

 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Policy / Procedure Approval Report</b></p> <p><b>Name of Meeting</b> Quality, Safety and Improvement Committee</p> <p><b>Date of Meeting</b> 16 May 2023</p> <p><b>Agenda item:</b> 5.1</p>
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### Section 1 - Policy / Procedure Information

<b>Policy / Procedure Title</b>	<b>Duty of Candour Policy and Procedure</b>
<b>Policy Lead</b>	<b>Stefanie Harvey-Powell</b>
<b>Lead Executive</b>	<b>Rhiannon Beaumont-Wood</b>
<b>PHW / All Wales?</b>	<b>PHW</b>
<b>Date of last Review</b>	<b>This is a new policy and procedure for a new law implemented 1 April 2023</b>
<b>Is the current policy / procedure within review date?</b>	<b>N/A</b>
<b>Approving Body /Group</b>	<b>Quality, Safety and Improvement Committee</b>
<b>Version Number</b>	<b>1</b>
<b>Recommendation</b>	
<p>That the Quality, Safety and Improvement Committee:</p> <ul style="list-style-type: none"> <li>Note that the Leadership Team has <b>endorsed</b> the Duty of Candour Policy and Procedure,</li> <li><b>Approve</b> the Duty of Candour Policy and Procedure</li> </ul>	

<b>Section 3 – Details of the Review:</b>	
<b>Background:</b>	
<b>Reason for review</b>	Duty of Candour was introduced in Wales on 1 April 2023, a Procedure and accompanying Policy has been developed for Public Health Wales staff as a single point of reference when applying the Duty to incidents.
<b>Description/Assessment</b>	The Procedure and accompanying Policy has been developed as a single point of reference for applying the Duty of Candour to incidents, following the implementation date in Wales of 1 April 2023, via the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
<b>Consultation</b>	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes
Date range of consultation:	29 March - 28 April 2023
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	N/A
(Add detail)	
Had this policy / procedure been considered by any other groups?	Yes –All of PHW have been given the opportunity to comment on the policy and procedure during the consultation period.
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	N/A
(Add detail)	

<b>Impact Assessments</b>	
<b>Equality and Health Impact Assessment</b>	A Equality and Health Impact Assessment has been completed.
<b>Welsh Language Impact</b>	The Policy / Procedure will be translated to welsh and available on the internet bilingually.
<b>Risk and Assurance</b>	The overarching risks are that there will be an increase in staff time spent in communicating incidents with service users that trigger the Duty of Candour. If there is not sufficient resource or staff capacity, it may mean that PHW may not meet its statutory Duty of Candour obligations.
<b>Health and Care Standards</b>	This Policy / Procedure supports and/or takes into account the <u>Health and Care Standards for NHS Wales Quality Themes</u>
	Choose an item.
	Choose an item.
<b>Financial implications</b>	Increase work load for staff arranging meetings to have Duty of Candour discussions with service users, requiring additional staffing to meet the Statutory obligations of Duty of Candour.
<b>People implications</b>	Increase work load demands on staff, in addition to their usual duties and roles.
<b>Socio Economic Duty</b>	Those members of the public unable to travel to Duty of Candour meetings due to funding difficulties would potentially be disadvantaged. Attempts will always be made to arrange meetings as close to service users as possible to accommodate their travel and financial requirements.

## 5 - Implementation

Please complete the table below for this section, include any relevant actions required for implementation of this policy / procedure:

- How it will be implemented - If it requires resource, training or there are changes to current practice an implementation plan (template available on policy webpages) will be required to accompany the document giving clear timelines.
- If resources are required these should have been agreed prior to presentation to the Committee/Group.
- Info re any barriers to implementation and associated risk – explain how this will be mitigated.

<b>Implementation plan (with timescales)</b>		
Next steps	Timescale	Responsible officer(s)
An implementation group was set up to oversee implementation of the Duty. Awareness was raised via weekly newsletters, workshops with the Heads of Services and Clinical Leads. An All Wales awareness video and leaflet has been internally circulated, as well as a video Q&A prepared by member of the implementation Group and Communications. Training was devised and rolled out through March, April and is ongoing through May and June. 4 additional hours of staff time have been estimated for each individual Duty of Candour case.		

## 6. Dissemination

Include here an explanation of how the document will be disseminated.

For Example include the below as standard:

The primary source for dissemination of this document (specify) within the organisation, wider community and our partners via the internet site.

This will be shared individually with those staff members who have attended the training sessions and will also be uploaded to the intranet and internet.



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**Reference Number:** PHW01

**Version Number:** V1

**Date of Next review:**

## Duty of Candour Policy

### Policy Statement

This policy describes the arrangements for managing incidents where it is suspected that the Duty of Candour has/may have been triggered.

Public Health Wales recognises that even with the best of intentions, mistakes can and do happen, and mistakes can lead to unintended consequences for both the people we serve and the organisation.

When this happens the people affected want to be told honestly what happened, what will be done in response, and to know what improvements will be made to stop this happening again to someone else in the future.

Where Duty of Candour incidents are identified they should be investigated within the required timeframes to understand what happened with a view to identifying areas for improvement and lessons being learnt.

Duty of Candour means NHS organisations have a duty to be open and honest with people they are providing healthcare for and, if things go wrong and harm has occurred they must recognise this and communicate with the service user. This builds upon the principles of the Putting Things Right Regulations already in place and the overall objective is to ensure that when a person receives healthcare from the NHS, they will be dealt with in an open and honest way by their care provider. The Duty ensures that NHS organisations are clear about avoiding any potential culture of blame and supports those where mistakes and errors have been made.

This policy has been produced to satisfy the requirements of The Duty of Candour Statutory Guidance 2023.

### Policy Commitment

Public Health Wales will adopt a common and standardised approach for dealing with all incidents where Duty of Candour has/may have been triggered.

This policy aims to ensure that appropriate structures and reporting mechanisms are in place to enable Duty of Candour incidents to be investigated and managed in a proactive and timely manner, as per the requirements of the Statutory Guidance.

## Supporting Procedures and Written Control Documents

A Duty of Candour procedure has been developed to support implementation of this policy.

### Other related documents are:

- [Duty of Candour Statutory Guidance 2023](#)
- Claims Management Policy
- Claims Management Procedure
- Complaints procedure
- Duty of Candour Procedure
- Health and Safety Policy & Procedure
- Incident Management Procedure
- Putting Things Right Policy
- Redress Procedure
- Risk Management Policy & Procedure

### Scope

This policy has been produced for the management of incidents which has/may trigger the Duty of Candour.

The scope of this policy covers all staff employed by Public Health Wales.

<b>Equality, Welsh Language and Health Impact Assessment</b>	An Equality & Health Impact Assessment has been completed. The impact of this policy is largely positive. The positive effect could be enhanced with a document which is aimed at service users.
<b>Approved by</b>	Public Health Wales Board
<b>Approval Date</b>	TBC
<b>Review Date</b>	March 2023
<b>Date of Publication:</b>	
<b>Group with authority to approve supporting procedures</b>	Executive Team
<b>Accountable Executive Director/Director</b>	Rhiannon Beaumont-Wood, Executive Director for Quality, Nursing and Allied Health Professionals
<b>Author</b>	Stefanie Harvey-Powell, Claims Manager

### **Disclaimer**

**If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting**

the document author or [Corporate Governance](#).

**Summary of reviews/amendments**

<b>Version number</b>	<b>Date of Review</b>	<b>Date of Approval</b>	<b>Date published</b>	<b>Summary of Amendments</b>
V1	23.01.23			New policy introduced to support internal implementation of Duty of Candour

# Duty of Candour Policy

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## 1 Introduction

The Duty of Candour means NHS organisations have a duty to be open and honest with people they are caring or providing services for if things go wrong and harm has occurred.

The purpose of the Duty is to build upon the current Putting Things right legislation, as well as National Reportable Incidents, continuing to promote a culture of openness and honesty to service users of health care in Wales. It is a lever for improving and protecting the health, care and well-being of the current and future population of Wales and being clear about avoiding a potential culture of blame. The Duty will complement the existing professional Duty of Candour required of individual healthcare professional.

## 2 Duty of Candour Trigger

The following conditions must be met, for the Duty of Candour to be triggered:-

- a) A service user to whom **health care** should be offered; is being provided or has been provided has suffered an **adverse outcome**;

A service user is to be treated as having suffered an adverse outcome if the user experiences, or if the circumstances are such that the user **could** experience any **unexpected or unintended harm** that is more than minimal. Moderate and severe harm are defined within the Statutory Guidance and included in the Duty of Candour Procedure.

- b) The **provision of the health care** was or may have been a factor in the service user suffering that outcome.

It need not be certain that the health care caused the harm. It is sufficient that it **could** have been a factor.

## 3 Aims

This policy is an integral part of our approach to Risk Management and related Policies and procedures and is intrinsically linked to its systems for managing and learning from nationally reportable incidents and concerns. The aim of this policy is to ensure that Public Health Wales will manage all Duty of Candour incidents by making service users aware of what has gone wrong and potential harm, apologising and keeping a record of any Duty of Candour incidents on our Datix system. The aim is also to ensure that staff are fully supported with this Policy and a Procedure for reference when it is believed the duty has been triggered.

## **4 Roles and responsibilities**

### **4.1 Chief Executive**

The Chief Executive has overall responsibility for incident management and Duty of Candour Triggers. This responsibility has been delegated on a day-to-day basis in the following manner.

### **4.2 Executive Director of Quality, Nursing and Allied Health Professionals**

Public Health Wales has designated the Executive Director of Quality, Nursing and Allied Health Professionals (QNAHPs) to act as the responsible officer for Duty of Candour under Regulation 11. The Executive Director of QNAHPs will ensure that arrangements are in place for the effective management and reporting of incidents which have triggered the Duty of Candour and will keep the Business Executive Team informed of key developments and will provide assurance to the Quality, Safety and Improvement Committee and Board on key matters relating to the implementation and utilisation of this policy.

### **4.3 Executive Team**

The Executive Team have delegated accountability and responsibility within their service areas for adherence to and for the implementation of this policy. They must ensure that there are appropriate structures and processes in place to apply this policy and to facilitate the investigation of incidents and ensure that lessons learned from Duty of Candour incidents are identified, documented, addressed, implemented and audited.

### **4.4 Non-Executive Responsible Officer**

In line with Regulation 10 of the Duty of Candour Procedure (Wales) Regulations 2023, Public Health Wales is required to designate a person to be responsible for maintaining a strategic oversight of the operation of the candour procedure. Public Health Wales has designated this role to the Vice Chair.

### **4.5 Executive Directors & Heads of Programme**

Executive Directors and Heads of Programme are responsible for having suitable arrangements in place to ensure that incidents are appropriately investigated within the Directorate / Division/Service area. This includes establishing reporting and monitoring arrangements with a focus on lessons learnt. They must also ensure they engage with the Claims Manager to support investigations into Duty of Candour incidents in their respective Directorate/Division. In addition, they will be responsible for ensuring that any identified failings which arise during the investigation of a Duty of Candour incident are addressed and any lessons learned shared across the organisation. They will be responsible for producing

and monitoring action plans. They will monitor that there are sufficient resources to implement Duty of Candour. They must also ensure appropriate staff are released and available to communicate with service users in line with the required Duty of Candour timescales as identified in the Duty of Candour Procedures.

#### **4.6 Duty of Candour Investigation Leads**

Designated Programme Managers, Clinical Leads and Lead Clinicians or any other Senior Managers within the services will be identified by the relevant Directorate to lead on the investigation of incidents which may give rise to the Duty of Candour.

#### **4.7 Role of the Claims Manager**

The Claims manager will enable Public Health Wales to fulfil its statutory obligation of the Duty of Candour, in accordance with the requirements of the 2023 Statutory Guidance. It is important to ensure that the Claims Manager is of sufficient seniority and has relevant subject matter expertise and will have direct access to brief the Chief Executive, Executive Director for QNAHPS and the Executive Team as necessary to achieve the objectives for effective management of Duty of Candour incidents.

#### **4.8 Legal Advisers**

Public Health Wales will solicit legal advice from Legal & Risk Services from NHS Wales Shared Services Partnership (NWSSP) when necessary, particularly for those incidents where the application of Duty of Candour requires further guidance.

The procedure for instructing and liaising with Legal & Risk Services is set out in the Claims Management Procedure and for legal advice requests, staff can contact the Claims Manager for the legal request form which the Claims Manager will forward to Legal and Risk for advice.

#### **4.9 Managers and Staff involved with Duty of Candour incidents**

Managers and Staff involved with Duty of Candour incidents will be kept informed of the progress and outcome of all individual cases via the Claims Manager.

#### **4.10 All members of staff**

The co-operation of all staff involved in the incident leading to a Duty of Candour

trigger is crucial. Public Health Wales will ensure that such staff are encouraged to support the Claims Manager and any duly appointed legal advisors, in the handling of a Duty of Candour incident. All staff have a responsibility to report incidents.

All members of staff have a duty to fully and openly co-operate in the assessment, examination and investigation of any Duty of Candour incident and must comply with this policy and the Duty of Candour Procedure.

All members of staff must report incidents on the Datix management system, including those that may be classified as Nationally Reportable Incidents and Duty of Candour triggers, in line with Public Health Wales' promotion of a fair, blame free culture. When reporting incidents, a detailed description of the incident must be provided, along with information on the service user, witness statements/contact details of relevant members of staff involved or witness to the incident and any other relevant documentation should also be uploaded to the Datix incident record.

Unless there are exceptional circumstances, any member of staff asked to do so should provide the Claims Manager or legal advisor with written comments or formal written or oral testimony and information regarding the investigation of the relevant Duty of Candour Trigger in a timely manner.

Public Health Wales recognises that providing a statement and giving evidence can be a stressful experience and will ensure that full support and guidance is provided to members of staff who are asked to give evidence on behalf of Public Health Wales.

## 5 Reporting Requirements

Public Health Wales will be required to report annually on compliance with the duty and publish a report. This report will be prepared as soon as practicable at the end of the financial year and will need to specify if the duty of candour has been triggered in the reporting year and if it has:

- a. State how often the duty of candour has been triggered during the reporting year.
- b. Give a brief description of the circumstances in which the duty was triggered; and
- c. Specify any steps taken by the body with a view to preventing similar circumstances from arising in the future

This annual report should be streamlined and included as part of the annual Putting Things Right report.

## 6 Board Assurance and Monitoring Arrangements

The Board has delegated responsibility to the Quality, Safety and Improvement Committee to monitor and seek assurance that the organisation has appropriate arrangements in place to discharge responsibilities that relate to the Duty of Candour. The Executive Team will ensure there are arrangements in place for the ongoing implementation of this policy and quarterly reporting on Duty of Candour Incident reports. The Executive team will be supported in the process by Leaders and managers within Public Health Wales ensuring that the implementation of the duty of candour forms a key part of the learning systems within their service areas and will take assurance that the necessary integration and alignment with processes and procedures has taken place and reinforces the values expected in their service area.

The Executive Team will receive, review and recommend action as necessary on a quarterly progress report on the management and status of Duty of Candour incidents. This will be further scrutinised by the Quality and Safety Committee for assurance. The chair of the Quality and Safety Committee will provide updates to the Board as necessary on any significant issues. ~~The minutes of the Quality & Safety Committee will be provided to the Board for information purposes.~~

Executive Directors and key members of the relevant Directorate/Division will attend Committee meetings for Duty of Candour incidents which fall within their portfolio, to provide assurance and identify any additional actions which may be identified.

## **7 Duty of Candour Procedure**

A Duty of Candour Procedure has been developed which supports and embraces the objectives contained in this policy.

The Duty of Candour Procedure sets out the processes for the day to day practical management of Duty of Candour incidents.

## **8 Monitoring and auditing**

The Duty of Candour Procedure sets out the process for managing, monitoring learning, audit and board assurance.

A centralised record of Duty of Candour incidents will be maintained and overseen by the Claims Manager using the Datix system. A quarterly meeting will also be convened with the Claims Manager, Assistant Director for Quality and Nursing and Head of Screening Division, to assess how improvements are being implemented following the identification of any lessons learned.

## **9 Training**

Training on Duty of Candour will be implemented internally and arrangements will

be made to ensure that new starters are appropriately trained. Training will be kept under review and updated pursuant to any changes in guidance.

Training will be delivered at two levels.

Level 1 Duty of Candour Awareness Training – awareness training applicable to all staff which is being commissioned by NHS Wales and will be available on the Electronic Staff Record (ESR).

Level 2 Duty of Candour Application Training- which is developed internally in Public Health Wales and will be delivered to key staff involved in the application of Duty of Candour which will include clinical and non clinical staff.

## **10 Confidentiality**

When completing records under duty of candour staff should remember that any records made in relation to the incident may be disclosable to the individual under UK GDPR (if their personal data) or to the general public under the Freedom of Information Act (if not personal data). Staff should also involve their organisation Data Protection Officer (DPO) when a notifiable adverse outcome appears to involve a personal data breach as there may also be reporting requirements to the Information Commissioners Office under UK GDPR.



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# Duty of Candour Procedure

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**Date:** March 2023

**Version:** V1

**Publication/ Distribution:**

- Public Health Wales (Internet)
- Health Protection & Screening Services SMT

**Review Date:** March 2023

**Purpose and Summary of Document:**

Duty of Candour forms one of the requirements under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. A formal procedure is required in Public Health Wales to support with the implementation of Duty of Candour which is due to come into force in Wales on 1 April 2023.

The document aims to provide a clear process for dealing with incidents where it is believed that the Duty of Candour may have or has been triggered and outlines the required steps to take once this has been identified.

**Work Plan reference:** N/A

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## 1 Introduction

This procedure details the process for dealing with incidents once it has been identified that the Duty of Candour may have or has been triggered.

It aims to ensure staff are supported with a concise point of reference when it is believed the Duty has been triggered, identify who will contact the service user, set out timescales and also provides links to precedent apology letters. The Procedure also encompasses how learning attained from Duty of Candour outcomes will be disseminated and monitored within Public Health Wales.

## 2 Background of the Duty of Candour

Duty of Candour will be implemented in Wales on 1 April 2023 through the Health and Social (Quality and Engagement) (Wales) Act 2020. The Duty has already been in place in Scotland and England for some time.

The purpose of the Duty is to build upon the current Putting Things Right legislation and promote a culture of openness and honesty to service users of health care in Wales. It is a lever for improving and protecting the health, care and well-being of the current and future population of Wales.

The Duty of Candour will complement the existing professional Duty of Candour required of individual healthcare professionals by the Nursing and Midwifery Council, the General Medical Council and many other professional regulatory bodies.

### 2.2 Who does the Duty of Candour apply to?

The Duty applies to the following NHS bodies:

- Local Health Boards;
- Primary Care providers in Wales (i.e. General Practitioners, dentists, optometrists, pharmacists) in respect of the services they provide under a contract or arrangements with a Local Health Board (i.e. it applies to the NHS services provided by primary care providers);
- **NHS Trusts in Wales**;
- Welsh Special Health Authorities, and NHS Blood and Transplant in relation to the functions it exercises in relation to Wales.

## 3 How is the Duty triggered

All of the following conditions must be met, for the Duty of Candour to be triggered and are set out in Annex A flow [chart](#):

- (1) A service user to whom **health care** should be offered; is being provided or has been provided has suffered an **adverse outcome**;

A service user is to be treated as having suffered an adverse outcome if the service user experiences, or if the circumstances are such that the user **could** experience any **unexpected or unintended harm** that is more than minimal.

- (2) The **provision of the health care** was or may have been a factor in the service user suffering that outcome.

It need not be certain that the health care caused the harm. It is sufficient that it **could** have been a factor.

'Health care' is defined as services provided in Wales under or by virtue of the National Health Services (Wales) Act 2006 i.e as part of any NHS service, for or in connection with:

- The **prevention, diagnosis** or treatment of illness; or
- The **promotion and protection of public health**.

The Duty may be triggered by an **action taken** by an NHS body during the provision of the health care or by a **failure to take action**.

For the purpose of the Duty, harm also includes psychological harm, and in the case of a service user who is pregnant, loss of or harm to the unborn child.

The adverse outcome must therefore relate to the **provision of the care** by the NHS body rather than being solely attributable to the person's illness or underlying condition.

Whether or not the Duty of Candour has been triggered will only be considered for those adverse outcomes which have been diagnosed or identified after 1<sup>st</sup> April 2023, it will not apply retrospectively. The error could however have occurred prior to 1<sup>st</sup> April 2023.

Please see the attached collection of [examples of triggers](#) for the Duty of Candour.

Please bear in mind that the adverse outcome for service users **must be unexpected** and therefore will not include the following:-

1. Known complications of diagnostic investigations which may result in re-admissions to hospital as this is not an unexpected adverse outcome.
2. [Waiting lists](#) for the screening programmes i.e. due to delays from lack of resources/ pandemic. It is recognised in the Statutory Guidance that people do have to wait for diagnosis and treatment and, in many cases, their condition will deteriorate whilst they wait for treatment. This deterioration is not **unexpected** for the purposes of the triggering of the Duty of Candour.

3. Interval cancer reviews in the Breast Test Wales Programme which are classified as Minimal Signs (equivalent to satisfactory, with learning points) do not amount to Duty of Candour Triggers but are subject instead to Disclosure of Audit procedures.
4. Interval cancer reviews in the Breast Test Wales Programme where the outcome is unclassifiable, will not amount to Duty of Candour triggers.
5. Interval cancer reviews in the Cervical Screening Wales Programme which are classified as satisfactory with learning points, will not amount to Duty of Candour triggers.

### **3.1 Categorisations of levels of harm**

More than minimal harm is defined as *moderate harm, severe harm or death*. Levels of harm are included in a framework at [Annex B](#).

#### **3.1.2. Moderate harm is defined as:-**

- (a) Moderate increase in treatment and
- (b) Significant but not permanent harm.

#### **3.1.2. Moderate increase in treatment could include:-**

- An unplanned admission/ re-admission
- An unplanned return to surgery
- Increase in length of stay in hospital by 4-15 days
- Cancelling/ postponement of treatment – please bear in mind that the Duty will only be triggered if the cancellation/ postponement has resulted in an adverse outcome for the service user which is more than minimal
- Transfer to another treatment/ care area, such as secondary care or intensive care as a result of the incident

#### **3.1.3. Psychological harm could include:-**

- A psychiatric condition or the exacerbation of an existing psychiatric condition for a continuous period of a least 28 days.

N.B. We are unlikely to come across standalone psychological harm where there has been no impact upon a service user's diagnosis. It would likely require the review of medical records by an independent medico-legal Consultant to establish if a delay of any kind has resulted in psychological impact.

### 3.1.4. Severe harm would include:-

- Avoidable, permanent harm or impairment of health or damage leading to incapacity, disability or the loss of potential recovery.
- Avoidable permanent lessening of bodily, sensory, motor, physiologic or intellectual functions including removal of the wrong limb or organ or brain damage.
- Increased length of hospital stay by more than 15 days.

Examples of severe harm would include the following:-

- Hysterectomies, mastectomies, requirement for chemotherapy.
- Requirement for stoma bag.
- Infertility.
- Future requirement for colostomy bag.
- Psychological treatment requiring Cognitive Behaviour Therapy ("CBT") for an extended period.
- Future care and assistance needs, inability to work.
- Mental incapacity.
- Future requirement for surgery
- Neuro-rehabilitation therapy

## 4 Determining if Duty of Candour has been triggered.

Public Health Wales are required to notify a service user that the duty of candour has come into effect on 'first becoming [aware](#)'. The Statutory Guidance advises that this means that we must not wait for the findings of any initial investigation before notification to the person affected or the person who is acting on their behalf.

However, for most Public Health Wales' services, we will not be able to determine whether a service user has experienced an adverse outcome as a result of **unexpected harm** that is more than minimal without an investigation. For example we will not be able to determine if there has been an error or if Duty of Candour has been triggered for those service users who present with an interval cancer, until an investigation has been carried out.

The investigation will be different for each service to arrive at a conclusion as to whether an error could have resulted in harm. For screening, this includes considering the initial error (for pathway errors), examining the service users' pathway, considering their diagnosis and assessing whether the error has adversely impacted the development of for example a cancer, treatment pathways and life expectancy.

The investigation may not be complete until all areas of the pathway/ service have been examined before we consider approaching the service user for a meeting. It will not be appropriate to notify a service user without having all of the information concerning their whole experience with our service to hand.

Please see the attached [Cervical Screening Wales](#) investigation flowchart as an example of what may be required in the investigation.

Whether unexpected harm has been caused will be different for each service Public Health Wales provides and whilst there may be an error that could amount to a breach of our duty of care, in order to apply the Duty of Candour, this must have caused or could have caused moderate or severe harm. This may be dependent on the length of delay it took to carry out a second set of test results or how long a service user has been on the wrong pathway.

In microbiology, if test results have been incorrectly categorised as negative, we potentially will not know if there is an adverse outcome for a patient, unless deterioration is identified by a treating Clinician and we are made aware.

The Investigation lead will be the person who identifies the error and carries out the investigation and an [Investigation Report](#) must be completed to document the investigation.

#### **4.1.1 Cohort Investigations**

Where it is identified that a cohort of people could have been adversely impacted by an error in a PHW service, this must need to be logged as one Nationally Reportable Incident on Datix. All service users will need to be followed up to assess if harm could have been caused by the error. For those where harm is identified that could have been caused or contributed to by a PHW service error, an individual Datix incident record should be opened for Duty of Candour to be considered on an individual basis.

## **5 Commissioned Services**

An NHS body in Wales is responsible for complying with the Duty of Candour in relation to all care which it actually provides. Therefore, for example, where a health boards/Trusts enter into arrangements with a primary care provider for the provision of NHS services, it is the primary care provider who is subject to the duty.

Similarly, if a Health Board enters into arrangements with Public Health Wales for the provision of services, the duty rests with Public Health Wales.

## 6 Procedure once Duty of Candour is believed to be triggered

After the investigation has taken place, when it is suspected that the Duty may have been triggered, a meeting should be arranged as soon as reasonably practicable with the following to determine if the Duty has been triggered:-

- Director of Screening/ Consultant in Public Health;
- Head of Programme/ Clinical Lead/ Lead Scientist/ Lead Nurse; and
- Claims Manager/ Head of Putting Things Right.

In readiness for the meeting, the following information should be available:-

- An overview of the issue that has potentially triggered the Duty of Candour, details of what has happened, why this may have happened and the impact of the issue on the service user.
- An update on the service user's condition and prognosis.
- Remedial action for the error, what action needs to be taken to correct the error and ensure this does not happen again? Has this been corrected and is the service user now receiving the correct service/ treatment?
- What lessons have been learned and how have these been shared to date.
- Establish whether we have the service user's telephone contact details.

Once it has been determined at this meeting that the Duty of Candour has been triggered, the Claims Manager will confer with the Putting Things Right Team for the decision to be reviewed by Assistant Director of Nursing, Head of Putting Things Right and the Claims Manager to sign off the Duty of Candour trigger decision. This meeting must be held within 24 hours of the Duty of Candour decision meeting as the in person notification must take place within **as soon as reasonably practicable after this** meeting but will be subject to the convenience and circumstances of the service user.

Once it is agreed that Duty of Candour is triggered, the Claims Manager will notify the designated lead who triggered the Duty of Candour meeting for a Datix record to be opened as an incident.

An in person notification (face to face or over the phone) must take place with the service user either by telephone or face to face and must take place within **30 working days** of determining that the Duty has been triggered.

## 6.1 Purpose of Duty of Candour Decision Meeting:-

Please be aware that there may be some overlap for Nationally Reportable Incidents and Duty of Candour. Nationally Reportable Incidents (“NRIs”) are categorised as follows:-

“A patient safety incident which caused or contributed to the unexpected or avoidable death, or severe harm, or one or more patients, staff members or members of the public, during NHS funded healthcare.”

1. Determine if the Duty of Candour and NRI has been triggered.
2. Agree how best to notify the service user, i.e. with an initial telephone call to notify and apologise or sent a notification letter, inviting a telephone/ face to face discussion. This will be contingent upon the following and will also apply to consideration of whether the in-person notification takes place over the phone or in person:-
  - (a) Severity of the adverse outcome;
  - (b) How physically or mentally well the person is to meet face to face and if they are under the care of the symptomatic services;
  - (c) Complexity of the notifiable adverse outcome;
  - (d) Any communication which has already taken place e.g. with radiology, colposcopy, colonoscopy services;
  - (e) Preferred method of communication of the service user and whether they wish to be kept updated during the course of the investigation.
3. A designated lead professional must be agreed from the attendees at the Duty of Candour Decision Meeting.
4. Discuss whether it is appropriate to offer to the service user an investigation under the Putting Things Right (“Redress”) Regulations. This will be dependent upon the severity of harm as Redress investigations are for those cases which compensation will not exceed £25,000.
5. For the purpose of the Breast Test Wales Programme, the Duty of Candour [disclosure meeting](#) with the service user must always take place in person at a screening venue, so that the mammograms can be presented and discussed with the service user at the time of the meeting.

6. It must be agreed at the Duty of Candour decision meeting who will update the Datix Cloud record following the meeting. The outcome of the meeting discussion must be recorded on the Datix Cloud record in the relevant sections relating to Duty of Candour with rationale if Duty of Candour is considered not to apply. A record of the discussion must be recorded within the progress notes of the record.

## 6.2 Making contact with the Service User

Contact should be made with the service user as follows:-

1. Telephone call to discuss that we have reviewed the screening/ treatment pathway/outbreak control outcome/ test results and explain that we are calling to make them aware of our findings and apologise. Offer the opportunity to explain in more detail either over the phone now or put in writing and then allow the service user the opportunity to decide if they would like a face to face or over the phone meeting and provide key contact details.

N.B If the circumstances are such that the service user is very unwell or we do not have telephone contact details, it may be appropriate to send an initial notification apology letter first, offering to meet. This can be agreed at the Duty of Candour Decision Meeting.

2. Depending on the outcome of the telephone call with the service user, either send initial notification apology letter or discuss arranging a face to face meeting or second telephone call.
3. Due regard must be given to [Welsh Language Standard](#) requirements when contacting a service user.
4. Consideration must be given to a service user's language and sign language requirements. Please consult the Trust Accessible Information AIS Policy for further guidance. If the service user's first language is not English or preferred language is something other than English, steps must be taken to ensure that an appropriate translator is available and can attend the in person notification meeting.
5. Consideration must be given to a service user's accessibility requirements when meeting anywhere other than at a service user's home. Provision must be made so that the service user can attend a venue which accommodates their accessibility requirements.
6. Agree who will be contacting the service user for the in person notification and if over the phone it will always be one of the following:-

- (1) Director of Screening/ Consultant in Public Health Lead/ Professional Lead;
- (2) Head of Programme;
- (3) Clinical Lead;
- (4) Lead Nurse;
- (5) Lead Scientist.

If the in person notification will take place face to face, two members of staff are required to attend. The service user must also be offered the opportunity to bring someone of their choosing with them for support. Please ensure that it is recorded on Datix within the progress notes, who attends the in person meeting.

7. The apology letter should be prepared immediately, so that it can be sent to the service user by recorded delivery within **five working days** of the in person notification. Precedent apology letters and a [Duty of Candour leaflet](#) have been prepared and are accessible on the PHW Sharepoint as a guide however these should be tailored to the incident concerned and the handler should provide a meaningful apology.
8. A Relevant Person may be notified of our Duty of Candour obligations on behalf of a service user where the service user:-
  - Has died;
  - Is 16 or over and lacks capacity (within the meaning of the Mental Capacity Act 2005) in relation to the matter; or
  - Is under 16 and not competent to make a decision in relation to their care or treatment.
  - Has nominated a trusted person to act on their behalf as a Relevant Person. Not all service users will want to engage personally with the process.

## 7 In person and written notification

The in person notification whether face to face or by telephone must express reflection, regret, reason for the error and the remedy, to include the following ([Annex E](#)):-

- A clear explanation of what has happened and why the Duty of Candour has been triggered.
- A meaningful and personalised apology.

- Contact details for a nominated point of contact following the in person notification. Please provide details of the Duty of Candour mailbox, this will be monitored to the Claims Manager and forwarded to the appropriate person.
- Provide details of next steps if there is any further investigation or further enquiries to be made and times and dates if and when we will be in touch again.
- Provide an offer for the service user to be kept involved and updated of any ongoing investigations.
- If screening/ further testing is still required, provide details as to how this has been rectified and any follow up appointments.
- Ensure that the service user understands what is being explained to them and offer to answer any questions they may have. Explanations should be provided in clear and plain language as far as possible.
- Provide a copy of the NHS Duty of Candour leaflet at the in person meeting and if this takes place over the phone, include a copy with the apology letter.

## 7.1 Written Notification

A follow up letter must be sent by recorded delivery to the service user within **five working days** of the in person meeting and must reflect the in person meeting and ongoing arrangements. The follow up letter must include the following:-

- (a) Description of any initial consideration of the notifiable adverse outcome;
- (b) A reiteration of the verbal apology. An apology means an expression of sorrow or regret in respect of the notifiable adverse outcome and should not amount to an admission of liability;
- (c) A record of the information provided in the in-person notification;
- (d) The reason we consider that the duty of candour has been triggered;
- (e) The contact details for the Duty of Candour inbox which will be monitored by the Claims Manager and further requests from service users will be forwarded to the appropriate person within the relevant Programme for an appropriate response;
- (f) An explanation of any further investigations to be carried out;

- (g) A reiteration of the offer of details of relevant services or support, and;
- (h) Where the 'in-person' notification is made later than 30 working days after the date on which we first became aware of the notifiable adverse outcome, an explanation of the reason for the delay;
- (i) Ideally a hand written signature on the letter of apology and the letter or e-mail enclosing the letter must be uploaded to the document section on Datix on the day it is sent.

It is recommended that the apology is included within the service user's clinical records by forwarding it to their GP, so that all staff are aware that an apology has been made and all documentation must be uploaded to the Datix incident record.

## **7.2 Unable to contact the Service User**

If having taken all reasonable steps, Public Health Wales is unable to contact the service user, the attempts to make contact must be recorded on the Datix incident record. Please update the progress notes that they are contemporaneous with the dates of telephone contact and ensure all letters, documents and e-mails are logged in the document section of the module and all required Datix fields completed in full.

If the service user indicates that they do not wish to communicate with, or receive information from Public Health Wales, please clearly record this on the Datix incident record. You are not required to provide information to or communicate with the service user/ Relevant Person where they indicate they do not wish to communicate or receive information. Make them aware that they can contact Public Health Wales in the future, should they change their mind about their involvement in the process.

However, the review of the incident triggering the Duty of Candour must continue to ensure any identified learning leads to quality improvements being made to prevent a reoccurrence and recorded in the Investigation which is to be uploaded to the documents section of the Datix incident and also recorded in the progress notes.

## **7.3 Reasonable Steps to Contact Programme Participants**

The following will be considered as reasonable steps to contact the service user/ relevant person/ next of kin:-

1. Contact via telephone in the first instance and leave a voicemail (just to request a call back). The voicemail must only include the name and contact number of the person leaving the voicemail. No information regarding the reason for contact should be left in the voicemail, in the event of an incorrect or out of date contact number.
2. If we receive no response from the service user to telephone contact that day, send a letter to their current address on system.
3. If there is no response, from the service user, two further letters are to be sent at 4 week intervals and the second to last letter must indicate that we will not be making further contact after our third and last letter. However, the service user is welcome to get in touch in the future should they wish to.

## 8 Staff support

All staff involved in the Duty of Candour process must be supported. There is a responsibility on Line Managers to support staff throughout the process and support a no blame culture.

Wellbeing support is available to staff and line Managers and resources can be found [here](#) on the People & Organisational Development webpages.

## 9 National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2022 (Putting Things Right)

Putting Things Right ("PTR") ordinarily initiates an internal investigation by Public Health Wales when a service user raises a complaint or concern externally. If following an investigation a breach of duty is identified, the Redress process may then be offered to a service user, to establish if the breach has caused any harm for which the service user may be eligible for a remedy under PTR (Redress).

For Duty of Candour, the investigation process is initiated by the NHS Body who identified the error. Redress as a remedy to a service user following the outcome of the Duty of Candour investigation.

Where the Duty of Candour is triggered, the time period for responding to a concern runs from the date Public Health Wales makes the 'in person' notification to the service user or relevant person.

Both the in person notification and written notification must offer to take the investigation forward in accordance with Redress. Please make the Claims Manager aware as soon as possible if the service user wishes to take up the

offer of Redress and the Claims Manager will take this process forward and open a record on Datix.

Any Putting Things Right investigation to whom a concern relates, or the relevant person, should be notified of whether the outcome of the investigation grades the harm as moderate or severe. If this has already been included in the Duty of Candour letter and meeting, there is no need to repeat this in the PTR investigation.

The PTR process involves obtaining an external report from an independent expert to consider causation and the extent of the harm. The Trust will therefore require the consent of the service user to take the investigation under Redress forward as consent will be required for the release of medical records to the independent expert.

Under the Redress Scheme, investigation will be made into whether a qualifying liability has arisen as a result of:-

- (1) the missed opportunity in care/ pathway error/ service error, i.e. does this amount to a breach of our duty of care owed to the service user and;
- (2) has this resulted in harm to the service user (causation).

A Regulation 24 or a Regulation 26 response should be issued within 30 days of receipt of the notification of the concern or, where the Duty comes into effect, the day on which the 'in-person' notification takes place whichever is the later.

The offer of [Redress](#) or decision not to make an offer must be communicated to the person raising the concern, or their representative within 12 months of receipt of the notification of the concern or, where the Duty come into effect, the day on which the 'in-person' notification takes place whichever is the later.

## 10 Monitoring Learning

A centralised record will be maintained by the Claims Manager for all Duty of Candour Triggers and the learning which has been identified for oversight and assurance of actions by the Putting Things Right Team. All Programmes will be required to forward details of the learning and how rectifications have been implemented to the Claims Manager once an investigation is complete.

Programme learning will be shared as it currently is for concerns, Nationally Reportable Incidents and claims. This includes seeking to understand what happened by speaking with the individual colleague involved in the incident and involving them in any ongoing investigation and formulation of any remedial actions. Clinical supervision or ongoing support should also be offered to any staff involved in any Duty of Candour incident.

Feedback will be provided by managers and the learning shared nationally across services in educational sessions to demonstrate any clinical interpretations of decisions and feedback to those colleagues who input administratively into the different systems.

Learning will continue to be shared across all services at Senior Management Team Meetings to benefit all parts of the organisation, particularly for those areas of learning which would be relevant to Screening Programmes, Health Protection and Microbiology.

## Appendix - Links

Please find below, helpful links to various resources to support this procedure.

Resource Title	Externally available	Internally available
<a href="#">Annex A – How the Duty is Triggered</a>		✓
<a href="#">Annex B – Levels of Harm</a>		✓
<a href="#">Annex C – Duty of Candour Trigger Procedure</a>		✓
<a href="#">Annex E – Making a Meaningful Apology</a>		✓
All Wales NHS Duty of Candour <a href="#">Leaflet</a>	✓	
Southern Health NHS <a href="#">Leaflet</a>	✓	
Duty of Candour PHE Screening Programme <a href="#">Guidance</a>	✓	
Duty of Candour <a href="#">Example Triggers</a>		✓
Letter of Notification and Apology Letters		✓
Statutory Guidance on <a href="#">Waiting Lists</a>	✓	
BTW DoC Disclosure <a href="#">Process</a>		✓

**Template**  
**Equality & Health Impact Assessment for**  
***(Duty of Candour Policy and Procedure)***

**Part 1**

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Duty of Candour Policy and Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality Nursing and Allied Health Professionals Rhiannon Beaumont-Wood Rhiannon.Beaumont-Wood@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Devise a single point of reference for staff members when Duty of Candour may apply to service user patient safety incidents.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> </ul>	A procedure and policy is required to understand when the Duty of Candour applies to service user safety incidents, to enable colleagues to comply with the Statutory obligations set out within the Statutory Guidance.  The DOC will add resource requirements to teams which are dealing with Duty of Candour. It is important that there is sufficient staff resource in place across Public Health Wales to monitor any potential

	<ul style="list-style-type: none"> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>Duty of Candours in a reasonable timescale and then also complete the actions required for DOC as per the procedure.</p>
<p><b>5.</b></p>	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>The Duty of Candour is an organisational duty and therefore applies to the whole of Public Health Wales. Those who will be specifically affected will be all staff members with clinical responsibilities, as well as staff members investigating service user safety incidents and those colleagues who will be having face to face discussions with service users.</p>

## Part 2- Equality and Welsh language

### 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	E.g. Age related pay	N/A	N/A
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	E.g. Attendance Management Policy not factoring in that an individual with a long term medical condition or disability may take more sick leave	N/A	N/A

medical conditions such as diabetes	Remember that not all disabilities are visible. Some mental health conditions are covered in this area.		
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>E.g. dress codes</p> <p>Some people are Non Binary and do not identify as male or female</p>	N/A	N/A
<b>6.4 People who are married or who have a civil partner.</b>	This also covers those who are not married or in a civil partnership	N/A	N/A
<b>6.5 Women who are expecting a baby, who are on a break from work after having a</b>	Maternity covers the period of 26 weeks after having a baby, whether or	N/A	N/A

<p><b>baby, or who are breastfeeding.</b></p>	<p>not they are on Maternity Leave. One of the biggest issues is ensuring access to information</p>		
<p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>	<p>We have specific time limits in order to notify service users that Duty of Candour may apply to an incident involving the provision of healthcare and strict time limits on providing follow up written information. Complying with these deadlines may be delayed when trying to source appropriate translation services.</p>	<p>This will be closely monitored and services will be as proactive as practicably possible in sourcing relevant translation service in advance of Duty of Candour disclosure meetings.</p>	<p>N/A</p>
<p><b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief</p>	<p>Important areas to consider are things such as Ramadan – individuals may be fasting and therefore get tired more easily Dress codes which ban headwear – an important religious symbol for some religions</p>	<p>N/A</p>	<p>N/A</p>
<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> </ul>		<p>N/A</p>	<p>N/A</p>

<ul style="list-style-type: none"> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>			
<p><b>6.9 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>If face to face Duty of Candour meetings are required, this may involve the service user travelling to a location at a clinical setting which may be burdensome for low income households.</p>	<p>We will always attempt to locate a neutral, clinical location as in close proximity to the service users as possible and arrange virtual meetings where the service user is unable to travel.</p>	<p>N/A</p>
<p><b>6.10 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>If face to face Duty of Candour meetings are required, this may involve the service user travelling to a location at a clinical setting which may be burdensome for low income households.</p>	<p>We will always attempt to locate a neutral, clinical location as in close proximity to the service users as possible and arrange virtual meetings where the service user is unable to travel.</p>	<p>N/A</p>
<p><b>6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b></p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p><b>6.12 Welsh Language</b></p>			

<p><b>There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on:</b>          (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)</p>			
<p><b>Opportunities for persons to use the Welsh language</b></p>	<p>Staff and service users will have the opportunity to converse in Welsh when having Duty of Candour notification meetings.</p>		
<p><b>Treating the Welsh language no less favourably than the English language</b></p>	<p>We have specific time limits in order to notify service users that Duty of Candour may apply to an incident involving the provision of healthcare and strict time limits on providing follow up written information. Complying with these deadlines may be delayed when trying to source appropriate translation services.</p>	<p>This will be closely monitored and services will be as proactive as practicably possible in sourcing relevant translation service in advance of Duty of Candour disclosure meetings.</p>	

### Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

## 7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
N/A	N/A

### Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

**Please note** you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
<p><b>7.2 Lifestyles</b></p> <ul style="list-style-type: none"> <li>• Diet/nutrition/breastfeeding</li> <li>• Physical activity</li> <li>• Use of alcohol, cigarettes, e-cigarettes</li> <li>• Use of substances, non-prescribed drugs, abuse of prescription medication</li> <li>• Social media use</li> <li>• Sexual activity</li> <li>• Risk-taking activity i.e. gambling, addictive behaviour</li> </ul>	N/A	N/A	N/A	N/A
<p><b>7.3 Social and community influences on health</b></p> <ul style="list-style-type: none"> <li>• Adverse childhood experiences</li> <li>• Citizen power and influence</li> <li>• Community cohesion, identity, local pride</li> <li>• Community resilience</li> <li>• Domestic violence</li> <li>• Family relationships</li> <li>• Language, cultural and spirituality</li> <li>• Neighbourliness</li> <li>• Social exclusion i.e. homelessness</li> <li>• Parenting and infant attachment</li> <li>• Peer pressure</li> <li>• Racism</li> <li>• Sense of belonging</li> <li>• Social isolation/loneliness</li> <li>• Social capital/support/networks</li> <li>• Third sector &amp; volunteering</li> </ul>	N/A	<p>We have specific time limits in order to notify service users that Duty of Candour may to apply to an incident involving the provision of healthcare and strict time limits on providing follow up written information. Complying with these deadlines may be delayed when trying to</p>	All	<p>This will be closely monitored and services will be as proactive as practicably possible in sourcing relevant translation service in advance of Duty of Candour disclosure meetings.</p>

		source appropriate translation services.		
<b>7.4 Mental Wellbeing</b> <ul style="list-style-type: none"> <li>• Does this proposal support sense of control?</li> <li>• Does it enable participation in community and economic life?</li> <li>• Does it impact on emotional wellbeing and resilience?</li> </ul>	N/A	N/A	N/A	N/A
<b>7.5 Living/ environmental conditions affecting health</b> <ul style="list-style-type: none"> <li>• Air quality</li> <li>• Attractiveness/access/availability/quality of area, green and blue space, natural space.</li> <li>• Health &amp; safety, community, individual, public/private space</li> <li>• Housing, quality/tenure/indoor environment</li> <li>• Light/noise/odours, pollution</li> <li>• Quality &amp; safety of play areas (formal/informal)</li> <li>• Road safety</li> <li>• Urban/rural built &amp; natural environment</li> <li>• Waste and recycling</li> <li>• Water quality</li> </ul>	N/A	N/A	N/A	N/A
<b>7.6 Economic conditions affecting health</b> <ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Income, poverty (incl. food and fuel)</li> <li>• Economic inactivity</li> <li>• Personal and household debt</li> <li>• Type of employment i.e. permanent/temp, full/part time</li> </ul>	N/A	N/A	N/A	N/A

<ul style="list-style-type: none"> <li>Workplace conditions i.e. environment culture, H&amp;S</li> </ul>				
<b>7.7 Access and quality of services</b> <ul style="list-style-type: none"> <li>Careers advice</li> <li>Education and training</li> <li>Information technology, internet access, digital services</li> <li>Leisure services</li> <li>Medical and health services</li> <li>Other caring services i.e. social care; Third Sector, youth services, child care</li> <li>Public amenities i.e. village halls, libraries, community hub</li> <li>Shops and commercial services</li> <li>Transport including parking, public transport, active travel</li> </ul>	N/A	If face to face Duty of Candour meetings are required, this may involve the service user travelling to a location at a clinical setting which may be burdensome for low income households.	Those of low income households.	We will always attempt to locate a neutral, clinical location as in close proximity to the service users as possible and arrange virtual meetings where the service user is unable to travel.
<b>7.8 Macro-economic, environmental and sustainability factors</b> <ul style="list-style-type: none"> <li>Biodiversity</li> <li>Climate change/carbon reduction/flooding/heatwave</li> <li>Cost of living i.e. food, rent, transport and house prices</li> <li>Economic development including trade</li> <li>Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention)</li> <li>Gross Domestic Product</li> <li>Regeneration</li> </ul>	N/A	N/A	N/A	N/A

### Stage 3

**Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan**

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
<p>The timescales required by the statutory guidance to fulfil our statutory obligations may be impacted when translation services are required.</p> <p>Low income households may be impacted when invited to have a face to face Duty of Candour discussion.</p>	<p>To mitigate these potential impacts, service Leads will ensure that translation services are engaged as proactively as possible in advance of the Duty of Candour discussion meeting with the service user.</p> <p>If it is not practicable for a face to face meeting to be offered in close proximity to the service user, virtual meetings will be offered as an alternative.</p>	Individual service Leads relevant to the Duty of Candour incident.		

**Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).**