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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

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Kirsty Williams AM

26 March 2014

Deu Kirsty

I am writing further to the issues you raised in your questions to me in the Chamber on 19 March. You asked what the levels of compliance are for timeliness of reporting back on complaints. You also asked if I could outline how many staff in the NHS have undergone training on Putting Things Right.

In relation to the timescales for responding to complaints, the attached table sets out the percentage rates of responding to complaints within 30 working days during 2012/13. This data has been taken from the Annual Report that each organisation is required to publish. These reports contain additional information on the numbers of concerns received, the type of concerns, the number of cases dealt with by the Public Services Ombudsman for Wales and lessons learnt.

By way of background I thought it would be helpful to outline that when dealing with concerns NHS organisations are required to grade them according to severity of harm. This helps inform the level of investigation required to enable it to be carried out thoroughly, speedily and efficiently. It is particularly relevant when there may be a qualifying liability.

Where there is no qualifying liability identified, NHS organisations are required to issue a final response to concerns within 30 working days. If this is not possible the person who raised the concern should be informed of the reason for the delay and a response should be issued as soon as possible and within 6 months. In exceptional circumstances if that deadline cannot be met, then the person raising the concern must be informed of the reason for the delay and given an expected date for response. Where harm may have occurred and the redress element of the arrangements applies an interim response should be issued within 30 working days.

With regards to the numbers of staff in the NHS which have undergone training on Putting Things Right, NHS Organisations refer to this in their annual reports for 2012/13 and describe how training is delivered in a variety of formats. This includes use of the national e-learning training package, workshops, induction training and Root Cause Analysis training. Detailed information is not currently available on the numbers of staff trained. My officials are currently seeking that information and I will write to you in due course once I have received it. However, as part of the initial roll-out of Putting Things Right in 2011, funding was provided for the appointment of a facilitator in each organisation to assist with the education and training required to implement the new arrangements. The Welsh Government also funded a considerable number of Being Open and Root Cause Analysis training opportunities for each organisation which were provided by the former National Patient Safety Agency. Responsibility for ongoing training now rests with each organisation to ensure it forms part of their overall training and development plans.

We also touched on the role that Welsh Government continues to undertake in monitoring implementation. You may be interested to know that the Welsh Risk Pool Services is required by the Welsh Government to undertake an annual assessment of compliance with the Concerns and Compensation Claims Management Standard. This standard incorporates the requirements of the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. As well as producing organisation specific reports indicating the findings, scoring against the assessment and recommendations, Welsh Risk Pool Services has also produced an All Wales overarching report which provides an update on the key findings from the 2012/2013 assessment and highlight areas where improvement is required. A copy is attached for your information.

The findings from this process have informed an annual all Wales workshop bringing together independent member and executive leads and concerns staff, together with other key stakeholders including the Public Services Ombudsman and Community Health Councils to take stock and disseminate shared learning.

I hope that this is helpful.

Best wishes

Mark

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