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Llywodraeth Cymru
Welsh Government

WELSH HEALTH CIRCULAR

Status: Information for Compliance

Category: Quality, Safety and Experience

Title: Listening to People: The amended NHS Wales complaints, incidents and redress process

Action by:

Chief Executives, Health Boards/Trusts

Directors of Public Health, Health Boards/Trusts

Medical Directors, Health Boards/Trusts

Directors of Primary Care, Health Boards/Trusts

Nurse Executive Directors, Health Boards/Trusts

Directors of Therapies and Health Sciences, Health Boards/Trusts

Chief Pharmacists, Health Boards/Trusts

Executive Director of Public Health, Public Health Wales

General Practitioners, dental practices and community pharmacies and optometry practices

Required by: 1st April 2026

For Information:

DG/Chief Executive, Health, Social Care and Early Years Group (HSCEY)

NHS Wales Deputy Chief Executive (HSCEY)

Welsh NHS Partnership Forum

General Practitioner Council, Wales

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

British Medical Association (Cymru)

Royal College of GPs

Royal College of Nursing

Royal College of Midwives

Royal College of Paediatrics and Child Health

College of Optometrists

British Dental Association

Royal Pharmaceutical Society

Community Pharmacy Wales

Optometry Wales

Care Inspectorate Wales

Healthcare Inspectorate Wales

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Enclosures:

Organisational guidance for Listening to People: NHS Wales complaints incidents and redress process

People's guidance for Listening to People: NHS Wales complaints incidents and redress process

Overview

This Welsh Health Circular sets out the mandatory expectations for all Welsh NHS bodies, primary care providers, and independent providers providing care commissioned by the NHS in Wales, in implementing the amended process for complaints, incidents and redress, which will now be known as Listening to People. These amendments modernise the former Putting Things Right arrangements and strengthen a person-centred, transparent and learning-driven approach across the NHS. They reflect the regulatory amendments made to the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 ("the 2011 Regulations") by the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2025.

The Circular clarifies organisational responsibilities, standards, reporting requirements, and transitional expectations.

Background

A system-wide review highlighted that the previous Putting Things Right framework had become outdated, administratively burdensome, and insufficiently person-centred. Evidence showed that people did not always feel believed, understood, or supported when raising a concern; they felt the process to be overly legalistic, and lacking compassion or empathy, and complaints remained high, with avoidable escalation and repeat concerns. Significant criticism of the name Putting Things Right was received through consultation and stakeholder engagement, suggesting that whilst the intention was to 'put things right,' this did not reflect well for people who had been significantly harmed or were bereaved.

Consequently, the process will now be referred to as "Listening to People: NHS Wales Complaints, Incidents and Redress process" to emphasise the importance of putting people at the centre of the process by listening to them from the start. This is a significant national transformation in how the NHS listens to and responds to people and implementation should be phased, pragmatic and supportive.

The revised Listening to People process responds directly to these issues. Key changes include:

- A revised two-stage model: "Listen and Act" and "Investigate, Respond, and Learn".
- A more prescribed and extended early resolution period of 10 working days from the date the concern is acknowledged.
- The mandatory offer of a discussion to focus on listening – to be referred to as the "listening discussion".
- Increased financial redress threshold from £25,000 to £50,000.
- Requirement for records to be kept of any determinations that independent medical advice is not required in relation to concerns involving the death of, or moderate or severe harm to, a patient.
- Clearer communication and explanation of complex terms.
- Actively offered advocacy and legal support.
- A statutory power to suspend investigation where a safeguarding enquiry, criminal investigation, or criminal proceedings are underway in relation to the same matter.

Statutory guidance to support responsible bodies to meet the new regulatory amendments from 1st April 2026 has been coproduced with key NHS stakeholders and wider partners including Llais and the Public Services Ombudsman for Wales. This replaces previous guidance issued under Putting Things Right.

People's guidance has also been developed to support people to understand what they can expect when raising a concern. Both sets of guidance have been shared with relevant stakeholders in draft form and final versions are attached to this communication and will be published on Welsh Government webpages by 1st April 2026.

The duty to consider redress only applies to Welsh NHS bodies, which are defined in the 2011 Regulations as Local Health Boards, National Health Service Trusts managing a hospital or other establishment or facility wholly or mainly in Wales, or Special Health Authorities. The duty to consider redress does not apply to primary care providers or independent providers i.e. Parts 6 and 7 of the 2011 Regulations do not apply to such providers, but they are required to make arrangements in accordance with the other Parts of the 2011 Regulations.

Key Amendments and Expectations

1. Mandatory Offer of a Listening Discussion

Responsible bodies must acknowledge receipt of the notification of a concern not later than 5 working days after the day on which it is received and offer an in-person, telephone call, video call or face to face listening discussion. Participation is voluntary for the individual, but the offer is not optional for organisations.

The listening discussion should:

- Employ active, compassionate listening.
- Confirm communication needs and offer advocacy support.
- Explore the individual's desired outcomes.
- Record the discussion clearly in the appropriate management system.

If the individual declines, organisations must follow the regulatory requirements for documentation and written communication of next steps.

2. Early Resolution (Stage 1)

Early resolution must be considered for all concerns unless clearly unsuitable due to complexity, risk, or the individual's stated preferences. Early resolution must be completed within 10 working days, beginning with the day the responsible body acknowledges receipt of the notification of the concern.

Organisations must ensure:

- Skilled staff lead the listening discussion and early resolution stages.
- Discussions are documented accurately.
- Outcomes are realistic, person-centred and clearly communicated.

3. Process Accessibility and Equity

Responsible bodies must demonstrate equity of access, including monitoring and addressing barriers for marginalised and seldom-heard groups. This includes ensuring accessible formats, interpretation, digital-exclusion alternatives, advocacy offers, and culturally competent practice.

Concerns involving discrimination (including racism) should be handled with enhanced sensitivity, validation of experience, and prompt, thorough investigation.

4. Expectations Around Communication

All individuals raising a concern must receive:

- Clear explanation of their rights, options, and processes.

- A named point of contact.
- Updates about the progress of the investigation.
- A written summary of the listening discussion, where one has taken place, and proposed actions.

Where complex clinical or legal terminology is used, plain language explanations are required.

5. Investigation and Redress (Stage 2)

Where early resolution is not appropriate or is unsuccessful, concerns must progress promptly to Stage 2 investigation. Organisations must ensure:

- Realistic timeframes are set and communicated.
- Investigations are proportionate, trauma-informed, and person-centred.
- Outcomes are shared in clear, accessible written communication.
- Redress decisions are transparent and evidence-based.

6. Learning, Assurance and Governance

Responsible bodies are required to demonstrate organisational learning arising from concerns and must feed these into quality, safety, and service improvement structures. Leaders must provide assurance that:

- All concerns processes comply with the regulations.
- Improvement actions are implemented and monitored.

Integration with the Duties of Quality and Candour

All NHS bodies must ensure alignment between the Listening to People process, the statutory Duty of Quality, and the Duty of Candour. Concerns should be incorporated into the organisation's quality management system and inform Board-level scrutiny of quality, safety and experience.

Where a notifiable adverse outcome triggers the Duty of Candour, organisations must fulfil all requirements under the Duty of Candour procedure including open communication, timely notification, comprehensive documentation and support for individuals. Where a concern does not trigger the Duty of Candour, the rationale must be recorded to support quality assurance and organisational learning.

Learning from concerns and candour cases must be collated, analysed, shared, and used to drive improvement.

This ensures the Listening to People process strengthens transparency, supports compassionate practice, and embeds continuous improvement across the NHS in Wales.

7. Use of the Once for Wales Concerns Management System

The once for Wales concerns management system is expected to be the primary mechanism for recording and reporting complaints and incidents, ensuring consistency and transparency across Wales.

Support for organisations

National support for implementation has been and will continue to be provided by NHS Performance and Improvement through a Strategic Oversight Group and Operational Delivery Group with oversight from Welsh Government. The aim is to ensure that stakeholders are well-prepared and confident in implementing the amended process.

Review

Welsh Government will keep Listening to People under review to ensure the process remains relevant and meaningful.

Next Steps

This is a transformational programme where all NHS organisations and other responsible bodies will be expected to:

- **Update local procedures and policies** to reflect the amended regulations and Listening to People guidance.
- **Train staff**, particularly those involved in early resolution, listening discussions, and investigations.
- **Communicate changes to people,** ensuring plain language and accessibility.
- **Integrate monitoring arrangements** to track compliance, timeliness, equity of access and quality of learning.
- **Report progress** to their Board and, to Welsh Government through existing quality and performance reporting structures.

Required Actions

Chief Executives and Executive Nurse Directors must ensure:

- assurance of implementation activities,
- clear internal communications to staff at all levels,
- executive-level oversight of compliance and learning,
- submission of assurance returns as required by Welsh Government.

Conclusion

This initiative marks a truly transformational programme for healthcare in Wales. It represents a collective commitment to delivering safer, more equitable, and compassionate care for our patients, while fostering a culture of continual learning and improvement among staff. As Chief Nursing Officer of Wales, I urge all colleagues to embrace these changes with vigour and dedication, ensuring that together we create a lasting positive impact for our communities and the future of Welsh healthcare.

Yours sincerely

Sue Tranka

Chief Nursing Officer, Nurse Director NHS Wales