



Open Disclosure — The First Conversation

Within 24 hours of harm, the senior clinician tells the patient what happened, says sorry, and says what happens next. This is the script

Before

- Within 24 hours of recognising harm — even when facts are incomplete. Say what is known and what is not.
- Led by the senior clinician responsible, with a second person (nurse, patient-liaison). Family present if the patient wishes. Interpreter if needed.
- Private room, no interruptions, phones off. Time set aside: at least 30 minutes.
- Agree in advance who says what. Do not speculate about cause or blame.

The five elements

Element	Say
1 · What happened	"I need to tell you about something that went wrong in your care. [Plain facts, in order, no jargon.] This is what we know now; we are still finding out [what]."
2 · Apology	"I am sorry this happened to you." — Sincere, first person, unconditional. An apology is not an admission of legal liability; it is a duty.
3 · Effects	"What this means for you is [effects, treatment needed, prognosis as far as known]."
4 · What we are doing	"We are [treating, investigating, reviewing]. [Name] is leading the review. We will look at the system, not for someone to blame."
5 · What happens next	"We will meet again on [date] with what we have found. Your contact is [name, phone]. You can also raise this independently through Patient Voice — here is the number."

Never

- "These things happen." · "It could have been worse." · "Nobody's fault." · "Off the record."
- Blame a colleague, a department, or the patient.
- Promise an outcome of the investigation, or compensation.

Record

Date, time, present, what was said, questions asked, agreed next steps — in the medical record, signed. Give the patient a written summary within three days (Tool 2).

ASF standards: Standard 4 — open disclosure (means of verification: documented conversations); Sentinel Event Policy