**St Columba’s Hospice**

**Duty of Candour Annual Report 2018/2019**

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.

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| Name & address of service: | St Columba’s Hospice 15 Boswall RoadEdinburghEH5 3RW |
| Date of report: | April 2019 |
| 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? | In December 2017, a report was prepared for the Board of Governors and Management Committee at the hospice to provide information regarding the upcoming legislation being implemented on 1st April 2018. Within this report we considered our systems and readiness for the new legislation. A copy of the report is available here: In September 2018, an updated report was provided confirming the identification of the ‘responsible person’ for duty of candour, that policies had been updated and that senior clinical staff had completed required training. A copy of the report is available here: |
| Do you have a Duty of Candour Policy or written duty of candour procedure? | Duty of Candour requirements are embedded in our operational policies.  |
| 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? | Prior to implementation of the legislation all staff received training in ‘the power of apology’. The session included reflection on good / poor apologies, guidance on how to provide meaningful apologies and dispelling some of the ‘myths’ surrounding provision of apologies.Guidance on providing apologies is now included in our incident reporting policies. |
| What support do you have available for people involved in invoking the procedure and those who might be affected? | For patients and their families, we have a multidisciplinary team including counselling and family support services available. A named lead individual would be identified in the event of a Duty of Candour incident. For our staff and volunteers, we have a range of support available including policies and procedures, accessible line management, HR support, occupational health and staff counselling. |

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| 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 18 - March 19) |
| 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 |

To date we have not required to invoke Duty of Candour procedures but we are confident that we have the appropriate systems and support in place in the vent that they are required.

Dot Partington

Clinical Services Director