

REPLY BY THE PRESIDENT OF THE COMMITTEE FOR HEALTH & SOCIAL CARE TO QUESTIONS ASKED PURSUANT TO RULE 14 OF THE RULES OF PROCEDURE BY DEPUTY LESTER QUERIPEL

Thank you for submitting a number of Rule 14 questions regarding Health and Social Care's mental health service.

1. A) How many staff currently work within the Mental Health Service (hereafter referred to as 'the service') here in the island?

There are currently 293 members of staff employed across the Mental Health Service.

B) How many work here under licence?

The housing licence system has been replaced by employment permits. A breakdown of permit type for those staff members employed across the mental health service is provided below.

Employment Permit type	Number
Discretionary Residence Permit	12
Declaration of Lawful Residence	20
Employment Permit (Long Term)	72
Employment Permit (Medium Term)	2
Family Member Resident Permit	13
Housing Licence – Non-Employment	5
Housing Licence – Essential Employment	11
Open Market	5
Permanent Resident Certificate	19
Permit - could not determine type	6
Status Declaration	128
TOTAL	293

2. Are there currently any vacancies within the service and if so, which posts are currently vacant?

At the time of writing there are 66 vacant posts across the mental health service in the community, inpatient care, the primary care mental health service and psychiatry. Within these organisational units, a wide range of posts from the multi-disciplinary team are vacant as set out below:

Assistant Clinical Psychologist, Clinical Psychologist, Substance Misuse Systemic Practitioner, Team Manager, Team Leader, Approved Social Worker, Senior Mental Health Practitioner,

Community Psychiatric Nurse, Community Support Worker, Occupational Therapist, Nursing Assistant, Activities Assistant Co-ordinator, Associate Practitioner, Staff Nurse, Healthcare Assistant, Admiral Nurse, Community Mental Health Nurse, STaR Worker, Associate Practitioner, Head Chef, High Intensity Psychological Therapist, Senior Clinical Psychologist, and Associate Specialist.

In order not to cause any undue disruption to any of the mental health services, these vacancies are currently supplemented by bank and agency staff and through overtime working.

3. How are staff recruited to the service and which posts are historically, the most difficult to fill?

As is the case with most clinical vacancies in Health and Social Care (HSC), advertisements are placed internally and externally with a number of national health care recruitment agencies, such as NHS Jobs.

Vacancies for band 5 nurses are historically the most difficult to fill. However, given the continued national shortage of nurses this is not unexpected.

4. A) Can you please provide me with the figures for staff turnover these past 5 years along with a list of the vacancies that have occurred in those 5 years?

Only four years' worth of data is available.

Table 1: Mental health service and HSC yearly staff turnover between June 2017 and June 2021. Data presented represents % headcount.

	Mental health service	Health and Social Care
	Yearly turnover (%)	
Jun-17	21.0	17.5
Sep-17	17.0	15.7
Dec-17	15.6	16.3
Mar-18	16.3	16.2
Jun-18	16.3	19.1
Sep-18	19.2	20.0
Dec-18	17.9	19.3
Mar-19	18.9	20.7
Jun-19	18.6	18.3
Sep-19	20.2	18.1
Dec-19	20.9	18.8
Mar-20	20.6	16.3
Jun-20	20.0	14.6
Sep-20	16.7	14.0
Dec-20	19.4	17.3
Mar-21	19.3	16.7
Jun-21	20.3	17.5

Vacant posts during the past five years include:

Activities Assistant Co-ordinator, Activities Co-ordinator, Associate Practitioner, Healthcare Assistant, Nursing Assistant, Senior Staff Nurse, Staff Nurse, Senior CAMHS Practitioner, Assistant Clinical Psychologist, Clinical Nurse Specialist, Clinical Psychologist, Psychological Wellbeing Practitioner, Associate Practitioner, Senior Mental Health Practitioner, Senior Mental Health Practitioner, STaR Worker, Substance Misuse Systemic Practitioner, Nursing Auxiliary, Team Leader, Ward Manager, Approved Social Worker, Service Manager, Administration Assistant, Personal Assistant, Ward Clerk, Community Psychiatric Nurse, Community Support Worker, High Intensity Psychological Therapist, Family & Systemic Psychotherapist, Psychological Therapist, Associate Specialist, Consultant Psychiatrist, Mental Health Practitioner, Occupational Therapist, Specialist Mental Health Practitioner, Nutritional Needs Assistant, Health Chef, Support Worker and Day Service Manager.

B) Were all of those vacancies filled by suitably qualified applicants?

Yes, any applicant who does not meet the key criteria for the vacancy is not invited for interview. Job descriptions are provided for all vacancies and include essential and desirable qualifications for that role. Interviews are offered to applicants on the basis of the information provided in their job application meeting these criteria, which are then further explored during the interview process. Further, professional qualifications and registration held with the General Medical Council or the Nursing and Midwifery Council are confirmed.

5. How much have HSC paid out in costs to bring applicants to the island for interviews for vacancies and also in relocation fees paid to applicants who were eventually employed in the last 5 years?

The following data sets out the interview and relocation costs for all HSC vacancies for the years 2016-20. A breakdown of these costs for those positions in the Mental Health Service is not available.

Table 2: Interview and relocation costs for HSC vacancies for the years 2016-20.

	Interview costs	Relocation costs
2016	£89,351	£718,997
2017	£86,484	£642,990
2018	£100,285	£865,257
2019	£112,371	£1,298,302
2020	£23,719	£2,082,645*

*This higher cost reflects the successful recruitment during the pandemic and subsequent rent allowance, which is paid on a scale according to rent charged.

6. Are staff encouraged to develop their practise according to their own professions, or are they restricted by a dominant medical model?

The Mental Health Service operates using a multi-disciplinary approach to care provision, considering each service user's presentation and needs holistically. Some parts of this care are medical by necessity, such as the prescribing and review of medication, as is the case with all secondary care services provided by HSC.

With regards to the development of practice outside the medical profession, The Institute provides training and education for staff across HSC services to achieve professional and academic qualifications. This includes, but is not limited to, national vocational qualifications, stand-alone professional development modules, post graduate certificates and diplomas and the opportunity to complete a master's degree in professional practice. Study leave is facilitated for staff undertaking these qualifications. HSCs learning and development policy sets out the steps that need to be taken to access such courses and secure the necessary funding and study leave.

Further information on the programmes run by The Institute can be accessed [here](#).

Registration with the Nursing and Midwifery Council (NMC) is a legal requirement for all nurses and nursing associates working in the Bailiwick of Guernsey. In order to maintain registration with the NMC, registrants are required to complete a process of revalidation every three years. Revalidation promotes good practice and encourages a culture of sharing, reflection and improvement. Criteria to satisfy the NMC revalidation process is supported locally by mandatory training, participation in audits and case reviews, development of policies and facilitated reflective practice, among other things.

7. A) How are staff supported whilst carrying out their daily duties and do they have access to additional training if requested?

This question has been answered, in part, above.

With regards to staff support, it is the case for all departments across HSC that careful consideration is given to ensure as far as possible that the necessary 'skill mix' of staff is available for each shift. This enables all staff groups to carry out their work efficiently and without undue risk to patient safety or care.

Mandatory training ensures that employees remain up to date with recommended practice and in some instances, regulatory requirements. Mandatory training is in place across the organisation and includes training for all employees, such as health and safety awareness courses, and training specific to a certain clinical area. For mental health services, mandatory training includes safeguarding children and young people and/or adults, conflict resolution, dementia awareness, alert training and prevention and management of aggression, among other things.

On a day to day basis support is available from the shift co-ordinator, who also has the responsibility to organise lunch and dinner breaks for all staff members. Further, the mental health service is in the early stages of implementing restorative supervision which, which focuses on looking after the emotional wellbeing of staff. If successful, it may be disseminated across other parts of the service.

B) If the answer to the question is 'yes' then can you provide me with evidence of that please?

HSC recognises that its employees represent the organisation's greatest asset and aims to ensure that all members of staff are in possession of the knowledge and skills they need to perform their jobs safely and effectively. The 'Staff Learning and Development, and Access to Study Leave' policy sets out the process for staff to follow to secure learning opportunities, facilities and financial help during study.

Employment policies such as this are not published but can be provided, on request, if they are of interest.

8. If a member of staff finds themselves struggling to cope with their duties and responsibilities, is there a designated person they can turn to for guidance and assistance who is non-biased and independent?

A number of options are available to support staff who might feel they are struggling to cope with their work-related duties and/or responsibilities. Members of staff may approach their line manager, a member of the Human Resources or Occupational Health team, or contact the Employee Assistance Programme.

The States of Guernsey also offer a free, self-referral service for anyone who needs to access support from a mental health professional through Healthy Minds. Further information on the Healthy Minds service can be found [here](#).

9. If a member of staff, a service user, a Carer or a member of the general public submits a formal complaint about the way in which they've been treated by a member, or members of staff working within the service, is that complaint investigated by a non-biased independent body?

Under normal circumstances, complaints are dealt with in the first instance according to HSC's joint complaints policy with the Medical Specialist Group (MSG), agreed by the States of Deliberation as part of the single governance framework set out in the secondary health care contract with the MSG. It is the responsibility of the Customer Care Team to receive and triage all formal complaints, identify the key service area in relation to the complaint and appoint an investigating officer from that area, so long as it is appropriate to do so.

The Complaints Policy (G107) is available [here](#).

If a member of staff wishes to complain as a service user, the complaint will be treated in accordance with the complaints policy.

Where necessary, options are available for a complaint to be reviewed externally by an independent third party. For example, HSC has in the past requested complaints be reviewed by Jersey counterparts, and vice versa.

10. If a member of staff, a service user, a Carer or a member of the general public submits a formal complaint about the actual mental health services provided by HSC, is that complaint investigated by a non-biased independent body?

All complaints in the first instance are dealt with according to the complaints policy, as above. In the event of a serious untoward incident, consideration will be given to commission an external review.

Any concerns that a member of staff may have in relation to an aspect of service provision should be escalated through the usual line management process. If the matter is serious and the member of staff feels their concerns have not been addressed through line management, or indeed would prefer not to raise it in this way, the States of Guernsey has a whistleblowing policy in operation which is available on the staff intranet.

The States of Guernsey whistleblowing policy can be seen [here](#).

- 11. If a member of staff submits a formal complaint about a Line Manager or the conditions in which they are working, are they then permitted to continue working in the service until the matter is resolved, or are they suspended from duty until the matter is resolved?**

HSC recognises that there may be occasions when employees will have problems or concerns about their work, working conditions or relationships with colleagues which can amount to grievances. Employees who feel that they have been unfairly treated have the right to express their grievance and as such, HSC has a policy in place that sets out the procedure to be followed when a grievance is submitted by a member of staff.

No members of staff will be suspended from duty for raising a grievance and are permitted to remain in their working area whilst it is investigated and resolved should they wish to do so. If redeployment to another area is requested during this period, every effort is made to facilitate this where possible and appropriate.

- 12. If a member of staff submits a formal complaint about a Line Manager or the conditions in which they are working, are they persecuted in any way shape or form by their colleagues or superiors?**

HSC takes the issue of bullying very seriously and has policies in place to promote a workplace environment which is free from harassment, bullying and hostility and a bullying and harassment policy. Should a member of staff feel unable to report bullying and harassment through HSC channels, the States of Guernsey operates a whistleblowing service.

- 13. If a service user, a Carer or a member of the general public submits a formal complaint about the way in which they've been treated by a member, or members of staff working within the service, are they persecuted in any way?**

In addition to the information provided in response to question 12, above, the Committee would wish to highlight the high standards required from the NMC and GMC of their registrants. Further, all employees are contracted to follow HSCs policies and procedures which make clear such behaviour is not tolerated by the organisation.

- 14. A) Can you tell me please how many complaints have been made about the service in the last 10 years?**

138 complaints have been made since 2013. Data prior to this cannot be accessed without significant resource being used to manually access archived records.

- B) Was there one particular area at the top of the list e.g. bullying, incompetence, neglect?**

The majority of complaints received relate to the Community Drug and Alcohol Team service area. Service users lodge complaints as they feel aggrieved at changes to medication. These changes are made when service users are diverting their medication (selling it to other users). Several complaints related to the fact that service users were placed under supervised daily dispensing due to diversion of their drugs or have failed a drug screen.

- C) Were they all satisfactorily resolved?**

Due to the nature of drug and alcohol care, some clients might remain unhappy but this does not necessarily reflect an inappropriate resolution. The Committee considers all 138 complaints to be resolved.

D) Did HSC have to financially remunerate any of the complainants?

No.

E) If the answer to question D is 'yes', then can you please tell me the total sum that was paid out? (In asking that question I emphasise I'm not asking for details of specific cases, all I'm asking for is the total amount paid out).

N/A

15. Who is responsible and accountable for leading and developing specialist services within the service?

Responsibility lies firstly with the Associate Director/Clinical Director and subsequently filters down to the operational managers and the managers of individual service areas in consultation with all mental health service staff, as appropriate.

16. How is research, audit and innovation managed and shared throughout the service and can you please provide me with evidence of this?

The mental health service is regularly audited, both internally and externally, in a number of ways:

- Key performance indicators for service areas are collated monthly to ensure that agreed standards are maintained across the mental health service;
- An external audit by Middlesex University is undertaken to confirm that the necessary standards are in place to facilitate student nurse placements;
- An annual SCAPE audit. SCAPE stands for 'safe, clean and personal everytime' and is a nationally recognised, independent audit that examines a wide range of care criteria;
- The mental health service is currently working towards accreditation with the Royal College of Psychiatrists.

Due to the number of service users drawn from a small community and the difficulties that may subsequently present, such as maintaining anonymity, undertaking research is difficult. However, participation in international studies and research has been undertaken in some areas, for example staff welfare.

Further relevant information is provided in the response to Question 21 below. The service is currently working towards accreditation with the Royal College of Psychiatrists through the college's Centre for Quality Improvement and this encourages innovation and continuous improvement.

17. Are new ways of working and new ideas encouraged within the service and can you please provide me with evidence?

The clinical audits as set out above enable the mental health service to see where the service is doing well and where changes could be made to improve service user outcomes. They further improve communication between colleagues and increase professional satisfaction.

All staff have an individual responsibility to keep apprised of developments and innovations within neighbouring jurisdictions and internationally, and potential innovations are discussed at the monthly Safety and Quality meeting before being progressed by the Professional Development leads.

18. Who is responsible and accountable for leading on and developing the interface, the relationship and the partnership with other service providers e.g. third sector charities and organisations, the Youth Commission, Guernsey Mind, the Prison, GP's etc, and can you please provide me with evidence of the results of this interaction?

All staff signpost to third sector charities and organisations when appropriate to do so. Close working relationships have been developed over a number of years with the organisations set out above. For example, the Community Adolescent Mental Health (CAMHs) service works closely with the Youth Commission.

On a strategic level, the Committee *for* Health & Social Care recently published a Combined Substance Use Strategy for Guernsey and Alderney 2021-2026, having previously directed a joint strategic needs assessment (JSNA) to be undertaken as to the reasons why people use alcohol, drugs and tobacco. The third sector is commissioned, in some instances, to provide services on behalf of Health and Social Care. Both the strategy and JSNA documents can be accessed [here](#). Commissioning contracts are put in place with the guidance of HSC's procurement team.

Some of the commissioned services include the Health Improvement Commission, whose initiatives focus on the prevention, early intervention and treatment for people using substances, and Health Connections, who support islanders with arrangements for off-island travel.

19. A) Are staff achievements encouraged and celebrated?

Yes.

B) If the answer to the question is 'yes' then can you please provide me with evidence?

HSC's weekly blog, sent to all staff across the organisation, not only provides important staff updates but also highlights individual and group successes both inside and outside of work.

The HSC annual awards enables nominations to be made to celebrate the achievements of both registered and non-registered members of staff. Long service is also acknowledged.

In addition, staff are encouraged and supported to access relevant training and development to achieve progress through pay gateways.

C) If the answer to the question is 'no', then can you please tell me why they aren't?

N/A

20. A) Are EXIT interviews carried out with every member of staff who resigns from the service?

An 'exit interview' is offered to all members of staff upon notice of cessation of employment with HSC. This opportunity is voluntary and is not taken up by all and therefore a questionnaire is offered for completion. Any feedback from either/both is used to continue successes or make improvements in clinical areas or practice.

B) If the answer to A is 'yes', then can you tell me please how the results of the interviews are managed and interpreted and is a Root Cause Analysis conducted on a regular basis?

Information is collated from exit interviews and questionnaires by Human Resources and includes the following:

- Length of service;
- Reason for leaving;
- Satisfaction with salary;
- Relationship with manager;
- Relationship with team;
- Ideas for improvement.

This information is reported back to managers in clinical areas. Root cause analysis is considered on a case to case basis.

C) If the answer to B is 'yes' then can you please provide me with evidence?

Specific exit interviews cannot be shared.

21. A) Who is accountable and responsible for leading on and developing the service here in the island?

As per the answer to question 15, above, the responsibility lies firstly with the Associate Director/Clinical Director and subsequently filters down to the operational managers and the managers of individual service areas in consultation with all mental health service staff, as appropriate.

B) How do they actually do that?

The mental health service follows and complies with guidance from the National Institute for Health and Care Excellence (NICE) to ensure the provision of safe and effective services. NICE develop evidence-based recommendations through independent committees, whose membership include both professional and lay members, and wide stakeholder consultation.

Further, the service is currently working towards accreditation with the Royal College of Psychiatrists through the college's Centre for Quality Improvement. The accreditation and review system handbook can be found [here](#).

C) Can you provide me with evidence and examples of their efforts and achievements please?

A specific pathway has been developed for individuals who have Emotionally Unstable Personality Disorder (EUPD), allowing those with EUPD to receive skills-based therapy. Staff have completed various training to achieve this, including:

- Cognitive behavioural therapy (CBT);
- Dialectic behavioural therapy; and
- Schema therapy training.

Further, several staff have been training in cognitive analytic therapy (CAT), enabling this approach to be used to help individuals with an eating disorder.

The mental health service is also involved in a relatively new service development, alongside the adult disability service, which functions to provide a diagnosis for those suspected to have autism. To facilitate this service, two members of staff are undertaking training to be CBT therapists.

One of the most notable successes is the development of the 'Decider Skills,' which use a proactive approach to maintaining good mental health from an early age. The Decider Skills are being taught in schools across the island and are now internationally recognised.

22. What is the strategy for development of the service for the next 2 years, 5 years and 10 years?

The [Mental Health & Wellbeing Plan for Guernsey 2017-2020](#) was developed from a large consultation led by Guernsey MIND. As with many other workstreams across the States of Guernsey, an update to the Plan has been delayed due to the diversion of resources to manage the SARS-CoV-2 pandemic.

23. Would you say the service is currently proactive or predominantly reactive?

There are established teams in place across all HSC departments to support practice development and service improvements, for example:

- Practice Development Leads;
- Quality and Improvement Team;
- Audit Team.

However, all HSC services must respond to the changing needs of individuals and the population as a whole, sometimes with little notice, and there are therefore some elements of service provision or development that are reactionary by necessity. For example, CAMHs is observing an increase in the number of referrals for its service and is therefore seeking approval to increase the number of therapists employed.

24. When did a review of the service last take place and can you please provide me with a hard copy of the resulting report?

The service was reviewed during 2018-19. The report was not commissioned on the basis that it would be shared beyond the organisation. to enable staff to speak candidly to the reviewer and importantly, due to the sensitive nature of the report content. The report therefore cannot be shared.

25. A) Were there any recommendations within the report for HSC to progress?

The report recognised that the mental health services are well resourced with excellent facilities. The report also identified a need to restructure parts of the service to improve the efficiency and effectiveness of care delivery.

B) If there were, can you tell me please if HSC were able to progress them, how were they progressed and what was the result, and can you also please provide me with evidence?

Mental health provision has changed from an adult and older adult service to a community and inpatient service, which provides more streamlined care. Prior to this change, a transition to the older adult service was required at the age of 65 years and was considered detrimental to continuity of care.

Further, the CAMHs service was consolidated to form a single team to improve service user experience, improve flexibility and create staff rotation to deal with crisis, such as immediate risk and admission.

There is also a single point of access for emergency, urgent and mental health law referrals based within the duty and intervention team.

A Consultant Psychiatrist identified to be the lead Doctor for the acute inpatient facility, which has been implemented, and a middle grade Doctor has been appointed with sole responsibility for the ward which is above the recommendation.

C) Were there any recommendations that HSC weren't able to progress?

Yes, it was recommended that the service be rebranded to 'Guernsey Specialist Mental Health Services' to strengthen the identity of secondary care services and give a greater distinction from primary care services.

D) If the answer to C is 'yes', then can you please tell me why HSC weren't able to progress them?

There were significant changes within the Government at this time with the corporate rebranding of Committees and it was not approved by the Corporate Management Team primarily due to timing.

26. A) Are Carers and relatives of service users, consulted and included in any efforts by HSC to develop, improve and progress the service?

Yes.

B) If the answer to A is 'yes', then can you tell me please how they are consulted and how is their feedback used to develop, improve and progress the service?

CareWatch is an independent panel of individuals and community organisations that represents HSC service users across the Bailiwick of Guernsey. It was set up by the Committee for Health & Social Care in 2017 as a forum to share experiences in order to develop services. Further information about CareWatch can be found [here](#).

When it is necessary to gain feedback from large groups, the carers and relatives of mental health service users are consulted through workshops and open days. Most recently this method was used to develop the dementia care service.

C) Can you tell me please who is responsible and accountable for leading on Carers and relatives of service users consultations and feedback?

The Customer Care Team are the first point of contact for service users, or their carers or relatives, to provide feedback on any service or treatment they have received from HSC.

27. Do all service users have a multi-disciplinary Assessment and Care Plan put in place and are they all allocated a Care Co-ordinator to monitor their progress?

A Care Programme Approach has recently been implemented across the service for those that meet an agreed threshold. A care co-ordinator is allocated to these service users to co-ordinate their care regardless of which service area they are receiving support from.

Previously these individuals would have been discharged from each service as they moved between them.

28. Is every service users pathway monitored and documented from the outset and, if it is, who is responsible and accountable for that monitoring process?

The Committee would wish to highlight the responsibilities of all health care registrants and the requirements they must meet in relation to record keeping in order to maintain registration with their regulatory bodies. Good record keeping is vital to effective communication between health care staff and integral to promoting safety and continuity of care for service users.

Service user pathway data are collated as part of the KPIs that are considered monthly at the Safety and Quality meeting and are subsequently disseminated to all members of staff.

29. A) Does the service have a Service User Forum in place?

Yes.

B) If there is such a forum in place, can you please tell me how service users feedback is documented and used to inform and improve service delivery?

All members of HSC staff are available to service users to provide feedback in relation to their experience of care, whether that experience has been positive or negative. In the mental health service, where some service users have dementia, relatives are given the opportunity to provide feedback to staff as necessary. HSC also operates a written 'How are we doing?' form, which can be completed by service users or their families alike, if this method of feedback is preferred.

The Customer Care Team can be contacted by telephone, email, online form or can arrange to meet in person to receive feedback.

Feedback is discussed at the monthly Safety and Quality meeting and if necessary appropriate changes are made to services.

30. If demand were to increase from its current level, would the service be able to cope with that increase in demand?

As is the case with all service areas across HSC, demand fluctuates over the course of a year and can be unpredictable. Resilience within departments is ordinarily able to meet these demands. However, if there is evidence that an increase in service output is required beyond a period of busy fluctuation, additional funding to achieve this can be requested.

The Committee continues to extend an invite to Deputy Queripel to meet with Members and officers to find out more about the Service.

It also wishes to highlight that the following resources have been used to provide this response:

- Clinical staff – 8 hours
- Medical staff – 2 hours
- Human Resources – 6 hours
- Policy Officer – 12 hours

- Senior Leadership – 4 hours
- Political – 5 hours