

# Parliamentary and Health Service Ombudsman Stakeholder Audit



May – July 2014

# Methodology

- 59 in-depth telephone interviews (lasting 15-45 minutes)
  - 35 with a health focus
  - 24 with a mixed/ parliamentary/ ombudsman focus
  - 32 identified as priorities by the PHSO
- The Stakeholder Audit differed from the Bodies in Jurisdiction Impact study in two main ways:

## Content of discussions

- Not focused on direct experience and contact with the PHSO's work and processes, but more broadly focused on:
  - Knowledge and perception of the PHSO
  - Reputation of the PHSO
  - Awareness and perceptions of the PHSO's strategy
  - Experience of PHSO's contact and engagement and suggestions for improvement
  - The PHSO's strengths and weaknesses
  - The future of the PHSO

## Sample

- Participants included senior individuals, not all at Bodies in Jurisdiction. For example:
  - [REDACTED] Professional Standards Authority
  - [REDACTED] Care Quality Commission
  - [REDACTED] General Medical Council
  - [REDACTED] Association of Directors of Adult Social Services
  - [REDACTED] Public Administration Select Committee

## Central themes of reputation

### Historic perceptions

- Often stemming from previous ombudsman.
- Mixed levels of knowledge.
- Some awareness of change but this has not been solidified.
- Many fall back on historic perceptions of the PHSO.
- How to break through in a complex, crowded landscape?

### Experience

- Professional, but sometimes also bureaucratic and/or slow.
- Some differing opinion on the health and parliamentary sides.
- Has value been demonstrated?
- Does the PHSO dictate to those it works with, or is it a partner?
- Is it resourced fully?

### View of last two years

- Dame Julie Mellor is an asset.
- Change is incomplete.
- Time will tell – the right road but a crowded one.
- Strategy generally accepted but can the rationale be better communicated? E.g. how will it help?
- Settled team = opportunities.

## Brand personality – all interviewees

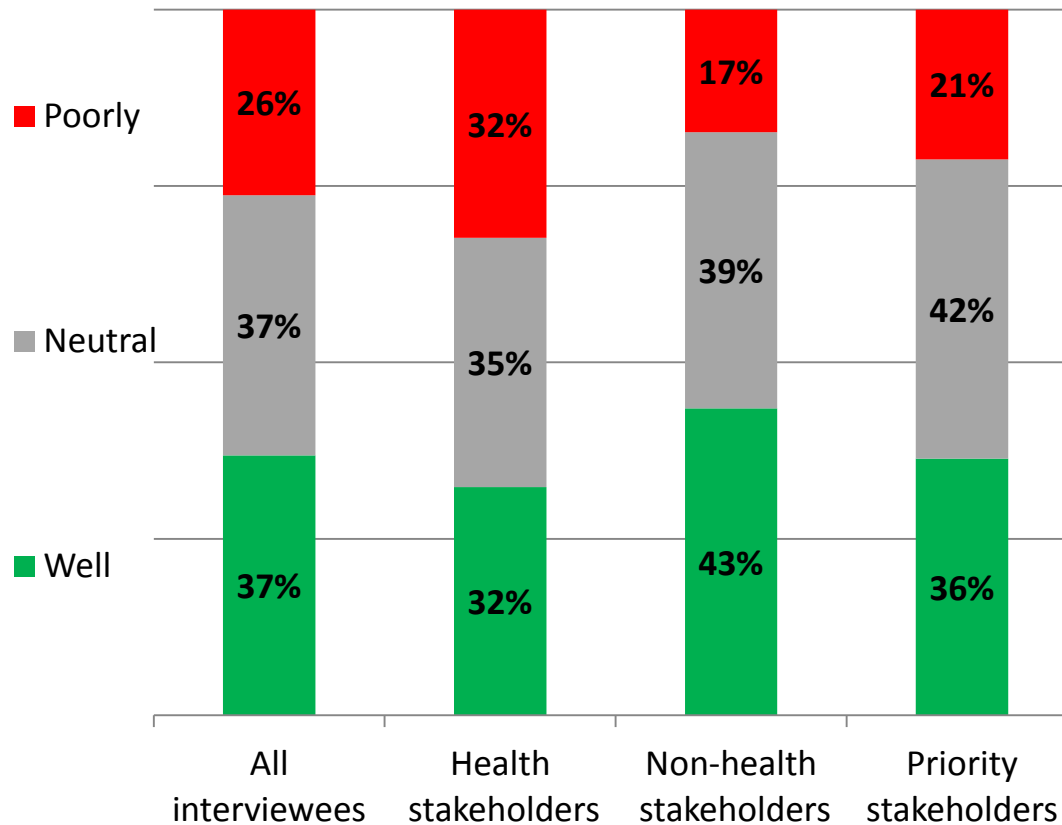
If you had to choose two or three words that summarized your view of the PHSO, what would they be?



5 most common words	All	Health	Non-health
Independent	37%	40%	33%
Remote	20%	20%	21%
Bureaucratic	19%	11%	29%
Authoritative	17%	17%	17%
Slow	17%	14%	21%

## Knowledge of the PHSO is mixed, and centres on its role as a final arbiter

How well would you say you know the PHSO?



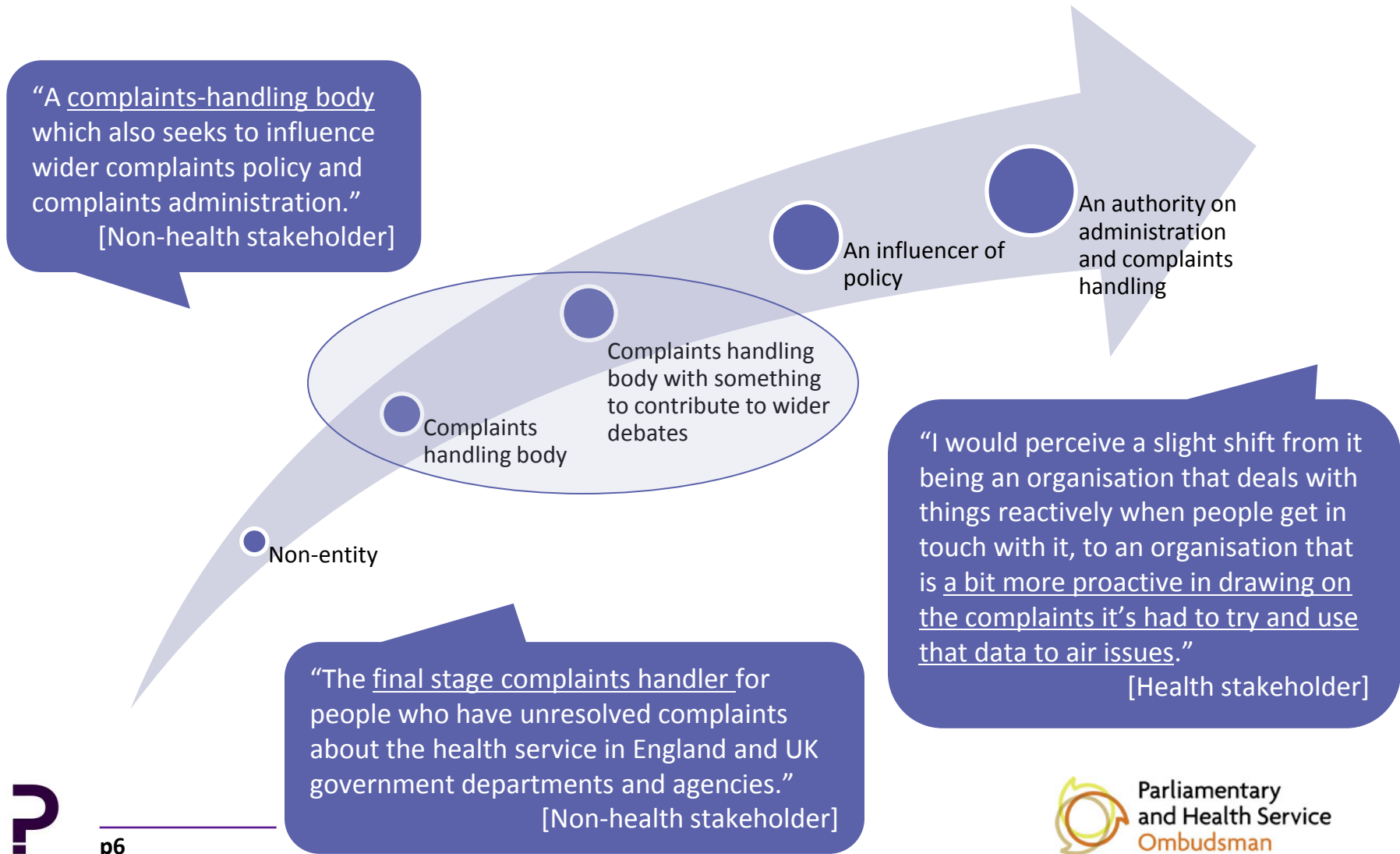
“Over the last year I haven’t actually had any contact with PHSO so my knowledge is very limited. I do understand they’re the final stage in the NHS complaints process – when things have gone wrong – and they perhaps offer summations to what can be done to improve the situation.”

[Health stakeholder]

“They’re supposed to be a public facing organisation, and we hear very little. I think if I weren’t in the sector I wouldn’t know about them at all.”

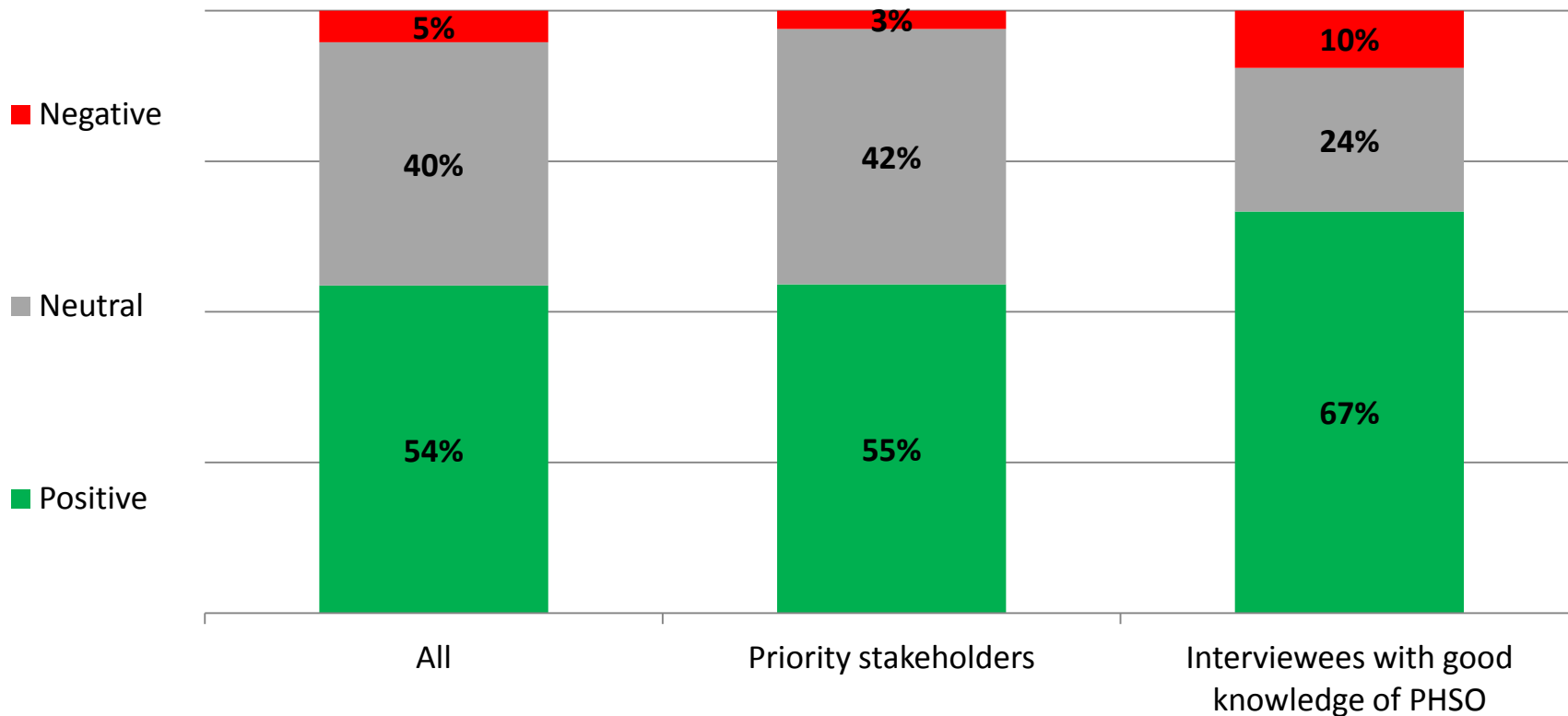
[Health stakeholder]

# The PHSO: a complaints handling body with something to contribute

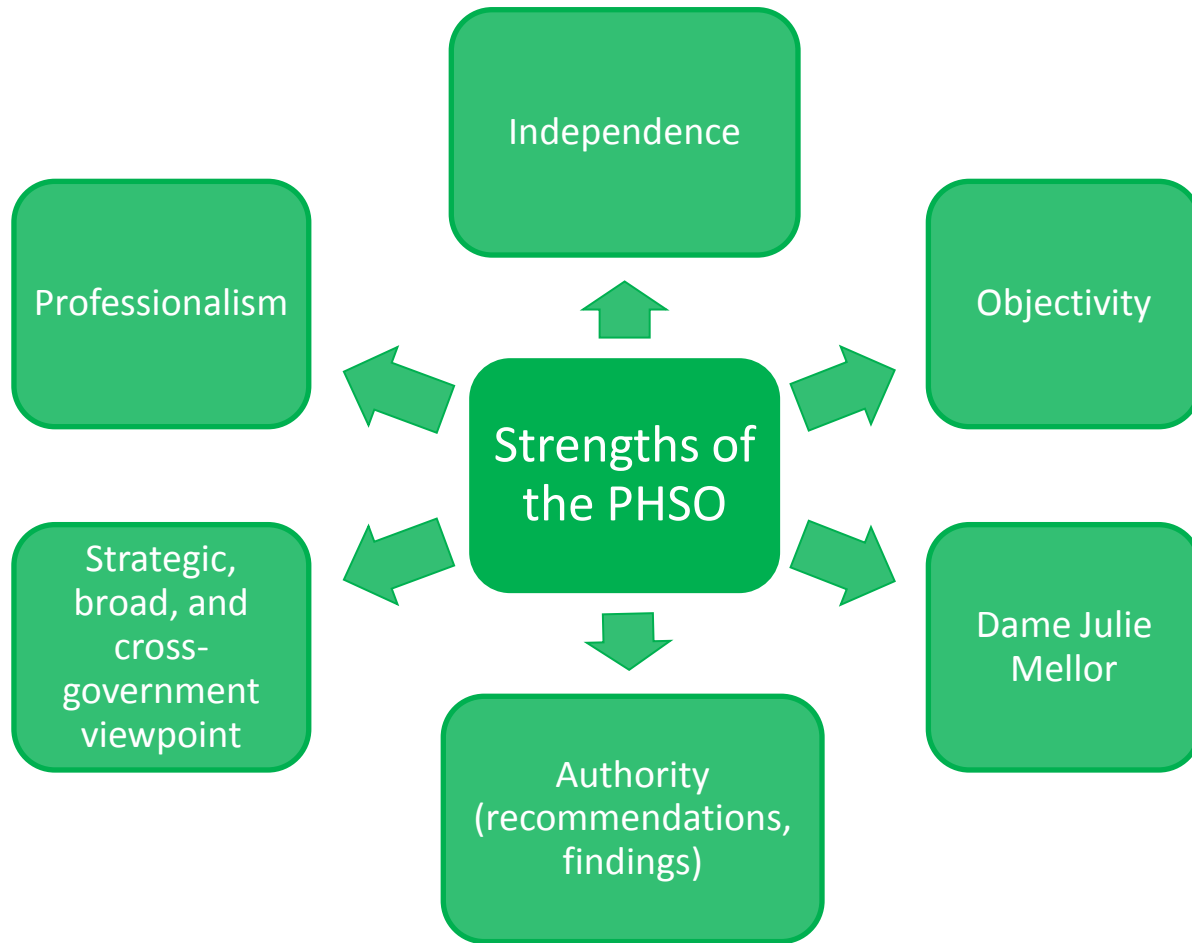


## Those with more knowledge of the PHSO are more likely to be positive

How positive or negative are you towards the PHSO?



# Strengths of the PHSO





## Strengths of the PHSO

“I suspect there's quite an interesting bird's eye view and it would be useful to occasionally have thoughtful discussions about that kind of thing and the insights that might come up from that.”  
[Health stakeholder]

“Dame Julie has been responding to the issues of Mid Staffordshire, Morecambe Bay and maternity and so on by being much more visible around complaint handling and complaint management.”  
[Non-health stakeholder]

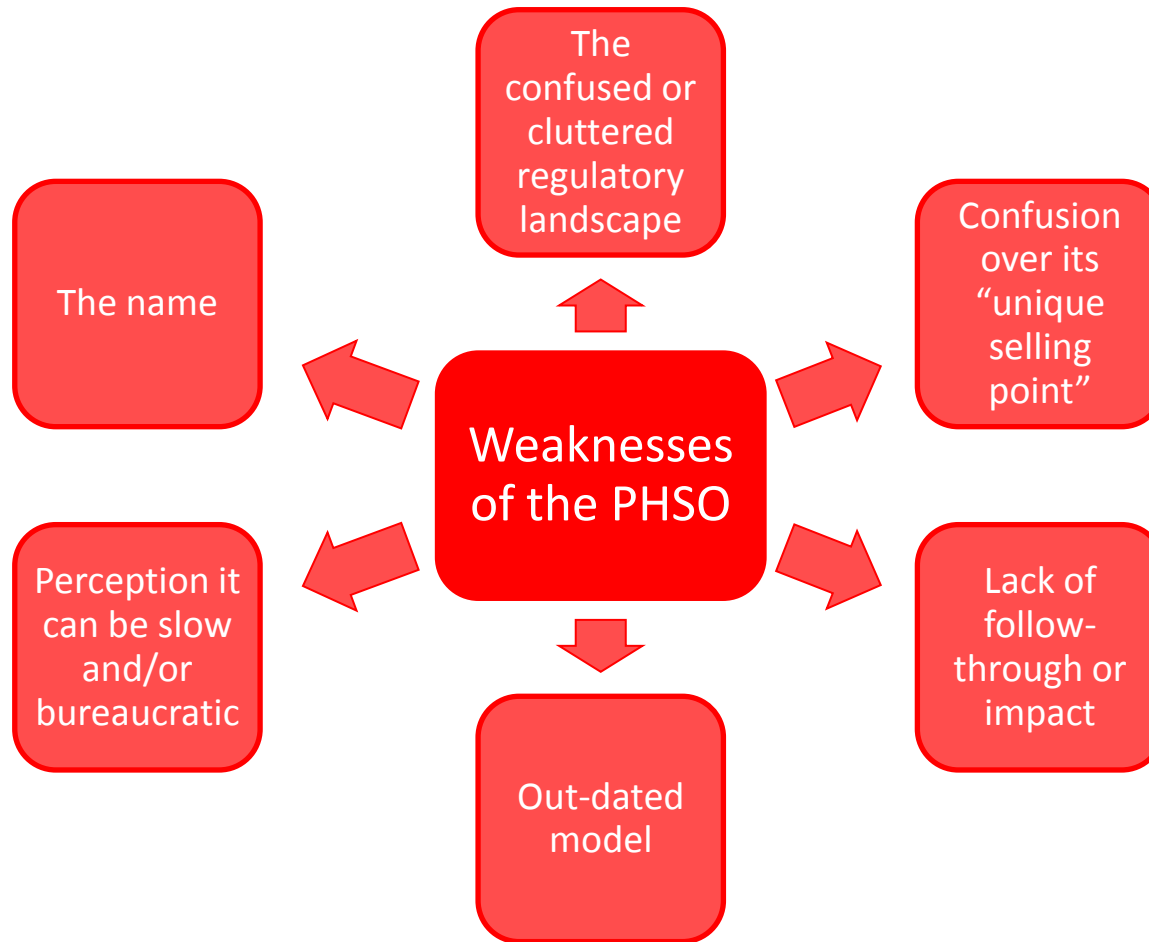
“It’s absolutely a positive impact because it’s both an independent and transparent feedback mechanism.”  
[Non-health stakeholder]



“I think it does fit in, in the sense that they seem to be moving towards picking up themes rather than specific individual complaints.”  
[Non-health stakeholder]

“It seems to me that the contribution it makes to thinking about how complaints are handled and what policy should be is valuable.”  
[Health stakeholder]

## Weaknesses of the PHSO



## Weaknesses of the PHSO

“Just take the healthcare system. You’ve got Healthwatch, nationally and locally. You’ve got NHS England and the Commissioners, nationally and locally. You’ve got all the professional regulators, the GMC, GDC, Nursing & Midwifery Council, etc, who regulate fitness to practise. You’ve got a multiplicity of complaints mechanisms.”

[Health stakeholder]

“My impression is that they're old-fashioned, stuck in time, and bureaucratic because of the MP filter and the emphasis on written complaints.”

[Non-health stakeholder]

Weaknesses of the PHSO

“We always aim to comply with the Ombudsman’s deadlines. We don’t quite know which ones they work to, so we don’t quite know when to expect stuff, other than it can probably take a long time.”

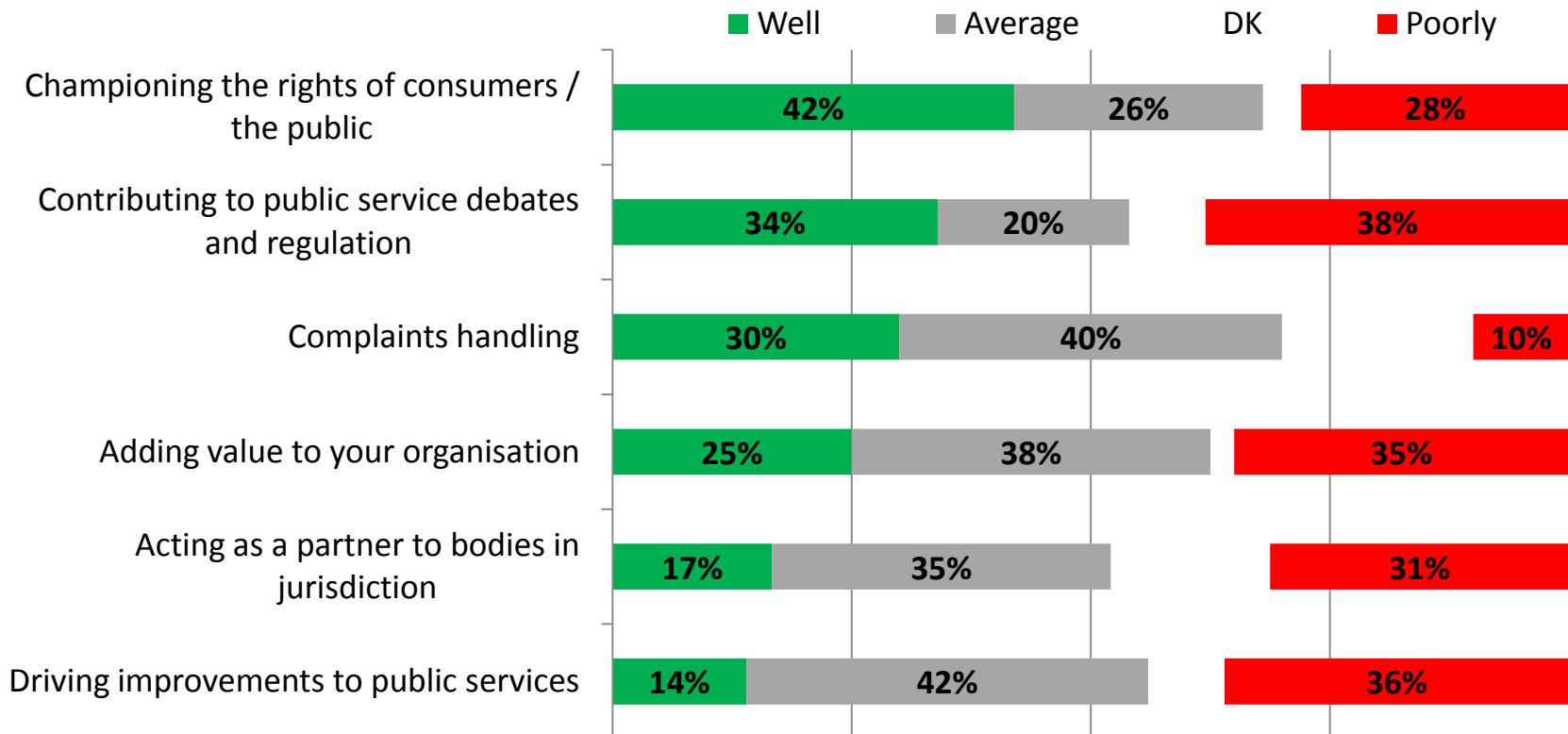
[Non-health stakeholder]

“Where’s their bit in that system? Lots of people are now progressing with more inspections and tightening up their inspection regime and regulatory criteria. So what’s the USP of the PHSO?”

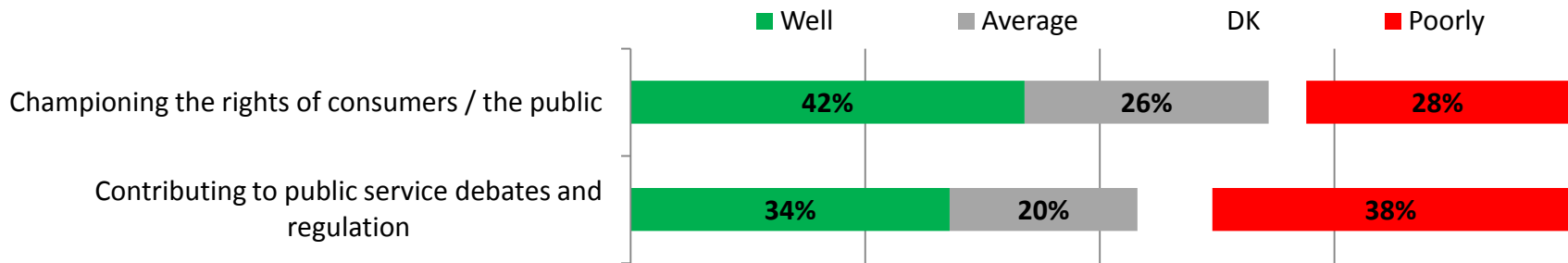
[Health stakeholder]

## Stronger aspects of the PHSO are seen to include its championing of consumer rights and its complaints handling

How well or badly would you say the PHSO is performing in each of these areas – again using a 1-5 scale where 5 means very well and 1 means very poorly?



## Stronger aspects of the PHSO are seen to include its championing of consumer rights and its complaints handling



“One of the things it did that I think was incredibly impressive was the report it did on care and compassion where it took ten case studies and talked about the thousands of other complaints that were similar. I think that’s a very powerful report. It didn’t just use dry statistics, it used real life examples. if they did more of that and maybe disseminated it more widely there might be an opportunity.”

[Health stakeholders]

“I’ve always had a high degree of respect for the ombudsman. I think they have been objective. I would find it quite difficult to criticise the way in which the ombudsman works. We all need to take its role very seriously.”

[Health stakeholder]

## However, the PHSO is frequently not seen as effectively driving improvements to public services or adding value

“Part of the problem is that it has no follow-through on its publications and reports. That goes back to my point about making pronouncements of what good looks like but with no ability to implement it so it has very limited impact in the end.”

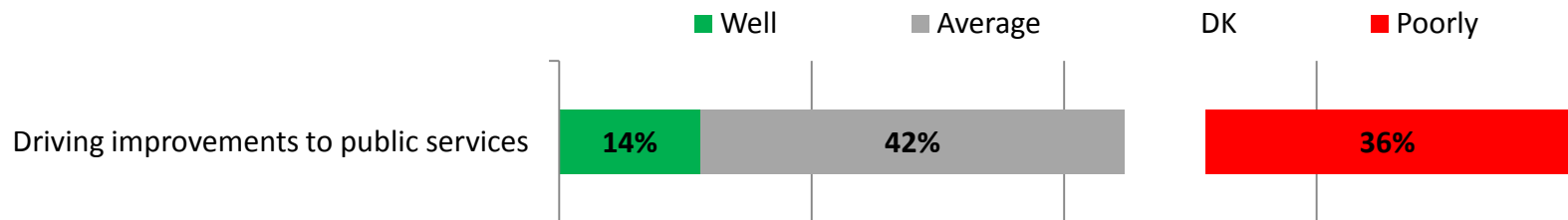
[Health stakeholder]

“People need to know more about the impact of recommendations.”

[Non-health stakeholder]

“Put more of their outcomes into the public domain. Get out and about more. I think visibility is important outside London. So get out and do surgeries. Bring the service closer to the people who use it.”

[Non-health stakeholder]



**“It can take quite a lot of time to gather that information, and sometimes you’re duplicating work. I don’t think the complaint ever actually went anywhere. It got sorted as soon as we were aware of it. So it really was dead time.”**

**Non-health stakeholder**

**“Sometimes we’ve felt reports are a bit uncritical of the points being made by the complainants and are, therefore, advocacy rather than independent.”**

**Non-health stakeholder**

## **Differing opinions among health and ‘non-health’ stakeholders**

Stakeholders with a health focus are more likely than those from other organisations to be positive about the PHSO’s complaints handling and its role in driving improvements. Can this be addressed? Can the PHSO better demonstrate its value to parliamentary bodies?

Further, many stakeholders at parliamentary or non-health bodies regard the PHSO as a consumer champion. This is not always a welcome element of its role.

# “More impact for more people” – attitudes towards the PHSO’s strategy



**24%** more clear about role

**41%** more clear about strategy and priorities



**0%** less clear about role

**7%** less clear about strategy and priorities

“There's some great people that work at PHSO, really super. I think it's good that there's this focus on investigating more. I think the focus on publishing more decisions is the right one.”  
[Non-health stakeholder]

“What I think it signals is that rather than only reacting after the event to somebody being dissatisfied with a public service, it's about more systemic interventions, more proactive interventions, which I think are likely to have a wider impact. I think the strategy makes absolute sense.”  
[Health stakeholder]

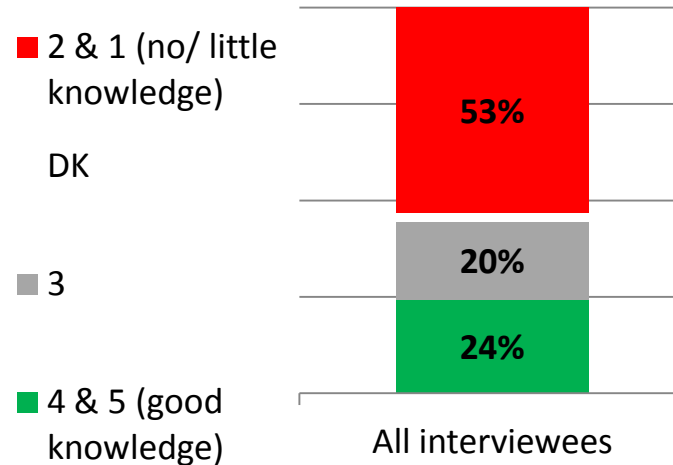
“I think it's definitely the right one, although I think it's one limb of other aspects, which need to include getting out there and meeting the people they investigate, and more transparency about their thresholds.”  
[Health stakeholder]



# “More impact for more people” – attitudes towards the PHSO’s strategy



## How much would you say you know about the Ombudsman’s strategy?

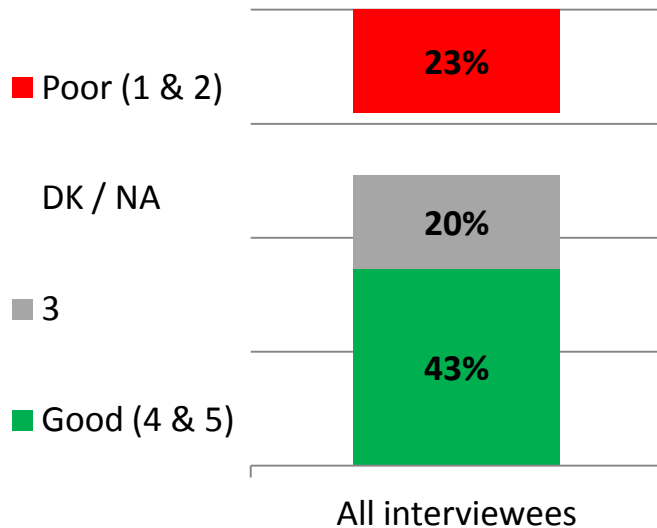


“I don't think they should have impact just because they exist – everybody wants to have impact – but because they've got something valuable and interesting to say.”  
[Health stakeholder]

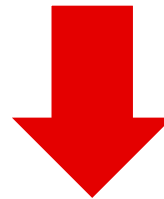
“I’m aware they are undertaking a lot more investigations. I have a sense that sometimes they investigate things which they probably wouldn’t have gone anywhere near with a bargepole previously. You wonder if they’re not just investigating things knowing that they’re going nowhere.”  
[Non-health stakeholder]

## Communication and engagement (KPI)

Overall, how would you rate the PHSO's contact and engagement with you?



**26%** say contact has improved in the last year



**19%** say contact has worsened in the last year

“It’s not exactly a barrier, but there’s certainly been a challenge in respect of their own internal re-organisation that’s been happening for the last 12 or 18 months.”  
[Non-health stakeholder]

“It could do a lot more if it started to proactively think about partnerships. I don’t mean whenever they’ve got a big consultation they send out an email and expect people to reply. I mean genuinely going out and developing relationship with organisations and seeing where there’s value.”  
[Non-health stakeholder]

## Summary of stakeholder perceptions

### A respected and valued ombudsman

- Independent
- Objective
- “Birds-eye view” with cross-government voice
- Vital final arbiter

### Concerns to address

- Change, as yet, unsubstantiated
- Low-profile
- Slow, bureaucratic
- Confused, cluttered environment. USP?
- Lack of wider impact or influence
- Resources

## How the PHSO can take things forward: next steps for communication and engagement

### Tactical steps: EAS working with operational colleagues to...

- Clarify processes and value of investigations
- Address perception it is slow
- Use period of staff stability to build relationships and improve knowledge
- Be more visible personally



### Strategic opportunities: working with the board to...

- Communicate and demonstrate specialist and unique role
- Maintain independence
- Build wider profile



Improved communication

## ‘So what?’ Informing future priorities

“I think it would help if there was a single ombudsman, with local government and housing. I think that gets confusing for the public. I think people understand the Financial Ombudsman Service because of what it says on the tin.”

[Non-health stakeholder]

“I think the struggle for them is to define the role. Not so much propose that they should deal with more complaints, and reduce their thresholds, but simply that they should paint a picture of the whole complaints machinery in Great Britain. And then a picture of where the gaps are and where they might or might not be filling a real gap.”

[Health stakeholder]

“I wouldn’t design the service as it stands. I wouldn’t design a service where you have to go through your MP.”

[Health stakeholder]

### Future opportunities

- Demonstrate impact and value
- Substantiate change
- Raise profile
- Investigate more, but clarify why
- Possible reform: MP filter; public service ombudsman; name?

## ‘So what?’ Informing future priorities

“It's got a terrible name. You can get your head round health, and service, and ombudsman, but put it all together, it's quite confusing. It comes back to the point, where does it fit in? I know what CQC does, and I know what the regulatory bodies do, and I feel vaguely aware that if things got really tricky then that's where the PHSO would come in, but it's a pretty vague feeling.”

[Health stakeholder]

“They suffer from not being able to do own initiative investigations.”  
[Non-health stakeholder]

“Do we need different ombudsmen? Why do we need more than one?”  
[Health stakeholder]

### Future opportunities

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- Substantiate change
- Raise profile
- Investigate more, but clarify why
- Possible reform: MP filter; public service ombudsman; name?

# Parliamentary and Health Service Ombudsman Stakeholder Audit



May – July 2014

# Appendix A: List of participants









## Participants – 3

While all participants were offered the opportunity to contribute anonymously, the following generously agreed to be identified. We are grateful to:

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████████████████████ National Audit Office

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██ National Council for Palliative Care

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████████████████████ National Institute for Health and Care Excellence

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████████████████████ National Voices

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████████████████████ NHS England

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██ NHS Trust Development Authority

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████████████████████ Northern Ireland Ombudsman

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████████████████████ Planning Inspectorate

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████████████████████ Professional Standards Authority

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████████████████████ Public Administration Select Committee

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████████████████████ Public Health England

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████████████████████ Public Services Ombudsman for Wales

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