

Public Administration and Constitutional Affairs Committee

Oral evidence: [The work and performance of the
PHSO, HC 1657](#)

Tuesday 24 March 2026

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Members present: Simon Hoare (Chair); Charlotte Cane; Sam Carling; Lauren Edwards; Peter Lamb; John Lamont; Richard Quigley; Luke Taylor.

Questions 1 - 63

Witnesses

[I](#): Paula Sussex CBE, Parliamentary and Health Service Ombudsman, PHSO, Rebecca Hilsenrath KC (Hon), Chief Executive Officer, PHSO.

Examination of witnesses

Witnesses: Paula Sussex CBE and Rebecca Hilsenrath KC.

Q1 **Chair:** Good morning, colleagues. It is nice to see everybody here this morning, and a warm welcome to our two witnesses as we check in on the PHSO. Welcome, Paula Sussex, the ombudsman, and Rebecca Hilsenrath, the chief executive. You are both very welcome.

Let us start with a little scene set, if we may? You can give us the top line download so we know the environment in which we are going to be posing our questions. How are things going in the new Sussex regime? What is the backlog looking like? Is the trajectory of complaints going up, holding steady, or going down? Are there particular areas in which complaints are being generated? I am conscious of technological advance, so what are AI-generated and footnoted complaints doing to the workload and the timetable of handling them?

Paula Sussex: Good morning. Going straight to the operating environment that we are in, you are right that demand is quite a dominant theme. The key thing, all the way through the session, is that we cannot let it be the only theme for the next few years. If I talk about the demand, it is rising. We currently project on a steady trajectory: in other words, we are forecasting that the angle of increase will remain the same. That means the backlog is rising. Rebecca will want to go into more detail as to what we are doing about that now and what we will do in the first year of the strategy, starting in a week or so's time.

There are some factors that we understand that are driving demand: trust in public service and perhaps, objectively, the level of public service. We also know that demand is driven by the use of AI tools as we can see it in our casework. This is very similar across our sector, but also for many public services that have citizen applications. It is a context of rising demand, with no particular issue or sectoral issue—it is pretty much across the piece. What I hope we can do in this session is talk more about how we are addressing it and how we can get ahead of a rising queue.

Rebecca Hilsenrath: To add a little detail, the number of complaints we receive year-on-year has gone up this year but the critical figure is the number of complaints we receive that result in an investigation because it is the investigation that is our core business and the biggest resource draw for us. If you go back over the last three years, you will see a 10% uplift in that figure. This year—obviously we are not quite at the year-end so it is a forecast rather than a specific figure—it is going to be north of 25%. It is about the acceleration of the increase and by the end of this year we are probably going to have a queue of unallocated cases in the region of 3,400. If that maintains itself next year, we are looking at a queue of about 5,500 and are probably going to need to investigate 16,000 cases a year, which is about twice as many as we were looking at three years ago.



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While we recognise that nobody should have to wait that long—we know it is not fair on our users and that is very much in the forefront of our minds—we have increased productivity by about 20% over the past three years. AI is a bit of a double-edged sword. We are targeting a 10% increase in efficiency because of the digital innovations we are making, but at the same time AI drives demand.

We have commissioned research to better understand what that demand modelling looks like, but our suspicion is that it is about lowering trust and pressure in public services. People now have greater access through AI to make complaints and to justice generally, which is a good thing. Those of us who have worked in the sector for a long time would say that AI adds real value in terms of helping people make complaints and go to court and tribunals, but we experience a higher level of demand. What will happen more critically is that, if we do not uphold a complaint, the caseworker will get a 20-page challenge half an hour later on that decision. It will often be completely misplaced and will cite irrelevant legislation or jurisdiction, which has a huge toll on our resource.

Q2 Chair: You have both mentioned that the backlog is high and likely to get higher; marry that up to the essay question and we will come on to the issue more substantively later in the session. The Government effectively thanked PHSO for the work it did with regard to the WASPI campaign and said, "Thank you so much but we're not going to do what you think we should do." The backlog is growing. Things that are being handled in the pipeline are becoming more complex, and therefore by definition taking longer. What is the assessment of the reputational impact on the PHSO as far as complainants are concerned?

Being on their side, but without being prejudicial, and conscious of the fact that complainants have probably reached the end of their tether and local processes, they have come to you. While it is new to the PHSO, it is not a new incident as far as they are concerned. What is the assessment of people just going, "There's no point. It just takes too long. It's too cumbersome. It's too tiresome. I'm not going to bother"? The office becomes diminished reputationally.

Paula Sussex: It would be helpful for Rebecca to go through what we are actually going to do and what we propose to do about the rising demand. Within the first year of the strategy our aim, if all things hold equal on the increase in the level of demand, and they might not, is to get to frictional towards the end of the next financial year. Frictional is an acceptable level of case holding, which means very a short wait.

Q3 Chair: Are we are talking about March 2027?

Paula Sussex: Pretty much, yes. That is quite an important target for us in the organisation because we are very conscious of the potential consequence of where we are. It is important to say that we are now very clear on our website about the wait time and level of demand. We are not shying away from that. What is important is the way we are increasingly



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triaging the more severe cases, but we need to move faster on some because they will have more impact on more people. That is a lot about the higher profile and more systemic work that we are doing. The important thing is what we operationally can do, which is not without trade-offs. If you can indulge us, it would be helpful to go through those steps.

Rebecca Hilsenrath: This is obviously not a situation we entertain lightly and that wait time is not acceptable for a user of our service. We do not want people to give up. One reason their complaint to us is so valuable is because we use the data from it to look upstream at where we can have a more systemic impact however we treat their case. The key tool we have outside productivity improvements, which I have already mentioned and am happy to come back to in more detail, is our public value model that we started to develop about two and a half years ago. That essentially enables us to look at the—

Chair: We are going to come on to the public value model later in the session. I am quite keen that we stay on measuring impacts.

Q4 **Richard Quigley:** You are launching a new strategy next month and by the sounds of it a lot of thought has gone into it based on the impact of AI and everything else you are suffering from. You state that it is a shift in approach with a greater emphasis on systemic change rather than individual redress. How will you make sure you get the balance right so that systemic issues still result in individuals feeling they have been served justice?

Paula Sussex: It is first important to say that this is an organisation that wants to do more; we are going with the grain here. I am struck by the values of the team and the sense of, how do we have more voice? How do we stop this from happening again? There is goodwill in the general direction. Technology will take a lot of the strain. Much of the systemic work will be underpinned by the data analytics, a lot of which is AI enabled at this point in time. Technology will also help with some of the productivity we were talking about.

The short answer to how we manage this is very carefully in terms of how much the organisation can withstand, and we are building the capability now. Systemic analysis, data analytics, and so on will enable us to do this more systematically. At the moment, the team does systemic work and our strategy features some areas and themes that are, for example, about structural issues in the NHS. They are doing that through focused work but also somewhat side of desk. System, process and the right capability is going to make it easier to keep it going. I would stress again that it is important that we do because we have to get to the root cause of what is going wrong. We have to play that more active role in the improvement of public service, so in some respects we do not have a choice in the given context.

Q5 **Richard Quigley:** How will you communicate that change in approach to



the general public and complainants? Do you think it is important?

Paula Sussex: We have already taken some soundings on the strategy from the public and a whole range of stakeholders. An important thing they said to us was, "Make sure you balance individual redress, which is really important to us." In that consultation with a small 'c', we undertook to go back to those stakeholders and ask, "How do you think we are performing in that strategy?"

We will also be balancing demand. We know it is going to be acutely important on both fronts to increase that dialogue, to be clearer in our communications and expectation management with the general public and with individual complainants. That is right from the first, when they ring through to our front of house, which we call intake, all the way through to how we communicate on social media or our website.

Q6 **Richard Quigley:** You mentioned data and you have always stated that data has been one of the PHSO's strong points. Do you worry that the quality of data could be impacted if you end up with fewer people submitting complaints because they lack confidence that they will be investigated as you move to systemic rather than individual redress?

Paula Sussex: In truth, no. The demand trajectory seems to indicate that there is still a huge demand for our service as there is for all other public service ombudsmen. The way Rebecca's team is designing the system means we will capture the data whether or not it progresses through to primary or detailed investigation. We will be capturing the issues and analysis all the way from what I call the front door. As I have shared before with this Committee, we aim to data share with relevant organisations so we can correlate and corroborate our data for various different purposes.

Q7 **Richard Quigley:** You must have a furious amount of data. Could you talk us through how you plan to share constituency level data with MPs? We are probably missing a trick as we only get it if we ask for it.

Paula Sussex: We will be demoing exactly that in Manchester on Thursday. Rebecca's team have taken a slice of the data, which we are calling "PHSO in your patch". We will be demoing on Thursday to 27 MPs from Greater Manchester what it says about complaints by demographic and theme, and then showing it as a dashboard of all 27. It will be thematic in health, government, and so on. Taking feedback from those MPs, we then hope to roll it out across all MPs.

Q8 **Lauren Edwards:** The strategy commits to strengthening how you are going to monitor the implementation of your recommendations and talks about the development of a new impact measurement framework. Can you expand on how it is going to be used?

Paula Sussex: Rebecca will definitely want to say something about that. We are in the happy position that, for the most part and particularly in health, we have very high compliance to our recommendations. That is



probably because they are the result of a constructive working relationship. There is a lot of back and forth between us, particularly in the trusts, but in the final analysis we come to an agreement on what must be done and what can be done in terms of the recommendation. We get to 99%. We want to go further in many areas, certainly in areas where we do not have the same level of acceptance of what needs to be fixed and recommendations. Rebecca, I will turn to you on how we operationalise that.

Rebecca Hilsenrath: Being able to indicate the impact we have had in three or five years' time is a very important part of the new strategy.

The key aims of the strategy are on impact, user experience, and awareness. We are going to look at them in a number of ways. One thing we have done is look at how we will deliver against those different aims in terms of the capability we will need to develop to deliver them, the products we will need, and the partnerships we will need to form. We will look at all those things and say how far we have come along the road in terms of those capabilities.

We will also look across those aims in terms of the outcomes we want and how we can measure them. For example, in terms of the impact we want to have, sometimes it will be about coming up with systemic reports, looking at changes and improvements we want to see in public services, looking at the amount of engagement we have had with that result, and how much of a causality we can see between what we have done and the changes that have occurred.

It will also look at impact in quite a different way. At the moment, we will come up with a recommendation that is generally driven by the organisation itself. The question we will ask is, "What are you going to do to make sure this does not happen again?" We will go back in six months' time and ask, "Did you do that thing?" We are going to look at developing recommendations and measuring compliance in a very different way that will be less about "What are you going to do to change this?" And more about "What do we think impact and improvement will look like?" We will then go back and ask, "Has that thing had a difference on the service that you are delivering?" That is an example of the capability we want to develop because we do not have it yet.

Paula Sussex: Going back to technology and the system taking the strain, Rebecca's team are currently building two portals for the complainant, which we will call the PHSO account. They are in private beta. The one for organisations we investigate will have the check back loop as a feature. For the thousands of cases that go through and recommendations, in that portal between us and the organisation there will be a feature that will say, "How can you evidence?" Or, "Have you complied with that?" The system will again take the strain rather than putting everything on to the caseworker.



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possible sounds sensible. There is obviously an issue around what you do when somebody does not comply with your recommendations that I have more detailed questions on, particularly as it relates to the WASPI women. We will cover that a bit later. Do you think you are getting the balance right at the moment between supporting organisations to foster a more positive complaints culture while ensuring that you are perceived by complainants to be properly independent of the organisations you are investigating?

Paula Sussex: Yes. The statistics will underpin that because we uphold or partly uphold around 60%. That does not indicate any bias towards the organisations. As I have said, this is a tremendously values-based organisation. We need to have a constructive relationship when we can with the public service, but where that is difficult and we disagree then we are quite happy to have a less constructive relationship if it is sufficiently important to get the job done. I would stress that we aim for a constructive relationship because it tends to lead to a better result.

Rebecca Hilsenrath: Across both our jurisdictions, the complaint standards and training that come out of them are about fostering the right culture in organisations and helping them move away from a defensive attitude and to learn from complaints. When we engage with organisations in any particular case, which we have to do as part of our process, it is with a view to seeing how we can help them comply and move on as opposed to anything complainants might be concerned about in terms of displaying bias.

Paula Sussex: Rebecca and I have been on a fairly extensive tour of health trusts. They are all very open to our comments, and I am struck by the relatively high number who said, "What do you think? Can we do this better? What do you think of this?" It is a fantastic base that we are able to go back to and, for example, say, "You can go further with where you take your insights from your patient experience." However, we see a number of trusts where that goes all the way through to the chair of the organisation, which is really important for us to see.

Rebecca Hilsenrath: In addition to the complaint standards piece, we provide free online accredited training and saw more than 400 in the Government and 900 across the NHS take up that training this year.

Paula and I have also been embarking on developing leadership and culture sessions at a senior level in Government where we have really encountered, as you say in the NHS space, a real interest in discussing what the right culture looks like, how you lead it, and how you embed that right approach to learning from complaints.

Q10 **Lauren Edwards:** It sounds as if it is quite a key part of your proactive work to share and embed best practice across public sector organisations.

Paula Sussex: Yes, it is. One of the standards we use is called the principles of good administration, which was written 20 years ago and



still holds good. When you look at those principles on our website, they are what I am sure everybody in this room aspires to with public service and what good public service looks like. We are very keen to play that role as supportively as possible using those principles as a structure.

- Q11 Lauren Edwards:** You told us during the pre-appointment hearing last year that it is quite important, if you are leading a strategy, to make sure you have full input from the team. How have you ensured that that full team approach at the PHSO has had the chance to import into that strategy in a meaningful way?

Paula Sussex: I am delighted to say that I did take that sentiment into the organisation. Taking all manner of feedback, we managed to hold 11 half-day workshops with the team—so across all teams in Manchester and London—going through different aspects and getting their views. It was very interactive. One of our boards was there, all the exec team were there, and it was great to get the input of the team into it. Some really valuable observations were made. Again, I go back to that almost visceral sense of, how can we do more? That is in the face of a lot of demand but it means how can we have more impact? How can our voice be heard? How can we stop this from happening again?

- Q12 Lauren Edwards:** Do you think you have sufficient resources to adopt it in the way you want to with that proactive approach?

Paula Sussex: It is all about the balance of it. Our first job and responsibility is what our two statutes tell us to do, but there is absolutely more that can be done through our communications and social media. Technology can take more of the strain but not all. That is why I developed this capability, and why we are taking our time through the workforce plan and tech enablement to carefully get the best possible foundation in place to be doing this.

- Q13 Chair:** Let me go back to the work you are doing reactively and proactively with health trusts and others. If we accept the premise for a moment that effectively the PHSO should be the Supreme Court, if you will—the complaint body of last resort when others have been exhausted for the failures of a trust or whatever it may happen to be—then in order to end what one could describe as a postcode lottery with regard to how different trusts face into it and the seriousness with which they take it, is there any merit in the ombudsman's office providing them all with a handbook as to how to handle a complaint and how to capture the paper trail involved in handling that complaint?

So in order to potentially—and I underscore potentially so no guarantee—expedite the work that your case workers do because they have a uniform file from all the public bodies that accords with the template of how and what to record so it is much easier to do that first sift and analysis to work out whether there is any veracity in the complaint to you, whether it is just a vexatious thing, or whether somebody just will not take no for an answer?



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Paula Sussex: That is exactly what the organisation is some way towards doing and we would like to go further with that.

Q14 **Chair:** What is the appetite for that?

Paula Sussex: It is quite high.

Q15 **Chair:** You mentioned health trusts; what is the appetite from them for that? Is there any kickback? Do they see any mission creep?

Paula Sussex: No, quite the opposite is my observation.

Rebecca Hilsenrath: Our complaint standards, which were coproduced and rolled out with the NHS, are not mandatory. We do not have a role so it is not possible for us to know how many trusts have adopted them.

Q16 **Chair:** Have you asked?

Rebecca Hilsenrath: No, we have we not. We do not have that role.

Q17 **Chair:** Could you have that role?

Rebecca Hilsenrath: We could and in fact one of—

Q18 **Chair:** What would stop you from doing so?

Rebecca Hilsenrath: There is no reason why we could not. The information—

Chair: I would urge that.

Rebecca Hilsenrath: That is really helpful. A richer understanding beyond how well they have adopted it and what that looks like would be helpful. What we do know, because we have asked our caseworkers to look at this over the past year or so, is something about the standard of complaint handling, i.e. what the most common failings are. That is something we are quite interested in looking at going down the line in terms of our triage process.

We are going to talk about the public value model later but one thing we are looking at is triage through a complaint handling lens, i.e. has this NHS trust complied properly with the complaints standard? If it has then it might be reason to de-prioritise it in terms of what we investigate. It is something we hope will upstream the adoption of a complaint standard. In a sense, we would like to do ourselves out of a job. If everybody was doing this properly at first instance, we would not need the resources we are looking for.

Q19 **Chair:** One would presume that trusts view it as a negative impact on their corporate reputation; if their users or patients are deluging you with complaints then it does not look good on the stats or in the annual report. Can a trust come to you and say, "We don't think we're doing our complaint handling very well, can you as the PHSO direct us to another trust that does it brilliantly?" The trust may then find that it has the



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smallest number of complaints from its geography and, when it does get complaints, usually finds against the complainant because it has done so well in the initial stages. That is another tool in the box of trying to better manage, is it not? There are no complaints coming through your door.

Paula Sussex: We do. Do we want to do that more systematically? Yes. We are also keen, as we develop our relationship with CQC, that our complaints standards can play a more formal role in their assessment framework. Everywhere we can hardwire in complaints handling and taking insights from the voice of the citizen, the patient, or the service user, then we will do so.

Rebecca Hilsenrath: It is worth adding, and this is slightly anecdotal so forgive me, that Paula and I have visited nine NHS trusts this year and I went to a few before her appointment. We get universally positive feedback about the complaint standards. I always ask, because I am interested and recognise the pressure under which NHS trust chief execs operate, how much bandwidth they have for sharing good practice. The NHS is not homogenous. You see brilliant practice in some places. Paula and I have seen some excellent practice, which we want to synthesise in a report and that is in the pipeline. My very anecdotal understanding is that it is really good in some places and less good in others. London, where there is obviously a concentration of trusts, shares more than other places. My hope is that we can be more structured in that and help the NHS trust—

Q20 **Chair:** Do you see the ombudsman as having a proactive convening role?

Paula Sussex: Yes. We would not be the kitemark; CQC needs to be playing that role. We do informally but we can absolutely do more with what good practice looks like in complaints handling and, even more vitally in moving forward, taking insights from those complaints because the technology is now there to do that quite easily. A number of the trusts are using it so they are able to analyse their complaints data and see what is really going on in oncology and rheumatology, as we are doing exactly the same across all our data set.

Rebecca Hilsenrath: It is really important in that context to refer to the 10-year plan in the NHS. We welcome the idea that learning from complaints should be part of that, but we need to see learning from complaints built into quality and patient experience in a much more structured way.

Chair: I am going to take questions slightly out of order to keep the themes going.

Q21 **Luke Taylor:** We have heard concerns about the PHSO's review and feedback process. I am sure that many of us, as constituency MPs, have had residents come to us. My particular interest in this was from a conversation I had on a casework call with residents in my constituency. The problem revolved around the PHSO essentially marking its own



homework. Do you see a problem with the fact that the only way of raising concerns about a decision or the PHSO's service is through the very caseworker who issued the decision, or delivered the service, or their manager? Why would it be a problem, or why do you not see it as a problem at the moment?

Paula Sussex: As you can imagine, I take how we assure what we do across the piece very seriously. I am slightly puzzled by the perception that there is no route to escalate, so I will go through what we do as regards my assurance team. Those complaints about our decision or the handling of the case come in directly to me and they often come in to Rebecca as well. They come in every week. The role of my assurance team is to look at them independently and review the case. It is quite rare, in my experience over the last eight months or so, for us not to agree with the decision and need to retake it.

We will quite often find aspects in the way the case was handled and my team will then make recommendations into the operation to say, "We need to see these following things change." That is on top of quality assurance, which happens before it gets to me. This is escalations of discontent about the handling or disagreeing with the outcome, which is a fact of life. Many users of our service are deeply grateful for it but other users of our service are not. There are often things that we can learn but sometimes it is an individual who has had a horrible set of events. It is really important that they can come through to my email address, which seems to be a fairly frequent route. I do not know if that answers your question.

Q22 **Luke Taylor:** It does in a way. While I am conscious of having the series, the nesting of complaints process, and obviously the ombudsman is intended to be a final arbiter, would an external review mechanism as opposed to internal one increase the trust in that process? Or is it your view that at some point there has to be an end point to the referral levels, and this is the appropriate point to have that?

Paula Sussex: There does need to be an end point. There is always legal recourse afterwards if a complainant wants to go to judicial review but, in terms of the ombudsman process, coming to me is the final review.

Over the last few months I have found it incredibly useful to talk to complainants about our service, sometimes with their MP, and sometimes with just the MPs to really take a detailed insight of what went wrong in the first place, if it was in health or government service, and how they found working with us. It is really important for me to put the time into that, which I do and I learn a great deal.

Rebecca Hilsenrath: If I can add to that just by way of further assurance. We take quality control and quality assurance very seriously. Before our caseworkers even get to that stage, they go through 10 months of very rigorous training before they are allowed to look at cases on their own. Our quality process has had significant assurance from our



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internal audit review. All caseworkers have their work quality controlled by their line manager. Our quality assurance has various levels including a senior level review of cases on a quarterly basis to feed back in. We work with our public engagement advisory group to ensure that the way we work is as user-focused as possible, and we take a lot of advice from them which impacts the way we do casework.

In terms of what Paula was saying, it is rare for us to uphold decision reviews. We will more likely look at service reviews but in the past year, for example, we actually upheld 8% of the appeals that came to us. It was more like 1% or less of actual cases. I would not like you to think that we do not uphold reviews of decisions. If we think we have something wrong then we do that, and we have done that, and that ought to provide quite a high level of reassurance for complainants.

I would be very happy to talk to you offline about the specific issue with your constituent. As Paula was saying, while there is another conversation to be had I am very happy to have it later about user engagement and feedback. We know that predominantly the feedback we get from people is outcome dependent, which we completely understand. When people come to us, it is the end of a long process. They are very invested in the outcome and, if we do not uphold their complaint, we know they will be disappointed.

Luke Taylor: I will follow up after the meeting.

Q23 Charlotte Cane: The average time for assessment of a complaint by the PHSO is 67 days, but this compares to 35 days for the Local Government and Social Care Ombudsman. You said earlier that all your colleagues are seeing a similar rise in levels of demand, so why do people have to wait almost twice as long for cases to be assessed by you than the Local Government and Social Care Ombudsman?

Rebecca Hilsenrath: I cannot comment on the Local Government and Social Care Ombudsmen because I am not intimately knowledgeable about its processes. My understanding is that its queue is dramatically longer than ours, and that is not by way of criticism. I understand that it has different processes and different constituent organisations it investigates, which obviously lends a very different aspect to the way it operates. We know we need to ensure less of a waiting time for the people who we work with, and it is absolutely the highest priority for us and underlies everything we have talked to you about and will talk to you about in terms of the work we are doing to improve our productivity.

Q24 Chair: Do you talk to it? You are both facing similar circumstances; the challenge of AI and more litigious citizenry.

Paula Sussex: I sit on its board. I also review how it is handling a similar demand position. Rebecca's lead on legal and operations works quite closely with its team and we compare notes with it. I am not familiar with those statistics, Charlotte. I do not want to compare



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portfolios. I can certainly say that our health work, which is 85% of our work, can be extraordinarily complex because we almost always need to go out for clinical advice on various specialties. That is a factor that LGSEO does not have potentially but we are very happy to take away that direct comparison. Do we compare approaches? Yes, both at board and operational level. Do we address things slightly differently and learn from each other? Yes, absolutely.

Q25 Charlotte Cane: You said that by the end of the next financial year, so this time next year, you are hoping to get these things to frictional level. What does that roughly equate to in terms of a person waiting?

Paula Sussex: If it goes to about 1,000 cases, it will be one or two months.

Rebecca Hilsenrath: Yes. The way the operation works is that we aim to have a month's worth of work in the queue because otherwise you end up in a situation where a caseworker literally has nothing to do because they reach the end of a particular stage with one case and there is nothing waiting. We aim to have one month's worth of work, which is probably a bit more than 1,000. What should happen is that if you are a complainant, once you have gone through our intake processes and made a complaint, you should not be waiting much more than a month to be allocated to a caseworker.

Q26 Charlotte Cane: You should get it down to about 30 days by this time next year?

Rebecca Hilsenrath: That is our intention. Our caveat is that all the work we have done, and all the forecasting we have done, is based on maintaining the same trajectory of demand that this year was north of a 25% increase. That rate of demand is accelerating, and if the curve goes up in a more vertical way then we will not be able to achieve that level of reduction by the end of next year, absent other interventions.

Q27 Charlotte Cane: Now we come to the public value model. You are clear that your shift in approach has to be seen in the current demand environment, which may get worse. One way is to prioritise cases with your public value model. Can you explain how that model will work in practice?

Rebecca Hilsenrath: It is actually currently working; it has been operationalised. It was developed between October 2023 and April 2025 when it was launched after being trialled on about 4,500 cases.

The model ascribes a score out of 10 to cases based on what we think the value of the case is in a public value sense. The scores are marked against four different aspects of the case. First, the impact on the complainant, what we call the severity of injustice. Secondly, what we call access to justice. For example, is there a link between a protected characteristic and the injustice that has happened to make it a particular issue for them? Thirdly, whether there is a wider public issue. For



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example, has that issue been raised in Parliament or in the media? Fourthly, is it a systemic issue?

The design of the model is that we move the threshold score below which we will not take the case through to an investigation. The threshold was set at score two when we launched it in April 2025, which meant we only investigated cases which scored three or above.

In November, we moved that to score three due to the level of demand we were experiencing. In February this year, given the acceleration of that level of demand, we considered whether we should move to score four. We decided not to because the cases at that score level were not cases we wanted to turn away. Instead we decided on a number of changes to the public value model that we are currently in the process of operationalising. We decided to moderate the access to justice criterion, so we do not give priority to somebody because they have a protected characteristic, it has to be linked to the complaint. We decided that we were going to apply the model to Government cases, which we had not done previously simply because we get fewer Government cases than NHS cases and wanted to encourage them.

We decided to review the severity of injustice scale to make sure it is easier to use and not unfair in any way. Moving forward, we are going to consider how we look at complaint standards and complaint handling at frontline level, and whether that might be a lens through which we could look at taking a case forward. Some of these things are much easier and quicker to change than others.

In every single case, regardless of whether we investigate, we will take the data from the complainant and use it as we move to our systemic model of identifying where we have strategic concerns about recurrent themes, which is a key purpose of the public value model. It is poor user experience to keep people waiting without that sort of intervention. Our expectation is that the queue will be about 5,500 cases next year in an unallocated queue, which means people will be waiting an unacceptable amount of time.

What we have found in the past is that, when we explain to people the public value model and why we are not taking their case forward, while we expect people to be disappointed they understand. When we developed the model, we consulted extensively with complainants, former complainants, and the organisations we investigate. People thought it was the right thing for us to do and we have had quite a lot of support in that.

Coming back to the decision we made not to move to score four, we do not think that those changes will get us to the place we want in terms of frictional levels in 12 months' time. We have initiated a conversation with the Treasury to see if it is prepared to increase the estimates for us this year and in subsequent years to allow us to increase the number of caseworkers we have, which would help us to reduce the queue along



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with those other measures. If that does not happen—we are waiting to hear from Treasury at the moment—we will have to reflect on the score four thinking because, for us to be able to continue to offer a service to complainants in the current market, it is absolutely essential that we reduce the queue.

Q28 Charlotte Cane: As these scores are clearly very important, can you give me an example of a score three, score four, and a score five case?

Rebecca Hilsenrath: An example of a score three case is somebody who has experienced a delay in surgery with moderate ongoing pain while waiting for an operation.

An example of a score four case is a son who made a complaint about his mother who was discharged while having a kidney tumour, subsequently developed cancer without being properly monitored, and sadly died.

An example of a score six case is a father who very sadly died after a catalogue of poor treatment. He was hospitalised after a fall, left on a trolley for 24 hours and his condition deteriorated. Due to administrative error he was discharged wrongly so lost his bed. He got flu while he was waiting, was put into isolation, exposed to Norovirus, and was asked to read paperwork throughout this experience despite the fact that he had a severe sight impairment. He was injured due to falls in hospital; later treatment was withdrawn and sadly he died.

Q29 Charlotte Cane: So a score four could involve errors that led to someone's death?

Rebecca Hilsenrath: A score four could lead to a death that certainly the complainant viewed as avoidable; whether it actually was would be determined on investigation.

Q30 Charlotte Cane: If you had to increase score four, so you would be looking at score fives, that sort of case would not get looked at?

Rebecca Hilsenrath: That is why we do not want to do that if at all possible, and it is why we have asked the Treasury for additional support.

Q31 Charlotte Cane: Could changing the criteria based on demand lead to a perception of unfairness? Is it right to say that, if I brought you a case now that was a score four you would look at it, but if I brought you the same case in six months' time and you did not have the extra resource, then you would not?

Rebecca Hilsenrath: That is absolutely right, and we have recently identified this as a concern. As a result, under the public value model we are going to change the wording that we use to notify complainants of a decision. We will say that we have measured their case at—for instance—a score three, but that they should be aware this is subject to change depending on the pressure on our services and difficult decisions that we might have to make.



Q32 Charlotte Cane: You have talked about how you communicate with complainants. When a caseworker decides not to take a complaint forward, how much detail do they give the complainants as to how they arrived at the scoring?

Rebecca Hilsenrath: Complainants are given information about how the case was decided, but we want to improve this going forward. It is very important to us that complainants are happy with the decision that is made, and our experience is that when that conversation is had properly, people understand the reasons. What we need to do better is to manage their expectations.

That is why, from next month, we will be changing our website to give a clearer explanation of how the public value model operates. We did not do this when we first launched it a year ago because we were concerned about getting the balance of information right. For instance, we know that AI is deployed by complainants and we wanted to make sure that we got a fair result. We came to the conclusion that we want to own this. We recognise that AI is out there, and we will have prompts on our website for complainants that will say, "If you're going to be using AI, these are the kind of questions you might want to ask it. This is how we want it to be operationalised." Initially we did not do that because we wanted to wait until we changed the score in November, and then in February, as I said, we had another conversation where we went back and made different changes; but we now think we need to make that information available. It is in line with our transparency value, and we will be doing that in April.

Q33 Charlotte Cane: Going back to an earlier question, are you worried about the risk that people may self-score? For instance, they might say, "Oh, it's only a two, I won't send it in." If that happens, you lose your data collection.

Rebecca Hilsenrath: That is a worry, but as Paula said earlier, at the moment it has not manifested itself in terms of complaints coming to us. The rate of demand is only going one way, but we need to get that communication right so that people understand that we will use their data whether or not we investigate their case.

We do not have the capability yet, but we hope to develop a mechanism whereby we will be able to come back to complainants subsequently and say, "You complained to us two years ago. We didn't investigate your complaint because it fell under our threshold, but we did take your data; there is a systemic issue that we later identified, so we carried out this investigation and this was the impact and the result." That would be a great thing to be able to do, but we are not there yet.

Q34 Charlotte Cane: So they would get feedback that they had influenced a positive change to the system?

Rebecca Hilsenrath: Yes.



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Q35 Charlotte Cane: When you talked about the scoring, I noticed that you started with two things that are very much about the complainant—the impact it has on them, and whether it is influenced by any protected characteristics—and yet you call it a public value model. Do you think that is a good name, or do you think it might imply that a case is not publicly important enough to follow?

Rebecca Hilsenrath: We have always called it the public value model. It is about the impact on the way systems are developed: as Paula was saying earlier, there has to be a balance between individual cases and systemic impact. Our job over the strategic period is to make sure we have that balance. By way of an example, one of the access to justice criteria on which we score complaints is whether a disabled person has difficulty accessing our systems. Under the public value model, we will give that complaint a priority so that we can give them the support they need; but the public good is also involved because of course we want public services to be available to people who are disabled and need additional support. So all these things are slightly nuanced, both in terms of the individual case and the greater systemic impact.

Q36 Sam Carling: You have been very clear that demand for your service is continuing to rise; there are various reasons for that, and research is ongoing. Is there any sense that this could be due to a rise in the underlying problem of maladministration, or is that not the case?

Paula Sussex: We suspect that the way in which public service is being delivered accounts for that rise. Rigorous research on the contributing factors is under way now, and we are keen to come back to this Committee once we have the results. Our hypothesis centres on the quality of public service, levels of trust in it, and the fact that artificial intelligence has accelerated the mechanism for raising concern. But I would rather the answers came from the research. Importantly, there may be some outlying factors that will potentially be a feature in our demand going forward.

Q37 Sam Carling: I look forward to seeing that. If it is indeed the case that public services have seen more maladministration and more underlying problems despite all the recommendations you are giving them to improve, why is that happening? You can decline to answer if you think it is best to wait until after the research concludes.

Paula Sussex: I would rather wait until the research comes back, but I would say that 80-85% of our work is in the health sector, so delays and waiting times are always a big factor. That goes back to rising demand and the way in which resources are deployed. We will look for impacts on the individual and across systems, which we are doing now and will do assiduously throughout our strategy, but there may be factors that are outwith our influence.

Q38 Sam Carling: We have just been talking about the public value model. How are you measuring the impact of that model on your service delivery



and outcomes?

Paula Sussex: Rebecca has taken us through the issue of demand. In terms of impact, for me it is about the outcomes, both for the individual and for organisations. Some recommendations can be small but meaningful for the local community. We are increasingly looking at things that are structural and systemic, particularly in the health service, such as changes in policy, changes in structure, or changes in practice that we have influenced or driven. I would always stress that we achieve this through our voice: we are extremely keen to do more work with Parliament, and in partnership with key bodies that have a different set of powers and different jurisdictions.

Q39 **Sam Carling:** I would like to move on to a couple of questions that have come up about AI. First, the use of the algorithmic transparency recording standard has recently been made mandatory across Government Departments and its arm's length bodies. Although the PHSO is an independent body accountable to Parliament, I do not suppose it comes under your mandate, but are you able to confirm whether you currently subscribe to the standard or whether you plan to in the future?

Paula Sussex: Yes, our ethics and transparency policy states that we subscribe to it and we will continue to do so.

Q40 **Sam Carling:** Secondly, I refer to a point that Rebecca mentioned earlier about people who are dissatisfied with a complaint outcome and send you 20 pages of details. We get that too, so I can sympathise. How are you dealing with and getting around the impact of that? Are you going through it all, or are you saying, "Look, this clearly has a lot of AI hallucinations, therefore we're not going to spend much time on it." How are you sorting through it?

Paula Sussex: Being the resident tech geek—relatively speaking—I am happy to answer. As Rebecca said, there is easily findable information on our website which says, "If you are using AI, please use it in the following way," and then describes the prompts. That will probably take us so far, but then we are into the territory of training the models that people are using to use the right data sets and refer to the right legislation. As I am sure you know, that can be done painfully by repeatedly telling ChatGPT, "No, do not go to that statute," but there are other ways in which we can directly access which sets of data we want these models to refer to. Rebecca has a very strong executive team, including in the technology area, so we are watching this very carefully. But the important thing is, as Rebecca said at the start, that we know AI is a force for the good as well as a force for the bad; like a number of other organisations, we are watching it positively, but carefully.

Q41 **Sam Carling:** In the meantime, how do you deal with cases where you get a huge dossier of information around why you need to revisit your decision or whatever it may be? Are you are going through that in great



detail?

Paula Sussex: We still need to go through it. Obviously, we will start to spot patterns: for instance, we will pick up quickly if the jurisdiction is wrong and it is something that the LGSCO should be looking at. But at the moment, we are having to receive it as we would any complaint that was generated in the analogue way.

Rebecca Hilsenrath: We are taking on some additional resource in our legal team to deal with this, but we recognise it as being one of the pressures on our resource that impacts everything else, so we are trying to manage it more effectively.

Q42 **Chair:** You will be aware that as a Committee, we held a call for evidence and opened a survey for complainants to inform our scrutiny of your work. I caveat that, of course, the survey sample is both small and critically self-selecting. It has to be said that the view of the PHSO that comes across in our evidence is not exactly glowingly positive. What confidence do you have that the new strategy will address this negative perception?

Paula Sussex: We are always sorry to hear that a complainant is distressed and unhappy. As I said before, I have been spending time with these complainants to understand the drivers, and it is the nature of the beast that we find a high correlation between dissatisfaction and a complaint that has not been fully upheld. Even if we have partly upheld it, the complainant may say, "This didn't go far enough for me and I'm still aggrieved." But we take learnings from that. A lot of it relates to delay, so we have talked about how we need to address that. Some is also due to communication with the complainant, and there are a number of ways in which we want to improve that. Some relates to the user experience, and as we say, improving the user experience is part of our strategy.

Certainly the PHSO account is going to make it easier for those who can use a digital online account to have a closer relationship with the caseworker, to find out where their case is, and why certain stages might take longer. That will also provide more prompts for the caseworker to follow through and follow up. There are a number of issues about service delivery that we can improve, both through technology and through the training and operational improvements that are coming through the ombudsman assurance team.

Q43 **Chair:** How do you help those who are not digitally linked or comfortable online, or who do not have the bandwidth or time to be engaging in that way?

Paula Sussex: It is important that all existing channels—critically, the phonelines—stay open. I have sat in on a number of calls, and it is a very strong service. Caseworkers speak to the complainant by phone, if the complainant is not comfortable using an account they can continue to use



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email and so on as they do at the moment. We will keep all those channels open.

- Q44 **Chair:** Are all those calls handled by a person? If someone is just calling up to ask where they are in the process, can our great friend the bot—or whatever it is called—be used? The bots are so good now, one does not even know when one is talking to them.

Paula Sussex: If a complainant is happy to use the PHSO account, then potentially down the line they can receive updates through a chatbot, and can ask the chatbot, “Where is my complaint?” If they are not happy to use the account, they can ring up and speak to a person.

- Q45 **Chair:** Are they able to ring up and think they are talking to a person?

Paula Sussex: They will know they are talking to a person because we only have people on the phone lines.

- Q46 **Chair:** Right. What potential is there, without any diminution of service, to deploy technology to answer basic questions from those who do not want to use the online platforms? That would free up more time for actual people to carry out higher level work.

Paula Sussex: As we see what the uptake of the PHSO account is, there will be some technologies we can deploy through what we call intake. It is all possible, and those are in train.

Rebecca Hilsenrath: Can I just add to that? First, our intake workers do a fantastic job: if you ring up intake, you will get through in about three and a half minutes, and you will talk to somebody who has been trained in dealing with people who are distressed and need a whole range of support, empathy, understanding, and signposting. I am not saying a bot could not do that, but our human interface is really excellent and adds a huge amount of value that you will not see in the casework stats because it happens before that. These are people who have over 100,000 points of contact every year.

Secondly, I would come back briefly to the point about your survey. We approach this from a learning perspective, and I am really interested in the information you have given. I would like to contextualise it though: we get over 6,000 people completing our surveys every year, so we have a slightly richer data set. As Paula says, for understandable reasons it is very outcome dependent. On average, people tend to be 40%-50% content with our service, but that includes people whose complaints we have upheld, 86% of whom say that we do a good job. Of those whose complaint we did not uphold, 17% disagree.

We get a higher approval rating among the organisations we investigate, largely because we deal with the same complaints handling teams, and they are not invested in the outcome in the same way. But we get some really helpful qualitative feedback from them in terms of what they find we do well, and what they would like us to do differently. For example,



one concern is about how we deal with differing views about the maladministration, and whether we can do that in a different way.

However, the truth of the matter is that the results of these surveys have been the same for years, regardless of various different improvements that we have made, so we do not actually think we are asking the right questions. As of last month therefore we have completely redeveloped the survey to focus on our strategies and ask questions around the three aims that we are trying to achieve. For instance, people will be asked, "What was it like for you to go through the scoping exercise with your caseworker?" Or, "What was it like for you to look at the preliminary provisional views?" It will be almost like a pulse survey in relation to a particular part of the process, which of course is completely disengaged from the outcome, and it will therefore be more balanced and objective. We will be using that survey at the close of each case, whether it has been through early consideration or primary or detailed investigation, using the portals that Paula has been talking about. Around 600 people have already used the survey and we will be reporting on it from next quarter.

Q47 Peter Lamb: Just on that last point—while accepting that there is likely to be a sampling issue as people will be more inclined to respond if they are upset—in the survey the overwhelming majority of respondents waited very long periods of time for their cases to be concluded. I am wondering if the perception difference might have an impact on this. From a local authority background, we quite often have a case that comes in and gets shut down; then a separate case for that same person comes up with the same issues. From their perspective it is a single case, but from the organisation's perspective there are multiple cases. Is there anything in the way in which you process cases that could explain that disconnect?

Rebecca Hilsenrath: It is difficult to tell, to be honest, without knowing which cases these were; as you say, it is only a small number. However, we could be more aware that sometimes there is a disconnection between the different stages of a complaint. I will give you an example that I came across recently. As Paula says, we get complaints directly to our inboxes, so we have quite a good understanding of how things can go wrong. This individual had made a complaint—I cannot remember which body it was about—but it transpired that this body still wanted to continue some first instance decision-making. So after reaching the end of the queue, the case was closed pending further complaint handling by the organisation concerned. Once that stage was completed and the individual came back to us, they were put at the back of the queue. There is a reason for doing that, but it is not very helpful and we need to be smart about how we deal with it. We need to ensure that we are always looking at our service from a user perspective; that is one of our key aims, and it will guide us in our new strategy.



Paula Sussex: We could do more to convey how the process runs, what takes time, and what is going on behind the scenes. I went down to an MP's office to see how his constituency operates in taking complaints and referring them to us. He is a very established MP and has been running his constituency office for a long time; he made the interesting observation that when his constituents say, "Why is this taking so long?" He replies, "It's because you want this process to be meticulous, and meticulous takes time." Sometimes it absolutely does, but we could be clearer about the depth of work we have to do to make sure that our analysis is right, particularly in health where we are working with a trust to make those changes. We should be looking at the time taken from the user's perspective as well, standing in their shoes and keeping them up to speed and up to date.

I am sorry to harp on about the portal, but it is important that we get this account absolutely right. There is a particular complainant who I have been talking to over the last few months. She had an acute experience with both the trust and with us; happily, she has a systems and technology background, so she has given us input and has been going through what she was dealing with as we design every factor of the portal, so that is going to be particularly helpful. We need to get this as right as we can.

Rebecca Hilsenrath: Peter, you said you came from a local authority background; one thing that the Local Government and Social Care Ombudsman does well is group cases. It is able to do better than us because it has a different constituency in terms of the organisations it investigates. If there is a particular local authority and the LGSCO sees lots of complaints about the same service in that local authority, it is able to look at them all together. That is something we want to do more because we think it will help us to manage waiting times. But if you have a local authority background, you have probably seen that going on.

Q48 **Peter Lamb:** I am really just inquiring as to whether there might be a methodological explanation for the difference in terms of timings, but I fully accept the point around meticulousness. Turning to my actual question, during the course of our inquiry, issues with interpretation and communication of the 12-month time limit for accepting the complaint have been highlighted as a particular problem. Are you looking at ways in which you can ensure the guidance could be applied to be more consistent?

Rebecca Hilsenrath: If I could just start: the 12-month time limit is statutory, so there is nothing we can do about it, short of primary legislation. We cannot take cases that are more than 12 months old, subject to using our discretion, which has to be done in a reasonable way. To be honest, where there is a really good reason for being late, and where we have seen that the complainant has been making consistent efforts to go through the earlier stages, then we will be sensible and proportionate in terms of waiving that limit. I have



personally worked on cases where that has happened. But on the other hand we have to recognise what happens if we do not do that because we are then investigating historical events where the evidence is harder to access, people have moved on, and their memories have gone. Often events have been overtaken and the issue has been resolved. In the meantime, we are not investigating more pressing, more recent issues because our resources are being sucked up into looking at something that is several years old. So there is a very good reason for that time limit, and in terms of using discretion, our caseworkers look at it from a perspective of what is sensible.

Paula Sussex: There is so much, if I can build on that—

Chair: I am conscious of time, so can I implore focus?

- Q49 **Peter Lamb:** Exploring that further, in terms of the guidance itself, do you set out the reasons why the 12-month time limit makes sense—as you have just done here—and make the circumstances in which discretion may be exercised very clear?

Rebecca Hilsenrath: Yes.

Peter Lamb: You do; great.

Chair: That was nice and short.

- Q50 **Peter Lamb:** In terms of that time limit, you said that where someone is making consistent efforts to make a difference, very often you will encourage people to try to make sure they use the full process available before coming to the PHSO in order to reduce the burden on you. However, if 12 months really is the timeline, maybe we need to be advertising that option earlier. Very often, the people we are dealing with tend to be higher agency people who know how to access us; people with lower agency need to have a greater awareness of what their rights are and how to access the service. What efforts have been made to ensure that is the case?

Paula Sussex: If I can quickly come in on that; we work closely with 650 MPs and communications are really important. You are incredibly important in helping us process complaints, and we are delighted therefore that the January survey said we are raising awareness with you. We must make sure we communicate clearly to you so that you can clearly communicate to your constituents; that is absolutely part of it.

- Q51 **Peter Lamb:** It is maybe a public awareness campaign as well.

Paula Sussex: Yes, we will use all those channels.

- Q52 **Richard Quigley:** When we came up for our visit last year, which I found very interesting, you mentioned the MP filter and the potential issues with it. A respondent to our inquiry described it, in their exact words, as, “A gatekeeping mechanism that denies access to administrative justice.” Would you agree with that?



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Paula Sussex: I probably would not describe it in exactly those same words. The evidence indicates that it does deter complainants from making complaints about government services. On balance, yes, we would still want it removed, but as I just described to your colleague, we think that working more closely with constituency MPs and select committees, and raising awareness, will help increase that complaint flow about government services.

Q53 **Richard Quigley:** Probably most of us would agree with removing the necessity to go through an MP, but do you envisage any unintended consequences of doing that? Do you think your workload would increase beyond what you currently see?

Paula Sussex: Yes, it could increase but that is where the public value model, which is about being able to calibrate and manage that, comes into its own. We anticipate that we would be able to manage that increase were the legislation to be changed.

Q54 **Lauren Edwards:** The Government have now retaken their decision in relation to the PHSO's investigation into communications around changes to the women's state pension age, and will not be providing compensation. There is obviously a range of views about that decision, even on this Committee. I personally find it deeply disappointing and regrettable. The DWP acknowledges that maladministration happened, but Paula, you in particular have expressed what I would describe—in my words, not yours—a level of frustration with the DWP around communicating action plans from the lessons learned. There has also been some mischaracterisation of the findings about the potential effect of the letters that should have been sent earlier. How does the way the DWP has been engaging with the PHSO on this issue compare with other organisations that you investigate, particularly when you may make a recommendation that is not followed up?

Paula Sussex: There is quite a wide spectrum of engagement and responses. Operational relationships with the DWP are very good. Rebecca referred to the sessions that she and I have been running for senior operational colleagues, which are very citizen-centric: they have demonstrated much willingness and alertness to the issues we raise. In the case of the pension issue, it is now 24 months since the inception of the action plan and it is disappointing that we are not further forward. We are working as constructively as we can with the Department, but we will need sustained senior engagement. That is a necessary ingredient in getting the action plan through.

Q55 **Lauren Edwards:** Do you have a timetable for when the action plan will be produced?

Paula Sussex: We would like to start work on it as soon as possible.

Q56 **Lauren Edwards:** You have not started work on it yet?

Paula Sussex: Not yet, no.



Q57 Lauren Edwards: Are you confident that the DWP can change its culture to one of continuous improvement, openness and learning from feedback, as you were speaking about earlier in the session, when engaging with trusts, for example?

Paula Sussex: We already see a lot of that. It was extremely useful to have had these sessions to review structures and mechanisms, opportunities and challenges. In certain parts of the organisation we see a huge focus on this, and it absolutely gives us reason for confidence.

Q58 Lauren Edwards: There is no enforceable mechanism for Parliament to ensure that your recommendations are adhered to, and there are obviously limits to public scrutiny. Are you concerned about the impact that the Government's decision on the WASPI women will have on public confidence in the PHSO? Will you be advocating for any changes in powers and responsibilities in light of that?

Paula Sussex: We would rather not advocate for powers because, as I said right at the top of the session, our aim is to work constructively with public services. The decision is disappointing but I do not think it is widely symptomatic. It is quite an exceptional case, but we are very grateful for all the parliamentary committees that will work with us when we want to highlight action. We are very grateful to this Committee and the Work and Pension Committee for their engagement on this topic, and we think we can do more in that regard.

Rebecca Hilsenrath: Can I just add to that? Our compliance rate across all our cases is over 99%, and these conversations with Government and the DWP are outliers. Our impact is not just made through casework, although that is obviously very important; we also have impact through our insight reports. For example, our report a couple of years ago on discharge from mental health inpatient care had a real impact on recommendations picked up in the Mental Health Act. I will keep my comments short, but there are many other examples.

As Paula just mentioned, going forward we would like to build on our work through parliamentary committees and in particular with PACAC. We are not worried about what that means in terms of our reputational impact because a key aim of our new strategy is about building that voice and using our systemic findings to have greater impact nationally in terms of public services. We are very confident about that.

Q59 Lauren Edwards: Paula, you said in our pre-appointment hearing that you wanted to look at governance. Have you had the opportunity to make an assessment of the governance arrangements at the PHSO so far?

Paula Sussex: Yes, fairly extensively. Turning first to the board and its committees, we do an effectiveness review every few years, which has quite a strong score. It is a strong board with two subcommittees that really focus on the assurance side. But we have just put in place a slightly different model for the board that leans more towards strategy and influence, including bringing in some board members who can really



support us with that, both in health and in Government. Secondly, we are also looking at our end-to-end assurance; increasingly, in working with what we call the public engagement and advisory group, which is a great group of complainants and non-complainants. We are seeing how its voice can be brought forward into our board meetings. So some progress has been made and we are happy with it, but we can go further.

Q60 Lauren Edwards: You also decided to abolish the quality committee and the inclusion and wellbeing committee, and to set up a strategic delivery committee. Is that largely focusing on casework assurance and the experiences of service users, or does it also combine with corporate strategy?

Paula Sussex: The work of those committees has been absorbed either within the board or the strategic delivery committee. If you take the assessment of wellbeing and EDI, that comes up directly into the board. The strategic delivery committee takes the other aspects into account, which includes all our planning. Audit and risk continues to do risk assurance. In that risk register, we look at the inherent risk on our caseload as well. So I would describe it as having been reconfigured.

Rebecca Hilsenrath: I would just add that those changes were made before Paula's appointment. The reason why the quality committee was set up in the first place was to oversee a quality programme that was brought in many years ago to support a necessary improvement in quality output from casework. That programme came to an end a couple of years ago, and that was the reason why the quality committee was closed down. Paula has spoken about the other pieces there.

Q61 Lauren Edwards: Is the board developing a new equality, diversity, and inclusion strategy as part of its work?

Paula Sussex: EDI comes through our people reporting and board members and, as chair of the board, I will scrutinise the executive on where we are on that. It is a regular item coming through the board meetings.

Q62 Lauren Edwards: So you are not in the process of doing a new strategy; it is about scrutinising an existing strategy in that space?

Paula Sussex: Correct.

Q63 Lauren Edwards: Do you know when that is due for a refresh?

Paula Sussex: That is a very good question; I do not, but I am happy to come back on that point.

Chair: Thank you, colleagues. Do you have any further questions for our two witnesses this morning? No? In that case, thank you both very much indeed for your attendance and for taking our questions.