

ANNUAL DUTY OF CANDOUR REPORT

Roodlane Medical - Glasgow 2022

HCAHealthcare UK

Organisations that provide health, care and social work services for people need to be able to learn effectively from what goes well and from what goes wrong. This learning should feed into improvements in the safety and effectiveness of their services. When something goes wrong with someone's treatment or care and this has resulted, or could result, in harm or death, health and social care professionals have a duty to be open and honest with patients and service users or those acting on their behalf.

The organisational duty of candour procedure in Scotland is a legal duty which sets out how organisations should tell those affected that an unintended or unexpected incident appears to have caused harm or death, to apologise and to meaningfully involve them in a review of what happened. When the review is complete, the organisation should agree any actions required to improve the quality of care, informed by the principles of learning and continuous improvement. They should tell the person who appears to have been harmed (or those acting on their behalf) what those actions are and when they will happen.

At Roodlane Medical Glasgow, all incidents are reviewed internally and learnings identified to prevent recurrence of such incidents. In 2022 there were no incidents that resulted in organisational duty of candour being required.

Duty of Candour Annual Report Template

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. Services must tell the patient, apologise, offer appropriate remedy or support and fully explain the effects to the patient.

As part of our responsibilities, we must produce an annual report to provide a summary of the number of times we have triggered duty of Candour within our service.

Name & address of service:	Roodlane Medical limited – 203, St Vincent Street, Glasgow. G2 5QD	
Date of report:	January 2022- December 2022	
How have you made sure that you (and your staff) understand your responsibilities relating to the duty of candour and have systems in place to respond effectively? How have you done this?	Roodlane Medical as part of HCA Healthcare has an open communication with patients (including Duty of Candour) policy in place, and this is updated in line with legislation. All staff are made aware of their responsibilities during induction and complete yearly mandatory training specific to Duty of Candour. The electronic incident reporting system (Datix) prompts staff to consider if the incident meets the requirements for Duty of Candour to be implemented.	
Do you have a Duty of Candour Policy or written duty of candour procedure?	YES	<input checked="" type="checkbox"/>

How many times have you/your service implemented the duty of candour procedure this financial year? Nil	
Type of unexpected or unintended incidents (not relating to the natural course of someone's illness or underlying conditions)	Number of times this has happened
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

IHC Duty of Candour Template for Providers	Version: 1.0	Date: 19 February 2019
Produced by: IHC team	Page 1 of 4	Review Date: Ongoing
Circulation type (internal/external): Both		

Did the responsible person for triggering duty of candour appropriately follow the procedure? If not, did this result in any under or over reporting of duty of candour?	N/A
What lessons did you learn?	N/A
What learning & improvements have been put in place as a result?	N/A
Did this result in a change / update to your duty of candour policy / procedure?	N/A
How did you share lessons learned and who with?	N/A
Could any further improvements be made?	N/A
What systems do you have in place to support staff to provide an apology in a person-centred way and how do you support staff to enable them to do this?	HCA provides guidance and templates in its <i>Open communication with patients (including Duty of Candour)</i> policy. Support is provided to staff from local governance teams as well as the wider corporate function. Learnings from incidents are shared both locally and more widely from other facilities to prevent recurrence.
What support do you have available for people involved in invoking the procedure and those who might be affected?	There is an open culture to ensure open communication with patients irrespective of whether an incident reaches the threshold for statutory Duty of Candour. For statutory Duty of Candour staff and those affected are supported through the process by their senior management and Governance teams.
Please note anything else that you feel may be applicable to report.	Nil

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