

**STATEMENT TO BE MADE BY THE MINISTER FOR HEALTH AND SOCIAL SERVICES ON TUESDAY 11TH JUNE 2024**

**Minister for Health and Social Services regarding the States of Jersey Complaints Board findings in R.39/2024.**

Members will have seen that I've presented a statement in response to the States Complaints Board, relating to a hearing held in March about the handling of a complaint within HCS. The Board's findings and recommendations have highlighted certain shortcomings in HCS' administrative procedures and complaints handling, particularly where complex clinical issues arise. However, I'm now comfortable that the areas of deficiency have been clearly identified and all the improvements required to prevent a recurrence of the problem have been properly implemented. As outlined in my response, the Patient Advisory Liaison Service (or PALS as the service is more commonly known), now has a more robust set of internal processes, which allow for more appropriate handling of patient's concerns and queries. They also provide clearer communications between patients and HCS about next stages in the handling of patients concerns, and/or complaints. Moreover, an additional process has been established to support patients who have concerns which may warrant an investigation or response from a clinician, but do not actually merit a complaint. These changes, combined with an excellent and dedicated Patient Experience Team, have dramatically reduced the number of complaints received by the Department, which, in turn, should help resolve a good many issues - before they develop into full blown complaints.

I'd like to turn to the Board's findings, which note that the complainant's clinical care was materially affected by their ongoing complaint.

I cannot say for certain whether this was, or was not the case, and I certainly wouldn't want to undermine the complainant's experience. What I can say is that the complaints process should never impact clinical care. In this instance, I have been assured, categorically, that the complainant did not experience a cessation of treatment, the quality of their care was not directly impacted, and no clinical decisions were affected by their ongoing complaint. That said, the Department has recognised (quite rightly) a failure to pursue existing policies and procedures as strictly as it should – and that those policies had certain shortcomings. Ultimately, these facts appear to have played a significant role in the complainant's decision to lodge a formal complaint with the States Complaints Board. And for that I can only offer my sincere apologies.

In closing, I would just like to mention that, for some considerable time, I've been less than impressed by previous government's responses to the findings of the Complaints Board. Far too often, government has failed to accept responsibility for getting things wrong, resulting in the Board's good work coming to nothing and the complainant feeling angry and disillusioned. With this in mind, I was determined to ensure that this response was appropriate. So I convened a meeting with the Chair of the Board, the Chief Nurse and the Head of PALS, in order to ensure that my response was considered reasonable. And this they have confirmed.

I would like to finish by repeating my apology to the Complainant, offering my grateful thanks the Board for their good work, the Chief Nurse for her input, and lastly, the team at PALS who have made, and continue to make, great strides in improving their service to patients and their families.