Duty of Candour Annual Report

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 trigger duty of Candour within our service.

Name & address of service:	The Glen Clinic Ltd, Suite 23 1 and Suite 23 2, 1 Spiersbridge Way, Thornliebank, G46 8NG	
Date of report:	15/01/24	
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?	Ensuring all staff have had the opportunity to access and read our policies including the Duty of Candour policy. During their induction we also talk to those medical professionals we are granting practicing privileges too that it is everyones responsibility that we are honest with patients when things go wrong and this will be recorded in their personal development file, that they have read all policies and completed our induction. We ensure and audit that <u>all staff</u> have up to date and current knowledge of: The legal and professional guidelines on the duty of candour The policy and procedure to tell the truth even when something go's wrong How to support other staff members involved in this process.	
Do you have a Duty of Candour Policy or written duty of candour procedure?	**YES**	~~NO~~

How many times have you/your service implemented the duty of candour procedure this financial year?	
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 (April XX - March XX)
A person died	n/a
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	n/a
A person's treatment increased	n/a
The structure of a person's body changed	n/a
A person's life expectancy shortened	n/a
A person's sensory, motor or intellectual functions was impaired for 28 days or more	n/a
A person experienced pain or psychological harm for 28 days or more	n/a
A person needed health treatment in order to prevent them dying	n/a
A person needing health treatment in order to prevent other injuries	n/a

as listed above	
Total	0

Did the responsible person for triggering duty of candour appropriately follow the procedure? If not, did this result is 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 is 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?	Continue to review our policy, go over procedures with staff and practice how staff would take action by using theoretical scenarios. Continue update our policy where necessary and/or as suggested by HIS.
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?	Recommend reading: https://www.spso.org.uk/sites/spso/files/csa/ApologyGuide.pdf 4 Steps: regret, responsibility, reason, remedy If ever staff needed to make an apology, we would help advise them how best to do so and support them throughout the process.
What support do you have available for people involved in invoking the procedure and those who might be affected?	• We would notify the person affected (or family/relative where appropriate). The people involved would be met face to face and the sequence of events explained and what will or will not happen in the future • We would provide an apology • We would carry out a review into the circumstances that led to the incident • We would provide the person affected with an account of the incident • We would provide information about further steps taken • Feedback from service users would be listened to and an empathetic approach taken. • All learning from any incidents will be used in a positive way and measures will be sought to prevent the same thing happening in the future. • We would provide support to staff notifying the person affected by the incident • We would prepare and publish an annual duty of candour report (see appendix 4) • Legal obligations regarding duty of candour procedure please see

	Annual report Legislation https://www2.gov.scot/Topics/Health/Policy/Duty-of-Candour https://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=2c91df68-3cdc-4aec-b2c8-961e6c1c367f&version=-1 https://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=2c91df68-3cdc-4aec-b2c8-961e6c1c367f&version=-1

Please note anything else that you feel may be applicable to report.	All staff working out of the clinic and clinic manager will provide safe person-centered care, they will be recruited, inducted, trained and assessed as competent when before being provided pp and must work to our policies (including Recruitment and Induction, Staff training and development, Practicing Privileges, Clinical Governance, duty of candour.)
	
	To assure a high level of safety and safe person-centered care:
	
	• we will assure the fitness of all staff and clinical managers when carrying out their duty of candour and that they are regularly subject to; performance reviews and appraisals, continued professional development (CPD) and ensure implementation of industry recommended refresher training.
	• we will ensure that we notify HIS of unfitness of managers
	• we will assure high quality independent healthcare by employing a risk assessment system when regarding staff duty of candour to prevent poor quality care in advance.
	• With our patients and their representatives where relevant we will review and record the quality of treatment they receive and make them available to HIS and patients.
	• When staff carry out their duty of candour, we will ensure that the Clinic is:
	  o suitable for purpose
	  o of sound construction
	  o kept in a good state of repair
	  o has adequate and suitable equipment, ventilation, heating and lighting.
	
	From our documented assurance audits, we will review and improve the service where there is a need for improvement.