

PACAC Annual Scrutiny Report 2021-22: response from the Parliamentary and Health Service Ombudsman

24 May 2023

We welcome the Public Administration and Constitutional Affairs Committee scrutiny of PHSO's performance in 2021-22.

In this paper, we set out our response to each recommendation.

- 1. We agree with the Peer Review Panel that the PHSO should provide clear reporting in an accessible format on delivering the Corporate Strategy for 2022-25 and that the PHSO should put in place detailed plans for dealing with the potential service demand implications of its increased public awareness and accessibility.**
- 2. In its response to this Report, the PHSO should provide further information on how an empathetic and timely service will be delivered if service demand increases due to such measures**
- 3. The PHSO should put in place robust plans to deliver further efficiencies across the organisation and report back to the Committee next year on any work taken forward in this regard**

PHSO is absorbing an increase in demand for our service. In the first half of 2021-22 enquiries to our service were 28% higher than during the same period in 2018-19. This is 8% above already anticipated increases funded through our settlement under the Comprehensive Spending Review. Our resources are also subject to cumulative inflationary pressures of £1.5m above the 2.5% agreed in the CSR settlement in 2023-24.

PHSO's plans for implementing the 2022-25 Corporate Strategy will drive efficiencies in the casework process as well as enhancing our service and ensuring that we are user-focussed in approach.

To implement PHSO's 2022-25 strategy, we are planning to:

- Increase efficiency and improve capability to flex and respond to demand;
- Introduce new mechanisms to allow us to respond appropriately to increases in demand;
- Identify and progress systemic cases that may affect a wide number of people, recommending action that will put things right sooner, so people do not need to complain;
- Implement technological solutions to improve service delivery, such as direct digital (online) access and updates, and digital recording and transcribing telephone calls;



- Adapt the casework process to be more user-focused in the way we interact with service users, including direct input to process and policies;
- Further manage demand through our work with organisations on embedding the Complaints Standards, which we expect to lead to more complaints being resolved locally and not needing to come to the Ombudsman.

We are also reviewing corporate functions this year, including benchmarking against similar organisations, to look at how we can release resources to support delivery of casework. All of these initiatives should drive significant efficiencies.

We believe that increased public awareness and accessibility will not result in further increased demand in the short to medium term. PHSO's outreach and engagement work will be targeted to communities and groups which face the greatest barriers to complaining. This is to increase awareness of individual rights to complain, but in the first instance, any increase in complaints will be to front line services. We hope that these will then be resolved by the front line as more public services embrace the PHSO Complaints Standards. To understand this more fully, we are closely monitoring the impact of outreach programmes, which are also designed to derive other benefits such as understanding the systemic issues faced by underrepresented groups and understanding the barriers to complaining for these groups.

It remains important that we can understand and respond to changes in demand, whether such changes are driven by increased awareness or other factors.

It is also essential that we deliver change whilst putting people at the heart of the design and delivery of our service. This is core to our user-led approach. Delivering an empathetic service will remain an absolute requirement, regardless of any change in the volume of complaints we receive or the length of time it takes to resolve them. As set out below, we have established a new Public Engagement Advisory Group, which will play a central role in informing changes to PHSO's service, to ensure it remains responsive to the needs of complainants. We will continue to role model our values and ensure that they are embedded in everything we do, including corporate messaging, training and performance management.

We report through both Business Plans and Annual Reports on progress to deliver the Corporate Strategy. Strategy objectives have been translated into defined workstreams ensuring they directly inform all delivery plans. Corporate reports are published on our website and alternative formats are available on request. We will continue to ensure that all reports meet high accessibility standards.

4. The PHSO should also provide an update on its progress in establishing a panel of users and members of the public to provide feedback on the PHSO's services, including how regularly the panel will be consulted and its expected outputs.

Establishing a panel of users to inform PHSO's work is a key commitment of the 2022-25 Corporate Strategy. PHSO's newly established Public Engagement Advisory Group met for the first time on 18 April 2023.

The panel is initially comprised of six former complainants from diverse backgrounds, who have different experiences of our service. Over the next 12-18 months, the group will double in size

as we expand it to include more people, including members of the public who have not used PHSO's service before.

This group will act as an important sounding board for the organisation to support the development of the Casework Programme and to drive improvements in operational practice and communication.

The group will meet quarterly and there will be additional opportunities for members of the group to shape and inform PHSO's work in-between these meetings.

- 5. In its response to this Report, the PHSO should provide a detailed account of the changes being taken forward as a result of the end-to-end review of casework and the casework improvement programme, with examples of how this will improve a complainant's 'user journey' and how it will review what further improvements may be required.**

The end-to-end review mapped out PHSO's casework process so that we could identify potential improvements. Some improvements were made immediately, while others are being taken forward as part of PHSO's longer-term work to implement the 2022-25 Corporate Strategy.

We have already made improvements to several aspects of the casework process, including casework management (IT) system; forms, letters and templates; learning resources for caseworkers; and revised training and guidance for caseworkers on how to set the scope of investigations.

During March and April 2023, we completed an initial test of call recording and transcription of casework discussions. We are currently evaluating this and are on track to roll it out later in 2023-24. This improvement will reduce time spent by caseworkers manually creating call notes and audit logs. This year we will also start to plan for wider digital and technological improvements, including online self-service for complainants and organisations we investigate. In the future, we will consider what insights can be derived from data using artificial intelligence.

Finally, we will use the Public Engagement Advisory Group to provide input to policies and processes and ensure that changes to our service are informed by the experiences of users.

- 6. We are concerned by the number of Level 1 and 2 cases that are not being considered by the PHSO due to the approach of prioritising health complaints using the severity of injustice scale. We recommend that the PHSO sets out in its response to this Report the evidence base for continuing with this approach for another business year and provides detail on how this decision compares to other ombudsman institutions, both domestically and internationally. Furthermore, we request that an explanation of the criteria being used to make a final decision on the future approach at the end of the business year is provided to the Committee.**

PHSO considers all the complaints we receive. For complaints about the NHS where the claimed impact on the complainant is less serious, for example a cancelled medical appointment that was frustrating but had no clinical impact, we will consider whether we can resolve the complaint promptly. If we cannot, then we will not take those complaints further.

A proportional approach to deciding which cases to progress to investigation is common among the Ombudsman community. The Local Government and Social Care Ombudsman, as a matter of long-standing policy, only investigates cases that raise serious issues of injustice¹. The Scottish Public Services Ombudsman brought in a proportionality test prior to the COVID-19 pandemic². The Northern Ireland Public Services Ombudsman also take a proportionate approach to their consideration of cases, only focusing in their assessment on the “*principal and contentious issues of complaint rather than minor breaches of policy and procedure which have little or no impact on the allegations made or where the injustice caused is minimal*”.³ We do not apply a proportionality test to cases regarding Government departments and arms-length bodies, which are referred to us by Members of Parliament and which make up around twenty percent of overall case load.

Pressures on public services, including the NHS, are going to continue for many years as a result of the pandemic. Focusing resources on matters that have much less serious impact on people and thereby delaying consideration of more serious matters is not a reasonable use of public funds.

In Autumn 2022, PHSO’s Board commissioned an in-depth review into this approach and has since taken a decision to continue to focus on these more serious cases, in-line with the wider Ombudsman community. In doing so, it considered our casework data, the impact of our approach on case outcomes and feedback from complainants, alongside comparisons from other Ombudsman services.

Between April 2021 and September 2022, we had approximately 1,700 health cases which we closed as not meeting the injustice threshold. This represents around 25% of health cases which we would previously have investigated. In 114 of these cases, we were able to come to a prompt resolution.

An assessment shows that these cases would not generally have required a detailed investigation. Therefore the impact which could have been achieved for wider public services, had we taken these cases forward, is minimal.

Feedback from complainants suggests general acceptance and understanding of why we have made the decision not to progress these cases.

The Board concluded that our approach provides the correct balance between delivering the best service to complainants who have experienced a more serious injustice and maintaining our impact externally through casework. It also enables PHSO to deal with increased and sustained demand. We expect ongoing pressures in the NHS to result in sustained demand for an extended period.

We will continuously review the methods we apply to the whole casework process as part of the commitment to ongoing improvement of our service. This includes implementing efficiencies, having a dynamic approach to casework that is able to adapt to the levels of demand for our service, using a range of resolution and investigation methods to achieve justice for complainants, and using improved technology and data to facilitate these activities.

¹ Local Government and Social Care Ombudsman, [Assessment Code](#), last updated July 2021

² Scottish Public Service Ombudsman, [Explanation of Terms](#), last updated September 2022

³ Northern Ireland Public Service Ombudsman, [About our Service Information](#)

7. **The Committee welcomes the improvements the PHSO has made to its website to give clarity on how complaints will be considered using the severity of injustice scale. However, as indicated in the PHSO’s response to the Committee’s PHSO Scrutiny 2020-21 Report in May 2022, the PHSO should report back to the Committee in its response to this Report on whether more detailed information could be provided on its website to give members of the public and Members of Parliament an indication of how long it may take for a case to be considered**

We thank the Committee for recognising the improvements we have made. We keep our website content under constant review so that it provides the best experience for the public. We will review the content to see if further improvements can be made to explain our process and the complainant journey, whilst ensuring that the website remains succinct, accessible and easy to navigate.

We are also exploring technological solutions for how we can provide organisations and people who use our service up-to-date information on how their complaints are progressing to further improve their interaction with us.

8. **The Committee appreciates that there are issues to address with the use of mediation, such as the fact that the PHSO cannot publish the details of parties’ engagement through private mediation. However, finding solutions to these issues should be a priority for the PHSO in order to improve its overall efficiency and quality of service. The PHSO should develop a plan for how mediation capability will be built up within the organisation, with a target date for when the PHSO expects to be able to resolve 25% of cases by mediation.**

In 2022-23 we met our aim to double the number of mediations. We aim to double the number of mediations again in 2023-24. We have trained more caseworkers in mediation to give us greater capacity to handle complaints in this way. In 2023-24 we will start to publish the outcomes of complaints resolved through mediation following changes to confidentiality agreements that will enable us to share a summary of mediations and their outcomes to improve public services. This will allow us to highlight how mediation differs from the traditional adjudication and investigation service of an Ombudsman, with the aim of more complainants and organisations opting for mediation to resolve their complaints.

Although 25% of health complaints that we consider could in theory be suited for mediation, complainants and organisations need to be committed to and available to take part in the process. This has been the primary limiting factor in terms of the number of mediations completed.

As an organisation that is also committed to the improvement of public services, we will need to balance the number of mediations that we complete with obtaining the wider evidence for systemic change that comes from detailed investigations where we can make recommendations. By investing in training and publicising this approach to dispute resolution, we have committed to handing as many complaints as will benefit from this.

9. **The PHSO should update the Committee on the outcomes of the review of how the PHSO obtains feedback from service users, including the Service Charter, and what changes will be put in place as a result. The Committee understands that the PHSO is awaiting data from an independent research agency to determine whether survey data can be split by those cases upheld and not upheld; we would urge this work to be prioritised, and expect an update on both these areas of work in its response to this Report.**

An independent research agency has now completed their review of PHSO's regular survey of complainant satisfaction and made recommendations for simplification and improvement.

We have used their insight to re-design the survey. We recently tested this new survey with users, and we will roll it out in May 2023.

We will publish the data coming from the new survey later in the year, disaggregated by case outcome as well as the stage the complaint was concluded, so to give better insight into satisfaction with our service.

10. **In light of the increase in staff turnover in 2021-22, we reiterate our call from the Committee's PHSO Annual Scrutiny Report 2020-21 for the PHSO to consider other development opportunities to encourage staff retention. Whilst the development of a 10-month training academy for new caseworkers is welcome, the PHSO must ensure there is minimal loss to institutional knowledge and the quality and pace of casework management is not impacted by staff turnover.**

The increase in staff turnover in 2021-22 was in-line with national trends following the pandemic. Turnover has now stabilised.

As outlined in the Business Plan, we continue to prioritise developing PHSO's people to ensure that we remain an attractive employer with an engaged, diverse, and inclusive culture where everyone lives our values and works collaboratively to achieve common goals. We are committed to continuous improvement and learning. In 2021-22 we delivered over 2,000 days of training through over 500 online and offline courses and short learning labs. Our staff survey scores for learning and development have improved in 2021-22 compared with last year. This will support the retention of staff, whilst acknowledging that attrition can also be positive as new staff bring a fresh perspective and different experiences and skills.

Staff turnover continues to be monitored on a monthly basis. This data will inform a range of measures including a review of grading and staff reward to ensure that we are competitive. We are also exploring the development of structured career pathways to support career progression - another tool which can support retention.

11. **The Committee would welcome further information on how the newly-established four Parliamentary focus teams mentioned in the Annual Report and Accounts for 2021-22 will improve performance in handling Parliamentary cases.**

Each of the Parliamentary teams focusses on one of the Government departments or agencies that account for the majority of Parliamentary complaints, namely the Home Office, MoJ, HMRC and DWP. Complaints about other departments and agencies are shared across the teams with

regular discussion and shared learning to encourage staff learning and experience. This has enabled us to develop high performing teams with consistent and clear decision-making.

Throughout the last year, staff from Parliamentary focus teams have held regular liaison meetings with Government departments to share the learning from complaints. This will continue throughout 2023-24 as it enables us to explain how we consider cases, facilitates knowledge transfer, and provides a forum for complaints teams to feedback about PHSO's service so we can continuously improve. In these meetings, we regularly reference the Central Government Complaints Standards.

12. While the Ombudsman told the Committee in November 2022 that the Peer Review Panel's recommendations in relation to casework management will be implemented incrementally, in its response to this Report, the PHSO should set out exactly what changes will be put in place and to what timetable.

We are committed to embedding the recommendations made by the Peer Review into working practices. We are already taking action on many of the recommendations, including more coaching and training of staff, improving communication with complainants, increasing the number of cases we publish, addressing case anonymisation concerns, and reducing the queue to frictional levels. These actions will all be completed in 2023-24.

Of the remaining outstanding actions, the majority will be progressed as we implement PHSO's 2022-23 Corporate Strategy, and we aim to conclude these by 2025. This includes working towards providing digital updates for complainants and developing the capability to integrate IT systems more closely with the NHS.

13. The PHSO should clarify how the Clinical Advice Quality Framework will improve trust and confidence in the quality and standards of the PHSO's casework, what changes have been made to date, and how success will be measured. Furthermore, whilst we acknowledge the challenges associated with the outstanding recommendations from the Donaldson Review, the PHSO should reach a decision as soon as possible on whether to take forward naming clinical advisers in decision reports and sharing provisional reports with advisers, given the review was published four years ago.

We have now completed implementation of all recommendations made by the Donaldson Review into PHSO's approach to clinical advice.

We have a framework for assuring the quality of clinical advice. The framework supports the delivery of high-quality advice by setting out standards, measures to assess theses, and an assurance process. This includes peer reviews, two-way feedback between clinicians, caseworkers and their managers and sampling by lead clinicians.

The Clinical Advice service is now embedded in the casework operation, so performance and demand are reviewed and managed alongside other aspects of casework. Clinical Advisers are also now more closely involved overseeing cases that involve a higher level of risk.

Where clinical advice has been sought on a complaint, and for all of the most serious health cases assigned to a senior caseworker, the caseworker's "provisional views" are now shared with clinical advisers. This gives clinical advisers an opportunity to review how caseworkers have interpreted their expert advice before a final decision on a complaint is made.

The Donaldson Review into Clinical Advice recommended that PHSO carry out a pilot to name clinical advisors. After careful consideration, we have decided not to do this. There are four main reasons:

- PHSO has an established policy not to disclose the names of staff below Assistant Director level. The ICO supports this policy as confirmed following an appeal to the ICO and their decision promulgated in autumn 2022.
- We are concerned about the safety of clinical advisors. Unfortunately, it is not uncommon for PHSO staff to encounter abuse from members of the public. A survey of 140 of PHSO's clinical advisors found that advisors were concerned about their personal safety and security, should they be named. The survey found that advisors would be less likely to work for PHSO if their names were disclosed.
- Naming clinical advisors would risk giving disproportionate weight to the evidence they provide when they are not the decision makers. Caseworkers carefully balance different sources of evidence provided by clinicians, complainants, organisations we investigate, and others before reaching a decision.
- Other bodies, such as professional regulators, do not normally disclose the names of clinical advisors involved in casework. PHSO's approach is consistent with these other bodies.

PHSO remains committed to transparency. The improvements we have made to the clinical advice process were intended to improve its robustness, customer experience, and openness. We are currently evaluating the impact of these improvements.

14. The PHSO should report back to the Committee on how the organisation intends to continue to attract and retain staff, including those in technical digital roles and those who are over the age of 50, in light of wider trends across the public sector and economy relating to pay and benefits and labour market demographics.

The current labour market is challenging however we have now successfully recruited to roles which have historically been difficult to fill. This includes areas such as ICT and digital, although these specialisms do remain challenging due to public sector pay constraints and market conditions.

The review of pay and grading will further enhance our ability to respond to changes in the labour market and remain competitive within the public sector. We do not have plans to target applicants who are over the age of 50 as workforce data shows that we have good representation from this age group in PHSO's workforce.

15. The PHSO should report back to the Committee in its response to this Report on the viability of breaking down a wider variety of staff diversity data by grade in its Annual Report and Accounts, as it already does for the gender of senior managers

Employees are required, as part of payroll associated HMRC requirements, to confirm their gender and therefore we have this information for all employees. We do not currently have the diversity data required to consistently provide a breakdown by grade across other protected characteristics.

Staff are encouraged to declare this data; however, it is voluntary. Due to lower numbers of declarations in some areas, we have significant data gaps. Any data we did publish would therefore be incomplete. We also have some grades where we employ small numbers which limit the reporting options from a data security and anonymity perspective. We acknowledge the importance of understanding the protected characteristics of our workforce and are planning a campaign to raise the benefits of staff declaring this information with the aim of having as complete data as possible. We are committed to reporting this, for the grades where we have sufficient numbers of staff to maintain anonymity, once we have more complete data.

16. It is unsatisfactory that data provided to this Committee has been subsequently revised. The PHSO should report back to the Committee on what steps it is taking to quality assure its data before it is published and used by the Committee

PHSO conducts a thorough review of all performance data on an annual basis. Data provided to the Committee is quality assured to the highest standard.

We contracted a third-party provider to conduct the 2021 Staff Survey to ensure it was independent. As part of regular quality assurance checks, we identified that the research agency had applied a methodology, which, although accurate, was not fully consistent with the way the Civil Service People Survey was reported. This only affected certain group totals, where questions are brought together. It did not affect the individual question scores. To enable PHSO to accurately benchmark performance against the civil service, we updated our figures and informed PACAC via our 2021-22 evidence submission.

The correction of the methodology resulted in changes to some of the group scores. While these changes had the impact of increasing more of PHSO's group scores than decreasing them, it had no impact on the overall trends in the staff survey results or the insight that can be derived from this exercise. Nor did it have any impact on the overall staff engagement score.

PHSO acted in line with our value of transparency to inform PACAC of this minor data error as promptly as we became aware of it. We judged that it was better to update figures, rather than leave potentially misleading data in the public domain. We apologise for any inconvenience caused to the Committee team as a result.

17. The PHSO should provide an update in its response to this Report regarding what tools and infrastructure have been upgraded to support hybrid working, as mentioned in the Business Plan for 2022-23

Following the decision to maintain hybrid working, we have made some updates to systems to maximise productivity.

We have integrated telephone and ICT systems to remove the need for call forwarding to mobiles and reduce costs. Our login process and remote connectivity has been simplified to improve user experience, reducing complexity, and saving time.

Office wireless networks have been enhanced to enable more colleagues to work flexibly within the space.

In 2023-24, we are piloting the further capability offered by Microsoft Teams to improve the access and management of documents and to support better collaboration. Options for redesign of the Citygate office, following engagement with staff from across the organisation, are being finalised. Work to increase both collaborative and quiet spaces and will commence in Autumn 2023.

18. The Committee would also appreciate information on what the PHSO is doing to continually monitor the impact of the requirement to work in the office 40% of the time on organisational productivity, culture, and employee wellbeing.

PHSO has robust performance management systems. We have increased productivity, which has resulted in a reduction in the number of cases we have waiting to be assigned to a caseworker, despite high case volumes.

We continually seek feedback on the impact of business changes on workforce productivity and wellbeing, including on hybrid working, through staff engagement mechanisms. The annual Staff Survey also provides an opportunity to obtain feedback on a range of issues and includes questions associated with where staff work. In our 2022 Survey, for example, 63% of respondents were positive about having a choice in deciding where they work, 81% were positive about achieving a good work/life balance and 88% were positive that the technology provided enables them to connect and collaborate from any location.

19. The Government has delayed legislative reform for too long and the Committee is particularly disappointed by the Government's refusal to set out a legislative timetable before the end of this year. Regardless of other pressures on the Government's legislative programme, ombudsman reform needs to be prioritised. Work to introduce a Bill should not have to wait until the next Parliament.

We welcome this recommendation. It is extremely disappointing that Government has chosen not to act on repeated recommendations from PACAC and its predecessor committees to progress Ombudsman reform.

We need to see wholesale reform to streamline the number of Ombuds schemes by creating a single Public Service Ombudsman. Such reform must:

- Enable the Ombudsman to investigate public service failings that affect people who are unable or unwilling to complain
- Allow citizens a choice to refer their complaint via their MP or directly to the Ombudsman
- Introduce stronger powers to drive improvement in complaint-handling in frontline public services.

We are actively raising this matter with the Government, parliamentarians and wider stakeholders and we welcome PACAC's support.

20. The Committee is encouraged by five organisations that have volunteered to adopt the UK Central Government Complaint Standards. We urge the PHSO to continue to engage

with Government Departments and public sector organisations to increase this figure, and to report back to the Committee on how proportionate monitoring and reporting on the Standards could be delivered. As an early adopter of the Standards, the Cabinet Office should play a role in working with other Government departments and public bodies to sign up to the Standards by the end of 2023

We welcome the Committee's support of the Complaint Standards. We agree with the Committee's view of the key role the Cabinet Office can take in promoting and championing the Standards across Government departments.

We continue to see support for the Standards across Government Departments and the NHS as we look to embed them through the roll out of training and guidance.

We will report on what progress organisations have made to embed the Standards in its first twelve months in operation and will publish this early in 2024-25. The report will set out feedback and best practice we have seen across the public sector, alongside the training, support, and guidance given to stakeholders. The report will also look at initial themes from our casework regarding the quality of local complaints handling post implementation of the Standards.

21. We recommend that the PHSO increases its engagement with departmental Select Committees to encourage them to scrutinise PHSO reports laid before Parliament, particularly when those reports relate to findings against individual departments and public bodies under their remit

PHSO maintains a programme of regular engagement with Parliament, including Select Committees responsible for scrutinising the NHS and those Government departments which receive a higher number of complaints. We share information with Select Committee clerks about any key themes or recurring issues we have identified in complaints about the public bodies in their remit. PHSO welcomes PACAC's support for these engagements.

While departmental Select Committees may look at systemic issues, Parliamentary protocol means that most departmental Select Committees are unable to examine individual cases. This risks becoming problematic in those very small number of cases where a public body fails to comply with PHSO's recommendations.

In the rare instances where a public body does not comply, PHSO has statutory powers to bring a case to Parliament's attention for further scrutiny. These powers have been used only a handful of times, as the great majority of public bodies act on the recommendations that follow PHSO's investigations.

Since the first case of non-compliance was brought to Parliament's attention in the 1970s, PACAC has considered these cases on behalf of Parliament, scrutinising the relevant Government department in detail and seeking an explanation for its failure to comply with PHSO's recommendations. As Professor Robert Thomas, Professor of Public Law at the University of Manchester, has set out, it is "necessary and important for the select committee to continue this form of scrutiny. Government should not be able evade being held to account for its failures

and people who have suffered injustice should not be let down for a second time by government”. Any departure from this arrangement would “amount to a radical departure by the committee from its long-established approach”.⁴

22. Ahead of the next annual scrutiny hearing, the PHSO should provide an update to the Committee on progress with its outreach activities and any evidence of its impact on the diversity of complainants and types of complaints it receives.

We will update the Committee on our Outreach programme as it progresses. The priority is to engage with communities that rarely complain, and who have little or no trust of public sector organisations. As such, it will take time for us to establish and build up trust and engagement.

We also acknowledge that, as PHSO is the final stage in the complaints process, it will take time before people may be ready to refer their unresolved complaint to the Ombudsman, should they make a complaint as a result of our outreach programme.

Our initial measurements of success will focus on whether we have been able to build trust and meaningful engagement, alongside knowing more about the concerns of key communities with public services, and what prevents them from complaining. We will update the Committee ahead of the next scrutiny inquiry.

23. We would welcome clarification on whether complainant diversity data in the Annual Report and Accounts could be used to assess whether correlations exist between complainants’ backgrounds, the types of complaint they make, and their routes to complain.

Whilst the current demographic data we collect and publish gives us a view of the representation of different groups in our service population, it does not give us a detailed and intersectional understanding of the issues that arise for different groups and how the complainant journey may differ.

Understanding how experiences differ across different population groups is essential. We are exploring options for gathering additional information about complainants and their circumstances that will allow us to better understand barriers to complaining.

24. We also welcome the PHSO’s efforts to engage with MPs and their staff on the use of its services, but we believe that still more could be done in this space. The PHSO should increase its engagement with staff based in MPs’ constituency offices in particular to improve awareness of its services amongst those who deal directly with referrals, including providing relevant training on mediation services.

⁴ Robert Thomas, [*The PHSO and section 10\(3\) reports: Why the select committee scrutinises the rejection of PHSO reports by government and why it should continue to do so*](#), UK Administrative Justice Institute (2023).

We welcome PACAC taking an active role in encouraging MPs and their staff to work even closer with us. We are grateful to PACAC for sponsoring the successful event held in Parliament in April 2023, where we met with more than 40 MPs and Parliamentary and constituency staff.

We used the event to learn more from MPs and their staff about what they would like to see from PHSO. Most were interested in taking up our offer of staff training on the Ombudsman's role and how we work. MPs' staff also told us they wanted to know more about PHSO's mediation service and what kinds of cases may be suitable for mediation.

MPs and their staff were also interested in PHSO attending constituency surgeries to help provide advice and support to constituents who have concerns.

Using this insight, we are now looking to pilot activities with MPs' offices, including the design of bespoke training and constituency visits.

We will report back to PACAC on the impact of this work during the next scrutiny inquiry. We would welcome PACAC's support in continuing to promote our offer of engagement throughout the year, and in sponsoring future events in Parliament.

General comments

We are pleased that the report acknowledges the successes and positive improvements from the past year, particularly the significant operational improvements made against a backdrop of complaint volumes 24% higher than pre-pandemic and continued pressures on public services.

Following a recommendation made by PACAC in 2021, PHSO underwent a Peer Review in 2022 by a panel of leading Ombudsman and an academic, coordinated by the International Ombudsman Institute. The panel concluded that PHSO was a substantially stronger organisation than at the time of its last Peer Review in 2018.

It is disappointing that the Committee was unable to make time to receive oral evidence directly from the Peer Review Panel. We hope that PHSO's next Peer Review will feed directly into PACAC's inquiry through an oral evidence session and hope that this can be built into the timetable.

The 2022 Peer Review found that, according to international standards, PHSO is an "efficient, enhanced and effective modern Ombudsman service, which provides significant value for its stakeholders". We are proud of the progress we have made and the high standards we deliver to ensure justice for complainants and support continuous improvement in public services.

The Committee's report quotes written evidence from members of the public who responded to the Scrutiny Inquiry. We note that there are 16 submissions which are critical of PHSO's service. Our records indicate that only seven of these submissions reference cases dealt with by PHSO during the 2021-22 financial year being scrutinised. Several of the cases referred to in evidence are more than seven years old. While we will use this information as an opportunity to learn, we are reassured that given our significant caseload the number of critical submissions is small and balanced by the positive feedback which we included from complainants as part of our own submission to the inquiry.

We appreciate the difficulty for the Committee in assessing whether feedback about PHSO's service is timely, and we are willing to advise the Committee on future submissions to assist it in its scrutiny if that would be helpful.