



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

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| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 08 OCTOBER 2026                                                              |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Delivery Against Planning Goal 2: Customer Service Excellence                |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Angharad Lloyd-Probert, Senior Project Manager (Planning)                    |

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/ For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The Health Board approved the 2026/27 Annual Plan in March 2026, based on requirements specified in the NHS Wales Planning Framework 2026/29 and against the Escalation Framework, which was subsequently submitted to Welsh Government on 31 March 2026. Since submission, Welsh Government (WG) has issued further communication that noted the plan was unacceptable and unsupportable given the expected financial outturn for 2026/27.

For 2026/27, **Planning Goal 2** has been aligned to the Quality, Safety and Experience Committee (QSEC), namely:

Planning Goal 2: Customer Service Excellence

As in previous years it is the expectation that QSEC will receive an update on the progress made in the development (delivery) of the Planning Goal for onward assurance to the Board through the Board Assurance Framework

#### Cefndir / Background

Planning Goals

One key aspect of the Annual Plan remains our Planning Goals (previously referred to as Planning Objectives). Of the eight Planning Goals one is aligned to this Committee –:

- Planning Goal 2: Customer Service Excellence

#### Asesiad / Assessment

The overarching status of the Planning Goal 2 is **On Track**. Highlight report for the individual component of the PG can be found in annex 1 demonstrating evidence of the work which has been completed, as well as actions which are planned over the forthcoming months.

## Argymhelliad / Recommendation

The Committee is asked to receive **ASSURANCE** on the current position regarding the progress of the Planning Goal aligned to the QSEC, in order to assure the Board that the Planning Objective is progressing and is on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

|                                                                                                                                                   |                                                                                                                                                                         |
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| Cyfeirnod Cylch Gorchwyl y Pwyllgor:<br><br>Committee ToR Reference:                                                                              | 2.4 To receive an assurance on delivery against all relevant Planning Goal                                                                                              |
| Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol:<br>Datix Risk Register Reference and Score:                                            | Not Applicable                                                                                                                                                          |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                             | 7. All apply<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.                                                             |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                        | 6. All Apply<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.                                                                                |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                                                            | 3. Great care<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.                                                                               |
| Nodau Cynllunio 2026/27<br>Planning Goals 2026/27                                                                                                 | 2. Customer Service Excellence<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.     |
| <a href="#">Hypergyswllt i Amcanion Llesiant HDdUHB 2026</a><br><br><a href="#">Hyperlink to HDdUHB Well-being Objectives 2026</a>                | 9. All HDdUHB Well-being Objectives apply<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.             |
| <a href="#">Model Cymdeithasol ar gyfer lechyd a Llesiant:</a> (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) | 5. A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing. |

|                                                                                                                              |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">A Social Model for Health and Wellbeing</a> : (complete for strategic change and/or significant service changes) | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>                                                                       |                                                                                                                                   |
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                       | 3 Year Plan and Annual Plan 26-27                                                                                                 |
| Rhestr Termau:<br>Glossary of Terms:                                                                                         | Explanation of terms is included within the report                                                                                |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn:<br>Parties / Committees consulted prior to this meeting:      |                                                                                                                                   |

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| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b> |                                                                                                                                                                  |
| <b>Ariannol / Gwerth am Arian:<br/>Financial / Service:</b>     | Any financial impacts and considerations are identified in the report                                                                                            |
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b>        | Any issues are identified in the report                                                                                                                          |
| <b>Gweithlu:<br/>Workforce:</b>                                 | Any issues are identified in the report                                                                                                                          |
| <b>Tegwch lechyd:<br/>Health Equity:</b>                        |                                                                                                                                                                  |
| <b>Risg:<br/>Risk:</b>                                          | Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed |
| <b>Cyfreithiol:<br/>Legal:</b>                                  | Any issues are identified in the report                                                                                                                          |
| <b>Enw Da:<br/>Reputational:</b>                                | Any issues are identified in the report                                                                                                                          |
| <b>Gyfrinachedd:<br/>Privacy:</b>                               | Not applicable                                                                                                                                                   |
| <b>Cydraddoldeb:<br/>Equality:</b>                              | Not applicable                                                                                                                                                   |

Planning Goal: G2 Drive Customer Services Excellence

Executive Lead: Sharon Daniel

Reporting Period:

Overall status: On-track

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

- **Agreed Customer Service Framework & Standards:** Strategic vision setting workshop held bringing together patient experience, policy expectations and existing system enablers to inform next steps.
- **Work towards operational Single Point of Contact (SPOC) and enhanced Patient Advice Liason Service (PALS)-style function:** Communication hub (CH) and Waiting List Support Service (WLSS) providing a SPOC for a cohort of operational services across secondary, primary and community care. PALS is currently stood down due to capacity and resource is diverted into the early resolution / stage 1 process of the Listening to People process. The enhanced PALS function is subject to resubmission of a business case.
- **Improved timeliness and resolution of concerns, feedback and queries/ Reduction in escalation from concerns to formal complaints:** Patient Support telephone queries are managed via the CH/WLSS increasing early, timely resolution to concerns and queries, especially around waiting times, appointment cancellations and waiting list management. Early resolution processes and management of this approach has seen a 70% reduction in the volume of formal complaints, ensuring there is a more proportionate and person-centred response to concerns management.

Activities completed in previous reporting period:

- Communication hub “SPOC” activity (July 2026): 13, 253 Incoming Calls Answered; 2,460 Outgoing Calls Answered; 5,483 Incoming email queries & referrals managed, WLSS (July 2026): 1606 patient activities (calls/ emails/ referrals)- expansion of both services limited by capacity and digital infrastructure, multiple service waiting to “on-board”. 1925 of these are cases that would normally have been managed through patient support services.
- Integrated patient safety and triage process implemented improving governance, and oversight across all domains ensuring a streamlined and investigate once approach, triangulation leading to earlier identify of themes and patient safety risks.

Activities planned for next milestone and reporting period:

- Establish Single Point of Contact (SPOC)/ Customer Services Centre Steering group (31/12/2026)
- Link with exemplars in customer services to inform the development of a Customer Service Framework and Standards.
- Develop and implement service level agreements with each Clinical Care Group to ensure compliance for timely responses, and appropriate reporting (31/10/2026)
- Capacity within Communication Hub and Waiting List Support Service to support early resolution and reduction in concerns escalation to formal complaints. (31/10/2026)
- Pilot Video Relay Service for Deaf community within the CH.

Any other Comments

**Matters for information:** No designated project management resource to support delivery of the SPOC.

**Risks to delivery:** See risk 2357, Operational Risk 2422

**Any other comments:** Delivery of the planning goal is subject to the procurement and implementation of a digital patient service centre infrastructure. Current digital infrastructure of the Communication Hub limiting scope for expansion. The scoping exercise for the digital infrastructure is aimed to be completed by Q4 26/27.