# Being Open and Duty of Candour Policy

_Solent NHS Trust policies can only be considered to be valid and up-to-date when being viewed on the intranet. Please visit the intranet for the latest version._

<table>
<thead>
<tr>
<th>Purpose of Agreement</th>
<th>To provide all staff guidance on being open with patients/families/carers and how to complete duty of candour when it is required</th>
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<tbody>
<tr>
<td>Document Type</td>
<td>Policy</td>
</tr>
<tr>
<td>Reference Number</td>
<td>Solent NHST/Policy/ G004</td>
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<tr>
<td>Version</td>
<td>Version 4</td>
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<tr>
<td>Name of Approving Committees/Groups</td>
<td>Policy Steering Group, Assurance Committee</td>
</tr>
<tr>
<td>Operational Date</td>
<td>May 2019</td>
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<td>Document Review Date</td>
<td>May 2022</td>
</tr>
<tr>
<td>Document Sponsor (Job Title)</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Document Manager (Job Title)</td>
<td>Head of Patient Safety</td>
</tr>
<tr>
<td>Document developed in consultation with</td>
<td>All SI and LfD panel members and Clinical Directors</td>
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<td>Intranet Location</td>
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<tr>
<td>Website Location</td>
<td>FOI Publication Scheme</td>
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<td>Keywords (for website/intranet uploading)</td>
<td>Being open; apology; duty of candour; Policy; G004</td>
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**Amendments Summary:** This Policy is a total review and rewrite.

Please fill the table below:

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**Review Log:**

Include details of when the document was last reviewed:

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Review Date</th>
<th>Lead Name</th>
<th>Ratification Process</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1</td>
<td>March 2019</td>
<td>Ellie Lindop</td>
<td>Policy steering group and Assurance Committee.</td>
<td></td>
</tr>
</tbody>
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SUMMARY OF POLICY

At Solent NHS Trust we believe that where an event has led to harm (of any level), patients, their families and carers should receive an explanation and apology as soon as possible after the event and that staff feel confident to apologise there and then.

The Statutory Duty of Candour (DoC) must always be considered for incidents which could or do result in Moderate Harm, Severe Harm, or Death (or prolonged psychological harm) as a consequence of our care provision (or omission of care), see Appendix B. Communication must be as soon as reasonably possible after the event and appropriate to the needs of the individual(s).

Staff must ensure that a prompt, genuine apology is made (using the word “sorry”), and is open and an honest discussion is held with the patient and family/carers, providing an explanation of facts known, at the time of the initial discussion. If there is to be a further investigation, this is to be explained to patients, their families and/or carers and they must be included in the investigation and invited to contribute to the investigation brief.

All discussions must be documented fully in the patient notes and for all incidents meeting the statutory Duty of Candour, an apology and explanation must be offered in writing to the patient family and / or representative. Where this letter is declined, it must be clearly documented in the patient records (if the patient declines) and on the incident system.

An incident report must be completed within 24 hours, for all unexpected events resulting in harm to support effective escalation and robust record keeping.

Preferred communication methods with the patient/families or carers should be discussed and documented, including any rejection of further involvement in an investigation or information being provided to them.

The patient, family and / or carers must be given a service lead contact name and details, and be invited to contribute to any investigation (acknowledging that at the time of first contact this person’s name is unlikely to be known). In addition, consideration as to whether it is appropriate to refer to the Trust Family Liaison Manager needs to be made.

On conclusion of the investigation, reports and findings must be shared with the patient, family and / or carers (within 10 days of being approved). If they do not wish to see this report, this must be documented on the incident reporting system. Should they change their mind at a later date, the report will be made available as per normal process.

The compliance with the DoC process and local compliance is to be monitored through the service line clinical governance groups. An annual review will also be undertaken by the Quality and Safety team/ Risk Management team.
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Being Open and Duty of Candour Policy

1. INTRODUCTION & PURPOSE

Solent NHS Trust is fully committed to improving communication between healthcare professionals / teams and patients, families / carers. This is particularly important when a patient suffers harm as a result of an unintended or unexpected incident (CQC 2015).

The purpose of this policy is to provide all Trust employees with guidance to ensure that we are always open and honest in our communication with patients, their families or carers should an event resulting in unexpected harm occur.

This policy sets out the standards for communicating with a patient, family and/or carers following a reportable Patient Safety Incident or unexpected complication and should be read in conjunction with the Incident Reporting Policy.

Since the publication of the Francis Inquiry Report in 2013 many changes to health care have been made and this has had a positive and effective influence on the way we function and act, as an NHS organisation. We continue to hold a determined focus on improvement and learning from events, to better understand how we can prevent or at least minimise the impact, should this be unpreventable. In order to achieve this successfully, we must live by our Trust values, to be open, honest, and accountable and ensure that every person counts and that their view is heard.

It is of importance to note that saying sorry is not an admission of liability; it is the right thing to do. Patients, families and carers have a right to expect honesty and openness from the services that they receive care from.

2. SCOPE & DEFINITIONS

2.1 This policy applies to locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust’s Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.

2.2 Solent NHS Trust are committed to the principles of Equality and Diversity and strive to eliminate unlawful discrimination in all forms. We are steadfast in demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

2.3 Key definitions (defined by the CQC (2015) and Robert Francis in his report (2013))

- **Openness** – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.
• **Transparency** – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.

• **Candour** – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

• **Statutory Duty of Candour** requirements apply to: “any unintended or unexpected incident that occurred in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional, could result in, or appears to have resulted in:

(a) Death of the service user, where the death relates directly to the incident rather than to the natural course of the service user’s illness or underlying condition, or

(b) Severe harm, moderate harm or prolonged psychological harm to the service user.

In summary, any unexpected or unintended incident which results in unexpected death, severe harm, moderate harm, or prolonged psychological harm falls within the Statutory Duty of Candour (See Appendix B).

3. **DUTY OF CANDOUR PROCESS**

3.1 **Initial notification**

As soon as practicable following an event causing moderate, severe harm or death or as soon as there is awareness that harm has occurred, an appropriate health professional must:

- Notify the patient, family and/or carers. This notification ideally needs to be completed face to face (mainly for inpatient areas), where this is not possible by telephone.
- Ensure the patient, family and/or representatives are provided with all the known information relating to the incident at that time.
- Express a meaningful apology and use the term “sorry”.
- Enquire if there are any immediate questions or comments that the patient, family or carer has.
- Provide details of the investigation plan if known, or confirmation that we do not intend to investigate the event further, be prepared to clarify why.
- Ensure reasonable support is available following the incident for the patient/families/carers and staff. Consider if this is a case suitable for referral to the Trust Family Liaison Manager.
- Check accessible information communication requirements, these must be taken into consideration and ensure appropriate methods of communication are available.
- Ensure that in the majority of events, discussions will be led by the clinical team who are/were treating the patient and this should be by the most appropriate, senior person within the patient’s treating team.
- Write the family/carer a letter summarising the initial discussion and apology. They must be asked how they would like to receive updates during and following any further investigation. A summary of all discussions should be documented in the patient’s notes and the incident reporting system. If their preference is not to receive further updates, letters or be part of the investigation this must be documented on the incident form and patient’s records, along with the reason for the decline, if known. It is important to clarify the nature of the decline, for example,
is the patient, family or carer declining the offer of an initial apology letter, or are they declining all future feedback including the outcome of the investigation.

- Inform the family/carer if the Trust do not intend to review the event further and explain in detail why.
- Document where the family/carer cannot be contacted or declines to speak to the Trust within the incident report and patient records.
- Ensure that all incidents are reported in a timely manner, using the incident reporting system as per Trust Incident Reporting and Serious Incident Requiring Investigation (SI), procedures.
- Ensure that the summary letter is saved electronically to the incident report and filed in the health records and on the incident reporting system.

3.2 Updating the patient, family or carers on progress of investigation

- It is important that the patient, family or carers are kept updated on progress. Updates should be provided as per the patient, family or carer’s wishes and in the format agreed at the initial notification stage. A summary of all discussions with the patient/family/carers should be documented in the patient’s notes and on the incident report form. If the patient has deceased, this must be documented on the incident reporting system.
- Where the Family Liaison Manager is involved, they should be included in all discussions and provided with all relevant documentation to enable them to provide the agreed level of support with the patient/family/carer.

3.3 Investigation methods

The principles set out in this policy apply regardless of the investigation method used. An incident review meeting will be organised, within 5 days of the Trust being aware of the incident, by the Quality and Safety team, chaired by the Chief Nurse, Chief Medical Officer or appointed delegate within the clinical team, to agree the investigation method for any incident which has resulted in moderate harm or above.

Whilst further investigation is not always necessary, most incidents will require some level of investigation which may include:

- Standard incident investigation;
- Complaints investigation;
- Specifically commissioned SI;
- Mortality review or Clinical Judgement tool (CJT).
- Other case review or audit

3.4 Sharing the investigation conclusions

Arrangements must be made in advance, with the patient/family or carers on how the feedback from the investigation should be shared with them in a supportive way that allows for any further questions from the report to be answered. Where an SI has been undertaken, the report will be provided to the patient/family and/or carer by the investigator and/or the service lead talking through the report with them. This can be reviewed on an individual basis, when this is not considered to be appropriate and will need to be agreed by the Clinical Director and Professional Lead of the service, with the support of the Chief Nurse or Chief Medical Officer.
All feedback must include the investigation findings, the responses to any questions raised by the patient, family or carers, details of any learning and actions that have been identified.

Feedback must be offered within 10 working days after final approval of the investigation report by the Trust.

All communications with the patient/family or carers must be noted and saved electronically to the initial incident report.

3.5 When meeting with the patient, family or representatives

When arranging a meeting to advise the patient, family or representative to provide feedback please note the following guidance.

- The patient, family and/or carers should be advised of the identity and role of all the people attending, prior to the meeting. This allows them the opportunity to ensure that they are comfortable with all of the individuals that they will meet.
- All meetings must be followed up with written documentation, and include any further actions agreed, this document must be shared with the patient/family and/or carer.

3.6 Special circumstances

The approach to communicating and sharing sensitive information with the patient, family and/or carers may on occasion require special circumstances that do not follow this statutory guidance. Where any modification conflicts with the statutory Duty of Candour requirements and may result in a statutory and / or contractual breach by the Trust, this must be escalated to the Associate Director of Quality and Governance, Chief Medical Officer or Chief Nurse for prior agreement, as soon as this is recognised.

3.8 Feedback to staff

The principles of candour that apply to patients, families and carers equally apply to staff. It is essential that staff members affected are informed by the Service Lead or Professional Lead that there will be an investigation, are included in the investigation, as appropriate, and regular updates and support are provided to them.

It is furthermore essential that feedback is provided to staff following an event that they have reported, as outlined in the incident reporting policy. The feedback to staff must be logged on the electronic incident reporting system with copies of any correspondence attached.

3.4 Age Appropriate Communication and Capacity to Understand

Any patient deemed competent to give consent in accordance with the Trust Consent Policy should be actively involved in open communication discussions.

In all cases, this should be decided and agreed in discussion with the family or carers prior to communicating with them.

Any concerns around the capacity or understanding of the patient/family member and/or carer should be documented in the patient records and incident report and discussed with the Service
Manager. Support and guidance is also available from the Safeguarding Team and MHA/MCA lead.

3.5 Complaints & Claims

If, in addition, to an incident report being raised and investigated, the patient, family or carers(s) have made a formal complaint or claim; It is important to ensure that the patient, family or carers are given one point of contact, and this person will co-ordinate the findings.

Refer to the Complaints, Concerns, Enquires and Compliments Policy and Claims Policy for more details.
Staff cited in complaints or claims must be notified of this by the investigating Manager.

4. ROLES & RESPONSIBILITIES

The Trust Board has a legal responsibility for governance of trust policies and for ensuring that they are implemented effectively.

4.1 Chief Executive Officer-has overall responsibility for the implementation of this policy, and in turn this responsibility is delegated to the Clinical Directors and local Clinical Leads within the Trust.

The Accountable Executive for this policy is the Chief Nurse; they are responsible for:
- The declaration of compliance for local and national reporting requirements.
- Ensuring commissioners (and regulators where appropriate) are informed should any Duty of Candour breaches occur.

4.2 Clinical Directors-are responsible for:
- The effective implementation of this policy in their areas of responsibility.
- The implementation of any action plans arising from review of the policy and service user feedback.
- Identifying training needs of staff that fall within the remit of this policy.

4.3 Clinical Managers-are responsible for:
- Advising and instructing staff on the policy requirements via local induction.
- Arrangements and on-going communication mechanisms, such as team brief, staff meetings, supervision etc.
- Making necessary arrangements to enable staff to attend any training in respect of this policy.
- Making staff aware of this policy, its content and how to access the policy.

4.4 All staff are responsible for:
- Ensuring that Being Open and recognising the Duty of Candour occurs in daily practice where indicated.
- That they are aware of the policy and how to implement it should it be required.

5. TRAINING
5.1 All staff are required to complete the Duty of Candour module on eLearning via the Learning and Development team. Compliance is to be monitored by team managers.

6. **EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

6.1 Refer to Appendix A

7. **SUCCESS CRITERIA / MONITORING EFFECTIVENESS**

7.1 The seven service lines will review their compliance with DoC in line with their internal governance processes. The Quality and Safety team will monitor monthly and undertake an annual review.

7.2 Non-compliance with this policy must be reported and managed at a service level. If further issues are identified it must be escalated as per internal governance processes and the Quality and Safety team must be informed.

8. **REVIEW**

8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a 3 year basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. **REFERENCES AND LINKS TO OTHER DOCUMENTS**

9.1 Policies:

- Reporting Adverse Incidents
- Serious Incidents Requiring Investigation
- Learning from Deaths
- Complaints, Concerns, Enquiries and Compliments Policy

9.2 Links to other documents:


10. **GLOSSARY**

Duty of Candour (DoC)
Serious Incident (SI)
Clinical Judgement tool (CJT)
### Appendix: A  
**Equality Impact Assessment**

<table>
<thead>
<tr>
<th>Step 1 – Scoping; identify the policies aims</th>
<th>Answer</th>
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<tbody>
<tr>
<td>1. What are the main aims and objectives of the document?</td>
<td>A clear process for staff to follow to ensure openness and transparency and that when duty of candour is required, staff are able to confidently undertake this</td>
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</tbody>
</table>
| 2. Who will be affected by it? | All staff employed by Solent NHS Trust.  
All patients, Families and carers who have experienced harm or had cause to complain. |
| 3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve? | Compliance with Duty of Candour can be monitored through the electronic incident reporting system  
All staff to be open and honest when required |
| 4. What information do you already have on the equality impact of this document? | N/A |
| 5. Are there demographic changes or trends locally to be considered? | N/A |
| 6. What other information do you need? | N/A |

<table>
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<tr>
<th>Step 2 - Assessing the Impact; consider the data and research</th>
<th>Yes</th>
<th>No</th>
<th>Answer</th>
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<tbody>
<tr>
<td>1. Could the document unlawfully discriminate against any group?</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>2. Can any group benefit or be excluded?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Can any group be denied fair &amp; equal access to or treatment as a result of this document?</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>4. Can this actively promote good relations with and between different groups?</td>
<td>X</td>
<td></td>
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</table>
5. Have you carried out any consultation internally/externally with relevant individual groups? | X
6. Have you used a variety of different methods of consultation/involvement | X

**Mental Capacity Act implications**

7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information) | X

**External considerations**

8. What external factors have been considered in the development of this policy? | X
9. Are there any external implications in relation to this policy? | X
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented? | Families/carers of people affected

If there is no negative impact – end the Impact Assessment here.

**Step 3 - Recommendations and Action Plans**

1. Is the impact low, medium or high?
2. What action/modification needs to be taken to minimise or eliminate the negative impact?
3. Are there likely to be different outcomes with any modifications? Explain these?

**Step 4 - Implementation, Monitoring and Review**

1. What are the implementation and monitoring arrangements, including timescales?
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?

**Step 5 - Publishing the Results**

How will the results of this assessment be published and where? (It is essential that there is documented evidence of
Appendix B

Overview of Confirmation of level of harm in relation to provision or omission of care provided by Solent NHS Trust

<table>
<thead>
<tr>
<th>Harm Level</th>
<th>Impact on patient</th>
<th>Communication process</th>
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<tbody>
<tr>
<td>No harm</td>
<td>No actual impact</td>
<td>Being Open</td>
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</table>
| Low harm (Minor) | • Additional monitoring required  
• Minor intervention required  
• Physical healing time from injury is up to a week  
• Results in avoidable pain or psychological harm that lasts up to 28 days or more                                                                 | Being Open                                |
| Moderate harm    | • Requires immediate intervention to save life or limb  
• Requires additional surgery including an unplanned return to theatre  
• Results in an unplanned readmission  
• Results in a prolonged episode of care (4-15 days inpatient care in addition to pre-incident)  
• Results in postponement / cancellation of treatment due to the incident  
• Physical healing time from injury 1 week to 1 month  
• Results in avoidable pain or psychological harm that lasts for 28 days or more                                                                 | Statutory Duty of Candour                 |
| Severe harm (Major) | • Permanent injury  
• Loss or permanent damage to limb or organ  
• Harm listed under moderate may be reclassified as severe if this is especially prolonged or the intervention required to save life or limb is particularly significant.                                           | Statutory Duty of Candour                 |
| Death            | • Unexpected Death                                                                                                                                                                                               | Statutory Duty of Candour                 |
Duty of Candour - process step by step guide

To be followed for incidents that reach moderate, severe harm or death caused to a patient, by an act or omission of care by Solent NHS Trust or by a commissioned service.

“Candour-The meaning of being open and honest”

Actions at Service level

- Offer and provide immediate support and assistance to patient/family and any staff affected by the incident
- Offer a genuine sincere apology to the patient/family
- Record the Incident on Safeguard Ulysses as soon as possible
- Immediately report the incident to your Line Manager and/or the Professional Lead for your service.

Actions for the Service Management Team

- As soon as possible, but within 10 days at the very latest, an open and honest verbal or face to face discussion must be held with the patient or their representative, to disclose the incident and share any facts known at that time. This conversation must include a genuine and sincere apology for the occurrence and must be made by the lead clinician responsible for the care. This discussion must be followed up by a written letter to the patient/representative, detailing the discussion and what will happen next, the conversation and letter must be recorded on the patient’s records.
- Ensure that the incident is investigated in line with the correct process, within 60 working days. The Investigating officer must ask the family/representative if they have any questions or comments to form part of the investigation or the care provided to them that led to the incident.
- Once the report has been signed off by the Trust this must be shared in its entirety, in a supportive way with the patient/representative. It is a statutory requirement that this is completed within 10 working days of the report being signed off. The final report must be recorded within the patient’s records to form a clear audit trail.
Private and Confidential

(Insert Date)
Letter to be sent to the patient affected by a DoC incident (remove prior to sending)

Dear (name of patient)

I am writing to you in relation to the service provided to you by Solent NHS Trust, specifically the Duty of Candour notable event, that occurred on the ***** (insert date), which caused ****** (insert incident details that are known at this time)

The Duty of Candour is a healthcare regulation that ensures that when a patient’s care doesn’t go as planned or expected, due to the act or omission of care provided by the Trust, which has the potential to cause serious harm or distress, that this is shared openly and swiftly with the patient or their family or carers. This also includes ensuring that investigation is undertaken with the involvement of the patient, should you wish to be involved.

(Name and Designation) discussed this with you on the (date, place and time) and notified you that the Trust will be undertaking a full investigation into the care provided to you, to understand exactly how this occurred and to look at possible ways to prevent this happening again, where it is reasonable to do so.

I am so sorry that this happened to you and for the distress this has caused while you were under our care, this is not the experience that we wished you to have and will appropriately support you at this time.

Please be assured that we aim to provide a safe and quality service to our patients and therefore would welcome the opportunity to include you and to discuss and share any findings of our investigation openly with you. If you have any questions that you would like to ask or anything that you feel should form part of our investigation, please discuss this with (investigator name and job title), the lead investigator, who will be in touch with you shortly. The investigation timeline is that the investigation should be completed within 60 working days, the lead contact above will keep you updated as to their progress and you can contact them at any time.
Once the investigation has been completed, we would like to meet with you, at a convenient time and place for you, to share any findings with you, should you wish to do this. You can be supported at this meeting by a friend, family or an advocate if you would like.

In the meantime if you would like to discuss this further then please do contact either myself or the lead Investigator.

Yours sincerely
Appendix E- DoC Suggested Letter Sample (Family /Carer Version)

Private and Confidential

(Insert Date)
Letter to be sent to the family/carer affected by a DoC incident (remove prior to sending)

Dear (name of patient representative)

I am writing to you in relation to the service provided to your (mother/father/child etc) by Solent NHS Trust, specifically the Duty of Candour notable event, that occurred on the ***** (insert date), which caused ***** (insert incident details that are known at this time)

The Duty of Candour is a healthcare regulation that ensures that when a patient’s care doesn't go as planned or expected, due to the act or omission of care provided by the Trust, which has the potential to cause serious harm or distress, that this is shared openly and swiftly with the patient or their family or carers. This also includes ensuring that investigation is undertaken with the involvement of the patient and/or their family, should you wish to be involved.

(Name and Designation) discussed this with you on the (date, place and time) and notified you that the Trust will be undertaking a full investigation into the care provided to your, (insert relationship) to understand exactly how this occurred and to look at possible ways to prevent this happening again, where it is reasonable to do so.

I am so sorry that this happened and for the distress this has caused while your (insert relationship) was under our care, this is not the experience that we wished you, or they to have and will appropriately support you at this time.

Please be assured that we aim to provide a safe and quality service to our patients and therefore would welcome the opportunity to include you and to discuss and share any findings of our investigation openly with you. If you have any questions that you would like to ask or anything that you feel should form part of our investigation, please discuss this with (investigator name and job title), the lead investigator, who will be in touch with you shortly. The investigation timeline is that the investigation should be completed within 60 working days, the lead contact above will keep you updated as to their progress and you can contact them at any time.

Once the investigation has been completed, we would like to meet with you, at a convenient time and place for you, to share any findings with you, should you wish to do this. You can be supported at this meeting by a friend, family or an advocate if you would like.
In the meantime if you would like to discuss this further then please do contact either myself or the lead Investigator.

Yours sincerely
Appendix F – DoC Suggested Letter Sample (Deceased Version)

Dear (Patient Representatives Name)

My name is [INSERT NAME] and I am [INSERT JOB TITLE] for Solent NHS Trust.

I am writing to you, to offer my deepest condolences, following the death of your (insert patient name and Relationship to Deceased). Please also accept my sincere apology that this happened, while (Insert Deceased’s Name) was in our care.

In order to determine what happened and in line with the Duty of Candour regulations, I will now be conducting an investigation into the pathway of care for (Insert Deceased’s Name). The Duty of Candour applies where it has been identified that harm may have been caused to a person by omission of, or care provided and openly sharing any findings with you.

This investigation is standard procedure that is instigated when any serious event occurs and is undertaken in order to review the care given, to identify areas of good practice in the care provided, or lessons to be learned, in order to prevent any future incidents of a similar nature.

As part of the investigatory process we wish to involve the family/carers of our patient, for you to ask questions and to have the opportunity to obtain information and to express your feelings, which forms an important part of our investigation. We will then fully share our findings with you, in a supportive way that meets your needs and wishes.

I appreciate this may be a really difficult time to ask you to talk or think about these matters, however I felt it important to contact you and involve you with the investigation. If you would like to meet or speak with me or have any questions then please contact me as follows: [INSERT NUMBER/EMAIL].

The Trust also has a designated Family Liaison Manager (FLM), who is independent of the service and can support you at this time, should you wish to ask questions or make contact using the FLM, please let me know. The FLM can also guide you through the investigation process.

Once again I offer my sincerest apologies and condolences to you.
Yours Sincerely