

Duty of candour and disclosure policy

Policy | CAN-POL-001

Document type	Policy
Title	Duty of candour and disclosure policy
Document ID	{{facility.code}}-CAN-POL-001
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Basis B2.14 (Patients Are Told Openly When Harm Happens)
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. When a patient is harmed by their care, the facility tells the patient, and where appropriate their family, promptly.
2. The disclosure explains what happened, what is known so far, what will be done, and includes a clear apology.
3. The disclosure is recorded, and a written summary follows within the timescale set by the governing body.
4. Staff involved in the harm are supported, and disclosure is never delayed to protect the facility.

Stop and get help straight away if: a patient harmed by care is not told, or a disclosure is made with no apology and no account of what happens next.

1. Purpose

To make sure patients and their families are told openly and promptly when they are harmed by care, and receive an apology and a clear account of what will happen next (B2.14).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Harm	Any unintended or unexpected injury or harm to a patient caused by their care, that results in or may result in a need for further treatment, extra time in care, or lasting effect.

Term	Meaning in this SOP
Disclosure	The conversation in which the facility tells a patient or family what happened, and what it will do.
Apology	A clear statement that the facility is sorry that the harm happened. It is not an admission of legal liability and is not withheld for that reason.
Responsible clinician	The clinician with the most direct knowledge of the care, who leads the disclosure with the support of a manager.

4. Background and rationale

To make sure patients and their families are told openly and promptly when they are harmed by care, and receive an apology and a clear account of what will happen next (B2.14).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Clinical director	Makes sure the policy is followed, reviews every disclosure each quarter, and reports to the governing body	Governing body
Responsible clinician	Leads the disclosure conversation, apologises, and writes the summary	Clinical director
Ward or department manager	Supports the clinician, arranges the meeting, and records the disclosure	Clinical director
Quality lead	Keeps the disclosure register and checks timescales	Clinical director

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Identify.	- Within the incident review, classify each incident that caused harm to a patient. - Tell the clinical director the same day for any serious harm.	Harm identified.
2	Plan.	- Name the responsible clinician and the manager who will support them. - Arrange a private meeting at a time the patient and family can attend, with an interpreter where needed.	Meeting planned.
3	Disclose.	- Explain what happened, what is known so far, and what the facility will do next. - Give a clear, sincere apology, and invite questions. - Record the date, the people present, what was said and the questions asked.	Disclosure made and recorded.

Step	Action	How to do it	Key point
4	Write and follow up.	- Send a written summary to the patient within the timescale set by the governing body, and in any case within 10 working days. - Record the summary date in the disclosure register (CAN-REG-001). Review what was learned at the next quality meeting.	Summary sent and follow-up recorded.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Harm incidents with a disclosure record	100%	Quarterly	Clinical director	Escalate to the governing body
Disclosures made within the set timescale	90% or more	Quarterly	Quality lead	Review the process with the managers involved
Disclosures with an apology and an account of next steps	100%	Quarterly	Clinical director	Retrain the clinicians involved

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Clinicians complete training in communicating harm and apology at induction and every two years.
- Staff involved in a harmful event are offered support, and the offer is recorded.

15. Related documents

ID	Title	Relationship
CAN-REG-001	Harm disclosure register (to be written)	Register
TRM-SOP-001	Disclosure of evidence to patients (existing)	SOP
HH-POL-001	Hand Hygiene Policy (existing)	Policy

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval