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DUTY OF CANDOUR

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DUTY OF CANDOUR POLICY AND PROCEDURE

The Aim of this policy is to ensure that Nursing Direct Healthcare Limited (hereinafter referred to as "Nursing Direct") as a regulated care provider supporting their staff including Agency Workers in meeting the Duty of Candour by providing guidance. In view of complying with this management responsibility, it establishes its professional and ethical duties and statutory obligations towards the service users and families that receive their services by ensuring that honesty and transparency is maintained by Nursing Direct when things go wrong during service provision.

Nursing Direct further aims to promote a culture where this duty is established and promoted throughout the organisation that encourages candour, openness and honesty among staff, including Agency Workers, by ensuring that care is delivered transparently to their service users, whether or not something has gone wrong.

1. PURPOSE

- 1.1 To set out the responsibilities of Nursing Direct to act in an open and transparent manner with the Service users receiving care and treatment from them both as a general professional duty of candour and as a legal/statutory duty as required under the Duty of Candour as outlined in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) as amended and Regulations 2014.
- 1.2 To make staff including Agency Workers aware on the definition of "notifiable safety incidents" under the regulation and how it outlines how the Registered care providers must apply duty of Candour if these incidents occur. In view of the above, when carrying out a regulatory activity:
 - 1.2.1 If any **notifiable safety incident** happens, it should be dealt with under the Patient Safety Incident Notification Policy and Procedure (PSIRF) which specifies how Nursing Direct will apply duty of candour where such notifiable incidents occur.
 - 1.2.2 If any other incident happens other than a notifiable safety incident, Duty of Candour is to be dealt with under this policy and procedure.
- 1.3 Nursing Direct recognises the importance of effective policies and procedures to support compliance with the Care Quality Commission's (CQC) Key Lines of Enquiry (KLOEs) and Quality Statements. This policy supports the organisation in meeting its regulatory responsibilities, including the duty of candour, maintaining a safe environment, and identifying, managing, and mitigating risks, while providing clear direction to promote a compassionate, inclusive, and capable organisational culture aligned with CQC expectations.
- 1.4 **Relevant Legislations, Rules, and Regulations:**
To meet the legal requirements of the regulated activities that Nursing Direct has undertaken, it has taken into consideration the following legislation when complying with its role and duty as a care provider towards the policy.
 - The Care Act 2014
 - Equality Act 2010
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
 - Mental Capacity Act 2005
 - Mental Capacity Act Code of Practice
 - Data Protection Act 2018
 - The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
 - UK GDPR
 - Health and Care Act 2022Criminal Justice and Courts Act 2015

2. SCOPE

- 2.1 The following roles may be affected by this policy:
 - All Staff including Agency Workers
- 2.2 The following Service Users may be affected by this policy:
 - Service Users
- 2.3 The following stakeholders may be affected by this policy:
 - Family / Friends / Next of Kin
 - Advocates
 - Representatives
 - Commissioners / NHS / Local Authority / ICB
 - CQC / other regulatory bodies such as NMC External health professionals i.e., GP, District Nursing, Ambulance staff, Specialists
 - Other relevant stakeholders

3. OBJECTIVES

3.1 To outline what Duty of Candour is and to support Nursing Direct to comply with regulations relevant to Duty of Candour and to promote a culture of being:

- Open
- Honest
- Transparent

3.2 When something goes wrong with the service being provided that affects Service Users, to ensure that those affected are informed in an open and transparent manner, provided with truthful and timely information, offered appropriate support to put things right (including reasonable remedies where necessary), and given a sincere and timely apology.

3.3 To ensure that Service Users are provided with care and treatment that is safe, well-led, and delivered in line with best practice. Where incidents occur that have the potential to cause harm, Nursing Direct will respond in a timely manner by investigating the incident, reflecting on practice, learning from outcomes, and, where appropriate, sharing information to reduce the risk of reoccurrence.

3.4 To ensure that Nursing Direct understands that there are two types of Duty of Candour:

3.4.1 **Statutory Duty** – The Statutory Duty of Candour is a legal obligation which mandates healthcare providers to be honest and open with service users and their families and report to the relevant Authorities when there has been an unexpected incident or near miss that resulted in any type of notifiable safety incident, which caused harm or death whilst providing care, as laid out in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and this duty is overseen by the Care Quality Commission (CQC).

3.4.2 **Professional Duty** – The Professional Duty of Candour is an ethical obligation that healthcare professionals voluntarily adhere to as part of their duty of care in professional standards and their own specific codes of conduct. It emphasises openness, honesty, and communication with service users about their care, even in cases where there may not be a legal requirement to disclose adverse events.

3.5 Nursing Direct is regulated under the Statutory Duty of Candour when carrying on regulated activities, which includes the provision of care and treatment to Service Users. In addition, certain groups of staff, including Agency Workers, will also be subject to professional Duty of Candour. This includes individuals registered with professional bodies such as the Nursing and Midwifery Council (NMC), where applicable.

3.6 To ensure that all staff, including Agency Workers, working for or on behalf of Nursing Direct understand their responsibilities in relation to the Duty of Candour and how Nursing Direct will support and enable these responsibilities to be met. To establish an appropriate process for Nursing Direct to ensure it follows the industry's best practice guidance.

4. POLICY

4.1 The Registered Manager and Nominated Individual of Nursing Direct have overall management responsibility for this policy and procedure. This is in line with the Policy Management Policy and Procedure at Nursing Direct.

4.2 The Duty of Candour applies to the Registered Provider and Registered Manager, as well as to all staff including Agency Workers employed by, or working on behalf of, Nursing Direct.

4.3 Nursing Direct is regulated by the Care Quality Commission (CQC) and is therefore required to act in an open and transparent manner with Service Users and relevant persons in relation to care and treatment provided, in accordance with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

4.4 **CQC Regulated Activities, Service Types and Service User Bands**
Where required, Nursing Direct will be registered with CQC for regulated activities, service types, and service user bands as defined in the CQC Statement of Purpose.

This will ensure that Nursing Direct provides services that are safe, effective, caring, responsive and well-led in line with CQC's published quality statements, regulatory framework and associated best practice guidance.

Nursing Direct is registered to provide the following regulated activities:

- Personal Care
- Treatment of disease, disorder, or injury

Nursing Direct is registered to provide the following service types:

- Dementia
- Learning disabilities
- Mental health conditions
- Physical disabilities
- Sensory impairments
- Substance misuse problems

Nursing Direct is registered to support the following service user bands:

- Caring for adults over 65 yrs
- Caring for adults under 65 yrs
- Caring for children (0 - 18yrs)

4.5 In accordance with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Duty of Candour), Nursing Direct will act in an open and transparent way with relevant persons when a notifiable safety incident occurs. This includes providing a full and truthful account of all facts known about the incident, offering reasonable support, and issuing a sincere and timely apology. Openness, transparency, and fairness will underpin all communication relating to the care, support, and treatment provided to Service Users.

4.6 The relevant person must be notified in person as soon as possible, and this will be followed up with a written notification that includes:

- A factual account of the incident
- An apology
- What further enquiries will be taking place
- Confirmation of when an update will be provided
- A further notification, including an apology and details of the outcome of any further investigations

4.7 Nursing Direct will encourage a culture of openness and transparency by leading by example through its day-to-day actions and communications.

4.8 Nursing Direct will support staff including Agency Workers at all levels to follow this commitment, ensuring that they are not obstructed to do so.

4.9 Nursing Direct will take action to remedy any incident of bullying and/or harassment related to the duty of candour.

4.10 The Registered Manager will identify any notifiable safety incidents related to the duty of candour.

4.11 In accordance with Regulation 20, Nursing Direct must exercise the Duty of Candour following the occurrence of a notifiable safety incident.

- 4.11.1 A notifiable safety incident is defined within Regulation 20 and includes incidents that result in death, severe harm, moderate harm, or prolonged psychological harm, as well as incidents that are required to be notified to the CQC under the Care Quality Commission (Registration) Regulations 2009.
- 4.11.2 Any Patient Safety Incidents that fall within the scope of the Patient Safety Incident Response Framework (PSIRF) must be managed in line with the Nursing Direct PSIRF Policy.
- 4.11.3 The Duty of Candour requirements remain applicable to all notifiable safety incidents and will be enacted alongside PSIRF processes, ensuring that openness, transparency, and timely communication with Service Users and relevant persons are maintained at all times.

4.12 Nursing Direct will maintain robust systems and processes to ensure compliance with the Duty of Candour, including but not limited to:

- Mandatory training for all staff, including Agency Workers, in communicating openly and effectively with Service Users and relevant persons following safety incidents.
- Incident reporting systems that support the accurate recording of notifiable safety incidents and Duty of Candour actions.
- Clear procedures to ensure Service Users and relevant persons are informed when something goes wrong, provided with a full and truthful explanation, offered reasonable support, and given a sincere and timely apology where appropriate.
- Oversight, assurance, and follow-up arrangements to ensure learning is identified, actions are taken to remedy the incident where possible, and the risk of recurrence is reduced.

4.13 Nursing Direct recognises that staff involved in safety incidents may require support and will ensure appropriate guidance, supervision, and managerial support are available when staff are required to notify Service Users or relevant persons that something has gone wrong.

4.14 Any incident where an individual has been obstructed in carrying out their duty of candour will be investigated by Nursing Direct.

5. PROCEDURE

5.1 **Awareness of all staff including Agency Workers**

- All Staff including Agency Workers must be made aware of their personal responsibility to report incidents, regardless of whether they are covered by the Duty of Candour.
- All staff, including Agency Workers, will be given the time to read and understand their roles and responsibilities that relate to the duty of candour. At the point of induction staff, including Agency Workers, will be provided with the Staff Handbook and company policies which outline their roles and responsibilities in relation to the Duty of Candour.
- The duty of Candour will be discussed through various communication methods including one to one – discussions, debrief meetings, team meetings etc.
- All Staff including Agency Workers will be reminded through various communication methods that attempts by other staff including Agency Workers or others to prevent them from reporting incidents is bullying and/or harassment, and that they must report this immediately to a senior manager within Nursing Direct.
- Staff including Agency Workers will be reminded that if they are unsure whether the incident is reportable or not, it must be reported anyway.
- Nursing Direct ensures that the organisational training matrix includes Duty of Candour within induction, mandatory and refresher training plans. Additional role-specific training is also provided for those who may have additional roles and responsibilities.

5.2 Reporting

- All staff including Agency Workers must report incidents defined in this policy in written form, in a clear, accurate way that becomes a permanent record using the Incident and Accident Reporting Form, even if a verbal report has been made.
- The report must be made to Nursing Direct, specifically the relevant care coordinator, clinical lead, or Homecare Manager within the Nursing Direct head office, who are overseeing the package of care at the time of the occurrence of the incident.
- The person notified of the incident then must formally report it to the Registered Manager, if they are not the same person, as soon as possible.

5.3 Make an Initial Assessment

The Registered Manager will:

- Carry out an initial assessment of whether the report includes details of a notifiable safety incident under the regulation. If the conclusion is yes, or borderline, continue with this procedure.
- Inform the Responsible Individual Staff or their representative of the incident report and agree with them who is the most appropriate person to continue the procedure. If the Registered Manager takes over the role, they will continue the process using the following procedure.
- If it is considered that the incident is not a notifiable safety incident under regulation 20, follow normal incident reporting procedures.

5.4 Notifiable Safety Incidents

A Notifiable Safety Incident is a specific term used within the Duty of Candour regulations (Regulation 20(9), Health, and Social Care Act 2008 (Regulated Activities) Regulations 2014). It should not be confused with other incident types or general notifications.

A notifiable safety incident is an unintended or unexpected incident that occurs during the provision of a regulated activity and, in the reasonable opinion of a healthcare professional, appears to have resulted in (or requires treatment to prevent):

- Death, where the death relates directly to the incident rather than the natural course of the person's illness or underlying condition.
- Sensory, motor, or intellectual impairment lasting (or likely to last) for a continuous period of 28 days or more.
- Changes to the structure of the person's body
- Prolonged pain or prolonged psychological harm
- Shortened life expectancy.

5.4.1 Threshold test (all three criteria must apply)

Before confirming that an incident is a Notifiable Safety Incident, Nursing Direct will apply the following three-part test. The answer to all three questions must be "yes":

1. **Unintended or unexpected:**
Did something unintended or unexpected happen during the care or treatment?
2. **Occurred during a regulated activity:**
Did it occur during the provision of a regulated activity?
3. **Harm threshold met (clinical opinion):**
In the reasonable opinion of a healthcare professional, has it resulted in, or could it result in, death or severe/moderate harm?

If any of the three criteria are not met, the incident is not a notifiable safety incident. However, Nursing Direct will still follow the overarching Duty of Candour principles to be open and transparent as appropriate.

5.4.2 Definitions of harm

Moderate harm

Harm that requires a moderate increase in treatment and results in significant, but not permanent, harm.

Severe harm

A permanent lessening of bodily, sensory, motor, physiological, or intellectual function (e.g., wrong limb/organ removed or brain damage) directly related to the incident and not to the natural course of the person's illness or underlying condition.

Moderate increase in treatment

Examples include an unplanned return to surgery, unplanned re-admission, prolonged episode of care, additional time in hospital or outpatient care, cancellation of treatment, or transfer to another treatment area (e.g., intensive care).

Prolonged pain

Pain experienced (or likely to be experienced) for a continuous period of 28 days or more.

Prolonged psychological harm

Psychological harm experienced (or likely to be experienced) for a continuous period of 28 days or more.

5.4.3 Identifying a Notifiable Safety Incident

- The presence or absence of fault does not affect whether an incident is a notifiable safety incident.
- An apology is not an admission of fault.
- Even where an incident does not meet the notifiable threshold, there remains an expectation of openness and transparency in line with Duty of Candour principles.

5.5 **Notifying the Relevant Person:**

- One or more suitable representative of Nursing Direct will deliver (as soon as possible and in person) notification of the incident to the relevant persons.
- Nursing Direct must ensure that the relevant person is given the support they need when receiving the information. Depending on the needs of the individual, this may be the offer of an advocate or interpreter, or other communication aids.
- There must be a written record taken of the notification in person, which is kept securely by the Registered Manager, along with any other notes that are taken

5.6 **The Notification to the Relevant Person Must Include:**

- An accurate account of the incident
- An apology that the incident occurring. An apology is not an admission of liability, but an apology for the harm caused, regardless of fault, supports the duty of candour requirements.
- An offer to the relevant persons of sources of support and information which will assist them, where appropriate. This may include alternative support from within Nursing Direct Healthcare Limited and external resources, such as advocacy and information services.
- Details of next steps, including timings

5.7 **Written Notification**

As soon as possible after the notification in person, a written notification will be sent or given to the relevant person containing the same information as above, plus:

- The results of any enquiries made since the notification in person.
- Any further timescales

5.8 **Further Notifications to the Relevant Person(s)**

- The results of any further enquiries and investigations must also be given or sent in writing to the relevant person if they wish to receive them

5.9 **Registered Manager's Enquiries and Investigation**

- The Registered Manager will assess the information they will need to carry out an investigation, taking statements and gathering information needed.
- Having gathered all the evidence, an investigation must take place.
- All information and evaluation of the information will be recorded and kept securely in line with data protection legislation.
- The purposes of the investigation are to establish if the incident took place, define its nature, gather facts about the processes around the incident, and identify causes where possible.

5.10 **Final Statement to the Relevant Person(s)**

- Prepare a statement to be given to the relevant person and representative stating the outcome of the investigation, remembering that duty of candour focuses on the transparency and openness of the organisation when such events occur.
- Include any lessons learned and changes made to the service because of the incident.
- The final statement will include a more specific apology as the causes of the incident will now be established

5.11 **Correspondence with the Relevant Person**

- Where for any reason, the relevant person cannot be contacted, or after contact declines to communicate with Nursing Direct Healthcare Limited, a written record of all attempts to contact them must be kept.
- All correspondence with the relevant persons must be recorded and kept securely.
- All correspondence should be written jargon free and where the need is identified, support from an advocate will be offered to ensure the content is accessible to the individual receiving it.
- Reasonable support must be provided to the relevant person throughout the process

5.12 **Breach of Candour by a Professionally Registered Person**

- If a breach of candour is found to have occurred following investigation, and that this breach was by a professionally registered person, then that person will be reported to their professional registration body for further consideration.
- The same action will be taken if, during the investigation, it is found that a professionally registered person had obstructed another person in their professional duty of candour

5.13 **Reporting a Possible Breach of Candour**

- If any individual believes that a breach of candour has taken place, they must report it to the Registered Manager
- If an individual has been stopped or hindered in their duty of candour, they must report it to the Registered Manager
- The Registered Manager will conduct an investigation into the allegations and will report the findings to Nursing Direct for action if appropriate.
- If the allegation concerns the Registered Manager, the individual must report the matter to Nursing Direct directly, who will carry out the investigation and take any action which may be required.
- If the allegation concerns the actions of Nursing Direct, the individual must inform Nursing Direct and if action is not seen to be taken, the matter must be reported to the Care Quality Commission.

5.14 **Consent does not remove Duty of Candour**

Whether the service user gave consent is not relevant when considering if an incident is a notifiable safety incident. An incident may still be notifiable if something unintended or unexpected occurred and the harm threshold is met, regardless of consent.

5.15 Incidents that occurred under another provider

If Nursing Direct discovers a notifiable safety incident that occurred while care/treatment was provided by another organisation:

- Nursing Direct will inform the original provider and any relevant network/commissioning routes as applicable.
- Nursing Direct will be open and transparent with the service user about what has been discovered.
- The provider where the incident occurred remains responsible for completing the Regulation 20 notifiable safety incident procedure.

5.16 Where multiple providers contributed to harm

Where more than one provider contributed to the incident or harm:

- Providers should liaise and cooperate in any investigation/learning response.
- Each provider remains responsible for ensuring it meets its own Duty of Candour responsibilities.

5.17 Incidents that occurred before Regulation 20 or discovered later.

There is no legal requirement to apply Regulation 20 retrospectively to incidents occurring before the regulation came into force. However, Nursing Direct will still follow the general duty of candour by being open and transparent and offering an apology where appropriate.

If a notifiable safety incident was not recognised at the time but is later identified through:

- Retrospective case review, or
- Large-scale recall, the Duty of Candour still applies from the point it is discovered.

5.18 Incidents where staff were not present

An incident may still meet the definition of a notifiable safety incident even if staff were not actively providing care at the moment it occurred (e.g., an unwitnessed fall). If it occurred in the context of a regulated activity and the harm threshold is met, it may still qualify.

5.19 Moderate increase in treatment does not automatically mean notifiable

“Moderate increase in treatment” (e.g., transfer to another area, unplanned return to surgery) is only one element of the definition of moderate harm. To meet the moderate harm threshold, there must be:

- A moderate increase in treatment and
- Significant (but not permanent) harm.

Therefore, a transfer or unplanned return to theatre does not automatically make an incident notifiable.

5.20 Near misses

Near misses are not usually notifiable safety incidents. The phrase “could result in harm” is intended to capture harm that is not immediately apparent and may develop later, rather than incidents where harm was entirely avoided.

5.21 What must be done when a Notifiable Safety Incident is identified

Nursing Direct, as the registered provider (“registered person”), will act promptly once a notifiable safety incident is identified. The registered person may delegate actions but remains accountable for ensuring Regulation 20 requirements are met and for liaising with the relevant person (the service user or their representative). Nursing Direct will:

1. Inform the relevant person (in person/face-to-face where possible) that a notifiable safety incident has occurred.
2. Provide a sincere apology.
3. Provide a truthful account of what is known at that time.
4. Explain what further enquiries/investigation will be undertaken.
5. Follow up in writing, confirming the apology and information shared, and providing updates as enquiries progress.
6. Keep a secure written record of all discussions, correspondence, and actions taken.

These communications must be carried out compassionately, focusing on openness and support. They are not intended to apportion blame, and investigations may still be ongoing. An apology is not an admission of fault.

5.22 Reasonable support to the relevant person

Throughout the process, Nursing Direct will provide reasonable support, tailored to the needs of the service user and/or representative. This may include:

- accessible communication formats
- interpreter support
- environmental adjustments for disability needs
- advocacy support
- signposting to relevant support services (e.g., bereavement or psychological support)
- signposting to independent advice where appropriate

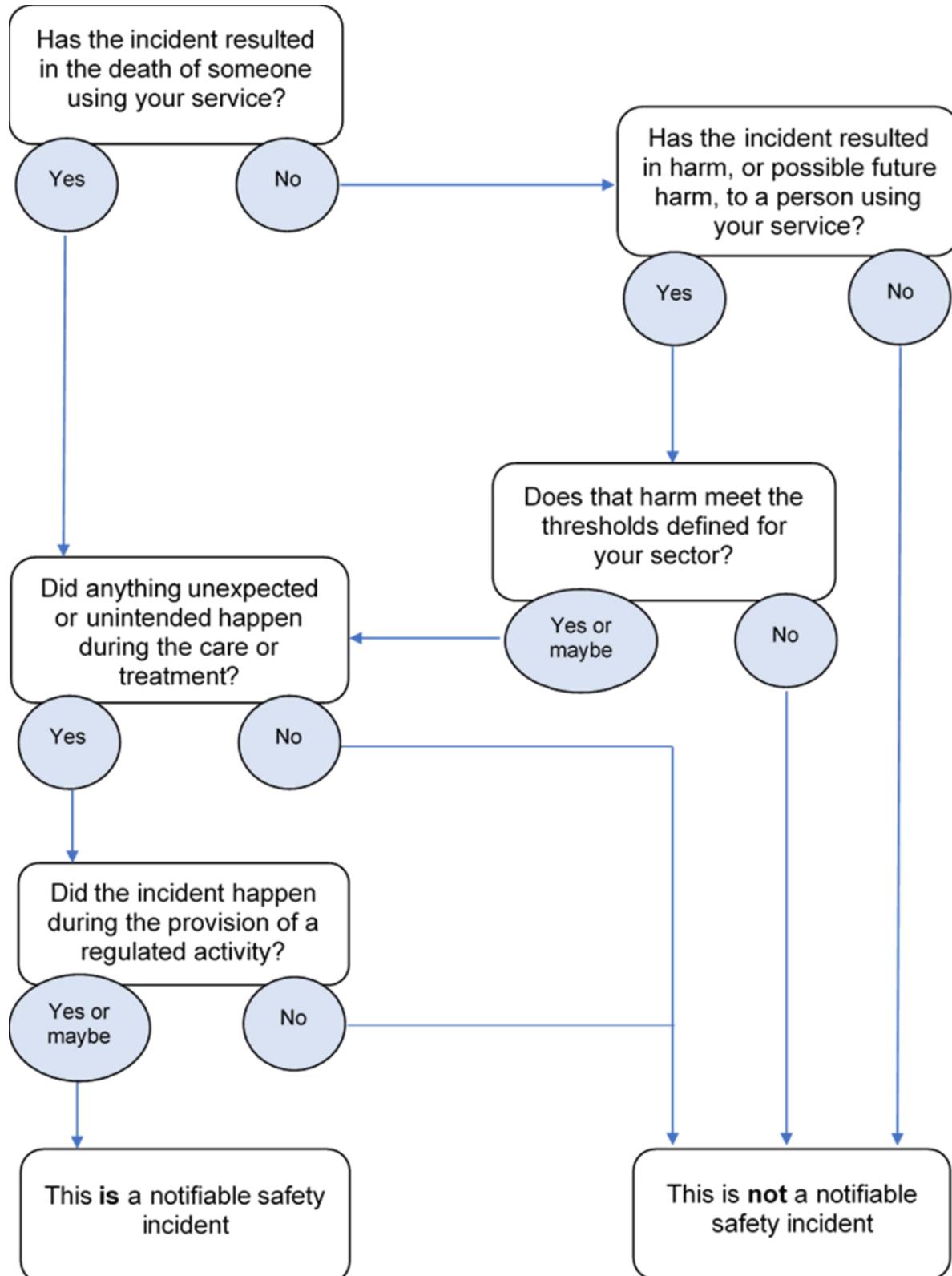
With the relevant person’s consent, Nursing Direct will involve family members/carers as appropriate and will take reasonable steps to ensure communications are accessible and supportive.

5.23 Culture, training, and accountability

Nursing Direct recognises that the Duty of Candour is a fundamental standard and promotes a culture of openness, learning, and transparency at all levels. Nursing Direct will ensure:

- staff (including agency workers) understand when and how to apply the Duty of Candour
- staff are supported to speak up and report incidents and concerns
- appropriate systems, training, and reporting processes are in place to implement this policy effectively

Effective implementation of the Duty of Candour supports learning from incidents and contributes to improving the quality and safety of care.



6. DEFINITIONS

6.1 Staff including Agency Workers

6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 Nursdoc Limited

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 Relevant Persons

In Regulation 20, "relevant person" means the person using the service or, in the following circumstances, a person lawfully acting on their behalf:

- When the person using the service dies
- Where the person using a service is under 16 and not competent to make a decision in relation to their care or treatment, or
- Where the person using the service is 16 or over and lacks capacity to make decisions (CQC Provider Guidance)

6.6 Notifiable Safety Incident (PSIRF)

An unintended or unexpected incident that occurs during the provision of a regulated activity which, in the reasonable opinion of a healthcare professional, appears to have resulted in, or could result in, significant harm to a service user.

This includes incidents resulting in:

- The death of a service user, where the death relates directly to the incident and is not due to the natural course of the service user's illness or underlying condition.
- Severe or moderate harm, including:
 - An impairment of sensory, motor, or intellectual function that has lasted, or is likely to last, for a continuous period of 28 days or more.
 - Changes to the structure of the service user's body
 - Prolonged physical pain
 - Prolonged psychological harm
 - A reduction in life expectancy

Notifiable Safety Incidents trigger the Duty of Candour requirements under Regulation 20.

6.7 Duty of Candour

The Duty of Candour is a statutory requirement for all health and social care providers registered with the Care Quality Commission (CQC). It requires the organisation to be open, honest, and transparent with a service user (or, where appropriate, their family/next of kin/representative) when something goes wrong in the provision of care that appears to have caused, or could lead to, significant harm.

This applies regardless of whether a complaint has been made or concerns have been raised.

Where the duty is triggered, the organisation will:

- Inform the service user (and/or appropriate representative) that an incident has occurred
- Provide an open and truthful explanation of what is known at the time
- Offer a sincere apology
- Explain any remedial actions, support, and ongoing investigation/review (where relevant)

6.8 Threshold for Duty of Candour

The Duty of Candour applies when the incident meets the relevant harm threshold set out in CQC guidance and regulations.

Significant harm means harm that is more than minor, for example where a serious injury has occurred and there is a long-lasting impact on the person's health or wellbeing. Incidents resulting only in low-level harm requiring minor treatment (e.g., first aid only) would not usually meet the Duty of Candour threshold.

(Reference: CQC Duty of Candour guidance / Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.)

6.9 **Transparency**

Allowing information about the truth about performance and outcomes to be shared with Staff including Agency Workers, people who use the service, the public and regulators.

6.10 **Openness**

Enabling concerns and complaints to be raised freely without fear and questions asked to be answered.

6.11 **Reasonable Support**

'Reasonable support' will vary with every situation, but could include, for example:

- Environmental adjustments for someone who has a physical disability.
- An interpreter for someone who does not speak English well.
- Information in accessible formats
- Signposting to mental health services
- The support of an advocate

Drawing their attention to other sources of independent help and advice through signposting.

6.12 **Definitions of Harm – Common to all types of service**

Moderate harm

Harm that requires a moderate increase in treatment and results in significant, but not permanent, harm.

Severe harm

A permanent lessening of bodily, sensory, motor, physiological, or intellectual function (e.g., wrong limb/organ removed or brain damage) directly related to the incident and not to the natural course of the person's illness or underlying condition.

Moderate increase in treatment

Examples include an unplanned return to surgery, unplanned re-admission, prolonged episode of care, additional time in hospital or outpatient care, cancellation of treatment, or transfer to another treatment area (e.g., intensive care).

Prolonged pain

Pain experienced (or likely to be experienced) for a continuous period of 28 days or more.

Prolonged psychological harm

Psychological harm experienced (or likely to be experienced) for a continuous period of 28 days or more.

7. OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- Improvements and changes made due to Notifiable Safety Incidents are shared with relevant persons.
- Transparency is embedded in the culture at Nursing Direct and the same procedures to notify relevant persons are used, even when the threshold for Regulation 20 is not met in regard to the level of harm caused.

COMPLETED DATE:	27.01.2026
SIGN OFF DATE:	27.01.2026
REVIEW DATE:	27.01.2027
SIGNED:	 Marc Stiff – Group Managing Director