

# Patient Experience Final Internal Audit Report

March 2023

Hywel Dda University Health Board

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### Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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## Executive Summary

### Purpose

The purpose of the audit is to review arrangements improving patient experience and utilising feedback.

### Overview

The Health Board has an approved Charter for Improving Patient Experience and there is demonstrable evidence of active engagement with patients and carers to seek their feedback about current experiences and future needs.

Appropriate governance structures are in place for the monitoring and reporting of patient feedback, with reports to Health Board demonstrating that action is taken to drive improvement in response to feedback received.

We identified two medium priority matters arising relating to:

- The Charter has not been formally launched, publicised or communicated to patients and the general public;
- Full implementation and training for the CIVICA patient experience system

We have concluded **Reasonable** assurance overall.

Full details of all matters arising and associated recommendations are provided at Appendix A on page 10.

### Report Opinion



Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved

Trend



2020/21

### Assurance summary<sup>1</sup>

Objectives	Assurance
1 Charter for Improving Patient Experience has been implemented.	Reasonable
2 Appropriate mechanisms and resources are in place for the collation and analysis of patient feedback.	Reasonable
3 Feedback is used to inform and drive improvement throughout the organisation.	Substantial
4 Patient experience is monitored and reported to the Health Board.	Substantial

<sup>1</sup>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

### Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Patient Experience Charter	Design and Operation	Medium
2	CIVICA System Training & Implementation	Design	Medium

## 1. Introduction

- 1.1 Patients have the right to experience respectful and professional care, in a considerate and supportive environment, where their privacy is protected, and dignity maintained.
- 1.2 Patient experience is a key priority for the Health Board, with consideration given to the potential impact of principal risks on patient experience demonstrated throughout the Board Assurance Framework (BAF). Risk 1184 is concerned with measuring how the Health Board improves patient and workforce experience, specifically the extent to which transformational changes are improving patient experience. The BAF identifies mitigating controls in place including the development and implementation of the 'improving the use of feedback across the organisation group' and the CIVICA patient feedback system.
- 1.3 In accordance with the Health Board's Quality Improvement Strategic Framework and the All-Wales Framework for Assuring Service User Feedback, the Health Board is required to develop improved real-time feedback mechanisms for patients and other users of services regarding their experiences of care, as well as a wide range of other mechanisms to receive and respond to feedback.
- 1.4 The Charter for Improving Patient Experience was approved by the Health Board during January 2020. Implementation of the Charter has been slow due to the pandemic but is gradually building momentum. The objective of the Charter is to inform the Health Board's patient experience programme, individual service plans for patient experience, and the integration of patient experience feedback into service planning and improvement. The Charter sets out clearly what patients, families and carers can expect when receiving services from the Health Board.
- 1.5 Potential risks considered in the review where patient feedback is not captured, reviewed or acted on, potentially resulting in:
  - reputational damage due to negative patient experiences; and
  - harm to patients.

## 2. Detailed Audit Findings

### Objective 1: The Charter for Improving Patient Experience has been implemented throughout the Health Board

- 2.1 The Health Board developed and approved its *Charter for Improving Patient Experience* ("the Charter") in January 2020. The Charter sets out what patients can expect when using their services and receiving care. The aim is for everyone using their services to have a good experience every time and for all patients to feel listened to, respected, understood, and fully involved in their health care.
- 2.2 Patients, staff and communities have informed the Health Board about what matters to them when receiving health care and what would create a good experience. This has helped develop the following promises in the charter that are referred to as the 'always experiences':

WE WILL ALWAYS:
Treat you with dignity, respect and kindness.
Communicate with you in a way which meets your individual, language and communication needs.
Keep you informed and involved in decisions about your health and care services, and take into account your wishes and needs.
Provide safe and effective care, in the most appropriate and clean environment.
Ensure that your information is kept secure and confidential.
Support and encourage you to share your experiences of health care, both good and bad, to help us improve the way we do things.

Source: *A Charter for Improving Patient Experience (your health care, your expectations, our pledge)*

- 2.3 The Charter has been introduced to staff across the Health Board as part of patient experience training, with staff engaged via the Staff Partnership Forum and the nursing conference.
- 2.4 During the COVID pandemic, the decision was taken to not actively promote the Charter and pledges to the public at a time when Health Board services and staff were operating under unprecedented pressure. The Charter is however accessible to the general public via the Health Board internet and forms part of the Improving Patient Experience Reports presented at Health Board meetings. The intention is to review the Charter later this year to ensure the pledges remain relevant and realistic before formally launching and publicising it outside of the organisation.

#### **[Matter Arising 1]**

#### Conclusion:

- 2.5 Whilst the Health Board has a Charter for Improving Patient Experience which is available in the public domain and features in staff training, it has not been formally launched or actively publicised. We have therefore concluded **Reasonable** assurance for this objective.

## Objective 2: Appropriate mechanisms and resources are in place for the collation and analysis of patient feedback, with the identification of trends and themes

### Patient Feedback System

- 2.6 CIVICA is a new system being rolled out across NHS Wales as a 'once for Wales' patient experience system. The system was implemented in Hywel Dda in September 2021, initially with basic functionality to capture and review real-time patient feedback, with additional features for automated analysis and the identification of themes and trends expected to be available by November 2023. There is no formal plan to support delivery and achievement of this. **[Matter Arising 2]**
- 2.7 At the time of audit, training on the basic system functionality had been provided to 166 of the 935 staff identified in the project initiation document as requiring training, with further sessions scheduled for March and April 2023.
- 2.8 We conducted a mini survey of 129 trained users to gauge competency in using the CIVICA system, with 37 responses received:
- 24% of the respondents stated that they had not received CIVICA training;
  - most respondents access the system to review patient feedback monthly, however 24% have never accessed the system; and
  - 19% of respondents described their knowledge and understanding of the system as 'poor - training required', whilst a further 51% described it as 'ok - further training would be beneficial'.

### [Matter Arising 2]

### Sources of Patient Feedback

- 2.9 Patient and service user experience feedback is received into the Health Board through a variety of routes, all feeding in to either the CIVICA or Datix system:



- 2.10 The Patient Support Services (Feedback and Complaints) webpage offers a range of feedback options including email, an online form, freepost address or a dedicated helpline.
- 2.11 The 'Your NHS Wales Experience' survey is based on a national set of core service user experience questions, and is complemented by the Health Board's own service specific surveys. Surveys are conducted via CIVICA and can be accessed via QR

codes displayed at Health Board sites. 391 patients completed the 'Your NHS Wales Experience' survey in October and November 2022, with a 92.24% positive rating<sup>1</sup>.

- 2.12 The Friends & Family Test automatically contacts patients via SMS within 48 hours of attending an appointment or being discharged from hospital, using information from the WPAS. Patients are asked to rate their overall experience (very poor to very good). During October and November 2022, 33,281 invitations to provide feedback were issued to patients, with 4,407 responses received and 93.1% of responders providing a positive rating<sup>1</sup>.
- 2.13 Patient and carer stories provide a human perspective for the evaluation of services through improving the understanding of their experiences, both positive and negative. They feature in the directorate Quality, Safety & Experience Groups (QSEGs) and Improving Patient Experience Reports to Board, which are covered in more detail under objectives 3 & 4.
- 2.14 Bilingual material inviting users to provide feedback is available through the mediums of English and Welsh. We were advised that options for improving accessibility for those who are visually and/or hearing impaired are being explored on a national basis.

#### Analysis & Reporting of Patient Feedback

- 2.15 Individuals with CIVICA system access are able to access and review feedback relating to their areas. The Patient Experience Team also produce reports from CIVICA providing a breakdown of feedback received for each ward/service area. The reports are reviewed and analysed locally and action taken where required – see objective 3 for further detail.
- 2.16 The Health Board has a mandated terms of reference and agenda for directorate *Quality, Safety & Experience Groups* (QSEG) which includes a section dedicated to patient experience with consideration of patient stories, observations of patient care and triangulation with incidents and concerns data. The Patient Experience Team have recently started producing an Improving Patient Experience Report for directorate QSEGs and we sighted recent examples for the four acute sites. These reports include patient stories, analysis of results from the Friends & Family Test and examples of both positive and constructive feedback received.
- 2.17 The Patient Experience Team also extract feedback from CIVICA to feed into the Improving Patient Experience reports presented at Health Board meetings – see objective 4 for further detail.

#### Conclusion:

- 2.18 The Health Board has numerous mechanisms for pursuing and collating patient feedback, with reports provided to wards/service areas for review and action, and an overview feeding into the Improving Patient Experience report to Board. Full implementation of the CIVICA system and associated training is ongoing so the system is not yet being used to its full potential. The results of our mini-survey

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<sup>1</sup> Source: Improving Patient Experience Report presented to the Health Board, 26 January 2023



also question the effectiveness of training provided. Accordingly, we concluded **Reasonable** assurance for this objective.

### 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

2.19 As part of our audit fieldwork, several meetings were undertaken with various members of staff across the Health Board, including Paediatrics, Infection Prevention, Microbiology, Nursing & Quality Improvement, Mental Health and Learning Disabilities, Family Liaison, Improvement and Transformation and Partnership, Diversity & Inclusion. It was evident that patient feedback is actively monitored, reviewed and acted upon, with numerous examples of action taken to improve service user experience, including:

Allergy Anaphylactic EQliP Project and wellbeing kit to raise awareness of allergies and anaphylaxis

Sensory ethnography review of a patient journey to better understand and improve the experience of the hearing impaired, including new patient information materials which have been accepted into the BMJ Patient Safety Conference

Patient information materials relating to e-coli

Use of "you said, we did" boards across hospital sites

Establishment of a new working group with patient and carer representation to focus on making Health Board sites more dementia-friendly

Appointment of a new Specialist Palliative Care Clinical Nurse Specialist to increase capacity to support end of life care

2.20 Details of action taken in response to patient feedback are included in the Improving Patient Experience reports presented to Health Board – further details are provided under objective 4. We sampled actions taken in response to user feedback, as reported in the Improving Patient Experience report to Board and successfully verified to evidence of implementation.

2.21 The Head of Patient Experience is joint Chair of the all-Wales Safety & Learning Network Service User Feedback Group where NHS Wales organisations share patient feedback and best practice.

#### Conclusion:

2.22 We have concluded **Substantial** assurance for this objective.

### Objective 4: Patient experience is monitored and reported to the Health Board (or appropriate sub-committee) and to all staff

2.23 The *Engagement & Experience Group* (EEG) was formed in September 2022 as a sub-group of the Listening & Learning Committee. The aim is to facilitate the triangulation of feedback from all sources of engagement with public, patients and staff, to ensure that the work of the Health Board is informed and influenced by



the views and perspectives of all stakeholders. Meetings will be bi-monthly recommencing in April 2023 following the land consultation for the new hospital.

- 2.24 The *Listening & Learning Sub-Committee* (LLSC) provides clinical teams across the Health Board with a forum to share and scrutinise learning from concerns arising from sources including patient feedback and to share innovation and good practice. The Head of Patient Experience presents a report identifying emerging trends and themes at the bi-monthly meetings. The LLSC reports to the Quality, Safety & Experience Committee of the Board.
- 2.25 An Improving Patient Experience report is presented at each *Health Board* meeting and sets out the feedback received from patients, carers and families, and actions taken to make improvements. The report is structured by theme and triangulates feedback from the Your NHS Wales Experience Survey, concerns and compliments, identifying specific examples of lessons learned and action taken in the form of 'you said, we did'.

#### Improving Patient Experience Report – Themes

- Dignity, respect and kindness
- Communication
- Keeping people informed and involved and taking account of their wishes and needs
- Safe and effective care, in an appropriate and clean environment

- 2.26 The Integrated Performance Assurance Report (IPAR) presented at each Health Board meeting also features a number of patient experience related metrics to measure achievement of the organisations strategic objectives including:

Strategic Objective	Metric (Patients)	Actual (Dec 2022)	Target
1: Putting people at the heart of everything we do	Overall patient experience score	94.1%	90%
	I am treated with dignity, respect and kindness	85.6%	80%
	I am listened to	78.3%	80%
	I was involved in decisions about my care	81.6%	80%
	I am supported to share my experience of care	81.6%	90%
2: Working together to be the best we can be	I felt safe and well cared for	80%	85%
	I was given all the information needed to meet my communication needs	89.5%	90%
3: Striving to deliver & develop excellent services	Number accessing the patient experience system	423	200
	Things were explained to me in a way I could understand	84.3%	85%

#### Conclusion:

- 2.27 We have concluded **Substantial** assurance for this objective.

## Appendix A: Management Action Plan

Matter Arising 1: Patient Experience Charter (Design and Operation)		Impact	
<p>The Charter for Improving Patient Experience has not been formally communicated to patients and the general public, although it is accessible to members of the public via the Health Board internet and Health Board meetings. We understand that the intention is to review the Charter later this year to ensure the pledges remain relevant and realistic before formally launching and publicising it outside of the organisation.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• Reputational damage due to negative patient experiences</li> <li>• Harm to patients</li> </ul>	
Recommendations		Priority	
1.1	Establish a plan for review and formal launch of the Charter for Improving Patient Experience.	<b>Medium</b>	
Agreed Management Action		Target Date	Responsible Officer
1.1	The formal plan for review and launch of the Charter for Improving Experience will be presented to the Listening and Learning Sub-Committee	31 May 2023	Assistant Director (Legal & Patient Support) / Head of Patient Experience

Matter Arising 2: CIVICA System Training & Implementation (Design)		Impact	
<p>The CIVICA system was implemented in Hywel Dda in September 2021, initially with basic functionality to capture and review real-time patient feedback, with additional features for automated analysis and the identification of themes and trends expected to be available by November 2023. There is no formal plan to support delivery and achievement of this.</p> <p>At the time of audit training on the basic system functionality had been provided to 166 of the 935 staff identified in the project initiation document as requiring training. A mini-survey of trained users identified that further training is required, and a number of users have never accessed the system.</p>		<p>Patient feedback is not reviewed or used to drive improvement, potentially resulting in negative patient experience, patient harm and reputational damage.</p>	
Recommendations		Priority	
2.1a	Develop a system implementation and training plan to ensure timely and controlled rollout of full system functionality, and ensure all required staff are appropriately trained in using the system.	<b>Medium</b>	
2.1b	Monitor system use and engage with users to identify and address any additional training needs.		
Agreed Management Action		Target Date	Responsible Officer
3.1a	Training dates continue to be offered via the global system and direct communication with the service leads. Accounts will only be activated once the training has been undertaken with the relevant staff members. Initial training is aimed at awareness and basic operation of the system to access feedback. Further training will be targeted to individual teams to operate the enhanced features of the system once the team is regularly accessing feedback. Support and assistance will be available from the patient experience team throughout. System Implementation Plan progress updates will be provided as part of a standing agenda item to Listening and Learning Sub-Committee. Exception reporting of any issues preventing full implementation will be escalated to QSEC/OQSEC.	31 May 2023	Assistant Director (Legal & Patient Support) / Head of Patient Experience

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3.1b	<p>A report of the training attendance and user accounts will be made available as part of the assurance report on the implementation plan.</p> <p>Service area usage of the system will also be reported to Triumvirate Teams and will be a key performance measure to success of the system.</p>	<p>31 May 2023</p> <p>31 July 2023</p>	<p>Assistant Director (Legal &amp; Patient Support) / Head of Patient Experience</p>
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## Appendix B: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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