ROCHEALTH® SERVICES

ROCPRIVATE® CLINIC

Duty of Candour Annual Report

Financial Year: 2021 to 2022

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:	ROC Private Clinic Ltd 45 Queen Anne Street London W1G 9JF Westhill Business Park Peregrine Road AB32 6JL
Date of report:	15 March 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?	Yes The values and attitude of Care, Respect, Empower, Trust and Integrity underpin the founding principles of ROC Clinics. All staff are aware of the importance of their Duty of Candour through the development, training and implementation of all ROC applicable policies. Duty of Candour underpins our communication with service users, families and guardians, local authorities, regulators and other stakeholders following every incident, whether it requires any action or mitigation. Staff complete the Duty of Candour module on Learn Pac and are further introduced to the process from the moment of induction to the organisation. Additionally, the relevant Care Inspectorate provide an online training module for all staff to complete. ROC has an internal Incident Committee as well as a live Trend Analysis Register used for the reporting, investigation and management of incidents, accidents, near misses and administrative errors. Within this process, Duty of Candour is also embedded. Staff Training, Clinical Governance Meetings, Incident Investigation
Do you have a Duty of Candour Policy or written duty of candour procedure?	YES

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 (May 2021 - April 2022)
A person died	None
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	None
A person's treatment increased	None
The structure of a person's body changed	None

A person's life expectancy shortened	None
A person's sensory, motor or intellectual functions was impaired for 28 days or more	None
A person experienced pain or psychological harm for 28 days or more	None
A person needed health treatment in order to prevent them dying	None
A person needing health treatment in order to prevent other injuries as listed above	None
Total	None

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?	There have been no instances of implementing Duty of Candour in the above-noted circumstances. However, all healthcare professionals have a professional responsibility to report incidents, be honest and communicate effectively when things may go wrong.
What lessons did you learn?	There are no incidents to report. However, following any incident a review is completed on IMS and where applicable an investigation is carried out. As an outcome of incident reviews, the risk assessments and care plans are updated as appropriate.
What learning & improvements have been put in place as a result?	Where applicable continual learning from each incident is shared within services and corporately to ensure improvements are made
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?	All lessons learned are shared within each service during staff meetings, there is a wider care governance meeting for all managers of the services, there is also a lesson learnt meeting for corporate learning and larger governance meetings for Directors and the board. The information is cascaded through e-mail and internal communications. ROC has a shared database within ROC systems for all staff to access and view recent and historic lesson learnt bulletins, videos and lessons learnt emails
Could any further improvements be made?	None that has been raised or proven a barrier to the care delivery of service users
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?	Following policy, the person providing an apology and the investigation is a qualified nurse or doctor, this person is supported by their line manager through supervision both clinical and managerial. There are templates in place to assist the investigating officer to ensure the person is kept at the centre of the Duty of Candour investigation. Investigators are also trained in RCA methodology and a part of this training includes Duty of Candour responsibilities.

What support do you have available for people involved in invoking the procedure and those who might be affected?	The people involved in the process will be provided with a person to contact for questions and updates, this includes support. The service user and their families would be signposted to support networks both within the company and externally for example advocacy services
Please note anything else that you feel may be applicable to report.	The process will continue to be reviewed and updated to ensure adequacy. Lesson' learnt will continue to be shared with further the training and development of the staff involved in the Duty of Candour process continuing in order to ensure ROC Clinics are providing a high level of quality care and support to the individuals they are trusted to care for.