

Annual Duty of Candour Report

1. Duty of Candour Report

Regulated Health and social care services in Scotland must comply with the duty of candour procedure. The health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 was implemented on 1st April 2018 placing an organisational duty (Duty of Candour) on health, care, and social work services.

This is a legal requirement which means that when things go wrong and mistakes happen, the people affected understand what has happened, receive an apology, and we learn how to improve for the future.

An important part of this duty is that we provide an annual report on duty of candour incidents in our services. This short report describes how our services have operated the duty of candour procedure between 1 April 2022 and 31 March 2023.

2. About our organisation

At The Mungo Foundation we have a history of supporting vulnerable people that stretches back over 45 years. We aim to become the leading social care provider in Scotland by ensuring that everyone, regardless of ability, health or social status is able to live their best life.

We have a varied portfolio of services, reflecting our history of responding to new and emergent areas of need. We provide care and support to vulnerable people in the following areas: Elderly & Dementia Care, Homelessness, Learning & Physical Disability, Mental Health, and Recovery.

Our mission is to improve and enrich the lives of the most vulnerable people in our communities through our charitable work and our core values of Life, Community and Justice.

3. Duty of Candour Incidents

In the period from 1 April 2022 – 31 March 2023, there were 0 incidents to which the duty of candour applied.

Type of unexpected or unintended incident where Duty of Candour applies	Number of times this happened
A person died	0
A person suffered permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
Harm which is not severe harm but results or could have resulted in:	Number of times this happened
An increase in the person's treatment	0

Changes to the structure of the person's body	0
The shortening of the life expectancy of the person	0
An impairment of the sensory, motor or intellectual functions of the person, which was lasted, or is likely to last, for a continuous period of at least 28 days	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	0
The person required treatment by a registered health professional in order to prevent:	Number of times this happened
The person dying	0
An injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above	0

Incidents in which the duty of candour apply are unintended or unexpected incidents that result in death or harm as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition.

4. Information about our policies & procedures

Incidents that occur in our services are reported through the organisation's Incident and accident reporting process. This process ensures that the Senior Management and the Executive Team have the opportunity to examine, discuss and determine if an incident should be classed as a duty of candour.

Where something has happened that triggers the duty of candour procedure, this is identified through our reporting process by staff. The Project Manager works in conjunction with the Operational Manager who reports the incident to the Care Inspectorate. As an organisation we are guided by health professionals and the Care Inspectorate to let us know when they believe we should treat an incident as a Duty of Candour. In the event that we do have an incident which is classified as such, the manager and staff set up a learning review. This allows everyone involved to review what happened and to identify changes that should be made for the future.

All new staff learn about the duty of candour procedure during their 'Ready for Work Week' induction training. We know that serious mistakes can be distressing for staff as well as the people who use our services and their families. We have support in place for our staff if they have been affected by a duty of candour incident.

5. COVID-19 Pandemic

COVID-19 still played a part in effecting some of our services organisationally during the reporting period, however similar to last year, we ensured that the duty of candour procedure was protected as a key process and safeguarded from any impact that the Covid-19 might have had. The duty of candour process as mentioned above feeds into our organisational incident and accident reporting process. All accidents and Incidents are overseen by Project Managers, Operational Managers, The Quality & Compliance

Officer, The Director of Operations and The Director of Quality Assurance and Compliance monthly.

As we have had 0 duty of candour incidents to report we have not had to facilitate any delays in reporting or make any adjustments to the process to ensure that relevant people were involved. A person-centred approach was and is still key to everything that we do.

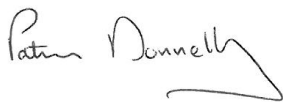
6. Additional Information

This is the fifth year of duty of candour being in operation and it has been our fourth year of reporting no duty of candour incidents. It has another been a year of learning, reflecting, and refining our existing processes to further enhance the organisational duty of candour requirements.

We also review all formal complaints for potential duty of candour incidents and may initiate a significant adverse event review following receipt of a complaint.

Our annual report has been reviewed by our Trustee Board Members and as required, we have advised Scottish Ministers of this report and we have also published it on our website.

If you would like more information about this report, please contact us using the contact details found on our website www.themungofoundation.org.uk



Patricia Donnelly

Chief Executive