Hywel Dda University Health Board

Patient Experience

Final Internal Audit Report

April 2021

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services

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Review reference:	HDUHB-2021-18
Report status:	Final Internal Audit Report
Fieldwork commencement:	20th January 2021
Fieldwork completion:	15th March 2021
Draft report issued:	19th March 2021
Management response received:	8th April 2021
Final report issued:	8th April 2021
Auditor:	Ceri-Ann Corcoran
Executive sign off:	Mandy Rayani, Director of Nursing, Quality & Patient Experience
Distribution:	Louise O'Connor, Assistant Director (Patient Experience and Legal Services)
Committee:	Audit & Risk Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENT
NHS Wales Audit & 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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1. Introduction and Background

The review of Patient Experience was completed in line with the Hywel Dda University Health Board Internal Audit Plan for 2020/21. The relevant lead Executive Director for this review was the Director of Nursing, Quality & Patient Experience.

2. Scope and Objectives

The overall objective of the review was to evaluate and determine the adequacy of patient experience arrangements in place within the Health Board, in order to provide assurance to the Audit & Risk Assurance Committee that risks material to the achievement of the system's objectives are managed appropriately.

The purpose of the review was to establish whether clear and appropriate arrangements are in place to capture and address patient experience feedback.

The areas that the review sought to provide assurance on were:

- A Charter for improving patient experience has been developed in line with the Quality Improvement Strategic Framework and formally approved by the Health Board; and
- The management and collation of patient experiences, including trends and implemented actions, are regularly reported to the Health Board.

3. Associated Risks

The potential risks considered in the review were as follows:

- Strategic quality improvement objectives, including the lack of a designated Charter document, have not been implemented; and
- Inconsistent reporting of patient experience feedback and trends to the Health Board.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Patient Experience is **Reasonable** assurance.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

Overall the controls in place to manage the risks associated with the systems and processes tested within the review were of a reasonable standard.

The audit concluded that patient and service user feedback was being sourced through a number of channels and was regularly reported through identified sub-committees to the Health Board. The *Improving Patient Experience* reports were detailed in their coverage of patient feedback and the action taken to mitigate identified issues and risks.

We also noted the proactive response by the Health Board in ensuring patient experience is captured and address in acute, community and field hospital settings during the Covid-19 pandemic through the introduction of family liaison officers.

A Patient Experience Charter was developed and approved by the Health Board in January 2020. However, due to the impact of the Covid-19 pandemic a rollout of the charter was paused. One high priority finding was raised in regard of

ensuring preparations and the implementation of the Charter is undertaken in 2021.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Audit Objective		Assurance Summary*			
					
1	A Charter for improving patient experience has been developed in line with the Quality Improvement Strategic Framework and formally approved by the Health Board			✓	
2	The management and collation of patient experiences, including trends and implemented actions, are regularly reported to the Health Board				✓

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

Design of Systems/Controls

The findings from the review have highlighted no issues that are classified as weaknesses in the system control/design for the requirements of Patient Experience.

Operation of System/Controls

The findings from the review have highlighted **two** issues that are classified as weaknesses in the operation of the designed system/control for compliance with the requirements of Patient Experience. These were identified in the Management Action Plan as (O).

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan at Appendix A.

OBJECTIVE 1: A Charter for improving patient experience has been developed in line with the Quality Improvement Strategic Framework and formally approved by the Health Board

In accordance with the Board's Quality Improvement Strategic Framework, and the All Wales Framework for Assuring Service User Feedback, the Health Board was 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.

In February 2019, the Board agreed that the Health Board's current Patient Experience Strategy, which was developed in 2014, would be replaced by a Patient Experience Charter with a supporting work programme and toolkit for staff that sets out clearly what patients, families and carers the standards and expectations of the Health Board in relation to patient experience.

To facilitate the development of the Patient Experience Charter a consultation process took place with patients, communities and a wide range of stakeholders through the Stakeholder Reference Group and Health Care Professionals Forum between February and April 2019.

The Patient Experience Charter document was submitted and approved by the Health Board at the Public Board meeting in January 2020. However, due to the impact of the Covid-19 pandemic in March 2020 and the engagement required with staff in wards and departments to ensure the implementation of the new organisational patient experience requirements, the Charter has not yet been rolled out across the organisation.

A review was undertaken by Internal Audit and confirmed key components of the quality improvement goals for patients, service users, their families and carers, and staff in line with the Quality Improvement Strategic Framework was reflected in the Patient Experience Charter.

See Finding 1 of Appendix A.

OBJECTIVE 2: The management and collation of patient experiences, including trends and implemented actions, are regularly reported to the Health Board

Currently, patient and service user feedback is received into the Health Board through a variety of routes, including:

- Friend and Family Test;

- Compliments (formal letters received by the Chief Executive, Chair and Big Thank You initiative);
- Concerns and complaints;
- Patient Advice and Liaison Service (PALS) feedback;
- Local surveys;
- All Wales NHS Survey; and
- Social media.

These sources were fed into the Improving Experience Sub-Committee (IESC) whose purpose was to provide assurance to the Quality, Safety & Experience Assurance Committee (QSEAC) in discharging its function to oversee and monitor the wider patient and staff experience agenda. The IESC would also present an annual report of the work and duties they had undertaken to the QSEAC. However, the IESC was stood down at the time of the QSEAC sub-committee review during 2020.

The Listening and Learning Sub-Committee (LLSC) was established in June 2020 and 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. A terms of reference was submitted and approved by the QSEAC in June 2020 and was under review at the time of fieldwork.

A review for the period June 2020 to February 2021 confirmed that the LLSC met on monthly basis and reported directly to QSEAC, with the exception to September 2020 and January 2021 that were cancelled due to Covid-19 work pressures.

In addition, the Health Board received an *Improving Patient Experience* report that summarises patient experience feedback and activity at every meeting for the period September 2020 to January 2021. The structure of the reports included patient stories feedback, formal and informal compliments, received complaints, patient feedback system (Friends and Family Test) and the All Wales Experience questionnaire.

Whilst the rollout of the Patient Experience Charter was delayed, we can confirm a positive contingency was implemented in the form of family liaison officers (FLOs). The first cohorts of FLOs commenced employment with the Health Board in June 2020 with the aim of supporting wards in the communication with relatives and patient experience activities. FLOs were operating in acute and community hospital wards in addition to the field hospitals within the locality. We can confirm the positive impact FLOs have had on patients and relatives through feedback included in the *Improving Patient Experience* reports submitted to the Board and via the social media channels.

Internal Audit reviewed a sample of *Improving Patient Experience* reports and can confirm that patient experience feedback coverage and the actions undertaken by the Health Board to mitigate issues and risks were detailed in the reports, including Covid-19 related issues. In addition, some elements included in the *Improving Patient Experience* report submitted in March 2021 have been aligned to the Patient Experience Charter.

See Finding 2 at Appendix A.

7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	**1**	**0**	**1**	**2**

Finding 1 – Patient Experience Charter (O)	Risk
Whilst the Patient Experience Charter had been approved by the Health Board in January 2020, the Charter has not been rolled out across the organisation due to the impact of the Covid-19 pandemic.	Strategic quality improvement objectives, including the lack of a designated Charter document, have not been implemented.
Recommendation 1	**Priority level**
Management should ensure that preparations for the rollout of the Patient Experience Charter is promptly implemented across the Health Board.	**HIGH**
Management Response	**Responsible Officer/ Deadline**
A revised plan for the implementation of the Improving Patient Experience Charter for 2021 to 2023 is currently being finalised and will be reviewed by the Listening and Learning Sub-Committee at the meeting in May. The roll out of the Charter and monitoring framework will be undertaken as part of the training of the new Civica patient experience system. Immediate priorities will be ensuring the new Civica system is designed to report and capture feedback on the new performance measures; integrating the measures into the HB's performance management system; ensuring the charter requirements are embedded into the workforce and OD and staff development programmes and agreeing a communications plan for public and staff awareness.	Assistant Director (Patient Experience and Legal Services) 31st May 2021 (Improving Experience Sub-Committee with bi-monthly updates thereafter and reports to QSEAC/Board as part of the improving experience report)

Finding 2 – Frequency of Meetings (O)	Risk
The Learning and Listening Sub-Committee terms of reference states that the meetings should be undertaken on a monthly basis. A review of the period June 2020 to February 2021 noted that two meetings had not been held in September 2020 and January 2021 due to Covid-19 work pressures.	Inconsistent reporting of patient experience feedback and trends to the Health Board.
Recommendation 2	**Priority level**
Management should ensure the frequency of Listening and Learning Sub-Committee meetings are held on a monthly basis in line with the approved terms of reference.	**LOW**
Management Response	**Responsible Officer/ Deadline**
A schedule of monthly meetings has been agreed with calendar invitations sent out. The terms of reference will be subject to ongoing review and the members are currently evaluating progress, to inform this review. The quoracy for the meeting is five members, including the Chair; therefore it is not envisaged that there will be a time when quoracy will not be achieved.	Assistant Director (Patient Experience and Legal Services) 31st May 2021 (Review of terms of reference for discussion at the May 2021 meeting of the Listening and Learning Sub-Committee.)

Appendix B - Assurance Opinion and Action Plan Risk Rating

2020/21 Audit Assurance Ratings


Substantial Assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.


Reasonable Assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.


Limited Assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.


No Assurance - The Board has **no assurance** arrangements in place to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

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

Office details: St Brides
St David's Park
Carmarthen
Carmarthenshire
SA31 3HB

Contact details: 01267 239780 – james.johns@wales.nhs.uk