

Written evidence The Office of the Health Ombudsman, Republic of South Africa¹

(PHO41)

Public Administration and Constitutional Affairs Committee Parliamentary and Health Service Ombudsman Scrutiny 2020-21 inquiry

A Note to the PHSO

1. This brief note is to outline the activities undertaken by the Office of the Health Ombud in conjunction with the PHSO under the leadership of Mr. Rob Behrens, CBE. The evidence presented falls under the category of **‘Impact on other Organisations’**
2. The Office of the Health Ombud in the Republic of South Africa was established in June 2016 as a programme of the Office of Health Standards and Compliance. This was clearly contrary to best international practice with regards offices of the Ombudsman.
3. The Office of the Health Ombud has been working in partnership with the PHSO over the past 3 years in several areas. We are enormously grateful for the leadership, mentoring and guidance we have enjoyed under the leadership of Rob Behrens.
4. We have as an office undertaken the following:
 - i. Benchmarking visit.

The UK’s government Better Health Programme organized a visit by the Health Ombud’s office to the UK’s PHSO. The objective of the visit was to share best practices and exchange ideas on how Ombud’s’ offices are organized, staffed, governed and funded. Six staff members of the OHO’s divisions of Complaints Management and Assessment, the Investigative and the Administrative were represented on this visit.

We learnt that the PHSO has 450 staff members, operated in two centers, London, and Manchester; it is an independent structure reporting to parliament and not to a minister of cabinet and accounts for its activities through parliament and is funded directly through parliament. The Health Ombud of South Africa is appointed by and reports to the Minister of Health and its budget comes through the OHSC as a programme.

These lessons were brought back to inform the review of our own legislative framework, a draft of which is to be submitted to parliament. The lesson learnt is to adopt the UK’s model of governance and structure as we evolve our own structure.

¹ Submitted by: Professor Malegapuru W. Makgoba MB., ChB., (Natal); DPhil., (Oxon); FRCP (Lond); FRS (SA); FCP (SA) (*ad eundem*); Foreign Associate Member of the USA Academy of Medicine; OMS. Health Ombudsman, Republic of South Africa.

ii. Twinning agreement.

Out of this benchmarking visit emerged the concept of a twinning agreement under the guidance of Mr. Rob Behrens. The terms of reference and projects were discussed and agreed upon. The agreement was jointly signed and launched publicly by the respective health ombudsman. The aim of the agreement is to foster cooperation and the exchange of knowledge, experience, and skills in investigating and managing healthcare sector complaints. The agreement also involves staff exchanges and sharing of methodologies on how to define the mandates and conduct investigations. The process of this twinning agreement was facilitated by BHPSA. This has proved very helpful to both organisations.

iii. Implementing the twinning agreement

One of the important ideas that has emerged out of the twinning is the concept of peer review of the Ombud's office. This has in principle been accepted and agreed upon.

Mr. Rob Behrens and his team encouraged and nominated our office to join and be registered with the International Ombudsman Institute (IOI), to which we now proudly belong.

It is only fair to conclude that the PHSO, under the leadership of Mr. Rob Behrens has had an enormous positive influence and impact in shaping the evolution and progress of the Office of the Health Ombud in the Republic of South Africa. Our cooperation has been not only been mutually beneficial but also equally inspiring.

For this, we are very grateful and indebted to him and his team and look forward to more as we grow.

November 2021