

**Item: 7**

**Title:** Chief Executive's report

**Introduction**

Since our last public board meeting, I have continued to work with key partners to talk about our role, inform our plans and ways of working, deliver on our commitments, tackle key issues in health and social care and identify how we can work together to strengthen the voice of people in health and social care services. Details of all these activities are available on request.

This report focuses on a few of the developments and activities I have been involved in since the last full public board meeting on 28 July 2025. These key activities and developments have not been covered in more detail in other Board papers.

**Strengthening people's voices**

**Listening to people – a new NHS complaints system for Wales**

The Welsh Government's planned changes to the Putting Things Right (PTR) process is a big change in how the NHS in Wales responds to concerns and complaints. The changes are due to come into effect from 1 April 2026.

The reforms have been developed in a way that looks to respond to the experiences of people and their families and have been informed by what we have heard through our engagement and complaints advocacy work.

Our response to the Welsh Government's consultation on the proposed reforms was informed by over 1,500 people, including those we had supported through our complaints advocacy service, as well as staff, volunteers, and members of the public more widely.

People told us what they wanted:

**Named contacts, not generic inboxes** - so they know who is responsible.

**Listening meetings** that are clearly explained, with expectations and outcomes shared in advance.

**Acknowledgement of emotional impact**, especially in cases involving grief or trauma.

**Supportive communication**, including letters written with care and understanding and recognition of people's individual needs.

The new process, which has been informed and influenced by our input and involvement, aims to provide:

- Greater clarity and accountability through named contacts and written follow-ups after meetings.
- Mandatory listening meetings, with clear guidance on conduct, attendees, and outcomes - to build trust and avoid confusion.
- Improved emotional support, including recognition of how distressing the complaints process can be, and tailored communication preferences.
- Tone-aware responses, recognising the circumstances of the complaint, e.g., bereavement cases.
- Free legal advice and expert reports, making sure people don't have to pay to get help.
- Welsh language accessibility, ensuring materials and support are available bilingually and equitably.

### A shared commitment to change

Although the new process doesn't yet provide the single, unified complaints process across health and social care we want to see, the Welsh Government is committed to working with us and others to make sure there is a more joined-up complaints pathway across health and social care.

It will be important that the new process brings a clearer, stronger focus on making sure that complaints are not just resolved but used to drive learning and improvement across the NHS in Wales.

We are preparing for these changes by reviewing and further developing the way we deliver our complaints advocacy service so that we can continue to support people in the way that works best for them. This will take more than just changes in the way we work, the focus on resolving issues through early listening meetings will increase the overall demand for our service in the early stages of complaints handling.

Welsh Government has acknowledged this, and it is being reflected in budgeting discussions. We will continue to work with policy colleagues to prepare for the smooth introduction of the changes, and to make sure that the new system delivers on its promise: a complaints process that listens, learns, and leads to better care for all.

## **Physician associates – what's happening in Wales**

The Leng Review, published in July 2025, looked at the role of Physician Associates (PAs) and Anaesthesia Associates (AAs) in the NHS. It was set up in response to concerns raised in England about how these roles are used in clinical teams.

Although the concerns and the review itself have received lots of news coverage, it's important to note that Llais had not been hearing concerns from people in Wales about this issue through our usual channels, either from people receiving services in Wales or from those people living in Wales but accessing services in England.

Even though we weren't hearing concerns directly from people, we know how important it is to respond to concerns quickly, wherever they are raised, if they could impact on people in Wales. So, we have continued to discuss developments with the Welsh Government and others including professional regulators.

#### What the Welsh Government has said

The Welsh Government has responded to the Leng Review and confirmed that it accepts the recommendations in principle. While the review was focused on England, the Welsh Government agrees that a UK-wide approach is needed to give people using services and staff clarity and confidence.

The Welsh Government has set up a team to look at how the recommendations apply to Wales and decide the best way to take them forward. The Chief Medical Officer and Deputy Chief Medical Officer have already written to NHS leaders in Wales encouraging the use of job titles that are easier to understand - 'physician assistants' and 'physician assistants in anaesthesia' - to help avoid confusion.

We will continue to work with the Welsh Government and others to help make sure that the things that matter most to people are reflected in any changes in a way that supports safe, clear, and trusted care.

### **What we are hearing about primary care in Wales – briefing the Chief Medical Officer**

Following a request from the Welsh Government's Chief Medical Officer at a recent meeting, we produced a briefing to reflect what Llais has heard from people across Wales about their experiences of primary care - through our national engagement, local visits, complaints advocacy, and commissioned research.

The insights we shared were rooted in people's lived experience. These are summarised below:

#### Listening to people and communities

Across GP, dental, and pharmacy services, people consistently tell us what matters most: trusted relationships, accessible care, and clear communication. These themes cut across all settings and reflect both what is working and what needs urgent attention.

What works well:

Trusted relationships: Seeing the same GP, dentist or pharmacist builds trust and avoids repetition of medical histories.

Community pharmacy: Pharmacists are seen as approachable and easier to access than other services.

Digital tools: Apps like NHS Wales and Choose Pharmacy are helping people navigate services more efficiently.

Preventative care: Primary care is valued for its potential to support early intervention, especially when joined up with wider services.

What's not working:

Continuity of care: Workforce pressures, especially in rural areas, make it hard to maintain consistent relationships.

Accessibility: Physical access, digital barriers, and appointment systems are challenging, especially for working people.

Barriers for vulnerable groups: People with disabilities, neurodiverse individuals, those experiencing homelessness or language barriers face additional hurdles.

Welsh language provision: People are not always able to access care in their preferred language.

Inconsistent communication: Many are unaware of what services exist, what they're entitled to, or how to access care.

Fragmented services: Poor communication between providers leads to duplication and unclear referral pathways.

What people want:

Joined-up, person-centred primary care. People are calling for changes across all services. They want care that is integrated, fair, and responsive to their needs:

Integrated community care hubs: The Welsh Government's vision is welcomed, but progress has been slow. We will be exploring this further in our upcoming All-Wales project launch in October.

Fair access for all: Accessibility Standards must be upheld, with non-digital options and digital literacy support available.

Clear communication and trust: People want honesty, clarity, and to feel heard. Trusted relationships and good communication make the biggest difference.

Community involvement: Patient Participation Groups and feedback loops should be strengthened to ensure services remain accountable.

Areas for focus and improvement:

Transparency: Clear information about rights, services, and provider performance must be made available.

Community involvement: Stronger requirements for patient feedback and involvement in service development.

Data use: Better data collection and sharing to target support and deliver joined-up care.

Accessible front door: Accelerate the development of a single, accessible entry point to health and social care services in local communities.

The information we shared is being used to inform and influence the development of policy and practice, and a further discussion on our briefing is planned for the next meeting of a Board focusing on primary care in Wales.

We will continue to share what we are hearing across Wales about these services. Our new All-Wales project, ‘The health and social care we want, will run until the end of October 2025 and will further explore what people expect from primary care.

**Reviewing our ways of working and impact**

**Thinking about becoming a Corporate Parent – supporting young people with care experience**

Chief Executives of arm’s length public bodies in Wales have been discussing the Welsh Government’s Corporate Planning Charter.

The Charter is about making sure children and young people who’ve been in care get the support they need to thrive. It’s not just for councils—any organisation can choose to become a corporate parent and help make a difference.

Young people who’ve been in care helped shape the Charter. They told the Welsh Government they wanted:

- To be supported and believed in
- To feel safe and heard
- Help to grow into happy, confident adults.

What we’re doing now

We have started to think about signing up to the Charter, what this would mean for us, and how it can help us to use our role to support care-experienced children and young people across Wales.

We’re looking at the Charter’s principles and thinking about which ones fit best with our work.

We’re thinking about the difference becoming a Corporate Parent might make, and how this can help us:

- Make sure young people’s voices are heard in decisions about health and social care

- Help young people understand their rights and how to get the support they need.
- Create safe spaces for young people to share their experiences.
- Celebrate their strengths, not just focus on their challenges.
- Support smoother transitions into adulthood, work, and independence.

We're also considering how we could make a public pledge, sharing what we'll do to support care-experienced young people, and how we need to involve young people in shaping that pledge.

This is an important decision for Llais. Becoming a Corporate Parent would be a clear sign that we're committed to standing alongside children and young people who need extra support. It's about being a good role model, a strong advocate, and a trusted ally.

We'll keep listening, learning, and working with others to make sure that if we take this step, we do it in a way that makes a real difference.

### **Strengthening our ways of working: using representations to make people's voices count**

One of our most important roles is making representations - communications that raise concerns, share feedback, or highlight issues in health and social care services. These are not just discussions, letters or reports. They are a way for us to make sure the voices of people in Wales are heard by those who can make change happen.

We've been working with our senior leadership team through a series of workshops to develop a clearer, stronger procedure for how we make representations. This is about being consistent, professional, and focused on what matters most to the public.

We're setting out clearly what we mean when we talk about making a representation:

A representation is when Llais formally tells a health board, local authority, or other organisation about something we've heard from the public that needs attention. It's different from:

- Complaints or individual advocacy
- Information requests
- Safeguarding concerns

Representations are based on common issues people talk about, not single cases. They help us raise issues like poor service access, gaps in care, or problems with how services are planned or delivered.

### Why we are doing this

Under the law, NHS bodies and local authorities must "have regard" to our representations. That means they must take them seriously and respond. This gives us a powerful tool to influence change.

Our updated procedure helps us:

- Make clear, informed and evidenced representations
- Track responses and follow up
- Escalate concerns when needed
- Show the public how their voices lead to action

### What's changing

We've identified and used the learning from our experiences in our first 2 years of operation to develop and introduce:

**Clearer quality standards:** Every representation must explain the issue clearly, be based on what we've heard, and say what we're asking for.

**Better recording and tracking:** All representations will be logged in our system so we can follow up and report on outcomes.

**Stronger coordination:** For issues that affect more than one region or involve national bodies, we'll have clearer processes for working together.

**Defined approval routes:** Staff can make routine representations, but more complex or sensitive ones will need senior sign-off.

### What this means for us

This procedure will strengthen our ability to act on what we hear from the public. It supports our legal responsibility and helps us build trust with partners and communities.

It will also give us a clearer picture of how public feedback is being used to improve services—and where we need to push harder for change.

We'll continue to make the process better based on staff experience and feedback. Training and support will be rolled out to ensure everyone feels confident using it.

### **Our organisation structure: executive level changes**

As the Board will be aware, our current Strategic Director of Operations and Corporate Services will be leaving the organisation on 3 October 2025. In response, I have taken the opportunity to review our senior staffing structure, both on a temporary basis and for the longer term. I will engage with the Board further over the coming weeks on this matter.