

Proposed changes to the Putting Things Right process

General information

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Organisation (if applicable):

The Welsh NHS Confederation

Are you responding as an individual, or on behalf of an organisation? (select only one option)

- Individual
- On behalf of an organisation

Other (please specify):

The Welsh NHS Confederation welcomes the opportunity to respond to the Welsh Government consultation on proposed changes to the Putting Things Right process.

The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services NHS Trust, and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers.

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Overview

Putting Things Right (PTR) is the process through which concerns and complaints about NHS Wales are investigated. PTR arrangements are governed by the [National Health Service \(Concerns, Complaints and Redress Arrangements\) \(Wales\) Regulations 2011](#) (“the PTR regulations”).

Welsh Government is seeking opinions from stakeholders across Wales on our proposed changes to the PTR process.

Background

Welsh Government wants to enable a culture shift in NHS Wales towards a system that is always listening, learning and improving, and that has the trust and confidence of patients and their families.

Proposals

- Place patients at the heart of the process.
- An improved focus on compassionate patient-centred communication.
- Improving the Putting Things Right process to be more inclusive.
- The inclusion of escalation processes for urgent concerns of deliberate abuse or harm from care, or after someone dies.
- Refresh the arrangements to provide free legal advice and medical expert reports.

The proposed PTR approach:

Your own experience

We would like to hear about your individual experience of raising concerns and complaints.

Question 1

If you would like to tell us about a concern or complaint you have raised about care received from NHS Wales, please do so below.

N/A

Stage one of the concerns and complaints process

Investigations by NHS bodies into concerns and complaints have two stages: early, informal resolution of the problem and a second stage with a formal investigation. At present, the early resolution stage is limited to two working days. This deadline is frequently missed, so the early resolution stage rarely takes place, and the concern or complaint moves automatically into the formal stage regardless of the wishes of the person raising the concern or complaint.

Question 2

Do you agree that there should be a review of the procedure NHS bodies follow before the formal investigation commences?

- Yes
- No

Please give your reasons.

Overall, our members agree that there should be a review of the procedure NHS bodies follow before the formal investigation commences.

Members highlighted that time should not be a deciding factor for when a formal investigation commences. Over the years the number and complexities of concerns across the NHS in Wales has increased. Patients and service users' treatment cross over multiple services e.g. acute, community, primary care, private healthcare services etc. and a high number of complaints involve the provision of explanations and answering questions about treatment and care.

Providing people with an opportunity to raise 'concerns' or ask questions about their care is important to the delivery of person-centred and transparent care, and this should not require the person to raise a formal complaint. Having an effective process in place for reviewing concerns and triaging them appropriately, together with a single point of contact for queries and feedback, should improve communication and at the same time reduce the number of concerns being managed as a formal complaint.

Also, the complexity of the NHS in Wales has continued to advance, with processes and systems maturing and legislation such as the Health and Social Care (Quality and Engagement) (Wales) Act being introduced, however, Putting Things Right (PTR) has not evolved since its implementation in 2011. The review should include the whole of PTR, not just the early resolution element. To be a person-centred approach the process should be fluid enough to reflect the complexity, level of harm, needs of complainant and the opportunities for the service to respond at the earliest opportunity.

Moreover, our members agree that a review would allow more time for Early Resolution (ER). Feedback highlights that responding to informal concerns and addressing ER can be effective when undertaken correctly. However, a more uniform and standardised all Wales agreement would be welcomed to ensure a pragmatic, consistent and achievable approach. For example, offering people the opportunity to meet face to face with a Patient Advice and Liaison Service (PALS) officer or member of the clinical team earlier in the process and taking action to address their concerns may prevent onward escalation to PTR and mitigates the need to pursue lengthy, formal processes.

Question 3

Do you agree that there should be clear regulatory requirements regarding the actions to be taken during the early resolution stage (stage one)? If so, please give your suggestions in the text box below.

- Yes

- No

Please give your reasons.

Overall, our members agree that there should be clear regulatory requirements regarding the actions to be taken during the early resolution stage. By having clearly defined definitions and consistent expectations for ER it would ensure consistency in the process across the NHS in Wales. It would also underpin how Health Board, and wider NHS bodies, structures manage ER matters, ensuring adequate resource. In some instances, for example with unexpected death, where there are concerns raised a meeting should be offered routinely and without delay.

Moreover, clear pathways and areas for consideration during the early resolution stage would be useful. A 'mandatory' offer of a listening meeting is welcomed but this should not be compulsory for all cases. However, these need to be proportionate, and guidelines developed to ensure these offers are afforded a priority status, for example end of life care concerns may be afforded a higher priority than a cancelled appointment. Following a listening meeting, a summary of the discussion and expected outcomes should inform the investigation if a formal complaint is raised. Our members also suggest that any themes from ER are consistently recorded and reported to ensure organisational learning.

Furthermore, our members emphasise the requirement for a shift to a triage-based approach based on complexity and alleged levels of harm that delivers a response for the complainant through the appropriate mechanisms. The triage approach should be consistent across the NHS in Wales and include consideration of the timescale to respond i.e. within 15 days, 30 days etc.

We want to emphasise compassionate communication, and propose a mandatory offer of a listening meeting, where the patient or person who raised the concern can tell the organisation about their concern and their desired outcome if they so wish, with a clear focus on listening to the complainant.

If a complainant feels the matter is not appropriate for the early resolution option (stage one), it can move straight to the formal stage (stage two).

Question 4

Do you agree that the two-day deadline for stage one of the Putting Things Right concerns and complaints process should be extended?

- Yes
- No

Please give your reasons.

Our members agree that the two-day deadline for stage one of the PTR concerns and complains process should be extended. An extension will ensure more robust and meaningful responses and would give health bodies more time to review the concern and complaint and possibly result in an increase of concerns and complaints being resolved at stage one, the early resolution stage. Moreover, it would allow busy clinical teams appropriate opportunity to review and engage with people who have raised the complaint. Progression does not always necessitate a formal PTR response, but additional timeframes would assist in managing concerns proportionately and pragmatically, provide more opportunities in reducing bureaucratic processes and would also allow more time to organise listening meetings if these are required.

Question 5

If you think the early resolution phase should be extended, do you think 10 working days, or 15 working days is a more appropriate time frame?

- 10 working days
- 15 working days
- I do not think it should be extended

Please give your reasons.

Overall, our members think that 15 working days provides a reasonable timescale to establish the issues being raised, determine the facts, and identify the outcome/resolution.

Question 6

Do you agree that it should be compulsory for NHS bodies to offer a listening meeting? (The complainant may accept or reject this offer.)

- Yes
- No

Please give your reasons.

While the offer of a listening meeting should be an option that is given due consideration at the outset of the complaint, overall, our members do not agree that it should be compulsory for NHS bodies to offer a listening meeting.

Our members recognise that listening meetings have a valuable part to play and offers should be made where appropriate early on and always at conclusion of the investigation, as it demonstrates that health bodies listen and learn from concerns and complaints. Also, findings from these meetings can be documented and taken through the relevant organisational learning group so actions can be taken forward.

It is also best practice to make initial contact with complainants as early as possible within the process because this can help to narrow the scope of the investigation and determine the key issues. However, there will be occasions where this is not always appropriate.

Our members recommend that guidance should be provided, but the assessment of whether the listening meeting is required should be made by the team triaging the concern. However, the practical implications of this need consideration, specifically the capacity of services to deliver this, both corporate teams and front-line clinical services.

Improved communication in complaint handling

Some complainants perceive letters responding to their concern or complaint as defensive, adversarial or frightening due to legalistic terms used, or that the response focuses on agreeing a settlement rather than learning from the problem.

We want to make sure that people feel listened to and that they fully understand the response the NHS body provides to their concern or complaint.

Question 7

When patients receive letters from the NHS body responding to concerns or complaints, would it be helpful to also include a factsheet explaining legal and/ or technical terms in the letter?

- Yes
- No

Please give your reasons.

Our members agree that it would be helpful to include a factsheet explaining the legal and technical terms in the letter. This would provide clarity and understanding for patients.

Receiving a letter 'cold' can often be distressing when they may not be prepared for the content. Therefore, a steer from Welsh Government for clearly defined terminology may be useful. There is a step before this however in that those writing the response need to be skilled and confident to use terminology that does not make the response sound defensive or adversarial. It may be useful to consider the publication of guidelines or examples for staff to consider to 'rephrase traditional' responses. There should also be consideration of the need to meet with the complainant to go through the response, explaining the content and outcomes. For some complainants it's also appropriate whether there should be a discussion before the actual response is posted so that they are prepared.

Moreover, a fact sheet explaining the regulatory information should be included. This fact sheet should be standardised across the NHS in Wales and include information and access to Llais or an advocacy service, access to legal services, regulatory information, and referral to the Public Services Ombudsman for Wales (PSOW).

Finally, consideration could be given as to whether a fact sheet in relation to the complaints and redress process should be provided with the acknowledgement letter.

Question 8

Do you think the regulatory requirements for the content of response letters from the NHS body, as outlined above, should be reviewed, with the aim of reducing legalistic language and improving clarity?

- Yes
- No

Please give your reasons.

Our members agree that the regulatory requirements for response letters should be reviewed to ensure they are clear and not over complicated by technical jargon.

Clarity and simplicity are key. Legalistic language can confuse individuals in the same way as when clinical language is used. Therefore, it should be considered whether it is appropriate, to remove references to the redress regulations where no qualifying liability exists and provide the outcome with all regulatory information provided in a supporting fact sheet. This would be beneficial in reducing the formality and perceived insensitivity that some complainants feel upon receipt of responses that reference legal tests.

Question 9

Should anything else be included in these letters from the NHS body?

- Yes
- No

Please give your reasons.

There should be consideration of appendices for advocacy services, PSOW and bereavement support. Also, as many complainants want to be informed of or involved in change management, meetings to discuss the outcome letter with the relevant person, not just on redress, should be offered. Additionally, engaging people and actively learning from their concerns can help bring closure for the individual involved and further learning for the organisation.

We plan to provide the offer of an in-person meeting to discuss the findings of an investigation of a concern in which redress has been considered. This may be applicable in circumstances where new information has come to light since the interim report was provided. Complainants will have the opportunity to discuss the findings of the investigation and have clarity on technical or legal content.

Question 10

After an investigation report is concluded, would it be helpful to have a meeting with the NHS body where complainants can discuss the outcome of the investigation and the NHS body's response?

- Yes
- No

Please give your reasons.

Our members agree that it would be helpful to have a meeting to discuss the outcome of the investigation. It should be considered good practice to offer a meeting to complainants, this can either replace or take place following the issuing of a response letter. A meeting provides a valuable opportunity for the complainant to seek further clarity, or the health body to expand further on the responses provided. This can assist in reducing further escalation such as referral to the PSOW. An example to look to would be Aneurin Bevan University Health Board which regularly provides this offer as standard and can only provide positive feedback based on their experience.

However, though there will be situations where this is appropriate, our members highlighted that this should not be a formal requirement as some cases may not be appropriate for discussion and the additional time requirements or demand on operational services could make this unmanageable in terms of response times leading to longer delay in responses and resolution.

We propose to align the PTR regulations with national reporting policy timeframes, which permit a range of response times of 30, 60, 90 or 120 days depending on the complexity of the investigation. People raising concerns or complaints will be kept informed of the timeframe of the investigation and on its progress.

Question 11

Do you agree that the PTR regulations should reflect the national incident reporting policy and include a range of response times of 30, 60, 90 or 120 days depending on the complexity of the investigation?

- Yes
- No

Please give your reasons.

Our members agree that the PTR regulations should reflect the national incident reporting policy and include a range of response times depending on the complexity of the investigation.

Whilst it is accepted that there does need to be a suitable timeframe to ensure that responses are sent without undue delay, there also needs to be some flexibility offered in terms of such timeframes to ensure that responses are comprehensive and addresses the issues raised without them being rushed to meet a 30-working day deadline, especially in order to meet Welsh Government data of 75% performance target.

The target time of 30 days may not always be reasonable, especially when there are complex matters, or the complaint involves other health bodies that require a joint investigation. Relevant staff may also be on leave which can also delay responses. Furthermore, incidental findings can be discovered which can contribute to a delayed response. The expectation in an acknowledgement of a timescale involving 30 working days is considered unreasonable and unrealistic. It would be helpful if the complaint could be considered regarding the complexity of the investigation and the NHS organisation sets a reasonable timeframe for a response that meets expectation.

Ultimately, complexity is difficult to assess at the outset and should be kept under review as the investigation progresses, with regular rationale for stretching of timeframes communicated to complainants. The current timescales with the caveat that timescales may be exceeded if the investigation is complex, however patients would be informed throughout the process, is sufficient. This will require set criteria on an all-Wales basis.

Reflecting changes in NHS Wales

Welsh Government intends to bring the PTR regulations up to date to reflect changes in NHS Wales since 2011, when the regulations were introduced. There is now more focus on integrated care, where organisations come together to plan and deliver joined-up health and social care services, and greater use of the independent sector to deliver NHS-funded care. Patients should not be disadvantaged, treated differently, or have reduced access to redress because of who provides care.

Question 12

Do you agree that independent healthcare providers who are funded by NHS Wales to provide care should be covered under Putting Things Right redress arrangements?

- Yes
- No

Please give your reasons.

Our members agree that independent healthcare providers who are funded by NHS Wales to provide care should be covered under PTR redress arrangements.

Any healthcare provider is required professionally to owe a duty of care to the patient. In this regard, it should be incumbent on independent healthcare providers to adopt the principles associated with PTR requirements and extend the arrangements to independent healthcare providers. When providing a response, this will help NHS organisations and independent healthcare providers in reaching a resolution for individuals who raises concerns affecting both an NHS organisation and an independent healthcare provider e.g. GP practice, rather than only being able to address part of a concern. It will also mean that concerns will therefore be jointly investigated, leading to one overall response which, in turn should encourage greater unison and the development of working partnerships across Wales to bring about better learning and resolution for the individual.

All NHS commissioned care should fall under these arrangements and this needs to be reflected in all procurement and commissioning processes. This would be equitable across the NHS, could provide parity for services and would be beneficial for patients. However, further information on what is intended is needed, specifically on how this influx of additional work would be indemnified and the financial impact for Health Boards. This should be integral to the contracts and service specifications of all commissioned services that are providing a service on behalf of the NHS.

We will consider whether it is possible to bring primary care providers such as GPs, optometrists, pharmacists, and dentists into the PTR redress process.

Question 13

Do you agree that primary care providers such as GPs, optometrists, pharmacists, and dentists should be covered under the Putting Things Right redress arrangements?

- Yes
- No

Please give your reasons.

Our members agree that primary care providers should be covered under PTR redress arrangements. Individuals should have one complaints and redress arrangement for their health care provision. This would be equitable across the NHS and would be beneficial for patients.

For NHS bodies, particularly health boards, there is a growing number of managed practices, and this would therefore simplify the process but be more resource intensive. Extending the scheme to all primary care would need significant additional resource within redress and legal teams, particularly if health boards are to oversee and administer the process. Potentially this could be aligned to the GP indemnity scheme arrangements. Welsh Risk Pool (WRP) reimbursement processes / evidence of learning would need to be managed by the individual practices. Ultimately, our members require further information on what is intended.

Children and young people

Welsh Government has a legal duty to consider the United Nations Convention on the Rights of the Child (UNCRC) when developing or reviewing policy, so we are seeking input on how to better reflect the needs of children and young people in the PTR process.

Question 14

What do you feel needs to be done to make the Putting Things Right process more inclusive for children and young people?

Please give your reasons.

Detailed consideration needs to be given as how the voice of children and young people can be strengthened within the PTR procedures. There are several mechanisms in which the views of young people can be obtained, e.g. schools, local youth forums, feedback surveys, social media etc.

Clear guidance should also be provided in relation to obtaining consent where complaints are made on behalf of children and young people. Wherever possible the young person should be included in the complaints process and direction to advocacy services where required.

Our members also suggest the inclusion of UN convention of rights for Older People and UN convention on the rights of persons with disabilities.

Redress in the form of financial compensation

Over the past decade, damages for each type of personal injury have increased significantly. As a result, more cases enter litigation as they go over the existing £25,000 threshold. We intend to raise the financial threshold for cases that can be dealt with through PTR from £25,000 to £50,000, so that more cases may be covered by PTR redress. This proposal does not in any way limit the damages awarded to the person who has been harmed.

Question 15

Do you agree that the upper limit of damages for cases in the Putting Things Right redress process should be raised from £25,000 to £50,000?

- Yes
- No

Please give your reasons.

Overall, our members agree that the upper limit of damages for cases in PTR redress process should be raised from £25,000 to £50,000. While our members are in broad agreement that this comes with huge resource implications, this will incorporate some significant categories of harm.

Our members are aware the courts are looking to raise the small claim threshold from £25,000 to £50,000 therefore alignment would seem reasonable, however this will not be without impact across clinical and administrative teams. It is already a challenge to deliver the redress portfolio in many NHS bodies. This increase could potentially double the workload for existing teams and so consideration will be needed to suitable additional resourcing and finance to maintain quality of this work stream.

Additionally, impact from Facilitated Complaint Resolution (FCR) would need to be considered alongside this, as this could potentially lead to an increase in the number of complaints as the first step from claimant solicitors to reduce the initial burden on the claimant.

Urgent concerns and deliberate harm

It is vital that there is clarity for the process of raising concerns and complaints in the rare cases where patients have been deliberately harmed. Welsh Government wants to ensure these mechanisms are clearly referenced and explained in the PTR guidance and supporting materials.

Question 16

Do you agree that the Putting Things Right guidance should be reviewed and updated to include the rapid escalation and reporting pathway to local safeguarding hubs and other relevant authorities such as the police for cases where imminent harm or abuse to a patient is alleged?

- Yes
- No

Please give your reasons.

Our members agree that PTR guidance should be reviewed and updated to include the rapid escalation and reporting pathway to local safeguarding hubs and other relevant authorities such as the police for cases where imminent harm or abuse to a patient is alleged.

PTR should provide clear direction and link to other processes such as safeguarding. In addition, links to other processes such as information governance, Human Tissue Act, inquests should be included. Clarification of this being a formal part of the procedure will enable us to have a reference point when complaints are put on hold pending safeguarding and/or police investigation.

Where police investigation is taking place in regard to a complaint, the NHS investigation often pauses until the police and/or safeguarding investigations have been completed. Currently, the NHS response should be provided within 30 working days, with extensions in exceptional circumstances. We intend to provide for exception to this time frame for where a criminal or safeguarding investigation needs to take precedence.

Question 17

Do you support the proposed exemption to the existing time frame for concerns or complaints where a criminal or safeguarding investigation needs to take precedence?

- Yes
- No

Please give your reasons.

There is a need to ensure that the PTR process does not impact or interfere upon a criminal or safeguarding investigation and that there is a timely process in place for criminal and safeguarding matters that enables the PTR process to align with any investigation that sits outside the process. Therefore, when determining the timescales for investigating and responding complaints, consideration should be given to other process that will halt or result to delays in concluding the process. This would provide adequate time for a criminal or safeguarding investigation to conclude.

Bereavement

Families and loved ones often have questions about events that led up to a death. These questions may comprise a concern but not necessarily a complaint. We propose, where possible, dealing with these concerns via the early resolution process, where NHS bodies must offer a meeting to discuss concerns or complaints.

Question 18

In the event of a patient's death and where their loved ones had concerns about their care, do you agree that the NHS body should use the listening meeting offered in the early resolution phase (stage one) in order to try and resolve the bereaved person's concerns quickly?

- Yes
- No

Please give your reasons.

Our members agree that in the event of a patient's death and where their loved ones had concerns about their care, the NHS body should use the listening meeting offered in stage one to try and resolve the bereaved person's concerns quickly.

PTR should provide guidance for supporting families that are bereaved. This should include liaison between the Medical Examiner Officer, Coroner (where required) and the NHS body. Early contact with families should be offered, considering sensitivities around this difficult time. This demonstrates that health bodies listen and learn from concerns, and they are taken seriously, and it would also demonstrate compassion during a difficult time for the bereaved person/s. In addition, findings from these meetings can be documented and taken through the relevant organisational learning group so actions can be taken forward.

The proposal of a listening meeting for those bereaved is welcomed by our members and would suggest that 'keeping in touch' conversations following death should be integral to health bodies bereavement model. Also, these could be the vehicle in which to identify whether a listening meeting would be beneficial to the person and indeed the clinical team. One example of good practice is Aneurin Bevan UHB Care After Death team and the focussed engagement event that has taken place through a Big Conversation: Bereavement. Following the engagement event peoples feedback will now be used in developing the health boards new bereavement model.

Provision of free legal advice

The PTR process includes the provision of free independent legal advice for complainants which is funded by the NHS, and which does not affect the level of damages offered under the NHS redress arrangements. Internal data from NHS Wales Shared Services Partnership says that currently only 31% of patients raising a concern or complaint use the funding available for this legal advice.

Question 19

Would you be more likely to consult a solicitor for assistance with a concern or complaint if you knew legal advice would be provided to you free of charge? For example, this could include the joint instruction of a medical expert to review the case or to give legal advice on any settlement offer or agreement.

- Yes
- No

Please give your reasons.

We plan to increase the fees the healthcare provider may pay to lawyers using the PTR redress process in order to provide greater access to free legal advice for people raising concerns and complaints.

The current arrangements for paying for legal advice are provided for under the 2011 PTR regulations, and are set out in Appendix O of the PTR guidance as outlined below.

At present, the claimant's legal representative may receive £1600 for:

- considering Breach of Duty and investigating causation including the commissioning of up to two expert reports or
- reviewing the appropriateness of the offer made to the complainant by the NHS body

They may receive a further payment to review any additional report on the condition and prognosis for estimation of damages.

The legal representative may receive an additional £868 to advise the complainant where the NHS body admits Qualifying Liability but refuses to offer redress.

We propose to simplify the current fee system and replace the above with:

- payment 1: for providing advice on the admission of liability made (£1750)
- payment 2: for providing advice on the quantum of damages where settlement is reached under the redress arrangements of (£1000)

The revised fees take account of increased costs since 2011, the date PTR was first implemented. All figures above represent the fees prior to the addition of VAT.

As is the case currently, additional payments may be available for instructing additional experts or advising the complainant where the NHS body admits Qualifying Liability but refuses to offer redress.

Question 20

Do you agree that the fixed legal fees paid by the healthcare provider should be increased, with the aim of increasing the number of solicitors providing legal advice to people raising concerns and complaints?

- Yes
- No

Please give your reasons.

Our members agree that the fixed legal fees paid by the healthcare provider should be increased. Our members highlight that an increase in fixed legal fees would potentially encourage more solicitors consider the complaints and redress processes before instigated the claim process. Also, some solicitor firms are no longer able to take on PTR matters, due to the limited fixed costs position. By increasing costs, this will ensure that firms continue to act in PTR matters and individuals and families are legally represented and do not suffer an injustice. However, in context of the financial difficulties facing the NHS, this would need to be reviewed.

Our members emphasise that the NHS in Wales is already operating in an extremely difficult financial environment and increasing fees would add further pressure to NHS bodies. This needs to be reviewed in the context of fixed recoverable costs that are coming in for clinical negligence matters.

Welsh language standards

We would like to know your views on the effects that our proposed changes to the PTR process would have on the Welsh language; specifically, on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

Question 21

What, in your opinion, would be the likely effects of the proposed changes to PTR on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.

Please give your reasons.

Our members highlight that should listening meetings be offered to patients, then health bodies would be obliged to ensure that these meetings could be held through the medium of Welsh. In addition, any new guidance / templates to be included in correspondence to patients would need to be available bi-lingually. This would promote a fair and equal opportunity to raise and progress concerns via Welsh language. There is also a need to consider the accessibility standards and ensure these are integral to the PTR proposed changes.

Question 22

Do you think that there are opportunities to promote any positive effects?

- Yes
- No

Please give your reasons.

There needs to be consideration of a patient centred approach with clear listening and learning opportunities and the wider accessibility standards for example, BSL, people whose first language is not English/Welsh etc.

Question 23

Do you think that there are opportunities to mitigate any adverse effects?

- Yes
- No

Please give your reasons.

Question 24

In your opinion, could the proposed changes to Putting Things Right be formulated or changed so as to:

- have positive effects or more positive effects on using the Welsh language and on not treating the Welsh language less favourably than English; or
- mitigate any negative effects on using the Welsh language and on not treating the Welsh language less favourably than English?

- Yes
- No

Please give your reasons.

Offering listening meetings through the medium of Welsh as standard would have a positive effect on Welsh language. Also, the inclusion of accessibility standards in proposed changes and the consideration of other United Nations Principles other than children. If PTR timelines change, does this affect timelines to the PSOW.

Furthermore, being clearer about the duties and arrangements within the Welsh Language Standards, but also linking to equality duties generally.

Question 25

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

Our members' responses are based on the questions asked and have not included feedback on the proposed document. Therefore, further assistance is needed, for example providing actual feedback on the proposed PTR guidelines. Also, the review of PTR should make it clear what is not included under the regulations i.e. staff disciplinary processes.

Furthermore, time frames and expectations of complainants need to be managed and there needs to be recognition that where concerns may span a variety of services that any timeframes may be difficult to achieve. In some cases, early acknowledgement that care standards have not been achieved may mitigate any further formal concerns and a less defensive approach should be encouraged. Our members suggest simplifying the process as much as possible, supporting advice and signposting to ensure there are opportunities to obtain information and share feedback outside of the formal complaints process is important.

In terms of accessibility, hard to reach communities and barriers to raising concerns should be reflected in the process. Also, ensuring there is clarity of what should be expected of the people raising the concern would be helpful, for example behaviour, use of social media, vexatious complainants etc. In terms of support for staff, a consistent structure for this would be beneficial.

Moreover, in the guidance, 'next of kin' has no legal definition. Further direction is required here especially if service user deceased (re: in person meeting, feedback, and redress process). Also, regarding joint investigations, further guidance is needed especially in line with breach of duty, redress, claims, consent and sharing information on the same concern/information governance.

Our members have also recommended that this could be an opportunity to rename the guidance because is not always possible and this should be more of a focus on listening and learning.

To conclude, our members would welcome an All-Wales training package to support the consistent implementation of the PTR process.