidents such as these can be stressful to be both patients and staff and staff directly or indirectly involved in the incident will be supported throughout the procedure by the Clinic team.
- 15.23 If you believe an incident has occurred but are being advised or obstructed in any way from reporting the incident, please speak to a senior member of the team. Action will be taken immediately in-line with our Bullying and Harassment Policy.
- 15.24 Any member of staff found to be in breach of this policy or found to be obstructing the notification process, will be subject to Disciplinary Procedures and or referral to their professional body.

- 15.9 Where there is uncertainty about the degree of harm caused to the patient, but has the potential to fall into the moderate harm or server harm definition, the patient must be notified in line with the Duty of Candour Procedure.
- 15.10 If an incident occurs which causes no harm to the patient, the incident will be treated in-line with our Adverse Event and Near Misses Policy.

## Duty of candour procedure

- 15.11 We must always acts in an open and transparent way in the event of harm to a patient.
- 15.12 As soon as reasonable practicable after you become aware that an incident of harm has occurred, you must notify Nadia Aminian, who will start the notification procedure.
- 15.13 Beyond Medispa will then contact the patient to notify them of the incident, (Other than in situations where the patient lacks capacity or has an appointed person to act lawfully on their behalf, information on the incident should only be disclosed to family members or carers where the patient has given their consent).
- 15.14 In the event that the patient cannot be contacted in person or declines to speak to the Clinic, a record should be kept of all attempts made to contact or speak to the patient (a template for recording details of contact made is available in the Clinic Registry).
- 15.15 The Clinic will make a decision on who the best person/people will be to make the notification and apology to the patient. The patient will then be invited to attend the Clinic for a meeting with the appointed people.
- 15.16 The patient will be told the facts of the incident in a clear, jargon-free way and will be advised of any further enquiries that the Clinic will make.
- 15.17 During the meeting, the appointed persons will apologise to the patient and the patient will be advised that a written notification will be sent to them outlining all that was discussed at the meeting, the results of any enquiries into the incident and the apology.
- 15.18 The apology is a vitally important part of the notification process and all staff are advised to read the advisory leaflet available for download from NHS Resolution (formerly The NHS Litigation Authority) <https://resolution.nhs.uk/resources/saying-sorry/> - a copy of the leaflet is available in the Clinic Registry.
- 15.19 Any follow-up work on the incident or results of further investigations must be provided to the patient in writing (should they wish to receive them).
- 15.20 For a concise list of items needed to be covered in the meeting with the patient, please refer to the Clinic Registry.
- 15.21 All patient safety notifications are dealt with in-line with the NHS Standard Contract's timeframe - which is notifications within 10 working days of incidents being reported (or sooner where possible).