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PUBLIC SERVICES OMBUDSMAN FOR WALES

Thematic Report

At Your Service:

A Good Practice Guide

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This report is laid before the National Assembly for Wales under paragraph 15 of Schedule 1 of the Public Services Ombudsman (Wales) Act 2019

Foreword

When the Public Services Ombudsman (Wales) Act 2019 came into force in July 2019, I did not expect its inaugural year to include the worst public health crisis the world has seen since the Spanish Flu pandemic in 1918. Like many other organisations in Wales, and across the world, I had a plan for the year. In my case, part of my plan included using the new powers within the 2019 Act to drive up the standards of complaint handling and improve public service delivery - using my new Complaints Standards powers and undertaking my first "own initiative" investigation.

Instead, the country was put into lockdown and everyone was sent home to stay safe. Some of those people had the opportunity to work at home, some were furloughed, and sadly, many people have lost their jobs, which has resulted in a greater dependence on public sector services. As the virus continued to spread, more people became unwell - and the country became more fearful. Yet, despite this fear and, in many cases, risk, officers in Welsh public services have continued to serve the people of Wales and ensure that, at a time when the nation needed them most, public services were available, supporting us and keeping us safe, whether that was by providing hospital care, social services support or welfare checks.

As devastating as the global pandemic has been, it has forced the Senedd and public services in Wales to think about services and their delivery. It has encouraged us to "think outside the box" and re-evaluate approaches to long-standing problems. It has also encouraged multi-departmental and multi-agency working. This can only be a positive outcome for the citizens of Wales.

The inevitable repercussions of COVID-19 will be felt by Wales, and the rest of the world, for many years and as budgets are tightened and demands for services increase, it is more important than ever that public service delivery is effective and provides value for money. The time is right for me to broaden my Improvement Agenda to share not only lessons to be learned when things have gone wrong, but also good practice identified in my casework.

Of course, dealing with complaints as I do, my casework often provides examples of what can go wrong. It is particularly pleasing to find examples of good practice in the cases that come to me, and I am keen to make sure that I share these positive examples, too.

This is the fifth thematic report I have published during my time as the Public Services Ombudsman for Wales. Unlike my previous thematic reports (such as 'out of hours' care in Welsh hospitals, hospital discharge arrangements, the lessons that can be learned from poor complaint handling by all sectors of public service in Wales, and poor records management) which have focused on service failures, this report seeks to showcase good practice throughout public services in Wales. Previous thematic reports have been well received and have resulted in changes to public service delivery. I hope that this report will be met with the same appetite for continuous and meaningful improvement.

Finally, I would like to commend and pass on my gratitude to all the key and essential workers throughout Wales who have worked tirelessly, in such difficult circumstances, to look after us and keep us safe.

Nick Bennett
Public Services Ombudsman for Wales

Introduction

The responsibilities and role of the Ombudsman

As the Public Services Ombudsman for Wales, I have legal powers to examine complaints about public services. I also investigate complaints that members of local government bodies have breached their authority's Code of Conduct. I have a team of people to help me consider and investigate complaints. My service is independent of all government bodies, impartial and free of charge.

I also have further powers to drive systemic improvement of public services through investigations on my own initiative and to set complaints standards for public bodies in Wales.

Introduction

Public Services in Wales

Public Services in Wales are provided by national and local government, either directly through public service organisations, or by financing the provision of services by private companies or third sector organisations.

In 2019, there were approximately 3.1 million people living in Wales.[1] All residents will have used some form of public services, or their lives will have been impacted by them, at one point or another - whether that was through health care, education, housing or highways, to name but a few. As the population continues to grow and people continue to live longer, and unemployment, low wages or financial difficulties increase, dependence upon public services is inevitably going to rise. This means that, now more than ever, organisations need to ensure that they get the most for their money, and that the services they provide are sustainable and provide value.

Value for money is defined as the most advantageous combination of cost, quality, and sustainability to meet the users' requirements. It does not necessarily equate to the cheapest product or service; rather, it reflects the term "do it once, do it right".[2] Valuable resources are wasted every year as a result of poor quality products and services, resulting in additional and often unnecessary costs as things need to be put right or replaced, or actions need to be repeated. This can result in a complaint, adding the costs of investigating and remedying the complaint. Service failure and poor quality services can also have significant human cost in harm, distress or inconvenience caused.

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates

[2] Helen Tau 'au Filisi

Introduction

What is good practice?

A good practice is one that has been proven to work well and produce good results. It may also occur when an officer does more than expected to ensure a positive outcome.

Information about good practice is available to all public services from organisations such as the National Institute for Health and Care Excellence,[3] Audit Wales[4] and my own office.[5]

Even when good practice has been followed, there may be occasions when the desired outcome has not been achieved. However, following good practice guidelines and adopting good practice reduces the risk of adverse incident or dissatisfaction. Good practice in service delivery and in complaints handling should not only secure good services but should also reduce and resolve complaints, as well as making it less likely that any complaint will be upheld.

The effect of COVID-19

At the time of writing, the world is in the grip of the COVID-19 pandemic. The impact on public services has been substantial, as organisations have had to move away from their usual work practices and try new, often innovative and more efficient, methods of working. Many organisations have worked together to provide joined-up services, and new and fresh ideas have been tested, many with success.

It is important that we take note of those new ideas and share the learning to support other public services in providing efficient and effective services for the people of Wales.

[3] https://www.nice.org.uk/guidance
[4] https://www.audit.wales
[5] https://www.ombudsman.wales/guidance-policies

Sharing Good Pracitce

In order to secure the success of any service or business, it is important to identify good practice and share it throughout that organisation. This applies equally to public services. There are 22 Local Authorities, 9 Health Boards/Trusts and a large number of other public services which fall within my jurisdiction. Whilst there are many differences between these organisations, even between those providing similar services, it is important to recognise that many of their fundamental values and strategic aims are often the same, particularly in relation to matters such as record keeping and complaint handling. This allows us, as a public service provider and through our role reviewing other public services, to share information about the successes of others as well as any lessons that may have been learned, to support the provision of first-class public services.

The benefits of sharing good practice

- It allows for improvements to be made to a service using tried and tested processes. This should reduce the amount of work that may have to be redone and result in positive changes to productivity and efficiency in a shorter space of time.
- It creates a culture of learning and provides a safe environment for creative and innovative ideas. This, in turn, increases efficiency, competence, and confidence in both the process and the officers who administer them.
- It identifies and addresses gaps in knowledge, allowing organisations to share information with the right people at the right time to ensure maximum impact without overwhelming staff. Consequently, training and support can be targeted, resulting in better decision making.
- It encourages the development of a sector knowledge base by turning personal knowledge into corporate/sector knowledge and reduces an organisation's or a sector's dependence upon specific individuals.
- It extends the benefits of local sharing of information to the wider sector, allowing for the development of a supportive organisational/sectoral community.

Analysis of Individual Case Examples

The examples below all relate to complaints that were raised prior to the COVID-19 pandemic. However, these examples have been chosen because, in my view, they will remain relevant in a post COVID-19 world. I have not referred to every body or sector in my examples because much of the good practice identified may be adapted and used in any public sector setting.

It should also be noted that this report focusses on the good practice identified in these examples, and many of the complaints were upheld for other reasons.

Full details of the cases mentioned appear in the Appendix.

Early Resolution

In this section, I refer to complaints made by Mr A.

I always welcome any action taken by an organisation to resolve a complaint as early as possible. Often complaints relate to matters such as refuse collection or keeping access roads clear, which can often be easily remedied. In the case of **Mr A**, the Local Authority undertook prompt action to resolve the complaint about overgrown weeds affecting an access lane. In my opinion, by undertaking this work at an early stage and committing to further works, the complaint was fully addressed, and further investigation was not necessary. Consequently, public money and time were saved as there was no requirement for investigation, and no possible redress implications.

Good practice point: Prompt and effective action to put things right.

Care and Treatment

In this section, I refer to complaints made by Mrs D, Mr E, Ms H and Mrs N.

It can be an extremely difficult and stressful time when either you or a loved one requires some form of care and treatment. It is important that the recipient of that care and treatment is treated with respect, dignity and fairness at all times. A failure to do this can have a detrimental impact on the relationship between the patient (and their family) and the service provider, and, sadly, once that faith in a service is lost, it is very difficult to regain. Therefore, it is important for a service to ensure that a comprehensive assessment is completed (**Mrs D**) and timely interventions are undertaken (**Mr E**). This also means that a holistic person-centred approach can be taken to someone's care and action can be taken to avoid unnecessary pain and injury (**Ms H** and **Mrs N**). This, in turn, should maintain confidence in the service and not only result in better service provision but also reduce upheld complaints.

Good practice point: Comprehensive assessment, focus on individual needs and timely action.

Analysis

Planning

In this section, I refer to complaints made by Mr S.

Good care planning allows for a holistic person-centred approach to meeting a person's needs. Additionally, it allows the care recipient to stay as independent as possible and have as much control over life decisions as possible, which promotes independence, dignity and respect. Care planning should reflect the needs of the recipient and how those needs will be met. In the case of **Mr S**, there was evidence of collaborative working with **Mr S** and external agencies which allowed for a person-centred plan that focused on the specific issues causing him difficulty.

Good practice point: Collaboration with external agencies or other departments to meet the service user's specific needs.

Communication

In this section, I refer to complaints made by Mrs U, Mr T and Mrs W.

Many of the complaints that reach my office relate to poor communication, whether that is a failure to share information, a failure to ensure that information has been understood, or a failure to listen to the complainant. Communication is key in any relationship and failure to provide explanations can often leave a person feeling suspicious and apprehensive. Ultimately, this will have a negative impact on the relationship between the parties and may become a barrier to progressing care, support, or complaint handling. In some instances, a single point of contact may be useful as it allows for a professional relationship of trust to build between the body and the recipient/complainant.

Communicating bad news to someone is always difficult, and it is good practice to ensure that you have an appropriate officer/clinician available who can answer any questions and ensure appropriate support mechanisms are in place before providing that information (**Mrs U**).

Equally, when communicating information to a patient, it is important to ensure that the language used is suitable, and that any treatment plans and decisions are fully explained (**Mr T**). Leaflets/factsheets are an example of good communication. They are an easy way to provide comprehensive information to a person in an easy to manage, takeaway format. In the case of **Mrs W**, it was noted in her records that she was provided with a leaflet that included comprehensive information about caring for the injury at home, physiotherapy exercises and pain relief. Therefore, the clinicians could feel confident that she had been discharged with all the information she required to hand.

Good practice point: Effective communication, clear explanations, informative answers to questions from patients or relatives and written information to take away.

Analysis

Complaint Handling

In this section, I refer to complaints made by Mrs Y and Mr Z.

It is always disappointing to see complaints about the administration of complaint handling. In my view, these complaints should not occur and are a significant waste of resource. Complaints about complaint handling often fall into two categories:

- Delay
- Failure to answer the complaint

Whilst I would always expect a complaint to be resolved within the specified timeframe, I accept that it is not always possible, especially if it is a complex matter or there are other extenuating circumstances. In these cases it is really important that the complainant is made aware of any delays, the reasons for those delays, and any new deadlines. I would also expect to see appropriate apologies (**Mrs Y**). After all, the delay is rarely the fault of the complainant.

An important factor in complaint handling is listening. Often the fundamental issue is that the complainant does not feel that s/he has been listened to, heard and understood. This can often lead to a long and protracted relationship, potentially hostile, with the complainant which is costly and fails to benefit either party. When responding to complaints, it is important to answer the issues and questions that have been raised (**Mr Z**) rather than merely recount the chronology of events.

Good practice point: Understand the complaint, provide regular updates, and make sure any apology is meaningful.

Multi-disciplinary Teamwork

In this section, I refer to complaints made by Mrs AA and Mrs BB.

Multi-disciplinary teamwork is encouraged because it allows for collaboration and a variety of perspectives when treating a patient. This often results in a holistic approach to the care and consequently an effective and more positive outcome for the care recipient (**Mrs AA**). It is also an efficient use of resources (**Mrs BB**) and it fosters learning and a supportive working environment.

Good practice point: Coordinate multi-disciplinary inputs to care and treatment, complaint handling and engaging with the Ombudsman.

Analysis

Record Keeping

In this section I refer to complaints made by Mrs DD.

Record keeping is an essential part of public services. It is why so many sectors and organisations (e.g. General Medical Council and Social Care Wales) have included it within their codes of practice. Contemporaneous, accurate and comprehensive records are not only fundamental in ensuring that you have an up-to-date picture of your client's needs, they are also crucial in complaint handling. Written records should be succinct and include all relevant information. Assessments, charts and reviews should be completed as directed as they often influence any care and treatment decisions (**Mrs DD**) and may prevent further injury or illness occurring to the recipient.

Good practice point: Accurate and timely recording of treatment, care and observations.

Multi-disciplinary Teamwork

Good complaints governance is central to good quality service provision, good complaints handling and learning from complaints. To support good complaints governance, one of my early actions as Ombudsman was to establish the role of Investigation and Improvement Officer within my office. A small number of these officers work with bodies in my jurisdiction to provide support with complaint handling and complaints governance. I was pleased to see the positive responses my officers received. As a result of their interventions, the following improvements were made:

- Hywel Dda University Health Board and Swansea Bay University Health Board included information about the Ombudsman's service and good complaint handling in its annual development training programmes.
- Other bodies in jurisdiction, such as Conwy County Borough Council, took proactive steps to be clear about the differences between a complaint and service request, to ensure that matters are dealt with appropriately.
- Ceredigion County Council adopted the model complaints handling process to replace its own.
- Betsi Cadwaladr University Health Board made efficiency improvements to improve response times and took a proactive approach to learning by using both internal information and information from the Community Health Council to identify themes and trends.

Since July 2019, and the introduction of my Complaints Standards role, I have been able to provide additional investigation and complaint handling support to public services in my jurisdiction. This has been achieved through the provision of training and through the collation of data to identify organisational and sectoral trends. It has been encouraging to see that Local Authorities have fully engaged in the training offered, which includes complaint handling and investigation skills, as well as soft skills, such as time management, listening, managing expectations and communication skills. I am also pleased to note that its success has led to additional training and refresher sessions being requested to ensure that these important skills can be developed and maintained throughout the organisations. I intend to offer these training packages to Health Boards during 2021, and I am pleased to say that they too have welcomed the prospect of such training for their officers.

Good practice point: Regular senior review of complaints data and complaint handling performance, and high-level commitment to resolving and learning from complaints.

Analysis

Complaints governance in shared and collaborative services

I welcome the fact that public bodies are collaborating and working jointly with the aim of providing streamlined and cost-effective services to the public. However, when failings occur in these collaborative or shared services it is important that members of the public have the same access to justice as they would for a service provided directly. Cases coming to me suggest that collaborative arrangements can blur the lines of accountability, making it difficult for service users to know to whom they should complain. In these shared and collaborative services, I expect:

- Clear arrangements for complaint handling in any contract or agreement with partner organisations
- Any such arrangements to be consistent with any statutory complaints process (e.g. Putting Things Right /Children's Social Services complaints) and should otherwise follow the Model Complaints & Concerns Policy
- Clear arrangements for how disputes between the public body and the provider are dealt with, to ensure they do not impact upon the process for responding to the complainant.
- It to be clear which a party is responsible for responding to a complaint
- The organisation responsible for responding to a complaint to ensure that the complainant is informed of their right to complain to my office
- Staff within all organisations know what the arrangements are and what their role is in carrying them out
- The public body with overall responsibility for the service to be informed about all complaints and monitors the outcomes of complaints
- Elected councillors or independent board members to understand complaint mechanisms so that they can respond to queries from the public.

Good practice point: Clear responsibility for complaints agreed and communicated to service users, regular senior review (by all organisations party to the collaborative arrangements) of complaints data and complaint handling performance.

Conclusions

The benefits of good practice are clear. By sharing this practice throughout public services, and being open to the work practices of other organisations and sectors, organisations and staff have the opportunity to see what has been successfully tried and tested and what can be adapted to meet the specific local aims and needs. This in turn allows an organisation to develop and continuously improve its services.

Sharing good practice can only benefit an organisation, as productivity and output are more efficient, timely, and provide better value for money. Organisations will also find additional benefits as they see an increase in the confidence officers and service users have in the services provided, as well as a reduction in complaints that are upheld. Additionally, making all contact with the customer/patient a positive experience will reduce the time and cost of having to reissue or repeat information or meet the cost of putting things right.

Consideration of wider good practice is also important as it demonstrates commitment to organisational learning and progression. Good practice can be used to drive changes to service delivery, policies and processes. It enables an organisation to move away from simply taking a reactive and preventative approach when things go wrong.

Recommendations

As someone reviewing a range of public services, I am in a privileged position because I can see and share good practice ideas - not only between organisations but between sectors. When making my recommendations to individual organisations, I consider that it is also important that I promote good practice and, whenever possible, share learning with the bodies in my jurisdiction.

The Ombudsman's Commitment to sharing good practice

I am committed to identifying and promoting good practice in public services in Wales. I will:

1. Publish a Good Practice Casebook and introduce case examples, as they arise in my casework, in the new "Our Findings" section of the Ombudsman's website.
2. Promote good practice through the work of my Complaints Standards team.
3. Identify good practice in my reports, where appropriate.

Recommendations

I recommend that:

1. Public services focus on identifying and extending good practice in their organisations, with actions at strategic and operational levels.
2. Organisations make good practice and information sharing a standard agenda item in departmental/team meetings.
3. Public services consider incorporating information from the Ombudsman's casebooks/"Our Findings" into training for service delivery and complaints handling staff.
4. Public services take up the offer of complaints handling training from my Complaints Standards team.
5. Consideration is given to the creation of a portal for cross-sector sharing of good practice.[6]

[6] The Public Services Ombudsman for Wales will seek to take this forward with public bodies and other oversight bodies in Wales

Case Studies

Examples of Early Resolution

Mr A complained about the condition of the access lane to his property. On consideration, it was noted that, prior to Mr A making a complaint to my office, his Local Authority had responded to Mr A's concerns and had undertaken a number of actions to resolve the complaint that fully met or exceeded its statutory and policy obligations.

Mr B complained about the decision to amend the provision of disability care services to his son without consultation. Consideration of the complaint found that the Health Board took responsibility for the care of Mr B's son following receipt of information from a Regulator that the care provider was unsuitable. It was also noted that the care options were shared with Mr B and that he was invited to express a preference for the care provided.

Ms C complained that she had not been informed of the Local Authority's decision to arrange a care package for her that would require her to make a financial contribution. Ms C cancelled the care package and disputed liability for any incurred fees. The Local Authority accepted early on that it was at fault and waived the fees. It also agreed to address the communication concerns raised by Ms C.

Examples of Good Care and Treatment

Mrs D complained about the care and treatment her daughter received from Mental Health Services. The investigation found that the assessments undertaken by both the Psychiatrist and the Community Psychiatric Nurse were comprehensive and included all relevant information to aid diagnosis and inform the treatment plan.

Mrs E complained about the treatment her husband, Mr E, received for his complex medical needs. The investigation found that while in the Emergency Department, Mr E was fully assessed and diagnosed with sepsis. Urgent interventions were undertaken without delay and a multi-disciplinary approach was taken to his care and treatment.

Mr F complained that the decision to discharge his father, Mr G, from hospital resulted in a delay in diagnosis. The investigation found that the investigations and assessments undertaken when Mr G initially attended the hospital had been comprehensive and the decision to undertake a CT scan at that stage was an example of excellent practice.

Ms H complained about the care and treatment her mother, Mrs I, received. The investigation found that Mrs I had a detailed assessment, which allowed for a clear understanding of her medical and social needs, and regular senior medical reviews. The investigation also found a high level of attention to detail for the planned nursing care and its execution, particularly in respect of nutrition, hydration and pressure sore avoidance.

Appendix

Mrs J complained about a delay in diagnosis. The investigation found examples of thorough assessment, prompt referrals to relevant health professionals and sensitive and conscientious care throughout.

Mrs K complained about the care and treatment she received. The investigation found that the standard of care provided by the surgical team had been prompt, of a high standard and very thorough. It also found that the treatment had been provided in a timely manner.

Ms L complained about the care and treatment her father, Mr M, received. The investigation found that Mr M was regularly reviewed, along with his treatment plan and medication.

Mrs N complained about the care and treatment she received during surgery. The investigation found that Mrs N was provided with appropriate information prior to consenting to the treatment and that the communication with her throughout was of a high standard. The investigation also found that the standard of care provided was an example of best practice, as the anaesthetic team quickly recognised the potential for injury and attempted to minimise it as well as seeking multi-disciplinary advice. Mrs N was extensively monitored, and the records of the events were contemporaneous, legible and of a high standard.

Mrs P complained about the care and treatment her husband received. The investigation found that Mr P's care and treatment plan was comprehensive and reviewed daily by nurses, which allowed for Mr P's complex needs to be managed and interventions to be made without delay. The investigation also found robust nursing records which evidenced the high level of nursing care provided to Mr P, as well as a multi-disciplinary approach to his care.

Mrs Q complained about the care and treatment her father, Mr R, received. The investigation found that clinicians implemented treatment while waiting for a formal diagnosis, to prevent any delay.

Examples of Good Care Planning

Mr S complained about the care and treatment he received. The investigation found that the clinical team focused on Mr S's complex individual health needs and there was good communication and collaborative working between internal departments and external support agencies. The investigation also found that the care and treatment plan focused on the specific issues causing Mr S difficulties and that the content was agreed with Mr S.

Appendix

Examples of Good Communication

Mrs T complained about the care and treatment of her husband, Mr T. The investigation found that the patient management plan was exemplary. The letter written to Mr T fully explained the investigations to be undertaken and the reason for them. The letter also explained the next steps in the process.

Mrs U complained about the care her mother, Mrs V received. The investigation found that it was good practice for the senior member of staff to inform patients, such as Mrs V, of bad news about their diagnoses. It was also good practice to ensure that Mrs V was supported at the time by a member of her family and a staff nurse. The investigation also found comprehensive physiotherapy records which demonstrated that Mrs V's needs and requirements had been carefully respected.

Mrs W complained about the care and treatment she received for an injury. The investigation found that Mrs W was provided with a leaflet which included comprehensive information about caring for the injury at home, physiotherapy exercises and pain relief.

Miss X complained about the care and treatment she received. The investigation found that the surgeon provided Miss X with a full de-brief following surgery.

Examples of Good Complaint Handling

Mrs Y complained about the way in which the Local Authority handled her complaint. The investigation found that Mrs Y was provided with regular updates during the complaints process, including the details of any delays, and appropriate apologies.

Mr Z complained about the care and treatment his wife, Mrs Z, received. The investigation found that the complaint response included a detailed and clear account of events and answers to all of the issues and concerns raised by Mr Z.

Examples of Multi-disciplinary Teamwork

Miss AA complained about the care and treatment she received. The investigation found that a significant infection was managed through the correct and timely decision of the orthopaedic and bacteriology teams to work together.

Mrs BB complained about the care and treatment she received. The investigation found that the Radiographer modified a diagnostic test to suit Mrs BB's needs. This resulted in a more appropriate test being undertaken to achieve the images the Clinician required.

Examples of Good Record Keeping

Mrs CC complained about the care and treatment she received. The investigation found that her records were thorough, contemporaneous and well written.

Mrs DD complained about the care and treatment her father, Mr EE, received. The investigation found that the nursing care provided to Mr EE was clearly documented. The records also showed that appropriate risk assessments were undertaken and regularly reviewed.

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