

Stage 2 Independent Investigation Report: ‘Right First Time’ Background and Trust response

1. Background

1.1. On 6th February 2020 the Independent Investigation Report (Mr Nigel Pascoe, QC) was published. The report concerned the tragic deaths of five people who were in the care of the Trust in the period 2011-2015, and the Trust’s response to the families of those who died.

1.2. Three of the patients had been under the care of the Community Adult Mental Health Services, one under the care of the Community Older People’s Mental Health Services and one was living at home with support of the Trust’s then, Social Care Division.

1.3. The Trust had engaged with the families of the five patients but was unable to address their concerns in the period up to 2019.

1.4. The Trust sought the advice of NHS England/Improvement (NHSEI) to consider what else might be done to work with the families. NHSEI suggested that they would liaise with the families. It was then agreed with the families that there should be an independent review of all the investigations that had already been undertaken.

1.5. Mr Nigel Pascoe, QC was commissioned by NHSEI to undertake an Independent Review of the Trust’s response to each of the five deaths.

1.6. The Stage 1 Review Report, published on 6 February 2020, was very critical of the Trust. The Trust accepted in full the Stage 1 Review Report findings and issued full and unreserved apologies to each of the families.

1.7. It was recommended in the Stage 1 Report that a second review should be undertaken. Its purpose was to examine the progress that the Trust had made as well as looking to recommend further improvements for the Trust to achieve the “Gold Standard” and to “Get it right first time, every time”.

1.8. The scope of this second stage review, as set out in the Terms of Reference, was to cover the following policy areas:

1. Reviewing the need for a new independent investigative process
2. The handling of complaints
3. Communication and liaison with families
4. Action plans
5. Supervision by West Hampshire CCG of those issues.

1.9. The second stage review took place between 4th March 2021 and 29th April 2021. The Panel was chaired by Mr Nigel Pascoe, QC supported by three independent experts: Dr Mike Durkin, former National Director of Patient Safety at NHSEI, Dr Hilary McCallion, former Executive Director of Nursing and Mental Health Nurse, and Priscilla McGuire, Ofsted Inspector, CCG Vice-Chair and a Patient and Public Voice Partner.

1.10. The Panel heard written and verbal evidence from 53 witnesses, including users and others with experience of engaging with the Trust, professional experts and Trust staff. The Panel took place virtually online due to the Covid-19 pandemic restrictions.

1.11. Following the Panel hearings, the Stage 2 report was published by NHS England and Improvement on 9th September 2021 and titled “Right First Time”. The report is available in full, and as a summary, [on the Trust’s website](#), alongside the public statement issued by the Trust at the time of publication.

1.12. Upon publication of the Stage 2 report, the Trust wrote to stakeholders including the Chairs of local Overview and Scrutiny Panels to inform them of the publication and outline the Trust’s response and next steps.

1.13. The Trust Board has accepted the Stage 2 report in full.

2. Trust response

2.1. The first and second stage reports acknowledge the progress that has been made by the Trust since 2015.

2.2. The table below summarises the actions that the Trust has taken already and where further work will be undertaken to realise the ambitions of the Stage 2 report. The table is set out against the specific *recommendations* and *learning points* described in the report.

2.3. Progress towards the completion of the actions set out below will be monitored by the Trust Board and its sub-committees.

Recommendations		
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.</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 14 days (October 2021)</p>
R2	SHFT should clarify what complaints management system	

	<p>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>	<p>The Trust's Policy will now be revised to reflect current practice. The policy is being co-produced with the Working in Partnership Group. Implemented by 31.01.2022</p> <p>Action: Director of Allied Health Professionals and Nursing</p> <p>The Trust is a pilot site for the new complaints standards issued by the Parliamentary and Health Service Ombudsman (PHSO).</p>
R3	<p>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.</p>	<p>The Trust has worked with carers and service users and will be launching a Carers and Patients Support Hub in January 2022. This will replace and enhance the existing Patient Advisory and Liaison Service (PALS) and will be supported by staff previously engaged in administering the complaints process. Implemented by 31.01.2022</p> <p>Action: Director of Allied Health Professionals and Nursing</p>
R4	<p>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.</p>	<p>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.</p>
R5	<p>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.</p>	<p>We will co-produce this with the Working in Partnership Committee and will be available in a range of formats. As the Carers and Patients Support Hub develops it will be a point of connection to local communities and will be able to connect with a range of people who use our services including those traditionally less engaged. Implement by 28.02.22.</p> <p>Action: Director of Allied Health Professionals and Nursing</p>
R6	<p>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</p>	<p>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</p>

	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 communication with the complainant throughout, with a full explanation for any delays.	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.
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.	Access to advocacy services will be promoted through the revised complaints handling leaflet and the Carers and Patients Support Hub. Implement by 28.02.2022 Action: Director of Allied Health Professionals and Nursing
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.	The Duty of Candour is promoted in staff training and in practice. It will be scrutinised by the Quality and Safety Committee and is always considered as part of investigations.
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	Work has been done to co-produce more effective communication channels with service users, carers and family members. The Trust has specific roles to support engagement and communication with service users, carers and families

	<p>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 criteria for all roles at every level of the organisation.</p>	<p>Communication skills training modules are already available. All existing training will be reviewed to ensure that communication skills are included appropriately. Implemented by 28.02.2022</p> <p>Action: Chief People Officer</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 are currently working with partners in Hampshire on the joint strategic plans for carers. We have a project underway currently 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 discharge 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 only one approach of supporting carers but it is a platform for engagement with 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 from January 2022. An introduction module to give all staff an understanding of the principles and process is available online from</p>

		<p>January 22. In addition, the principles will be included in local induction from January 22. 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, in addition the Carers and Patients Support Hub will be launched in January 2022. 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 Hampshire Healthwatch, including meetings with the Trust Chair and Chief Executive. We are also committed to continuing to build our relationships with Southampton and Portsmouth Healthwatch's, recognising the important role they play in ensuring patient voices are heard. Formal feedback from Healthwatch's 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 continues to stress the duty to share information being as important as the duty to protect patient confidentiality. The Information Governance Training will include specific examples linking to these principles. 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 are not so good. 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</p>

		<p>monitoring. This is a continuous area of development and improvement.</p> <p>Implemented by 28.02.2022</p> <p>Action: Chief Medical Officer</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 and will always be a priority for continuous improvement. This recommendation is highlighting the need to improve communication between clinical colleagues, which is an area we have strived hard recently to improve, have a lot more developments planned, although remain cognisant that this journey of improvement is likely to always be able to be improved.</p> <p>We can divide the communications into internal and external communications. Internal includes within teams such as across the multidisciplinary team, and also other services within Southern Health, for example at times we need excellent communication to follow a person from community, through a crisis into hospital and then back home into the community again. External is communication with other people outside Southern Health, to include but not limited to groups such as GP's, social services, pharmacy, acute hospitals, care homes etc.</p> <p>Internal communication is being improved by many workstreams a few examples are included: strengthening the multidisciplinary team meeting, better operability and access to RIO (our clinical system where we record clinical notes), dedicated time to handovers and established methodology to make the handover process more productive, use of Rio mobile and Rio on our physical health wards, prioritising the further development of Risk and Care plans.</p> <p>External communications have also been improved for example– a pharmacy review of all medications prior to discharge including direct communication with GPs, timely use of redesigned discharge summaries, engaging with interoperability opportunities which allow different clinical systems across the health and care sector to digitally exchange information in</p>

		<p>real time (NHSX are leading on legislative work to accelerate this interoperability work nationally).</p> <p>As a general comment, we appreciate the importance of communication not only with colleagues but with people themselves, their friends, family and carers and to this end we ensure all doctors have a required reflection and discussion each year in their appraisal about their communication skills. We will look to echo this opportunity to all our staff, both clinical and non-clinical.</p> <p>Our progress to improve communication will come directly from seeing communication issues mentioned less in complaints and Serious Incidents. There are opportunities to listen to patients, families and carers view 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>Feedback is already sought and shared from carer groups, carer leads (within the divisions) and surveys,</p> <p>The Patient Experience dashboard is in place and presented at the Quality and Safety Committee on a quarterly basis. The measures are under review and will continue to be developed.</p>
R17	<p>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>	<p>Agreed. The framework has been released and NHS England are working with early adopter sites, we are not one of those. 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 as part of this gained the accreditation (October 2021) for the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN)</p>
R18	<p>It is recommended that future NHS patient safety frameworks for</p>	<p>Agreed. We will align our plans and processes to the national Patient Safety Response Incident</p>

	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.	Framework and National Standards as mentioned above. Our investigation process will be flexible so it can be tailored to individual requirements with relevant experts from the services. Implemented by 31.3.2022. Action: Chief Medical Officer
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.	The Trust recognises the importance of perception when considering independence and has a tiered approach to reflect the degree of independence needed according to the particular circumstances. This approach has been included in the updated (October 2021) Serious Incident Policy. New patient and family leaflets will be co-produced including a clear explanation of our approach. Implemented 31.01.2022 Action: Chief Medical Officer
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 and external investigation standards including Trust Independent and NHS Independent statements have been made clear within the Policy.
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 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.	The Trust will ensure signposting advice is included in the complaints and serious incident investigation processes as well as via the Family Liaison Officers (we have successfully recruited a further 2 posts) and The Carers and Patients Support Hub. Implement by 31.01.2022 Action: Director of Allied Health Professionals and Nursing
R22	The job description for SHFT's Investigation Officer role should	Job descriptions have been revised in line with other job descriptions within the Trust and reflect

	include specific qualities required for that post. The minimum qualities should include integrity, objectivity and honesty.	the skills, experience, qualities and values required for all roles.
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>Revise our training package for Investigation Officers in line with the national offering, co-produce with the support of the Family Liaison Officer and set up a Peer Review network including patient and family feedback to support their development.</p> <p>Implement by 31.03.2022 (may be impacted by the timing of the national offer)</p> <p>Action: Chief Medical Officer</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.	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.
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.	This is current practice and is a requirement of the completion of documentation.
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.	<p>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 group 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.</p> <p>This is an area for continuous and further improvement.</p>

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.	The Trust has a mechanism but is seeking to establish an independent means of feedback. Implement by 28.02.2022 Action: Director of Allied Health Professionals and Nursing
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	We have undertaken a value stream mapping exercise as part of our redesign of the mortality processes which is due to complete in December 2021. A working group chaired by the Patient Safety team is in place to develop the IMA training process An internal target of 2-3 working days will be put in place rather than the "48 hour" rule to ensure focus is on the quality of decision making. We have reviewed the Chair and core membership of reviews to ensure a smaller/ more consistent number of trained chairs and consistency of group membership. Implementation by 31.03.2022 Action: Director of Allied Health Professionals and Nursing
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 Report and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative	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.

	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.	Agreed, we are currently developing a roll out plan with other NHS partners. Lymington New Forest Hospital is due to start in December 2021. Progress is being discussed at the Learning from Events Meeting to update teams. The full plan will come to Clinical Effectiveness Group in January 2022 prior to going to Quality and Safety Committee in February 2022. Implementation by 31.03.2022 Action: Chief Medical Officer
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 wider Patient Safety Team who support 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.	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.
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. Where possible we are trying to ensure action plans are streamlined and outcome focused.
R37	SHFT should introduce a Board-level monitoring system for action plans and the implementation of recommendations made during investigations. That process should require tangible evidence to be provided of actions of improvement and learning. That process should be documented and reported on regularly.	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 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 .	Agreed. We will review, refine and deliver Just Culture implementation plan in line with NHS Just Culture Guide ensuring it is embedded in all our people processes Implemented by 31.03.2022 Action: Chief People Officer
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.	The Board have 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 Trust and are 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. Work will continue with the appointment of a new Associate Director of Diversity and Inclusion now in post and a recent development audit to help continue our progression. We are also taking an active role in the Integrated care System with the Chief People Officer taking on the Senior Responsible Officer leader role for Hampshire & Isle of Wight.
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	The Carers and Patients Support Hub mentioned previously will be in place to support carers. The support hub will provide a 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. The feedback we seek from people who have been connected to investigations will provide ongoing feedback in this regard.

		<p>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.</p> <p>Implemented by 31.10.2022</p> <p>Action: Director of Allied Health Professionals and Nursing</p>
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 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.
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 would 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>Agreed. We will review the policy and ensure it is fit for purpose, available in different formats and we will actively promote it.</p> <p>Implemented by 31.01.2022</p> <p>Action: Action: Director of Allied Health Professionals and Nursing</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 already where we have carried out investigations.
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 previously trained staff at all levels in the organisation who have worked alongside > 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.	<p>Agreed. We will review the current reports that are available to the public, identify where there are gaps and implement changes. Implemented by 31.03.2022</p> <p>Action: Deputy Chief Executive</p>
----	---	---

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

3. Further information

- 3.1. 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>
- 3.2. 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/>