



Public Accounts Committee

Handling and Learning from Customer Feedback and Complaints Review

Witnesses: Officers from Health and Community Services

Wednesday, 4th December 2024

Panel:

Deputy I. Gardiner of St. Helier North (Chair)

Deputy K.L. Moore of St. Mary, St. Ouen and St. Peter

Deputy R.S. Kovacs of St. Saviour

Mr. V. Khakhira, lay member

Mr. G. Phipps, lay member

Ms. L. Pamment - Comptroller and Auditor General

Ms. H. Thompson - Deputy Comptroller and Auditor General

Witnesses:

Dr. A. Muller - Director of Improvement and Innovation, Health and Community Services

Ms. J. Marshall - Interim Chief Nurse, Health and Community Services

[13:00]

Deputy I. Gardiner of St. Helier North (Chair):

Good afternoon and welcome to the public hearing of the Public Accounts Committee. Today is 4th December, Wednesday, and we have a public hearing with the officers from Health and Community Services in relation to the P.A.C. (Public Accounts Committee) review, Handling and Learning from Customer Feedback and Complaints. I would like to draw everyone's attention that the hearing will be filmed and streamed live. We are recording and a transcript will be published afterwards at the

States Assembly website. All electronic devices, including mobile phones - and mine, too - needs to be switched off or put on silent. For the purpose of recording and transcript, I would be grateful if everyone who speaks could ensure that you speak clearly to the microphones. If we can begin with the introductions, I would suggest we will introduce first members of the Committee. Deputy Inna Gardiner, Chair of the Public Accounts Committee.

Deputy K.L. Moore of St. Mary, St. Ouen and St. Peter:

Deputy Kristina Moore, Vice Chair of the Committee.

Mr. V. Khakhira:

Vijay Khakhira, lay member.

Deputy R.S. Kovacs of St. Saviour:

Deputy Raluca Kovacs, member.

Mr. G. Phipps:

Graeme Phipps, lay member.

Deputy I. Gardiner:

We have attendance of the C. and A.G. (Comptroller and Auditor General).

Comptroller and Auditor General:

Lynn Pamment, C. and A.G., and my deputy is in the room with you as well.

Deputy Comptroller and Auditor General:

Helen Thompson, Deputy C. and A.G.

Deputy I. Gardiner:

Thank you. Would you please introduce yourself?

Director of Improvement and Innovation, Health and Community Services:

Anuschka Muller, Director of Improvement and Innovation for Health and Community Services.

Interim Chief Nurse, Health and Community Services:

Jessie Marshall, Interim Chief Nurse for Health and Community Services.

Deputy I. Gardiner:

Thank you. As I said, we have only 45 minutes. We will try to be succinct. What are the areas that we would like really to explore are how the recommendations that were made previously specifically for Health and Community Services were implemented and how we can see the difference and what change has been in place today. So I will start with recommendations that was given in recommendation 1, which asked to establish governance arrangements to ensure that all parts of government implemented a complaints management procedure which will align with the commitment stated in the customer feedback policy. I am completely aware that you have a different system and it is really important that I will state it from the beginning of the public hearing because for us we accept that health would need to have a different recording system, but what we would like to check, and this was agreed, that Health and Community Services should follow the Government customer feedback policy and how we are connecting these 2 things. The target date for implementation of this recommendation was 20 June 2024, so was it implemented as stated in June 2024?

Interim Chief Nurse, Health and Community Services:

It was not implemented in June 2024 because we had some gaps in the patient experience team. So we did not have a manager within that team to drive it forward. It has, however, been completed and it has been approved by the H.C.S. (Health and Community Services) E.L.T. (Executive Leadership Team) and is implemented now.

Deputy I. Gardiner:

Okay. So for the benefit of the public to explain, because sometimes the public do not understand E.L.T., so basically it has not been completed on target because you did have a gap within the team.

Interim Chief Nurse, Health and Community Services:

Yes.

Deputy I. Gardiner:

Now it has been completed.

Interim Chief Nurse, Health and Community Services:

It has.

Deputy I. Gardiner:

It was approved by the Executive Leadership Team of the department.

Interim Chief Nurse, Health and Community Services:

It has.

Deputy I. Gardiner:

Okay. So can you please let me know what improvement has been made since this recommendation has been implemented?

Interim Chief Nurse, Health and Community Services:

So the recommendation was to ... within the handling and procedures document was really to set out how we ... who manages the complaints at what point in the process, so at stage 1, stage 2 and stage 3, because previous to this there had been some discrepancies where we were not ... the correct person was not managing the complaint at that particular point in the process. So at stage 1 it maybe had gone too high up within the organisation, where it should have been within the ward or department where the complaint had originated from to be investigated. This has now been resolved. So stage 1 is investigated within the department with oversight from the care group.

Deputy I. Gardiner:

Quick question, again for the benefit of the public as it is a public hearing: if you can give a bit more description what is the difference between stage 1, stage 2 and stage 3?

Interim Chief Nurse, Health and Community Services:

Okay. So stage 1 is when the complaint first comes in and it is logged within our Datix system, which is our reporting system within Health, which is the different system that you alluded to earlier. So it will be recorded within our Datix system. A feedback officer then makes contact with the complainant to register with the complainant that we have received the complaint, it has been logged in our system and has been passed to the most appropriate care group. So that may be that it has come in and it is a complaint, say, for example, within ... I will just give an example, say a medical ward. So, therefore, it would go to the medical care group and the lead nurse would look at that complaint with the ward manager, the clinicians, the staff involved, and investigate that. That would be our stage 1 and we would formulate a response. Now, that response may be that we meet with the complainant. So a lot of the progress has been made in actually having face to face meetings with complainants because it is sometimes easier and more beneficial for all parties involved to have that face to face as opposed to a letter that sometimes can be ... does not answer the complaint fully. It also allows for the complainant to be able to ask additional questions at the point that the complaint is being investigated. Because often you think of other things once you have written a letter. If at stage 1 the complainant is not happy with that response, it will then progress to a stage 2 complaint, and that is where we ask the chiefs of service, so the most senior person within the care group, to review the complaint and do further investigation. Often they again will ask to speak to the complainant and respond to the complainant with anything that was additionally brought forward. If the complainant is still not happy at stage 2, it then is escalated to stage 3, which would then come up to the medical director and the chief nurse office. We always make an appointment

to meet with the complainant and to go through the whole story again about why the complaint has been brought forward, what aspect of the complaint does the complainant feel has not been investigated, what has not been met to resolve the situation. We do not often go away from that first meeting with a full resolution because we may have other things that we need to investigate further for the complainant at that stage 3. So often we will have more questions, really, to go away and answer and come back to the complainant for that stage 3 and offer another face to face meeting. If the complainant wishes for it to be formally put into a letter, we will also do that.

Deputy I. Gardiner:

The time of response is aligned with the ...?

Interim Chief Nurse, Health and Community Services:

They are aligned with the Government policy.

Deputy I. Gardiner:

Aligned with the Government policy now.

Interim Chief Nurse, Health and Community Services:

Yes.

Deputy I. Gardiner:

That is right, I remember that you are usually longer. How will the evidence that can show ... what evidence do you have to show that these change improvements are working?

Interim Chief Nurse, Health and Community Services:

So we have all of this logged within our Datix complaint system, which we use for all instant reporting within Health. So all of that is logged. We then provide data to C.L.S. (Customer and Local Services) on a quarterly basis, and on a monthly basis we provide all of this data within Health to the care groups. The care groups bring that data forward to the care group governance meetings, and we discuss that at the governance meetings to ensure that actually we are learning from complaints. So it is not just that we are looking at numbers, that we are looking at data, but actually we are looking at how we can learn from those complaints as well.

Deputy K.L. Moore:

So you pick out themes, I would imagine, that come through?

Interim Chief Nurse, Health and Community Services:

Yes.

Deputy K.L. Moore:

Do you have predominant themes that you see in those complaints?

Interim Chief Nurse, Health and Community Services:

So we have had ... shall I give you an example of some of the thinking on some of the themes and how we have made improvements? So we had some themes about food within Health and Community Services, which is obviously really important to our patients' recovery. We have a working group that is set up looking at a strategy for nutrition and hydration for patients. We have introduced snack times to the wards, so in the mid-morning, mid-afternoon and in the evening. Whereas traditionally it would have just been a cup of tea and maybe a Rich Tea biscuit, we have nutritional snacks that have been approved by the dieticians within Health and Community Services to ensure that we are ensuring that patients are getting nutritional snacks at times. Because they may not want the meal that is provided or if it is a patient, say, with dementia they may not have been sitting at mealtime to eat their dinner. They may have eaten a little bit and it is a way of making sure we have that extra nutritional support for the patient. So that was one of the themes that we have picked up. Another theme that we have picked up is about communication. Often patients' relatives are unsure about how to raise a concern when they are in the hospital. They maybe want to raise it before they have left the organisation. So we have patient information posters up across all of the wards explaining who should be your first point of contact if you have a concern and how you escalate if you do not feel that you are getting that right response while you are in as a patient or your loved one is in as a patient.

Deputy I. Gardiner:

Thank you. I will move to the next recommendation. It was about a quality assurance framework that needs to be implemented and applied. Again, the target date was 1st April 2024. Can you please outline how you have ensured that the quality assurance framework can be and is applied in your department as in other departments?

Interim Chief Nurse, Health and Community Services:

Okay. So we did meet the deadline of 1st April. We have a senior nurse who sits within the patient experience team, and that is part of her role is to provide that quality assurance, so to look at all of the complaint responses that go out to the complainant as well as looking at the initial complaint and matching those both up to see if the investigation that has been undertaken and the response that has been provided meets the criteria of whether it has been upheld, partially upheld or not upheld. That data is reported on a quarterly basis through to our C.L.S. We report that through to C.L.S. We may have ... I can give you an example of why we might partially uphold it.

Deputy I. Gardiner:

No. I will try to understand. So where you are standing now with the quality assurance, what is the state there of how you comply with the quality assurance framework today?

Interim Chief Nurse, Health and Community Services:

So we provide all of our data to C.L.S. on a quarterly basis. Are you ...?

Deputy I. Gardiner:

I am asking are you ... how is your quality assurance work in the department? What is your outcomes? What is your results?

Director of Improvement and Innovation, Health and Community Services:

Yes, so basically within the patient feedback team it is through that senior nurse who is doing that, but then also through the other governance arrangements Jessie outlined earlier. So the different meetings going through care group, performance reviews, governance reviews, but also reports are going back to the Quality and Safety Committee, which is a subcommittee of the public H.C.S. advisory board. Reports have also been reported at the board, so in public. So that is the assurance process, but also a check and challenge process coming back.

Deputy I. Gardiner:

So now your outcomes can be published alongside with and reported with all Government of Jersey?

Director of Improvement and Innovation, Health and Community Services:

What do you mean by the outcomes?

Deputy I. Gardiner:

Because what we had, we have Government of Jersey reporting on feedback, complaints and the standard for the quality. If the results that you are supplying to C.L.S., or there is a new name of the department ...

Director of Improvement and Innovation, Health and Community Services:

Yes.

Deputy I. Gardiner:

... but we still I think know it as C.L.S. So what you are reporting now can be comparable and can be and would be reported alongside with any other department within the system?

Director of Improvement and Innovation, Health and Community Services:

It should be, yes.

Interim Chief Nurse, Health and Community Services:

Yes.

Director of Improvement and Innovation, Health and Community Services:

Yes, they need to include that.

Deputy I. Gardiner:

They need to include that. Since when?

Interim Chief Nurse, Health and Community Services:

So we have been sending that data through since quarter 2 to C.L.S.

Deputy I. Gardiner:

Because C.L.S. said that they do not have your data reported next to all other departments because your data is not comparable.

Director of Improvement and Innovation, Health and Community Services:

Oh, okay.

Interim Chief Nurse, Health and Community Services:

Because our data comes from Datix, which is a different system from their data management system.

Director of Improvement and Innovation, Health and Community Services:

I think it is because it is not the same way, of course, reported from the same system. So what I think is happening, they may have seen that as it is not in the same way.

[13:15]

However, it is being part of it. I know conversations have happened around how do we visualise that in the way ... so even if it is 2 different systems but you can see the data. So that should ...

Deputy I. Gardiner:

No, my question is different. So I understand that you have your own data which you are thinking that it complies with the recommendation of C. and A.G. C.L.S., we had a public hearing with them ... and I can see, by the way, I do recognise there is lots of work put in place and we can see the

progress and it is really, really good. I think we are just trying to find the final touch. So you have your data and you send it. You apply the quality assurance framework.

Director of Improvement and Innovation, Health and Community Services:

Yes.

Deputy I. Gardiner:

But the presentation of your data is different and this is the reason why C.L.S. is not publishing this alongside with everyone else because it is a different interpretation. Now, my question: who is responsible to convert your data into the format that will be aligned with the Government of Jersey?

Director of Improvement and Innovation, Health and Community Services:

Yes, that is what I mean. We are working on that so that you have one pack, so it can be in one pack, which means you can compare it but there might be a richer story in the H.C.S. data. We do not want to lose that because there might be ...

Deputy I. Gardiner:

Is it in your ...?

Director of Improvement and Innovation, Health and Community Services:

Oh, it is a joint one.

Deputy I. Gardiner:

Health and Community Services, yourselves, do you need to provide this data to C.L.S. or you are expecting C.L.S. to do the translation? Who is responsible?

Director of Improvement and Innovation, Health and Community Services:

No, no, I think it is a joint one, yes. So we are providing that ... I know you want to kind of get ...

Deputy I. Gardiner:

No, I think the problem that when it is the joint one we do not have the situation. So basically in 6 months' time ...

Interim Chief Nurse, Health and Community Services:

A clear line to be accountable.

Deputy I. Gardiner:

... P.A.C. is asking why it is still not published in the same format. Who am I asking? Am I still going to C.L.S. or I am coming back to you?

Director of Improvement and Innovation, Health and Community Services:

I think even in 6 months it would be both areas, but it is about ... C.L.S. is the one who is publishing it. Of course, it is them to provide the information, but we will work very closely with them to help them in order to do that.

Deputy R.S. Kovacs:

Or to ask differently on how you see this joint work is progressing in converting the data, by when do you think we will be able to see joint reporting on it?

Director of Improvement and Innovation, Health and Community Services:

From the beginning of next year, absolutely, we should have that, yes. So it is work in progress.

Mr. G. Phipps:

It will happen?

Director of Improvement and Innovation, Health and Community Services:

Yes, absolutely.

Deputy I. Gardiner:

Okay. Yes. I wanted to do qualification, but coming back to you.

Interim Chief Nurse, Health and Community Services:

No, it was just when I spoke to C.L.S. about its ... because some of the data had come from the Picker survey, which C.L.S. did not pull that data through for ... because we need to pull that data through for C.L.S. We need to provide that one to them, but in respect of the number of complaints and how we manage stage 1, stage 2, stage 3, all of that data goes to C.L.S.

Deputy I. Gardiner:

Okay, so it is really that the Picker ... thank you for the clarification that from this independent review you need to pull data and organise it in the format that the C.L.S. can actually use it and publish?

Interim Chief Nurse, Health and Community Services:

Can use, yes.

Deputy I. Gardiner:

Okay. Helpful. Thank you.

Deputy R.S. Kovacs:

H.C.S. as a department we have seen received the most complaints but equally compliments, 739 complaints and 958 compliments in 2023. This is really good to see, although the number is higher, that the compliments outweighed the complaints. What I want to ask is: what impact does this have on your resources, seeing that number of complaints?

Interim Chief Nurse, Health and Community Services:

So in 2023 the team, the resources within the team, was increased. A business case had been put forward because prior to that point we had one patient advice and liaison officer within the team and one feedback officer and a manager overseeing the team. So it was a team of 3. That has now been increased. So the resources we now have is a patient experience manager to oversee the whole team. We have a feedback officer but we have 2 P.A.L.S. (Patient Advice and Liaison Service) officers, so patient advice and liaison officers. We also have 2 part-time senior nurse patient experience officers within the team so that we can manage the complaints as they come in. They are dealt with by different people dependent on what the complaint is. So we have had an increase in the resources within that team to help us manage complaints.

Deputy R.S. Kovacs:

At the current numbers of your resources, is it sufficient, do you say, to address timely all the complaints?

Interim Chief Nurse, Health and Community Services:

It is, yes. The complaints have ... the management of the complaints, the time to manage complaints in 2023 - just bear with me - was sitting at 42 days to manage the stage 1 complaints. Throughout 2024 we have been working really hard and it is down at 18 days as an average, but some care groups are down to the 5 days of meeting the target for that stage 1 complaint.

Deputy R.S. Kovacs:

Okay. While I see you are looking at the numbers, I just wonder if you have figures or percentages of how many of the total complaints have been upheld and also how many have not been resolved and what were the main reasons.

Interim Chief Nurse, Health and Community Services:

I do not think I have the ... just bear with me a second.

Director of Improvement and Innovation, Health and Community Services:

We can always provide that information.

Interim Chief Nurse, Health and Community Services:

I can provide that information to you if I have not brought it with me. Oh, so this data is for ... up until ... this is quarter 3 data. I do not have the whole of the year's data with me but I can provide that data to you. But in quarter 3 there was 45 complaints and let me just tell you ... I can give ... so we have it in percentages.

Director of Improvement and Innovation, Health and Community Services:

I think we might provide that.

Interim Chief Nurse, Health and Community Services:

I can provide you the whole ...

Director of Improvement and Innovation, Health and Community Services:

It might be easier.

Deputy I. Gardiner:

In the written, follow up in the written, please.

Interim Chief Nurse, Health and Community Services:

I can provide you the whole year but I do ...

Director of Improvement and Innovation, Health and Community Services:

Then you can ...

Deputy I. Gardiner:

Yes, sure.

Deputy R.S. Kovacs:

But do you know just generally the main reasons of those that were not resolved?

Director of Improvement and Innovation, Health and Community Services:

Those that were not resolved? So key reasons for not resolving them, Jessie, do you know?

Interim Chief Nurse, Health and Community Services:

For not resolving the complaints?

Director of Improvement and Innovation, Health and Community Services:

For not being able to resolve?

Interim Chief Nurse, Health and Community Services:

So it is mainly that there was only ... so I have some data up until September on the resolved and unresolved. So the numbers of unresolved in September were 5 complaints that were unable to be fully resolved, and some of that relates to that the complaint partially was able to resolved but not fully resolved.

Director of Improvement and Innovation, Health and Community Services:

I think what is important to note that complaints ... of course, healthcare, we have talked about some specific things which were about generic communication, food, maybe access. However, a lot is very specific, of course, for the patient, so their treatment. So that might be how they have been seen, how they have been ... so that it is then difficult to say there was that specific theme. So it is very specific to that individual, although we have some themes which have come through.

Deputy R.S. Kovacs:

From the total number of complaints, how many were passed in 2023 to stage 2 and stage 3?

Director of Improvement and Innovation, Health and Community Services:

In 2023?

Deputy R.S. Kovacs:

Yes.

Interim Chief Nurse, Health and Community Services:

I need to come back with that data.

Director of Improvement and Innovation, Health and Community Services:

Yes, I think we need to come back on those numbers if that is okay, yes. We are happy to ... if you just ask the question and then we provide that.

Deputy R.S. Kovacs:

Equally, have you made any projections of what expectancy of rise or lowering in numbers of complaints you will have for 2024?

Interim Chief Nurse, Health and Community Services:

So the complaints for 2024 have greatly reduced and that is because we have put a lot of work into the P.A.L.S. service, so the Patient Advice and Liaison Service. So everything previous to introducing that service was logged as a formal complaint and a lot of it was about signposting for patients. So they were asking for ... it is signposting to different clinics, to different services, and we were logging them all as complaints for the P.A.L.S. service. We do not log them as complaints. We signpost them and we resolve the issue for the patient because it is something they want quickly resolved. They do not really want to go into the complaint system when they are asking about the next clinic appointment. That is something that can be easily picked up for a patient. Up until August of this year the number of complaints for H.C.S. has been 144.

Director of Improvement and Innovation, Health and Community Services:

However, in the health service it is always important to get complaints because it is about learning. So while it is always nice to say, right, we do not get any complaints, but you want to learn. So it is even simple things where people felt not communicated with, these are all things we want to hear back. It is that feedback.

Deputy R.S. Kovacs:

You will get to my next question.

Director of Improvement and Innovation, Health and Community Services:

Oh, right. Okay. Sorry. [Laughter]

Deputy R.S. Kovacs:

Deputy Moore asked before about the general themes you see and it is good to hear the steps you are taking from those themes. So from the most common themes you still see coming as complaints, what are your next one to ... important changes you want to make?

Interim Chief Nurse, Health and Community Services:

Let me just ... so the next changes we want to make, obviously we have ... well, not obviously. We have introduced another system to ask patients about the care while they are in hospital so that we can resolve complaints in a timely manner before they become complaints. So 6 weeks ago we launched a new audit app, where there is 5 questions that we ask patients while they are in hospital. We ask different patients on every ward the same 5 questions, and that gives us some themes that we have pulled through from the audit so that we can look at how we can improve care delivery while patients are in hospital. So we are about to embark on a new programme in 2025 where we are upskilling our healthcare assistants. We will be providing further training for the healthcare assistants in communication skills. We have also done some recent training with a group of 40 staff and it is called C.A.I.T. training, and it is communication and interaction training. That is training our

staff how to interact with patients that have come in that may have a diagnosis of dementia so that we can interact with those patients in a much better way. Then it gives more assurance to the family that their relative is being cared for because some of the work can be quite difficult and sometimes staff are less experienced in caring for those type of patients. So our focus for 2025 is to upskill our healthcare assistants in communication.

Deputy R.S. Kovacs:

Thank you.

Mr. V. Khakhira:

A follow-up question on the unresolved complaints. I was just wondering how many of them were not upheld and recorded as not upheld before stage 3 or level 3. Are they all seen through to the bitter end or do you actually decide that some are completely unreasonable at an earlier point?

Director of Improvement and Innovation, Health and Community Services:

I think that we may need to go back on the figures, yes, to ...

Interim Chief Nurse, Health and Community Services:

We will need to come back with that, with the figures, to you.

Mr. V. Khakhira:

Looking at the totality of feedback, which you have addressed in response to a number of different questions, a previous P.A.C. report on performance management in 2022 noted that you have different arrangements for capturing feedback in the hospital in order to give patients a choice on how they provide feedback. How do you align these processes with the customer feedback policy and how do you report the totality of feedback?

Director of Improvement and Innovation, Health and Community Services:

I think that was a fair comment at that point in time. There were different systems in place. Now what has changed is that we have that specific Patient Advice and Liaison Service. It is very much what Jessie said, people have feedback or maybe they just have a question, where do I find this, how can I get to the next stage, how do I get my waiting times or whatever. So that team has made a big difference because it is about that feedback, which may mean just a question but may also ... "Oh, I just had an idea. I was wondering whether I can leave something", which they then share with the relevant service. So it is one entry point rather than lots of different methods where complaints are being then treated as complaints, and compliments as compliments.

Mr. V. Khakhira:

Of course. Okay. Thank you.

Deputy K.L. Moore:

I think you have already highlighted some of the learning points; particularly you have mentioned food and communication and the extra resource that you have dedicated to this area. But could you identify for us perhaps any other ways improvements have been made within H.C.S. as a result of complaints that have come forward?

Director of Improvement and Innovation, Health and Community Services:

I think the disabled toilets, was that another one?

[13:30]

Interim Chief Nurse, Health and Community Services:

Yes. So we had a concern raised about the disabled toilets within the hospital and within the Enid Quenault Centre that they were not ... although they were accessible to patients with a disability, there was not a provision for patients that had a colostomy in particular and that needed to access these facilities. So we have made changes to support that anybody with a disability, with a colostomy, is able to use those facilities. We have had all of the equipment put in place, both in the hospital and at Enid Quenault.

Director of Improvement and Innovation, Health and Community Services:

Maybe more on a strategic level, so a specific example about what Jessie has also introduced are your Tuesday rounds. Do you want to cover ...?

Interim Chief Nurse, Health and Community Services:

Yes. So every Tuesday morning we do a care round around the hospital and we pick a different aspect of care each week that will have something primarily that has come through a complaint. We look at that aspect of care across all of the wards and then we get together as a senior nursing team and we discuss that aspect of care and what has been found and how we can make improvements on the care delivery. So we are always looking at how we can make improvements to practice. We have also introduced a peer assessment rounding where we do that on a more sort of formal basis. We ask different staff from across H.C.S. to participate in the peer review rounding. We look at set areas on a set day. We do not tell them that we are coming. So we come and it is to get that rich information from staff and from patients about how the ward feels that day, how the department feels that day, what can we make as improvements. We speak to both the staff and the patients and that is another way of learning where we can make improvements. So always trying to find something else that needs to be done because we can always learn from the complaints that come in.

Director of Improvement and Innovation, Health and Community Services:

I think the important part here is we are not waiting for them to come in. So it is actively on a day to day basis reaching out and hearing back because making a complaint is quite a step, is it not? Quite often people think: "This could be better" so giving them the opportunity to just raise that. What I do like in these peer-assessed rounds is non-clinical staff are involved as well. So on a ward you have porters, you have people who clean, who give out the food, and they quite often see things and hear things. So having them involved I think is really important. Yes, it is evolving but I think that is a good proactive step in addressing and making day to day improvements.

Deputy K.L. Moore:

The internal Datix system that you have referred to is also used by staff to raise concerns about practice.

Director of Improvement and Innovation, Health and Community Services:

Yes.

Deputy K.L. Moore:

Are you seeing that being used to the same level or have there been any changes in that reporting?

Interim Chief Nurse, Health and Community Services:

When we have the care group governance reviews we look at all of that reporting that is coming through and we look at the trend. Sometimes there is a little seasonal dip that we have noted, but actually the trend is going up that people are more comfortable in reporting through the Datix system. We do encourage it because then we can investigate and, as I say, learn from that, yes.

Deputy K.L. Moore:

Sorry, did you want to add something?

Director of Improvement and Innovation, Health and Community Services:

Yes, just to add on there. So there is something and I think you pointed it out. It is about the confidence to use the system to raise items. What the care groups have done is they have learning events, so whole days or half days where they go through governance items and where they look through things in a positive, encouraging, learning way. I think that then helps people say: "Oh, actually, it is not something bad to raise it, it is the opposite." It is common practice in the health system to raise any issues, but still it is constantly working on the culture to encourage people to raise whatever they see, whether it is a minor or a major item.

Deputy K.L. Moore:

Have you seen the role of the freedom to speak up guardian interacting with this part of the process?

Director of Improvement and Innovation, Health and Community Services:

Absolutely, yes. Absolutely. Very positive, very much in this raising officially through the system but also having her as a conduit for those who may not feel that comfortable. She has also now started to have a network of freedom to speak up champions. So it is not just one person, other people, her colleagues, who are happy to be the champion in specific areas. So starting to widen out that system, yes, now it has had a very positive impact.

Deputy K.L. Moore:

Thank you.

Mr. G. Phipps:

I was going to follow up a little bit more on the same theme but I think you have addressed a number of initiatives you are doing based on the feedback. I think it is important to acknowledge that in asking for feedback the natural reaction will be to give negative feedback, and the fact that you are achieving more positive feedback than negative I also congratulate the department on that. Because that is not a natural thing in human nature. Because of the importance of this, I do encourage you to capture and then report what you are doing different based on feedback each year in your reports to further encourage people to speak out openly. The other side, my second question, pertains to capabilities. Because human nature, you do not necessarily like getting negative feedback. Do you do any special training or how do you support your staff in being receptive and not defensive? Is there anything specific that you are doing to help your organisation encourage and receive feedback when human nature goes against that?

Director of Improvement and Innovation, Health and Community Services:

Yes, I think you are absolutely right. Some people deal with that easier than others, having that open mindset. Absolutely, there is emphasis through the freedom to speak up and the narrative around it. However, we have also brought over ... I cannot remember the name but it is the ... do you remember we had the large ...

Interim Chief Nurse, Health and Community Services:

The complex training, is it?

Director of Improvement and Innovation, Health and Community Services:

No, the presentation from the person from another hospital on how important it is to speak up.

Interim Chief Nurse, Health and Community Services:

Oh, I do not remember a name now, yes.

Director of Improvement and Innovation, Health and Community Services:

I will find out for you, but basically it was a session with somebody very renowned for ... a clinician himself working in an emergency department who came up with this really easy to understand methodology to show people and their colleagues particularly why it is important to challenge each other and to speak up. We used him to give a presentation, some workshops as well, for our staff to look at it from a different perspective and also from externally. We want to keep that going, so there is something about embedding that constantly. But it is a good point. We need to capture the improvements we have made to feed that back. I think that is encouraging.

Deputy R.S. Kovacs:

I would add as well if you can have measurable data of how the satisfaction improves from those changes in the customers.

Director of Improvement and Innovation, Health and Community Services:

Yes, absolutely, yes.

Mr. G. Phipps:

Thank you. I will pass that on to Inna.

Deputy I. Gardiner:

Okay. One question about feedback: do you receive or, if yes, in which form and how it is recorded and what you are doing, from your suppliers and the outside third party providers? Because H.C.S., you have your own suppliers. It can be anything, suppliers from the medical supplies to medical services supplies, so you are asking ... so how the feedback and complaints from your suppliers ... are they asked for the feedback? If they are asked, how it is recorded; if they have not asked for the feedback, if they feel that the engagement with the department is not ... they are not happy about the engagement, where they can go, where they need to submit their own complaint, or they are happy and they can submit that they are happy.

Director of Improvement and Innovation, Health and Community Services:

Yes. So I think on ... if you look at more product supplies, a lot probably is around the procurement interface, so that would go through the central procurement ...

Deputy I. Gardiner:

But you have your own procurement system. H.C.S. is doing their own procurement, really.

Director of Improvement and Innovation, Health and Community Services:

It would go through the central procurement system. So we are using all the same procurement system, yes. So, of course, there is interaction between departments and some suppliers to have that conversation. So they will capture feedback through there, but I am not sure whether it is in a formal way as such. So that might be something we could look into.

Deputy I. Gardiner:

Because you have specifications, those specifications obviously coming from your department and not from the central procurement.

Director of Improvement and Innovation, Health and Community Services:

Yes.

Deputy I. Gardiner:

If your specifications were unclear or were not reasonable, supply, supplier, there is lots of things. Okay, so it is something that ...

Mr. G. Phipps:

Just a quick follow-up on that just to ... it could be feedback internally within, for example, doctors and locations and interactions with hospitals. It could be ambulance interacting. It is opening the mindset of how do we get that kind of feedback process going. That is I think some of what Inna is getting at.

Director of Improvement and Innovation, Health and Community Services:

Yes. We may probably do some of it but I am ... yes, but definitely some we will probably not do in a formal way.

Deputy I. Gardiner:

But we do not know really where we are standing with this?

Director of Improvement and Innovation, Health and Community Services:

No, and I am happy to take that away. It is a good point, yes, so definitely something ...

Deputy R.S. Kovacs:

In this area as well it is good to understand and gather feedback, even from the staff receiving these services or supplies from outside, if it was what was intended to be, what was asked for, the specifications are the same or not, that part as well.

Director of Improvement and Innovation, Health and Community Services:

Yes.

Deputy I. Gardiner:

Also you have engagement, I would suggest, with the third sector and the charities that are providing services that you are purchasing.

Director of Improvement and Innovation, Health and Community Services:

Yes. That we do have, yes.

Deputy I. Gardiner:

So I mean purchasing, commissioning services, if they are not happy, where they are putting their complaint or if they are happy where they are putting their feedback. Is it the system where they actually feel ...?

Director of Improvement and Innovation, Health and Community Services:

Yes. No, we do have that. That is probably an area ... it is different to the product supply side. So at a recent Health and Community Services Advisory Board we had 3 commissioned services of 3 suppliers there to talk about their experience being a commissioned service and what their challenges were. So the chair really asked what works well, what does not work well, so we got a good view there in a different ...

Deputy I. Gardiner:

But there is no process to ...?

Director of Improvement and Innovation, Health and Community Services:

Internally, of course, we capture that. We have regular meetings. We could have a look - and I think that is a good point - to do something like a regular feedback satisfaction or improvement survey. That is definitely something, but I am just saying that there is something where we look at how we work in partnerships and that was recently highlighted at the board.

Deputy I. Gardiner:

Thank you. Do we have any other areas within Health and Community Services that fall outside of the scope of the customer policy feedback?

Director of Improvement and Innovation, Health and Community Services:

I think we have just touched upon those, yes.

Deputy I. Gardiner:

Touched that. Okay. So I think in general terms it is interesting - and thank you - we talked about ... it was Graeme and myself at P.A.C. in 2022 when we put this performance management report with recommendations, and the C. and A.G., Lynn, the Auditor General with several reports, and I think we really are welcoming the progress that was made. I think we do see steps and improvements and learning. So it is good to see that progress has been made and now we are discovering other things. I think it is just the way how we would work, continued improvement and communication working together.

Director of Improvement and Innovation, Health and Community Services:

Yes, it is great.

Deputy I. Gardiner:

Are there any other comments or questions?

Deputy R.S. Kovacs:

Yes. In general, I would be interested to see your views on what you see were the biggest challenges in even gathering feedback or addressing complaints or enable you to do your work properly there to address those complaints.

Director of Improvement and Innovation, Health and Community Services:

Maybe I will start and maybe, Jessie, you have something to add. But I think generally it is ... I think that is an ongoing thing where it is about helping staff to respond to negative feedback or criticism and to have the resilience, the ability, the compassion to almost embrace the patient if they have something which they ... and where maybe staff know actually this was not the way, but it is the perception of the patient and it is how to bring that in and give them the confidence that they are being looked after. I think that is probably on an ongoing ... it is a human thing. It is a stressful job for clinicians but also helping them to be as resilient and as compassionate as possible and giving them that ability. So I think that is an ongoing journey. We need to find ways with training and reflection to give them that opportunity.

Mr. G. Phipps:

Just a comment on that. That is where I think the reporting of the positive implications of the feedback could give them some encouragement because they see how it actually shows up.

Deputy I. Gardiner:

What is the outcome.

Interim Chief Nurse, Health and Community Services:

We do share the positive feedback with the clinicians, the staff that the feedback comes in. Because often people are named in feedback, whether it is a compliment about the care delivery, so we do share that because it is important for staff to know that. Recently, we had a ward managers meeting where we brought in a member of the public whose relative had been in hospital to give their perspective on how they have seen the care delivery through the eyes of a relative and where they felt that perhaps things could have been done better. That was good for reflection for the ward managers and to help them make changes within their ward and feed that back to their staff. So it is not just about receiving the letter of complaint, it is actually about having that time to reflect with the relative as well, which I think is really important.

[13:45]

It is good because the staff were able to ask the relative questions as well and the relative was really keen to support and help make improvements. So it is looking at those different ways of getting the feedback, good or bad, into the organisation and then managing that forward.

Mr. G. Phipps:

The big challenge you face, of course, is we also have costs, so in doing all this we keep asking for more and more and more. I encourage you also to stand back and really consciously think about value for money and does this really make sense or is it just ... but every department has to face that. We are dumping more stuff on you, but I encourage you to look at that as well.

Director of Improvement and Innovation, Health and Community Services:

Yes.

Deputy I. Gardiner:

Thank you. Anything else? No. So I am really grateful for your time and your answers. It is helpful. I close this public hearing.

Director of Improvement and Innovation, Health and Community Services:

Thank you very much.

[13:46]