

Patient Experience

Final Internal Audit Report

2025/26

Hywel Dda University Health Board



Reasonable Assurance

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Review Reference

HDU-2526-16

Fieldwork

October - November 2025

Executive Sign Off

December 2025

Audit Committee

February 2026

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Gwasanaethau Archwilio a Sicrwydd
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Executive Summary

Purpose

To review the arrangements and processes in place within Hywel Dda University Health Board (the Health Board) for capturing and utilising patient experience.

Overview

Patients and carers have a right to experience respectful and professional care, in a considerate and supportive environment, where their privacy is protected, and their dignity maintained. The Welsh Government's 'People's Experience Framework' (the Framework - previously known as the 'Framework for Assuring Service User Experience') was updated in 2024 to reflect changes in service provision following the Covid-19 pandemic, incorporate recent legislative developments, and broaden its scope to be more inclusive beyond traditional definitions of patient and service user. This updated Framework came into effect on 1 April 2025 and includes a comprehensive set of tools and measures designed to evaluate and improve the quality of health services across Wales.

The Health Board demonstrates commitment to patient experience through established processes and governance forums. However, improvements are needed to formalise strategic intent, strengthen consistency in data collection and analysis at Clinical Care Group level, and enhance system functionality and engagement. Implementing the agreed actions will support alignment with national expectations and continuous improvement.

The audit is taking place during a transitional year, and future developments will be shaped by national directives and internal restructuring. While some current processes are manual and fragmented, we are advised that strategic improvements are planned, guided by the new People's Experience Framework and local self-assessment.

We have concluded **Reasonable** assurance on this area. The matters requiring management attention, to strengthen existing arrangements and support continuous improvement, include:

- The Improving People and Community Experience Charter requires updating to reflect the new Peoples Experience Framework, which recommends that all NHS organisations have in place a People's Experience Strategy. A self-assessment tool to guide the refresh has been developed but is yet to be distributed to services for completion. There are no timelines in place for completion of these tasks.
- There is variation in Civica system engagement at service level and no means of assessing the extent to which the system is used to monitor feedback.
- Some system functionality, including poor feedback escalation protocols and action logging, is not utilised by the Health Board. Whilst there are examples of where feedback is used to drive improvement, there is no mechanism for gaining Health Board-wide assurance that action is taken, where appropriate, in response to feedback.
- Whilst there is demonstrable evidence of analysis of patient experience feedback and triangulation with concerns data at a corporate level (and reported to Board). However, there is limited evidence to demonstrate analysis and discussion of patient experience data (over and above Patient Story) at CCG/CSG level.
- Responsibilities and expectations on services in relation to interpreting and acting upon patient experience feedback are not clearly defined.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. We have also highlighted the following opportunities for enhancement:

- Ensuring that more compliments are captured within Civica and shared to provide a balanced view of patient experience
- The format and content of the Improving People and Community Experience report varies, and whilst in some cases this is appropriate, there is opportunity to standardise reporting to ensure consistent and concise reporting, which may be more informative for the reader for example by enabling comparison with previous periods.

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

		Related Findings	Assurance
1	The Health Board has a patient experience strategy in place, detailing its commitment and approach to listening and learning from patient experience	1	Reasonable
2	Appropriate mechanisms and resources are in place for the collation and analysis of patient experience, with the identification of trends and themes and the triangulation to other types of data including complaints, concerns and incidents	2, 3, 4	Reasonable
3	Feedback is used to inform and drive improvement throughout the organisation, with evidence of action taken to address identified issues and share good practice	5	Reasonable
4	Patient experience is monitored and reported to the Board (or appropriate sub-committee) to provide assurance that the key components of the service user experience are being assessed, and that action is taken to deliver improvements	4	Reasonable

Management Actions

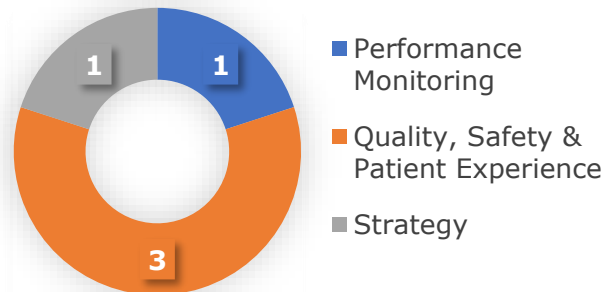


High Priority



Medium Priority

Themes



Risk Types

Quality or Safety Issues
Public Perception & Reputational Risk

Findings & Agreed Action Plan

Objective 1: The Health Board has a patient experience strategy in place, detailing its commitment and approach to listening and learning from patient experience

Reasonable

The Health Board has an *Improving People and Community Experience Charter* approved by the Board in March 2024. The document, developed in alignment with the previous Welsh Government 'Framework for Assuring Service User Experience', is aligned to strategic objectives and clearly sets out what patients can expect when using Health Board services and receiving care. The Charter is yet to be refreshed in light of the new 'Peoples Experience Framework' which came into effect in April 2025 and recommends that all NHS Wales organisations have in a place a People's Experience Strategy. **[Finding 1]**

The Framework recommends that all NHS Wales bodies complete a local self-assessment RAG rating score for each element of the framework as a basis for local quality improvements. This is yet to be completed. **[Finding 1]**

Nevertheless, our review has found that existing patient experience arrangements demonstrate alignment with several key elements of the new Framework, including the consistent use of the national core question set and All-Wales scoring structure in surveys issued through Civica.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Peoples Experience Framework: The Peoples Experience Strategy</p> <p>The <i>Improving People and Community Experience Charter</i> requires updating to reflect the new People's Experience Framework (2025), which recommends that all NHS Wales organisations have in place People's Experience Strategy.</p> <p>Whilst the Charter outlines what patients can expect when using Health Board services, a strategically endorsed document would provide a structured plan and set measurable objectives to enable the Health Board to drive improvements and monitor progress in achieving these.</p> <p>The Health Board has developed a self-assessment tool which has been endorsed by the <i>Listening & Learning Sub-Committee</i> but this is yet to be distributed for completion at service level (in part due to the recent operational restructure).</p> <p>Theme: Strategy</p>	<p>Without a structured and strategic approach to understanding and improving patient experience, the Health Board may miss valuable insights into how care is perceived and delivered. This could limit opportunities for learning, improvement, and responsiveness to service patient needs.</p> <p style="text-align: center;">Medium Priority</p> <p>Control Design</p>	<p>Agreed Action:</p> <p>The self-assessment tool will be distributed to CCGs for completion at service level and the outcome used to inform the refresh of the Charter and set the patient experience workplan for the Health Board.</p> <p>As part of the refresh, we will consider the merits of replacing the Charter with a formal strategy. Regardless, we will ensure that the revised document satisfies the requirements of the new Framework and it will be strategically endorsed.</p> <p>A workplan will be developed to support delivery of the refreshed Charter/Strategy, these will be replicated at CCG level</p> <p>Expected Evidence of Implementation:</p> <p>Dissemination of self-assessment tool to CCGs. Updated Charter/Strategy to reflect the new Framework, approved by Board.</p> <p>Officer: Jeff Bowen, Head of Patient Experience</p> <p>Target Implementation Date: CCG dissemination - 31 January 2026. Charter refresh - 30 June 2026 (<i>engagement and coproduction will be required following self assessment analysis and prioritisation process</i>)</p>

Objective 2: Appropriate mechanisms and resources are in place for the collation and analysis of patient experience, with the identification of trends and themes and the triangulation to other types of data including complaints, concerns and incidents

Reasonable

The Health Board utilises the Civica system, a 'once for Wales' digital platform designed to collect and analyse real-time feedback from patients, relatives and service users. The system develops and presents surveys for service users, using multiple contact methods including SMS, interactive voice recognition (IVR) and web tools.

Cursory review of the Civica user access list found generally good coverage across CCGs, although some gaps were evident. Civica offers ad hoc and push reporting, and bespoke dashboards although the onus is on individual service areas to engage with the system and tailor it to their requirements, with the support of the Patient Experience Team where necessary. Whilst this encourages ownership and accountability at service level, there is no way of determining the extent to which service areas use the system and we were unable to confirm which areas are in receipt of regular push reports. Services we spoke with during the review also demonstrated variation in system engagement and use of patient experience data. **[Finding 3]**

The system also has automated escalation protocols for poor/negative feedback however, these are not currently in use in Hywel Dda. **[Finding 2]**

Whilst patient story is a standing agenda item for the Clinical Care/Service Group *Integrated Governance Group (Quality Health & Safety)* meetings, review of papers identified limited evidence to demonstrate analysis and discussion of patient experience data at CCG/CSG level. Older Adults MHL D CSG was an exception to this, with evidence of Civica reports presented at IGG meetings. Paediatrics also demonstrated patient experience data presented at IGG. **[Finding 4]**

Conversely, there is demonstrable evidence of analysis of patient experience data and triangulation with concerns data at a corporate level, at the *Listening & Learning Sub-Committee* and within the *Improving People Experience* reports presented to the *Quality, Safety & Experience Committee* and the *Board*. This is covered in more detail under Objective 4.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Civica System Functionality</p> <p>Civica has automated escalation protocols for notification and escalation of poor/negative feedback received. Whilst this functionality is used in other NHS Wales organisations, it is not currently in use in Hywel Dda.</p> <p>Civica also has functionality to capture follow-up actions and outcomes through its Action Log feature, which is designed to support progress tracking and accountability. This tool enables the recording of actions arising from feedback and assigns responsibility to relevant staff or departments, and monitors completion status and deadlines, thereby enhancing management oversight. This functionality is not in use in Hywel Dda.</p>	<p>Poor or very poor feedback not being acted on promptly.</p> <p>Limited evidence to demonstrate learning and action taken in response to patient feedback.</p> <p style="text-align: center;">Medium Priority</p>	<p>Agreed Action:</p> <p>The benefits of using the real-time alerts function for poor and very poor feedback will be explored and a decision taken as to whether this will be implemented within Hywel Dda.</p> <p>We will pilot use of the action logging functionality within Outpatient Services by the end of March 2026, with a view to wider implementation across the whole Health Board by December 2026 if this proves successful. Consideration will be given to how this aligns with other systems such as Datix for the purposes of triangulation and overall improvement planning.</p> <p>Expected Evidence of Implementation:</p> <p>Escalation protocol and action logging functionalities implemented throughout the Health Board (or rationale to support consideration of benefits and decision not to implement).</p> <p>Officer: Jeff Bowen, Head of Patient Experience</p>

	Theme: Quality, Safety & Patient Experience	Control Design	Target Implementation Date: 1 April 2026
3	<p>Civica System Engagement</p> <p>There are no Civica users within the Estates & Facilities Service Group.</p> <p>It is not possible to assess system use at service level and we were unable to confirm which areas are in receipt of push reports.</p> <p>Service areas spoken with during the review demonstrated variation in system engagement. Engagement with and use of the system at service level varies.</p> <p><i>See Also Key Finding 5</i></p>	Feedback is not analysed and acted upon, or used to inform learning and service improvements.	<p>Agreed Action:</p> <p>Civica user access list will be reviewed to identify and address any gaps in service coverage.</p> <p>Standard push reports will be established for all service areas to ensure consistency. 'How to' guides will be developed to support service areas in engaging with and building confidence in using the system more efficiently and effectively, including establishing bespoke dashboards and reports.</p> <p>Expected Evidence of Implementation:</p> <p>Evidence (e.g. emails, system settings/parameters confirming that push reports are issued to all service areas on a regular basis.</p> <p>Guidance documents developed and communicated with Clinical Care/Service Groups.</p>
		Medium Priority	Officer: Jeff Bowen, Head of Patient Experience
	Theme: Quality, Safety & Patient Experience	Control Design	Target Implementation Date: 1 April 2026
4	<p>Governance</p> <p>Whilst patient story is a standing agenda item for IGG QHS meetings, patient experience data including themes and trends is not. Only two of the service areas reviewed demonstrated reporting of patient experience data at their respective IGGs, this included identification of themes and trends and triangulation with concerns/incidents data.</p>	Feedback is not analysed and acted upon, or used to inform learning and service improvements.	<p>Agreed Action:</p> <p>Patient experience will be incorporated into the Concerns element of the QHS agenda to ensure triangulation with concerns data and identification of key themes and trends.</p> <p>Expected Evidence of Implementation:</p> <p>Updated QHS agenda and evidence of communication with CCG/CSGs.</p> <p>CCG/CSG meetings evidencing review of patient experience data and triangulation with other concerns data.</p>
		Medium Priority	Officer: Gareth Rees - Deputy Director of Operations (to update master agenda template) / CCG Directors (to implement within respective CCGs)
	Theme: Performance Monitoring	Control Operation	Target Implementation Date: 1 April 2026

Objective 3: Feedback is used to inform and drive improvement throughout the organisation, with evidence of action taken to address identified issues and share good practice

Reasonable

Responsibility for interpreting and acting upon patient experience feedback rests with individual services although roles, responsibilities and expectations in this regard are not clearly defined. **[Finding 5]**

Civica has functionality to record and track actions in response to feedback although this is not currently used. Consequently, there is no mechanism in place for gaining Health Board-wide assurance that action is taken, where appropriate, in response to feedback. **[Finding 2]**

Nevertheless, there are examples of evidence that feedback is being used to drive improvement:

- The Health Board's *You Said We Did* initiative shares action taken in response to feedback received – this is shared on notice boards, the intranet page and reported to the Board
- The Big Thank You shares positive patient experience and feedback
- The Listening & Learning Sub-Committee established a working group to address communication issues – a key theme in negative feedback
- Patient Stories concluding with the learning and action taken

Compliments received via cards, e-mails, letters and gifts can be uploaded to Civica and shared with wider team members during meetings as well as up to Board level. It was noted that not all service areas consistently upload or share compliments received. Ensuring that positive feedback is captured and communicated could enhance staff morale, support service improvement and provide a more balanced view of patient experience.

Key Findings	Risk & Impact	Agreed Management Action
<p>5 Clarity of Expectations of Service Areas in Managing Patient Experience Data</p> <p>Responsibility for interpreting and acting upon patient experience feedback rests with individual services. Roles and responsibilities in this regard are not clearly defined - there is no guidance on expected actions from service areas, and nothing setting out how service areas will analyse, action and use feedback to inform service improvements.</p>	<p>Feedback is not analysed and acted upon, or used to inform learning and service improvements.</p> <p style="text-align: center;">High Priority</p>	<p>Agreed Action:</p> <p>Roles, responsibilities and expectations will be documented in guidance.</p> <p>As part of the self-assessment process, service areas will be required to develop plans setting out their commitment and local arrangements for ensuring and demonstrating that feedback is analysed, acted on and used to drive improvement.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Document setting out roles, responsibilities and expectations of CCG/CSGs.</p> <p>CCG/CSG level patient experience plans.</p> <hr/> <p>Officer: Jeff Bowen, Head of Patient Experience</p> <p>Target Implementation Date:</p> <p>Document outlining roles and responsibilities – 1 March 2026</p>

Objective 4: Patient experience is monitored and reported to the Board (or appropriate sub-committee) to provide assurance that the key components of the service user experience are being assessed, and that action is taken to deliver improvements

Reasonable

Civica is the primary mechanism for capturing and monitoring patient experience data. A total of 3,969 patient feedback responses were collected via Civica in October 2025. 23,788 targeted contacts (surveys sent via SMS, IVR and email) were made during the month and 3650 responses were received representing a response rate of 15.34%. During the same period, 319 passive responses (completed surveys collected via all other delivery methods such as QR codes, paper surveys and survey links) were received.

The governance structure demonstrates commitment to transparency and oversight. The *Listening and Learning Sub-Committee (LLSC)* operates as a multi-professional forum, enabling the identification and scrutiny of learning from concerns and good practice. Patient experience is also reported to the *Quality, Safety & Experience Committee (QSEC)* via the *Quality Assurance Report* and the *Improving People and Community Experience* report which provides statistical analysis, themes, and priority actions for monitoring improvements. The same report is also presented to *Board*.

These reports highlight the mechanisms in place for capturing and collating feedback, summary of response rates and positive responses, analysis of themes and trends and triangulation with concerns data (incidents, complaints, claims). The format and content of reports varies, and whilst in some cases this is appropriate, there is opportunity to standardise reporting to ensure consistency and more concise reporting, enabling comparison with previous periods.

As highlighted in Objective 1, whilst patient story is a standing agenda item for the Clinical Care/Service Group *Integrated Governance Group (Quality Health & Safety)* meetings, review of papers identified limited evidence to demonstrate analysis and discussion of patient experience data at CCG/CSG level. Older Adults MHL D CSG was an exception to this, with evidence of Civica reports presented at IGG meetings. Paediatrics also demonstrated patient experience data presented at IGG. **[Finding 4]**

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

