



Duty of Candor Policy

November 2025





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Scottish Social Housing Charter Outcomes and Standards this policy helps to achieve	<input type="checkbox"/> Outcome 1 <input type="checkbox"/> Outcome 2 <input type="checkbox"/> Outcome 3 <input type="checkbox"/> Outcome 4 <input type="checkbox"/> Outcome 5	<input type="checkbox"/> Outcome 6 <input type="checkbox"/> Outcome 7 <input type="checkbox"/> Outcome 8 <input type="checkbox"/> Outcome 9 <input type="checkbox"/> Outcome 10	<input type="checkbox"/> Outcome 11 <input type="checkbox"/> Outcome 13 <input type="checkbox"/> Outcome 14 <input type="checkbox"/> Outcome 15
Care Standards this policy helps to achieve	<input type="checkbox"/> Standard 1 <input checked="" type="checkbox"/> Standard 4	<input type="checkbox"/> Standard 2 <input type="checkbox"/> Standard 5	<input type="checkbox"/> Standard 3



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1 Introduction

- 1.1. At Bield our goal is make it possible for more people to live their best lives, at home, surrounded by a supportive community.
- 1.2. We are committed to the highest standards of openness, probity, and accountability.
- 1.3. All health and social care services in Scotland have a Duty of Candour. This is a legal requirement which means that when things go wrong and mistakes happen, the people affected understand what has happened, receive an apology and that organisations learn how to improve for the future.
- 1.4. This applies to our Retirement Plus and Bield at Homes services which are registered with the Care Inspectorate
- 1.5. This policy embodies our values, which are:

Honesty
Dignity

Equality and Diversity
Integrity

Ambition
Caring

Kindness

2. Policy outcome

- 2.1. The purpose of this policy is to:
 - comply with the Organisational Duty of Candour as set out by provisions of the Health (Tobacco, Nicotine, etc, and Care) (Scotland) Act 2016 and the Duty of Candour Procedure (Scotland) Regulations 2018.
 - provide clarity on our approach to the Duty of Candour for our customers, colleagues, and Board members.
- 2.2. We will work to these standards:
Health Care Standards
Duty of Candour (Scotland) Regulations 2018

Duty of Candour incidents can be very distressing for colleagues as well as for people who are using our services, and these may cause trauma. We will support any colleagues going through the duty of candour process. In particular, you are encouraged to be mindful of your mental health and wellbeing and the adverse impact vicarious trauma can have on mental health. Help for all Bield colleagues is available through the Employee Assistance Programme (Employee Counselling Service).

This service can be accessed through telephone, skype, or zoom and email. An appointment can be made by contacting Coaching & Counselling Solutions on 0141 228 6250 or by email: info@counsellingandcoachingsolutions.co.uk

3. Equality, Diversity, and Inclusion

- 3.1. When carrying out this policy we will adhere to our Equality and Diversity Policy which aims to promote diversity, fairness, social justice, and equality of opportunity. An Equality Impact Assessment was carried out in relation to this policy and this is included at [Appendix 1](#).
- 3.2. In addition to the points made above, to help promote equality and inclusion, the following steps will be taken for this policy:
 - Large print version so that it can help people with a visual impairment
 - Translation and interpretation message on the back of the policy to make sure it can be accessed by people with a language support need.
 - Easy to read version for people with a cognitive impairment so that it is accessible.



4. Definitions

Candour

4.1. Candour is defined as

“The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about the provision has been made’

Francis Report 2013

Duty of candour incident

4.2. For this policy, a duty of candour incident is one which

- Affects a customer living in one of Bield’s properties whether on a permanent or temporary basis
- Is an unintended or unexpected incident that appears to have resulted, or could result, in one of the outcomes identified in the Act.

4.3. The outcomes identified in the Act include:

Severe harm	<ul style="list-style-type: none">•Harm resulting in the death of a person•Harm resulting in the permnanet disability, either physical or psychological
Not severe harm	<ul style="list-style-type: none">•Harm resulting in an increase in treatment•Harm resulting in a change to structure of body•Harm resulting in the shortening of life•Harm resulting in impairment - sensory, motor, intellect lasting more than 28 days•Harm resulting in pain or psychological harm lasting longer than 28 days

Scope

4.4. Colleagues working in services registered with the Care Inspectorate must adhere to the Duty of Candour Policy.

Responsible person

4.5. This refers to the person or legal entity that provides the service. It refers to the company rather than any one individual within the company. For this policy, the responsible person is Bield Housing and Care.

Relevant Person

4.6. This means the person who has been affected by the incident or the person they choose to represent them.



5. Triggers for Duty of Candour

- 5.1. There are four identified scenarios whereby the Duty of Candour procedures should be enacted:
1. Notification from a regulated health professional that an unintentional or unexpected incident has occurred and resulted in harm or death
 2. A complaint or feedback received concerning an unintentional or unexpected incident
 3. A significant event that triggers a review
 4. A disclosure under the organisation's whistle-blowing policy

6. Review of Duty of Candour Incidents

- 6.1. When the Duty of Candour has been triggered, the Registered Manager of the service must be notified. The Registered Manager is responsible for ensuring that the duty of candour procedure is followed.
- 6.2. The Registered Manager must record the incident and report it as necessary to the Care Inspectorate.
- 6.3. The review must be completed as soon as reasonably practicable.
- 6.4. Where the review extends beyond three months from the incident, the individual will be notified with an explanation for the delay.
- 6.5. The review will follow Scottish Government guidelines, ensuring the voice and views of the individual are represented throughout.
- 6.6. Clear and accurate records must be kept on how the investigation was carried out, what it found, what action was taken as a result, and what the outcome of that action was.
- 6.7. A formal report will be produced and made available to the individual affected by the incident. The responsible person (or the person to whom this is delegated) will offer and arrange to meet with the relevant person to provide an account of the incident, the investigation and the outcome.
- 6.8. The responsible person (or the person to whom this has been delegated) will make available, or provide, support to the relevant person.

7. Annual Reporting

- 7.1. We will retain a register of all incidents that fall within the Duty of Candour provisions.
- 7.2. We will publish a summary report on our website providing an overview of cases for the reporting year.
- 7.3. A report will also be published where there have been no incidents in the reporting year.



8. Training and Competence

- 8.1. Duty of Candour training is mandatory for all staff working in housing and care and is carried out via Academy 10.
- 8.2. Refresher training is required every three years.
- 8.3. Duty of Candour is included in the induction process.

9. Scheme of Delegation

- 9.1. The role of the Board is to
 - Ensure that we have approved and implemented a policy on Duty of Candour that complies with current regulations and guidance
 - Monitor compliance with the policy, through receipt of relevant reports.
 - Approve the annual report for publication after the 31 March each year.
- 9.2. The role of the Executive Management Team is to ensure all employees and Board are aware of the policy and their responsibilities under it.
- 9.3. The role of the Head of Supported Living is to co-ordinate the provision of any training required to enable employees to comply with Duty of Candour legislation.
- 9.4. The role of the Team Leads is to ensure relevant employees are fully aware of their responsibilities under the policy.
- 9.5. The role of employees delivering care is to ensure they are aware of their responsibilities under this policy, and that they implement the policy and procedure when appropriate.

10. Monitoring, Reporting, and Review

- 10.1. This policy will be recorded and monitored using our Policy Schedule.
- 10.2. The Duty of Candour Policy will be reviewed every 36 months, or when required in response to legislative or regulatory change.
- 10.3. The purpose of the review is to assess the policy's effectiveness in meeting targets and objectives and identify any changes which may be required.

11. Complying with the Law and Good Practice

- 11.1. This policy complies with relevant Scottish and UK legislation, including but not restricted to:
 - 'Health (Tobacco, Nicotine, etc. and Care) (Scotland) Act 2016, specifically the 'Duty of Candour provisions included in the Act
 - Public Interest Disclosure Act 1998
 - Enterprise & Regulatory Act 2013
- 11.2. As a Registered Social Landlord (RSL), we are regulated by the Scottish Housing Regulator (SHR). The SHR's statutory objective is to safeguard and promote the interests of current and future tenants, homeless people, and other people who use services provided by social landlords. In developing our policy, we have taken account of good practice, including that developed by the Scottish Housing Regulator.
- 11.3. The SHR uses the outcomes and standards in the Charter to assess the performance of social landlords. The key outcomes that have been considered in the development of this policy are



Outcome 1 Customers have their individual needs recognised, are treated fairly and with respect, and receive fair access to housing and housing services.

11.4. As a provider of care, we are regulated by the Care Inspectorate. The Care Inspectorate uses Health and Social Care Standards to assess the performance of care providers. The key standards that have been considered in the development of this policy are:

Standard 3 I have confidence in the people who support and care for me

Standard 4 I have confidence in the organisation providing my care and support

12. GDPR

12.1. We will treat all personal data in line with our obligations under the current data protection regulations and our Privacy Policy. Information regarding how all data will be used and the basis for processing your data is provided in our Customer Fair Processing Notice.

13. Risk Management

13.1. Several risk management activities have been identified to ensure this policy is adhered to and that Bield customers experience the best possible service

- Bield colleagues, Board members, and volunteers are made aware of this policy on publication and during induction of new colleagues.
- Customers and carers are made aware of this policy during service entry.
- Customers are made aware of their right of appeal
- Colleagues with complaints regarding management functions are provided with ongoing support and professional development.



Appendix 1 Duty of Candour Policy – Equality and Diversity Impact Assessment

1	Title of Policy to be assessed: Duty of Candour			
2	Date: 24/01/24			
3	Lead Officer/Manager: Zhan McIntyre			
4	EQIA Team (who will be involved): NA			
5	Director/Manager: Tracey Howatt			
6	Is the function or policy existing, new or review: Existing			
7	<p>Set out the aims/objectives/purposes/outcomes of the function or policy, and give a summary of the service provided:</p> <p>To comply with the Organisational Duty of Candour as set out by provisions of the Health (Tobacco, Nicotine, et and Care) (Scotland) Act 2016 and the Duty of Candour Procedure (Scotland) Regulations 2018.</p> <p>To provide clarity on our approach to the Duty of Candour for our customers, colleagues and Board members.</p> <p>This applies to colleagues working in services registered with the Care Inspectorate.</p>			
7a	<p>Who should benefit from the policy (target population):</p> <p>Customers receiving services registered with the Care Inspectorate.</p>			
7b	<p>Linked policies, functions: Are there any other functions, policies or services, which might be linked with this one for the purposes of this exercise? Please list.</p> <p>N/A</p>			
8	<p>State whether the policy will have a positive or negative impact across the following factors and provide initial comments/observations.</p> <p>Age: Older people, people in the middle years, young people and children. Disability: includes physical disability, learning disability, sensory impairment, long-term medical conditions, mental health problems. Maternity and civil partnership Race: Minority ethnic people (includes Gypsy/Travellers, non-English speakers). Religion or belief: includes people with no religion or belief. Sex: Women, men and transgender people (include issues relating to pregnancy and maternity). Gender reassignment: The process of changing or transitioning from one gender to another. Sexual orientation: Lesbian, gay, bisexual and heterosexual people. People in remote, rural and/or island locations People in different work patterns: e.g. part-/full-time, short-term, job share, seasonal People who have low literacy People in different socio-economic groups (includes those living in poverty/people on low income)</p>			
	Population groups	Positive Impact	Negative Impact	Comments



	Age	Small Long-term	N/A	Older people who receive a service registered with the Care Inspectorate should enjoy greater trust and openness between customers and Bield colleagues. And benefit from a supportive and learning culture.
	Disability	Small Long-term		People with disabilities who receive a service registered with the Care Inspectorate as should enjoy greater trust and openness between customers and Bield colleagues, and benefit from a supportive and learning culture. In order to ensure people with visual impairment can have equal access to the policy, we will ensure we publish a large print version.
	Maternity and civil partnership	N/A	N/A	N/A
	Race	N/A	N/A	In order to ensure people who do not have English as a first language can have equal access to the policy, we will ensure we include the translation and interpretation message on the back cover of the policy.
	Religion or belief	N/A	N/A	N/A
	Sex and Gender reassignment	N/A	N/A	N/A
	Sexual orientation	N/A	N/A	N/A
	People in remote, rural and/or island locations	N/A	N/A	N/A
	People in different work patterns	N/A	N/A	N/A
	People who have low literacy	N/A	N/A	N/A
	People in different socio-economic groups	N/A	N/A	N/A
9	What evidence do you have for the statements you have made above? Focus on: <ul style="list-style-type: none"> Needs and experiences; Every effort is made to ensure work is done safely. However, mistakes will take place from time to time. This policy helps to ensure a culture of openness and learning. Uptake of services; N/A Complaints; N/A Levels of participation. 			



	N/A	
10	From the evidence set out what actions, if any, will you take where negative impact has been identified:	
	Population groups	Proposed action
		How will it address the negative impact?
	Age	N/A
	Disability:	N/A
	Maternity and civil partnership	N/A
	Race	N/A
	Religion or belief	N/A
	Sex and Gender reassignment	N/A
	Sexual orientation	N/A
	People in remote, rural and/or island locations	N/A
	People in different work patterns	N/A
	People who have low literacy	N/A
	People in different socio-economic groups	N/A
Briefly explain how the policy contributes to our equality and diversity values by answering the following questions: <ul style="list-style-type: none"> • How will it provide equality of access to services, information and employment? • Does it or could it celebrate diversity? • Will it or could it promote good relationships within and between communities? • How will it provide good quality, inclusive services? <p>N/A</p>		
Any additional information, questions or actions required? Please explain.		
	Sign off: As Director I am satisfied with the results of this EIA The findings will be referred to within Service Plans and targets set. The Action Plan will be reviewed annually within Business planning reporting. Signature: Date:	



Speaking your language - we are happy to translate our policies on request.

يمكن ترجمة سياساتنا عند الطلب
إذا كنت بحاجة إلى مساعدة ، فيمكننا توفير مترجم

**Nasze zasady mogą być przetłumaczone na żądanie.
Jeśli potrzebujesz pomocy, możemy zapewnić tłumacza**

**我们的政策可以应要求翻译。
如果您需要帮助，我们可以提供翻译**

ہماری پالیسی کا درخواست پر ترجمہ کیا جاسکتا ہے۔
اگر آپ کو مدد کی ضرورت ہو تو ہم ایک ترجمان فراہم
کرسکتے ہیں