



Open Disclosure Policy — Template

One page the board adopts: when disclosure is mandatory, who leads it, the timeline, the apology, the record, and the patient's right to an independent route

Facility	
Approved by · date · review date	

1 • Commitment

When a patient is harmed by their care, we tell them. We tell them promptly, honestly and with an apology, we tell them what we are doing about it, and we tell them what we found. This applies whether or not the patient has noticed, and whether or not a complaint has been made.

2 • When

Mandatory for any incident that caused moderate or greater harm, or that required further treatment or a change in management. Recommended for no-harm incidents where the patient would reasonably want to know. Near misses are not disclosed unless the patient was aware of them.

3 • Who and how soon

Led by the senior clinician responsible for the patient's care, with a second person. First conversation within 24 hours of recognising the harm; written summary within 3 days; review findings shared within 45 days, in a meeting and in writing.

4 • The apology

A sincere apology is required and is not an admission of liability. Staff who apologise in good faith are supported by the facility.

5 • Record

Every conversation and letter is recorded in the medical record. Disclosures are counted and reported to the safety committee quarterly.

6 • Support

The patient and family are offered a named contact and, independently of the facility, the ASF Patient Voice channel. Staff involved are supported under the second-victim guidance (Tool 3) and treated under the Just Culture guide.

7 • Interpreters, capacity, death

Interpreters are provided. Where the patient lacks capacity, disclosure is to the legal representative. After a death, disclosure is to the next of kin, in person, by the most senior clinician available.

ASF standards: Standard 4 — open disclosure (policy, records); Sentinel Event Policy; Patient Voice