

Llais' response to the public consultation on proposed changes to the Putting Things Right process

6th May 2024

1. Llais is an independent statutory body, set up by the Welsh Government to give the people of Wales a strong voice in the planning and delivery of their health and social care services – locally, regionally, and nationally.
2. We provide a complaints advocacy service, supporting people to raise a concern or complaint about NHS or social care services. Our trained, dedicated complaints advocacy staff provide free, independent, and confidential assistance.
3. During development of our response to this consultation, we have involved our staff, volunteers, and members of the public, including people who have used our complaints advocacy service.
4. We welcome the proposed changes to the Putting Things Right process, with an increased focus on reducing any negative impacts for those raising concerns or complaints about their treatment.
5. We believe that the proposed changes will improve access to the Putting Things Right process, providing a fairer pathway to raising a concern or complaint.
6. Our responses to the consultation questions are as follows:

Q2.

7. Yes. Stage 1 meetings need to be constructive, with a clear framework. There need to be sufficient resources to enable flexibility to host meetings at times that work for complainants and their advocates; particularly for time poor groups including parents of young children and carers.
8. Those who engaged with us regarding the proposed changes, highlighted a need for named contacts, not just generic inbox addresses, citing the need for accountability. Users of our complaints advocacy service stated that it would be beneficial to have a meeting at an early point. Many felt that the current process lacks compassion and understanding of the impact on complainants.

9. It needs to be really clear to participants in Stage 1 meetings about what will happen during the meeting and what will happen afterwards. Otherwise, there is a risk of different participants having vastly different views about next steps and when this happens it will make the complaint situation worse and foster early distrust. Anything agreed at the stage 1 meeting needs to be followed up in writing within 5 working days.

Q3.

10. Yes. In the experience of our complaints advocates, this is a sensible approach.

Q4.

11. Yes, we agree that the two-day deadline for stage one of the Putting Things Right concerns and complaints process should be extended as it does not provide adequate time.

Q5.

12. We think that 10 working days is a more appropriate time frame, there were concerns expressed by our complaints advocates that 15 days may be too long as it could encourage complacency.

Q6.

13. Yes, we agree that it should be compulsory for NHS bodies to offer a listening meeting, those we consulted with would welcome the opportunity.

14. Waiting times of the current process can exacerbate stress for complainants. A listening meeting would positively reduce the length of time in process.

15. We believe it will be necessary to be clear on the aims of the meeting through provision of an agenda in advance, list of attendees, conduct expected of attendees, and to share in advance what the potential outcomes may be.

16. As well as being clear who the attendees will be, it will be important to explain why they are attending. For example, if people are expecting a consultant or senior nurse to attend and a manager is there instead, they may feel that they are being dismissed or *'fobbed off.'*
17. Our complaints advocates noted that if there is not a clinical attendee present (where this is relevant to the complaint), this can give rise to frustrations if there are simple clinical questions that cannot be answered at this meeting.
18. Further to this, trust in the process will need to be built through showing consideration for the complainant's needs. Suggestions from those we spoke to included asking for communication preferences and any support that complainants may need to participate, using trusted note-takers or recording on-line meetings for sharing afterwards.
19. Those raising the concern or complaint would also like to see some acknowledgement in communications that it may be very emotionally draining and worrying for complainants to attend. They would like to have an opportunity to address any concerns about attendance before the meeting.

Improved communication in complaint handling

Q7.

20. Yes. We support the proposed change as it would remove some of the barriers to raising a concern or complaint.
21. We would suggest including information as to whether there is an accompanying factsheet or Frequently Asked Questions (FAQ) in the response letter, to clearly signpost people to it.
22. A visual aid such as an infographic or flowchart providing an overview of the PTR process would be appreciated by many we spoke to, with others suggesting that Easy read format should be included as standard, to ensure all understand the content.
23. The format of the factsheet will need to look different from the letter, to distinguish it clearly, and not be heavily text based, as more pages of narrative would not be considered helpful. Again, infographics would be welcomed.

24. The inclusion of information on how to contact the Public Services Ombudsman for Wales or Llais already happens, but we would welcome the opportunity to liaise with NHS bodies when they are phrasing any standard paragraphs signposting to our complaints advocacy service, to avoid confusion and conflict.
25. We have been made aware that some correspondence provided through the current process is worded in a way that suggests Llais will investigate the complaint rather than provide advocacy support, which can lead to frustration for some complainants.

Q8.

26. Yes, we think that reducing legalistic language and improving clarity will be a positive change, improving accessibility to the process.
27. Impersonal or jargon-filled letters can increase the upset for some complainants, it is important to remember that this letter is in relation to someone's loved one, or own traumatic experience. *'Paragraphs that are obviously cut and paste add insult'*.
28. Raising a concern or complaint is a challenging time for most complainants, our complaints advocates highlighted that many just want to hear the word sorry or have acknowledgment of what they have been through. Those who have been through the current process said, *'be human – be honest and tell us how you'll learn from the experience.'*
29. In addition to the language used, many of those we spoke to highlighted the importance of the tone of response letters, particularly where complainants were grieving. It is important to complainants to feel valued and respected throughout the process and setting the right tone plays a crucial role in that.

Q9.

30. No, but those we spoke to found the reiteration of the facts of the complaint in response letters *'dehumanising'* and we would suggest keeping this to a minimum.

Q10.

31. Yes, but we would welcome further information on what this will look like in practice as the current process does not follow meeting policy timelines.
32. Committing to a fair timescale will help the complainant if they wish to progress their complaint following the NHS body's response.
33. Currently when a complaint response is received the complainant has 12 weeks to take the matter to the Public Services Ombudsman for Wales (PSOW) (unless the complaint incident is less than a year ago, in which case the 12-month limit applies). This means the client must receive the letter, consider it, discuss with family/friends/advocate then ask for a meeting - then the NHS body can be slow to arrange the meeting. This puts the client under immense stress in terms of deciding about a PSOW referral.

Q11.

34. Yes, we do. A sliding scale based on the severity of the injury or issue was suggested by those we spoke to. Whatever the response time, regular updates will need to be provided to those who are waiting to let them know that they have not been forgotten and their complaint is still progressing.
35. However, having a menu of options should not allow for complacency. What was important to those we spoke to was being given a realistic response time at the outset, rather than finding the timescale regularly increasing due to a slow complaint investigation.

Reflecting changes in NHS Wales

Q12.

36. Yes, we agree that independent healthcare providers who are funded by NHS Wales to provide care should be covered under Putting Things Right redress arrangements.

Q13.

37. Yes, we agree that primary care providers such as GPs, optometrists, pharmacists, and dentists should be covered under the Putting Things Right redress arrangements.

Children and young people

Q14.

38. There are a number of things that could be done to make the Putting Things Right process more inclusive for children and young people; utilising social media to raise awareness of the process; engaging via schools, children's wards and youth groups; providing information in video and Easy Read format as standard; and specially trained advocates to support children and young people through the process were a number of suggestions made by those we have spoken to.
39. We would like to see more engagement with disease specific groups where children who are frequent service users might have contact e.g. Cystic Fibrosis groups, spina bifida/hydrocephalus support, etc.

Redress in the form of financial compensation

Q15.

40. Yes, we 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.
41. We would also like to note that of those we spoke to who had been through the current process, they were all emphatic that financial redress had not been their primary motivation, *'I didn't want money, I just wanted an admission of wrongdoing'*.

Urgent concerns and deliberate harm

Q16.

42. Yes, we 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.

Q17.

43. Yes, we support the proposed exemption to the existing time frame (30 days) for concerns or complaints where a criminal or safeguarding investigation needs to take precedence.

Bereavement

Q18.

44. Yes, offering a quicker resolution could be beneficial to grieving complainants, but this must be the complainant's choice as, from our advocates' experience, some will be ready to engage with the PTR process sooner than others.

45. It will be important to communicate the reason for a listening meeting at early resolution stage to avoid potential misunderstanding that it is a means of '*capping*' the matter.

46. There were concerns expressed by both our complaints advocates and those who have been through the process that bereaved people who are grieving and yet to deal with 'firsts' without their loved one, such as birthdays and anniversaries, may not be sufficiently resilient to make the best of the listening meeting.

47. They may feel at a later stage that they '*did not perform well on the day*' or that they were not in the right frame of mind. One way of supporting people to contribute to the listening meeting might be to allow them to utilise pre-recorded voice notes or videos to relieve some of the pressure on them to speak during the meeting.

48. We would welcome any further information on what consideration has been given to bereaved children and how this proposed change would work for them.

Provision of free legal advice

Q19.

49. Yes, those we spoke to would be more likely to consult a solicitor for assistance with a concern or complaint if they knew legal advice would be provided free of charge.

Q20.

50. Yes, we agree that the fixed legal fees paid by the healthcare provider should be increased.

Welsh language standards

Q21.

51. Language barriers might affect how those whose preferred language is Welsh engage with the Putting Things Right process. Making sure materials are readily available in Welsh (and other languages) and considering cultural sensitivities can help mitigate any potential disparities.

52. It will be important to consider how NHS bodies will plan for having Welsh speaking (and other community languages) staff with sufficient subject specific expertise or interpreters to attend meetings within a short time limit.

Q22.

Adopting a principle of inclusive design and proactive engagement with Welsh speakers can ensure that the Putting Things Right process not only avoids differential impacts but actively promotes the Welsh language.

Q23.

53. It is important for regulators to conduct thorough Equality Impact Assessments (EIAs) as part of the process development and delivery - to help identify any negative impacts on the Welsh language and develop strategies to mitigate these impacts.

Q24.

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?

54. Establishing feedback mechanisms for organisations like Llais to provide ongoing feedback to the NHS and the government about the impacts of proposed changes on Welsh speaking service users. This can help identify unforeseen consequences and areas for further adjustment.

55. Ensuring there is a systematic process for reviewing the impacts of proposed changes on the Welsh language and adapting them as necessary in response to feedback from stakeholders like Llais. This iterative approach allows for continuous improvement in the Putting Things Right Process regarding the Welsh language.

Q25.

In our consultations with both staff and members of the public, a recurring theme has been the lack of alignment between the concerns and complaints process for health and the concerns and complaints process for social services.

56. There needs to be greater connectivity between the two in the short term. In the longer term, we are calling on the Welsh Government to develop a single complaints pathway for people across health and social services.