

Being open and honest

The Rotherham Foundation Trust is committed to being open and honest, working with patients and carers and to being professional and accountable. This means if you have experienced unexpected or unintended harm during your care, we will tell you about it.

We will find out exactly what happened, why it happened and share this with you. This could be in a report, or by meeting with you and your family. We always review and learn from any incidents known to have happened that has affected one of our patients.

What is a 'patient safety' incident?

A patient safety incident is when an unintended or unexpected event happens during your treatment or care that may have resulted in some harm to you.

What is a 'Duty of Candour'?

The Duty of Candour is a statutory requirement of healthcare providers such as the NHS, to be open and honest with a patient and or their family when an incident causes, or has the potential to cause harm. Healthcare staff should always talk with you openly throughout your care, particularly when things go wrong.

This means that if you suffer any unexpected or unintended harm during your care we will:

- Tell you about it
- Apologise
- Find out what happened and why, and offer you a copy of the report with details of this
- Give an open explanation of what happened

Why do things go wrong?

Healthcare is very complex and things can change quickly and unexpectedly. Sometimes things do not go to plan and a patient can be harmed despite our best efforts. We regret every case of harm to our patients but we make sure we use the opportunity to learn, and to put things in place to stop similar things happening again.

What happens next?

After talking with you about the event we will write to you to confirm what has been discussed and that an investigation (review) has started. We will also provide you with contact details so you can contact us about the process.

We will review the incident to determine what happened and if there are any lessons that can be learned to prevent a similar incident happening again. It may take up to 60 working days for us to complete the investigation as it takes time to find out the information and plan the actions that will need to be taken as a result of this.

When the review is complete we will contact you as agreed and arrange to share the result of this, including what learning and improvements have been identified. If you do not wish us to contact you, or you would like us to contact a relative or carer on your behalf, please let us know.

During the review

If you have any concerns in relation to the process please do not hesitate to contact the person below.

Name:

Role:

Contact details:

Feedback

We appreciate and encourage feedback. If you need advice during this process and are unable to contact the person detailed above, please contact the clinical team who provided your care in the first instance. Further information to support people affected by avoidable harm in healthcare to can be obtain at www.avma.org.uk

If you would like to share your experience with us you can do so by contacting the Patient Experience Team. The Patient Experience Team is available Monday to Friday, 9.00am to 4.00pm and can be contacted by the following options:

- Telephone: 01709 424461*
- Email: your.experience@nhs.net

*There may be occasions when all advisors are occupied on the phones and your patience is appreciated until an advisor becomes available. However if you prefer, you can contact the team by email and request that they contact you on a specified telephone number.

If you require this document in another language, large print, braille or audio version, please contact your healthcare provider.

