

DUTY OF CANDOUR LETTER

To: _____

From: _____

Subject: Duty of Candour

Introduction:

This letter is issued pursuant to the statutory Duty of Candour requirements under the Health and Social Care (Regulated Activities) Regulations 2014, Schedule 3, Part 7. It is intended to be a formal notification that a notifiable safety incident occurred during the provision of regulated activities.

Details of the Incident:

A safety incident took place involving the following circumstances: [Insert detailed factual description of the incident, including what happened, where, and any factors contributing to the incident]. The incident has been reported in accordance with the statutory requirements.

Apology:

We sincerely apologise for the distress and inconvenience caused by this incident. We recognise our obligation under the Duty of Candour to be open and honest with you.

Immediate Actions Taken:

Upon becoming aware of the incident, immediate steps were taken to ensure safety and to address any harm caused. These include: [List specific immediate actions such as clinical interventions, notifications, or remedial measures].

Further Investigations and Remedial Measures:

A thorough investigation into the incident is ongoing to understand the root causes and to prevent recurrence. We are committed to implementing all necessary remedial actions identified as a result of this investigation.

Support Offered:

We are committed to providing you with appropriate support following this incident. Please contact us at [Insert contact details] should you require further information or assistance.

Contact Information:

For any questions or concerns regarding this letter or the incident, please contact: Name: _____

Position: _____ Phone: _____ Email: _____

Closing:

We reiterate our commitment to openness and transparency, and to ensuring the highest standards of care and safety.
Thank you for your understanding.

SIGNATORY

Name: _____
Position: _____
Signature: _____

RECEIVING PARTY

Name: _____
Position: _____
Signature: _____

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