

**Cover Report for members of the Health & Wellbeing Scrutiny Commission meeting on  
14<sup>th</sup> January 2014**

**Agenda Item: 'NHS Complaints and Leicester City Council Complaints'**

1. Purpose

- 1.1 To inform commission members about how complaints are handled by local NHS providers and by Leicester City Council.
- 1.2 The Director of Information & Customer Access, Leicester City Council, plus representatives of the 4 major local NHS providers, University Hospitals of Leicester, Leicestershire Partnership NHS Trust, Leicester City Clinical Commissioning Group and East Midlands Ambulance Service, have been invited to submit reports and attend the meeting to provide an overview of their complaints process and discuss how they use the issues identified through complaints to improve quality and safety.

2. Background

- 2.1 The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (known as the Francis Report) was critical of the health scrutiny function in Staffordshire, specifically referring to the “dismissive language” in a letter from Staffordshire Borough Council to a member of the public, which stated: “*that it is not the role of the Health Scrutiny Committee to pursue individual cases from members of the public*” and concluded with “*However, your letter will have alerted Members of the Health Scrutiny Committee to your concerns and general nature of these may be taken into account during any future discussions with the Trust*” (Paragraph 6,252 of the Francis Report).
- 2.2 In terms of complaints handling at overview and scrutiny committees, the Francis Report made the following general recommendation:  
*Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to the requirement of patient confidentiality. (Recommendation 119 of the Francis Report).*
- 2.3 In September 2013, the Centre for Public Scrutiny advised councils that “scrutiny is not a way to resolve individual complaints”, and that scrutiny should not ignore personal stories, but should have ways to test whether personal experiences are symptomatic of wider problems – amplifying the voices and concerns of the public where necessary to affect change”. The CfPS Briefing for Council Scrutiny Guide also refers to the use of published information such as public board papers, media reports and statistics.

3. Recommendation

- 3.1 Commission members are asked to use the information provided to inform questioning and discussion about how NHS complaints and Leicester City Council complaints are listened to and learnt from. Commission members to identify what, if any, is the future role for health scrutiny in relation to an oversight of complaints.

Anita Patel, Health Scrutiny Support Officer, December 2013.

[Anita.Patel@leicester.gov.uk](mailto:Anita.Patel@leicester.gov.uk)