

UIN	Carolan Theme	Recommendation	Trust Actions	Process Input (measures)	Responsible Lead	Essential Partners	Executive Accountability	Process Completion Date	Process Status	Recovery date	Progress Update (Process)	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 Experience and Engagement	Carla-Roadnight- Area-Head-of-Nursing-and-AHPs Liz James, 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. June 2017 action plan is now on SHET website. Bi-monthly Task and finish group continues to monitor plan. Family First Group also monitors plan. Activities involving families and carers added to website. 31.7.17 SC requested LS Chair of the Task and Finish Group validated this action as complete. plan emailed to LS for validation. Oct 17 BC has emailed LS to validate the completion of this action.	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 2.2 QIPDG meeting agenda and papers for 20th June - action log item 215 gives link to strategy on website 2.3 website address for strategy: http://www.southernhealth.nhs.uk/get-involved/help-us-to-improve/experience-involvement-and-partnership-strategy/	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 1.4 Family, involvement and partnership strategy- final version
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	Completed- unvalidated		April 2017 Experience, Involvement and Partnership self assessment for clinical services to complete presented at April PT Exp workshop 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. June 2017 CW met with JR who is drafting a communications plan to launch enabling strategies. Planning for refinement of HR processes started. Aug 2017 1.1b communications plan completed re wider engagement. Some services have set up carer groups eg Petersfield AMH. Sept/Oct 17 - posters for our family involvement charters and staff commitment charters are in design and being refined ready for distribution in November 17. A new set of intranet pages focusing on Patient Experience and best practice were also launched during September 17.	In the identification of best practice methodologies, there are a set of enabling strategies that need to be delivered.	30/04/2018	On track	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 1.4 communications plan	1.1b Email from responsible lead
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 (Pam-Hull) from September 2017 John Stagg	Chris Woodfine, Head of Patient Experience and Engagement External carer groups Hampshire County Council MH/LD/SS	Sara Courtney, Chief Nurse	30/06/2017	Completed- unvalidated		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. 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. June 2017 Carers Charter agreed with families at different groups/workshops. Positive feedback received. Will wait until 'Principles for involving patients/service users' is finalised and then will launch both formally. 'Principles are in draft and will test with patient groups in June/July for feedback and aim to launch in September and to present at Quality Conference in October. SJ has reviewed the training currently provided by LEAD with regard to inclusion of information on patient/family involvement. Need to agree approach to be used re training eg does all training have as a minimum 1 slide on patient/family involvement.	Staff understand what is expected of them with regards to family involvement; Equally, families understand what to expect from our services	30/04/2018	On track	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 QIPDG minutes section 6.6 23052017 1.5 QIPDG minutes 27.6.17 1.6 Information sharing workshop with families May 2017	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	On track		May 2017 Quality Conference Oct 2017 will have family/carer involvement. June 2017 Family involvement activities are in place for some services but not yet consistent across whole Trust. For example: Southfield - identify carers as part of the initial assessment; are raising carer awareness at team meetings; implementing carer care plans. Bluebird - implementing carer care plans. Patient engagement and involvement workstream discusses carers. Families presented to the SI workshop in April 2017. Sept: FLO presented her role at medical conference and to attend AMH learning network event in Dec 2017. Carer groups across the trust have been mapped. Oct: CW attended carer group at Melbury Lodge and discussed carer principles with them. Carer groups in place across some services - mapping exercise needs updating. Family stories (clips) presented at Quality Conference	Divisional champions and accountable leads will work with service users, patients and families to encourage development of practice	30/04/2018	On track	Divisional champions and accountable leads will work with service users, patients and families to encourage development of practice	1.1 Quality Conference agenda and presentations. 1.2 Patient Engagement and Experience Workstream minutes. 1.3 SI Workshop 25.4.17	
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)					On track					On track			
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 Liz James, Head of Nursing and AHPs AMH Kathy Jackson, Head of Nursing - Inpatients OPMH	Carer groups	Sara Courtney, Chief Nurse	30/08/2017	Overdue	31/12/2017	May 2017 CW to speak to MF who has developed leaflet for her team and discuss whether can be replicated across AMH. June 2017 CW to follow up with MF re progress with leaflet. Aug 2017 AT Task & Finish Group agreed to start developing carer info pack on inpatient wards. LJ to lead for AMH; KJ for OPMH. Some inpatient services have carer packs in place eg Bluebird, Southfield which will be shared across services as examples in place. Need to agree a recovery date. Sept: Family First group have reviewed carer packs already in place and given feedback. Melbury Lodge Carers group are reviewing the current carers pack as needs updating - this will be shared as a template for other services as a guide. ISD carer packs = no/little progress; AMH= making progress; OPMH need to update current packs in place; LD = Willow ward has patient info pack but not one for carers - JJ is drafting a pack; SS = need to check carer packs in all sites and up to date.	Families know who to contact if they have any questions	28/02/2018	On track	Families know who to contact if they have any questions	1. Southfield carer pack 2. Willow care pack 3. Bluebird carer pack	Email from CW - Feedback on carers packs
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 recognised 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 SIRI 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 SIRI and complaint investigations with input from front-line clinical staff 2.1a Update policies and procedures pertaining to SIRI 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	Completed- unvalidated	31/10/2017	January 2017 The SIRI 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. June 2017 SI Procedures have had minor amendments made following feedback from external assurance audit of SI and Mortality action plan. Waiting for national SI guidelines to be published and will then amend policy as required. Complaints policy and procedures is being revised currently and will be circulated widely for comments. July 2017 draft complaints policy and procedures - extended the deadline for comments. Feedback received from wide range which is being considered/included. Aug 2017 completion of complaints policy extended to end Oct 17 in order to encompass feedback on draft and discuss/agree changes to processes. Sept 2017 revised policy redrafted and circulated for comments. Oct 2017 final draft of complaints policy and procedures approved at caring group and published on website. NB National SI framework - still waiting for revised guidance to be published	All Trust policies and procedures relating to investigations are aligned to ensure that communication with families is meaningful.	30/09/2017	Completed- unvalidated	Involvement of families' in the review of the SIRI 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 and procedure

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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 & AMP (Learning Disabilities) Julia Lake ADON BU2 (Sarah Oley) MCP		Sara Courtney, Chief Nurse	30/09/2017	Overdue		June 2017 IS to review policy. Aug 2017 ADT policy out for review currently - CW to add family engagement principles. Sept 2017 family first meeting postponed until October when will review policy. Oct 2017 Admissions and discharge policy overdue against review schedule. Discussions underway as to setting up a task and finish group. Recovery date for process and outcome is required. Oct 17 families first group looked at policy on .10.10.2017 with CW feeding back suggestions to JL . 31.10.17 QIPDG meeting- SO is now the lead for the admissions and discharge policy. task and finish group may be established. recovery date to be added.	All Trust policies and procedures relating to investigations are aligned to ensure that communication with families is meaningful.	30/10/2017	Overdue	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	Complete		March 2017 The Caring group received the final draft of the strategy and is due to be submitted to the QSC 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. June 2017 Strategy launched via 'message from Julie Dawes to all staff' and is on website. 31.07.17 SC validated this action is complete.	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	On track	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 1.3 QIPDG meeting agenda and papers for 20th June - action log item 215 gives link to strategy on website 1.4 website address for strategy: http://www.southernhealth.nhs.uk/get-involved/help-us-to-improve/experience-involvement-and-partnership-strategy/ 1.5 Message from Julie Dawes re launch of strategy.	1.1 Experience, Involvement and Partnership Strategy - final version
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 Review holistic assessment tools in use across all Trust services to ensure there is appropriate fields for involvement of family. Audit use of assessment tools in practice.	Paula Hull, Divisional Director of Nursing and AMPs and chair of Record Keeping and Care Planning Workstream John Stagg now chair of Record Keeping workstream (added Oct 2017)	Record Keeping and Care Planning Workstream	Sara Courtney, Chief Nurse	31/10/2017	Completed-unvalidated		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. Aug 2017 Audit of family involvement in care plans/risk assessments/crisis plans completed in OPMH; AMH audit data collection in Sept with report in Oct. LD audit to be completed in future. Holistic assessment and record keeping audit (SD) which includes involvement of families is in final draft with data collection in Sept and report in Oct. Sept 2017 Holistic tools on Rio have been reviewed, while some have space to record family involvement others do not - discussed at RKCP meeting 18.9.17. and agreed that AU would review	Better clinical outcomes and patient experience as well as reduced spend	31/01/2018	On track	Staff are directly involving families in care-planning.	1.1 Family Involvement Audit report OPMH RKCP minutes Audit results.	
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 2.2c Duty of Candour module in the Investigating Officer training workshop 2.2c 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, Ullyses System Developer Nick Fennmore, Head of Chaplaincy, Spiritual & Pastoral Care	Sara Courtney, Chief Nurse	30/06/2017	Complete		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. June 2017 pocket guides as reminders to staff re Duty of Candour have been designed with 6000 being printed for distribution across clinical services. 31.07.17 SC validated this action is complete.	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	On track	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	2.2c SI KPI dashboard 2.2c Duty of Candour internal audit 2.2c sharing reports masterclass slides
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 Macean, Associate Director of Safeguarding	Complaints Working Group Patient Safety Group Family First Involvement Group	Sara Courtney, Chief Nurse	30/09/2017	Completed-unvalidated	31/10/2017	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 DC Policy agreed through policy ratification group on 17/03/17, uploaded to intranet 21/03/17, for sign of 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. Aug 2017 completion of complaints policy extended to end Oct 17 in order to encompass feedback on draft and discuss/agree changes to processes. June 2017 Complaints policy and procedures being reviewed and will be circulated widely for comment prior to approval. Complaints working group had already feedback comments on policy. CW to review Safeguarding Policy in context of Duty of Candour. Family First Group are happy to review	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	On track	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). 1.3 Duty of Candour pocket cards 1.4 QIPDG minutes re LEAD review of training	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	Complete		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 31.07.17 SC validated this action is complete.	Staff are consistently documenting the involvement of families during/ following an investigation	30/11/2017	Completed-unvalidated	Investigation and reports demonstrate involvement of families where families wish to be involved.	2.3a Policy for Managing Incidents and Serious Incidents 2.3a Procedure for the Reporting and Management of Serious Incidents 2.3a Email confirming schedule of development of e-learning.	2.3a Sis where family involvement in Terms of reference. 2.3a Commissioning manager e-learning development schedule
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 questionnaire as a reference guide at the 48 Hour Panel and the CCG Quality checklist to 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	Complete		Jan 2017 SI policy and procedures reviewed. Appendix 11 contains the commissioner checklist. Use of this is at corporate panel is in section 5.2 of procedure. SI policy /procedure to be reviewed July 2017 following publication of new national SI Framework. June 2017 SI procedures amended to include reference to use of CCG Quality checklist/questionnaires. 31.07.17 SC validated this action as complete. NB: revised national SI Framework delayed.	Staff are consistently documenting the involvement of families during/ following an investigation	30/11/2017	Completed-unvalidated	All checklists demonstrate that families have been invited to contribute to the terms of reference	2.3b Procedure for the Reporting and Management of Serious Incidents. 2.3b Email confirming schedule of development of e-learning.	2.3b Commissioning manager e-learning development schedule
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 Ullyses to include specific headings to record any notes/detail on the steps taken to engage with families	2.3c Add consistent headings within Ullyses SIRI reports in family engagement	Helen Ludford, Associate Director of Quality Governance	Tom Williams, Ullyses System Developer	Sara Courtney, Chief Nurse	30/06/2017	Complete		May 2017 BC discussed possible changes to headings with TW. June 2017 Electronic Root Cause Analysis form on Ullyses has section for 'Involvement and support of the Injured Party'. The divisional and corporate panels check that family involvement is offered. Monthly audit completed re Duty of Candour. 31.07.17 SC validated this action is complete.	Staff are prompted to document the involvement of families during an investigation	31/08/2017	Completed-unvalidated	The Ullyses systems contains a section to document on the steps taken to engage with families	Procedure for the Reporting and Management of Serious Incidents. D of C 12 month report	1. screen shot of ullyses system
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	Complete		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. 31.07.17 SC validated this action is complete.	Investigating Officers are trained on steps taken to engage families and how to record onto Ullyses	31/12/2017	Completed-unvalidated	Investigating Officers feel confident on engaging families in investigations	2.3d Investigating Officers 2 day training presentation. 2.3d Investigating Officers training - Duty of Candour presentation. 2.3d Email confirming schedule of development of e-learning.	2.3d Feedback forms Oct 2016 2.3d Feedback forms April 2017 2.3d Feedback forms May 2017 2.3d How to share information training materials. 2.3d course attendance for 1.4 2.3d Review of IO role report 2.3d Commissioning manager e-learning
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	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	Complete		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. 31.07.17 SC validated this action is complete.	Families feel involved in the investigation as they wish to be.	31/12/2017	On track	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. June 2017 ER identifies all families where it is appropriate to send a survey. Has recently sent 4 surveys to families covering Jan - March 2017 period - has had 1 returned so far. This survey has positive feedback. ER will be discussing with family groups how best to gain feedback as a survey may not always be appropriate/best method of gaining feedback. Aug 2017 Survey of families on quarterly basis continues - however recognition that there are wider ways to	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 FLO report June Caring Group. 1.3 Family First minutes	1.1 Family Engagement FLO report 07/03/17 Caring Group 1.2 FLO report June Caring Group 1.3 Patient surveys

UIN	Carolan Theme	Recommendation	Trust Actions	Process Input (measures)	Responsible Lead	Essential Partners	Executive Accountability	Process Completion Date	Process Status	Recovery date	Progress Update (Process)	Expected Outcome	Measuring Success Date (Outcome Completion)	Outcome Status	Outcome Measure	Evidence in folders (Process)	Evidence in folders (Outcome)
2.5a	Improving the way the Trust communicates and engages with families	2.5a 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 & AMP (ISS)	Change Control Board Technology Transformation Team	Paula Anderson, Director of Finance Sara Courtney, Chief Nurse	31/10/2017	Completed- unvalidated		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 %. June 2017 Next of Kin figures are included in reports on Tableau so teams able to check performance. Aug 2017 N of K data reviewed weekly by Trust Executive Group - on 22 Aug compliance for N of K recorded for total caseloads was ISD 80.8%; OPMH 85.1%; MH 74%; LD 84.5%. Target is 80% patients have N of K recorded. Sept 2017 on 14 Sept Nof K for total case loads was recorded ISD 85% OPMH 85% MH 76%. LD 84%. CW attended RKCP meeting - agreed NOK recording on RIO was fit for purpose and NOK page on RIO amended. Oct 17 Julie Dawes weekly message on 30th Oct expressed a positive example of the importance of recording NOK.	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	Completed- unvalidated	Next of kin recording is in place consistently across the Trust	1.1 OpenRio/SysmOne Standard Operating procedures re Next of kin	1.1 Rio standard operating procedure re NOK 1.2 Tableau report NOK 18.8.2017 1.3 Message from Chief Exec
2.5b	Improving the way the Trust communicates and engages with families	2.5b 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 (Julia Lake, Susanna Preedy, Helen Leary, Carol Adcock, John Stagg, Nicky Bennet)	Divisional Records User Group	Paula Anderson, Director of Finance	31/10/2017	Completed- unvalidated		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. June 2017 N of Kin figures are improving - some services eg specialised services need to cleanse caseloads on RIO. Aug 2017 on 22 Aug compliance for N of K recorded for total caseloads was ISD 80.8%; OPMH 85.1%; MH 74%; LD 84.5%. Target is 80% patients have N of K recorded. Compliance figures for patients seen in last week/month are higher. Sept 2017 on 14 Sept Nof K for total case loads was recorded ISD 85% OPMH 85% MH 76%. LD 84%. CW attended RKCP group - the consent to share form on RIO was being reviewed OCT 17, Exec flash report on 30.10.17 for NOK/ other relationships total caseload was recorded ISD 83.5%, OPMH 86%, MH 76.2% and LD 85% Oct 17 the trusts expectations of 80% compliance rate with recording N O K data is happening across the board apart from MH although this is improving and will continue to be monitored by the CQC action plan.	A strengthened process for Next of Kin monitoring is in place across the Trust	31/10/2017	Completed- unvalidated	A metric is developed on Tableau for monitoring next of kin data	1.1 screenshots of tableau	
2.5c	Improving the way the Trust communicates and engages with families	2.5c 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	Completed- unvalidated		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. June 2017 draft of revised Information Sharing leaflet will be shared with Family First Group in July. Aug 2017 draft information sharing leaflet sent for comments - to be returned by end Aug. Sept 17 information sharing leaflet finalised and circulated.	Staff are competent in managing confidentiality and information sharing with families	31/03/2018	On track	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 SRI procedure. Investigating officer and commissioning manager role descriptions reviewed and updated version added to the SRI policy. May 2017 SI policy/procedures to be reviewed once new national SI framework. More CM training planned. June 2017 Review of IO role includes feedback on the role of commissioning manager - this review is currently being written up. Aug 2017 Review of IO roles found that IO and CM roles were not always clear and boundaries were blurred. Oct 17 Further IO training dates set for November 17. IO and CM roles are discussed. Recent CM training was cancelled due to low uptake. E-learning training for CM will be developed by 31.03.18.	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	On track	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 1.3 Review of IO role	1.1 IO report
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	2.6b 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	Completed- unvalidated		Jan 2017 Investigating officer (IO) and commissioning manager (CM) role descriptions reviewed and updated versions added to the SRI policy. May 2017 Serious Incident Policy will be reviewed once national Serious Incident framework is published- to include job description of FLO. June 2017 Policy has job descriptions of IO and CM included. SI training includes information on all 3 roles. FLO presents session on duty of candour. July 2017 Policy (10.7) has reference to FLO and Procedure (4.5) 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. Sept 2017 thematic review of FLO role initiated in quality governance team. June 2017 referral form to FLO is sent to the appropriate team by central SI team when notifying them re a SI. FLO reports summarise the number of families working with. Review of IO role - results currently being written up. Aug 2017 FLO attending divisional meetings and complaints team meetings to discuss role and support offered.	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	On track	Robust and clear descriptors and expectations of Trust staff roles who are involved in the investigation process Review of FLO role underway	1.1 Policy for Managing Incidents and Serious Incidents 1.2 Procedure for the Reporting and Management of Serious Incidents 1.3 Review of IO role	1.1 IO report
2.7a	Improving the way the Trust communicates and engages with families	2.7a 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. Sept 2017 thematic review of FLO role initiated in quality governance team. June 2017 referral form to FLO is sent to the appropriate team by central SI team when notifying them re a SI. FLO reports summarise the number of families working with. Review of IO role - results currently being written up. Aug 2017 FLO attending divisional meetings and complaints team meetings to discuss role and support offered.	FLO post is embedded within the Trust	30/06/2017	Complete	FLO receives referrals from Investigating Officers in a timely manner. 31.07.17 SC validated action as complete.	Caring group minutes LC IO review FLO reports SI Policy and Procedures divisional meetings minutes customer experience team minutes where FLO attended	FLO reports
2.7b	Improving the way the Trust communicates and engages with families	2.7b 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	On track		June 2017 FLO has links with suicide prevention support groups and signposts families to as appropriate. FLO met with police FLO representatives from Cornwall to discuss adapting training currently offered to police FLO for use across NHS with contact to be made with NHSE re launch of training nationally. Sept 2017 FLO has a number of resources in place and tailors resources/information shared to the individual family. Thematic review of FLO post is underway.	Families receive information for support according to their needs	30/06/2018	On track	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	1.1 Information leaflet for families 1.2 example of FLO referral	
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	On track		June 2017 leaflet for families regarding investigations has space to add in IO and FLO's name and contact details. Aug 2017 Review of IO role found role of commissioning manager/IO not always clear. Sept 2017 IO report shows that training is running for IO and CM, the responsibility of role to be reiterated back to divisions	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 training needs analysis with IOs and CMs 3.1a Review of the training programme	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	Complete unvalidated		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. June 2017 initial results of overview of training /family involvement discussed at QIPDG 27.6.17. CW to invite SJ to Families First Group August meeting to help inform next steps. Sept 17 Thematic review of IO role included feedback on training. any recommendations will be included in ext IO training. Oct 17 SJ attended families first group and agreed to add standard principles of involving families.	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 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	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. June 2017 initial results of overview of training /family involvement discussed at QIPDG 27.6.17. CW to invite SJ to Families First Group July meeting to help inform next steps. Oct 2017 SJ from LEaD to attend Families First group in October to discuss training needs re patient experience/engagement. 'Telling your story' workshop to take place in Nov - an AMH family member has signed up already. Family Nurse Partnership also has a young person who is happy to tell their story.	Training resources includes personal accounts of families	31/12/2017	On track	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	Training for Investigating Officers and also crucially for Commissioning Managers will align within the context of the Trust position statement on engaging with families following death of a service user 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	On track		June 2017 FLO/Chaplain have developed training for IOs on how to share reports with families. IO training is revised prior to each delivery to ensure any recent updates/changes to procedures are delivered. Review of IO role has included feedback on training - review currently being written up. Aug 2017 draft report on review of IO role circulated for final approval. Findings will be used to amend IO training as needed. Sept 2017 Report on review of IO role presented to TEC for discussion - report well received. IO training already has information on working with families.	Staff have a detailed resource on training for their roles as Commissioning Manager and Investigating Officer	30/06/2018	On track	Undertake an audit on implementation of improved training for Commissioning Managers and IOs		

UIN	Carolan Theme	Recommendation	Trust Actions	Process Input (measures)	Responsible Lead	Essential Partners	Executive Accountability	Process Completion Date	Process Status	Recovery date	Progress Update (Process)	Expected Outcome	Measuring Success Date (Outcome Completion)	Outcome Status	Outcome Measure	Evidence in folders (Process)	Evidence in folders (Outcome)
3.4	Increasing the competency of staff to engage with families	3.4 Developing person specifications for the Investigating Officer role that includes the competencies needed for successfully engaging with families	Training for Investigating Officers and also crucially for Commissioning Managers will align within the context of the Trust position statement on engaging with families following death of a service user 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	Completed- unvalidated	08/09/2017	May 2017 job descriptions reviewed. June 2017 Review of IO role - will make recommendations as to any further changes required in job descriptions. IO and CM job descriptions are included in SI Policy. 31.7.17 draft IO review report being finalised. Aug 2017 draft report on review of IO role circulated for final approval. Findings will be used to amend IO training as needed. 31.08.17 Final report to be presented to TEC on 13.09.17 for approval.	IOs and CMs are clear about their roles and meet the person specification	31/07/2017	On track - action required amending as original action did not produce desired outcome.	Robust and clear descriptors and expectations of Trust staff roles who are involved in the investigation process		1.1 Report IO role
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	As covered in action 3.4. In addition: 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	Completed- unvalidated	30/09/2017	May 2017 project to review investigating officer role underway - will look at capacity/training and feedback on the role. June 2017 Review currently being up - business case will need to be made based on results. Aug 2017 draft report on review of IO role circulated for final approval. Business case to be made based on findings 31.08.17 Final report to be presented to TEC on 13.09.17 for discussion. Oct 2017 Report well received at TEC - did not agree to centrally fund additional lead IO posts as recommended but that divisions need to make a business case to increase IO capacity if they wished to do so. HL to meet with ADONS for MH and LD to look at business planning for 2018 with regards to IO model.	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	On track - action required amending as original action did not produce desired outcome.	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	Completed- unvalidated		June 2017 review of IO role underway with results being written up currently. Monthly Lead IO supervision meeting in place. Oct 2017 Report on review of IO role presented to TEC in Sept and well received. Lead IOs receive monthly supervision with HL. 3.6a part 2 superseeded by IO report. Lead IO and CM to support IO should be clarified at 48 hour panel. Need to scope programme of psychological support for divisional IOs - Individual staff members can access psychological support as required (H.L)	Staff have a strong network of support and information sharing to enable their role competencies	31/12/2017	On track	Staff have a strong network of support and information sharing to enable their role competencies	1.1 Report IO role	1.1 Lead IO supervision minutes
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					Completed- unvalidated					On track - action required amending as original action did not produce desired outcome.			
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	Overdue		June 2017 discussed at Family First Group and agreed that it is not always appropriate to share interim/un - redacted reports eg if police are involved. Agreed that it is best practice to share an interim report but will need to consider on a case by case basis. Sharing of interim draft reports is included in IO training and in the Sharing Reports training. Need to include this requirement in the SI Policy and Procedures. Sept 2017 need to consider sharing of draft reports on case by case basis. More dates for training on 'sharing reports' circulated.	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	1.1 IO training 1.2 Sharing Reports training SI Policy and procedure	
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	On track		June 2017 discussed at Family First Group and agreed that it is not always appropriate to share interim/un - redacted reports eg if police are involved. Agreed that it is best practice to share an interim report but will need to consider on a case by case basis. Sharing of interim draft reports is included in IO training and in the Sharing Reports training. Need to include this requirement in the SI Policy and Procedures.	Reports are accurate and sensitive to the feelings of the families	31/03/2018	On track	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	On track		June 2017 progress with SI action plans being completed is on tableau and monitored at Quality Improvement and Planning Delivery Group. Need to amend SI Policy and Procedure to capture this action.	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	Sara Courtney, Chief Nurse	31/12/2017	On track		May 2017 quality of serious incident reports is being reviewed. Workshop on best practice in June 2017. June 2017 Corporate panel feeding back when reports are not clear. Aug 2017 CCG positive feedback re quality of SI reports. Increase over time in the number of SIs which are approved first time at Commissioner SI panel reflects increasing quality. Oct 2017 Niche draft audit report of SI and Morality action plan recognises improvements made in trust in SI investigations although still further improvements to be made. Childrens services and LD services have lay member on panels.	All reports are clear and easy to understand for families	30/06/2018		All reports are clear and easy to understand for families Childrens and LD already have lay members on panel, AMH mortality have a lay person about to start	1.1 North Hants CCG email re quality of SI	
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	On track		June 2017 100% of SIs were meeting 60 day deadline for uploading of quality SI report approved by commissioners onto STEIS. There has been agreement to extend a small number beyond the 60 deadline at family's request when further time to review the report has been requested. Aug 2017 94% 15/16 SI uploaded within 60 day target - first time in 12 months that there has been a breach - had achieved 100% since June 2016.	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	On track		May 2017 FLO is sending questionnaires to families for feedback. Results are included in reports to Caring Group. June 2017 FLO completing quarterly survey of families and is also exploring how best to gain feedback from families as survey not always most appropriate method. A family member is going to attend an Evidence for Improvement panel soon. Aug 2017 Quarterly surveys of families continues - with discussions ongoing about how to request feedback as surveys not always most appropriate method. Family member to attend evidence of improvement panel in late 2017. Sept 2017. 1 family member to attend Evidence of improvement panel 29/9/17. MH offered family to visit site, however the family declined. FLO will feed back to staff ,actions i.e carparking and signage to Melbury lodge. FLO to then go back to families.	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 Evidence of improvement panels Southfield carers work	

