National Health Service (Complaints) Regulations 2022

Written statement of how Manx Care proposes to give effect to any recommendation made in the following report in pursuance of *Regulation 25 - Department's assurance of the implementation of recommendations*:

(1) On receiving a report under Regulation 24(5), Manx Care must prepare a written statement of –

(a) How it proposes to give effect to any recommendations made in the report; and

(b) Any action which it proposes to take in response to the report, and the period with which it porpoises to do so.

(2) Manx Care must sent the written statement to the Department.

(3) Manx Care must publish the written statement on its website excluding any information from which the identity of a living individual could be ascertained.

HSCOB Complaint Reference	Manx Care Complaint Reference	Date Original Complaint Made	Date Report Received by Manx Care from HSCOB
HSCOB / 2023 / 128	COM3590	29/07/2022	02/02/2024

HSCOB Recommendation	Actions by Manx Care	Action Owner	Target Date
1. Manx Care should apologise to the *[patient's]* family for the distress caused by the breakdown in communication between the family and the service, and for the dogmatic application of guidance without full consideration of the family's views.	A letter was sent to *[patient's name]* apologising for the breakdown in communication and for failing to fully take the family's views into consideration regarding care delivery.	Chief Executive Officer	Completed
2. Manx Care should provide guidance and support to community staff who need additional support to engage with other professionals as part of an actual or virtual Multi-Disciplinary Team. The development of an Eastern/Douglas Well Being Partnership may assist with this, as will the introduction of clinical supervision for community nursing staff which it is recommended is expedited.	The Eastern Wellbeing Partnership has now opened (11th December 2023) and is temporarily based at the Hospice. Weekly multi-disciplinary meetings are held which are attended by Douglas and Onchan-based District Nurses. Clinical Supervision sessions are currently being held to train staff to become supervisors following the departure of community nurses already trained in this area. District Nurses requesting supervision in the interim can access it via other services (such as Mental Health).	District Nursing Leads	Completed Completed
3. Manx Care should review and redraft the referral documentation with regard to Adult Safeguarding, particularly in relation to pressure ulcers/sores. Recording family members as the origin of abuse or neglect without	The Safeguarding Team have agreed to review and redraft the referral form and will consider the most appropriate means of distinguishing between abuse/neglect, and possible shortcomings in the care provided by unpaid carers (such as	Social Care Group Manager	28/6/24

an opportunity for additional narrative information is distressing and extremely difficult for family members to perceive as anything other than blame. It may also be considered to be a failure in professional/patient or family communication. HSCOB would wish to draw the publication of the new Safeguarding Adults Protocol for pressure areas, published by the UK Government on the 16th January 2024.	family members). It is possible that this simple distinction could be captured in the form. It is acknowledged that there needs to be a clearer distinction between referrals being made to help support those caring for a family member, and those being brought to the attention of Safeguarding for actively causing harm. This could then open the possibility of (where appropriate) working with unpaid carers - who are struggling to manage the care needs of a family member - in a more flexible manner. This is not currently possible as the present policy is somewhat prescriptive when an adult is designated the Person Alleged to have Caused Harm. More flexibility could (in some cases) allow the individual to remain an essential part of the care chain; as excluding them from discussions regarding safeguarding can be problematic. The Executive Director will take this to the relevant sub-section of the Safeguarding Board to discuss amending the policy.	Incoming Executive Director	TBC following appointment
4. Manx Care to review the routine use of referral to Adult Safeguarding as an appropriate mechanism in the event of pressure sores of a specific grade occurring in patients cared for in the community, other than in exceptional circumstances where deliberate abuse or neglect are suspected and involvement of Social Workers and other agencies can be justified. Wherever possible, contextual information should be provided as part of the referral. Manx Care may wish to bring the Safeguarding Adult Protocol published by the UK Government and referred to earlier in this document, for consideration by the Island	Adult Safeguarding and the Tissue Viability Nurses have reviewed the UK Protocol kindly shared by HSCOB. A review will take place within the Adult Safeguarding Team to consider if changes need to be made to the overarching policy or to routine practice. Both the UK protocol and the Jersey Framework will be brought to the attention of the Safeguarding Board with a request that they formulate a response regarding its future implementation. This will, however, require extensive consultation with other agencies involved.	Social Care Group Manager Incoming Executive Director	28/6/24 TBC following appointment

	Safeguarding Board: http://www.gov.uk/government/publications/pressure-ulcershow-to-safeguard-adults/safeguarding-adults-protocol-pressure-ulcers-and-raising-asafeguarding-concern			
5.	Manx Care should confirm to *[the complainant]* and HSCOB that before referrals to Adult Safeguarding are made in relation to pressure sores occurring in patients being cared for in the community, a meeting is held with the patient and/or family members by the team leader of the practitioner recommending the referral to discuss the reasons for it and explain the process which will follow (the introduction of this arrangement having been previously advised to *[the complainant]* in a letter dated 23 November 2022).	Referrals are now discussed with Team Leaders prior to being made. Where appropriate, Team Leads will accompany the staff member on the visit; where the Adult Safeguarding process will be explained in full.	District Nursing Senior Nurses	Completed
6.	Manx Care should implement a method of sharing service and care information in circumstances where there are multiple services providing care within one household. This information should be available to all services involved, and the patient and/or their family.	This action is presently being pursued by the organisation, with plans for an integrated Manx Care record already under discussion. In the interim, and where necessary, District Nurses are able to print out copies of shared care documents for patients or family members.	Chief Clinical Information Officer	Project ongoing
7.	HSCOB are mindful of the likely impact of this report on both the family of *[the patient],* and on the staff involved, and would recommend that Manx Care offer support to both parties.	*[The patient]* has been asked to contact us for signposting to appropriate services should the need occur. Staff involved have been supported throughout this incident by Team Leads and the Senior Nurses for District Nursing.	District Nursing Senior Nurses	Completed
8.	Manx Care should implement the Body's previous recommendation in HSCOB/2023/103 that independent investigations are undertaken. Independent investigations do not have to be undertaken by investigators outwith Manx Care, and reciprocal arrangements between care groups could facilitate this change. This recommendation, therefore, does not require any routine additional expenditure by Manx Care, although there will always be very complex complaints which require independent and external professional oversight. In recognition of this,	The investigation of all complaints is overseen by an allocated member of the CQ&S Team whose purpose is to provide an objective view on events and to challenge responses which cannot be evidenced or do not fully address the complainants concerns. Further to this, the findings of the investigation, along with details of the original complaint, are scrutinised by the CEO; who will, where necessary, reject any response which lacks transparency or impartiality.	Head of Care, Quality & Safety Team/CEO	Completed

	Manx Care should apologise for the failure of the complaints process in that it failed to complete an investigation of the complaint which provided an objective review.		
9.	Manx Care to review its procedure for complaint handling and investigation to ensure compliance with the NHS (Complaints) Regulations 2022 and in particular earlier meetings with complainants to allow for clarification of concerns and an enhanced understanding of the complainants desired outcomes.	Actions taken by Manx Care following the introduction of the NHS (Complaints) Regulations 2022, are as follows: • Complaint letter templates now contain prompts to ensure that the following information is included in all responses: - A summary of the issue(s) raised by the complainant - Details of the Regulations relating to complaint handling - The name and position of the person investigating the complaint and how it was investigated - Information regarding options available if the complainant is dissatisfied with the outcome of the investigation • Patients/service users are invited to a meeting immediately following acknowledgement of their complaint; the details of which are now mandatory fields on Datix (electronic complaints file); thus prompting staff into ensuring this action is completed. • Complaint response times are automatically calculated and displayed on Datix to facilitate deadline monitoring. • Complaint performance (including the number acknowledged and/or replied to on time) is continually monitored by the CQ&S Team. Monthly statistics are available for perusal by Manx Care Executives and the Department of Health and Social Care.	Head of Care, Quality & Safety Team	Completed

Additional Actions Taken		

Written statement in respect of *Regulation 25 (4) If Manx Care proposes not to give effect to any recommendation made in the report -*
(a) It must include in the written statement its reasons for not giving effect to the recommendation:

HSCOB Recommendation	Reasons why Manx Care proposes not to give effect to a recommendation