



Llywodraeth Cymru
Welsh Government

CLOSED CONSULTATION, DOCUMENT

Consultation on proposed changes to the Putting Things Right process

We want your views on the way concerns and complaints about NHS care are raised, investigated, and responded to.

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Contents

Overview

Listening to stakeholders and listening to the public

Background

What is this consultation about?

Proposals

Your own experience

Stage one of the concerns and complaints process

Improved communication in complaint handling

Reflecting changes in NHS Wales

Children and young people

Redress in the form of financial compensation

Urgent concerns and deliberate harm

Bereavement

Provision of free legal advice

Welsh language

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Next steps

Consultation questions

How to respond

Your rights

Further information and related documents

Footnotes

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Overview

Putting Things Right (PTR) is the process in NHS Wales through which concerns and complaints are investigated, providing an easy-to-access way of raising concerns and complaints. It aims to ensure there is proper investigation when a concern or complaint is raised, and that lessons are learned after mistakes have been made. Information about the problems identified should be shared with the patient, and where possible, there should be an immediate correction of things that have gone wrong.

PTR arrangements are governed by the [National Health Service \(Concerns, Complaints and Redress Arrangements\) \(Wales\) Regulations 2011](#) (“the PTR regulations”).

The past 12 years have seen significant changes in the way people live, work and access healthcare. In addition, NHS Wales faces challenges from many quarters, including meeting the needs of an aging population and the continuing impact on services of the COVID-19 pandemic. Welsh Government is seeking opinions from stakeholders across Wales on our proposed changes to the PTR process. These proposed changes will ensure that NHS Wales has a system of raising and responding to concerns and complaints that is fit for the Wales of today and of future generations.

Listening to stakeholders and listening to the public

We have been listening very carefully over the past few years to the lived experience of both those who have experienced care in the NHS and those with responsibility for its provision. We have also listened carefully to people’s experiences in raising concerns about their care, and we have listened to those

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who provide legal advice and settle these cases. Despite the availability of the PTR process, some cases follow a legal pathway when serious harm has occurred, or where the relationship between the patient and the healthcare provider organisation has become strained. These sometimes end up in a legal process in the civil justice system and despite best efforts this can feel adversarial and distressing.

We implemented the organisational Duty of Candour, making it incumbent on NHS bodies to be proactive when harm has occurred during the delivery of healthcare. Under the Duty of Candour, NHS bodies must be open and transparent about what has happened, apologise, and work with the patient in order to learn lessons and share that learning.

Coupled with the Duty of Quality, we have challenged the NHS to make a whole-system cultural shift toward high-quality safe care that centres on the individual need. We are striving for greater accountability in the NHS, but also for Welsh Ministers to ensure that they consider how each decision they make impacts on the improvement of services to patients at every level.

We have now brought together the key lessons from listening to the public and care providers to set out our proposed changes to the PTR process.

Background

PTR is the process in NHS Wales through which concerns and complaints are investigated. It provides an easy-to-access way of raising concerns and complaints.

Under PTR, patients or their representatives should initially raise their concerns with the NHS body as the organisation responsible for the patient's care.

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NHS bodies (such as Health Boards, NHS Trusts or Special Health Authorities) are expected to provide a full response to all concerns and complaints raised by patients. If a patient is not happy with the NHS body's response, they may contact the Public Services Ombudsman for Wales (PSOW), who has legal powers to look into concerns and complaints about public services in Wales. The Ombudsman is independent of all government bodies, and the service provided is impartial and free of charge. The Minister for Health and Social Services is unable to intervene personally in concerns or complaints, and this position will not change with the updates we are proposing to make.

A new national citizen voice body (operating name Llais) was established on 1 April 2023. Llais replaces the network of Community Health Councils and reflects the views and represents the interests of the people of Wales in respect of both health and social care services. It is independent of government, the NHS and local authorities but works with them and others to support the continuous improvement of person-centred services. Llais also offers a free, independent complaints advocacy service to support anyone wishing to make a complaint about health or social care they have received.

Where an allegation is made that harm has or may have occurred as a result of receiving healthcare, redress may be offered. This redress may be financial, or it may take the form of actions that provide a resolution – for example, an apology and a commitment to staff training so they can learn from the incident and prevent a reoccurrence. Wales has been a leader in the UK in this regard. At the time the PTR arrangements were introduced, no other nation in the UK had a system to set things right and/or to provide compensation for the issue found, other than the complainant resorting to litigation.

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.

In reviewing and updating the PTR process, it is important that changes are

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aligned to the Duty of Candour. The Duty was introduced in April 2023, and makes it a legal duty on NHS organisations to be proactive to inform patients, when any unexpected or unintended harm that is more than minimal (described in guidance as moderate harm, severe harm or death) has occurred while receiving health care, and where the care was or may have been a factor in the harm that has been caused.

NHS bodies must be open and transparent about adverse outcomes which unexpectedly occur, and must offer an apology and work with the patient to investigate the problem. In each case, lessons must be learned from the incident and information shared with healthcare staff as well as the person receiving the care in order to prevent it happening again. The Duty of Candour will be a powerful tool to improve patient safety and strengthen the management of complaints in NHS Wales.

What is this consultation about?

Welsh Government wants to place patients at the heart of the concerns and complaints process and to ensure that they feel listened to. This consultation paper gives stakeholders from NHS Wales, community groups and individual patients an opportunity to have their say on what needs to change in PTR and to provide feedback on specific proposals to revise the PTR arrangements.

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

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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:



More detail is given later in the document but in summary, we propose to amend the current PTR process in the following ways.

- Revise the informal (stage one) and formal (stage two) stages of complaint handling, to ensure patients and staff know which actions are taken at each stage. Please see below for an explanation of the stages to the PTR process.
- Introduce a mandatory offer of an in-person listening meeting (telephone, video call or face to face) between the NHS body and the person raising the concern or complaint. The person raising the concern or complaint will be asked whether they consent to early resolution being attempted during stage

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- one. The person raising the concern is able to accept or decline the offer.
- Extend the current two-day timeframe allowed for stage one in order to improve the early resolution of concerns and complaints.
 - Introduce an exemption option so that if a concern is not appropriate for the early resolution option (stage one), it can move straight to the formal stage (stage two).
 - Check with the person who has raised a concern if the problem or concern has been resolved or answered effectively during the early resolution stage.
 - Ensure patients are informed of the timeframe in which their concern or complaint will be investigated and why that timeframe has been chosen, and ensure patients are kept updated on the investigation's progress.
 - Review the regulatory requirements for all letters sent by NHS bodies to people raising concerns and complaints, so that the language used is more patient-focused and individualised.
 - Introduce a range of response times for initial response by the NHS body, based on the [national incident reporting policy](#) and consistent with legislation.
 - Explore the possibility of extending redress arrangements to include primary care providers and independent providers of NHS-funded care, enabling a single pathway to deal with concerns and complaints.
 - Raise the upper threshold for damages for cases in the PTR redress process from £25,000 to £50,000. This will mean more cases can go through the PTR redress process rather than resorting to private litigation.
 - Increase the legal fixed fees paid by healthcare providers in order to provide greater access to specialised legal advice on liability and compensation for patients.
 - Amend regulation 31 (investigation report) 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. Patients may decline the offer if they prefer communication to be in written form only.

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- Introduce a provision to allow an exemption to the existing timeframes for concerns or complaints where a criminal or safeguarding investigation needs to take precedence.

These proposals would involve making changes to the PTR regulations. Further information about these proposals is set out below. In addition to the changes to PTR regulations listed above, we also propose to make the following changes, which are included here for information and context only.

- Review and improve NHS staff training materials on managing concerns and complaints, and place greater emphasis on improved and more compassionate communication through the introduction of the proposed “Listen, Act, Investigate, Report and Learn” system.
- In conjunction with PSOW, introduce a revised set of standards and guidance governing what patients can expect when they raise a concern or complaint.
- Review and update the concern grading system in the current guidance to reflect current practice, aligned to the national incident reporting policy and the harm framework developed for the Duty of Candour, and provide greater clarity on the grading of concerns and complaints.
- Ensure that the PTR guidance explains that NHS bodies are expected to undertake proportionate investigations that are both timely and use the most appropriate methods of investigation.
- Consider providing factsheets to accompany letters from NHS bodies to people raising concerns and complaints, explaining any legal terms used in the letters.
- Review cross-border arrangements with NHS England on how care provided across the border for people living in Wales is covered by PTR.
- Revise the PTR guidance to be more inclusive of children and young people, in accordance with the UN Convention on the Rights of the Child.
- Include the current rapid escalation and reporting pathway to local safeguarding hubs and other relevant authorities in the guidance. This is used in cases where imminent harm or abuse is alleged.

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- Give families the opportunity to raise questions about a loved one's care in the event of a patient's death, to be managed in the early resolution phase (stage one) of a concern being raised. Their right to raise concerns through the formal process (stage two) or through the Medical Examiner Service, the police or His Majesty's Coroner will be unaffected.
- Refresh and update the guidance for patients so people raising concerns and complaints know how to access legal advice.
- Provide clarity in the guidance for patients on the role of PSOW in the PTR process. Review and improve staff training on managing concerns and complaints and place greater emphasis on improved and more compassionate communication.
- Clarify the guidance on when an in-person meeting should be provided in relation to the findings of an investigation of a concern.

We will now ask you a number of specific questions about our proposed changes to the PTR arrangements. Further information about the proposals is set out below.

Your own experience

We have been listening to the views of patients and stakeholders about the current process of raising concerns and complaints about NHS Wales care. 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. ”

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Stage one of the concerns and complaints process

Under PTR, investigations by NHS bodies into concerns and complaints have two stages. The first stage seeks early, informal resolution of the problem. If this is not achieved, the concern moves to a second stage with a formal investigation. At present, the early resolution stage is limited to two working days. This is counted from the day the organisation receives the concern, which must be resolved by the end of the following working day, even if the concern is received in the evening. The two-day deadline is frequently missed, so the early resolution stage rarely takes place. When this happens, the concern or complaint moves automatically into the formal stage regardless of the wishes of the person raising the concern or complaint.

We intend to review the regulatory requirements regarding the steps taken before the formal investigation commences, and consider how this early resolution stage is provided for in the regulations.

Question 2

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

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. ”

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We wish to place an emphasis on 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. This meeting may take place face to face, via video call or by phone call.

While an offer of a meeting already exists in the regulations, the regulatory requirements for the meeting are currently focused on information the NHS body must provide, not on listening to patients' concerns. We therefore propose amending the regulations to ensure there is a clear focus on listening to the person who raised the concern or complaint.

If the timeframe for the early resolution stage is extended, it is proposed that this meeting should happen as soon as possible in the early resolution phase to avoid potential delays that can sometimes happen during the more formal stage of complaints handling. This early resolution stage is proposed to also include an 'Act on it' approach. The NHS body will have 10 or 15 days to attempt to implement the resolution requested by the person raising a concern to their satisfaction. An exemption option is proposed, so that if a person raising a concern or complaint feels that 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? ”

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? ”

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.) ”

Improved communication in complaint handling

Many patients and their families raising concerns about care have a very positive experience, and they find themselves supported and responded to with kindness.

However, stakeholders tell us that is not always the case. Often, patients and their families receive lengthy letters that have taken many months to produce. If patients raise a concern about an error or a gap in care that has occurred, or they were spoken to in an unhelpful manner, they may have a natural adverse reaction to a letter that reads overtly legalistically and refers to terms such as breach of duty and causation. Some patients report being confused by the letter, or they felt that it did not really answer the concern they raised many months previously. Some patients perceived the letter as defensive, adversarial or frightening. There was also a perception that after a lengthy investigation, the focus was on agreeing a settlement rather than really learning from the process.

Many senior leaders have expressed similar frustration with PTR guidance and

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regulations that specify requirements for the content of letters, and many have expressed a desire to ensure their letters are more compassionate in content, language and effect.

We want to make sure that people raising a concern feel listened to and that they fully understand the response the NHS body provides to their concern or complaint. We intend to require the NHS body to include a factsheet with the letter from the NHS body, explaining any legal and/or technical terms used in the letter.

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? ”

The current PTR regulations (**regulation 24 (1)**) require that the response to a concern:

- (a) summarises the nature and substance of the matter or matters raised in the concern
- (b) describes the investigation undertaken in accordance with regulation 23
- (c) contains copies of any expert opinions that the person investigating the concern has received during the investigation
- (d) contains a copy of any relevant medical records, where this is appropriate
- (e) where appropriate, contains an apology
- (f) identifies what action, if any, will be taken in light of the outcome of the investigation
- (g) contains details of the right to notify the concern to the Public Services Ombudsman for Wales

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- (h) offers the person notifying the concern the opportunity to discuss the contents of the response with the responsible officer or a person acting on his or her behalf
- (i) is signed by the responsible officer or a person acting on his or her behalf

Regulation 26 (1) of the PTR regulations comes into effect where the NHS body thinks a qualifying liability may exist (this is where the NHS body considers that care below the standard expected has occurred and that may have caused harm to the patient).

In addition to sub-paragraphs (a) to (i) listed above, the interim report under regulation 26 of the PTR regulations should also contain an explanation of the procedure which will be followed to determine whether or not a qualifying liability exists and the procedure for making an offer of redress, confirm that a copy of the investigation report will be made available to the person who is seeking redress, explain the availability of access to legal advice without charge in accordance with the provisions of regulation 32, and explain the availability of advocacy and support services which may be of assistance.

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? ”

Question 9

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

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We plan to amend regulation 31 of the PTR Regulations (investigation report) 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.

The offer will be for an in-person meeting which could be by telephone, video call or face to face, where complainants have the opportunity to discuss the findings of the investigation and have clarity on technical or legal content.

Complainants may decline the offer if they prefer communication to be in written form only.

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? ”

The current PTR regulations state that a response or interim report to a concern or complaint should be provided within 30 working days.^[footnote 1] Extensions for up to six months or twelve months are possible in exceptional circumstances. Some examples may be clinically complex cases where more than one NHS body has been involved in delivering care or the provider is in another nation of the UK, or where there will be external review of the case by the coroner or Medical Examiner Service. Early stakeholder feedback consistently reported that the 30 working days target was unrealistic and rarely met successfully.

Patients have reported experiences of not knowing what is happening and having little communication with NHS bodies on the date they expected to receive an update which undermines their faith in the system and their

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relationship with the NHS body.

In May 2023 NHS Wales adopted the [National Incident Reporting Policy](#) in order to set out clear expectations for patient safety incident reporting and management across NHS Wales. This policy permits a range of response times of 30, 60, 90 or 120 days depending on the complexity of the investigation. We propose to align the PTR regulations with the national reporting policy timeframes. 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 Putting Things Right 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? ”

Reflecting changes in NHS Wales

Healthcare in Wales has seen many changes since 2011, when the original PTR regulations were introduced. NHS Wales patients now have greater access to digital and virtual care. There is more focus on integrated care, where organisations come together to plan and deliver joined-up health and social care services, and there is greater use of the independent sector to deliver NHS-funded care.

Welsh Government intends to bring the PTR regulations up to date to reflect these changes. The aim is to explore how care provided on behalf of the NHS by the independent sector can be included into the redress system. This is currently not offered due to a number of complexities including deciding on the ownership

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of liability. This may lead to inequity in availability of NHS Wales redress system.

The objective is that wherever your NHS care is provided, there must be a system to raise concerns about your care. You should not be disadvantaged, treated differently, or have reduced access to redress because of who provides your 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? ”

Welsh Government’s long term health strategy is to provide more health care services in the community and closer to home rather than in hospitals.

Therefore, 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? ”

Children and young people

The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) is an

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international agreement setting out the rights of children. Welsh Government has a legal duty to consider the 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? ”

Redress in the form of financial compensation

Sometimes, when severe harm has occurred, redress is offered in the form of financial compensation to a complainant. Redress may be financial, or it may take the form of actions that provide a resolution – for example, providing urgent treatment, the giving of an explanation, the making of an apology, and a report on the action which has been or will be taken, such as a commitment to staff training so they can learn from the incident and prevent a reoccurrence.

For an NHS body to consider offering redress, the current threshold for damages^[footnote 2] (not legal costs as these are dealt with separately) is £25,000.

Over the past decade the Judicial College guidelines^[footnote 3] for damages for each type of personal injury has been reviewed, and each one has increased significantly. More cases are unintentionally moved out of PTR redress as the total damages now exceed £25,000. As a result, more cases enter litigation pathways. These cases can be expensive for both the NHS and for the person who may be awarded the damages.

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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 rather than private litigation. This proposal only affects which cases can be dealt with through the PTR redress process. It 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? ”

Urgent concerns and deliberate harm

Following reflection on recent and historic high-profile cases of deliberate harm to patients that have resulted in widespread media coverage, we feel that we need to make clear in the PTR guidance the process for raising concerns where imminent harm or abuse may be occurring.

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. Under all-Wales safeguarding procedures there are swift, well-practised mechanisms for escalating and investigating concerns of harm or abuse through the approach of social services, police, health, and other agencies working together.

There is more information about safeguarding procedures for adults and children at risk:

- [responding to a report of an adult at risk of abuse and/or neglect](#)
- [the duty to report a child at risk of abuse, neglect and/or harm](#)

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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? ”

Where a concern is raised that means the NHS body must report to the safeguarding hub or to the police for investigation, it is common practice for the NHS body to pause any further investigation of that concern until the police and/or safeguarding investigations have been completed.

Sometimes the police or the safeguarding team will give permission for the NHS investigation to continue, but where there are serious concerns of deliberate harm, neglect, or abuse, such investigation may jeopardise the criminal investigation. The PTR regulations do not currently allow for a pause in the time frame placed upon NHS bodies in these or any other circumstances. As explained above, the PTR regulations state that a response or interim report to a concern or complaint should be provided within 30 working days, with possible extensions for up to six months or twelve months in exceptional circumstances. We intend to include an exception to the time frame placed upon NHS bodies specifically where a criminal or safeguarding investigation needs to take precedence.

Question 17

“ Do you support the proposed exemption to the existing time frame for

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concerns or complaints where a criminal or safeguarding investigation needs to take precedence? ”

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. NHS bodies assess concerns about deaths as serious concerns and often feel it necessary to conduct a detailed investigation through the formal stage which takes time.

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. The purpose is to handle rapidly and sensitively those who have been bereaved but have unanswered questions, or concerns around the circumstances of the death of a loved one. In such cases, the clinical team may be included in the meeting where there are questions to be answered about the deceased's clinical care.

Alongside the proposed extended timeframe for early resolution as set out above, this could enable such cases to be managed in the early resolution phase without having to wait many months for a formal response, supporting the care after death and bereavement pathway. There will still be the option for the family to specify they would prefer their concern to be undertaken through the formal stage, or for them to raise their concerns with the Medical Examiner Service, police, or His Majesty's Coroner.

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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? ”

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. Some patients report they trust the NHS body and do not wish to seek legal advice; some report they were not made aware of the options, and some note that their solicitor would not agree to work within the current fee structure in PTR.

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. ”

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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^[footnote 4] 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? ”

Welsh language

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.

We want the proposed policy to have positive effects, or increased positive effects, on opportunities for people to use the Welsh language; on treating the Welsh language no less favourably than the English language; and to have no adverse effects on opportunities for people to use the Welsh language.

Question 21

“ What, in your opinion, would be the likely effects of the proposed changes to Putting Things Right 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. ”

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Question 22

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

Question 23

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

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? ”

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. ”

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Next steps

Following this consultation, we will consider responses and take these into account when making the regulations and related guidance.

Once all responses have been considered a Government Response will be published on our website.

Our intention is that proposed amendments will be made by way of regulations that will come into force in 2024.

This date may be subject to change depending on the outcome of the consultation and the required legislative processes.

Consultation questions

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.

Question 2

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

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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.

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?

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?

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.)

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?

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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?

Question 9

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

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?

Question 11

Do you agree that the Putting Things Right 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?

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?

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?

Question 14

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

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?

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?

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?

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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?

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.

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?

Question 21

What, in your opinion, would be the likely effects of the proposed changes to Putting Things Right 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.

Question 22

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

Question 23

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

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?

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.

How to respond

Submit your comments by 6 May 2024, in any of the following ways:

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- complete our online form
- download, complete our response form and email qualityandnursing@gov.wales
- download, complete our response form and post to:

Quality and Nursing Division
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Your rights

Under the data protection legislation, you have the right:

- to be informed of the personal data held about you and to access it
- to require us to rectify inaccuracies in that data
- to (in certain circumstances) object to or restrict processing
- for (in certain circumstances) your data to be 'erased'
- to (in certain circumstances) data portability
- to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please **tell us**.

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the UK GDPR, please see contact details below:

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Data Protection Officer

Data Protection Officer
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

E-mail: data.protectionofficer@gov.wales

Information Commissioner's Office

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Telephone: 01625 545 745 or 0303 123 1113

Website: [Information Commissioner's Office](#)

UK General Data Protection Regulation (UK GDPR)

The Welsh Government will be data controller for any personal data you provide as part of your response to the consultation. Welsh Ministers have statutory powers they will rely on to process this personal data which will enable them to make informed decisions about how they exercise their public functions. Any response you send us will be seen in full by Welsh Government staff dealing

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with the issues which this consultation is about or planning future consultations. Where the Welsh Government undertakes further analysis of consultation responses then this work may be commissioned to be carried out by an accredited third party (e.g. a research organisation or a consultancy company). Any such work will only be undertaken under contract. Welsh Government's standard terms and conditions for such contracts set out strict requirements for the processing and safekeeping of personal data.

In order to show that the consultation was carried out properly, the Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

You should also be aware of our responsibilities under Freedom of Information legislation. If your details are published as part of the consultation response, then these published reports will be retained indefinitely. Any of your data held otherwise by Welsh Government will be kept for no more than three years.

Further information and related documents

Number: WG48825

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Footnotes

[1] See regulations 24 and 26 of the PTR regulations (response) and (response to an investigation under regulation 23 where it is decided that there is or there may be a qualifying liability).

[2] Damages refers to the amount of money awarded by a court to compensate a claimant.

[3] Judicial College 2023 Judicial College Guidelines 16th Ed. Guidelines for the assessment of general damages in personal injury cases, Thomson Reuters.

[4] Quantum of damages is a legal term that means the amount of money awarded as compensation for a civil wrong. The underlying principle is that the claimant is entitled to be placed in the position they would have been had the injury not occurred, insofar as money can.

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