# NHS Golden Jubilee

### **Meeting: NHS Golden Jubilee Board Meeting**

### **Meeting date: 24**January 2023

### **Title: Duty of Candour Annual Report 2021/22**

### **Responsible Executive/Non-Executive: Mark MacGregor, Medical Director and Anne Marie Cavanagh,** Director of Nursing and AHP

### **Report Author: Katie Bryant, Head of Clinical Risk and Governance**

## 1 Purpose

### This is presented to the group for:

### Approval

### This report relates to a:

* Government policy/directive

### This aligns to the following NHS Scotland quality ambition(s):

* Safe
* Effective
* Person Centred

**This aligns to the following NHSGJ Corporate Objectives:**

* High Performing Organisation – Establishing the conditions for success to enable excellent outcomes and experience for patients and staff

## 2 Report summary

## 2.1 Situation

This paper presents the feedback data for the Annual Duty of Candour Report for approval by the Board.

## 2.2 Background

The organisational duty of candour provisions of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act) and The Duty of Candour Procedure (Scotland) Regulations 2018 set out the procedure that organisations providing health services, care services and social work services in Scotland are required by law to follow when there has been an unintended or unexpected incident that results in death or harm (or additional treatment is required to prevent injury that would result in death or harm).

Organisations must set out in an annual report the way that the duty of candour procedure has been followed for all the cases that they have identified.

## 2.3 Assessment

The annual report provides further detail, however key points to note are:

* During the reporting period the Initial Assessment Tool was used for forty-seven adverse events, with thirty-two of these progressing to an SAER investigation when appropriate to do so. The Duty of Candour procedure was applied in twenty-two of these events.
* NHS Golden Jubilee have not triggered the Duty of Candour procedure for any events directly attributed to COVID-19.
* During this period there were no families that requested to meet to discuss the findings of an SAER investigation.
* Of the twenty-two events that triggered the DoC, twelve reviews remain open at the time of reporting; these reviews are projected to breach timeframes, however effective communication will continue with those involved in the process. In all of the DoC cases, relevant parties were advised a review was taking place and they were also given a copy of the final report and an offer made to meet to discuss the content of the report.
* Of the nine reviews that have concluded, two fully met the DoC process requirements including meeting the 90-day timescale for completion of the review process**.**

Work is currently ongoing within the Clinical Governance Department to review existing processes and identify improvement areas which will address areas such as timescales.

### 2.3.1 Quality/ Patient Care

Ongoing improvement work has been carried out to continually improve the management of duty of candour. This work continues to be driven forward to provide in conjunction with proactive analysis of process and trends to ensure a high quality of patient care and experience.

### 2.3.2 Workforce

The process undoubtedly presents challenges in various forms to the workforce both from a psychological and capacity perspective. The organisation is reinforcing support mechanisms for those involved whilst ensuring that learning is the focus of the outcome of the reviews where duty of candour has been applied.

### 2.3.3 Financial

There is potential for redress following identification of an event where duty of candour applies, and this is managed through the claims handling process.

### 2.3.4 Risk Assessment/Management

Each event is managed on a case-by-case basis and risk assessment is supported where required.

### 2.3.5 Equality and Diversity, including health inequalitiesAn impact assessment has not been completed, as this is an annual update report.

### 2.3.6 Other impacts

Potential for reputational impact due to the nature and content of the report. Data indicates that performance is consistent with Boards across Scotland.

### Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

* Clinical Governance Risk Management Group, 23 June 2022
* Clinical Governance Committee, 29 June 2022

### Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

* Clinical Governance Risk Management Group, 23 June 2022
* Clinical Governance Committee, 29 June 2022

## 2.4 Recommendation

* **Approval** – For Members’ approval.

## List of appendices

The following appendices are included with this report:

* Appendix No 1, Duty of Candour Annual Report 2021/22