

DRAFT REPORT

Health & Wellbeing Scrutiny Commission

8th April 2014

**To Consider Future Complaints Monitoring Arrangements 2014/15 To Scrutinise NHS
Complaints and Leicester City Council Complaints**

1. Purpose

1.1 The Health & Wellbeing Scrutiny Commission is invited to consider the future arrangements to receive complaints monitoring reports from the following local service providers:

- University Hospitals of Leicester NHS Trust (UHL)
- Leicestershire Partnership NHS Trust (LPT)
- East Midlands Ambulance Service NHS Trust (EMAS)
- Leicester City Clinical Commissioning Group (LCCCG)
- and*
- Leicester City Council (LCC)

1.2 A case study briefing has been compiled by Brenda Cook from Centre for Public Scrutiny, specifically for the commission to reflect on how complaints might be dealt with differently in the future, set out in **Appendix 1**.

1.3 A summary of what was said about complaints in the Francis report and the government's response is set out in **Appendix 2**.

1.4 Local Healthwatch have an important role to play as patient champion, and in scrutinising complaints data locally and have access to detailed information, subject to the requirement of patient confidentiality. Information on latest news from Healthwatch Leicester relating to Healthwatch England national complaints survey, at **Appendix 3**.

2. Recommendations

2.1 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, be invited to submit reports and attend commission meetings to provide an overview of their complaints process and discuss how they use the issues identified through complaints to improve quality and safety.

2.2 The organisations: NHS England; Care Quality Commission; Monitor, plus City Mayor & Executive at Leicester City Council, be invited to submit reports and attend commission meetings to provide an overview of their complaints process and discuss how they use the issues identified through complaints to improve quality and safety of services.

2.3 Members of the commission to consider the workload and priorities of the commission, when deciding whether to receive these reports on a six monthly cycle or an annual cycle?

- 2.4 The Commission to consider taking forward the advice and guidance, as set out in Appendix 1.
- 2.5 Members of the commission to consider the content and format required when receiving complaints reports in the future (see 3.4)

3. **Role of the Health & Wellbeing Scrutiny Commission**

- 3.1 The Health & Wellbeing Scrutiny Commission is not a complaints service and individual complaints need to go to the relevant organisation. The commission is not there to inspect or performance manage the NHS.
- 3.2 The organisations that do have the responsibility for inspecting and performance management of NHS complaints are:-
- a) NHS England – is responsible for commissioning services at a national level with an objective to ensure that the money spent on NHS services delivers the best possible care for patients.
 - b) Care Quality Commission (CQC) – is the independent regulator for all health and social care services in England. CQC assesses and makes judgments as to the level of safety and quality of care provided by providers of health and social care.
 - c) MONITOR – protects and promotes patients' interests by ensuring that health care services are provided effectively, efficiently and economically, while the quality of services is maintained or improved.
 - d) NHS Trust Development Authority – supports NHS trusts to secure sustainable, high quality services for the patients and communities it services. It helps them to improve so they can take advantage of the benefits of foundation trust status when they are ready.
- 3.3 In terms of Leicester City Council complaints, the overall responsibility for inspecting and performance management of complaints lies with:
- e) The City Mayor & Executive – is responsible for a wide range of duties and responsibilities to the local population, which extends beyond the NHS into both public health and social care.
- 3.3 The Health & Wellbeing Scrutiny Commission should expect to receive regular reports from the NHS Healthcare Providers and from Leicester City Council (as listed 1.1 above), and should expect to receive regular reports from the inspection and performance management bodies listed (3.1 and 3.2 above) so that it can take an overview of the pressures on the service and quality of provision.
- 3.4 The Commission should expect to receive reports in a simply to read summary format, which will focus on:
- a) Complaints data to show where an organisation is doing well, and where improvements in service quality are required.

- b) How an organisation has changed from the previous year, and what the priorities are for the coming year.
- c) How an organisation has involved service users, staff and others with an interest in the complaints process, to help them evaluate the quality of their services and determine their priorities for improvement.
- d) Comparable complaints data and trends with similar organisations.
- e) An assurance that no issues arising from the complaints process prejudices patients' safety and care.

4. **Background**

- 4.1 The Francis Report recommends that *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 respect for patient confidentiality.* (Rec. 119) It was therefore appropriate to consider complaints at the recent meeting of the Commission in January 2014. However, the discussions took a long time and one NHS representative had to leave before their report was considered. The commission needs to re-consider how it wishes to receive and manage complaints reports in the future.
- 4.2 In September 2013, the Centre for Public Scrutiny (CfPS) 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.

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March 2014.