PROCEDURE AND AUDIT CHECKLIST

Duty of candour procedure checklist

Source anchors

- CQC Regulation 20, duty of candour
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 20
- CQC Regulation 12, safe care and treatment
- CQC Regulation 17, good governance
- CQC notifications
- NHS Resolution, Saying sorry
- GMC, professional duty of candour

How to use this checklist

Use this checklist to audit whether the service can show a clear duty of candour trail after incidents: threshold decision, verbal notification, apology, written follow-up, support, linked records and learning. It can be used after a serious incident, quarterly, before governance review, or before an inspection-readiness review.

Regulation 20 uses a specific notifiable safety incident threshold, and that threshold differs by provider type. Check the current Regulation 20 wording and apply the correct threshold for the service.

For each row, record:

- **Met:** evidence is current and complete.
- **Part met:** evidence exists but has a gap or needs follow-up.
- **Not met:** evidence is absent or the control is not working.
- **Not applicable:** the service does not carry out this activity.

Every `Part met` or `Not met` item should create an action with an owner and due date.

The PDF is designed for printing, or for completing on screen with a PDF viewer's Fill & Sign, Markup or comment tools. Use those tools to tick boxes and type into the lines.

Service details

SERVICE NAME	LOCATION

DATE COMPLETED	COMPLETED BY

REGISTERED MANAGER	CANDOUR LEAD
PROVIDER TYPE THRESHOLD USED	PERIOD REVIEWED

1. Local threshold and roles

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **The service has identified the Regulation 20 threshold that applies to its provider type.** **Evidence:** Procedure, legal source check, governance record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Registered Manager sign-off route is clear.** **Evidence:** Procedure, role list.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Candour Lead or Governance Lead is named.** **Evidence:** Role list, procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Clinical or care harm-review route is clear.** **Evidence:** Incident procedure, clinical lead role.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Staff know which incidents to escalate for threshold review.** **Evidence:** Staff interview, induction record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Written follow-up template and review route exist.** **Evidence:** Template, procedure, reviewer list.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

2. Incident screening and threshold decision

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Incidents involving harm or possible harm are screened for duty of candour.** **Evidence:** Incident sample, candour decision.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Threshold decision records provider type and source checked.** **Evidence:** Decision note, source reference.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Harm known at the time is recorded clearly.** **Evidence:** Incident record, clinical review.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Borderline or serious cases have senior review.** **Evidence:** Registered Manager review, clinical lead note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Threshold decisions are reviewed if new harm information emerges.** **Evidence:** Update note, supplementary decision.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
6 **Not-opened decisions explain why the threshold was not met.** **Evidence:** Not-opened sample, incident closure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

3. Relevant person and support

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Relevant person is identified and authority is recorded where needed.** **Evidence:** Candour record, consent or representative note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Capacity, consent or bereavement considerations are recorded where relevant.** **Evidence:** Capacity note, family contact note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Communication needs and reasonable adjustments are recorded.** **Evidence:** Accessible-information record, support note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Support is offered to the person or representative.** **Evidence:** Conversation note, support referral.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Preferred route for written follow-up is recorded.** **Evidence:** Candour record, contact preference.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

4. Verbal notification

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Verbal notification happened as soon as reasonably practicable.** **Evidence:** Candour timeline, conversation note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Conversation included what is known and what is still being investigated.** **Evidence:** Conversation note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Apology was given and recorded.** **Evidence:** Conversation note, wording.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Immediate action and next steps were explained.** **Evidence:** Conversation note, action plan.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Questions or response from the relevant person were recorded.** **Evidence:** Conversation note, follow-up record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Reason is recorded if verbal notification could not be completed.** **Evidence:** Exception note, senior review.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

5. Written follow-up

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Written follow-up was sent as soon as reasonably practicable after the verbal notification.** **Evidence:** Letter copy, send date, timeline.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Written follow-up reflects the conversation and includes an apology.** **Evidence:** Letter copy, review note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Further enquiries, findings or next update plan are explained.** **Evidence:** Letter copy, investigation update.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Written follow-up was reviewed before sending where risk was serious or complex.** **Evidence:** Reviewer note, sign-off.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Evidence of sending is stored.** **Evidence:** Email confirmation, postal record, handover signature.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Supplementary written updates are sent if material information changes.** **Evidence:** Update letter, supplementary note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

6. Linked records and learning

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **CQC statutory notification is opened or ruled out separately.** **Evidence:** Notification record, decision note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Complaint, safeguarding, coroner, police or commissioner routes are considered where relevant.** **Evidence:** Linked records, decision note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Improvement actions have owners and due dates.** **Evidence:** Action log, improvement record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Incident investigation learning is linked to the candour record.** **Evidence:** Investigation report, governance action.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Closure states what was done and what remains open elsewhere.** **Evidence:** Closure note, cross-links.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

7. Governance and training

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 **Duty of candour records are reviewed at governance.** **Evidence:** Governance minutes, candour report.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 **Review includes threshold decisions, verbal timing, written timing and apology quality.** **Evidence:** Audit report, sample review.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 **Staff awareness training is current.** **Evidence:** Training matrix, induction record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 **People delivering conversations have deeper communication training.** **Evidence:** Training record, role profile.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 **Repeated incident themes are escalated to risk, audit or improvement action.** **Evidence:** Risk register, audit plan, action log.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

8. Summary judgement

Does the service know which Regulation 20 threshold applies?

Which incident in the last 12 months had the strongest candour trail?

Which threshold decision would be hardest to defend?

Which written follow-up still lacks evidence of sending?

What would a CQC inspector see if they asked for candour evidence today?

9. Action log

Action	Source check	Owner	Due date	Completion evidence

10. Completion

Sign-off	Name	Date
Completed by		
Reviewed by Registered Manager		

This checklist is a working tool. It does not replace live regulator guidance, the service's own incident procedure, professional advice, legal advice or clinical judgement.

Related reading

- Lifecycle page: Duty of candour
- Regulation explainer: Regulation 20, duty of candour
- Article: Duty of candour under Regulation 20
- Sample policy: Duty of candour policy