
STATES OF JERSEY



MINISTERIAL RESPONSE TO R.39/2024: STATES OF JERSEY COMPLAINTS BOARD FINDINGS

**Presented to the States on 30th May 2024
by the Minister for Health and Social Services**

STATES GREFFE

REPORT

I accept the findings of 5.3 and 5.5 within [the Board's report](#), recognising that Mrs X's complaint did not follow Health and Community Services' ("the Department", or "HCS") own process for complaint handling.

The initial reason for Mrs X's contact with the Feedback Team was to raise concerns and questions about internal processes, tertiary care, and the Department's travel policy, however, as Mrs X raised subsequent concerns about her clinical care, these were not handled as distinct issues and complicated the handling of her concerns. The Department recognises that the customer feedback policy was being used as a mechanism to address clinical concerns and co-ordinate care, rather than to address and resolve Mrs X's initial query about the Department's travel policy. Furthermore, the initial correspondence from Mrs X should not have been treated as a complaint, but rather a query, which contributed to miscommunication, confusion, and frustration about the concern raised and further co-ordination of care.

I accept the recommendations of 6.1 and 6.3 and within the report, and the Department have already implemented improvements, as outlined below:

A robust internal process has now been established to address identified shortcomings in complaints handling, to:

- Provide distinction between formal complaints about quality of care, and broader queries about HCS' policies and procedure. This better enables patients to follow a clear, thorough complaints process regarding an experience they have had within the Department, with established timeframes for responses and involvement from clinicians.
- Separate feedback handling for patient experiences, which has allowed for more appropriate handling of concerns and queries and supports care coordination for ongoing treatment. Both processes ensure clear communication about next stages for the handling of patient's concerns/complaints.

Additionally, a new process has been established for patients where concerns may warrant an investigation/medical response but do not merit a complaint. These improvements have helped to:

- Place the patient at the heart of the process.
- Build a picture of the patient's holistic experience of care.
- Establish a desired patient outcome and set expectations about timelines from the offset.
- Avoid unnecessary, lengthy, and multifaceted complaints.
- Support better outcomes for patients by enabling better communication and engagement with them, in turn, facilitating faster resolutions to clinical questions/concerns.

A dedicated liaison officer within the Patient Experience Team (PET) is also now allocated to each correspondent, to serve as a single point of contact to build a rapport and trust between the Department and the patient, and to better support the patient through challenging situations. The Patient Experience Team now regularly liaise with patients to ensure they are satisfied with the process, whether that be in handling a complaint, addressing a concern, or care co-ordination. A Senior Nurse Practitioner

(SNP) has also adopted a dedicated role within the Patient Experience Team to facilitate greater coordination of care plans and holding departments within HCS accountable in communicating outcomes for patients.

Included as an [appendix](#) to this report is the structure of the Patient Experience Team.

In relation to the findings within 5.4, the Patient Experience Team Manager was clear in his evidence that the complaints process most definitely had an impact on Mrs X's care plan and overshadowed the crux of the issue. However, the Department have been clear that there was no cessation of treatment during this period, no clinical decisions were affected by Mrs X having an open complaint, and the quality of her care was not directly impacted by the complaint she had made. In either case, as the Board rightly say, it would be indefensible for a complainant's clinical care to be materially affected by a complaints process. The complaints process should not impact clinical care.

Although deviation from the complaints policy has been identified for Stage 2 and Stage 3 of Mrs X's complaint, the Stage 1 handling was appropriate and in line with policy. Mrs X was offered meetings on several occasions throughout this point in the process with the Head of Non-Clinical Support Services, through multi-disciplinary meetings (MDTs), and a letter from the Chief Officer of the Department. All communications with Mrs X attempted to provide satisfactory resolutions and answers to questions about her care, and every effort was made to find an acceptable resolution for Mrs X. Decisions taken to not progress the complaints process further for Mrs X were made to avoid any additional complications with the existing complaints handling, and further deviation from the complaints policy.

I feel it is important to note that the escalation of the complaint reflected supplementary elements which were not raised in Mrs X's initial contact with the Department. This made the handling of her concerns at Stage 2 and 3 significantly more challenging, and increasingly complex to address.

Additionally, I recognise that more clarity could have been provided to Mrs X following a letter she received from the Medical Director for the Medical Care Group which outlined that no further steps would be taken in her complaint, as it had already been handed over to the States Complaints Board. In retrospect, the Department could have commenced a new complaint with Mrs X if she had wished to do so. This would need to have demonstrated a basis for a separate complaint, which was unrelated to the open complaint.

Conclusion

I welcome the review undertaken by the Board on behalf of Mrs X, as it has allowed the Department to review its processes to ensure that it is continuously improving and seeking to deliver quality patient care and experiences.

As outlined above, learning has been taken from Mrs X's complaints handling, and the Department recognises that new concerns should not have been compounded onto the existing issue, and instead should have been handled distinctly. Again, not every issue that Mrs X raised merited a complaint and should have been addressed as care coordination instead.

Finally, I would like to thank the Board for all their work on this matter and apologise to Mrs X for any distress that may have been caused due to shortcomings in the Department's processes at that time.

Appendix A: Structure of the Patient Experience Team

