

# Caledonia Housing Association

## Duty of Candour Annual Report 2024-25

This is a legal requirement as set out in the Health, (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 and The Duty of Candour Procedure (Scotland) Regulations 2018, to ensure that if something goes wrong in health or social care services that the people affected are offered an explanation, an apology, and an assurance that staff will learn from this error. Learning is shared with the people affected, within the organisation, and across the sector as required.

The purpose of the Duty of Candour is to ensure organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death or harm. We must activate the Duty of Candour procedure as soon as reasonably practicable after becoming aware that:

- An unintended or unexpected incident occurred in the provision of the health, care or social work service provided by the organisation as the responsible person;
- In the reasonable opinion of a registered health professional not involved in the incident:
  - that incident appears to have resulted in or could result in any of the outcomes outlined in the table below; and
  - That the outcome relates directly to the incident rather than the natural course of the person's illness or underlying condition.

Every staff member working within our registered services must be open and honest with service users when something that goes wrong with the housing support we provide, or has the potential to cause, harm or distress. We must tell the service user, apologise, offer appropriate remedy or support and fully explain the effects to them.

As part of our responsibilities, we must produce an annual report to provide a summary of the number of times we have trigger duty of Candour within our service.

How many times have you/your service implemented the duty of candour procedure between April 2024 and March 2025?	
Type of unexpected or unintended incidents (not relating to the natural course of someone's illness or underlying conditions)	Number of instances
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total</b>	<b>0</b>