



DUTY OF CANDOUR POLICY

(Version 2.0)

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1. AIM

This policy sets out to inform staff and service users of HEM Clinical Ultrasound Service LTD's statutory requirements for duty of candour with service users. This policy has been developed under guidance within the Health and Social Care act, Department of Health and CQC Regulation 20: Duty of Candour.

2. INTRODUCTION

Duty of candour is a legal requirement for all companies providing healthcare services to ensure that if mistakes are made that they are open and transparent about them with those affected, they apologise and set out actions to learn from incidents to prevent future occurrence. Registration with the CQC requires a commitment to duty of candour and the CQC can use enforcement procedures if this requirement is not met. In the guidance document – 'Regulation 20: Duty of Candour, Information for all providers: NHS Bodies, adult social care, primary medical and dental care, and independent healthcare' states:

'To meet the requirements of Regulation 20, a registered provider has to:

- *Make sure it acts in open and transparent way with relevant persons in relations to care and treatment provided to people who use services in carrying on regulated activity.*
- *Tell the relevant person, in person as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred and provide support to them in relation to the incident, including when giving the notification.*
- *Provide an account of the incident which to the best of the providers knowledge, is true of all the facts the body know about the incident as at the date of the notification.*
- *Advise the relevant person what further enquiries the provider believes are appropriate.*
- *Offer an apology*
- *Follow up the apology by giving the same information in writing and providing an update on the enquiries.*
- *Keep a written record of all communication with the relevant person.'*

This sets out clear parameters for providers on what process should be adopted for notifying a service user affected by an incident. However, what constitutes a notifiable incident? There is a comprehensive list in the regulation 20 guidance, however notifiable incidents requiring duty of candour are set out below but include death of a service user and prolonged physical or psychological harm.

Duty of candour should be the cornerstone of ethical decision making within care services, especially private healthcare services, as they are detached from the NHS in terms of governance.

3. ROLES & RESPONSIBILITY

The registered manager and the senior management team are responsible for ensuring that staff within the service have a strong ethical approach to their roles. Staff members have the responsibility of identifying situations that require duty of candour and reporting this to a senior manager, to ensure it is handled appropriately and staff do not act outside of their professional scope of practice.

4. HAZARDS and SAFETY

Potential hazards of not adhering to this policy is that staff members are not candid with patients regarding incidents and this leads to potentially misleading and damaging information

being passed on. This could lead to significant damage to a persons health and wellbeing and become a serious untoward incident.

5. PROCEDURE / SYSTEMS IN PLACE

With regard to processes necessary for HEM Clinical Ultrasound Clinical Ultrasound Service Limited to be compliant with statutory duty of candour we need to first identify if the incident qualifies as a candour incident.

Incidents requiring duty of candour:

- The death of a service user, where it relates directly to an incident and not to the user's pre-existing illness or underlying condition
- Impairment of sensory, motor or intellectual functions for 28 days or more
- Permanent damage to the service users body
- Prolonged physical or psychological pain (for 28 days or more)
- Shortening of life expectancy
- Treatment required (as a result of the incident) to:
 - Prevent the death of the service user
 - Prevent injury to the service user if left untreated (as above)

All of the above would qualify as a SUI (Serious Untoward incident) and the company SUI policy would need to be followed in addition to this. If the incident does not fall into the above categories, then we need to still apply an open and honest approach and ensure that we are proactive if near misses arise.

When an incident is identified as a candour incident, we need to ensure the following process is followed:

- The patient or staff member affected need to be **told as soon as reasonably practicable** of the incident. Preferably in person, where they are given as much information as possible at that time and can be supported appropriately.
- **A full account of the incident** must be given to the patient in writing and verbally during the notification process – this must be an account of all the facts as known at that time.
- The person involved in the incident must be told what the companies **next steps** are in terms of appropriate investigation.
- **Offer an apology** for the occurrence of the incident, verbally and in writing.
- **Keep the person updated** on the findings of the investigation and remedial action to be carried out.
- **Keep a record** of all written communication with the person.
- The patient or staff member **should be informed of where they can receive support** such as counselling if appropriate, or independent advice.

If the person is not happy with the way the incident has been handled and would like to make a formal complaint, please refer to the companies Complaints and Compliments Policy.

6. QUALITY CONTROL and AUDIT

This policy is subject to audit and review every 12 months to ensure it is kept in line with current legislation and guidance.

7. REFERENCES

CQC – Regulation 20: Duty of Candour – Information for all providers: NHS bodies, adult social care, primary medical and dental care, and independent healthcare. March 2015

Department of health – Introducing the Statutory Duty of Candour – a consultation on proposals to introduce a new CQC registration regulation. March 2014

