

Finance Committee  
Draft Public Services Ombudsman (Wales) Bill  
DB PSOW 34 Aneurin Bevan University Health Board

Dear Welsh Government

## **Consultation on the draft Public Service Ombudsman (Wales) Bill**

The ABUHB has recently set up an All Wales Health Board Ombudsman Network Group, to share good practice and support the Senior Managers within each Health Board. We, as a network group, would like to offer our comments on the draft Public Service Ombudsman (Wales) Bill.

As a group of senior managers who manage the Ombudsman caseload within each Health Board we have a number of points that we would like to share with you for your consideration. If I may I've listed them below:

### **02. What, if any, are the potential barriers to implementing the provisions of the draft Bill? Does the draft Bill take sufficient account of them?**

What is the potential impact on organisations of an increased number of cases being reviewed by the Ombudsman's office? —there may be potential resource issues within organisations.

### **Power to investigate on own initiative**

#### **05. Do you have any comments on the new power in section 4?**

It is unclear where the PSOW powers start and end regarding this point, the group have concerns that this could duplicate work already undertaken by other organisations for example:- HIW.

The group raised concerns over funding/resource/capacity limitations if issues such as RTT are investigated by the PSOW.

The group would seek clarification regarding the rationale for PSOW own investigations within a Health Board setting. Possible consideration could be given with other external bodies i.e. WG to ensure (a) that this isn't currently under investigation and (b) to ensure a co-ordinated approach.

Health Boards do not have the resources in place to support PSOW own initiative investigations – could this require investigating officers within each HB to facilitate this? If HB's do not have the opportunity to respond to their own investigations there would be missed opportunity to learn from our own errors.

**Requirements for complaints made and referred to the Ombudsman**

**12. Do you have any comments on the new requirements for complaints made to the Ombudsman in section 8?**

The group would request further clarification on the requirements for this section.

**14. Do you have any comments on the new provision enabling the Ombudsman to investigate the whole complaint when a combination of treatment has been received by public and private health services providers (see sections 10(1) (d) and 10(2))?**

The group would request further clarification on the requirements for this section, in particular the extent of the powers sought.

**24. Do you have any comments on sections 33 – 39 (which mirror sections 16A to 16G of the Scottish Public Services Ombudsman Act 2002)?**

The group queried whether the investigation procedures adopted by the PSOW should or would consider the existing WG PTR legislation and guidance underpinning the complaint process for HB's?

There is a separate model for social services, local government.

Is the Ombudsman proposing another new process for non Health Board organisations? If so, could consideration be given to non Health Board organisations using PTR – as a model?

Do the public services require a further model of complaint procedure/investigation? And is it possible that further models could confuse the public?

Regarding oral complaints - On what basis will the PSOW make a decision to investigate or not on receipt of an oral complaint? This one point could have resource implication on HB's and resource issue elsewhere. How will vexatious complainants be managed?

## **Financial implications**

### **34. Do you have a view on the financial implications of the new provisions set out in the draft Bill?**

The group identified that increasing the methods by which the public are able to raise a concern will increase the number of concerns raised. This would need to be considered from the perspective of other bodies as well the Ombudsman's office.

The Evans report has been clear in the recommendations that concerns teams need to be resourced. Whilst the Ombudsman's office would have additional resource these proposed changes will have a domino effect upon these teams.

### **The Ombudsman being able to refer cases to the Courts for a determination on a point of law**

The group have experienced issues with the PSOW Clinical Experts and would suggest that there is a need to ensure that the experts used are appropriate to provide a view on the reasonableness of care provided.

As standard practice when issuing a report the expert's report should be included.

The group agreed that there also needs to be a transparent strategy to challenge the recommendation when they are inappropriate or unreasonable.

We hope that you have found our comments helpful and we would welcome the opportunity to be part of the discussions.

## **Thank you**

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