



Public – To be published on the Trust external website

Duty of Candour Policy

(Communicating with patients and/or their family following a Patient Safety Incident)

Ref: CORP-0064-v3

Status: Ratified

Document type: Policy.

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1 Introduction

1.1 Summary

Staff within Tees, Esk and Wear Valley NHS Foundation Trust work hard to deliver the highest standards of healthcare to all patients who use our services. The Trust provides safe and effective care to many thousands of people every year but sometimes, despite our best efforts, things can and do not go as expected. The Trust makes a commitment to all people using our services that if you are harmed because of any unintended or unexpected event that you will be told as soon as is reasonably practicable that a notifiable incident under the Duty of Candour regulations has occurred.

Even if something does not qualify as a notifiable safety incident, there is always an overarching Duty of Candour to be open and transparent with people using our services. When we are communicating with patients and families it is important we ensure that effective communication methods are identified and are put in place to ensure that people are gaining a full understanding when discussing patient safety incidents

The [Patient Safety Incident Response Framework \(PSIRF\) 2022](#), sets out the standards and guidance for greater engagement with those affected by a patient safety incident.

Please refer to [section 8](#) for further details regarding information sharing with patients and families.

1.2 Definition

Candour is about being open, honest, and transparent with patients and / or their family in a compassionate and respectful way if something unexpected or unintended happens with their treatment or care that causes or has the potential to cause harm and/or distress.

A statutory Duty of Candour is seen as a crucial, underpinning aspect of a safe, open, and transparent culture. It is also fundamentally linked to concepts of openness and transparency that often the policies and procedures related to it have come to be known by staff by other names, for example, "Being Open," "Saying Sorry," and "Just Culture."

Overseen by the Care Quality Commission (CQC), it compliments and strengthens the existing professional and contractual Duty of Candour requirements set out below, but in addition is enforceable by law.

The CQC state "*The Duty of Candour is a crucial part of a positive, open, and safe culture. People using any type of health or social care service have a right to be informed about all*

elements of their care and treatment - and all providers have a responsibility to be open and honest with those in their care" (CQC March 2021)

1.2.1 Statutory responsibility

Since 2015, where it was introduced in response to the Francis Inquiry at the Mid-Staffordshire NHS Foundation Trust, the Care Quality Commission (CQC) has made Duty of Candour **a statutory responsibility**. The formal part of the Duty of Candour is: Fundamental Standard Regulation 20: Duty of Candour (Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulation 2015).

The Duty of Candour [Regulation 20: Duty of Candour - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk) process applies to any unintended **OR** unexpected **notifiable safety incident** that could have or did lead to harm for anyone to who we provide care and treatment to.

A notifiable safety incident must meet all three of the following criteria:

1. It must have been unintended or unexpected (in relation to the care provided).
2. It must have occurred during the provision of a **regulated activity** (something that relates to the care and treatment that the Trust provides).
3. In the reasonable opinion of a healthcare professional, already has, or might, **result in death, or severe or moderate harm** (see 4.2 for definitions of harm levels) to the person receiving care.

If any of these three criteria are not met, it is not a notifiable safety incident (but remember that the overarching Duty of Candour, to be open and transparent, always applies). To decide if the statutory Duty of Candour applies to an incident, see [Duty of Candour flowchart section 4.1](#)

1.2.2 Professional responsibility

All Healthcare Professionals have a **professional responsibility** to uphold the Duty of Candour and be honest with patients and involve them and their family when things go wrong. This is described by the Nursing and Midwifery Council (NMC), the General Medical Council (GMC) and the Health & Care Professionals Council (HCPC) as the Professional Duty of Candour, and forms part of a joint statement from eight regulators of healthcare professionals in the UK.

For incidents where **no or low harm** (see 4.2) has occurred, staff should offer an apology and explanation of what has happened at the time the incident occurs in line with their professional Duty of Candour.

1.2.3 Contractual responsibility

Duty of Candour is a contractual obligation that requires NHS provider organisations to implement and measure the principles of being open.

The Duty of Candour, whether contractual, statutory, or professional, rests on the same fundamental principle: being open, honest, and transparent with patients in your care. Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) fully supports this as a prerequisite to improving patient safety and the quality-of-service, user, and carer experience.



Duty of Candour is a process rather than a one-off event.



Being open and honest relies on staff and the rigorous reporting of patient safety incidents. The Trust supports a positive reporting culture and being open and honest with patients in the most compassionate way when an incident occurs

1.3 Our Journey to Change

This policy is critical to the delivery of [Our Journey To Change OJTC](#) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This policy supports the trust to co- create a great experience for all patients, carers and families from its diverse population by supporting patients and their families/carers to cope better with the after-effects of a patient safety incident by:
 - **Being open, respectful, and compassionate in a timely way following an incident.** This is known to help those affected feel supported and reduces risks of additional harm such as lack of trust or feelings that staff are not being transparent.
 - **Engaging with those affected by a patient safety incident.** This improves our understanding of what happened, and potentially how to prevent a similar incident in future. Everyone will experience the same incident in different way, no one truth should be prioritised over others.
 - **Listening.** The opportunity to be listened to is also part of restoring trust and repairing relationships between organisations and staff, patients, and families.
 - **Saying sorry.** Getting an apology right sets the tone for everything that follows.
- This policy supports the trust to co-create a great experience for our colleagues by:

- Providing guidance and support for staff on what to do when things go wrong during care and treatment the Trust is providing.
 - Promoting an open and honest culture so staff feel safe to talk about and learn from patient safety incidents.
 - Supporting staff to cope better with the after-effects of a patient safety incident by being open and compassionate in a timely way following an incident.
- This policy supports the trust to be a great partner by:
 - Setting out how our staff will adhere to professional codes and statutory duties of candour expected by our regulators.
 - Setting out expectations that we will work with partners such as the police, Local Authority, bereavement services, other agencies as well as via independent advocacy services to support and signpost patients and families following an incident.

2 Why we need this policy.

This policy informs all Trust staff of their roles and responsibilities relating to the Duty of Candour; to be open, honest, and transparent with patients, carers and /or families and giving an apology should something go wrong in the course of the care and treatment we provide.

This policy, as well as informing staff of their role in relation to Duty of Candour informs patients, relatives, and carers of what they can expect from the professionals involved if something goes wrong with the care and treatment we provided.

Engaging and involving those affected about what happened and discussing patient safety incidents promptly, fully, and compassionately can help those affected to cope better with the after-effects.

This policy aims to provide assurance of the Trust's commitment to improving patient safety and continuous quality improvement and aims to complement other existing trust policies, and practices that are in place with a key focus on the promotion of a restorative just culture.

2.1 Purpose

The purpose of this policy is:

- To set out the Trust's expectation for all staff to be honest and transparent with patients in their care and their families if things go wrong.

2.2 Objectives

The core objectives of this policy are to ensure that:

-
- All Trust staff are aware of their responsibilities for both **professional** and **statutory** Duty of Candour if something unexpected or unintended happens while providing the patient's care and/or treatment.
 - All clinicians are aware of and follow the guidance of their professional bodies. Openness and honesty towards patients are supported and actively encouraged by many professional bodies including: -
 - Medical Defence Union (MDU)
 - [Duty of Candour at a glance](#)
 - Nursing and Midwifery Council (NMC)
 - [Openness and honesty when things go wrong: The Professional Duty of Candour \(Updated February 2022\)](#)
 - General Medical Council (GMC)
 - [Being open and honest with patients in your care, and those close to them, when things go wrong](#)
 - [Health & Care Professionals Council \(HCPC\)The duty of candour | The HCPC](#)
 - All Trust staff know how to communicate effectively when things go wrong and feel supported in apologising and explaining to patients, their families, and carers.
 - Patients and their family or carers are notified if something goes wrong with the care and treatment we provide as soon as reasonably practicable.
 - An apology is provided, 'saying sorry' in a way that is genuine and meaningful and is made in person unless the patient (family or carer) request otherwise.
 - All communication/activity or interaction related to Duty of Candour is correctly and accurately recorded in a case note within the patients' electronic care records and the patient and/or their family receive written notification.
 - Policy implementation is effective, consistently applied, monitored, and reported, providing assurance internally, including to the Trust Board and externally in line with contractual and regulatory requirements.

3 Scope

3.1 Who this policy applies to

- This policy applies to all Trust staff, at all times. We all have a responsibility for being open, honest, and transparent with patients, their families, and carers.



The Trust requires all employees to be open and honest about being involved in accidents, incidents, near misses or errors.

3.2 Roles and responsibilities

This policy informs all Trust staff of their role and responsibility regarding openness, honesty, and transparency if something goes wrong with a patient's care or treatment.

Role	Responsibility
Trust Board	<ul style="list-style-type: none"> • Responsible for promoting a culture of openness to improve patient safety and the quality of healthcare systems within the Trust and that the contractual requirement of the policy is adhered to.
Chief Executive	<ul style="list-style-type: none"> • Is accountable to the Trust Board and ultimately responsible that procedures and processes are in place to implement the policy. • Responsible for demonstrating the Trust commitment to Duty of Candour principles and standards and ensuring organisational systems are in place for implementation of the Duty of Candour in response to a patient safety incident.
Chief Nurse	<ul style="list-style-type: none"> • Is the identified Board lead for implementation of the Patient Safety Incident Response Framework (PSIRF) and the Duty of Candour. • Is responsible for the implementation of the policy, ensuring suitable training and awareness programmes are in place and that assurance processes are effective. • To promote the professional and statutory Duty of Candour principles and policy.

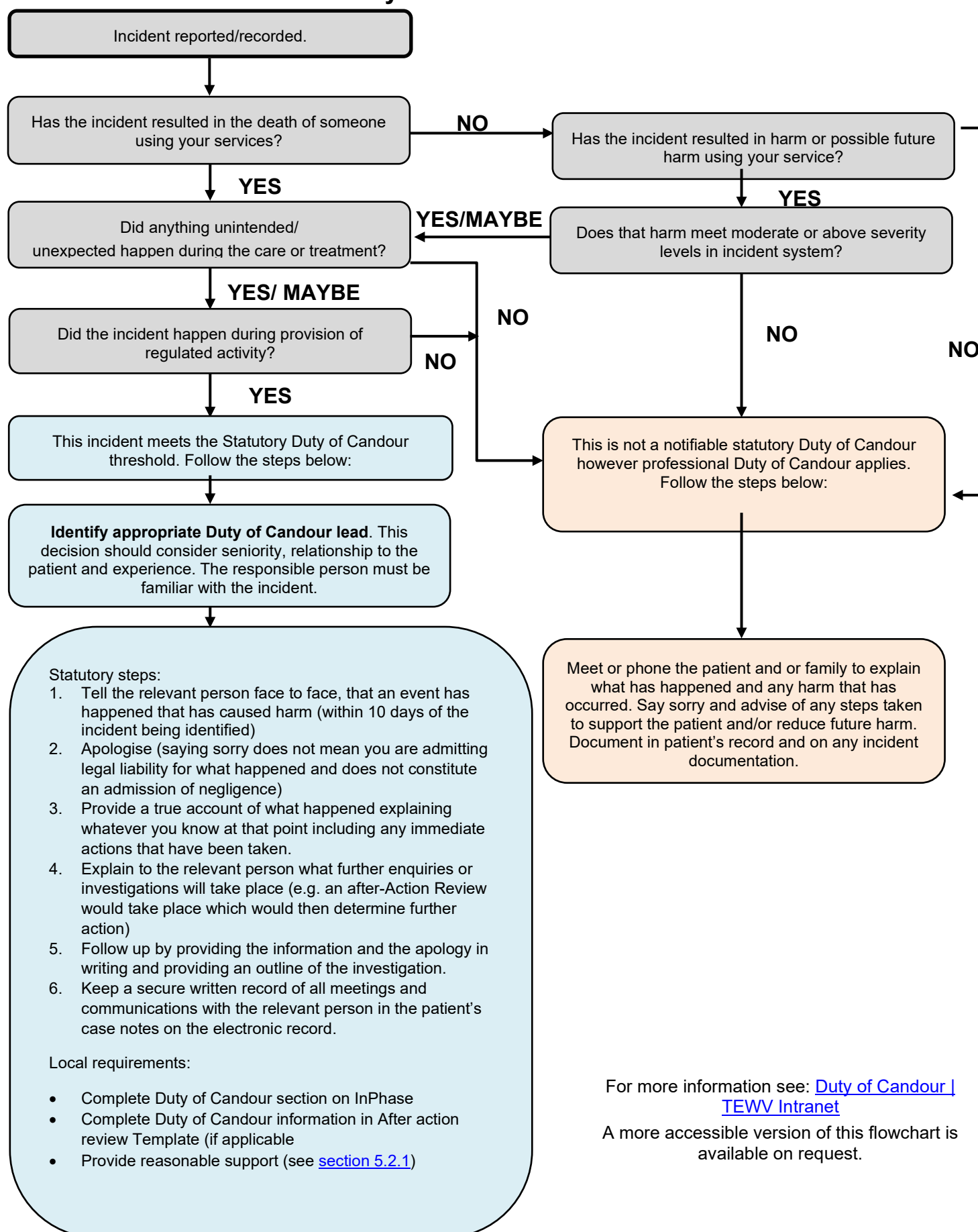
Managing Directors	<ul style="list-style-type: none"> Are responsible for ensuring that Care Groups comply with the requirements of this policy and that effective processes are in place for monitoring and assurance purposes.
Executive Medical Director	<ul style="list-style-type: none"> Caldicott Guardian responsibilities. To promote the professional and statutory Duty of Candour principles and policy
Executive Director of Therapies	<ul style="list-style-type: none"> To promote the professional and statutory Duty of Candour principles and policy.
Care Group Board Directors, Senior Clinical Directors, General Managers, Associate Directors of Nursing and Quality, Associate Directors of Therapies, Associate Medical Directors.	<ul style="list-style-type: none"> To fulfil their duty to be open and honest with the patients in their care and or those close to them if something goes wrong. To ensure the Duty of Candour policy is implemented within their directorates. Responsibility to foster a culture of openness and ensure all staff are supported to follow the principles of Duty of Candour in being open, honest, and transparent. To promote the Duty of Candour Policy: Communicating with patients and/or their family following a Patient Safety Incident and review processes through care group governance forums. To ensure appropriate guidance and support is available to clinical staff and managers regarding Duty of Candour.
Associate Director of Patient Safety	<ul style="list-style-type: none"> Is responsible for coordinating the overall management, investigation and learning from notifiable safety incidents. To ensure Patient Safety Incident Investigations are managed in a consistently open and honest way. To ensure appropriate guidance, support and advice is available to clinical staff and managers regarding Duty of Candour. Ensure that the Duty of Candour sections are fully populated on InPhase records and corresponding review documentation as evidence of compliance with policy. Processing information consistently and precisely and presenting it in a timely, relevant, and meaningful way in compliance reports to Care Group Board and Trust Quality Assurance Committee. Appropriately escalating concerns regarding the Duty of Candour process.

Matron / Service Manager	<ul style="list-style-type: none"> To ensure the Team/Ward Manager / leadership team make the decision as to whether it is a notifiable safety incident, and if so, ensure the most appropriate registered healthcare professional fulfils the requirements of Duty of Candour. To ensure InPhase has been fully and accurately completed, including the Duty of Candour section for the incident and the same full and accurate details are recorded in the patient's electronic care record through a standardised check.
Duty of Candour lead	<ul style="list-style-type: none"> Responsibilities: to ensure the six statutory steps and two local steps as set out in the process flowchart are completed. Eligibility: Identification of the lead should consider seniority, relationship to the patient and experience. The responsible person must be familiar with the incident.
All Trust Employees	<ul style="list-style-type: none"> Have a responsibility to acknowledge and report any patient safety event and to take appropriate advice from that point. To promote a culture of openness, honest and sound communication with patients and their families or carers Clinical staff have a responsibility to act within their professional codes.

4 Duty of Candour process

The flow chart below supports decision making as to whether a statutory Duty of Candour applies. Your approach must be adapted to meet the circumstances of each incident, and the individuals affected. Some steps may need to be repeated, and the process may not be as linear as implied. For example, some people will have different communication requirements; those in distress may need more regular contact and more detailed guidance to aid understanding and retention of information. (Please see over page).

Duty of Candour Flowchart



4.1 Grading of patient safety incidents to determine level of response

4.1.1 Log an incident.

The incident must be reported via the Trusts incident reporting system and include key details related to the Duty of Candour.

For definitions of harm level refer to [Incident Recording and Response policy](#)

4.1.2 No harm and low harm

Require reporting on the Trusts electronic risk management/reporting system but are **not** notifiable safety incidents.

4.1.3 Moderate Harm / Severe Harm

Incidents resulting in moderate / severe harm should be considered for Duty of Candour by the multidisciplinary team involved. An After-Action review may be requested which will be reviewed at the relevant care group governance forum where Duty of Candour will be assured. Moderate / Severe Harm incidents will also be discussed with the service and relevant others in the daily patient safety team huddle where Duty of Candour will be supported and assured.

4.1.4 Fatal Harm

Incidents resulting in fatal harm should be considered for Duty of Candour by the multidisciplinary team involved. An After-Action review may be requested which will be reviewed at the relevant care group governance forum where Duty of Candour will be assured. Fatal Harm incidents will also be discussed with the service and relevant others in the daily patient safety team huddle where Duty of Candour will be supported and assured. Where Fatal harm has occurred, the condolences should be included as part of the letter in addition to the initial verbal / in person contact.

Where incidents are investigated as a Patient safety Incident Investigation (PSII), these will also be subject to a Directors assurance Panel. Within this panel, the members will identify if statutory Duty of Candour applies and if yes, will issue a Duty of Candour letter to the relevant person within ten working days from the Chief Nurse.

4.2 Engagement and Involvement with patients and/or families (Duty of Candour lead) for Statutory Duty of Candour

Immediately, or as soon as is reasonably practicable after a notifiable safety incident is identified, an appropriate responsible Duty of Candour lead should be identified to lead communication. This decision should consider seniority, relationship to the patient and experience and expertise in the type of patient safety incident that has occurred.

Engagement and involvement need to be tailored to the circumstances of the incident and to each individual affected, so preparation for initial conversations with those involved is crucial. The responsible Duty of Candour lead must be familiar with the facts of the

incident to date and know who they are talking about (the patient's name) and who they are talking to (e.g., patient, next of kin, staff member).

The initial point of contact from the organisation may not be the same as the person who subsequently maintains contact throughout the engagement process. Ensure those affected know who their point of contact is and that this is documented in the patient record. At the end of the initial contact, it needs to be agreed when the next contact will be, how contact will be made and who will make it. Any promised contact must be delivered.

A Duty of Candour checklist can be seen at [appendix 4](#) and an overview of the four steps to engagement can be seen at [appendix 5](#).

The Duty of Candour lead must:

4.2.1 Notify the relevant person.

Notify the relevant person that the incident has occurred (no later than 10 days after the incident being identified (which complies with the NHS Standard Contract) or as soon as possible if there has been a gap between the incident and identification) to provide an apology and say sorry for what has happened, fully explain what is known at the time along with information about any likely long- and short-term effects.

4.2.2 Do not delay.

It is important not to delay giving a meaningful apology for any reason as delays are likely to increase the patients, their families and their carers sense of anxiety, anger, or frustration.

4.2.3 The notification

The notification given must:

i. Be given in person by the appropriate person and include a true account of what happened which, to the best of the registered persons knowledge is true, with all facts that the registered person knows about the incident at that time (this should take into account Section 8 regarding information sharing).

ii. Advise the relevant person if there is to be any further action and/or investigation/review because of the incident.

iii. Give an apology and say, 'I am sorry for what happened.' From the start, simple straightforward expressions of sorrow and regret can and should be made for the harm the person has suffered, even if the incident is still being investigated. Advise what will happen next in terms of the patient's care and treatment (offer an appropriate remedy to put the matter right, if this is possible and or practical and emotional support) and agree next steps for keeping the person informed and updated with information which emerges and with the progress of any investigation.

iv. Record all communication with the relevant person within the case note section of the patient's electronic care record.

4.2.4 Follow up with a written notification.

Follow up with a written notification as soon as is possible to the relevant person containing:

Please see [appendix 3](#) for guidance.

- i. The information provided verbally
- ii. Details of any enquiries to be made and the results of these enquiries will be shared when available
- iii. A sincere apology

4.2.5 Keep good records.

Every communication should be documented, even when attempts to make contact are unsuccessful, and what was discussed recorded. Records should contain:

- date and time of all contacts, including any meetings.
- method of contact (e.g. telephone, email)
- who was present during the contact
- purpose of contact and any information exchanged.
- details of who initiated the contact.
- all unsuccessful attempts to contact those affected or their representatives.
- all contacts with those affected that were refused or declined, and any reasons given.

4.2.6 If a patient has died

If a patient has died, the agreed registered healthcare professional must send a letter of condolence letter to the next of kin or named family contact. Please see [appendix 3](#) for guidance.

5 Saying sorry

Saying sorry is **always** the right thing to do. It should be clearly understood that saying sorry does not mean that you are admitting legal liability for what has happened and does not constitute an admission of negligence but should be a genuine apology about something that has gone wrong.

It is natural and desirable for those involved in treatment that produces an adverse result, for whatever reason, to express sorrow or regret at the outcome. This is reinforced and

supported by **NHS Resolution** who **advise that saying sorry is the right thing to do.**
[Watch Alan's story - Saying sorry - NHS Resolution](#)

5.1 The way you say sorry.

The way you say sorry is just as important as saying it. When saying sorry you will be expected to:

- Speak to the patient or if more appropriate their family member (relevant person) in person in a place and at a time when they are best able to understand and retain the information and has someone with them who can support them.
- Give the patient / family member (relevant person) the information they want or need to know in a way that they can understand and avoid jargon.
- Consider the patient / family member (relevant person) may find receiving the information distressing and to carry this out in a considerate way, respecting their right to privacy and dignity.
- Say “I am sorry” rather than a general expression of regret about the incident on the organisation’s behalf.
- Depending on the severity and impact of the incident, Time will need to be taken to convey the information in a respectful and sensitive way with the opportunity for the relevant person to ask questions at the time and afterwards.
- In the event a patient has died, their wishes and plans must also be considered if they are known (see section 8).



In line with Regulation 20: Duty of Candour is an apology, an expression of sorrow or regret made in respect of a notifiable safety incident.

Good Practice is to say:

- I am sorry ‘X’ happened
- We are deeply sorry for the distress caused
- I am sorry, we have learned that ‘X’ happened

5.2 Saying sorry to the family and or carers

5.2.1 Provide reasonable support.

Support needs may stem from people being involved in the patient safety response and/or be pre-existing. Ensure reasonable adjustments are made if the patient and /or family require additional support such as those people with a learning disability, autism, dementia,

neurological conditions, or those people who may have difficulty with sight or hearing. This should include an offer to access to assistance with understanding what is being said, e.g., through interpreting services, non-verbal communication aids, written information, Braille, as appropriate.

The following should be considered:

- **Does this person need support?** People may not be aware that they need support, even if the incident was particularly traumatic. It may be helpful to tell someone about the support options available, and then give them the time and space to decide if they need such support. Offer the option of direct emotional support during the notifications, for example from a family member, a friend, a care professional, or a trained advocate.
- **If so, what type of support?** Support needs can manifest in different ways. They can be emotional, practical, or psychological. You should try and prompt people to think about the different types of support they may need. Consider access to any necessary treatment or care to recover from or minimise the harm caused where appropriate.
- **What support resources can you share?** Based on conversations with the individuals affected, you should offer resources or discuss what other organisations can offer but leave the individuals to decide which would be most appropriate for them.

5.2.2 Useful resources

Useful resources may include:

- Details of specialist independent sources of practice advice and support or emotional support or counselling
- Information about available independent/impartial advocacy and support services, their local Healthwatch and other relevant support groups, for example Cruse Bereavement Care, to help them deal with the outcome of the incident. This will support the patient and /or families (particularly the latter if there is a death of a patient)
- Support to make a complaint if the person wishes to complain.
- Offer a single point of contact for any questions or requests they have.

5.2.3 Family Liaison Officer

The Trust has a Family Liaison Officer who can also provide dedicated support and advice to teams and can be contacted via the Patient Safety Team. On a case-by-case basis the Family Liaison Officer may work alongside teams with families directly.

6 Continuity of Care

Patients are entitled to expect that they will continue to receive all usual treatment and continue to be treated with respect and compassion. If a patient expresses a preference

for their healthcare needs to be taken over by another team following a patient safety event or near miss, the appropriate arrangements should be considered where possible for them to receive treatment elsewhere.

7 Supporting staff

Engaging with families and staff affected by a patient safety incident can be emotionally demanding and the challenges of the role should be recognised. Communicating a notifiable safety incident may lead to an angry or distressed reaction from patients, carers, or others. Staff should be supported to manage and compassionately respond to such circumstances, this may include direct line management support, peer support and clinical supervision. Out of hours support is available through the Tactical on call. Alternative sources of advice, support, and opportunities to 'buddy' are available through General Managers and the Patient Safety or Patient Experience team, Complaints, and PALs team.

Following a patient safety event, staff may experience significant emotional responses that impact on their own health and their future ability to work. There are a range of support services you can consider on the Health and Well-being, staff well-being section on the intranet. The employee support service provides support to staff who are experiencing issues that affect their health and/or wellbeing.

[Link to Health and Wellbeing: Mental Wellbeing](#)

8 Information Sharing

Under the [Patient Safety Incident Response Framework \(PSIRF\)](#) there will be greater engagement with those affected by an incident, including patients, families and staff. The principles of sharing information should give full consideration of, and respect for, the patient, their families and other relevant people's privacy and confidentiality.

There may be occasional circumstances where a clinical team following the identification of a patient safety incident do not feel that they can contact a patient's family and or carer(s), owing to their obligations relating to patient confidentiality and/or the patients consent status.

These should be exceptional, and it should be noted that in many of these cases the coroner will be involved and may share that the person has had contact with our services.

Example: In the case of an unexpected death of a patient whereby the deceased had expressly stated that they did not want any information shared with others regarding their care or even their contact with mental health services.

In this instance the clinical team should discuss the matter in a Multidisciplinary team forum and clearly document that Duty of Candour has been considered along with the rationale for their decision not to contact a family or carer(s). This guidance around

documenting consideration of Duty of Candour will also apply to a review of the incident and will be applicable throughout the course of any incident investigation.

8.1 Information Governance Advice

Advice can be sought from the Trust's Information Governance Manager or the Caldicott Guardian on an individual case basis.



It is important to remember that Confidentiality does not die with the patient, any specific requests the patient made when alive must be respected in death.

9 Communication with other Trust staff, health and social care teams, external organisations, and agencies

Consideration will be given to contacting other Trust teams and staff members; the GP; Police, and other services or agencies involved in providing care to the individual, as these services may be able to offer support to the service user and/or their carers at a difficult time. It may be necessary to include these services in any investigation. It may also be appropriate to share the outcomes and learning of an investigation if the information is relevant to the continuing safe delivery of care, treatment, and support. The Information Governance Department can provide advice in relation to confidentiality/data protection concerns, in partnership with the Caldicott Guardian.

10 Definitions

Please see [section 1.2](#) for definitions.

11 Related documents

This document should be read in conjunction with the following:

- [Incident Recording and Response policy](#)
- [Trust Organisational Risk management policy](#)
- [Trust Complaints Policy](#)
- [Trust Claims Management Policy](#)
- [Trust Freedom to Speak Up Procedure](#)
- [Trust Safeguarding Adults Policy](#)
- [Trust Safeguarding Children Policy](#)

- [Trust Mental Capacity Act 2005 Policy](#)
- [Trust Interpreting and translation guidance](#)
- [Trust Interpreting and Translation Policy](#)
- [Trust Independent mental health advocacy \(IMHA\) procedure](#)

12 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.
- Trust PSIRF Training (includes Duty of Candour) and is in the Trust welcome day for new starters.
- There is a Duty of Candour section on the intranet that staff can access for supporting resources and the animation video defining Duty of Candour requirements
- Resources are also available from NHS Improvement and NHS Resolution (see references section)
- Staff involved with Duty of Candour conversations will need support from their peers, colleagues and managers and should form part of their appraisals, development, and de-briefing where appropriate.

12.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All new staff	Duty of Candour information is included in the staff welcome day, and this includes signposting to all the resources on the intranet	As part of Trust induction	On joining the Trust
All staff	Duty of Candour is included in InPhase training which is mandated for all staff	e-learning package	Three yearly
Care Group Clinical and operational leaders	Included within ongoing PSIRF training and additional Duty of Candour sessions provided in 24/25 by NHS Professionals	Face to face / teams	One off

13 How the implementation of this policy will be monitored

The policy, processes and procedures will be monitored and audited, and assurance will be provided by the InPhase reporting systems once these go live. This is currently monitored via Reporting processes into Care Groups and Trust Quality Assurance Committee.

This policy may also be subject to Internal Audit.

13.1 Monitoring

All incidents will be reviewed by the staff member finally approving the incident and moderated up or down to ensure that the statutory requirements of Duty of Candour are fulfilled for all incidents that have caused moderate harm and above.

Services, supported by patient safety will undertake a proportionate review of the incident including consideration of Duty of Candour for all moderate and above incidents and provide evidence to patient safety of the review which the patient safety team will quality assure.

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group).
1	Compliance with Duty of Candour statutory notifications	Monitored monthly by Patient Safety through review of all moderate / severe / fatal incidents. Overview reported to Care Groups monthly and full report six monthly. Reported quarterly or by exception if necessary to Quality Assurance Committee. Patient Safety team.	Care Group Boards Trust Quality Assurance Committee

14 References

CQC Regulation 20: Duty of Candour (updated June 2022)

[Filter Icon \(cqc.org.uk\)](https://www.cqc.org.uk)

[The fundamental standards - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

[Openness and honesty when things go wrong: the professional Duty of Candour \(gmc-uk.org\)](https://www.gmc-uk.org)

Patient Safety Incident response Framework [NHS England » Patient Safety Incident Response Framework and supporting guidance](https://www.nhs.uk)

PSIRF supporting guidance: Engaging and involving patients, families and staff following a patient safety incident [NHS England » Patient Safety Incident Response Framework and supporting guidance](https://www.nhs.uk)

- National Patient Safety Agency. (2009). Being Open: Saying sorry when things go wrong.
- National Health Service Resolution. (June 2017). Saying Sorry: saying sorry meaningfully when things go wrong is vital for everyone involved in an incident.

Duty of Candour: Regulation 20 Health and Social Care Act 2008 (regulated Activities) Regulations 2014

[Filter Icon \(cqc.org.uk\)](https://www.cqc.org.uk)

Allied Health Professionals:

[Understanding the Duty of Candour- new resources available for you | \(hcpc-uk.org\)](https://www.hcpc-uk.org)

[Duty of Candour \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk)

NMC and GMC Duty of Candour Guidance: Openness and honesty when things go wrong.
[NMC and GMC refresh Duty of Candour guidance - The Nursing and Midwifery Council](https://www.nmc-uk.org)
[The professional Duty of Candour - ethical guidance - GMC \(gmc-uk.org\)](https://www.gmc-uk.org)

NHS Resolution resources (March 2022)

[Duty of Candour animation - NHS Resolution](https://www.nhs.uk)

[You Are Not Alone - PTC Podcast | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)

15 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	20 May 2025
Next review date	20 May 2028
This document replaces	Duty of Candour Policy CORP-0064-v2
This document was approved by	Quality Executive Directors Group (EDG) meeting
This document was approved	29 April 2025
This document was ratified by	Management Group
This document was ratified	20 May 2025
An equality analysis was completed on this policy on	Jan 2025
Document type	Public
FOI Clause (Private documents only)	N/A

Change record.

Version	Date	Amendment details	Status
1	02 Nov 2016	New document	Withdrawn
1.1	21 Apr 2017	Amended in line with Audit One recommendations to strengthen Moderate Harm.	Withdrawn
1.2	26 Feb 2020	Policy review with minor amendments to job titles and contact details. (Please note the publication of this version was delayed in error and was published on 18 February 2021 and not in Feb 2020.)	Withdrawn

2	20 Sept 2023	<p>Full review and updates</p> <p>Amendments in line with Duty of Candour external review by NECS. Audit One recommendations and engagement and involvement guidance, PSIRF (2022) replacing 'Being Open'.</p> <p>Note: Implementation action plan, Training needs analysis and Monitoring sections updated after approving meeting of EQAIG 29 Aug 2023 to clarify and reflect current work. This has been updated by the Deputy Chief Nurse and the Associate Director of Quality Governance, Compliance and Quality Data prior to ratification.</p>	Withdrawn
3	20 May 2025	<p>Full review and updates:</p> <p>Minor typographical changes</p> <p>Removal of duplicated text within the document</p> <p>Removal of definitions of harm level and signposted to incident recording and response policy.</p> <p>Updated references from Serious Incident Framework to Patient safety incident Response Framework.</p> <p>Addition of the reference to HCPC guidance on duty of Candour and hyperlink to their pages (previously just had NMC and GMC)*</p> <p>*requested by Quality Executive Directors Group (EDG) meeting 29 April 2025.</p>	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet.

Section 1	Scope
Name of service area/directorate/department	Corporate
Title	Duty of Candour
Type	Policy
Geographical area covered	Trust wide
Aims and objectives	<p>The purpose of this policy is to set out the Trust's expectation for all staff to be honest and transparent with patients in their care if things go wrong.</p> <p>The core objectives of this policy are to ensure that:</p> <ul style="list-style-type: none"> • All Trust staff are aware of their responsibilities in Duty of Candour if something goes wrong while providing the patient's care and/or treatment • All clinicians are aware of and follow the guidance of their professional bodies. Openness and honesty towards patients are supported and actively encouraged by many professional bodies including MDU, GMC, NMC • All Trust staff know how to communicate effectively when things go wrong and feel supported in apologising and explaining to patients, their families, and carers • Service users/patients and their family or carers are notified if something goes wrong with the care and treatment we provide as soon as reasonably practicable • An apology is provided, 'saying sorry' in a way that is genuine and meaningful and is made in person unless the patient (family or carer) request otherwise

	<ul style="list-style-type: none"> • All communication/activity or interaction related to Duty of Candour is correctly and accurately recorded in a case note within the patient's electronic care records and the patient and/or their family receive written notification. • Policy implementation is effective, consistently applied, monitored, and reported, providing assurance internally, including to the Trust Board and externally in line with contractual and regulatory requirements.
Start date of Equality Analysis Screening	January 2025
End date of Equality Analysis Screening	January 2025

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan benefit?	All staff in the Trust working in clinical services, especially Doctors, Registered Nurses, and Allied Health Professionals.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women, and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism, and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO

	<ul style="list-style-type: none"> • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans, and their families) NO
Describe any negative impacts	
Describe any positive impacts	it will ensure every patient involved in any kind of patient safety incident is treated according to our Trust values of Respect, Compassion and Responsibility. This policy sets out the Trust's expectation for all staff to be honest and transparent with patients in their care if things go wrong.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See References section
Have you engaged or consulted with service users, carers, staff, and other stakeholders including people from the protected groups?	Partially, engaged with staff.
If you answered Yes above, describe the engagement and involvement that has taken place	NECS was commissioned to hold a series of engagement events with clinical staff groups to inform the development of the policy. Furthermore this is based on national guidance that has been developed full national consultation of patients, carers, families and NHS staff.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	The Trust will continue to seek feedback from patient, carer, and family feedback.

Section 4	Training needs
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As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	Workshops on Duty of Candour were held around the Trust when Regulation 20: Duty of Candour was first launched. Engagement workshops were held with a number of clinical and staff groups by NECS to inform the development of the draft policy. Information on Duty of Candour is now available on a dedicated Trust intranet page. Updates are communicated via the Trust Patient Safety Bulletin and ongoing support is provided by the Patient Safety Team. Training needs will be incorporated into PSIRF and other incident management training as well as included in staff welcome to the Trust.
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title			
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale			
	Are reasons for development of the document stated?	Y	
3. Development Process			
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	6-week Trust Wide consultation at this revision version 3.
	Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
4. Content			
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5. Evidence Base			
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6. Training			
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	
7. Implementation and monitoring			

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	AH Jan 2025
9.	Approval		
	Does the document identify which committee/group will approve it?	y	
10.	Publication		
	Has the policy been reviewed for harm?	Y	No harm
	Does the document identify whether it is private or public?	Y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 – Duty of Candour (notifiable incident) letter guidance

Before the first Duty of Candour written letter (notification), the identified Duty of Candour lead will have apologised verbally, informed the relevant person that an investigation is underway and:

- Established the channels of communication on a regular basis, making it clear that all communication will be recorded, shared, and stored as part of the investigation/review process and the Duty of Candour requirement.
- Given the approximate time for completion of the investigation/review and the process for sharing relevant information when the report is complete.
- Agreed and shared the contact details of the person that will liaise with the relevant person and at what intervals to update on progress.

The purpose of this letter is to say sorry to the relevant person in writing (a Duty of Candour requirement) and put in writing what has been verbally notified and agreed. For this reason, the letter should be written by the person who has spoken to the patient or their family where possible. Where this is not possible, the staff member writing the letter must know all of the relevant details in order to personalise the letter in a way that is compassionate and meaningful to the person receiving it.

Begin the letter with a heartfelt apology.

In the event of a patient's death:

e.g. Firstly, I hope that you will accept my sincere condolences with the loss of your (insert relationship of the person receiving to the deceased)

In the case of moderate or severe harm:

e.g. Firstly, I would like to take this opportunity to express my sincere apologies that (please include a brief description of the incident, event or harm that has occurred) and has been previously discussed....

Please describe that as an NHS trust we are committed to being open and honest with families.

Please include details of the type or level of investigation that will take place and why we are doing this.

e.g. With this in mind, we are conducting an investigation/review (describe type of review) regarding (insert patients name or recipients' relationship to the patient) care and treatment from the Trust. This is to help us better understand what happened during his/her/their care and to see if there is anything we could have done differently.

e.g. We are undertaking an after-action review into the incident to try to understand exactly what happened and to find out whether there is something that we could do differently in future to prevent this from happening to anyone else.

Please detail who is undertaking the investigation (role) if known and when this can be expected (timescales for completion).

If the incident is being investigated as a Trust Patient safety Incident Investigation you may wish to include the following: You will shortly be receiving contact from our patient safety department, which will detail the process of this investigation and provide you with a contact in order for you to raise any questions that you would like to be addressed as part of our investigation.

Please detail any actions that may have already been taken to improve the care and services we provide.

Please detail any actions that you have taken to provide support or reiterate an offer of support.

Please reiterate in writing any arrangements you may have made to meet with the patient and/or family carer or an offer to meet in the future and include contact details.

End the letter with an apology.

Yours sincerely

Appendix 4 - Duty of Candour Checklist – Should be appended to the incident review report / upload once completed to InPhase.

Action/s required following the identification of an incident	Completed (insert date), Name and Role
<p>Assess the key actions required to provide Duty of Candour.</p> <ul style="list-style-type: none"> a. InPhase form completed. b. Decision made as to whether a statutory Duty of Candour applies (a notifiable incident having considered the Duty of Candour flow chart and level of harm). If yes inform General Manager or Associate Director of Nursing and Quality or Associate Director of Therapies or Associate Medical Director c. Agree who (a registered Healthcare Professional will provide Duty of Candour communication and what support is required for that member of staff?) d. Consider the circumstances of the patient and/or family (this is potentially a time of great stress and anxiety) What support is required for the patient and/or family when the Duty of Candour is initially provided? 	
Contact has been made with the patient and/or family, to offer an immediate apology and offer a face-to-face meeting.	
If the relevant person(s) cannot be contacted or does not want to be involved, this has been recorded in the electronic care records?	
Written notification in the form of a letter provided to explain facts known at the time and what will happen next i.e., a review of the care and treatment and that they can be involved in the review, summary of the face-to-face meeting (within 10 days of the identification of the incident). This may be in addition to a letter of condolence. Condolences may be incorporated into this letter however the letter must include the facts and what will happen next to meet Duty of Candour requirements.	
<p>Incident recorded in electronic care record along with actions taken for Duty of Candour, including any failed attempts to contact the relevant person or where the relevant person has declined communication in electronic patient care records and update the InPhase report.</p> <p>This is classed as a formal record for Duty of Candour.</p>	
Duty of Candour letters saved on CITO in letters and record in case notes on Electronic Patient Record System.	

Copy of the letter to Patient Safety Inbox Tewv.patientsafetyteam@nhs.net	
Follow up letter should be provided with the outcome of the review and any learning identified	

Appendix 5 - Four steps of engagement

1/ Before Contact	2/ Initial Contact	3/ Continued Contact	4/ Closing Contact
<ul style="list-style-type: none"> Identify the family contact Assess inclusivity needs Assess potential support needs Ensure familiarity with the incident Assess potential for parallel responses and prepare guidance 	<ul style="list-style-type: none"> Provide a clear introduction Offer a meaningful apology Identify key point of contact Explore support needs Discuss the incident Explain what happens next Address questions Schedule or discuss next contact (if required) 	<ul style="list-style-type: none"> Agree timeframe for responding to questions Revisit support needs Check for additional questions Share experience of the incident 	<ul style="list-style-type: none"> Address questions Reiterate meaningful apology Final contact (formal end) Ongoing support
	For investigation:	For investigation:	For investigation:
	<ul style="list-style-type: none"> Confirm involvement preferences 	<ul style="list-style-type: none"> Define / discuss terms of reference Agree timeframe for completion of investigation Revisit involvement preferences Discuss report preferences Share the draft report 	<ul style="list-style-type: none"> Final report Discuss any further investigations Opportunities for further involvement

(Excerpted from: [Patient Safety Incident Response Framework supporting guidance](#) - Engaging and involving patients, families and staff following a patient safety incident)