

Duty of Candour Policy

Contents

Definitions.....	2
1. Duty of Candour.....	2
2. Moderate harm.....	2
3. Severe harm.....	2
4. Notifiable safety incident.....	2
When the patient does not have capacity.....	3
To meet the requirements of the Duty of Candour we must:.....	3
What we will do.....	3
Information sources:.....	4
Annex: Duty of Caunder Leaflets (English & Japanese)	



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Introduction

From April 1st 2015 providers of health and adult social care such hospitals and clinics are legally required to meet new regulations about the Duty of Candour. This means being open, transparent and honest with patients if things go wrong with the care of a patient.

The new regulations set out more clearly how we should do this:

<http://www.cqc.org.uk/content/regulation-20-duty-candour>

Definitions

1. Duty of Candour

Legal duty requiring healthcare providers to ensure that patients/legal representatives are informed of medical errors causing moderate (including psychological harm), severe harm or death and provided with support . This includes receiving an apology, as appropriate, and the investigation findings and actions to prevent recurrence are shared.

2. Moderate harm

Moderate harm” means harm that requires a moderate increase in treatment, and significant, but not permanent, harm.

Moderate increase in treatment” means for example an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment (such as intensive care area) area.

3. Severe harm

Severe harm means a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions, including removal of the wrong limb or organ or brain damage that is related directly to the incident and not related to the natural course of the service user’s illness or underlying condition.

4. Notifiable safety incident

A notifiable safety incident means any unintended or unexpected incident that occurred in respect of a service user during the provision of care and treatment in the reasonable opinion of a health care professional appears to have resulted in:

(a) appears to have resulted in—

- i. the death of the service user, where the death relates directly to the incident rather than to the natural course of the service user’s illness or underlying condition,
- ii. an impairment of the sensory, motor or intellectual functions of the service user which has lasted, or is likely to last, for a continuous period of at least 28 days,
- iii. changes to the structure of the service user’s body,
- iv. the service user experiencing prolonged pain or prolonged psychological harm, or



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v. the shortening of the life expectancy of the service user; or

(b) Requires treatment by a health care professional in order to prevent—

- i. the death of the service user, or
- ii. any injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a).

When the patient does not have capacity

Dr Ito’s patients are regarded to have capacity generally and are able to consent to their treatment. If this is not the case the communication should be with the legal representative of the patient. Where patients have an authorised person (authorised by the Court of Protection) to act on their behalf by lasting Power of attorney, this must extend to decision making and the medical care and treatment of the patient. Hold discussions with the holder of power of attorney (legal representative).

Examples of Duty of Candour are on the CQC website:

http://www.cqc.org.uk/sites/default/files/20150327_duty_of_candour_guidance_final.pdf

To meet the requirements of the Duty of Candour we must:

- All act in an open and transparent way with our patients and their relatives
- Tell the patient/patient representative as soon as possible if a safety incident has occurred, including what the incident was and provide any support necessary
- Offer an apology and let the patient know what we are going to do
- Follow this up in writing and provide an update to the patient

Generally all of our patients have capacity to consent to treatment. If a patient did not have capacity then we will contact a legal representative if there is one. If not we will carry out a “best interest” decision with people involved in the patient’s care

What we will do

If something goes wrong with your care or treatment, which may be by doing something or by not doing something and it causes you harm, we will inform you and or your representative within 10 working days.

We will start our investigation and let people know about it such as the Care Quality Commission.

We will support you during this time and ensure you have a named contact about what we are doing.



Dr Ito Clinic Duty of Candour Policy

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Dr Ito Clinic

We will offer face to face meetings and also confirm everything in writing to you.

We will share the report and our findings with you explaining what has happened.

We will let the people involved know what we have learnt to stop the same thing happening to someone else and help to improve what we do.

A Duty of Candour disclosure will usually mean the incident is notifiable to CQC and Dr Ito will ensure all notifications are made without delay.

Information sources:

http://www.cqc.org.uk/sites/default/files/20150327_duty_of_candour_guidance_final.pdf

<http://www.themdu.com/guidance-and-advice/guides/statutory-duty-of-candour/statutory-duty-of-candour>



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Duty of Candour

and
what this means



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Duty of Candour and what this means

From April 1st 2015 providers of health and adult social care such as hospitals and clinics are legally required to meet new regulations about the **Duty of Candour**. This means being open, transparent and honest with patients if things go wrong with the care of a patient.

The new regulations set out more clearly how we should do this.

To meet the requirements of the Duty of Candour we must:

All act in an open and transparent way with our patients and their relatives

Tell the patient/patient representative as soon as possible if a safety incident has occurred, including what the incident was and provide any support necessary

Offer an apology and let the patient know what we are going to do

Follow this up in writing and provide an update to the patient

Generally all of our patients have capacity to consent to treatment. If a patient did not have capacity then we will contact a legal representative if there is one. If not we will carry

out a “best interest” decision with people involved in the patient’s care.

What we will do

If something goes wrong with your care or treatment, which may be by doing something or by not doing something and it causes harm, we will inform you and or your representative within 10 working days.

We will start our investigation and let people know about it such as the Care Quality Commission

We will support you during this time and ensure you have a named contact about what we are doing

We will offer face to face meetings and also confirm everything in writing to you.

We will share the report and our findings with you explaining what has happened.

We will let the people involved know what we have learnt to stop the same thing happening to someone else and help to improve what we do.

The Care Quality Commission monitors us to make sure we comply with the **Duty of Candour**.

If you want to know more about this you can ask Dr Takashi Ito or Kayo Koitabashi.

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Duty of Candour and what this means

誠実義務について (日本語要約)



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Duty of Candour (誠実義務)とは

2015年4月1日、「Duty of Candour」について 定められた新しい法律が施行されました。英国の医療機関は、患者様のケアにおいて何らかの間違いが起きてしまった場合、患者様に対しオープンであること、正直であること、そして透明性を保つことをお約束する義務があります。この新しい法律により、私たちのすべきことがより明確となりました。

Duty of Candour を遂行するために

患者様と関係者様に対し、全スタッフはオープンで透明性のある行動をとります。

安全にかかわる問題が発生した場合、患者様やご関係者様にすみやかに問題内容を報告し、必要なサポートを申し出ます。

患者様に謝罪し、今後の対応についてお知らせします。

その後、進捗状況を患者様に書面にて報告します。

当院では患者様ご本人で治療の意思決定・承諾ができることを前提としてケアをおこなっております。ですが、もし患者様に意思決定能力がなく、法的代理人がいらっしゃる場合にはその方にご連絡いたします。

それも不可能な場合には、治療関係者全員で相談し、患者様にとって最善の方法をとることとなります。

患者様にお約束いたします

治療の実施有無にかかわらず、患者様のケアや治療において予期せぬことがおき患者様に悪影響が出た場合、そのことを10営業日以内に患者様あるいは代理の方にご連絡いたします。

調査を開始し、Care Quality Commission などの関係各所へ報告します。

この調査期間中、患者様へのサポートをするとともに、お問い合わせ頂く際の担当責任者をお知らせします。これは対面にて直接ご説明申し上げるほか、文書でもご報告いたします。

調査が終わりましたら、調査報告レポートを患者様に提出するほか、関係各所に対し、今後同じことを繰り返さないための対応策と、改善方法を報告します。

Care Quality Commission は、当院が誠実義務をきちんと果たしているかどうかを監視する機関です。

このことで更に詳しくお知りになりたい方は、伊藤医師あるいは小坂橋香代までお問い合わせください。

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