

Winter preparedness: testing plans against people's experience

Briefing for Members of the Senedd ahead of the Cabinet Minister for Health and Care's oral statement on winter preparedness, Tuesday 13 October 2026.

Llais is the independent statutory body that gives people in Wales a voice in health and social care. Our local teams listen to people across Wales, and NHS bodies and local authorities must have regard to what we tell them.

People will judge this winter by three simple tests: could I get help when I needed it, did services work together around me, and was I treated safely and with dignity? This briefing sets out what people tell us, what is already being done, and the areas we hope Tuesday's statement will cover.

Winter pressures

Winter is a challenge for health and social care every year. Respiratory illness and staff sickness increase demand on GP services, NHS 111, ambulances and emergency departments. As hospitals fill, people who are ready to leave wait longer for care at home or in other care settings, and that is felt in longer waits, crowded departments and ambulances queuing to hand over patients.

Welsh Government's review of last winter concluded there was no system failure, but services operated close to safe operating limits for prolonged periods. Welsh Government modelling suggests pressure this winter will peak around Christmas and New Year, broadly in line with previous years.

What people tell us

Winter doesn't create the problems people face in health and social care. It exposes them.

[Our national work on urgent and emergency care](#), heard from more than 700 people, including through 42 visits to emergency and urgent care units. People praised the dedication and compassion of staff. They also told us about long and uncomfortable waits, overcrowding, poor information, loss of dignity, and difficulty getting the right care **at the right time.**

“All of the staff, from the cleaners to the consultants were amazing. I could see how busy everyone was so I don’t think that I was demanding but if I wanted or needed support or care, they were available.”

“I waited 24 hours on one occasion and 26 hours on another, I am disabled and was in a lot of pain but had to sleep in an uncomfortable chair. On one occasion, I was on an office chair as it wasn’t anticipated that people would be waiting for a bed so, there were no comfortable/recliner chairs.”

Our social care work suggests the gap between policy and experience is often widest when people leave hospital.

“Dad was left bedridden as a result of poor community support following discharge.”

Corridor care

Llais has joined the call to end corridor care, and we are contributing to the national working group developing a definition for Wales. People tell us it is one of the clearest places where dignity breaks down.

“She was 4 feet from one patient and less than 5 feet from the other. She was distressed, pleading loudly and repeatedly for help. This was upsetting for her, for me and for the other patients who were looking on, alarmed and concerned. There simply weren’t enough curtains to go around, there was no space to move beds and chairs to give that modicum of privacy and dignity that P deserved.”

This summer, nearly 11,000 people waited 12 hours or more in emergency departments in a single month ([August 2026](#)). Long waits are where corridor care happens, and winter could add to them.

Welsh Government asked health boards to tackle corridor care this winter, and at least one plans to eliminate it. Once the national definition is agreed, it should be used to record and publish how often corridor care happens. Until then, plans should show how dignity and safety will be protected for anyone cared for outside a clinical space.

What is already being done

In July, Welsh Government asked NHS Wales and social care partners to plan earlier, taking a year-round approach and focusing on [five areas](#): vaccination, keeping people well at home, freeing up hospital beds, safe discharge, and keeping services running.

Readiness assessments have been completed, and a new approach to public communications is being developed. We welcome this early focus, particularly on older people, safe discharge and corridor care.

Tuesday's statement

The statement is an opportunity for Members to understand how prepared services are, hear about the risks being monitored, and ask how services are responding.

Based on what people tell us, we hope the statement will cover:

1. What the readiness assessments found. The main risks being monitored, what has changed as a result, and whether a summary will be published.
2. Corridor care. What health boards expect to achieve this winter, and how progress will be shared with the public.
3. Helping people know where to go. Progress on the new public communications approach, including in Welsh and in accessible formats.
4. People's experience. How communication, dignity and safety while waiting will be tracked and reported alongside operational performance.
5. Getting home safely. How earlier and weekend discharge will be matched by care, equipment, medication and transport when people get home.
6. Responding when pressure rises. How problems will be spotted and acted on quickly, and how people will be kept informed.

Our test this winter

Others performance-manage winter plans; our role is to test them against people's experience, using five questions drawn from our [People's Principles](#), which came from conversations with thousands of people across Wales.

Our question	What we will look for	People's Principle
Getting help	People know where to turn over Christmas, including GP and out-of-hours care	1. Access that works for everyone
Being kept informed	People are told what is happening and how long they may wait	3. Clear and honest communication
Dignity	Dignity in crowded departments, corridors, and while waiting for an ambulance at home	2. Dignity and respect, every time
Staying safe while waiting	People at risk of getting worse, including in mental health crisis, know who to contact	5. Timely care and support while you wait; 6. Whole person
Getting home safely	Care, equipment, medication and transport are in place on arrival home	4. Joined-up care; 7. Enables independence

We will pay particular attention to people who already face extra barriers (Principle 8), including disabled and older people, unpaid carers, and people who want care in Welsh or another language or format.

What Llais will do

Our teams will keep listening to people throughout the winter and take what we hear to health boards, committees and public forums.

Where plans are working, we will say so and share what works, where they are not, we will raise it with the organisations responsible and ask what will change.

We will report back: an early update in January, after the Christmas and New Year peak, and a full report in the spring.

Members can help by encouraging constituents to share their experience with us, in Welsh or English - [Have your say | LLAIS](#).