

**Item: 6**

**Title:** Update on listening to people: the new NHS complaints system

<b>Gweithredu / Action required</b>	For information and discussion
<b>Amseru / Timing</b>	Routine
<b>Argymhelliad / Recommendation</b>	The Board is asked to note the update including: key risks, especially around consistency, capacity, primary care, accessibility and cross-border arrangements, and note how Llais will monitor and report on Listening to People.
<b>Risg / Risk</b>	<p>There is a reputational, delivery, and assurance risk for Llais associated with the early implementation of Listening to People.</p> <p>At this stage, Llais faces a risk that:</p> <ul style="list-style-type: none"> <li>• our complaints advocacy service is placed under pressure by changes in demand, pace, and expectations (particularly around early contact and listening discussions);</li> <li>• we are not consistently capturing and using insight from advocacy and enquiries to support timely challenge and influence;</li> <li>• Our role is misunderstood by NHS bodies, and communities, and any slippage in standards and timelines is incorrectly attributed to Llais</li> <li>• We are expected to work outside our remit to lead arrangements around listening meetings</li> <li>• there is reputational risk to Llais if people experience poor implementation but do not see Llais identifying, raising, and driving improvement.</li> </ul> <p>Mitigation</p> <p>Llais is mitigating these risks through:</p> <ul style="list-style-type: none"> <li>• strengthening complaints advocacy guidance, supervision, and support to maintain quality and consistency;</li> <li>• improving data capture and insight from complaints advocacy and enquiry handling;</li> </ul>

	<ul style="list-style-type: none"> <li>• active participation and challenge within national and regional oversight arrangements;</li> <li>• focusing early reporting on key areas of risk such as accessibility, primary care, and consistency;</li> <li>• developing a small set of internal measures to support assurance and Board reporting.</li> </ul>
<p><b>Cyllid / Finance</b></p>	<p>Listening to People does not introduce a direct new funding stream for Llais, but it does create potential cost pressures linked to changes in demand, pace and complexity of complaints advocacy.</p> <p>At this early stage:</p> <ul style="list-style-type: none"> <li>• there is no confirmed material in-year financial pressure, but demand and case complexity will need to be monitored closely;</li> <li>• there is a potential for increased advocacy time per case, particularly where early contact, listening discussions and trauma-informed approaches require more intensive support;</li> <li>• there may be additional pressure on intake, triage and supervision, including the role of Advocacy Support Officers;</li> <li>• there were system and development costs associated with CRM updates and improving data capture.</li> </ul> <p>These pressures will be managed within existing budgets in the short term, alongside ongoing workforce planning and service development.</p> <p>We will continue to:</p> <ul style="list-style-type: none"> <li>• monitor demand, case duration and complexity;</li> <li>• align resource allocation to emerging patterns of demand;</li> </ul>

	<ul style="list-style-type: none"> <li>escalate any material financial pressures through established governance and budget management processes.</li> </ul>
<b>Amcan Cynllun Corfforaethol / Corporate Plan Objective</b>	Priority 2 – Push for services that meet everyone’s needs
<b>Ecwiti, Amrywiaeth a Chynhwysiant / Equity, Diversity &amp; Inclusion</b>	<p>Listening to People has important implications for equitable access and people’s experience, particularly for people who may already face barriers in being heard or understood.</p> <p>At this early stage, there is a risk that:</p> <ul style="list-style-type: none"> <li>accessible formats and communication support are not consistently in place, including delays in British Sign Language (BSL) provision;</li> <li>specific guidance for children and young people is not yet fully available;</li> <li>variability in implementation may lead to unequal experiences for different groups of people.</li> </ul> <p>For Llais, this creates a responsibility to ensure that inequalities in experience are identified early and clearly evidenced.</p>
<b>Cyfathrebu / Communications</b>	<p>Please tick one of the following boxes if this activity will have an impact on:</p> <p><b>Internal:</b> our people <input checked="" type="checkbox"/></p> <p><b>External:</b> our customers/partners/stakeholders <input checked="" type="checkbox"/></p> <p><b>External:</b> our organisation’s reputation <input checked="" type="checkbox"/></p>
<b>Cymeradwyaeth / Approval/Clearance</b>	Ben Eaton
<b>Trafodaethau/ Penderfyniadau Blaenorol / Previous discussions/decisions</b>	Board development meetings, and previous Board meetings, particularly March Board meeting and April Board Development session.
<b>Awdur/ Cyflwyno / Author/presenting</b>	Ben Eaton
<b>Dyddiad / Date</b>	12/05/2026

## Cefndir / Background

This paper updates the Board on how Llais prepared for Listening to People (LTP), what we are seeing so far, and how we will continue to monitor whether it is working well for people.

From 1 April 2026, Listening to People replaced the previous NHS complaints process, Putting Things Right.

Listening to People is intended to be more person-centred, compassionate and focused on learning. It has two stages:

- Stage 1 – Listen and Act: includes a mandatory listening discussion and an early resolution period where appropriate.
- Stage 2 – Investigate, Respond and Learn: a proportionate investigation where early resolution is not suitable or does not resolve the concern, with clearer expectations on communication, learning and leadership assurance.

## Key timeframes and expectations

Listening to People places more emphasis on early contact and clear timeframes:

- Acknowledgement and offer of a listening discussion: responsible bodies must acknowledge the concern and offer a listening discussion within 5 working days.
- Listening discussion (offer and delivery): organisational guidance sets an expectation to offer and conduct a listening discussion within 5 working days, using telephone, video or face-to-face discussion. Participation is voluntary for the person, but the offer is not optional for organisations.
- Early resolution: where used, the early resolution period is up to 10 working days from acknowledgement.

In national oversight discussions, a 40% measure has been referenced as a target that around 40% of cases eligible for early resolution are resolved through early resolution.

## Trauma-informed practice and learning from concerns

2 core features of Listening to People are:

- Trauma-informed practice: Listening to People sets clear expectations that investigations and communication should be proportionate, person-centred and trauma-informed.
- Learning from concerns: organisations are required to demonstrate learning arising from concerns and feed this into quality, safety and service improvement structures.

Llais has consistently pushed for trauma-informed practice and strong learning duties to be embedded as explicit features of the new arrangements.

As a result, it is important that the Board has assurance that Listening to People is improving people's experience, is applied consistently, and is accessible to all.

## Manylion / Detail

### How Llais prepared for Listening to People

Llais approached readiness for Listening to People as both a strategic change and a practical implementation challenge.

Strategically, we anticipated that Listening to People would increase the importance of early contact, stronger communication, and a clearer link between concerns and learning. We therefore focused on: readiness of our complaints advocacy service, consistent intelligence capture, and confident use of representations where the system is not meeting expectations.

Practically, we:

- **Prepared our complaints advocacy workforce**
  - briefed and trained complaints advocates on the Listening to People stages, the listening discussion, early resolution expectations, and what good looks like;

- strengthened our internal guidance so complaints advocates can explain the process clearly to people, support trauma-informed engagement, and identify where practice falls short.
- **Strengthened our intake and support model**
  - reinforced the role of Advocacy Support Officers (ASOs) to support screening, enquiries and early signals;
  - began development work on how we support people effectively where listening discussions happen quickly and may not always align neatly with advocacy capacity.
- **Improved systems, data and assurance grip**
  - updated our Customer Relationship Management (CRM) system so Listening to People cases are clearly distinguishable from Putting Things Right cases;
  - improved our ability to capture time, contact points and themes linked to listening discussions and early resolution.
- **Positioned ourselves for influence and learning**
  - ensured Listening to People is built into national and regional forums so we can raise issues early, share learning and push for consistent implementation;
  - strengthened our focus on learning from complaints as a core part of the new model and a key area for independent oversight.

### **What we are seeing so far**

Listening to People is still in a very early stage. Nationally, it has been described as a phased implementation year, which means practice is still developing.

## Key points so far:

- Listening discussions are mainly happening by phone, with limited use of face-to-face meetings.
- Demand has been lower than expected in some areas, with variation linked to local capacity and the early phase of implementation.
- Triage is critical, but resource-intensive.
- Data and reporting are developing, but are not yet consistent enough for full assurance.
- Unclear or inconsistent communication with people.
- Variable visibility of Listening to People information, particularly in primary care and along Border NHS England Trusts;
- capacity pressures within some NHS bodies are affecting timeliness, especially where this has coincided with a change in structure or service within the body's teams.

While a phased approach is understood, it means people's experiences are not yet consistent.

## **Accessibility and inclusion**

Listening to People places clear expectations on accessibility and equity of access. However, there have been early concerns about readiness of accessible formats at launch.

- In national implementation discussions, it was suggested that BSL was not necessary in the initial output. Llais challenged this and asked for the risk to be recorded and escalated.

- The same discussions recognised that BSL was unlikely to be ready by 1 April, and the risk register was expected to be updated through the operational group.
- Separate guidance for children and young people has been delayed, with an initial draft existing but expected later (end of quarter 1).

This matters because access to information and communication support is central to whether Listening to People works fairly for everyone.

### **Primary care services (including GP practices)**

Primary care is particularly important for Llais, because a large proportion of the complaints advocacy cases we support relate to GP services.

Early in implementation, we identified that public-facing information and awareness in primary care was inconsistent. In Powys, for example, local checks found that most GP practice websites were not carrying up to date information about Listening to People after 1 April 2026, and some were still referring to Putting Things Right.

We raised this concern with Welsh Government and NHS Wales Performance and Improvement, including the need for clarity on responsibilities and assurance that correct information is in place.

In response:

- Welsh Government confirmed it had issued [Welsh Health Circular WHC\(2026\)006](#) outlining expectations, published national guidance, published people-facing guidance, and supported development of national awareness training.
- NHS Wales Performance and Improvement advised that communications work would be revisited and tailored more clearly to primary care, with strengthened routes through GPC Wales (General Practitioners Committee Wales and Local Medical Committee channels, and recognition this also applies to pharmacies, optometry and dentistry).

Alongside this national work, Llais regions are actively raising the issue with Local Health Boards and looking to use Local Medical Committee routes to support improvement in practice-level visibility and understanding.

### **Cross-border complexity**

Listening to People applies to NHS-funded care in Wales, but people's care does not always follow administrative boundaries. Cross-border issues remain a live area of complexity.

We have raised concerns with Welsh Government that in national implementation discussions, cross-border arrangements have not been fully considered and remain unresolved. This could result in large proportions of communities in Wales where regular, and specialist, health services are provided in England would not know how to raise a concern and services would not have the correct information to provide (websites and written information is out of date).

This remains an area where clarity and consistent public information will be important for people who receive care in England but live in Wales.

We are waiting for a response from Welsh Government on what retrospective action is being taken.

### **How Llais will monitor Listening to People**

We will take an active and challenging role in monitoring how Listening to People is working for people in practice, particularly where early implementation highlights gaps in planning, consistency or clarity.

We will monitor how Listening to People is working through:

- national groups (including the Strategic Oversight Group for Quality and Patient Experience);
- national operational delivery arrangements;
- all-Wales complaints leads meetings across health and social care;
- regional conversations;

- NHS body Quality and Safety Committees;
- NHS body board meetings.

We will also:

- contribute to 6-monthly reporting routes to Welsh Government as they develop;
- contribute to national learning as it develops;
- produce an annual complaints casebook, showing real experiences, including where the system has not worked as intended.

### **Measuring impact (Llais' own service)**

Llais will not take on responsibility for monitoring system performance but will develop a small set of internal measures to support our own role.

This work is linked to the development of our standards, the People's Principles, and the changes introduced through Listening to People.

While this work is ongoing, we have introduced early measures focused on our own service:

- allocation of complaints advocacy cases within 5 days of receiving the authorisation form;
- initial contact with the person within 3 days of allocation.

We are working with staff and analysing feedback from people, alongside the development of our standards and the People's Principles, to shape a wider set of measures.

A small number of these will be used as internal Executive measures and shared with the Board as part of the ongoing development of organisational performance reporting.