# Duty of Candour Policy

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<tr>
<th>Document Reference</th>
<th>POL019</th>
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<tbody>
<tr>
<td>Document Status</td>
<td>Approved</td>
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<tr>
<td>Version:</td>
<td>V5.0</td>
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## DOCUMENT CHANGE HISTORY

<table>
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<tr>
<th>Initiated by</th>
<th>Date</th>
<th>Author(s)</th>
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<tbody>
<tr>
<td>SL Panel</td>
<td>January 2015</td>
<td>Emma de Carteret, Interim Head of Quality Governance</td>
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<thead>
<tr>
<th>Version</th>
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<tr>
<td>v1.1</td>
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<td>March 2020</td>
<td>Approved by Compliance and Risk Group</td>
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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.
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1. **Introduction**


The regulations make it a statutory requirement that health service providers act in an open and honest way to patients, and their families or carers, in relation to care and treatment provided, on occasions when harm has been caused. This formalises the previously unregulated principles of Being Open, set out by the National Patient Safety Agency.

The Trust’s Duty of Candour Policy builds upon the incident and risk management documents to provide a framework within which patient safety events can be communicated between healthcare organisations, healthcare teams, patients, their families and carers, as per the Duty of Candour provisions set out in the Health and Social Care Act.

Being open about what happened and discussing patient safety events promptly, fully and compassionately with patients and/or their carers can:

- Help patients and/or relatives cope better with the after-effects.
- Help undertake a thorough investigation into the patient safety event and provider assurance that lessons learned will help prevent to ensure a similar type of incident does not recur.
- Provide an environment where patients and/or their carers, healthcare professionals and managers feel supported when things go wrong.
- Allow patients, their family, or their carers be involved in the investigation to ensure their opinions and ideas for improvements are included.

2. **Purpose**

The purpose of this policy is to ensure that patients, their families, carers and staff feel supported when patient safety events occur, or something goes wrong.

This policy also aims to improve the quality and consistency of communication with patients, their families, and carers when patient safety events occur, so that they promptly receive the information they need to enable them to understand what happened. A meaningful apology will be offered and they are also informed of the action the Trust will take to try and ensure that a similar type of patient safety event does not reoccur. It also aims to provide clear information to staff on what they do when they are involved and the support available to them to cope with the consequences of what happened and to communicate with patients, their families and carers effectively.

3. **Duties**

3.1 **The Trust Board**

The Trust Board will be assured that the processes in place regarding Duty of Candour work effectively and is committed to promoting a culture of openness within the Trust.

3.2 **The Chief Executive**

The Chief Executive has overall responsibility for integrated governance, including risk management and clinical governance within the Trust which includes the process, management and response to the Duty of Candour process. The Chief Executive delegates the responsibility for patient safety to the Director of Clinical Quality and Improvement.

3.3 **The Director of Clinical Quality and Improvement**
The Director of Clinical Quality and Improvement is responsible for ensuring an integrated governance system is in place which incorporates all aspects of effective risk management and will ensure that:

- Complaints, incidents and serious incidents are dealt with in line with the Trust’s and national policies and that risks identified, and lessons learned, are communicated throughout the Trust.
- The Trust’s response to high and medium risk patient safety events are monitored ensuring that the principles of Duty of Candour are observed.

### 3.4 Safety and Risk Lead

The Safety and Risk Lead is responsible for overseeing the incident and serious incident process and for ensuring that Duty of Candour is implemented in a timely manner and documented accordingly. The Safety and Risk Lead will provide support and guidance to those managers discharging Duty of Candour on behalf of the Trust.

### 3.5 Patient Safety Team

The Patient Safety Team are responsible for monitoring serious incidents and potential serious incidents and will liaise with local management teams to ensure that the need for Duty of Candour is recognised and completed as per the policy.

### 3.6 Heads of Departments and General Managers

All managers working within the Trust are expected to follow the Duty of Candour Policy and have a responsibility for ensuring that all patient safety events are acknowledged and reported as soon as they are identified in line with the Trust’s Management of Incidents Policy. They should be aware that an individual member (or members) of staff might require support during the investigation and provide the appropriate help and guidance for them which may in some cases come from external agencies.

Senior managers are responsible for planning and discharging Duty of Candour as per this policy in relation to incidents occurring in their locality/area of work.

### 3.7 Investigating Officers

Investigating Officers are responsible for ensuring that Duty of Candour is discharged in line with the policy to the correct individual for the incidents they investigate. They should provide support to the General Manager or equivalent in Duty of Candour meetings and ensure that written notification is completed, and Duty of Candour is fully recorded in the Openness and Transparency section of the incident record on Datix.

Following completion of a Duty of Candour discussion, the Investigating Officer is responsible for ensuring that the patient/family’s concerns and issues are addressed as part of the investigation.

### 3.8 All staff

All members of staff should make themselves familiar with this policy and the advice contained therein. They should follow the guidance to achieve openness with healthcare partners, other healthcare organisations, patients, their relatives and/or their carers.

When a mistake is made or in instances where harm has been caused by the care, treatment or service provided, staff with the patient should provide an immediate apology, rectify and immediate concerns for the patient’s safety, and explain the issue will be raised with managers for investigation.

All members of staff must report any adverse incidents via the incident reporting system and, in instances where Duty of Candour is required on behalf of the Trust, this should be escalated to the manager on duty at the time of the incident.

### 3.9 Avoidable Mortality Group (AMG)
POL019 - Duty of Candour Policy

The AMG is directly accountable to the Executive Leadership Team (ELT) and has decision-making powers devolved from the Board. Its purpose is to promote the delivery of safe, effective patient care outcomes and ensure patient and carers’ views are actively sought, considered and acted upon and to ensure that appropriate mechanisms are in place to deliver high quality care.

The AMG will receive reports from the Patient Safety Team on Duty of Candour to monitor compliance and identify any areas of concern, acting where appropriate.

3.10 Quality Governance Committee (QGC)

The QGC is directly accountable to the Board and seeks to provide assurance relating to systems and procedures relating to patient safety.

The Committee will receive reports relating to the Duty of Candour process and issues highlighted in order to provide assurance to the Board, or to raise concerns.

4. Definitions

Duty of Candour – the statutory duty to be open and honest with patients, or their families, when something goes wrong which appears to have caused, or had the potential to have caused, harm.

Patient Safety Event – an adverse event which caused, or had the potential to have caused, harm to a patient.

Serious Incident – a patient safety event which meets the criteria set out in the NHS England SI Framework, 2015.

5. Identifying the need for Duty of Candour

Effective communication between staff who recognise an incident and their management team is vital in order to ensure that the Duty of Candour process is implemented from the outset.

As soon as a patient safety event is identified where harm has occurred, the top priority is to ensure appropriate clinical care is given and action taken to prevent further harm. Whenever practicable, appropriate discussion and patient consent should be gained prior to providing any additional treatment that is required.

The following table outlines the parameters for implementing the Duty of Candour:

<table>
<thead>
<tr>
<th>Incident</th>
<th>Action</th>
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<tbody>
<tr>
<td>No harm (including near misses) or low harm</td>
<td>Patients are not usually contacted or involved in investigations and these types of incidents are outside the scope of Duty of Candour. Individual investigators can decide whether no or low harm patient safety events are discussed with patients and/or their carers, depending on the circumstances. The Trust considers it best practice to inform patients when something has gone wrong, and apologise, despite it not being a statutory requirement to do so. The Trust will always implement the Duty of Candour when a near miss serious incident is declared.</td>
</tr>
<tr>
<td>Moderate, severe, or catastrophic harm</td>
<td>A higher level of response is required in these circumstances. The Safety and Risk Lead should be notified immediately and be available to provide support and advice during the process as required. The organisation’s Duty of Candour process must be implemented.</td>
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6. The Duty of Candour Process
6.1 Who to inform
Wherever possible, Duty of Candour discussions must be held with the patient directly. However, this is not always possible, such as when the patient has died, or due to their circumstances or their age, or if the patient wishes someone else to represent them.

In instances where discussions are held with the patient, no consent is required but the manager must ensure they are speaking with the patient themselves. In all other instances, suitable consent must be gained prior to discussions commencing and should be requested in the initial contact.

Where consent is required, it is important to establish at an early stage the extent to which information concerning the patient safety event and/or the patient’s healthcare can be shared with:

- Relatives and/or the patient’s carers.
POL019 - Duty of Candour Policy

- Agencies/organisations that can provide for the patient’s/relatives’/carers’ emotional/physical needs.
- Other healthcare professionals.

This must be done based on respecting patient confidentially and informed consent. In addition, the following further wishes need to be embraced:

- Any special restrictions on openness required by the patient/relatives/representatives that the healthcare team are required to respect.
- Whether the patient/relatives/representatives wish to know every aspect of what went wrong.
- Whether the patient/relatives/representatives wish to participate or have representation in.
- The Duty of Candour discussions.

The decision maker for the patient will be dependent upon the status of the patient.

Patient death
When the incident has resulted in a patient’s death then the basis of consent and wishes lies with the patient’s Lasting Power of Attorney or next of kin (as appropriate) and the Duty of Candour discussion will be conducted with them.

Children
The legal age for consent is 18. In broad terms, patients between 16 and 18 years can agree to treatment (if they have capacity) but presently they cannot refuse treatment without support from a parent/guardian. Patients under 18 should be encouraged to involve their parents/guardians in any decision making.

In some circumstances, younger children who understand fully what is involved can also give consent (Gillick competence). Where this is the case, the patient should be directly involved in the Duty of Candour process. The opportunity for the child’s parents/guardians to be involved should also be provided unless the child expresses a wish for them not to be present and they have competence to reach such a conclusion.

In all cases, it needs to be very carefully considered whether the information should just be provided to the guardians/parents alone or in the presence of the child. This will need to take account of the guardians/parents’ wishes. In these situations, operational staff or managers would be wise to seek guidance from the Trust support systems when dealing with children. Support can be sought from the Clinical Advice Line, the Safety and Risk Lead, or the Patient Safety Team.

Patients with cognitive impairment
Patients with cognitive impairment should, wherever 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.

Where this is not possible and the patient has authorised a person to act on their behalf, by a lasting power of attorney (LPOA), it needs to be established that this extends to decision making and the medical care and treatment of the patient. In this case the Duty of Candour discussion would be held with the holder of the LPOA.

Patients with mental health issues
It is only appropriate to withhold patient safety incident information from mentally unwell patients if it would be detrimental to the psychological wellbeing of the patient. This decision would need to be based upon advice received from the patient’s psychiatrist. However, such circumstances are rare, and a second opinion may be needed by an independent consultant psychiatrist to justify withholding information from the patient.

While it is not appropriate to discuss patient safety incident information with a carer or relative without the express permission of the patient, there are situations when this absolute provision
may be appropriately waived, where the patient lacks mental capacity, so permitting those responsible to act in the patient’s best interests, which might involve carers or relatives.

**Patients where there is a barrier to effective communication**

In circumstances where there is, for example, sensory loss or there is a language barrier, the patient needs to be supported in making their wishes and informed consent clear to the healthcare team. This may require advocacy services which take account of cultural sensitivities and the communication difficulties of the patient. Where necessary, independent translator services may also be required.

### 6.2 Making initial contact

The prerequisite for any meeting to be held is for the patient (or LPOA/next of kin if the patient has died) to want to be given an explanation or further information about the incident including the Trust’s plans to investigate the incident.

Wherever possible, discussions should be held in person and, as such, an initial telephone call to briefly explain the need to meet and make arrangements is deemed as best practice. If, however, there is uncertainty as to the most appropriate person to communicate with, or telephone contact details are not available, an initial letter should be sent asking the person to make contact so that Duty of Candour can be discharged.

### 6.3 Initial Duty of Candour meeting

The individual delivering the Duty of Candour message to the patient or their representative should be a senior member of staff, ideally responsible for the area in which the incident occurred. They should have a good grasp of the facts relevant to the incident and be aware of any interim findings so far in the investigation. Wherever possible, the senior manager should be supported by the investigating manager during this meeting to ensure the views of the patient and their representative are considered during the subsequent investigation.

The meeting must include:

- Introductions of all present and an explanation of why the meeting was requested.
- A detailed and honest account of all the facts that the Trust currently has about the incident, and what action has been taken so far.
- An apology.
- An explanation of the level of investigation that is being conducted, how this will occur and the anticipated timescales.
- A discussion to determine any questions or concerns that the patient or representative specifically wish to be investigated.
- Gathering of facts from the patient or their representative as appropriate.
- Confirmation that a written summary of the meeting will be provided in a letter.

The content of the meeting must be documented in written notes and attached to the incident record.

The facts relating to the incident need to be presented to the patients/relatives/representatives (as appropriate) and/or the patient’s carers. The facts should be communicated clearly, avoiding confusion, and must not either apportion blame or deny responsibility.

Any areas where there is disagreement need to be deferred to a subsequent meeting after the investigation has completed. Where the incident investigation is still in progress then the patient/relatives/representatives, and/or the patient’s carers, will be informed that more information will become available and new facts may emerge as the investigation progresses.

The meeting should also provide an overview of the incident reporting and investigation process, how to contact the patient advice and liaison service (PALS) team and the complaints procedure.
Where there are legal restrictions on the disclosure of information, then these restrictions need to be made clear to all meeting attendees. An explanation of the next steps needs to be given.

The patient/relatives/representatives and/or the patient’s carers should again be reminded of sources of emotional support or help that is available to them.

6.4 Follow up letter
Following completion of the initial Duty of Candour meeting, a summary of the discussion should be presented to the patient or their representative in a letter format. This should be sent within a week of the meeting occurring and a copy should be stored in the relevant incident record. For a template letter, liaise with the patient safety team.

6.5 Subsequent discussions and sharing findings
Similar considerations to the initial meeting need to be taken for any preliminary follow-up and subsequent meetings or correspondence. Feedback needs to be given on progress to date and information provided on the investigation process. Again, there should be no speculation or attribution of blame.

All queries need to be responded to appropriately.

The full findings of the investigation should be shared with the patient or their representative, with a copy of the full, approved report provided to them if they wish to receive a copy. This should include the actions to be taken as a result of the investigation and the timeframes for completion. If the patient or their relative wishes to receive assurance in relation to completion of the actions, this should be offered in the form of a follow up letter.

If this is to be the last discussion, the patient/relative/representative and/or the patient’s carers need to be asked if they are satisfied with the investigation and a note made in the records.

Contact details should be provided to the patient/relatives/representatives and/or the patient’s carers so that if further issues arise these can be linked back to the relevant case.

7 Support
The Trust recognises the importance of appropriate support to patients and their relatives during difficult times. The member of staff involved is responsible for discussing support needs with the individual and consider whether it would be appropriate to offer further support, i.e. through their GP, registered charities and other relevant organisations. If this is indicated, the member of staff could liaise with the patient safety team for appropriate signposting to the relevant service.

It is also acknowledged that staff involved in an incident involving requiring Duty of Candour implementation may require additional support. This should be accessed initially through their line manager, but other options include occupational health, the unions, the Employee Assistance Programme, or in the case of complaints and PALS issues, the patient experience lead.

8 Documentation of Duty of Candour
The Trust requires all communication relating to an incident, complaint, PALS enquiry or a claim to be documented, in order to establish a clear audit trail and keep a record of the reasoning behind steps taken.

Records of all meetings, telephone calls and letters sent must be kept, and attached to the relevant incident on the Trust’s incident reporting system.

A copy of the notes of any meetings with patients, their family and/or carers should also be provided to all of the individuals present, for their own records.

The Duty of Candour record for each meeting should contain the following information:

- The time, place, date as well as the name and relationships of all attendees.
• The plan for providing further information to the patient and/or their carers.
• Offers of assistance and the patient’s and/or their carer’s response.
• Questions raised by the patient, family and/or carers or their representatives, and the answers given.
• Plans for follow-up as discussed.
• Progress notes and accurate summary of all points explained to the patient and/or their carers.
• Copies of letters sent to patients, carers and the GP.
• Copies of any statements taken.

9 Working across organisations

The Trust will work collaboratively with other NHS and local authority partners in any investigation and subsequent implementation action plans. There will be open communication with healthcare organisations, healthcare teams, staff and patients and/or their carers to facilitate robust investigations and learning. This communication process will be led by the investigating officer if communication is required as part of the investigation process. During this process, coordination between organisations will occur to determine who will lead Duty of Candour discussions with the patient/family/carer. All decisions must be clearly documented in the Openness and Transparency section of the incident record.

10 Erroneous identification

It is possible that upon investigation of an incident, initially thought to have caused harm, it is identified that this decision was made erroneously. In such circumstances the principles of truthful, timely and open communication continue to apply, with full and consistent explanations being provided to the staff involved, patient and/or carer and any relevant organisations. Similarly, the identification and dissemination of any learning points continues to be an important part of the Duty of Candour Policy.

11 General principles of openness and honesty

In order to ensure that the Trust complies with the general principles of openness, honesty and transparency, the Trust commits to the following:

• Publication of summaries of serious complaints via the public website and staff intranet (subject to patient/family approval)
• Publication of Discovery Interviews with patients via the public website and staff intranet (subject to patient/family approval)
• Sharing of key issues and learning from Serious Incidents, patient safety issues and complaints with the National Ambulance groups to maximise service improvements wherever possible (subject to patient/family approval)
• Publication of trends and themes across the organisation to enable staff to assist in safety improvements

The Trust commits to identify the best way in which to share lessons and learning from serious incidents and Parliamentary and Health Service Ombudsman reviews.

12 Process for monitoring compliance and effectiveness

The Executive Leadership Team have devolved responsibility for monitoring the Duty of Candour process to the Avoidable Mortality Group (AMG). Regular reports monitoring compliance with Duty of Candour will be prepared by the safety and risk lead for submission to the AMG. Assurance papers will also be provided to the Quality Governance Committee for assurance purposes.

Compliance with this policy will be measured through set standards and Key performance Indicators (section 13 below).

13 Standards/Key Performance Indicators

1. Number of incidents and complaints with moderate or severe harm levels, or death.
2. Of these:
   • Average initial contact remains under 10 days
   • Follow up letter completed (100%, unless valid reason exists for why this was not competed)
   • Letter includes all criteria (100%)

It must be narrated within the incident record if there is a valid reason that any of the KPIs are not met.

14 Equality Impact Assessment

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors, or visitors on the grounds of race, age, nationality, ethnic (or national) origin, gender, sexual orientation, marital status, religious belief or disability. This policy will apply equally to full and part time employees. All East of England Ambulance Service NHS Trust policies can be provided in large print or Braille formats if requested, and language line interpreter services are available to individuals who require them.

15 Associated documents

Claims Policy
Complaints Policy
Investigation Guidance
Management of Incidents Policy
Learning from Deaths Policy
Whistleblowing Policy
Risk Management Strategy
Serious Incident Policy
Safeguarding Policy
## EIA Cover Sheet

<table>
<thead>
<tr>
<th>Name of process/policy</th>
<th>Duty of Candour Policy</th>
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<tbody>
<tr>
<td>Is the process new or existing?</td>
<td>Existing</td>
</tr>
<tr>
<td>Person responsible for process/policy</td>
<td>Safety and Risk Lead</td>
</tr>
<tr>
<td>Directorate and department/section</td>
<td>Clinical Quality and Improvement</td>
</tr>
<tr>
<td>Name of assessment lead or EIA assessment team members</td>
<td>Safety and Risk Lead</td>
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<tr>
<td>Has consultation taken place?</td>
<td>No</td>
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<tr>
<td>Was consultation internal or external? (please state below):</td>
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### The assessment is being made on:

- **Guidelines**
  - Written policy involving staff and patients **X**
- Strategy
- Changes in practice
- Department changes
- Project plan
- Action plan
- Other (please state)
# Equality Analysis

**What is the aim of the policy/procedure/practice/event?**

To document the Trust's commitment to delivering the statutory Duty of Candour and requirements of members of staff discharging it.

**Who does the policy/procedure/practice/event impact on?**

<table>
<thead>
<tr>
<th>Race</th>
<th>Gender</th>
<th>Religion/belief</th>
<th>Disability</th>
<th>Marriage/Civil Partnership</th>
<th>Sexual orientation</th>
<th>Pregnancy/maternity</th>
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**Who is responsible for monitoring the policy/procedure/practice/event?**

Anthony Brett, Safety and Risk Lead

**What information is currently available on the impact of this policy/procedure/practice/event?**

No impact – every patient affected by the Duty of Candour is treated equally.

**Do you need more guidance before you can make an assessment about this policy/procedure/practice/event?** No

**Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics?**

<table>
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<tr>
<th>Race</th>
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<th>Marriage/Civil Partnership</th>
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Please provide evidence:

**Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics?** No

<table>
<thead>
<tr>
<th>Race</th>
<th>Gender</th>
<th>Religion/belief</th>
<th>Disability</th>
<th>Marriage/Civil Partnership</th>
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Please provide evidence:

**Action Plan/Plans - SMART**

N/A

**Evaluation Monitoring Plan/how will this be monitored?**

N/A
## Appendix 2 – Monitoring Table

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>How</th>
<th>Frequency</th>
<th>Evidence</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations</th>
<th>Change in practice and lessons to be shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure the style and format of the document is in line with the Trust’s requirements</td>
<td>Safety and Risk Lead</td>
<td>The Safety and Risk Lead will review this aspect of the document prior to it being proposed for recommendation for approval.</td>
<td>At each review of the document.</td>
<td>The document register / library will act as an audit trail</td>
<td>Reported to and discussed at the Avoidable Mortality Group.</td>
<td>The document author will address any actions or changes required.</td>
<td>Required changes to practice will be identified and actioned. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
</tr>
<tr>
<td>The document has passed through the correct route for approval to ensure that the relevant group / committee has given the final sign off.</td>
<td>Safety and Risk Lead</td>
<td>The Safety and Risk Lead will review this aspect of the document prior to it being proposed for recommendation for approval.</td>
<td>At each review of the document.</td>
<td>The document register / library will act as an audit trail</td>
<td>Reported to and discussed at the Avoidable Mortality Group.</td>
<td>The document author will address any actions or changes required.</td>
<td>Required changes to practice will be identified and actioned. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
</tr>
<tr>
<td>For the document to be reviewed in advance of its formal review date to ensure changes can be consulted on and approved in good time for it to be re-published before ‘expiry’</td>
<td>Safety and Risk Lead</td>
<td>The Safety and Risk Lead will review this aspect of the document prior to it being proposed for recommendation for approval.</td>
<td>At each review of the document.</td>
<td>Using minutes from Recommending and Approving Groups / committees, the document register / library will act as an audit trail</td>
<td>Reported to and discussed at the Avoidable Mortality Group.</td>
<td>The document author will address any actions or changes required.</td>
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<tr>
<td>Monitoring of KPIs included in policy</td>
<td>Safety and Risk Lead</td>
<td>The Safety and Risk Lead will report monthly on all KPIs to relevant groups and committees within established reporting mechanisms.</td>
<td>Monthly</td>
<td>Group/committee minutes and formal reports.</td>
<td>Reported to and discussed at the Avoidable Mortality Group.</td>
<td>The Safety and Risk Lead will either address actions raised or identify alternative action holders</td>
<td>Required changes to practice will be identified and actioned. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
</tr>
</tbody>
</table>