



## Assessment Form

Assessor Name:  
Assessor's signature:  
Assessor location (Panel cases only):

Reference:  
History Item Number  
Date:

Decision maker's name (print):  
Decision maker's signature:  
Decision taken at panel: ☐ yes ☐ no

Date:

### BASIC DETAILS

Complainant Name

Aggrieved (if different)

Date of complaint to PHSO:

Visualfiles Theme, if applicable

40 day target:

Professional representative

Visualfiles Risk Rating

Other representative

MP

Interested parties

Bodies to be assessed

Local Offices

Parliamentary Contractors

NHS Commissioning Bodies

Original bodies

Related bodies

Named persons

Relevant details about bodies (where applicable) including:

- background information; and
- information about bodies' responsibilities (including contractual arrangements) to explain the decision on which bodies are to be assessed.

<p>Is there any precedent information that is relevant to the decision maker?</p> <p>Complainant:</p> <p>Precedent for the Bodies:</p> <p>Named persons:</p>
<p>Keywords:</p>
<p>THE STORY OF THE COMPLAINT</p>
<p>Summary of the complaint to PHSO (including claimed maladministration/ service failure and injustice).</p>
<p>What outcome does the complainant want?</p>
<p>Key facts</p>
<p>Explain how human rights principles (Fairness, Respect, Equality, Dignity, Autonomy) and diversity issues have been considered.</p>

<p>BODY TO BE ASSESSED:</p>
<p>Is the complaint in or out of remit?</p>
<p>Is the complaint properly made?</p>
<p>Is it premature?</p>
<p>Specific discretion</p>
<p>Suitable Complainant?</p> <p>Is the aggrieved the complainant?</p>
<p>Out of time?</p>

<b>Explanation:</b>			
<b>Is or was there an alternative legal remedy?</b>			
<b>If No, explain why.</b>			
<b>General discretion</b>			
<b>Other dispute resolution forum appropriate?</b>			
<b>Other reason to decline?</b>			
<b>Is it linked to a lead investigation?</b>			
<b>Indications of maladministration?</b>			
<b>Evidence of injustice?</b>			
<b>What more can we reasonably achieve?</b>			
<b>PROPOSED DECISION:</b>			
<b>Decline</b>			
<b>Body closure code:</b>			
<b>Enquiry action code:</b>			
<b>Summary reasons (if needed to support proposal to decline):</b>			
<b>Evidence you have relied on to make your proposal:</b>			
<b>DECISION - to be completed by the decision maker (repeats for each body).</b>			
<b>Investigate?</b>	<input type="checkbox"/>	<b>Not investigate?</b>	<input type="checkbox"/>
<b>Other outcome?</b>	<input type="checkbox"/>	<b>Gather further information?</b>	<input type="checkbox"/>
<b>Reasons for decision (mandatory for Panel cases)</b>			



**CLASSIFICATION**

<b>Case Assessment Checklist</b>	
<b>CASE DETAILS</b>	
<b>Reference</b>	
<b>Complainant</b>	
<b>DECISION</b>	
<b>ACCEPT</b> Closure / Action code:	Approved by: Date:
<b>STATEMENT OF COMPLAINT</b>	
<i>If there is a second tier body explain who/what we are assessing</i>	
<b>Suitable complainant?</b> <i>If not the aggrieved, explain why suitable</i>	
<b>Out of Time?</b> <i>Delete as appropriate</i>  <i>N.B. Only address if suitable complainant</i>	Date of complaint to us: Date of event / date of knowledge:  <b>NO</b> <i>(no further explanation needed)</i>  <b>YES - POSITIVE DISCRETION / NEGATIVE DISCRETION:</b> <i>Consider - complainant's explanation for delay, time taken to complete LR, scale of the injustice, any wider public interest, any other factors.</i>
<b>ALR?</b> <i>Delete as appropriate</i>  <i>N.B. Only address if not out of time (and not negative discretion)</i>	<b>NO - NO LEGAL CAUSE OF ACTION AVAILABLE</b>  <b>YES - REASONABLE TO PURSUE / NOT REASONABLE TO PURSUE</b> 1. The following legal action is available:  2. Why it is/is not reasonable for complainant to pursue it:
<b>Proportionate to investigate?</b> <i>Consider - could we reasonably achieve anything more and outcome sought? Is there another way of resolving the complaint quickly (within 20 working days)? Is there a wider public interest reason we should investigate?</i>	
<b>Other reason to decline, or any other notes for consideration?</b> <i>(Other dispute resolution forum, not all bodies completed LR on linked issues, merits of a discretionary decision etc.)</i>	
<b>Send to a specific team?</b> Fast Track/Joint Working/Quick resolution/CHC	

**CLASSIFICATION**

## CLASSIFICATION

CLASSIFICATION

## Parliamentary Directorate Investigation Plan

*The primary purposes of the Planning Meeting are to:*

- *Decide whether to confirm the investigation*
- *Agree a clear summary of the complaint*
- *Agree next steps in the investigation*
- *Agree a draft work plan*

Complainant		
Aggrieved		
Body: Provider name (VF name)		
Reference number		
Investigator		
Date received at PHSO		
Date accepted for investigation		
Date allocated to investigator		
Risk rating:		
Date reviewed:		
Keywords:		
Date reviewed:		

1. Complaint as agreed in principle, and any proposed amendments to it  
*(If necessary, attach a copy of the Assessor's letter(s) to the Body(s))*
2. Assessor's note of the discussion at Assessment Panel
3. Other complaints which raise similar issues
4. Summary of Body's response to the proposal to investigate  
*(If necessary, attach a copy)*
5. Update on issues identified in the Assessment Form  
*(e.g. any errors or omissions in the facts, or in the analysis of maladministration, injustice or likely remedy, or any further comments).*
6. Any particular issues to be aware of  
*(Include any issues relating to the complainant's circumstances and/or the complaint, and how these have been considered. If none please explain why.)*
  - (a) Diversity (complaint):
  - (b) Diversity (complainant / aggrieved):
  - (c) Human Rights:
    - Fairness:
    - Respect:
    - Equality:
    - Dignity:
    - Autonomy:
7. Investigation and reporting

*Give details of what further evidence we need and what is the most effective way of obtaining it.*

POSSIBLE STEPS	REQUIRED?
Enquiry to Body	YES / NO
Visit to Body	YES / NO
Contact with Third Party	YES / NO
Personal Interview with Complainant (PHSO or visit?)	YES / NO
Telephone interview with complainant	YES / NO
Personal Interview with Officers (PHSO or visit?)	YES / NO
Telephone Interview with Officers	YES / NO
Discussion At R&O Panel	YES / NO
Report to be signed by Ombudsman	YES /NO

*(Not all steps are essential, order can be changed and some can be done concurrently. Include any additional steps as necessary.)*

**8. Work Plan**

	Target Date	No. of weeks from acceptance	Date completed
Date Accepted For Investigation			
Plan Agreed			
Draft Report to IM			
Final Report To IM			
Target For Issuing Final Report			

**9. Summary of what was agreed at Planning Meeting**  
*(including whether decision to investigate was confirmed)*

**10. Planning Meeting Panel:**

**11. Manager's Name and Signature:**

**12. Updates to the Plan:**  
*(An explanation for any substantive changes from the original investigation plan should be noted here. Visualfiles should also be noted using the 'Investigation plan/target date updated' button when any such changes are made.)*

*Assessment form should be attached.*



# Health Directorate Planning Meeting

The primary purposes of the Planning Meeting are to:

- agree a clearly defined scope of investigation (or agree a way of refining and agreeing a clearly defined scope of investigation);
- agree next steps in the investigation; and
- agree a draft work plan.

Generally, where an issue or question needs to be resolved, investigators are expected to bring proposals to the meeting.

Case number		Investigator	
Complainant		Date received	
Aggrieved		Date accepted	
Date of birth		Date allocated	
Complained about: Provider name (VF name)		Risk	
Named person/s		Priority	
Does the Ombudsman or Deputy Ombudsman have a special interest in this case?			Yes/No

## 1. Key points of complaint to us

*This should be a précis of the complaint as put to us, for context, but with a focus on the aspects accepted for investigation.*

a. complaint

b. claimed injustice

c. complainant's expectations/outcomes sought

## 2. Summary of key events

*Brief précis of the story.*

## 3. Summary of local resolution

*Brief summary of key point: should include the position of the body/individuals to the key points of complaint.*

**4. Assessment Panel's agreed scope of investigation**

*Please record exact wording agreed at Assessment Panel.*

**5. Summary of any key points from Assessment Panel discussion**

*Describe any additional points relating to the proposed investigation. These may relate to documents such as notes of the Assessment Panel discussion and letters sent to bodies and complainant by the Assessor.*

**6. Scope of investigation sent to complainant and body**

**7. Proposed revised scope of investigation (if appropriate)**

**8. Alternative legal remedy**

*Say whether the Assessment Panel thought there was an ALR. If they did think there was an ALR say why they considered it was not reasonable to expect the complainant to pursue this. You should be prepared to discuss this at the meeting.*

**9. Particular issues to be aware of**

*Outline Principles and standards likely to be relevant to the scope of the investigation. You will need to reconsider these as the investigation progresses. Include any relevant precedent information (previous*

*investigations into the body/bodies, whether the complaints were upheld, any recommendations made for systemic redress [action plans] and information about recent action by the body/bodies following those recommendations)*

***Diversity (complaint):***

***Diversity (complainant/aggrieved):***

***Human rights:***

***Principles:***

***Relevant specific standards/guidance:***

***Precedent information:***

#### **10. Evidence needed to address the complaint**

#### **11. Interviewing**

*Say whether or not you propose to interview the complainant and/or clinical staff and give reasons for your proposal.*

#### **12. Clinical advice (including proposed questions to the adviser)**

**With reference to the scope of the investigation and citing relevant standards and guidance:**

**What should have happened?**

**What did happen?**

**If there was a gap between what should have happened and what did happen, what was the impact of that difference?**

*You should propose any other questions you would like to ask for discussion at the meeting.*

#### **13. Other advice (for example legal advice)**

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#### 14. Specific proposals for discussion at the Planning Meeting

*Any other specific proposals for discussion at the meeting beyond those issues already considered.*

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#### 15. Notes of discussion

*Record key points of discussion and save as the master version on VF. Do not make changes to the text of the original form.*

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**16. Draft work plan** *Remember to take account of leave, existing workload and other factors which will affect the speed of the investigation. Manager and Director will expect you to adhere to the workplan unless otherwise agreed.*

Target for confirming scope of investigation to body	
Target for confirming scope of investigation to complainant	
Target for requesting advice	
Target for receipt of advice	
Target for case conference (if needed)	
Target for clinical interviews (if needed)	
Target for sharing with IM	
Target for sharing with Director	
Target for R&O Panel	
Target for sharing draft with body	
Target for sharing draft with complainant	
Target for issuing final report	
Plan agreed on	

#### Planning meeting panel

- 1.
- 2.
- 3.

**Manager/Director agreement to the record of the outcome of Planning Meeting**

**Signed:**

**Name:**

**Date:**

**17. Updates to the Plan** *(An explanation for any substantive changes from the original investigation plan should be noted here. Visualfiles should also be noted using the 'Investigation plan/target date updated' button when any such changes are made.)*



## Clinical Advice

### Part 1: Request for clinical advice

Case reference:

History Item Number

Advice sought on the following clinical issues:

Type of Clinical Adviser requested:

#### Generalist

General Medicine ☐

General Surgery ☐

GP ☐

General Psychiatrist ☐

General Nurse ☐

Mental Health Nurse ☐

General Dentistry ☐

OR

Specialist ☐

Type:

Request for specialist advice agreed by:

In what form would you like  
to receive the advice?

Case discussion ☐

Written advice ☐

Are you requesting more than one piece of clinical advice? Yes ☐  
No ☐

### Questions for Clinical Adviser

Add questions and any relevant comments here

Please contact me as soon as possible if you require any clarification or if there are any difficulties with progressing the advice. If I am not available please contact insert the name, phone number and email of your BSO and he/she will try to help.

Many thanks,

Team:

Location:

Tel:

Email:

### Part 1a: Clinical advice - Assessment

<b>Clinical Adviser's name:</b>  <b>Qualifications:</b>  	
<b>Please state how your qualifications and/or experience equip you to provide Assessment advice on the clinical issues raised in this case</b>  	
<b>I confirm that I have no conflict of interest</b>	<b>Yes</b> <input type="checkbox"/>
<b><u>Evidence considered when providing advice</u></b>  <b>I confirm that I have reviewed all of the evidence and extracts referred to by the caseworker in their questions above.</b>  <div style="text-align: right;"> <b>Yes</b> <input type="checkbox"/>  <b>No</b> <input type="checkbox"/> </div>	
<b>I have also considered the following additional evidence (if none say none):</b>  	

<b>Response to Questions:</b>
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Add responses here

<b>Signature:</b>  <b>Date:</b>
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<b>Part 2: Additional questions or clarifications for Clinical Adviser</b>
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Add questions here



## Part 2a: Clinical advice - Assessment - additional questions

Clinical Adviser's name:

Qualifications:

Please state how your qualifications and/or experience equip you to provide advice on the clinical issues raised in this case

I confirm that I have no conflict of interest.

Yes ☐

I confirm that I have reviewed all of the evidence and extracts referred to by the caseworker in their further questions above.

Yes ☐

No ☐

I have also considered the following additional evidence (if none say none):

## Response to further questions

Add responses here

Signature:

Date:



## Clinical Advice – Priority - CAT Team

### Part 1: Request for clinical advice

Case reference:

History Item Number

Advice sought on the following clinical issues:

Type of Clinical Adviser requested:

#### Generalist

General Medicine ☐

General Psychiatrist ☐

General Surgery ☐

General Nurse ☐

GP ☐

Mental Health Nurse ☐

General Dentistry ☐

OR

Specialist ☐

Type:

Request for specialist advice agreed by:

In what form would you like  
to receive the advice?

Case discussion ☐

Written advice ☐

### Questions / discussion for Clinical Adviser

Insert here the issues which you wish to discuss or the specific questions you want the adviser to answer.

## Restricted

Please contact me as soon as possible if you require any clarification or if there are any difficulties with progressing the advice. If I am not available please contact insert the name, phone number and email of your BSO and [redacted] will try to help.

Many thanks,

Team:

Location:

Tel:

Email:

### Part 2: Clinical advice

Clinical Adviser's name:

Qualifications:

Please state how your qualifications and/or experience equip you to provide Assessment advice on the clinical issues raised in this case

I confirm that I have no conflict of interest

Yes ☐

### Evidence considered when providing advice

I confirm that I have reviewed all of the evidence and extracts referred to by the

**Restricted**

caseworker in their questions above.

Yes ☐  
No ☐

I have also considered the following additional evidence (if none say none):

**Response to Questions:**

Response to questions/discussion points to be inserted here.

**Signature:**

**Date:**

**Part 2: Additional questions or clarifications for Clinical Adviser**

Add questions here

**Part 2a: Clinical advice - Assessment - additional questions**

**Clinical Adviser's name:**

**Qualifications:**

**Please state how your qualifications and/or experience equip you to provide advice on the clinical issues raised in this case**

**I confirm that I have no conflict of interest.**

**Yes** ☐

**I confirm that I have reviewed all of the evidence and extracts referred to by the caseworker in their further questions above.**

**Yes** ☐  
**No** ☐

**I have also considered the following additional evidence (if none say none):**

## Restricted

Response to further questions

Add responses here

**Signature:**

**Date:**





## Recommendations and Outcomes Panel Form

**Investigator Name:**

**Signature:**

**Approved by (Director/IM):**

**Signature:**

**Reference Number:**

**Date submitted:**

<b>Basic details</b>	
<b>1. Complainant details</b>	
<b>2. Aggrieved (if different)</b>	
<b>3. Date of complaint to PHSO</b>	<b>4. Date complaint accepted for investigation</b>
<b>5. Organisation(s) complained about</b>	
i) Second tier complaint handler	
ii) Original body/practitioner(s)/department	
<b>6. Visualfiles Theme, if applicable</b>	
<b>7. Visualfiles Risk Rating</b>	<b>8. Visualfiles target completion date</b>

<b>PANEL DECISION &amp; COMMENTS</b>	
<b>The agreed recommendations will be drafted at the panel and attached to the signed form.</b>	
9. Any issues around sharing the draft report? Eg, sequence, timing, etc	
10. Authority to sign final report	
Panel Member Signature:	Date:
Panel Member Name:	
<b>The Complaint</b>	
11. Brief summary of complaint/matters investigated.	
<b>Outcome sought by the complainant</b>	
12. Details of any personal or systemic remedies sought by the complainant	
<b>Provisional findings</b>	
13. Maladministration/service failure, and why?	

<b>Injustice</b>
14. Injustice - and whether it has been remedied. Should the complaint be upheld in full or in part?
<b>Proposed recommendations</b>
15. In respect of: <ul style="list-style-type: none"> <li>• The injustice suffered by the complainant, eg: <ul style="list-style-type: none"> <li>◦ Apology</li> <li>◦ Compensation for financial loss/reimbursement</li> <li>◦ Compensation for inconvenience and/or distress</li> </ul> </li> <li>• The injustice suffered by others similarly affected, if applicable</li> <li>• The need for changes in systems/procedures</li> <li>• The need for improvements in complaint handling</li> <li>• Other</li> <li>• Professional conduct issues</li> <li>• Regulatory issues</li> </ul> <p>a) Second tier complaint handler</p> <p>b) Other body/practitioner/department investigated</p>

<b>Precedents/consistency.</b>
16. Relevant past or current investigations involving: <ul style="list-style-type: none"> <li>◦ The same body/practitioner/department</li> <li>◦ Similar issues/findings/payments</li> <li>◦ Recommendations which may help consideration of this case</li> </ul>
<b>Wider issues</b>
17. For example: <ul style="list-style-type: none"> <li>• Involvement of other bodies (Social Services, LGO, etc)</li> <li>• Equality &amp; Diversity issues</li> <li>• Wider regulatory or professional conduct issues</li> <li>• Likely response to draft report by complainant or body complained about and any compliance issues</li> </ul>
<b>Publication</b>
18. Is this case likely to be suitable for publication: <ul style="list-style-type: none"> <li>• As a stand alone case?</li> <li>• With other cases involving the same body/practitioner?</li> <li>• With other cases illustrating a wider theme?</li> </ul>



### Review Proposal Sheet

Case Number and Name

Log Type:

OR

Other Action:

Current Risk:

Case type:

Date of contact:

Complaint from:

Words to be added:

CC to:

Past Review: Yes ☐ No ☐ Reviewer name (if applicable)

Original decision date:

Original decision:

Representative: Yes ☐ No ☐ Name (if applicable)

Previous BSO contact? Phone: Yes ☐ No ☐

Clarification Letter: Yes ☐ No ☐

Compliance on-going: Yes ☐ No ☐

Information Requested: Yes ☐ No ☐

Within three month time limit: Yes ☐ No ☐

Disability/communication issues:

**Proposal:** e.g. problems with file, background since decision, PASC involved, written authorisation needed etc

Comments:

Signature:

Date:



Level 2	Level 3 (Universal)
Benefits - Tax Credits	Access to information
Benefits - Employment Support Allowance	Appeals
Benefits - Disability Living Allowance	Arrears
Benefits - Attendance Allowance	Assessments
Benefits - Bereavement/Widows	Communication
Benefits - Disablement Benefit	Confidentiality
Benefits - Carers Allowance	Consultation
Benefits - DLA (Under 16s)	Debt management
Benefits - Incapacity Benefit	Decision incorrect/miscalculated
Benefits - Maternity	Deduction from earnings orders
Benefits - Other	Delay
Benefits - Personal Independent Payment	Discretionary decision
Benefits - Pensions Credit	Enforcement - inappropriate action
Benefits - Severe Disablement Allowance (pre 2001 awards)	Enforcement - lack of
Benefits - Universal Credit - Child	Entitlement, loss of
Benefits - Universal Credit - Childcare	Evidence
Benefits - Universal Credit - Carer	Fraud
Benefits - Universal Credit - Disability	HR - Autonomy
Benefits - Universal Credit - Housing	HR - Dignity
Benefits - Universal Credit - Jobseeker	HR - Equality
Benefits - Universal Credit - Limited capability to work	HR - Fairness
Benefits - Universal Credit - Transitional credit	HR - Respect
Benefits - Child Benefit	Inadequate official information
Benefits - State Pension	Lost documents
Benefits - War Pension	Medical assessment
Benefits - Job Seekers Allowance	Misdirection/misinterpretation/wrong advice
Benefits - Warm Front	Online services
Benefits - Social fund	Other
	Overpayment
	Paternity dispute





Level 2	Level 3 (Universal)
Business & Regulation - Development	Payment methods
Business & Regulation - Inspection	Policy issues
Business & Regulation - Registration	Professional judgement
Business & Regulation - Regulation	Record keeping
Business & Regulation - Subsidies	Report - inaccurate
Business & Regulation - Administration	Staff attitude
Business & Regulation - Supervision	Training - inadequate
Business & Regulation - Other	Transition - age (e.g. moving from child to adult benefits)
	Transition - change of circumstances
	Underpayment
Citizenship - Asylum	
Citizenship - Consular services	
Citizenship - Immigration	
Citizenship - Nationality	
Citizenship - Passports	
Citizenship - Reciprocal arrangements	
Citizenship - Visas	
Citizenship - Other	
Justice - Administration	
Justice - Courts	
Justice - Legal Aid	
Justice - Statutory charge	
Justice - Prisons & Probation	
Justice - Fine & Penalties	
Justice - Victims Code	
Justice - Other	
Justice - Children	
Justice - Payments to solicitors/barristers	



Level 2	Level 3 (Universal)
Money & Tax - Customs	
Money & Tax - Income Tax	
Money & Tax - National Insurance	
Money & Tax - Other	
Money & Tax - Tax relief	
Money & Tax - VAT	
Money & Tax - Child support (maintenance)	
Education & Learning - Adult learning	
Education & Learning - Nursery	
Education & Learning - Post 16 Education	
Education & Learning - Schools	
Education & Learning - Training schemes (apprenticeship/vocational)	
Education & Learning - Other	
Education & Learning - Student Loans	
Property & Planning - Environmental (issues and schemes)	
Property & Planning - Footpaths, right of way, maps	
Property & Planning - Planning	
Property & Planning - Buying/selling/renting property	
Property & Planning - Compulsory/discretionary purchase	
Property & Planning - Other	
Other - Occupational Pensions	
Other - Transport	
Other - Charity and Community Affairs	
Other - Culture, Media and Leisure	
Other - Other	







## Protect

### Annex: Health keywords from April 2013

Level 1	Level 2	Level 3
<b>Health</b>	<b>Service type (compulsory)</b>	<b>Case content (compulsory)</b>
	Ambulance services	Access to services
	Community hospital services	Attitude of staff
	Dental - not hospital	Beds/equipment unavailable
	General practice	Capacity
	Healthcare Commission	Communication and information (inc. confidentiality)
	Hospital acute services: A&E	Consent
	Hospital acute services: Inpatient	Diagnosis - delay, failure to diagnose, misdiagnosis
	Hospital acute services: Outpatient	Discharge from hospital and co-ordination of services
	Instant access services eg walk-in services, NHS Direct	End of life care
	Mental health services	Facilities management
	Other community health services	Failure to treat
	Private/non-statutory/independent	Fall on site
		Funding/commissioning
	Complaints service (to be used for cases solely about complaint handling)	Healthcare associated infection
		Inadequate assessment
		Liverpool Care Pathway
		Long term care
		Medication
		Nutrition
		Other: clinical care & treatment
		Out of hours services

## Protect





## Protect

Level 1	Level 2	Level 3
		Pain management
		Personal care
		Records
		Rehabilitation
		Removal of patient from list
		Restraint
		Safeguarding concerns
		Safety
		Self harm/suicide
		Social care
		Supervision/senior input
		Surgery
		Statutory, removal, detention, treatment or place of safety
		Transition - age (child/adult, adult/older person)
		Transition - failure or delay in referral/transfer of care between services/organisations
		Treatment plans
		Treatment withdrawn
		Waiting times
		<b>Service user (compulsory)</b>
		Adult
		Child
		Elderly
		Learning disability
		Mental health

## Protect



## Protect

Level 1	Level 2	Level 3
		Unknown
		<b>Practitioner (compulsory)</b>
		Practitioner - Administrative staff
		Practitioner - Allied health professionals
		Practitioner - Dentist
		Practitioner - Doctor
		Practitioner - Midwife
		Practitioner - Nurse
		Practitioner - Optometrist/Ophthalmologist
		Practitioner - Surgeon
		Practitioner - Other
		Practitioner - Pharmacist
		Practitioner - Psychiatrist
		<b>Clinical issue (optional)</b>
		Clinical: Cancer
		Clinical: Cardiac
		Clinical: Dementia
		Clinical: Diabetes
		Clinical: Maternity
		Clinical: Neurological
		Clinical: Obs/Gynae
		Clinical: Orthopaedic
		Clinical: Psychiatric
		Clinical: Renal
		Clinical: Respiratory

## Protect



## Protect

Level 1	Level 2	Level 3
		Clinical: Stroke
		Clinical: Vascular
		<b>Human rights/Equality Act (optional)</b>
		Human Rights - Fairness
		Human Rights - Respect
		Human Rights - Equality
		Human rights - Dignity
		Human rights - Autonomy

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## Protect



## Annex: Complaint handling keywords from April 2013

Principle	Keywords	Notes
Getting it right	<ul style="list-style-type: none"> <li>• Failure to act in accordance with law and relevant guidance</li> <li>• Failure to respond in writing to complaint</li> <li>• Factual errors in response to complaint</li> <li>• Lack of leadership and governance<sup>1</sup></li> <li>• Focus on process not outcomes<sup>2</sup></li> </ul>	<p><sup>1</sup> The body does not to provide effective leadership or governance for complaints for example, complaints managed by junior staff,</p> <p><sup>2</sup> Preoccupation with the complaints process resulting in an over - bureaucratic, complex system for the complainant to navigate.</p>
Being customer focused	<ul style="list-style-type: none"> <li>• Poor access / inadequate advice and support</li> <li>• Unnecessary delay</li> <li>• Communication with complainant unhelpful, ineffective, disrespectful</li> <li>• Response not tailored to individual needs</li> <li>• Failure to understand the complaint and outcome sought by complainant</li> <li>• Failure to co-ordinate with other bodies involved in complaint</li> </ul>	
Being open and accountable	<ul style="list-style-type: none"> <li>• Poor information about the complaints process</li> <li>• Response not evidence based</li> <li>• Response incomplete</li> <li>• Poor explanation</li> <li>• Poor record keeping<sup>3</sup></li> </ul>	<sup>3</sup> Records of the handling of the complaint
Acting fairly and proportionately	<ul style="list-style-type: none"> <li>• Complainant discriminated against without good reason</li> <li>• Failure to take appropriate specialist advice<sup>4</sup></li> <li>• Response not proportionate to seriousness of complaint</li> <li>• No third party review of complaint</li> </ul>	<sup>4</sup> Includes clinical and legal advice

Principle	Keywords	Notes
	<ul style="list-style-type: none"> <li>• Staff not invited to respond to complaint</li> </ul>	
<b>Putting things right</b>	<ul style="list-style-type: none"> <li>• Inadequate apology</li> <li>• Inadequate financial remedy</li> <li>• Inadequate other personal remedy</li> <li>• No acknowledgement of mistakes</li> <li>• Failure to ensure recommendations implemented</li> </ul>	
<b>Seeking continuous improvement</b>	<ul style="list-style-type: none"> <li>• Inadequate systemic remedy</li> <li>• Failure to inform complainant of action taken</li> <li>• Poor systems to capture and review learning</li> </ul>	



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**Annex: Table of Casework Themes for implementation 1 April 2013**

Theme name	Note for users
<b>Equitable Life</b>	Complaints relating to redress issues arising from the 10(4) report Equitable Life: a decade of regulatory failure.
<b>Offender and Detainee Healthcare (formerly 'Prison Health Complaints')</b>	Complaints from prisoners, detainees in Young Offender Institutions (YOIs) and Immigration Removal Centres (IRCs). To also capture any changes to healthcare commissioning in police custody suites.
<b>Access to NHS dental services</b>	(Self explanatory)
<b>Hospital Acquired Infections (formerly 'Superbugs')</b>	(Self explanatory)
<b>Victims' Code</b>	Complaints about a breach of the Code of Practice for Victims of Crime
<b>EU Single Payment Scheme applications - 2005 and 2006</b>	Complaints about administrative errors in the Rural Payment Agency's handling of applications to the Single Payment Scheme in 2005 and/or in 2006 and about the Agency's handling of applicants' later representations about applications.
<b>Treatment in the private sector</b>	We noted a significant number of complaints where complainants have funded private care in the UK or elsewhere in response to perceived failings in the NHS. We thought it would be worthwhile to track them for future intelligence. This theme does not include cases where the NHS has funded care in the private sector in this country or overseas.
<b>DWP fraud investigations</b>	Complaints about the conduct of DWP fraud investigations.
<b>Learning disabilities</b>	Originally generated from the MENCAP group of cases, please add to all health and parliamentary cases where it is significant that the aggrieved person has learning disabilities. This will help us to be consistent in terms of language used and standards that we might wish to apply.
<b>Locum/agency/temp staff</b>	Cases where the role of staff on temporary, locum or agency contracts (in either primary or acute settings) has been significant, so that we can identify whether or not this group is disproportionately complained about. We may also want to consider issues around identification and accountability, and how staff are inducted to new clinical settings.
<b>UKBA Legacy</b>	As requested at panel 8/7/09 - To help monitor compliance
<b>UKBA Premature</b>	Requested at panel 8/07/09 - To monitor compliance



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EEA Residence Cards	Agreed by panel on 12 August 2009 Backlog of applications to UKBA under European Law which built up 2008/2009
Continuing Healthcare - Redress	To identify those cases where redress is at the heart of a complaint, following the decision by a PCT or SHA to confirm eligibility for NHS Continuing Healthcare funding.
Continuing Healthcare - Retrospective (formerly Continuing Care)	Agreed 22/01/10: complaints that relate to claims in which the majority of the period of care was before 1 April 2004
Continuing Healthcare - Non retrospective (formerly Continuing Care)	Agreed 22/01/10: all other continuing healthcare complaints
Continuing Healthcare (formerly Continuing Care)	For initial use if unable to differentiate (Customer Services)
Weekend/Bank Holiday healthcare provision	Agreed 22/01/10: complaints involving episodes of care that occurred at a weekend or bank holiday weekend. It is not clear if this is of significance but it would be helpful to track such cases.
Declined due to poor/absent records	Agreed by the Ombudsman 17/03/10: cases that are declined at further assessment as 'no worthwhile outcome' due to poor or absent records
Icelandic water trawlermen scheme 2009-2010	Cases relating to the reviewed compensation scheme instituted by the Department for Business, Innovation and Skills in response to a report that the Ombudsman issued in February 2007: Put together in haste: 'Cod Wars' trawlermen's compensation scheme. The new scheme was opened in July 2009 and closed on 30 April 2010. Complainants allege that the new criteria are too restrictive. <b>You must also notify the Ombudsman's Casework Team of these cases.</b>
Direct Payments	Complaints about any provider of services purchased through DPs are now within the jurisdiction of the HSC Act 1993. We must capture this category of complaints (as well as those about the role of PCTs in relation to DPs) to reflect the changes in our Act.
Sepsis	A clinical theme to cover the failure to diagnose sepsis; the failure to treat sepsis; or the failure by clinical staff to respond to the presence of sepsis in an appropriate and timely manner .
Failure to Rescue	A clinical theme for cases where clinical staff fail to respond appropriately to patients displaying deteriorating vital signs (this can include failure to monitor, to record or to react to deterioration of vital signs). It also captures

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	cases where early warning 'track and trigger' systems or triage scores are not used or responded to appropriately.
<b>Failure to obtain senior clinical input</b>	Used to record instances where medical staff in foundation or training grades (that is, junior doctors and registrars) fail to seek necessary advice from more experienced colleagues.
<b>Autistic spectrum disorder</b>	<p>Autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders (characterised by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behaviour). Autistic disorder, sometimes called autism or classical ASD, is the most severe form of ASD, while other conditions along the spectrum include a milder form known as Asperger syndrome, and childhood disintegrative disorder and pervasive developmental disorder. We would like to be able to identify and monitor cases where ASD is relevant. We are interested in capturing a full range of conditions and would encourage people to add the theme if in doubt. This will include parliamentary as well as health cases and should be applied to any case that falls into the following categories.</p> <p><b>Lack of appropriate services</b> - including complaints from a person with an ASD (or family/carers) not receiving appropriate support and services from Government bodies, the NHS (and social services) to support their particular ASD related needs.</p> <p><b>Discriminatory attitudes, or failure to make adjustments</b> - including complaints from a person with an ASD (or family/carers) raising concerns that the service they have received (NHS or Government Body) or the care provided to them has been negatively influenced by virtue of their ASD.</p> <p><b>Issues about whether diagnoses are correct or timely</b> - complaints about incorrect or delayed diagnosis of an ASD.</p>
<b>Potential avoidable death</b>	For complaints about the NHS which involve allegations of avoidable death. We now begin our consideration of such complaints with the presumption that they will be investigated. This theme may help us to identify trends, themes and clusters, which could be fed back to the relevant regulators and commissioning organisations, as suggested by Baroness Fritchie.



## Delegation Scheme as from 30 September 2013

The delegation scheme sets out the activities delegated by the Ombudsman and to whom they are delegated.

By virtue of the power conferred on me by s.3(2) of the Parliamentary Commissioner Act 1967 and para.12 of Schedule 1 to the Health Service Commissioners Act 1993, and subject to the limitations and requirements set out below and such other limitations and directions that I may from time to time impose, I make the following delegations for the proper exercise of my powers and functions to apply from 30 September 2013.

### General

Delegated Activity	Officers
Subject to the specific delegations set out below, the carrying out of investigations and the obtaining of information for the purposes of investigations. For the avoidance of doubt, this includes the power to obtain information for the purpose of assessing whether to investigate.	<ul style="list-style-type: none"> <li>• Chief Operating Officer and all staff in Operations and Investigations</li> <li>• All staff in the Ombudsman's Casework Team</li> <li>• Associate Caseworkers</li> <li>• Reviewers</li> <li>• External Reviewers</li> <li>• External Complaint Advisers</li> <li>• Jurisdiction Adviser</li> </ul>

### For decisions whether to investigate

Delegated Activity	Officers
<p>Approval of proposals to decline to investigate on the basis:</p> <ul style="list-style-type: none"> <li>- That a body is out of jurisdiction</li> <li>- That the action complained of concerned public service personnel matters</li> <li>- That the action complained of was pre-local resolution* (see below)</li> <li>- That the complaint was not properly made (either because there was no MP referral or otherwise).</li> <li>- That the complaint was pre-second tier* (see below)</li> </ul>	<ul style="list-style-type: none"> <li>• Customer Service Officers (straightforward cases only)</li> <li>• Customer Service Team Leaders</li> <li>• Head of Customer Services</li> <li>• Casework Managers</li> <li>• Review Team Manager</li> <li>• Case Assessment Team caseworkers (straightforward cases only)</li> <li>• Review Team caseworkers (straightforward cases only)</li> <li>• Case Assessment Team Manager</li> <li>• Senior Investigation Managers and Investigation Managers</li> <li>• Manager - New Caseworker Development</li> <li>• Casework Knowledge &amp; Learning Manager</li> <li>• Casework Policy &amp; Guidance Manager</li> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> </ul>

Delegated Activity	Officers
	<ul style="list-style-type: none"> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>
<p>Approval of proposals to decline to investigate on the basis:</p> <ul style="list-style-type: none"> <li>- That a complaint or complainant is ineligible under section 6 of the 1967 Act or sections 7 or 8 of the 1993 Act</li> <li>- That the action complained of               <ul style="list-style-type: none"> <li>a) Was taken in exercise of judicial or legislative functions</li> <li>b) Was taken on judicial authority</li> <li>c) Was taken abroad (not consular functions)</li> <li>d) Concerned the commencement or conduct of civil or criminal proceedings</li> <li>e) Concerned the investigation of a crime or protection of national security</li> <li>f) Concerned commercial/contractual transactions</li> <li>g) Concerned private health care (not NHS funded)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Customer Service Team Leaders (straightforward cases only)</li> <li>• Head of Customer Services</li> <li>• Casework Managers</li> <li>• Review Team Manager</li> <li>• Case Assessment Team caseworkers (straightforward cases only)</li> <li>• Review Team caseworkers (straightforward cases only)</li> <li>• Case Assessment Team Manager</li> <li>• Senior Investigation Managers and Investigation Managers</li> <li>• Manager - New Caseworker Development</li> <li>• Casework Knowledge &amp; Learning Manager</li> <li>• Casework Policy &amp; Guidance Manager</li> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>
<p>Approval of proposals to decline to investigate on the basis:</p> <ul style="list-style-type: none"> <li>- (Health Only) That a complaint               <ul style="list-style-type: none"> <li>a) related to pre-1996 clinical matters</li> <li>b) was caught by the three year rule in section 9(4A) of the 1993 Act</li> </ul> </li> <li>- That a complaint cannot be investigated for any other reason/s (out of remit)</li> </ul>	<ul style="list-style-type: none"> <li>• Customer Service Team Leaders (straightforward cases only)</li> <li>• Head of Customer Services</li> <li>• Casework Managers</li> <li>• Review Team Manager</li> <li>• Case Assessment Team Manager</li> <li>• Case Assessment Team caseworkers (straightforward cases only)</li> <li>• Review Team caseworkers (straightforward cases only)</li> <li>• Senior Investigation Managers and Investigation Managers</li> <li>• Manager - New Caseworker Development</li> <li>• Casework Knowledge &amp; Learning Manager</li> <li>• Casework Policy &amp; Guidance Manager</li> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>



Delegated Activity	Officers
<p>Approval of proposals to decline to investigate on the basis:</p> <ul style="list-style-type: none"> <li>- That there was no indication of maladministration (see Note 1 below)</li> <li>- That there was no indication of unremedied injustice (see Note 1 below)</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Customer Services</li> <li>• Casework Managers</li> <li>• Senior Investigation Managers and Investigation Managers</li> <li>• Review Team Manager</li> <li>• Manager - New Caseworker Development</li> <li>• Casework Knowledge &amp; Learning Manager</li> <li>• Casework Policy &amp; Guidance Manager</li> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>
<p>Approval of proposals to decline to investigate on the basis:</p> <ul style="list-style-type: none"> <li>- That it was or had been reasonable for the complainant to pursue an alternative legal remedy</li> <li>- That a complaint is out of time and there is no good reason to waive the time bar</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Customer Services</li> <li>• Customer Service Team Leaders (straightforward cases only)</li> <li>• Casework Managers</li> <li>• Case Assessment Team Manager</li> <li>• Review Team Manager</li> <li>• Case Assessment Team caseworkers (straightforward cases only)</li> <li>• Review Team caseworkers (straightforward cases only)</li> <li>• Directors and Deputy Directors of Investigations</li> <li>• Senior Investigation Managers</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>
<p>Approval of proposals to decline to investigate on the basis:</p> <ul style="list-style-type: none"> <li>- That there was no probability of a reasonably achievable outcome</li> <li>- That an alternative legal remedy had been achieved</li> <li>- That another dispute resolution forum was appropriate</li> <li>- That a complaint is linked to a lead investigation</li> <li>- That a complaint should not be investigated for any other reason/s (discretionary)</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Customer Services</li> <li>• Customer Service Team Leaders (straightforward cases only)</li> <li>• Case Assessment Team Manager</li> <li>• Review Team Manager</li> <li>• Case Assessment Team caseworkers (straightforward cases only)</li> <li>• Review Team caseworkers (straightforward cases only)</li> <li>• E1 Operations Managers</li> <li>• Directors and Deputy Directors of Investigations</li> <li>• Senior Investigation Managers</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>

Delegated Activity	Officers
<p>A decision to decline a complaint for investigation following an "in principle" decision to investigate</p> <p>AND</p> <p>In principle approval of straightforward proposals** to accept cases, (except high risk cases*) for investigation.</p>	<ul style="list-style-type: none"> <li>• Head of Customer Services</li> <li>• E1 Operations Managers</li> <li>• Case Assessment Team Manager</li> <li>• Review Team Manager</li> <li>• Case Assessment Team caseworkers</li> <li>• Review Team caseworkers</li> <li>• Senior Investigation Managers</li> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul> <p><b>NB</b> Any of the above may direct that a proposal to accept be referred to an Assessment Panel (see below).</p>
<p>A decision as to whether a person or body is suitable to bring a complaint on behalf of the aggrieved</p> <p>[section 6(2) of the 1967 Act and section 9(3)(b) of the 1993 Act].</p>	<ul style="list-style-type: none"> <li>• Head of Customer Services</li> <li>• Customer Service Team Leaders (straightforward cases only)</li> <li>• Case Assessment Team Manager</li> <li>• Review Team Manager</li> <li>• Case Assessment Team caseworkers (straightforward cases only)</li> <li>• Review Team Caseworkers (straightforward cases only)</li> <li>• Senior Investigation Managers</li> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul> <p><b>NB</b> Any of the above may direct that a proposal to accept be referred to an Assessment Panel (see below).</p>
<p>In principle approval of proposals to accept high risk cases for investigation and those cases recommended for discussion.</p>	<p><b>Generally:</b></p> <ul style="list-style-type: none"> <li>• An Assessment Panel of at least: <ul style="list-style-type: none"> <li>a) the Ombudsman or Chief Operating Officer or an Operations Director as Chair; and</li> <li>b) one Casework Manager; and</li> <li>c) one Director of Health Investigations or Deputy Director of Health Investigations or one Health Investigations Manager; and</li> <li>d) one Director of Parliamentary Investigations or Deputy Director of</li> </ul> </li> </ul>

Delegated Activity	Officers
	<p>Parliamentary Investigations or Senior Parliamentary Investigations Manager or one Parliamentary Investigations Manager.</p> <ul style="list-style-type: none"> <li>• The Chief Operating Officer, any Operational Director or Deputy Director, the Head of the Review Team and the Casework Policy and Guidance Manager may also be additional Panel members.</li> </ul>
Accepting a complaint for investigation following an "in principle" decision to investigate	<p><b>In relation to a specific complaint:</b></p> <ul style="list-style-type: none"> <li>• Investigation Caseworkers</li> <li>• Investigation Managers</li> <li>• Casework Managers</li> <li>• Senior Investigation Manager</li> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>

## Definitions

**Pre-local resolution:** where the complaint has not yet been made to the body in jurisdiction, or it has been made but the body has not completed its consideration of the complaint AND there is no good reason to accept the complaint prematurely.

**Pre-second tier:** where the complaint has not yet been made to a second tier complaint handler (such as the Adjudicator or the Independent Case Examiner for the Department for Work and Pensions) or it has been made but the second tier complaint handler has not completed its consideration of the complaint AND there is no good reason to accept the complaint prematurely.

## \*\* Casework Policy & Guidance

See section 2.7 for relevant guidance on the Assessment Panel

## For investigation purposes

It should be noted that it is the provisional findings of a draft report or actual findings of a final report (for example, whether we have found maladministration, service failure, injustice arising etc.) and not the case outcome (upheld, not upheld etc.) that determines who has sign-off or approval responsibility.

Delegated Activity	Officers
"In principle" approval of proposals to discontinue an investigation.	<ul style="list-style-type: none"> <li>• E1 Operations Managers (straightforward cases only)</li> <li>• Deputy Directors and Directors at E2 level and above.</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>
Approval of a proposal to discontinue an investigation following an "in principle" decision to discontinue.	<ul style="list-style-type: none"> <li>• E1 Operations Managers (straightforward cases only)</li> <li>• Senior Investigation Managers</li> <li>• Deputy Directors of Investigations</li> <li>• Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>
Approval of proposals to disclose information in the interests of the health and safety of patients [section 15(1)(e) and 15(1B) of the 1993 Act].	<ul style="list-style-type: none"> <li>• Interim Directors of Operations and Business Development</li> <li>• Chief Operating Officer</li> </ul>
<p>Approval of draft reports of investigations to be shared with the parties to a complaint:</p> <p>which include provisional findings of maladministration;</p> <p>OR</p> <p>which include provisional findings of maladministration leading to injustice, and any provisional recommendations to remedy that injustice;</p> <p>OR</p> <p>which relate to high risk investigations* (<i>see below</i>).</p>	<ul style="list-style-type: none"> <li>• Senior Parliamentary Investigation Manager (<b>except</b> high risk investigations*)</li> <li>• E1 Operations Managers (straightforward cases only)</li> <li>• Deputy Director of Investigations &amp; Resolutions )</li> <li>• Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul> <p>(any of whom may ask for these issues to be referred to the Recommendations and Outcomes Panel)</p>

Delegated Activity	Officers
Approval and signing (for exceptions see Note 4 below) of draft and final reports of investigations:	<ul style="list-style-type: none"> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>
Approval and signing of draft and final reports of investigations which are not high risk.	<ul style="list-style-type: none"> <li>• Investigation Managers</li> <li>• Senior Investigation Managers</li> <li>• Casework Managers</li> <li>• Manager - New Caseworker Development</li> <li>• Casework Knowledge &amp; Learning Manager</li> <li>• Casework Policy &amp; Guidance Manager</li> <li>• E1 Operations Managers</li> </ul>
Signing of all draft and final reports of investigations	<ul style="list-style-type: none"> <li>• Investigation caseworkers</li> </ul>
Communication of my decision to reopen an investigation. NB Approval of proposals to reopen an investigation to be given by me.	<ul style="list-style-type: none"> <li>• E1 Operations Managers (straightforward cases only)</li> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>
Approval of proposals to pay: - fees and allowances to advisers [Schedule 1 paragraph 13(2) of the 1993 Act] expenses and allowances to complainants or persons supplying information for the purposes of an investigation [section 11(4) of the 1993 Act and section 7(3) of the 1967 Act)].	<ul style="list-style-type: none"> <li>• E1 Operations Managers (straightforward cases only)</li> <li>• Directors and Deputy Directors of Investigations &amp; Resolutions</li> <li>• Director of Complex Investigations</li> <li>• Interim Director of Operations</li> <li>• Chief Operating Officer</li> </ul>

**\* Definition**

**High risk and straightforward cases:** as assessed in accordance with the Office's criteria for risk.

## Notes

1. For the purposes of this Scheme "maladministration" is used to encompass maladministration, service failure and failure to provide a service; and "injustice" is used to encompass both injustice and hardship.
2. Officers who have been temporarily promoted into any of the posts listed above will take on the delegated authority applicable to the post.
3. All reports or decision letters relating to the investigation or assessment of complaints referred by the Speaker, the Chairman and Members of the Public Administration Select Committee, the Chairman of the Health Committee, the Chairman of the Public Accounts Committee and leaders of the three main parties to be signed by me or the Chief Operating Officer.
4. There are a number of areas in which I have decided not to delegate generally my powers and functions and which are not therefore covered by the Scheme. These include:
  - The power to pay expenses or fees to a mediator.
  - Decisions to consider or exercise powers in relation to obstruction of an investigation or where documents or other evidence have been required from but not provided by individuals or bodies.
  - Decisions to lay reports before Parliament.
  - With the exception of my power in the 1993 Act to disclose information in the interests of the health and safety of patients which I have delegated to the Chief Operating Officer and Interim Director of Operations, decisions to disclose information obtained during the course of an investigation other than for the purposes of the investigation and the investigation report.
  - The administering of oaths or affirmations (and the examination of witnesses abroad).

The making of these delegations for the performance of my functions shall not prevent me from exercising those functions.

All delegated functions must be exercised in accordance with the PHSO Casework policy and Guidance and any other general guidance issued to staff.

The delegated functions may be withdrawn by me on a permanent or temporary basis or amended at any time without prior notice.

Notification of any changes to this Scheme of Delegation will be circulated in writing.



**Dame Julie Mellor**  
**30 September 2013**

## **Assessment Panel meetings 2011/2012**

- 13 April in London
- 19 April in Manchester
- 28 April in London
- 12 May in London
- 20 May in Manchester
- 27 May in London
- 2 June in Manchester
- 10 June in London
- 17 June in Manchester
- 24 June in London
- 1 July in London
- 7 July in London
- 15 July in Manchester
- 21 July in London
- 27 July in London
- 5 August in London
- 12 August in Manchester
- 18 August in London
- 25 August in Manchester
- 2 September in London
- 8 September in Manchester
- 14 September in London
- 23 September in Manchester
- 28 September in London
- 12 October in London
- 20 October in Manchester
- 27 October in London
- 3 November in Manchester
- 9 November in London
- 18 November in Manchester
- 22 November in London
- 2 December in Manchester
- 9 December in London
- 16 December in Manchester
- 22 December extra Assessment Panel in London
- 11 January in London
- 18 January in Manchester
- 26 January in London
- 3 February in Manchester
- 10 February in London
- 16 February in Manchester
- 21 February in London
- 2 March in Manchester
- 9 March in London
- 15 March in Manchester
- 23 March in London
- 30 March in Manchester

## Assessment Panel meetings 2012/2013

- 11 April in Manchester
- 19 April in London
- 27 April in Manchester
- 3 May in London
- 15 May in London
- 22 May in Manchester
- 30 May in London
- 8 June in Manchester
- 15 June in London
- 21 June in Manchester
- 28 June in London
- 4 July in Manchester
- 11 July in London
- 20 July in Manchester
- 27 July in London
- 2 August in Manchester
- 10 August in London
- 17 August in Manchester
- 23 August in London
- 31 August in Manchester
- 6 September in Manchester
- 14 September in London
- 20 September in London
- 27 September in Manchester
- 3 October in London
- 12 October in Manchester
- 18 October in London
- 26 October in Manchester
- 2 November in London
- 8 November in Manchester
- 15 November in London
- 22 November in Manchester
- 30 November in London
- 7 December in Manchester
- 14 December in London
- 20 December in Manchester
- 3 January in London
- 11 January in Manchester
- 18 January in London
- 25 January in Manchester
- 1 February in London
- 8 February in Manchester (Cancelled)
- 15 February in London
- 22 February in Manchester
- 28 February in London
- 8 March in London (Cancelled)
- 15 March in London
- 22 March in Manchester



- 28 March in London

#### **Assessment Panel meetings 2013/2014**

- 5 April Cancelled
- 12 April in London
- 19 April Cancelled
- 26 April in London
- 2 May in Manchester
- 10 May in London
- 17 May in Manchester
- 24 May in London
- 31 May in Manchester
- 7 June Cancelled
- 14 June Cancelled
- 21 June in London
- 28 June Cancelled
- 26 July in Manchester
- 2 August in London
- 23 August in Manchester
- 6 September in Manchester
- 20 September in Manchester



**ASSESSMENT PANEL - Date**  
**Date**  
**24<sup>th</sup> Floor Interactive Area**  
**Agenda**

No.	Item
1.	<p>Cases Already Accepted in Principle (xx) - <i>Includes Statistical Information at the front of each case</i></p> <ul style="list-style-type: none"> <li>○ Body - Assessor</li> <li>○ Body - Assessor</li> </ul>
2.	<p>Directorate Referral from Accept (xx) - <i>Includes Statistical Information at the front of each case</i></p> <ul style="list-style-type: none"> <li>○ Body - Assessor</li> </ul>
2.	<p>Post Review Cases (xx) - <i>Includes Statistical Information at the front of each case</i></p> <ul style="list-style-type: none"> <li>○ Body - Assessor</li> </ul>
3.	<p>Priority Cases for Discussion (xx) - <i>Includes Statistical Information at the front of each case</i></p> <ul style="list-style-type: none"> <li>○ Body - Assessor</li> <li>○ Body - Assessor</li> <li>○ Body - Assessor</li> <li>○ Body - Assessor</li> <li>○ Body - Assessor</li> <li>○ Body - Assessor</li> <li>○ Body - Assessor</li> <li>○ Body - Assessor</li> <li>○ Body - Assessor</li> </ul>
4.	<p>PCA Cases (x) - <i>Includes Statistical Information at the front of each case</i></p> <ul style="list-style-type: none"> <li>○ Border and Immigration Agency (x)</li> <li>○ The Adjudicator's Office</li> <li>○ Jobcentre Plus (x)</li> </ul>

Restricted - Ombudsman Casework

5.	HSC Cases (xx) - <i>Includes Statistical Information at the front of each case</i> <ul style="list-style-type: none"><li>○ Hospital Trust</li><li>○ Continuing Care</li><li>○ Healthcare Commission (xx) - <i>Includes 1 x Superbugs &amp; 1 x Treatment in the Private Sector</i></li></ul>
6.	Out of Jurisdiction Complaints (xx)
7.	Value added cases (xx)
8.	Review of Panel & Possible Cases of Interest
9.	Next Panel - <b><i>Date</i></b>