Quality and Safety Assurance Report

QSEC Meeting October 2022

Situation

The purpose of this report is to provide the Quality, Safety and Experience Committee (QSEC) with an overview of quality and safety across the Health Board.

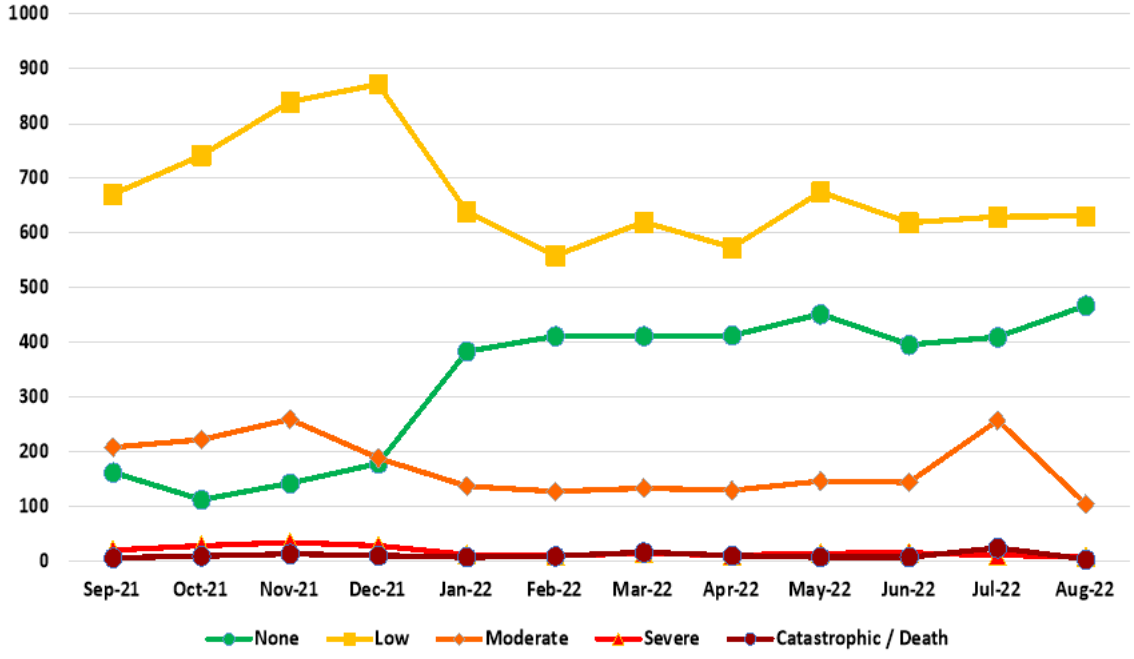
The Health Board uses a number of assurance processes and quality improvement strategies to ensure high quality care is delivered to patients.

This report provides information on concerns including patient safety incidents, externally reported patient safety incidents, nosocomial COVID-19 infections and mortality reviews, HIW Inspections and reports by the Public Service Ombudsman for Wales.

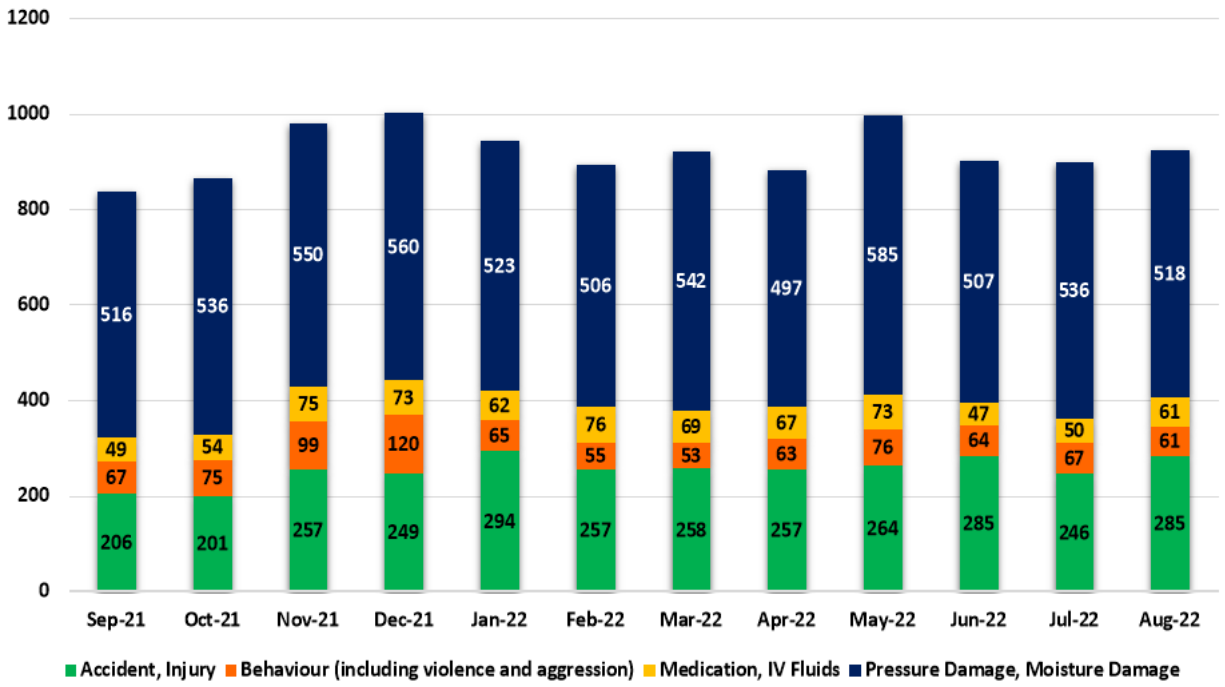
Incident Reporting – 1st September to 31st August 2022

In July and August 2022, 3,017 incidents were reported of which 2,595 were patient safety related

Incidents by Date Reported (Month and Year) and Severity of Incident



Top 4 Patient Safety Incidents



There were 14,433 Patient Safety Incidents reported on the new system between 1st September 2021 – 31st August 2022

The introduction of DatixCymru in April 2021 has altered the way in which severity of harm is reported. The new system allows the opportunity for the reporter to grade the harm to the person affected (which cannot be changed) and then on closure following investigation the actual harm to the person affected is recorded by the investigator. The run chart above shows the severity of the patient safety incident following investigation.

Of the 14,433, 7,050 have been closed and 3,112 have had the severity amended. 2,017 Incidents were downgraded whilst 1,095 were upgraded.

Nationally Reportable Incidents

Open NRI - Type	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2**	Total
Access, Admission	0	4	2	2	6
Assessment, Investigation, Diagnosis	1	0	3	0	4
Behaviour (including violence and aggression)	2	1	1	0	5
Infection Prevention and Control	0	0	0	0	1
Maternity adverse occurrence	0	0	1	1	2
Medication, IV Fluids	0	1	0	1	1
Patient/service user death	2	6	10	1	16
Pressure Damage, Moisture Damage	0	0	4	1	4
Treatment, Procedure	0	1	1	2	3
Accident, Injury	0	0	1	1	1
Monitoring, Observations	0	0	1	0	1
Transfer, Discharge	0	0	0	2	
Total	5	13	24	11	44

* temporary change to reporting. Revised Serious Incident Framework introduced on 14/06/2021

** data not for full financial quarter

Scrutiny of all incidents reported undertaken by the Quality Assurance Information System (QAIS) Team on a daily basis. This ensures that any incidents that may be low harm but that meet the requirement to report nationally are identified e.g. Never Events.

Patient Safety Incidents where the harm is severe or catastrophic and those flagged by the QAIS Team are reviewed by the Patient Safety Team. An Incident Management Group is arranged with the Triumvirate to:

- Review and consider the findings of the initial scrutiny of the incident
- Identify any immediate actions required to mitigate the risk of re-occurrence
- Confirm Duty of Candour arrangements have been made and agree the lead for further Duty of Candour discussions
- Set the Terms of Reference (ToR) for the investigation
- Agree the lead Investigator and supporting investigation team
- Identify any risks associated with the incident
- Lay out arrangements for any further investigation team meetings
- Confirm timescales for the investigation (this will be between 30 and 60 working days)

Report of themes and trends in reporting provided to Head of Quality and Governance, Assistant Director of Nursing and Associate Medical Director.

A patient safety incident is nationally reported within seven working days from the occurrence, or point of knowledge, if it is assessed or suspected that an action or inaction in the course of a service user's treatment or care, in any healthcare setting, has, or is likely to have caused or contributed to their unexpected or avoidable death, or caused or contributed to severe harm.

The following specific categories of patient safety incidents must be reported:

a) Suspected homicides where the alleged perpetrator has been under the care of mental health services in the past 12 months

b) In-patient suicides

c) Maternal deaths

d) Never Events (2018-Never-Events-List-updated-February-2021.pdf (england.nhs.uk))

e) Incidents where the number of patients affected is significant such as those involving screening, IT, public health and population level incidents, possibly as the result of a system failure

f) Unusual, unexpected or surprising incidents where the seriousness of the incident requires it to be nationally reported and the learning would be beneficial

We are also required to report the following in specific circumstances:

- Pressure Ulcers (avoidable - Grade 3 / Grade 4 / Unstageable)
- Unexpected deaths in the community of patients known to MH&LD Services
- Safeguarding
- Procedural Response to Unexpected Death in Childhood (PRUDiC)
- Abuse / Suspected Abuse
- Healthcare Acquired Infections (HCAIs)

Drug Round Interruption Project – Ward 1 Prince Philip Hospital

Engagement

The Quality Improvement team began working closely with Ward 1 to reduce the number of drug round interruptions, these interruptions were impacting on patient care, patient safety & staff morale.

Ward staff of all levels were involved and they started with gathering baseline data, based around their daily interruptions to help us understand the problem. This data was analysed and feedback to the regular improvement meeting. PDSA cycles were identified for the ward to carry out. Within these cycles further engagement was undertaking with Doctors, Pharmacy, Medicines Management, Health Care Support workers & external staff to the ward.

Observations

The main theme identified from the baseline data was Doctor interruptions in the morning drug round. The Ward Round had historically been scheduled at the same time as the Drug Rounds.

From observations in practice other themes included:

- Staff leaving bays to obtain medication from the medication room or from other trolleys
- Empty medication packets not replenished in the drug trolley
- Bay doors left open
- Medication charts not at bed side / available
- Main ward door left open
- HCSW interruptions when staff were visiting the medication room.

PDSA Cycles

12 PDSA cycles in total were implemented following each observation in practice, eg.

- Implementing data collection form, identifying the common cause of interruptions
- Change of Ward Round times
- Use of door handle signage (Hotel style do not disturb during drug rounds) and Ward posters
- Health Care Support Workers to carry out observations & collect data with the view to implement them as safety links
- Night staff to replenish stock for the morning round
- Embedding a “Do not disturb” on drug round culture

Data

The data has been very positive in evidencing a reduction in interruptions, they have eliminated nearly all interruptions and reduced the time taken to carry out drug rounds. Staff have developed confidence and empowerment to politely say “no” to interrupters.

Next steps

We are embedding the cultural changes throughout the Health Board. We are spreading and scaling this project across all wards in Prince Philip Hospital. We are also providing training to Newly qualified nurses, Junior Doctors and recently we have been recognised by Swansea University who now use our learning and presentation in their Business School & Nursing school as part of their Medication Safety lectures.

Medication Error Reduction Group – focused work

1. Communication campaign via social media (Facebook, twitter etc) to highlight the importance of ensuring that patients bring their own medicines into hospital with them.
2. Bulletins have been issued to highlight the ongoing issues of omitted medicines and promoting the variety of ways to obtain medicines in order that they are not missed.
3. Patient Safety day was promoted across all sites in September with stands highlighting key medicines safety issues. A quiz was used with participation from all professions alongside posters and leaflets.

Nosocomial COVID infections

The Quality Assurance and Safety Team continue to progress the review of each patient with nosocomial COVID-19 infection with the all Wales review toolkit being used as the starting point for each review.

Where it is assessed or suspected that an action or inaction, has, or is likely to have caused or contributed to the patient's unexpected or avoidable death, or caused or contributed to severe harm to the patient, a proportionate investigation is also undertaken in line with Putting Things Right.

The Health Board has commenced the required reporting to the NHS Wales Delivery Unit. Recovering patients with indeterminate nosocomial infection are now included in the review criteria. Previously the QSEC have received the number of in-patients who test positive for COVID-19 within 28 days of their death. This figures in this report include the recovering patients as well as deceased patients.

	Wave 1 (27/2/2020 - 26/7/2020)	Wave 2 (27/07/2020 - 16/05/2021)	Wave 3 (17/05/2021 - 19/12/2021)	Wave 4 (20/12/2021 - 30/04/2022) **	Live 01/05/2022 -
Total Incidents	124	974	465	722	217
Under Investigation	122	536	70	84	8
Not Started		421	394	636	209
Referred to Scrutiny Panel	2	13	1	2	
Completed Investigations		4			
Downgraded / Recategorised		30	21		

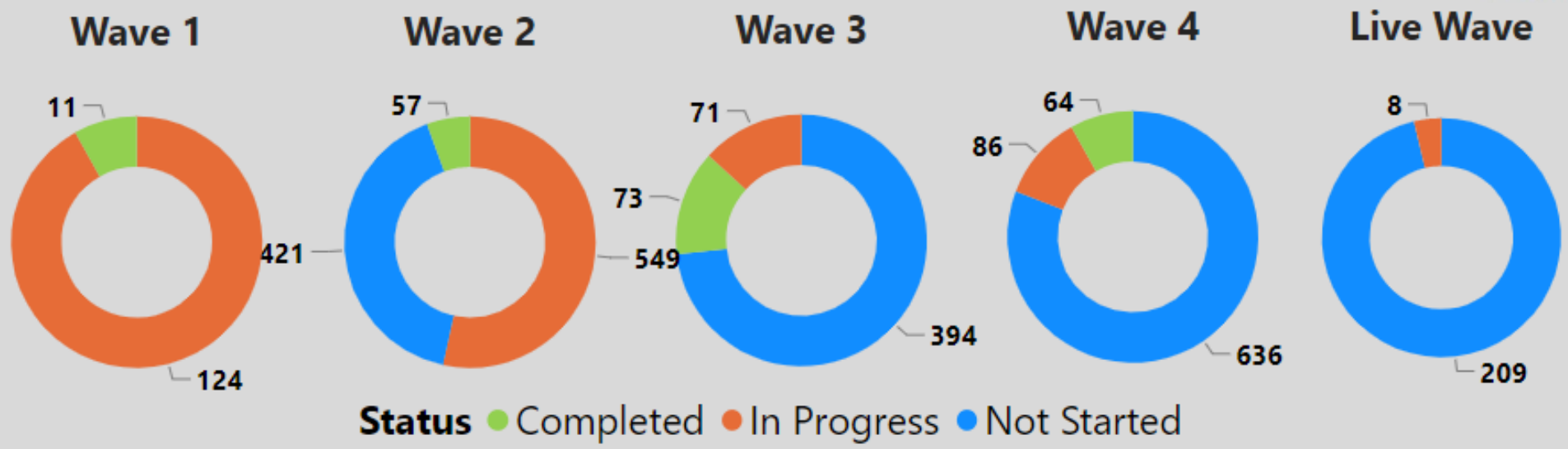
Figures as at 31/08/2022

Hospital onset - indeterminate	specimens taken on days 3 to 7 of admission
Hospital onset - probable	specimens taken on days 8 to 14 of admission
Hospital onset - actual	specimens taken >14 days after admission

Data position

NNCP Data - Hywel Dda UHB

GIG CYMRU NHS WALES
National Nosocomial COVID-19 Programme



Wave 1 | Wave 2 | Wave 3 | Wave 4 | Live Wave | Reset

Total Cases

2703	117
Latest	Change

In Progress

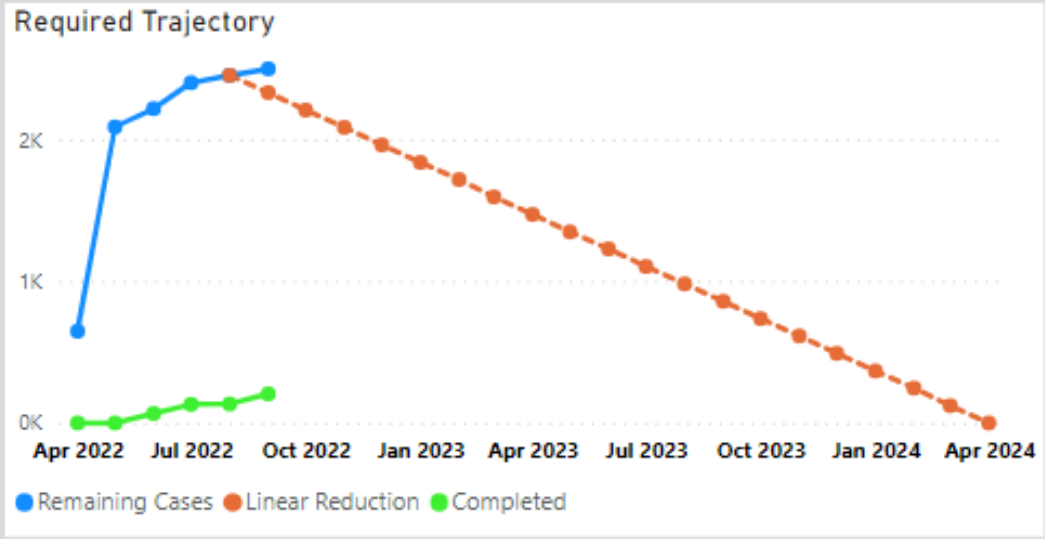
838	75
Latest	Change

Completed

205	71	7.58%
Latest	Change	%

Not Started

1660	-29
Latest	Change



Organisation Assurance

GIG CYMRU NHS WALES
National Nosocomial COVID-19 Programme

Aneurin Bevan University Health Board	Betsi Cadwaladr University Health Board	Cardiff and Vale University Health Board	Cwm Taf Morgannwg University Health B...	Hywel Dda University Health Board	Powys Teaching Health Board	Swansea Bay University Health Board	Velindre NHS Trust

Assurance Category	Self Assessed Rating	Programme Rating
Overall Assurance	Not Applicable	Reasonable Assurance
Operational Delivery	Reasonable Assurance	Reasonable Assurance
Programme Structure & Governance	Reasonable Assurance	Reasonable Assurance
Patient & Family Communication	Limited Assurance	Limited Assurance
Complaint Handling	Reasonable Assurance	Reasonable Assurance
Finance	Reasonable Assurance	Reasonable Assurance

SRO Comment	Overall Good Practice
The Health Board have arrangements in place to deliver against the national programme requirements and have established robust local processes.	The Health Board has published a public facing webpage, as well as a five-day single point of contact service. Appropriate governance structures are evident through the various documentation submitted with the assurance self-assessment including reporting to the Corporate Assurance Nosocomial COVID-19 strategic oversight group which is chaired by the Executive Director of Nursing. The Health Board has identified and recruited into posts to deliver investigations against the two-year timescale.

Highlight Report

Key Accomplishments in the previous period:	Upcoming Activities in this period:
Review of case review data undertaken including merging of the new data received from informatics and the cases reviewed prior to the establishment of the NNCP and removal of duplicates e.g. inter hospital transfers CAN COVID Scrutiny Panel continue to be held. CAN Strategic Oversight Group inaugural meeting held. Update provided to the Quality Safety and Experience Committee on 09/08/2022. Start date for the COVID lead investigator agreed. Communication with families of deceased patients underway.	Recruitment continuing. Establishment of a Patient Safety Officer (COVID) bank position. CAN Scrutiny Panel meeting to be held every other week. CAN Strategic Oversight Group to be held every other month.

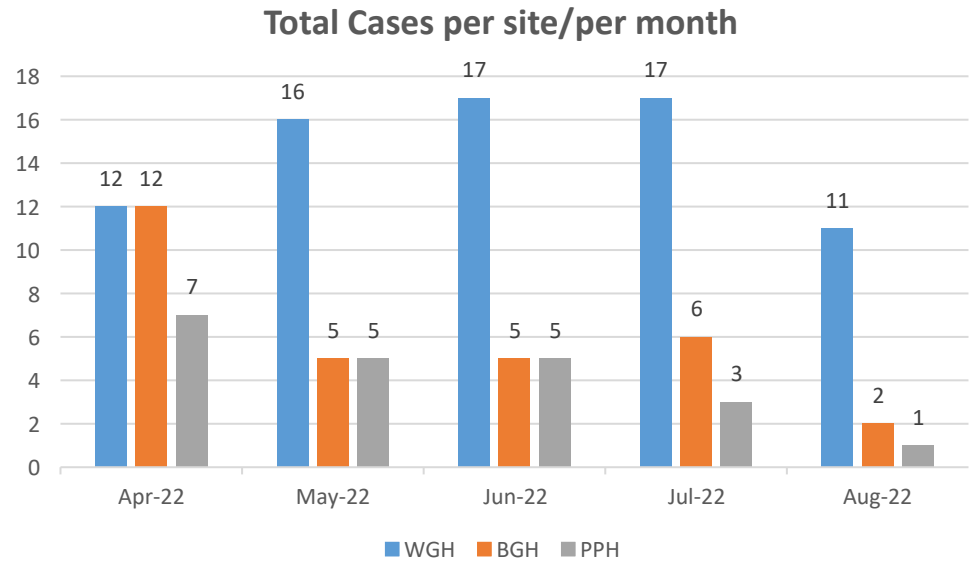
Items for escalation to Programme Board:
Recruitment for COVID review team continues to be a challenge. Quality Assurance and Safety Team continue to progress the reviews whilst the recruitment to the COVID review team continues. Also use of bank staff (nurses (previously senior and experienced nurses and other AHP)) to progress the reviews. Office space for review team is a challenge – health records must remain on site so home working not an option. Rota has been established.

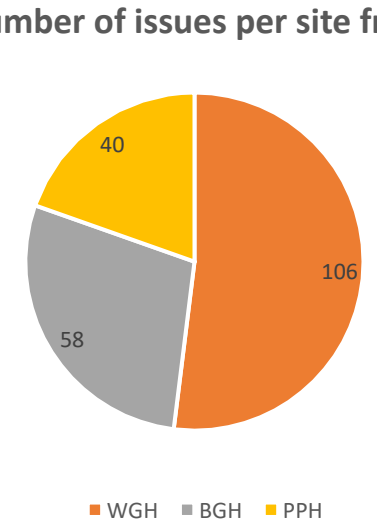
Top 3 Risks:

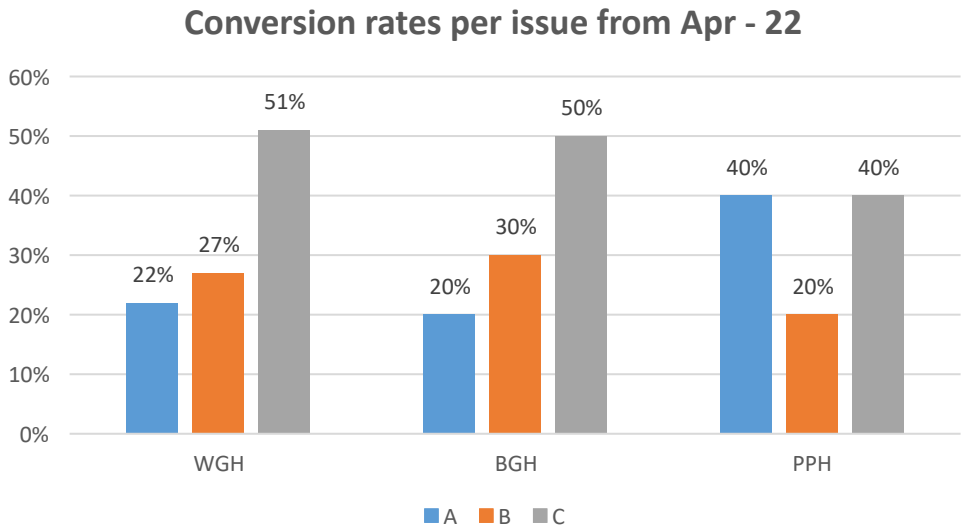
Risk name	Risk Score	Measure to reduce the risk
Recruitment of COVID review team	**20**	Bank nurses (previously senior nurses) used to progress the reviews. Recruitment continues Establishment of a Patient Safety Officer (COVID) bank position
Availability of office space to undertake the review (unable to take health records off UHB site)	**12**	Limited office space available and therefore rota established to make best use of office space.
Administration support for CAN Scrutiny Panel, CAN Strategic Oversight Group and retrieval of health records etc	**12**	Quality Assurance and Safety Team are undertaking the notes retrieval. Patient Safety and Assurance Manager maintaining decision and action log for Scrutiny Panel. Head of Quality and Governance preparing agenda etc for Scrutiny Panel

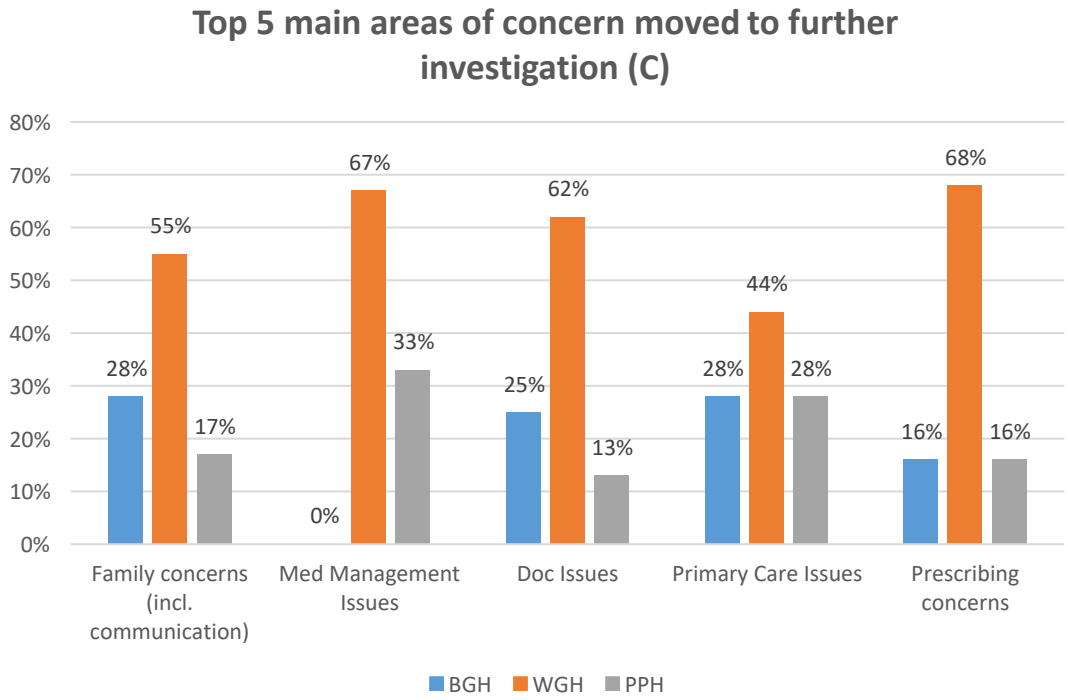
Mortality Update

- New Mortality Review processes are being implemented in line with the **All-Wales Learning from Mortality Review Framework**, supported by a Clinical Lead for Mortality and Mortality Review and Improvement Facilitator.
- A **Multidisciplinary Mortality Review Panel** is operational and reviewing case referrals from the Medical Examiner Service. The Panel meets fortnightly and advises on the appropriate route for cases where issues have been identified by the Medical Examiner (ME) Service. Cases requiring further proportionate investigation are shared with the appropriate teams and once investigations are completed, themes are being captured. Processes are currently being embedded and refined where appropriate
- All sites are fully operational sending notes to the Medical Examiner Service except for Glangwili General Hospital who had been unable to carry out the scanning due to staffing vacancies. However, following recent successful recruitment a small number of cases are being scanned and sent to the ME Service, which will increase further when the Medical Examiner Service has capacity to take additional cases from mid-October onward
- It will be a statutory requirement for the Medical Examiner Service to review all deaths, including Primary Care and Community deaths by April 2023, and with the additional Glangwili General Hospital scanned notes when this is fully operational, it is anticipated that there will be a large increase in workload
- We have started collating accurate data from April 2022. The total cases per month received by the Medical Examiner and the percentage of cases that come back to the Health Board for further review, which is around 25% per month.









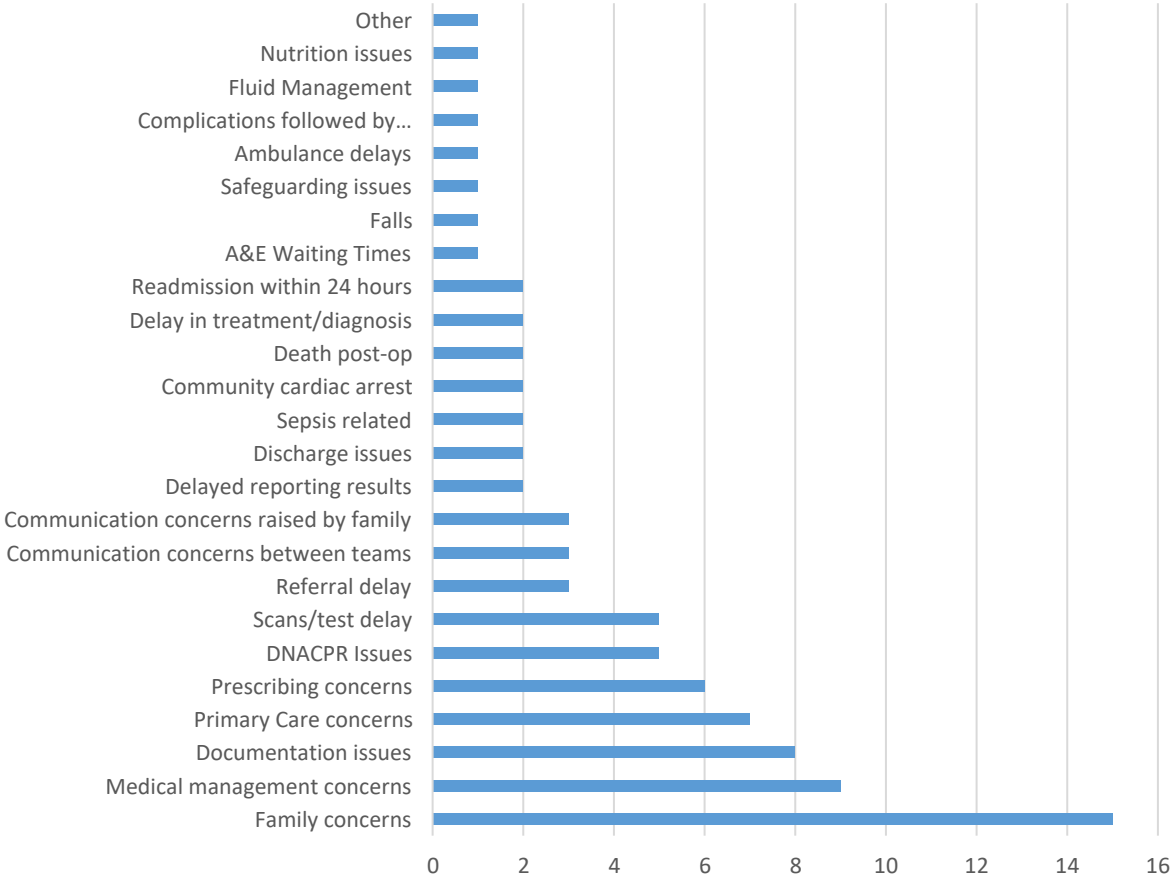
A – the case is being managed under an existing process

B – closed to further review

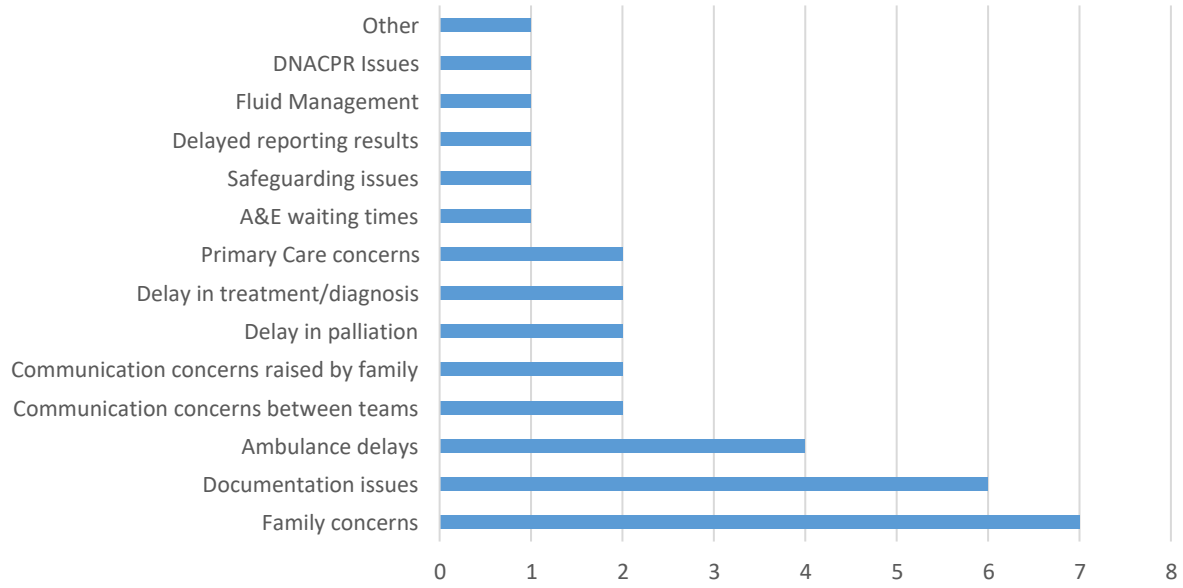
C – level 3 proportionate investigation

NB - Please note GGH not onboard with scanning therefore no figures are provided for the site

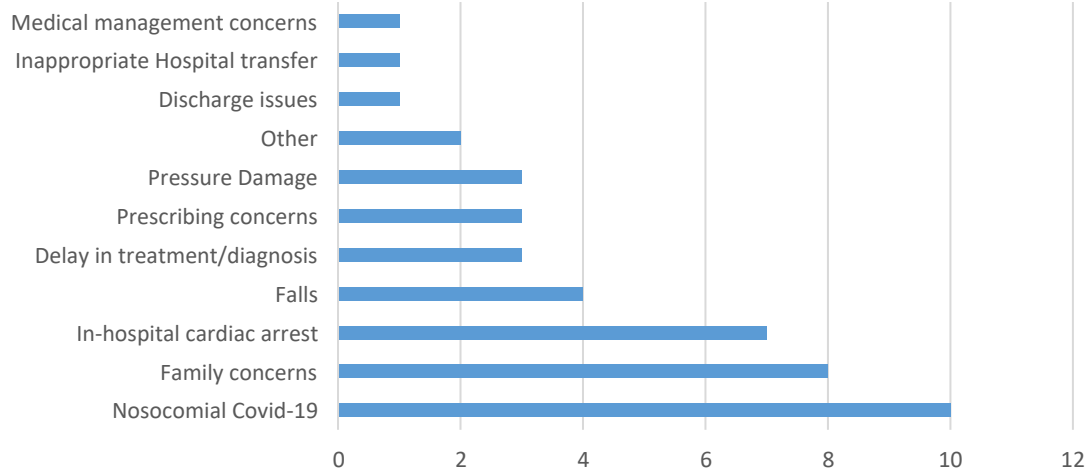
Issues requiring further proportionate investigation (C)



Issues fed back to service to service and closed (B)



Issues under existing process (A)



Mortality Update

- The **Clinical Lead for Mortality** is also developing wider mortality accountability, through scrutiny of available mortality metrics in key areas and working with Clinical Directors and Clinical Leads to increase ownership and prioritisation of mortality across the Health Board
- Four areas were identified by the Deputy Chief Medical Officer following a routine review of CHKS data, which indicated increases in deaths
    - death in hospital within 30 days of non-elective surgery;
    - death in hospitals within 30 days of emergency admission with a heart attack among those aged 35-74;
    - death in hospital within 30 days of emergency admission with a hip fracture among those aged over 64;
    - death in hospital within 30 days of emergency admission with a stroke
- Work is ongoing to review the available data, including wider KPI's, through discussions with Clinical and Service Leads
- A better understanding of the CHKS data is also being developed, through discussions with the Information Team and pending a meeting with CHKS.
- Assurance has been provided to the DCMO that the Health Board is aware of, and reviewing deaths in the areas highlighted

HIW Quality Checks/Inspections: summary for 20 July 2022 – 5 September 2022

New Quality Checks/Inspections & Reviews

Area of Review	Recommendations	Update
Bryngofal ward, PPH (awaiting publication)	19	An unannounced inspection took place on 11th July 2022. The verbal feedback highlighted no immediate concerns and the recommendations relate to maintenance and refreshing environment, reorganisation of clinical room and the use of an office for staff, the provision of a fridge for patient use, consideration of staff uniforms on escort, training records, medication records and highlighting attention to the Consultant Psychiatrist and the Psychologist posts currently vacant. At the point of collating this report 10 recommendations remain outstanding, almost all of which relate to Estates issues.
Ward 7 PPH (awaiting publication)	19	The inspection took place in November 2021 whereby 19 recommendations were raised on matters such as workforce, medicines management, governance and leadership, Infection prevention and risk and health and safety. The recommendations will be tracked via the QAST team and as of the date of collating this report 1 recommendation remains outstanding in relation to staff training with a completion date of September 2022.
National Review of Mental Health Crisis Prevention	19	This final report into the national review was published in March 2022 involved services benchmarking themselves against the recommendations suggested. The improvement plan was submitted 27th May 2022 which requires some redesign of pathways of care and development of services, communication and engagement with primary care services and development of some staff roles and recruitment into new staffing models. The completion date for recommendations is March 2023.
Ystwyth Medical group Quality Check	0	The quality check took place on 7 February 2022. The review covered environment, infection, prevention and control and governance and staffing. The report made no recommendations of the service.
National Review of Stroke Pathways	0	The Health Board's contribution to this review, an onsite inspection, took place at Bronglais Hospital between 28 – 30th March and 16th May 2022 for the clinical areas. HIW also interviewed the corresponding staff at PPH, GGH and WGH for Stroke and Patient Flow. We now await feedback and the final All Wales report is expected to be available towards the end of 2022.

HIW Quality Checks/Inspections: continued

Update on previous Quality Checks/Inspections/ Reviews

Area of Review	Recommendations	Update
Llandovery Hospital Quality Check	0	The quality check took place on 15 March, following postponement from 2021. The review covered environment, infection, prevention and control, governance and staffing, and some aspects of Covid-19 management. The report made no recommendations of the service.
Tregaron Community Hospital	29	An on-site inspection was undertaken on 7th and 8th September 2021, whereby 29 recommendations raised on matters including patient experience, delivery of safe and effective care and quality of management and leadership. At the point of collating this report, there are 2 recommendations open with completion dates of October 2022.
HIW IR(ME)R July 2021 WGH	40	The improvement plan included access to services, listening to feedback, staff training and some All Wales actions. At the point of collating this report there is 1 recommendation open linked to an All Wales piece of work with an expected completion date of October 2022.
Welsh Ambulance Services NHS Trust Acute improvement plan	31	This Welsh Ambulance Service improvement plan dating from September 2021 includes recommendations that affect or impact and require action for Acute / Emergency services and departments. At the point of writing this report there are 8 recommendations open for sites to take forward. Services are actively chased to complete these actions in a timely manner.
Withybush General Hospital, St Caradog Ward	4	This improvement plan details recommendations in relation to Fire Safety and Health and Safety. There remain 3 recommendations open at the point of collating this report. The service and Estates are actively chased to complete these actions in a timely manner.
Glangwili General Hospital Morlais Ward Quality Check	8	This onsite Quality Check was undertaken in April 2021. The improvement plan covers staff training, analysis of restraint incidents and patient safety incidents to improve services and evidence of cleaning audits. There remain 3 recommendations open with dates for completion of June 2022, the service and Estates are actively chased to complete these actions in a timely manner.
HIW IR(ME)R Remote Inspection April 2021	17	The improvement plan included staff training, Health Board procedures and policies, detailed analysis of patient safety incidents and unintended exposures, audit programme work, listening to feedback and informing patients of waiting times. At the point of collating this report there is 1 recommendation open. The service is actively chased to complete these actions in a timely manner.

HIW : Additional Information

Current position

As of the date of this report there are a total of 13 reports or inspections with 61 recommendations open. These continue to be tracked by the QAST team to completion.

Services of Concern: New HIW Process

As advised in the December meeting, the Health Board received a proposal document from HIW in July 2021, outlining their intention to implement a Service of Concern process, and supporting process guidance. Previously, HIW followed an internal escalation process when an issue of concern came to their attention. The new proposal is to formally use a Service of Concern designation when HIW identifies significant singular service failures, or cumulative or systemic concerns regarding a service or setting.

It is intended that a Service of Concern designation will increase transparency around how HIW discharges its role and ensure that focused and rapid action can be taken by a range of stakeholders, including health boards, to ensure that safe and effective care is being provided. The Health Board provided its responses to the consultation in September 2021, and the process is now in force as of 15th November 2021. Further information can be found via the following link: Service of Concern Process for NHS Bodies in Wales (www.hiw.org.uk)

Risks and Mitigations

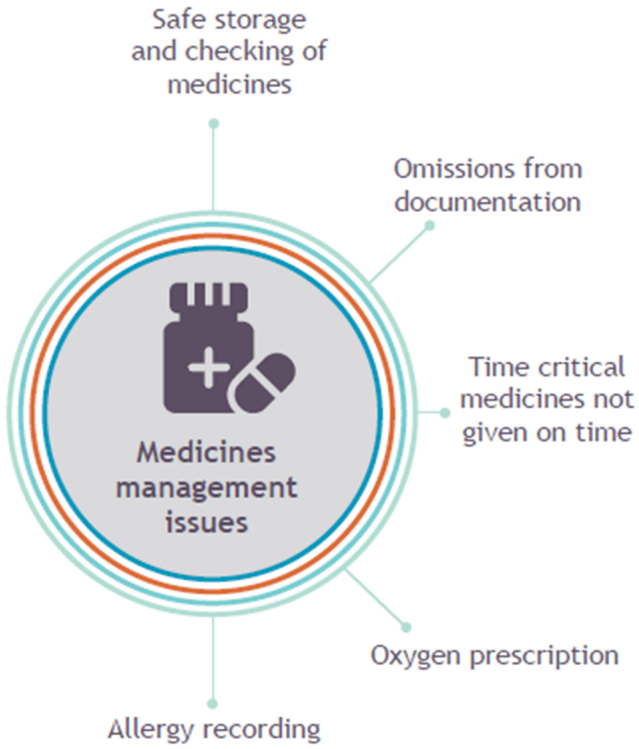
- All correspondence received by third parties such as the Welsh Government, the Delivery Unit or Health Inspectorate Wales in relation to their activity is logged on receipt by the Quality Assurance and Safety team (QAST).
- A robust process is in place for co-ordinating and quality checking responses, including gaining executive approval of HIW submissions, by the required deadlines.
- Recommendations arising from HIW, et al, such as immediate assurance plans or final reports are in the process of being migrated into the new AMAT software, in the meantime, QAST are pursuing services for updates in advance of any due date.
- The QAST team are supporting services to develop their improvement plans going forward.
- QAST are providing updates for reporting to every Audit and Risk Assurance Committee (ARAC) meeting.
- HIW activity forms part of the quality governance arrangements within Directorates.

HIW: Annual Report 2021-2022

The Health Care Inspectorate Wales annual report summarises the findings from all HIW activities during 2021-2022, including inspection and assurance work. This annual report also sees HIW scrutinise their own performance as an organisation against their strategic priorities.

[Annual Report 2021-2022 | Healthcare Inspectorate Wales (hiw.org.uk)]

Medicines management continues to be a concern for HIW, as we identified issues across all of our hospital inspections in relation to:



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	8
GP	2
Mental Health Hospital	2
Learning Disability	2
Hospital	2

Onsite	3
Hospital	2
IRMER	1

Inspections also highlighted instances of:

- Mandatory training for staff not being completed or up to date
- Poor medication management including incomplete administration charts and medication being stored incorrectly
- Risks being identified and subsequently not addressed in a timely manner or not addressed at all
- An over reliance on agency staff and repeat periods of inadequate resourcing
- Care and treatment plans not being monitored and regularly updated
- A lack of governance oversight including collaborative working and sharing information for future improvement.

Public Services Ombudsman for Wales

The Public Services Ombudsman for Wales annual report is available at ANNUAL-REPORT-2021-22-Signed-Version.pdf (ombudsman.wales)

Recommendation

The Quality, Safety and Experience Committee is requested to take assurance from the Quality and Safety Assurance Report that processes, including the Listening and Learning Sub Committee, are in place to review and monitor:

- patient safety highlighted through:
    - Incident reporting;
    - Mortality review; and
    - Review of nosocomial COVID-19 infection
- patient experience highlighted through HIW Inspection, and reports from the Public Services Ombudsman for Wales
- quality improvement.

Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Healthcare Inspectorate Wales
Annual Report 2021-2022

Healthcare Inspectorate Wales (HIW) is the independent inspectorate of the NHS and regulator of independent healthcare in Wales.

Our purpose

To check that people in Wales receive good quality healthcare.

Our values

We place patients at the heart of what we do.

We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Goal

To encourage improvement in healthcare by doing the right work at the right time in the right place; ensuring what we do is communicated well and makes a difference.

Through our work we aim to:

Provide assurance

Provide an independent view on the quality of care.

Promote improvement

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards

Use what we find to influence policy, standards and practice.

Page 4

Foreword

Welcome to our Annual Report for 2021-2022, a year which continued to be unpredictable and with significant ongoing challenges in both healthcare, and daily life

Page 7-12

Priority 1

To maximise the impact of our work to support improvement in healthcare

Page 15-62

Priority 2

To take action when standards are not met

NHS Health Boards and NHS Trusts

Page 64-65

Priority 3

To be more visible

Collaboration and joint working with other organisations is an integral part of the way in which we work

Page 66

Priority 4

To develop our people and our organisation to do the best job possible

Although the last year has been one of significant change, we have continued to invest in the development HIW

Foreword

Alun Jones
Chief Executive

“I once again commend the strength and resilience shown by staff working at all levels within healthcare services, who continue to deliver care and treatment in the best way they can, despite the many challenges they face daily.”

Welcome to our Annual Report for 2021-2022, a year which continued to be unpredictable and with significant ongoing challenges in both healthcare, and daily life.

Healthcare services continued to be under intense pressure from the impact of the COVID-19 pandemic and our role has been crucial in supporting the delivery of safe healthcare for the people of Wales. Our core purpose of checking the quality and safety of healthcare services did not change, and we continued to adapt our processes and approach to work in response to the ongoing unprecedented situation.

The report sets out our key findings from the regulation, inspection and review of healthcare services in Wales. It outlines how we carried out our functions and the number of inspections and quality checks we undertook across Wales.

Change and flexibility have been key features of life since March 2020 and as an organisation we have learned much about how and where our work can add value to the healthcare improvement agenda. Through this report we will offer an insight into our work over the 12-month period, outlining how we adapted and used our resources most effectively to deliver our work and support improvement. This involved continuing with quality checks which we introduced earlier in the pandemic and enabled us to gain assurance remotely. We worked collaboratively with others to harness insight and understanding, building on lessons learnt. We also used new styles of reporting which enabled us to share our findings quickly to enable healthcare services to take improvement action more quickly.

In a year which has seen healthcare services work hard on recovery from the early days of the pandemic, to restore services which had been paused, whilst continuing to deal with emerging variants, outbreaks and further peaks of COVID-19, we have seen significant turbulence. I once again commend the strength and resilience shown by staff working at all levels within healthcare services, who continue to deliver care and treatment in the best way they can, despite the many challenges they face daily.

Senior managers leading services have demonstrated tenacity and ability to continue innovating and supporting their organisations. Staff working on the front line have continued to demonstrate their compassion and resilience, as once again, patients have told us of their positive experiences of staff despite highly challenging circumstances.

It is clear that there remain many challenges ahead, for services, for the staff who work within them and for the people of Wales whilst the gargantuan task of service recovery continues. For healthcare organisations, it will be staff who will be the key to the success of this recovery. Supporting staff wellbeing, continuing to invest in training and support services for them and continuing to innovate within existing service delivery will be key to the effective recovery of staff and services from the fatigue brought on by the pandemic.

The year in question reflects a time when we worked on the commitments we made in our one year Strategy and Operational plan. We made good progress in meeting the achievements we set out to deliver. I am proud to have continued leading the organisation through this time, working daily alongside a team of professional and committed staff who work hard to support the organisation as we deliver our vision of improving healthcare for the people of Wales.

In March 2022, we published our new and ambitious strategy, and we are fully committed over the next three years, to implementing and delivering our new priorities which further our aim to drive improvement in healthcare.
We will continue to use our role to encourage improvement in healthcare, building on the best of what we have done to date to deliver the greatest impact.

If you have any questions, comments, ideas or feedback on our work, please do get in touch with us – we would love to hear from you.

Alun Jones
Chief Executive, Healthcare Inspectorate Wales

Overview

Our 2021-2022 Strategic Priorities:

1. To maximise the impact of our work to support improvement in healthcare
2. To take action when standards are not met
3. To be more visible
4. To develop our people and our organisation to do the best job possible

For HIW, as for many healthcare services and organisations, it was a year of continued and significant change, where we had to adapt to ensure that we continued to check that people in Wales were receiving good quality healthcare. We introduced new ways of working to ensure we discharged our statutory functions, whilst being as flexible and adaptable as possible to ensure we did not add undue burden to a system already under significant pressure following the COVID-19 pandemic.

We continued with a full range of assurance and inspection activities, building on our enhanced ways of working, allowing us take action where standards were not met but to also support a broader recovery of healthcare services. During the year, we kept our activity under regular review to ensure that we targeted our resources most effectively. We operated responsively, with our work underpinned by our strategic priorities. This report describes our progress against these priorities as we aim to drive improvement and promote quality in healthcare services across Wales.

To maximise the impact of our work to support improvement in healthcare

HIW has an ongoing programme of national and local reviews which helps us to evaluate how healthcare services in Wales are delivered.

Local reviews are pieces of work which explore an aspect of one organisation or region, whilst **national reviews** explore healthcare services across Wales.

National and Local Reviews

COVID-19 National Review - How healthcare services across Wales met the needs of people and maintained their safety during the pandemic

The purpose of our COVID-19 review was to understand how healthcare services across Wales met the needs of people and maintained their safety during the pandemic. We also considered how services managed their environments of care, infection prevention and control measures, and how the physical and mental well-being of staff was supported.

A key theme to have emerged from our review was the need for healthcare services to further strengthen their infection prevention and control arrangements to mitigate the risk of cross infection or further outbreaks of COVID-19. In addition, the arrangements for supporting and maintaining the physical and mental well-being of staff required attention and focus as healthcare services continued through the recovery phase of the pandemic. However, in general, our review found the quality of care being provided across Wales was good and was delivered by hugely committed and dedicated groups of staff.

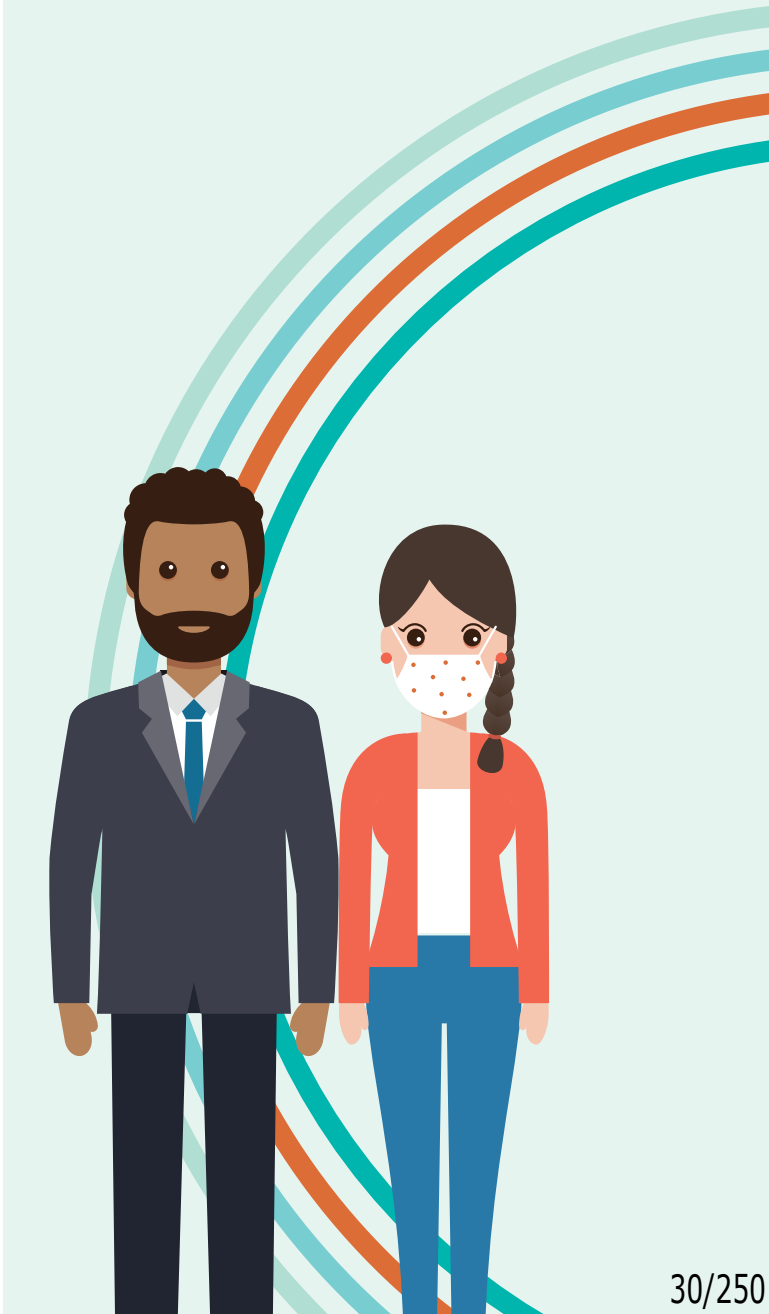
National Review of Mental Health Crisis Prevention in the Community

The focus of our review was to understand the adequacy of the measures in place across Wales, to help mental health crisis being prevented in the community, through timely and appropriate care. We considered the experiences of people who accessed care and treatment to support their mental health and prevent crisis. In addition, whether the services provided were safe and effective, and how healthcare teams worked collaboratively throughout the community to help prevent mental health crisis. Furthermore, we explored how third sector organisations support this.

Our review found challenges across Wales inhibiting the ability of people to access timely support for their mental health, which could increase the risk to their safety (or to others) and may result in hospital admission.

Key findings included inefficiencies in process, particularly for direct referrals where patients were caught in a cycle of continually accessing GP services to re-commence the referral process. This resulted in individuals experiencing lengthy waiting times and a lack of support for their mental health. HIW's review urged health boards to consider how they can address this gap in provision, strengthening the engagement between GPs and other primary and community care services and secondary mental health services. The review did find healthcare staff were committed and dedicated to providing support and care to people with mental health needs.

HIW noted several positive initiatives across Wales, including the implementation of a single point of access. Where this was in place, it ensured that specialist mental health professionals were available to provide clinical triage, onward referral, and effective signposting to individuals in crisis. HIW made a recommendation that health boards must ensure that single point of access services are implemented across Wales and are accessible to all those experiencing mental health crisis.



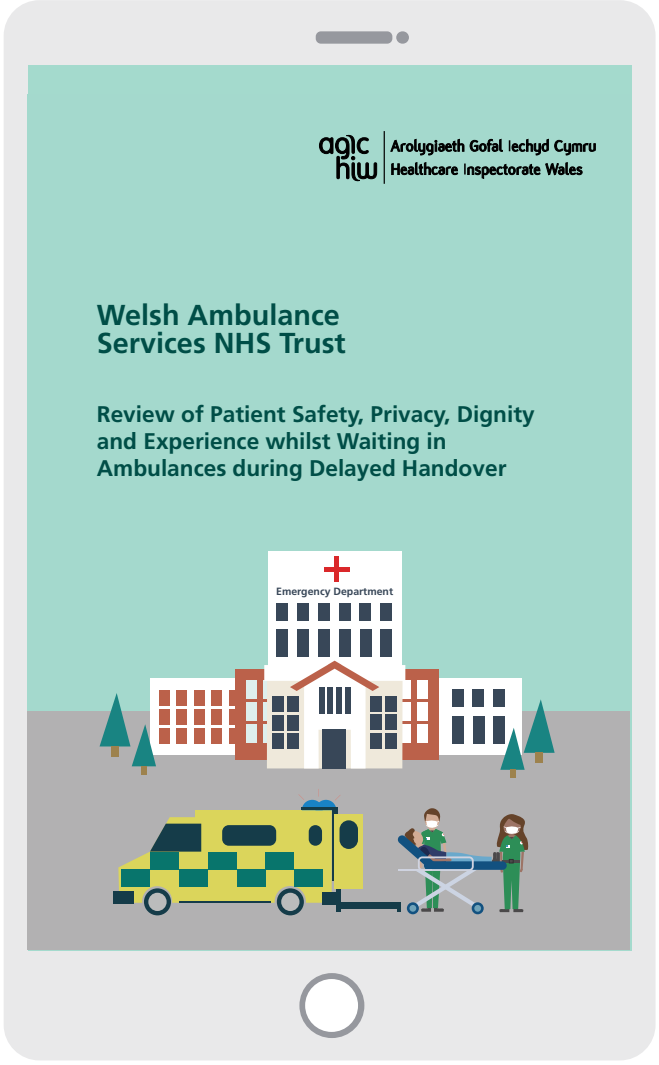
Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances During Delayed Handover

Our review found that the issue of prolonged handover delays is a regular occurrence with ambulance wait times outside Emergency Departments (EDs) across Wales. The delays and variations in process between and within health boards was having a detrimental impact upon the ability of the healthcare system to provide responsive, safe, and dignified care to patients.

Whilst there are expectations and guidance for NHS Wales to follow, and a clear will to meet these guidelines, there are substantial challenges to achieve timely patient handover across Wales which inhibit efforts to consistently achieve these. The challenges are indicative of the wider patient flow issues across all hospitals. Our review team found some inconsistencies and a lack of clarity between the Welsh Ambulance Services NHS Trust (WAST) and ED staff about responsibility for patient care, until transfer of care to health board teams. These types of inconsistencies were increasing risk and having a detrimental impact on patient care and safety.

Patients were generally positive about their experiences and provided good feedback about ambulance crews and ED staff, however, this should not detract from the issues associated with delayed handover.

A significant amount of work is already underway across NHS Wales to tackle these issues. Progress has been made in some areas, and improvement work is ongoing between WAST, health boards and Welsh Government to meet these challenges.

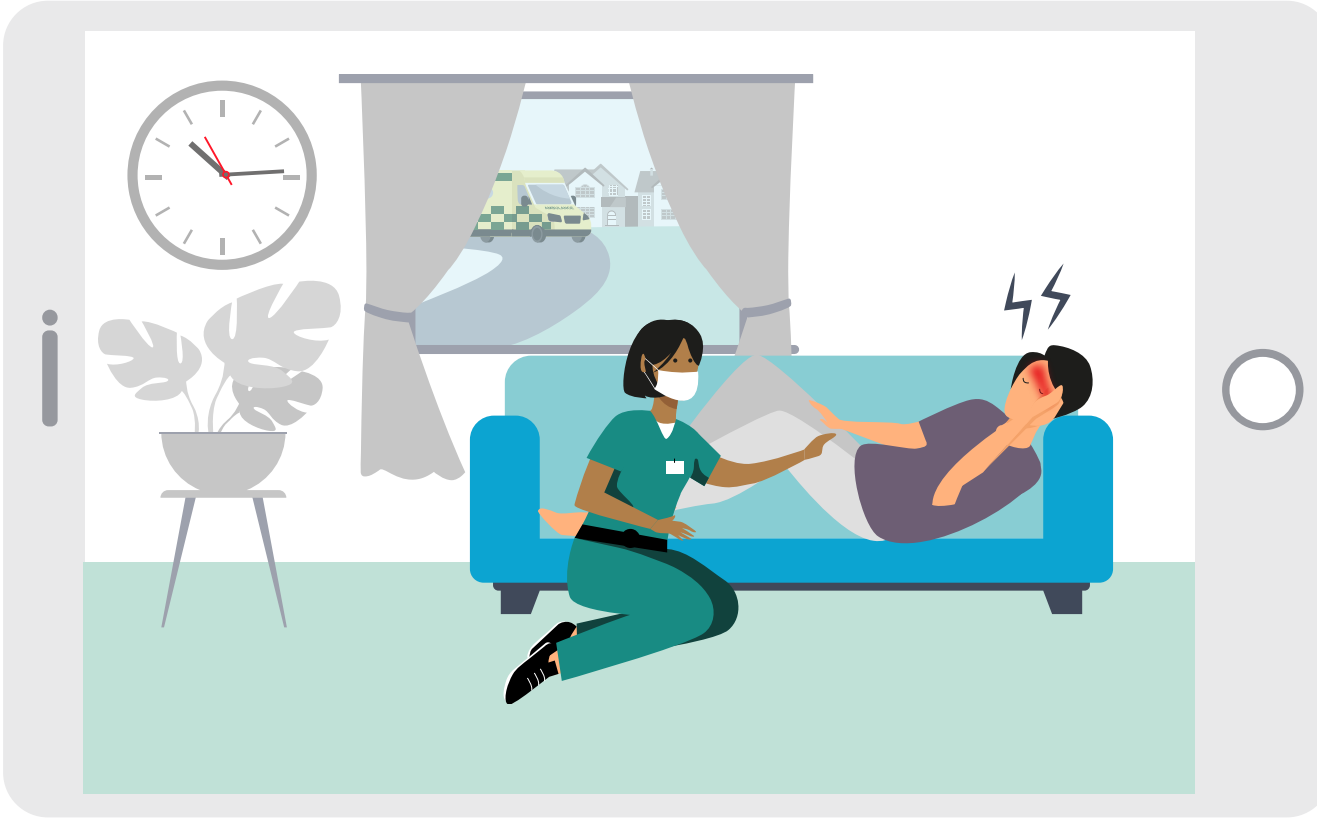


Current Ongoing Reviews

National Review of Patient Flow (Stroke Pathway)

Ineffective and inefficient patient flow can have a significant impact on the quality and safety of patient care. As a result, we decided to undertake a national review of Patient Flow. In order to assess the impact of patient flow challenges on the quality and safety of patients awaiting assessment and treatment, we elected to focus our review on the stroke pathway. We want to understand what is being done to mitigate any harm to those awaiting care, as well as understand how the quality and safety of care is being maintained throughout the stroke pathway.

The planning of the review commenced in autumn 2021, and the field work began in March 2022. Throughout our review we will consider how NHS Wales addresses peoples' access to acute care at the right time and if care is received in the right place, by people with the right skills, through to timely discharge from hospital services. We want to understand what is being done to mitigate any harm to those awaiting care, as well as understand how the quality and safety of care is being maintained throughout the stroke pathway. We aim to publish the review report during winter 2022-2023.



Review of Discharge Arrangements for Adult Patients from Inpatient Mental Health Services in Cwm Taf Morgannwg University Health Board

We made the decision to undertake this review following our assessment of a range of information sources which indicated significant concerns around mental health services within Cwm Taf Morgannwg University Health Board (CTMUHB). We commenced the review in January 2022 which will progress into late summer and the report will be published later in 2022. The focus of the review is to explore the quality and safety of discharge arrangements of adult patients from inpatient mental health units, back into the community.

Local Review of the Quality Governance Arrangements in Place within Swansea Bay University Health Board (SBUHB) for the delivery of Healthcare Services to Her Majesty's Prison (HMP) Swansea

We decided to undertake a review of the effectiveness of Swansea Bay University Health Board's quality governance arrangements for the provision and oversight of healthcare services in HMP Swansea.

The review assessed the actions taken by the health board to address the issues highlighted following previous inspections by Her Majesty's Inspectorate of Prisons, which we contributed to, and how effective the health board's quality governance arrangements are regarding prison healthcare. Our review concluded that the health board's quality governance arrangements do not adequately support the delivery of good quality, safe and effective healthcare services to the population of HMP Swansea.

We identified a need to strengthen these arrangements and raise the profile of prison healthcare within the health board to ensure that the quality of prison healthcare is designed, delivered, and monitored effectively. The review report details our findings and recommendations for improvement within several areas of the health board and Prison Partnership Board.

HIW recommended that prison healthcare, including the quality of the service, needs to feature more prominently on the health board's quality agenda, so that safe, effective care can be provided to the prison residents.
HIW asked the health board and Prison Partnership Board to carefully consider the findings from this review and act upon the recommendations set out within the report.

HIW continue to work with the health board to ensure improvements are made in a timely manner and will monitor the progress made. The report was circulated to other health boards to share lessons learnt, and to consider the findings against their own quality governance arrangements.

Joint Inspection of Child Protection Arrangements (JICPA)

During 2021, we worked jointly with four other inspectorates on a second pilot review of child protection arrangements. The review was undertaken in the Neath Port Talbot local authority which is situated within Swansea Bay University Health Board. It was led by Care Inspectorate Wales (CIW), and included HIW, Estyn, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation.

The focus of the review was to explore the arrangements in place for the multi-agency response to children at risk of criminal and sexual exploitation. On completion of the review, we identified several key strengths across the multi-agency partnership in relation to processes, structures and relationships which helped to facilitate effective partnership working where a child was at risk of exploitation. We also identified areas for improvement throughout the review, which included the need to strengthen contextual safeguarding, and the need to reduce the waiting times for Children and Adolescent Mental Health Services (CAMHS) assessment following referral.

In the last quarter of 2021-2022, HIW, CIW and Estyn submitted a joint business case to Welsh Government to secure additional funding to continue the JICPA work, to enable us to review processes within a further four local authorities across Wales. As part of the plan, we would complete work in six further local authorities and evaluate all JICPA reviews undertaken to produce a national report, which would be published in summer 2024 once all work is complete. A provisional agreement is now in place for the funding early in quarter one of 2022-2023.

To take action when standards are not met

We are responsible for inspecting, reviewing, and investigating NHS services and independent healthcare services throughout Wales. We inspect NHS services and regulate independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. When through our work we find this is not the case, we will take action so that health boards and their services know where they need to make improvements.

Service of Concern process introduced for NHS Bodies in Wales

One of the key priorities set out within our strategic plan was to take action when standards are not met. In line with this priority and wishing to increase transparency about how we discharge our role in providing assurance to the public regarding the quality and safety of healthcare services, we introduced a Service of Concern process for the NHS in November 2021.

This process is used when we identify significant service failures, or when there is an accumulation of concerns about a service or setting. The intention of the process is to support improvement and learning, both for the service in question, and across NHS services more broadly. Our escalation and enforcement process for independent healthcare currently utilises such a process.

The process may lead us to make a Service Requiring Significant Improvement designation. This enables us to plan and deliver future activities necessary to gain assurance about the quality and safety of care by a service. We then work with the health board and services to ensure improvements and effective actions are made in a timely manner. We will then consider and review whether the service can be de-escalated and removed from the process.

This process enables a range of stakeholders including health boards to take the rapid action necessary to ensure safe and effective care can be provided to people. The Service of Concern process has strengthened the action we take to drive improvement when services fall significantly short of the required standard. Examples of our use of this process are outlined later within this report.

Use of HIW's legal powers

In February 2022 following a criminal investigation relating to an unregistered service, HIW issued a caution for a breach of section 11 of the Care Standards Act 2000.

As the regulator of independent healthcare services in Wales, HIW is committed to taking action when standards are not met. In order to ensure that patients receive safe effective care the use of legal powers on this occasion highlights how HIW will take action when a healthcare provider does not comply with the regulatory requirements.

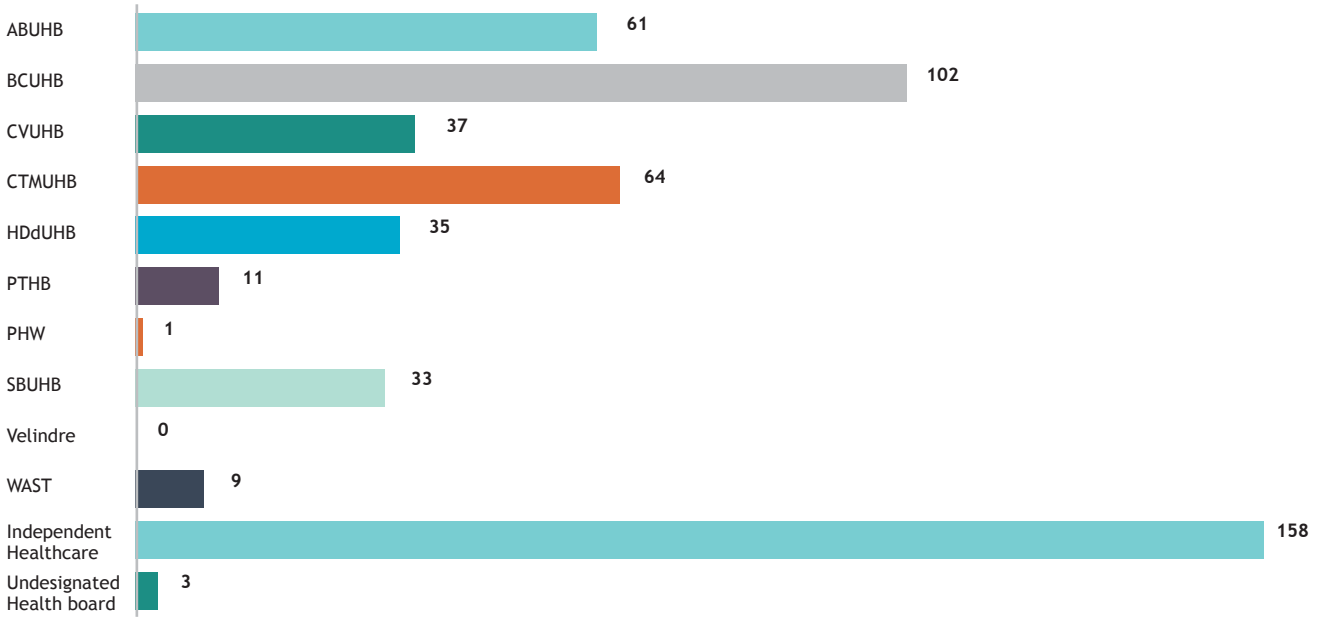
Concerns

The concerns we receive continue to be an invaluable source of intelligence to the organisation and their importance cannot be underestimated. Some of the onsite inspection work we undertook during 2021-2022 was as a direct result of concerns that had been raised with us. In addition to the evidence we have gathered directly from our inspection and Quality Check activity, we have also sought assurance from healthcare organisations in relation to concerns received.

In total, we received 514 concerns from April 2021 to March 2022. This represents an increase of eighty compared to the previous year. Of note, however, is that HIW is seeing a sustained increase in numbers of concerns being raised since the start of the COVID-19 pandemic.

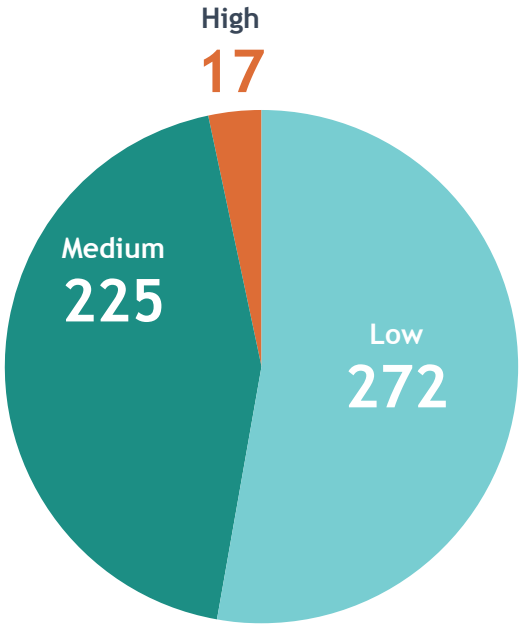
We have seen a **40% increase** in the number of concerns being raised since the 2019-2020 year.

Location of concerns



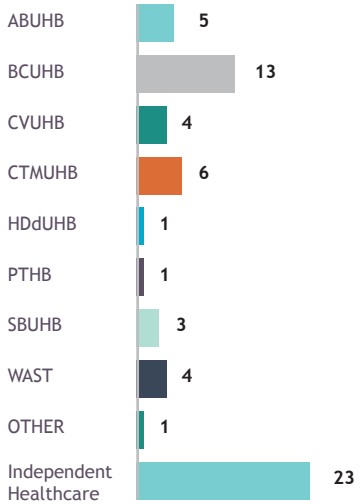
Concerns, Whistleblowing and Safeguarding

Risk levels of concerns received



- High-risk concerns require immediate action and response within 2 working days, either by HIW or other agency.
- Medium-risk concerns may require more direct HIW input, and responses should be actioned within 5 working days.
- Low-risk concerns are those concerns that are generally dealt with by way of signposting towards Putting Things Right or the respective local complaints process for independent health providers and responses should be actioned within 7 working days.

Whistleblowing Concerns



Whistleblowing Concerns

25 received for **2019-2020**

100 received for **2020-2021**

61 received for **2021-2022**

In total, we received 17 high risk concerns in 2021-2022. All high-risk concerns were evaluated, actioned and escalated and assurances requested from health boards / trusts or independent healthcare settings. Where appropriate we also contacted the local safeguarding team and shared any safeguarding concerns that we may have identified. At times we have also had to share information with the emergency services such as the police due to the nature of concerns raised or due to concerns over a person's well-being.

Concerns were received from a range of individuals including, patients, their families, friends, staff, and allied health professionals. It is important to note that of 61 concerns received from whistle-blowers, 37 were in relation to NHS health boards / trusts and 24 were in relation to independent healthcare settings. Common themes identified from concerns received were mainly in relation to two key areas. The first group of concerns were in relation to clinical assessments and treatment. The second group of concerns related to infrastructure, staffing, and facilities.

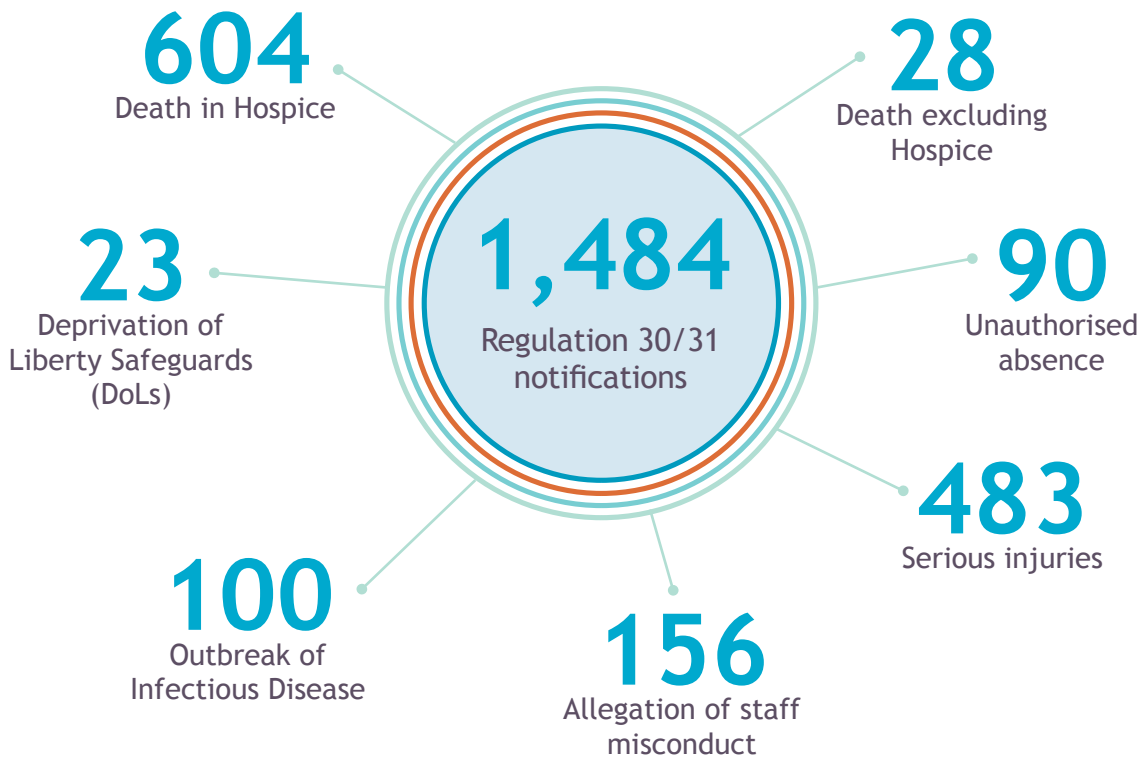
In total we received 404 safeguarding referrals from local authorities.

Local authorities and the police are the statutory lead for all safeguarding referrals and the final decision on action is made by them. HIW is invited to initial strategy meetings where we can have an input into any potential actions that are taken. We also review all referrals that are submitted, and the information is shared internally with relationship managers for intelligence. Relationship managers are the first point of contact for HIW staff and health boards/ trusts. They also take the lead in determining the inspection and assurance activity within each health board. If there is a need for further action, we write out to the health boards / trusts or independent healthcare setting and request assurance or a regulatory notification where applicable.

Regulatory Notifications

Independent healthcare providers are required to inform us of significant events and developments in their service submitting notifications against Regulation 30/31 of the Independent Healthcare (Wales) Regulations 2011.

In total we received 1,484 Regulation 30/31 notifications. A breakdown of the notifications is as follows:



This is a **36% increase** in the number of notifications we received, compared to 2020-2021. The number of serious injuries reported within independent healthcare services has increased significantly by **72%** over the last year.

During 2021-2022 we received 156 Regulation 25 notifications (The Private Dentistry (Wales) Regulations 2017).

They are as follows:

All notifications are reviewed by a case manager when they are submitted and then reviewed weekly by the Investigation team. For every notification submitted we request follow up information to provide reassurance that the incident has been handled appropriately and that the setting has attempted to mitigate the risk of similar incidents happening again. When similar themes are noted, we refer the information to the enforcement team and the escalation and enforcement pathway starts.

Death in Custody Reviews

It is the responsibility of the Prisons and Probation Ombudsman (PPO) to undertake an investigation of every death that occurs in a prison or approved premises in Wales. HIW supports these investigations by undertaking a clinical review of all deaths within a Welsh prison or approved premises. This collaboration has been formally outlined within a Memorandum of Understanding between the PPO and HIW. A link to the agreement can be found on our website.

The purpose of our clinical reviews is to critically examine and evaluate the quality of healthcare services provided to prisoners during their time within a prison or approved premises.

From 1 April 2021 to 31 March 2022, we were commissioned by the PPO to undertake 15 clinical reviews. This is one less compared to 2020-2021. These clinical reviews were conducted at four out of the six prisons located in Wales. No clinical reviews were undertaken in relation to HMP Prescoed or HMP Usk.

The table below identifies the number of reviews and their locations:

Location	Total
HMP Parc	7
HMP Berwyn	2
HMP Cardiff	5
HMP Swansea	1

Overall, our death in custody reviews highlighted that the care provided to prisoners in Wales was equitable with the expected level of care a person in the community would receive. Access to GPs, nursing staff and allied health professionals was deemed sufficient in the vast majority of our reviews.

In all of our clinical reviews we identified the need for improvement and highlighted good practice. There were two key areas highlighted for improvement, these were the need to ensure comprehensive and detailed documentation was completed for all patients and improvement in relation to the timely undertaking of investigations such as blood tests and x-rays.

Good record keeping is a fundamental part of delivering safe and effective patient care. An accurate documented record that details all aspects of the patient's care and treatment is fundamental as it contributes to the dissemination of information amongst different care practitioners involved in the patient's treatment or care. A specific area of documentation that was identified as needing improvement was the recording of physical observations as part of patient assessments. These observations provide a significant insight into a patient's state of health and can alert practitioners to the clinical deterioration of an individual.

It was acknowledged that on some occasions, delays were experienced by prisoners in obtaining blood tests and x-rays. Numerous factors were identified which can impact on the timeliness of these investigations being undertaken, such as transport and the availability of specific staff. In addition, vulnerabilities were identified in alerting healthcare staff when a prisoner had not attended an appointment. The importance of recognising these missed appointments need to be clearly embedded in policies and procedures and escalated accordingly to ensure individuals receive the required investigations.

Our clinical reviews highlighted that healthcare professionals working in prisons were motivated, dedicated and committed. Evidence showed that staff endeavoured to provide high levels of holistic care and treatment to their patients. HIW's findings following a review into the effectiveness of Swansea Bay University Health Board's quality governance arrangements for the provision and oversight of healthcare services in HMP Swansea did provide a differing perspective. Our review concluded that the health board's quality governance arrangements do not adequately support the delivery of good quality, safe and effective healthcare services to the prison population. We identified a need to raise the profile of prison healthcare within the health board to ensure that the quality healthcare is designed, delivered, and monitored effectively. HIW recommended that prison healthcare needs to feature more prominently on the health board's quality agenda, so that safe, effective care can be provided to the prison residents.

NHS Assurance and Inspection Findings

We continued to deliver a blended approach to assurance and inspection via onsite inspections and remote Quality Checks. There was ongoing work to develop and enhance current methodologies, which are the tools used to undertake inspection and assurance work. All methodologies continued to include a specific focus on COVID-19.

Hospitals

COVID-19 continued to impact the way in which we inspected and sought assurance of NHS hospitals throughout 2021-2022. During Winter 2021, rates of COVID-19 transmission continued to increase, including the emergence of the Omicron variant. It was important that we took a cautious approach to reduce burden on the services most affected. We therefore cancelled all routine NHS onsite inspection work throughout December and January. We still undertook onsite inspection work where we considered there to be a high risk to patient safety as a result of specific issues that we were aware of and was not possible to gain assurance remotely. All other work during this period we conducted remotely. In February 2022, we resumed all our routine NHS onsite inspections following the move to alert level 0 across Wales and the general decreasing trend in rates of COVID-19. We provided 24 hours' notice for inspections to elective, scheduled care areas where the flow of patients is planned, and COVID-19 precautions are structured around patients who are being admitted for planned surgery, or where there are patients with compromised immunity due to the treatment they are receiving and in maternity services. This allowed our inspection teams to communicate with NHS staff and for arrangements to be put in place so that the inspection could be undertaken safely. We continued to conduct unannounced inspections (no notice provided) of clinical areas within unscheduled care areas.

During this period, we undertook:

Of the eight onsite inspections we completed, two of those were categorised as a 'green' pathway[1].

Our onsite inspections and Quality Checks covered a variety of different types of hospital wards including emergency departments, maternity, oncology, cardiac, paediatric units, step down facilities and one minor injury unit.

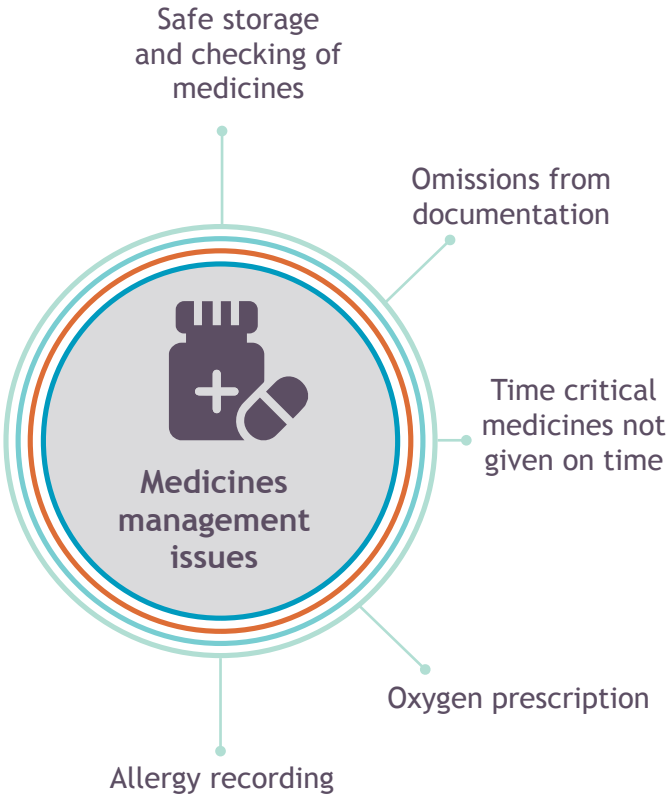
It was clear, from work carried out throughout the year, that there was significant and sustained pressure on the emergency care system, and that this directly impacted patient care. Through our inspection and assurance work we identified a clear difference between scheduled and unscheduled care. We identified many more areas requiring improvement within unscheduled care compared to scheduled care. In particular, scheduled care areas, such as oncology and cardiac wards, where the staff have more control over admission and can provide more patient centred care had fewer areas for improvement.

Although responses we received to our staff questionnaires indicated low staff morale, particularly related to challenges around staffing numbers and high demand for services, this did not generally seem to impact on the experience patients had of staff. Patients told us staff were kind and compassionate.

Our inspections continued to note low levels of compliance with mandatory training for staff. Mandatory training plays a key role in ensuring staff can provide safe and effective care to patients.

[1]The Green Pathway is the term given to COVID-free areas of a hospital. Within the pathway there are specific pathways such as surgical pathways. Measures taken can include patients being assessed as having no current risk of COVID and patients booked for surgery may be asked to self-isolate in their homes.

Medicines management continues to be a concern for HIW, as we identified issues across all of our hospital inspections in relation to:



Through our work we experience many clinical areas. We encounter patients who receive their care within and from services, and when visiting is possible, we also meet relatives, carers and others involved in their lives away from healthcare. We also encounter the staff working within services day to day; therapy staff whose work takes them to departments to support with specific issues, housekeeping staff whose input supports the smooth running of departments, and managers and senior leaders who provide the governance and leadership that is needed daily to ensure services achieve and maintain standards, and where necessary, improve. We have observed services at times of significant pressure, and the staff within them working relentlessly to deliver care. We have seen services at times when pressure is not significant, but staff still working hard to deliver care. We acknowledge the challenge and stress that sustained high pressure can cause. The case studies below demonstrate the way in which we continued to focus on patient safety in 2021-2022, challenging services and health boards to look for different ways of doing things when outcomes for patients could be improved.

Case Study - Inspection of the Emergency Department, Prince Charles Hospital, Cwm Taf Morgannwg University Health Board

In the following case study, we have focussed on the findings and outcome of an inspection we carried out of the Emergency Department (ED) in Prince Charles Hospital. This example of our work illustrates a department working under significant pressures leading to issues with patient safety. What happened next was an example of a health board working responsively and constructively to tackle the issues our work highlighted. By responding in this way, early progress was made in improving patient safety and outcomes for patients.

During our inspection in September 2021, we found that the ED, as the front door to a wider healthcare system, was experiencing a period of heightened pressure due to high demand on services. Patient flow throughout the hospital was clearly an issue.

We acknowledged that this was a very challenging and stressful environment for staff, who continued to work above and beyond in exceptional and challenging conditions.

The inspection revealed extensive issues in relation to patient safety, meaning that we could not be assured that patients in attendance at the ED were receiving safe care. These concerns related to inadequate infection prevention and control arrangements, ineffective arrangements for the segregation of COVID-19 patients, inappropriate or incorrect usage of Personal Protective Equipment, and numerous environmental factors impacting on the ability of staff to provide safe and dignified care. The department and GP assessment unit were significantly overcrowded to a level where this affected patients' dignity and safety. The paediatric area was not sufficiently staffed, and the environment was not conducive to safe and dignified care. Patients were not always monitored at a frequency which would identify deterioration and changes in their condition. Our discussions with staff also revealed concerns about their well-being, due to the environment that they were working within.

We used our Immediate Assurance process, where we formally write to a health board immediately after the inspection, to outline the urgent remedial actions that were needed to ensure patient safety. Our full inspection report identified the longer-term improvements that were required.

Key staff at the health board were positive in their response to our feedback, and in our subsequent engagement, with a clear commitment to addressing the issues highlighted. The health board's responses included a comprehensive set of actions, with much progress already made at the time our report was published.

Due to the significance of the issues found in the inspection, we undertook a follow-up inspection in January 2022.

At the time of the follow-up inspection, we found that the ED continued to experience a period of heightened pressure due to high demand on services. Once again, we acknowledged that this remained a very challenging and stressful environment for some staff, who continued to work above and beyond in exceptional and challenging conditions. Whilst some areas still needed attention, there were no urgent patient safety issues.

There was a clear commitment to addressing the issues highlighted in the initial inspection and we found that the health board had made significant progress in addressing most of the improvements raised in a sustainable way, rather than quick fixes to issues which cannot be maintained. The rapid and positive outcome achieved within this example is of note, with this being achieved through a constructive and supportive style adopted by senior leaders in supporting staff in the department. Staff felt there was a shared responsibility for improvement. Our work provided an insight into challenges at the department, and this will support the health board in continuing to improve delivery of care provided by the ED. The outcome of our work and the effort from the health board was improved patient safety in the department.

Case Study - Enhanced Quality Check Ysbyty Glan Clwyd, Betsi Cadwaladr University Heath Board

In May 2022, we identified the Emergency Department (ED) at Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board as a Service Requiring Significant Improvement.

This designation was based on an accumulation of evidence where HIW identified specific risks following a No Surprises Notification in January 2022, concerning potential unsafe discharge from the ED. A patient was unfortunately found deceased after discharge. Following insufficient assurances from the health board in response to HIW's initial correspondence, HIW undertook an in-depth review of the case notes of the patient involved. This review highlighted a number of concerns and significant patient safety concerns. This was fed back to the health board and assurance and actions were provided to HIW that safe care and treatment was being provided at this time.

HIW subsequently completed an enhanced Quality Check of the department in March 2022. Quality Checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas: infection prevention and control, governance (specifically around staffing) and the environment of care.

Due to the issues noted in January 2022, we expanded our usual methodology to seek assurance on how the health board ensures patients are cared for, and discharged, safely.

Our work identified numerous patient safety issues. We issued an Immediate Assurance letter, where we write to the health board immediately after the Quality Check, outlining urgent remedial actions to ensure patient safety.

Whilst the health board responded positively with a detailed action plan, the severity of the issues identified led HIW to remain concerned about wider patient safety at the department. Consequently, we undertook a full onsite inspection in May 2022 to inspect the full environment of care, and ensure the actions set out in the health board's response to the March Quality Check were completed and sustained.

Our onsite inspection identified further significant patient safety issues. We also identified areas where the health board's actions in response to the March Quality Check had been ineffective. We escalated our concerns to senior staff at the health board during the inspection, as well as at our standard feedback meeting at the end of the inspection. We received verbal assurances from the health board on actions that would ensure patient safety, and we issued a further Immediate Assurance letter on 9 May 2022.

Having considered the findings and evidence gathered since January 2022, HIW determined that the health board had not been able to demonstrate sufficient progress against several key areas of concern relating to patient safety and quality of care, with particular concern regarding the poor standard of nursing documentation. Our May 2022 onsite inspection highlighted that the health board had not demonstrated improvement to an acceptable standard in response to the Immediate Assurance issues identified during the March 2022 Quality Check. Furthermore, the May 2022 inspection identified several additional areas of concern relating to patient safety. As a result, we were concerned there was a risk to the safety of patients seeking care at the Emergency Department in Ysbyty Glan Clwyd.

The designation of Ysbyty Glan Clwyd Emergency Department as a Service Requiring Significant Improvement enabled HIW to plan and deliver any future activities necessary to gain assurance about the quality and safety of care in the service. This process considers the timing of any follow up activity, to enable HIW to decide whether the service can be de-escalated and removed from this process.

General Practice

We continued to use Quality Checks to seek assurance on the quality of care being provided by GP practices during 2021-2022. Our Quality Checks continued with a specific focus on COVID-19. During this period, we undertook 25 Quality Checks of GP practices across health boards in Wales.

It was positive to note from our assurance work that there was good evidence of GP practices using their membership of a cluster[2] to support the provision of patient care and sharing of ideas and good practice between GP practices. We noted that most GP practices had made significant changes to their practice environments to ensure that they were safe for patients and could be easily cleaned in response to the challenges of the COVID-19 pandemic.

However, it was disappointing to discover that at some GP practices there was a lack of cleaning policies and full cleaning schedules. We also noted a lack of completed risk assessments at some practices for home visits, practice staff and the environment. Policies and risk assessments are management tools which help to ensure that all staff are aware of what is expected of them, they can be used to help outline and ensure safe practice and they can help to maintain consistency in standards and support improvements in quality. Where these tools are absent or are not kept up to date it indicates a weakness in management practices, and this is of concern. GP practices and primary care leaders within health boards should ensure there are processes and systems in place to support effective management of these services.

We identified a theme through our activity and intelligence relating to the accessibility and availability of face-to-face appointments. This showed that although practices were doing their best to recover services affected by the pandemic, issues of access still persisted. People told us that they could not always get appointments when they needed them and found it difficult in some areas to access practices by phone. We also found that an element of digital exclusion has continued, with some people unable to access services in an equal way due to a focus on online and telephone consultations. We found that practices had continued to respond well to the challenges of the pandemic. This included releasing staff to provide vital support to vaccination programs and clinics. A number of areas had developed innovative approaches to manage consultations and meet the demands of their communities. As a result, we have redesigned our methodology for GP inspections and introduced new peer reviewers to this process. This will ensure that HIW keeps pace with the developments in this sector.

[2] A cluster is a group of GP surgeries working together to pool resources and share best practice in a bid to help patients remain fit and healthy, and to improve the way patients are cared for if they become unwell.

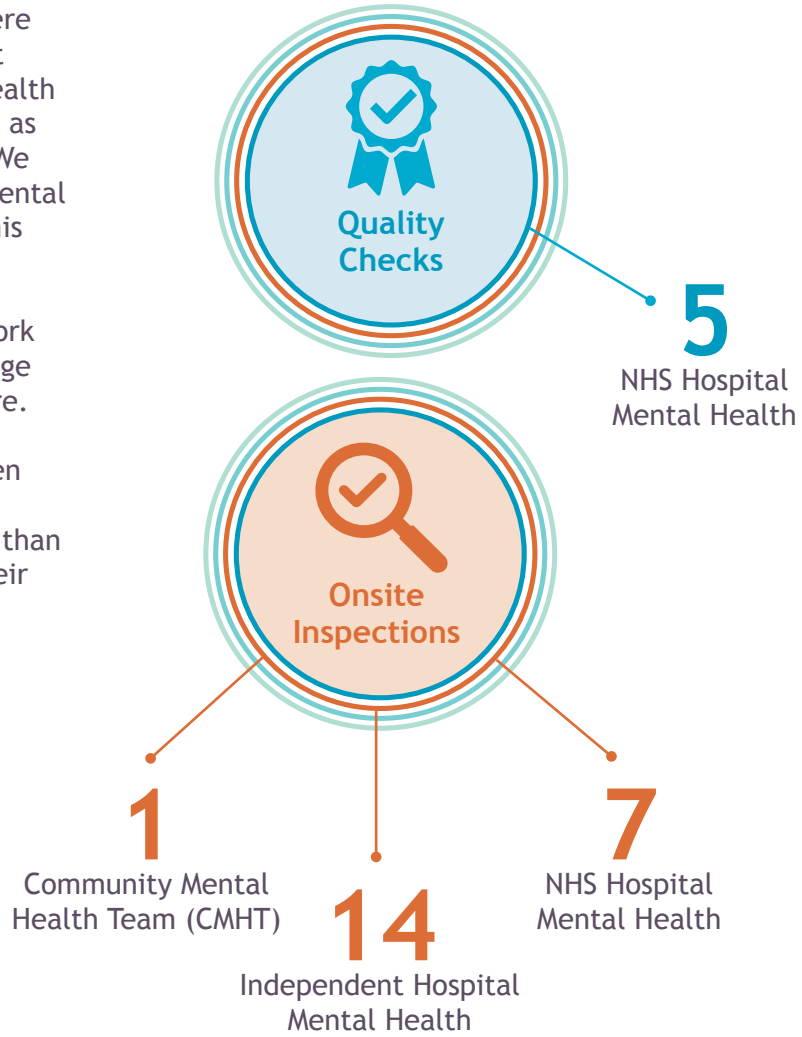
Mental Health

We look at how NHS mental health and independent mental health care services meet and comply with a range of professional standards and guidance, including the Mental Health Act 1983 and the Independent Healthcare (Wales) Regulations 2011.

The provision of mental health care during the pandemic has been challenging and complex for both the NHS and independent healthcare service providers. We continued to use a mix of remote Quality Checks and onsite inspections for our work to mental health care settings. This hybrid approach enabled us to seek assurance from services at a time when the risk threshold for conducting inspection visits was high and to conduct our work onsite when either the COVID-19 risk was lower, or where the risk to patient safety was of significant concern. Our Review Service for Mental Health (RSMH) continued during this time, as well as our concerns and notifications processes. We also continued to respond to patients in mental health settings who contacted us during this period.

Over the past 12 months, our assurance work evidenced several key themes across a range of settings in relation to mental health care. Mental health is challenging and complex and inspections highlighted staff were often required to intervene to manage patient behaviours and ensure their safety, rather than provide care and treatment bespoke to their needs.

During 2021-2022 we undertook:



Inspections also highlighted instances of:

- Mandatory training for staff not being completed or up to date
- Poor medication management including incomplete administration charts and medication being stored incorrectly
- Risks being identified and subsequently not addressed in a timely manner or not addressed at all
- An over reliance on agency staff and repeat periods of inadequate resourcing
- Care and treatment plans not being monitored and regularly updated
- A lack of governance oversight including collaborative working and sharing information for future improvement.

In most cases we found that staff working in services providing mental health care and treatment, treated patients with kindness and respect. We also saw that most services continued to work well to adapt to the changing needs presented by the pandemic. Patients were receiving compassionate care in most cases which promoted their independence and autonomy. We also saw that in some cases the recovery from the pandemic was going well, with improvements on previous inspections noted.

During 2021-2022 we inspected two out of the three children and adolescent mental health units in Wales, Tŷ Llidiard in Bridgend, and Hillview Hospital in Ebbw Vale.

Learning Disability

HIW undertook eight Quality Checks and five inspections of facilities providing learning disability services. In most cases, we found that patients accessing care in these facilities were receiving person centred and compassionate care and treatment. Tailored care plans were in place and allowed staff and patients to work towards common goals for the benefit of patients. We saw that staff interacted with patients in a kind and compassionate manner and worked hard to meet patient needs. However, we did find that staffing numbers were not always at a level which met patient needs. We also saw that the COVID-19 pandemic had negatively affected the promotion of independence in some of these settings. We saw in one case that there were significant issues relating to the environment, governance and safety of the unit. As a result, an Immediate Assurance letter was issued, and significant improvements were implemented by the Hywel Dda University Health Board.

The Second Opinion Appointed Doctor (SOAD) Service

HIW operates the SOAD service for Wales, and we appoint registered medical practitioners to approve some forms of treatment. The role of the SOADs is to safeguard the rights of patients who are detained under the Mental Health Act and either do not consent or are considered incapable of consenting to treatment (section 58 and 58A type treatments). Individual SOADs come to their own opinion about the degree and nature of an individual patient's mental disorder and whether the patient has capacity to consent.

They must be satisfied that the patient's views and rights have been taken into consideration. After careful consideration of the patient and approved clinician's views, a SOAD has the right to change the proposed treatment. For example, a SOAD may decide to authorise only part of the proposed treatment or limit the number of electroconvulsive therapies (ECTs) given.

The SOADs have a responsibility to ensure the proposed treatment is in the best interest of the patient. The appropriate approved clinician should make a referral to HIW for a SOAD opinion relating to:

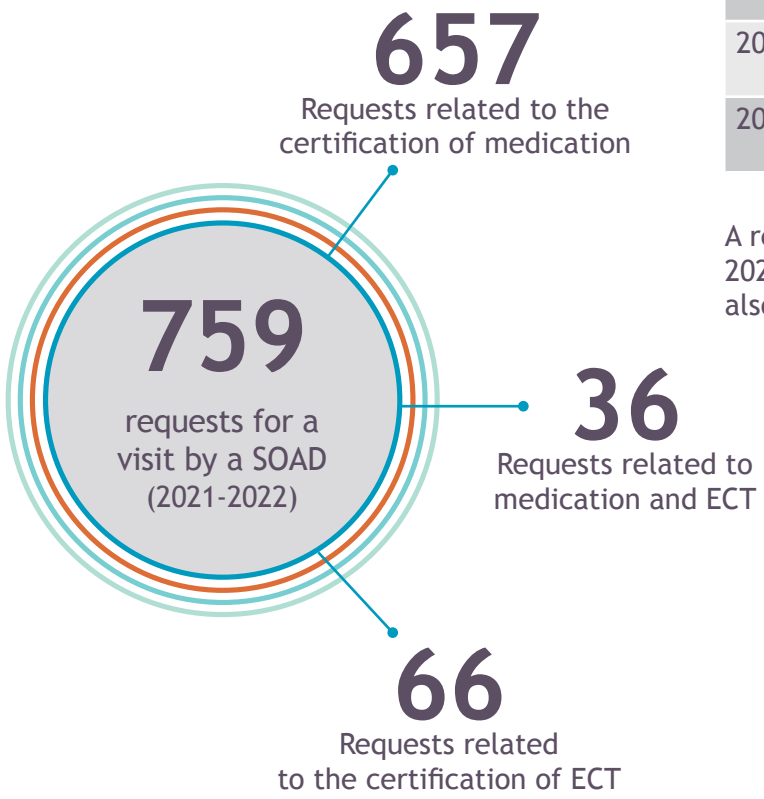
- liable to be detained patients on Community Treatment Orders (CTO) (Section 17A) who lack the capacity to proposed treatment or who do not consent for Part 4A patients
- serious and invasive treatments such as psychosurgery or surgical implements for the purpose of reducing male sex drive (Section 57)
- detained patients of any age who do not consent or lack the capacity to consent to Section 58 type treatments (section 58)
- patients under eighteen years of age, whether detained or informal, for whom Electroconvulsive Therapy (ECT) is proposed, when the patient is consenting having the competency to do so (Section 58A), and
- detained patients of any age who lack the capacity to consent to electroconvulsive therapy (ECT) (Section 58A).

Due to the ongoing COVID-19 pandemic and health and safety concerns regarding on site visits for the SOADs, in 2020-2021 we operated a temporary COVID-19 safe methodology for the SOAD service, wherein onsite hospital visits were temporarily suspended and replaced with teleconference or telephone call appointments. As we move to a post-pandemic operating model, the SOAD service now operates a hybrid methodology where onsite visits, where safe and practicable, are carried out, however, remote certification is still also utilised enabling the efficiencies gained from the remote methodology to continue, whilst ensuring patients safety and rights are prioritised.

We continue to work with Mental Health Act administrators in health boards and independent providers to ensure that patients get timely access to a SOAD and that the process is as smooth as possible to ensure that the rights of patients are protected. We attended the Mental Health Act Administrators annual forum and engaged with stakeholders directly to support understanding of our hybrid methodology.

In Wales during 2021-2022, there were 759 requests for a visit by a SOAD. This figure is a slight drop from the previous year, although it remains broadly consistent with figures from previous years.

These were:



The following table provides a breakdown of requests per year:

Requests for visits by a SOAD in 2021-2022

Year	Medication	ECT	Both	Total
2019-2020	855	50	27	932
2020-2021	869	60	27	956
2021-2022	657	66	36	759

A regular programme of training is provided to all SOADs to encourage best practice. In the year 2021-2022 training which focussed on depression treatment and medications was provided. SOADs also attended a session in winter 2022 focussing on Legal Updates to the Mental Health Act 1983.

Review of Treatment (Section 61)

Following the authorisation of a treatment plan by an authorised medical practitioner (SOAD) that has been appointed by HIW, a report on the treatment and the patient's condition must be provided by the responsible clinician in charge of the patient's treatment and given to HIW. The designated form is provided to the Mental Health Act Administrators office for all local health boards and independent settings for the Responsible Clinician to complete. For the sixth consecutive year HIW undertook an audit of these forms to ensure that adequate patient safeguards were in place. The treatments are reviewed by our lead SOAD for Wales on a monthly basis.

There remain very few instances where discrepancies are identified by the reviewer. Further improvements from our previous report continue in relation to the following areas:

- There continue to be minimal occasions where more medication is listed under the treatment description than is authorised on the CO3 form. In these instances, the reviewer highlights the need for a SOAD request to be submitted by the setting.

[3] The Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 are the principle regulations dealing with the exercise of compulsory powers in respect of persons liable to be detained in hospital or under guardianship, together with community patients, under the Mental Health Act 1983.
The Regulations prescribe the forms that are to be used in the exercise of powers under the Act, and these are set out in Schedule 1 of the Regulations. These Regulations (and the prescribed forms) came into force on 3 November 2008 and include CO forms.

Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)

HIW is responsible for monitoring compliance against the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). The regulations are intended to protect people from hazards associated with ionising radiation. Our inspection approach checks that services are compliant with these (IR(ME)R) regulations and looks at whether care and treatment is being provided in line with the Welsh Government's Health and Care Standards.

During 2021-2022 HIW completed seven IR(ME)R inspections, covering the three modalities of medical exposures. Six of these inspections covered the NHS and one covered independent hospitals.

HIW was assisted in these inspections by a Senior Clinical Diagnostic Officer from the Medical Exposures Group (MEG) of the UK Health Security Agency (UKHSA), who acted in an advisory capacity. All the inspections were undertaken onsite. As part of the process, we asked providers to undertake a full self-assessment and then we held discussions with staff about the content of the self-assessments and the supplementary evidence provided to support the self-assessment. Whilst onsite we also reviewed clinical and other relevant records as well as observing the environment in which services were delivered. We also requested patient and staff feedback through online surveys. The QR code to access the survey was displayed on posters in the services we inspected, and we promoted the surveys through our social media channels. Paper copies of the patient survey are also provided in advance of the inspection to the setting to accommodate patients who are unable to access the online survey. HIW received 273 completed patient questionnaires and 214 staff questionnaires covering these seven inspections.

Feedback from patients was overwhelmingly positive with patients confirming that they had been treated with dignity and respect and had been helped to understand the risks and benefits of the procedure they were receiving. During our IR(ME)R assurance activity we continued to meet experienced and committed teams of professionals, with a good team working ethos. Overall, staff we spoke with demonstrated a good awareness of their responsibilities under IR(ME)R and we were assured that examinations at all sites inspected were undertaken safely.

Medical Physics Experts (MPEs) are qualified staff who are able to act or give advice on matters relating to radiation physics applied to medical exposure in diagnostic radiology, nuclear medicine, and radiotherapy. We noted that the relationships between the various IR(ME)R locations inspected and the MPEs was good, whether this was provided as part of a service level agreement with another health board or by staff employed directly by the health board.

Some common themes have emerged across our IR(ME)R inspections this year. They are summarised as follows:

Employer's Procedures - on several occasions we identified that these did not provide enough detail and did not reflect the actual agreed practices staff described to us. We also saw examples where procedures were not up to date and had not been reviewed. Therefore, whilst staff could describe safe practises to us, we could not be assured that the written procedures would provide new, locum or agency staff with the required level of information to guide them in performing their relevant roles. Examples of common areas where detail was lacking in Employer's Procedures included:

- **The information supplied in the self-assessment form contained additional information which should be included in the employer's procedures to explain the process in more detail.**
- **Pregnancy employer's procedures and relevant documents did not always reflect the terminology used in IR(ME)R 2017. Also, pregnancy enquiry EPs were a common area where agreed practise described by staff was not reflected accurately in the employer's procedures itself.**

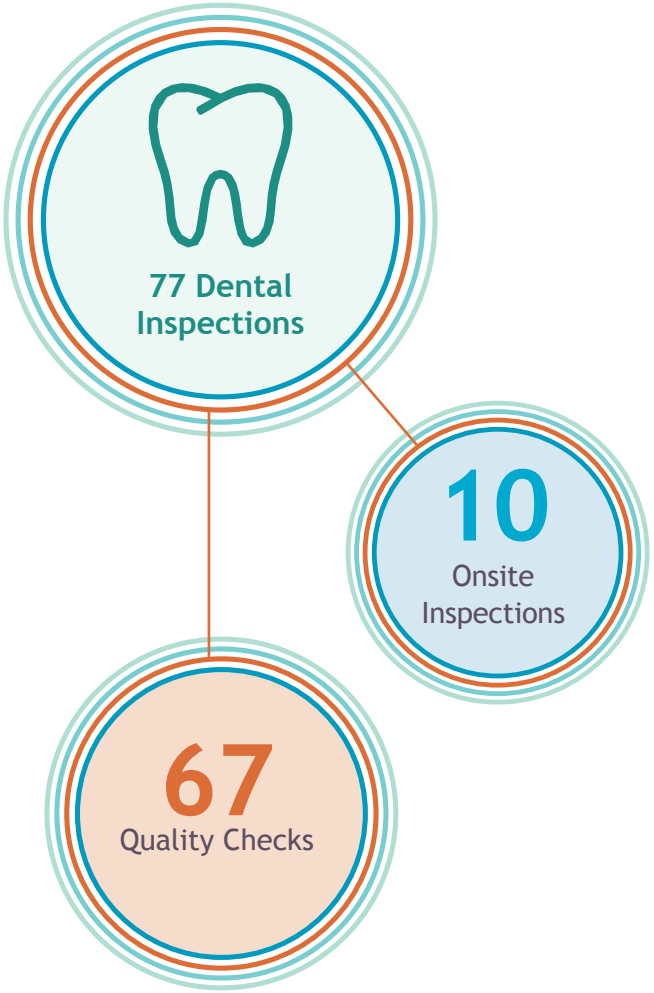
Entitlement - is the process of defining the roles and tasks that individuals, referred to as duty holders, are allowed to undertake. We identified that duty holders had not always been formally notified of their entitlement and scope of practice under IR(ME)R.

Clinical audit - is a key component of improving patient care through identifying areas for improvement and to promote effective use of resources and enhance clinical services. Audits should also highlight any discrepancies between actual practice and standards. Some instances were noted where the difference between IR(ME)R audit and clinical audits was not fully understood and as a result clinical audits had not been completed.

Staff Capacity - in most cases staff told us that they felt supported by senior management and the wider organisation. However, they did tell us that they struggled in terms of capacity to undertake all relevant tasks required as part of their duty holder roles. This may have been evident in the number of recommendations made in relation to mandatory training levels being low and appraisals not being completed in a timely manner.

We identified recommendations for improvement relating to collecting feedback from patients and informing staff of the results of this feedback. In most cases this was due to the COVID-19 pandemic which had reduced the collection of feedback. It is hoped that the process of collecting feedback would return to pre-pandemic levels in 2022-2023.

Dental Practices



Earlier in the pandemic, dental practices worked under a Red Alert which was issued by the Chief Dental Officer for Wales and which prevented them from undertaking any Aerosol Generating Procedures (AGPs). Enhanced cleaning and the requirement for time in between patients, led to a much more limited dental care provision than pre-pandemic. In summer of 2020 dental practices were able to increase the treatment they could provide and during 2021–2022 we saw them steadily increase service provision, working to recover back towards pre-pandemic levels.

During the year we undertook 77 pieces of assurance work across dental practices across Wales. Due to COVID-19 risk levels, we conducted most of this work remotely, and undertook ten onsite inspections where the level of risk to patient safety could not be explored remotely.

In three Quality Checks we had concerns which meant we needed to ask the practices to take immediate action to reduce risks to patient safety; we did this either via our Immediate Assurance process or issuing a Non-Compliance Notice, dependant on whether the practice provided NHS dental treatment, private dental treatment or a mixture of both. In one instance, a health and safety assessment had been correctly carried out by the practice, but the findings had not subsequently been acted on, leaving outstanding areas of health and safety concern. In the other two instances we found that there were inadequate seals to either flooring or to the flooring and worksurfaces in clinical decontamination rooms. Appropriately sealed floors and worksurfaces are necessary to reduce the risk of contamination and to support good standards of infection prevention and control.

Overall, we found evidence that dental practices had effective COVID-19 procedures in place to reduce the risk of virus transmission. This included social distancing, fallow time (settle time in between patients which is necessary for reducing levels of circulating air particles), and quick methods of communication with staff teams to ensure they received timely updates on COVID-19 procedures.

We also found evidence that many dental practices had considered the Welsh language needs of the patient population and were able to provide bilingual information to patients and a bilingual service where possible.

We were also pleased to note the efforts made by some practices to support and accommodate patients with additional needs to receive their treatment. One practice, 'MyDentist' in Wrexham told us that they held dedicated sessions, twice per year, for patients diagnosed with autism to receive treatment in a calming environment. Extra time was set aside for each appointment, lights are dimmed, and the radio volume lowered. We were also told that there were sensory toys, light blocking glasses and ear defenders available for patients to use.

Bryant Dental Practice also told us that during the pandemic, the practice utilised the 'Attend Anywhere' service and remote triage to reach patients who were too nervous to attend the practice due to COVID-19. We were also told that protected appointment slots are made available for vulnerable or at-risk patients at the start or end of each day.

We did find some common areas for improvement through our work. The majority of dental practices needed to improve their documentation recording staff training and ensure that all staff completed mandatory training sessions. We recognise that training has been challenging to source at times during the pandemic, but practices must continue to prioritise this as up to date training supports with quality and patient safety.

We found some areas of management and governance which needed strengthening:

- **A number of practices did not have a system which ensured all risk assessments were being kept up to date. We noted that some fire risk assessments were out of date. Risk assessments are an important management tool which helps to keep patients and staff safe and should be reviewed and updated regularly to reduce risks.**

- **Some dental practices did not have an up-to-date Infection Prevention and Control policy to work from. Whilst we acknowledge there have been some frequent updates to infection control advice over the course of the pandemic, correct IPC procedures (which should be governed through a policy) are crucial for maintaining patient safety.**

- **We also found numerous examples of practices not undertaking audits of their work. Audits offer an opportunity to review the consistency.**

Practices should ensure they take account of the above findings, considering whether they can apply any of this learning to their service to improve the quality and safety of care and treatment that is provided.

Independent Healthcare

Acute Hospitals

Due to the impact of NHS waiting times, independent healthcare is being utilised by patients now more than ever. After exclusively making use of remote Quality Checks throughout 2020-2021, it was important for our inspectors to return to onsite visits of independent hospitals to ensure patients received safe and effective care.

During 2021-2022 we completed four onsite inspections of Independent Hospitals.

Overall, our inspections found that safe and effective care is being provided to patients. Most patients who participated in the inspection expressed satisfaction with the care and treatment received.

Patients told us that staff were kind and caring and we observed good interactions between staff and patients, with staff supporting patients in a calm, dignified and respectful manner.

We found that the staff teams were committed to providing patients with safe and effective care and patients' care needs had been assessed by staff and monitored to promote patient well-being and safety.

The hospitals we inspected were clean and tidy and arrangements were in place to reduce cross infection. This is of high importance as during the time of our inspections, COVID-19 was still prevalent. However, even our most positive of inspections identified issues in medicines management procedures, for example, daily controlled drugs checklists not fully completed. We also noted issues with medications security, storage, and temperature checks.

We found good management and leadership in the hospitals with staff commenting positively on the support that they received from the management team. There was a clear multi-disciplinary approach to provisions of care across all three inspections.

Hospices

Hospices provide care to adults, young people and children who have a terminal illness or a long-term condition that cannot be cured. Due to the vulnerability of the patients, it is imperative that hospices have policies and procedures in place to protected patients from COVID-19.

During the year we completed:

Overall, our assurance and inspection work of hospices throughout the year was positive with evidence that services provided safe and effective care.

Adults

We noted the interaction between staff and patients was good and it was evidence that family members were engaged and involved in their relative's care. There were good examples of multi-disciplinary working to improve provisions of care.

Staff emphasised the importance of maintaining visiting as far as possible for the well-being of patients and their relatives, particularly for patients in their last days of life. Staff described how this was achieved in a timely and effective manner in line with public health guidance at that time. This included initially restricting visiting numbers and COVID-19 testing for relatives before visiting.

We did find some common areas for improvement through our work:

- Environmental risk assessments and action plans were not always complete.
- Low levels of completed mandatory training.

Young People and Children

During our inspection we observed staff being kind and respectful to children. We saw staff making efforts to protect children's privacy and dignity when providing assistance with personal care needs. We viewed staff communicating with children in a calm, friendly and cheerful manner. Staff were observed communicating with children in an encouraging and inclusive manner.

The multi-disciplinary team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as tissue viability nurses, speech and language therapists and dieticians.

Children who completed the online survey told us that they were involved in the planning and provision of their own care. Parents/guardians told us that they were being consulted and encouraged to ask questions and make decisions around care provision.

Treatment using a Class 3B/4 laser or Intense Pulsed Light (IPL)

The 2021-2022 year saw many registered lasers and IPL providers re-open their services to patients following a period of closure due to the COVID-19 pandemic.

[4] https://gov.wales/sites/default/files/publications/2019-07/the-national-minimum-standards-for-independent-health-care-services-in-wales-2011-no-16.pdf

Once these services reopened, we returned to seeking assurance that laser and IPL services were safe for patients through our Quality Checks.

During this period, we conducted 15 Quality Checks and one onsite inspection of laser and IPL registered providers across Wales.

The themes from our work during this time are set out below and providers should use these as learning points, considering whether they can make any improvements based on what we have found and recommended.

Registered laser and IPL services provided us with good evidence of COVID-19 procedures, such as social distancing arrangements for patients and staff in waiting areas. Many services also had comprehensive COVID-19 risk assessments in place. It was reassuring to find that many of the services had taken time during their period of closure to understand the COVID-19 regulations and put safe practices in place to reduce the transmission of COVID-19. We found that nearly all providers ensured that a face-to-face consultation was carried out on prospective patients prior to the start of any treatment. They also ensured consent was obtained from patients ahead of treatment taking place.

During our Quality Checks we discovered that not all providers had an up-to-date safeguarding policy. Safeguarding policies and procedures which are accurate and up to date are an important means of supporting safe practices. We also noted that not all providers had a valid set of local rules that refer to the current IPL device in place. Local rules are set by the Laser Protections Adviser (LPA) which outline the safe and correct use of the laser machine. Providers must have a contract in place with an LPA to be able to provide laser treatments safely and legally.

Many providers were required to update their Infection and Prevention Control Policy.
By ensuring the policy is up to date, providers can be assured that staff and patients are protected infectious diseases and infections.

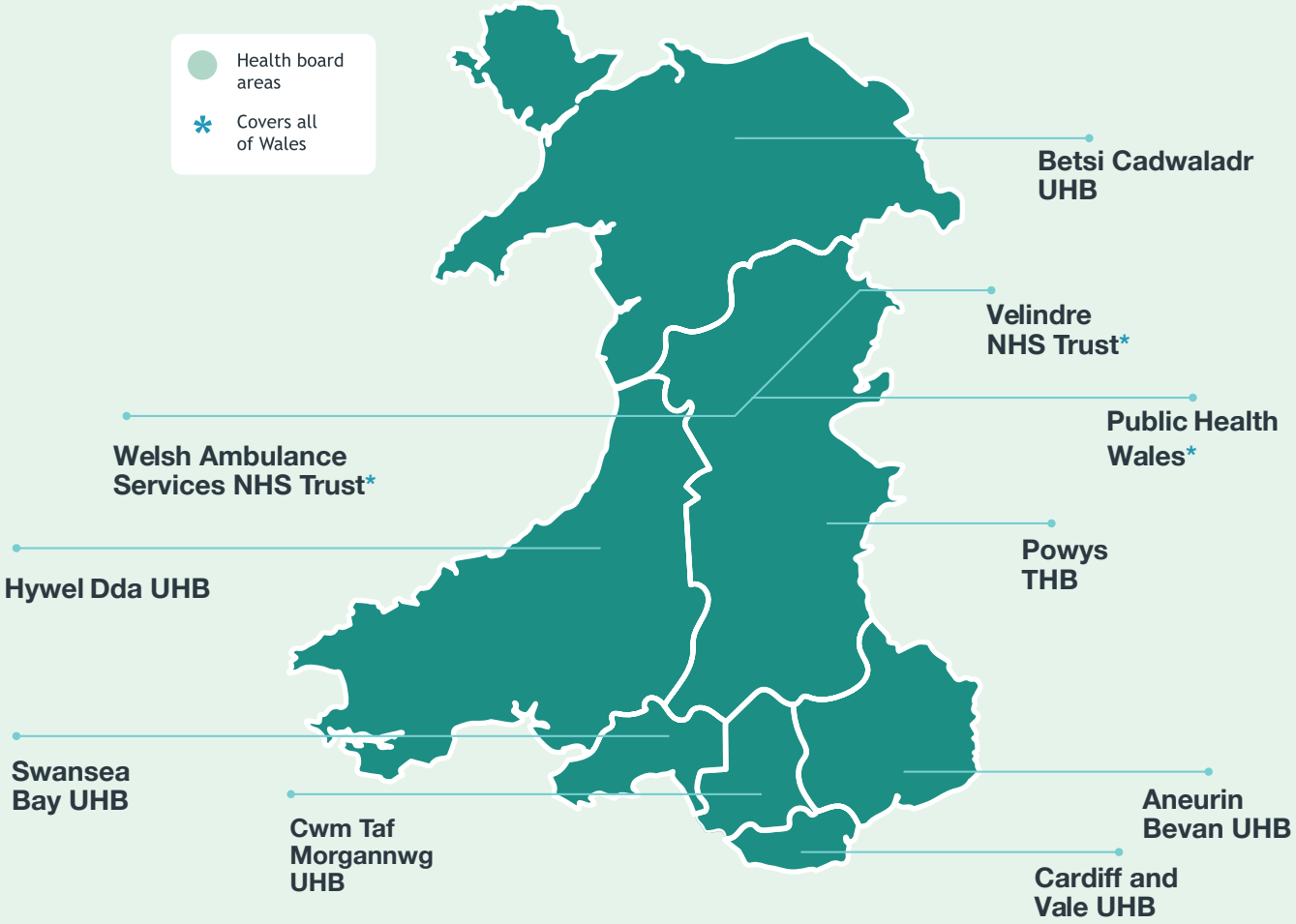
Nearly half of the providers did not have a policy in place which outlined how the service would approach the need to communicate and provide information in Welsh should the patient request it. Standard 18 of the National Minimum Standards of Independent Health Care Services in Wales[4] states that services should comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and address all language and communication needs.

NHS Health Boards and NHS Trusts

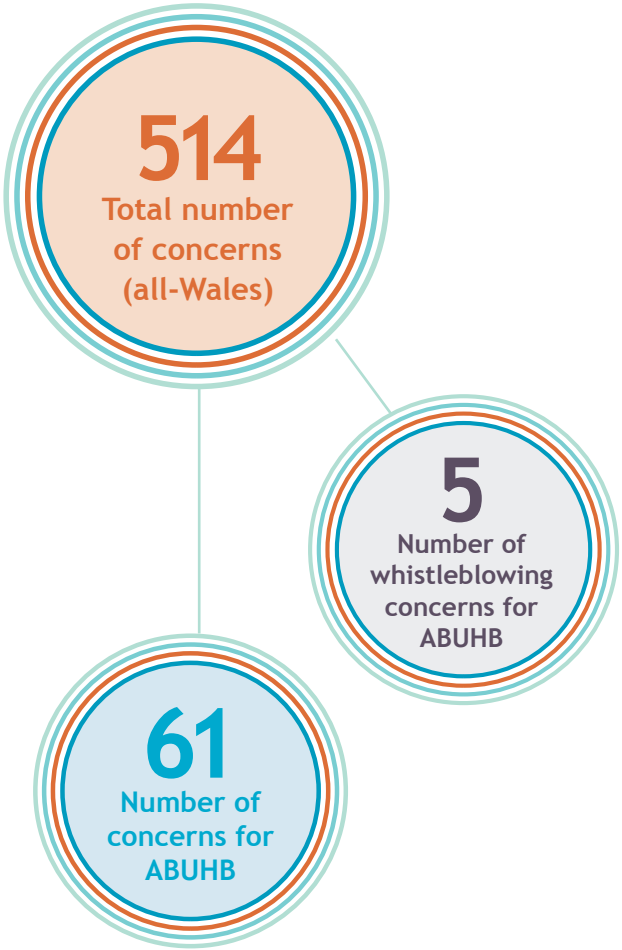
The period covered by this report, 1 April 2021 - 31 March 2022, continued to present healthcare services, and health boards with unique pressures and challenges.

This year they have faced not just the challenge of dealing with COVID-19 itself, but the added challenge of recovering services, tackling long waiting lists and demand for services as a result of many being paused in the initial pandemic response.

Across Wales we noted some common areas of concern through our work; in general, these were pressures associated with recovery of services, waiting times for treatment and significant issues with patient flow in hospitals, and notable pressure and demand on children's services, mental health services and primary care.



Aneurin Bevan University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	9
GP	5
Hospital	2
Learning Disability	1
Community Hospital	1

Onsite	3
Hospital	2
IRMER	1
Mental Health Hospital	1

Within Aneurin Bevan University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

During this period, we have seen evidence of Aneurin Bevan University Health Board working hard through difficult times to resolve the issues that have arisen from the pandemic and in specific service areas where there have been particular challenges.

Changes made to governance structures during the pandemic have been carried forward due to the beneficial impact the health board found these had. We noted that engagement with senior leaders continued to be positive and considered that communication between the health board and HIW had shown improvement.

The health board has been proactive in sharing the learning from our assurance and inspection work across its services and has also proactively worked to deliver and embed actions for improvement that we have recommended through our work. The health board has kept us up to date on its progress on a regular basis.

A challenge for the health board throughout this time has been the newly opened Grange hospital. We undertook an onsite inspection to the emergency department and found several issues, some of which required immediate attention to improve patient safety. Staff who responded to our questionnaire told us about feeling pressured and struggling to cope with high levels of demand. High levels of demand for emergency department treatment have been seen across Wales, but this coupled with a new department, new building and new team pose an additional challenge and we urged the health board to continue with the positive input to support the department as it matures as a service.

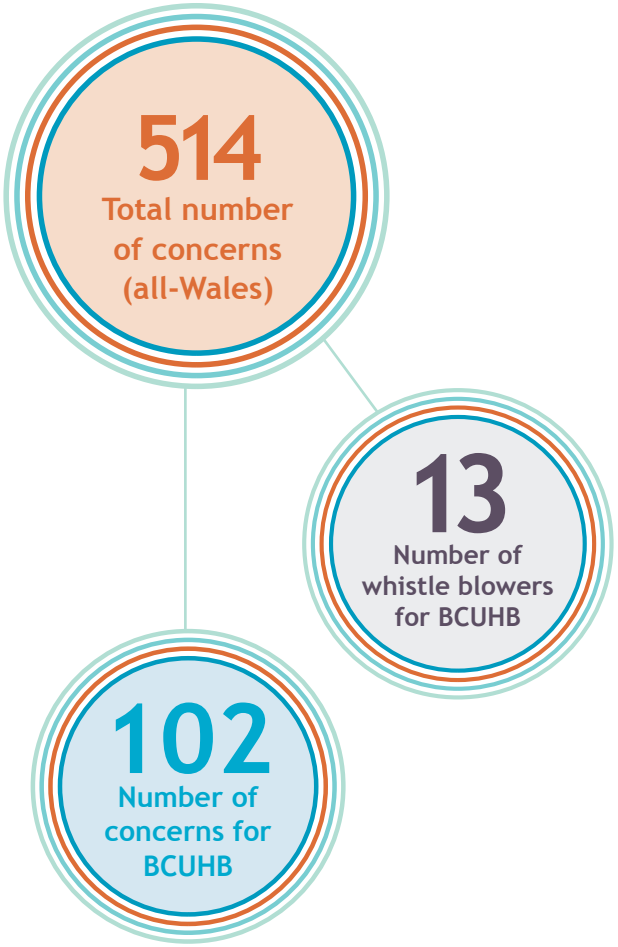
In many of our Quality Checks, our findings were positive, in particular around access to PPE, with minimal improvements required in any area. However, we were disappointed to note that compliance rates with mandatory training continued to need improvement.

During this period, we noted the health board working hard to maintain service delivery in the face of some substantial staffing challenges. At times, emergency actions have needed to be taken, such as temporarily pausing some services until staffing levels were safe again. Recruitment drives and promoting positive working cultures across services will need to be areas of focus for the health board as it continues to tackle this challenge.

The concerns we received the most for Aneurin Bevan UHB related to:

- **Clinical Assessment**
- **Infrastructure (Staff facilities and the environment)**
- **Treatment / Procedure**

Betsi Cadwaladr University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	7
GP	3
Hospital	2
Learning Disability	2

Onsite	4
Mental Health Hospital	2
IRMER	1
Learning Disability	1

Within Betsi Cadwaladr University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.
During the period in question, the health board had recently come under the leadership of a new Chief Executive, Jo Whitehead, who was appointed in January 2021. We noted positive evidence of change at this most senior level through open dialogue and a commitment to working together with us and other partners to help bring about change and improvement in services throughout the health board.

We noted that the culture in many areas across the health board still required work to ensure that staff feel empowered to challenge issues and raise concerns. It is critical that the health board continue to work on this area, empowering staff and developing a culture where staff feel confident to raise concerns and constructively challenge.

As a result of ongoing concern about standards of care in mental health inpatient services at the health board we conducted two onsite inspections to the Hergest unit. We were concerned to find issues relating to staffing levels and significant staff fatigue, and infection prevention and control during our inspection work to Hergest.

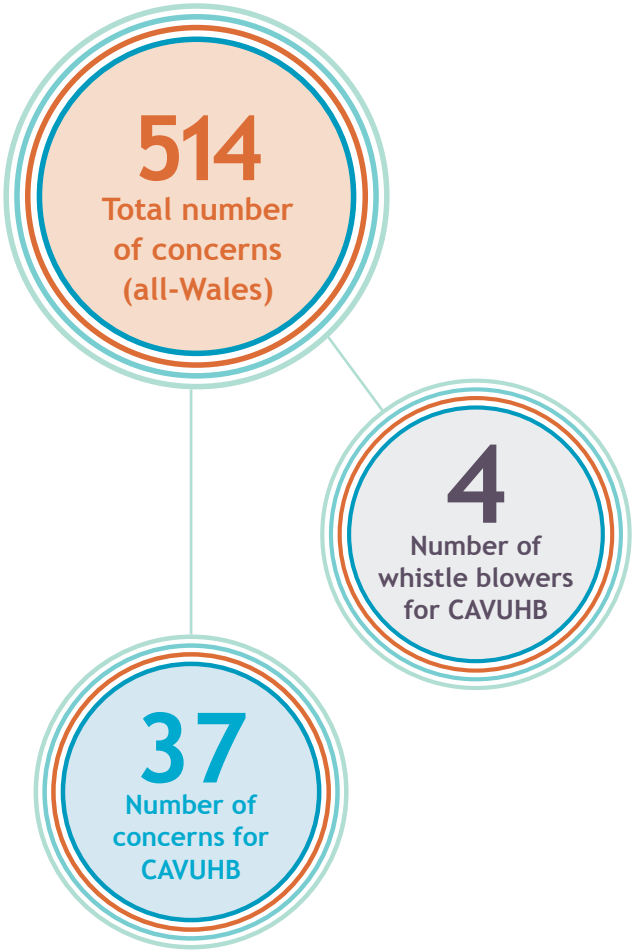
The health board responded constructively to the challenges we raised as a result of this work, but continued input from the health board will be necessary to bring about and sustain the level of improvement needed in this service. We will continue to monitor the progress made against the specific recommendations we made following our inspection to Hergest and will consider how the learning is shared to other services across the health board.

Poor record keeping was also an area of concern emerging through our ongoing work and monitoring of the health board. As a result of this emerging trend, we specifically focussed on record keeping in work within the health board during this year. We undertook an offsite Quality Check of the emergency department at Ysbyty Glan Clwyd in March 2022, with a significant focus on the evidence drawn from patient record keeping. We found a high level of risk to patient safety through this work and requested the health board take immediate action to reduce the risk. The outcome and findings of this work have contributed to the overall view of this specific service as an emergency department in Wales. We will continue to monitor the progress the health board makes in this specific department and how the learning is shared and used to shape improvement across their services.

The concerns we received the most for Betsi Cadwaladr UHB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Whistleblowing**
- **Clinical Assessment**

Cardiff and Vale University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	6
GP	5
Hospital	1

Onsite	3
Hospital	1
IRMER	1

Within Cardiff and Vale University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care provided by the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

Through our assurance work, we did not identify any significant concerns during the year. However, we noted a significant increase in demand for services, as the health board began recovery form the pandemic. This was also evident within the University Hospital for Wales Emergency Unit, which saw a rapid rise in demand at a time where additional measures were required to help maintain adequate infection prevention and control. The health board is undertaking a significant amount of work to improve the infrastructure, environment, and processes to manage this. We also noted significant pressure within the health board's Mental Health services including Child and Adolescent Mental Health Services (CAMHS).

This includes the timely compliance with referral, assessments, and treatment times. However, the health board has made progress with some improvements already in these areas.

Bed availability within inpatient CAMHS units nationally, is at a premium. Challenges remain in the health board, with its ability access CAHMS inpatient services in other localities.

As a result, where children and adolescents require inpatient treatment, and beds are not available in a specialist unit, some patients require admission to general paediatric areas, with the support of registered mental health nurses, and at times, older adolescents have been admitted to the adult inpatient services located in Hafan Y Coed. The challenge for the health board will be to sustain and continue improvements in this area, particularly when the demand for CAMHS services remains high. We will continue to monitor our findings for the past year throughout the 2022-2023 inspection year. This will include undertaking planned and reactive inspection and assurance work as necessary, maintaining our relationship manager communication with the health board and partner organisations and through our engagement with service users and staff. This will enable us to check that healthcare services are provided in a way which maximises the health and well-being of people who use services within the health board's hospitals and its community services.

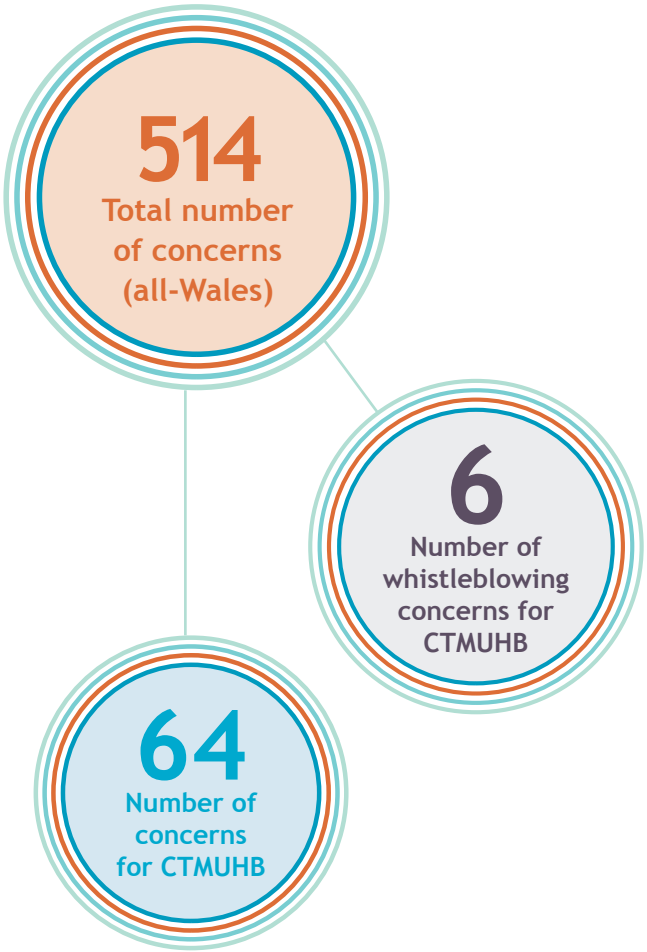
Throughout the year, we identified that the health board teams have continued to work tirelessly during several significant challenges which remain as a result of the pandemic. These challenges include an increase in staff absences and vacancies, stretched services and the resulting impact these challenges can have on staff well-being and patient safety. The health board has been proactive in supporting its staff, with a plan in place to support their health and well-being.

Our engagement with the executive team has continued to be positive and constructive, both to HIW and the health board. There has been number of changes within the executive team which included the appointment of a new Chief Executive, and the recruitment process in place to obtain additional key executives, which included the Executive Director of Nursing, Medical Director, and Chief Operating Officer. We endeavour to maintain our positive relationships with the executive team and other senior leaders.

The concerns we received the most for Cardiff and Vale UHB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Mental Health Act**
- **Clinical Assessment**

Cwm Taf Morgannwg University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	9
GP	3
Mental Health Hospital	3
Learning Disability	2
Hospital	1

Onsite	5
Hospital	3
IRMER	1
Mental Health Hospital	1

Within Cwm Taf Morgannwg University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

Overall, we found that the health board was continuing to make progress against the joint Audit Wales and HIW review of governance conducted in 2019. Both organisations jointly followed this up during 2020, reporting in May 2021. We found that there was a greater strategic focus on quality, safety and risk than had been previously found. However, we noted that it was too early to fully assess the effectiveness of the improvements and consequently we will be undertaking a further follow-up review during 2022-2023.

As a result of growing concern about the Emergency Department in Prince Charles Hospital, we carried out an unannounced inspection of the unit. We had significant concerns about patient safety and the potential high levels of risk to patients because of our findings. We were pleased that the health board responded very positively to our findings, noting their openness and willingness to work on tackling and addressing the issues we had highlighted through our work. We returned to the department unannounced four months later to consider their progress and could see several improvement initiatives in place which were already beginning to make a difference. We noted, however, that there were still areas which needed more work and urged the health board to maintain the momentum behind the improvement.

A challenge for Cwm Taf Morgannwg University Health Board will be around sustaining these improvements. Some of the issues we identified indicated that the culture at the department needed to be addressed. Where there are cultural issues, the challenge of maintaining the impetus and embedding changes may be greater. In a health board that has previously faced challenges with quality governance, it was positive to note the beginnings of change and the progress made by the health board to improve and sustain those improvements. The work done on improving the culture, values and behaviours across the organisation is a positive step for the whole health board but one that will need continued focus to make sustainable change.

The concerns we received the most for Cwm Taf Morgannwg UHB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Treatment / Procedure**
- **Clinical Assessment**

Hywel Dda University Health Board

Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	8
GP	2
Mental Health Hospital	2
Learning Disability	2
Hospital	2

Onsite	3
Hospital	2
IRMER	1

Within Hywel Dda University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

During this period, we have seen evidence of Hywel Dda University Health Board working hard through difficult times to recover services following the early restrictions of the pandemic. Through our engagement with senior leaders in the health board and observing at quality and safety meetings, it has been evident that quality is clearly embedded in their approach to leading the health board, and we have seen a strong focus on a learning culture.

Difficulty in recruiting qualified staff continues to be a challenge for the health board, although there had been an increase in numbers of applicants for roles as healthcare support workers. The health board has continued

to tackle recruitment challenges through initiatives such as the use of an apprenticeship scheme, which enables people to work and gain healthcare qualifications. Resilience across their services has been fragile at times due to the staffing issues and compounded by the rurality and geographical spread of the health board and their hospitals. We note that senior leaders continue to plan and work proactively in an attempt to develop sustainable services for the future.

We carried out an offsite Quality Check of one of the health board's inpatient learning disability services and had significant concerns about the safety of the environment and the day-to-day management of risks in a service which was caring for vulnerable patients. The health board responded very quickly and constructively to the issues we identified and sped up their intention to discharge the patients to alternative placements. This action meant the service was empty and the health board did not admit any further patients for the remainder of the year while they worked to tackle the numerous service delivery issues that were present. We will continue to closely monitor the progress and re-opening of this service through our work and will consider further intervention and escalation if necessary. Through our partnership working with the Community Health Council (CHC), we were made aware of reports of poor patient experience within maternity services provided by the health board. The CHC ran a survey asking for experiences of maternity services within the health board. The results were mixed and saw several negative responses from patients. We engaged with the health board and have monitored their initial response to the issues; the challenge for them will be to fully embed the changes and maintain the momentum behind the improvements. We will continue to engage with the CHC to understand whether the patient experience within these services is improving and will consider future assurance work to check on the improvements in service delivery that have been made because of these interventions.

The concerns we received the most for Hywel Dda UHB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Treatment / Procedure**
- **Self-harming behaviour**

Powys Teaching Health Board

Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	2
GP	2

Onsite	3
Hospital	1
CMHT	1

Within Powys Teaching Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

During this period there have been several changes to senior leadership and management within the health board. This includes staff leaving, retiring, and undertaking secondments elsewhere within the organisation. Due to the level of recruitment, this is an area which may take time to stabilise, but it has been positive to note that the executive team is focusing on supporting and embedding leadership changes as a priority in support of their workforce and the continued delivery of frontline patient care.

There has been continued positive engagement with the leadership team, including regular and ongoing meetings with the Director of Nursing and Medical Director throughout the year.

Powys Teaching Health Board commissions a significant proportion of its services from providers in both England and Wales. There are arrangements in place to monitor the performance of the providers used to deliver services to Powys patients via a Commissioning Assurance Framework. However, some of the performance data was paused earlier in the COVID-19 pandemic, therefore this monitoring arrangement has not been fully functional throughout the year. As some services are provided by other health boards and trusts, the restarting of services has been variable, leading to a potential inconsistency and impact on Powys residents.

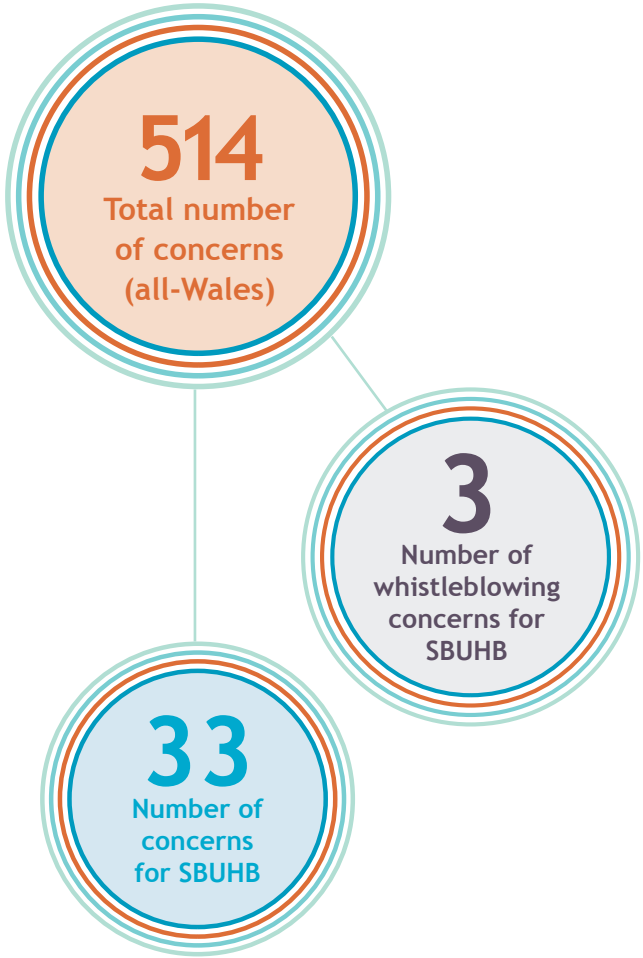
The health board has been monitoring this closely, reporting issues openly at quality, safety, and performance forums. We will continue to engage with the health board on this to ensure we remain up to date on this complex situation, and we will consider future work to better understand commissioning arrangements.

We undertook an onsite inspection to the mental health ward at Bronllys Hospital and identified that there had been limited improvements to some of the recommendations we had made at an inspection we carried out there in 2019. The lack of progress seemed to be particularly around the buildings and maintenance issues that we had identified. We urged the health board to improve their oversight of this area and make progress on these actions. Since then, it has been pleasing to observe updates provided by the health board to their quality and safety committee regarding the overall progress made against HIW recommendations and their subsequent completion.

The concerns we received the most for Powys THB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Treatment / Procedure**
- **Clinical Assessment**

Swansea Bay University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	8
GP	5
Hospital	2
Learning Disability	1

Onsite	4
Learning Disability	1
Mental Health Hospital	1
IRMER	1
HMP	1

Within Swansea Bay University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

During this period, we have seen evidence of Swansea Bay University Health Board working hard through difficult times to resolve the issues that have arisen from the pandemic and also in specific service areas where there have been particular challenges.

There have been changes in the executive team over a number of years, however, the health board has made new executive appointments, including a new CEO and Executive Nurse Director. We also note the positive impact of stability in the executive team will require time to achieve and will continue to monitor progress through our work.

As a result of negative findings from a previous HIW inspection to Morriston Hospital Emergency Department in January 2020, we undertook an offsite Quality Check to check on progress and to consider how the department was responding to the ongoing challenges of the pandemic. We found that there had been improvements made but a significant demand for emergency care and lack of capacity elsewhere in the hospital due to the high number of inpatients was continuing to be a challenge. We were concerned to find that the training data being maintained by the department was not up to date so we could not be assured that there was an appropriate number of trained staff covering the area. The health board responded positively to this challenge and was able to assure us of sufficient numbers of trained staff by providing additional evidence. Whilst this is one specific example, we noted that demand and capacity challenges were present in other areas, these can present immediate challenges and divert the focus away from longer term improvement work.We were pleased to see that the health board was continuing to look for solutions to demand and capacity issues, such as dedicating the Neath Port Talbot site for planned and elective surgical procedures, supporting a better flow of patients at acute sites and to ensure continued attempts to reduce lengthy waiting lists. We recognise this is an ongoing challenge for the health board which will need to support and maintain the resilience of its workforce to meet continued high demand.

We also carried out a review of the governance arrangements in place by the health board in the provision of healthcare services to the prison population in HMP Swansea. This review was as a result of previous concerns raised by Her Majesty's Inspectorate of Prisons (HMIP) regarding the prison. The evidence we gathered pointed to gaps in oversight by the health board and processes that were not robust enough to ensure an effective service was being provided. The health board responded constructively and positively to our findings on this and will need to continue working on the recommended actions in order to create and sustain improvement.

The concerns we received the most for Swansea Bay UHB related to:

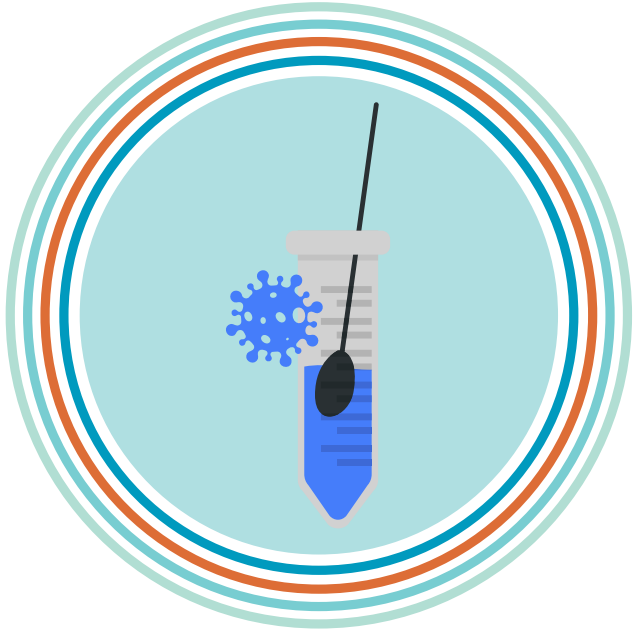
- **Infrastructure (Staff facilities and the environment)**
- **Safeguarding**
- **Clinical Assessment**

Public Health Wales

Within Public Health Wales, during the 2021–2022 period, our work to seek assurance on the safety and quality of care within the trust comprised of consideration of the themes and trends arising from concerns, attendance at quality and safety meetings, engagement with the senior executive team, monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)]. The view of the trust developed over this time is a culmination of all the above sources of evidence.

During this period, we observed Public Health Wales providing an important contribution to the ongoing surveillance of COVID-19 rates and communication of this to the public. Health Improvement programmes demonstrated innovation to delivering services remotely. Valued work was undertaken to support schools and businesses look after the emotional and mental well-being of pupils and staff as the nation came out of the pandemic. The delivery of vital public health screening services provided by the trust continued to be impacted by the COVID-19 pandemic. We saw evidence of services working to overcome these challenges in line with agreed recovery plans. Dedicated resource has been invested to tackle demand for each service and find solutions to the loss of community facilities which were used to host clinics pre-pandemic.

We recognised improvements with the recovery of services such as bowel and cervical screening and activities operating at pre-pandemic capacities for services such as breast screening and abdominal aortic aneurysm screening. We have noted the trust has an open and constructive culture amongst their staff and senior leaders which is positive as they continue working post-COVID-19. Through our work and engagement with the trust we will continue to monitor these areas which have been a particular challenge and will consider undertaking assurance work to further investigate issues as appropriate.

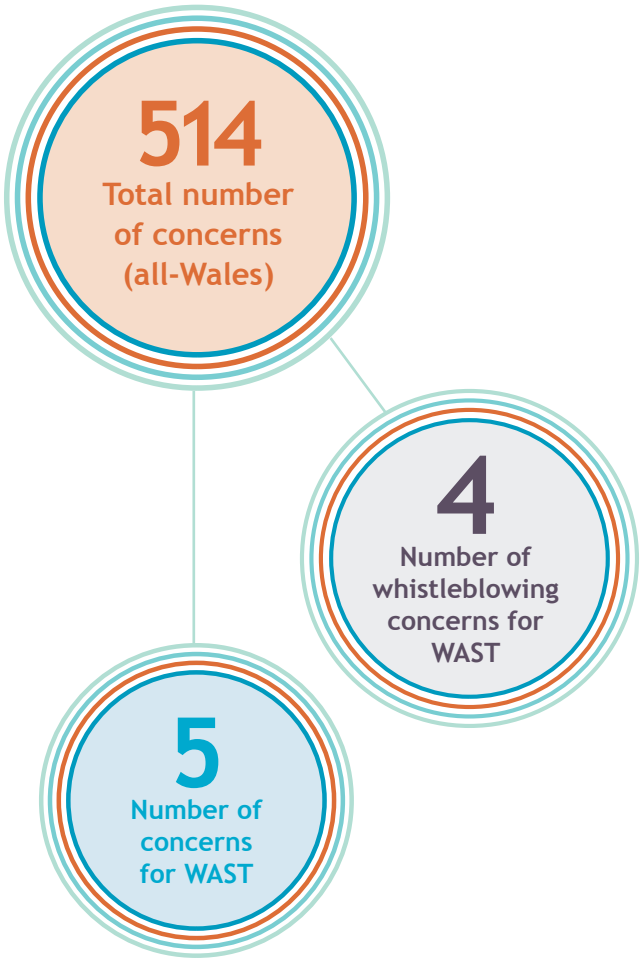


Velindre University NHS Trust

Our work to seek assurance on the safety and quality of care within Velindre University NHS Trust during the 2021–2022 period comprised of an offsite Quality Check of the inpatient service and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)].The view of the trust developed over this time is a culmination of all the above sources of evidence.

We saw evidence of Velindre University NHS Trust working very hard to maintain the services they provide through specialist cancer inpatient and outpatient services, and also across Wales through the Welsh Blood Service. COVID-19 remained the biggest risk to service delivery with staff absences, capacity reductions and increasing patient numbers impacting on the trusts ability to reduce waiting times for treatment and services such as radiotherapy. Attempts to undertake HIW assurance work at the trust were hindered by an increase in infections in early 2022. This work will now take place in 2022-2023 and will provide us with a sense of how services are recovering from the pandemic.

We noted the efforts of the Welsh Blood Service to build and sustain blood stocks throughout the pandemic. We noted evidence of the organisation continuing to plan for future service requirements and monitored progress with the Transforming Cancer Service Programme. We have seen transparent and constructive challenge taking place by independent members on all aspects of the trust at committee meetings. Engagement between HIW and the executive team for the trust remains positive and constructive, with a welcome for the scrutiny we are able to provide.



Welsh Ambulance Services NHS Trust

During the 2021-2022 period, our work to seek assurance on the safety and quality of care within the trust comprised of the final part of our local review exploring the impact of patients being delayed on the back of ambulances, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [Healthcare Summit | Healthcare Inspectorate Wales (hiw.org.uk)]. The view of the trust developed over this time is a culmination of all the above sources of evidence.

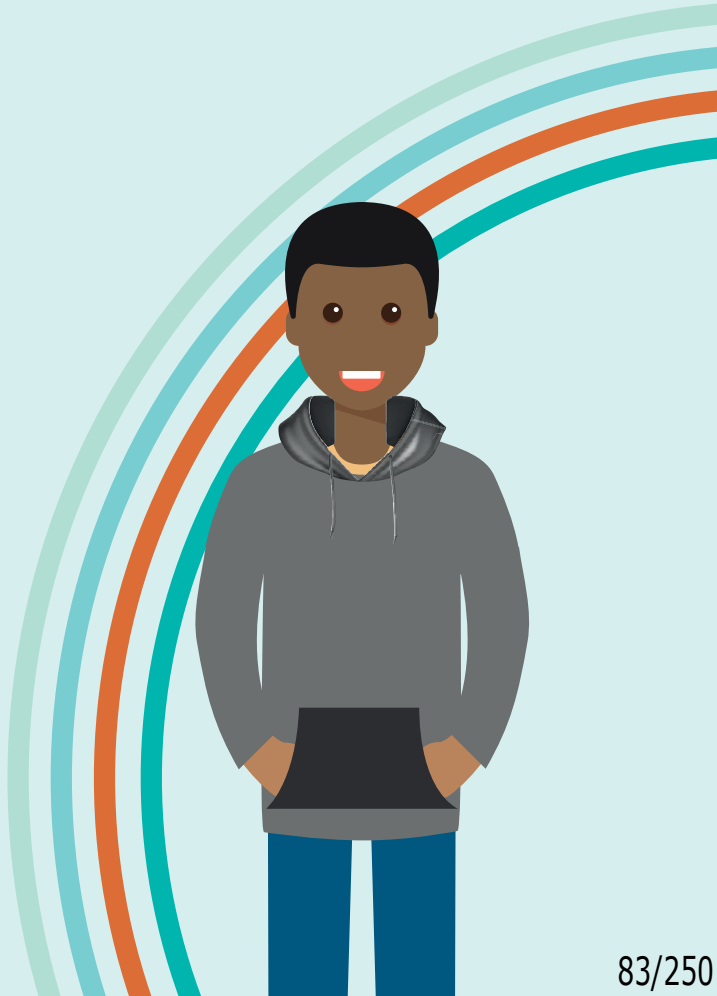
During this period, we noted the trust working through highly challenging times to provide their services and expertise across all parts of Wales.

Throughout the year the trust has been very open and honest with HIW, responding promptly to requests for information and data. We observed good levels of scrutiny and challenge at quality and safety meetings and have been assured that senior leaders seem to clearly recognise the issues they are facing and are committed to improvement. However, we also noted ongoing issues in service delivery despite this commitment to improvement.

Staffing has been a particular and significant challenge for the trust as it continues to see COVID-19 related absences impacting their workforce. Military personnel were brought in to support on community response vehicles and whilst this may have provided a temporary solution, once this resource is no longer available, the trust will need to continue to find solutions to their workforce challenge. We realise that this will not be simple to resolve and we will continue to monitor the trust's approach to service design and workforce planning through our work.

Our local review of patient experience whilst waiting in the back of ambulances found a number of examples where delays in handover had impacted extremely negatively on patients, but also on the ambulance staff providing their care. Staff told us that they were frustrated to find themselves waiting for long periods of time, sometimes entire shifts, waiting outside a hospital to transfer a patient and felt demoralised at not being able to provide care to patients in need of their help within the community. Whilst patients reported being cared for well by the ambulance staff who looked after them, they did not report positively about the length of time spent in the ambulance environment.

We made several recommendations through our review which we recognised were a substantial challenge to the trust and wider NHS system, however, to improve patient safety and tackle the impact on staff well-being, these recommendations must be acted on. The challenge for the trust will be the need to collaborate with health boards across Wales, all of whom have their own unique features and challenges. Supporting the well-being of ambulance staff who provide direct patient care and have direct contact with patients as call handlers will need to be of the utmost priority to the trust as it continues working on the recommendations and through this challenging time.



To be more visible

Collaboration and Engagement

Collaboration and joint working with other organisations are an integral part of the way in which we work. This year we continued to build on the strong relationships we have in place with our partners, once again acknowledging the additional insight this provided and the positive impact on our work that this gave us.

Collaboration

We continued to work with partners to explore how we can share data and intelligence. This included hosting two Healthcare Summits, in May and November 2021.

The summits were attended by the key regulatory and improvement bodies for healthcare in Wales. We agreed a collective view on the key national issues and risks across Wales, for example access to Child and Adolescent Mental Health Services (CAMHS). We shared these concerns, on behalf of all partners, with the NHS Wales Chief Executive. The purpose of this was to help us better understand what improvement action is underway at a national level. This forum continued to be a rich and valuable source of information and route for information sharing. We also started working with partners to develop a new mechanism, for members of the Healthcare Summit to share emerging serious patient safety risks and concerns across the sector. The work to develop this new mechanism will continue into 2022-2023.

During the year we continued to work closely with our partner, Care Inspectorate Wales (CIW).

In March 2022 we jointly published our report into the use of Deprivation of Liberty Safeguards (DoLS) in Wales. The safeguards apply to people over the age of 18 in hospitals or care homes, who cannot consent to treatment or care. We worked alongside CIW again, plus Her Majesty's Inspectorates of Probation (HMIP) and of Constabulary and Fire Services (HMICFRS), as well as Estyn, the education and training inspectorate for Wales to review the child protection arrangements in place in the Neath Port Talbot area.

We also work closely with Audit Wales, and in May 2021 we published a report providing detail on the progress made by Cwm Taf Morgannwg University Health Board in addressing the recommendations from our 2019 joint review into their governance arrangements. HIW's clinical team has been actively working in collaboration with training providers and professional organisations to support training delivered by the General Medical Council and to pre-registration nursing students. This supports greater awareness and understanding of the role of HIW in Wales. The clinical team has also been sharing good practice we have identified through our inspection work by signposting health board teams to the services they can approach to learn from.

Engagement

Speaking and listening to people who use healthcare services and who work within healthcare services is of the highest priority to us. By doing this, we can better understand what matters to people and can gain a greater understanding of the culture within a service and insight into the experience patients receive.

During our inspection and review work we ask patients to tell us about the care they receive by completing a short survey, and when we are able to speak to patients in person during onsite visits, we gather views directly. This year, for example, we used a short engaging video on social media to help explain our National Review of Patient Flow and to encourage people to tell us about their personal experience, or the experience of their loved ones if they have been treated for a stroke. In January 2022, we launched a refreshed area on our website, keeping all our surveys in one place and making it easier for people to find out what active work we have ongoing, and provide their comments. Work on our 2022-2025 strategy was a key focus during the year and as part of this we undertook two large scale online surveys open to stakeholders and the public. We used these surveys to help shape our future direction through the increased understanding the responses gave us about the impact of our work on people and services.

In February 2022, we increased our social media presence and launched on LinkedIn. We recognised this as an important additional avenue for engagement with healthcare professionals. We have continued to use Twitter and Facebook to engage widely with social media users about our work, encouraging people to click through to our website where they can find out more about our work and role in Wales. Across our digital platforms we have seen an increase in engagement with a higher number of impressions and a wider reach of our content.

We also developed a new methodology for onsite inspections of Mental Health Units. One important change in this area is the implementation of a process to use questionnaires for patients, staff, friends, and family members. This will increase our engagement with people who use mental health services and those who work within them.

In response to previous feedback from the public that our reports can be hard to understand, we concluded a project to implement a new reporting style for onsite inspections. This new approach was implemented in April 2022 and involves publishing a public summary and a full detailed report for the setting. We also reviewed how we report to remove unnecessary duplication and make the reports easier to read. The outcome of this will be reports that are easier to understand and engage with.

To develop our people and our organisation to do the best job possible

Internal Update

Although the last year has been one of significant change, we have continued to invest in the development of HIW and its people in order to ensure we monitor and check that people in Wales are receiving good quality healthcare. We introduced many new ways of working to continue to fulfil our organisational functions, whilst being flexible to any emerging risks. People are at the heart of what we do, and it is important we strive to share lessons learnt, reflect on what has worked well and take forward this learning to continuously improve.

We listened to and supported the well-being of our people to enable them and our organisation to do the best possible job and keep our communities safe and well. Our Corporate Service department developed a bespoke Learning and Development programme for our staff, tailoring unique opportunities to enable our workforce to build on vital skills. Following the launch and implementation of our internal Well-being Strategy our staff survey scores have shown clear signs of improvement across our key themes including inclusion, leadership and change.

We have also recruited to several new roles including Mental Health Act and peer reviewers to strengthen our access to clinical expertise alongside developing a professional pathway f or all our HIW inspectors. Over the past 12 months we have recruited a number of peer reviewers with experience in specialised nursing roles including stroke and child and adolescent mental health.

We implemented a new Customer Relationship Management system in March 2022. The new system replaced many of our existing spreadsheets and documentation. The system has been successfully rolled out and allows our staff to use data and information more effectively and efficiently to strengthen our ability to generate intelligence and insight. We have continued to work with partners to explore how we can share data and intelligence. This includes early collaborative work to develop a new process for healthcare organisations and partners in Wales to share serious patient safety risks and concerns across the sector.
We have held regular staff forums to discuss lessons learnt, areas of improvement and empower our workforce to have their say.
The forum and anonymous staff suggestion box are monitored and fed back to senior leadership, where ideas, concerns and proposals are reviewed and actioned.

Commitment Matrix

The following table is a list of the objectives HIW set itself for 2021-2022, together with details of how we met the objective.

What we said	Measured by	Outcome
Regulating independent healthcare		
Deliverable 1		
Process applications to register, or changes to registration, in a timely manner. Ensure all applicants can demonstrate they meet relevant regulation and minimum standards.	Registration applications determined within 12 weeks of full and complete submission.	The following registration work was completed during 2021-2022 **Independent Healthcare Services** • 44 New Registrations • 28 Changes of Registered Managers • 12 Changes of Responsible Individuals • 22 Variations of HIW Registration Conditions **Private Dental Practices** • 14 New Registrations • 37 Changes of Registered Managers • 12 Changes of Responsible Individuals • 1 Variation of HIW Registration Conditions

What we said	Measured by	Outcome
Regulating independent healthcare		
Deliverable 2		
Conduct a programme of visits to suspected unregistered providers as required. Deliver a programme of assurance and inspection work on independent settings in line with our frequency rules. Continue to plan and deliver the rest of our work programme in areas where we believe there is the highest level of risk to patient safety.	Number of visits undertaken. Number of Quality Checks undertaken. Number of reports published four weeks following Quality Check. Number of full inspections undertaken. Number of reports published three months following an inspection. Where urgent action is required, following assurance working the independent sector, the service will be issued with a Non-Compliance Notice within two days.	We carried out three visits to unregistered providers. We carried out 91 Quality Checks of independent services. We carried out 34 onsite inspections of independent services. We published 91 Quality Checks during 2021-2022. 75 of these were published within four weeks. We published 34 onsite inspections reports during 2021-2022. 28 of these were published within three months following the inspection. We issued 16 Non-Compliance Notices.

What we said	Measured by	Outcome
Regulating independent healthcare		
Deliverable 3		
Ensure that concerns and Regulation 30/31 notifications are dealt with in a timely and professional manner.	Number of concerns received. Number of Regulation 30/31 notifications received. Analysis of source and action taken.	During 2021-2022 we received 144 concerns from the public or staff. We also received 16 concerns in relation to unregistered providers or settings that do not require registration with HIW. All concerns are reviewed and evaluated on a weekly basis and inform decisions about our inspection activities and priorities. Independent healthcare providers are required to inform us of significant events and developments in their service. These Regulation 30/31 notifications continue to be managed in line with our process and dealt with effectively. In total we received 1,484 Regulation 30/31 notifications. A breakdown of the notifications are as follows: • Death in Hospice – 604 • Death excluding Hospice -28 • Unauthorised absence – 90 • Serious injuries – 483 • Allegation of staff misconduct – 156 • Outbreak of Infectious Disease – 100 • Deprivation of Liberty Safeguards (DoLs) – 23

What we said	Measured by	Outcome
Regulating independent healthcare		
Deliverable 3		
		In total we received 156 Regulation 25 (The Private Dentistry (Wales) Regulations 2017) notifications during 2021-2022. They are as follows: • Serious injuries – 8 • Outbreak of an Infectious Disease – 147 • Allegation of staff misconduct – 1 • Death of a patient – 0 All notifications were evaluated, and additional assurances were sought where necessary.

What we said	Measured by	Outcome
Inspecting the NHS		
Deliverable 4		
Deliver a programme of assurance and inspection work in the NHS across all settings informed by analysis of risk and how our resources are best deployed. Continue to plan and deliver the rest of our work programme in areas where we believe there is the highest level of risk to patient safety.	Number of Quality Checks undertaken. Number of reports published five weeks following Quality Check. Number of full inspections undertaken. Number of reports published three months following an inspection. Where immediate assurance is required following an NHS assurance process, letters will be issued to the Chief Executive of the organisation within two days.	We carried out the following Quality Checks and inspections: **Quality Checks** 25 GP 10 NHS Hospital 5 NHS Mental Health Hospitals 8 Learning Disability 1 Step Down Community Hospital **Onsite Inspections** 8 NHS Hospitals 7 NHS Mental Health Hospitals 5 Learning Disability 6 IR(ME)R We published 49 Quality Checks during 2021-2022. 26 of these were published within four weeks. We published 23 onsite inspection reports during 2021-2022. 17 of these were published within three months following the inspection. We issued 12 out of 14 Immediate Assurance letters within two days of inspection/Quality Check.

What we said	Measured by	Outcome
Inspecting the NHS		
Deliverable 5		
Continue our programme of reviews including: • Mental health crisis prevention in the community. • Medicines management review. • Focused local reviews; one of these will be a local review of WAST. That will consider thesafety, dignity, well-being and overall experience of patients whilst waiting in ambulances at hospital emergency departments. • COVID-19: Themes and learning from our work. Undertake follow-up work on previously published local or national reviews, including: • Phase one of our National Review of Maternity Services. • Review of Patient Discharge from hospital to GP Practices. • Review of Integrated Care: Focus on Falls. • Substance Misuse Services in Wales. • WAST – Assessment of Patient Management Arrangements within Emergency Medical Service Clinical Contact Centers. • PHW – Assessment of how the breast screening process is managed in a timely manner for women who have an abnormal screening mammogram.	Analysis, production and publication of the review. Publication of terms of reference for these reviews. Commence programme of follow up work.	During the year we published: • COVID-19 National Review • National Review of Mental Health Crisis Prevention in the Community • Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover We also completed our local review of Governance Arrangements at Swansea Bay University Health Board for the Provision of Healthcare services to Her Majesty's Prison Swansea. We started work on our National Review of Patient Flow (Stroke Pathway) and Local Review of Discharge Arrangements for Adult Patients from Inpatient Mental Health Services in Cwm Taf Morgannwg University Health Board.

What we said	Measured by	Outcome
Inspecting the NHS		
Deliverable 6		
Conduct a high-level review of each NHS body through: • Further development of the Relationship Management function. • Producing an annual statement for each health board and NHS trust.	Publication of health board and NHS trust annual statements.	As part of our 2021-2022 annual report, we have undertaken a high level review of each NHS health board and trust. We have produced a statement for each health board and trust, and these can be found in the *'To take action when standards are not met'* section of this report.

What we said	Measured by	Outcome
Our work in mental health		
Deliverable 7		
Undertake a programme of assurance and inspection work on NHS, independent mental health and learning disability settings. Continue to plan and deliver the rest of our work programme in areas where we believe there is the highest level of risk to patient safety. Undertake a minimum of one piece of Learning Disability assurance work in each Health Board area in this inspection year.	Number of assurance and inspection activities undertaken.	During 2021-2022, we undertook the following assurance and inspection work across NHS, independent mental health and learning disability settings: **Quality Checks** • 5 NHS Mental Health Hospitals • 8 Learning Disability **Inspections** • 14 Independent Mental Health Hospitals • 7 NHS Mental Health Hospitals • 5 Learning Disability

What we said	Measured by	Outcome
Our work in mental health		
Deliverable 8		
Provide a Second Opinion Appointed Doctor service for approximately 1000 SOAD requests.	Publication of Key Performance Indicators.	The SOAD services undertook 759 case reviews. These were: • 657 – Medication • 66 – ECT • 36 – Medication and ECT

What we said	Measured by	Outcome
Sharing what we find		
Deliverable 9		
Publish reports from all our assurance activity in accordance with our performance standards.	Publication of reports according to our Publication Schedule. Publication of HIW performance against targets. Publication of Annual Report for 2020-2021.	We published 140 Quality Checks during 2021-2022. 101 of these were published within four weeks. We published 57 inspection reports during 2021-2022. 45 of these were published within three months following the inspection.

What we said	Measured by	Outcome
Sharing what we find		
Deliverable 10		
To actively share our findings and recommendations with stakeholders, service providers and the public to influence and drive improvements in healthcare. In particular in relation to: • Hospital Assurance activity • GP Practices • Dental Practices • Mental Health Act Annual Monitoring Report • Deprivation of Liberty Safeguards (DOLS) • IR(ME)R • Lasers • HIW Annual Report	Publication and dissemination of our findings in a number of ways including: Learning bulletins distributed. Case studies of good practice distributed. Improved website content.	We held regular workshops with Community Health Councils and quarterly summits key stakeholders for the NHS and independent healthcare sector. We issued 19 newsletters throughout the year ranging from updates and guidance to dental practices, winter update to stakeholders, and monthly newsletters. We have supported improvements to our website in 2021-2022 including: • created a new surveys section on our website. • created a new social media feature on our website. • Made regular improvements to the functionality of the website to provide a better user experience including engaging features, streamlined navigation tools and the use of branded imagery.

What we said	Measured by	Outcome
Working with others		
Deliverable 11		
Continue our joint inspection work with UK agencies. Details to be agreed on a quarterly basis.	Number of inspections undertaken.	We carried out 15 death in custody investigations. We undertook two prison inspections with HMI Prisons and HMI Probation.

What we said	Measured by	Outcome
Working with others		
Deliverable 12		
Continue working with other agencies on inspections and influencing best practice. Our five planned reviews with other Inspection Wales and Her Majesty's Inspectorate services are: • Review of Health Board and Trust Quality Governance arrangements (Governance reviews with Audit Wales).	Participation in joint work. Consolidation of the key findings and emerging themes from our joint work, and consider how these can inform our future work programmes.	CIW had involvement in design of work through our stakeholder group for our Mental Health Crisis review. We continued to work with Audit Wales to review Health Board and Trust Quality Governance arrangements. We undertook a JICPA second pilot review with all relevant agencies of child protection arrangements.

What we said	Measured by	Outcome
Working with others		
Deliverable 12		
• CIW providing support to our Mental Health Crisis Prevention review. • Joint Inspectorate of Child Protection Arrangements (JICPA) review (with CIW, Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services, Her Majesty's Inspectorate of Probation (HMI Probation) and Estyn). • Supporting HMI Probation with their joint thematic inspection of community-based drug treatment and recovery work with probation service users (for intelligence to support our Mental Health Crisis Prevention review). • Supporting HMI Prisons with their inspections of prison services in Wales. • Work with the Welsh Government, Care Inspectorate Wales and other stakeholders to review the effectiveness of Regional Partnership Board joint working.		HIW, CIW and Estyn submitted a joint business case to Welsh Government to secure additional funding to continue our JICPA work, to enable us to review processes within a further four local authorities across Wales. Within the plan, we would conclude the work undertaken in six local authorities and will evaluate all JICPA reviews undertaken to produce a national picture within a report, which would be published in summer 2024 once all work is complete. A provisional agreement is now in place for the funding early in quarter one of 2022-2023. HIW continued to work closely with CIW and Welsh Government to undertake work with and assess the effectiveness of the regional partnership boards. Our newly appointed Director of Strategy and Engagement will be leading this work through work with the partnership boards and providing regular updates to our review steering board.

Our priorities for 2022-2025

Healthcare exists for people and communities, and the work we carry out looks at whether it meets the needs of a community and whether it is of a good quality. Where we find inequalities in healthcare provision, where a service is not designed for the needs of the community it serves, we will challenge this.

Equality and diversity is embedded in the work we do and we consider how healthcare services reach those who face the greatest barriers to accessing quality healthcare.

Our responsibilities in relation to mental health span both the NHS and the independent sector. HIW also works with other review and inspectorate bodies to consider the quality of healthcare delivered in non-healthcare settings such as prisons.

As we head into the next three years we will be working to our new strategy.

Our goal is:

To be a trusted voice which influences and drives improvement in healthcare.

These priorities will help us to consider whether healthcare meets the needs of a community and whether it is of a good quality. Equality and diversity will be core to the work we do and our strategy supports us to consider how healthcare services reach those who face the greatest barriers to access, and poorest outcomes in health.

Our Resources

For 2021-2022 we had a budget of approximately £4.3m. Although the pandemic impacted our ability to deliver a full programme of onsite activity, we continued to make use of our new method for gaining assurance offsite, known as a Quality Check, where appropriate. We strengthened this approach during 2021-2022 following an evaluation of its effectiveness and suitability for its use beyond the pandemic. However, we continued to respond to emerging in-year intelligence which gave us immediate cause for concern or where the risk to patient safety was such that onsite activity was the most appropriate method for gaining assurance.

We have posts equivalent to approximately 83 full-time equivalent staff. We currently have a panel of over 200 specialist peer reviewers with backgrounds including specialist and general nurses, GPs, dentists, anaesthetists, and GP practice managers. We also have specialists in Mental Health Act Administration and a panel of psychiatrists who provide our Second Opinion Appointed Doctor (SOAD) service. We have over 30 Patient Experience Reviewers and Experts by Experience.

The table shows the number of full or part time posts in each team within HIW during 2021-2022.

Team	Whole time posts
Senior Executive	3
Inspection, Regulation and Concerns	39
Partnerships, Intelligence, and Methodology	14
Strategy, Policy and Communication	5
Clinical advice (including SOAD service)	4
Corporate Services (including business support)	18
Total	83

Finance

The table shows how we used the financial resources available to us in the last financial year to deliver our 2021-2022 Operational Plan.

	£000's
HIW Total Budget	**£4,376,000**

Expenditure	£000's
Staff costs	**3,882,624**
Travel and Subsistence	**13,150**
Learning & Development	**18,883**
Non staff costs	**45,944**
Translation	**59,939**
Reviewer costs	**414,358**
ICT Change Program costs	**333,816**
ICT Non CRM costs	**15,102**
Depreciation of assets	**13,866**
Total expenditure (a) £	**4,797,682**

Income	£000's
Independent healthcare	**311,790**
Private dental registrations	**241,900**
Total income (b) £	**553,690**
Total Net Expenditure (a-b) £	**4,243,992**

Arolygiaeth Gofal Iechyd Cymru
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Ombudsman

OMBWDSMON GWASANAETHAU CYHOEDDUS CYMRU
PUBLIC SERVICES OMBUDSMAN FOR WALES

Annual Report and Accounts

2021 / 2022

We can provide a summary of this document in accessible formats, including Braille, large print and Easy Read.
To request, please contact us:

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PUBLIC SERVICES OMBUDSMAN FOR WALES

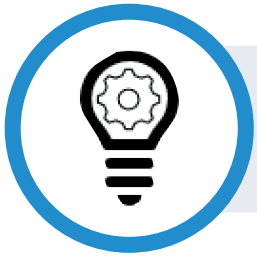
Annual Report and Accounts 2021/22

of the Public Services Ombudsman for Wales
for the year ended 31 March 2022

Laid before the Welsh Parliament
under paragraphs 15, 17 and 18 of Schedule 1
of the Public Services Ombudsman (Wales) Act 2019.

Contents

We have continued to deliver for those who have suffered injustice during the pandemic.



We are proactive, helping the public sector improve during challenging times.

We embrace learning and welcome feedback

We are accountable and transparent about our performance and use of resources.

We strive to ensure and promote equality, diversity and inclusion.

We pull together and support each other.

Foreword

I promise that this is definitely my last foreword as PSOW!

I became Ombudsman in August 2014. Since then, we have:

- dealt with almost 38,000 enquiries
- considered over 18,000 complaints
- completed just over 2400 investigations
- issued 50 public interest reports
- issued 5 thematic reports and
- published our first 'Own Initiative' investigation report.

I am particularly pleased at the impact our recommendations, including those in the thematic report on Out of Hours care in hospitals, have had. Taken together, our work has made a significant contribution to putting things right for individuals as well as improving services for everyone in Wales.

The past year has been very challenging. Our core function is to consider complaints – about public service providers, or about councillors breaching the Code of Conduct. This year we received over 30% more cases than last year – we also closed a record number of complaints.

We investigated many more complaints about the Councillors' Code of Conduct. Compared to last year, we referred twice as many complaints to Standards Committees and to the Adjudication Panel for Wales. This is still only a small proportion of our complaints about breaches of the Code of Conduct – but we are concerned about this increase.

I am immensely proud that, during my time at the helm, we have succeeded in securing legislative

reform of the office. We now have some of the most comprehensive powers to proactively drive improvement in public services among ombudsman offices in Great Britain.

We made huge progress with those proactive powers during the year:

- We received over two hundred oral complaints
- Our Complaints Standards role now extends to local government, health bodies and some housing associations
- We trained approximately 4000 staff members at these bodies to improve how they handle complaints.

We published our first 'own initiative' investigation report in October, 'Homelessness Reviewed: an open door to positive change'. The report included many recommendations to improve support to some of the most vulnerable service users in Wales. We were also able to use our proactive powers to extend an investigation into a prostate cancer case to include a further 16 affected patients in North Wales.

Our staff worked hard during the year to manage our increasing caseload and promote improvement. But these pressures took their toll. For example, we did not always manage to consider complaints as quickly as we wanted and our staff experienced increased stress because of the increased caseload. As we emerge into the 'new normal' after the pandemic, we consider it likely that our caseload will remain high and it may continue to increase. We are working hard to find ways to improve how we can deal with cases even more efficiently, but also how we can better support our staff.

When I started this job, I publicly called for innovation to deliver improvement for my office and for public services in Wales. I am incredibly grateful to the Senedd and to my staff for making that ambition a reality. I am also very aware that any legacy from my period in office will be dwarfed by the legacy of the pandemic on public services. I am especially concerned that almost 25% of the Welsh population are on NHS waiting lists - this will prove a huge challenge over the next few years for the NHS and could also impact our work at PSOW.

I wish my staff, my successor Michelle Morris, public services and all our stakeholders all the best for the future.

Nick Bennett
Public Services Ombudsman for Wales

March 2022

As I start my term as Ombudsman I would like to pay tribute to Nick Bennett, my predecessor and to the staff in the Office for their hard work in continuing to deliver services through what has undoubtedly been the most challenging couple of years for the public sector in Wales.

Our public services continue to work under considerable pressure as we all find a way to return to new and improved working arrangements, while coping with the issues that remain a legacy from the pandemic, including backlogs and waiting times for some services and the recruitment and retention of a first class workforce.

Public bodies across Wales have continued to work with us to ensure that we can properly deal with issues when they go wrong and that we all learn lessons from that experience.

During my term in office, I want to build on those good working relationships to ensure our public services in Wales emerge stronger and that service users continue to receive proper redress when things go wrong.

In the autumn, I will share my priorities for the next three years and consult on my first Strategic Plan.

Michelle Morris
Public Services Ombudsman for Wales

20 July 2022

The impact of COVID-19

The COVID-19 pandemic has affected our office, as it has all other public bodies in Wales. We had to adjust how we organise our work, what demands we placed on bodies in our jurisdiction and how we managed the expectations of our complainants.

However, some of the most striking effects of the pandemic on our office to date have been the dramatic changes in our caseload since 2020.

During 2020/21, the first year of the pandemic, for the first time in many years we saw a drop in the number of new cases reaching our office. We believe that this reflected public sentiment and support for the NHS, with members of the public reportedly being reluctant to complain about a service that was already under strain.

However, this grace period appears to have ended. We have never received more complaints than in 2021/22. Our cases suggest that members of the public are increasingly impatient and distressed by services that, in their view, are failing to meet their needs. As this Report shows, complaints about health boards have increased and the number of new complaints about county councils and social landlords have increased significantly.

Throughout this Report, we explain how this significant increase in our caseload affected our service.

We usually compare our annual performance to the previous year, but 2020/21 was an exceptional year. In this Report, we take the unusual step of comparing our public services, Code of Conduct and review caseload also with 2019/20, the last 'normal' year on record. We think that by doing that we present more accurately and fairly the trends in our work and the performance of public bodies in Wales.

This Report includes key statistics about our complaints trends this year. To be as transparent as possible, we publish more detailed data **on our website here.**

About us

We have three main roles.

- **We investigate complaints about public services.**
- **We consider complaints about councillors breaching the Code of Conduct.**
- **We drive systemic improvement of public services.**

We are independent of all government bodies and our service is impartial and free of charge.

Complaints about public service providers

Our first role is to consider complaints about services provided by devolved public bodies in Wales, including:

- local government (such as county and community councils)
- the National Health Service (such as Health Boards, Trusts, GPs and dentists)
- registered social landlords (housing associations)
- Welsh Government and its sponsored bodies

We can also consider complaints about privately arranged or funded social care and palliative care services. In some specific circumstances, we can look into aspects of privately funded healthcare.

We examine complaints that people have been treated unfairly or have received a bad service through some fault of the service provider.

When we find that something has gone wrong, we can recommend redress, or changes in process, to ensure that service providers do not repeat their mistakes.

> “The service was excellent, and the outcome achieved was positive. I could not have achieved this outcome without assistance from the ombudsman’s office. They helped me to achieve a sense of fairness.

Code of Conduct complaints

Our second role is to consider complaints that local councillors have breached their authorities' Codes of Conduct, which set out the recognised principles of behaviour that elected members should follow in public life.

We can consider complaints about elected members of:

- county and county borough councils
- community and town councils
- fire authorities
- national park authorities
- police & crime panels.

Where we find evidence suggesting that the Code has been breached, we refer these cases to a Standards Committee or the Adjudication Panel for Wales for decision.

> "I recognise the understanding and professionalism shown in your contribution to the hearing and deliberation on its outcome. Please accept my gratitude for your management of the case.

We are a "prescribed person" under the Public Interest Disclosure Act for raising whistleblowing concerns about breaches of the Code of Conduct by members of local authorities. We explain this role in more detail in **the Whistleblowing section of the Report**.

Systemic improvement of public services

Our third role is to drive broader improvement of public services. The Senedd approved more proactive powers to do this under the Public Services Ombudsman (Wales) Act 2019 (the PSOW Act 2019).

We can investigate on our own initiative even if we have not received a complaint. We talk about this power in more detail in **the Own Initiative section of this Report**.

We can also set complaints standards for public bodies in Wales. We can publish a statement of principles for complaints handling by public bodies and set model complaints handling procedures for them. We monitor the performance of public bodies in complaint handling, including reviewing their complaint handling data. We also provide training to public bodies on good complaint handling. The **Complaints Standards section of this Report** explains how we have taken this power forward.

> "We are very grateful for the time taken to deliver such high-quality training to the Health Board.

Our Key Performance Indicators

We check how well we perform against a set of measures or Key Performance Indicators (KPIs). Below we explain how we aimed to perform and how we did. We discuss these figures in more detail throughout this Report.

Performance indicator	Target	2021/22	2020/21	2019/20
Our decision times in complaints about public bodies				
decision that a complaint is not within jurisdiction within 3 weeks	90%	90%	94%	95%
decision taken not to investigate a complaint (after making initial enquiries) within 6 weeks	90%	83%	85%	92%
where we seek Early Resolution, decision within 9 weeks	90%	88%	88%	94%
decision to investigate and start investigation within 6 weeks of the date sufficient information is received	80%	69%	65%	67%
Complaints about public bodies which are investigated – cases closed				
cases closed within 12 months	85%	76%	52%	81%
Our decision times in complaints about the Code of Conduct				
decision taken not to investigate within 6 weeks.	90%	98%	90%	93%
decision to investigate and start investigation within 6 weeks of the date sufficient information is received	90%	80%	76%	86%
Code of Conduct complaints which are investigated - cases closed				
cases closed within 12 months	90%	67%	50%	88%
Customer satisfaction*				
we are easy to find	91 / 98%	80 / 95%	85 / 97%	91 / 98%
we offer a helpful service	63 / 83%	60 / 86%	62 / 91%	63 / 83%
we clearly explain our process and decision	65 / 89%	65 / 91%	63 / 96%	65 / 89%
How bodies fulfil our recommendations ('compliance')				
proportion of recommendations due and complied with by public service providers	-	81%	85%	72%
number of compliance visits	7	6	7	4

Performance indicator	Target	2021/22	2020/21	2019/20
Human resources				
completion of the appraisal process	-	100%	100%	100%
employee response to staff survey	-	84%	N/A**	92%
Staff training				
proportion of staff achieving target number of days of continuing professional development	-	72%	77%	93%
Staff attendance				
average number of days lost through sickness per member of staff	-		3.0	9.0
proportion of working days lost through staff sickness	-	2.70%	1.14%	3.40%
proportion of working days lost through short term sickness	-	1.04%	0.62%	1.0%
proportion of working days lost through long term sickness	-	1.70%	0.52%	2.40%
Financial performance				
cash repaid to Welsh Consolidated Fund	<3%	2.3%	0.4%	1.0%
unit cost per case	£540	£491***	£695	£521
support costs as percentage of budget	<5%	4.2%	4.1%	4.3%
external Audit Opinion on Accounts	Unqualified accounts	Unqualified accounts	Unqualified accounts	Unqualified accounts
internal Audit Opinion on internal controls	Substantial Assurance	Substantial Assurance	Substantial Assurance	Substantial Assurance
Complaints about us				
number of complaints received	N/A	32	26	36
number of complaints upheld	N/A	12	5	7
Sustainability				
waste (kg)	26,000	9,205	3,988	26,996
electricity (kWh)	104,000	73,754	71,668	104,521

* We present these results for all respondents (the first figure) as well as those satisfied with the outcome (the second figure).

** We carry out our staff survey every two years, so there was no staff survey in 2020/21.

*** Figures reported for unit costs reflect the approach introduced in 2020/21. The target and previous years' figures have been restated using the same approach, so figures are meaningful.

Snapshot of the year

April 2021

22 County and County Borough Councils become subject to complaint handling standards.

May 2021

We publish new Code of Conduct Guidance for members of local authorities in Wales.

June 2021

Health Boards and Trusts become subject to complaints handling standards.

July 2021

We issue a public interest report about **Cwm Taf Morgannwg UHB** – and our Annual Report 2020/21.

August 2021

We launch a new **Our Findings tool.** We issue a public interest report about **Betsi Cadwaladr UHB & Denbighshire Council.**

September 2021

We publish complaints standards data for the first time
We issue public interest reports about **Betsi Cadwaladr UHB** and **Bridgend Council.**

October 2021

We launch the findings of our first Own Initiative investigation
We issue **a public interest report about Hywel Dda UHB**
We appear before the Senedd's Finance Committee.

November 2021

We publish our third **Equality and Human Rights Casebook.**

December 2021

We issue **a public interest report about Cardiff and Vale UHB**

January 2022

We publish **revised Principles of Good Administration and Principles of Good Records Management.**

February 2022

We publish **a public interest report about Cardiff Council**

March 2022

20

We refer the 20th complaint about the conduct of councillors in the year and say farewell to outgoing Ombudsman Nick Bennett.

A guide to some terms used in this Report

Case

Any matter raised with us by a member of the public.

Caseload

All cases that we handle.

Enquiry

A case when someone contacts us with a general query but is not yet ready to complain – or we know straight away that we cannot look into their issue. If that happens, we try to offer advice or direct people to another organisation that can help.

Pre-assessment

A Code of Conduct case which is not a duly made complaint. People who complain to us about the Code of Conduct need to sign a declaration to say that the details of the complaint are true and they are aware that their details and the complaint will be shared with the member. If they do not sign that declaration, we close the case at the preassessment stage.

Complaint

A case where we have enough information to suggest that it is something we are able consider.

Outcome

Our decision after we have considered a complaint.

Intervention

An outcome in complaints about public services when we decided that something has gone wrong and things must be put right. This could be by making recommendations or agreeing early resolution or settlement of a complaint.

Referral

An outcome in Code of Conduct complaints where we refer a matter to a Standards Committee or the Adjudication Panel for Wales. We generally do this for cases which involve serious breaches of the Code..

Strategic Aim 1: Deliver Justice

We want our service to be fair, independent, inclusive and responsive to the needs of people who complain to us.

Deliver Justice: our work at a glance

8178 We received 8178 new cases (enquiries, pre-assessments and complaints).

32% more than in 2020/21

14% more than in 2019/20

2726 We received 2,726 new complaints about public services.

45% more than in 2020/21

22% more than in 2019/20

18% We found that something had gone wrong in 18% of complaints that we closed.

1,131 We issued 1131 recommendations to public service providers.

294 We received 294 new complaints about the Code of Conduct.

5% less than in 2020/21

27% more than in 2019/20

20 We referred 20 complaints about the Code of Conduct to the Standards Committees of the relevant local authorities, or the Adjudication Panel for Wales.

100% more referrals than last year

7% We upheld only 7% of the review requests we received. Although there is always more work for us to do to improve, this gives us confidence in our decisions.

43% of our complainants that we asked were happy with our customer service - compared to 51% in 2020/21. However, people were much happier with our service when they were also happy with the outcome of their complaint.

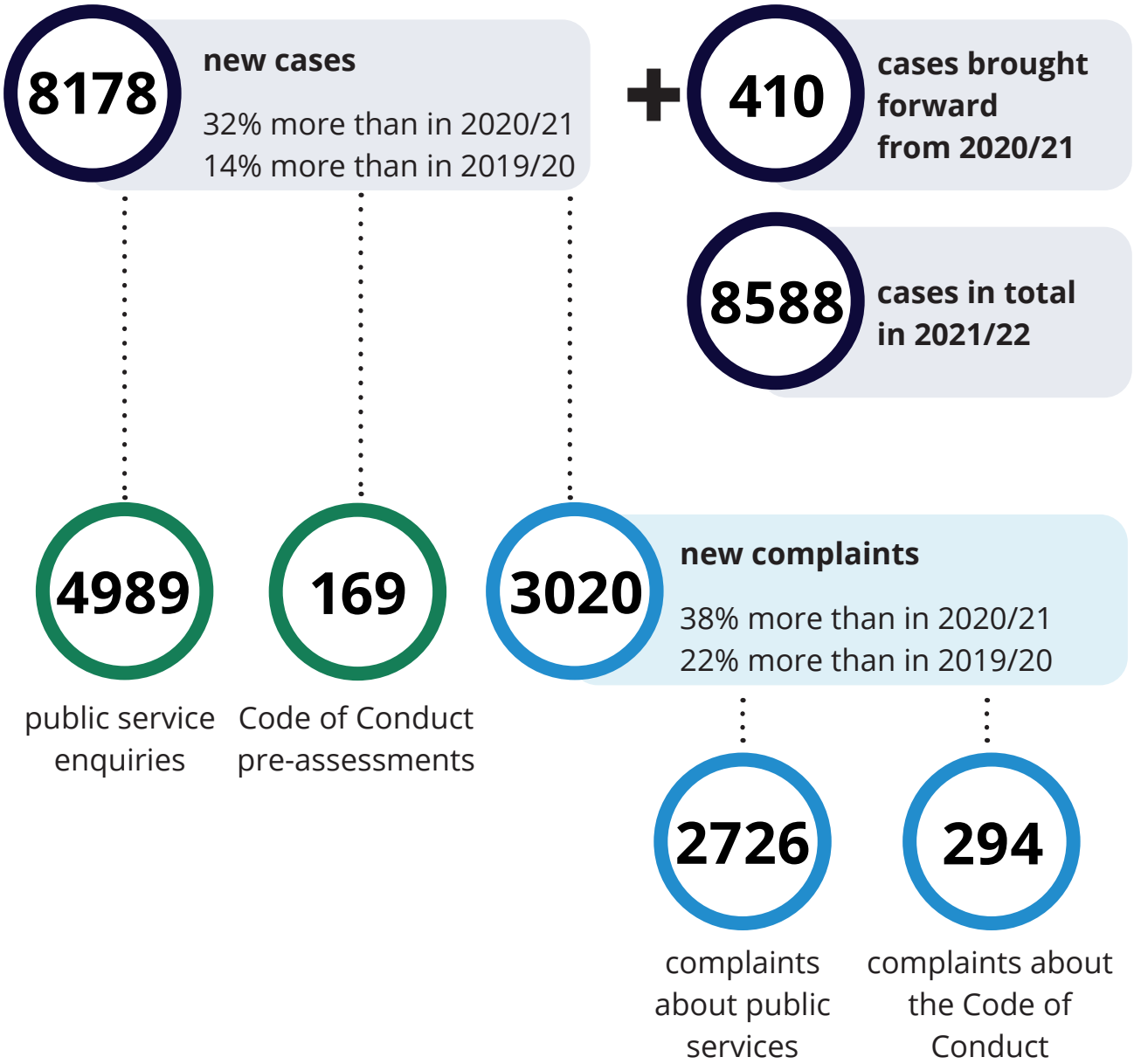
43% 43% of people who responded to the national survey knew about us.

221 We accepted 221 oral complaints - and our first complaint in British Sign Language.

Our caseload

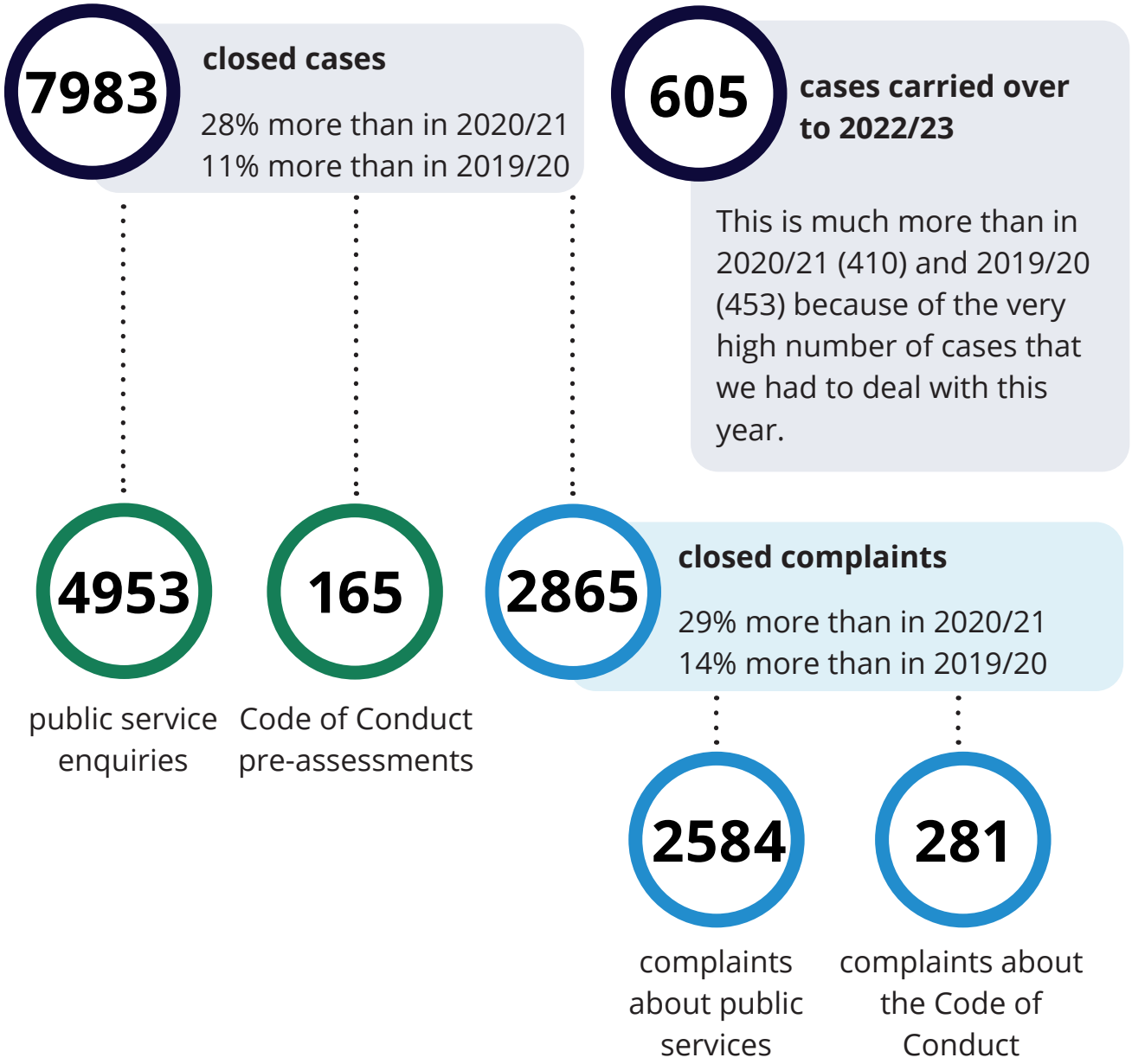
New caseload

Every year, thousands of people contact us about public services or about breaches of the Code of Conduct. This year, we received more new cases than ever before.



Closed caseload

We also closed a record number of cases. We think that this high caseload will continue in 2022/23 and we are looking at ways to improve how we deal with cases even more efficiently.



In the next sections of this Report, we focus on the main trends in **our complaints only.**

Enquiry

This is when someone contacts us with a general query but is not yet ready to complain – or we know straight away that we cannot look into their issue. If that happens, we try to offer advice or direct people to another organisation that can help.

Complaint

These are cases where we have enough information to suggest that it is something we are able consider.

Assessment

We assess if we can and need to investigate the complaint. For example, we check how much time has passed since the issue complained about.

If we decide that we cannot or should not consider the complaint, we will let the complainant know.

We can propose Early Resolution - suggest that a body takes action to resolve the issue without an investigation.

If we think that we need to get more evidence, or we cannot resolve the issue early, we will investigate.

Investigation

We look into the complaint in more detail, and we gather additional evidence. We aim to complete our investigations wihtin 12 months or sooner.

If we decide that nothing has gone wrong, we will issue a report and contact the complainant to explain our decision.

If we decide that something has gone wrong, we can:

propose a voluntary settlement - similar to Early Resolution.

issue a report upholding the complaint.

Complaints about public services

New complaints about public services

We received a record number of complaints about public services, especially about County Councils and Housing Associations. Code of Conduct complaints are covered in a separate section of this Report. In 2021/22:

2726 we received **2,726** new complaints about public services.

45% more than in 2020/21

22% more than in 2019/20

we received **765** new complaints about Health Boards.

30% more than in 2020/21

2% more than in 2019/20

we received **1143** new complaints about County and County Borough Councils.

47% more than in 2020/21

32% more than in 2019/20

we received **302** new complaints about Housing Associations.

78% more than in 2020/21

50% more than in 2019/20

Find all the complaints data that we refer to in this Report **on our website here**.

Which bodies people complained about

The main bodies that people complain to us about are Health Boards, County Councils and Housing Associations.

Health Boards

We had 765 new complaints about Health Boards – 30% more than last year, but only 2% more than in 2019/20. This is an increase, but not as significant as for some other bodies in our jurisdiction.

Compared to **2020/21**, we noted increases in complaint numbers for all Health Boards apart from Powys Teaching Health Board.

However, when comparing to **2019/20**, several Health Boards were less complained about this year.

As in previous years, in 2021/22 the most complained about Health Board was Betsi Cadwaladr University Health Board. However, that Health Board was subject to 6% fewer complaints than in 2019/20.

We noted large increases in new complaints about Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board, compared to 2020/21 and 2019/20.

Health Board	2021/22	Change from 2020/21 %	Change from 2019/20 %	2020/21	2019/20
Aneurin Bevan UHB	142	+48%	+1%	96	140
Betsi Cadwaladr UHB	213	+16%	-6%	184	227
Cardiff and Vale UHB	89	+44%	-11%	62	100
Cwm Taf Morgannwg UHB	113	+31%	+41%	86	80
Hywel Dda UHB	88	+38%	-4%	64	92
Powys Teaching HB	10	-38%	-57%	16	23
Swansea Bay UHB	110	+39%	+21%	79	91
All Health Boards	**765**	**+30%**	**+2%**	**587**	**753**

County and County Borough Councils

We had 1143 new complaints about County and County Borough Councils. This was a large increase – 47% more than last year, and 32% more than in 2019/20.

Compared to **2020/21,** all councils were subject to more complaints except for Blaenau Gwent, Conwy and Swansea. We noted some of the highest increases in new complaints for Neath Port Talbot, Carmarthenshire and Cardiff.

Compared to **2019/20**, all councils apart from Blaenau Gwent, Conwy, Swansea and Powys were subject to more complaints. For many councils we noted very significant increases in new complaints. Some of the highest increases related to Torfaen, Wrexham, Merthyr Tydfil, Neath Port Talbot and the Vale of Glamorgan.

You can find a detailed breakdown of our new complaints about County and County Borough Councils overleaf.

Housing Associations

Finally, we had 302 new complaints about Housing Associations. The increase in new complaints about these bodies was the most significant – we received 78% more complaints about them than in 2020/21 and 50% more than in 2019/20.

No single organisation was responsible for a large proportion of these complaints. Over the last two years, we had complaints about around 40 different Housing Associations and we rarely received more than 10 complaints about one body.

Almost a half of the complaints that we received this year about housing associations - 46% - was about repairs and maintenance. This is higher than in previous years.

Our new complaints about County and County Borough Councils:

County or Count Borough Council	2021/22	Change from 2020/21	Change from 2019/20	2020/21	2019/20
Blaenau Gwent	14	-7%	-18%	15	17
Bridgend	55	+77%	+62%	31	34
Caerphilly	60	+30%	+22%	46	49
Cardiff	182	+90%	+49%	96	122
Carmarthenshire	54	+100%	+29%	27	42
Ceredigion	52	+63%	+68%	32	31
Conwy	27	-16%	-7%	32	29
Denbighshire	34	+6%	+6%	32	32
Flintshire	99	+68%	+62%	59	61
Gwynedd	39	+30%	+5%	30	37
Isle of Anglesey	29	+61%	+12%	18	26
Merthyr Tydfil	27	+80%	+108%	15	13
Monmouthshire	20	0%	+25%	20	16
Neath Port Talbot	45	+137%	+105%	19	22
Newport	40	+29%	+3%	31	39
Pembrokeshire	39	+39%	+56%	28	25
Powys	55	+45%	-24%	38	72
Rhondda Cynon Taf	51	+28%	+31%	40	39
Swansea	71	-3%	-23%	73	92
Torfaen	18	+50%	+260%	12	5
Vale of Glamorgan	61	+56%	+103%	39	30
Wrexham	71	+65%	+115%	43	33
All County and County Borough Councils	**1143**	**+47%**	**+32%**	**776**	**866**

Find all the complaints data that we refer to in this Report **on our website here.**

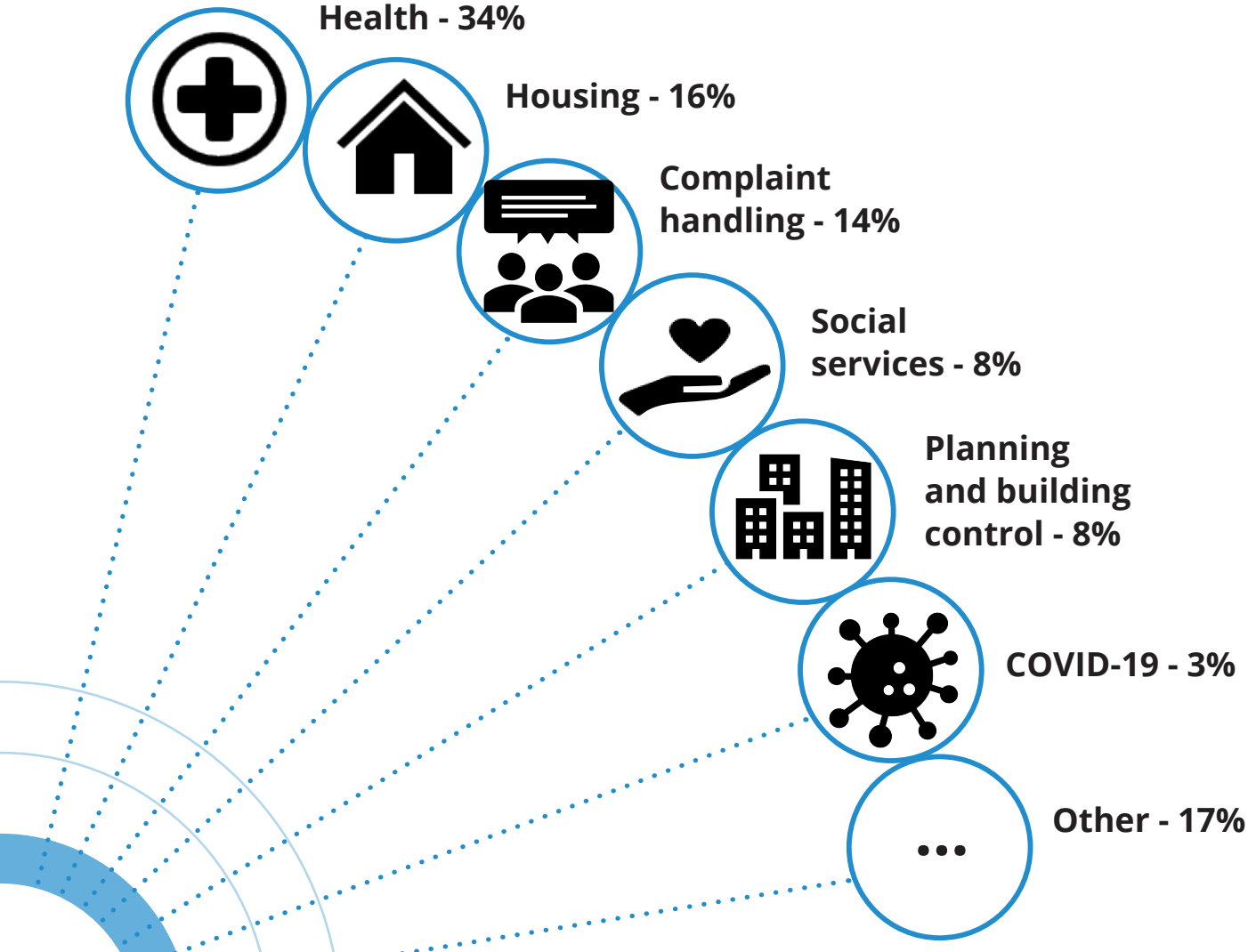
What people complained about

We report our new complaints showing the different public service providers they relate to. However, we also monitor and report on the subject of those complaints.

As in previous years, people complained to us most commonly about health services. 34% of our new complaints were about those services. Still, this was a lower proportion than in the last two years (39% in 2021/22 and 41% in 2019/20)

The proportion of complaints about problems with how public bodies handled complaints has increased to 14% (from 12% in 2020/21 and 9% in 2019/20). We hope that we will start to see fewer of those complaints, as public bodies put into action the learning from our complaints standards training. However, we also know that many public bodies have received many more complaints this year. This can influence the standard of complaint handling.

This year, we recorded some complaints as being related to COVID-19. These are cases where the impact of the pandemic was central to the issue complained about. Around half of these complaints related to health services. However, these COVID-19 related complaints account for a small proportion of new complaints – around 3%.



Closed complaints about public services

We closed a record number of complaints this year and we found that something had gone wrong in about the same proportion of complaints as over the last two years. In 2021/22:

2584 we closed **2,584** complaints about public services.

34% more than in 2020/21

13% more than in 2019/20

2396 we closed **2,396** or 93% of our complaints about public services at the assessment stage - a higher proportion than in the last two years (87%).

315 We intervened in 315 of these complaints by recommending Early Resolution.

188 we closed **188** or 7% of our complaints at the investigation stage - a lower proportion than in the last two years (13%).

144 We intervened in 144 of these complaints by upholding the complaint or proposing voluntary settlement.

18% Overall, we found that something had gone wrong in 18% of complaints that we closed.

↓ This was a lower intervention rate than in the last two years (20%).

69% 69% of all our interventions were Early Resolutions.

↑ This was a higher proportion than in 2020/21 (55%) and 2019/20 (57%).

How many complaints we closed

This year, we closed 2,584 complaints about public services – 34% more than in 2020/21 and 13% more than in 2019/20.

Our closed complaints: Health Boards

We closed 691 complaints about Health Boards. This was 10% more than last year, but 12% less than in 2019/20.

However, we have many more complaints about Health Boards still to close. 271, or just over a half of the complaints about public services that we still had open at the end of the year were about Health Boards. These are often the most complicated complaints, which take longest to investigate.

We have now closed all the outstanding complaints about the two former Health Boards - Abertawe Bro Morgannwg Health Board and Cwm Taf University Health Board.

Our closed complaints: County and County Borough Councils

We also closed 1108 complaints about County and County Borough Councils – 42% more than last year and 26% more than in 2019/20.

Complaint stages

By looking at what stage we closed complaints we can better understand the complaints reaching our office.

There are legal restrictions on the cases we can investigate. To investigate, the body or the matter complained about must be in our jurisdiction. We must know that the body complained about has had a reasonable chance to respond to the complaint. We also need to receive a complaint within 12 months of the events complained about (or within 12 months of the person complaining becoming aware of the issue).

Many of the complaints that we close at assessment stage are cases where the complaint was made to us too early, too late or where the complainant did not yet have the information that we needed to consider their complaint in more detail.

When we closed complaints

Assessments

This year, we closed 2396 or 93% of our complaints about public services at the assessment stage. This was a large proportion - higher than in the last two years (87%).

The main reason for closing complaints at that initial stage was because they were premature – they reached us before the relevant body could respond to them. That was the case for 32% of the complaints we rejected at assessment in 2021/22 (compared to 28% in 2020/21).

This could mean that people who contact us do not understand when we can consider their complaint.

However, it could also mean that the bodies in our jurisdiction are taking too long to consider the complaints themselves.

Other common reasons included that there was no evidence of maladministration or service failure (22%); and that we believed that we could have achieved little further for the complainant (12%).

Investigations

We closed 188 or 7% of our complaints at the investigation stage. This was a lower proportion than in the last two years (13%).

This reflects, amongst other things, the fact that case numbers in 2020/21 were lower, with fewer investigations commenced that year and concluded in 2021/22.

We also had more investigations open at the end of the 2021/22 year. Of the complaints that we still had open at the end of the year, 217, or about 36% were being investigated – and 175 of these investigations were about health.

Unfortunately, this is a high number of complex cases that we simply did not manage to close during the year because of case complexity and our workload pressures.

As in previous years, over 80% of the investigations that we completed during the year related to health services. This tends to happen because complaints about health services are usually most complex. We often cannot make our decision on a health case without investigating in detail and commissioning expert clinical advice.

Our interventions

The number of complaints that we received or closed does not tell us how well bodies in our jurisdiction deliver services. To understand that, it is more useful to look at how many complaints we intervene in.

Intervention means that we found that something had gone wrong and that the public body needed to put things right. We can intervene at assessment stage by suggesting an 'Early Resolution'. We can also intervene after we investigated - by publishing a report which upholds a complaint, or by suggesting a settlement between the body and the person complaining.

When we intervened

We intervened in 459 or 18% of complaints about public services that we closed in 2021/22.

Although this is a higher number of interventions than in the last two years, it is a smaller proportion of our closed complaints overall - 18%, compared to 20% in the last two years.

In 315 of these complaints, or about 69% of all our interventions, we proposed an Early Resolution at the assessment stage.

This was a higher proportion than last year (55%) and in 2019/20 (57%).

Many people complaining to us want to see their case resolved quickly and investigations take significant time and resources. We are happy to have resolved more complaints using this approach.

In the other 144 complaints that we intervened in, we issued a report upholding the complaint or proposed a voluntary settlement.

Our reference: 202105152

Ms X complained about how Conwy County Borough Council managed a Gypsy Traveller site and how residents were reimbursed for their costs in carrying out routine maintenance. She was also concerned that the Council stated that officers would not deal directly with residents if they made allegations of racism. Although we saw evidence that the Council had been acting to address the situation, we were concerned that some of these matters had been ongoing for some time. We agreed with the Council that it would:

- provide a new draft management agreement to the residents and
- reimburse their outstanding costs.

Our reference: 202103182

Mr A complained to us that, in March 2020, Hywel Dda University Health Board cancelled his orthopaedic operation because of the pandemic and, by August 2021, he was yet to hear when his operation would happen. We acknowledged that the Health Board's services had been severely disrupted by the pandemic, causing delays. However, we were concerned that the Health Board did not update Mr A on his place on the waiting list. We agreed with the Heath Board that it would:

- update Mr A and explain the situation
- confirm how it manages and reviews the orthopaedic waiting list to ensure that Mr A receives his operation as soon as possible.

Our reference: 202103058

Ms D complained that she had incurred a debt after the Student Loans Company (SLC) gave her wrong information about funding available for her tuition fees. Only after she started her course, SLC told her that the funding support was not available to her. Although Ms D left the course immediately, she still incurred a debt of tuition fees for a term. We decided that, since the information that Ms D received from SLC was not correct, SLC should reimburse Ms D for her time and trouble, as well as cover the tuition fee debt.

Our interventions: Health Boards

We intervened this year in a slightly lower proportion of complaints about Health Boards – 30%, compared to 33% last year and 31% in 2019/20.

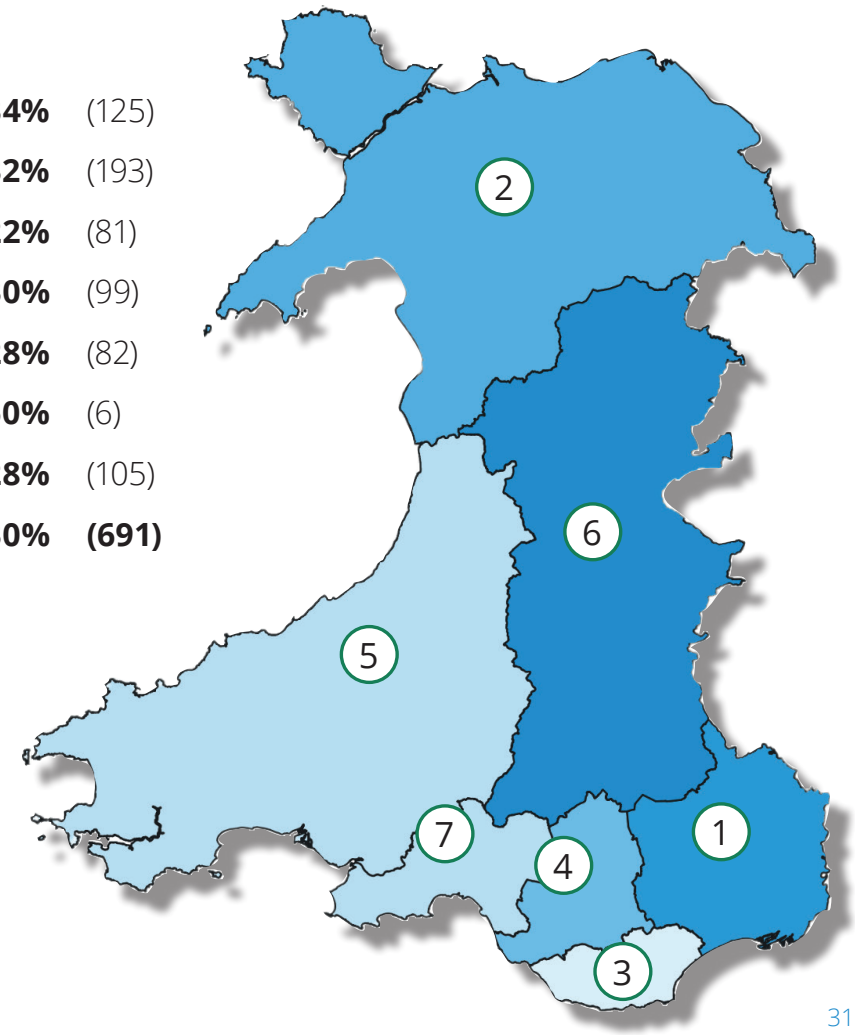
We noted the highest intervention rates for Powys Teaching Health Board (50%). However, we closed this year only 6 complaints about that Health Board. The intervention rate for other Health Boards was between 34% (for Aneurin Bevan University Health Board) and 22% (for Cardiff and the Vale University Health Board).

Compared to **2020/21**, our intervention rate this year increased only for Powys Teaching Health Board and Cwm Taf Morgannwg University Health Board.

However, compared to **2019/20**, we intervened in a higher proportion of complaints for several Health Boards. We noted the highest increases for Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board.

We notice that, this year, we received many more new complaints about Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board and, compared to 2019/20, we intervened in a much higher proportion of complaints as well. We will be working with these two Health Boards to understand why that was the case.

1	Aneurin Bevan UHB	**34%**	(125)
2	Betsi Cadwaladr UHB	**32%**	(193)
3	Cardiff and Vale UHB	**22%**	(81)
4	Cwm Taf Morgannwg UHB	**30%**	(99)
5	Hywel Dda UHB	**28%**	(82)
6	Powys Teaching HB	**50%**	(6)
7	Swansea Bay UHB	**28%**	(105)
	All	**30%**	**(691)**



Above, we list our rate of intervention this year for each Health Board. For context, the number of all the complaints about it that we closed is noted in brackets.

Our interventions: County and County Borough Councils

We intervened this year in a slightly higher proportion of complaints about County and County Borough Councils – 14% compared to 13% over the last two years.

We recorded the highest intervention rates for Ceredigion County Council (28%) and Cardiff Council (28%). We intervened in the lowest proportion of complaints for Blaenau Gwent Council (0%) and Pembrokeshire Council (5%).

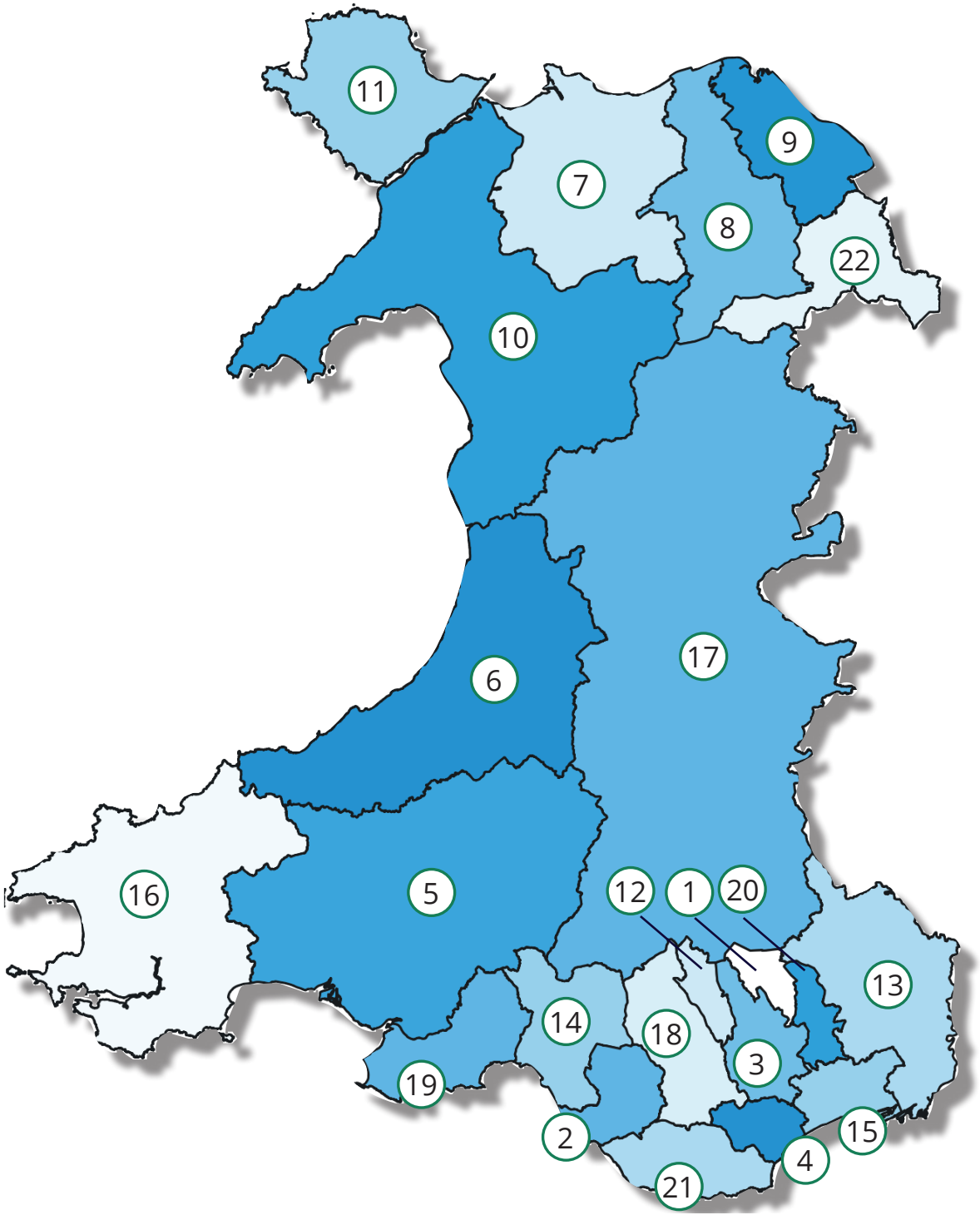
Compared to **2020/21**, our rate of intervention decreased for many councils, such as Conwy, Carmarthenshire, Pembrokeshire and Wrexham. However, for some councils, such as Ceredigion and Torfaen, we intervened in a much higher proportion of complaints.

Compared to **2019/20**, our rate of intervention decreased for councils such as Pembrokeshire, Torfaen and Conwy. However, our rate of intervention rate increased noticeably for some councils, including Ceredigion, Bridgend and Cardiff.

During the year, we have continued to work with County Councils as part of our Complaints Standards role to help improve public services. We will continue this work during 2022/23, focusing on those councils for which our intervention rate was the highest.

Below, we list our rate of intervention this year for each Council. For context, the number of all the complaints about it that we closed is noted in brackets.

1	Blaenau Gwent	**0%**	(13)
2	Bridgend	**13%**	(54)
3	Caerphilly	**12%**	(58)
4	Cardiff	**28%**	(159)
	Cardiff Council- Rent Smart Wales	**6%**	(16)
5	Carmarthenshire	**14%**	(49)
6	Ceredigion	**28%**	(46)
7	Conwy	**8%**	(24)
8	Denbighshire	**12%**	(33)
9	Flintshire	**16%**	(94)
10	Gwynedd	**15%**	(41)
11	Isle of Anglesey	**11%**	(28)
12	Merthyr Tydfil	**8%**	(26)
13	Monmouthshire	**10%**	(21)
14	Neath Port Talbot	**11%**	(45)
15	Newport	**11%**	(36)
16	Pembrokeshire	**5%**	(40)
17	Powys	**13%**	(55)
18	Rhondda Cynon Taf	**7%**	(45)
19	Swansea	**13%**	(76)
20	Torfaen	**10%**	(20)
21	Vale of Glamorgan	**15%**	(62)
22	Wrexham	**6%**	(67)
	All	**14%**	**(1108)**



Find all the complaints data that we refer to in this Report **on our website here.**

Recommendations

When we find that something has gone wrong with public services, we recommend that the body that provided those services puts things right. In 2021/22:

1,131 we issued 1131 recommendations to public service providers.

£132k we recommended over £132,000 of financial redress – compared to £62,000 in 2020/21 and £80,000 in 2019/20.

Often, when things have gone wrong, most people simply want to receive a response and an apology, or to understand why things happened the way they did.

However, sometimes it is not enough to put things right for the person who complained. Many people who complain to us want to make sure that others will not have to face the same injustice.

We focus on putting things right for people who suffered injustice and on making sure that lessons are learned. However, we can also recommend that a body pays a person, for example for their time, their trouble, or for damage, loss or avoidable costs incurred. In 2021/22, 15% of our recommendations involved this kind of financial redress and we recommended over £132k of financial redress in total.

Of our recommendations,

- 20% were about an apology
- 12% were about the body responding to the initial complaint
- 6% were about the body explaining better why it acted the way it did
- 12% were about a reviews or changes to processes or a Quality Audit
- 11% were about the body letting its staff know about the issues we found
- 3% were about the body organising training for its staff.

Our reference: 201904733

Ms R contacted us following a fall by her mother, Mrs A, when in the care of Betsi Cadwaladr University Health Board. Ms R complained that the Health Board did not take the right action to reduce the risk of Mrs A falling while she was walking to the bathroom. Among other issues, she also complained about how the Health Board investigated the incident and how it communicated with her and her mother. We did not uphold all aspects of Ms R's complaint. However, we agreed that it seemed that the Health Board did not do everything that it should have done to protect Mrs A from the fall. We also agreed that there were issues with the Health Board's investigation and communication. Our recommendations in this case included that the Health Board:

- apologises to Ms R and Mrs A and offers Mrs A £250 in recognition that it did not investigate the fall as it should have
- reminds its staff about the importance of clear communication, detailed record keeping and comprehensive investigations when incidents occur
- considers the incident, and how it affected Mrs A, under a process akin to Putting Things Right (PTR).

After it considered the incident as we recommended, the Health Board offered Mrs A significant financial compensation.

> "Your recommendations will help others following down this difficult path and I am glad their journey may be easier as a result. We feel we now have had a voice and are not invisible anymore - that means a great deal. Thank you.

> "We take comfort in the thought that all involved have learned some meaningful lessons and hopefully as a result of your investigation, no other family may experience the situation we found ourselves in.

Compliance

Our recommendations aim to put things right, secure justice and improve services for the benefit of the public - not just for those who complain. However, for these recommendations to have impact, public bodies must act on them.

When we make recommendations, we agree a date by which they need to comply and we ask them to send evidence that they have complied. If public bodies do not comply, we can issue a 'special report', which we lay before the Senedd. In 2021/22:

81% we received evidence of compliance with 81% of recommendations due during the year – compared to 85% last year and 72% in 2019/20.

0 we did not issue any special reports.

This year, we revised our processes around checking and recording evidence that service providers complied with our recommendations. We have noticed that this work is beginning to show improvements in compliance performance.

This year, bodies in our jurisdiction gave us evidence that they complied with 81% of the recommendations that they were supposed to implement during the year. This is similar to 85% last year.

For the remaining 19% of recommendations, we are awaiting evidence from the bodies. We continue to follow this up.


“Your professionalism, integrity and honesty have exceeded our expectations. Although there are no celebrations to be had, you have now provided the bitter sweet confirmation that our concerns were well founded.

Pre-assessment

A Code of Conduct case which is not a duly made complaint. People who complain to us about the Code of Conduct need to sign a declaration to say that the details of the complaint are true and they are aware that their details and the complaint will be shared with the member. If they do not sign that declaration, we close the case at the preassessment stage.

Complaint

A case where we have enough information to suggest that it is something we are able consider.

Assessment - our two-stage test

We apply our two-stage test:

- is there enough evidence that the councillor may have breached the Code of Conduct?
- is it in the public interest that we investigate?

If we decide that we cannot or should not consider the complaint, we will let the complainant know.

We can refer the complaint to the council's Clerk or Monitoring Officer to be resolved locally.

If we decide that the complaint passess our two-stage test, we will start an investigation.

Investigation

We look into the complaint in more detail, and we gather additional evidence. We aim to complete our investigations wihtin 12 months or sooner.

We may find that there was no breach of the Code of Conduct.

We may discontinue our investgiation - or decide that we do not need to take any further action.

We refer the most serious breaches of the Code of Conduct to the Adjudication Panel for Wales or to Standards Committees.

Complaints about the Code of Conduct

New Code of Conduct complaints

Compared to last year, we received fewer complaints about the Code of Conduct. However, last year the volume of those complaints was unusually high. Compared to 2019/20, we received many more new Code of Conduct complaints. We again saw more complaints about members of Town and Community Councils. In 2021/22:

294

we received **294** new complaints about the Code of Conduct.

5% less than in 2020/21

27% more than in 2019/20

171 complaints about councillors at Town and Community Councils.

2% more than in 2020/21

27% more than in 2019/20

114 new complaints about councillors at County and County Borough Councils.

17% less than in 2020/21

19% more than in 2019/20

about a half of our new complaints about the Code of Conduct was about the promotion of equality and respect. This is a slightly lower proportion than in 2020/21.

Find all the complaints data that we refer to in this Report **on our website here.**

Who people complained about

People complain to us mainly about the conduct of councillors at Town and Community Councils and County and County Borough Councils.

Compared to 2020/21, we had 2% more complaints about councillors at Town and Community Councils. 58% of our new complaints about the Code of Conduct were about councillors at those bodies – a similar proportion as over the last two years. However, we had 17% fewer complaints about councillors at County and County Borough Councils.

The table below shows the number of our new complaints about coundillors at different bodies.

Body	2021/22	2020/21	2019/20
Town and Community Councils	171	167	135
County and County Borough Councils	114	138	96
National Parks	5	2	0
Fire Authorities	0	1	0
Police and Crime Panels	4	0	0
Total	**294**	**308**	**231**

What people complained about

We report the subject of the Code of Conduct complaints based on **the Nolan Principles**, which are designed to promote high standards in public life.

The table below shows the proportion of complaints that we received for each subject.

Subject	2021/22	2020/21	2019/20
Accountability and openness	5%	4%	11%
Disclosure and registration of interests	11%	14%	17%
Duty to uphold the law	9%	8%	7%
Integrity	8%	12%	10%
Objectivity and propriety	11%	5%	2%
Promotion of equality and respect	51%	55%	49%
Selflessness and stewardship	5%	2%	3%

As in previous years, about a half of all new Code of Conduct complaints that we received was about 'promotion of equality and respect'.

Many cases that we categorise under 'respect' are lower-level complaints. These are the ones where we tend to decide quickly that we will not investigate, or where we recommend that the complaint is resolved locally.

However, some of these complaints and many of those that we categorise under 'equality' commonly involve more serious allegations of bullying or discrimination.

The 'two stage test' that we apply when deciding cases helps us focus our resources on such serious allegations.

Our two-stage test

When we assess a complaint about the Code of Conduct, we use a two stage test to decide whether we should investigate it.

Firstly, we decide if we have enough evidence to suggest that there may have been a breach of the Code of Conduct.

Secondly, we decide if an investigation would be 'in the public interest'. Public interest can be described as something which is of serious concern or benefit to the public.

We will not investigate a complaint that does not pass this test.

Our reference: 201906362

The complainant in this case alleged that a councillor from Abertillery and Llanhilleth Community Council had shown a disregard for the principle of equality. This was demonstrated by making comments about another member's hearing impairment and deliberately making it difficult for that member to participate in Council meetings.

We investigated this complaint and referred our report on this investigation to the Adjudication Panel for Wales. The Panel decided that the councillor breached 4 paragraphs of their Council's Code of Conduct, including by not showing respect and consideration for others and by using bullying behaviour. He also breached the Code for failing to engage with the investigation.

The Panel suspended the councillor for 10 months.

Closed Code of Conduct complaints

Whilst we closed slightly fewer Code of Conduct complaints than last year, we investigated a much higher proportion. This year, we also referred twice as many complaints to the Adjudication Panel for Wales and Standards Committees as last year. This means that we saw many more potentially serious issues that could undermine public confidence in the people who represent them. In 2021/22:

281 we closed 281 complaints about the Code of Conduct.

3% less than in 2020/21

20% more than in 2019/20

39 we completed 39 investigations.

63% more than in 2020/21

18% more than in 2019/20

20 we referred 20 complaints to the Standards Committees of the relevant local authorities, or the Adjudication Panel for Wales. This was 100% more than last year.

Code of Conduct referrals

Following consideration, we investigate only a small proportion of the Code of Conduct complaints we receive. This reflects that we will only investigate the most serious complaints to ensure that we use our resources wisely.

In cases where we investigate and have evidence to suggest there may have been a serious breach of the Code of Conduct, we refer the complaint and our findings to a local Standards Committee or to the Adjudication Panel for Wales. It is for those bodies to independently look at the evidence we have gathered, together with any information put forward by the councillor concerned and decide whether the councillor has breached the Code of Conduct and if so, what penalty, if any, should be imposed.

Main trends

This year we closed 281 Code of Conduct complaints – 3% less than last year, but 20% more than in 2019/20.

We closed 86% of complaints after initial assessment. However, we closed investigations into 39 complaints - 63% more than last year and 18% more than the year before.

In 19 of the complaints that we investigated, we decided that either the member did not breach the Code of Conduct, or it was appropriate to discontinue the investigation or we did not need to take further action. The main reasons we might decide no further action is necessary are if the councillor has acknowledged their behaviour and apologised, or has taken steps to put things right.

However, we referred 20 of the complaints that we investigated to the Standards Committee of the relevant local authority, or the Adjudication Panel for Wales.

Referrals

In 2021/22 we made:

- 11 referrals to Standards Committees
- 9 referrals to the Adjudication Panel for Wales.

We believe that it was necessary to refer those complaints to maintain public confidence in those holding public office.

Although this means that we still refer a very small proportion of all Code of Conduct complaints received, it was more than half of those we decided to investigate.

It was also twice as many as last year and the highest number of referrals that we made since 2012/13.

We are concerned about this increase. It suggests that the ethical standards of a small number of councillors have the potential to undermine public confidence and the reputation of local government democracy.

It takes time for Standards Committees and the Adjudication Panel for Wales to consider our referrals.

Of the 20 complaints we referred during 2021/22, they have, by 31 March 2022, considered 11.

Overleaf, we give examples of two decisions by these bodies on our referrals issued this year.

The Adjudication Panel for Wales and Standards Committees upheld and found breaches in all our referrals they considered in 2021/22.

This gives us additional assurance that our process for considering these complaints is sound.

Our reference: 201903571

In this complaint, the councillor represented Caerphilly County Borough Council as a member of the Cardiff Capital Region (CCR) City Deal's Regional Cabinet. The complaint was that he had purchased shares in a company that had been leased premises by CCR City Deal and that he had then not declared an interest as appropriate

Following our referral, the Adjudication Panel for Wales decided that the councillor had improperly used his position in attempting to gain an advantage for himself by purchasing shares in a company after receiving confidential information relating to the Cardiff Capital Region City Deal. It also found that the councillor had a personal and prejudicial interest in the company which he had failed to declare and he did not leave a meeting when the matter was being considered by the Council.

The Panel suspended the councillor 5 months for several breaches of the Code of Conduct.

Our reference: 201906873

We received a complaint from the Chair of the Personnel Committee of Tywyn Town Council that a member of that Council had been disrespectful to the Clerk and had repeatedly undermined her.

Following our referral, Gwynedd Council's Standards Committee found that the member had used discriminatory language towards the Clerk relating to her gender and had used disrespectful, bullying and harassing behaviour towards her.

A censure was the only sanction available to the Standards Committee as the member had resigned shortly before the hearing. However, the Committee put on record that, had the member not resigned, he would have been suspended for 6 months.

Promoting better practice

We would want to see the overall number of low-level complaints about members of Town and Community Councils reduce and we are also concerned about the high number of referrals this year.

We strongly believe that the way to overturn these trends is through training for councillors on the Code of Conduct. We would also encourage greater use of local resolution procedures. These procedures can deal with problems early and prevent the need for further escalation to our office, which can improve working relationships.

Since not all members take up opportunities to undertake training, we are pleased that, under the Local Government and Elections (Wales) Act 2021, Town and Community Councils must now make and publish a plan about the training provision for its members and staff. The first training plans must be ready and published by 5 November 2022. We expect these plans to include training about the Code of Conduct.

We also welcome the additional responsibilities that Group Leaders at principal councils have to promote good standards of behaviour. We look forward to working with Monitoring Officers and Standards Committees as they take up their additional duties.

Last year, Richard Penn (formerly the National Assembly for Wales Commissioner for Standards) undertook, on behalf of the Welsh Government, an independent review of the Ethical Standards Framework for Wales.

We look forward to working with the Welsh Government and other key stakeholders on matters arising from the Penn review.

Whistleblowing disclosure report

Since 1 April 2017, we are a 'prescribed person' under the Public Interest Disclosure Act 1998. The Act provides protection for employees who pass on information concerning wrongdoing in certain circumstances. The protection only applies where the person who makes the disclosure reasonably believes that:

1. they are acting in the public interest, which means that protection is not normally given for personal grievances.

2. the disclosure is about one of the following:

- criminal offences (this includes financial improprieties, such as fraud)
- failure to comply with duties set out in law
- miscarriages of justice
- endangering someone's health and safety
- damage to the environment
- covering up wrongdoing in any of the above categories.

As a 'prescribed person', we are required to report annually on whistleblowing disclosures made **in the context of Code of Conduct complaints only.**

In 2021/22, we received 27 Code of Conduct complaints that would potentially meet the statutory definition of disclosure from employees or former employees of a council. Almost a half of those disclosures (12) related to allegations that the members concerned had 'failed to promote equality and respect'. We investigated 11 of these complaints. So far, we have closed one of those investigations. We decided in that case that no further action was necessary.

We concluded investigations into 8 relevant complaints which were ongoing from 2020/21. Of these:

- we referred one case to a Standards Committee. The Committee decided that there was a breach of the Code of Conduct and censured the member.
- we referred one case to the Adjudication Panel for Wales. The Panel has not yet decided on that complaint.
- in three cases, we discontinued the investigation.
- In three cases, we decided that we did not need to take any action further action in respect of the matters investigated.

One of the investigations opened in 2020/21 is still ongoing.


“What you and your team do is so important. It brings answers to families in dire need and helps so much when we are literally alone in the dark.

Review and Quality Assurance

We do our best to make sure that we handle complaints fairly and in a transparent way. We received many more complaints this year and unsurprisingly we also received many more requests for reviews of our decisions. We managed to complete these reviews promptly and we upheld a smaller proportion than last year. This gives us confidence in our decisions. In 2021/22:

260 we handled 260 review requests.

20% more than in 2020/21

12% more than in 2019/20

239 we completed 239 reviews.

17% more than in 2020/21

5% more than in 2019/20

We did not complete 21 reviews this year and will undertake them in 2022/23.

we closed 97% reviews within 20 days – about the same proportion as in 2020/21 (98%), though much higher than in 2019/20 (83%).

7% we decided that we could do more in 7% of the cases that we reviewed - a smaller proportion than in 2020/21 (9%) and 2019/20 (11%). This was most often because we received more evidence from the complainant.

Review requests

We understand that people may be unhappy with our decisions. People who are unhappy can ask for a review if they can show we did not properly consider the information they sent us, or if they can send us additional, new evidence. Those reviews are done by a member of staff who was not previously involved on a case.

This year we received more new review requests than ever before and we also managed to close more reviews than in 2020/21.

We upheld only 7% of the review requests – less than last year (9%). Although there is always more work for us to do to improve, this gives us confidence in our decisions.

Quality assurance

In addition to reviewing some cases, we also aim to regularly check the quality of our casework to ensure that it meets our service standards.

Last year we introduced a new Quality Assurance (QA) process. We aimed to look regularly at a selection of our cases at enquiry, assessment and investigation stage, to check the quality of our work. We undertook several QA reviews during the year, but the high workload meant that we were not able to do as many as we wished. We have now appointed a new Service Quality Officer to take on this important work in 2022/23.

Learning lessons

If we see from reviews and quality assurance that we can improve how we work, we let our staff know. For example, we may think that we need more training to deal with some complaints, or that we need to change our policies or processes.

We talk about learning points in our team meetings. We also have a space to share these lessons on our Intranet.

For example, as a result of one complaint we have amended our public body complaints process so that our staff now telephone complainants before sending out our draft investigation reports. This gives an opportunity for us to explain our investigations and alerts complainants that our reports are on their way.

After this section, we compare our performance this year to 2020/21 only

See section **The impact of COVID-19** for more details.

How quickly we considered complaints

Despite our workload this year, we met or almost met many of our decision times targets for public body and Code of Conduct complaints. However, we did not always start investigations into complaints about public services, or close cases about the Code of Conduct, as quickly as we aimed to.

We know that people expect us to consider their complaints quickly. However, we also need to investigate thoroughly and consider the views and comments of complainants and public bodies. In some cases, we also need to ask for professional advice.

We show below how quickly we aim to make our decisions in complaints about public services and how we performed this year:

	In 2021/22, we aimed to do that in ...	**We succeeded in...**
Complaints about public services		
decide if a complaint is not in our jurisdiction within 3 weeks	90% of cases	90% of cases
decide if we should not investigate a complaint within 6 weeks	90% of cases	83% of cases
where we seek early resolution, decide within 9 weeks	90% of cases	88% of cases
decide to investigate and start our investigation within 6 weeks of the date we receive sufficient information	80% of cases	69% of cases
close cases that we investigated within 12 months	85% of cases	76% of cases
Complaints about the Code of Conduct		
decide if we should not investigate a complaint within 6 weeks	90% of cases	98% of cases
decide to investigate and start our investigation within 6 weeks of the date we receive sufficient information	90% of cases	80% of cases
close cases that we investigated within 12 months	90% of cases	67% of cases

2021/22 was a challenging year for us. We received more complaints than ever in the history of our office.

Despite that, we closed a record number of complaints and we were able to meet, or almost meet, many of our targets for decision times:

- ☑ Although we did not complete our consideration of cases as quickly as in 2019/20 in all areas of our work, we were mostly able to decide quickly which cases not to investigate.
- ☑ We were also able to resolve cases promptly where we secured early resolution. That is a good thing: many people complaining to us want to see their case resolved quickly and early resolution can often achieve that more quickly than investigation.

However, in some respects we fell short of our targets:

- ☒ We were not always able to start investigations into complaints about public services as quickly as we aimed to.
- ☒ We took too long to investigate some Code of Conduct cases.

This was in part because of our workload – there were simply too many cases for us to consider speedily with the resources we have.

Our work was also affected by the response times of the bodies in our jurisdiction. As those bodies continued to deal with the effects of the pandemic, they were not always able to respond to us as quickly as we would have liked.

Similarly, in some cases there have been delays on the part of councillors in cooperating with our investigations.

What people think about our service

We want to deliver an excellent service. To check how well we do that, we invite feedback from people who complain to us and from the bodies in our jurisdiction. We use that feedback to improve how we work.

This year, the bodies in our jurisdiction told us that they were broadly satisfied with our service. However, compared to 2020/21, our complainants were less happy with the service that they received from us. We are working on a detailed action plan to improve how we work based on this feedback. In 2021/22:

43% 43% of our complainants that we asked were happy with our customer service – compared to 51% in 2020/21.

89% 89% of the complainants who were happy with the outcome of their complaint were also happy with our service – compared to 99% in 2020/21.

32 we received 32 new complaints about us. This was 23% more than in 2021/22 (26).

93% we responded to 93% of complaints about us in 20 days – compared to 100% in 2020/21.

41% of the complaints about us that we closed, we upheld or partially upheld 41% - compared to 22% in 2020/21.

Our complainants

Telephone survey results

Every year, we organise a telephone survey of about 200 people who complained to us during the year. We ask another organisation to conduct this survey, to make sure that it is as impartial as possible.

As in previous years, people that we asked were much more likely to be happy with our service if they were also happy with the outcome of their complaint. For this reason, when we present the findings of this survey, we refer to the scores firstly of all who responded – and secondly of those happy with the outcome.

Most people that we asked this year thought we were easy to find. A smaller, but still significant proportion, felt that we clearly explained what we do and how we do it and that we were helpful.

> I am very grateful for the time and patience and recourse to expertise and material that has been expended on this case.

> Very satisfied with everything from start to finish. Everything was explained to us. And phones calls were made to keep us updated.

80% **95%**

80% of all respondents and 95% of those happy with the outcome said that we were easy to find.

60% **86%**

60% of all respondents and 86% of those happy with the outcome indicated that we offered a helpful service.

65% **91%**

65% of all respondents and 91% of those happy with the outcome suggested that we clearly explained our process and decision.

43% **89%**

43% of all respondents and 89% of those happy with the outcome said they were happy with our customer service.

However, compared to 2020/21, fewer people were happy with how easy it was to find us and how helpful we were. Also, a lower proportion said they were happy with our customer service overall.

We use the survey findings to assess how we perform against our Service Standards:

1. We will ensure that our service is accessible to all.
2. We will communicate effectively with you.
3. We will ensure that you receive a professional service from us.
4. We will be fair in our dealings with you.
5. We will operate in a transparent way.

Overall, compared to 2020/21, people were generally less happy with how we met our Service Standards. Our challenge for 2022/23 is to improve our service whilst facing increased workload and static resources.

Complaints about us

People who are unhappy with our service can complain to us. We value those complaints, as they help us to find out what we need to do better.

This year, we received 32 new complaints about us - 23% more than last year.

We upheld or partially upheld 41% of the complaints about us that we concluded - compared to 22% last year. Several complaints related to emails we sent but that were not received by complainants. To address this issue, we have moved to a new secure email system.

Other complaints related to delays and timeliness. This reflected our workload pressures and a mismatch between demand and our resources. These issues are harder to address but we are working to simplify our processes and become more efficient despite the increasing workload.

To ensure that we are open and accountable, if people are unhappy with how we handled their complaint about us, they can ask for that complaint to be considered by an external independent review service.

During 2021/22, 6 people referred their complaints to our external review service. Two were upheld in part. In one case, we did not include a complainant's reference number in our correspondence. In the other, the reviewer found that we had not responded sufficiently clearly to a councillor alleged to have breached the Code of Conduct.

Lessons

Overall, the results indicate that service users are less happy with our service. The feedback that we received this year suggests that there are some important issues that we need to address:

- what we communicate – we need to be more transparent and consistent in communicating our powers, process and criteria. This should help us to manage complainant expectations and improve trust in our process.
- how we communicate – we need to maintain more regular and personal contact with people who complain to us, including over the phone.
- how accessible we are – we need to make our processes clearer and more usable. We also need to make sure that we let people know how we can help them complain or understand our work.
- how we maintain a good service and make clear what level of service we can provide, when facing increasing workload and limited resources.

Bodies in our jurisdiction

We also invite comments on our work from the bodies in our jurisdiction.

This year, we issued an online survey to 92 public bodies. We asked them for comments on their most recent complaint with us, as well as on our work in general. We received 31 complete responses. The results were broadly positive. The respondents rated their last interaction with us and gave an overall satisfaction score of 8.35/10.

Following that, we held three Sounding Board sessions in March 2022, with 26 public bodies taking part. The meetings were split into sectors – so all Local Authorities featured in one, Health Boards in another, with a third meeting for housing associations. The feedback was very positive, but we also received some suggestions for improvements. The bodies told us that we need to:

- be clearer about our deadlines
- use less formal language in written communication
- help them reconcile their complaint records with our own complaint numbers.

We will be working to implement these suggestions in 2022/23.

26 public bodies

took part in our Sounding Boards this year

How accessible we are

We work to make sure that people are aware of and trust our service - and that we are accessible to all who need us. We had some successes this year, but we will continue to work to improve how accessible we are. In 2021/22:

43% 43% of people who responded to a national survey knew about us.

80% 80% of our complainants that we asked said that it was easy to contact us.

221 we took 221 oral complaints – compared to 63 last year.

Cymraeg we complied with all our Welsh Language Standards.

14 we organised a Sounding Board with advice and advocacy bodies to understand how accessible we were. 14 organisations attended that session.

Awareness and trust

We regularly commission research to check how many people know about our office, understand what we can and cannot do and have trust in our work. This helps us to understand some barriers that may stop people from contacting us in the first place.

This year, 43% of people who responded to the national survey knew about us. This was less than the 48% in 2020, but still a high proportion.

What people thought about our office in general was also overall positive.

Although we would want everyone to know about us, these are quite good results.

However, we are concerned that some groups were much less aware of us this year than in 2020 – especially people from diverse ethnic backgrounds. People in this group were also much less likely than in 2020 to feel that they could approach us if they needed to.

We are speaking to organisations that work with people from diverse ethnic backgrounds to see what we can do to raise our profile within those communities.

Of people who responded to the national survey,

43% said that they knew about us – less than the 48% in 2020.

73% said that they had confidence in our work – more than the 70% in 2020.

79% agreed that we were impartial – the same as in 2020.

83% said that they believed they could approach us if they needed to – less than the 88% in 2020, but still a high score.

Additional needs

Some people may find it more difficult to complain than others and there are many ways in which we can help.

80% of our complainants that we asked this year said that it was easy to contact us.

Our website has different options to make it easier to access, including by making the text larger, simplifying it, or reading it aloud. We publish information about our process in EasyRead format.

If asked, we can provide information in other formats, such as Braille. We can also organise translation and interpreting services and there is a link on our website to 'SignVideo' – an interpreting service for British Sign Language (BSL) users.

People can complain to us in different ways. Most people complain online, by email or by post. However, since 2019, we can also accept complaints that are not in writing. This year we took 221 oral complaints. This is a huge increase compared to 63 last year. We also took our first complaint in British Sign Language.

> "Immensely helpful. I have dyslexia and wouldn't have been be able to submit a complaint otherwise.

Our national survey showed this year that more people were aware that we can accept complaints other than in writing. 80% of people asked knew that we can accept a complaint over the phone and 54% knew that we can take a complaint in BSL.

We ask all people who complain to us to let us know if they need help and support and we consider and respond to all requests for adjustments. Of those who needed adjustments, 93% said that we did what they asked us to do.

EasyRead is an accessible format. It is used by people with learning disabilities and other people who have difficulty with reading. EasyRead is a way of translating difficult information and making it easy to understand.

Welsh language

We fully embrace the Welsh language and we want to make sure that we treat it no less favourably than English in all aspects of our work and that we meet the needs of Welsh speakers. People who complain to us can deal with us in Welsh if they wish. We have now completed the work to meet all our Welsh Language Standards. You can read our **Welsh Language Policy on our website**.

Outreach

During the year, we met with many advice and advocacy groups to talk about work and learn what we can do better. These included Ethnic Minorities & Youth Support Team Wales (EYST), Learning Disability Wales, Autistic UK, the Chinese in Wales Association, the Wales Refugee Council, Carers Wales and many others.

In March, we organised a Sounding Board session which was attended by 14 advice and advocacy organisations. We also organised a small follow-up session with some members of Disability Wales.

Lessons

Through our research and talking to organisations, we gathered many constructive and detailed comments on what we can do to be easier to access. We need to:

- make sure that our processes are clearer and more usable
- ensure that we make people more aware of different ways in which we can help them access our service
- talk about our work and values in a simple and more approachable way.

We are working on a detailed action plan to adjust how we work based on this feedback.

Strategic Aim 2: Promote Learning

Despite the significant increase in our workload this year, we continued to promote learning from our complaints and improve broader public services.

Promote Learning: our work at a glance

We issued our Model Complaints Handling Policy and accompanying guidance to an initial 8 Housing Associations – bringing the total of bodies under Complaints Standards to 39.

We provided 140 virtual training sessions to public bodies across Wales

We published on our website statistics about complaints made to County and County Borough Councils for the first time.

We issued 7 public interest reports.

We launched the 'Our Findings' tool on our website, which replaces our traditional casebooks.

We worked with the bodies in our jurisdiction, especially Health Boards, to help them improve their services and their complaint handling.

We launched the findings of our first wider Own Initiative Investigation – 'Homelessness Reviewed: An open door to positive change'.

We publish detailed information on our complaints standards work and own initiative investigations in our Report on Proactive Powers.

16 We responded to 16 public consultations.

We published our third Equality and Human Rights Casebook.

We issued updated guidance – 'Principles of Good Administration' and 'Good Records Management Matters'.

Complaints Standards

The PSOW Act 2019 gave us new powers to proactively improve how public bodies handle complaints. In 2021/22, we further developed how we use those powers. In 2021/22:

We issued our Model Complaints Handling Policy and accompanying guidance to an initial 8 Housing Associations – bringing the total of bodies under Complaints Standards to 39.

We provided 140 virtual training sessions to public bodies across Wales

We published on our website statistics about complaints made to County and County Borough Councils for the first time.

Model Policies

Following our work on Complaints Standards in 2020/21, we have increased the number of public bodies who now comply with our model policy.

In April 2021, 22 County and County Borough Councils become subject to complaint handling standards, followed by all the Welsh Health Boards and Trusts in June 2021.

Housing Associations are the next largest group of bodies that people complain to us about. This year, we focused our attention on that sector.

In October 2021, we issued our model complaints policy to Housing Associations. An initial 8 Housing Associations will need to comply with that policy from April 2022. This means there are now 39 public bodies following a single model complaints policy.

You can find **our model complaint policy on our website here.**

Training

In the last year, we delivered even more training sessions that we did in 2020/21 – 140 in total, with around 3,000 people attending. We delivered all our sessions remotely over Microsoft Teams and we provided them to public bodies free of charge.

The feedback we receive from the attendees continues to be consistently excellent. We are very proud of how we have been able to support public bodies at a particularly challenging time for them but also for our own office.

Statistics

In 2021/22, for the first time, we published on our website information on complaints received by County and County Borough Councils. This information has not been available in one place before and we are pleased to be able to provide this for service users. This publication received media attention and **can be found on our website here**.

More detailed information on our work as the Complaints Standards Authority for Wales can be found in our Report on Proactive Powers.

Own Initiative investigations

We can undertake two different types of 'own initiative' investigations:

- extended investigation – when we are already investigating a problem and we extend the investigation to other issues or complainants
- wider investigation – when we conduct a stand-alone investigation which does not relate to a complaint made by an individual.

In 2021/22:

3 We completed 3 extended investigations.

We launched the findings of our first wider Own Initiative Investigation – 'Homelessness Reviewed: An open door to positive change'.

Our extended investigations

During 2021/22, we completed three extended investigations. We issued the findings of one of those investigations as a public interest report, and we include a summary of that report in **the Sharing our findings section**.

You can find the summaries of the other two investigations in our Proactive Powers report.

Two further extended investigations are ongoing.

Homelessness Reviewed – our first wider own initiative investigation

In October 2021, we published the report on our first wider Own Initiative Investigation – 'Homelessness Reviewed: An open door to positive change'. The investigation considered how local authorities conducted homelessness assessments and looked at the work of three County Councils – Cardiff, Wrexham, and Carmarthenshire.

In our report, we praised the work done by these Councils during the COVID pandemic and we acknowledged elements of good practice. However, we identified several

serious failings. This led us to make recommendations for improvements by the three Councils that we investigated. We invited the other 19 County Councils in Wales to make similar improvements:

- providing human rights and equality training to officers
- reviewing communication methods
- revising template letters.

We also invited the Welsh Government to consider introducing a housing regulator to help standardise practices in relation to homelessness assessments across Wales.

We presented the findings at an event with the Chartered Institute of Housing, discussed the report with Welsh Government and Audit Wales and the report was debated by the Local Government and Housing Committee at the Senedd. We were very pleased with how the final report was received and expect that it will lead to positive change.

We discuss our own initiative investigations work in more detail in our Report on Proactive Powers.

Policy work

If we have relevant insights to share about our work, we contribute them to public inquiries and consultations. In 2021/22:

16 we responded to 16 public consultations.

We use our expertise and the evidence from our casework to contribute to the development of public policy in areas such as health, social care and local government.

Many responses that we submitted this year related to the changes under the Local Government and Elections (Wales) Act 2021.

The Act set up Corporate Joint Committees (CJCs), the new statutory mechanism for regional collaboration, covering four areas in Wales. The Welsh Government has consulted during the year on regulations and statutory guidance which defines how these bodies should work in practice. When responding, we pointed out that people will be able to complain to us about members of CJCs breaching the Code of Conduct. However, the Welsh Government had not appeared to have assessed at the time how much it would cost us to process those complaints.

In another example, we shared our concerns about waiting times for treatment in the health service. We do not usually investigate complaints about waiting times, unless the delay caused unnecessary pain and suffering. However, with over 22% of the Welsh population on waiting lists, we are very concerned that we will soon start to receive many complaints like that. We spoke about our concerns in a consultation response to the Senedd's Health and Social Care Committee, but also in interviews on ITV and the BBC and in press articles.

Sharing our findings

We believe that it is very important that we share findings from our casework as widely as possible to help improve public services. This year, we issued even more public interest reports, launched new guidance and a new tool to help people search for our findings. In 2021/22:

we issued 7 public interest reports.

we launched the 'Our Findings' tool on our website, which replaces our traditional casebooks.

we published our third Equality and Human Rights Casebook.

we issued updated guidance – 'Principles of Good Administration' and 'Good Records Management Matters'.

we worked with the bodies in our jurisdiction, especially Health Boards, to help them improve.

Public interest reports

When we investigate a complaint and we think that something has gone wrong, we usually prepare a report which explains our findings. Sometimes, we decide to issue a 'public interest' report. We do this for example when:

- there are wider lessons from our investigation for other bodies
- what went wrong was very significant
- the problem that we found may be affecting many people, not just the person who complained to us, or
- we had pointed out the problem to the body in the past, but the body did not address it.

When we issue a public interest report, we draw attention to it in the media. The body also must publish an announcement in the press about the report.

This year, we issued 7 public interest reports – one more than in 2020/21 and 3 more than in 2019/20.

Five of these reports were about health care. Our other two public interest reports were about social care and waste management.

Our reference: 202001285

Mr X complained to us about the diagnosis and treatment of his wife, Mrs X, by Cwm Taf Morgannwg University Health Board. He complained that Mrs X (who had been diagnosed with cancer 3 months earlier) did not receive a diagnosis and treatment quickly enough when she was admitted to the Emergency Department (ED) with a possible infection. Mrs X sadly died when in hospital.

We agreed that it took too long to diagnose Mrs X's condition and give her the correct treatment. We believed that Mrs X could have survived if she had the correct treatment sooner. We also found that the way Mrs X was cared for compromised her dignity and that she was denied the opportunity of spending the little time she had left with her family.

We recommended that the Health Board should:

- apologise to Mr X for service failure and distress caused to the family and
- arrange relevant training to all ED staff
- carry out an audit of a sample of patient ED records to ensure that similar cases were assessed and escalated appropriately
- create a standard procedure for management of patients whose clinical condition suggests special arrangements need to be made by the receiving hospital.

We issued our findings as a public interest report because this case was very serious and because it was possible that Mrs X's death was avoidable.

Read about this report on our website here.

Our reference: 202000661 and 202001667

Mr D complained to us that his late mother, Mrs M, did not receive the correct diagnosis and treatment for her symptoms of abdominal pain and weight loss by Betsi Cadwaladr University Health Board. He also complained about the discharge arrangements with Denbighshire County Council.

We found that clinicians did not diagnose Mrs M's condition correctly, explaining her weight loss and aversion to eating to as a "food phobia". We also agreed that Mrs M should not have been discharged when she was and that the Health Board and the Council did not plan and organise her discharge as they should have.

We recommended that each body should apologise to Mr D for the failings identified in our report and:

- share our report with their respective Equalities Officers to facilitate training on the principles of human rights in the delivery of care
- make a redress payment to the family of £250 in recognition of failings in complaint handling.

We also recommended that the Health Board should make a redress payment of £5,000 to the family in recognition of the distress that the findings of our report would have caused.

We issued our findings in this case as a public interest report because this was a serious case of wrong diagnosis. We could not be certain that this wrong diagnosis led to Mrs M's death. However, we decided that this uncertainty was a serious injustice to Mrs M and her family.

Read about this report on our website here.

Our reference: 202002273

Mr Y complained to us about treatment arrangements by Betsi Cadwaladr University Health Board. He complained that he had to wait too long for urgent treatment for his prostate cancer in 2019. When he was put on the waiting list for treatment, he joined 16 other patients awaiting the same procedure.

We used our proactive powers to investigate if the Health Board took too long to provide the treatment to these patients (we considered and upheld Mr Y's concerns in a separate public interest report).

We found that 8 of the patients were referred for treatment in England. For those patients, the Health Board did not produce a report to the Welsh Government about exceeding the waiting times target, nor did it carry out harm reviews. Although this was in line with the Welsh policy at that time, we decided that the Health Board still should have monitored what care these patients received and should have considered the impact of the delay in their treatment. We recommended that the Health Board should:

- return the affected patients to the position they would have been in had they been treated in Wales
- carry out a harm review for each patient and review its harm review process.

We issued our findings as a public interest report because we were concerned that there may be systemic problems in how the Health Board delivered prostate cancer treatment. We had also conducted previous investigations into the Health Board's urology services and we were concerned that issues we had raised previously had not been addressed.

Read about this report on our website here.

Our reference: 202002558

Ms B complained to us about the care provided by Hywel Dda University Health Board. Ms B complained that the Health Board did not provide her son, Mr C, with the right learning disability psychology services after a specialist support service for young people was closed.

We found that the Health Board did not arrange suitable services for Mr C. Although the Health Board was aware that Mr C was not receiving appropriate services, it did not plan how to meet his needs and this left Ms B without enough support to manage Mr C's behaviour.

We recommended that the Health Board should apologise to Ms B for the clinical, communication and complaint handling failings that we identified and:

- remind the relevant staff of the importance of good complaint handling practice
- review whether any other patients did not get the service they needed because of the closure of its specialist support service - and ensure that it works to meet those needs
- commission and complete its planned review of the Health Board's child psychology services and reports the findings back to us.

We issued a public interest report in this case because the Health Board closed the support service but did not replace it. This had led to significant injustice to Ms B and Mr C. We were also concerned that this issue may have impacted upon other vulnerable patients.

Read about this report on our website here.

Our reference: 202003539

Mr S complained to us about care and treatment provided by Cardiff and Vale University Health Board. Mr S complained that clinicians did not correctly diagnose his diseased colon. He also complained that, because he was not treated quickly enough, he suffered complications after emergency surgery to remove the right side of the colon. Mr S had Asperger's Syndrome and he also complained that clinicians did not clearly explain his treatment options.

We found that Mr S's condition was not diagnosed correctly and did not require extensive surgery. We also found that Mr S did not receive clear information about his condition and treatment.

We recommended that the Health Board should apologise to Mr S and:

- make him a redress payment of £10,000, in recognition of injustice that he suffered
- share our report with the Clinical Director and Director of Nursing responsible for the staff involved in Mr S's care
- make sure the staff undergo relevant training.

We issued a public interest report in this case because, due to the wrong diagnosis, Mr S needlessly went through extensive and risky surgery and a long, difficult recovery.

Read about this report on our website here.

Our reference: 201906202

Ms F complained to us about social care arrangements by Bridgend County Borough Council. Ms F complained that the Council did not properly manage her status as a Foster Carer for a young person, Ms G, and that the Council did not give Ms G enough support and assistance after she left its care (Pathway planning). Ms F was also unhappy with how the Council handled her complaint about these problems.

We upheld these complaints.

We recommended that the Council should apologise to the complainants and:

- pay Ms F and Ms G £8,500 each in recognition of the impact that its failings had had on them
- review and revise its Pathway planning documentation
- provide Pathway planning training for relevant staff
- review its approach to aspects of its complaint handling process.

We issued our findings as a public interest report because we were concerned that there may be systemic problems with how the Council planned care for 'looked after young people'. We also decided that the injustice suffered by Ms G and Ms F was significant and that it had implications for other looked after young people in the Council's area.

Read about this report on our website here.

Our reference: 202005937 / 202100061 / 202100409

Several vulnerable residents complained to us about waste management services operated by Cardiff Council. The residents complained that the Council's "Assisted Lift" waste collection service did not meet their needs and that the Council did not respond appropriately to their numerous complaints about the service.

We found that the service that the Council provided was not reliable, leading to stress and safety hazards for the residents. We also found that the Council did not respond as it should have to the residents' concerns, despite receiving repeated formal complaints and hundreds of calls about problems with the service.

We recommended that the Council should:

- apologise to the complainants
- resolve any ongoing concerns
- review and improve how it handles its complaints about the Assisted Lift service
- review the service and produce a plan for improvements.

We issued a public interest report in this case because we had considered complaints about this Council's waste management services in the past and we were concerned that it had not addressed the issues that we had previously raised.

Read about this report on our website here.

Our Findings

In August 2021, we launched on our website a search tool called **'Our Findings'**, to replace our casebooks. We add new summaries every month to make sure that the record is as up to date as possible.

'Our Findings' includes the summaries of all the reports that we issue on complaints about public services. It also includes the summaries of cases about public services where we agreed early resolutions and voluntary settlements.

'Our Findings' also includes summaries of some of our complaints about the Code of Conduct. We only publish summaries of the complaints that we investigate.

'Our Findings' includes all relevant case summaries from April 2021 onwards. You can still find summaries of our complaints before April 2021 in our traditional casebooks on our website.

Equality and Human Rights Casebook

This year we also published our third Equality and Human Rights Casebook.

We do not make definitive findings about whether a public body has breached an individual's human rights. However, if we find that something has gone wrong with public services, we consider whether a person's human rights may have been engaged. If we think it is relevant, we comment on how the body providing the service considered those rights.

Our Equality and Human Rights Casebook assembles a selection of cases where human rights or equality issues have either been raised as part of the complaint or have been central to our findings.

You can read the Casebook here.

Annual letters

Every year, we send letters to Health Boards and Local Authorities about the complaints we received and considered about them during the year. We do this to help these bodies improve their complaint handling and the services that they provide. **We publish all annual letters on our website here.**

Guidance

In 2016, we issued the 'Principles of Good Administration and Good Records Management' to public bodies in Wales.

In 2021, we decided to review the 'Principles' and split them into two separate publications. We considered that this would provide public bodies and complainants with both clear general principles of good administrative practice and separate specific advice on good administrative practice in relation to records management.

After we consulted on draft guidance, we issued the final publications in January 2022.

You can find our **revised Principles of Good Administration and Principles of Good Records Management on our website here.**

Engagement

It is important that we directly engage with the bodies in our jurisdiction and other stakeholders operating in the sectors which account for most of our complaints.

As part of this work, during 2021/22, we:

- attended meetings of the Listening and Learning from Feedback group (LLFG) and Heads of Patient Experience (HOPE) network working with NHS bodies to make the most from their complaints
- attended two Healthcare Inspectorate Wales summits, which included all the healthcare regulators in Wales as well as Audit Wales, Community Health Councils and other bodies
- attended the NHS Confederation conference
- met with Health Board Chief Executives
- met the Local Authority contact officer group and held numerous meetings with those officers to discuss good practice
- presented to a Tai Pawb event on making complaints processes inclusive
- spoke at TPAS Cymru's webinars to promote the work we're doing with Housing Associations.

We also aim to share relevant information and insights with other key stakeholders responsible for the scrutiny of the health sector such as Healthcare Inspectorate Wales, Care and Social Services Inspectorate Wales, General Medical Council, Community Health Councils and Audit Wales, as well as the Welsh Commissioners.

Strategic Aim 3: Use Resources Wisely

We value and support our staff and are committed to creating an equal, diverse, and inclusive workplace. We want to ensure good governance which supports and challenges us and we benchmark our work against best practice in the UK and internationally. We also secure value for money and make sure that our services are fit for the future.

Use Resources Wisely: our work at a glance

72%

72% of our staff completed 28 hours or more of continuing professional development.

2.7%

The average percentage of working days lost through staff sickness increased from 1.1% to 2.7%. This was largely because of long-term absences due to stress, mostly not work-related.

We continued to offer Mental Health First Aider support to staff. The Wellbeing Working Group introduced a range of new staff benefits and continued to focus on ways to support staff wellbeing.

84%

84% of our staff responded this year to our staff survey.

86% of those who responded agreed that we are committed to creating a diverse, equal and inclusive workplace.

FAIRPLAY EMPLOYER

We again achieved the Chwarae Teg FairPlay Employer award at silver level.

Ymwybyddiaeth am Awtistiaeth
Autism Aware

We achieved Autism Awareness Employer Status.

We used 2% more energy than last year, but 29% less than in 2019/20.

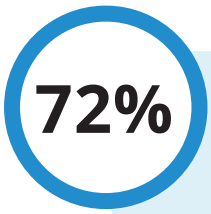
we avoided 176 kg of CO2 in emissions

We sent 0% of our general waste to landfill.

We maintained close links with colleagues in the UK, Europe and around the world.

Training and development

We support our staff to develop the knowledge and skills that they need to offer an efficient and professional service. However, the workload this year has made it challenging for our staff to dedicate time to develop their professional knowledge and skills. In 2021/22:



72% of our staff completed 28 hours or more of continuing professional development.

All our staff completed their annual appraisal process.

Our staff are our key resource. We want to make sure that all staff members have the skills, knowledge and attitudes to enable them to deliver an excellent service.

Training

All new colleagues complete a comprehensive induction programme. In addition, every year we support our staff to access the training and development they need. We offer online training for key topics such as equality and in-house training and Good Practice Seminars which include specific public services and legislative change updates. We also provide skills training appropriate to staff roles.

We want all our staff to complete at least 28 hours of training and development each year (pro rata for staff who work part-time).

This year, 72% of staff achieved this (this figure excludes colleagues on maternity/adoption leave).

During the year, we held staff focus groups (facilitated externally by Chwarae Teg) to find out how we can improve training and development and ensure it is accessible to all. The feedback has been extremely valuable and has helped us to identify areas for improvement. This will include clarifying and communicating individual and organisation responsibilities for training and development.

64% of our staff who responded to our survey this year agreed that the training and development they received is appropriate and relevant to their job.

We will continue to encourage staff on their development journey in 2022/23.

Appraisal process

Through our appraisal process, we make sure that each member of staff sets clear objectives and priorities for the year ahead and that we review their progress regularly. New colleagues follow a separate process – we set them more immediate objectives and priorities. For staff returning from maternity/adoption leave or long-term sickness, we agree their objectives when they return.

This year, all our staff completed the appraisal process.

88% of our staff who responded to our survey agreed that they receive regular and constructive feedback on their performance.

During the year, we set up a Leadership Development Network for all Leaders with responsibility for line management within our organisation. This Network meets every quarter and provides skills development to build a coaching culture and style of leadership.

Health and wellbeing

We want our staff to be healthy and well. The very high caseload this year has put our staff under immense pressure. However, we have continuously looked for ways to support their health and wellbeing. In 2021/22:

2.7% the average percentage of working days lost through staff sickness increased from 1.1% to 2.7%. This was mainly because of long-term absences due to stress, mostly not work-related.

we continued our focus on staff wellbeing and worked to support staff with flexible arrangements during another challenging year as we move to the "new normal".

we continued to offer Mental Health First Aider support to staff. The Wellbeing Working Group introduced a range of new staff benefits and continued to focus on ways to support staff wellbeing.

84% 84% of our staff* responded this year to our staff survey – compared to 92% in 2019/20 (the last year when we held that survey).

* The total number of staff used to calculate this figure does not include colleagues on maternity/adoption leave

Challenges

Between the increasing caseload and the ongoing pressures of the COVID-19 public health crisis, it has been a very difficult year for our staff.

After improvements last year, in 2021/22 we saw again more staff absences. The average percentage of working days lost through staff sickness this year was 2.7%, compared to 1.1% last year. This means that an average of 7.2 days per employee were lost because of sickness, compared to 3 days in 2020/21.

This increase has resulted in part from COVID-19 and in part from longer

term absences of several members of staff. 9% of working days were lost as the result of COVID-19 or 'Long COVID' (compared to 37% last year). 59% were lost because of stress (compared to 4% last year), though much of this was not work-related. 15% of days lost were lost as a result of work-related stress, including pressure from high caseloads and challenging complainants.

Supporting staff wellbeing

We worked hard to support our staff during this difficult year. We continued to offer staff some wellbeing activities (such as yoga) virtually. We also continued to encourage virtual lunch-time walks, as well as coffee mornings and 'meet ups' online.

We maintained our Mental Health First Aider support to staff and our Wellbeing Working Group continued to focus on ways to support staff wellbeing and introduced a range of new staff benefits. These included a new cycle to work scheme, gym membership scheme and health cash plan.

To support our staff to deal with potential stress and anxiety, we introduced a new internal process. We now use a stress risk assessment to help staff identify emerging issues. We adopted the Health and Safety Executive (HSE) Management Standards to help us prevent work-related stress. All Leaders, as part of the Development Network Programme, have now received training on the HSE management standards. They are continually developing the leadership skills that are known to help staff maintain wellbeing at work.

Staff survey

One of the key ways in which we measure the wellbeing of our staff is through our staff survey, which we hold every two years.

This year, 84% of our staff responded to this survey, compared to 92% in 2019/20. Its results show the impact on staff of sustained workload pressures.

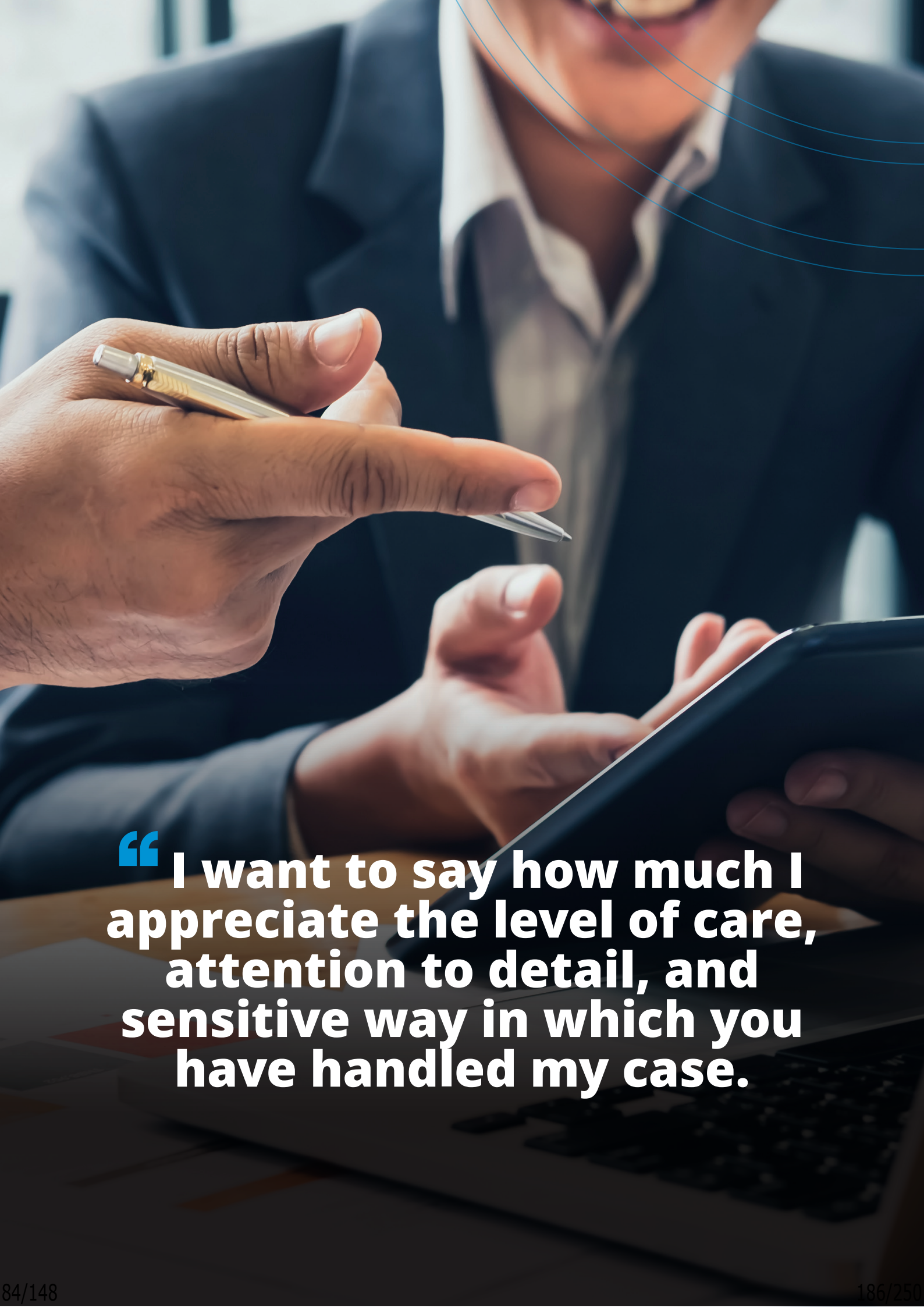
In the year ahead, we will be working with managers across the organisation to support staff. We will also continue to seek efficiencies to mitigate staff concerns about resources and workload.

87% said that PSOW is a good place to work, down from 96% in 2020.

93% said that their working arrangements were sufficiently flexible to allow them to balance their work and home life priorities, up from 87% in 2020.

61% said that they had sufficient resources to do their work, down from 90% in 2020.

58% felt that workload pressure was reasonable, down from 76% in 2020.


“I want to say how much I appreciate the level of care, attention to detail, and sensitive way in which you have handled my case.

Equality, diversity and inclusion

As an employer, we work hard to promote equality and diversity and tackle any barriers to inclusion. In 2021/22:

we reviewed and updated our Race and Ethnicity at Work Charter.

86% of our staff who responded to the staff survey this year agreed that we are committed to creating a diverse, equal and inclusive workplace.

we achieved Autism Awareness Employer Status.

we continued to be a Disability Confident Committed employer.

we again achieved the Chwarae Teg FairPlay Employer award at silver level.

we reduced our median Gender Pay Gap to 3%, from 5% last year.

we removed core working hours from our flexible working procedure to help our staff work as flexibly as possible. We also moved to a new model of “hybrid” working.

Equality, diversity and inclusion is important to us – as a service provider and as an employer.

We have a **Strategic Equality Plan which you can read here**. We are also committed to strengthening our contribution to race equality, justice and inclusion in Wales and have in place a Race and Ethnicity at Work Charter. **You can read the Charter here**. During the year, we reviewed the Charter and developed a detailed plan of actions.

We have a staff Equality Group that is responsible for developing and monitoring the equality actions we set ourselves each year. We report on all our equality, diversity and inclusion work every year in **our Equality Report which you can read here**.

86% of our staff who responded to the staff survey this year agreed that we are committed to creating a diverse, equal and inclusive workplace.

Diversity of our workforce

Every year, we examine how diverse our staff and job applicants are and how well they reflect the population of Wales.

Positively, the proportion of people in our workforce who identified with diverse ethnic backgrounds has increased slightly to 8% and is now higher than the Welsh average. However, there were fewer people among our job candidates this year who identified like this (6% of all people who applied to work with us).

Under our Race and Equality at Work Charter, we aim to increase the proportion of applicants, and those shortlisted for interview, who are from diverse ethnic backgrounds. This year, 7% of our shortlisted candidates who responded to our equality monitoring were from those backgrounds.

Some groups are still not well represented among our staff. Very few members of staff are under 25, identify as disabled, come from diverse national backgrounds, or identify as LGBT+. These groups were slightly better represented among the people who applied this year to work for us.

We will work hard to address these trends under our new Equality Plan which we will publish in 2022.

Awareness of autism and neurodiverse conditions

With a rise in the number of autistic people that use our service, we want to be more aware and accepting of all neurodiverse conditions.

This year, we achieved Autism Awareness Employer Status. 93% of our staff this year completed Autism Awareness training.

We have designated a member of staff as an Autism Champion, who is gaining knowledge from various training courses and meetings with autism organisations to help us better understand and meet the needs of people on the neurodivergent spectrum.

Inclusion of disabled people

We are a Disability Confident Committed employer. We take part in this scheme to help us include more disabled people within our workforce and amongst our job applicants.

In the year ahead, we are looking to designate a member of our staff as a Diversity Champion for issues such as disability.

Gender equality

We are aware that, in a relatively small organisation, individual recruitment outcomes can make apparently large differences. Women among our job applicants consistently outnumber men by a significant margin. We encourage and facilitate development opportunities for female staff which aims to remove barriers to employment or career progression.

This year, we continued to work with Chwarae Teg under the FairPlay Employer scheme. The scheme benchmarks organisations in terms of gender equality across 4 levels: bronze, silver, gold and platinum.

We again achieved the Chwarae Teg FairPlay Employer award at silver level. The Chwarae Teg assessment identified some areas in which we need to do more work and we will do so during 2022/23.

Our work with Chwarae Teg, is showing positive dividends. Our median Gender Pay Gap decreased from 5% at March 2021 to 3% at March 2022. For comparison, **Chwarae Teg estimated that the median Gender Pay Gap in Wales in 2021 was 12.3%.**

	2021/22	2020/21
% of staff female	76%	76%
Median Pay Gap	3%	5%
Mean Pay Gap	17%	17%

Welsh Language skills of our staff

Under the Welsh Language Standards, every year we measure the Welsh language skills of our workforce.

In 2021/22, 14% of our staff said that Welsh was their main language (compared to 12% last year). However, the proportion of people with fairly good or fluent skills was higher:

- speaking: 27% (compared to 21% last year)
- reading: 30% (compared to 24% last year)
- writing: 27% (compared to 21% last year)
- understanding: 30% (compared to 25% last year)

We are happy with these results and will continue to support our staff to improve their Welsh language skills.

Working flexibly

This year, we removed core working hours from our flexible working procedure. We did this as a response to the COVID-19 pandemic and to help our staff to achieve as much flexibility and work life balance as possible.

We are currently reviewing our working arrangements and our office accommodation requirements for the future.

Sustainability

We understand that we need to play our part in protecting the environment and continue to develop sustainable working practices. In 2021/22:

we produced just over 9000kg of waste - 255% more than last year, but 66% less than in 2019/20.

we used 2% more energy than last year, but 29% less than in 2019/20.

we sent 0% of our general waste to landfill.

we avoided 176 kg of CO2 in emissions

During the year, we still worked mostly from home. However, as we started moving to "hybrid" working, more staff members began to use the office more regularly.

This meant that we produced much more waste on site compared to last year – though still 66% less than in 2019/20. Most of the waste that we produced was confidential waste, as we put a lot of work into destroying old paper files. However, we were able to recycle 94% of waste, compared to 76% last year and we sent no general waste to landfill.

We also used slightly more electricity than last year, though still much less than in 2019/20.

Commuting mileage during the year was also very low and we avoided 176 kg of CO2 in emissions.

We are required by law to publish a reports on our sustainability under the Biodiversity and Resilience of Ecosystems Duty (section 6 duty). We publish in these reports detailed information on how we managed waste, used electricity and calculated commuting emissions. You can **read these reports on our website here.**

Formal accountability

We are accountable to the Senedd for how we work and how we use our resources.

The Senedd

Each year we make a formal submission to the Senedd's Finance Committee, seeking funding for the following year. We make that submission in line with a set of principles specified by the Committee. The Committee considers our submission and makes a recommendation to the Senedd on how much funding we are to receive. If the Committee makes comments or recommendations on our submission, we take them into account in following years.

In our Annual Report and Accounts, we explain how we used our resources to deliver our service during the year. This Report is laid before the Senedd and is published on our website. The Report is then scrutinised by the Finance Committee. We work to implement recommendations made by the Committee in our following funding submissions and our Annual Report and Accounts.

Judicial review

The Ombudsman is a Corporation Sole. This means that the person appointed to the role is fully responsible for casework decisions. Complainants can request an internal review of a casework decision that they are unhappy with (we talk about this in more detail in the Review and Quality Assurance section of this Report). However, the appropriate route to challenge our decisions is through judicial review.

No cases were subject to judicial review proceedings in 2021/22.

One former councillor has applied to the High Court for permission to appeal a decision of the Adjudication Panel for Wales to disqualify them from being a member of a local authority in Wales for 12 months. The application has not yet been considered by the Court.

Working with similar bodies

We work closely with other accountability bodies, and we exchange best practice with other ombudsman services in the UK and beyond. In 2021/22:

we maintained close links with colleagues in the UK, Europe and around the world.

The Ombudsman community

We continued to be closely involved in the work of the Ombudsman Association (OA), Public Service Ombudsman Group and International Ombudsman Institute (IOI).

In 2021/22, we engaged with several OA networks, considering legal matters, human resources, first contact, casework, communications and policy.

We also attended a working seminar on the development of national Ombudsman institutions, organised by the Parliamentary and Health Services Ombudsman in Manchester, in November 2021.

The Welsh Commissioners and the Auditor General

During the year, Nick Bennett met the Welsh Commissioners and the Auditor General twice to discuss issues of mutual interest.

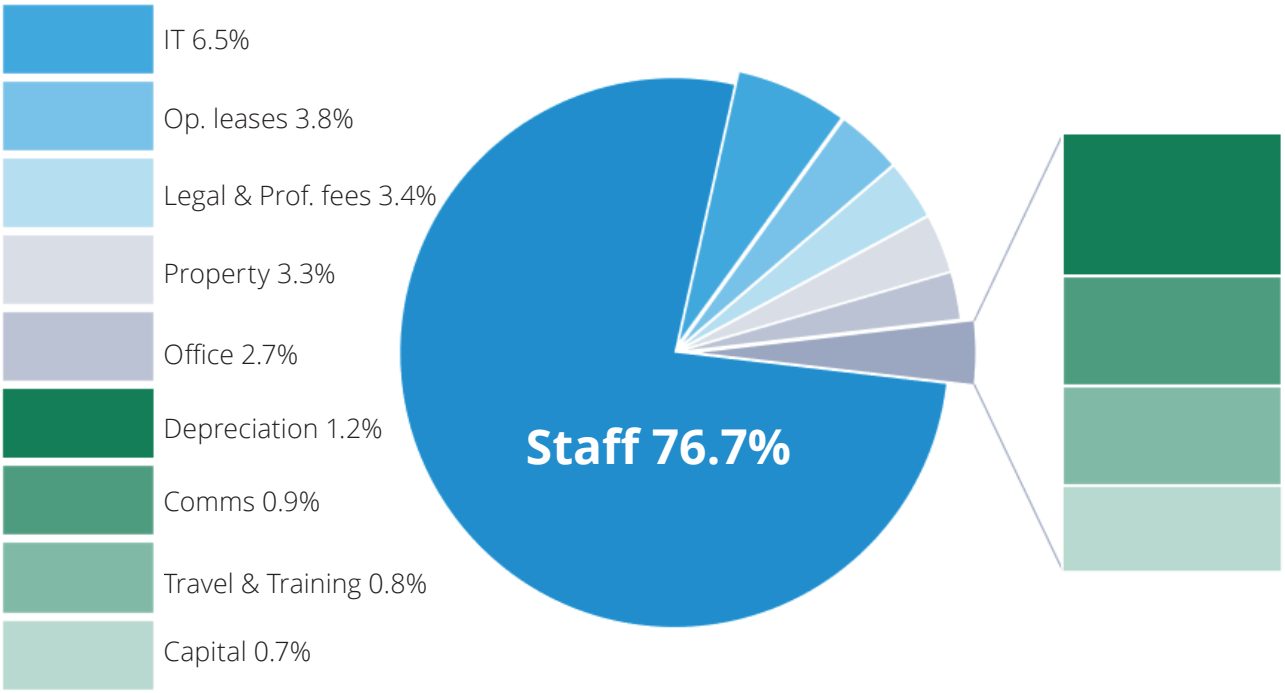
We also issued a joint statement with these bodies on the crisis in Ukraine. In that statement, we welcomed the commitment by the First Minister to make Wales a nation of sanctuary for refugees and asylum seekers.

Financial Management

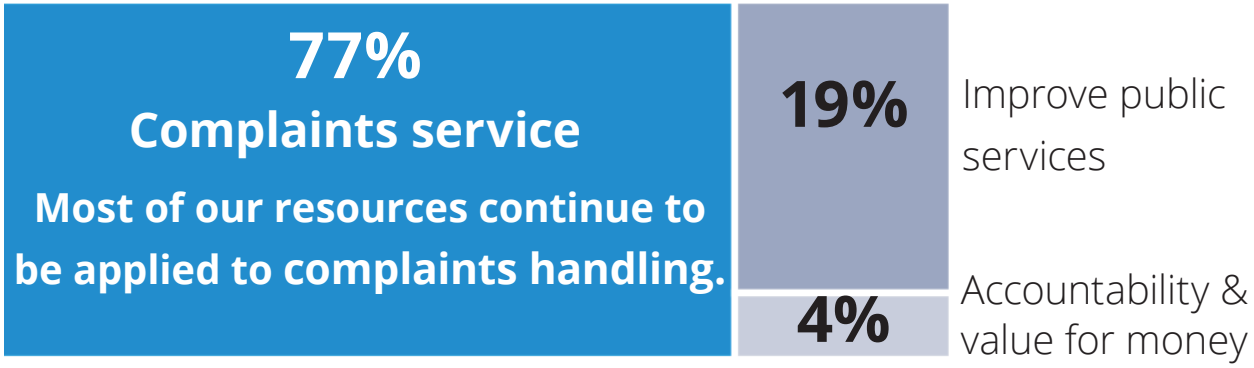
Overall resource has decreased compared to last year as a result of a reduction in our annual leave accrual. Cash expenditure has increased compared to the same period as we received a one-off £974,000 pension surplus repayment which reduced our net cash requirement in 2020/21.

Resource Out-turn	2021/22 £000s	2020/21 £000s	Change £000s
Total Resource	5,114	5,143	-29
Cash Requirement	5,126	4,096	+1,030

Gross Resource Expenditure 2021/22



Analysis of Spending by Strategic Aims

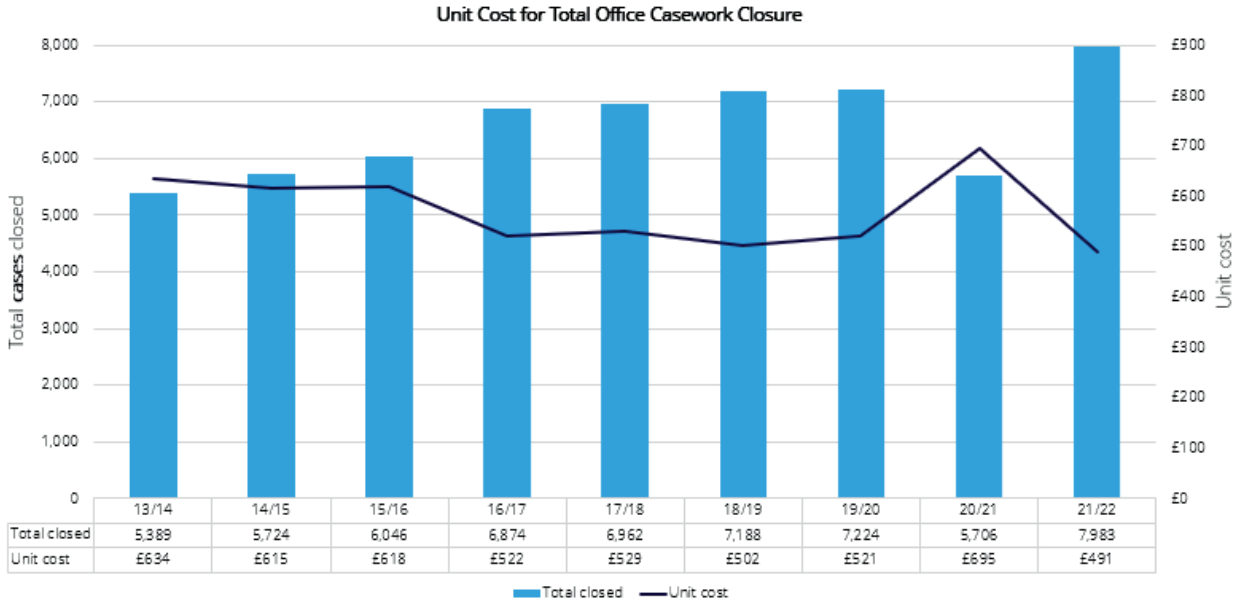


Unit Costs

As outlined in last year's Annual Report & Accounts we will now present unit costs as calculated for our main activity – receiving, considering, investigating and responding to enquiries and complaints. This is our activity under Strategic Aim 1 and we will use the audited figures for Operating Costs by Strategic Aims, presented within these accounts.

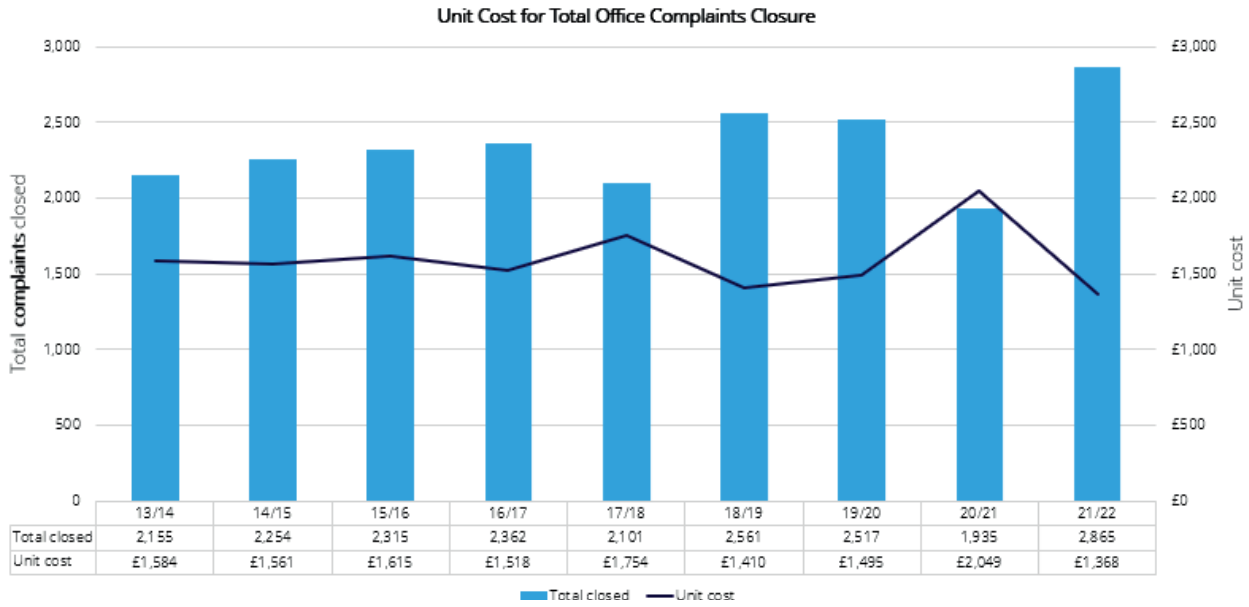
The graphs below show firstly unit cost for all enquiry and complaints work closed in the year and secondly for complaints cases closed in the year.

Unit Cost for Total Office Casework Closure



	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
Total closed	5,389	5,724	6,046	6,874	6,962	7,188	7,224	5,706	7,983
Unit cost	£634	£615	£618	£522	£529	£502	£521	£695	£491

Unit Cost for Total Office Complaints Closure



	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
Total closed	2,155	2,254	2,315	2,362	2,101	2,561	2,517	1,935	2,865
Unit cost	£1,584	£1,561	£1,615	£1,518	£1,754	£1,410	£1,495	£2,049	£1,368

Note: These graphs are based on expenditure on this Strategic Objective and adjusted to 2021/22 prices. Figures reported here for previous years have been adjusted to reflect this approach.

The unit costs reflect changes to costs and to the number of complaints and enquiries completed during the year. The variation in unit costs reflects:

- In 2020/21, case closures were lower than in recent years, particularly in the first quarter due to the pandemic. In addition, there were delays, again particularly in the early months of the year, as public bodies were unable to respond to us normally in the early stages of the pandemic.
- In 2021/22, case closures were the highest ever since the creation of the Ombudsman's office, whilst our unit costs were significantly lower when adjusted for CPI inflation as at March 2022.

Expenditure on activities under PSOW Act 2019

In 2021/22, we once again budgeted funding to be used specifically on the proactive implementation of the PSOW Act 2019. Spending in the year was:

PSOW Act 2019: Expenditure in 2021/22	£000s
Staff costs	267
Premises	14
Communications	10
Computer Services	8
Advisory and Legal	2
Training	1
Total	**302**
Budget	332
Variance	**30**

Expenditure to 31 March 2022 compared to previous year

	2021/22	2020/21	Reasons for significant changes
	£000	£000	
Salaries	2,863	2,905	1.75% pay award, FTE decrease of 1 and greater use of Associate Investigation Officers during 2020/21.
Social Security costs	273	283	
Pension costs	745	758	
Pension fund charges	39	20	
Total Pay	**3,920**	**3,966**	
Rentals under operating leases	193	193	
External Audit fee	19	17	
Legal and professional fees	173	193	Continued management of professional advice and reduced legal fees.
Other property costs	171	168	
Computer services	331	309	Security and resilience upgrades.
Office costs	137	151	Equipment provided for staff to enable home working purchased in 2020/21.
Travel and Subsistence	6	1	Continued minimal travel due to COVID-19 pandemic.
Training and Recruitment	36	55	Most training delivered online at lower cost.
Communications	47	41	
Depreciation	61	61	
Total other Administration Costs	**1,174**	**1,189**	
Gross Costs	**5,094**	**5,155**	
Income	(17)	(991)	One-off repayment of Pension Fund Surplus in 2020/21.
Net Expenditure	**5,077**	**4,164**	
Capital	37	5	IT security and resilience upgrades.
Net Resource	**5,114**	**4,169**	

More detailed financial information can be found in the financial statements and notes that support the accounts.

Michelle Morris
Accounting Officer
Public Services Ombudsman for Wales 20 July 2022

Accountability Report 2021/22

Corporate Governance Report

Ombudsman's Report

Under the Government of Wales Act 2006, the Office is financed through the Welsh Consolidated Fund (WCF) with any unspent cash balances repaid into the WCF after a certified copy of the accounts has been laid before the Welsh Parliament. This creates a further control in that there is a need to effectively manage the budget on both a cash and a resource basis. The salary of the office holder of the Public Services Ombudsman for Wales and the related costs are a direct charge on the WCF and are administered through the Welsh Parliament.

As at 31 March 2022, the Office comprised 74 permanent full and part-time staff based in Pencoed, Bridgend including the Ombudsman, Chief Operating Officer & Director of Improvement, Chief Legal Adviser & Director of Investigations, as well as investigation and support staff.

For the year 2021/22, my predecessor Nick Bennett was the Accounting Officer for the public funds with which the Welsh Parliament entrusts the Office to undertake its functions.

He has provided me with a letter of assurance confirming he has properly discharged the duties and responsibilities of Accounting Officer which I have considered when preparing this report.

The Welsh Parliament provided cash of £5.2 million for the funding of the Office. £120k of this overall funding is due to be returned to the WCF, being the unused cash balance at the year-end of £35k and a contingency sum of £85k which made available to us to fund any pay award above 1.75%. The pay award was settled at 1.75% therefore we are returning the full amount. The expenditure of the office was kept within the Estimate agreed in November 2020 and amended by a Supplementary Budget during 2021/22.

As refererred to previously in the Report, our unit costs have fallen to their lowest levels and reflect the highest number of complaints and enquiries closed by the Office.

Remuneration and Pension Liabilities

Details of the pay and related costs of the Ombudsman and the Office are shown in the Remuneration Report.

Pension obligations to present and past employees are discharged through the Principal Civil Service Pension Scheme (PCSPS) and the pensions paid directly to former Commissioners or their dependants.

Further details are given in the Pensions Disclosures.

Corporate Governance

The office holder of the Public Services Ombudsman for Wales is a Corporation Sole.

The Audit & Risk Assurance Committee supports the Ombudsman by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and on the integrity of financial statements and the annual report. Further details are set out in the Annual Governance Statement.

Register of Interests

A register of interests is maintained for the Ombudsman, Directors and members of the Advisory Panel and Audit & Risk Assurance Committee.

Accounts Direction

Under the Accounts Direction issued by HM Treasury dated 21 December 2006, the Ombudsman is required to prepare accounts for the financial year ended 31 March 2022 in compliance with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (the FReM) issued by HM Treasury which was in force for 2021/22.

The accounts have been prepared to:

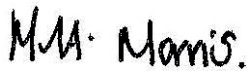
- Give a true and fair view of the state of affairs at 31 March 2022 and of the net resource out-turn, resources applied to objectives, recognised gains and losses and cash flows for the financial year then ended.
- Provide disclosure of any material expenditure or income that has not been applied for the purposes intended by the Welsh Parliament or material transactions that have not conformed to the authorities that govern them.

Auditors

The Auditor General for Wales is the External Auditor of the accounts of the PSOW as laid down in paragraph 18 of Schedule 1 to the Public Services Ombudsman (Wales) Act 2019.

The cost of the audit for 2021/22 was £19k (2020/21 = £17k).

As far as I am aware, my predecessor and I have taken all the steps necessary to make the auditors aware of any relevant audit information.



Michelle Morris
Accounting Officer
Public Services Ombudsman for Wales 20 July 2022

Statement of Accounting Officer's Responsibilities

Under the Public Services Ombudsman (Wales) Act 2019, as Public Services Ombudsman for Wales I am required to prepare, for each financial year, resource accounts detailing the resources acquired, held or disposed of during the year and the use of resources by the PSOW during the year.

The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the PSOW and its net resource out-turn, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, as the Accounting Officer, I am required to comply with the requirements of the 'Government Financial Reporting Manual' and in particular to:

- Observe the Accounts Direction issued by the Treasury including the relevant accounting and disclosure requirements and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the government financial reporting manual have been followed and disclose and explain any material departures in the accounts.
- Prepare the accounts on a going concern basis.
- Confirm that the annual report and accounts as a whole is fair, balanced and understandable.
- Take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

My relevant responsibilities as Accounting Officer include the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the PSOW's assets, as set out in Managing Welsh Public Money and the Public Services Ombudsman (Wales) Act 2019.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that PSOW's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Annual Governance Statement 2021/22

Status of the Public Services Ombudsman for Wales

As laid down in Schedule 1, paragraph 2 of the Public Services Ombudsman (Wales) Act 2019, the Ombudsman is a Corporation Sole holding Office under Her Majesty. The Ombudsman discharges the functions set down in legislation on behalf of the Crown. Schedule 1, paragraph 19 states that the Ombudsman is the Accounting Officer for the office of the Ombudsman.

Scope of Responsibility

My predecessor Nick Bennett was Accounting Officer for the whole of the 2021/22 financial year and he has provided me with a letter of assurance confirming he has properly discharged the duties and responsibilities of Accounting Officer.

In undertaking the role of Accounting Officer, I and my predecessor have ensured that the office operates effectively and to a high standard of probity. In addition, the Ombudsman has responsibility for maintaining a sound system of internal control that supports the achievement of PSOW's policies, aims and objectives, whilst safeguarding the public funds and assets for which the Ombudsman is personally responsible, in accordance with the responsibilities set out in 'Managing Welsh Public Money'.

The Ombudsman is independent of the Welsh Parliament but is accountable to its Finance Committee and Public Accounts and Public Administration Committee for the use of resources provided. In determining the level of resources available to the office, the PSOW's budget proposals are considered by the Finance Committee of the Welsh Parliament in accordance with the process laid down in the Act. A combined Annual Report and Accounts is prepared for consideration by the Finance Committee.

I am required to include this Governance Statement with my annual report and accounts to explain how the governance of my office works and to ensure it meets the requirements of the Corporate Governance Code and The Orange Book: Management of Risk. To enable me to satisfy these requirements, I and my predecessor have maintained appropriate structures, systems and procedures that are comprehensive and provide me with evidence that the governance arrangements are working as intended across the whole organisation and its activities. Such arrangements include my Governance Framework, a comprehensive internal control environment, effective internal and external audit arrangements and robust financial management, risk planning and monitoring procedures.

Strategic Planning and Performance Monitoring

In the **Strategic Plan** for the 3 years 2019/20 to 2021/22, my predecessor set the following for the Office:

Our Vision for public services in Wales:

Services that actively listen and learn from complaints.

Our Mission:

To uphold justice and improve public services.

Our Strategic Aims:

Strategic Aim 1: Deliver Justice

A fair, independent, inclusive and responsive complaints service.

Strategic Aim 2: Promote Learning, Work to Improve Public Services

Promote learning from complaints and stimulate improvements on a wider scale.

Strategic Aim 3: Use Resources Wisely and Future-proof the Organisation

Identify and adopt best practice. Secure value for money and services that are fit for the future. Support staff and ensure good governance which supports and challenges us.

Whilst individual teams within the Office are charged with implementing the actions identified, the Management Team monitors progress made against targets and the outcomes achieved via monthly reports.

System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable, and not absolute, assurance of effectiveness. It is based on an ongoing process designed to identify and prioritise the risks to the achievement of my policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system has been in place in the office of the PSOW for the year ended 31 March 2022 and up to the date of approval of these accounts and accords with HM Treasury guidance. Internal controls were unaffected by changes resulting from the COVID-19 pandemic. No significant areas of internal control weaknesses have been identified from audit work and steps to improve controls further are implemented promptly and monitored by the Audit & Risk Assurance Committee.

Corporate Governance arrangements: Audit & Risk Assurance Committee

Governance arrangements include an Audit & Risk Assurance Committee (ARAC). The Committee's responsibilities are:

a) Terms of Reference

The Committee supports me by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

b) Membership

Membership comprises a minimum of four, and a maximum of eight, independent external members.

The membership of the Committee during 2021/22 was:

- Mr Ian Williams, former Group Chief Executive of Hendre Limited - Chair
- Mr Trevor Coxon, former Monitoring Officer of Wrexham County Borough Council
- Dr Tom Frawley CBE (until October 2021), former Assembly Ombudsman and Northern Ireland Commissioner for Complaints
- Mrs Anne Jones (until July 2021), former Assistant Information Commissioner
- Mr Jim Martin (until October 2021), former Scottish Public Services Ombudsman
- Mr John McSherry, former Senior Manager at Admiral Group Limited
- Mr Mike Usher, a former Director of Audit Wales
- Mrs Joanest Varney-Jackson (from October 2021), former Senior Lawyer for Welsh Parliament.

c) Training

Members of the Committee are invited to assess their training needs annually. An induction programme is provided for all new members of the ARAC. During 2021 members took part in a Risk Workshop (June) and undertook Governance and Accountability training (October).

d) Meetings

The Committee sets itself an annual work programme. There are generally four meetings of the Committee during the year. Due to the ongoing COVID-19 pandemic the majority of meetings in 2021/22 were held remotely using Zoom.

The Ombudsman attends ARAC Meetings and the Chief Operating Officer acts as Secretary to the Committee. The meetings were also regularly attended by internal and external auditors and appropriate members of the PSOW's Management Team.

At each meeting, the Committee received a number of standing agenda items. These include declarations of any identified fraud or losses, including any data losses. At each meeting, the Committee received a copy of the latest Budget Monitoring report considered by the Management Team. This is intended to provide the Committee with an assurance that there is regular scrutiny of the financial position of the office.

During the year, the Committee also received reports on a number of other appropriate matters within its Terms of Reference. They included the 9- and 12 month accounts, internal audit plans, internal audit reports, a review of the Whistleblowing Policy, updates on major IT developments, relevant financial and corporate governance matters. The Committee reviewed the Office's counter-fraud arrangements, in the context of the Cabinet Office Counter-Fraud Framework, and reviewed a proposed new anti-fraud policy, to satisfy itself that appropriate arrangements are in place. The Committee provided advice to me to ensure that the 2021/22 Annual Governance Statement included appropriate information and complied with best practice.

A standing item is risk management. At each meeting the Committee considered a report on the greatest identified risks. The Committee explored and challenged the reported risks to satisfy itself that key risks had been identified. The overall approach to risk management and risk mitigation was also considered at a workshop facilitated by the internal auditors. This resulted in a number of improvements to the risk management policy and process.

During the year, three members' terms of office ended, and one new member joined the Committee. The number of meetings attended, along with the number of meetings each member was eligible to attend, was as follows:

Committee Member	Maximum number of attendances possible	Actual number of attendances	% attended
Ian Williams (Chair)	4	4	100
Trevor Coxon	4	4	100
Tom Frawley	3	2	67
Anne Jones	2	2	100
Jim Martin	3	3	100
John McSherry	4	4	100
Mike Usher	4	4	100
Joanest Varney-Jackson	2	2	100

e) Internal and External Audit

The Committee received regular reports from both the internal and external auditors. This was the first year for new internal auditors TIAA who attended all meetings. The work of internal audit during the year was planned based on their overall needs assessment and carried out through their agreed annual programme. Their reports highlighted a satisfactory internal control framework within the organisation and made recommendations for improvement where necessary.

In all but one audit, the level of assurance was considered 'Substantial', the highest assurance level, with one report giving 'Reasonable' assurance. A number of recommendations were made, and these have either been completed or will be completed in accordance with agreed timescales. The internal audits undertaken in 2021/22 and overall assessments were as follows:

	Assurance level
Systems – transition to Sage 200	**SUBSTANTIAL**
Complaints Handling (Casework)	**SUBSTANTIAL**
Governance – Audit & Risk Assurance Committee	**SUBSTANTIAL**
Cyber security	**REASONABLE**
Financial Systems:	
Budgetary Control	**SUBSTANTIAL**
Purchasing & payments	**SUBSTANTIAL**
Income	**SUBSTANTIAL**

The internal auditors' Annual Report for 2021/22 stated: "The Public Services Ombudsman for Wales has reasonable and effective risk management, control and governance processes in place". These findings also provide assurance that the arrangements in place are reducing the office's exposure to risk.

The Committee noted the thoroughness of the audit work, practicality of recommendations and the open and positive response of management to the recommendations made.

In respect of the previous financial year, the Committee considered the 2020/21 Annual Report and Accounts that included the Governance Statement of the office for 2020/21, together with the External Audit of Financial Statements Report and Management Letter. An unqualified opinion was given, following external audit work undertaken by Audit Wales, on the 2020/21 Accounts. There were no recommendations arising from the Audit.

Both Internal and External Auditors have the right to raise any matter through an open access policy to the Chair and, through that right, to bring any matter to the attention of the Committee. The Committee, by reviewing the programmes of both the External and the Internal Auditors, ensured that they were co operating effectively with each other. The quality of the audit work has been evaluated during the year through consideration of the audit reports and recommendations and dialogue at meetings between Committee Members and the Auditors.

To ensure that appropriate matters can be raised in confidence, the Chair of the Committee generally holds an annual meeting with representatives of the External and Internal Auditors. Such a meeting was held on 25 March 2022.

f) Monitoring processes

At each meeting during 2021/22, the Committee received a report on progress made on the implementation of External and Internal Audit recommendations. Committee members were satisfied that all the recommendations made, had been implemented or will be implemented in accordance with agreed timescales.

g) Annual Review and Assessment

This annual review is undertaken to evaluate the work of the Committee and to ensure that the work of the Audit & Risk Assurance Committee continues to comply with the Good Practice Principles set out in the HM Treasury Audit Committee Handbook. To assist the Committee in determining that it was complying with good practice, each member was invited to complete the National Audit Office's 'The Audit Committee self-assessment checklist'. Comments received from Committee members were considered in preparing the Annual Review for 2021/22.

The ARAC Annual Review concluded that it had received comprehensive assurances and information that was reliable and sufficient to enable it to carry out its responsibilities. Those assurances demonstrated a satisfactory overall internal control environment, financial reporting and the management of risk and of the quality of both the Internal and External Audit work undertaken.

The Committee was therefore able to provide assurances to support me effectively, as Public Services Ombudsman for Wales, to comply with my Accounting Officer responsibilities. The Committee provided evidence to assist in the preparation of this Annual Governance Statement.

Reporting of Personal Data Related Incidents

All incidents involving personal data are reported to the Audit & Risk Assurance Committee, regardless of whether PSOW is at fault. Where PSOW is at fault, guidance issued by the Information Commissioner's Office (ICO) is considered to establish whether it is necessary to report the incident to that office. During 2021/22, there were no incidents that required reporting to the ICO.

Advisory Panel

The Advisory Panel is a non-statutory forum whose main role is to provide support and advice to me in providing leadership and setting the strategic objectives of the office of the Public Services Ombudsman for Wales. The Panel also brings an external perspective to assist in the development of policy and practice.

The Panel was chaired by Anne Jones until July 2021 when her term of office concluded. Dr Jane Martin, former Local Government Ombudsman, took over as Chair in October 2021 on recommendation of Panel members. Trevor Coxon, Mike Usher and Ian Williams were members throughout the year. Dr Tom Frawley and Jim Martin reached the end of their terms of office during the year

Following a recruitment exercise, Ms Carys Evans, former Head of Data and Insight at S4C, joined the panel in October 2021.

The Advisory Panel is an advisory-only body and does not make decisions in its own right.

The Risk and Control Framework

As required by 'Managing Welsh Public Money', I am supported by a professionally qualified Financial Accountant who carries out the responsibilities of a Finance Director as set out in that document.

Risk management and the risk register are standing agenda items for the Audit & Risk Assurance Committee, and the approach to risk management, together with risk appetite, is reviewed periodically.

I am continuing to enhance the robust internal control arrangements to ensure that the office has the capacity to identify, assess and manage risk effectively.

In undertaking this responsibility during the year ended 31 March 2022, my predecessor was supported by a Chief Operating Officer to whom some of his responsibilities have been delegated.

Bearing in mind the letter of assurance I have received from my predecessor, I am satisfied that the systems in place identify potential risks at an early stage and enable, through active management, the appropriate action to be taken to minimise any adverse impact on the office.

The Audit & Risk Assurance Committee receives regular reports on the risks relating to this office, explores the office's approach to those risks and provides comments and suggestions on current and emerging risks.

Risks are considered across a number of key areas or risk horizons. These are:

- operations, including operational support
- financial risks
- governance and legal risks
- reputational risks
- data and information management risks.

Key risks at the financial year-end were identified as follows:

Risk horizon	Risk affects:	Risk management and mitigation:	Residual risk:
Operations & operational support	Risks from continued high number of complaints received and fixed staff resources. Year-end open caseload up 48% on last year (and 34% up on 2019/20). Maladministration complaints up 45% on 2020/21 (and 22% on 2019/20). Impact – slower service, increased pressure on staff and risk of stress.	Maximise staff resources within resources available. Support staff performance. Work closely and supportively with public bodies to improve their complaints handling.	The continuing increase in number of new complaints, with fixed staff, means that the residual risk is considered RED.
Data and information management	Risk of cyber-attack, malware, ransomware or virus	Systems have been upgraded in accordance with recommendations. Maintain and monitor currency of antivirus and other security software and test effectiveness. Increase staff awareness and vigilance through training. Pursue Cyber Essentials Plus accreditation.	The increase in adverse cyber activity and the potential scale of the impact on PSOW of any successful attack means that the residual risk is considered RED.

Risk Assurance Framework Arrangements

<table>
<tr><th colspan="4">PSOW Framework</th></tr>
<tr><td colspan="4">• Strategic objectives from Corporate Plan
• Work programme
• Risk management
• Anti-fraud policy
• Governance framework
• Policies, procedures and code of conduct</td></tr>
<tr><td>Advisory Panel</td><td>Accounting Officer</td><td>Audit & Risk Assurance Committee</td><td>Management Team</td></tr>
<tr><td>Provides support and advice on vision, values and purposes as well as strategic direction and planning.</td><td>Governance.
Decision making.
Financial management.
Risk management.</td><td>Reviews and monitors governance, risks and internal controls.
Agrees annual governance statement.</td><td>3-year Corporate Plan.
Operational Plan.
Performance monitoring.
Corporate policies.
Risk management.
Value for money.</td></tr>
<tr><td>Central Guidance
HM Treasury.
FReM.
Managing Welsh Public Money.
Public Sector Internal Audit.</td><td colspan="2">PSOW policies, plans and risk register</td><td>Annual Governance Statement</td></tr>
<tr><td colspan="4">Assurance Map Components</td></tr>
<tr><td>1st line of defence
Strategic and operational delivery reporting.
KPI reporting.
Financial controls / Budget monitoring.</td><td colspan="2">2nd line of defence
Risk register reviews.
Quality assurance.
Information security assurance.</td><td>3rd line of defence
Internal audit reports.
Financial accountant spot checks.</td></tr>
<tr><td colspan="4">Other assurances
External audit.
Scrutiny by Finance Committee and PA&PAC.</td></tr>
</table>

I and my Management Team will continue to work to manage and minimise the risks in these key areas in the year ahead and the risks will be considered at each meeting of the Audit & Risk Assurance Committee.

Budgeting Process

As Accounting Officer, I ensure that I have in place arrangements for tight control of the public money entrusted to me. The Management Team receives a monthly budget monitoring report setting out details of actual, against budgeted expenditure. Any unexpected expenditure issues that may arise during the year are considered so that appropriate action can be taken to remain within the budgeted expenditure where possible or to seek additional resources where cost pressures cannot be contained. In 2021/22 the April 2021 pay award was not settled until March 2022, creating uncertainty as to affordability of what might be agreed. In addition, the Ombudsman received a report recommending priority action to improve IT systems resilience, security and performance. Additional resources were secured to address these two issues. The additional resources to cover for a higher than anticipated pay award were not ultimately required and those funds are being returned.

As far as the process of producing the PSOW's financial estimate for 2022/23 is concerned, a paper setting out initial budget criteria was considered by the Advisory Panel in July 2021. Overall, the submission sought an increase of 5.7% (resource) to reflect pay and price increases and the substantial caseload increases experienced throughout the year. Following Finance Committee scrutiny in October, the Committee did not support the submission. A revised submission, seeking a 4.4% increase, was submitted and supported by the Committee. This was included in the Wales Annual Budget Motion March 2022.

Conclusion

The Office's system of internal controls was unaffected by the pandemic and by homeworking. I can report that there were no significant weaknesses in the office's system of internal controls in 2021/22 which would affect the achievement of the office's policies, aims and objectives and that robust Corporate Governance is in operation with no breaches of the Corporate Governance Code.

Michelle Morris
Accounting Officer
Public Services Ombudsman for Wales 20 July 2022

Remuneration Report

Public Services Ombudsman for Wales

The Government of Wales Act 2006 provides for my remuneration and associated national insurance and pension costs to be met from the Welsh Consolidated Fund, rather than being paid directly. These costs are included, for transparency, in the remuneration report.

Remuneration

The following sections provide details of the remuneration and pension interest of the most senior management of the Office: Nick Bennett - Ombudsman, Chris Vinestock - Chief Operating Officer & Director of Improvement and Katrin Shaw - Chief Legal Adviser & Director of Investigations.

Single Total Figure of Remuneration					
2021/22					
Officials	**Salary (£'000)**	**Bonus payments (£'000)**	**Benefits in Kind (to nearest £100)**	**Pension benefits (to nearest £1,000)**	**Total (£'000)**
Nick Bennett	150-155	-	-	59,000	210-215
Chris Vinestock	105-110	-	-	27,000	135-140
Katrin Shaw	90-95	-	-	28,000	120-125

Single Total Figure of Remuneration					
2020/21					
Officials	**Salary (£'000)**	**Bonus payments (£'000)**	**Benefits in Kind (to nearest £100)**	**Pension benefits (to nearest £1,000)**	**Total (£'000)**
Nick Bennett	150-155	-	-	59,000	210-215
Chris Vinestock	105-110	-	-	75,000	180-185
Katrin Shaw	90-95	-	-	61,000	150-155

Salary

Salary includes gross salary, overtime and any other allowances to the extent that they are subject to UK taxation.

Benefits in kind

The monetary value of benefits in kind, covers any expenditure paid by the PSOW and treated by HM Revenue and Customs as a taxable emolument. There was no such expenditure.

Bonuses

No bonus was paid during the year to me or to any staff within my office, as no bonus scheme is in operation.

Pay multiples

The banded remuneration of the highest-paid director in the financial year 2021/22 was £150-£155,000 (2020/21 = £150-£155,000).

The FreM for 2021/22 requires increased reporting on fair pay disclosures.

	2021/22	2020/21
25th percentile remuneration	£32,799	£32,235
25th percentile pay ratio	4.6	4.7
50th percentile remuneration	£44,625	£43,857
50th percentile pay ratio	3.4	3.5
75th percentile remuneration	£48,876	£44,865
75th percentile pay ratio	3.1	3.4

In 2021/22, no employee received remuneration in excess of the highest-paid director (2020/21 = none).

Remuneration ranged from £20,000 to £155,000 (2020/21= £20,000-£155,000). Total remuneration includes salary, non-consolidated performance-related pay and benefits in kind. It does not include severance payments, temporary payments, employer pension contributions and the cash equivalent transfer value of pensions.

The percentage change from the previous financial year in respect of highest paid director was nil. The average percentage change from the previous financial year in respect of employees taken as a whole was 3%.

Pay awards

Staff pay is linked to the pay awards made to employees within Local Government in England and Wales. In line with that procedure, a 1.75% pay increase was awarded to staff in March 2022 backdated to April 2021.

Pensions

Pension entitlements for the persons shown earlier in the report are detailed below:

Pension Liabilities

The pension obligations to present and past employees are discharged through the Principal Civil Service Pension Scheme (PCSPS) and the pensions paid directly to former Commissioners or their dependants.

Name	As at 31/03/22					As at 31/03/21
	Accrued pension at pension age and related lump sum	Real increase in pension and related lump sum at pension age	CETV	Real Increase in CETV	Employer contribution to partnership pension accounts	CETV
	£000	£000	£000	£000	Nearest £100	£000
Nick Bennett	50-55	2.5-5	688	33	-	623
Chris Vinestock	70-75	0-2.5	1068	15	-	997
Katrin Shaw	40-45	0-2.5	666	13	-	617

CETV refers to the Cash Equivalent Transfer Value, and further information can be found in the Pensions Disclosures.

Sickness

During the year, an average of 7.2 days per employee were lost through sickness, compared with 3.0 days in 2020/21. This is the equivalent of 2.7% (1.1% in 2020/21) of total possible workdays. Short-term absences fluctuate from year to year and increased slightly in 2021/22. Long-term sickness increased from 0.5% of days to 1.7%.

This increase is due to several members of staff incurring absence due to stress, though much of this was not work-related. Stress overall accounted for 59% of days lost, with work-related stress accounting for 15% of days lost.

Reporting of Civil Service and other compensation schemes

No exit packages were paid in 2021/22 (2020/21 Nil).

Advisory Panel and Audit & Risk Assurance Committee

The following non-pensionable payments, based on a daily rate, were made to members of the Advisory Panel and Audit & Risk Assurance Committee:

	2021/22	2020/21
Ian Williams	3,150	2,011
Jane Martin	2,350	1,482
Mike Usher	2,100	1,050
Jim Martin	1,925	1,711
Trevor Coxon	1,925	1,711
John McSherry	1,800	900
Anne Jones	1,575	2,221
Tom Frawley	1,225	1,711
Joanest Varney-Jackson	1,200	-
Carys Evans	1,050	-
Jonathan Morgan	-	1,082
Rhiannon Ivens	-	900

These figures also include payments made to members for attendance at risk workshops and training sessions during 2021/22.

For staff reporting issues see the Annual Equality Report.

Michelle Morris
Accounting Officer
Public Services Ombudsman for Wales 20 July 2022

Welsh Parliament Accountability and Audit Report

In addition to the primary statements prepared under **International Financial Reporting Standards (IFRS)**, the Government Financial Reporting Manual (FReM) requires the Ombudsman to prepare a statement and supporting notes to show resource out-turn against the Supply Estimate presented to the Senedd, in respect of each request for resource.

Summary of Net Resource Out-turn for year ending 31 March 2022

	Revised Estimate			Out-turn				2020/21
	Gross Expenditure	Income	Net Total	Gross Expenditure	Income	Net Total	Net total compared to estimate	Net Total
	£000	£000	£000	£000	£000	£000	£000	£000
Revenue	5,259	(17)	5,242	5,094	(17)	5,077	165	4,164
Capital	46	-	46	37	-	37	9	5
Resource DEL	**5,305**	**(17)**	**5,288**	**5,131**	**(17)**	**5,114**	**174**	**4,169**
Resource AME	-	-	-	-	-	-	-	974
Total Resources	**5,305**	**(17)**	**5,288**	**5,131**	**(17)**	**5,114**	**174**	**5,143**
Net Cash Requirement	**5,246**	**-**	**5,246**	**5,143**	**(17)**	**5,126**	**120**	**4,076**

The Revised Estimate for 2021/22 includes a contingency of £85,000 for any additional pay award above 1.75%. The pay award was settled at 1.75% therefore we are returning the full amount. This gives a true operational net total out-turn compared to estimate of:

Resource £89,000
Cash £35,000

The 2020/21 figures include a one-off pension surplus adjustment. The Ombudsman's salary is paid directly from the Welsh Consolidated Fund with only the reimbursement of actual business expenses included in the PSOW accounts.

Reconciliation of Net Resource to Net Cash Requirements

for the year ended 31 March 2022

	Note	2021/22			2020/21
		Revised Estimate	Net Total Out-turn	Net total out-turn compared to revised estimate	Out-turn
		£000	£000	£000	£000
Net Revenue	2-4	5,242	5,077	165	4,164
Net Capital	6	46	37	9	5
Resource AME		-	-	-	974
Total Resources		**5,288**	**5,114**	**174**	**5,143**
Movement in provisions	10	-	(11)	11	10
Capital charges	6	(62)	(61)	(1)	(61)
Movements in working capital	7-9	20	84	(64)	(42)
Adjustments		-	-	-	(974)
Net cash requirement		**5,246**	**5,126**	**120**	**4,076**

MM· Morris.

Michelle Morris
Accounting Officer
Public Services Ombudsman for Wales 20 July 2022

The Certificate and Independent Auditor's Report of the Auditor General for Wales to the Senedd

Report on financial statements

Opinion

I certify that I have audited the financial statements of the Public Services Ombudsman for Wales for the year ended 31 March 2022 under paragraph 18 (2) of Schedule 1 of the Public Services Ombudsman (Wales) Act 2019. These comprise the Summary of Net Resource Out-turn, Statement of Comprehensive Net Expenditure, Statement of Financial Position, Consolidated Statement of Cash Flows, Statement of Changes in Taxpayers Equity and related notes, including a summary of significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion the financial statements:

- give a true and fair view of the state of the Public Services Ombudsman for Wales' affairs as at 31st March 2022 and of its net cash requirement, net resource outturn and net operating cost, for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual and
- have been properly prepared in accordance with HM Treasury directions issued under the Public Services Ombudsman (Wales) Act 2019.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 "Audit of Financial Statements

of Public Sector Entities in the United Kingdom". My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. Legislation and directions issued to the Public Services Ombudsman for Wales do not specify the content and form of the other information to be presented with the financial statements. The Accounting Officer is responsible for the other information in the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

Opinion on other matters

As legislation and directions issued to the Public Services Ombudsman for Wales do not specify the content and form of the other information to be presented with the financial statements, I am not able to confirm that the other information to be issued with financial statements has been prepared in accordance with guidance.

In my opinion, based on the work undertaken in the course of my audit, the information given in the Annual Report is consistent with the financial statements.

Although there are no legislative requirements for a Remuneration Report, the Public Services Ombudsman for Wales has prepared such a report and in my opinion, that part ordinarily required to be audited has been prepared in accordance with HM Treasury guidance.

Although there are no legislative requirements for an Annual Governance Statement, based on the work undertaken in the course of my audit the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Annual Governance Statement has been prepared in accordance with HM Treasury guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the body and its environment obtained in the course of the audit, I have not identified material misstatements in the Annual Report.

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- proper accounting records have not been kept or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury regarding the remuneration and other transactions is not disclosed; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for preparing the financial statements in accordance with the Public Services Ombudsman for Wales Act 2019 and HM Treasury directions made there under, for being satisfied that they give a true and fair view and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the body's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, and those charged with governance, including obtaining and reviewing supporting documentation relating to the Public Services Ombudsman for Wales' policies and procedures concerned with:
    - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, posting of unusual journals and
- Obtaining an understanding of the Public Services Ombudsman for Wales' framework of authority, as well as other legal and regulatory frameworks that the Public Services Ombudsman for Wales operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Public Services Ombudsman for Wales.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Risk Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Advisory Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Public Services Ombudsman for Wales' controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

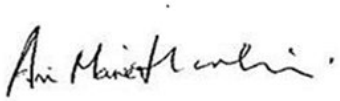
Responsibilities for regularity

The Accounting Officer is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.



Ann-Marie Harkin
For and on behalf of
Auditor General for Wales
22 July 2022

24 Cathedral Road
Cardiff
CF11 9LJ

Annual Accounts 2021/22

Statement of Comprehensive Net Expenditure

for the year ended 31 March 2022

Administration costs	Note	2021/22	2020/21
		£000	£000
Staff costs	2	3,920	3,966
Other non-staff administration costs	3	1,174	1,189
Gross Administration Costs		**5,094**	**5,155**
Operating Income	4	(17)	(991)
Net Administration Costs		**5,077**	**4,164**
Net Revenue Out-turn		**5,077**	**4,164**

Notes 1 to 19 form part of these statements.

All activities commenced in the period are continuing.

Statement of Financial Position

for the year ended 31 March 2022

	Note	2021/22	2020/21
		£000	£000
Non-current assets			
Property, Plant and Equipment	6a	150	170
Intangible assets	6b	120	124
Receivables due after more than 1 year	7	-	1
		270	**295**
Current Assets			
Trade and other receivables	7	255	228
Cash and cash equivalents	8	120	20
		375	**248**
Total assets		**645**	**543**
Current liabilities			
Trade and other payables	9	(297)	(250)
Provisions less than 1 year	10	(45)	(45)
		(342)	**(295)**
Total assets less current liabilities		**303**	**248**
Non-current liabilities			
Trade and other payables due after 1 year	9	(10)	(15)
Provisions greater than 1 year	10	(482)	(471)
		(492)	**(486)**
Total assets less liabilities		**(189)**	**(238)**
General Fund		**(189)**	**(238)**

Notes 1 to 19 and the Pension Disclosures form part of these statements.

The financial statements were approved by the Accounting Officer and authorised for issue on 20 July 2022 by:

Michelle Morris
Accounting Officer
Public Services Ombudsman for Wales 20 July 2022

Statement of Cash Flows

for the year ended 31 March 2022

	Note	2021/22	2020/21
		£000	£000
Net cash outflow from operating activities	11	(5,089)	(4,071)
Net cash outflow from investing activities	12	(37)	(5)
Financing from Welsh Parliament	13	5,246	4,096
Prior year cash balance repaid		(20)	(48)
Net increase (decrease) in cash equivalents after adjustments for payments to Welsh Consolidated Fund		**100**	**(28)**
Cash and cash equivalents at beginning of period		**20**	**48**
Cash and cash equivalents at end of period		**120**	**20**

Notes 1 to 19 form part of these statements.

Statement of Changes in Taxpayers' Equity

for the year ended 31 March 2022

General Fund	2021/22	2020/21
	£000	£000
Balance as at 1 April	**(238)**	**930**
Net operating costs	(5,077)	(4,164)
Funding by Welsh Parliament	5,246	4,096
Due back to Welsh Consolidated Fund:		
Cash	(120)	(20)
Non-operating income	-	-
Actuarial re-measurement of LGPS pension fund	-	(106)
Pension Fund Surplus	-	(974)
Total recognised income and expense for year	**49**	**(1,168)**
Balance as at 31 March	**(189)**	**(238)**

Notes 1 to 19 and the Pension Disclosures form part of these statements.

Notes to the Financial Statements

1. Statement of Accounting Policies

These financial statements have been prepared in accordance with the Government Financial Reporting Manual (the FReM) issued by HM Treasury which is in force for 2021/22. The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adopted or interpreted for the public sector. Where the FReM permits a choice of accounting policy, the accounting policy which has been judged to be most appropriate to the particular circumstances of the PSOW for the purpose of giving a true and fair view has been selected. The particular accounting policies adopted by the PSOW are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for any revaluation of fixed assets, where material to their value to the business, by reference to their current costs.

1.2 Property, Plant and Equipment

Expenditure on property, plant and equipment is capitalised where the purchases are expected to have a useful life extending over more than 1 year and the cost exceeds £5k. Assets costing less than £5k may be capitalised providing they are capital in nature and are part of a larger scheme that is, in total, more than £5k. Assets are shown at cost less an allowance for depreciation. On initial recognition, fixed assets are measured at cost, including such costs as installation, which are directly attributable to bringing them into working condition for their intended use. In reviewing the costs of fixed assets previously acquired and the prices paid for new acquisitions during the year there is no material difference between the historic net book value of the assets and their replacement cost less depreciation.

1.3 Depreciation

Assets are depreciated at rates calculated to write them down to zero or, if applicable, estimated residual value on a straight-line basis over their estimated useful life following an initial charge of a full month's depreciation in the month of purchase. Assets in the course of construction are depreciated from the month in which the asset is brought into use.

Except where otherwise noted asset lives are assumed to be the following:

Plant	10 years or the lease term if shorter
Furniture and other fittings	10 years or in the case of fittings, the lease term
Computers and other equipment	3 to 10 years

1.4 Intangible assets

Purchased computer software licences and developed software are capitalised where expenditure of £5k or more is incurred, and the useful life is more than 1 year. Intangible assets costing less than £5k may be capitalised providing they are capital in nature and are part of a larger scheme that is, in total, more than £5k. Intangible assets are reviewed annually for impairment and are stated at amortised historic cost. Software licences are amortised over the shorter of the term of the licence and the useful economic life of the computer equipment on which they are installed. This would usually be from 3 to 5 years. Developed software is amortised over the estimated useful life. In the year of acquisition, amortisation charges commence when the asset is brought into use.

1.5 Value Added Tax

The PSOW is not registered for VAT. Expenditure is therefore disclosed gross of VAT.

1.6 Pensions

The pension obligations to present and past employees are covered by the provisions of the Principal Civil Service Pension Scheme (PCSPS) and by direct payment to previous Commissioners for Local Administration in Wales or any surviving beneficiaries. Full details are disclosed in the Pension Disclosures at the end of the Financial Statements. The costs of providing these pensions are charged through the Statement of Comprehensive Net Expenditure.

1.7 Early departure costs

Where the PSOW is required to meet the additional cost of benefits beyond the normal benefits payable by the appropriate pension scheme in respect of employees who retire early, these costs are charged to the Statement of Comprehensive Net Expenditure in full when the liability arises.

1.8 Leases

Expenditure on leased property and equipment is charged in the period to which it relates.

1.9 Staff Costs

In line with IAS 19, short-term employee benefits, such as wages, salaries and social security contributions, paid annual leave and paid sick leave, as well as non-monetary benefits for current employees, are recognised when an employee has rendered services in exchange for those benefits.

1.10 Provisions

These are sums which are of uncertain timing or amount at the balance sheet date and represent the best estimate of the expenditure required to settle the obligations. Where the effect of the time value of money is significant, the estimated risk adjusted cash flows are discounted using the recommended HM Treasury discount rate.

1.11 Income

All income is recognised in the Statement of Comprehensive Net Expenditure in accordance with IAS 18 and IFRS 15.

1.12 Impact of Standards Not Yet Effective

Standard	Effective date	Further details
IFRS 16 Leases	2022-23	IFRS 16 will replace the current leases standard IAS 17 and requires a lessee to recognise assets and liabilities for leases with a term of more than 12 months, unless the underlying asset is of low value. A lessee is required to recognise a right of use asset representing its right to use the underlying leased asset and a lease liability representing its obligation to make lease payments. As a consequence, a lessee also recognises depreciation of the right-of-use asset and interest on the lease liability and classifies cash repayments of the lease liability into a principal and interest portion. This is a significant change in lease accounting. From 1 April 2022, our office building will be recognised as a new right-of-use asset and it will be depreciated over the anticipated future lease period. This change will result in an increase to the depreciation and interest finance charges in the Ombudsman's budget. For PSOW the potential impact of implementing the standard will be: • Creation of right-of-use asset valued at £685k • Premises and facilities – a decrease of £198k • Change in working capital – an increase of £198k • Interest – a new charge of £7k • Depreciation – an increase of £204k Overall, there will be an increase in resource expenditure of £13k but no impact on the cash requirement from the Welsh Consolidated Fund.
IFRS 17 Insurance Contracts	2023-24 at earliest	IFRS 17 replaces IFRS 4 Insurance Contracts, and requires a current measurement model, using updated information on obligations and risks, and requiring service results to be presented separately from finance income or expense. It applies to all insurance contracts issued, irrespective of the type of entity issuing the contracts, so is not relevant only for insurance companies.

2. Staff Costs and Numbers

The aggregate employment costs were as follows:	2021/22	2020/21
	£000	£000
Permanent staff:		
Salaries	2,836	2,856
Social Security costs	272	280
Pension costs	745	751
Pension fund charges	39	20
Total	**3,892**	**3,907**
Temporary staff:		
Salaries	27	49
Social Security costs	1	3
Pension costs	-	7
Total	**28**	**59**
Total Staff Costs	**3,920**	**3,966**

The average number of whole-time equivalent persons employed (including senior management and fixed term appointments) during the year was as follows:

	2021/22	2020/21
	No.	No.
Directors	2	2
Communications and PA	3	3
Complaints and Investigations	49	51
Improvement Team	5	5
Support	8	7
Total	**67**	**68**

3. Non-Staff Administration Costs

	2021/22	2020/21
	£000	£000
Rentals under operating leases	193	193
External Audit fee	19	17
Legal and professional fees	173	193
Other property costs	171	168
Computer services	331	309
Office costs	137	151
Travel and Subsistence	6	1
Training and Recruitment	36	55
Communications	47	41
Sub-total	**1,113**	**1,128**
Depreciation	36	37
Amortisation charge	25	24
Loss on disposal	-	-
Sub-total	**61**	**61**
Total Other Administration Costs	**1,174**	**1,189**

The 2020/21 figures have been restated to move the £45k service charge cost from "rentals under operating leases" to "other property costs" in preparation for the implementation of IFRS 16 from 1 April 2022.

4. Operating Income

	2021/22	2020/21
	£000	£000
Seconded staff	(16)	(16)
Pension Fund Surplus Repayment	-	(974)
Other – Future Generations Commissioner	(1)	(1)
Total	**(17)**	**(991)**

The 2020/21 figures include a one-off pension surplus repayment of £974k.

5. Operating Costs by Strategic Aims

The costs of providing a first-class Ombudsman service to Wales are set out below. We have 3 strategic aims for delivering our mission and the allocation of costs to each of the aims has been based on the following:

- an estimate of the staff time spent on the objective
- direct allocation of expenditure where applicable
- apportionment of other costs pro rata to the estimate of staff time.

	2021/22		2020/21	
	£000	%	£000	%
Strategic Aim 1: A fair, independent, inclusive and responsive complaints service.	3,918	77.2	3,965	77.2
Strategic Aim 2: Promote learning from complaints and stimulate improvements on a wider scale.	944	18.6	959	18.7
Strategic Aim 3: Identify and adopt best practice. Secure value for money and services that are fit for the future. Support staff and ensure good governance which supports and challenges us.	215	4.2	214	4.1
Net Resources Out-turn	**5,077**	**100.0**	**5,138**	**100.0**

The Aims analysis excludes capital expenditure.

6a. Property, Plant and Equipment

2021/22	Plant	Computers and other equipment	Furniture and other fittings	Total
	£000	£000	£000	£000
Cost or valuation at 1 April	**156**	**224**	**442**	**822**
Additions	-	16	-	16
Disposals	-	-	-	-
At 31 March	**156**	**240**	**442**	**838**
Depreciation as at 1 April	**(156)**	**(154)**	**(342)**	**(652)**
Charged in the year	-	(17)	(19)	(36)
Disposals	-	-	-	-
At 31 March	**(156)**	**(171)**	**(361)**	**(688)**
Carrying amount as at 31 March 2022	**-**	**69**	**81**	**150**
Carrying amount as at 31 March 2021	-	70	100	170

2020/21	Plant	Computers and other equipment	Furniture and other fittings	Total
	£000	£000	£000	£000
Cost or valuation at 1 April	**156**	**223**	**438**	**817**
Additions	-	1	4	5
Disposals	-	-	-	-
At 31 March	**156**	**224**	**442**	**822**
Depreciation as at 1 April	**(156)**	**(136)**	**(323)**	**(615)**
Charged in the year	-	(18)	(19)	(37)
Disposals	-	-	-	-
At 31 March	**(156)**	**(154)**	**(342)**	**(652)**
Carrying amount as at 31 March 2021	**-**	**70**	**100**	**170**
Carrying amount as at 31 March 2020	-	87	115	202

6b. Intangible Assets

2021/22	Information Technology	Software Licences	Total
	£000	£000	£000
Cost or valuation at 1 April	**497**	**52**	**549**
Additions	21	-	21
Disposals	-	-	-
At 31 March	**518**	**52**	**570**
Amortisation as at 1 April	**(373)**	**(52)**	**(425)**
Amortisation charged in the year	(25)	-	(25)
Disposals	-	-	-
At 31 March	**(398)**	**(52)**	**(450)**
Carrying Value as at 31 March 2022	**120**	**-**	**120**
Carrying Value as at 31 March 2021	124	-	124

2020/21	Information Technology	Software Licences	Total
	£000	£000	£000
Cost or valuation at 1 April	**497**	**52**	**549**
Additions	-	-	-
Disposals	-	-	-
At 31 March	**497**	**52**	**549**
Amortisation as at 1 April	**(349)**	**(52)**	**(401)**
Amortisation charged in the year	(24)	-	(24)
Disposals	-	-	-
At 31 March	**(373)**	**(52)**	**(425)**
Carrying Value as at 31 March 2021	**124**	**-**	**124**
Carrying Value as at 31 March 2020	148	-	148

In the opinion of the Public Services Ombudsman for Wales there is no material difference between the net book value of assets at current values and at their historic cost.

7. Trade and other Receivables

	2021/22	2020/21
	£000	£000
Amounts falling due within 1 year		
Prepayments	255	228
Trade debtors	-	-
Amounts falling due after more than 1 year		
Prepayments	-	1
Total	**255**	**229**

8. Cash and Cash Equivalents

Any bank balance held at the year-end must be returned to the Welsh Consolidated Fund under the Government of Wales Act 2006.

A figure of £120k (£20k in 2020/21) has been included within the accounts, being the net balance at the year-end on all the bank accounts operated by the Public Services Ombudsman for Wales, irrespective of whether the individual account is in debit or credit.

The £120k balance due to be returned to the Welsh Consolidated Fund in 2022/23 is made up of a cash balance at the year-end of £35k, as well as an unused contingency sum of £85k which was made available to manage the risk of a late pay award settlement in March 2022.

9. Trade Payables and other Current Liabilities

	2021/22	2020/21
	£000	£000
Amounts falling due in 1 year		
Untaken annual leave	122	175
Deferred rent reduction	5	5
Welsh Consolidated Fund - unspent balances	120	20
Trade payables	3	5
Accruals	47	45
	297	250
Amounts falling due in more than 1 year		
Deferred rent reduction	10	15
Total	**307**	**265**

10. Provisions for Liabilities and Charges

	2021/22				2020/21
	Pensions for Former Commissioners	Dilapidation Costs	Other Costs	Total	Total
	£000	£000	£000	£000	£000
Balance at 1 April	210	306	-	516	526
Additional provision required	37	17	-	54	31
Discount rate movement	2	-	-	2	3
Provisions utilised in the year	(45)	-	-	(45)	(44)
Balance at 31 March	**204**	**323**	**-**	**527**	**516**

Analysis of expected timings of payment of provisions:

	2021/22	2020/21
	£000	£000
Payable within 1 year	46	45
Payable within 2 to 5 years	474	455
Payable in more than 5 years	7	16
Balance at 31 March 2022	**527**	**516**

Pension provisions are calculated based on the National Life Tables for England and Wales issued by the Office of National Statistics. Later year pension increases are in line with GDP deflator information issued by HM Treasury. The discount factor has been amended to -1.30% for the financial year (-0.95% in 2020/21) in line with the guidance issued by the Treasury. Two surviving spouses of former Commissioners remain as a pension liability.

11.Reconciliation of Operating Cost to Operating Cash Flows

	Notes	2021/22	2020/21
		£000	£000
Net operating cost		**(5,077)**	**(4,164)**
Adjust for non-cash items	3	61	61
Decrease/(Increase) in trade and other receivables	7	(26)	(21)
Increase/(Decrease) in trade and other payables	9	42	35
Movement in provisions	10	11	(10)
Movement in cash repaid to Welsh Consolidated Fund	8	(100)	28
Net cash outflow from operating activities		**(5,089)**	**(4,071)**

12.Non-Current Asset Expenditure and Financial Investment

	2021/22	2020/21
	£000	£000
Purchases of property, plant and equipment	(16)	(5)
Proceeds of disposals of property, plant and equipment	-	-
Purchases of intangible assets	(21)	-
Net cash outflow from investing activities	**(37)**	**(5)**

13. Reconciliation of Net Cash Requirement to Increase/ (Decrease) in Cash

	2021/22	2020/21
	£000	£000
Net Cash Requirement:		
Operating activities	(5,089)	(4,071)
Capital Expenditure	(37)	(5)
	(5,126)	**(4,076)**
Financing from Welsh Parliament	5,246	4,096
Repayment to Welsh Consolidated Fund	(20)	(48)
Increase/(Decrease) in cash and cash equivalents	**100**	**(28)**

14. Commitments under Operating Leases

	2021/22	2020/21
	£000	£000
Total future minimum operating lease payments on building:		
Payable within 1 year	198	198
Within 2 and 5 years	502	699
More than 5 years	-	-
	700	**897**
Other:		
Payable within 1 year	-	-
Within 2 and 5 years	-	-
More than 5 years	-	-
	-	-
Total of all operating leases	**700**	**897**

15. Contingent Liabilities

There are no claims or litigations that would affect the financial statements themselves but there is one Code of Conduct case where leave to appeal has been sought. The outcome is uncertain and the amount of any potential liability is unknown.

16. Capital Commitments

There were no capital commitments at 31 March 2022 (2020/21 Nil).

17. Related Party Transactions

The PSOW is headed by the Public Services Ombudsman for Wales. The office was established under the Public Services Ombudsman (Wales) Act 2005 and is now governed by the Public Services Ombudsman (Wales) Act 2019. The Ombudsman is independent of Government and the funding arrangements of the Office are set up to ensure that the independence of the Office is secured. The PSOW has had a number of material transactions with the Welsh Parliament, HM Revenue and Customs (Tax and National Insurance) and the Cabinet Office (payments in respect of the Principal Civil Service Pension Scheme). During the year, no directors, key members of staff or their close relatives have undertaken any material transactions.

18. Events after the Reporting Period

None.

19. Special Payments

One payment totalling £29k was made to a member of staff who left PSOW's employment during the year.

Pension Disclosures

One pension scheme was operated on behalf of current staff during 2021/22 – The Principal Civil Service Pension Scheme (PCSPS). There also remains an ongoing liability to meet the unfunded pensions of two dependant relatives of former Local Government Commissioners.

Civil Service Pensions

Pension benefits are provided through the Civil Service pension arrangements. From 1 April 2015 a new pension scheme for civil servants was introduced – the Civil Servants and Others Pension Scheme or alpha, which provides benefits on a career average basis with a normal pension age equal to the member's State Pension Age (or 65 if higher). From that date all newly appointed civil servants and the majority of those already in service joined alpha. Prior to that date, civil servants participated in the Principal Civil Service Pension Scheme (PCSPS). The PCSPS has four sections: 3 providing benefits on a final salary basis (classic, premium or classic plus) with a normal pension age of 60; and one providing benefits on a whole career basis (nuvos) with a normal pension age of 65.

These statutory arrangements are unfunded with the cost of benefits met by monies voted by Parliament each year. Pensions payable under classic, premium, classic plus, nuvos and alpha are increased annually in line with Pensions Increase legislation. Existing members of the PCSPS who were within 10 years of their normal pension age on 1 April 2012 remained in the PCSPS after 1 April 2015. Those who were between 10 years and 13 years and 5 months from their normal pension age on 1 April 2012 switched into alpha sometime between 1 June 2015 and 1 February 2022. Because the Government plans to remove discrimination identified by the courts in the way that the 2015 pension reforms were introduced for some members, it is expected that, in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period (and this may affect the Cash Equivalent Transfer Values shown in this report – see below). All members who switched to alpha have their PCSPS benefits 'banked', with those with earlier benefits in one of the final salary sections of the PCSPS having those benefits based on their final salary when they leave alpha. (The pension figures quoted for officials show pension earned in PCSPS or alpha – as appropriate. Where the official has benefits in both the PCSPS and alpha the figure quoted is the combined value of their benefits in the two schemes.) Members joining from October 2002 may opt for either the appropriate defined benefit arrangement or a defined contribution (money purchase) pension with an employer contribution (partnership pension account).

Employee contributions are salary-related and range between 4.6% and 8.05% for members of classic, premium, classic plus, nuvos and alpha. Benefits in classic accrue at the rate of 1/80th of final pensionable earnings for each year of service. In addition, a lump sum equivalent to three years initial pension is payable on retirement. For premium, benefits accrue at the rate of 1/60th of final pensionable earnings for each year of service. Unlike classic, there is no automatic lump sum. Classic plus is essentially a hybrid with benefits for service before 1 October 2002 calculated broadly as per classic and benefits for service from October 2002 worked out as in premium. In nuvos a member builds up a pension based on his pensionable earnings during their period of scheme membership. At the end of the scheme year (31 March) the member's earned pension account is credited with 2.3% of their pensionable earnings in that scheme year and the accrued pension is uprated in line with Pensions Increase legislation. Benefits in alpha build up in a similar way to nuvos, except that the accrual rate in 2.32%. In all cases members may opt to give up (commute) pension for a lump sum up to the limits set by the Finance Act 2004.

The partnership pension account is an occupational defined contribution pension arrangement which is part of the Legal & General Mastertrust. The employer makes a basic contribution of between 8% and 14.75% (depending on the age of the member). The employee does not have to contribute, but where they do make contributions, the employer will match these up to a limit of 3% of pensionable salary (in addition to the employer's basic contribution). Employers also contribute a further 0.5% of pensionable salary to cover the cost of centrally-provided risk benefit cover (death in service and ill health retirement).

The accrued pension quoted is the pension the member is entitled to receive when they reach pension age, or immediately on ceasing to be an active member of the scheme if they are already at or over pension age. Pension age is 60 for members of classic, premium and classic plus, 65 for members of nuvos, and the higher of 65 or State Pension Age for members of alpha. (The pension figures quoted for officials show pension earned in PCSPS or alpha – as appropriate. Where the official has benefits in both the PCSPS and alpha the figure quoted is the combined value of their benefits in the two schemes, but note that part of that pension may be payable from different ages.)

Further details about the Civil Service pension arrangements can be found at the website **www.civilservicepensionscheme.org.uk.**

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent

spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The figures include the value of any pension benefit in another scheme or arrangement which the member has transferred to the Civil Service pension arrangements. They also include any additional pension benefit accrued to the member as a result of their buying additional pension benefits at their own cost. CETVs are worked out in accordance with The Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Compensation for loss of office

No staff left under Voluntary Exit or Voluntary Redundancy terms during the financial year.

Pensions for former Ombudsmen

With the agreement of the Secretary of State for Wales in 1991 and subsequent confirmation by Statutory Instrument 1993 No. 1367, Local Government Commissioners became eligible to join the Local Government Pension Scheme. However, the pensions of the three previous Local Government Commissioners remained the responsibility of the Public Services Ombudsman for Wales and are met through the Statement of Comprehensive Net Expenditure. At 31 March 2022 two surviving spouses of former Commissioners continued to receive a pension.

Pensions are increased annually in line with other pension schemes within the Public Sector. The basis of calculations of the Annual Pensions Increase has been changed from using the annual movement based on the Retail Price Index (RPI) to the Consumer Price Index (CPI). The amount of the uplift applied is normally set out in the Statutory Instrument Pensions Increase (Review) Order. This uplift for 2021/22 was 0.50%.

The total payments during 2021/21 were £45k (£44k in 2020/21). The liabilities arising out of the obligation to finance these pensions together with any dependant pensions has been calculated to be £204k (£209k in 2020/21). The calculation to determine the overall liability has been carried out internally using life expectancy tables for males and females in Wales obtained from the website of the Government Actuary's Department. A discount rate, from PES (2021), of -1.30% (-0.95% in 2020/21) has been applied in accordance with the Treasury guidance that all pension liabilities should be discounted.

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