

# Memorandum to the Public Administration and Constitutional Affairs Committee by the Parliamentary and Health Service Ombudsman

Scrutiny inquiry 2022-23

20 October 2023

# **Summary**

In 2022-23, we made significant progress towards delivering a high quality, empathetic and timely service to the public, during a period of sustained high demand following the COVID-19 pandemic. We reduced the queue of complaints awaiting allocation to a caseworker by over 50% in a twelve-month period - from 2,200 in March 2022 to 1,050 by March 2023. We continued to take a proportionate approach to the handling of less serious NHS complaints, in line with best practice within the Ombudsman community. We have significantly reduced waiting times and are continuing work to ensure that complainants wait no longer than is necessary.

We are delivering on our ambition to become a more user-focused organisation. We are taking steps to improve our service to become more agile and equipped to respond to increased levels of demand by investing in casework improvements that are shaped by digital innovation and improved use of our data. We have recently re-designed our Service Charter survey to make it easier for complainants to share their feedback with us.

We are now at the mid-way point of our 2022 to 2025 Strategy. The Parliamentary and Health Service Ombudsman is now in his final year in office following seven years of service. In July 2023, Rebecca Hilsenrath was appointed Chief Executive, having previously served as a Director and Deputy Ombudsman, providing continuity of leadership ahead of the appointment of a new Ombudsman.

Over the past six and a half years, organisational culture and morale has dramatically shifted. In 2022, 77% of staff said they would recommend working at PHSO compared to just 37% in 2016. Staff engagement has followed a similar positive trend and compares favourably with Civil Service scores - 71% in 2022 in contrast to 52% in 2016.

We have continued to transform our relationship with organisations and communities relevant to our work, in the UK and internationally. We have championed improvements in complaint handling across public services, bringing in new Complaint Standards frameworks both for Government and for the NHS, and

supporting organisations to embed a culture that welcomes and learns from complaints. We are publishing case decisions for health and Parliamentary cases on a platform within our website to ensure public transparency and encourage wider policy and operational learning from our work.

Central to our strategic approach is putting people at the heart of the design and delivery of our service. In 2022-23, we established our new Public Engagement Advisory Group and began delivering targeted community outreach activities to raise awareness of the role of the Ombudsman, improve the accessibility of our service and understand barriers to complaining. We also increased proactive engagement with MPs through an event in Parliament (kindly hosted by PACAC) and offered training for MPs and their staff. Our engagement activities are informing continuous improvements to our service and ensure we remain responsive to the needs of complainants.

## 1. Introduction

#### 1.1. PHSO's vision

To be an exemplary public services Ombudsman providing an independent, impartial, and fair complaints resolution service, while using our casework to help improve public services.

#### 1.2. PHSO's role

PHSO is the UK independent national Ombudsman service. We report to Parliament. We are neither a regulator nor a consumer champion and we are not part of Government nor the NHS in England. We champion higher standards to encourage a better relationship between people and public services. PHSO investigates complaints that have not been resolved by UK Government departments, the NHS in England, and some other UK public organisations. We do this fairly, thoroughly and without taking sides. If we find that an organisation has got things wrong, we show them what they can do to put it right. That can include explanations, apologies and steps to take for them to learn and improve. PHSO's powers to ensure compliance are not binding and we do not want them to be. On the very rare occasions where public bodies do not comply with recommendations made by PHSO, Parliament has the power to hold institutions to account.

#### 1.3. How we work

We are independent and focused on fairness. We are determined to get to the truth and improve standards. We are open to anyone who has experienced failings in public service. Our service is free to complainants and organisations we investigate.

PHSO looks into complaints where an individual or group believes they have suffered an injustice or hardship because an organisation has not acted properly or fairly or has provided a poor service and failed to put things right.

We expect people to complain to the NHS organisation or Government agency first, so it has a chance to put things right. If an individual believes there is still an unresolved dispute after an organisation has responded, PHSO can be asked to consider it.

A well-handled complaint has the power to reveal the truth, bring closure and create lasting positive change. That is why we work closely with people to understand where, how and why public services sometimes fall short and fail to put people first. We then find ways to put it right. This approach has been exemplified in our long-standing approach to promoting patient safety in the NHS in England.

# 2. Operational performance and improvement

#### 2.1. Operational performance

During 2022-23 we focused on providing a more timely service for members of the public by reducing the number of complaints waiting to be allocated to a caseworker. We did this against a backdrop of significant pressures on our service. We are now seeing a sustained increased level of demand for our service being established following the end of the pandemic.

Demand for our service in this reporting year continued to be around 20% above pre-pandemic levels (29,264 complaints in 2018-19). In 2022-23 we accepted 35,103 complaints for consideration, broadly in-line with the 36,248 complaints accepted in 2021-22. The complaints trends we experienced during the pandemic are not comparable with this reporting year.

We continued to receive a greater number of enquiries via phone calls, emails, letters and completed webforms (129,346)<sup>2</sup>. This was 6% higher than in 2021-22 (122,367) and 15% higher than 2018-19 (112,262). The high number of enquiries being sustained again this year indicates that this is now the 'new normal' post-pandemic.

We introduced a package of measures that have enabled us to make significant progress in reducing the number of cases awaiting allocation following the COVID-19 pandemic. We have recruited more caseworkers, leading to an increase in the number of caseworkers from 209 in 2021-22 to 257 in 2022-23. As well as recruitment, we have also focused on casework efficiency by making improvements to tools and resources, including to our Casework Management System, and put in place additional measures when we have experienced spikes in demand during the year. For example, we introduced a new decision form for standard casework to improve efficiency in case handling and focus on making the right decision at the right time. This has resulted in 50% fewer people waiting for

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<sup>&</sup>lt;sup>1</sup> This refers to demand as measured by the number of complaints we accept for further consideration. This includes any complaint that is re-submitted having previously been closed as not ready for us. When comparing to 'pre-pandemic levels', we are referring to the number of complaints we accepted for further consideration in 2018-2019. The 35,103 complaints that we accepted in 2022-23 is 20% greater than the 29,264 we accepted in 2018-19.

<sup>&</sup>lt;sup>2</sup> If a member of the public asks us to take action on their case, this will be recorded as a complaint. If it is unclear whether they are asking us to take action or we are providing assistance in another way (e.g. general information or signposting to another organisation) then this is recorded as an enquiry.

their complaint to be allocated to a caseworker - down from 2,200 to 1,050 cases at the end of 2022-23.

By prioritising the most serious health complaints, we have also been able to close more cases more quickly, whilst maintaining the rigour and independence of our casework. We continue to monitor demand. Despite the significant increases we have seen to date, we remain on track to achieve our objective to clear our queue of cases to efficient operating levels by March 2024. This will mean minimal waiting times for members of the public and give more people a decision on their complaint more quickly. Our ability to do this is sensitive to increased demand so we keep levels of demand under close review.

We cannot attribute a measurable increase in demand to our outreach activity in 2022-23. However, engagement with stakeholder groups has provided insight into the barriers to complaining. We are using this to inform improvements we make to our own service and the training we provide to complaint handlers.

#### 2.2. Operational improvements

In delivering our corporate strategy, we are introducing new casework processes to enable us to respond to demand for our service in a more efficient way.

Since April 2021, we have taken a more proportionate approach to deciding which NHS cases to resolve through an investigation. Where the claimed impact on the complainant is of a 'lower severity of injustice' we consider whether we can resolve the complaint promptly. For example, when a complainant was removed from a GP practice without warning, we wrote to the practice to give feedback about the guidelines and the correct process it should have followed. If we cannot achieve a prompt resolution, we no longer take these less serious complaints further. In 2022-23, we received 1,029 complaints in this category, significantly lower than 1,319 complaints in 2021-22.

This approach has brought us in line with best practice across the Ombudsman community. For example, the Local Government and Social Care Ombudsman only investigates cases that raise serious issues of injustice and the Scottish Public Services Ombudsman brought in a proportionality test prior to the COVID-19 pandemic. This includes an assessment of whether it is proportionate to proceed with an investigation of a complaint based on the issues brought to them.

We progressed lower severity cases where there was a wider public interest or potential systemic issue. This included a case regarding a disabled person being declined entry to a hospital with their assistance dog due to a lack of understanding about the difference between an assistance dog and companion dog.

Our ambition is that in the future, we will be able to prioritise incoming cases in a more agile way, adapting to changes in the volume and complexity of incoming complaints, informed by improved technology and better use of data. Our aim is to strengthen the way we drive improvements in public services by focusing our resources on where we can have the greatest impact.

<sup>&</sup>lt;sup>3</sup> For example, a cancelled medical appointment that was frustrating but had no clinical impact; a person being discharged from hospital without their family being notified; or a pharmacy giving a prescription to another person.

We are taking steps to ensure that we achieve impact for under-represented communities and groups in society. To better understand our service users and how their complaints progress through our casework process, we have begun analysing the Service Charter complainant survey by demographics. We are also carrying out insight work to understand whether organisations have had due regard to their obligations under the Equality Act and the Human Rights Act.

We continue to achieve justice for complainants through a range of investigation methods including facilitating mediation to reach a mutually beneficial resolution for all parties without the need for an investigation. In 2022-23 we resolved 74 complaints through mediation compared to 29 complaints in 2021-22. During 2022-23, we have delivered mediation training to increase our capability to handle a greater number of complaints that would benefit from this process.

Mediation is a more user-engaged process which can result in better outcomes in some cases and has the potential to drive efficiencies where cases can be resolved at an earlier point in the process. Every standard health case is now considered for potential mediation, so we can offer this option in as many cases as possible. However, mediation only takes place with the consent of both parties. We are starting to expand mediation into complex and Parliamentary casework.

We are also supporting the establishment of the new International Ombudsman Institute Learning Academy, which will support Ombudsman offices across the UK and beyond in developing professional skills, learning from PHSO's pioneering work in this area. Later in 2023-24 we will be able to start to publish the outcomes of complaints resolved through mediation. This follows changes to confidentiality agreements, so we can highlight the learning from mediations to improve public services and raise awareness of the benefits of mediation.

#### 2.3. Putting users at the heart of our service

By the end of 2022-23, we successfully achieved two key commitments under PHSO's three-year corporate strategy - to establish a new Public Engagement Advisory Group (PEAG) and an outreach programme to support our ambition to become a more user-focused service.

PEAG is playing a central role in informing improvements to PHSO's service and ensuring we remain responsive to the needs of complainants. For example, feedback from PEAG members has informed how we train caseworkers. We plan to expand the membership of PEAG over the next period to include people who have never used PHSO's service alongside former complainants.

Through outreach, we are engaging with communities and groups that do not routinely use our service in order to raise awareness of their individual rights to complain through PHSO and other organisations. We are also developing a greater understanding of the barriers they face in complaining, in order to inform improvements to our service. This followed independent research<sup>4</sup> to help us identify the communities that face additional barriers to using PHSO's service. These include disabled young people; young people with health conditions or from

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<sup>&</sup>lt;sup>4</sup> Parliamentary and Health Service Ombudsman (PHSO): Complaints Research

ethnic minority backgrounds; people from Chinese or other Asian backgrounds and people from lower income households with three or more children.

PHSO has played a leading role, nationally and internationally, in sharing best practice on community engagement. We have established a UK-wide Working Group and International Community of Practice. We have also begun a series of regional roadshows to engage directly with local community leaders about the issues they face when using public services and to explain our role in helping them receive justice when things go wrong. The first was held in Stockton-on-Tees in March 2023, and the second in Bristol in August 2023. We held a free advice clinic for the public and visited several local community organisations and MP constituency offices.

To further improve the accessibility of our service, we have been working with MPs' offices to improve awareness and support them in bringing complaints to us. We ran a drop-in event in Parliament in April 2023 for MPs and their staff, kindly hosted by the PACAC Chair, with 42 attendees representing 39 MPs.

# 3. People

#### 3.1. Learning and Development

We are continuing to develop an engaged, diverse and inclusive workplace by investing in our staff to improve their skills and capabilities.

Throughout the year, we delivered 3,855 days of training to staff, an average of 6.8 days per person. This is an increase of 1,807 days of training compared to 2021-22, when staff received 2,048 days of training (an average of 4.17 days per person). An important element of this in 2022-23 was training 57 new caseworkers through our award-winning Training Academy. Our professional accreditation programme for experienced caseworkers also ensures a strong pipeline and career pathway to retain staff. Our extensive investment in training and development has been recognised in our 2022 staff survey - 95% of respondents felt they had the skills needed to do their job effectively, with 77% agreeing they can access the right learning and development opportunities at the right time for their current role.

#### 3.2. Staff engagement

Staff engagement continues to track above the Civil Service average score. In 2022 it was 71%, an increase from 69% in the 2021 staff survey. Comparatively, the Civil Service average is 65%.

Turnover of permanent staff is stable (12% in 2022-23 compared to 11% in 2021-22) and remains lower than in the wider public sector. We have continued to experience a comparatively higher staff turnover as labour market shortages have led to attractive benefits packages being offered by other employers. However, we have successfully recruited to roles that have historically been difficult to fill, including in areas such as ICT and digital.

To ensure that we can continue to attract and retain skilled staff, and in-line with PACAC's 2021-22 recommendation, we have begun an internal review of pay and grading to ensure that we are competitive in the current market.

To ensure that we attract and retain diverse talent that reflects the communities we serve, we are seeking to further improve diversity within PHSO, especially in management and leadership roles, by changing how we attract, recruit and develop staff. For example, we have re-designed our approach to advertising vacancies and engaged with individuals who might not previously have considered working for PHSO. For existing staff, we continue to offer apprenticeship opportunities and have expanded our pool of coaches available for career development conversations. Since 2019-20, the proportion of PHSO staff with historically under-represented protected characteristics has gradually increased<sup>5</sup>. In March 2023, 17% of staff members were from Asian, Black, Mixed Ethnicity and Other Ethnic Groups; 13% were disabled; and 12% were lesbian, gay or bisexual.

We are capturing the experiences of new employees to understand why they were attracted to the role/PHSO and how their expectations are being met, including regarding organisational culture and the recruitment process. We review this information, alongside staff survey results, by diversity demographics to understand the experiences of different groups and to make continuous improvements to our service.

# 4. Impact, influence and value

## 4.1. Complaint Standards

In March 2023, we published an evaluation<sup>6</sup> of our pilot of implementing the Complaint Standards in NHS organisations. This showed that the overall objectives of the pilot (to design tailored support and materials that genuinely met the needs of NHS staff which were tried and tested with their peers) had been achieved, despite the continued challenges brought about by the pandemic. We heard that our guidance and training provided much-needed support to NHS staff and has the potential to create long-lasting change in how organisations approach and learn from complaints.

We launched the UK Central Government version of the Complaint Standards in October 2022. This received a positive reception across Government departments. We are currently working closely with several partner organisations to ensure that our materials and guidance can be used effectively in any Government settings. We are developing Complaint Standards training for Government departments and arms-length bodies that we will pilot with members of the Cross Government Complaints Forum before rolling out to the wider sector next year.

We carried out 264 engagements in 2022-23; many of which supported the implementation of the NHS and UK Central Government Complaint Standards. In addition, we responded to 2,351 enquiries. In April 2023, we began to deliver Complaint Standards training to NHS organisations. By September, 643 people had registered on our Training Platform and 400 had been awarded CPD certificates.

<sup>&</sup>lt;sup>5</sup> 2019-2020: Disabled people - 10%; Asian, Black, Mixed Ethnicity and Other Ethnic Group — 13%; Lesbian, gay and bisexual, — 9%

<sup>&</sup>lt;sup>6</sup> https://www.ombudsman.org.uk/publications/nhs-complaint-standards-2021-2022-pilot-evaluation-report

Long-term, we hope to see a reduction in the number of complaints needing to be escalated to PHSO because they are resolved locally, and the learning used to improve public services.

#### 4.2. External Impact of PHSO's work

We have continued to highlight learning from PHSO's casework through the media and in published reports on systemic issues like the serious failings in eating disorder services<sup>7</sup> and the repeated failings within maternity services<sup>8</sup>. More recently, in June 2023, we published an analysis of 22 NHS complaint investigations closed over the past three years where we found a death was - more likely than not - avoidable.

We have also acted promptly to hold organisations in our jurisdiction to account. Following concerns about the culture at University Hospitals Birmingham NHS Foundation Trust and the effect on safety for patients and staff, we triggered the Emerging Concerns Protocol in August 2023. This is a mechanism which brings together healthcare regulators and oversight bodies to consider serious concerns about care providers. The action we took has contributed to the establishment of three reviews into the Trust and improving the safety and services for local people. We have since provided training to the Trust to support improvements in how it responds to concerns and complaints from patients and families.

In September 2023, we made vast improvements to our casework publishing platform<sup>9</sup> as part of our ongoing work to improve the transparency of our service. This was developed with the participation of members of the public to provide an accessible user experience. Since April 2021, we have published decisions on 848 health and 179 Parliamentary cases on our website.

As an elected member of the World Board and European Vice-President of the International Ombudsman Institute, the Ombudsman has played a leadership role in championing and facilitating organisational development and learning in Ombudsman offices around the world. Here, the focus has been on Ombudsman peer review, working with under-represented and marginalised communities, and mediation. The Ombudsman was the first Ombudsman in Europe to visit Kyiv, to support his Ukrainian counterpart. He spoke at a conference on Human Rights Day, and visited the Ombudsman's offices. For this he was thanked personally by President Zelensky and Ruslan Stefanchuk, Chairman of the Verkhovna Rada, the Ukrainian Parliament.

In the UK, the Ombudsman has spoken on patient safety issues at a number of NHS Trusts and conferences. He has been invited to speak at training relating to eating disorders and has recently participated in consultations with the Department of Health and Social Care about the proposed Martha's Rule.

<sup>&</sup>lt;sup>7</sup> <u>https://www.ombudsman.org.uk/news-and-blog/news/urgent-action-needed-prevent-eating-disorder-deaths</u>

<sup>&</sup>lt;sup>8</sup> https://www.ombudsman.org.uk/news-and-blog/news/repeated-failings-putting-women-and-babies-risk

<sup>9</sup> https://decisions.ombudsman.org.uk/

Following adjudications in the sphere of Government, the Ombudsman was asked to chair and participated, as an independent member, in the appointment of non-Executive complaints handling leads at the Home Office and HMRC. Through our existing partnerships with the South African Office of the Health Ombudsman and the Ombudsman of Israel, we have shared best practice in mediation, caseworker training and accreditation. Since April 2022, we have also hosted learning exchanges with Ombuds from Bermuda, the Netherlands, Kenya, South Korea, Taiwan, Western Australia and Japan.

#### 4.3. Value for Money, including peer review

PHSO has undergone two 'peer reviews' - an in-depth process of evaluation, by an accredited panel. In 2018, the first peer review concluded that, having faced organisational crisis PHSO, prompted by new leadership, was moving into 'recovery'. The latest review, conducted in 2022<sup>10</sup> was the first in the world to use the International Ombudsman Institute's new review framework. As highlighted to the Committee during the previous scrutiny inquiry, the peer review found that PHSO delivers an 'efficient, enhanced and effective modern service' and that the quality assurance processes, training and accreditation PHSO delivers 'have set new and high standards in the Ombudsman sector.' We have operationalised a quarter of the peer review recommendations and are on track to complete all others by March 2025.

The peer review also found that 'PHSO has strong financial and risk management, which confirm the overall value for money provided by PHSO'. We conduct an annual value for money assessment and any improvements identified feed into our business planning process for implementation.

Investment will enable us to deliver greater efficiencies whilst reducing waiting times, improving user experience and enabling us to better advise on improvements in public services by improving our data capabilities. This comes at the same time as rising inflation which has resulted in a real-terms reduction in our financial resources.

#### 4.4. Ombudsman Reform

It is now eight years since the Government endorsed the principles for reform of the public service Ombudsman system and yet no legislation has been tabled to bring about these vital reforms.

Since 2015, services in the devolved nations have been modernised. In England, and for reserved UK matters, the system remains complicated to navigate, inefficient, with barriers to justice for individuals, and a significant opportunity cost for public services. Independent research commissioned by PHSO in March 2023 demonstrated the cost effectiveness and efficiency of proposed reforms, saving £7.7m initially which in turn could bring an additional c.£40 million in benefits across the public service system over a 5-year period<sup>11</sup>. In March 2023, we co-hosted a roundtable and panel discussion with the Institute for Government,

<sup>10</sup> https://www.ombudsman.org.uk/sites/default/files/PHSO%20peer%20review%202022\_0.pdf

<sup>11</sup> https://www.ombudsman.org.uk/sites/default/files/Social%20Finance%2C%20PHSO%20-%20The%20Value%20of%20Reform%20%28with%20amended%20URL%20text%29.pdf

attended by Ombuds and parliamentarians, to build consensus on key priorities for Ombudsman reform.

PACAC and other select committees (including the Joint Committee on Human Rights) have consistently supported reform. The independent 2022 peer review of PHSO's service agreed that: "Further delay in achieving effective reform not only weakens the Ombudsman; it also disadvantages complainants and the public as a whole. For these reasons, we strongly recommend that the UK Government should progress with Ombudsman reform".

We have recently visited the Northern Irish Public Services Ombudsman to learn how they have made effective use of their own initiative powers, as well as the Public Services Ombudsman for Wales who showed us the value and benefits delivered by their enhanced powers.

We remain disappointed but resolute that, despite our efforts in raising this issue, Government continues to reject recommendations from PACAC, the Venice Commission, and others to improve public service Ombudsman schemes. Further delay undermines justice for citizens whilst also limiting the potential impact, quality and value for money of taxpayer-funded public services. It is imperative that a commitment is made to Ombudsman reform now to ensure that England and the UK is not left further behind and that access to justice and public accountability are improved.

#### **Appendices:**

- A. Performance against the Service Charter
- B. Staff survey results 2022
- C. Positive Complainant feedback.

## Appendix A: Performance against the Service Charter

Following the last inquiry, the Committee asked us to prioritise completing a review of PHSO's regular survey of complainant satisfaction. This has now been completed by an independent research agency, which recommended how we can simplify and make improvements to the survey.

Last year, we committed to changing the methodology of the survey to make it more streamlined and easier for complainants to provide their feedback. We have now changed the survey to give us a clearer picture of the experiences of people who use our service. This improves our understanding, however it means that we are unable to analyse trend data comparing the results to previous years.

Feedback is collected throughout the year. This takes place via both an online survey run by PHSO and also through telephone surveys managed by an independent research company. As we now ask users a different set of questions, the way that we report feedback from users has changed.

We recently tested this new survey with users and began rolling this out part-way through Q1 of 2023-24. As such, we have a reduced data set for Q1. We will need to gather 6-9 months of data from complainants and organisations we investigate using this new format before we can reliably start analysing insight from it. As recommended by the Committee, once we have gathered further data we intend to report the results by investigation outcome to see what different perceptions people have of our service (depending on if their complaint was upheld or not upheld).

In keeping with our commitment to the Committee to provide an impartiality score, we have continued to use the method recommended by our research company to aggregate several survey questions that are critical to demonstrating impartiality. In 2022-23, the impartiality score was 77% compared to 71% in 2021-22. Our new survey provides separate impartiality scores for complainants and organisations we investigate. In Q1 of 2023-24 this was 71% for complainants and 83% for organisations we investigate.

Table 1: Service charter section scores 2022-23

Service Chart	er	2018-19	2019-20	2020-21	2021-22	2022-23
Giving you the	We will explain our role and what we can and cannot do (%)	79%	79%	77%	76%	79%
information you need	We will explain how we handle complaints and what information we need from you (%)	80%	79%	78%	73%	79%
	We will direct you to someone who can help with your complaint if we are unable to, where possible (%)	78%	72%	76%	76%	76%
	We will keep you regularly updated on our progress with your complaint (%)	81%	79%	80%	73%	80%
	Overall section score against a KPI of 84% (%)	79%	77%	78%	75%	78%
Following an open and fair process	We will listen to you to make sure we understand your complaint (%)	73%	72%	71%	65%	72%
	We will explain the specific concerns we will be looking into (%)	88%	87%	81%	77%	82%
	We will explain how we will do our work (%)	77%	77%	77%	75%	89%
	We will gather all the information we need, including from you and the organisation you have complained about, before we make our decision (%)	48%	51%	51%	48%	55%
	We will share facts with you and discuss with you what we are seeing (%)	68%	70%	69%	64%	68%
	We will explain our decision and recommendations, and how we reached them (%)	53%	47%	49%	47%	49%
	Overall section score against a KPI of 70% (%)	68%	67%	66%	63%	69%
Giving you a good	We will treat you with courtesy and respect (%)	90%	89%	87%	86%	90%
service	We will give you a final decision on your complaint as soon as we can (%)	53%	50%	46%	46%	43%
	We will make sure our service is easily accessible to you and give you support and help if you need it (%)	67%	65%	62%	59%	65%
	Overall section score against a KPI of 70% (%)	70%	68%	65%	64%	66%

Table 2: Complainant Feedback survey scores Q1 2023-24

Survey Questions	Quarter 1 (April - June 2023)
Q1. My/The PHSO caseworker gave me the opportunity to explain my complaint before making their decision	76%
Q2. My caseworker took the information I provided into account when making their decision	70%
Q3. My caseworker explained what guidelines the Ombudsman would follow	73%
Q4. My caseworker clearly explained the information they used in making their decision	68%
Q5. My caseworker acted with sensitivity to the issues I raised	74%
Q6. I was satisfied with the overall time it took to reach a decision on my complaint	53%
Q7. Overall, I was satisfied with the service I received from the Ombudsman	59%
Impartiality indicator:	71%

Table 3: Organisations We Investigate Feedback survey scores Q1 2023-24

Survey Questions	Quarter 1 (April - June 2023)
Q1. The PHSO caseworker provided the opportunity to explain our response to the issues raised in the complaint before making their decision	93%
Q2. The PHSO caseworker took the information we provided into account when making their decision	79%
Q3. When dealing with the complaint, the caseworker explained what guidelines the Ombudsman would follow	93%
Q4. The PHSO caseworker clearly explained the information they used in making their decision	79%
Q5. The PHSO caseworker acted with sensitivity to the issues that were raised in the complaint	86%
Q6. I was satisfied with the overall time it took to reach a decision on the complaint	77%
Q7. Overall, I'm satisfied with the service we received from the Ombudsman	93%
Impartiality indicator:	83%

<sup>\*</sup>The impartiality score has been calculated using questions 1, 2 and 4

## **Appendix B: Staff Survey Results 2022**

# Headline scores

Engagement index	My work	Organisational objectives	My manager	My team
<b>71% Comparison:</b> CSPS 2022: 65% +6 Staff Survey 2021: 69% +2	82% Comparison: CSPS 2022: 79% +3 Staff Survey 2021: 80% +2	88% Comparison: CSPS 2022: 83% +5 Staff Survey 2021: 87% +1	88% Comparison: CSPS 2022: 78% +10 Staff Survey 2021: 83% +5	89% Comparison: CSPS 2022: 84% +5 Staff Survey 2021: 87% +2
Learning and development*	Inclusion and fair treatment	Resources and workload	Pay and benefits	Leadership and managing change**

Further details about how the engagement index score and other headline scores are calculated is outlined in the final page of this report.

\*Learning and development - This theme includes a question that was amended in 2020. Therefore, direct comparisons with the CSPS should be treated with caution.

\*\*Leadership and managing change takes into account more questions than the CSPS. Therefore, direct comparisons with the CSPS should be treated with caution.

CSPS = Civil Service People Survey

## Appendix C: Positive Complainant Feedback

#### Complainant can finally move on

"I would like to take this final opportunity to say a big thank you for everything you have done for me. I really appreciate your help over this time. I'm hoping the Trust make the recommended changes they have promised so that others will benefit from the investigation of my mam's care. I don't know what I would have done if I had to handle it alone and without your help. I can now draw a line under it all and get on with concentrating and sorting my health out which is now another focus."

#### Trust staff liked our impartiality

"It is strange to say but I have enjoyed and valued the process in so far as it feels very personal and specific to the patient, and hearing the issues first hand is very moving. I did not expect to get emotional. I think the process you followed is brilliant, I cannot think of anything that I would add or change. I felt like I had the right level of support and understanding, it was good that you remained neutral as I did not feel targeted as such and I felt as though you knew what questions to ask to draw the information out. I'll be honest, I don't think there is anything you could have done better. I felt safe to share my thoughts, that is so important that the confidentiality of staff is maintained because we do not always necessarily agree with the organisational ways of doing things! You made me feel very comfortable."

#### Targeted support for people who have been discriminated against

"Throughout the course of my dealings with [the Trusts and county councils], I have been met with the same negative shift in attitude when my transgender status becomes known. I cannot help but feel this has had a negative influence on the deliberations and considerations of those tasked with investigating the concerns my father and myself have previously raised. It is safe to say that no concerns have been properly considered by any organisation these have been raised with. Until today, I was adamant that being transgender instantly denied one's own human rights until I spoke with [the caseworker]. It made such a refreshing change to not be spoken down to or be made to feel like an inferior citizen due to a condition I was born with and had no control over. The manner in which [the caseworker] has communicated with me thus far is the same manner which, if all organisations had of communicated in the same manner, would avoid the need to raise concerns. I am very grateful to [the caseworker] for the fair and unbiased manner in which she is conducting the investigation into our concerns. Compared to the aforementioned organisations, dealing with [her] has been a breath of fresh air and a welcome change for which I would like to express my deepest gratitude. Thank you seems inadequate but it is the only expression of gratitude we have in our language!"

#### Good facilitation

"You always co-ordinate these very well. You establish the 'agenda' and key points to cover. There are very clear ground rules and boundaries. Pre-meetings are extremely helpful to set the scene. I never come to one of these meetings with feelings of dread or anxiety. You keep the meetings on point and appropriate. You ensure everyone has their say and no-one is left out. If someone is quiet you seek

their input. You keep meticulous notes whilst doing all of this! Your meeting summaries are promptly delivered, concise yet accurate."

## Comprehensive Reports

"Thank you for the report. There is much detail. This report is a step above of anything we have previously received and has therefore taken a little longer to assimilate. I think I was expecting something like this at the beginning from the hospital given it is a multimillion-pound public organisation. We appreciate the work undertaken and the input from other professionals... It has been of great value however to look at the analysis of others. I appreciate the parameters under which your team were working under. I have noted that the work of the expert contributors... very detailed and much appreciated... I find much of the rest of the report very detailed and thorough. I wholeheartedly agree that the progress made by the hospital has been slow. I concur with much of your report... and thank the hospital Ombudsman for undertaking this investigation."

#### Personal touch from the caseworker

"As soon as [the caseworker] was assigned my case, I have felt reassured from day 1. She contacted me as soon as she could, she constantly reassured, learned more about my case, kept in touch, responded fast and most importantly, she is the only one I felt truly cared about my case and how this was affecting my life. She has gone above and beyond in every situation possible, and within just a few months of my case being assigned to her, has managed to get this to a close, something I genuinely thought would never happen. She has handled every situation with respect and care, I have felt absolutely judgement-free... [The caseworker] quickly showed me in just one call that I was going to be taken care of regarding my complaint and really did listen to me and understood all my points and did everything in her power to help me. Thanks to [her], my complaint is now pretty much over and I can start to move forward from this. She is an absolutely amazing person and the biggest credit to the Ombudsman, and I am so pleased my complaint is now coming to a resolve, and the only sadness I feel is that I won't speak to this lovely person again!"