

# Patient Experience

## Final Internal Audit Report

2025/26

Swansea Bay University Health Board



Reasonable Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SBU-2526-10

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# Executive Summary

## Purpose

To review the arrangements and processes in place within Swansea Bay 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 has made progress in developing a revised Patient Experience Strategy to align with the new Framework. There are robust mechanisms in place for collecting and analysing patient experience data; to escalate urgent patient feedback; and for regular reporting of Patient Experience to the Board and relevant committees.

Whilst we have reviewed the mechanisms in place to obtain patient experience data in the health board, our audit has identified a lack of evidence to demonstrate the patient experience processes undertaken at a Service Group level; and the improvements and learning as a result of patient feedback received.

We have concluded reasonable assurance on this area. The matters requiring management attention, which could strengthen existing arrangements and support continuous improvement, include:

- Key timelines for the development and implementation of the revised Patient Experience Strategy remain unconfirmed. Timely delivery and continued oversight are needed to ensure alignment with the All-Wales People's Experience Framework.
- Roles and responsibilities of the Service Groups are not clearly defined in the Patient Experience Strategy. This may lead to inconsistent responses. Clarifying expectations and improving data triangulation would support a more coordinated and effective approach.
- No formal mechanism is in place to record or track actions taken in response to patient feedback. This limits traceability, assurance, and organisational learning. A similar finding was raised in our Learning from Incidents and Concerns report (SBU-2425-08, issued May 2025, reasonable assurance). Although Civica offers management features to support this, attempts to use them were unsuccessful due to inconsistent data entry by Service Groups.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## 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

	Objectives	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.	1,3	<b>Reasonable</b>
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	<b>Reasonable</b>
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.	3	<b>Reasonable</b>
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.	-	<b>Reasonable</b>

### Management Actions

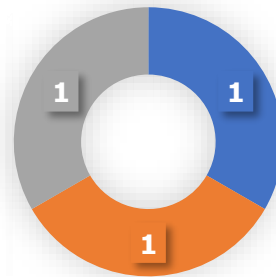


High Priority



Medium Priority

### Themes



■ Governance

■ Lessons Learnt

■ Strategy

### Risk Types

Public Perception & Reputational Risk

Quality or Safety Issues

# 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**

## Overview / Summary of Observations

The health board has an existing Patient Experience Strategy (2021–25), which was developed in alignment with the previous Welsh Government Framework (‘Framework for Assuring Service User Experience’). Work is being undertaken to refresh and align this strategy with the updated All Wales People’s Experience Framework, and to better reflect current arrangements and priorities. We acknowledge that significant preparatory work has been undertaken to develop a revised strategy; however, a timeline for its completion and formal approval has yet to be established (see **Key Finding 1**).

Although the revised strategy is still in development and could not be directly assessed against the new Framework, our review found that existing patient experience arrangements demonstrate alignment with several key elements. These include the consistent use of the national core question set and All-Wales scoring structure in surveys issued through Civica, the integration of national questions into locally requested surveys, and established processes for analysing patient experience data and capturing people’s stories. Additionally, the health board has initiated a local self-assessment against the framework, that lays the groundwork for future quality improvement.

These findings reflect a positive direction of travel and a clear commitment to improving patient experience. While further work is needed to formalise strategic intent, the operational practices in place provide a strong foundation for alignment with national expectations.

Due to the ongoing update of the Patient Experience Strategy, we were unable to obtain sufficient evidence to confirm whether the revised strategy clearly articulates the health board’s commitment to listening to and learning from patients’ experiences or outlines a defined approach for doing so (see **Key Finding 3**).

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Strategic Planning and Timelines for Patient Experience Strategy Development</b></p> <p>The People’s Experience Framework (2025) recommends that all NHS Wales organisations have a dedicated People’s Experience Strategy in place to ensure the prioritisation of people’s experiences.</p> <p>While the health board has made good progress in laying the groundwork for a revised Patient Experience Strategy, demonstrating a structured and considered approach, recognising the current stage of completion of the self-assessment, at the date of audit fieldwork, there are currently no confirmed timelines for several key activities related to its development.</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, service improvement, and</p>	<p><b>Agreed Action:</b></p> <p>Preparatory work is underway, including a self-assessment against the new national Framework.</p> <p>A new action plan will be produced within which roles will be clearly defined. Monitoring of progress against the action plan will be via reports to the Patient Experience Stakeholder Group/Management Board/Quality &amp; Safety Committee.</p> <hr/> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Meeting minutes from PSEG and Management Board / Q&amp;S Committee</li> <li>• Completed action plan</li> </ul>

	responsiveness to patient needs.	
	<b>Medium Priority</b>	<b>Officer:</b> Patient Feedback Manager & Patient Experience Manager <b>Target Implementation Date:</b> July 2026 ( <i>subject to receipt of further guidance post the AGM with the presentation of the Organisational Strategy</i> )
<b>Theme:</b> Strategy	Control Design	

## Overview / Summary of Observations

### Collation of patient experience data

At a corporate level, the health board has established robust mechanisms for collecting patient experience data across service areas. A well-developed, inclusive feedback system is in place, managed through the Civica platform. While there are no fixed national or local return rate benchmarks, the system supports real-time and retrospective feedback collection through a wide range of accessible methods, including QR codes, SMS/text/smartphone app messaging, British Sign Language, and paper forms, ensuring broad reach and inclusivity.

The system's strength lies in its structured processes, including automated escalation protocols for poor feedback and standardised monthly reporting to Service Groups. Audit work identified significant differences in the most frequently used feedback channels across Service Groups which highlights the importance of tailoring feedback collection methods to local contexts and patient populations.

In addition to patient experience feedback collected through the Civica system, Service Groups (Morrison, Neath Port Talbot & Singleton; and Mental Health & Learning Disabilities Service Group) have implemented their own methods for gathering patient feedback. We were advised that methods such as reviewing compliments received in greeting cards and conducting ward visits to speak to patients and families are utilised. We did not receive any evidence during the review to demonstrate additional methods used within Primary Care, although we were advised that SMS feedback has started to be integrated via Civica with progress tracked in monthly meetings.

### Analysis of patient experience data

Corporate reporting of patient experience is supported by the Civica system, which plays a central role in generating automated reports that identify key themes and trends. Insights are disseminated through a suite of 26 regular reports, including monthly Service Group reports, equality reports, and ad-hoc outputs tailored to specific stakeholders such as the Welsh Ambulance Services University NHS Trust, Llais (the independent body representing the voice of the people in health and social care), and the Maternity team.

Thematic analysis is well developed, with breakdowns across key domains such as clinical and non-clinical service quality, staff attitude and capability, communication, pain management, and waiting times, offering a clear and accessible overview of patient experience across the organisation.

Each month, the corporate team issue a report to each Service Group that provide a comprehensive overview, including satisfaction ratings, thematic analysis, and visual tools such as charts, word clouds, and heat maps. These reports highlight both positive and negative feedback, aimed at enabling service groups to identify areas of excellence and those requiring improvement.

Although patient experience reports are produced centrally by the Corporate team, we were advised that the responsibility for interpreting and acting upon this data rests with individual Service Groups, who are expected to monitor alerts, analyse trends, and implement appropriate actions. However, we note that the Patient Experience Strategy does not clearly define these roles and responsibilities; or provide guidance on expected actions from within the Service Groups (see **Key Finding 2**). Further, we have not been provided with evidence to support the processes that are currently undertaken within the Service Groups – this was a similar position with the report on the health board's Quality Assurance (SBU-2425-09, issued March 2025, limited assurance).

Key Findings	Risk & Impact	Agreed Management Action
<p>2 <b>Clarity of Roles and Responsibilities in Patient Experience Management</b></p> <p>Whilst patient experience reports are generated by the Corporate team via Civica, we were advised that responsibility for interpreting and responding to this data lies with the individual service groups. Staff within these groups are expected to monitor alerts, analyse trends, and take appropriate action. However, these roles and responsibilities are not clearly defined within the Patient Experience Strategy.</p> <p>The lack of clear roles and responsibilities has contributed in making it difficult to confirm actions taken in service groups to respond to patient experience data received; in addition to not being provided with evidence to support their processes currently undertaken.</p> <p>This decentralised model encourages ownership and accountability at service group level. Nevertheless, it also presents a risk of inconsistent interpretation and response to patient feedback. Clearly articulating these expectations within the strategy would support a more consistent and coordinated organisational approach.</p>	<p>Without clear mechanisms to analyse patient feedback, negative experiences may go unnoticed and unresolved, impacting service quality and patient satisfaction.</p> <p style="text-align: center;"><b>Medium Priority</b></p>	<p><b>Agreed Action:</b></p> <p>The newly developed action plan will formalise practices within Service Groups for monitoring alerts, analysing trends and taking appropriate action, whilst respecting local autonomy.</p> <hr/> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Action plan</li> <li>• Guidance issued to service groups post formalisation of the action plan</li> </ul> <hr/> <p><b>Officer:</b> Patient Feedback Manager &amp; Patient Experience Manager</p> <p><b>Target Implementation Date:</b> July 2026 (<i>subject to receipt of further guidance post the AGM with the presentation of the Organisational Strategy</i>)</p>
<p><b>Theme:</b> Governance</p>	<p>Control Design</p>	

**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**

### Overview / Summary of Observations

At the corporate level, patient experience feedback is systematically collected through both general and bespoke surveys tailored to specific services or pathways. This ensures a comprehensive understanding of patient perspectives. As per objective 2, feedback is analysed using the Civica platform, which includes a real-time alerts function for poor and very poor feedback, enabling prompt action.

While mechanisms such as automated alerts are in place to escalate urgent feedback, the current system lacks formal documentation and traceability (see **Key Finding 3**). Communication following alerts, whether with Service Groups, staff, or patients, are typically conducted via email and is not centrally recorded, limiting the ability to audit or verify resolution. Civica allows basic data extraction but does not capture follow-up actions or outcomes, and there is no action log to track progress or accountability. Efforts to pilot Civica’s management features were unsuccessful due to inconsistent data entry by Service Groups (see **Key Finding 3**).

Good practice is effectively identified and shared through a structured feedback analysis. Surveys include targeted questions that invite patients and families to highlight positive aspects of their care. This feedback is analysed using thematic reporting, sentiment analysis, and custom reporting, helping surface recurring examples of good practice across service areas.

Regular and ad-hoc reports are shared with Service Groups include highlighted positive comments, thematic summaries, visual tools like word clouds, and detailed comment reports. To promote a culture of appreciation, the organisation also maintains a “Wall of Thanks” and distributes internal “Thank You” bulletins, helping to recognise staff contributions and share positive experiences more broadly.

Whilst both positive and negative feedback is shared regularly throughout the health board, we are unable to confirm if feedback is used to drive and inform improvement since the evidence to demonstrate improvements and learning, as a result of patient experience feedback, was not provided (see **Key Finding 3**). Improvements in documentation and traceability would strengthen assurance around actions taken in response to feedback. We raised a similar finding in our Learning from Incidents and Concerns report (SBU-2425-08, issued May 2025, reasonable assurance), which noted that *the absence of clear guidance that sets out requirement and expectation to document learning has contributed in making it difficult to confirm what learning has been identified, and whether it has been successfully implemented and sustained.*

Key Findings	Risk & Impact	Agreed Management Action
<p><b>3 Gaps in Documentation and Traceability of Actions Taken in Response to Patient Feedback</b></p> <p>While the Civica platform enables effective collection and analysis of patient experience feedback, including real-time alerts for urgent issues, there is currently no formal system in place to document follow-up actions or track their resolution.</p> <p>Communications following an alert are typically conducted via email and are not centrally recorded, limiting traceability and assurance. Attempts to use Civica’s management features to address this gap were unsuccessful due to inconsistent data</p>	<p>Without formal documentation and tracking of actions taken in response to patient feedback, issues may not be effectively addresses, reducing accountability and limiting opportunities for</p>	<p><b>Agreed Action:</b></p> <p>We are now going to adopt the Civica Action Manager System for Alerts going forward. Patient Advice &amp; Liaison Service (PALS) and other Quality &amp; Safety teams are being trained on the Action Manager function.</p> <hr/> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Training records for all relevant parties; and guidance notes where applicable</li> </ul>

Key Findings	Risk & Impact	Agreed Management Action
<p>entry by service groups. As a result, there is limited visibility of how feedback is acted upon, which may hinder accountability and organisational learning.</p>	<p>learning and service improvement.</p>	
<p><b>Theme:</b> Lessons Learnt</p>	<p><b>High Priority</b></p> <p>Control Design</p>	<p><b>Officer:</b> Patient Feedback Manager</p> <p><b>Target Implementation Date:</b> November 2025</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**

## **Overview / Summary of Observations**

### Monitoring of patient experience

Patient experience is monitored through a structured, multi-tiered approach led by the centrally coordinated Patient Experience Team using the Civica platform; with detailed monthly reports provided to Service Groups. However, as per objective 2, we were not provided with evidence to support the ongoing actions / monitoring undertaken at this level (see **Key Finding 2**)

### Assessment of key components of the service user experience




Key components of patient experience are assessed through a robust and detailed data collection process, primarily via Civica. In May 2025 alone, 5,757 responses were collected across three major Service Groups (Morriston, Neath Port Talbot & Singleton; and Primary Care, Community & Therapies), enabling comprehensive evaluation across clinical and non-clinical domains. These include feedback on ward and clinic environments, staff communication, clinical care, patient pathways, and environmental factors such as comfort, hygiene, and facilities. Quantitative ratings and qualitative comments are also captured in Civica, allowing for nuanced analysis of positive and negative experiences. Themes such as emotional support, dignity, access to services, and discharge processes are also included in surveys and can be seen in the monthly patient experience reports. Tailored assessments are also conducted for specialist areas, including Mental Health and Learning Disabilities.

### Governance and Reporting

The current governance structure demonstrates a strong commitment to transparency and oversight. Regular updates are provided by the Patient Experience Team to the Board, Quality and Safety Committee, Patient and Stakeholder Experience Group, and the Integrated Quality, Planning and Delivery Group. These include patient stories and key issues reports, reflecting a meaningful effort to humanise data and drive quality improvement.

# Appendix A: Assurance Opinion & Prioritisation of Findings

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</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</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</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 Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	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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## Public Sector Internal Audit Standards

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.

