

ACTION PLAN FOR REVIEW OF FAMILY INVOLVEMENT IN INVESTIGATIONS

Version No 4.3 Discussed at Caring Group on 13/04/2017 with Sara Courtney confirming approval of plan
Date 02/06/2017

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 and Finish Group Family Involvement

Change record

| Date | Author | Version | Page | Reason for Change |
|----------|----------|---------|------|---|
| 16.5.17 | B Cooper | V4.2 | All | First version re monitoring of plan. Deadline dates for actions reviewed. |
| 02.06.17 | B Cooper | v4.3 | All | Updated progress |

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Completion 0%

| RAG status | April | | May | | June | | July | |
|-----------------------------|---------------|------------------|---------------|------------------|---------------|------------------|---------------|------------------|
| | Process Input | Outcome Achieved | Process Input | Outcome Achieved | Process Input | Outcome Achieved | Process Input | Outcome Achieved |
| Red (Overdue) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Amber (At Risk of Slippage) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Green (On Track) | 11 | 3 | 17 | 3 | 0 | 0 | 0 | 0 |
| Blue (Complete) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Complete-unvalidated | 5 | 0 | 6 | 2 | 0 | 0 | 0 | 0 |
| Total* | 41 | 41 | 41 | 41 | 41 | 41 | 41 | 41 |

* there are 41 actions in total, however 2 actions are duplicated with action 1.1e covered by 2.5 and action 4.1 covered by actions 2.3 and 3.4.

| UIN | Carolan Theme | Recommendation | Trust Actions | Process Input (measures) | Responsible Lead | Essential Partners | Executive Accountability | Process Completion Date | Process Status | Progress Update | Expected Outcome | Measuring Success Date (Outcome Completion) | Outcome Status | Outcome Measure | Evidence in folders (Process) | Evidence in folders (Outcome) |
|------|---|---|--|--|---|---|----------------------------|-------------------------|------------------------|--|--|---|------------------------|--|--|--|
| 1.1a | Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services | 1.1 Working with service users, patients, families and staff to identify, develop and implement best practice on engaging with families who have relatives who are accessing services provided by the Trust | 1.1a The Trust will work with patients, service users and families to develop and implement best practice on engagement | 1.1a Establishment of a Task and Finish Group for the Family Involvement Action Plan and the family first involvement group 1.1a Contacting and engaging with service users, families and staff to establish a network of stakeholders interested in working with the Trust 1.1 Identifying best practice of involvement and engagement of families | Chris Woodfine, Head of Patient Engagement and Experience | Carla Roadnight, Area Head of Nursing and AHPs Pam Sorensen, Engagement Advisor | Sara Courtney, Chief Nurse | 30/04/2017 | Completed- unvalidated | A Family first involvement group was formed in January and continues to meet on a monthly basis. There was a learning network in AMH Southampton to engage staff and hear their ideas. The Triangle of Care has been identified as a collection of best practice that will address issues expressed by families. April 2017 Experience, Involvement and Partnership Strategy developed with patient involvement - with comms dept for final version to be formatted. Implementation plan for strategy in place. Best practice guidance developed and circulated to staff. Task and finish group amended terms of reference so they can continue involvement with this plan. Family First Group continues to meet. Complaints working group had final meeting in April with a planned feedback in 6 m to show improvements made. May 2017 bi-monthly Task and finish group monitors plan. | Divisional champions and accountable leads will work with service users, patients and families to agree a set of principles to support a culture that truly values user involvement in physical and mental health teams. | 30/04/2017 | Completed- unvalidated | A plan that will be developed to ensure that there is a focus on culture which truly recognises the importance of family involvement from the outset. | 1.1 Task and Finish Group ToR 1.2 Task and Finish Group Minutes/agendas 1.3 Family First Involvement Group ToR 1.4 Family First Minutes/agendas 10.02.17 06.03.17 31.03.17 1.5 Learning network event AMH 1.6 Best Practice for involvement and engagement of families. 1.7 Task and Finish Group amended ToR 1.8 Story Telling Toolkit (for staff) 1.9 Best practice guidance 2.0 Complaints Working Group T of R 2.1 Complaints working group minutes 06.12.16 07.02.17 14.03.17 | 1.1 Experience, Involvement and Partnership Strategy draft v7.1 2017/18 1.2 Strategy Implementation Plan 2017/18 1.3 Family Experience in Engagement agenda/minutes 25052017 |
| 1.1b | Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services | 1.1 Working with service users, patients, families and staff to identify, develop and implement best practice on engaging with families who have relatives who are accessing services provided by the Trust | 1.1b To put in place the enabling strategies to support the successful implementation of the Triangle of Care standards | To launch enabling strategies: 1.1b Carer involvement in developing and co-producing plans and actions as described in actions 1.1 1.1b Creating a communications plan 1.1b Refine/adapt HR processes to support alignment of family involvement to clinical practice e.g. job descriptions, objectives, appraisals, clinical supervision and pre and post qualification training | Chris Woodfine, Head of Patient Experience and Engagement Emma McKinney, Head of Communications Graeme Armitage, Interim Head of HR | Sarah Cole, Family Therapist Specialised Services | Sara Courtney, Chief Nurse | 30/09/2017 | On Track | April 2017 Experience, Involvement and Partnership self assessment for clinical services to complete presented at April PT Exp workstream meeting. May 2017 Quality Account priorities include objectives on care planning - use same evidence. CW meeting JR in comms on 7.6.17 to develop communication plan. CW meeting with F & G CCG to explore carers event with PHT and CCG. 'Sharing information' workshop on 24.5.17 with service users/carers/families/staff - reviewed leaflet for sharing information and made recommendations for changes. Relationship with 3rd sector organisations eg 'Carers together', 'Carers in Southampton'. Divisions have some mechanisms in place to talk with carers. | In the identification of best practice methodologies, there are a set of enabling strategies that need to be delivered. | 30/04/2018 | | Co-produced plans which are coherent | 1.1 Experience, Involvement and Partnership self assessment April 2017 1.2 examples of above 1.3 Sharing information workshop agenda and materials 24.5.17 1.3 Sharing information workshop facilitator notes 24.5.17 | |
| 1.1c | Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services | 1.1 Working with service users, patients, families and staff to identify, develop and implement best practice on engaging with families who have relatives who are accessing services provided by the Trust | 1.1c Phase 1: Ensure carers are identified at the first contact or as soon as possible thereafter | 1.1c Co-produce a carer's charter/statement of principle that aligns with HCC development of a carers strategy 1.1c Develop guidance and training for staff to enable high levels of care planning skill within staff groups, including the importance of involvement of families and service users | Pam Sorensen, Engagement Advisor(now left) Records Keeping and Care Planning work stream (Paula Hull) | Chris Woodfine, Head of Patient Experience and Engagement External carer groups Hampshire County Council MH/LD/SS | Sara Courtney, Chief Nurse | 30/06/2017 | On Track | Guiding principle being drafted (March 2017) following joint work with 'Carers Together'. Draft to be shared more broadly for comment etc. On track to meet June 2017 date. April 2017 Carers Charter in draft format attached. May 2017 Training programme for staff in care planning reviewed with revised programme in development. guidance for staff on expected record keeping standards in development. Clinical audits for holistic assessment and care planning will be repeated this year. Clinical reference cards with top tips on record keeping being printed for clinical staff. Patient Exp workstream to draft principles for patients/engagement in general to complement the guiding principles for carers. Aim to have core principles for any involvement whether patient/carer etc. SI, Head of Essential Training, reviewing the training portfolio to see how family involvement currently reflected in training and then to look at how to weave principles of family involvement in all relevant training. | Staff understand what is expected of them with regards to family involvement. Equally, families understand what to expect from our services | 30/04/2018 | | Staff understand what is expected of them with regards to family involvement. Equally, families understand what to expect from our services | 1.1c Carers Charter draft v3 1.2 Families First minutes 31.03.17 1.3 Record keeping and care planning minutes 1.4 OIPDG minutes section 6 23052017 | 1.1 Experience, Involvement and Partnership self assessment April 2017 1.2 examples of above |
| 1.1d | Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services | 1.1 Working with service users, patients, families and staff to identify, develop and implement best practice on engaging with families who have relatives who are accessing services provided by the Trust | 1.1d Phase2: Ensure staff are carer aware and trained in carer engagement strategies | 1.1d Run staff and carer events and forums to encourage development of practice | Heads of Nursing and AHPs | | Sara Courtney, Chief Nurse | 30/04/2018 | | May 2017 Quality Conference Oct 2017 will have family/carer involvement. | Divisional champions and accountable leads will work with service users, patients and families to encourage development of practice | 30/04/2018 | | Divisional champions and accountable leads will work with service users, patients and families to encourage development of practice | | |
| 1.1e | Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services | 1.1 Working with service users, patients, families and staff to identify, develop and implement best practice on engaging with families who have relatives who are accessing services provided by the Trust | 1.1e Phase 3: Ensure that the Trust strategy on engagement is linked to the staff engagement strategy | 1.1e Develop policy and practice protocols on confidentiality and information sharing (covered under action 2.5) | | | | | | | | | | | | |
| 1.1f | Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services | 1.1 Working with service users, patients, families and staff to identify, develop and implement best practice on engaging with families who have relatives who are accessing services provided by the Trust | 1.1f Phase 4: Ensure families/carers have an introduction to the service and staff, with a relevant range of information across the care pathway | 1.1f Co-produce an information leaflet for family with service and care co-ordinator contact information | Carla Roadnight, Area Head of Nursing and AHP | Carer groups | Sara Courtney, Chief Nurse | 30/08/2017 | | May 2017 CW to speak to MF who has developed leaflet for her team and discuss whether can be replicated across AMH. | Families know who to contact if they have any questions | 28/02/2018 | | Families know who to contact if they have any questions | | |
| 1.1g | Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services | 1.1 Working with service users, patients, families and staff to identify, develop and implement best practice on engaging with families who have relatives who are accessing services provided by the Trust | 1.1g Phase 5: Develop a range of carer support services or covering all the key points on the care pathway | 1.1g Map out the key points of the care pathway 1.1g measures to be developed in later phase | tbc | tbc | tbc | tbc | tbc | | Carers needs are assessed and support provided | tbc | | Increased levels satisfaction on patient experience survey question and AMH carer survey | | |
| 1.1h | Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services | 1.1 Working with service users, patients, families and staff to identify, develop and implement best practice on engaging with families who have relatives who are accessing services provided by the Trust | 1.1h Phase 6: Develop defined posts responsible for carers | 1.1g Map out the key points of the care pathway 1.1g measures to be developed in later phase | tbc | tbc | tbc | tbc | tbc | | Within services there is a local lead/champion | tbc | | Within services there is a local lead/champion | | |
| 2.1a | Improving the way the Trust communicates and engages with families | 2.1 Ensuring that policy, guidance and procedure related to investigations recognises and supports the iterative process of family engagement | The Trust will improve the way communication and engagement is undertaken with families ensuring that there is a recognition of the process of family engagement within the policies and guidance in relation to investigations by: 2.1a Conducting a review of the policies and procedures related to SRI and complaint investigations to ensure that they are informed by the same principles of engagement with families | 2.1a Undertake a review of all policies and procedures relating to SRI and complaint investigations with input from front-line clinical staff 2.1a Update policies and procedures pertaining to SRI and complaint investigations which include the elements of engagement with families as principles | Helen Ludford, Associate Director of Quality Governance Paula Hull, Divisional Director of Nursing & AHP (ISD) | Complaints Working Group Family First Involvement Group Mortality Forum | Sara Courtney, Chief Nurse | 31/07/2017 | On Track | January 2017 The SRI policy and procedure has been reviewed with input from the Family First Involvement Group. Version control tables in policy/procedures show their input. March 2017 Complaints working group reviewed the complaints policy. The policy is to be reviewed by July 2017. May 2017 The SI policy will be reviewed again once national guidance issued. Complaints policy review underway. | All Trust policies and procedures relating to investigations are aligned to ensure that communication with families is meaningful. | 30/09/2017 | On Track | Involvement of families' in the review of the SRI policy and procedure and complaints policy, as identified by the reviewers/contributors within the policies. | 1.1 Family First Involvement meeting minutes (Jan 2017). 1.2 Complaints working group minutes (Feb 2017). | 1.1 Policy for Managing Incidents and Serious Incidents 1.2 Procedure for the Reporting and Management of Serious Incidents 1.3 revised complaints policy |
| 2.1b | Improving the way the Trust communicates and engages with families | 2.1 Ensuring that policy, guidance and procedure related to investigations recognises and supports the iterative process of family engagement | The Trust will improve the way communication and engagement is undertaken with families ensuring that there is a recognition of the process of family engagement within the policies and guidance in relation to investigations by: 2.1b Incorporating the principles of engagement with families to the admissions and discharge policy (including inclusion in crisis contingency care plan). | 2.1b Update admissions and discharge policy to include the principles of family engagement (care planning, family communication and liaison) | John Stagg, Associate Director of Nursing & AHP (Learning Disabilities) | | Sara Courtney, Chief Nurse | 30/09/2017 | | | All Trust policies and procedures relating to investigations are aligned to ensure that communication with families is meaningful. | 30/09/2017 | | Involvement of families' in the review of Admissions discharge and transfer policy as identified by the reviewers/contributors within the policy. | | |
| 2.2a | Improving the way the Trust communicates and engages with families | 2.2 Recognising that Duty of Candour is not the same as family engagement and ensuring that policy, guidance and procedure reflects this | 2.2a Development of a Trust strategy for involving patients, families and the public with specific reference to families | 2.2a Develop a Trust strategy on Experience, Involvement and Partnership | Chris Woodfine, Head of Patient Engagement and Experience | Pam Sorensen, Engagement Advisor | Sara Courtney, Chief Nurse | 30/04/2017 | Completed- unvalidated | March 2017 The Caring group received the final draft of the strategy and is due to be submitted to the CSC at the end of March for final sign-off. April 2017 slight amendment made to strategy and ready for launch. Implementation plan in place. May 2017 Strategy with comms team for final design prior to circulation. | There will be increased levels of involvement of patients and families in their own care and in the way the Trust develops and improves services. | 30/04/2018 | | Compliance with the standards outlined in the overarching Trust strategy. | 1.1 Experience, Involvement and Partnership Strategy draft v7.1 2017/18 1.2 Strategy Implementation Plan 2017/18 | |
| 2.2b | Improving the way the Trust communicates and engages with families | 2.2 Recognising that Duty of Candour is not the same as family engagement and ensuring that policy, guidance and procedure reflects this | 2.2b Trust to set the expectation that staff and services will engage with families as a matter of course from the point of first contact with the patient | 2.2b All "My assessment of the patient" should include staff making contact with patient/service user's family) | Paula Hull, Divisional Director of Nursing & AHPs (ISD) | Record Keeping and Care Planning Workstreams | Sara Courtney, Chief Nurse | tbc | | April 2017 An example of this is within the Children and families business unit who have developed a new template called 'My Plan' which will require a collaborative approach to care planning with parents. May 2017 CW meeting with PH in early July to discuss family involvement in care planning. | Better clinical outcomes and patient experience as well as reduced spend | tbc | | Staff are directly involving families in care-planning. | | |
| 2.2c | Improving the way the Trust communicates and engages with families | 2.2 Recognising that Duty of Candour is not the same as family engagement and ensuring that policy, guidance and procedure reflects this | 2.2c Trust to ensure that staff and services are aware that Duty of Candour is about being honest when things have gone wrong (training of the duty of candour through providing an e-learning training package) | 2.2c Develop an e-learning package (short session of 45 minutes) on 'Being Open and Duty of Candour to ensure staff and services are aware of being honest when things have gone wrong 2.2: Duty of Candour module in the Investigating Officer training workshop 2.2: Masterclass on sharing findings of investigations | Helen Ludford, Associate Director of Quality Governance Elaine Ridley, Family Liaison Officer | Vicki Tinkler, Project Manager (LEAD) Tom Williams, Ulysses System Developer Nick Fennmore, Head of Chaplaincy, Spiritual & Pastoral Care | Sara Courtney, Chief Nurse | 30/06/2017 | Completed- unvalidated | 10/04/17 Bulletin article launching e learning module for duty of candour. April 2017 duty of candour session in the Investigating Officer training has been up dated and is now given by the Family Liaison Officer. May 2017 Masterclass 'sharing investigation reports' developed by FLO and chaplain with two provisional dates set for training - 3.7.17 and 17.7.17. | Staff are aware of the difference between Duty of Candour and family engagement and there is a culture that fosters staff being open with families which also supports a "No Blame" culture | 31/03/2018 | | Compliance with Duty of Candour as monitored through the SI and mortality KPI dashboard and audit of records. | 1.1 Bulletin article 1.2 E-learning programme 1.3 IO programme | 1.1 SI KPI dashboard |

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| 2.2d | Improving the way the Trust communicates and engages with families | 2.2 Recognising that Duty of Candour is not the same as family engagement and ensuring that policy, guidance and procedure reflects this | 2.2d Review policy for Duty of Candour and ensure that it sits under the overarching position statement and ensure that this is interlinked to the complaints policy and the serious incident policy and procedure | 2.2d Review the Being Open policy incorporating the legal Duty of Candour 2.2d Review the SI policy and procedure 2.2d Review the complaints policy 2.2d Review the safeguarding policy 2.2d Ensure all the above policies align. | Sarah Pearson, Head of Legal and Insurance Services, Chris Woodfine, Head of Patient Engagement and Experience Caz Maclean, Associate Director of Safeguarding | Complaints Working Group Patient Safety Group Family First Involvement Group | Sara Courtney, Chief Nurse | 30/09/2017 | On track | January 2017 The SI policy and procedure has been reviewed with input from the Family First Involvement Group. February 2017 The complaints working group reviewed the policy. March 2017 DoC Policy agreed through policy ratification group on 17/03/17, uploaded to intranet 21/03/17, for sign off via Caring Group on 13/04/17. The documents that have been uploaded state that they are to go to Caring group in April but it was agreed that as changes largely minor it could be uploaded in the meantime. May 2017 Complaints policy under review. Safeguarding adult policy reviewed Feb 2017 and Safeguarding children policy reviewed March 2017. Family First group reviews these. | Staff are aware of the difference between Duty of Candour and family engagement and there is a culture that fosters staff being open with families which also supports a "No Blame" culture | 31/12/2017 | | Staff are competent in applying the Duty of Candour readily and where appropriate; and there is a clear understanding amongst staff in the difference between family engagement/involvement and duty of candour | 1.1 Family First Involvement meeting minutes (Jan 2017). 1.2 Complaints working group minutes (Feb 2017). | add policies |
| 2.3a | Improving the way the Trust communicates and engages with families | 2.3 Ensuring that steps taken to engaging families in investigations, and the results of those steps are recorded in the investigation report | 2.3a The SIRI procedure should state that steps are to be taken to engage families and this should be documented | 2.3a Review the SIRI procedure and add statement regarding the engagement of families | Helen Ludford, Associate Director of Quality Governance | Family First Involvement Group | Sara Courtney, Chief Nurse | 31/05/2017 | Completed-unvalidated | Jan 2017 The SI policy and procedure have been reviewed - section 4.5 in procedure details the involvement of patients'/families/loved ones. Policy is to be reviewed again July 2017 following publication of new national SI Framework. | Staff are consistently documenting the involvement of families during/ following an investigation | 30/11/2017 | | Investigation and reports demonstrate involvement of families where families wish to be involved. | 1.1 Policy for Managing Incidents and Serious Incidents 1.2 Procedure for the Reporting and Management of Serious Incidents | |
| 2.3b | Improving the way the Trust communicates and engages with families | 2.3 Ensuring that steps taken to engaging families in investigations, and the results of those steps are recorded in the investigation report | 2.3b Consistent use of the CCG Quality checklist at the 48 Hour Panel and Corporate Panel as a reference guide | 2.3b Add the use of the CCG Quality checklist as a reference guide at the 48 Hour Panel and the Corporate Panel in the SIRI reporting procedure | Helen Ludford, Associate Director of Quality Governance | SI Team Lead Investigating Officers Chair of the 48 Hour Panels | Sara Courtney, Chief Nurse | 31/07/2017 | On track | Jan 2017 SI policy and procedures reviewed. Appendix 11 contains the commissioner checklist. Use of this is at corporate panel is in section 9.2 of procedure. SI policy /procedure to be reviewed July 2017 following publication of new national SI Framework. | Staff are consistently documenting the involvement of families during/ following an investigation | 30/11/2017 | | All checklists demonstrate that families have been invited to contribute to the terms of reference | | |
| 2.3c | Improving the way the Trust communicates and engages with families | 2.3 Ensuring that steps taken to engaging families in investigations, and the results of those steps are recorded in the investigation report | 2.3c Review and modify the structure of the Ulysses to include specific headings to record any notes/detail on the steps taken to engage with families | 2.3c Add consistent headings within Ulysses SIRI reports in family engagement | Helen Ludford, Associate Director of Quality Governance | Tom Williams, Ulysses System Developer | Sara Courtney, Chief Nurse | 30/06/2017 | On track | May 2017 BC discussed possible changes to headings with TW. | Staff are prompted to document the involvement of families during an investigation | 31/08/2017 | | The Ulysses systems contains a section to document on the steps taken to engage with families | | |
| 2.3d | Improving the way the Trust communicates and engages with families | 2.3 Ensuring that steps taken to engaging families in investigations, and the results of those steps are recorded in the investigation report | 2.3d Add family engagement and its recording to SIRI training workshop | 2.3d Add family engagement and its recording to SIRI training workshop | Helen Ludford, Associate Director of Quality Governance | n/a | Sara Courtney, Chief Nurse | 31/05/2017 | Completed-unvalidated | April 2017 Investigating Officer training has information and video on involvement of families, loved ones and patients. Training also has specific session on Duty of Candour. Feedback forms form training very positive with staff feeling better and knowledgeable about carrying out investigations. | Investigating Officers are trained on steps taken to engage families and how to record onto Ulysses | 31/12/2017 | | Investigating Officers feel confident on engaging families in investigations | 1.1 Investigating Officers 2 day training presentation. 1.2 Investigating Officers training - Duty of Candour presentation. | 1.1 Feedback forms Oct 2016 1.2 Feedback forms April 2017 1.3 Feedback forms May 2017 |
| 2.4a | Improving the way the Trust communicates and engages with families | 2.4 Co-producing with families a leaflet that can be sent to all families following a death that explains how investigations are conducted, how the families can get involved, and signposts families to appropriate support and advice | Families have said that written information is important, but that it should not be sent to families, but should be handed to them, following a discussion with the IO. 2.4a The Family Liaison officer will develop with families a leaflet that will be given by the IO as an aide memoire to their conversation with the family detailing the investigation process and signposting and support: this will form part of the suite of documents that sits within the SIRI procedure - with inclusion from the Family Reference Group. | 2.4a Co-produce leaflet for families on the investigation process and support. | Elaine Ridley, Family Liaison Officer Helen Ludford, Associate Director of Quality Governance | Family First Involvement Group Chris Woodfine, Head of Engagement and Experience Investigating Officers | Sara Courtney, Chief Nurse | 31/03/2017 | Completed-unvalidated | March 2017 Leaflets have been developed with input from family workshops and the Family First Involvement Group and planned for publication by 31 March 2017. April 2017 leaflets printed - given to IOs on Investigating Officer training days. | Families feel involved in the investigation as they wish to be. | 31/03/2017 | Completed-unvalidated | Families understand how investigations will be conducted, how they can get involved and be signposted to appropriate support and advice | 1.1 Leaflet for families on serious incident investigations. | 1.1 Family Liaison Officer report |
| 2.4b | Improving the way the Trust communicates and engages with families | 2.4 Co-producing with families a leaflet that can be sent to all families following a death that explains how investigations are conducted, how the families can get involved, and signposts families to appropriate support and advice | 2.4b Seek regular feedback from families regarding their experience of the investigation process | 2.4b Undertake a quarterly survey of families' experience of the investigation process | Elaine Ridley, Family Liaison Officer Helen Ludford, Associate Director of Quality Governance | Family First Involvement Group Chris Woodfine, Head of Engagement and Experience Investigating Officers | Sara Courtney, Chief Nurse | 31/12/2017 | On Track | March 2017 The Family Liaison Officer sent 15 questionnaires to families involved in investigations of deaths of loved ones. % questionnaires returned by date of report to Caring Group in March. Feedback positive re contact with IO and support given, however families say reports not easy to understand and unclear on what actions being taken by Trust. To repeat survey on quarterly basis. May 2017 ER completing quarterly surveys with families. | Families feel involved in the investigation as they wish to be. | 30/04/2018 | On track | Families report positive feedback in their involvement and support offered | 1.1 Questionnaire appendix 1 Family Engagement FLO report 07/03/17 Caring Group. 1.2 Questionnaire appendix 1 Family Engagement FLO report June Caring Group. | 1.1 Family Engagement FLO report 07/03/17 Caring Group 1.2 Family Engagement FLO report June Caring Group |
| 2.5a | Improving the way the Trust communicates and engages with families | 2.5 Improving the recording of next of kin data, including where consent to share has not been provided | 2.5a Ensure that the Next of Kin section on Rio is made a mandatory field and the Change Control Board oversee a range of training and guidance to ensure that Next of Kin data is completed in all care records | 2.5a Amend the Next of Kin section on Rio to ensure that this field is made mandatory 2.5a Embed review of training and guidance for Next of Kin data within the Change Control Board Terms of Reference 2.5a Devise a Trust procedure on what staff should do if there is no Next of Kin data included | Paula Hull, Divisional Director of Nursing & AHP (JSD) | Change Control Board Technology Transformation Team | Paula Anderson, Director of Finance Sara Courtney, Chief Nurse | 31/10/2017 | On track | May 2017 Performance on meeting next of kin recording has been added to Tableau and is monitored closely by divisions. Inconsistent performance with some teams very high % of next of kin details recorded while other teams have low %. Section 8.3 of openRio Standard Operating Procedure and section 8.2 of SystemOne Standard Operating Procedure has instructions to staff on recording next of kin data. These are to be updated with clarification regarding recording information where there is no known next of kin or the patient declines to give next of kin details. | A strengthened process for Next of Kin recording is standardised across the Trust with staff understanding that this is a crucial aspect of clinical record-keeping and care planning. | 31/10/2017 | | Next of kin recording is in place consistently across the Trust | 1.1 OpenRio/SystemOne Standard Operating procedures re Next of kin | |
| 2.5 | Improving the way the Trust communicates and engages with families | 2.5 Improving the recording of next of kin data, including where consent to share has not been provided | 2.5b Ensure that the monitoring of next of kin recording is carried out | 2.5b Data extraction from Tableau for reporting and remediation | Simon Beaumont, Head of Informatics | Divisional Records User Group | Paula Anderson, Director of Finance | 31/10/2017 | On track | May 2017 Performance on meeting next of kin recording has been added to Tableau and is monitored closely by divisions. Inconsistent performance with some teams very high % of next of kin details recorded while other teams have low %. Not yet meeting 80% target set by Trust across all divisions. | A strengthened process for Next of Kin monitoring is in place across the Trust | 31/10/2017 | Complete | A metric is developed on Tableau for monitoring next of kin data | 1.1 screenshots of tableau | 1.1. screenshots of tableau |
| 2.5 | Improving the way the Trust communicates and engages with families | 2.5 Improving the recording of next of kin data, including where consent to share has not been provided | 2.5c Co-produce guidance across the Trust for information sharing based on the consensus statement | 2.5c Deliver a families workshop to understand their perspective on barriers to engage 2.5c Understanding the staff perspective on blocks to information sharing 2.5c Workshops involving family, service users and staff to develop guidance | Chris Woodfine, Head of Engagement and Experience | Lesley Barrington, Head of Information Governance MH division Sarah Cole, Family Therapist Specialised Services | | 31/10/2017 | On track | A family workshop was delivered in January and February 2017 which were highlighted that information sharing was a primary issue The IG training resources now include the consensus statement on information sharing and suicide prevention. May 2017 Confidentiality workshop for staff in development. 24.5.17 Sharing Information workshop. Information governance team to rewrite information sharing leaflet based on feedback and reflecting what used by other trusts. | Staff are competent in managing confidentiality and information sharing with families | 31/03/2018 | | RIO records show the judgements staff have made on information sharing when working with families and service users | 1.1 Sharing Information workshop agenda/materials 24.5.17 | |
| 2.6a | Improving the way the Trust communicates and engages with families | 2.6a Keeping families fully informed of the progress of the investigation and making this an explicit part of the Investigating Officer's role | 2.6a Provide better training for Commissioning Managers as practice | 2.6a Scoping of improved training for Commissioning Managers on the SIRI procedure which should be standardised across the Trust 2.6a Ensure roll out of improved training for Commissioning Managers 2.6a Undertake an audit of the findings on implementing improved training of Commissioning Managers | Elaine Ridley, Family Liaison Officer Helen Ludford, Associate Director of Quality Governance | | Sara Courtney, Chief Nurse | 31/12/2017 | On track | Jan 2017 Role of the IO and CM included within the revised SIRI procedure. Investigating officer and commissioning manager role descriptions reviewed and updated version added to the SIRI policy. May 2017 SI policy/procedures to be reviewed in July 2017 following new national SI Framework. More CM training planned. | There is clarity on the roles for the Investigating Officer, Commissioning Manager and Family Liaison Officer and that these roles have an appreciation of the importance of keeping families involved on the progress of the investigation | 31/12/2017 | | Robust and clear descriptors and expectations of Trust staff roles who are involved in the investigation process | 1.1 Policy for Managing Incidents and Serious Incidents 1.2 Procedure for the Reporting and Management of Serious Incidents | |
| 2.6b | Improving the way the Trust communicates and engages with families | 2.6b Keeping families fully informed of the progress of the investigation and making this an explicit part of the Investigating Officer's role | 2.6b Ensure that the Investigating Officer and Commissioning Manager training gives clarity of their roles and responsibilities as well as the roles and responsibilities of the Family Liaison Officer role | 2.6a Ensure the SIRI policy and procedure clearly outlines the roles of the Investigating Officer, Commissioning Manager and the Family Liaison Officer Remaining actions covered by 3.4 | Helen Ludford, Associate Director of Quality Governance | Elaine Ridley, Family Liaison Officer | Sara Courtney, Chief Nurse | 31/07/2017 | On track | Jan 2017 Investigating officer and commissioning manager role descriptions reviewed and updated versions added to the SIRI policy. Need to add role description of Family Liaison Officer to revised policy. May 2017 Serious Incident Policy will be reviewed once national Serious Incident framework is published - to include job description of FLO. | There is clarity on the roles for the Investigating Officer, Commissioning Manager and Family Liaison Officer and that these roles have an appreciation of the importance of keeping families involved on the progress of the investigation | 31/12/2017 | | Robust and clear descriptors and expectations of Trust staff roles who are involved in the investigation process | | |

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| 2.7 | Improving the way the Trust communicates and engages with families | 2.7 Providing counselling (as appropriate) or signposting families to suitable organisations that can provide bereavement or post-traumatic stress counselling | The Trust accepts responsibility for the need to signpost to families relevant support and to be proactive in seeking support where it is not immediately available. 2.7a Increase awareness of the FLO role amongst staff and families. | 2.7a FLO to attend governance and business meetings across divisions to raise awareness of her role and follow up after 6 months 2.7a Investigating Officer makes contact with the FLO via the IMA panel | Elaine Ridley, Family Liaison Officer | Investigating Officers | Sara Courtney, Chief Nurse | 31/12/2017 | On track | May 2017 FLO is regularly attending the Caring Group and makes contact with Investigating Officers and attends panels. FLO has attended some governance meetings in services and will continue to go out to teams. FLO is receiving referrals from IO. | FLO post is embedded within the Trust | 30/06/2017 | On track | FLO receives referrals from Investigating Officers in a timely manner | Caring group minutes | FLO reports |
| 2.7 | Improving the way the Trust communicates and engages with families | 2.7 Providing counselling (as appropriate) or signposting families to suitable organisations that can provide bereavement or post-traumatic stress counselling | The Trust accepts responsibility for the need to signpost to families relevant support and to be proactive in seeking support where it is not immediately available. 2.7b FLO to identify the key resources that families may need access to | 2.7b Family Liaison Officer to identify the key resources that families may need access to 2.7b FLO to develop a resource bank of community resources | Elaine Ridley, Family Liaison Officer | Third sector networks (external) | Sara Courtney, Chief Nurse | 31/12/2017 | | | Families receive information for support according to their needs | 30/06/2018 | | The Trust has robust processes in place to ensure that families are provided with comprehensive information and resources regarding how an investigation is undertaken and signposts to appropriate support and advice | | |
| 2.8 | Improving the way the Trust communicates and engages with families | 2.8 Providing a central telephone number and email address for families so that they can contact the investigating team and not be reliant upon Investigating Officers who may have changed role or changed organisation | The Trust accepts the principle that families need to contact someone who is informed. 2.8a Commissioning Managers to create a communications plans with families at the outset and ensure that there is a proactive mechanism for advising families upon change of IO | 2.8a Communication plans to be created including contact details of CM and IO Also covered under action 2.4a and 4.6a | Commissioning Managers | Investigating Officers | Sara Courtney, Chief Nurse | 31/10/2017 | | | Staff provide the right contact details to the families and that there are clear processes of handover when a staff member changes their role | 31/12/2017 | | All investigations to have in place a communication plan with families | | |
| 3.1 | Increasing the competency of staff to engage with families | 3.1 Co-producing with families training for staff on engaging with families | 3.1a Conduct a review of training for staff on the importance of engaging with families in investigations with input from the Family First Involvement Group. | 3.1a Conduct a review of training for staff on the importance of engaging with families in investigations with input from the Family First Involvement Group. 3.1a Conduct a training needs analysis with IOs and CMs 3.1a Review of the training programme | Helen Ludford, Associate Director of Quality Governance | Chris Woodfine, Head of Engagement and Experience | Sara Courtney, Chief Nurse | 31/10/2017 | On track | May 2017 SJ, Head of Essential Training, reviewing the training portfolio to see how family involvement currently reflected in training and then to look at how to weave principles of family involvement in all relevant training. | Training for Investigating Officers and CMs are co-produced with families | 31/12/2017 | | Training for Investigating Officers and CMs are co-produced with families | | |
| 3.2 | Increasing the competency of staff to engage with families | 3.2 Involving families in the delivery of training to staff, which can be achieved through co-delivery of the training, or through video or written case studies/testimonies. | 3.2a The training content includes personal stories, videos, case studies/testimonies | 3.2a Scope improved training programme including training content 3.2a The training content includes personal stories, videos, case studies/testimonies 3.2a Include and implement competency documents to assess fitness to practice and testing communication skills of staff training as well as best practice models | Elaine Ridley, Family Liaison Officer | Chris Woodfine, Head of Engagement and Experience Learning Education and Development (LEAD) | Sara Courtney, Chief Nurse | 31/12/2017 | On track | May 2017 CW to link with SC training lead who is undertaking a review of competencies staff require for care planning, risk assessment. | Training resources includes personal accounts of families | 31/12/2017 | | Training resources includes personal accounts of families | | |
| 3.3 | Increasing the competency of staff to engage with families | 3.3 Increasing the amount of training on working with families offered to Investigating Officers as part of their core training | 3.3a Deliver the training programme as defined by action 3.2 | 3.3a Training to be made available online or a folder resource 3.3a Ensure roll out of training programme through LEAD | Helen Ludford, Associate Director of Quality Governance | Learning, Education and Development (LEAD) | Sara Courtney, Chief Nurse | 31/03/2018 | | | Staff have a detailed resource on training for their roles as Commissioning Manager and Investigating Officer | 30/06/2018 | | Undertake an audit on implementation of improved training for Commissioning Managers and IOs | | |
| 3.4 | Increasing the competency of staff to engage with families | 3.4 Developing person specifications for Investigating Officers role that includes the competencies needed for successfully engaging with families | 3.4a Review the role description and person specification for the CM and IO role and develop specific competencies | 3.4a Undertake a review job descriptions of the IO, CM and FLO 3.4a Ensure clarity of roles and responsibilities 3.4a Include competencies needed for successful engagement with families | Helen Ludford, Associate Director of Quality Governance | Associate Directors of Nursing & AHPs (all divisions) | Sara Courtney, Chief Nurse | 31/07/2017 | On track | May 2017 Job descriptions reviewed. | IOs and CMs are clear about their roles and meet the person specification | 31/07/2017 | | Robust and clear descriptors and expectations of Trust staff roles who are involved in the investigation process | | |
| 3.5 | Increasing the competency of staff to engage with families | 3.5 Providing clarity about the role of lead Investigating Officers in supporting Investigating Officers with the role | 3.5a To review the capacity of the central investigation team | 3.5a To review the capacity of the central investigation team 3.5 Produce a business case following the review as appropriate | Helen Ludford, Associate Director of Quality Governance | SIRI team | Sara Courtney, Chief Nurse | 30/06/2017 | On track | May 2017 project to review investigating officer role underway - will look at capacity training and feedback on the role. | There is clarity on the roles for the Investigating Officer, Commissioning Manager and Family Liaison Officer and that these roles have an appreciation of the importance of keeping families involved on the progress of the investigation | 31/10/2017 | | Robust and clear descriptors and expectations of Trust staff roles who are involved in the investigation process | 1.1 Investigating Officer Review terms of reference | |
| 3.6 | Increasing the competency of staff to engage with families | 3.6 Providing peer support opportunities and administrative help for Investigating Officers | 3.6a To assess the IOs need for supervision and support and devise a programme | 3.6a Undertake an anonymised questionnaire survey and quantitative analysis of current lead Investigating Officers to ascertain their experience of role so far, and clarify what resources they may require 3.6a Commission Psychologists to review roles and conduct an analysis and feedback 3.6a Develop a peer support network of lead Investigating Officers 3.6a Scope a programme of psychological supervision for divisional Investigating Officers | Helen Ludford, Associate Director of Quality Governance Hazel Nicholls, Clinical Director, Primary Care & IAPT | Lead IOs Divisional IOs | Sara Courtney, Chief Nurse | 31/10/2017 | | | Staff have a strong network of support and information sharing to enable their role competencies | 31/12/2017 | | Staff have a strong network of support and information sharing to enable their role competencies | | |
| 4.1 | Improving the quality of reports | 4.1 Ensuring that investigators contact the families as soon as possible and that any concerns or questions that the family may have are incorporated into the terms of reference for the investigation | Covered under actions 2.3 and 3.4 | Covered under actions 2.3 and 3.4 | | | | | | | | | | | | |
| 4.2 | Improving the quality of reports | 4.2 Giving families access to findings of any investigation including interim findings. | 4.2a Establish a protocol on sharing interim findings with families whilst maintaining factual accuracy and adhering to timescales | 4.2a Establish a protocol on sharing interim findings with families whilst maintaining factual accuracy and adhering to timescales | Helen Ludford, Associate Director of Quality Governance | Elaine Ridley, Family Liaison Officer Families with experience of an investigation | Sara Courtney, Chief Nurse | 30/09/2017 | | | Reports are accurate and sensitive to the feelings of the families | 31/12/2017 | | Reports are accurate and sensitive to the feelings of the families | | |
| 4.3 | Improving the quality of reports | 4.3 Giving families the opportunity to respond/comment on the findings and recommendations outlined in the final report and be assured that this will be considered as part of the quality assurance and closure process undertaken by the commissioners | 4.3a Ensure that families are given the opportunity to comment on the findings and that this is a clear step in protocol | 4.3a Ensure that families are given the opportunity to comment on the findings and that this is a clear step in protocol | Helen Ludford, Associate Director of Quality Governance | Investigating Officers | Sara Courtney, Chief Nurse | 31/12/2017 | | | Reports are accurate and sensitive to the feelings of the families | 31/03/2018 | | Reports are accurate and sensitive to the feelings of the families | | |
| 4.4 | Improving the quality of reports | 4.4 Sharing updated action plans with the families six months after the report has been completed | 4.4a Revise SIRI procedure to include the updated action plan to be shared with families subject to families agreement | As covered in action 2.1a and 2.3a. In addition: 4.4a Action planning with families to be monitored at the WAGs and MOMs 4.4a Revise the SIRI procedure to include that the IO should establish with families on an individual basis whether they would like to see the updated action plan | Helen Ludford, Associate Director of Quality Governance | Complaints Working Group Family First Involvement Group Mortality Forum | Sara Courtney, Chief Nurse | 31/12/2017 | | | Families are informed where they wish to be of progress made on agreed actions | 31/12/2017 | | Families are informed where they wish to be of progress made on agreed actions | | |
| 4.5 | Improving the quality of reports | 4.5 Writing the report in plain English, avoiding jargon, or provide comprehensive glossary of terms and a list of abbreviations | 4.5a Ensure that the reports are written in plain English, avoiding jargon, or provide comprehensive glossary of terms and a list of abbreviations | 4.5a A new revised checklist to be incorporated into the Area and Trust Corporate Panels to including the criteria that all reports must be written in plain English 4.5a Each divisional SIR panels and corporate SIRI panel will have a lay member representative 4.5a Provision of a checklist for Ulysses, to ensure that the author includes a glossary 4.5a Develop training or resources for staff on report writing | Helen Ludford, Associate Director of Quality Governance | Associate Director of Nursing & AHPs (all divisions) Investigating Officers Tom Williams, Ulysses System Developer | Sara Courtney, Chief Nurse | 31/12/2017 | | May 2017 quality of serious incident reports is being reviewed. Workshop on best practice in June 2017. | All reports are clear and easy to understand for families | 30/06/2018 | | All reports are clear and easy to understand for families | | |
| 4.6 | Improving the quality of reports | 4.6 When families do not feel able to engage with the investigation immediately following the death of their loved one, ensuring that they have the opportunity to raise questions and concerns and input into the review at a time of their choosing | 4.6a Ensure adherence to timescales of the 60 day limit whilst also ensuring that staff are aware that they should open the investigation at any stage/allow an opportunity for discussion with the families | As covered in action 2.8a. In addition: 4.6a Communications plan to include detail/note of family preference for timely contact 4.6a Ensuring that SIRI procedure details clear arrangement for point of contact following closure of an investigation | Investigating Officer | | Sara Courtney, Chief Nurse | 31/12/2017 | | | Families are able to be involved at a time that is suitable to them | 31/03/2018 | | Families are able to be involved at a time that is suitable to them | | |
| 4.7 | Improving the quality of reports | 4.7 Considering how the resulting improvements in services following changes recommended by investigations can be measured | 4.7a Develop mechanisms for feedback from families to enable Trust to measure changes in involvement of families in investigations | 4.7a Generate qualitative data from surveys and interviews with families to evidence families' involvement 4.7a Evidence of families attending the Improvement Panel to observe the improvements made as a result of the recommendations from the investigations 4.7a Inviting families to visit the service to illustrate the changes 4.7a Consider a review to be repeated in 2 years time to ascertain embedding of improvements | Elaine Ridley, Family Liaison Officer Helen Ludford, Associate Director of Quality Governance Associate Director of Nursing & AHPs (all divisions) | SIRI team | Sara Courtney, Chief Nurse | 31/03/2018 | | May 2017 FLO is sending questionnaires to families for feedback. Results are included in reports to Caring Group. | Families are assured that the improvement within the services are embedding following the actions developed from the recommendations of the investigation have been completed | 31/06/2018 | | Survey responses are positive and attendance levels of families at improvement panels | FLO reports | |