Vaughan Gething AC/AM Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon Cabinet Secretary for Health, Well-being and Sport



Ein cyf/Our ref: MA - P/VG/8115/16

John Griffiths AM
Chair
Equality, Local Government and Communities Committee
National Assembly for Wales
Cardiff Bay
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13 January 2017

Dear John,

Thank you for your letter of 5 December. I note your comments on the Public Services Ombudsman for Wales (PSOW) Annual Report for 2015-16 which I received in July 2016.

You highlighted the increase in complaints about NHS organisations received by the Ombudsman's office and that the Ombudsman had explained a notable increase against Betsi Cadwaladr and Abertawe Bro Morgannwg University Health Boards.

Whilst I acknowledge the small increase in complaints to the PSOW over the past year, to put this in context, every year the Welsh NHS deals with around 18 million contacts in primary care, three million outpatient attendances and one million A&E attendances and 750,000 admissions to hospital.

Although the number of referrals to the PSOW has increased on an all Wales basis, the percentage of those upheld in full or in part is down by 2.8%. It is also important to note that the PSOW closed 813 health complaints last year but decided to investigate less than half he received and of those investigated around 86 were not upheld.

With regards to Betsi Cadwaladr and Abertawe Bro Morgannwg University Health boards it is worth highlighting that they both had fewer cases upheld by the PSOW leading to percentage decreases of 6.3% and 1.6% respectively.

The Putting Things Right process was introduced in April 2011, making it easier for people raise their concerns and therefore a rise in the number of complaints is to be expected. In 2014 an independent review into the Putting Things Right arrangements 'Using the Gift of Complaints' was undertaken by Keith Evans. The review concluded that Putting Things Right was a good overall approach to managing complaints and concerns but made over 100 recommendations.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

NHS organisations have been implementing these recommendations, which include the need to support and empower staff to deal with concerns quickly and at source before they escalate into complaints. In 2015/16 there were 226 fewer formal concerns in NHS Wales than in 2014/15, a decrease of 3.3%. Organisations have made changes by introducing Patient Advice and Liaison Services (PALS) and ward sisters doing rounds at visiting times so families and carers have the opportunity to raise any concerns. The NHS in Wales has also made considerable progress in using a range of ways to proactively seek feedback and use this to drive improvements in services.

In direct response to the Ombudsman's findings and conclusions of his thematic report on Out of Hours care, my predecessor Professor Mark Drakeford, asked Dr Grant Robinson, as National Clinical Lead for Unscheduled Care, to review the report and advise him on a way forward. Dr Robinson suggested that a peer review approach would be a preferable way forward. The PSOW confirmed he was content with this suggestion and has been kept up to date with developments. This approach is consistent with the intention to further develop peer review in NHS Wales as a key method in driving continuous quality improvement which was supported by the Organisation for Economic Co-operation and Development (OECD) in their recent quality review. I referred to this peer review process when answering an urgent question on 13 December 2016.

Over the past few months a small group, including members of the RRAILS (Rapid Response to Acute Illness) Group and 1000 Lives Improvement have considered the PSOW report alongside other sources of evidence, including NHS Wales' ongoing commitment to tackling sepsis. As a result they recommended that it would be appropriate to focus the peer review on the response to the acutely sick or deteriorating patient. It is anticipated that this work will commence in the New Year. My officials have advised the Ombudsman about the proposed piece of work and he is content with the approach.

Thank you for raising these issues on behalf of the committee. I am copying this letter to Dr Dai Lloyd, the Chair of the Health, Social Care and Sport Committee.

Yours sincerely

Vaughan Gething AC/AM

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