

# Share your Fab Stuff!

## Title of innovation / initiative

- Patients and Family Voices at the Centre of Serious Incident Investigations – improving the experience and providing support

## Problem

- Anecdotally, patients have described the trauma of being at the centre of a Serious Incident investigation. It has been described as a “verbal car crash” where they were informed that there was something called a “Serious Incident” being reported and then no further information was forthcoming. This is a poor experience for patients and families which required improvement.

## Aim

- I wanted to improve the experience of patients and families who were going through these investigations when they had often been the subject of something very traumatic. Moreover I wanted to feel that the patient and family voice was firmly at the centre of every Serious Incident investigation, and that reports became centred around family concerns which often are different from the concerns being considered by the organisation.

## Plan

- Every patient or family receives a phone call from the Family Liaison Officer (FLO), after Duty of Candour has been met by the clinical team (exceptions are SI Falls & PU's where Family Liaison is managed by the ward team, and Stillbirth's where the Bereavement Midwife is the family contact).
- Provision of an information booklet to all patients/families and contact made by letter if phone contact is not available.
- The FLO provides all patients and families with an explanation of their role, and agrees with them the mode and frequency they would like to be kept updated. Email or telephone contact is offered depending on patient and family preference.
- Each “case” has a Contact Care Plan that is completed and kept updated throughout the process of investigation.
- Each family has the opportunity to raise their concerns and questions. Often an impact statement is created – these are placed and responded to at the front of the SI RCA report so they are the very first thing the reader sees.
- Each patient and family are updated with information about the progression of the investigation in line with their wishes.
- An explanation is given to all patients and families that the report will be made available to share following closure on StEIS by the CCG.
- Once the report is closed, contact is made to check that the patient or family would accept a copy of the investigation report.
- Included with the report is a letter from either our Chief Nurse or Medical Director, expressing an apology for what has occurred and sharing key learning points. The letter offers either direct contact with them or with the FLO if a follow up face to face meeting is required.
- When a meeting is requested, The Family Liaison Officer is the facilitator of this process. Actions and Learning from this are agreed and shared with clinicians and Governance Teams.
- Feedback has been taken from patients – more recently comments have been fed into our Meridian Patient Survey portal.
- Staff feedback is collected by survey monkey, when there has been a facilitated FLO meeting with

the patient and/or family.

## Benefits

- The patient experience benefits are anecdotal and taken directly from survey comments such as

*“Any concerns I had were discussed and taken seriously and sympathetically”*

*“I found [FLO] very supportive and caring at all times.”*

*“I found this service extremely helpful, caring and supportive, through my experience it would be very hard to improve on a service that is already above excellence.”*

*“Conversation was very open and I felt able to offer my opinions freely without being judged.”*

*“I have found it hard to talk in too much detail as shortly after losing my mum I also lost my dad. [FLO] was always kind and understanding. We have only spoken a few times but this was my choice. I know [FLO] is available if I need to talk anytime.”*

*“I knew nothing about this service but believe me it is invaluable.”*

*“This was all very new to me and I felt I was talked through everything in a sensitive way. The original contact with the consultant had paved the way to what I was to expect. I could do nothing about what had happened but I did want answers as to why it had occurred in the first place. This has had a massive impact as I am certain I would still have mum and dad if this had not happened. They were good people and did not deserve to end their lives in this way. The pandemic made everything worse. I found the service provided by the FLS to be very valuable. Thank you”*
- Staff comments were also sought after FLO meetings with patients, and have been used and reflected upon to improve the experience for staff colleagues. Comments included:

*“Exceptionally helpful to have a 'neutral person' in the room who understands the processes and has met the family”*

*“[FLO] was a huge help being in the meeting with the patient's family, they were very distressed and she was a kind and comforting presence to have for them and for us.”*

*“Really helpful in clarifying medical speech and allowing for a good discussion between the clinical team and the family.”*

*“It is paramount that the family have a 'neutral' contact that they have access to throughout the investigation process, so having the FLO present closes the loop.”*

*“I was asked to step in at very last minute to support this family, [FLO] was so helpful in supporting me and also bringing me up to speed to ensure that I could provide the best information to the family.”*

*“The FLO should be the central contact for family members/patients and therefore it would be advantageous for the FLO to meet with the RCA investigation lead and named Consultant prior to any feedback meeting with the patient/family”.*

**Measures**

- We are in the early stages of collecting patient feedback and there are too few surveys to complete a meaningful analysis however the early feedback so far is very positive.

**Resources / team**

- The FLO role resource was increased in January 2020 by bringing a B6 into the team to focus more on the administration and thematic review of the SI process. This enabled the FLO to dedicate more time to supporting families and patients.
- The FLO is a 1wte Band 8a, with an oversight of Corporate Governance Processes but with a key focus on Family Liaison for patients at the heart of SI investigations.
- Dedicated contact methods are essential – dedicated mobile phone/email address.

**Key learning**

- Every patient and family situation is unique.
- Some cases will be uncomfortable for you.
- The patient and their family are the single most important person/people at the centre of any investigation. This role is essential in making them feel this.
- A strong administration process and focus is key to ensure the service is seamless and responsive.
- Creating an environment of psychological safety for staff is paramount.
- Create your patient feedback surveys early on.
- We all need a critical friend in clinical practice!

**Tips for others**

- Any role that is focussed on offering patient and family support would benefit from the processes described.
- Stay focussed; think of how you would like to be supported if it were your own family.
- Try not to take anger from patients and families personally – you are just “the face” and possibly the only person they have had an opportunity for them to express how they feel.
- Excellent listening skills and communication skills are absolutely essential.
- Consider recommendations made in HSIB report “Giving families a voice :HSIB’s approach to patient and family engagement during investigations”

**Contact name:** .....

**Contact email address:** .....

**Date of innovation / initiative:** .....

**Do you have any attachments?**

- “A picture is worth a thousand words”. Are there any photos or graphics that could help bring your story to life?
- Are there any supporting materials, documents, communications or other outputs that you used or produced that you could share to prevent others reinventing them?

If so, please upload them to the Fab site with this completed template.

