



Eich llais chi mewn | Your voice in health
iechyd a gofal | and social care

Llais Written Submission to the Health and Social Care Committee

June 2025

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Llais is the independent statutory body established in April 2023 by the Welsh Government to strengthen the public voice in health and social care.

This submission outlines how we have laid strong foundations in our early development and are building momentum in our engagement, influence and impact. It highlights where we have focused and will be focusing in the future.

The submission is structured around five key themes, each aligned with our statutory functions and values: volunteers, we have made significant strides in building a robust framework that supports our mission.

1. Establishing a trusted, people-centred organisation

– how we have structured Llais as a national body with independence and integrity, including how we work with others across the health and social care system.

2. Amplifying the voices of people and their communities across health and social care

– our work to listen to, engage with and represent all people and communities living in Wales.

3. Delivering independent complaints advocacy

– our complaints advocacy function and how this complements the other parts of our work.

4. Turning insight into influence and impact

– how we are developing insight functions and systems that drive impact, including data, evidence and introduction of our customer relationship management (CRM) system.

5. Looking Ahead: maturity, collaboration and impact

– our priorities and what's next.

1. Establishing a trusted, people-centred organisation

Llais is the Citizens Voice Body for Health and Social Care in Wales, established in April 2023 under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, to **represent the interests of the public in respect of health and social services**.

We replaced the former Community Health Councils (CHCs) and continue to build on their proud legacy, drawing on their deep-rooted connection with communities and commitment to people's voice in healthcare.

Our remit now includes social care, requiring new approaches, but that ethos of standing alongside people and challenging constructively remains central to our organisation.

As an independent statutory body, we ensure the voices of people and communities are heard, without fear or favour, and help shape services across Wales. Our independence is both a safeguard and a strength. It reinforces our credibility, fosters trust, and enables us to challenge constructively and represent people with integrity.

We have a legal duty to seek people's views on health and social care services, represent those views to NHS bodies, local authorities and others, and support individuals in making complaints when things go wrong. These responsibilities ensure real experiences shape how services are planned, delivered, and improved.

Llais is accountable to Welsh Ministers through a common governance framework designed to support and enable our independence. This includes the [Framework Document](#) and our annual [Remit Letter](#), which set out expectations for our role, performance, and relationship with the Welsh Government.

Our Sponsoring Minister is the Cabinet Secretary for Social Justice, Trefnydd and Chief Whip, to whom our Chair is directly accountable for the performance of the Board.

Our Chief Executive Officer, Alyson Thomas, is the Accounting Officer for

1. Establishing a trusted, people-centred organisation

Llais and is responsible for the organisation's leadership, day-to-day operations, and financial stewardship.

We are governed by a Board comprising a non-executive chair and non-executive deputy chair, and 6 additional non-executive members. All these roles are appointed via the Public Appointments processes in Wales. Our Chief Executive is the only executive member of the Board.

The Board is also joined by a non-voting, associate member, who brings a staff perspective to the Board. Together, they provide strategic direction, assurance and oversight. Further details including the supporting structures of the organisation are available in our Organisational Relationship Map.

The current members of the Llais Board are:

Professor Medwin Hughes	Chair
Grace Quantock	Deputy Chair
Alyson Thomas	Chief Executive
Bamidele Adenipekun	Non executive member
Jack Evershed	Non executive member
Karen Lewis	Non executive member
Dr Rajan Madhok	Non executive member
Jason Smith	Non executive member
Vacancy	Non executive member
Mwoyo Makuto	Associate Member (non-voting)



1. Building a trusted, people-centred organisation through listening and partnership



Building a trusted, people-centred organisation through listening and partnership

Since launching in April 2023, Llais has worked to build a trusted national organisation rooted in the views and experiences of people across Wales. In our first 100 days, we listened to communities, staff, and partners to understand what people want from us.

People told us they want:

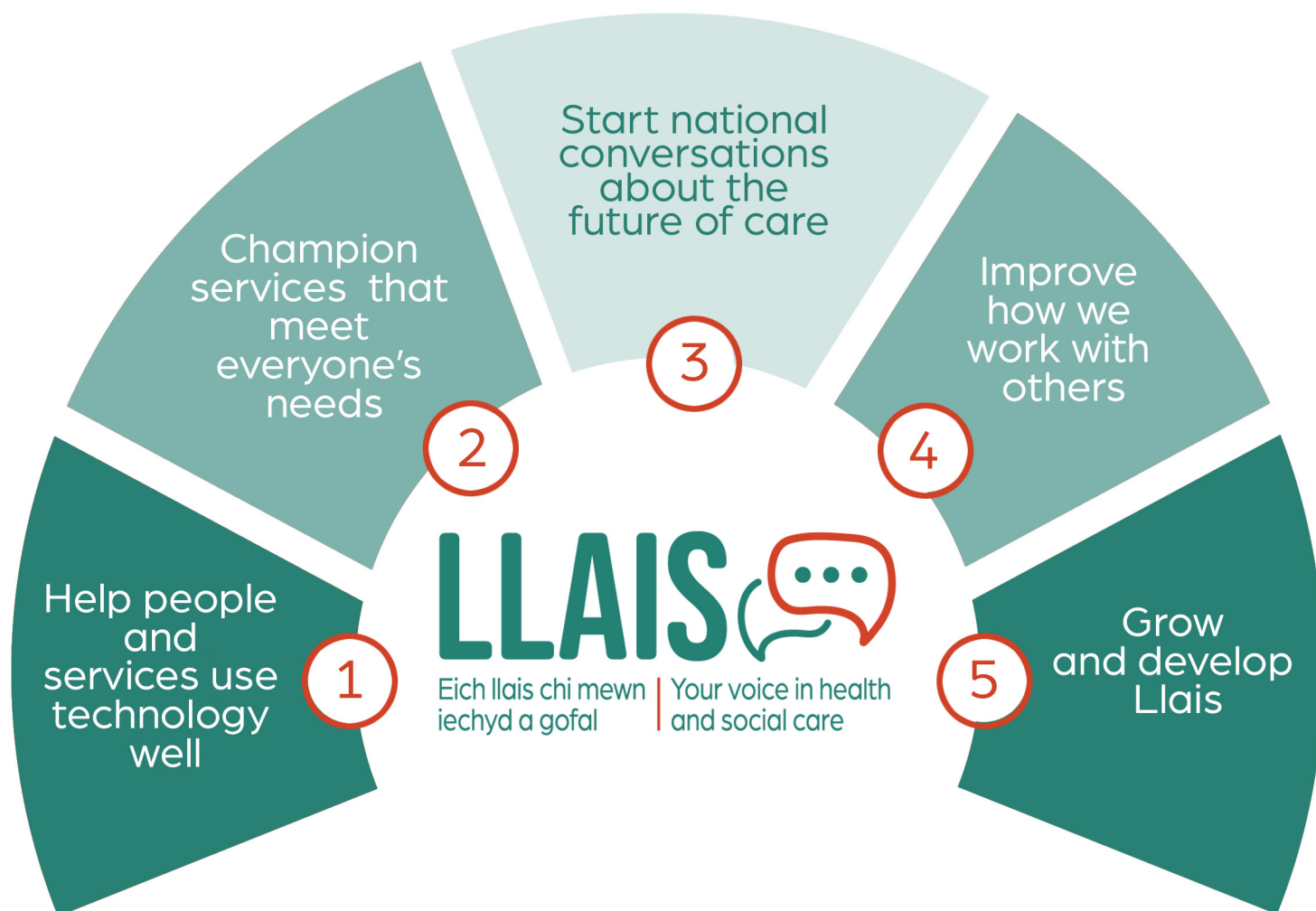
- A strong, independent voice that champions their experiences and views
- More opportunities to shape their services, especially when things change
- An organisation that is visible, accessible, and inclusive of all communities
- Help to navigate systems and provide support when things go wrong.
- Evidence that their voice makes a difference.

These messages shaped everything we've built: our vision, mission, strategic priorities, and ways of working. They also informed our [2024–2027 Strategic Plan](#), [Annual Business Plans](#), [behaviours framework](#), and ways of working.

Our Mission is to listen and make people's voices count in health and social care.

1. Building a trusted, people-centred organisation through listening and partnership

Our 5 strategic priorities (2024–2027)



We play a unique role: we are not a regulator, but an independent voice for people, working in partnership with health and social care services to drive change.

We've already worked with over a 1,000 organisations and community groups and built strong partnerships with Healthcare Inspectorate Wales, Care Inspectorate Wales, the NHS Executive, Local Authorities, the Public Services Ombudsman for Wales, Social Care Wales, the Commissioners' offices and many others. These partnerships support shared learning and joint approaches to improving care.

Our work alongside a wide range of third sector organisations, both nationally and locally, helps to make sure our work is informed by, and connected to, communities who experience the greatest barriers to being heard.

1. Building a trusted, people-centred organisation through listening and partnership



Internal culture and workforce development

The staff from the former Community Health Council movement transferred to Llais from the NHS under TUPE-style arrangements, helping to bring continuity of local knowledge, relationships, and experience across all regions of Wales.

Moving to a single independent organisation with a broader remit has meant big changes, including:

- Building new corporate arrangements from scratch (e.g. finance, HR, IT)
- Developing our own organisational values and behavioural standards, supporting a common culture.
- Developing consistent ways of working across Wales.
- Expanding our focus to include social care.

1. Building a trusted, people-centred organisation through listening and partnership

We've made progress but have also faced challenges, such as:

- Creating, evaluating and recruiting to new, unique roles
- Equipping our people, through learning and development to deliver on our wider remit as a stand alone public body
- Long-term sickness and stretched teams
- The need for new digital systems and infrastructure
- Operating in a challenging financial landscape, alongside the rest of the public and third sectors in Wales.

Our teams are based in 10 locations across Wales, with strong links into regional and local networks. Llais has 107 funded staff posts (with 17 currently vacant) and 164 active volunteers. We continue to adapt as we learn more about where we can have the biggest impact.

Board structure and public accountability

Our diverse Board provides strategic direction, challenge, and accountability. Board meetings are held publicly across the 7 regions of Wales. This helps to make our governance and decision-making visible and rooted in local communities.

We publish all meeting details, papers, and links in advance, and actively encourage members of the public to attend and submit questions. In addition to making our Board papers bilingual, we are exploring using artificial intelligence to make our meetings and materials more accessible and inclusive, so that more people can engage with and understand our work.

1. Building a trusted, people-centred organisation through listening and partnership

We're strengthening our Board through:

- Ongoing recruitment
- A placement through the Aspiring Board Members Programme to improve diversity, as part of our commitment to the Antiracist Wales Action Plan
- Adding expertise in areas like digital and finance.

We've added independent members to our Audit and Risk Assurance Committee (ARAC) with expertise in digital, cyber, and finance to fill the experience gaps of our current members.

While some executive and non-executive member vacancies have taken time to fill, this remains a key focus, and we anticipate a fully constituted Board shortly.

Governance and financial assurance

We are committed to using Welsh public money effectively, transparently, and responsibly to maximise our impact.

Our governance framework has been developed in line with *Managing Welsh Public Money*, supported by a published Framework Document, Standing Orders, Scheme of Delegation, and other key governance and control documents.



1. Building a trusted, people-centred organisation through listening and partnership



Our governance model includes:

- Our Board
- An active Audit and Risk Assurance Committee, and a Workforce, Remuneration and Terms of Service Committee, chaired by non-executive members of the Board
- Clear frameworks, structures and decision-making processes for financial control, risk management, performance monitoring, and compliance
- A published schedule of Board papers and documents.

We have procured an internal audit service from NHS Wales Shared Services Partnership. During 2023–2025 the internal audits programme gave us a reasonable assurance assessment. A recent audit on budgetary control and financial management received a substantial assurance assessment.

Audit Wales independently audited our 2023/2024 Annual Report and Accounts. The Auditor General for Wales issued an unqualified opinion and had nothing to report under the ongoing going concern sections.

This provides strong assurance of our governance and financial controls.

For Llais, governance is not just compliance; it enables impact, trust, and value for the people of Wales.

2. Amplifying the voices of people and their communities across health and social care

National Voice and strategic impact

Since we were established, over **70,000** people have engaged with us through events, surveys, and community based outreach activities. We don't just listen – **we act on what we hear**.

We have a statutory right introduced by *the* Act to make **representations** when services are not meeting people's needs. NHS and local authorities must consider these and tell us what action they've taken.

Since our establishment, we have made over 800 representations across a range of issues, including access to NHS dental services, maternity care, and hospital discharge. We prioritise representations that reflect widespread concern or where action is urgently needed to improve people's experiences.

In 2025, we'll introduce **new standards** to improve how we make and follow up on representations. We know it's not enough to raise issues – people want to see what's changed.

In the future, we believe there is scope to work more closely with NHS Performance and Improvement to track and follow up responses to representations, helping to ensure that people's voices continue to shape better services, not just in principle, but in practice.

Hearing from people while they use services

We have also followed the [Code of Practice on Access to Premises](#) to visit settings where health and social services are provided to hear from people receiving those services. Since April 2023, we have done this **261 times** (213 health, 26 social care, 22 both health and social care).

2. Amplifying the voices of people and their communities across health and social care

We want to increase the number of social care settings we visit. However, several additional aspects must be considered when visiting some care settings to ensure that everyone has a chance to have their voice heard safely. This requires the development of our staff and volunteers, and our ways of working. We are working with partners such as Age Cymru, Care inspectorate Wales, and Social Care Wales on this area of development.



2. Amplifying the voices of people and their communities across health and social care.

What we're hearing from people

Across our engagement work, the most common concerns we hear from people include:

- **Access to primary care:** hard to get appointments, poor communication
- **Mental health and neurodevelopmental care:** delays and gaps
- **Emergency care:** long waits, overcrowding, ambulance delays
- **Waiting times for treatment:** especially for orthopaedics, gynaecology, hearing, and eye care
- **Maternity services:** inconsistent experiences and postnatal support
- **Hospital discharge:** rushed processes, poor support for carers
- **Transport:** major barriers to accessing services in rural areas
- **System coordination:** people feel passed around with little joined-up care.

Emerging themes

Concerns are growing around gender identity care, neurodivergent-friendly services, dental access, and involving carers more meaningfully.

People have also told us what works well:

- Dedicated staff
- Clear communication
- Joined-up care in some areas
- Community-based support and new mobile services

When people have told us that things are working well, we have driven change by sharing the things that work for people with other services.



2. Amplifying the voices of people and their communities across health and social care.



Local and regional engagement

Our engagement model is built from the ground up. We follow the [National Principles for Public Engagement in Wales](#) to guide our engagement, and we connect with people locally, regionally, and nationally through:

- **Llais Locals:** in-depth engagement in local communities
- **Regional Public Fora:** bringing people and partners together to talk about challenges and ideas in health and social care
- **Regional Partnership Boards:** Our regional teams participate in all 7 Regional Partnership Boards across Wales, bringing people's lived experience directly into integrated planning for health and social care
- **Thematic projects** in each region, including on cancer care, school nursing, dementia, and carers' experiences.

Our National Insights and Engagement Team supported the local team to speak to over 500 people about their experiences of maternity and neonatal services provided by Swansea Bay University Health Board. The stories we heard revealed both compassionate care and areas of deep concern. We shared these insights in a [major report](#), contributing to the ongoing Independent Review and influencing local and national action.

Our report, discussed by the Cabinet Secretary for Health and Social Care in the Senedd, shows how lived experience can and must shape safer, more compassionate care.

2. Amplifying the voices of people and their communities across health and social care.

National-level engagement and campaigns

On an All-Wales basis, we have driven our *National Conversation* at events such as the **Royal Welsh Show**, **National Eisteddfod**, **Pride Cymru**, and **Minority Ethnic Communities Fair**.

Examples of national work include:

Our all-Wales project on [Getting urgent and emergency healthcare](#) was sparked by concerns from local communities and partners about corridor care and system pressures. We heard from more than 700 people through visits, an online survey, and focus groups.

We teamed up with the Bevan Commission and the Institute for Health Improvement to launch the "Silly Rules" campaign. This asked staff and the public which rules or processes get in the way of better care. We heard from over 780 people as part of the Silly Rules campaign. The findings will be published in Summer 2025.



2. Amplifying the voices of people and their communities across health and social care.

Supporting public voice in service change

When health or social care services want to make changes to their services, it's important that the people and communities that may be affected are involved from the start.

Unlike under the former Community Health Councils model, Llais is not required to get actively involved in every proposed change to health and social care services. Under the current requirements, duty to engage and involve people lies directly on NHS bodies and local authorities.

We've been involved in hundreds of service changes since April 2023. We get actively involved where people's voices need to be heard.

Where appropriate, we make representations based on what we hear and support people to raise their own concerns. This supports our strategic priority to push for services that meet everyone's needs.

Examples:

Emergency Medical Retrieval and Transfer Service review: We worked closely with those leading the service change to extend the arrangements for engaging with people so more people could have their say at key stages. We also challenged aspects of public engagement and the clarity of information being shared because meaningful involvement can't happen without clear and open communication.

Laugharne GP service: We worked alongside the community to ensure their voices were heard and considered as part of the decision-making process.

This short video captures that journey from the perspectives of those directly affected, showing how meaningful involvement can shape the future of services: [Laugharne Surgery](#)

2. Amplifying the voices of people and their communities across health and social care.

Influencing policy

We have shared what we hear with policy makers and others when they're seeking views on plans or proposals for health and social care in Wales.

We've responded to **38 national consultations** and submitted evidence to inquiries on key issues like:

- GP services
- Cross-border care
- Hospital discharge
- Neurodivergent code of practice
- Emergency and dental care
- Data justice and the use of personal data.

We also publish **position statements** rooted in public experience.

Dentistry: [Dental care crisis in Wales: Llais calls for urgent action to ensure fair access for all](#)

New NHS Wales targets: [New NHS Wales targets are welcome; most importantly change must be felt by people and communities quickly](#)

These help ensure that people's voices contribute to national conversations and influence decisions that affect them.



2. Amplifying the voices of people and their communities across health and social care.

Reaching underrepresented voices

As part of our commitment to equity and inclusion, we've worked with a wide range of organisations, including local authorities, community groups, statutory bodies, and equality organisations, to reach people whose voices are often underrepresented in health and social care conversations.

- Minority ethnic communities
- Deaf communities
- Young people
- Carers
- Gypsy, Roma and Traveller communities.

We use **community-led videos**, events, and partnerships to ensure voices are heard in ways that are respectful, accessible, and culturally appropriate.

We've also taken part in national and local events including the Creating an Anti-Racist Wales Summit, the Minority Ethnic Communities Health Fair, and regional 'Chai and Chat' conversations, helping us to hear from people directly in settings that feel accessible and welcoming.

We collaborated with partners working with black communities about their mental health to understand people's experiences and amplify their voices. See this [short video](#).

We also co-produced a [second video with young people](#), focused on mental health services.

2. Amplifying the voices of people and their communities across health and social care.

Understanding who we hear from

We're improving how we record and understand equality, diversity and inclusion data – working with Healthcare Inspectorate Wales and Care Inspectorate Wales, and updating our Customer Relationship Management (CRM) system to spot gaps so we can better target our outreach activities.

In 2025/2026, we're prioritising the integration of diversity fields into our CRM system, helping us track who we're engaging with, where gaps remain, and what action is needed to ensure everyone's voice is heard and understood.

Digital inclusion

In support of our strategic priority to help people and services to use technology in ways that work for them we have focused on digital Inclusion by joining the Digital Inclusion Alliance Wales, signing the digital inclusion charter, partnering with Digital Health and Care Wales on a Patient and Public Experience group to share people's views on the NHS Wales App design and development, and supported Welsh Government discussions around possible MedTech, AI, and Minimum Digital Living Standards in the future.



2. Amplifying the voices of people and their communities across health and social care.

Volunteering with Llais

Our volunteer network plays a vital role in helping us reach more people and build trusted local connections across our communities.

We launched a new [Volunteering Strategy](#) in 2024. Since April 2023:

- **315** volunteers have supported our work
- **8,750+ hours** of volunteer time has been given
- New and flexible opportunities have been introduced to suit people's time and skills.

These videos featuring our volunteers offer a glimpse into what it's like to be part of Llais and the difference they help make: [What it's like to Volunteer with Llais](#)



2. Amplifying the voices of people and their communities across health and social care.

Awareness and visibility

Llais has a statutory duty to promote awareness of our functions and ensure people across Wales know how to access our services. This duty is also placed on NHS bodies and Local Authorities, recognising the shared responsibility to make sure people understand their rights and how their voices can influence health and social care services. We're raising awareness through:

- Posters, leaflets, and outreach
- Social media and media coverage (186 media story mentions in 2024–2025)
- Partnerships and paid campaigns (e.g., bus ads, radio)
- A growing digital presence (website visits, e-newsletters).

This mix of channels has helped us build recognition of Llais as the citizens voice body in Wales, while making it easier for people to share their experiences, take part in projects, and seek help through our complaints advocacy service.

We're reviewing our approach to make sure we reach **younger, rural, and digitally excluded people**.



2. Amplifying the voices of people and their communities across health and social care.

Our commitment to Welsh Language

We have taken steps to ensure we are compliant with our statutory duties relating to the Welsh Language Standards, and we are actively supporting the Welsh Government's ambition for a bilingual nation through Cymraeg 2050 and the More Than Just Words framework.

- We completed an internal self-assessment against the Welsh Language Standards and developed an action plan to improve how we meet and exceed our duties.
- We offer bilingual services across our channels and support Welsh language use in our teams. Over 40% of our staff can speak and understand spoken Welsh, and we're encouraging more staff to learn.
- We have reviewed our recruitment approach and are taking steps to strengthen our Welsh language presence and culture.
- We established an internal Welsh Language Working Group, made up of staff and volunteers who speak or are learning Welsh. The group shares ideas on how we can actively promote the Welsh language in our day-to-day work, foster a bilingual culture across Llais, and build confidence among colleagues to use more Welsh in their roles.



2. Amplifying the voices of people and their communities across health and social care.

People's Stories

We're sharing more real-life stories to bring people's experiences to life and highlight what needs to change. This will grow in the year ahead.

Over the past year, we have begun to share more of these powerful insights, including [Frank and Anne's story](#) about navigating dementia services, or [Ally John's story](#) about getting help for her son's mental health. We want to build on this approach, creating more opportunities for people to share their experiences in ways that are accessible, meaningful, and impactful. This will be a growing part of our engagement, advocacy, and influencing work in the year ahead.



3. Delivering independent complaints advocacy

Our Approach

Helping people raise concerns when care goes wrong is a key part of our role.

Our complaints advocacy service:

- Explain how NHS and social care complaints processes work
- Help and support people to voice their concerns through writing letters, completing forms, and attending meetings
- Offers flexible support that fits individual needs
- Work in a confidential, trauma-informed, and person-centred way.



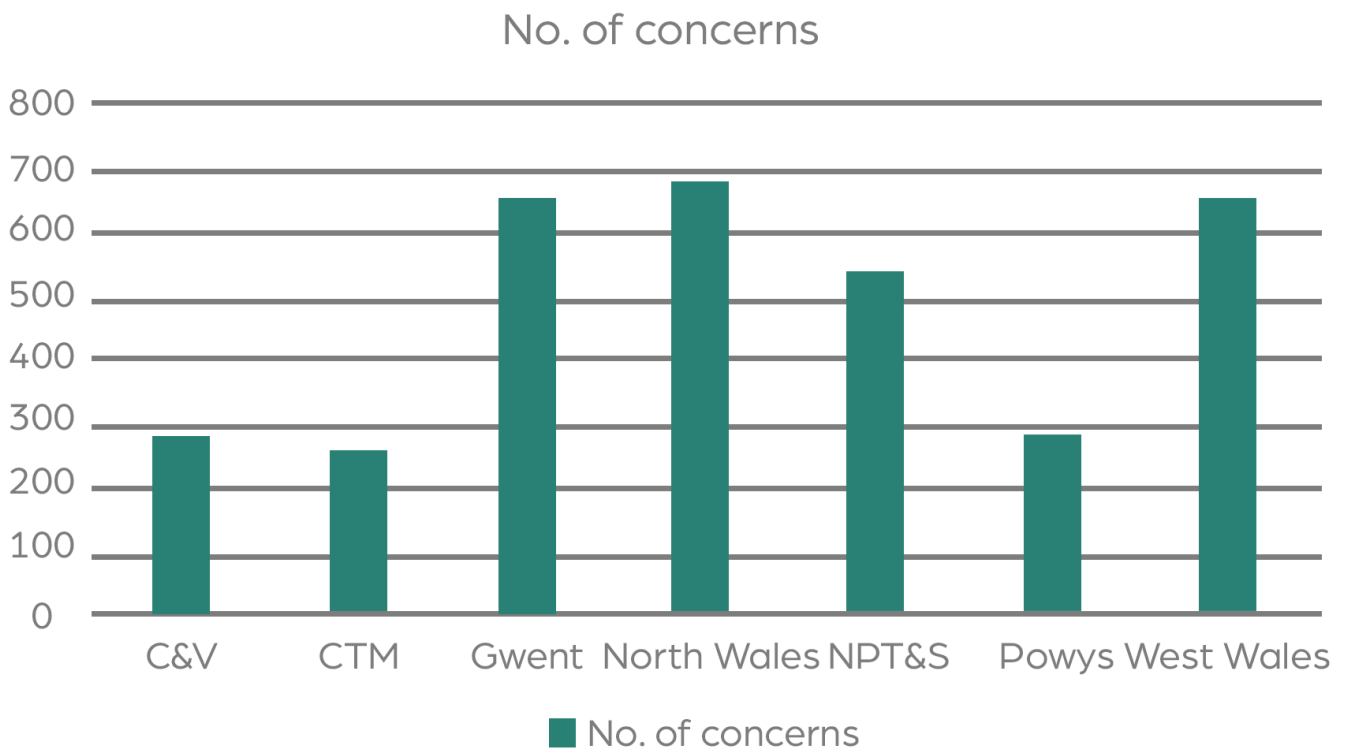
3. Delivering independent complaints advocacy

Demand and Regional Variation

Since April 2023, we've handled:

- 6,343 enquiries and complaints
 - 2,973 individual enquiries
 - 3,370 complaints advocacy cases (2,550 health | 820 social care).

Demand for our complaints advocacy service is highest in our Gwent, North Wales, and West Wales regions. While some of this reflects the size of the population in these regions, we're exploring this further to see whether this also reflects awareness, service issues, or both.



The concerns people raise

The concerns people raise often reflect deep-rooted challenges across both health and social care systems.

3. Delivering independent complaints advocacy

In healthcare, common issues include:

- Long waits for access to GP appointments and specialist referrals
- Missed or delayed diagnoses, sometimes with serious consequences
- Unsafe hospital discharge planning
- Breakdowns in communication, between services and with individuals
- Distressing maternity and emergency care experiences
- Lack of clear complaints guidance
- Emotional toll on individuals and families.

In social care, concerns include:

- Inadequate support in care homes, especially at end-of-life
- Confusing or uncoordinated services
- Discrimination and lack of trust, including claims of being misrepresented or coerced by services
- Long waits for children's mental health support
- Gaps in help for adults with mental health needs
- Emotional distress caused by trying to secure safe, compassionate, and consistent care.

Rising Complexity and Our Response

We are supporting more **complex, multi-agency cases**, including people with additional communication needs.

To support this work and respond to the rising complexity:

- We created a **Head of Complaints Advocacy** role to lead service improvements. This work programme is designed to ensure our team has the right knowledge, tools, and support to meet the rising complexity of the issues we're seeing, while also delivering a high-quality, compassionate service for the people we support.
- We launched a **specialist cancer complaints advocate**, in partnership with **Tenovus**, to support people with cancer to raise their concerns.

3. Delivering independent complaints advocacy

Broadening access to our service

We are developing a clearer understanding of where our referrals for complaints advocacy services come from. We promote our service through:

- Community settings (libraries, health events, support groups)
- Referrals from engagement events
- Accessible materials in plain language
- Statutory and community partners.

There are **limits to who we can support**, due to statutory rules. For example:

- We can support NHS complaints from children and young people – but **not those under social care**
- We can support people **self-funding care in regulated social services** – but **not people self-funding private healthcare**.

These boundaries can be confusing for the public and staff. We're raising this with Welsh Government and partners to support clearer access and responsibility across the system for addressing concerns.

Using Advocacy Insights to Improve Services

Our complaints advocacy work often reveals wider issues in the system. We are working to link individual advocacy cases to broader service improvement and policy change.

3. Delivering independent complaints advocacy

Examples:

- A complaint in Powys about gender service access led to services being delivered locally via GPs
- A complaint about a GP-related medical emergency led to staff training and a review of local protocols.

These examples show how personal advocacy can drive systemic improvement, and why we are committed to deepening the connections between our complaints advocacy work, our insights, and our influence.



4. Turning insight into influence

Building strong systems behind powerful stories

From the beginning, we knew that **people's stories alone aren't enough** – we also need the right systems and evidence to back them up.

We're continuing to develop the right tools, processes, and learning to:

- Listen well
- Record what we hear
- Analyse it clearly
- Use it to influence decisions across health and social care.

We've introduced a **national Customer Relationship Management (CRM)** system to track and analyse all our engagement, advocacy, and representation work. It helps us see:

- What people across Wales are telling us
- Where the biggest concerns are
- How we're responding.

Although the system is still in development, we're:

- **Training staff** and building shared standards
- Running **data quality checks** and **"super user" groups**
- Supporting teams to use it well and confidently.

Building this system takes time, specialist expertise, and ongoing staff input. We're balancing this carefully with the need to continue our **frontline activity**.

We're also ensuring that the CRM system is:

- Safe and secure
- Built around **clear data governance**
- Fully compliant with privacy and permissions standards.

4. Turning insight into influence

Using insight to influence services

We are increasingly combining quantitative and qualitative insight to tell a fuller story. This includes:

- Thematic analysis of recurring concerns (e.g. GP access, maternity care)
- Complaints advocacy insights feeding into wider representations
- Case studies and video stories to highlight lived experience
- Regional differences reflected in both local and national engagement.

We're also working with NHS Wales **Performance and Improvement** to:

Better understand what data the public wants to see (e.g. wait times, outcomes).

Explore **joint data-sharing** through the People Experience Framework.

We're now looking to mirror this work in **social care**, where data systems are less developed. We've started early conversations with Social Care Wales, Care Inspectorate Wales, and others to improve how people's experiences are captured and used.



4. Turning insight into influence

Growing our insight function

Our next steps include:

Improving how we **categorise/group and describe issues** in the CRM system.

Enabling **trend analysis** and linking engagement, complaints advocacy, and action.

Creating **tailored reports** for NHS, local authorities, and government.

Exploring more routine, public sharing of insight so people can see how their voice is making a difference.

By combining real life experiences, expressed in people's own words with wider data and embedding responsible data handling throughout our work, we want to further strengthen the power of people's voices in informing and influencing the design, development and continuous improvement of health and social care services for everyone in Wales.



5. Looking ahead: maturity, collaboration and impact

Our focus for the future

As Llais moves forward, our goal is to **strengthen how we support people's voices to be heard**, especially those who are often under-represented. We want to:

- Make public involvement more meaningful and inclusive
- Develop smarter systems and stronger evidence
- Build deeper partnerships across health and social care
- Invest in our people, tools, and leadership.

National engagement projects – voice into influence

We're focusing on 2 major All-Wales engagement projects this year. They represent a step-change in how we listen to and work with people across Wales:

1. Rights, Expectations and Responsibilities

A national conversation on what people should expect from health and care services. It explores:

- People's rights
- Their expectations
- Shared responsibilities between the public and services.

This will result in a practical framework for improving how services communicate, listen, and act.

2. Getting care and support through Integrated Community Care Hubs

We'll be hearing from people using local joined-up services to understand:

- Access and availability
- Digital options
- How smoothly care is coordinated.

We want these insights to help shape future planning and service improvement.

5. Looking ahead: maturity, collaboration and impact

Later in 2025, we'll also host our first Voices for Change summit, a national event to:

- Share lived experiences
- Present our project findings
- Bring people and decision-makers together to influence service design and delivery improvement.

Strengthening community power and local voice

At the same time, we are focusing on building stronger communities through the way we engage with people and support their active involvement in their health and social care services. We're building long-term relationships with groups such as:

- Carers' forums
- GP patient groups
- Mental health service users.

We're embedding **equity and anti-racism** into all national engagement and ensuring our volunteers help gather local feedback in meaningful ways.

We are also improving how we track **diversity data** to help us make sure we are hearing from everyone.

Expanding our role in digital and data

People want **clear data** on how their services are performing.

That's why we are:

- Investing in our **CRM system** and analytics
- Combining complaints, advocacy, and survey feedback to give a fuller picture
- Working with NHS Performance & Improvement to share useful data in ways people understand and can use.

5. Looking ahead: maturity, collaboration and impact

We want to better understand what people want to know, how they want to see it, and how best to provide it at national and local levels.

Growing our reach in social care

We want to deepen our focus on supporting people to have a stronger voice in social care. While our role spans both sectors, our legacy and systems are more established in health, so we are now sustainably and purposefully expanding our understanding and reach in social care. This year:

- Each region will hold **listening events in 2025–2026**
- We'll host **regional Health and Social Care Summits**
- Nationally, we're partnering with organisations like Social Care Wales and ADSS Cymru to increase our visibility and influence.



5. Looking ahead: maturity, collaboration and impact

Strengthening accountability and service improvement

Following the introduction of the duties of quality and candour for the NHS in Wales, we will be focusing on using what we hear from people to understand whether and how these duties are making a real, meaningful difference in people's experience of NHS care.

This is part of our commitment to working with NHS and social care organisations to support their learning, shine a light on gaps, and use our independent voice to call for improvement.

We are the host organisation for the **Maternity and Neonatal Voice Partnership (MNVP) Cymru**, which supports a network of local voices helping shape maternity care across Wales. This is a **new model** for Llais, and we will use what we learn from this to think about whether there is scope to extend this to other areas in the future.

We are working to make our feedback loops stronger, so people can see how their voice made a difference, whether locally or nationally. We want people to see what happens when they speak up. That's why we're introducing more:

- Digital stories
- Interactive summaries
- Community updates, tailored to local areas.

We want to do more to routinely share our insights and work together with partners like the **Older People's Commissioner** and **Children's Commissioner** to help amplify people's voices and influence wider policy to make the biggest difference by using our collective resources to best effect.

5. Looking ahead: maturity, collaboration and impact

Measuring our impact

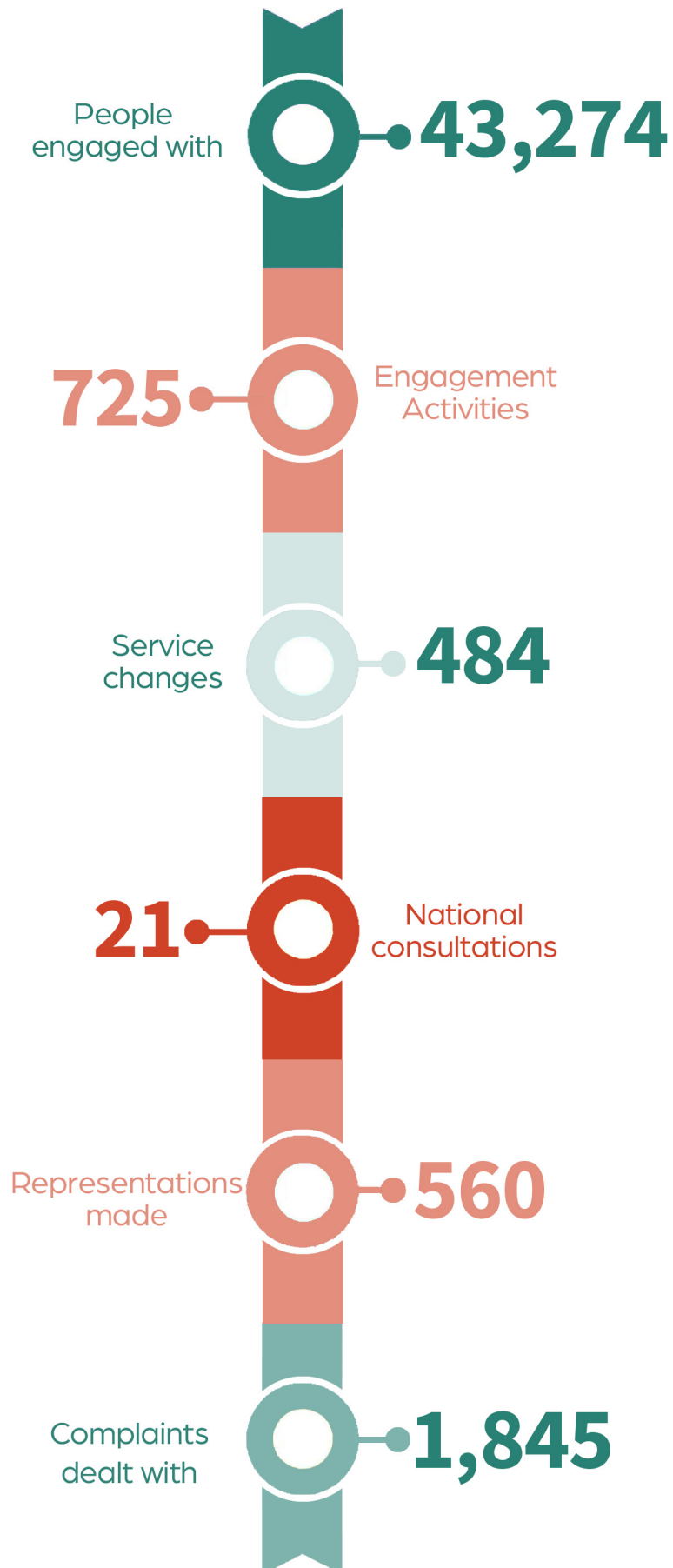
We are developing better ways to track:

- **Reach:** How many people we engage
- **Influence:** Where we are shaping decisions
- **Outcomes:** What changes as a result.

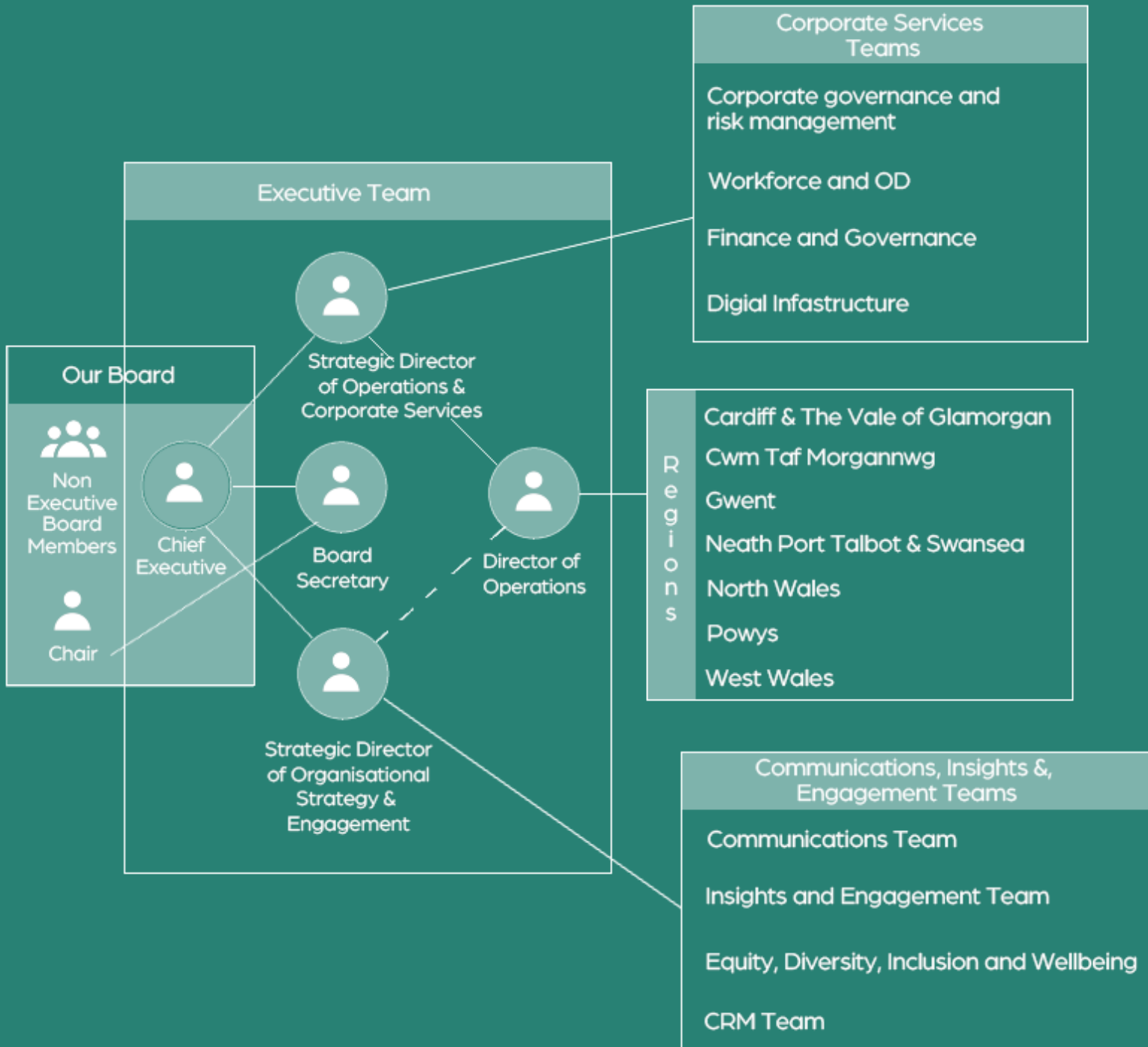
We will use both quantitative indicators (e.g., engagement levels, response rates) and qualitative methods (e.g., case studies, co-produced evaluation) to assess how well we are meeting our purpose.



Appendix 1: Our year in numbers:



Appendix 2: Llais governance



Appendix 3: LLAIs relationship map

