



Family Liaison

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The Family Liaison presentation today will cover

- Family Liaison within the NHS
- The role of Family Liaison
- Supporting and working with families and/or carers-what do they want and/or need?
- What type of cases can Family Liaison handle and where they can't support a family/carer
- Case study
- Any questions?

Family Liaison within the NHS

In 2018 the National Quality Board published a Learning from Death report and guidance for NHS Trusts, on working with bereaved families and carers. Over 70 families shared their experiences to highlight where improvements could be made and their observations.

Families explained they want to be involved when things go wrong, because they wish to:

- **Know the truth about their loved one's death,**
- **Highlight opportunities for learning,**
- **Be reassured that others will not face similar problems.**

Families and carers said legal action was usually a last resort and only a final attempt to find out what happened. They preferred to work with a trust as equal partners from the start.

This guidance does not mandate a 'one size fits all' approach to how Trusts should support bereaved families, as every family/carers has their own needs and wishes and will grieve in their own way. The guidance gives eight, clear, key principles about how Trusts should engage meaningfully and compassionately with families and/or carers and when they should aim to support.

Trusts should be aware of local and national support for the bereaved, to be able to signpost families and/or carers for support, as appropriate.



Family Liaison Role

The role of the Family Liaison Manager (FLM) is primarily to independently support families, and/or carers, throughout the investigation process, following a serious incident relating to Trust services, or where the patient was known to the Trust.

The family and/or carers must consent to being supported by the FLM, on behalf of the Trust. The FLM will be available to support bereaved families, carers and people known to the service user, throughout any investigation and/or a Coroner's Inquest, should the deceased have been known to the Trust as a service user and can be the main point of contact for the family/carers for any enquiries or needs they may have.

The type and amount of support is led by the family and/or carers, tailored to their needs and wishes and each case differs. The end of support is determined by the family/carers and not the FLM or the service, so the support of the FLM is always available.

Family Liaison works independently of the service, it is important to advocate for the family/carers, but not to be involved in the Trusts decision making and to remain truly impartial.

Use of the NHS Family Liaison Network group, for support for Liaison Managers, especially as this is a fairly new role to the NHS.

Supporting and working with families and carers

- Attending initial incident review meetings, or being notified as soon as an incident is known by the Trust, to be able to support families quickly, from the outset. Have a clear process set up within the Trust.
- Having documentation to explain who you are and what you do, i.e. leaflet, contact cards and to be contactable easily by families/carers.
- Explain your role, ensuring that expectation is clear about what you can and can't do and signposting to other services.
- Gaining trust, keeping in touch and being there, even if you don't feel like you are "doing anything". Listen without prejudice or judgment.
- Working closely alongside incident investigators, to ensure family/carers are fully included in any review or investigation from the start and that outcomes and completed reports are fully shared in a supportive way.
- Having a good working relationship with other services, such as the Coroners Offices, other Trusts or agencies that also may be involved with a family.
- Ensure you have a good knowledge of other support services and networks in your area, that are appropriate for your service and the family/carers, prior to signposting to them.

What Family Liaison can and can't do...

The FLM **can**..



- Be the main point of contact, so the family only have one person to contact for all services.
- Listen to the family and raise any concerns or comments they have with the correct dept.
- Signpost the family to other services, such as counselling or support services.
- Explain processes and discuss expectations, involving and supporting affected people, during investigations and inquests.
- Advise the service on Duty of Candour and how to approach difficult conversations.
- Provide support through other difficult processes, not just deaths.
- Link between other Trusts and services.
- Attend funerals or memorials, where FLM support has been given to the family.
- Reading through investigation reports with families, explaining where necessary and attending meetings to support families.
- Supporting the service with sensitive or difficult conversations, ensuring that contact is always made with a family, when a bereavement occurs.

The FLM **can't**..



- Provide counselling personally.
- Provide support if Police Liaison are involved (*although this may be possible at a later stage if they withdraw and is appropriate*).
- Hold Duty of Candour or Being Open conversations (these need to be the most appropriate person within the service).
- Be involved in the investigation of a case.
- Liaise with someone that doesn't wish to have support.



Case Study- without FLM involvement

Anonymous case

Patient went missing while being cared for in the community, sadly, some months later found deceased.

Coroner and internal Trust investigations commenced, with no family involvement.

After nearly a year, the week before the inquest, the family wrote a long list of concerns to the Coroner, who contacted the Trust to ask why they had not been addressed within their review of care.

The Trust Chief Executive (CX), Chief Medical Officer, FLM and Clinical Director met with family and attempted to address concerns, but due to the short amount of time available to them prior to the inquest, the family went into the inquest with issues that the Coroner could not answer or address, as they were outside of his jurisdiction.

After the inquest had concluded the Coroner asked the Trust to address the families concerns.

The Trust Chief Executive commissioned a learning review with a panel of experts, to commence into the patients care with full family involvement, to date this has taken 7 months and is on going.

Issues and key learning from this case

- Trying to engage a family, in a limited amount of time, after a lack of previous support was problematic, due to mistrust and the negative view they had of services. They did not feel they or their family member had been cared about or valued and it required intensive involvement from the FLM to gain their trust, to be able to support them
- Failure to involve the family in the review meant the service would not have had all the facts that would have helped them in their review and for future learning.
- The family found it difficult to deal with their grief without key questions being answered and the lack of their involvement sooner, meant that even though the inquest has been concluded, this is still on going for them.
- The Coroners inquest was more time consuming and challenging for the Coroner, who had to keep reminding the family about his jurisdiction and role. This was confusing for the family, who were still seeking answers about the care provided.
- The additional cost implication of the learning panel case review, which would not had to have taken place, had the family been involved in the case earlier, by way of the internal case review.
- The family contacted the local press, who covered the story at the time of the inquest, as they felt their voice was not heard.

Any questions?





Useful links

- Guidance for NHS Trusts on working with bereaved families and/or carers
www.england.nhs.uk/publication/learning-from-deaths-guidance-for-nhs-trusts-on-working-with-bereaved-families-and-carers
- NHS “Saying Sorry” leaflet
<https://resolution.nhs.uk/resources/saying-sorry/>