



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# Swansea Bay University Health Board

## Patient Feedback & Incident Report

**Quarter 3, 2022/23**

### CONTENTS

<b>Report Summary</b>	<b>Page 2</b>
<b>Complaints</b>	<b>Page 4</b>
<b>Complaint Themes</b>	<b>Page 6</b>
<b>Service Group Highlight Reports</b>	<b>Page13</b>
<b>Morrison Service Group</b>	<b>Page 13</b>
<b>Neath Port Talbot Singleton Service Group</b>	<b>Page 17</b>
<b>Mental Health &amp; Learning Disabilities Service Group</b>	<b>Page 22</b>
<b>Primary and Community Service Group</b>	<b>Page 26</b>
<b>Ombudsman Cases &amp; Learning</b>	<b>Page 30</b>



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

## Report Summary and Overview

<b>COMPLAINTS</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Total number of complaints received	176	146	156
Complaints acknowledged within set timescale	100%	100%	100%
Number of re-opened complaints	7	8	4
	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>
Complaints responded to within agreed timescale - formal	65%	71%	71%
<b>OMBUDSMAN</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Number of Ombudsman Investigations received	1	2	0
Number of actions outstanding (within timescale)	9	4	4
Number of actions overdue	6	5	0
<b>PATIENT EXPERIENCE</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
No. of Friends & Family surveys received	4,358	4,287	3,569
Recommendation score	90%	91%	89%
New Bespoke Surveys	6	1	4
<b>NATIONAL REPORTABLE INCIDENTS</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Number of National Reportable Incidents reported	9	11	7
Number of Never Events	0	1	0



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

Successes	Priorities
<ul style="list-style-type: none"> <li>100% formal complaints acknowledged within target.</li> <li>Further communication training sessions scheduled with the Ombudsman's Training Officer for 2023 due to positive feedback received from Health Board staff</li> <li>We have developed a monthly Children and family's feedback report, this will be shared monthly with Childrens services managers. It has been very well received and having the data in one place has really helped the team to focus on actions they need to undertake.</li> </ul>	<ul style="list-style-type: none"> <li>To increase complaints performance in responding to complaints within the timeframe (75%) of 30 working days</li> <li>Produce themes and learning reports for Service Units relating to Ombudsman cases</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Concerns Redress Assurance Group (CRAG) meetings with each Service Group are arranged monthly to ensure feedback, learning and improvement by reviewing complaint responses – feedback reports are now provided following each meeting to share the learning wider throughout the Service Group.</li> <li>The Complaints Network with other Health Boards is an opportunity to discuss issues relating to concerns and share learning.</li> <li>A number of Task &amp; Finish Groups have been set up by the overall Once for Wales Team who manage the Datix system. These meetings are an opportunity to discuss and improve the current system with input from each Health Board.</li> </ul>	<ul style="list-style-type: none"> <li>Number of dissatisfied and challenging complainants.</li> <li>Patient Experience Team receiving negative feedback from prisoners in surveys received, agreed process to manage prisoner comments with Primary Care and Prison Services.</li> </ul>

## 1. COMPLAINTS

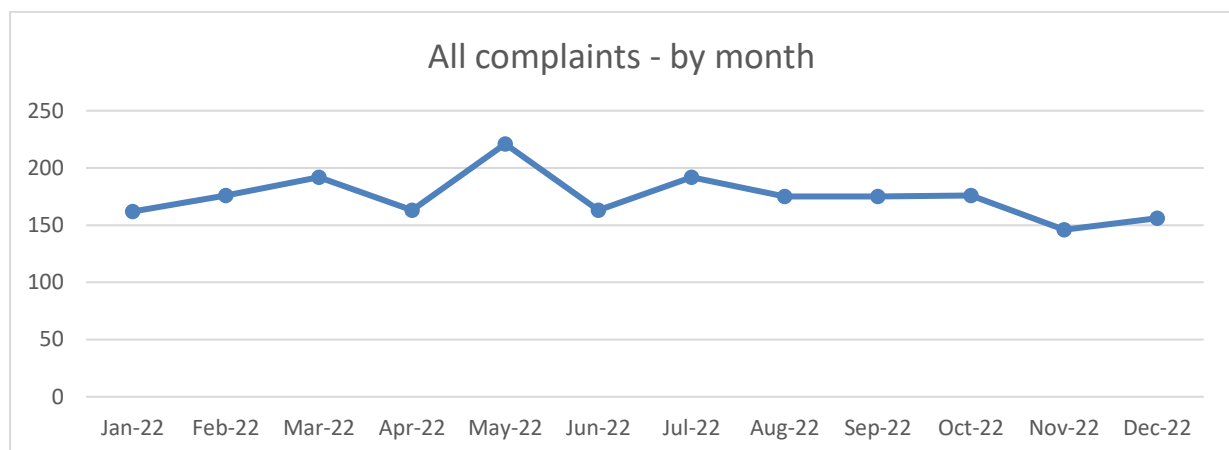
### 1. Complaints performance –

The Health Board is committed to supporting patients, relatives and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

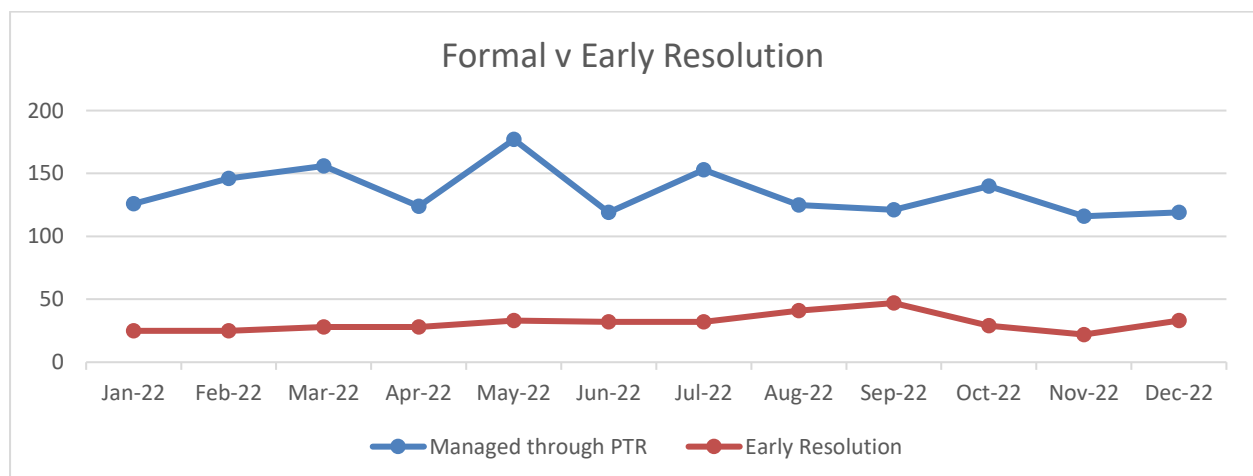
#### 1.1 Total complaints received

The Health Board received 478 complaints in quarter 3 (Q3) of 2022/23 (October, November, December). This compares with 540 complaints in quarter 2 (Q2) of 2022/23 (July, August, September). The totals include complaints received and managed via either formal, early resolution and any re-opened complaints. Graph 1 provides a long-term view of complaints received per month.

**Graph 1: Total number of complaints per month**



**Graph 2: Formal v Early resolution complaints per month**



Graph 2 (above) shows complaints dealt with via the Formal Putting Things Right (PTR) investigation process compared with those dealt with via the early resolution investigation process, over the same period. We continue to deal with a higher proportion of complaints via the formal process, this is due to the tight timescale of two working days for early resolution complaints. Any early resolution that is not resolved within two working days, converts to a formal following guidance issued by Welsh Government.

## 1.2 Complaint responses within agreed timescale

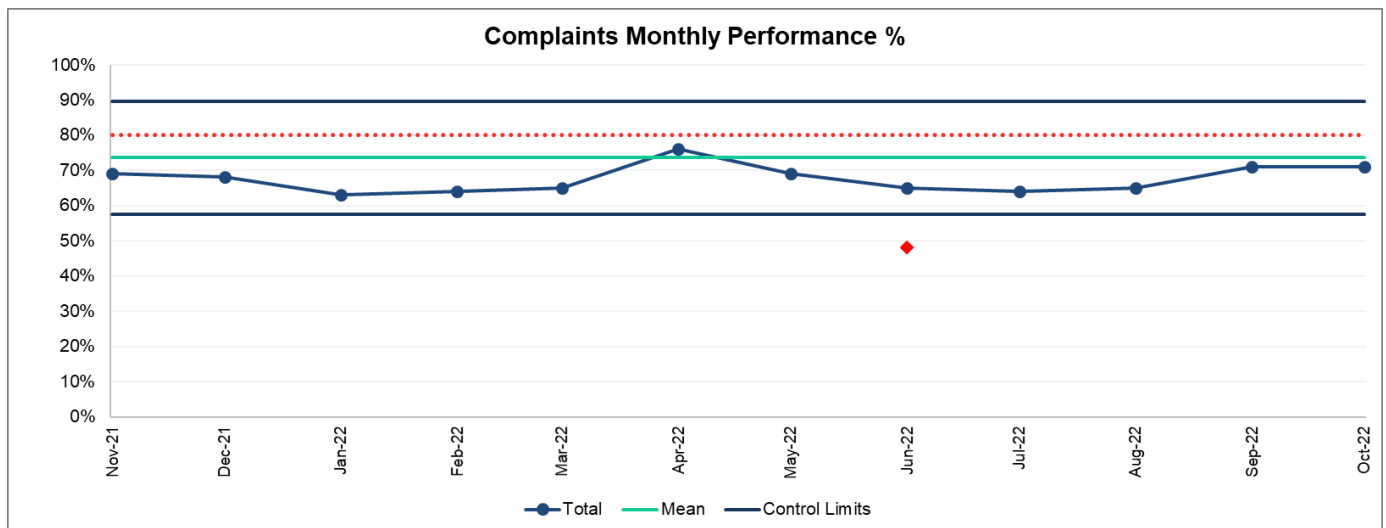
Whenever a complaint is managed through the formal PTR process, the Health Board is required to investigate the complaint and write to the complainant with our findings, within 30 working days. If this target is not achievable, it is essential that the complainant is kept up to date throughout and any delays are explained.

### 1.2.1 Formal Investigations

The Health Board's target is to respond to at least 80% of formal complaints within the agreed timescale. Welsh Government also issue a target for all Health Board's to achieve at least 75% each month.

Graph 3 shows the Health Board's performance in responding to complaints since November 2021. The Health Board has seen a slight increase in performance over the last two months. During October 2022, the Health Board's performance was 71% which is still below the Welsh Government target. The Corporate team are working closely with the Service Groups to monitor and increase performance.

**Graph 3: Percentage of formal complaints responded to within agreed timescale**

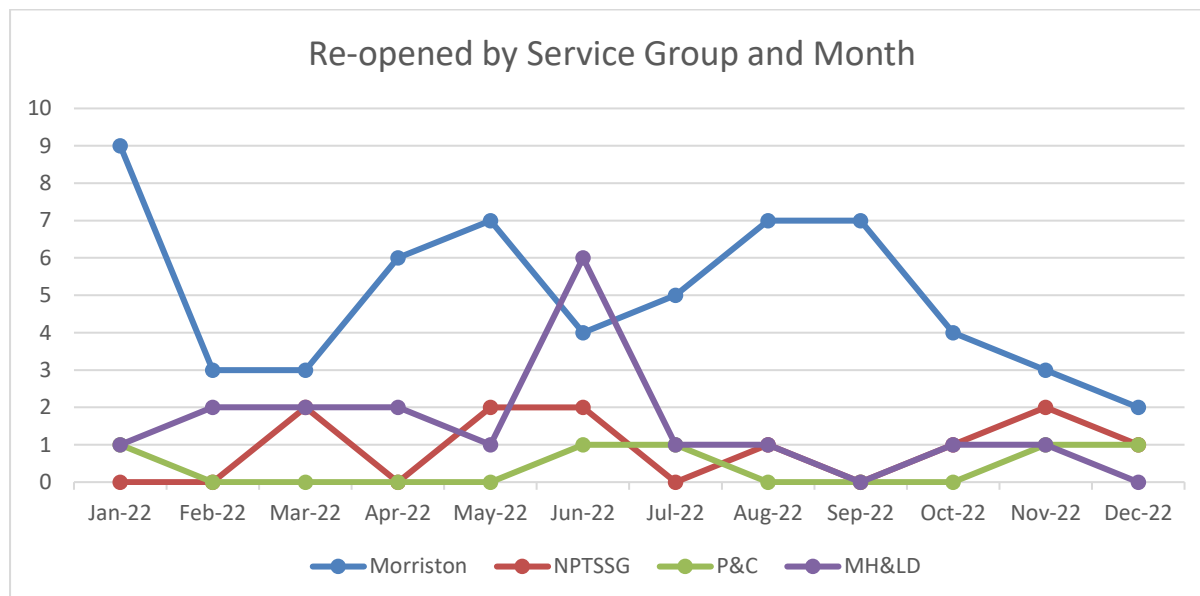


## 1.2 Re-opened complainants

The Health Board aims to resolve all complaints within the first response however, there are often times when the complainant remains dissatisfied or needs further clarification. If the complainant writes back to the Health Board expressing their dissatisfaction, the correspondence will be reviewed by the Corporate Complaints Team and a decision made as to whether the complaint should be re-opened. This may be when the complainant feels not all issues raised in the initial complaint have been addressed or if a meeting is required.

Graph 4 shows the number of re-opened complaints per month since January 2022.

**Graph 4: Number of re-opened complaints by Service Group per month**



## 2. Complaints Themes

### 2.1 – Themes - Health Board overview

Every complaint received by the Health Board is coded in the Datix Once for Wales system against the relevant subject codes. This allows the Health Board to identify any themes in the complaints received.

Table 1 provides a breakdown of complaints received by primary subject in Q3 2022/23 compared with Q2 for 2022/23.

**Table 1: Complaints by primary subject**

Subject/Theme	Q2 2022/23	Q3 2022/23
Communication Issues	88	89
Appointments	90	76
Clinical treatment/Assessment	88	86
Admissions	79	50
Attitude and Behaviour	45	39
Medication	25	30
Test and Investigation Results	23	18
Referral	15	12
Discharge Issues	23	18
Environment/Facilities	5	11



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

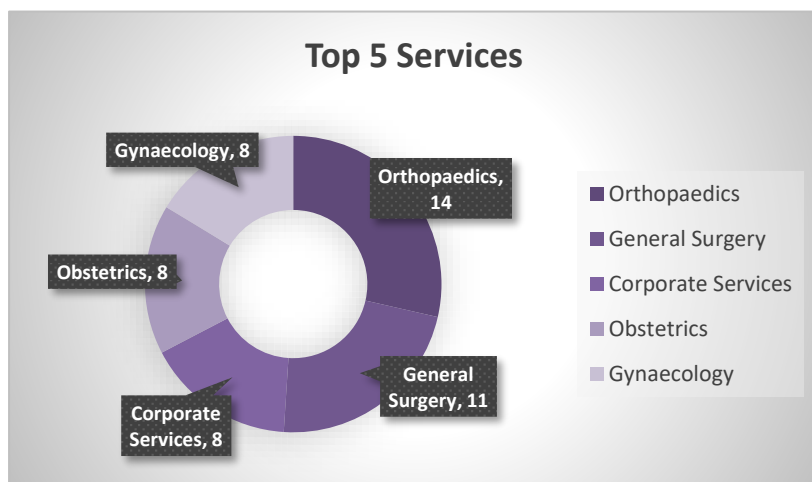
<b>Monitoring/Observation Issues</b>	8	6
<b>Equipment</b>	5	6
<b>Personal Property/Finance</b>	3	5
<b>Assault</b>	2	1
<b>Confidentiality</b>	3	3
<b>Consent</b>	1	0
<b>Record Keeping</b>	4	3
<b>Access (to Services)</b>	6	6
<b>Accident/Falls</b>	4	1
<b>Catering</b>	1	0
<b>Cleanliness</b>	4	2
<b>Infection Control</b>	2	1
<b>Nutrition/Hydration Issues</b>	4	6
<b>Other</b>	3	2
<b>Patient Care</b>	4	3
<b>Resources</b>	0	2
<b>Skin Damage</b>	0	0
<b>Privacy and Dignity</b>	0	2

## Top theme; Communication;

During Q3, 135 complaints were received relating to communication issues. A breakdown of the communication sub-subjects are below – please note, some complaints include more than one of these issues.

Communication Issues	
Insufficient information	74
Unable to contact	33
Family involvement in care decisions	21
Incorrect information	14
Lack of feedback/referral/discharge summary	4
Patient involvement in care decisions	4
Brail, sign, texting service, language line	1
DNR	1

Top 5 Services



### What we are doing about this?

- Communication training sessions with the Ombudsman have been well attended and further dates have been secured for 2023.
- The Training Officer within the Patient Feedback Team has provided Communication/Customer Care Training to Health Board staff throughout October – December 2022.
- Rolling training programme for complaints to be progressed in 2023

**General Surgery**, Patient Experience feedback for Quarter 3. Please see below, no negative comments which is excellent for the service:



Comments breakdown for General Surgery only

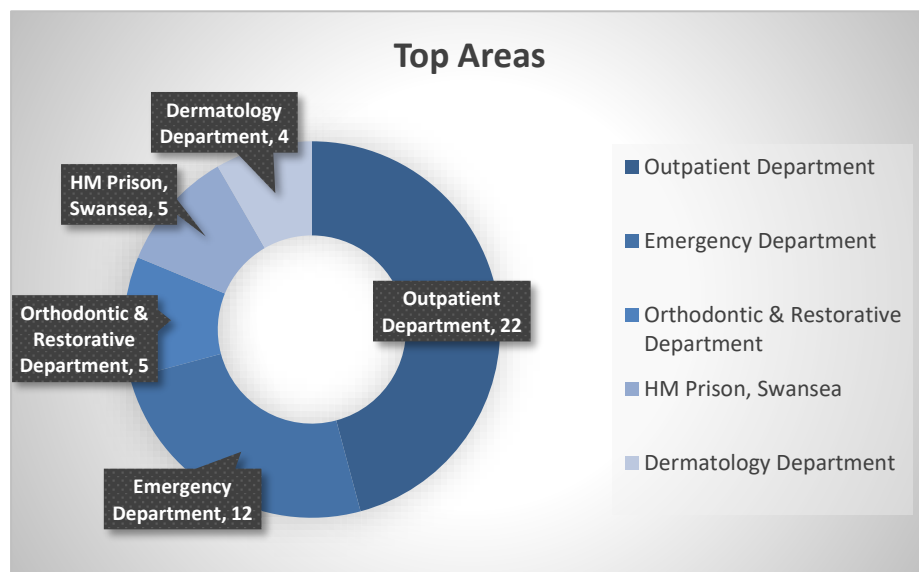
- Communicating to Patients 51 positive, 0 negative



## Theme 2: Clinical Treatment;

During Q3, 128 complaints were received regarding clinical treatment. A breakdown of the sub-  
subjects are below – please note, some complaints include more than one of these issues.

Clinical Treatment Issues;	
Delay in receiving treatment	51
Lack of treatment	46
Reaction to procedure/ treatment	20
Incorrect diagnosis	15
Delay in diagnosis	9
Incorrect treatment given	8

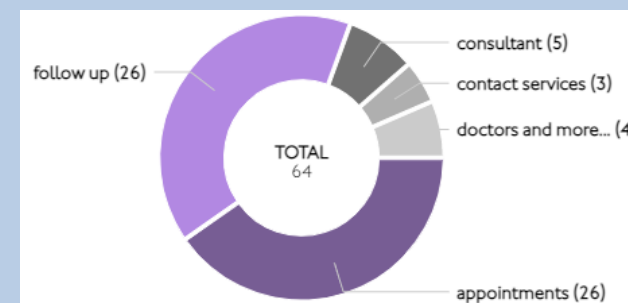


### What we are doing about this?

- Virtual clinics to continue to help reduce clinic waiting times
- Outsourcing of patients to other Healthcare providers to help reduce waiting times;
- Introduction of virtual wards to help stabilise and optimise patients in a timely way to help keep them at home and avoid unnecessary deterioration and hospital admissions.
- Rapid Diagnostic Centre expansion.
- Patients waiting/delays comments for **Main Outpatients Department**

"for an hour", "waste of time", "within the hour", "nearly 1 hour", "took nearly an hour", "hrs to get", "took 55 hours", "punctuality", "after an hour", "didn't wait", "another 2 hrs", "spent over 1 hr in", "for 1 hour", "cancelled", "promptly", "for a hour", "postpone", "didn't have to wait", "running late", "swift wait", "speedy", "timely", "on time", "behind", "delay", "waiting", "delays", "for hours", "prompt", "waited", "finally", "straight away", "hour later", "for half hour", "eventually", "hours later", "hours to get", "seen quickly", "for 14 hour", "did not have to wait", "seen within"

### 'On time';





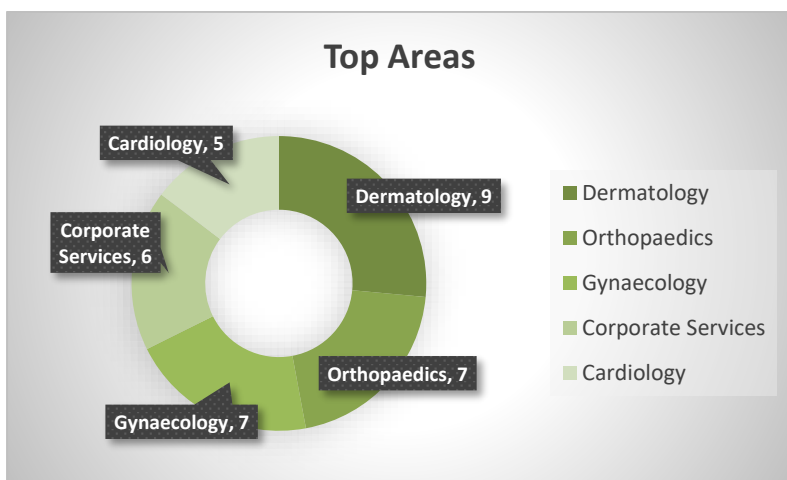
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

## Theme 3: Appointments;

During Q3, 91 complaints were received regarding appointment issues. Many of these complaints will have more than one sub-subject, see breakdown below;

Appointment Issues;	
Delay in receiving outpatient appointment	52
Appointment cancelled	21
Validation Issues	6
Delay in appointment	5
Patient lost to follow-up	5
Capacity of clinics	2
Patient booked into wrong outpatient clinic	2



### What we are doing about this?

- Virtual clinics to continue to help reduce clinic waiting times
- Outsourcing of patients to other Healthcare providers to help reduce waiting times;
- Attendance at Service Unit Group meetings to provide feedback on concerns received for specific areas in relation to clinical treatment themes
- Rapid Diagnostic Centre expansion.

All Wales questions do not have 'appointments' as a question set. Therefore we searched the words delay/delays/appointment for the areas mentioned.

Unfortunately, there were no comments relating to 'appointments' for these areas during Quarter 3.

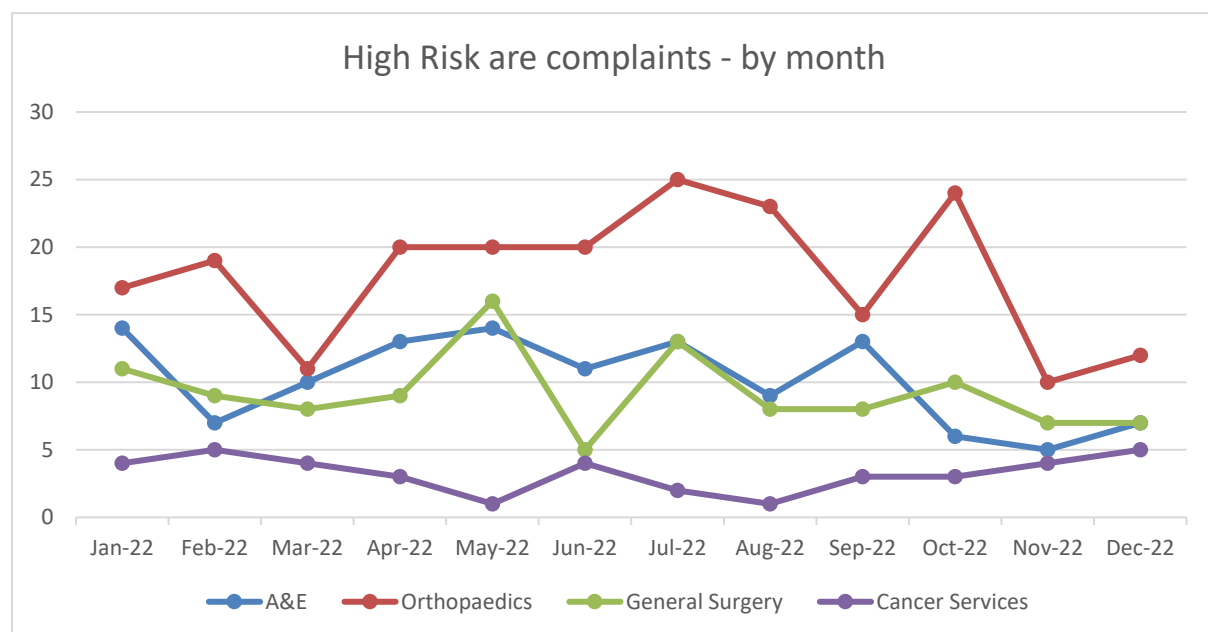
### 3. HIGH RISK AREAS

As part of the Health Board's focus on Urgent Care, Planned Care and Cancer Services the following section highlights complaints received in:

- A & E
- Orthopaedics
- General Surgery
- Cancer Services

Graph 1 below shows the number of complaints each of the Health Board 'High Risk' areas has received per month since January 2022.

**Graph 1: High risk area complaints per month**



Due to the current pressures on all Emergency Departments, a further breakdown of all A&E complaints received in Q3 can be found below. A comparison with the same period for 2021/22 is also shown below.

#### 3.1 – A&E Complaint themes

A&E Complaint Subjects	Q2 2022/23	Q3 2022/23
Clinical treatment/Assessment	15	7



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

<b>Admissions</b>	6	2
<b>Monitoring/Observation Issues</b>	1	0
<b>Communication Issues</b>	1	1
<b>Attitude and Behaviour</b>	4	2
<b>Cleanliness</b>	0	0
<b>Discharge Issues</b>	2	3
<b>Environment/Facilities</b>	0	1
<b>Medication</b>	2	0
<b>Nutrition/Hydration Issues</b>	1	1
<b>Personal Property/Finance</b>	0	0
<b>Test and Investigation Results</b>	3	1
<b>Accident/Falls</b>	0	0

During Q3 2022/23 the Health Board received 18 complaints relating to A&E. Please note these complaints do not necessarily relate to the same time period. For example, a complaint received during Q3 could relate to an admission in August 2022. This compares to 34 received during Q3 of the previous year (2021/22).

It is likely that the pressures within A&E during the winter months will be evident from complaints received within the next quarter, which will be added to the next report.

### 3.2 – Orthopaedic Complaint themes

<b>Orthopaedics Themes</b>	<b>Q2 2022/23</b>	<b>Q3 2022/23</b>
<b>Admissions</b>	35	17
<b>Communication Issues</b>	3	9
<b>Clinical treatment/Assessment</b>	5	7
<b>Appointments</b>	10	7
<b>Attitude and Behaviour</b>	2	1
<b>Referral</b>	0	0
<b>Accident/Falls</b>	1	0
<b>Medication</b>	0	0
<b>Nutrition/Hydration Issues</b>	0	1
<b>Discharge</b>	2	2
<b>Infection Control</b>	1	0
<b>Patient Care</b>	1	1
<b>Post Death Issues</b>	1	0
<b>Test and Investigation Results</b>	1	0
<b>Personal Property/Finance</b>	0	1

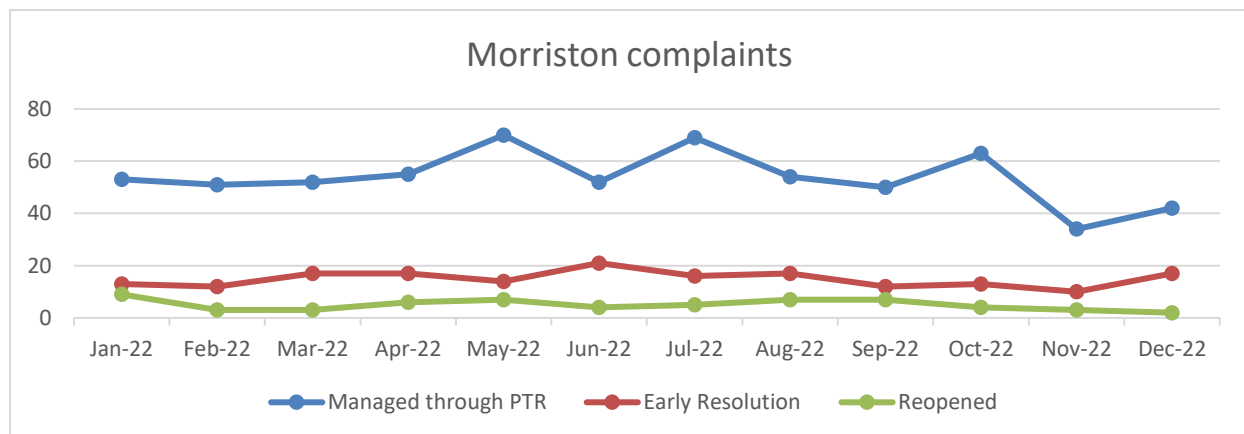
## 4. SERVICE GROUP COMPLAINTS, INCIDENTS, COMPLIMENTS AND PATIENT FEEDBACK HIGHLIGHTS

### MORRISTON SERVICE GROUP

#### 4.1 – Morriston Service Group complaints

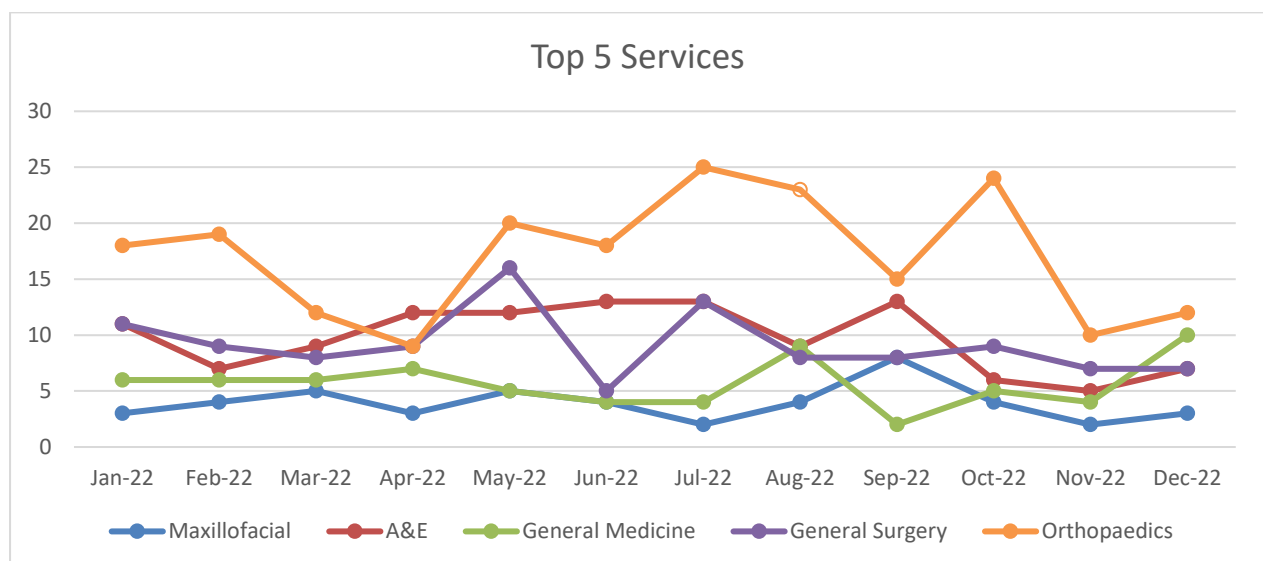
Morriston Service Group received a total of 188 complaints during Q3 2022/23. Graph 1 below shows the total number of complaints received relating to Morriston Service Group since January 2022. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

**Graph 1: Morriston Service Group complaints by month and type**



Graph 2 shows the top five services that had the most complaints since January 2022. As seen in the graph, Orthopaedics received the highest number of complaints which appears to have decreased since November 2022.

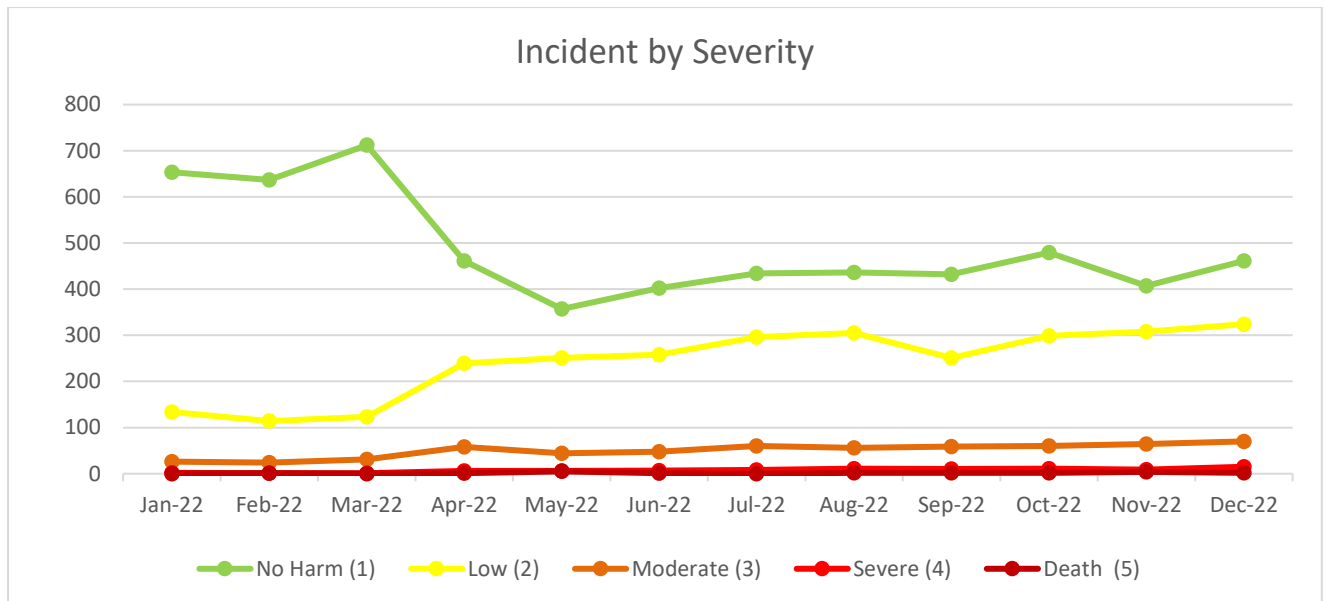
**Graph 2: Top 5 Services by month**



## 4.2 – Morriston Service Group Incidents

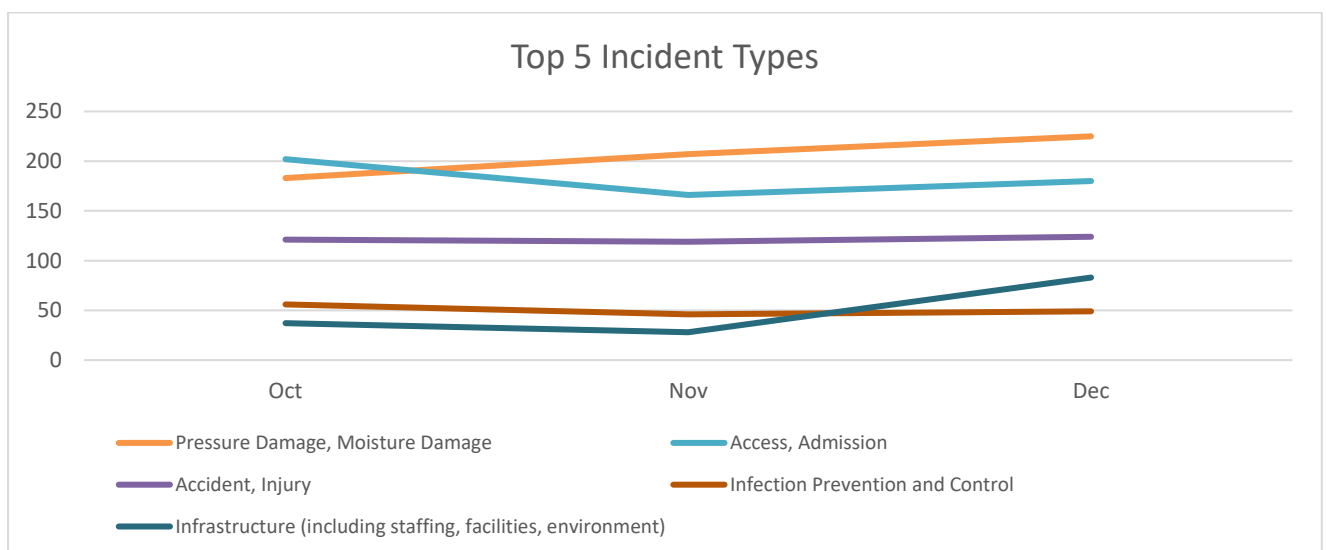
Morriston Service Group reported 2516 incidents in quarter 3 (Q3) of 2022/23 (October, November, December). This compares with 2363 incidents in quarter 2 (Q2) of 2022/23 (July, August, September). Graph 1 shows the number of incidents per month broken down by severity.

**Graph 1: Morriston Incidents by Severity and month**



Graph 2 shows the top 5 incident types, of all incidents reported by Morriston Service Group since October - December 2022. As you can see from the graph, the amount of Access & Admission incidents has increased during September 2022.

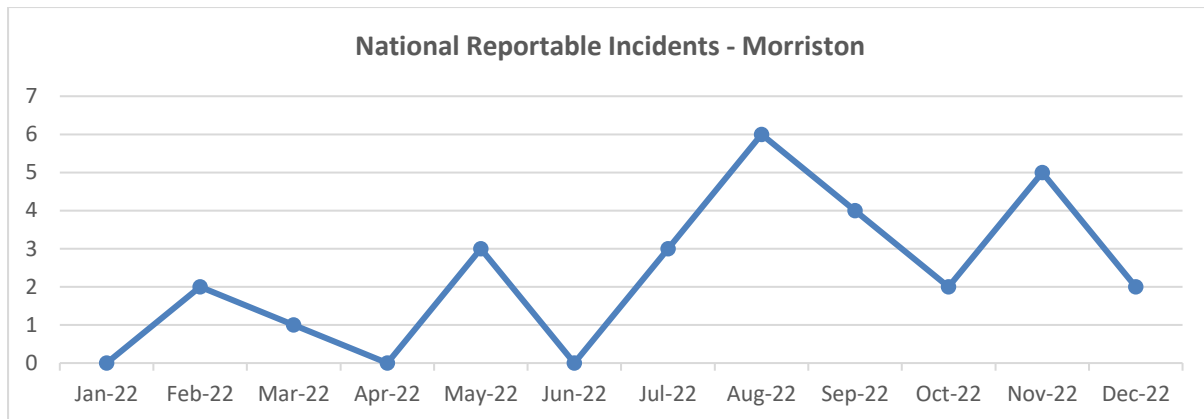
**Graph 2: Top 5 incidents per month**



### 4.3 – Morriston Service Group National Reportable Incidents

Morriston Service Group reported 9 Nationally Reportable Incidents (NRI's) during Q3 2022/23, this compared to 13 reported during Q2 of 2022/23. Of the NRI's reported, 2 were Never Events, 1 Pressure Ulcer, 2 Falls, 1 Clinical Assessment incident and 1 Infrastructure incident. Graph 1 shows the number of NRI's reported per month.

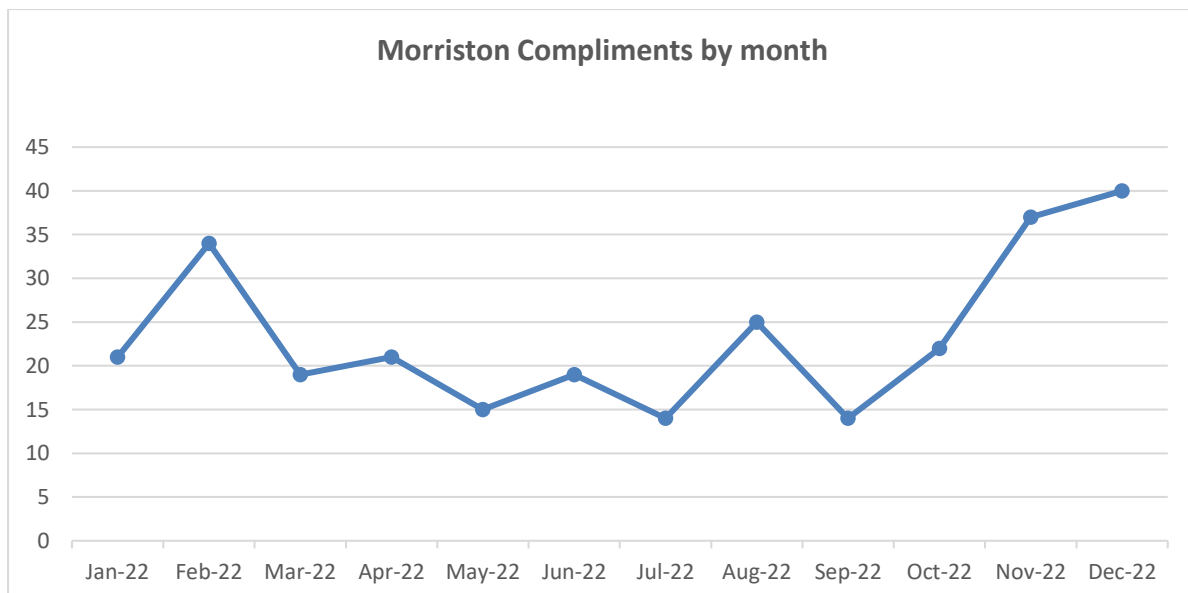
**Graph 1: Nationally Reportable Incidents reported per month by Morriston Service Group**



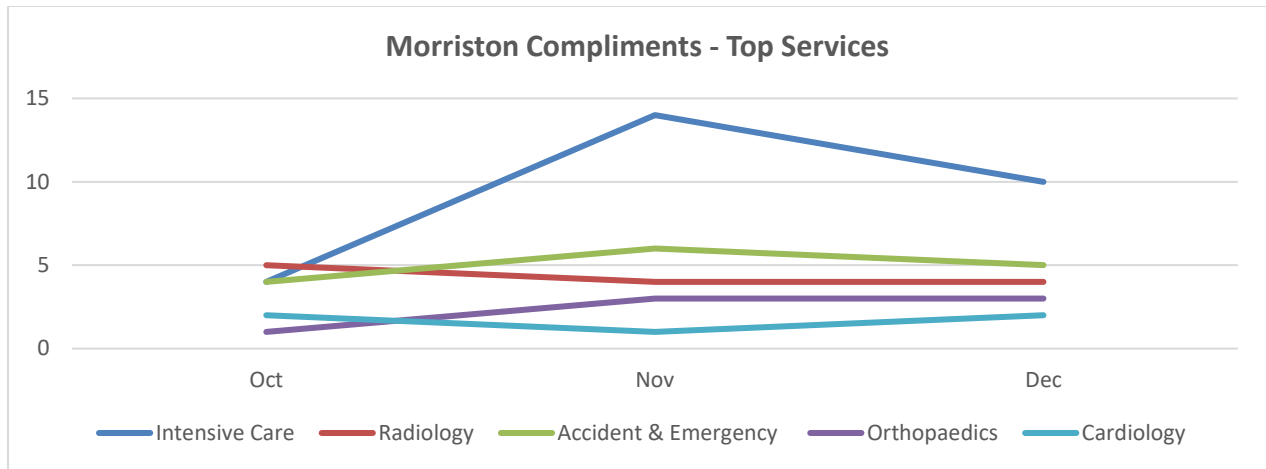
### 4.4 – Morriston Service Group Compliments

Morriston received 99 compliments during Q3 of 2022/23. Graph 1 shows the number received per month since January 2022.

**Graph 1: Morriston compliments per month**



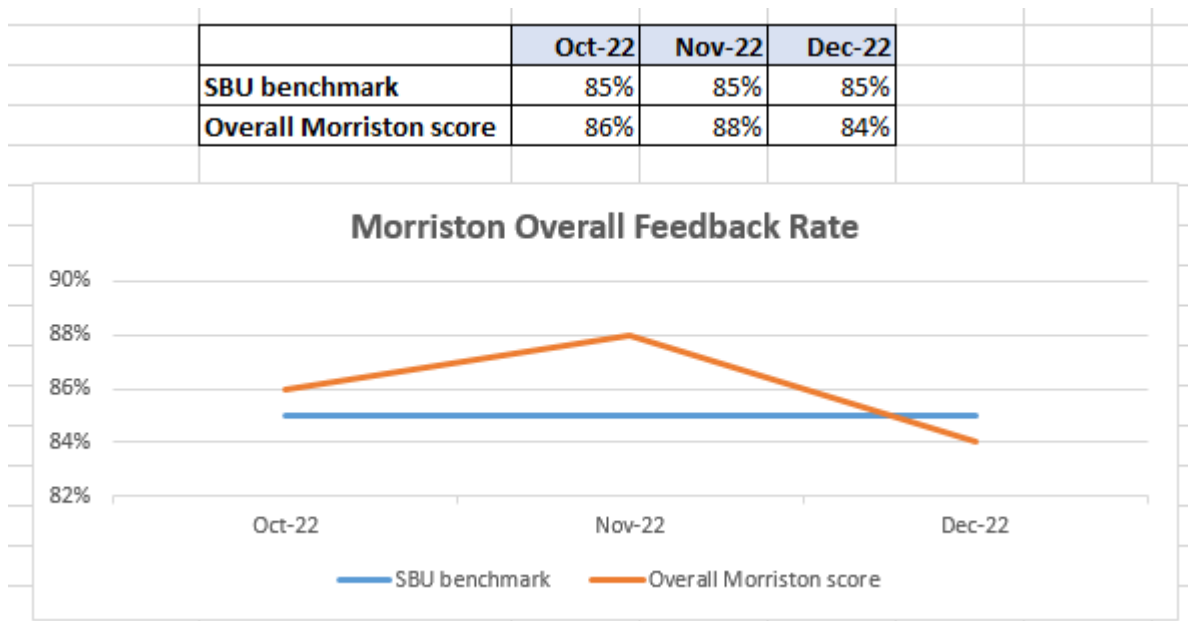
**Graph 2: Morriston compliments – Top 5 Services**



#### 4.5 Morriston Service Group Patient Experience Feedback

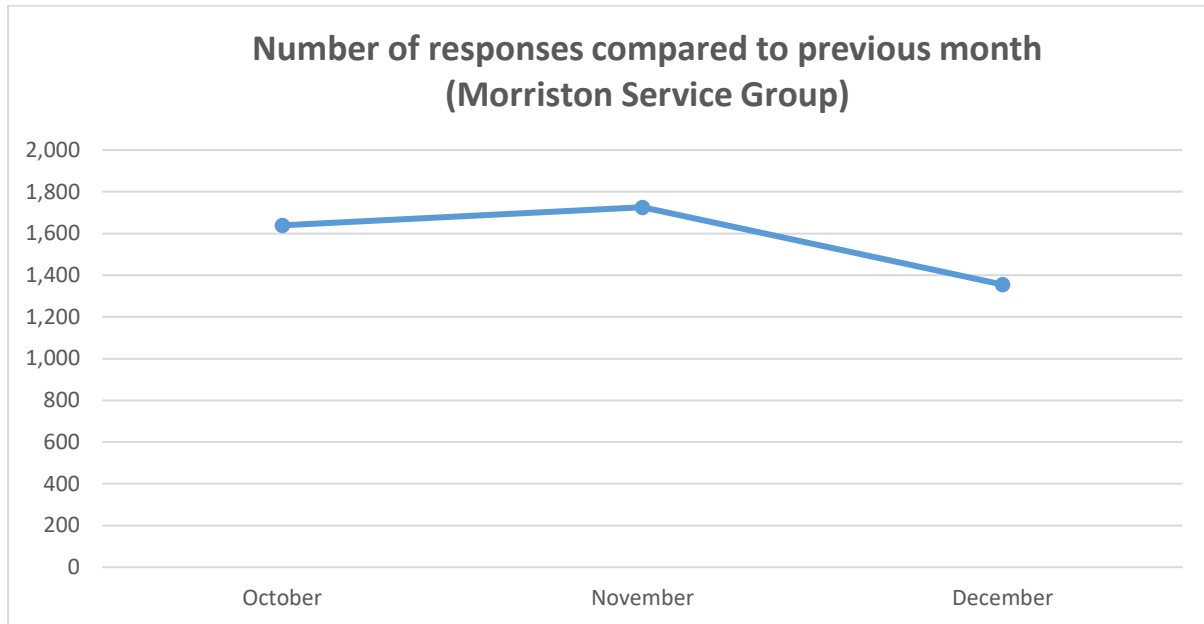
Overall, during quarter three there were 89,194 number of patients seen under Morriston Service Group (This includes ED).

There were 4,708 Friends and Family survey returns which equates to 5% responding to the survey. Out of the 5% who responded, 86% of people stated they would highly recommend the Health Board to Friends and Family.

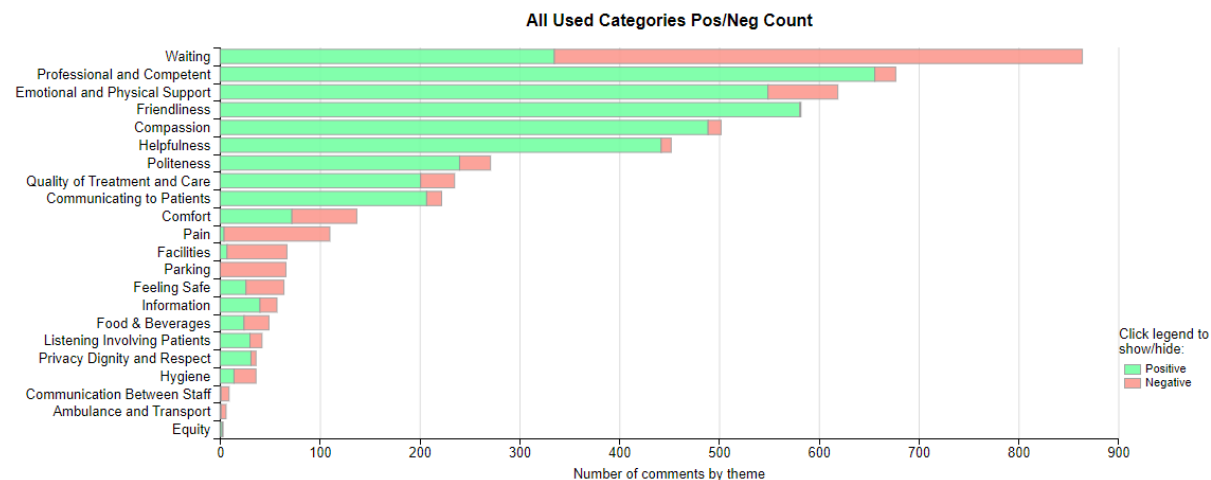


Below are the number of responses in a line graph:





Below are the main themes mentioned for Morrison:

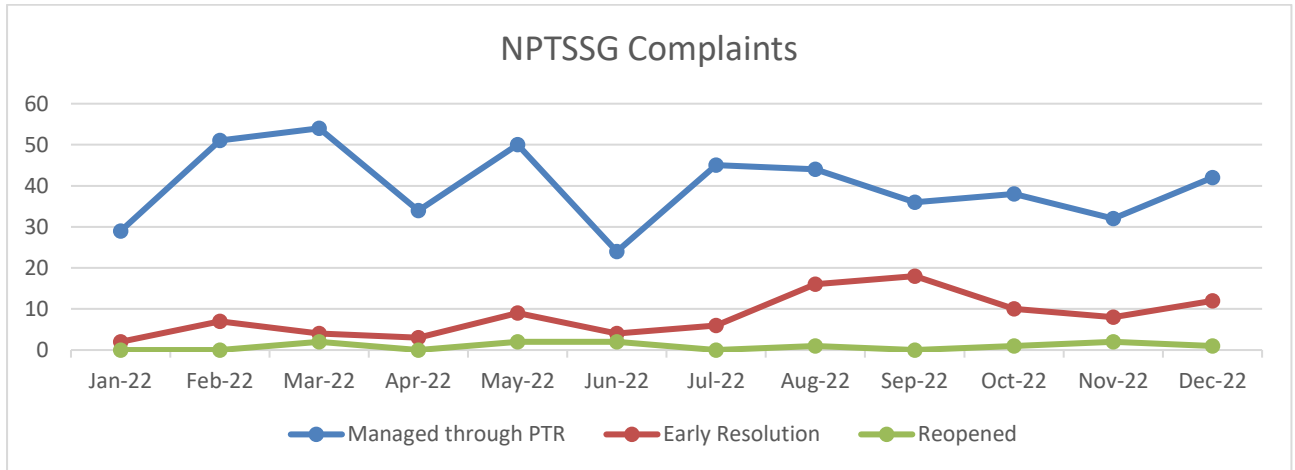


## **NEATH PORT TALBOT SINGLETON SERVICE GROUP**

### **4.6 – NPTSSG Complaints**

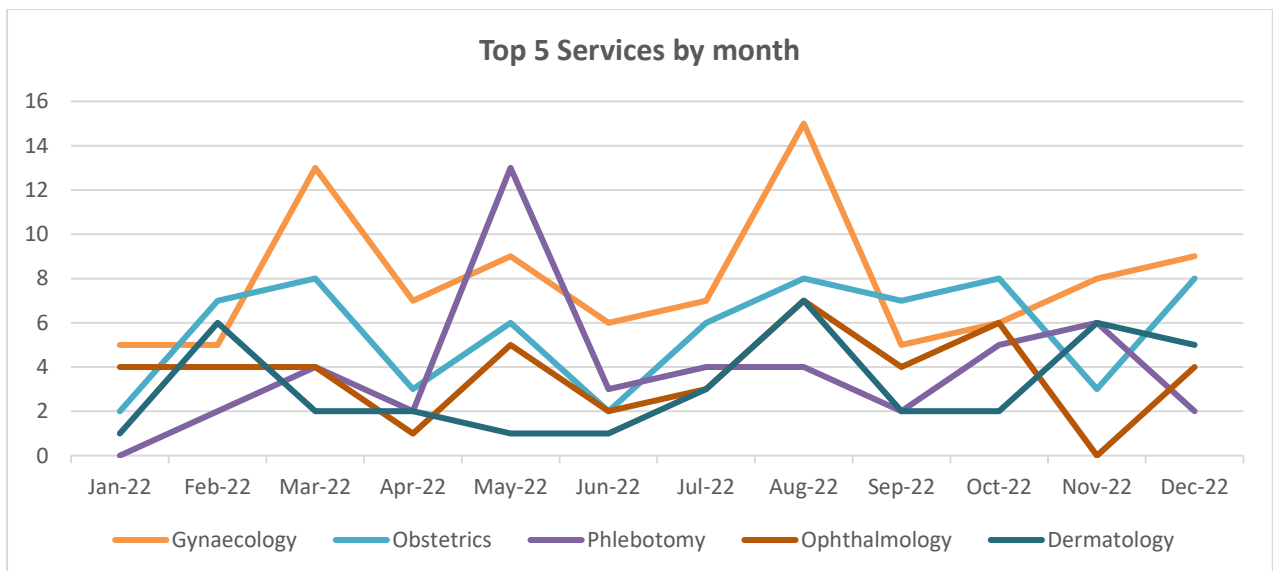
NPTSSG received a total of 146 complaints during Q3 2022/23. Graph 1 below shows the total number of complaints received relating to NPTSSG since January 2022. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

**Graph 1: NPTSSG complaints by month and type**



Graph 2 shows the top five services that had the most complaints since January 2022. As seen in the graph, Gynaecology appear to have had an increase in August but have decreased since. Phlebotomy also had a significant increase during May 2022 compared to previous months and this appears to have been due to a technical issue where patients were experiencing difficulties obtaining appointments on the online booking system.

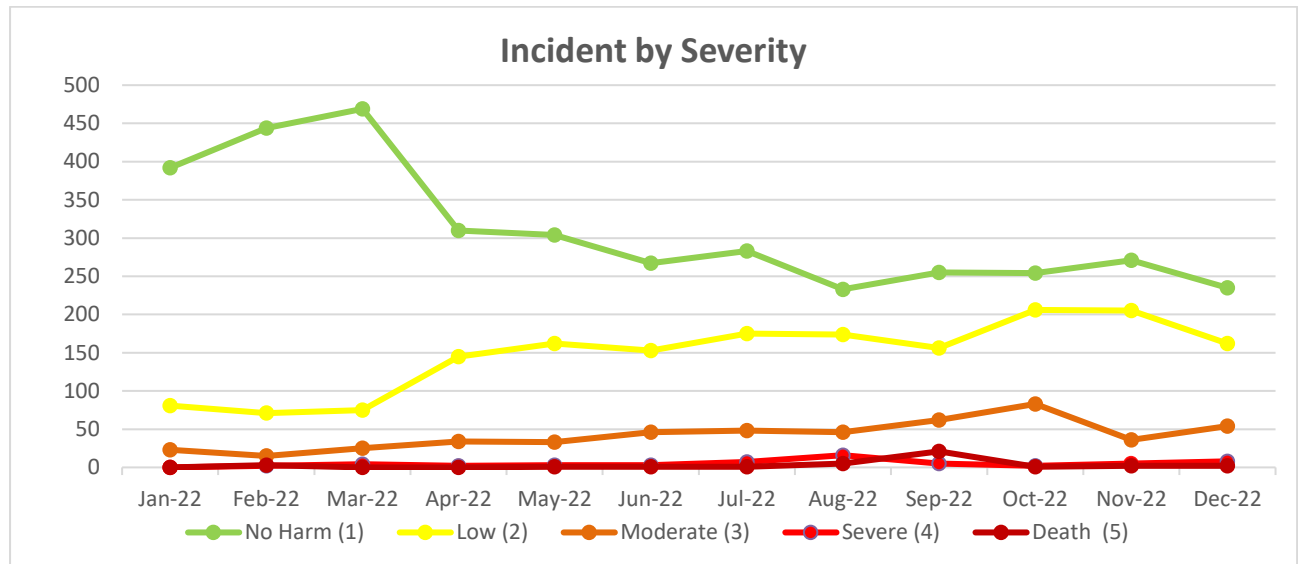
**Graph 2: Top 5 Services by month**



#### 4.7 – NPTSSG Incidents

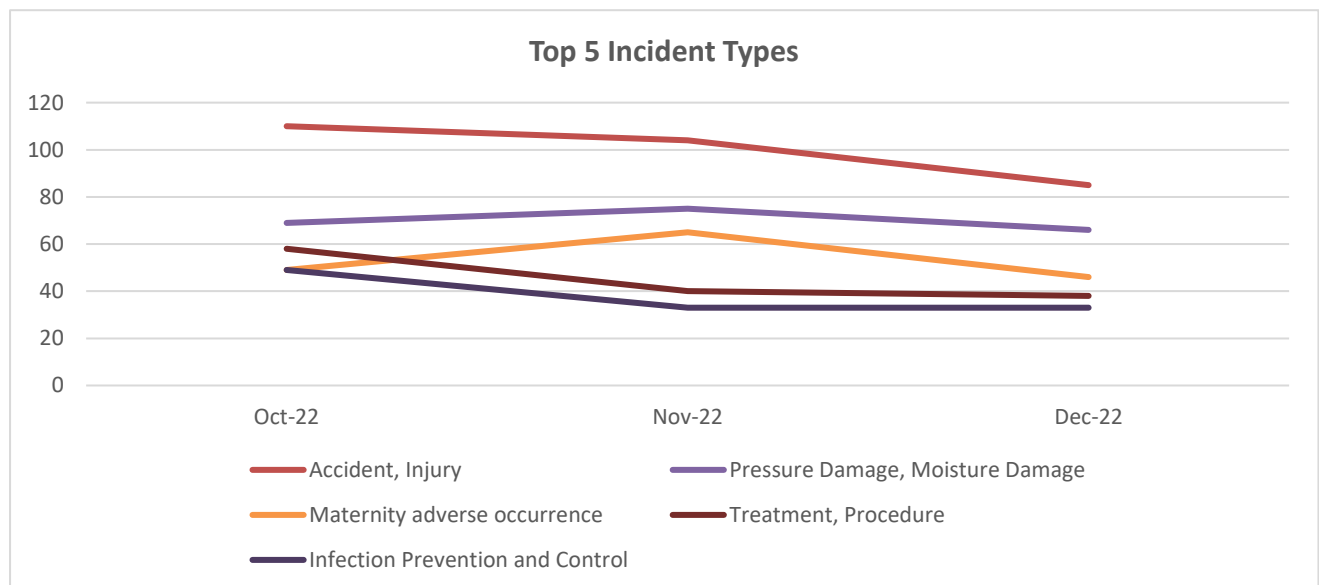
NPTSSG reported 1526 incidents in quarter 3 (Q3) of 2022/23 (October, November, December). This compares with 1490 incidents in quarter 2 (Q2) of 2022/23 (July, August, September). Graph 1 shows the number of incidents per month broken down by severity.

Graph 1: NPTSSG Incidents by Severity and month



Graph 2 shows the top 5 incident types, of all incidents reported by NPTSSG since October 2022 – December 2022.

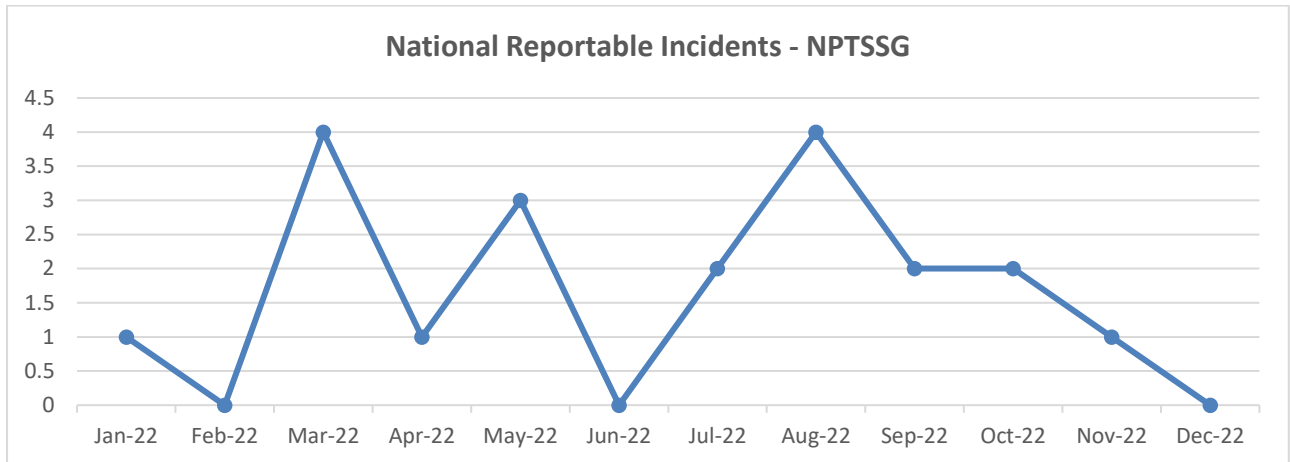
Graph 2: Top 5 incidents per month



#### 4.8 – NPTSSG National Reportable Incidents

NPTSSG reported 3 Nationally Reportable Incidents (NRI's) during Q3 2022/23, this compares to 8 being reported during Q2 of 2022/23. Of the NRI's reported 2 related to In-Patient Falls and 1 treatment delayed. Graph 1 shows the number of NRI's reported per month.

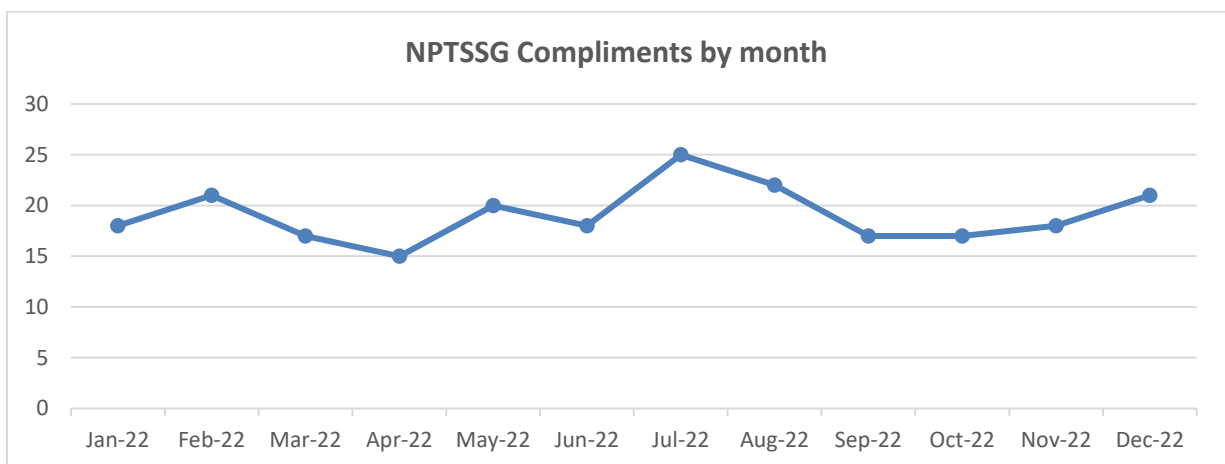
Graph 1: Nationally Reportable Incidents reported per month by NPTSSG



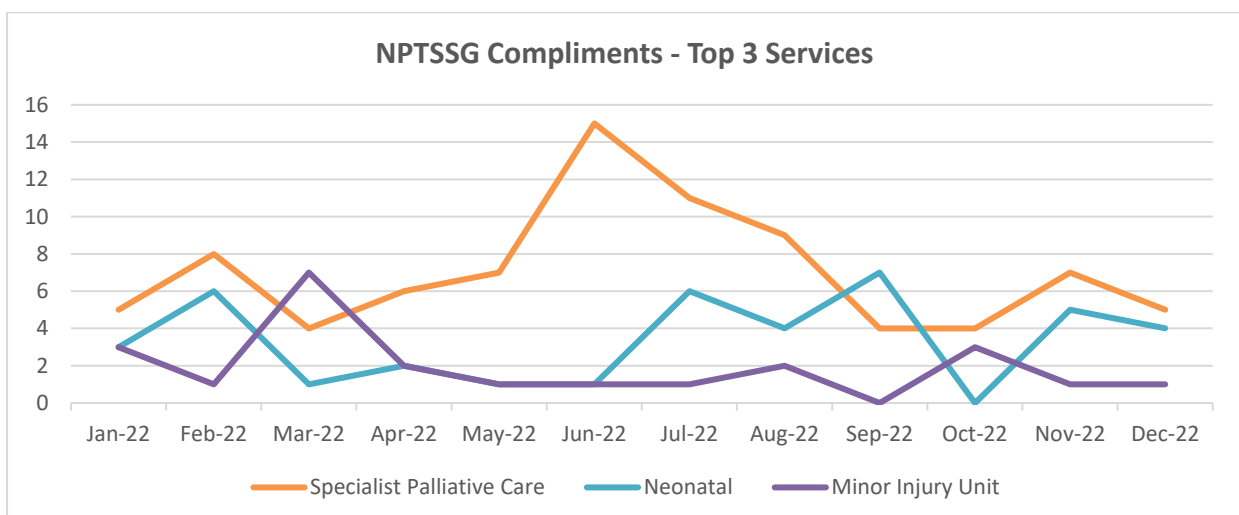
#### 4.9 – NPTSSG Compliments

NPTSSG received 56 compliments during Q3 of 2022/23. Graph 1 shows the number received per month since January 2022.

**Graph 1: NPTSSG compliments per month**



**Graph 2: NPTSSG compliments – Top 3 Services**





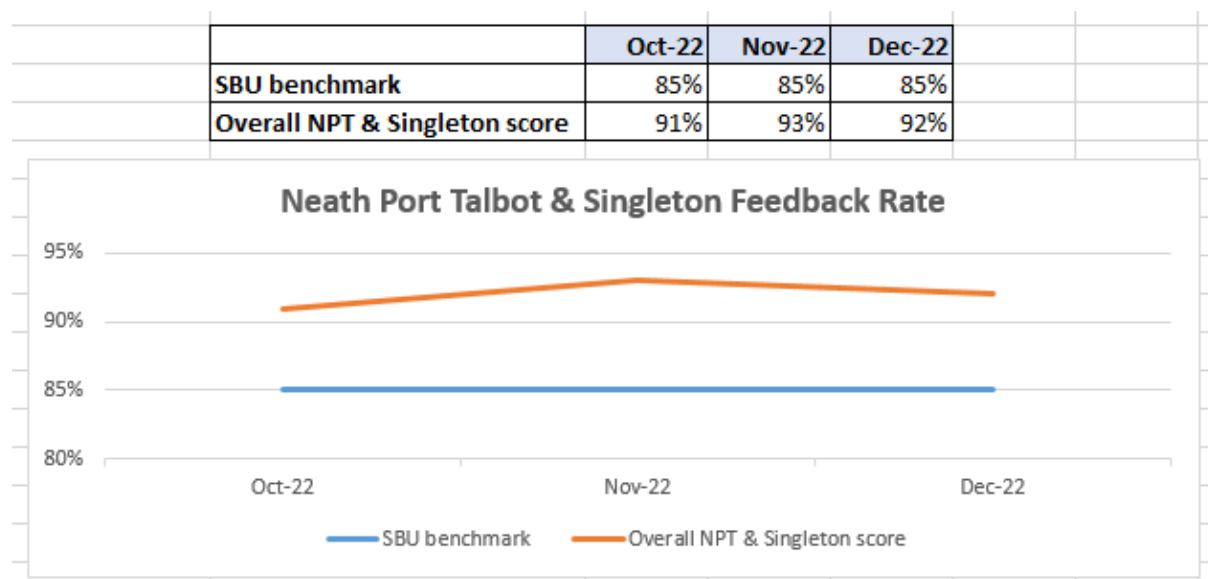
**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

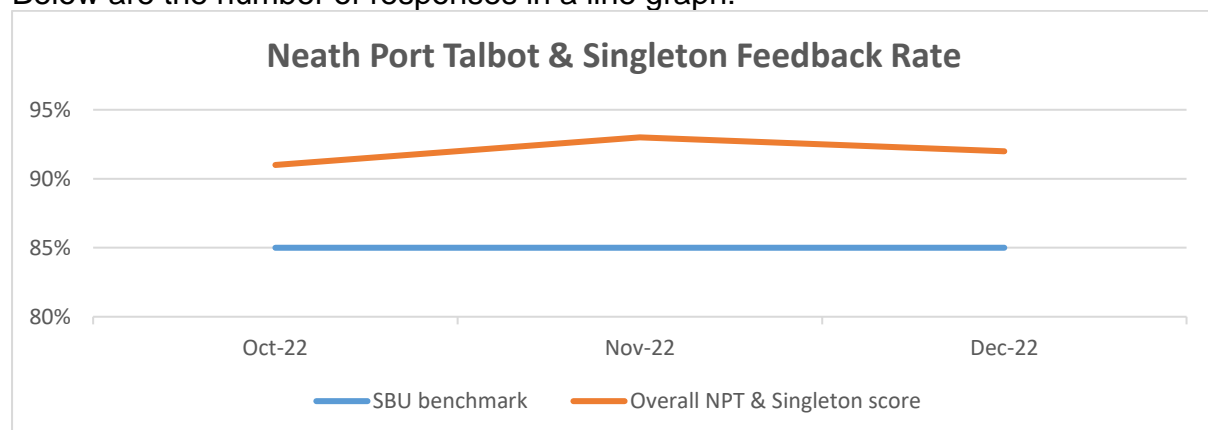
#### 4.10 NPTSSG Patient Experience Feedback

Overall, during quarter three there were 79,479 number of patients seen under Neath Port Talbot and Singleton Service Group (This includes MIU).

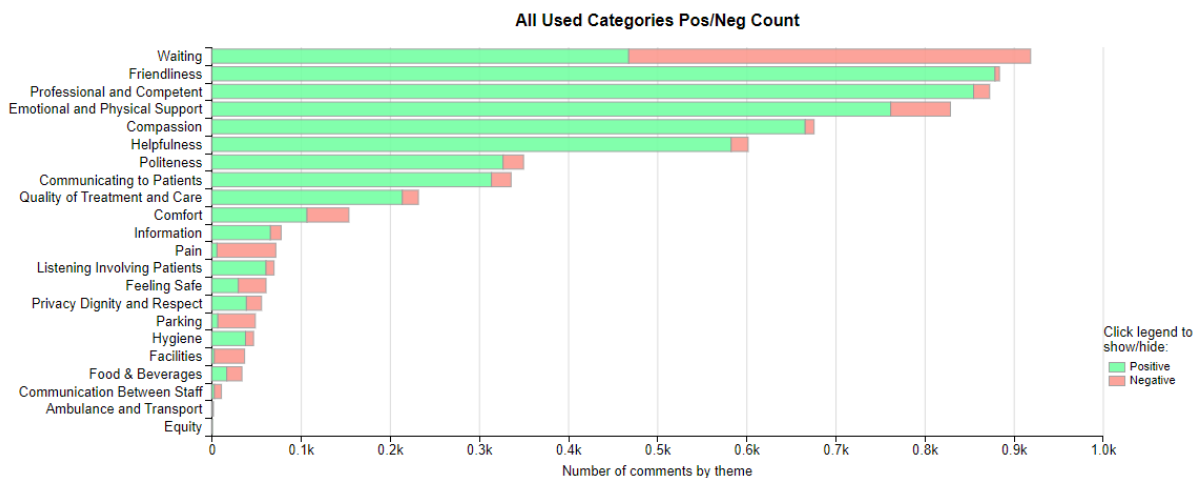
There were 7,099 Friends and Family survey returns which equates to 8% responding to the survey. Out of the 9% who responded, 92% of people stated they would highly recommend the Health Board to Friends and Family during this quarter.



Below are the number of responses in a line graph:



Below are the main themes mentioned for NPT & Singleton:

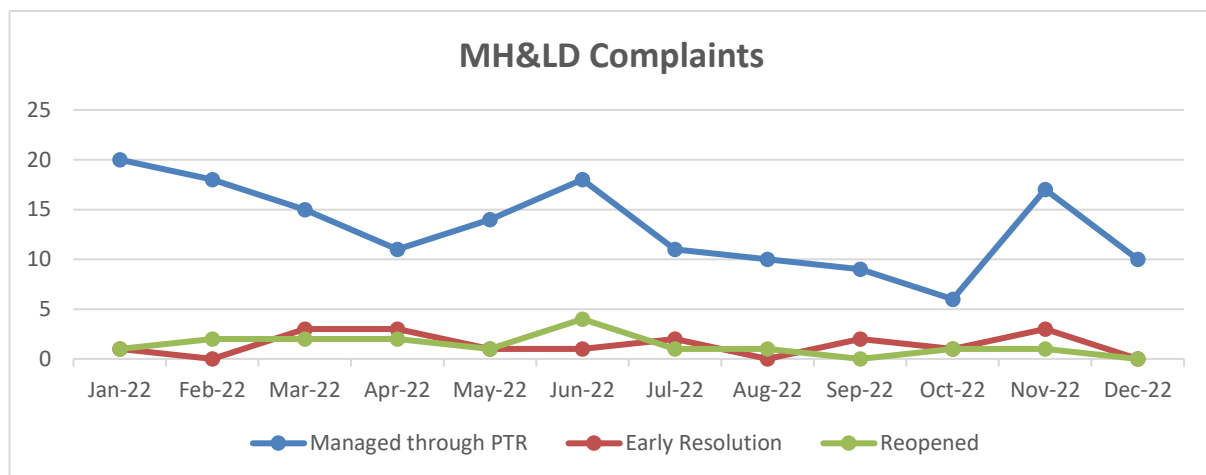


## **MENTAL HEALTH AND LEARNING DISABILITIES SERVICE GROUP**

### **4.11 – MH&LD Complaints**

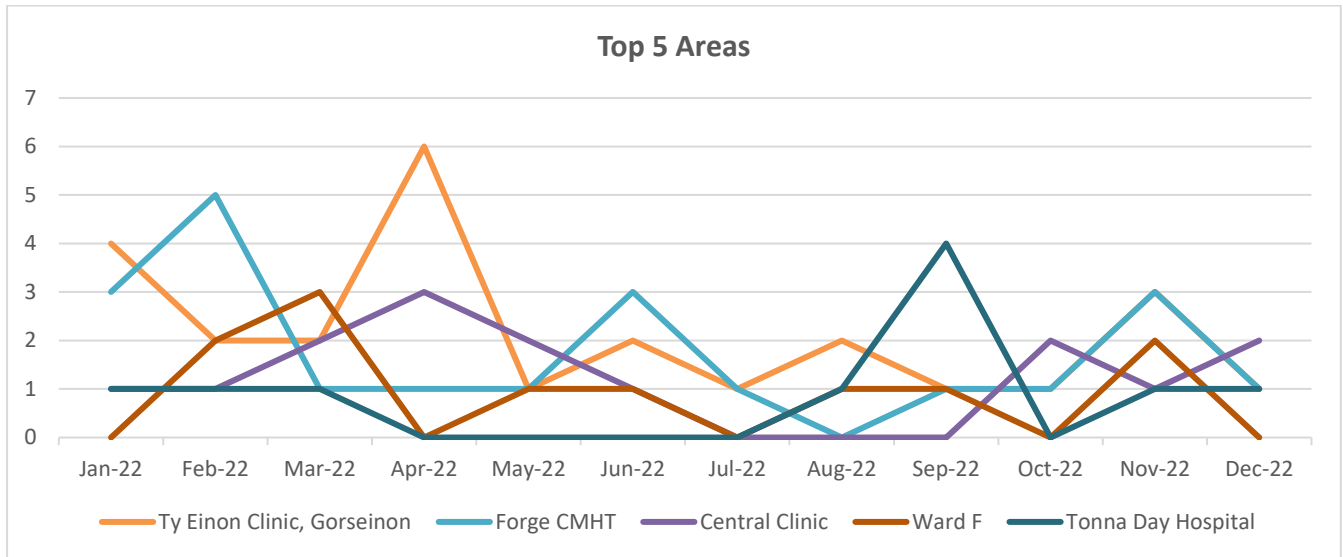
MH&LD received a total of 39 complaints during Q3 2022/23. Graph 1 below shows the total number of complaints received relating to MH&LD since January 2022. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

**Graph 1: MH&LD complaints by month and type**



Graph 2 shows the top five areas within MH&LD that had the most complaints since January 2022. As shown in the graph, Ty Eion appear to have had an increase during April 2022 however, these have remained low since.

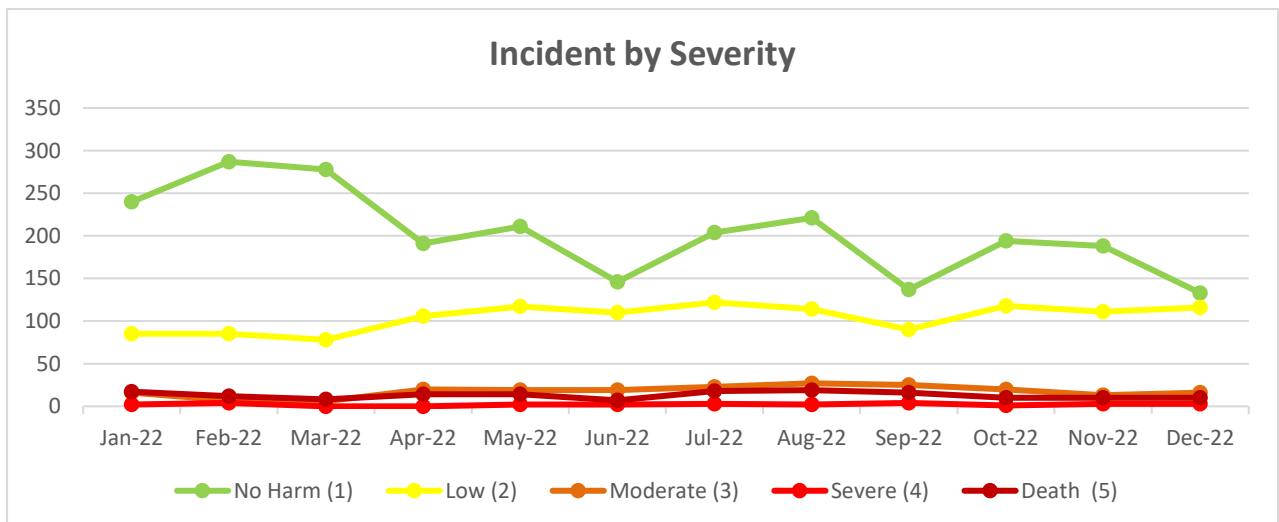
**Graph 2: Top 5 Services by month**



#### 4.12 – MH&LD Incidents

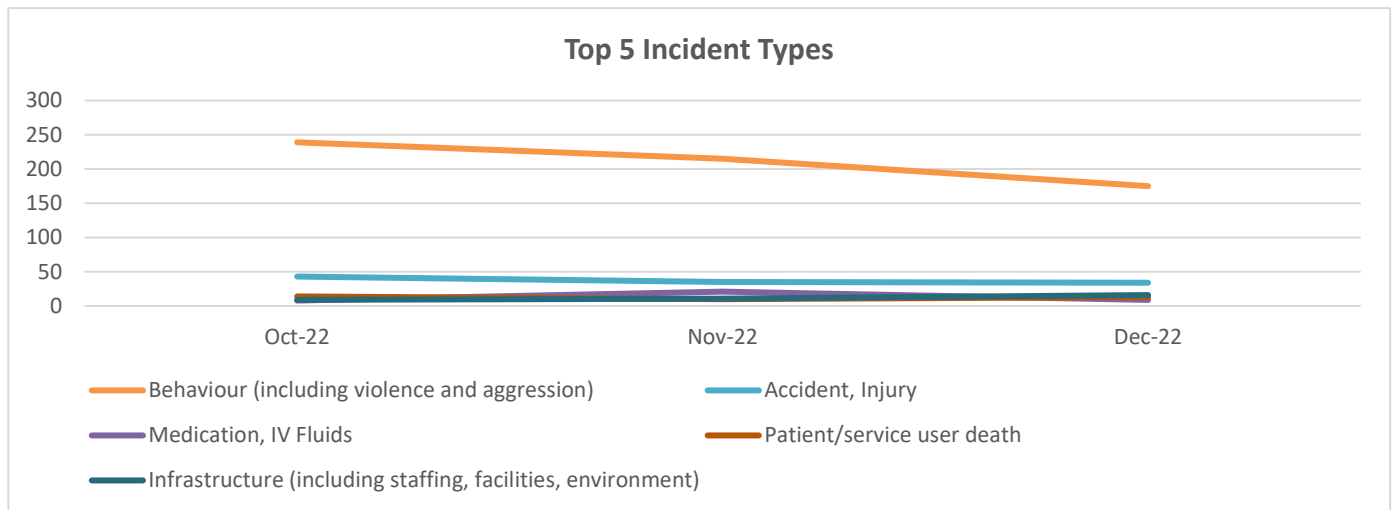
MH&LD reported 946 incidents in quarter 3 (Q3) of 2022/23 (October, November, December). This compares with 1025 incidents in quarter 2 (Q2) of 2022/23 (July, August, September). Graph 1 shows the number of incidents per month broken down by severity.

**Graph 1: MH&LD Incidents by Severity and month**



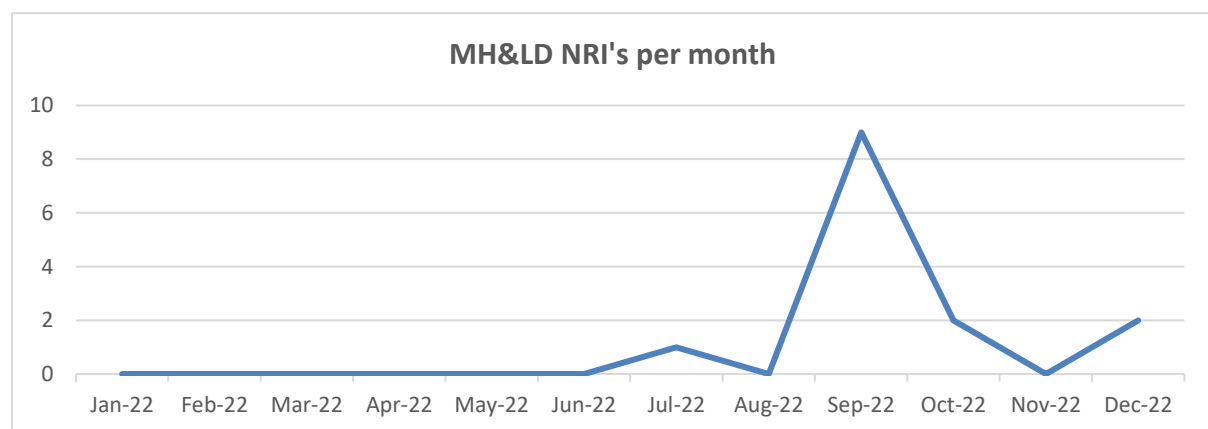
Graph 2 shows the top 5 incident types, of all incidents reported by MH&LD since October 2022 – December 2022.

**Graph 2: Top 5 incidents per month**



#### 4.13 – MH&LD National Reportable Incidents

MH&LD reported 4 NRI's during Q3 of 2022/23. This compares to 9 reported during Q2. Of these, there were 2 falls, 1 homicide and 1 behaviour incident.

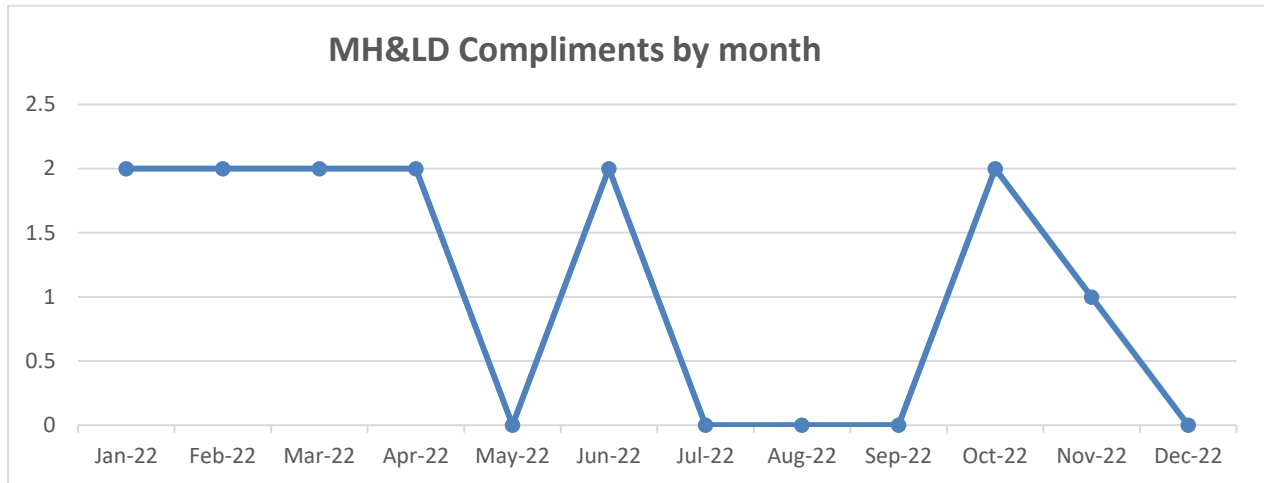


#### 4.14 – MH&LD Compliments

MH&LD received 3 compliments during Q3 of 2022/23. This compares to no compliments during Q2 of 2022/23. Graph 1 shows the number received per month since January 2022.

**Graph 1: MH&LD compliments per month**

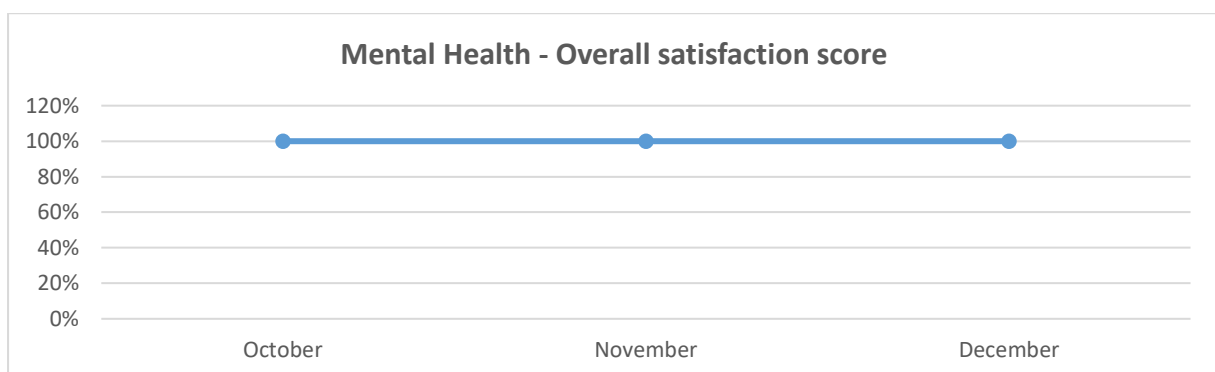
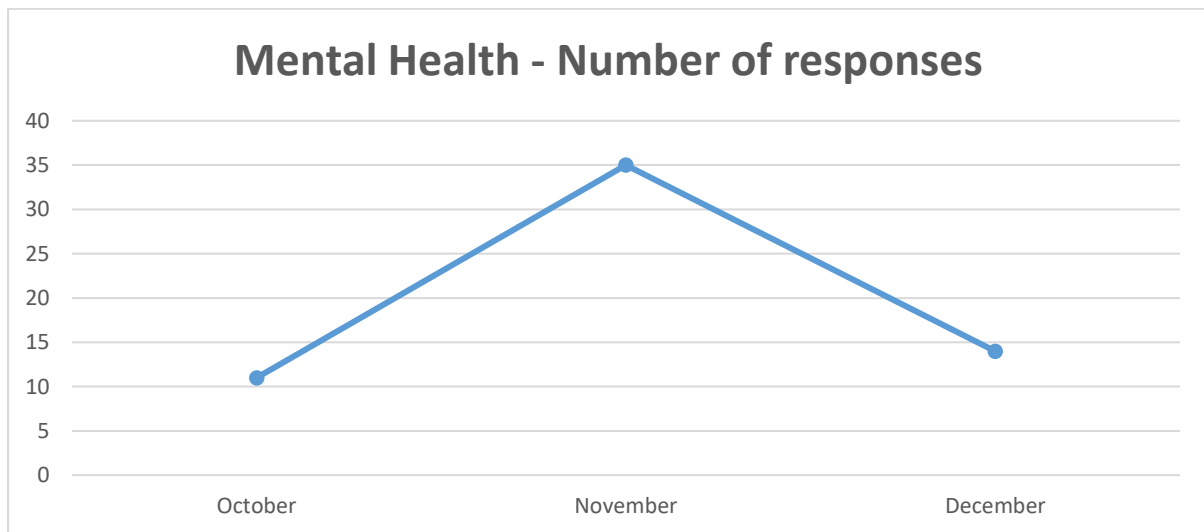




#### 4.15 MH&LD Patient Experience Feedback

This data is from Quarter Three.

The Mental Health and Learning Disabilities Service Group are using a different set of survey questions. The roll out of the semi structured interview surveys have been managed in stages. Roll out, awareness posters and meetings with managers and teams continues.

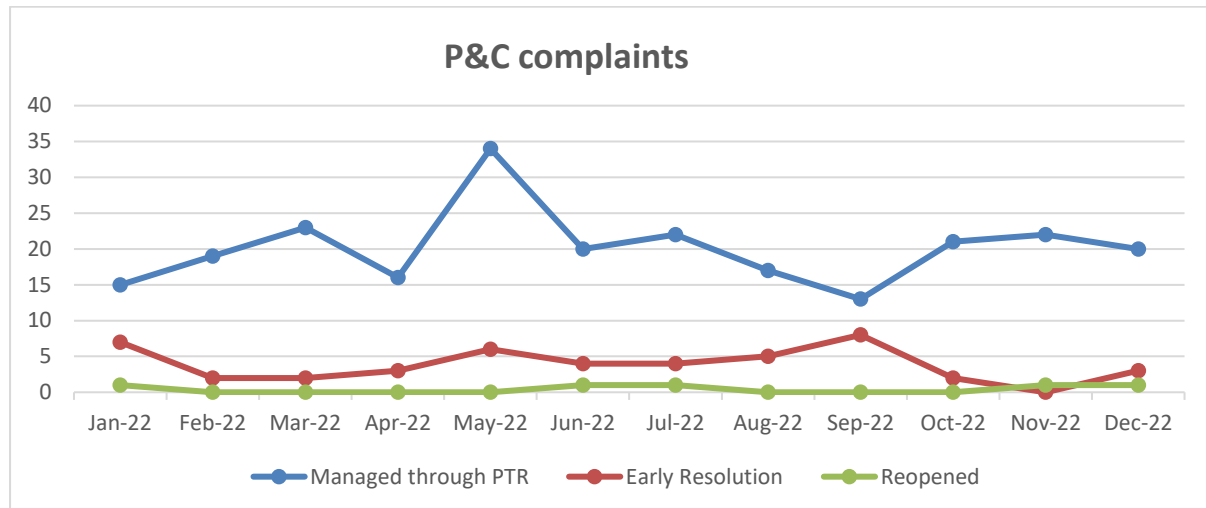


## PRIMARY AND COMMUNITY SERVICE GROUP

### 4.16 – P&C Complaints

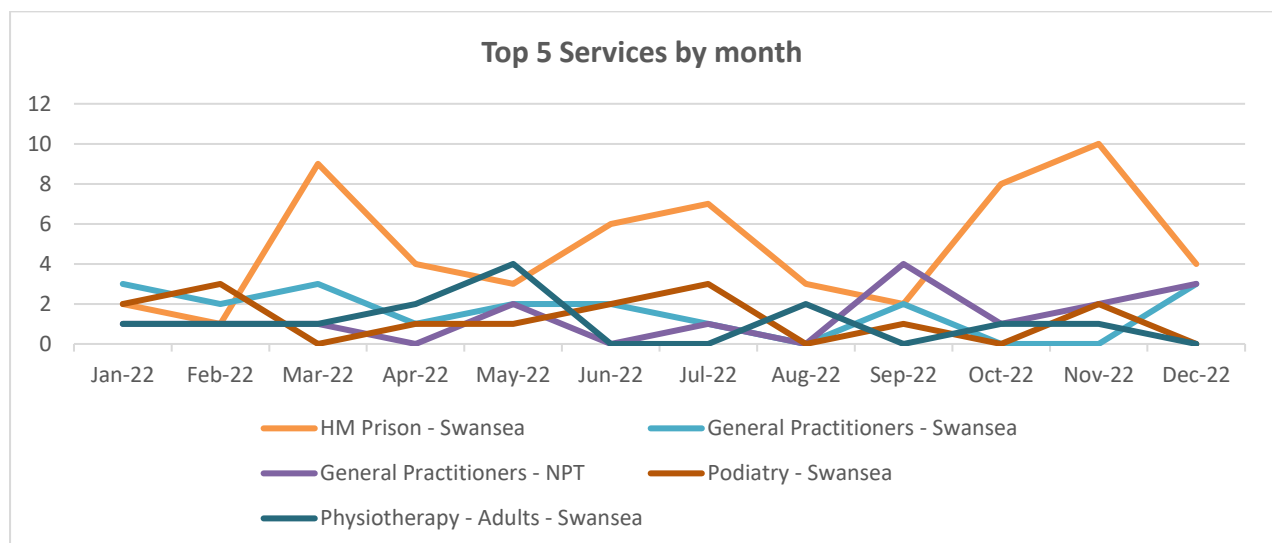
P&C received a total of 70 complaints during Q3 2022/23. Graph 1 below shows the total number of complaints received relating to P&C since January 2022. The graph breaks the total number received down by Formal PTR, Early Resolution and Re-opened complaints.

Graph 1: P&C complaints by month and type



Graph 2 shows the top five services that had the most complaints since January 2022. As seen in the graph there appears an increase in complaints relating to HMP Swansea since December 2021. This was following a meeting with the prison where it was agreed that any complaint received and resolved in the prison, would be forwarded to the Health Board's complaints team for logging on Datix. This ensures all complaints are recorded on the system and any themes can be identified by Primary & Community Services.

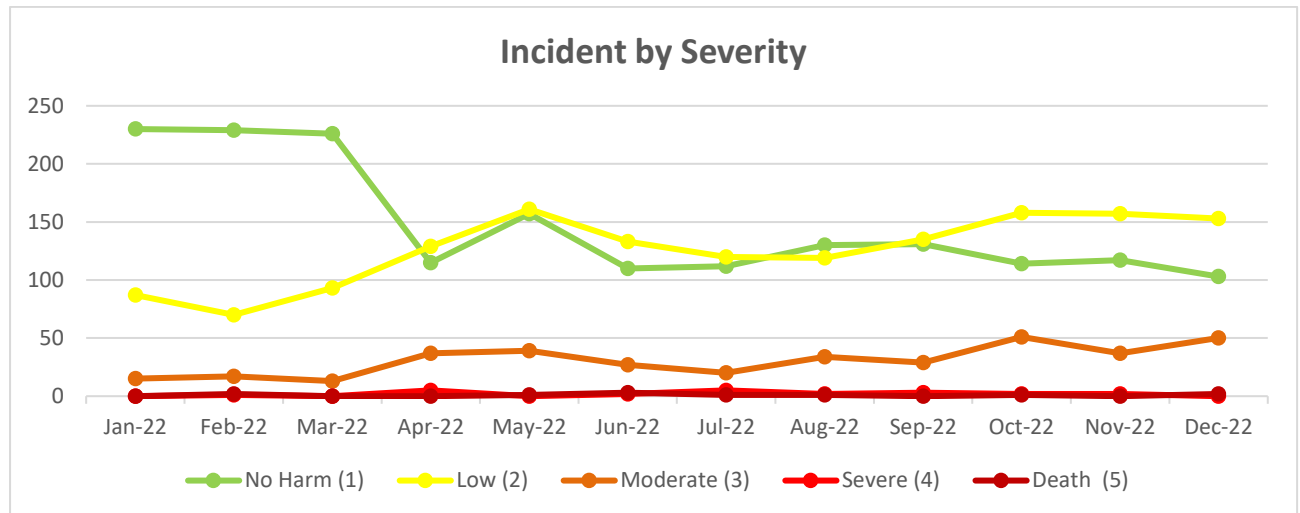
Graph 2: Top 5 Services by month



### 4.17 – P&C Incidents

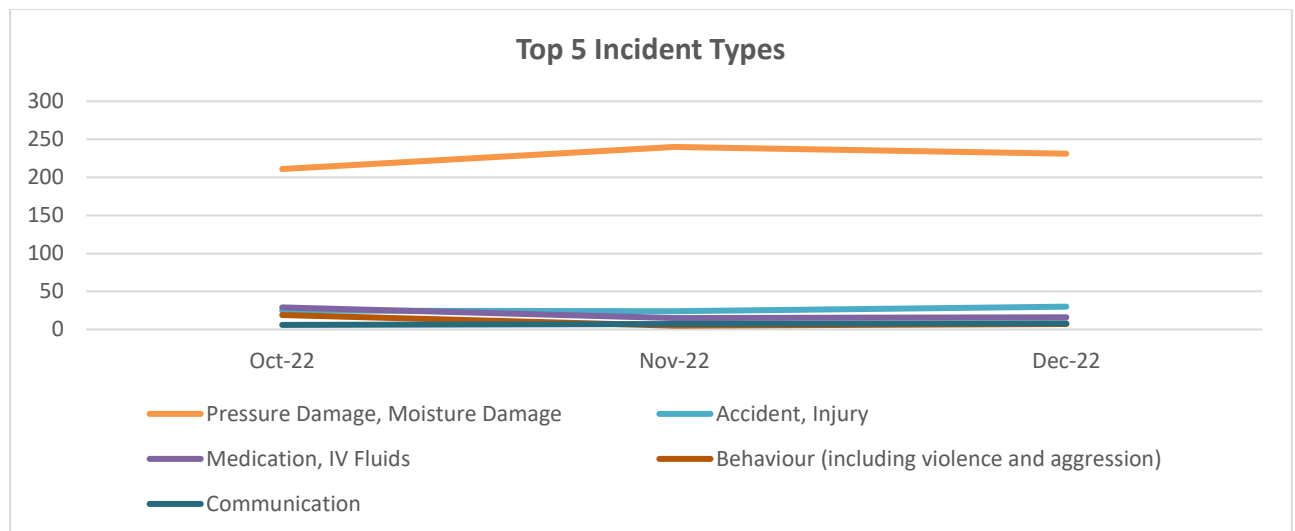
P&C reported 970 incidents in quarter 3 (Q3) of 2022/23 (October, November, December). This compares with 851 incidents in quarter 2 (Q2) of 2022/23 (July, August, September). Graph 1 shows the number of incidents per month broken down by severity.

**Graph 1: P&C Incidents by Severity and month**



Graph 2 shows the top 5 incident types, of all incidents reported by P&C since October – December 2022.

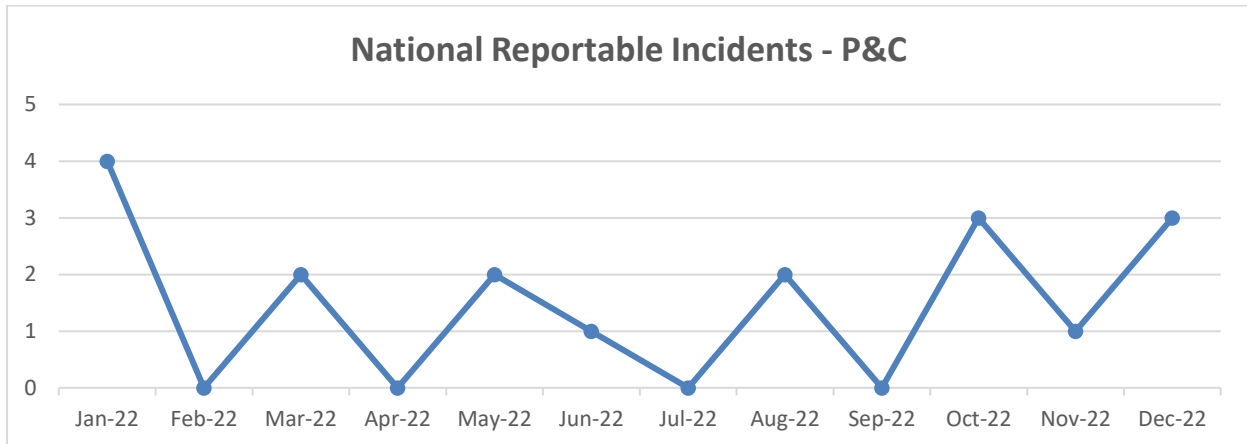
**Graph 2: Top 5 incidents per month**



#### 4.18 – P&C National Reportable Incidents

P&C reported 7 Nationally Reportable Incidents (NRI's) during Q3 2022/23, this compares to 2 being reported during Q2 of 2022/23. Of these incidents, 2 related to pressure ulcers, 1 fall and 1 death in prison.

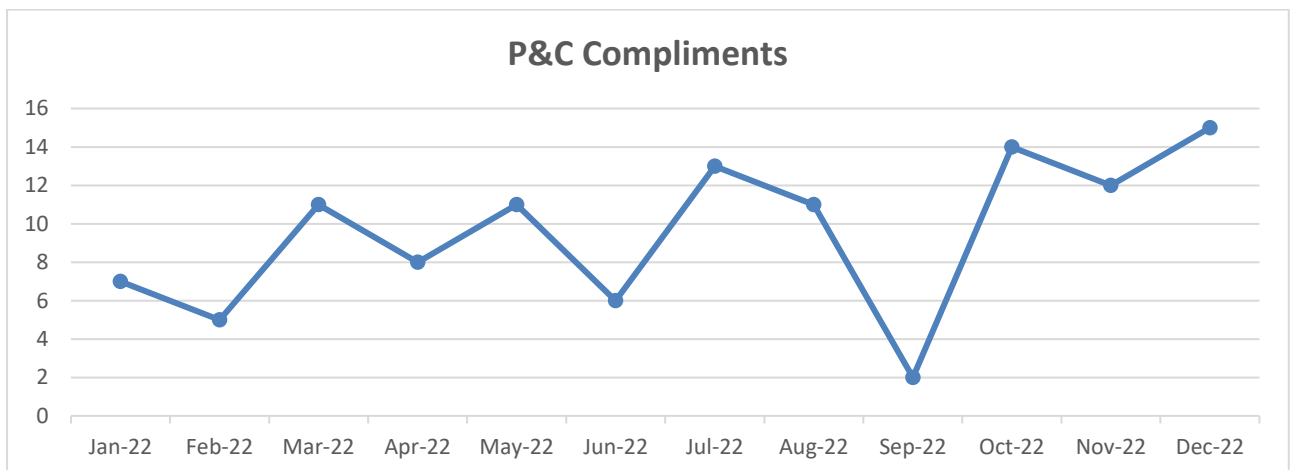
**Graph 1: Nationally Reportable Incidents reported per month by P&C**



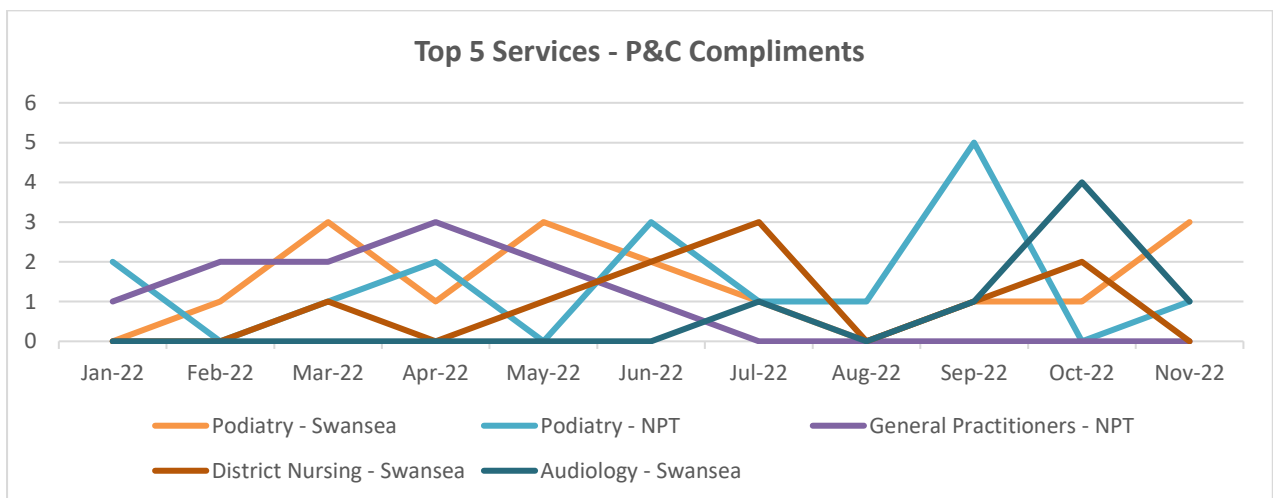
#### 4.19 – P&C Compliments

P&C received 41 compliments during Q3 of 2022/23. Graph 1 shows the number received per month since January 2022.

Graph 1: P&C compliments per month



Graph 2: P&C compliments – Top 5 Services





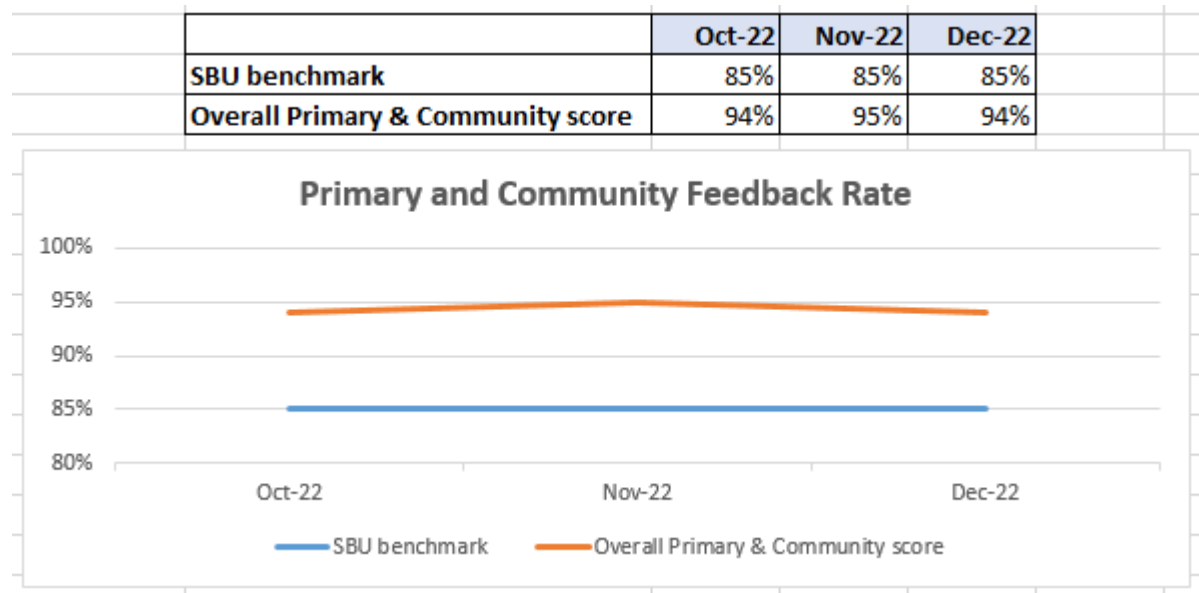
**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

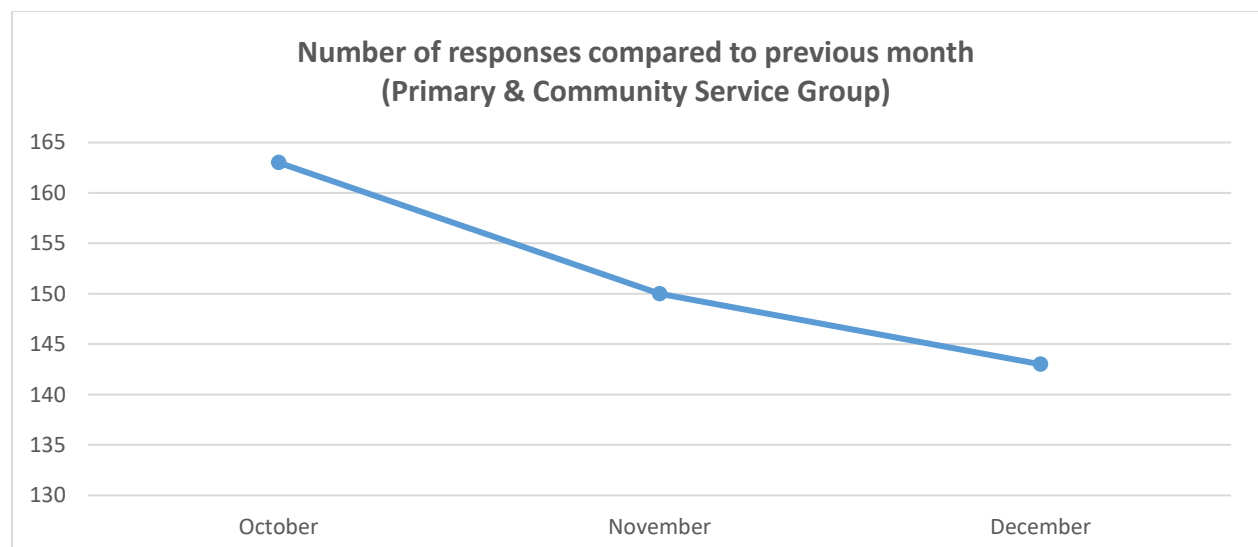
## 4.20 P&C Patient Experience Feedback

Overall, during quarter three there were 6,039 number of patients seen under Primary and Community Service Group.

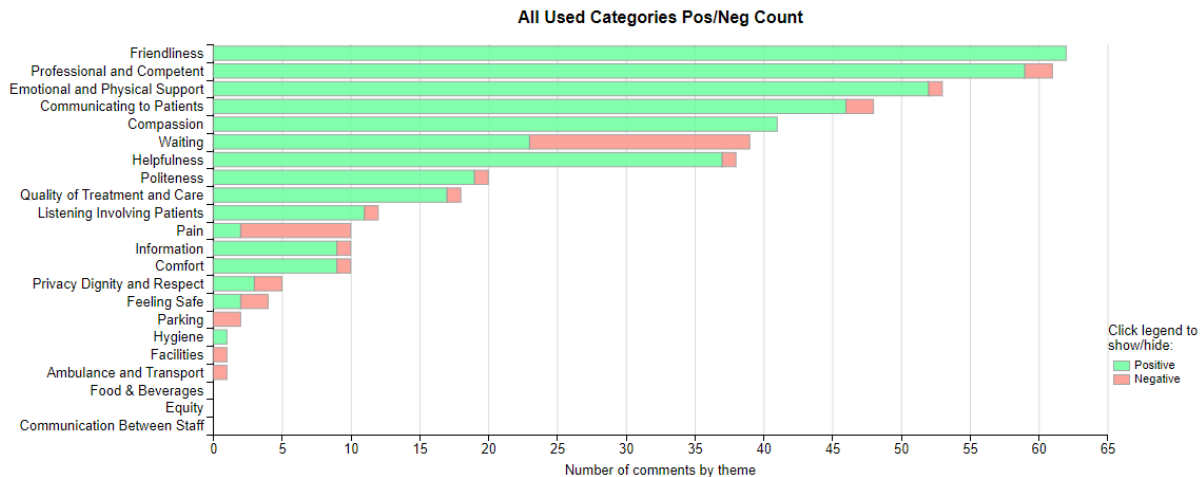
There were 456 Friends and Family survey returns which equates to 8% responding to the survey. Out of the 8% who responded, 94% of people stated they would highly recommend the Health Board to Friends and Family during this quarter.



Below are the number of responses in a line graph:



Below are the main themes mentioned for Primary & Community:

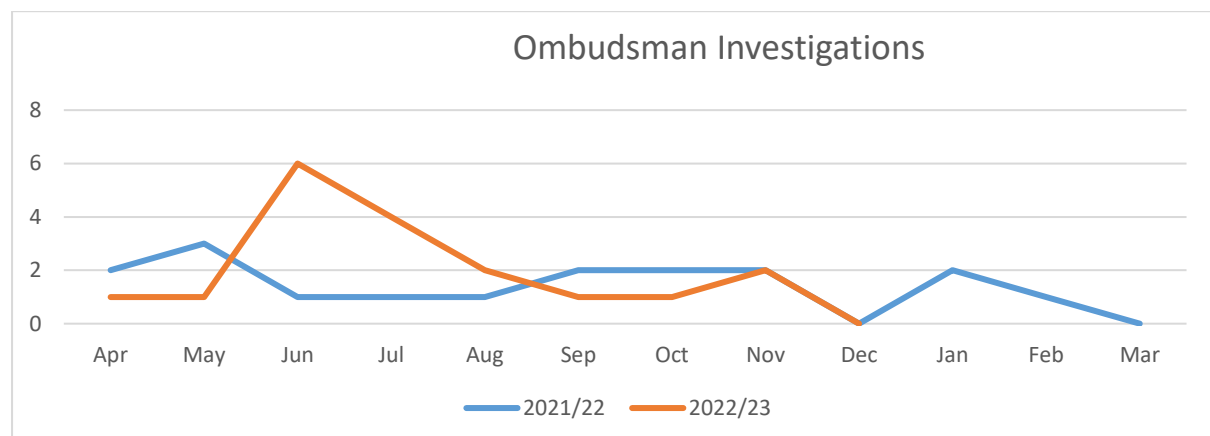


## 5. OMBUDSMAN CASES

### 5.1 Ombudsman investigations

3 new Ombudsman investigations were received during Q3 2022/23, this compares to 7 in Q2 2022/23. Graph 1 shows the number of investigations received per month;

**Graph 1: Number of Ombudsman investigations per month**



The Ombudsman published the statistics on complaints handled by Welsh Health Boards and Trusts. This is the first time this data has been published and relates to the first half of



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

this financial year (April to September 2022). See below data published for the whole of Wales;

	Population	Complaints Received	Complaints Received per 1000 residents (adjusted)	Complaints Closed	Within 30 days %	Referred to Public Services Ombudsman for	Referred %	PSOW Cases Closed	PSOW Intervened %	Early resolution %	PSOW Upheld%
Aneurin Bevan University Health Board	591,225	1,656	5.60	1,568	80.29%	83	5.29%	70	22.86%	10.00%	10.00%
Betsi Cadwaladr University Health Board	698,369	1,786	5.11	1,473	61.98%	114	7.74%	102	35.29%	23.53%	9.80%
Cardiff and Vale University Health Board	496,413	2,509	10.11	2,357	83.03%	65	2.76%	61	19.67%	14.75%	4.92%
Cwm Taf Morgannwg University Health Board	445,190	1,676	7.53	1,558	87.61%	77	4.94%	65	16.92%	9.23%	7.69%
Hywel Dda University Health Board	385,615	1,269	6.58	1,164	75.00%	43	3.69%	45	51.11%	37.78%	13.33%
Powys Teaching Health Board	132,447	76	1.15	82	40.24%	15	18.29%	13	23.08%	15.38%	0.00%
Swansea Bay University Health Board	389,372	1,066	5.48	986	65.82%	68	6.90%	57	26.32%	15.79%	8.77%
Velindre University NHS Trust	-	84	-	73	98.63%	3	4.11%	3	100.00%	33.33%	33.33%
Welsh Ambulance Services NHS Trust	-	619	-	289	57.79%	22	7.61%	26	15.38%	3.85%	3.85%
										-	
Wales	3,138,631	10,741	6.84	9,704	75.89%	490	5.05%	413	28.09%	17.92%	8.72%

In relation to the above data, which is now published quarterly by the Ombudsman, it is evident that the 30 day figures is an area which requires improvement. The 30 days figures have improved this month.

It is positive that the intervention rate of the Ombudsman is 26.32% and that the cases upheld by the Ombudsman are 8.77%.