



Pwyllgor Ansawdd, Diogelwch a Phrofiad/ Quality, Safety and Experience Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 OCTOBER 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	52 Week National Outpatient Insourcing Patient Experience Quality Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Keith Jones, Director of Operational Planning & Performance Lisa Humphrey General Manager Planned Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/ For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides an assessment of patient experience of those patients who received first outpatient clinical assessments via the nationally coordinated Outpatient (OPA) Insource programme delivered during 2025/26 and describes the clinical pathway legacy issues which remain under active management review.

Cefndir / Background

In 2025, the Welsh Government (WG) commissioned Healthcare Business Solutions (UK) Limited (HBSUK) to conduct a national insourcing project targeting stage 1 (new patient, first outpatient appointment after referral) appointments across Wales, known as the national OPA Insourcing Plan. HBSUK was commissioned to deliver outpatient assessments for all Health Boards with the exception of Betsi Cadwaladr University Health Board (UHB) where an alternative provider was commissioned.

The programme for Hywel Dda University Health Board (HDUHB) commenced in September 2025 to its delivery completion in March 2026. During this period, OPA Insource project generated a total of 11,919 additional outpatient attendances for HDUHB and provided a significant positive impact in reducing both waiting times and the overall volume of patients awaiting outpatient assessments.

In order to assess the experience of patients who were assessed via the OPA Insource project, all patients were provided with the opportunity to reflect on their experience via the Friends & Family Test (FFT). To date, a total of 972 responses have been received and collated.

Whilst delivery of the HBSUK clinical activity via the project concluded at the end of March 2026, all health boards have experienced a period of residual closure and reconciliation work to support patient progression via resultant diagnostic and investigative pathways where

applicable. At the inception of the national OPA Insourcing Project, this was expected to continue for an approximate period of two months through to June 2025. However, all health boards have continued to work with HBSUK beyond this period to secure resolution of outstanding operational (administrative and clerical) issues to support closure of individual patient pathways.

Within HDUHB, the dedicated project team established to administer the project continues to hold weekly review meetings with HBSUK, supported by clinical, operational, administrative, informatics and patient experience teams.

Asesiad / Assessment

Location	Responses	Good/very good	Poor/very poor
Glangwili General Hospital	577	91.2%	3.6%
Prince Philip Hospital	229	88.6%	3.9%
Withybush General Hospital	166	89.8%	3.6%
Day	Responses	Good/very good	
Saturday	511	90.2%	
Sunday	461	90.5%	

Patient experience

Anonymous responses to the NHS Wales People's Experience Survey (FTT) shows a predominantly positive patient experience to the insourcing clinics hosted at HDUHB through this project.

A total of 972 weekend outpatient responses to the Friends and Family Test (FFT) were provided. Overall, 90.3% rated their experience as good or very good, while 3.7% rated it poor or very poor. The feedback is predominantly positive, particularly in relation to staff manner, reassurance and prompt care. However, recurring concerns indicate opportunities to improve waiting-time communication, parking and travel impacts, appointment administration, and clarity of follow-up arrangements.

The CIVICA report generated contains a dedicated weekend insourcing dataset with 972 valid dated response across Prince Philip Hospital, Glangwili General Hospital, and Withybush General Hospital (Bronglais Hospital was not used in the first Outpatient Plan). Differences in feedback between sites and between weekend date seen are minimal.

Summary reflection from the total responses received are as below:

- Positive experience: 878 responses (90.3%) were good or very good.
- Negative experience: 36 responses (3.7%) were poor or very poor.
- **Key strengths:** compassionate, friendly and professional staff, often linked to feeling reassured and listened to.
- **Key improvement areas:** delays and communication about waits, parking and travel burden, and administrative continuity following appointments.

Feedback and reflections from the patient experience data collated is being considered by the Planned & Specialist Care Clinical Care Group (CCG) which oversees outpatient department

delivery and actions/proposals for further improvements will be considered via the CCG Integrated Governance mechanisms.

Clinical pathway legacy issues remaining under active management.

In keeping with the experience of all health boards, the HDUHB OPA Insource project team has continued to work with HBSUK beyond March 2026 to secure resolution of outstanding operational (administrative and clerical) issues to support closure of individual patient pathways. To support the work of the HBUHB OPA insource project team, HBSUK have provided a data reconciliation analyst to support post-project closure activities.

Legacy issues are summarised below:

Clinical correspondence:

On completion of clinical assessments at the end of March 2026, approximately 2419 outstanding clinical letters (i.e. not yet uploaded to HDUHB electronic patient records, Welsh Patient Administration System (WPAS)) were initially identified. This mirrored the proportionate experience of other health boards. By the end of September 2026, this volume has reduced to 441. Continued oversight remains in place for all outstanding patients to mitigate the potential risk that delayed correspondence may affect patient and GP understanding, follow-up, and continuity of care.

Waiting-list proformas:

At completion of insourced clinical activity, approximately 150 waiting list proformas (referrals for surgery) remained incomplete (missing key information such as; clinician name, date of referral, or clinical priority). These outstanding proformas have been completed by HBSUK consultants and cleared completely as of September 2026.

Diagnostic reconciliation:

Of the 11,919 patients reviewed via the OPA Insource clinics, approximately 700 patients (5%) are awaiting clinical decisions regarding the next phase of their diagnostic pathways. In addition, approximately 400 patients who have received diagnostic investigations remain under review pending confirmation of resultant clinical reports. The HBUHB OPA Insource Project team will remain in place until all outstanding diagnostic investigations have been completed and results reported, clinically reviewed, recorded and acted upon.

Cardiology specific issues:

At the end of May, concerns were identified regarding a significant backlog of administrative work for Cardiology patients reviewed by HBSUK clinicians who had completed diagnostic testing but were awaiting consultant review and confirmation of next steps. In response HBSUK has provided additional consultant support to resolve outstanding cases. Appropriate clinical information in respect of the 125 patients identified at the end of May 2026 has now been received and recorded.

Quality Assurance of clinical decision making:

Throughout the programme, robust clinician credential and curriculum vitae checking process were established with local Clinical Team Leads vetting all HBSUK clinicians. Where isolated concerns arose regarding clinical practice or outcomes, use of the clinician was immediately stopped and a replacement requested. Circa 90 patients impacted had repeat appointments scheduled.

Separately, clinical review identified a limited number of orthopaedic referrals for ultrasound-guided joint injections which did not reflect the established clinical pathway in place within the Health Board. Local clinical teams have provided HBSUK with appropriate advice and forward management plans for the patients concerned along with appropriate patient communication.

Patient concerns:

Weekly meetings involving the Waiting List Support Service, Patient Advice and Liaison Service and HBSUK continue to resolve queries and concerns promptly. At the point of reporting, one concern remains open.

Closure reporting and learning.

A final programme report will be completed once the outstanding clinical pathway legacy issues above have been sufficiently resolved and evidenced. This will be utilised to inform an end of project lessons learned to be undertaken jointly with HBSUK.

Argymhelliad / Recommendation

The Committee is requested to take assurance from the reported patient experience and the continuing governance arrangements in place to manage and resolve remaining clinical pathway legacy issues following completion of the outpatient assessment phase of the project in March 2026.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.9 Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a partnership arrangement. Patient Stories, Patient Charter and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 6. Person-Centred 3. Effective 5. Equitable 7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	6. Safe, Timely, High Quality Care

Hypergyswilt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported 5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being
Model Cymdeithasol ar gyfer lechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (<i>complete for strategic change and/or significant service changes</i>)	6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Planned & Specialist Care Clinical Care Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report
Gweithlu: Workforce:	Not Applicable
Tegwch lechyd: Health Equity:	Not Applicable

Risg: Risk:	Contained within the report
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable