INVESTIGATION POLICY

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Trust Procedural Documents Key to this Policy

Equality, Diversity and Inclusion Strategy
Quality Strategy
Risk Assessment and Management Policy
Incident Reporting Policy and Serious Incident Policy (SHA document)
Duty of Candour (Being Open) Policy
Disciplinary Procedure
Complaints Policy
Whistle blowing Policy
Dignity at Work Policy
Stress Policy and Procedures
Capability Policy
Claims Policy
Protocol for the Analysis and Learning from Incidents, Complaints and Claims
Records Management Policy

CONTENTS

1 Statement

1.1 West Midlands Ambulance Service NHS Foundation Trust (The Trust) is committed to the thorough and open investigation of incidents appropriate to the level of risk and dealt with in accordance with the Trust's values (Quality Strategy)

1.2 The Trust will support the investigation of incidents to clarify if management systems have failed and what lessons can be learnt to prevent repetitions.

1.3 The lessons learnt from any incident investigation will be shared internally and external to the Trust as appropriate and all staff will be supported in seeking to improve performance as required.

2 Purpose and Scope

2.1 All reported incidents require some level of investigation

2.2 The purpose of this policy is to:

2.2.1 Ensure that incidents are investigated in a fair manner

2.2.2 Ensure that an appropriate and proportional level of investigation is undertaken

2.2.3 Ensure that following investigations, lessons are learnt enabling change and improvements to be made where needed

2.2.4 Ensure that any lessons learnt are shared throughout the Trust and with any relevant stakeholders

2.2.5 Ensure a timely conclusion to incidents, providing feedback to those reporting incidents

2.2.6 Support improvement of safety within the Trust

2.3 This policy applies to all members of staff, volunteers and contractors

2.4 The policy is applicable to all cases of incident investigation including but not limited to, incidents identified through incident reporting forms, claims and complaints.

2.5 Disciplinary investigations must be undertaken in accordance with the Trust's Disciplinary Policy, this policy and related guidance may be used to support the investigation process. (Please note that the Trust's internal Disciplinary Policy is not applicable to volunteers and/or contractors)

3 Introduction

3.1 This document sets out the investigation policy for the Trust and provides guidance on best practice investigation techniques

3.2 This policy should be used in conjunction with the relevant policy (ies) for the type of incident (Manual Handling, Security, etc) under investigation and the method of communication used to identify the incident (Incident Report form, Complaint, Claim).

3.3 The Trust's Risk Management Strategy sets out the Trust Risk Management framework that includes identification of risk through effective investigation and sharing of lessons learned. This process is supported by the Trust's Risk Assessment & Management Policy and the Analysis & Learning procedure.

4 Definitions

4.1 **Incident** – any accident, event or circumstance that could have (near miss), or did lead to actual harm, personal injury, patient dissatisfaction, loss or damage to property. 'Incidents' include accidents, dangerous occurrences, aggressive incidents, clinical incidents, complaints, claims and unexpected causes of ill health.

4.2 A **Serious Incident (SI)** previously referred to as a Serious Untoward Incident (SUI) is defined within the Trust's Incident Reporting Policy and Patient Safety/Serious Incident Guidance.

4.3 **Near Miss –** An incident that did not lead to harm or damage but could have done.

4.4 **Harm** – Injury (Physical or psychological), disease, suffering, disability or death. Where a patient is concerned harm can be considered unexpected if it is not related to the natural cause of the patients illness or underlying condition

4.5 **Risk** – The probability or likelihood that a particular hazard will cause injury, ill health, harm, damage or loss. The extent of the risk will depend on:
The *likelihood* or frequency of that harm, loss or damage occurring, and the potential *severity* of that harm, loss or damage (e.g. severity of any resultant injury or adverse health effect).

4.6 **Root Cause Analysis (RCA)** - A structured investigation that aims to identify the true cause of a problem, and the actions necessary to eliminate it. The Trust Serious Incident and high level investigations are subjected to a formal multi professional RCA table top exercise that involves a review of all evidence collated. (See Appendix One)

4.7 **Stakeholders** – Those who may be affected by the organisation to include but not be limited to, Staff, Patients, the Community in which the Trust operates, Commissioners, other Health and Social Care organisations within the West Midlands

4.8 **Investigation Pack** – detailed guidance and documentation required to undertake effective investigations and action plans for implementing solutions

5 Accountability and Responsibility (Duties)

5.1 The **Trust's Board of Directors** is responsible for ensuring sufficient resources are available to support the implementation of this policy.

5.2 The **Executive Management Board** is responsible for:

5.2.1 Effective delivery of this policy and provision of assurance over the management of investigations

5.2.2 Review of Serious Incident RCA report and subsequent recommendations to determine and ensure actions required are implemented

5.2.3 Delegating the monitoring of the policy to the Quality Governance Committee

5.3 The **Quality Governance Committee** will ensure:

5.3.1 Investigation reports are regularly reviewed and actioned by the appropriate forum

5.3.2 Audit of the effectiveness of the investigation process

5.3.3 Inform the Trust Board on the quality of assurance and identification of high risks from investigations

5.3.4 Continuous sustainability of risk reduction measures through effective management of the Trusts risk register.

5.3.5 Delegate the monitoring of investigations and identification of risk to the Learning Review Group

5.4 The **Learning Review Group** will

5.4.1 Review all SI investigations to ensure recommendations are appropriate and risks have been identified

5.4.2 Endorse final SI report prior to sharing with both internal and external stakeholders.

5.4.3 Ensure learning from incidents is shared appropriately with all stakeholders and partners

5.5 The **Chief Executive Officer** is responsible for ensuring that a system is in place to manage and investigate incidents

5.6 **All Executive Directors** are responsible for ensuring:

5.6.1 Sufficient resources to investigate incidents are available

5.6.2 A timely and an adequate level of investigation is undertaken

5.6.3 All Managers within their Directorate are familiar and act in accordance with this policy

5.7 The **Medical Director** is responsible for ensuring:

5.7.1 Monitoring and timely review of this policy

5.7.2 The Chief Executive Officer and the Board are kept appraised of any investigations, including those being undertaken by a third party organisation, which may have an adverse effect on the Trust

5.7.3 Provision of expert advice into the investigation process

5.8 **Director of Workforce and Organisational Development** is responsible for

5.8.1 Ensuring all staff receive an adequate level of training in accordance with the Trust's Training Needs Analysis (TNA)

5.8.2 Provision of expert advice into investigations invoking or with the possibility of invoking the Disciplinary Procedure

5.9 All **Directors and Senior Managers** are responsible for:

5.9.1 Ensuring the management of High Level Investigations, in accordance with this policy.

5.9.1 Allocating 'High' level investigations within their management team and ensuring it is undertaken to the required level and within the required timescales

5.9.2 Ensuring the actions required following investigation are agreed, completed and any identified learning is shared with relevant stakeholders

5.10 All **Managers** have a responsibility for the management of incidents within their area of responsibility and will:

5.10.1 Ensure the investigation of all incidents at the required level as indicated in section 6

5.10.2 Ensure the investigation takes into consideration and is conducted in accordance with relevant Trust procedural documents as detailed on page 2 of this policy

5.10.3 Review all investigation reports within their service areas, initiate action and ensure completion of plans for improvement

5.10.4 Ensure that risks, identified following investigations are added to the risk register, as appropriate

5.10.5 Ensure that lessons learned post investigations are shared, as appropriate, within the Trust and with its partner / stakeholders

5.10.6 Ensure that action plans for implementing solutions are developed and implemented

5.11 **All Employees** will be expected to comply with this policy and co-operate fully with the incident investigator arrangements to ensure a speedy and appropriate conclusion to investigation.

5.12 **Staffside / Health and Safety representatives** will:

5.12.1 Be involved in incident investigations as requested by the individual member of staff, particularly those relating to potential hazards, dangerous occurrences and accidents.

5.12.2 Work with those responsible for investigations, to ensure that appropriate corrective Health and Safety action is undertaken.

5.12.3 Provide support and advice to staff during any investigation, providing representation, as required.

5.13 The **lead investigator** will:

5.13.1 Ensure objective investigation of allocated incidents in accordance with this policy

5.13.2 Maintain accurate record keeping in accordance with the Records Management Policy

5.13.3 Be responsible for coordinating all aspects of the investigation and completing the investigation in a timely manner

5.13.4 Apply current best practice in undertaking the investigation..

5.13.5 Ensure that the Manager responsible for the area / incident being investigated (E.g. if it is one of their staff members) are informed of the investigation, from the onset, and are kept informed of progress

5.13.6 Obtain advice from relevant teams to support the investigation process (HR, Risk, Patient Experience, Staffside colleagues etc)

5.13.7 Ensure the investigation file is complete (proportionate to the level of investigation) and provide the relevant manager/ director with the report.

5.14 The **Deputy Director of Nursing & Quality** will support the investigation process through:

5.14.1 Provision of 'expert' advice to inform the investigation process, training needs analysis and 'ad hoc' advice to managers

5.14.2 Ensuring appropriate facilitation of structured Root Cause Analysis for Serious Incidents (see appendix one)

5.14.3 Monitoring of compliance with this policy

5.14.4 Timely review of the policy including earlier review if legislation, guidance, best practice or organisational change dictates

6 Determining the Level of Investigation Required

6.1 The Manager receiving notification of the incident is responsible for establishing the level of investigation required. Determination of the level of investigation is not an exact science and Managers may require advice from senior managers and/ or representatives from other directorates when assessing the level required.

6.2 There are two main considerations when making a decision over the level of investigation required:

6.2.1 The level of severity of harm to the patient/carer/relative/staff member or Trust. Establishing a risk rating, using the Trusts risk matrix will help to identify high risks requiring investigation (appendix two)

6.2.2 The potential for learning (which could include those incidents, claims and complaints that are high frequency, but are low in severity).

6.3 There are circumstances where the level of investigation is more easily defined. The following prescribes the levels of investigation for various categories of incident

Level	Investigation	Incident and outcome
Low	Local Managers assessment of an Incident Report Form, with management actions recorded that include: An assessment of the level of risk, any action taken and feedback to staff and patients	No injury Minor injury Near miss with a green or yellow risk level Minor concern (i.e. PALS attitude issue)
Medium	Managed by local manager with advice and support from relevant directorate teams (HR, Risk etc) as required. May require statements, interviews retrieval of training documents etc and will require a summary report.	Any incident that does not come under the category of a low level or high level investigation Complaints regarding attitude
High	Managed by a manager allocated by the Director or Senior Manager and not directly responsible for the staff involved. Will involve statements, interviews, evidence gathering and full RCA. In depth report and anonymised executive summary required.	Serious Incidents (see Trust Patient Safety/Serious Incident Guidance) Complicated cases involving multiple services, organisations or WMAS Directorates

7 Communicating and Supporting Stakeholders

7.1 Communication

7.1.1 Those undertaking investigations will communicate with both staff and patients in an open and honest manner.

7.1.2 The Trust is committed to ensuring it meets its Duty of Candour (being open) obligations to patients, relatives and the public about any mistakes that are made in caring for and treating patients. Therefore, for all patient related incidents the Trust 'Duty of Candour (Being Open) Policy should be consulted.

7.1.3 Communication is likely to be in both verbal and written form. However, all discussions will require documentation. This should be made clear to all concerned.

7.1.4 Audio recordings of conversations will not be undertaken, without the consent of the persons being recorded.

7.2 Supporting patients, carers, relatives and staff

7.2.1 Being involved in an incident that is under investigation can be an extremely stressful experience

7.2.2 Investigators will be aware of access to support networks for those involved in an investigation including:

- Patient Advisory and Liaison Service
- Staff Advisory and Liaison Service
- Support available from Staff side representatives
- Human Resource Advisers

- Family Liaison Officers

7.2.3 Investigations will be undertaken in accordance with the Trust's Duty of Candour (Being Open) and HR policies (supporting staff).

7.2.4 Staff are entitled to be accompanied during interviews, should they wish. This may be a friend, colleague or staff representative, not acting in a legal capacity providing they are not also involved in the investigation.

7.3 Involving Stakeholders

7.3.1 Internal involvement will include

- all those directly involved in the incident under investigation
- those linked with the contributory factors such as Education and Training, HR, Supplies, senior managers
- Dependent on severity – Directors
- Relevant Committees and Working Groups

7.3.2 All of the above may be required to provide advice and/or evidence during the investigation.

7.3.3 External Involvement (see appendix 3) may include

- Other health and social care organizations
- Police, Fire and Coroners
- Regulatory Authorities such as HSE, CQC and Monitor

7.3.4 Investigations that involve other organisations require careful planning and clear communication to ensure all are aware who is leading the investigation and what is required by each organisation to ensure root causes are identified.

7.3.5 The lead organisation is responsible for ensuring the involvement of all relevant stakeholders in the RCA and for developing the subsequent report.

8 The Investigation Process/Action Plans

8.1 Investigations should be undertaken as soon as possible after an incident to allow the maximum amount of information to be obtained. Irrespective of the level of investigation undertaken the following **5 principles** should be applied to the process. (Investigation pack – guidance and documentation)

8.1.1 Initial Response:
Ensure health and safety of all
Initiate action plans
Maintain the scene / scene containment
Ensure reporting is undertaken
Gather evidence immediately available

8.1.2 Establish level of investigation required:
Establish the level of investigation required (section 6 above)
Appointment of an investigation manager
Develop initial plan for investigation to include who may need interviewing
Identify external agency involvement
Consider Disciplinary Policy*
Initiate Duty of Candour actions required

8.1.3 Gather evidence:
Interviews / Statements / Witnesses
Consider Disciplinary Policy*
Gather documentary evidence

8.1.4 Analyse the evidence:
Sequence of events / timeline
Root Cause Analysis
Analysis techniques (E.g. fishbone – 5 whys?)

8.1.5 Conclude the investigation:
Consider realistic, sustainable and cost effective solution recommendations
Write the report (shared in accordance with level of investigation)
Action plan for implementation
Complete Duty of Candour actions required

8.2 Consider Disciplinary Policy*

8.2.1 The Trust has a philosophy of 'fair blame' and takes a positive approach and strives to be supportive of its staff when incidents occur and actively encourages prompt reporting of adverse incidents. A 'Fair blame' culture is where staff are not blamed, criticized or disciplined as a result of a genuine slip, or mistake, that leads to an incident. Although disciplinary action may still follow an incident that occurred as a result of misconduct, gross negligence or an act of deliberate harm.

8.2.2 Advice on the requirement to initiate a disciplinary investigation must be sought from the relevant director and Human Resources (HR) team.

8.2.3 The Manager, with advice from HR, will

- determine whether the evidence (statements, records etc) obtained by the investigation team is sufficient to progress the disciplinary process without need for another investigation team
- appoint a separate investigation team if required with specific terms of reference

- ensure the completion of the original investigation to ensure all contributory factors and recommendations for systems improvements are identified.

8.2.4 The HR representativewill

- ensure the evidence supplied is included in the disciplinary pack for review
- support any further investigation under the Disciplinary Policy

8.2.5 If it appears that there may have been a breach of conduct or discipline then all evidence/statements provided up to that stage will remain in place and form part of any Disciplinary Investigation. The individual member of staff will receive written confirmation that the investigation has moved to the Disciplinary Stage and confirmation that all information/evidence will form part of that Investigation.

9 Developing Solutions and an Action Plan for Implementation

9.1 Recommendations / Solutions

Learning which results from the investigation of incidents, complaints and claims (not disciplinary investigations) needs to be 'active'. Any changes made need to be incorporated into the way staff work at all levels of the organisation, as well as be sustainable in nature.

In order for the learning to be taken forward into solutions being implemented the following will occur

9.1.1 The investigation report will include recommendations identified and where appropriate taken. Recommendations for disciplinary action must not be made by the investigating officer. For low risk incidents this may be included in the managers section of the incident report form (WMAS 54/ER54). For high risk incidents this will be included in the investigation summary.

9.1.2 The manager responsible for the area in question will ensure actions are completed. Where this cannot be rectified immediately the risk of reoccurrence must be recorded on the risk register where it will be monitored until completion.

9.1.3 Serious Incident recommendations will be identified during the RCA and the summary report will be sent to the relevant Director and Senior Manager for acceptance where appropriate (not all recommendations need to be accepted as they are the opinion of the investigation team and they may be unaware of systems already in place). The Director and/or Senior Manager may make further recommendations for action and will be responsible for ensuring all accepted actions are completed.

9.1.4 The Learning Review Group will review the summary reports of Serious Incidents to ensure that

- learning has been appropriately identified
- actions have been allocated to the relevant forum for ongoing monitoring to completion
- risks have been identified and recorded on the Trust risk register

10 Competence (Education and Training

10.1 The Trust, as part of its ongoing process, has developed a Training Needs Analysis (TNA) which identifies statutory and mandatory training. This training may be in a variety of formats (e.g. in-house, external, work-based, briefing, e-learning etc).

10.2 The Trust's TNA for statutory and mandatory training is the source document. Any requirement for training to deliver this policy will be notified to the Head of Education and Training, so as to be included in the TNA.

10.3 Any requirement for training to deliver this policy will be notified to the Head of Education and Training, so as to be included in the TNA.

11 Monitoring Compliance

11.1 The Deputy Director of Nursing and Quality will monitor the implementation of this Policy and take assurance to the Quality Governance Committee.
If the ongoing monitoring of this Policy shows that there are significant implications for the implementation of this Policy then it will be sent to the Committee sooner than the planned review date.

12 Policy Review

12.1 The policy is reviewed at least biennially and sooner if changes in legislation, Department of Health guidance or Trust policy dictate an earlier review.

13 References

13.1 National Framework for Reporting and Learning from Serious Incidents Requiring Investigation' - http://www.nrls.npsa/nhs.uk/patientsafetydirect

13.2 The Safety Representatives and Safety Committee Regulations 1997 available from http://www.hse.gov.uk

13.3 NHSLA, (2011) National Health Service Litigation Authority Risk Management Standards
For Ambulance Services available from NHSLA - Risk Management

Appendix One - Root Cause Analysis

It is essential that the Trust learns from patient safety incidents and makes changes in practices and procedures to prevent them happening again.

What is a Root Cause?

The root or fundamental issues, is the earliest point at which action could have been taken that would have reduced the chance of the incident happening.

What is Root Cause Analysis?

Is a methodology that enables you to ask the questions "How" and "Why" in a structured and objective way to reveal all the influencing and causal factors that have led to a patient safety incident. The aim is to learn how to prevent similar incidents happening again, not to apply blame.

The process for undertaking a RCA enables a structured approach to investigating incidents, which supports analysis of systems, rather than focussing on individuals. This approach will also support the identification of effective solutions to problems. It involves all levels of staff in identifying causes and solutions, promoting a positive attitude to the management of incidents and moving towards a fair and learning culture.

There will be a Facilitator who co-ordinates a RCA. Other people may be involved as members of the team gathering and exploring information about an incident. The people who were actually involved in the incident may also be part of the process.

The RCA process consists of six main activities:

data gathering

information mapping

identifying problems

analysing problems for contributory factors

agreeing the root causes

recommendations and reporting

A facilitated full table top review of an investigation to identify root causes is the Trust's preferred approach to identifying where learning is required to prevent further Serious Incidents occurring.

The following may be included in the process

Those directly involved in the incident (including other providers, the patient or relatives)

Those involved in the investigation

Experts (Internal or external)

Managers (Including Senior Managers and Directors)

Staffside Colleagues

Commissioners

Appendix Two – Risk Grading Tool

The same grading tool is used by the Trust for all risk processes (risk assessment, Risk Register, and incident reporting assessment). Risks are measured according to the following formula:

Consequence x Likelihood = Risk

Risk is defined as:

1.1. The probability or likelihood that a particular hazard will cause injury, ill health, harm, damage or loss.

1.2. The extent of the risk will depend on:

- The consequence or potential severity of that harm, loss or damage (e.g. severity of any resultant injury or adverse health effect) being realised.
- The likelihood or frequency of that harm, loss or damage occurring.

1.3. **The evaluation and measurement** of risk is subjective, but the degree of subjectivity can be minimised if the consequence and likelihood criteria are adhered to, as set out below:

CONSEQUENCE SCORE OF INCIDENT (actual and potential)

Descriptor	Damage / Loss	Actual or potential impact on the individual	Actual or potential impact on the Trust	The Potential for Complaint / Litigation
Catastrophic 5	Extensive	DEATH through accident(s), to patient(s), members of staff or public. HUGE FINANCIAL LOSS	National and local adverse publicity. Severe loss of confidence in the Trust Extended Service closure RIDDOR reportable.	Litigation certain / expected Complaint definite
Major 4	Major	PERMANENT INJURY e.g. loss of body part, miss-diagnosis with poor prognosis. MAJOR FINANCIAL LOSS	National and local adverse publicity. Major loss of confidence in the Trust Temporary Service closure. RIDDOR reportable. Long term sickness	Litigation probable / expected Complaint probable
Moderate 3	Serious	SEMI PERMANENT INJURY / DAMAGE e.g. injury up to 1 year to resolve. HIGH FINANCIAL LOSS	Local adverse publicity Moderate loss of confidence in the Trust RIDDOR reportable. Long term sickness	Litigation possible but not certain. High potential for complaint.
Minor 2	Moderate	Minor SHORT TERM INJURY/ DAMAGE. e.g. injury up to 1 month to resolve. MEDIUM FINANCIAL LOSS	Minimal risk to the Trust. Possible RIDDOR	Complaint possible. Litigation unlikely.
Insignificant 1	Minor	NO INJURY or ADVERSE OUTCOME LOW FINANCIAL LOSS	No risk to the Trust.	Unlikely to cause complaint. Remote risk of Litigation.

WHAT IS THE CHANCE OF THIS INCIDENT OCCURRING AGAIN?
CHOOSE THE LIKELIHOOD OF REOCCURRENCE FROM THIS TABLE:

Descriptor	Description
5 Almost Certain	Is expected to occur in most circumstances.
4 Likely	Will occur in most circumstances.
3 Possible	Might occur at some time.
2 Unlikely	Could occur at some time.
1 Rare	May occur only in exceptional circumstances

1.4. Once you have identified the appropriate consequence and likelihood of recurrence, then plot these on the graph below and record the colour risk category assigned.

DETERMINE THE RISK CATEGORY

LIKELIHOOD	SEVERITY / CONSEQUENCE				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

2. Risk Classification

2.1 Low (Acceptable, Green and Yellow) Risk

Realistically it is never possible to eliminate all risks and there will be a range of risks identified within the Trust that would require it to go beyond 'reasonable' action to reduce or eliminate them. It is where the cost in time or resources required to reduce the risk would far outweigh the potential harm caused in a particular situation. These risks would be considered 'acceptable' by the Trust. Examples are frequent, low consequence events such as minor property loss and damage, injuries require minimum first aid only or potentially serious events that are very unlikely to occur and for which reasonable preventative measures are in place. **It should be remembered that research has indicated that a serious accident is very often preceded by a number of minor incidents or near misses, so it is important to capture and monitor trends and that appropriate action is taken to avoid a serious accident happening. These risks will form part of an aggregate review to identify trends where managerial action will have the most cost effective impact to reduce multiple low level risks.**

2.2 Moderate (Manageable, Amber) Risk

The risk can realistically be managed or reduced within a reasonable time scale through cost effective measures, such as developing a safer system of work, training, protocols or new equipment purchase. Examples are manual handling injury, malicious damage, procedure failures and injury to staff or patients.

2.3 High (Serious /Significant, Red, Score) Risk

The consequences of the event could have a serious impact on the Trust and threaten its objectives. Examples are accidental death, major fire, and a major disruption of services. This category may include risks that are individually manageable but cumulatively serious, such as a series of similar injuries.

VERY LOW RISK	LOW RISK	MODERATE RISK	HIGH RISK
Manage by routine procedures action required within 6 months	Manage by routine procedures action required within 6 months	Management responsibility must be specified action within 3 months (90 days)	Senior Management attention needed within 7 days

These are only broad classifications and can only reflect a reasonable estimate of potential risk. For example, a patient may fall and sustain no injury, or may sustain a laceration or a fatal skull fracture. When estimating risks, past experience will often inform identification of the most probable outcome.

Appendix Three – Involvement of External Agencies

The organisation should consider and list the circumstances in which external agencies such as enforcing agencies, external stakeholders, external advisors, etc. might need to be informed and/or involved in investigations. Third party investigation could be required if there is: insufficient expertise or test equipment within the organisation, political considerations, the need to eliminate bias, etc.

1 Investigations by external enforcing / regulatory organisations

Examples of such external enforcing / regulatory organisations that may undertake investigations include, but are not limited to:

- Police / Fire authorities
- Health and Safety Executive
- Care Quality Commission
- Environment Agency
- HM Coroner's Office

2 Where investigations are undertaken by such organisations the Trust, and its staff, must:

- Fully cooperate with the investigation process
- Provide information, in line with Trust policies
- Ensure that internal investigations do not interfere with ongoing official investigations
- Where possible, undertake investigations in partnership

3 Investigations by partner organisations

Examples of such partner organisations that may undertake investigations include, but are not limited to:

- Other NHS Trusts
- A private ambulance provider working on behalf of the Trust
- An Immediate Care Scheme or Air Ambulance provider providing a service to Trust patients

4 Where investigations are undertaken by such organisations the Trust will:

- Cooperate as far as reasonably practicable, with such investigations, in line with its own policies and procedures, particularly those relating to access to information
- Where possible, undertake investigations in partnership with this organisation
- Participate in Root Cause Analysis