London Ambulance Service NHS Trust

Duty of Candour (DoC) and Being Open Policy & Procedure

DOCUMENT PROFILE and CONTROL.

Purpose of the document: To ensure that the Trust meets its obligations to patients, relatives and the public in Being Open and complying with the statutory Duty of Candour (DoC).

Sponsor Department: Quality Governance and Assurance Team

Author/Reviewer: Head of Legal Services/Head of Quality, Governance and Assurance. To be reviewed by September 2020.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
06/03/2018	8.2	IG Manager	Document Profile and Control update and amendments
20/02/2018	8.1	Quality Governance and Assurance team	Minor amendments required by PMAG
06/02/2018	7.5	Quality Governance and Assurance team	Minor amendment
12/01/2018	7.4	Quality Governance and Assurance team	Revisions
25/08/2017	7.3	Interim SI Manager	Revised throughout for clarity, grammar and readability. Amended Introduction Incorporated Being Open Principles into main document. Added Definitions and DoC Letter Formatting amendments
02/12/2016	7.2	Head of Governance and Assurance	Removed References to Appendix 5
30/09/2016	7.1	IG Manager	Document Profile and Control update and minor revisions
28/09/2016	7.0	Head of Governance and Assurance	Revised to remove pre restructure information and committee changes
29/05/2015	6.1	IG Manager	Document Profile and Control update
21/05/2015	6.0	Head of Legal Services/Head of Governance and Assurance	Revised throughout due to new legislation
18/04/2013	5.2	IG Manager	Document Profile & Control update
19/03/2013	5.1	Director of Corporate Services	Update following EMT
08/03/2013	4.4	AD Corporate	Update following workshop

		Services	
01/03/2013	4.3	AD Corporate Services	Update to include Contractual duties and Francis recommendations.
05/10/2012	4.2	IG Manager	Document Profile & Control update
29/09/2012	4.1	AD Corporate Services	Update to appendix 2 post ADG
07/09/2012	3.3	IG Manager	Document Profile & Control update
05/09/2012	3.2	Assistant Director of Corporate Services	Update and Inclusion of Monitoring plan
05/10/2010	3.1	Director of Corporate Services	Minor changes following approval
06/08/2010	2.5	Head of Governance	Further amendments to process
15/07/2010	2.4	Head of Records Management	Revised s.8.2
25/06/2010	2.3	Head of Governance and Compliance/ Governance & Compliance Manager	Revised throughout
8/06/2010	2.1	Governance lead	Updated process and monitoring requirements
06/10/2008	1.2	Head of Patient Experience	Reformatted. Minor amendments.

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
Ref. No.	**Title**	**Version**
HR003	Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy	**v 4.5 Sep 2017**
TP004	Complaints and Feedback Policy and Procedure	**v 2.7 Apr 2015**
TP013	Claims Handling Policy and Procedure	**v 5.3 Nov 2015**
TP006	Serious Incident Policy and Procedure	**v 7.3 Dec 2017**
HS011	Incident Reporting Procedure	**v 4.10 Sep 2016**
HR039	The Management of Safeguarding Allegations Against Staff Policy and Procedure	**v 2.1 Nov 2015**
TP018	Safeguarding Children and Young People Policy	**v 4.1 Feb 2017**
TP019	Safeguarding Adults in Need of Care and Support Policy	**v 5.2 Jul 2017**

External	All external Professional Body Codes of Conduct	
External	The NHS Constitution	**March 2012**
External	The NHS Mandate	
External	Technical Contract Guidance 2014/15	**Feb 2013**
External	The Mid Staffordshire NHS Foundation Trust Public Inquiry Volume 3; Chapter 22. Robert Francis QC	**Feb 2013**
External	The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, as amended	**2014**
External	CQC Guidance: Regulation 20: DoC – Information for all providers: NHS bodies, adult social care, primary medical and dental and independent healthcare	**March 2015**
External	NRLS definitions of harm (https://www.eforms.nrls.nhs.uk/staffreport/help/ALL/Dataset_Question_References/Patient_details/Individual_patient/Impact_on_patient/PD09.htm)	**Accessed April 2015**
External	High Quality Care for All	**2008**

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled or substantive.

1. Introduction

This policy describes how the London Ambulance Service NHS Trust (LAS) will demonstrate its openness with patients and relatives when errors are made and ensure that the principles of Being Open and the requirements of the DoC are applied, as appropriate.

This policy is integral to the incident, serious incident, complaints, legal and safeguarding processes. Being open is part of the 'Fair Blame' culture required of all healthcare providers and is fundamental to being a learning organisation

The statutory DoC came into force on 27 November 2014 for the NHS in accordance with Regulation 20 of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 (the Regulations).

The Trust is committed to promoting a culture of openness, which facilitates the on-going improvement in quality (patient safety, clinical effectiveness and patient experience).

In 2008, Lord Darzi stated:

Care provided by the NHS will be of a high quality if it is:

- **Safe**;
- **Effective**;
- with positive **Patient Experience**. (High Quality Care for All)

The obligations and challenges of being open and candid serve to remind us that, for all of its technical advances, healthcare is a deeply human business.

2. Scope

This document outlines the LAS's policy on how it will meet its obligations to patients, relatives and the public through the process of Being Open and complying with the requirements of the DoC.

This policy applies to all staff employed by or providing services on behalf of the LAS.

3. Objectives

The objectives of this policy are to ensure that:-:

- The LAS complies with its statutory obligations.

- Patients can expect openness and transparency from their healthcare providers.
- The LAS learns from mistakes made by either its own services or those by the wider healthcare community.
- There is a proactive approach to patient safety with the onus on risk management systems and processes to identify incidents which require review and learning.
- All stakeholders work in partnership.
- While staff do not intend to cause harm, unfortunately incidents do occur and when they do, patients/relatives/carers/others receive an apology and explanation as soon as possible.
- Staff understand that saying sorry is not an admission of liability and feel able to apologise at the earliest opportunity.
- Staff understand their duty to be open and honest and that they contribute to a learning culture by reporting patient safety incidents that lead to harm, as well as near misses.
- The LAS Serious Incident Policy (TP006) and Incident Reporting Procedure (HS011) is followed to ensure that appropriate support is offered to the patient/families/carers/others, as appropriate, where a patient safety incident has occurred.

4. Responsibilities

4.1 Trust Board

The Trust Board has corporate responsibility for the LAS's system of internal control and to obtain assurance that the processes effectively support the commitment to being open and complying with the requirements of the DoC.

4.2 Chief Executive

The Chief Executive is ultimately accountable for the process of managing and responding to the being open and DoC process and will appoint a nominated executive lead for this role.

4.3 Executive Directors

The Executive Leadership Team is responsible for compliance with the Principles of Being Open and DoC process and accountable to the Trust Board and the Chief Executive for the effective implementation.

4.4 The Quality Assurance Committee

The Quality Assurance Committee (QAC) has overall responsibility for monitoring the Being Open and DoC process. QAC is responsible for ensuring continuous development of this policy in accordance with national guidance. QAC will report to the Board and through feedback to the local management levels

facilitate organisational learning and improvement; lessons learned will be disseminated throughout the Trust.

4.5 Chief Quality Officer

The Chief Quality Officer (CQO) is the nominated Executive Director responsible for ensuring the Trust has appropriate arrangements and resources in place for the management of Being Open and the DoC processes.

4.6 The Head of Safeguarding

The Head of Safeguarding will liaise with the Nominated Contact when a notifiable safety incident is identified in accordance with the procedures set out in the Policy and Procedure on the Management of Safeguarding Allegations Against Staff (HR039) or the Trust's Safeguarding policies (TP018 and TP019). Where appropriate, the matter will be referred to the Serious Incident Group.

4.7 The Head of Quality Governance and Assurance

The Head of Quality and Assurance is responsible for monitoring compliance, providing a quarterly report on the effectiveness of this policy to Quality Oversight Group (QOG); and ensuring the required data submission to the commissioners.

4.8 The Quality Governance and Assurance Department

The Quality and Assurance Department will co-ordinate implementation of the DoC in the management of serious incidents and will provide support to those staff involved in carrying out this policy.

4.9 Quality Governance and Assurance Managers (QGAMS)

The QGAMS are responsible for reviewing accuracy of grading for all incidents graded as moderate or above (excluding those declared as Serious Incidents) and ensuring DoC obligations have been met. The QGAM's are responsible for the monitoring of compliance with DoC obligations within their sector.

4.10 All Managers

All managers are responsible for reviewing the accuracy of grading of all incidents reported in their area. All managers must then ensure DoC obligations or Being Open process are applied as appropriate depending on the severity of harm.

4.11 All Staff

All staff will understand and apply the principles of DoC and Being Open. All registered staff must comply with their respective Professional Codes of Conducts and all non-registered staff with their contract of employment requirements.

4.12 The Legal Services Department

To liaise with the relevant department to ensure DoC requirements have been met for any claims or inquests.

4.13 The Health and Safety Department

The Health and Safety department will liaise with the Quality and Assurance Department to co-ordinate the implementation of the DoC

4.14 Patient Experiences Department (PED)

The PED will liaise with the Quality, Governance and Assurance Department to apply DoC for all complaints where harm is determined as moderate or above.

4.15 The Nominated Contact

A senior member of LAS staff is appointed to act as the Nominated Contact in the event of any patient safety incident being investigated.

The Nominated Contact will ensure that the DoC or Being Open Process is applied as appropriate and will support the patient or relevant person through the investigation.

Throughout an investigation the Nominated Contact will ensure completion of the DoC section on Datix and collation of the relevant evidence.

5. Definitions

Definitions of the terms used within this document are consistent with those in the Trust's Incident Reporting Procedure (HS011) and Serious Incident Policy and Procedure (TP006).

5.1 Being Open: open communication of patient safety incidents that result in any harm of a patient while receiving healthcare.

5.2 DoC: Both a contractual and statutory duty enforceable by the Care Quality Commission that requires NHS provider organisations to be open and transparent with the relevant person when a notifiable patient safety incident occurs in relation to the care provided.

5.3 Apology: a meaningful and sincere expression of sorrow or regret for any suspected harm caused.

5.4 Moderate Harm: harm requiring a moderate increase in treatment and is significant but not permanent.

5.5 Prolonged psychological harm: psychological harm that a servicer user has experienced, or is likely to experience, for a continuous period of 28 days or more.

5.6 Relevant person: the service user or, in the following circumstances a person acting lawfully on their behalf: On the death of the service user

- Where the service user is under 16 and not competent to make a decision in relation to their care or treatment, or
- Where the service user is 16 or over and lacks capacity.

5.7 Serious Incident: Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. For further details please consult with TP006.

5.8 Severe Harm: a permanent lessening of bodily, sensory, motor, physiological or intellectual functions that is directly related to the incident and not related to the natural course of the service user's illness or underlying condition**.**

5.9 Transparency: allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.

6. The principles of DoC and Being Open

6.1 Principle of Acknowledgement

This Trust mandates that all patient safety events are acknowledged and reported to Datix on identification. Concerns from the patient, their family and carers must be taken seriously and will be treated with compassion and understanding by all staff. The Trust recognises that denial of a person's concerns or defensiveness will make future open and honest communication more difficult.

6.2 Principles of Truthfulness, Timeliness and Clarity of Communication

Information about a patient safety incident must be given in a truthful, timely and open manner by an appropriately nominated contact as a single point of contact. New information may emerge from the investigation and patient, their family and carers will be kept informed with clear, unambiguous information for any questions or requests they may have.

6.3 Principle of Apology

Saying sorry is not an admission of liability and it is the right thing to do. Patients, their families and carers will receive a meaningful and sincere verbal and written apology from this Trust, where harm has occurred.

6.4 Principle of Recognising Patient and Carer Expectations

Patients, their families and carers can reasonably expect to be fully informed of the issues surrounding a patient safety incident, and its consequences, in a face to face meeting with representatives from the LAS. They will be treated sympathetically, with respect and consideration. Confidentiality will be maintained and support will be provided in a manner to meet their needs. This may involve an independent advocate or an interpreter. Appropriate information about other relevant support groups will be given as soon as possible.

6.5 Principle of Professional Support

The Trust has committed to create a culture in which all staff are encouraged to report patient safety events. Staff should feel supported throughout the investigation process as they too may have been traumatised by the event. Trust policies will ensure a robust and consistent approach to patient safety event investigation. Where there are concerns about the practice of individual staff the relevant professional body and/or Human Resources department can be contacted for advice. Where there is reason to believe a member of staff has committed a punitive or criminal act, the Trust will take steps to preserve its position and advise the member(s) of staff at an early stage to enable them to obtain separate legal advice and/or representation. Staff should be encouraged to seek support from their relevant professional bodies. Where appropriate, a referral will also be made to the Independent Safeguarding Authority.

6.6 Principle of Risk Management and Systems Improvement

Root Cause Analysis (RCA) will be used to uncover the underlying causes of patient safety events. Investigations will focus on improving systems of care, which will be reviewed for their effectiveness. Being Open is integrated into patient safety incident reporting, risk management policies and processes, legal processes and the complaints process.

6.7 Principles of Multi-Disciplinary Responsibility

The Being Open document applies to all staff. Emergency care provision is often a component of healthcare and can involve multi-disciplinary teams. This is reflected in the way that patients, their families and carers are communicated with when things go wrong. This ensures that the Being Open process is consistent with the philosophy that patient safety incidents usually result from system failures and rarely from actions of an individual. Where the Trust works with NHS trusts in other sectors (e.g. acute care or mental health), this Trust will ensure multi-disciplinary involvement in the Being Open process by identifying

clinical and managerial leaders who will support this across agencies that may be involved. Both senior managers and senior clinicians will be asked to participate fully in the patient safety incident investigation and clinical risk management as set out in the respective Trust policies and practice guidance.

6.8 Principles of Clinical Governance

The clinical governance framework is a process by which patient safety incidents are investigated and analysed, to identify what can be done to prevent their recurrence. It is a system of accountability through the Chief Executive to the board to ensure that changes are implemented and their effectiveness reviewed. Findings are disseminated to staff so they can learn from patient safety incidents. Audits monitor the implementation and effects of changes in practice following an incident. The principles of honesty and transparency of Being Open underpins the framework

6.9 Principle of Confidentiality

Details of a patient safety incident should at all times be considered confidential. The consent of the individual concerned should be sought prior to disclosing information beyond the clinicians involved in treating the patient. The Trust will anonymise any incident it publishes.

Where it is not practicable or an individual refuses consent to disclosure, disclosure may still be lawful if justified in the public interest or where those investigating the patient safety event have statutory powers for obtaining information. Communications with parties outside of the incident lead and those involved in the investigation will be on a strictly need-to-know basis and, where practicable, records are secure and anonymised where released. Where possible, it is good practice to inform the patient, their family and carers about who will be involved in the investigations before it takes place, and give them the opportunity to contribute or raise any objections.

7. Process for DoC

7.1 DoC must be applied when an incident occurs which could result in, or appears to have resulted in, the death, severe or moderate harm, or prolonged psychological harm to a person using the service (patient).

7.2 When an incident meeting the criteria in 6.1 has occurred, the LAS will appoint a Nominated Contact who has the skills and attributes to offer an apology and maintain contact with the patient throughout the investigation process.

7.3 This Nominated Contact must inform the relevant person as soon as practicable after the incident has been identified and within 10 working days of the incident being reported and sooner where possible. Consideration must be

given to what support should be offered to the relevant person when providing the initial notification. All reasonable attempts must be made to trace and contact the relevant person and, where this does not prove possible, then the reasons must be documented on Datix.

7.4 The relevant person is the patient (if not deceased) or where the patient is over 16 years old but lacks mental capacity, a person acting lawfully on their behalf. Other than this information should only be disclosed to family members or carers where the patient has given their consent.

7.5 Communication with the relevant person must be person to person (face-to-face or telephone) and must include:-

- A step-by-step account of all relevant known facts about the incident in a way that is understandable to them.
- An explanation of what investigation/enquiries will be undertaken and that the aim of these are to provide the patient or their relevant person with answers on what happened and what learning there has been in order for LAS to implement actions where possible to minimise the risk or prevent a similar incident form happening again.
- A meaningful apology which is an expression of sorrow or regret.
- An enquiry on whether the relevant person wishes to be involved in the investigation and if so the options on how to achieve this. If not an explanation on how the findings can be fed back to the relevant person should they wish to receive these.
- Provision of contact details of the Nominated Contact in case the relevant person wishes to add any further information or has further queries.

7.6 The communication with the relevant person must be followed up in writing confirming the content of the discussion and reiterating the apology. The letter should be signed by the Nominated Contact. (see Appendix 2 for template letter for guidance).

7.7 On completion of the incident investigation, the Nominated Contact must contact the relevant person and offer to meet with them and/or to provide a copy of the report depending on the relevant contact wishes.

7.8 Consideration should be given to who the appropriate persons may be to accompany the Nominated Contact at this meeting. A member of senior management for a reiteration of apology; operational manager who will be able to provide assurance on the actions that are being taken.

7.9 This meeting should be followed up in writing to the relevant person setting out a brief summary of the discussions and conclusions. (See Appendix 2 for template letter for guidance).

7.10 The Nominated Contact must document all DoC activity in the relevant section of Datix and upload copies of any relevant document e.g. a copy of the DoC letter.

8. Organisational Implications of Failure to Comply with DoC.

8.1 Alongside the implications for the service user, a failure to comply with all aspects of DoC is a breach of 20(2a) and 20(3) of the Regulations which can result in a criminal prosecution being brought against the LAS by the CQC.

8.2 In addition, a failure to comply with the DoC can result in a Clinical Commissioning Group fine for the cost of the episode of care, or up to £10,000.

9. Process for Being Open.

9.1 The Being Open process mirrors that of the DoC except that:-

- It will apply to no harm and low harm incidents only.
- A Nominated Contact will not be allocated, however the role will be fulfilled by a manager with the requisite skills and attributes.
- The Being Open process will be delivered within locally negotiated, rather than statutory timescales.

10. Accommodating Particular Service User Circumstances for DoC and Being Open

The processes may need to be modified according to the individual patient's personal circumstances.

10.1. When a patient dies

When a patient safety incident has resulted in a patient's death it is crucial that communication is sensitive, empathic and open. It is important to consider the emotional state of bereaved relatives or carers and to involve them in deciding when it is appropriate to discuss what has happened. The patient's family and/or carers will probably need information on the processes that will be followed to identify the cause(s) of death. They will also need emotional support. Establishing open channels of communication may also allow the

family and/or carers to indicate if they need bereavement counselling or assistance at any stage.

Usually, the Being Open discussion and any investigation occur before the coroner's inquest. But in certain circumstances it may be appropriate to wait for the coroner's inquest or post mortem evidence before holding the Being Open discussion with the patient's family and/or carers. In any event an apology should be issued as soon as possible after the patient's death, together with an explanation that the coroner's process and LAS's internal investigative processes have been initiated and a realistic timeframe of when the family and/or carers will be provided with more information. Staff should follow the incident management policies and seek advice from senior management on the order of communication if in doubt.

10.2. Children

In order to maintain the individual's confidentiality, the rights of the child are paramount and in acting in their best interests, it is considered good practice to encourage competent children to involve their families.

Where there is any doubt about a child's competence advice will be sought from the Trust's Legal Department.

10.3. Patients with mental health issues

The only circumstances in which it is appropriate to withhold patient safety incident information from a patient with mental health issues, is when advised to do so by a multidisciplinary approach including the involvement of the patient's mental health practitioners to establish whether it is appropriate to share information that could cause adverse psychological harm to the patient.

Apart from in exceptional circumstances, it is never appropriate to discuss patient safety incident information with a carer or relative without the express permission of the patient

10.4. Patients with cognitive impairment

"Some individuals have conditions that limit their ability to understand what is happening to them. They may have authorised a person to act on their behalf by an enduring power of attorney. In these cases steps must be taken to ensure this extends to decision making and to the medical care and treatment of the patient. The Being Open discussion would be held with the holder of the power of attorney. Where there is no such person the clinicians may act in the patient's best interest in deciding who the appropriate person is to discuss incident information with, regarding the welfare of the service user as a whole and not simply their medical interests. However, the patient with a cognitive impairment should, where possible, be involved directly in communications about what has

happened. An advocate with appropriate skills should be available to the patient to assist in the communication process".

Consideration should be made in conjunction with the Mental Capacity Act Code.

10.5. Patients with learning disabilities

Where a patient has difficulties in expressing their opinion verbally, an assessment should be made about whether they are also cognitively impaired (see above). If the service user is not cognitively impaired they should be supported in the Being Open process by alternative communication methods (i.e., given the opportunity to write questions down). An advocate, agreed on in consultation with the patient, should be appointed. Appropriate advocates may include carers, family or friends of the patient.

The advocate should assist the patient during the Being Open process, focusing on ensuring that the patient's views are considered and discussed.

10.6. Patients who do not agree with the information provided

Sometimes, despite the best efforts of staff or others, the relationship between the patient and/or their carer and the healthcare professional breaks down. They may not accept the information provided or may not wish to participate in the Being Open process. In this case the following strategies may assist:

- deal with the issue as soon as it emerges;
- where the patient agrees, ensure their carers are involved in discussions from the beginning;
- ensure the patient has access to support services;
- offer the patient and/or their carers another contact person with whom they may feel more comfortable. This could be another member of the team or the individual with overall responsibility for case management;
- use a mutually acceptable mediator to help identify the issues between the LAS and the patient, and to look for a mutually agreeable solution;
- ensure the patient and/or their carers are fully aware of the formal complaints procedures;
- write a comprehensive list of the points that the patient and/or their carer disagree with and reassure them you will follow up these issues.

10.7. Patients with different language or cultural considerations

The need for translation and advocacy services, and consideration of special cultural needs (such as for patients from cultures that make it difficult for a woman to talk to a male about intimate issues), must be taken into account when planning to discuss patient safety incident information. It would be worthwhile to obtain advice from an advocate or translator before the meeting on the most sensitive way to discuss the information. The Trust will avoid using 'unofficial translators' and/or the patient's family or friends as they may distort information by editing what is communicated.

10.8. Patients with different communication needs

It is possible that an incident believed to have affected patient safety and which may have caused harm, may be found through investigation to be erroneous. In such circumstances the principles of truthful, timely and open communication continue to apply, with full and consistent explanations being provided to the patient and/or carer, staff involved, and any relevant organisations. Similarly, the identification and dissemination of any recommendations and learning points continues to be an important part of the Being Open and DoC processes.

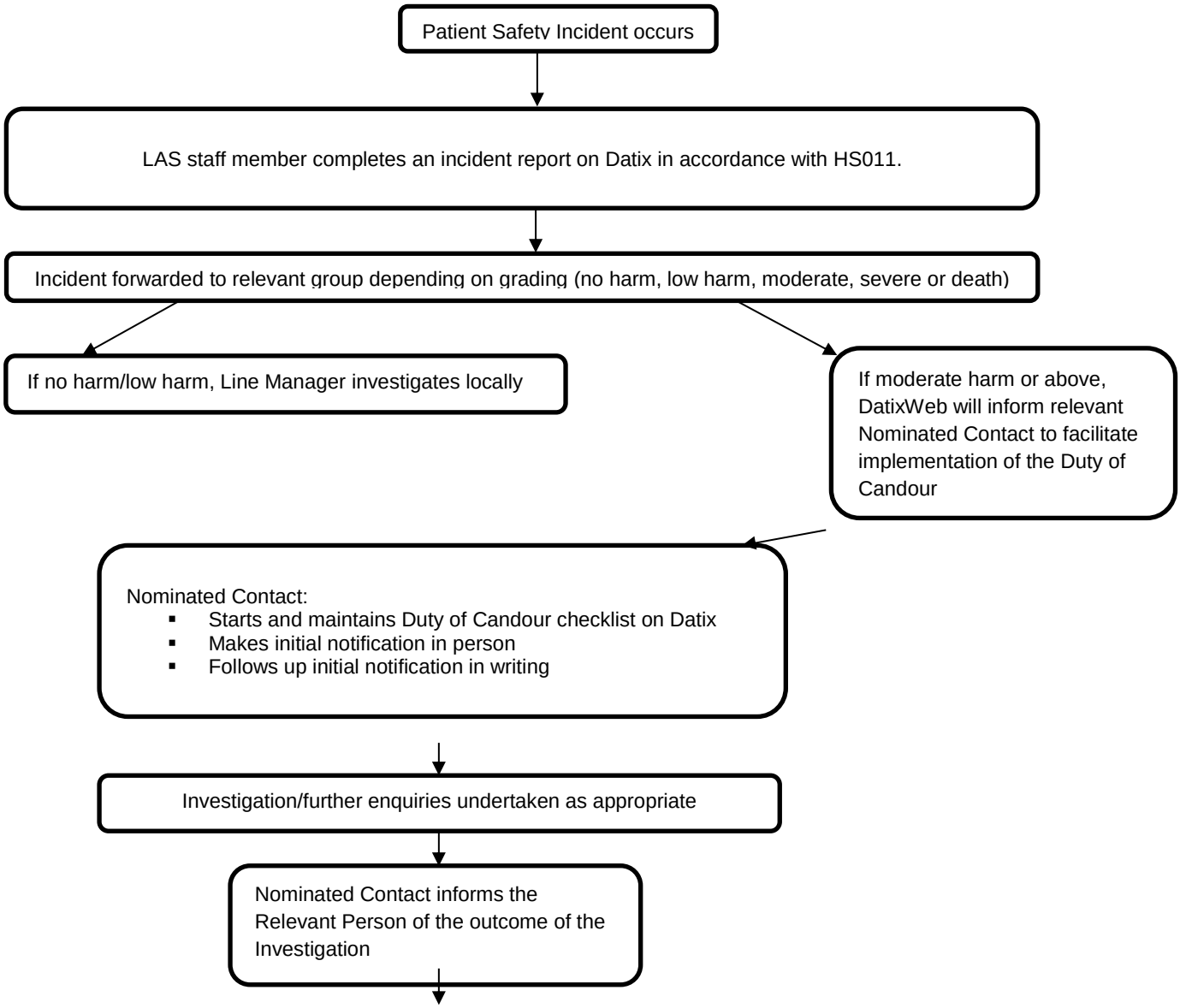
10.9. Erroneous Identification

A number of patients will have particular communication difficulties, such as a hearing impairment. Plans for the meeting should fully consider these needs. Knowing how to enable or enhance communications with a service user is essential to facilitating an effective Being Open and DoC processes, focusing on the needs of individuals and their families and being personally thoughtful and respectful.

IMPLEMENTATION PLAN				
Intended Audience	All LAS Staff			
Dissemination	Available to all staff on the Pulse and to the public on the LAS website.			
Communications	Revised Policy and Procedure to be announced in the RIB and a link provided to the document. Consideration to be given to appropriate mechanisms for raising awareness amongst staff.			
Training	The Quality Governance and Assurance Team will provide bespoke training to individuals are required. Being Open and DoC training is also provide as part of the Serious Incident Lead Investigator training.			
Monitoring:				
Aspect to be monitored	**Frequency of monitoring AND Tool used**	**Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**How learning will take place**
Initial notification is made to the Relevant Person within a maximum of 10 working days (100%)	Monthly report using submissions entered into Datix.	Head of Quality Governance and Assurance, reporting to commissioners, Quality Oversight Group and ELT where appropriate.	Commissioners Quality Oversight Group and Executive Leadership Team where appropriate	Comparison of performance against expected practice.
Follow up letter is to be sent out within a further working 10 days (100%)	Monthly report using submissions entered into Datix.	Head of Quality Governance and Assurance, reporting to commissioners, Quality Oversight Group and Executive Leadership Team where appropriate.	Commissioners Quality Oversight Group and Executive Leadership Team where appropriate	Comparison of performance against expected practice.

LAS Process for dealing with DoC

Appendix 1



Initial contact letter **Appendix 2**

London Ambulance Service NHS
NHS Trust

Ref No: Datix

Governance & Assurance Department
London Ambulance Service NHS Trust
220 Waterloo Road
LONDON
SE1 8SD

Address

Date

Dear Click here to enter text.

Delete / amend as appropriate [I am writing to you further to our conversation of….,] about the incident on….when we attended….

Add in condolences as appropriate [On behalf of the London Ambulance Service (LAS), may I offer you our profound condolences on your loss? I realise that this must be a very difficult time for you and your family].

When we attended **you/r** ……, our actions on the day were reviewed by our internal processes and we found that the service that we provided to you /your/ [named person] may have fallen short of the standards that we set for ourselves. I would like to take this opportunity to sincerely apologise to you and your family for this.

[As we discussed on the phone], we have decided to investigate this matter further. We have not yet established the level of investigation but we will follow the principles laid down nationally in the document "NHS England Serious Incident Framework" which gives us guidance on depth and timeliness of any investigations we undertake. The framework can be found at

https://www.england.nhs.uk/patientsafety/serious-incident/, or I can send a printed copy to you if you prefer.

If this incident is declared as a Serious Incident the framework mandates that the investigation is completed and submitted to our commissioners within 60 working days, which will be on {insert date}

I will be your named contact throughout this time. If you have any comments or questions for the investigation team, or wish to be part of the investigation process, I will be happy to support you through this. The team may need to meet with you to take your recollections of the event, and I can be with you to support you through this as well.

Once our commissioners have approved the report I will arrange to meet with you to talk through our investigation methods; the findings and what this means for patient care and safety provided by the LAS.

We can help with any costs incurred by you and your family, provided you are travelling within the UK. It would be helpful to know if you need any specialist assistance or support.

There are advocacy groups, who can provide independent support and advice if you feel you need. I can forward the local contact details to you on request.

Once again I would like to apologise for the potential service failure. The investigation process aims to identify where we can change and modify our systems and processes, and I would like to assure you that we are committed to being truthful and honest about any findings that the investigation may identify.

In the meantime, if you have any questions, please feel free to contact me on Click here to enter text. or via email to Click here to enter text..

Yours sincerely,

Click here to enter text.

DoC follow up letter **Appendix 3**

London Ambulance Service NHS Trust

Governance & Assurance Department
220 Waterloo Road
LONDON
SE1 8SD

PRIVATE AND CONFIDENTIAL

Ref No: Datix No

Patient Address

Date

Dear

Further to our correspondence with you on the **DATE**, I would like to inform you that we have now completed our investigation into the events on the day we attended you/r [**YOU/ YOUR RELATIVE]**,……., and I have included a copy for you. [**I would like to take this opportunity to repeat the condolences of the London Ambulance Service NHS Trust for your sad loss].**

Our investigation found that the care offered to [**you and/or your relative]** did fall short of the exacting standards that we set for ourselves and for this I would also like to extend to you sincere apologies on behalf the LAS.

Once you have had the opportunity to review the report, I would like to meet with you, if you wish, to explain the way that LAS investigate, talk through the findings and to help explain what the final report means. If you do want to meet, you can contact me on…….or email…….

Any meetings you wish to attend can be arranged at a date and place that is convenient to you and any associated costs incurred by you or your family will be refunded by the London Ambulance Service, if your family is based in the United Kingdom. Your independent advocate is invited to attend if you wish this additional support.

Please be assured that we remain committed to being open about any findings the investigation has identified and will take all the necessary steps to improve our service as a result.

I appreciate that this news may be difficult for you at this time and apologise wholeheartedly for the fall in our standards and the distress that this must have caused to you and your family. If you have any further questions or comments, please do not hesitate to contact me on the phone number or email address above.

Yours sincerely,