

## Written evidence from Elisa Holton (PHS 30)

### Public Administration and Constitutional Affairs Committee Parliamentary and Health Service Ombudsman Scrutiny 2019-20 inquiry

1. Speaking as an ADHD complainant also under the care of the Recovery & Well-being Team within the Community I am providing a Written Submission. This is regarding the operations of the PHSO for the Annual Scrutiny from a personal capacity to scrutinise the work carried out by the Ombudsman's office. My position last year led to use this organisation once again; however my experience and 2019 communication regarding my outstanding 2014 case has deterred taking a separate outstanding organisation complaint any further.

In October 2019 a Mental Healthcare Professional requested PHSO on my behalf to either finally proceed or close my case providing a 'Sign Off letter' as a matter of urgency indicating clarity would go a long way in improving my mental state. PHSO have not proceeded investigating the Entirety of my case as agreed in 2014 nor provided me with a Sign Off letter ensuring closure. I am stripped of Justice from the organisation complained of, PHSO and the opportunity to proceed to Judicial Review. I am trapped with the Truth. I am one of many people who have suffered such detriment from the PHSO.

Mental Health difficulties Exacerbated by the uncertainty created by my open and unresolved case with PHSO have been identified to PHSO from the Community Mental Health Team to no avail.

2. A functioning and value for money service would firstly need to ensure they rectify the further and unnecessary workload currently burdened on the community mental health teams across the country. The Service would need to ensure that they do not create members of the public (many of whom I have spoke) the need to begin or increase anti-depressive or anti- psychotic medication due to current & active breaches of Human Rights.

Valuable psychologist and psychiatrist time consumed treating those further affected vulnerable PHSO complainants who have not been listened to can be freed up at a saving to the country and those most vulnerable. No healthcare worker should spend weeks discussing contradictory, confusing PHSO written responses and use their valuable time drafting letters to urge much needed fairness & Transparency from the PHSO.

3. The poor handling of my case derives from and has been identified by various PHSO staff in writing whereby standards continue to have fallen short to PHSO expectations confirming a continued a poor quality of service. The ongoing M.P & Community Mental Health Team involvement due to the harm and overall impact identifies a service that is not fit for purpose. A person who is no longer

able to use the telephone since an unexplainable U-Turn and continuing contradictory harmful words & facts from PHSO is an arguable case of PTSD.

It is paramount for any service organisation leadership not to block members of the public on Twitter for absolutely no reason other than having an open and unresolved case and asking a question. One that claims to 'listen to the public' is damaging each and every vulnerable person who has been affected by being blocked.

4. Clinical advice is said to be a crucial part for many complaints within the 2018 - 2019 strategy. In October 2019 PHSO ignored written information and advice from a Community & Mental Health Team identifying this practise is not in place as they currently claim.
5. I would like to highlight evidence of a PHSO claim of strength made at Public Scrutiny in 2019 which would reinforce a good quality of service provided by PHSO, overall impact and value for money. Upon M.P questioning Rob Behrens was asked if he had ever named and shamed public bodies should they refuse to comply?

In Rob Behrens own words: *“Absolutely, I mean this is fundamental to our credibility, if you don't deliver when the body of jurisdiction does not accept your recommendation then you have to take action to make it publicly known these bodies are not implementing recommendations. I'm absolutely committed to that”*

Unfortunately, facts dispute these words spoken on behalf of PHSO at 2019 Scrutiny.

## 6 A PHSO Case

In 2014 PHSO instructed HMCTS to respond to the Entirety of my case within 25 days and the body of jurisdiction did not accept the recommendation and comply.

Since that time I have dealt with an overwhelming amount of unnecessary stress, irregularities and a dispute in the original decision made in 2014 from PHSO.

In 2018 PHSO finally provided written confirmation the PHSO irregularities following the original and original decision was for HMCTS to respond to the Entirety of my HMCTS 2014 complaint within 25 days. I had fought for this unnecessary factual PHSO error which had caused an overwhelming amount of stress and deterioration to myself to be rectified for 3 years.

Communication between PHSO and HMCTS was confirmed in 2015 following the failure to respond despite PHSO false claims otherwise.

In 2019 PHSO have confirmed there is no intention of taking any future action in compliance with their original decision. A clear dispute of PHSO words spoken at 2019 Scrutiny.

How can this identify an improving quality of service and assurance they are independent, impartial and fair?

7. PHSO claims to act fairly following their poor previous service and to put things right is disputed by evidential facts many of which are missing in their 2019 response to myself.
8. In my case there has been no streamlining of the operating model so that I as a complainant have one single point of contact. My November 2019 caseworker response told me firmly that he will not respond to me any further without any investigation and without any sign off or closure. This identifies a clear failure to any improvement of the process.
9. A strength PHSO claimed at public Scrutiny in 2019 was to provide *special provisions for complainants with mental health issues*. My case has displayed the clear current PHSO failure and transparency and an urgent need for major improvement to this untrue and failing comment.
10. The impact of PHSO casework has lasting effects on those complainants who continue to be mistreated by the organisation who have no intention to actively listen and engage as they claim.
11. PHSO objective is to improve public services, especially frontline complaint handling. My experience and witnessing claims made by HMCTS at the Annual Meeting indicate there is a huge area of concern and need for PHSO to look into this public service complaint handling in practise. There is lack of evidence & genuine statistics of previous HMCTS complaint cases or that any improvements have been made. How is it possible for helping to improve a public service such as HMCTS when PHSO have taken no action when this public service failed to follow recommendations and in addition were not publicly named and shamed thereafter?

There has been absolutely no further engagement with the organisation they were supposed to investigate in my case resulting in further breach of my Human Rights.

12. PHSO are said to have learnt since the failing of handling Nic Harts case dating from 2014 -2017 however continue to treat me and the community mental health team without respect by ignoring us and without fairness and transparency and have most certainly not put things right.

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