

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

1. During Question Time of the States debate held on February 16th 2022, I asked you five Rule 11 questions relating to our Mental Health Service. The second question was as follows, 'Do the President and his committee agree with me that a comprehensive and fully transparent review of our Mental Health Service needs to take place?' In response, you explained that your committee had several workstreams currently under way, all of which will inform the need for a review. My supplementary question in response to the answer you gave was as follows, 'Bearing in mind what the President has just said sir, is he actually saying the committee have changed their minds and once those workstreams are complete, they will then look at the results of those workstreams, and decide whether or not to undertake a review?' In response to that supplementary question you replied 'I think that sums it up very well Deputy Queripel'. So with all of that in mind, my first Rule 14 question to you Deputy Brouard is this: Can you please tell me when all of those workstreams you referred to in your reply are expected to conclude, for your committee to then be in a position to decide whether or not a review is needed?

It is expected that many of the activities in respect of mental health that the Committee has planned will complete within the next six months.

It is envisaged that, working with the Third Sector, the mental health pilot will be up and running in this time too.

2. As you are aware, I submitted a set of Rule 14 questions to HSC last year about our Mental Health Service and question 7a) read as follows: 'How are staff supported whilst carrying out their daily duties and do they have access to additional training if required?' I was told in response that the service is in the early stages of implementing restorative supervision, which focuses on looking after the well-being of staff. So in relation to that, my second Rule 14 question is this: Are you able please to give me an update on that initiative?

All nursing staff are supported to use facilitated reflective practice (supervision) within mental health services. The most widely used model is Proctor's model, which incorporates restorative supervision by encouraging staff members to talk about the impact that emotional and/or personal issues have on their practice. The service is also beginning to introduce resilience-based supervision, which focuses on the principles of compassion-based therapy and managing the emotional impact of work events.

At an operational level, HSC has implemented a number of initiatives focused on staff wellbeing across all of its services, recognising the impact of the COVID-19 pandemic and the significant contribution of staff who have gone above and beyond during challenging times.

HSC has engaged the services of 'Boo Coaching,' which has delivered several wellbeing programmes, including 'Caring for Yourself' and 'Caring for Teams,' which are designed to encourage staff to take time for themselves. This has been supported by the Committee and builds on other established initiatives where colleagues can support each other, including Wellbeing Week and the 'Artist in Residence' Programme.

3. Question 16 of the same set of Rule 14 questions I referred to in Q2 above, read as follows, 'How is research, audit and innovation managed and shared throughout the service and can you please provide me with evidence of this?' In response to that question I was informed that an annual SCAPE audit takes place, SCAPE standing for safe, clean and personal every time, and is a nationally recognised, independent audit that examines a wide range of care criteria. That certainly sounds impressive, but seeing as no further information was provided I now ask the following Rule 14 questions. a) When was the last SCAPE audit undertaken and are you able please to provide me with a copy of the report that resulted from that audit? b) Can you please provide me with the Terms of Reference of SCAPE and who is actually involved in the audit process along with their qualifications?

There are 12 areas within the clinical areas of Mental Health that are audited through SCAPE. An audit of all the SCAPE activity for the Mental Health Services for 2021 is appended to this response. This addresses all of the points raised and provides an overview of the audit process.

The SCAPE award was developed by an outstanding UK Health Trust to ensure that standards of quality and care are high. The focus of SCAPE is to deliver safe and effective harm-free care and the SCAPE audit is an evidence-based quality standard and demonstrates commitment to quality care which can be measured and improved.

A Blue SCAPE status is awarded following a minimum of 3 consecutive years' quality improvement audits at green status, culminating in a presentation by the team to the Medical Director and Head of Quality and Safety.

4. Can you tell me please how rigorous the interviews undertaken by HSC are when interviewing applicants for vacant posts within the Mental Health Service, who interviews those applicants and also what key criteria are applicants required to fulfil?

Interview arrangements for posts within Mental Health Services will vary depending on the seniority of the vacancy being appointed. As with other recruitment processes, this will likely involve the manager/s of the service area, with support as required from Human Resources. This is akin to all vacancies across the States of Guernsey.

The key criteria for vacancies in the service will also vary depending on the nature of the post being recruited to.

Appointments to job roles would not be made if the candidate is unable to suitably evidence that they meet the key criteria for the position or, where appropriate, that they have the potential to do so.

5. As you are aware, Carewatch is an independent panel set up by HSC in 2017 as a forum to share experiences in order to develop services. Their Terms of Reference determine that they act as a two way communication channel between HSC and the community. So with that in mind, can you please explain how that process works and can you also provide me with evidence of the process working for the benefit of the community?

CareWatch has recently undergone a period of transition following significant changes to the membership of the Panel and has been focused on updating existing information, developing its communication channels and preparing for recruitment of new members to the Group. This has been ongoing since November 2021, in addition to ongoing monthly meetings and continuing its mandated purpose.

However, with the transitional period coming to an end, and the significant projects CareWatch will shortly be working on, for example the Primary Care Survey, it endeavours to demonstrate its positive impact on health and social care in the near future.

Currently HSC provides support by means of providing a secretary for CareWatch Meetings. The secretary drafts agenda's (assisted by the Chairman), takes notes, drafts minutes, circulates meeting packs and arranges visits from outside bodies when requested to do so. Copies of CareWatch minutes are circulated to HSC to keep the Committee up-to-date on CareWatch's current items of discussion as well as any issues raised at the time. From time to time, CareWatch will also write to, or provide a review to HSC on a specific matter.

The Committee and CareWatch continue to build the relationship and explore how best to ensure that CareWatch is used to best effect for the community benefit and progress over recent months has been pleasing.

6. Can you please tell me what criteria an applicant applying for a vacancy on the Carewatch team needs to fulfil, who interviews the applicants and how rigorous are those interviews?

Panel interviews following an application and shortlisting process would take place with an elected Member of the Committee *for* Health & Social Care, together with a CareWatch representative.

Information relating to role of CareWatch members can be found at <https://www.carewatch.org.gg/carewatch-terms-of-reference>.

7. It states on the Carewatch website, that the aim of the Carewatch team is to listen to islanders experiences of our Health Service, especially when things haven't gone as well as expected. So with that in mind, can you please tell me how many complaints Carewatch have received since being established in 2017 and how many of those were resolved to the satisfaction of the complainant?

CareWatch has received two complaints this year, from members of the public who did not feel they wished to address a complaint directly to HSC. These were received very recently and will shortly be discussed by the Carewatch panel prior to either escalation to HSC or an appropriate response to the complainant from CareWatch.

Whilst CareWatch encourages both positive and negative feedback from the community, CareWatch is not the channel for formal complaints regarding HSC or government provided health services, which must be fed through official channels. The CareWatch mandate is to be the 'eyes and ears on the ground' and provide general feedback to the Committee on health and care in the Bailiwick.

8. There isn't a telephone number for Carewatch in the current Sure Telephone Directory, or the States of Guernsey Telephone Directory. This puts anyone who doesn't have access to a computer at a severe disadvantage. Not only that, but it also excludes and discriminates against those people, which surely isn't acceptable in this modern day and age when we profess to be an 'inclusive society'. So with that in mind I ask the following a) Can you please provide me with your committees views on the fact that Carewatch can't be contacted on the telephone? b) Will you be requesting Carewatch put a telephone number in place as soon as possible?

To fulfil its purpose, CareWatch aims to be contactable by all demographics of the community. Previously a telephone number was listed on the website and forwarded members of the public to the switchboard at Health and Social Care. This was recently removed for the same reason as the change in email address - to maintain CareWatch's independence. To achieve this, it is felt that the communication channels should directly contact the CareWatch panel or an individual member.

The Committee understands that this is something CareWatch is progressing.

9. HSC Customer Care have a 6 month threshold in place regarding complaints being submitted by islanders. They simply don't entertain any complaints that fall outside of that previous 6 month threshold. So with that in mind, I ask the following a) Can you please provide me with the rationale behind putting a 6 month threshold in place? b) Who sets that 6 month threshold and who has the authority to amend it?

HSC policy G107 'Dealing with Complaints' is a document which has been developed by the Committee for Health & Social Care and The Medical Specialist Group and agreed contractually by the Single Governance Group.

Section 7 of the policy deals with time limits and states: *'Complaints should be made as soon as possible after the event to which they relate – generally, complaints will be investigated that are made within 6 months of the event; or made within 6 months of complainants realising that they have cause for complaint as long as that is no more than 12 months after the event. In exceptional circumstances the HSC Director of Governance or MSG Director of Governance have the discretion to extend the time limits where it would have been unreasonable or impossible for the complaint to have been made earlier.'*

It is common practice for healthcare organisations to set time limits within which a complaint can be made due to the difficulties that arise in investigating a complaint thoroughly with passage of time, such as staff turnover and recollection of events. It is often not possible to investigate in an effective and fair manner beyond 12 months.

10. Having that 6 month threshold in place means that islanders who are dissatisfied with the way in which they were treated outside of that 6 month threshold, are left in 'no man's land'. They were traumatised and in crisis as a result of the treatment they received, but their concerns won't be registered, recognised or addressed due to the fact that it all happened outside of the 6 month time limit. For the sake of the members of our community, I think HSC need to adopt a far more compassionate approach when it comes to islanders submitting complaints whilst in times of severe duress, trauma and crisis. So with that in mind, I ask the following a) Do your committee have any concerns about that 6 month threshold being in place? b) If the answer to the question is 'yes', then can you please tell me what you intend to do to rectify the situation?

Guernsey is not unique in setting a timeframe within which complaints will be considered. Nonetheless each case is considered on its merits and HSC does its best to address historical complaints where it would not have been possible or reasonable for the person to make the complaint earlier.

The stipulated timescale in the policy does not affect service users' rights to claim compensation for alleged harm, which would be dealt with via litigation and not through the complaints procedure.

11. During Question Time of the States debate held September 29th, 2021, I asked a supplementary question of you enquiring whether or not staff working within the Mental Health Service, had been consulted regarding the publication of the summary of the review of the service undertaken by Mr David Gedze. In response you said 'You can't have it both ways Deputy Queripel. The idea of asking Mr Gedze to look through his report is to be able to filter out some of the findings without naming names of the people who submitted information to it'. Why you decided to turn the focus on to me when you responded to my question is intriguing to say the very least Deputy Brouard, but that aside, you didn't actually provide me with the 'yes' or 'no' answer the question required. So due to the fact that it still hasn't been made clear whether or not the staff were actually consulted, I ask the question again in the form of this next Rule 14 question: Can you please tell me if the staff were consulted or not regarding the committee changing their mind and publishing a summary of the Gedze Report?

Senior staff were aware of the preparation and publishing of the summary report. Wider consultation was not considered necessary given the report was an anonymised summary of Mr Gedze's original report. The report was originally written for internal use as a leadership tool and was therefore not intended for external publication. It was following your request, Deputy Queripel, that a summary report was written by Mr Gedze and released on 29th November 2021.

12. As you are aware Deputy Brouard, the summary itself stated that mental health services here in the island are well resourced and as good as, if not better, than equivalent services provided in most countries in the world. With that in mind, do you think the report would have received such a glowing assessment if all of the 'bad bits' had been left in, and the report had been published in its original 'in house' format instead?

It is disingenuous to suggest that the Committee edited the Summary Report prepared by Mr Gedze in such a way as to remove the 'bad bits.' Mr Gedze was asked to provide an overview of his findings and recommendations for the purposes of publication and it was that report, unedited by the Committee or anyone else in HSC, that was published. The only information removed from the report was to anonymise individuals who contributed to it.

For further assurance on this point, you would be welcome to verify this point with Mr Gedze when he visits the Island.

SCAPE Annual Overview Report Mental Health Services January 2021 – December 2021

Contents

Safe, Clean and Personal Every time (SCAPE).....	3
Audit Process	3
Maintaining Blue SCAPE Status	4
SCAPE Overview for Mental Health Services 2021:	5
Quarterly Audit Results.....	6
Quarter 1: January – March	6
Quarter 2: - April - June.....	6
Quarter 3: - July - September	6
Quarter 4: October – December	7
Overall Audit Outcomes 2021	7

Safe, Clean and Personal Every time (SCAPE)

Delivering high quality and appropriate care to patients is of paramount importance. Healthcare teams must account for the quality of care delivered to patients/service users and that care should be evidence-based and appropriate to their needs.

SCAPE is designed to support staff in practice to understand how they deliver care, identify what works well and where further improvements are needed. The framework is designed around 15 core standards, as presented on page 5, each one subdivided into Environment, Care and Leadership elements.

Audit Process

1. The ward/departments (other than Blue SCAPE areas) will be informed of the audit the day before and will be sent a questionnaire to complete in preparation. Blue SCAPE areas will have an unannounced audit.

2. The auditors will review key information pertaining to the area including:

- Staffing levels, sickness and absence and training records, as well as transparency board data, etc*.

*When not indicated otherwise, all segments regarding staff compliance towards any of the areas audited require a level of compliance equal to or greater than 75% of all staff (e.g., staff training).

- Patients feedback via the 'We are listening' leaflets results, patients survey where appropriate, etc.
- At least 25% of patients on the ward/department will have their records reviewed. This includes:

Care plans, risk assessments, observation charts and medical notes.

3. The audit will also involve:

- Observation of practice as well as the clinical environment.
- Discussion with a variety of staff members, patients and visitors.

4. Each ward/department will have an audit completed and will be accredited with a Red, Amber or Green score. Re-audit will take place at a time interval dependent upon the results, as follows:

Red	Audit team to re-audit within 3 months
Amber	Audit team to re-audit within 6 months
Green	Audit team to re-audit in 12 months
Blue SCAPE	Audit team to re-audit in 12 months (unannounced)

5. Following the audit, the ward/department Manager (or appointed staff member) will be required to formulate an improvement plan within two weeks**. The date for the submission of this will be noted on the front sheet of the audit document.

**Red Ward/Departments - when a ward/department score as Red status, the Manager will meet with the Medical Director / Director of Governance and the Head of Quality and Safety to review the improvement plan.

6. A copy of each audit and improvement plan will be sent to the Lead Nurse/Service Manager and designated Associate Director.

7. Improvement plans must be discussed at each team / Quality / Governance meetings until all actions have been addressed. The Ward/Department Manager must liaise with their Quality Improvement Manager from the Quality and Safety Team to establish compliance.

8. The Quality Governance Committee will receive an update of all SCAPE audits on a quarterly basis.

Maintaining Blue SCAPE Status

- For a ward/department to re-apply and maintain Blue SCAPE status they must continue to achieve a Green score with no red standards and a maximum of 4 amber standards.
- Ward/department teams have 4 weeks to provide relevant performance indicators i.e., sickness and absence, number of complaints, feedback from service users, staffing levels, incidents reported and how these are being managed with a brief explanation of causes, mitigation and lessons learnt. The Q&S Team will provide a template and assist with the collection of this information. This should be requested within the first 2 weeks through the email address: incidents@hsc.gov.gg. To verify the information provided, the SCAPE audit lead will request supporting statements from - Clinical Nurse Specialist for Tissue Viability, Clinical Nurse Specialist for Infection Control, the Q&S Team, and the Children and Adult Safeguarding Named Nurse.

SCAPE Annual Report- 2021: Mental Health Services

- This information is then forwarded to the Head of Q&S who will confirm the ward/departments eligibility to re-apply for Blue SCAPE status. The information supplied will be discussed with the ward/department manager, the Lead Nurse/Service Manager, and the Head of Q&S will make the final decision regarding the ongoing SCAPE status of the ward/department. If there is a disagreement over a ruling, the Medical Director / Director of Governance will be asked for an overall decision.

If the re-application is successful, the ward/department will maintain the Blue SCAPE status being re-audited within 12 months. If not, the Blue SCAPE status is removed and a new application process will need to be initiated following a subsequent formal Green score with no red standards and a maximum of 4 amber standards.

- An updated Blue SCAPE status certificate will be issued reflecting the year of attainment.

SCAPE Overview for Mental Health Services 2021:

The SCAPE audits are carried out by 2 Registered Healthcare Professionals from the Quality & Safety Team, one of which will always have mental health clinical background or experience.

Throughout 2021, 12 areas within Mental Health Services were audited. The areas audited are captured in the table below:

SCAPE Area	Date Completed	Status
Roustel Ward – Acute Older Adult	5 May 2021	Green
Brehon Ward – Acute Older Adult	7 April 2021	Blue Status
Older Adult Community Mental Health Team (OACMHT)	30 June 2021	Green
The Willows Day Hospital and Bathing Service (Community and In-patient)	27 July 2021	Green
Corbiere Ward – Acute Older Adult	28 September 2021	Blue Status
Psychological Therapeutic Treatment (PTT)	10 November 2021	Green Status
Community Drug and Alcohol Treatment (CDAT)	11 November 2021	Green Status
Duty and Brief Intervention (DAIT)	9 December 2021	Green Status
Recovery and Rehabilitation (R&R)	7 December 2021	Green Status
Recovery and Wellbeing (RAWS)	11 November 2021	Green Status
Tautenay Ward – Acute	24 November 2021	Blue Status
Crevichon Ward - Acute	14 December 2021	Green Status

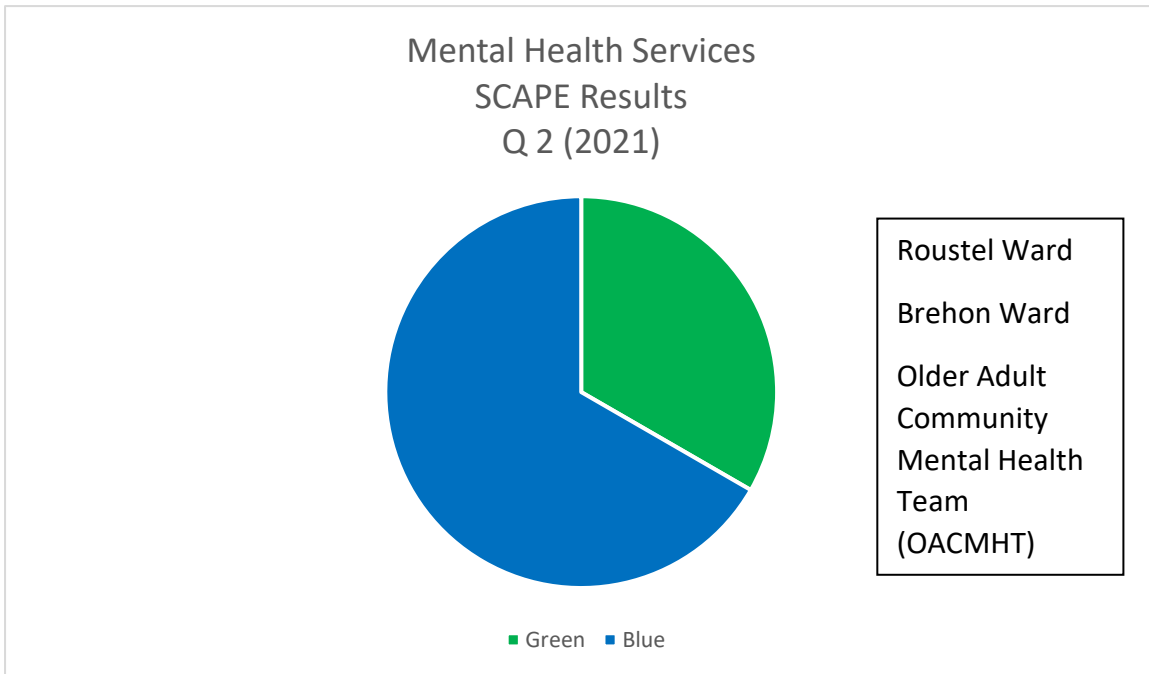
Quarterly Audit Results

Below captures the audits undertaken each quarter and the respective audit outcome.

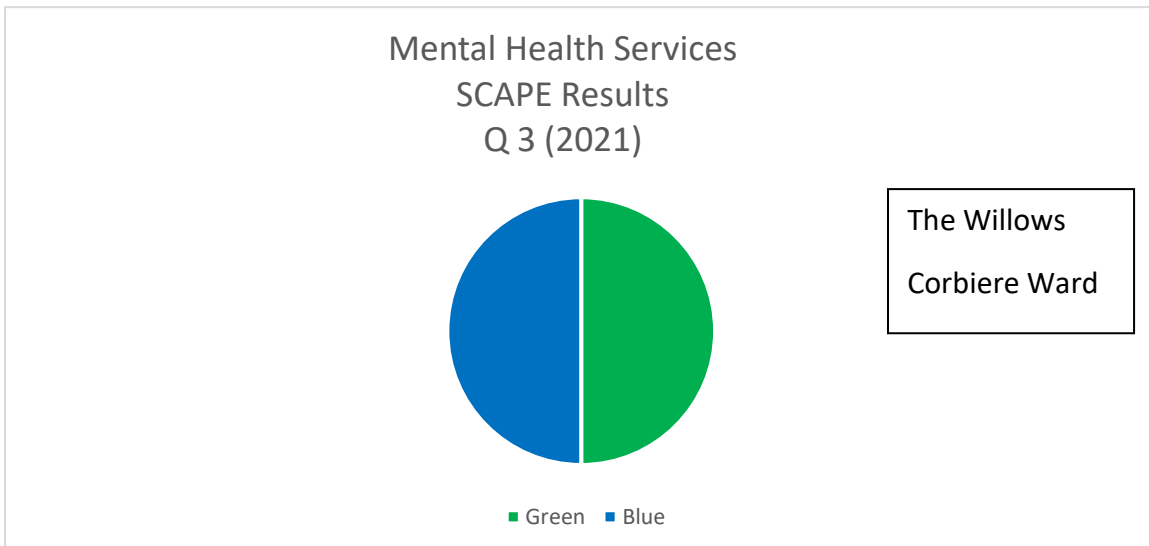
Quarter 1: January – March

Scape Area	Date Completed	Status
Rescheduled due to COVID 19 Lock Down		

Quarter 2: - April - June

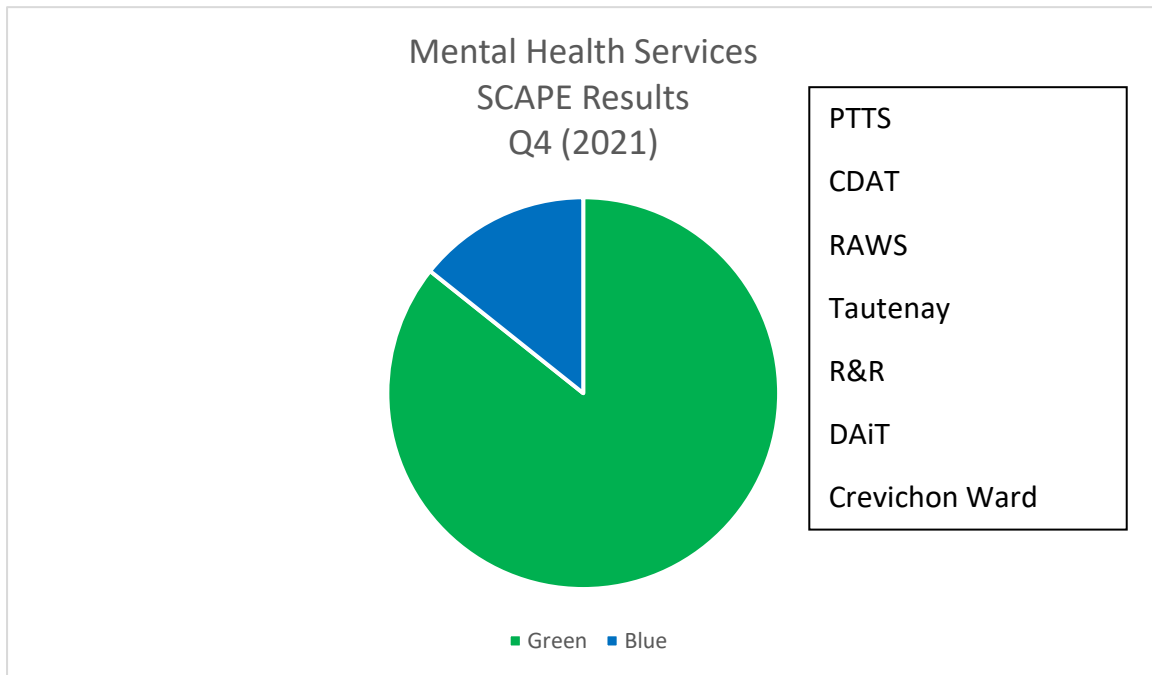


Quarter 3: - July - September



SCAPE Annual Report- 2021: Mental Health Services

Quarter 4: October – December



Overall Audit Outcomes 2021

