

Stage 2 Independent Investigation Report: ‘Right First Time’ Status Report February 2022

1. Trust update

1.1. The table below summarises the work done by the Trust to realise the ambitions of the Stage 2 report. The table describes the actions taken since the report was considered at the HASC meeting on 19th October 2021 **in bold**. Clearly since November we have been responding to the impact of critical incident level 4 being called but we have continued to prioritise these important workstreams..

1.2. Progress towards the completion of the actions set out below are being monitored by the Trust Board and its sub-committees. These assurance processes are taking place during March and will be then considered by the Quality Governance leads in both the ICS and Regional Office. This report therefore should be considered as an update rather than confirmation of completion.

Recommendations		Status Report
R1	SHFT's Complaints, Concerns and Compliments Policy and Procedure documents should be urgently reviewed and reformed. They should be combined into a single document. The policy should prioritise service users, family members and carers. SHFT should work with these groups to co-produce it. It must be clear, straightforward and in an easily understood format. All members of staff must undertake mandatory training on the new Policy and Procedure.	<p>The Trust’s procedure and practice for dealing with complaints has already been revised. The practice now is that frontline service managers and clinicians respond the same day by contacting the complainant, clarifying what it is that they are unhappy about, agreeing timescales and what needs to be done to achieve resolution. We are clear that complaints are locally managed with central support, and this is reflected in the revised policy.</p> <p>87% of all complaints in 2020/21 were completed through early resolution at source. For all complaints that were escalated the response time has reduced from a median of 57 days (March 2020) to a median of 23 days (January 2022).</p>
R2	SHFT should clarify what complaints management system is actually in place in the organisation, whether this is centralised or locally managed, and further go on to ensure the system is publicised and shared in clear language with staff, service users, family members and carers.	<p>The Trust is a pilot site for the new complaints standards issued by the Parliamentary and Health Service Ombudsman (PHSO).</p> <p>The Trust’s Policy has now been revised to reflect current practice.</p> <p>The policy was developed through extensive consultation and engagement with stakeholders. This included the Parliamentary Ombudsman Assessment focus groups, the Working in Partnership Committee, staff and the Patient Experience and Caring group.</p>

		<p>The updated policy was shared with the Working in Partnership Committee on 17.2.22 and was approved by the Quality and Safety Committee on the 15th February 2022. The policy will be published on the Trust website.</p> <p>A program of training via the Parliamentary and Health Service Ombudsman (PHSO) pilot is being implemented between now and Autumn, when the new complaint standards will be rolled out.</p>
R3	SHFT should clarify and define the role of PALS and if proceeding with it, co-design and co-produce a strategy and implementation plan for its development throughout the organisation. The service must be accessible, supportive and responsive to service user and carer needs.	The Carers and Patient Support Hub was launched in January 2022. We are currently identifying pilot sites for a physical presence as well as access via email, text messaging and telephone for the rest of the Trust. Sites identified to date include Lymington hospital and St. Denys community centre. This approach was agreed with the Patient Experience Group who will continue to develop the Hub based on feedback.
R4	SHFT should urgently implement a process to monitor the quality of the investigation of complaints, complaint reports and responses and the impact of recommendations from complaints. That system should test the extent to which outcomes and judgments are evidence-based, objective and fair.	Complaints reports and responses are quality assured by Executive Directors/Chief Executive. A comprehensive report on complaints is scrutinised by the Quality and Safety Committee. Since January 2021 we put in place a follow up contact with people who have complained to gain feedback; these surveys and the qualitative information are fed into the Patient Experience and Caring Group on a quarterly basis.
R5	SHFT should re-develop its Complaints Handling leaflet that reflects the complaints process, outlines expectations and timelines for service users, family members and carers. It must be co-designed and co-produced with these groups. The documents should be widely available to all in paper and digital format.	Leaflets have been co-designed and co-produced with the Working in Partnership committee, service users and staff. They are available in paper format as well as online and it is made clear that we can provide these forms in additional languages. An easy read leaflet will also be produced via our easy read group of service users.
R6	During the investigation of complaints, SHFT should offer the opportunity for face-to-face meetings as a matter of course. These meetings should provide the time to discuss with complainants about how they wish their complaint to be handled and a timeframe for a response, should be agreed. SHFT should maintain	As part of our changed practices around working with complainants, we offer the opportunity for face-to-face meeting. Our routine practice now includes earlier intervention by our clinical teams, dialogue directly with people to understand their preferences for resolution and putting these in place, regular keeping in touch during the response and improving the way we communicate our findings.

	communication with the complainant throughout, with a full explanation for any delays.	
R7	SHFT should ensure that all complainants that go through its complaints handling process, have access to advocacy services where required. SHFT should be alert to the importance of perceived independence of representation. Therefore, it should look to Third sector organisations that it can facilitate access or signpost their availability for complainants. This should be co-ordinated so as to be part of the complaints handling process.	We have identified local advocacy services and actively promote them through our website and via the Carers and Patient Support Hub. A document for staff has been produced listing all available support services and we are actively working with Connect to Support Hampshire to promote their directory of services
R8	There is a vital and continuing need for SHFT to re-build trust and confidence with the population it serves. To achieve this end SHFT should continue its move away from a past unresponsive culture and defensive language. Today, SHFT acknowledge the need to balance accountability and responsibility by ensuring that it meets the Duty of Candour and admits its mistakes. To achieve this, SHFT needs to ensure all staff are trained and understand the Duty of Candour and take a positive pro-active approach in all future engagement with families, carers, and service users, to ensure that their needs are met.	<p>The Duty of Candour is promoted in staff training and in practice. Compliance is reviewed at the Patient Experience Group via a quarterly report.</p> <p>Our Investigating Officers and Family Liaison Officers openly engage with families when they are part of an investigation and also check that the service lead has shared information openly and honestly. It is also something that is considered by the corporate SI panel. Patients or family members are always offered a copy of the investigation.</p>
R9	SHFT should co-produce with service users, carers and family members, a Communications Strategy to identify a 'road map' for improving communications. This should include, but is not limited to, mandatory training on communication across the whole of SHFT, including improving internal communications and the development of a protocol setting out how SHFT will provide support to its service users, carers and family members. It should create specific roles to provide this support. SHFT recruitment processes should include good and effective communication skills	<p>Work has been done and will continue to co-produce more effective communication channels with service users, carers and family members.</p> <p>The Trust has specific roles to support engagement and communication with service users, carers and families which includes carer peer support roles and Family Liaison Officers.</p> <p>The communications and patient engagement strategies have been reviewed to ensure alignment and this is regularly monitored.</p> <p>Communication skills training modules are already available. All existing training has been reviewed. There are existing training and development modules which incorporate effective communications and interpersonal skills. In addition, new training for line managers has</p>

	<p>criteria for all roles at every level of the organisation.</p>	<p>been developed and will be introduced in March 2022, a key aspect of which is communications skills.</p> <p>All recruitment processes have been reviewed to ensure that communications skills are clearly specified for all roles in person specifications and job descriptions, and that this is assessed at shortlisting and interview.</p> <p>Ensuring effective, compassionate communication in all contexts and between all audiences will always be an area for continuous improvement and development. As part of this the Communications Strategy for the Trust is due to be updated during 2022 and patients, carers, families and staff will be involved in this process.</p>
R10	<p>SHFT should develop a Carer's Strategy, in which the aims and actions are understood and are to be articulated by carers, working together with staff. As a minimum, these actions should be reviewed annually at a large-scale event with carers at the centre. In future, carers must have the opportunity to articulate their needs and the actions needed to address them. Part of this process should be the enhancement and wider use of the Carer's Communication Plan, which must be underpinned by relevant training.</p>	<p>Our carers action plan is aligned to the Hampshire Joint Strategy for Carers and the Southampton Strategy for Carers. Our plan was co-produced with a variety of stakeholders, particularly the Families Carers and Friends group who have oversight and monitor the plan. The action plan is a 'live' document and actions are added based on feedback and any issues highlighted to us by our carers.</p> <p>The use of Carers Communication Plans will be continuously monitored.</p> <p>We have a project underway looking specifically at engagement with lesser heard carers, e.g., military families, carers from rural areas, gypsy and traveller community, black and minority ethnic communities and young carers. We are also just starting a project to look at discharges and the effects on carers. We are strengthening our work with voluntary sector organisations to enable all of this work, and carers themselves are leading on aspects of the projects.</p>
R11	<p>SHFT should ensure all staff are all rapidly trained to understand the Triangle of Care and that these principles are clearly communicated across SHFT to all staff to ensure greater awareness. The Quality Improvement methodology should be used to measure the impact of the Triangle of Care.</p>	<p>The Triangle of Care is one of the approaches the Trust has for supporting carers.</p> <p>An increased number of Triangle of Care workshops have been offered and options for attending sessions out of hours and via webinar. 10 carers leads have been trained to deliver the training. An introduction module to give all staff an understanding of the principles and process is available online. The principles are included in local induction.</p> <p>The introduction of Esther coaching will further enhance and reinforce the Triangle of Care principles.</p>

		<p>Esther Improvement Coaches are specially trained dedicated members of staff who support the development of other staff to create a culture of continuous improvement to ensure person-centred care. User involvement is integral to the model, building a network around the patient including family, friends and key staff.</p>
R12	<p>SHFT should set up regular localised drop-in sessions and groups for carers and remote carers, which provides support and advice to meet local needs, to include ongoing peer support.</p>	<p>There are several groups already in existence and the new Carers and Patients Support Hub. The service will provide single point of contact for issues and concerns, with a hub and spoke model for outreach and drop-in sessions. The hub will include peer/ carer volunteer support and voluntary sector partners will be invited to run support sessions</p>
R13	<p>The Panel recommends that SHFT strengthens its links with the local Hampshire Healthwatch, to ensure that the voices of service users, family members and carers are heard locally. This relationship should be formalised and monitored through a quarterly feedback session between SHFT and Hampshire Healthwatch, with a written report that is publicly available.</p>	<p>The Trust has a good relationship with each of the Healthwatch groups. The Trust Chair and Chief Executive meet with Healthwatch groups. Formal feedback from Healthwatch will always be made available on the Trust's website.</p>
R14	<p>SHFT should pay due regard to the 7th principle and 8th principle of the UK Caldicott Guardian Council in recognising the importance of the duty to share information being as important as the duty to protect patient confidentiality. Through training, supervision and support, staff need to be empowered to apply these principles in everyday practice and SHFT should be transparent about how it does so.</p>	<p>The Trust already promotes the importance of both principles. There are mechanisms in place to hear directly from carers and family members about how the principles are applied in practice.</p> <p>We will continue expansion of the Triangle of Care training and the incorporation of this ethos into our services.</p> <p>The information governance training has been updated and therefore all staff will access this when they undertake their annual training. Identifying good practice or training opportunities will continue to be a key part of Learning from Events and feedback forums.</p> <p>In learning from events and the subsequent learning across the Trust we will look for evidence of the principle being upheld, highlight good practice and encourage a closer understanding where practices could be improved.</p> <p>We will continue to ensure Carers Forums are attended by senior clinical leaders and share learning from these events widely. This will form part of ongoing monitoring. This is a continuous area of development and improvement.</p>

R15	<p>SHFT should seek to improve both the quality of the handover and the sharing of information between clinicians involved in patient care, to include nursing, medical, therapy and pharmacy staff. This should extend, where relevant, to all care settings, including, SHFT and General Practices across its divisions.</p>	<p>This is an important aspect of the daily routines of all clinicians. We need excellent communications throughout a patient journey from community, through a crisis into hospital and then back home into the community again. This includes GPs, social services, pharmacy, acute hospitals, care homes etc. This is an area for continuous improvement.</p> <p>Internal communication is being improved through many workstreams, examples include: strengthening the multidisciplinary team meeting, better operability and access to RIO (our electronic clinical record system where we record clinical notes), ensuring dedicated time for handovers and an established methodology to make the handover process more productive, use of Rio mobile and Rio on our physical health wards, and prioritising the further development of Risk and Care plans.</p> <p>External communications are being improved, for example: a pharmacy review of all medications prior to discharge including direct communication with GPs; timely use of redesigned discharge summaries; and working with partners to improve the way different clinical systems across the health and care sector digitally exchange information in real time. (NHSX are leading on legislative work to accelerate this interoperability work nationally).</p> <p>All doctors have a required reflection and discussion each year in their appraisal about their communication skills. We will look to echo this approach to all our staff, both clinical and non-clinical.</p> <p>There are opportunities to listen to patients', families' and carers' views on communication via various surveys and direct requests for feedback.</p>
R16	<p>SHFT must make swifter progress in developing the Patient Experience Dashboard to ensure that it is able to triangulate data and information effectively. It should consider using the data from the Triangle of Care processes to inform this Dashboard. It should also implement specific audits of carer feedback at a local level.</p>	<p>The Patient Experience dashboard is in place and presented at the Quality and Safety Committee on a quarterly basis. The measures are regularly reviewed and will continue to be developed. This will include user defined standards for mental health and physical health inpatient and community services.</p> <p>The Carers survey is now part of our automated audits. We are currently surveying young carers in partnership with Hampshire Young Carers Alliance and also carrying out a survey with carers on discharge and the impact on carers.</p>

R17	SHFT should adopt the Patient Safety Response Incident Framework and National Standards for Patient Safety Investigations (published by NHSE/me in March 2020) for reporting and monitoring processes, when they are introduced nationally.	<p>Agreed. The framework has been released and NHS England are working with early adopter sites. The final framework and standards will be informed by the early adopter sites and released in Spring 2022 and organisations are then expected to transition to this.</p> <p>In advance of this we have been developing our own processes to prepare for readiness and recently (October 2021) gained accreditation from the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN)</p>
R18	It is recommended that future NHS patient safety frameworks for Serious Incidents should acknowledge and incorporate the different needs of patient groups, such as physical health, mental health and learning disability and the unique context in which the incident took place.	The timing of the publication of the revised Patient Safety Response Incident Framework and National Standards has been delayed with the evaluation report on the pilots released at the end of January. Our investigation process enables the involvement of subject experts from services to incorporate the needs of different patient groups as well as reflecting the needs of individual patients and families in the way the investigation is carried out. Inequalities data is now recorded on Ulysses to identify themes.
R19	SHFT should provide a clear and transparent definition of 'independence' and an open and accessible explanation about its processes for ensuring its investigations are 'independent'. The definition and explanation should be available to service users, carers and family members and staff. SHFT should also set out criteria which indicate when an independent and external investigation in respect of a Serious Incident will be conducted and who, or which organisation, will commission it.	Patients and families are provided with a clear explanation of our approach to independence and a letter confirming this is sent to the family prior to investigation. Our patient and family leaflets have been updated to include a definition on the levels of independence and these will be signed off by the Patient Experience Group in March 2022.
R20	In the case of an enquiry into a Serious Incident that requires an external independent investigation, there should be a fully independent and experienced Chair, the background and qualities of whom should be specific to the facts of the case subject to investigation.	This is current practice. The Trust in conjunction with NHS England, will commission fully independent reviews where appropriate.
R21	Following a Serious Incident, SHFT should ensure that families, carers and service users, with limited resources, can access external legal advice, support, or advocacy services, as required. Due to potential conflicts of interests, SHFT should not	Signposting advice has been collated and is made available to people through the Carers and Patients Hub as well as through our processes for complaints and serious incident investigations. The Family Liaison Officer signposts families to 'Help At Hand' and 'Coroner's guides' for all deaths. Advice also given about how to make a medical negligence claim if the family ask how to do this.

	fund such support services directly, but should explore options with local solicitor firms and Third sector or not-for-profit organisations, to facilitate access or signpost their availability.	
R22	The job description for SHFT's Investigation Officer role should include specific qualities required for that post. The minimum qualities should include integrity, objectivity and honesty.	Job descriptions in Southern Health are clear on the skills, experience, qualities and values required for all roles. The Investigation Officer job description has been reviewed and amended.
R23	SHFT should develop a more extensive Investigation Officer training programme, which includes a shadowing and assessment process. Service users, family members, carers and clinical staff should be involved in the development of this programme. It should include, but is not limited to, regular refresher training, a structured process for appraisals, a continuous professional development plan and reflective practice. This will ensure continuous quality improvement in the centralised investigations team.	<p>The Investigation Officer training package will be updated (June 2022) when PSIRF is launched and following completion of the Healthcare Safety Investigation Branch training (31.3.22). It will be co-produced with the support of the Family Liaison Officer.</p> <p>We will set up a continuous improvement network including patient and family feedback to support the development of the Investigating Officers. This will be collated quarterly and shared with the Learning from Events Group. The Trust already has a structured approach in place for appraisals and we ensure there is access to both reflective practice and a professional development plan.</p>
R24	SHFT should urgently change and improve the Ulysses template for investigation reports to ensure that all completed investigation reports are accessible, readable, have SMART recommendations and demonstrate analysis of the contributory and Human Factors.	<p>The Ulysses template has already been amended as part of the Serious Incident Review Accreditation Network (SIRAN) accreditation, which was successfully achieved in October 2021. An audit will be carried out after 6 months to support continuous improvement on these measures.</p> <p>During 2022 there are likely to be further changes as the Trust introduces the new national standards and also continues to develop the principles of Safety II where we proactively understand the practices and processes in place when things go well.</p>
R25	All completed investigation reports in SHFT should explicitly and separately document the details of family and carer involvement in the investigation, in compliance with any data protection and confidentiality issues or laws.	We agree. This is current practice and is a requirement for the completion of investigation reports.
R26	SHFT must share learning more widely throughout the whole organisation and ensure that staff have ready access to it. The Trust should ensure staff attend learning events to inform their practice.	The Trust has a range of 'Learning from' programmes including Hot Spots, Learning Matters and Governance Snapshots which are available to all staff on intranet. Trust wide Learning from Events groups and specialty level groups are in place. We are currently working with the National Air Traffic Control Services (NATS) on translating lessons into learning, behaviour and culture change.

		This is an area that the Trust will always be working to continuously improve.
R27	SHFT should have in place, as a priority, a mechanism for capturing the views and feedback of the service user, family member and carer about the entire SI investigation process. This should be monitored at regular intervals for learning purposes and should be shared with the central investigations team and the Board.	<p>The feedback form has been co-produced with families. A quarterly report will go to Quality & Safety Committee from quarter one 2022/23, detailing the feedback received.</p> <p>We will collate feedback on investigations from a number of sources including families and Coroners and report this to the Patient Experience and Caring Group. The membership and Terms of Reference of this group has been amended to include their role in hearing feedback about services.</p> <p>Thematic reviews of investigations, complaints and other learning will be shared at the Learning from Events group and Quality & Safety Committee at the end of Q1 (June 2022).</p> <p>There is a staff checklist in place to ensure regular involvement with families and carers which will be audited in April 2022, and we will use this to further develop family/ carer involvement in investigations as part of the PSIRF implementation.</p>
R28	SHFT should improve the quality of the Initial Management Assessments (IMAs) that are provided to the 48-hour Review Panel to ensure that the decision-making process for the type of investigation required is robust, rigorous and timely. This should be done through a systematic training model and quality assurance mechanisms should be put in place	The review and redesign of the Trust's incident review panel processes are ongoing and will be completed by 31 st March 2022. A working group involving staff is currently reviewing completion of incident forms and IMAs, the redesign of staff guidance and revised IMA template; and the separation of 48hour panels and mortality panels which will form part of the Medical Examiner review process implementation.
R29	SHFT should produce a quarterly and annual Serious Incidents Report, which should provide a mechanism for quality assurance. It should be presented to the Board and available to the general public, in compliance with data protection and laws.	This is current practice and reports are presented at the Trust Quality and Safety Committee and reported annually through the Trust Quality Account.
R30	The SHFT Board and the Quality and Safety Committee should receive more information on the degree of avoidable harm and the lessons learnt, through regular reporting. Thereafter, that information should be discussed by the Board and shared through the Quality Account and Annual	This is current practice with 'near misses' reported in our quarterly serious incident reports. This is an area for continuous improvement and learning. The Learning from Deaths quarterly report is scrutinised by the Quality and Safety Committee and discussed by the Board.

	Report and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative analysis of all incidents, but it should also reflect a thorough qualitative analysis to identify the relevant themes of current error and future themes for learning.	
R31	SHFT should recognise, implement and develop the role of the Medical Examiner, in line with forthcoming national legislation and guidance.	It has been agreed nationally that the next stage of the Medical Examiner roll out will extend to all deaths in community and mental health wards. The process for this is that the service into the acute hospitals will extend to cover our sites. We are supporting colleagues fully with this approach and will roll out in line with the requirements of the Medical Examiners at UHSFT, HHFT and PHU. The timeline for this is being determined by them and the national requirements.
R32	SHFT should examine the potential of expanding and bringing together the Patient Safety Specialists into a team, led by a Director of Patient Safety, from the Executive level.	The Trust has a group of Patient Safety Clinical Leads (introduced in 2019), embedded within our clinical divisions, who report into the Patient Safety Specialist and are led by the Director of Patient Safety.
R33	SHFT should develop a co-produced Patient Safety Plan, which includes a long-term strategy for the recruitment of Patient Safety Specialists and Patient Safety Partners and a commitment to continuous improvement.	<p>We have a Patient Safety Commitment 2018-25 in place which was co-produced in 2018 and refreshed in April 2021 in consultation with service users and families.</p> <p>The national requirements for the Patient Safety Expert are relatively recent (October 2021) and the Trust is consistent with these.</p> <p>We will continue to review these arrangements in line with the Patient Safety Response Incident Framework and National Standards when they are published during 2022.</p>
R36	All Action Plans that are created by SHFT, at any level of the organisation, should include a deadline and the name of an individual(s) and their role, who is responsible for taking forward the action indicated. They must be monitored to ensure they have been implemented and shared for learning.	This is current practice and action plans are monitored at the appropriate part of the organisation. This may be Divisional or at a Trust wide forum including Board Committees where appropriate. The Learning from Events forum facilitates Trust wide learning. Work is ongoing to streamline action plans and ensure they are outcome focused.
R37	SHFT should introduce a Board-level monitoring system for action plans and the implementation of recommendations made during investigations.	The Learning from Events Forum provides a key role in ensuring actions of improvement are undertaken and learning is shared widely across the organisation. This is attended by

	That process should require tangible evidence to be provided of actions of improvement and learning. That process should be documented and reported on regularly.	Patient Safety Leads. Themes from this and our serious incident reporting also are considered by the Quality and Safety Committee and the Board where appropriate.
R38	SHFT should adopt the NHS Just Culture Guide and put in place an implementation plan to ensure its uptake through its ongoing organisational development and staff training programme. It should ensure that it is well placed within the SHFT recruitment strategy and within all induction programmes for all staff, to particularly include substantive and locum medical staff.	We are developing A Just Culture Implementation Plan, in line with NHS Just Culture Guide, ensuring it is embedded in all our people processes. This will be an areas for continuous improvement.
R39	SHFT should work to ensure that the membership of its sub-committees and its Staff Governors is increased and diversified, so that it better represents the population it serves. It should work with its Governors to do so. This should form part of a long-term strategy and the impact of it should be measured, monitored and reported on through formalised structured processes.	<p>The Board has made it very clear over a number of years that diversity and inclusion is a foundation on which we build our people and services. The Board recognises fully the challenges of workforce and health inequalities that exist with our society and the Trust is committed to addressing these. The Board set an aspiration to be representative of our diverse communities at all levels by 2024. Plans to deliver this have been progressing and reviewed with progress being made against the 2019 baseline.</p> <p>Work will continue with the appointment of a new Associate Director of Diversity and Inclusion (now in post) and a recent audit to inform our priorities for development. We will ensure that our Governors and membership are included as part of this work. We are also taking an active role in the Integrated Care System with the Chief People Officer taking on the Senior Responsible Officer role for Hampshire & Isle of Wight.</p>
Learning Points		
L1	SHFT should avoid terms such as 'upheld' or 'not upheld' in all complaint investigation reports and response letters.	We ceased this practice in late 2019 / early 2020.
L2	SHFT should consider more effective mechanisms to respond to the immediate needs of carers. That could include a possible helpline or other technical aid in order to lead to a practical response	We are currently able to support carers who are directly involved in our carers' groups. The Carers and Patients Support Hub is a new resource to support carers. The support hub provides multiple ways for people to get in touch, including online options, text messaging service as well as phone line.
L3	SHFT should work harder to ensure that compassion and respect is reflected in every verbal, written response and communication it has with service users, carers and family members.	We agree and believe we have already made significant steps of improvement. We are currently undertaking a pilot with the Parliamentary and Health Service Ombudsman (PHSO) which includes monitoring and evaluating quality of communication with services, families and carers regarding complaints and investigations. We will implement

		recommended changes following this work. The PHSO are presenting at Quality & Safety Committee in March/April 2022. The pilot will run until 21 st October 2022.
L4	SHFT should take a 'team around the family' approach to providing support to families and carers and actively recognise that carers and families are often valuable sources of information and they may be involved in providing care and also in need of support.	We agree. We have several families and carers groups in place and the Carers and Patients Support Hub will provide specific support to individuals. Wider outreach sessions will be developed in the community. We will be able to gain feedback from patients and carers about the effectiveness of these arrangements and will also look to improve further.
L5	SHFT should consider the use of recognised mediation services to resolve outstanding issues with families who have disengaged within the last two years.	The Trust has appropriate mechanisms in place. The Trust will always consider independent support and encourage advocacy.
L6	SHFT should review its 'Being Open' Policy to ensure that it is fit for purpose and actively promote it to staff, service users, carers and family members, in digital and paper formats.	<p>The Being Open policy has been reviewed by the SHFT Family Liaison Officer team. It has been refreshed using the feedback from the following committees.</p> <ol style="list-style-type: none"> 1. Working in partnership Committee – Lay group with Voluntary sector 2. Carers, Family & Friends Group – Carers and service users 3. Patient Experience & Caring Group – Divisions, teams, carers and patient reps 4. Staff promotion in staff bulletin 5. Caldicott Guardian engagement & advice 6. Learning From Events Forum – Clinical staff <p>Staff guidance is available on the Trust intranet with a printable easy to read leaflet for service users and families which will be available on the public website. The policy and supporting materials will continue to be developed and improved with engagement from staff, carers families and service users.</p>
L7	SHFT should involve service users, family members and carers in the writing of action plans across all investigations. Where requested and the appropriate consent is in place, they should be provided with regular updates on the implementation of the action plan.	This is current practice. We offer this opportunity within our current processes.

L8	SHFT should ensure that staff members and volunteers across all levels of the organisation and a diverse range of service users, carers and family members are part of the Quality Improvement (QI) projects and SHFT's journey of improvement.	Agreed. Our Quality Improvement (QI) Programme has trained staff at all levels in the organisation who have worked alongside more than 150 patients, their families and carers on specific projects. We will continue with this approach as we re-energise our QI programme and move to the next stage of its development.
L9	SHFT should, overall, increase its annual and quarterly reporting by committees and divisions to be accessible to the public it serves.	A review of guidance and good practice is being undertaken.

Note: Recommendations 34 and 35 relate to the Clinical Commissioning Group and Integrated Care System so have not been included in this table.

2. Further information

- 2.1. The full report (including an Easy Read version) and the Trust's public statement (issued on the day of publication), can be found on the Trust website here: <https://www.southernhealth.nhs.uk/about-us/news-and-views/second-stage-review-southern-health-published-today>
- 2.2. Additional information, including the Terms of Reference for the review, can be found on the NHSE/I website here: <https://www.england.nhs.uk/south-east/publications/ind-invest-reports/southern-health/>