Acacium Group
Duty of Candour Policy

Policy Reference | ORG 24

Version | V2.1

Policy Name	Duty of Candour Policy
Purpose of Document	To ensure all workers are aware of organisational and individual responsibilities regarding the statutory duty of candour, and appropriate reporting channels.
Target Audience	All Acacium Group Workers
Version	V2.1
Author	Kate Nicholson-Florence
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Risk and Resource Implications	Risk: Poor care that does not meet inspectorate standards. Resources: Training
Associated Strategies and SOPs	CLIN 14 Health Records Management Policy CLIN 26 Clinical Governance Policy CORP03 Whistleblowing for Internal Employees Policy CORP04 Whistleblowing for Associate Workers and External Parties Policy CORP 14 Complaint Policy ORG 04 Incident Reporting Policy
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
Draft 1	Mar 2015	Draft 1 completed.	KNF
V1	Apr 2015	V1 published.	KNF
V1	Apr 2016	Annual review.	KNF/SJ
V1.1	Jan 2017	Implementation of new policy template.	KNF/SJ
V1.1	April 2017	Annual review.	KNF/VM
V1.1	Nov 2017	Updated to include new TCS bio brand description page.	LB/MS
V1.1	Feb 2018	Updated front sheet to include new review frequency date.	KMS/MS
V1.2	Apr 2018	Duty of Candour introduced into Scotland, policy updated	KMS/SJ
V1.2	May 2018	CSSIW updated to CIW	LW
V1.3	Apr 2019	Implementation of New Policy template	CCR/KG
V1.4	Dec 2019	Frequency updated and update to brand information	KG
V1.5	Mar 2020	Updated to new Template	CC
V1.6	Oct 2020	Updated re Rebrand	CC
V1.7	Jan 2021	Rebrand 2	CC
V1.8	Apr 2021	3 yearly Review	Clinical Advisory Group
V2.0	Jan 2024	Rebrand	Clinical Advisory Group
V2.1	Apr 2024	Reviewed and updated	Clinical Advisory Group

Table of Contents

1. Introduction

1.1 Medical treatment and care is not risk free. Errors will happen and nearly all of these will be due to failures in organisational systems or genuine human errors.

1.2 The obligations that challenge candour remind us that for all its continued technological advances, healthcare is a deeply human business.

1.3 A statutory duty of candour being introduced relates to implementing a key recommendation from the Mid Staffordshire NHS Foundation Trust Public Inquiry (The Francis Inquiry). In responding to the Francis Report, the government supported the proposal to implement a duty of candour with criminal sanctions on providers.

1.4 The duty of candour places a requirement on Acacium Group and other providers of health and social care to be open with service users (inclusive of service user) when things go wrong.

1.5 The statutory duty of candour is enforceable by law. It is a criminal offence to fail to provide notification of a notifiable safety incident and/or comply with the specific requirements of notification. If Acacium Group are non-compliant with this legislation they could be liable to incur a potential fine of £2,500 per incident.

1.6 All healthcare professionals have a duty of candour – a professional responsibility to be honest with service user when things go wrong.

2. Purpose and Policy Statement

2.1 For all Acacium Group workers to understand their responsibilities with the statutory duty of candour.

2.2 Within the staffing provision arm of Acacium Group: Any concerns/incidents that come under the duty of candour are reported immediately to Acacium Group who will inform the trust. The trust will then manage the incident through their internal process and procedures. If there is an immediate service user safety issue, then inform the trust and Acacium Group.

2.3 Within the commissioned services arm of Acacium Group: Acacium Group as an organisation has direct governance control. Therefore, the duty of candour sits with Acacium Group. All workers should escalate concerns to a senior person/manager so that the correct process can be followed & managed

3. Definitions

Definition	Explanation
Duty of Candour	A professional responsibility to be honest with service user when things go wrong.
Francis Inquiry	The Inquiry following the Mid Staffordshire events.
A notifiable service user safety incident	An incident where a service user suffered (or could suffer) unintended harm that resulted, or had the potential to result, in death, severe harm, moderate harm, or prolonged psychological harm.
Prolonged psychological harm	Psychological harm experienced continuously for 28 days or more.
Service user safety	The reduction in the risk of unnecessary harm associated with healthcare to an acceptable minimum.

Service user safety incident	An event or circumstance which could have resulted, or did result, in unnecessary harm to a service user.
Harmful incident	A service user safety incident that resulted in harm to the service user.
No harm incident	Safety incident that may have had an impact on a service user, but no discernible harm resulted
Near miss	A service user safety incident or an act of commission or omission that did not reach the service user.
Safety	Reduction in the risk of unnecessary harm to an acceptable minimum.
Error	Failure to carry out a planned action as intended or the application of an incorrect plan. Errors may manifest by doing the wrong things (commission) or by failing to do the right thing (omission).

4. Roles & Responsibilities

4.1 The general overall organisational roles and responsibilities are set out in the policy document, CORP10 Policy on Policies for drafting, approval and review of policies, and SOPs.

4.2 The following table outlines the responsibilities of the key people involved in this Policy.

Job Title	Responsibilities
The Acacium Group Board	Have a responsibility for ensuring that both the organisational commitment and the resources for building a culture of candour are in place.
Global Clinical Director/Group Chief Nurses	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support the Pulse nurse or care in the safe delivery of safe and effective care provision.
Line managers/appropriate others	Have a responsibility to promote, coordinate, and facilitate, implementation and maintenance of supervision for the nurses that work within their team.
Individual workers	Responsibilities include: • engaging in learning and development • recording and reflecting on significant activities and near misses • preparing for supervision sessions • being open to constructive feedback.
Registered person	Under the duty of candour, one must act in an open and transparent way with relevant persons, in relation to the service user's care and treatment.
Clinical Advisory Group (CAG)	Review of polices and clinical documents for the Group in order to safeguard and improve quality in line with the Groups vision, strategic aims and in a context in which diversity is recognised and widely celebrated.

5. Principles of Duty of Candour

5.1 Acacium Group must act in an open and transparent way in relation to care and treatment provided to service user by following the principles of duty of candour:

5.2 The principles of duty of candour are as follows:

1. Care organisations have a general duty to act in an open and transparent way in relation to care provided to service users. This means that an open and honest culture must exist throughout an organisation.
2. The statutory duty applies to organisations, not individuals, though it is clear from Regulated & Professional body guidelines that it is expected that an organisation's staff cooperate with it to ensure that the obligation is met.
3. As soon as it is reasonably practicable after a notifiable service user safety incident occurs, the organisations must tell the service user (or their representative).
4. The organisations have to give the service user a full explanation of what is known at the time, including what further enquiries will be carried out. Organisations must also provide a written apology and keep a written record of the notification to the service user.
5. A notifiable service user safety incident has a specific statutory meaning: "It implies to incidents where a service user suffered (or could suffer) unintended harm that results in death, severe harm, moderate harm or prolonged psychological harm".
6. There is a statutory duty to provide reasonable support to the service user. Reasonable support could be providing an interpreter to ensure discussions are understood or giving emotional support to the service user following a notifiable service user safety incident.
7. Once a service user has been told in person about the notifiable service user safety incident, the organisation must provide the service user/their representative with a written note of the discussion, and copies of correspondence must be kept. (MDU Services 2014 – medical / legal advice) ***(NB: Due to the geographical location that Acacium Group covers it is unrealistic for all service user to be notified in person).***

5.3 Organisations, such as Acacium Group, are required to take into account the following key points when implementing a duty of candour:

- ***context:*** ensure workers understand that the duty of candour is a duty which sits alongside existing professional responsibilities
- ***roles:*** ensure workers understand their own obligations and the roles of those around them in relation to the duty
- ***involvement of the Board:*** The Duty of Candour obligation rests with the organisation. Therefore, it is important that Board members are aware and are kept informed via the Group Clinical Director
- ***identifying a relevant incident:*** ensure that staff understand when the duty arises and how to identify when the harm threshold has been reached
- ***reporting arrangements:*** ensure that staff are aware of existing reporting mechanisms for incidents related to service user safety
- ***support:*** ensure staff are aware of how they can access support in complying with the duty and raising concerns once they have identified a problem

5.4 Acacium Group operates across the UK. The below documents the variations in the organisational duty of candour across the UK.

Country	Duty of candour responsibilities
England	The Care Quality Commission (CQC) has put in place a requirement for healthcare providers to be open with service users and apologise when things go wrong. (Regulation 20) The organisational duty of candour does not apply to individuals, but organisations providing healthcare will be expected to implement the new duty throughout their organisation by ensuring that staff understand the duty and are appropriately trained.
Northern Ireland	Not Applicable

Scotland	The Healthcare Quality Strategy for NHS Scotland is aiming to achieve an NHS culture in which care is consistently person-centred, clinically effective and safe for every person, all the time. The Scottish Service user Safety Programme (SPSP) is a national initiative that aims to improve the safety and reliability of healthcare and reduce harm. The Duty of Candour Procedure (Scotland) Regulations 2018 came into force 1st April 2018. These Regulations make provision about the duty of candour procedure to be undertaken in terms of Section 22 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 ("the 2016 Act") in health and social care settings. Providers are required to submit an annual Duty of Candour report to maintain their licenses.
Wales	From April 2023 The duty of candour is a legal requirement for all NHS organisations in Wales. It requires them to be open and transparent with service users when they experience harm whilst receiving health care. They will be required to: • talk to service users about incidents that have caused harm • apologise and support them through the process of investigating the incident • learn and improve from these incidents • find ways to stop similar incidents from happening again This duty builds on the **Putting Things Right** that has been in place since 2011. .

6. Harm Thresholds

6.1 The duty of candour regulations set harm thresholds for health and social care. These are based on the NRLS guide, 'Seven steps for patient safety' (please refer to Appendix D. The seven steps are:

- no harm – impact prevented
- no harm – impact not prevented
- low
- moderate
- severe
- death – if the death relates to the incident of harm rather than to the natural course of the service user's illness or underlying condition.

6.2 The duty of candour harm thresholds also includes prolonged psychological harm – psychological harm experienced continuously for 28 days or more.

6.3 The framework has been designed to support reporting and learning. It is expected that 'no harm' incidents are not always disclosed to the service user but are analysed, and used, as the basis for learning so that future harm is avoided.

6.4 The World Health Organization (WHO) developed a broader categorisation shown in the table below. This categorisation includes 'psychological harm' a new threshold for the duty of candour. Acacium Group currently use a combination of NRLS (National Reporting and Learning System) and WHO (World Health Organization) categorisations through the DATIX risk management software.

Term	Definition
Harmful incident	A service user safety incident that resulted in harm to the service user. Replacing 'adverse event' and 'sentinel event'.

No harm incident	A service user safety incident which reached a service user, but no discernible harm resulted.
Harm	Impairment of structure or function of the body, and / or any deleterious effect which arises as a result of harm. This includes disease, injury, suffering, disability and death, and it may have physical, social or psychological. Implications.

6.5 The CQC, CIW and SCI requires notifications from care organisations when certain incidents occur. Notifications (notifiable Incident' are required for:

'Notifiable safety incident' is a specific term defined in the duty of candour regulation. It should not be confused with other types of safety incidents or notifications. A notifiable safety incident must meet all 3 of the following criteria:

1. It must have been unintended or unexpected.
2. It must have occurred during the provision of an regulated activity.
3. In the reasonable opinion of a healthcare professional, already has, or might, result in death, or severe or moderate harm to the person receiving care. This element varies slightly depending on the type of provider.

7. A Culture of Candour

7.1 A culture of candour is a culture of safety, and visa-versa, a culture that Acacium Group as an organisation adopts.

7.2 Sir David Dalton and Professor Norman Williams (2014) (Mid Staffordshire Public Inquiry) believe that candour cannot be an 'add on' or matter of compliance, candour will only be effective as part of a wider commitment to safety, learning and improvement.

7.3 A culture of safety depends upon clinical, and other staff, in health and care services who in turn depend on organisational, and peer support. It also depends on a recognition that it is right to apologise and explain when things go wrong.

7.4 The Dalton Williams review advised that leaders within care organisations have a responsibility for ensuring that both the organisational commitment and the resources for building a culture of candour are in place. This can be achieved by:

- developing / adopting a process for ensuring candour / open disclosure
- putting in place systems and processes for 'closing the audit loop' to ensure that concrete actions follow on from learning
- training and supporting staff in disclosing unanticipated events in service user care.

7.5 The Dalton Williams (2014) (Mid Staffordshire Public Inquiry) review identified four factors that can inhibit candid behaviour which have the potential to place an organisation at risk of not meeting the duty:

- reputation: this can include potential reputational impact of incidents, and the fear of litigation at an individual worker level, or an organisational level
- fear of professional regulatory consequences: it is important for organisations to put in place the right support and training for individual professionals, so they have the confidence to be candid. The professional regulators are leading a parallel process to look at aligning a strengthening of their guidance and codes in order to reinforce the importance of candour as a fundamental aspect of professional practice
- misplaced paternalism: one argument for not being candid with a service user is that, 'it can do them no good to know'. It is clearly important to disclose harm in a sensitive manner, and in a

way that is appropriate for the individual concerned. Professionals and organisations should be sceptical of paternalist arguments of this kind, even if they are on occasion justified

- reinterpretation of a situation or seeing it in an excessively clinical way: failure to be candid is often seen as an ethical failure, but it can also be a failure of perception. The application of clear definitions of harm and reporting requirements can be extremely useful as a basis for avoiding a drift away from good practice.

7.6 Acacium Group have existing processes in place to meet the duty of candour.

7.7 The table below illustrates Acacium Group's commitment to the duty of candour.

7.8 Existing processes to meet the duty of candour:

- Robust governance structure
- Regular quality and safety meetings
- Clinical Governance Committee meetings
- Regular incident trend analysis
- Disseminating trend analysis throughout the organisation
- Incidents and risk management through DATIX risk management software
- Thorough induction programme
- Comprehensive training programme
- Open reporting culture

8. Professional Duty of Candour

8.1 Every Acacium Group worker must be open and honest with service user when something goes wrong with their treatment/care, or has the potential to cause harm or distress: This means that every Acacium Group worker must:

- Escalate according to business escalation process.
- inform Acacium Group who will inform the trust or the service user (or where appropriate, their advocate, carer or family member) when something has gone wrong
- apologise to the service user (or where appropriate, the service user's advocate, carer or family member) for any stressed caused and reassure them that we will complete a full investigation, and inform them of the outcome
- offer an appropriate remedy or support to put matters right (if possible)
- explain fully to the service user (or where appropriate, the service user's advocate, carer or family member) the short- and long-term effects of what has happened).

8.2 Acacium Group workers must be open and honest with their colleagues, Acacium Group and other relevant organisations; they have a duty to take part in reviews/investigations when requested.

8.3 Acacium Group workers must be open and honest with their regulators (NMC, GMC, HCPC etc.) and raise concerns, where appropriate. Acacium Group workers must support and encourage each other to be open, and honest. They should not try to stop someone from raising concerns.

8.4 According to guidance from the NMC and GMC, healthcare professionals must follow the below principles:

- do what you can before beginning treatment:
  - service user in your care must be fully informed about all the elements of their treatment

- you or an appropriate person must have a clear and comprehensive conversation with the service user about risks

- what to do if something goes wrong:
  - as soon as you recognise that something has gone wrong and a service user has been harmed, you should do what you can to put matters right immediately
  - report it to a senior member of staff/manager

- saying sorry – when apologising to a service user, or those close to a service user, – you should consider the following:
  - you must share information in a way that the service user understands
  - you should give information that the service user may find distressing in a considerate way
  - you should inform the service user, what happened, what can be done to deal with any harm caused and what will be done to prevent someone else being harmed
  - ensure the service user knows who to contact in the healthcare team to ask any further questions
  - record the details of the conversation in the service user's record

- speaking to those close to the service user inform a senior person who will speak to the service user and family:
  - take time to convey the information in a compassionate way, giving them the opportunity to ask questions at any time
  - you must show respect for, and respond sensitively to, the wishes and needs of those involved
  - you should make sure, as far as possible, that they have been offered appropriate support

- being open and honest with service user about near misses:
  - you must use your professional judgement when considering whether to inform service user about near misses
  - it is crucial that errors are reported at an early stage to put matters right and to learn any lessons so that future service user may be protected from harm.

8.5 Apologies are a vital component of the duty of candour. However, it is important that when we apologise, we do not admit any liability. This is because the apology is usually delivered prior to the investigation, at which point we are unsure of who is liable for the incident.

9. Duty of Candour in Acacium Group Staffing Provision

9.1 Acacium Group employees who work within the staffing provision/arm of the organisation on general terms and conditions, work under the direct supervision and control of the 'service user' (trusts, nursing homes etc).

9.2 Acacium Group as an organisation does not have direct governance input with the service user. Therefore, the duty of candour sits with the service user (trust, nursing home etc).

9.3 Any concerns/incidents that come under the duty of candour are reported immediately to Acacium Group who will inform the Trust/Commissioner /Authority. The incident will then be managed via the relevant process e.g. Acacium Group incidents and complaints or Trust. If there is an immediate service user safety issue, then inform the trust and Acacium Group.

10. Duty of Candour in Acacium Group Commissioned Services Provision

10.1 Acacium Group employees who work within the commissioned arm of the organisation work under Acacium Group direct supervision and control.

10.2 Acacium Group as an organisation has direct governance control. Therefore, the duty of candour sits with Acacium Group.

10.3 Acacium Group have processes and procedures in place to effectively manage the duty of candour. These include:

- robust recruitment procedures
- escalation processes –
- comprehensive induction programme
- complaints and incidents management processes, procedures and policies
- active participation of service user in all stages of care delivery
- an inbuilt safety culture, streamed from board level down to the workers
- a culture of transparency.

10.4 A crucial part of the duty of candour is the apology. Apologising is not an admission of liability. This is the case, regardless of whether you are in the health or social care, or public or private sectors.

10.5 In many cases it is the lack of timely apology that pushes people to take legal action. To fulfil the duty of candour, you must apologise for the harm caused, regardless of fault, as well as being open and transparent about what has happened.

10.6 NHS Resolution is the organisation that manages clinical negligence claims against the NHS. Their 'Saying Sorry leaflet confirms that apologising will not affect indemnity cover:

- "Saying sorry is:
- always the right thing to do
- not an admission of liability
- acknowledges that something could have gone better
- the first step to learning from what happened and preventing it recurring.

11. Training

11.1 Acacium Group will enable their workers to participate in any training available within the organisation.

11.2 The delivery of training is the responsibility of the line managers/appropriate others. It is the responsibility of the central training team to organise and publicise educational sessions, and to keep records of attendance.

12. Implementation Plan

12.1 For consultation, ratification and dissemination of this Policy, see the Policy on Policies for drafting, approval and review of policies, and SOPs.

12.2 This Policy will be implemented through:

- communication of the Policy to all relevant Acacium Group workers

- communication of the Policy to Acacium Group stakeholders
- raising awareness and understanding of the Policy and related risk management processes throughout the organisation through committee meetings, Acacium Group workers' meetings, 'Acacium Group Knowledge Room', the website and general communication
- risk management awareness at Acacium Group induction programmes and related training.

12.3 The Governance Committee and the Clinical Director are responsible for ensuring a coordinated approach to risk management across the organisation.

12.4 Audit and monitoring: The audit and monitoring process of the effectiveness of this Policy is done through the Governance Committee and the Clinical Director who review the Policy annually. or more frequently. if there are legislative, procedural, or best practice changes.

13. Associated Policies / SOPs

Policies
CLIN 14 Health Records Management Policy
CLIN 26 Clinical Governance Policy
CORP03 Whistleblowing for Internal Employees Policy
CORP04 Whistleblowing for Associate Workers and External Parties Policy
CORP 14 Complaint Policy
ORG 04 Incident Reporting Policy

14. References

- British Medical Association, 2013. Statutory duty of candour with criminal sanctions: briefing paper on existing accountability mechanisms. BMA.
- BMA Northern Ireland's Briefing paper on the Duty of Candour March 2019 – https://www.bma.org.uk/media/1698/bma-ni-briefing-duty-of-candour-aug-2019.pdf
- The NHS Wales Duty of candour - https://www.bma.org.uk/advice-and-support/complaints-and-concerns/raising-concerns-and-whistleblowing/duty-of-candour
- Regulation 20: Duty of Candour CQC - https://www.cqc.org.uk/guidance-providers/all-services/regulation-20-duty-candour
- A practical guide for responding to concerns about medical practice March 2019
- Duties of Candour in Healthcare: The Truth, the Whole Truth, and Nothing but the Truth?
- Hempsons, 2014. The duty of candour, fundamental standards of care and fit and proper persons test: step guide to the new CQC regulatory regime for health and social care providers.
- Guidance Duty of Candour Updated Oct 2020 - https://www.gov.uk/government/publications/nhs-screening-programmes-duty-of-candour/duty-of-candour
- National Patient Safety Agency, 2010. Being open: communicating patient safety incidents with patients and their carers. NPSA.
- Learning Learning from patient safety incidents – NHS Improvement Updated June 2018
- World Health Organization, 2009. Conceptual framework for the international classification for patient safety version 1.1. WHO.
- Royal College of Surgeons of England, 2014, Duty of Candour: Threshold Review Group: review of definitions.
- Nursing and Midwifery Council & General Medical Council, Jan 2019. Openness and honesty when things go wrong: the professional duty of candour. NMC / GMC.
- The Duty of Candour Procedure (Scotland) Regulations 2018 - http://www.legislation.gov.uk/ssi/2018/57/made/data.pdf#

- NRLS official statistics publications: guidance notes March 2018
- https://www.gov.scot/publications/organisational-duty-candour-guidance/
- https://phw.nhs.wales/about-us/the-duty-of-candour/

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

GP World Part of Acacium Group	pulse Part of Acacium Group	Proclinical Part of Acacium Group
Bank partners	espirita	INGAGE multistaffing | one solution
Liquid Healthcare Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Hobson Prior Part of Acacium Group	maxxima Part of Acacium Group
xyla Part of Acacium Group	Ellea Nursing Part of Acacium Group	CHS Healthcare Part of Acacium Group
DUNN REGULATORY ASSOCIATES Part of Acacium Group		

Appendix B: Legislation

1. This Policy is supported by legislation and national guidance as set out in the table below.

National policies, guidance, and legislation, supporting reporting and managing incidents.

Act, policy, guidance	Explanation
Health & Safety at Work Act 1974	The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.
Control of Substances Hazardous to Health (COSHH) Regulations 2002	Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.
RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995	There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.
Regulation 20: Duty of candour. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	The intention of Regulation 20: Duty of candour is to ensure that providers are open and transparent with people who use the services, and other 'relevant persons' (people acting lawfully on their behalf), in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information, and an apology when things go wrong.
'Essential Standards of quality and safety'. Care Quality Commission (CQC), March 2010.	Regulator standards for England.
Regulation and Quality Improvement Authority (RQIA). 2005, 2009 (RQIA)	' The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services'. The reviews undertaken by the RQIA are based on the Department of Health's guidance 'Quality standards for health and social care', published in 2006. In 2009, the duties of the Mental Health Commission were also transferred to the RQIA.
Care Act 2014	The relevant part of this Act relevant to this Policy was the introduction of the CQC, which is an integrated regulator for health and adult social care, bringing together existing health and social care regulators under one regulatory body. The CQC has new powers to ensure safe and high quality services.
Social Care and Social Work Improvement Scotland (SCSWIS)	SCSWIS is the independent regulator of social care and social work services across Scotland. They regulate, inspect, and support, improvement of care, social work and child protection services for the benefit of the people who use them.
The Duty of Candour Procedure (Scotland) Regulations 2018	The purpose of the new duty of candour provisions is to support the implementation of consistent responses across health and social care providers when there has been an unexpected event or incident that has resulted in death or harm, that is not related

	to the course of the condition for which the person is receiving care.
Care Inspectorate Wales (CIW)	Regulator standards for Wales.
Human Rights Act 1998 (HRA)	An Act of Parliament that aims to incorporate into UK law the rights contained in the European Convention on Human Rights.
Data Protection Act 2018 (DPA)	An Act of Parliament defining the ways in which information about living people may be legally used and handled. The main intent is to protect individuals against the misuse or abuse of any information held about them.
The Equality Act 2010	The Equality Act brings together over 116 separate pieces of legislation into one single Act that provides a legal framework to protect the rights of individuals, and advance equality of opportunity for all.

2. **Equality and diversity**

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.

Appendix C: Francis Inquiry Recommendations

Recommendation 181

A statutory obligation should be imposed to observe a duty of candour:

- on healthcare providers who believe or suspect that treatment or care provided by it to a service user has caused death, or serious injury to a service user to inform that service user or other authorised persons, as soon as it is practicable. Thereafter, they should provide any relevant information and explanation which is requested by the service user
- on registered medical practitioners, registered nurses, and other registered professionals, who believe or suspect that treatment or care provided to a service user by or on behalf of any healthcare provider, by whom they are employed, has caused death or serious injury to the service user. They should report their belief or suspicion to their employer as soon as it is reasonably practicable to do so.

The provision of information in compliance with this requirement should not of itself be evidence or an admission of any civil or criminal liability, but non-compliance with the statutory duty should entitle the service user to a remedy.

Recommendation 183

It should be made a criminal offence for any registered medical practitioner, nurse, allied health professional, or director of an authorised or registered healthcare organisation to;

- knowingly obstruct another in the performance of these statutory duties
- provide information to a service user or nearest relative intending to mislead them about such an incident
- dishonestly make an untruthful statement to a commissioner or regulator, knowing or believing that they are likely to rely on the statement in the performance of their duties.

Recommendation 28

Zero tolerance: A service incapable of meeting fundamental standards should not be permitted to continue. Breach should result in regulatory consequences attributable to an organisation in the case of a system failure and to individual accountability where individual professionals are responsible. Where serious harm or death has resulted to a service user as a result of a breach of the fundamental standards, criminal liability should follow. Failure to disclose breaches of these standards to the affected service user (or concerned relative), and a regulator, should also attract regulatory consequences. Breaches which do not result in actual harm, but which have exposed service users to a continuing risk of harm, to which they would not otherwise have been exposed, should also be regarded as unacceptable.

Appendix D: NRLS Graded Incidents

The National Reporting and Learning System (NRLS) have put together a 'Seven steps' definition of harm from service user safety incidents. Since its introduction in 2003, there have been over 4 million incidents reported.

'Seven steps'	Explanation	Average annual figu reported to NRLS
No harm – impact prevented	Any service user safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS funded care.	900,000
No harm – impact not prevented	Any service user safety incident that ran to completion, but no harm occurred to people receiving NHS funded care.	
Low	Any service user safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving NHS funded care.	335,000
Moderate	Any service user safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS funded care.	85,000
Severe	Any service user safety incident that appears to have resulted in permanent harm, which is directly related to the incident and not related to the natural course of the service user's illness, or underlying condition. This includes permanent lessening of bodily functions or permanent sensory, motor, phycological or intellectual harm, which has occurred to one or more persons receiving NHS-funded care.	7,500
Death	Any service user safety incident that directly resulted in the death of one or more persons receiving NHS funded care. The death must relate to the incident rather than to the natural course of the service user's illness or underlying condition.	3,500