

Mae'r ymateb yma hefyd ar gael yn Gymraeg.

This response is also available in Welsh.



**Response by the Public Services Ombudsman for Wales  
to the Welsh Government's consultation 'Duty of Quality'**

Thank you for the opportunity to respond to this consultation.

**Our role**

As Public Services Ombudsman for Wales (PSOW), we investigate complaints made by members of the public who believe they have suffered hardship or injustice through maladministration or service failure on the part of a body in our jurisdiction, which essentially includes all organisations that deliver public services devolved to Wales. These include:

- local government (both county and community councils)
- the National Health Service (including GPs and dentists)
- registered social landlords (housing associations)
- the Welsh Government, together with its sponsored bodies.

We can consider complaints about privately arranged or funded social care and palliative care services and, in certain specific circumstances, aspects of privately funded healthcare.

We also investigate complaints that elected members of local authorities have breached their Codes of Conduct, which set out the recognised principles of behaviour that members should follow in public life.

The 'own initiative' powers we have been granted under the Public Services Ombudsman (Wales) Act 2019 (PSOW Act 2019) allow us to investigate where evidence suggests there may be systemic failings, even if service users themselves are not raising complaints. The Act also established the Complaints Standards Authority (CSA) to drive improvement in public services by supporting effective complaint handling through model procedures, training and collecting and publishing complaints data.

## **General comments**

We support the principle of this Duty and believe that the NHS in Wales can only benefit from more attention to systemic improvement. However, we would welcome more detail on what resources will be committed to support the successful implementation of this Duty at a time when the NHS frontline services are under considerable pressure.

We would also welcome more details on any training that may be made available for our staff to help them prepare for the introduction of the Duty.

## **Reporting requirements**

Through our casework findings we commonly seek to ensure that failings of NHS providers in Wales are not repeated. Of 1,131 recommendations that we issued in 2021/22, 12% were about a reviews or changes to processes or a Quality Audit, 11% were about the body letting its staff know about the issues we found and 3% were about the body organising training for its staff. Last year, we also issued 5 public interest report, highlighting wider lessons from our investigation for other bodies.

We believe that it is essential that annual reports of NHS bodies prepared under the Duty of Quality refer to improvements made by these bodies following our recommendations. To that end, we suggest that 'Examples of evidence to be used to assess the duty of quality and improvement in outcomes' (page 31-2 of the Guidance) include actions taken by the body in compliance with our direct recommendations, as well as any learning or improvements inspired by our public interest reports concerning other NHS providers.

We also note that the following section ('NHS bodies will conduct the assessment of the extent of any improvement in outcomes achieved through') currently refers to reviews or inspections of Wales Audit Office and Healthcare Inspectorate Wales. Although we understand that the list is not exhaustive, we would argue that the assessments should also consider our findings and trends in our intervention rates into complaints about a body.

## **Closing remarks**

We trust that you will find these comments useful. Should you wish to discuss any of my points further, please do not hesitate to contact Ania Rolewska, our Head of Policy ([ania.rolewska@ombudsman.wales](mailto:ania.rolewska@ombudsman.wales)).

*MM. Morris.*

**Michelle Morris**

**Public Services Ombudsman for Wales**

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