

UIN	Carolan Theme	Recommendation	Trust Actions	Process Input (measures)	Responsible Lead	Essential Partners	Executive Accountability	Process Completion Date	Process Status	Recovery date	Expected Outcome	Measuring Success Date (Outcome Completion)	Outcome Status	Recovery date	Outcome Measure
1.1a	Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services	1.1a 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-1 Establishment of a Task and Finish Group for the Family Involvement Action Plan and the family first involvement group 1.1a-2 Contacting and engaging with service users, families and staff to establish a network of stakeholders interested in working with the Trust 1.1a-3 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 Liz James, Area Head of Nursing and AHPs Pam Sorensen, Engagement Advisor	Sara Courtney, Chief Nurse	30/04/17	Complete		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.	30/04/17	Complete		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.
1.1b	Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services	1.1b 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-1 Carer involvement in developing and co-producing plans and actions as described in actions 1.1 1.1b-2 Creating a communications plan 1.1b-3 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 Paul Draycott, Head of HR	Sarah Cole, Family Therapist Specialised Services	Sara Courtney, Chief Nurse	30/09/17	Completed-unvalidated		In the identification of best practice methodologies, there are a set of enabling strategies that need to be delivered.	30/04/18	On track		Co-produced plans which are coherent
1.1c	Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services	1.1c 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-1 Co-produce a carer's charter/statement of principle that aligns with HCC development of a carers strategy 1.1c-2 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) 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	30/06/17	Completed-unvalidated		Staff understand what is expected of them with regards to family involvement; Equally, families understand what to expect from our services	30/04/18	On track		Staff understand what is expected of them with regards to family involvement; Equally, families understand what to expect from our services
1.1d	Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services	1.1d 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 Phase 2: 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	30/04/18	On track		Divisional champions and accountable leads will work with service users, patients and families to encourage development of practice	30/04/18	On track		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	1.1e 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		
1.1f	Recognising that family involvement begins with the very first patient contact, and that it is critical to delivering effective healthcare services	1.1f 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	30/08/17	Overdue	31/12/17	Families know who to contact if they have any questions	28/02/18	On track		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	1.1g 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 Insure that familys are involved in the process of the clinical services strategy redesign 1.1g To clearly identify when familys should be engaged and support offered	Chris Woodfine, Head of Patient Experience and Engagement		Sara Courtney, Chief Nurse	28.02.18	On track		Carers needs are assessed and support provided		On track		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	1.1h 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	1.1h-1 map out existing support posts, identifying strenghts and weaknesses. 1.1h-2 describe an ideal model	Chris Woodfine, Head of patient Experience and Engagement		Sara Courtney, Chief Nurse	30.06.18	On track		Within services there is a local lead/champion		On track		Within services there is a local lead/champion

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				1.1h-3 develop plans to implement model				31.03.19	On track						
2.1a	Improving the way the Trust communicates and engages with families	2.1a 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 SIRI and complaint investigations to ensure that they are informed by the same principles of engagement with families	2.1a-1 Undertake a review of all policies and procedures relating to SIRI and complaint investigations with input from front-line clinical staff 2.1a-2 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	31/07/17	Complete	31/10/17	All Trust policies and procedures relating to investigations are aligned to ensure that communication with families is meaningful.	30/09/17	Complete	31/10/17	Involvement of families' in the review of the SIRI policy and procedure and complaints policy, as identified by the reviewers/contributors within the policies.
2.1b	Improving the way the Trust communicates and engages with families	2.1b 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) Julia Lake ADON BU2 (Sarah Olley) MCP		Sara Courtney, Chief Nurse	30/09/17	Overdue	31.01.18	All Trust policies and procedures relating to investigations are aligned to ensure that communication with families is meaningful.	30/10/17	Complete		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	2.2a 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	30/04/17	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.	30/04/18	On track		Compliance with the standards outlined in the overarching Trust strategy.
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 AHPs and chair of Record Keeping and Care Planning work stream. John Stagg now chair of Record Keeping work stream (added Oct 2017)	Record Keeping and Care Planning Work stream	Sara Courtney, Chief Nurse	31/10/17	Complete		Better clinical outcomes and patient experience as well as reduced spend	30/04/18	On track		Staff are directly involving families in care-planning.
2.2c	Improving the way the Trust communicates and engages with families	2.2c 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-1 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-2 Duty of Candour module in the Investigating Officer training workshop 2.2c-3 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 Fennemore, Head of Chaplaincy, Spiritual & Pastoral Care	Sara Courtney, Chief Nurse	30/06/17	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	31/03/18	On track		Compliance with Duty of Candour as monitored through the SI and mortality KPI dashboard and audit of records

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2.2d	Improving the way the Trust communicates and engages with families	2.2d 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-1 Review the Being Open policy incorporating the legal Duty of Candour 2.2d-2 Review the SI policy and procedure 2.2d-3 Review the complaints policy 2.2d-4 Review the safeguarding policy 2.2d-5 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	30/09/17	Complete	31/10/17	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	31/12/17	Completed- unvalidated		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
2.3a	Improving the way the Trust communicates and engages with families	2.3a 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	31/05/17	Complete		Staff are consistently documenting the involvement of families during/following an investigation	30/11/17	Complete		Investigation and reports demonstrate involvement of families where families wish to be involved.
2.3b	Improving the way the Trust communicates and engages with families	2.3b 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	31/07/17	Complete		Staff are consistently documenting the involvement of families during/following an investigation	30/11/17	Complete		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	2.3c 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	30/06/17	Complete		Staff are prompted to document the involvement of families during an investigation	31/08/17	Complete		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	2.3d Add family engagement and its recording to SIRI training workshop	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	31/05/17	Complete		Investigating Officers are trained on steps taken to engage families and how to record onto Ulysses	31/12/17	Complete		Investigating Officers feel confident on engaging families in investigations
2.4a	Improving the way the Trust communicates and engages with families	2.4a 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	31/03/17	Complete		Families feel involved in the investigation as they wish to be.	31/12/17	Complete		Families understand how investigations will be conducted, how they can get involved and be signposted to appropriate support and advice
2.4b	Improving the way the Trust communicates and engages with families	2.4b 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	31/12/17	Complete		Families feel involved in the investigation as they wish to be.	30/04/18	On track		Families report positive feedback in their involvement and support offered

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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-1 Amend the Next of Kin section on Rio to ensure that this field is made mandatory 2.5a-2 Embed review of training and guidance for Next of Kin data within the Change Control Board Terms of Reference 2.5a-3 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 (ISD) John Stagg, chair of Record Keeping and Care Planning work stream	Change Control Board Technology Transformation Team	Paula Anderson, Director of Finance Sara Courtney, Chief Nurse	31/10/17	Complete		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.	31/10/17	Complete		Next of kin recording is in place consistently across the Trust
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	31/10/17	Complete		A strengthened process for Next of Kin monitoring is in place across the Trust	31/10/17	Complete		A metric is developed on Tableau for monitoring next of kin data
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-1 Deliver a families workshop to understand their perspective on barriers to engage 2.5c-2 Understanding the staff perspective on blocks to information sharing 2.5c-3 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		31/10/17	Completed-unvalidated		Staff are competent in managing confidentiality and information sharing with families	31/03/18	On track		RiO records show the judgements staff have made on information sharing when working with families and service users
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-1 Scoping of improved training for Commissioning Managers on the SIRI procedure which should be standardised across the Trust 2.6a-2 Ensure roll out of improved training for Commissioning Managers 2.6a-3 Undertake an audit of the findings on implementing improved training of Commissioning Mangers	Elaine Ridley, Family Liaison Officer Helen Ludford, Associate Director of Quality Governance		Sara Courtney, Chief Nurse	31/12/17	Completed-unvalidated		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	31/12/17	Completed-unvalidated		Robust and clear descriptors and expectations of Trust staff roles who are involved in the investigation process
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	31/07/17	Complete		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	31/12/17	Completed-unvalidated		Robust and clear descriptors and expectations of Trust staff roles who are involved in the investigation process Review of FLO role underway
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-1 FLO to attend governance and business meetings across divisions to raise awareness of her role and follow up after 6 months 2.7a-2 Investigating Officer makes contact with the FLO via the IMA panel	Elaine Ridley, Family Liaison Officer	Investigating Officers	Sara Courtney, Chief Nurse	31/12/17	Complete		FLO post is embedded within the Trust	30/06/17	Complete		FLO receives referrals from Investigating Officers in a timely manner. 31.07.17 SC validated action as complete.

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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-1 Family Liaison Officer to identify the key resources that families may need access to 2.7b-2 FLO to develop a resource bank of community resources	Elaine Ridley, Family Liaison Officer	Third sector networks (external)	Sara Courtney, Chief Nurse	31/12/17	Complete		Families receive information for support according to their needs	30/06/18	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
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. 2.8 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	2.8 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	31/10/17	Complete		Staff provide the right contact details to the families and that there are clear processes of handover when a staff member changes their role	31/12/17	Complete		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	3.1 Conduct a review of training for staff on the importance of engaging with families in investigations with input from the Family First Involvement Group.	3.1-1 Conduct a review of training for staff on the importance of engaging with families in investigations with input from the Family First Involvement Group. 3.1-2 Conduct a training needs analysis with IOs and CMs 3.1-3 Review of the training programme	Helen Ludford, Associate Director of Quality Governance	Chris Woodfine, Head of Engagement and Experience	Sara Courtney, Chief Nurse	31/10/17	Complete		Training for Investigating Officers and CMs are co-produced with families	31/12/17	Completed-unvalidated		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.	3.2 The training content includes personal stories, videos, case studies/testimonies	3.2-1 Scope improved training programme including training content 3.2-2 The training content includes personal stories, videos, case studies/testimonies 3.2-3 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	31/12/17	Completed-unvalidated		Training resources includes personal accounts of families	31/12/17	Completed-unvalidated		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 3.3 Deliver the training programme as defined by action 3.2	3.3-1 Training to be made available online or a folder resource 3.3-2 Ensure roll out of training programme through LEaD	Helen Ludford, Associate Director of Quality Governance	Learning, Education and Development (LEaD)	Sara Courtney, Chief Nurse	31/03/18	On track		Staff have a detailed resource on training for their roles as Commissioning Manager and Investigating Officer	30/06/18	On track		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 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 3.4 Review the role description and person specification for the CM and IO role and develop specific competencies	3.4-1 Undertake a review job descriptions of the IO, CM and FLO 3.4-2 Ensure clarity of roles and responsibilities 3.4-3 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	31/07/17	Complete	08/09/17	IOs and CMs are clear about their roles and meet the person specification	31/07/17	Complete	31.03.18	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	As covered in action 3.4. In addition: 3.5 To review the capacity of the central investigation team	3.5-1 To review the capacity of the central investigation team 3.5-2 Produce a business case following the review as appropriate	Helen Ludford, Associate Director of Quality Governance	SIRI team	Sara Courtney, Chief Nurse	30/06/17	Complete	30/09/17	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	31/10/17	Complete	31.03.18	Robust and clear descriptors and expectations of Trust staff roles who are involved in the investigation process
3.6	Increasing the competency of staff to engage with families	3.6 Providing peer support opportunities and administrative help for Investigating Officers	3.6 To assess the IOs need for supervision and support and devise a programme	3.6-1 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 3.6-2 Commission Psychologists to review roles and conduct an analysis and feedback 3.6-3 Develop a peer support network of lead Investigating Officers 3.6-4 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	31/10/17	Complete		Staff have a strong network of support and information sharing to enable their role competencies	31/12/17	Complete		Staff have a strong network of support and information sharing to enable their role competencies

UIN	Carolan Theme	Recommendation	Trust Actions	Process Input (measures)	Responsible Lead	Essential Partners	Executive Accountability	Process Completion Date	Process Status	Recovery date	Expected Outcome	Measuring Success Date (Outcome Completion)	Outcome Status	Recovery date	Outcome Measure
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					Complete				Complete		
4.2	Improving the quality of reports	4.2 Giving families access to findings of any investigation including interim findings.	4.2 Establish a protocol on sharing interim findings with families whilst maintaining factual accuracy and adhering to timescales	4.2 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	30/09/17	Completed-unvalidated		Reports are accurate and sensitive to the feelings of the families	31/12/17	Completed-unvalidated		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	4.3 Ensure that families are given the opportunity to comment on the findings and that this is a clear step in protocol	4.3 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	31/12/17	Completed-unvalidated		Reports are accurate and sensitive to the feelings of the families	31/03/18	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	4.4 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: 4.4-1 Action planning with families to be monitored at the WAGs and MOMs 4.4-2 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	31/12/17	Overdue		Families are informed where they wish to be of progress made on agreed actions	31/12/17	Overdue		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	4.5 Ensure that the reports are written in plain English, avoiding jargon, or provide comprehensive glossary of terms and a list of abbreviations	4.5-1 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 4.5-2 Each divisional SIR panels and corporate SIRI panel will have a lay member representative 4.5-3 Provision of a checklist for Ulysses, to ensure that the author includes a glossary 4.5-4 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	31/12/17	Completed-unvalidated		All reports are clear and easy to understand for families	30/06/18	On track		All reports are clear and easy to understand for families Children's and LD already have lay members on panel, AMH mortality have a lay person about to start
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	4.6 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: 4.6-1 Communications plan to include detail/note of family preference for timely contact 4.6-2 Ensuring that SIRI procedure details clear arrangement for point of contact following closure of an investigation	Investigating Officer		Sara Courtney, Chief Nurse	31/12/17	Completed-unvalidated		Families are able to be involved at a time that is suitable to them	31/03/18	On track		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	4.7 Develop mechanisms for feedback from families to enable Trust to measure changes in involvement of families in investigations	4.7-1 Generate qualitative data from surveys and interviews with families to evidence families' involvement 4.7-2 Evidence of families attending the Improvement Panel to observe the improvements made as a result of the recommendations from the investigations 4.7-3 Inviting families to visit the service to illustrate the changes 4.7-4 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	31/03/18	On track		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	On track		Survey responses are positive and attendance levels of families at improvement panels

