

Performance Report

Half year: April to September 2026 (Quarters 1 and 2)

1. Purpose and how to read this report

This report sets out Llais' performance in the first half of 2026–27. It answers one question for the Board: when people told us about their experience of health and social care, what did we do with it, and what difference did it make?

It covers Quarter 1 (April to June) and Quarter 2 (July to September) together, with each quarter shown separately so the Board can see the trend.

It covers delivery against our annual plan, how we supported people, what people told us, our representations and policy work, our communications, and the impact of our work.

The figures only tell part of the story. Behind them is a significant amount of work by staff and volunteers across Llais. A single representation or service change, for example, can involve months of listening, gathering evidence, meetings and follow-up before we see an outcome.

Behind every figure is also a person's experience, or a community sharing how health and social care feels to them. Many people share their experiences with us because they want things to improve, not only for themselves, but for others too.

We are grateful to all our staff, volunteers and partners who help turn those experiences into action, and most importantly to the people and communities across Wales who trust us with their stories and experiences.

The impact chain

Each example of impact in section 4 is set out as a chain of five steps, with how far it had got by 30 September. This shows where we have secured real change for people and where work is still in progress.

Step	What it means
1. Planned	The work links to our Annual Plan, through a key result or a planned programme of engagement, visiting or advocacy.
2. Listened	We heard from people, through engagement, visits, surveys, advocacy or partners.
3. Acted	We did something with what we heard: a representation, a supported complaint, a challenge to a service change, or evidence to a decision-maker.
4. Secured	A service or decision-maker gave a commitment, an answer, an apology, a decision or a change to its process.
5. Outcome	We have evidence that something changed for people: their care, their circumstances or their say in a decision.

A commitment from a service is an important step, but we only count it as an outcome once we can see the difference for people. Where an outcome is still emerging, we say so and follow it through.

2. The half year in summary

Key messages

- 1. We reached nearly 12,000 people across Wales.** We engaged 11,940 people through 265 activities and 11 visits. This includes in-depth conversations as well as wider reach at large events such as the Urdd Eisteddfod and freshers' fairs.
- 2. We are making a difference for people.** This report traces 28 examples of impact. In 8, we can show a confirmed change for people, and in a further 15 a service has made a commitment or changed its approach.
- 3. More people are turning to us for help with complaints.** We opened 1,912 complaints advocacy cases/enquiries and closed 1,573. New cases rose by 21% between quarters, partly a seasonal pattern, and we were supporting 1,355 people at 30 September. Our complaints advocacy improvement programme will help us meet rising demand while maintaining quality.
- 4. We act on what we hear.** We made 229 representations to health boards, local authorities and other bodies so that people's concerns

receive a formal answer. Some responses are taking longer to come back, and 42 were closed in the half year. A new representations procedure launches in November to improve quality, timeliness and follow-through.

5. **Our plan is on track.** After a slower first quarter due to the pre-election period, five of our six objectives are ahead of their expected position at Quarter 2. Growing and improving as an organisation is slightly behind.
6. **Service change is growing.** Service change activity is increasing across Wales as services respond to national priorities and pressures. Many changes matter deeply to local communities. Making sure people are heard is resource intensive, and we expect this work to grow.

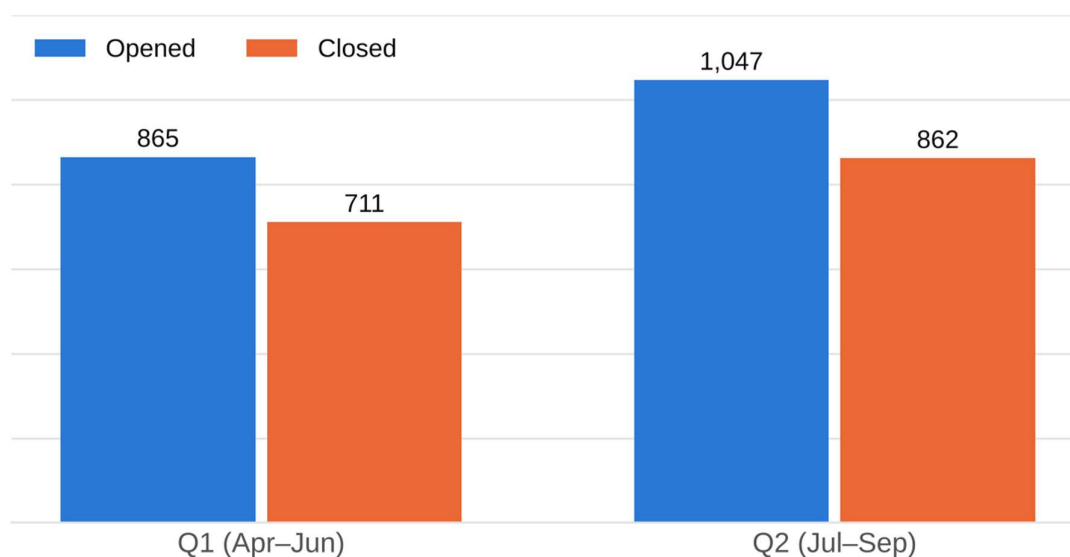
At a glance

Measure	Q1	Q2	Half year	Q1 to Q2
People engaged	5,985	5,955	11,940	Similar
of which large events or recorded contacts*	2,904	About 1,350	About 4,250	
Engagement activities	103	162	265	+57%
Visits	3	8	11	+5
National survey responses	58	93	151	+60%
Criw Llais survey responses	16	50	66	+34
New advocacy cases	865	1,047	1,912	+21%
Advocacy cases closed	711	862	1,573	+21%
Advocacy cases open at end of quarter	1,287	1,355	1,355	+5%
New representations	140	89	229	-36%
Representations closed	37	5	42	-32
Consultation and policy responses	4 (plus oral evidence)	12 (including ongoing participation)		Not like for like

Measure	Q1	Q2	Half year	Q1 to Q2
Attendances at Boards and working groups / representing Llais	122	148	270	+21%
Media mentions	126	176		

*Q1: Urdd Eisteddfod (2,316) and Hywel Dda stroke engagement (588).
Q2: Coleg Gwent freshers' fairs (900 contacts), a health board staff awards event (400) and recipients of a July summary (50).

Figure 1: Complaints advocacy cases opened and closed, by quarter



By region

Region	People engaged Q1	People engaged Q2	New advocacy Q1	New advocacy Q2	Open cases 30 Sept	New reps Q1	New reps Q2
Cardiff and Vale	96	407	43	26	100	9	0
Cwm Taf Morgannwg	309	377	22	16	30	23	7
Gwent	899	1,302	220	185	268	23	14
Powys	422	1,033	38	65	119	6	14

Region	People engaged Q1	People engaged Q2	New advocacy Q1	New advocacy Q2	Open cases 30 Sept	New reps Q1	New reps Q2
Neath Port Talbot and Swansea	220	738	145	181	298	12	7
North Wales	673	1,666	281	304	233	43	18
West Wales	659	129	104	253	262	6	14
National*	2,707	303	12	17	45	18	15
Total	5,985	5,955	865	1,047	1,355	140	89

**National activities are national events. National advocacy is the national cancer advocacy service.*

Gwent and North Wales engagement rose in Quarter 2 mainly because of freshers' fairs and a staff awards event. West Wales engagement fell because Quarter 1 included the stroke engagement events, but its new advocacy cases more than doubled (104 to 253). Cardiff and Vale rose from 5 activities to 23 through Llais Local work in Penarth.

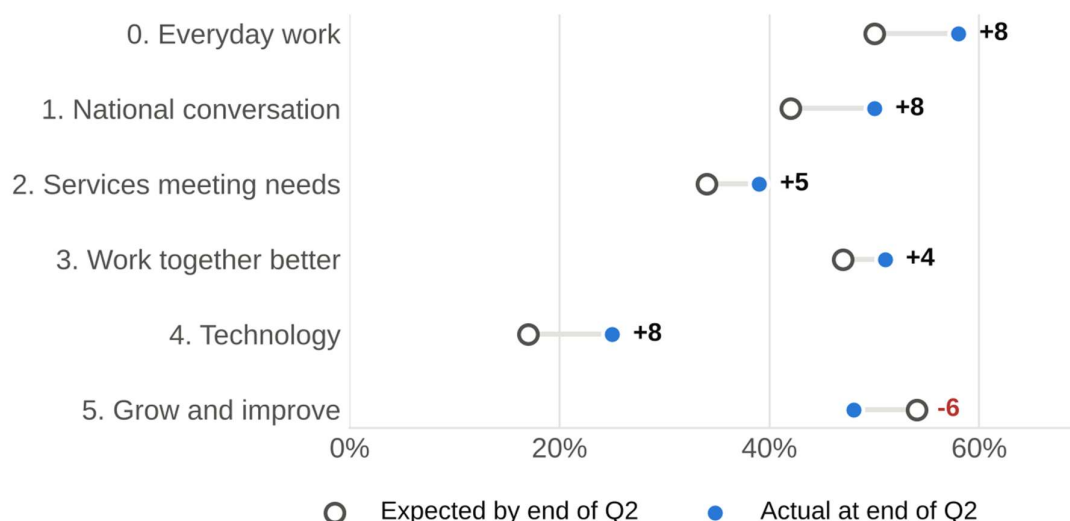
3. Delivery against our plan

Progress against the Annual Plan, as recorded in our OKRs at the end of each quarter.

Objective	Q1 planned	Q1 actual	Q1 status	Q2 expected	Q2 actual	Q2 position
0. Our everyday work	20%	32%	On track	50%	58%	Ahead (+8)
1. Drive a national conversation	32%	35%	On track	42%	50%	Ahead (+8)
2. Push for services that meet people's needs	40%	12%	At risk	34%	39%	Ahead (+5)
3. Work together better	40%	26%	At risk	47%	51%	Ahead (+4)
4. Technology that works for people	13%	2%	Behind	17%	25%	Ahead (+8)

Objective	Q1 planned	Q1 actual	Q1 status	Q2 expected	Q2 actual	Q2 position
5. Grow and improve as an organisation	34%	22%	At risk	54%	48%	Behind (-6)

Figure 2: Progress against expected position at the end of Quarter 2, by objective



4. Impact: from listening to outcome

4.1 What we planned to listen to

Our listening is planned. Each quarter we decide where to be so that we hear from a wide range of people, including those who are less often heard, and so that we hear about the services and changes that matter most to communities at that time.

Quarter 1: national events (Race Equality First Health Fair, the Mental Health and Wellbeing Show, the Urdd Eisteddfod, Pride Cymru, Gofod3, Cardiff MELA and LD AdFest), visits to three mental health inpatient units in North Wales, and regional engagement in every regional area.

Quarter 2: national events (One Voice Wales Awards, the Royal Welsh Show, the National Eisteddfod and Care at What Cost at the Pierhead), eight visits, Llais Local work in Penarth, Ystradgynlais and Brecon, freshers' events with students, and Criw Llais youth engagement.

Both quarters also included everyday enquiries, complaints advocacy and monitoring of service change.

4.2 Impact stories

Three experiences show the chain from start to finish: an outcome for one person, an individual complaint that led to a commitment for other patients, and a change to public involvement in a service decision. Every example we counted is listed in 4.3.

Care hours increased after reassessment (Powys, Q1)

Planned. Everyday complaints advocacy (key result 0.1).

Listened. A person with significant physical care needs had her personal assistance hours cut. She had complained to the local authority but had no reply and did not know how the process worked.

Acted. We obtained information and a response letter for her, which promised a reassessment. We kept following up until it happened.

Secured. A new social worker was allocated and the reassessment took place.

Outcome for people. Her care hours were reinstated. She told us she was 'relieved' and thanks us for listening, and she now receives the care she needed.

Step reached: 5. Outcome.

A GP practice reviews potentially addictive medicines (Powys, Q1)

Planned. Everyday complaints advocacy and learning from complaints (key results 0.1 and 2.4).

Listened. A woman had repeatedly raised concerns about long-term diazepam and co-codamol and felt ignored until she had become dependent.

Acted. We helped draft her complaint and referred her to independent mental health advocacy. Under Listening to People, advocates supported her at a meeting with her GP and practice manager.

Secured. An apology, acceptance that chances to discuss reducing her medication were missed, a Significant Event Analysis, and a plan to contact other patients on potentially addictive medicines to offer reviews.

Outcome for people. She is being supported by the practice pharmacist to reduce co-codamol and said she felt listened to. The practice's review could benefit other patients on similar medicines.

Step reached: 5. Outcome for her; 4. Secured for other patients. Carried forward.

More time for the Gorseinon consultation (Swansea Bay, Q2)

Planned. Responding to service change and using people's experience to influence it (key results 0.4 and 2.2).

Listened. The proposed engagement plan for moving 30 beds to Singleton did not give communities enough opportunity to consider the change.

Acted. We told the health board we could not support the plan, set out recommendations and discussed the timetable with senior staff.

Secured. A revised engagement plan.

Outcome for people. An eight-week consultation began in September. Communities had longer to have their say. The decision on the beds is still open.

Step reached: 5. Outcome for public involvement. Decision pending.

4.3 Impact at a glance

The table lists headline examples where the record lets us follow the chain, at its position on 30 September. Stories told in full above are included. These examples are drawn from records, so they show the shape of our impact, not its total.

Step reached	Number	Examples
5. Outcome	8	Care hours increased (Powys, Q1). Stalled complaints resolved (Powys, Q1). Medication and transport to a GP under the Alternative Treatment Scheme (Powys, Q1). Medicines review for one patient (Powys, Q1). Dermatology appointment (Powys, Q2). Prescribing errors acknowledged in a mental health complaint (Powys, Q2). Rechargeable hearing aids continued (North Wales, Q2). Gorseinon consultation extended (Swansea Bay, Q2).

Step reached	Number	Examples
4. Secured	15	Lansdowne Ward. Heddfan. Neurodevelopmental data. GP registration for homeless people (North Wales). Listening to People awareness in primary care. Deaf and BSL participation panel (Gwent), now reported as developed with Llais. Duty of Candour (our part: scrutiny). Carers' transport pilot (North Wales). ADHD assessment offered (Powys). Adapted housing offered (Powys). Further complaint response after Ombudsman referral (Swansea Bay). CT scan within five days (Cwm Taf Morgannwg). Fair process for Better Together and Llanrhaeadr (Powys). Mental health team linked with the Jac Lewis Foundation (Swansea Bay).
3. Acted	5	Dental access portal. Maesteg (decision not changed). Gender-affirming surgery pause. Welsh language access and the Active Offer. Health visiting during industrial action (Cwm Taf Morgannwg).

As our recording improves, future reports will be able to show the full extent of our impact, not only selected examples.

4.4 Service change

Service change is one of the most visible and resource intensive parts of our work. We tracked 52, 27 and 42 live service changes in April to June and 39, 54 and 50 in July to September.

These are monthly snapshots of the same changes, so they are not added together.

For each one, our role is to make sure the people affected are properly engaged, that their views reach decision-makers before decisions are made, and that the process is fair.

Examples from across Wales in the half year:

Area	Service change	Our role and position at 30 September
Powys	Better Together: the future of community hospital beds, minor injury units and travel. The proposed closure of the Llanrhaeadr-ym-Mochnant branch surgery.	We called for an inclusive, transparent process with a mid-point review. Consultation was due to begin on 5 October. The branch surgery review panel meets on 9 November.
Swansea Bay	Moving 30 beds from Gorseinon to Singleton. A temporary reduction in older people's mental health beds.	We challenged the engagement plan and secured an eight-week consultation (section 4.2).
Cwm Taf Morgannwg	Maesteg Community Hospital, the palliative care ward at Ysbyty Cwm Cynon, and the interim move of inpatient gastroenterology.	We put people's views to the health board's Board before it decided. Both closures went ahead. We are scrutinising the plans for engagement on the new Llynfi Valley centre.
Hywel Dda	The clinical services plan, including stroke services.	Attended five engagement events with 588 people in Quarter 1. Relayed what we heard to the health board and checked in with people they felt they were having their voices heard.
Betsi Cadwaladr	Penley and Tywyn community hospitals. GP boundary changes in Denbighshire.	We raised travel, equality and rural access. Penley consultation open into October; Tywyn moving to consultation; a longer engagement period being developed in Denbighshire.

Area	Service change	Our role and position at 30 September
National	The pause to gender-affirming surgery. Stricter eligibility for non-emergency patient transport. Future ambulance service plans.	We called for clarity and public involvement. Following our representation, the Welsh Ambulance Service agreed to publish clearer patient transport information and contact people directly.

Strong local feeling. Many of these changes matter deeply to the communities affected. People value their local hospitals and surgeries and worry about travel, especially in rural areas. In several areas, communities have organised themselves into groups and are making their case to Welsh Ministers. We listen to their views and make sure these views are expressed alongside others.

Hearing every voice. We also seek to engage, or ask services to engage, people who may see things differently or who are less often heard at public meetings, such as younger people and families, unpaid carers, and people who cannot travel to meetings. A fair process hears all of them, and that is the test we apply to every engagement.

The work involved. Each change can mean attending public meetings and drop-ins, reviewing engagement plans and board papers, correspondence with concerned members of the public, formal responses to services, and following the change through to a decision and beyond.

5. What people told us

The separate What We Are Hearing paper (separate Board agenda item 11) sets out what people told us between April and September, analysed against the People's Principles.

In summary, the strongest signals were about access, clear communication, joined-up care and support while waiting. People told us that finding their way through care is often harder than getting it, and that what happens once care begins matters as much as getting in.

Good care looked the same everywhere: people were listened to, information followed them and someone followed through for person using the service.

Social care

Our evidence on social care is not yet as rich as on the NHS. 24 of 196 regional representations touched social care (11 about social care alone and 13 about both), and the proportion of social care only engagement or visits is low in comparison to health. There is however regular national representation and involvement with The Office for Care and Support, All Wales Directors of Social Services, Carers organisations, Care Inspectorate Wales, Social Care Wales, Welsh Government Integration Team, and Regional Partnership Boards and the Integrated Community Care System programme.

The introduction of a social care champion in Q3 will support a keener focus on social care at a regional and local level, and using the funding provided by Welsh Government to support this role, establish a sustainable route for increased regional engagement, insights, communication, and partnership working in the sector.

We plan to record social care information more consistently and focus more engagement on people receiving care and unpaid carers.

Some of what we heard in the first 6 months was serious: changing social workers, delays to assessments and care packages, home care shortages, respite being stopped, carers left out of discharge planning, and care home residents without medication for three days or more. Care Inspectorate Wales findings in Flintshire, Bridgend and Monmouthshire match what we hear. The action we took on care home residents going without medication, for example was raised with the local authority and through safeguarding.

6. Representations, consultations and policy

Representations

Representations are our formal route for putting people's concerns to health boards, local authorities and other bodies, and expecting a response. They matter because they make sure people's concerns receive a formal answer. Each one involves gathering evidence, drafting and following up, and many take several rounds of correspondence.

We made 229 new representations in the half year (140 in Quarter 1 and 89 in Quarter 2), including 33 made nationally, and closed 42. Of the 196 regional representations, 172 were about health, 11 about social care and 13 about both; national representations are not broken down in this way. Closures fell from 37 in Quarter 1 to 5 in Quarter 2. Two further Quarter 2 representations are marked closed in regional records but are not in the totals.

We have redesigned our representations procedure with our teams and tested it in one region, with positive results. The new procedure, guidance, training and management reports launch in November. They will improve the quality and timeliness of representations and how we follow them through to an answer.

Some partners have needed longer than expected to respond, and deadlines have often been extended, particularly where organisations are under significant pressure. We will continue to work with them so that people receive answers.

Consultations and evidence

Responding to consultations and calls for evidence is one of the most important ways we influence national policy and strategy. It is where our local, regional and national voice comes together: what people tell our teams in communities, through advocacy and on visits is brought together into evidence for Welsh Government, the Senedd, regulators and UK bodies, across both health and social care. Our response to the Unpaid Carers Strategy, for example, drew on the views of people who took part in our 2025 “Health and Social Care We Want” conversation.

This is a substantial body of work. Over the half year we contributed to 16 consultations and policy activities and gave oral evidence to a UK Parliament committee. Each response draws on evidence from across our regions, often to short deadlines, and is checked against what people have told us so that we speak for them, not for ourselves.

In Quarter 1 we gave oral evidence to the Welsh Affairs Committee on cross-border care, and responded to the Dementia Strategy (calling for a named contact from diagnosis), the Unpaid Carers Strategy (enforceable rights and published indicators), Talk with Me Phase 2 (follow-through after identification) and GMC guidance on personal beliefs. In Quarter 2 we contributed to 12 consultation and policy activities, including ongoing

participation. They included the Senedd Health and Social Care Committee's priorities, reform of the General Medical Council framework, not-for-profit children's care, the Hywel Dda clinical plan, pharmaceutical needs and the national cancer strategy.

Where possible we track whether final strategies and guidance reflect what we said. We will report on this when each is published.

7. Communications and public profile

Communications are part of the impact chain in two ways. They take what people tell us to decision-makers and the public, which adds weight to our representations. And they close the loop by telling people what happened to what they shared. Media reach is not impact in itself, so we show where communications connected to the chain.

Measure	Q1	Q2
Press notices issued	6	14
Media mentions (online / broadcast / print)	126 (75 / 33 / 18)	176 (98 / 53 / 25)
Social media followers at end of quarter	6,743	7,207
Social media posts / impressions	665 / 155,387	778 / 185,576
Impact newsletter subscribers	Over 5,000	Over 5,000
Impact newsletter open rate	30% in April, 33% in May	34% in July, 57% in September
Reports published	14	6

Issue	What we published	Where it sits in the chain
Powys Better Together	Two press notices: on concerns about the engagement process and our expectations for the consultation.	Supported our call for a fair process with a mid-point review. Consultation due 5 October (step 4).

Issue	What we published	Where it sits in the chain
Gender-affirming surgery pause	Three press notices calling for clarity and support and seeking answers.	Kept people's experience visible. We continue to seek answers on behalf of the people affected (step 3).
Welsh language provision	A report on inconsistent access to Welsh language care, with significant media coverage.	Followed by representations on the Active Offer (step 3).
Emergency and ambulance care	Press notices on pressures at the Grange, the HIW report on Glan Clwyd's emergency department and public involvement in ambulance plans.	Feeds into our review of health board winter plans (step 3).
Closing the loop	"What we heard" reports from the Mental Health and Wellbeing Show, Gofod3, Cardiff MELA and LD AdFest.	Quarter 1 findings returned to the communities who took part.

We also launched a new website and the podcast In Conversation With. Baselines for both are being set, so we will report on their reach from Quarter 3.

8. Looking ahead

The first half of 2026–27 shows Llais making a real difference for people and communities across Wales: supporting people with their complaints, making sure communities are heard when services change, and carrying local voices into national policy.

We have more to do to strengthen the quality of our work and how we record and evidence it. The issues are well understood and work is under way, through the new representations procedure, the complaints advocacy improvement programme, the development of our data and CRM, and the new social care champion role. This is not a quick fix. Developing our people, policies and procedures takes time and care,

and must be balanced alongside our delivery for the people and communities we serve.

For people and communities, this means that when they share their experience with Llais, it will be heard, acted on and, increasingly, followed through so that they can see what changed as a result.