Introduction
This report has been produced by the Board of Community Health Councils on behalf of the Community Health Councils (CHCs) in Wales.

CHCs are the independent watch-dog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with patients, families and carers through our Enquiries Service, Complaints Advocacy Service, visiting activities and through Public and Patient surveys. Each of the 7 CHCs in Wales represents the "Patient voice" within their respective geographical areas.

Making it easier for people to complain
It is our experience that most people do not want to complain because they value their NHS. So when people do complain it’s usually as a last resort. We therefore welcome the proposals to introduce new legislation designed to make it easier when people decide to complain to the Public Services Ombudsman for Wales.

Accepting oral complaints will remove a key barrier for some people.

Many people receive care from across sectors, including NHS, social care and
private providers. Often when something goes wrong people do not know who is responsible. Enabling people to complain once about healthcare that may extend across the public/private health pathway is important. It means that people will not have to navigate their own way through a complex system to get the answers they deserve. It also provides a wider opportunity for shared learning across sectors.

**Working in partnership**

We note and welcome the intention within the draft legislation to ensure that full account is taken of others’ roles in relation to investigations so that the PSOW only initiates “own initiative investigations” when he is best placed to do so.

It is also important that when such investigations are carried out, all relevant parties have a reasonable opportunity to inform the investigation.

**Complaints handling standards and procedures**

We support the promotion of best practice in complaints handing and agree that the PSOW is best placed to take this role.

We would be keen to ensure that there is a clear and coherent read across between various legislation that covers complaints handling. For example, Welsh NHS bodies already have a complaints handing procedure set by the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 – PTR As far as we are aware there is no intention to amend those Regulations although the Keith Evans 2013 review was critical of it in some respects.

An obvious issue for the CHC Complaints Advocacy Service would be if PTR remained as the model for NHS bodies in Wales but a different model procedure is published for primary, private care and social care. This would be particularly difficult for people to navigate when their concern extends across a range of services. The White Paper Consultation „Services fit for the future” may lead to further legislation which would also need to be considered in this context.