



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY PANEL

Date: Wednesday, 26 March 2014

Time: 1.30 pm (pre-meeting for all Panel members at 1pm)

Place: LB31, Loxley House

Councillors are requested to attend the above meeting to transact the following business

Deputy Chief Executive/Corporate Director for Resources

Constitutional Services Officer: Jane Garrard, Overview and Scrutiny Co-ordinator
Direct Dial: 0115 8764315

AGENDA

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IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE OVERVIEW AND SCRUTINY CO-ORDINATOR SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

Public Document Pack Agenda Item 3

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES of the meeting held at Loxley House on 29 JANUARY 2014 from 1.30 pm to 3.15 pm

- ✓ Councillor Ginny Klein (Chair)
- ✓ Councillor Thulani Molife (Vice-Chair)
- Councillor Mohammad Aslam
- Councillor Merlita Bryan
- Councillor Azad Choudhry
- ✓ Councillor Eileen Morley
- ✓ Councillor Brian Parbutt
- ✓ Councillor Anne Peach
- Councillor Wendy Smith
- Councillor Timothy Spencer

✓ indicates present at meeting

Colleagues, partners and others in attendance

Rosemary Galbraith	- Quality and Safety	- Nottingham CityCare Partnership
Jane Garrard	- Overview and Scrutiny)
Laura Haxton	- Commissioning) Nottingham City Council
Mark Leavesley	- Constitutional Services)
Steve Oakley	- Quality and Efficiency)

35 MEMBERSHIP

RESOLVED to note the appointment to the Panel of Councillor Anne Peach.

36 APOLOGIES FOR ABSENCE

Councillor Aslam)
Councillor Smith) personal
Councillor Spencer)

37 DECLARATIONS OF INTERESTS

None.

38 MINUTES

The Panel confirmed the minutes of the meeting held on 27 November 2013 as a correct record and they were signed by the Chair.

39 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2013/14

The Panel considered a report of the Head of Democratic Services regarding Nottingham CityCare Partnership's proposals for its Quality Account 2013/14, including plans for public engagement in development of the Account.

Rosemary Galbraith, Assistant Director of Quality and Safety / Deputy Director of Nursing, Nottingham CityCare Partnership, presented the report and stated that:

- the Quality Account is a formal document requested by the Department of Health, which will be published on 28 June 2014 and cover the period 1 April 2013 to 31 March 2014 and, following Department of Health guidelines, will include a review of key quality achievements over the past year and provide a summary of the main priorities for improvements over the coming year, along with some mandated content;
- CityCare is dedicated to ensuring that quality remains a key focus by making a commitment to providing the highest quality, cost effective care for citizens and is keen to ensure the Quality Account incorporates the views of staff, the local population and other local organisations. It is currently in the early stages of this engagement process, and is asking for comments on the proposed content and any additional suggestions for areas to cover;
- CityCare review progress against the chosen priorities for 2013/14 and will carry forward themes into this year's report if necessary (this may be where a priority is still in development, or where the work undertaken has highlighted further areas for improvement). In its Quality Account it will also provide an update on any outstanding actions from the 'look back' section in last year's report;
- following further engagement with stakeholders, the Quality Account will be developed and a final draft will be presented to Nottingham City's Health Scrutiny Panel, NHS Nottingham City Clinical Commissioning Group and Healthwatch by May 2013, in order that any comments can be incorporated.

In response to questions from the Panel, the following additional information was provided:

- the target for dementia care training has not been reached as yet and will remain a priority for 2014/15. Care specialists, who will work alongside the JackDawe Home Care Team, have only recently been recruited and are still being trained. Councillors supported this remaining a priority area;
- a review of provision / care etc is always ongoing (through focus / patient groups and staff surveys) and any relevant issues raised are addressed immediately. This also applies to the patient experience / complaints process, with ongoing service changes where necessary arising from feedback. The Quality Account will contain outcomes from the staff survey and staff Friends and Family Test;
- follow-up medicine management checks are made via phone calls to patients to ensure medicines are being correctly taken and there are no side effects;
- in line with the national agenda, CityCare will continue to focus on pressure ulcer prevention. CityCare does have a high number of pressure ulcers and, in part, this reflects high levels of reporting encouraged by training. A significant number of pressure ulcer incidents relate to care homes and nurses work closely with care homes, providing training where necessary, on preventing and dealing with pressure ulcers.

RESOLVED to note the information provided and that the final draft Quality Account 2013/14 will be submitted to the Panel meeting in May 2014.

40 COMMISSIONING OF CARE AT HOME SERVICES

Steve Oakley, Head of Quality and Efficiency, and Laura Haxton, Commissioning Manager, presented a report of the Head of Democratic Services, outlining the Council's role as a commissioner of care at home services for those adults over 18 years old who are in receipt of social care and/or continuing healthcare funding.

They also gave the following additional information during a short presentation:

- during a review of the care at home service, which commenced in August 2012 and involved partners such as the Clinical Commissioning Group and the Primary Care Trust. While service users had a high degree of choice, a number of issues were identified, such as market capacity, continuity of care available and staff not being paid for travelling time;
- as the contracts for Homecare Services expired in December 2013, the Council also had an opportunity to review the service provision and the outcomes met through the services as a whole;
- following the review, an approach was developed aimed at ensuring all citizens' needs, regardless of age, are met and they are assisted to live independently in their communities. The new service provision will also form part of a Framework of Providers of flexible services that will respond to the changing needs of citizens based on a whole life model;
- the new providers' contracts commenced in January 2014 and full service provision is expected to be in place by mid-February;
- the new, simpler system consists of dividing the city into 4 zones, each of which has a lead provider and 3 support providers, ensuring where possible the identified needs of citizens are met quickly and efficiently and by a single provider, rather than by numerous different agencies and staff members. Lead providers will undertake the majority of work in that area but users will still have a choice of provider;
- from a commissioning perspective, there will be fewer provider relationships to maintain and this will make it easier to manage service quality. Previously low risk issues were often tolerated because of capacity issues within the commissioning team, but the new contracts will be more robustly monitored;
- in transferring users to new providers, priority is being given to the most vulnerable users.

During discussion, the following information was given:

- to ensure retention of staff, provider contracts include a requirement that a minimum of 75% of its staff should have specified hours (rather than being on a zero contract or casual basis) and this will be checked and, if necessary, challenged if not being met. The contract also includes mandatory training requirements and providers must show that all staff have received training in subjects ranging from safeguarding to food hygiene;

- the needs of service users is initially assessed via phone conversations and visits (undertaken by the Adult Assessment Team, Social Workers and District Nurses, using a script to ensure consistency in the questions asked and, therefore, in the information received back);
- once an assessment has been completed, an individual pack is created, passed to the Council and then forwarded to the most relevant provider. This system has led to a more effective targeting of resources and, therefore, a better quality service provision with the same, or in some cases, less, staff;
- advice and training is already provided to care home providers and will be available to purchase by care at home providers in the next few months. This will be cheaper than private training providers. Safeguarding training is already provided to care at home providers;
- it is difficult to monitor the quality of care provided in people's homes, but it is done by looking at notes and records of care. In addition the Care Quality Commission has regulation powers. It is difficult to define high quality care but there are a range of indicators, for example having a good care plan in place;
- citizens with personal budgets can go 'off framework' but this care doesn't come with the same level of monitoring and assurance that Council commissioned services have;
- in the first instance complaints should be made to the service provider. If the issue cannot be resolved then complaints can be made via the social care complaints team.
- in the tender process prospective providers were asked to provide evidence in relation to responding to equality and diversity issues and how they would deal with specific cultural needs of service users. It is hoped that because contracts are now geographically based, providers will be more able to employ local people that reflect the diversity of the local population it serves. Equality issues will be reviewed as part of the quarterly monitoring process;
- by having geographically based contracts it is hoped that providers will be able to make links to local communities and help to address social isolation issues of service users.

The Chair commented on the increasing demand for care at home services and concluded that it was reassuring that the new framework appeared to be instigating a more robust approach to service quality. Councillors discussed carrying out a review of service user experience of care at home services once the new framework of providers had been fully implemented.

RESOLVED to carry out a review of service user experience of care at home services during 2014/15.

41 IMPLICATIONS FOR HEALTH SCRUTINY OF THE MID-STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY (FRANCIS INQUIRY)

Jane Garrard, Overview and Scrutiny Review Co-ordinator, presented a report of the Head of Democratic Services, requesting the Panel to consider whether there are any health scrutiny implications arising from the Government's response to the Mid-Staffordshire NHS Foundation Trust Public Enquiry (the Francis Enquiry).

During discussion, the Panel were of the opinion that, as it was already developing a relationship with the Care Quality Commission and held regular discussions with Healthwatch, there are currently no further actions for Nottingham City health scrutiny at this time. A protocol on the relationship between health scrutiny, Healthwatch and the Health and Wellbeing Board is being developed.

42 WORK PROGRAMME 2013/14

Jane Garrard, Overview and Scrutiny Review Co-ordinator, presented a report of the Head of Democratic Services, outlining the Panel's work programme.

RESOLVED to include of a review exploring service user experience of care at home services in 2014/15 work programme.

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HEALTH SCRUTINY PANEL
26 MARCH 2014
NOTTINGHAM CITYCARE PARTNERSHIP COMPLAINTS HANDLING
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To inform the Panel about how complaints are handled in the NHS, with a particular focus on Nottingham CityCare Partnership; and to provide an opportunity for the Panel to explore how CityCare Partnership uses complaints to address failures, learn and make improvements.

2. Action required

- 2.1 The Panel is asked to

- a) use the information provided to inform questioning and discussion about how Nottingham CityCare Partnership listens to and learns from complaints; and
- b) identify what, if any, is the future role for scrutiny in relation to an oversight of complaints.

3. Background information

- 3.1 The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (known as the Francis Report) concluded that “all the evidence to show that there were serious issues was present in the complaints, if only that information had been accessed and reacted to appropriately.” Key themes arising from the analysis were:
- The reluctance of patients and those close to them to complain and barriers to the receipt of complaints
 - Support for complainants still requiring development
 - The feedback, learning and warning signals from complaints not given high enough priority
 - Lack of availability of information about complaints to commissioners and local scrutiny bodies
 - The case for more independent investigation of complaints investigation
- 3.2 In this context, councillors identified local NHS complaints handling as an issue for further exploration. In November 2013 the Joint Health Scrutiny Committee looked in detail at the complaints handling of Nottingham University Hospitals Trust, Nottinghamshire Healthcare Trust and the East Midlands Ambulance Service.

- 3.3. A briefing note is attached providing information on the NHS complaints process, the national context and recent research relating to complaints handling in the NHS.
- 3.4 Representatives of Nottingham CityCare Partnership will be attending 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. Attached to this report is background information provided by CityCare Partnership about its complaints process and recent complaints data.
- 3.5 Health scrutiny is not a way to resolve individual complaints but the Centre for Public Scrutiny advises that scrutiny should not ignore personal stories and have ways to test whether personal experiences are symptomatic of wider problems – amplifying the voices and concerns of the public where necessary. Trends in complaints data, when triangulated with other evidence can provide a useful indicator of potential issues for further scrutiny. The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry recommends “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.” The Panel may wish to consider what, if any, is the future role for scrutiny in relation to complaints.

4. List of attached information

- 4.1 The following information can be found in the appendix to this report:

Appendix 1 – NHS Complaints Handling: Briefing Note

Appendix 2 – Information provided Nottingham CityCare Partnership

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry 2013

Report to and minutes of the meeting of the Joint Health Scrutiny Committee held on 12 November 2013

7. **Wards affected**

All

8. **Contact information**

Jane Garrard, Overview and Scrutiny Review Co-ordinator

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NHS Complaints Handling: Briefing Note

NHS Complaints Procedure

The standard NHS complaints procedure can be used for most complaints about NHS services.

The legislation governing the NHS complaints procedure¹ sets out various obligations on NHS bodies, GPs and other primary care providers and independent providers of NHS care in relation to the handling of complaints. For example there is a duty on NHS bodies to provide a written response to complaints.

Information about the two stages of the standard NHS complaints process is set out on the NHS Choices website²:

1. Ask your GP, hospital or trust for a copy of its complaints procedure, which will explain how to proceed. Your first step will normally be to raise the matter (in writing or by speaking to them) with the practitioner e.g. the nurse or doctor concerned, or with their organisation, which will have a complaints manager. Alternatively, if you prefer, you raise the matter with the relevant commissioning body such as the NHS England or a local CCG. The process is called local resolution, and most cases are resolved at this stage.
2. If you are still unhappy, you can refer the matter to the Parliamentary and Health Service Ombudsman, who is independent of the NHS and government.

The NHS Constitution³ sets out the following patient's rights concerning complaints and redress:

You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.

You have the right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.

You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.

You have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS.

You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.

You have the right to compensation where you have been harmed by negligent treatment.

¹ Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

² NHS Choices website www.nhs.uk (accessed 10 October 2013)

³ Department of Health (26 March 2013) The NHS Constitution: the NHS belongs to us all

The NHS also commits:

- To ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment (pledge);
- To ensure that when mistakes happen or if you are harmed while receiving care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again (pledge);
- To ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services (pledge).

Support in making a complaint can be sought through:

Patient Advice and Liaison Service (PALS) – Most Trusts provide a PALS. They offer confidential advice, support and information on health-related matters to patients, their families and their carers and can provide information and discuss options about how complaints can be resolved. There is some evidence to suggest that where PALS is combined with complaints management there is potential for a conflict of interest and the Clwyd/ Hart Review on NHS Complaints recommends that these roles are separate⁴.

NHS Complaints Independent Advocacy Service – from 1 April 2013 local authorities have had a statutory duty to commission independent advocacy services to provide support for people making, or thinking of making, a complaint about their NHS care or treatment. In Nottingham City and Nottinghamshire this service is provided by POHWER. The service is free.

If an individual is dissatisfied with the response to their complaint they can contact the Parliamentary and Health Service Ombudsman (PHSO). The Ombudsman carries out independent investigations into complaints about the NHS when the local resolution has not produced a satisfactory outcome. In 2012-13 the PHSO took a close look at 3770 cases, 377 of which required formal investigation⁵.

Figures from the Health and Social Care Information Centre show that over 162,000 complaints about NHS care were made in 2012/13⁶.

Parliamentary and Health Service Ombudsman Principles of Good Complaints Handling

First published in 2008, the PHSO sets out principles of good complaints handling⁷:

⁴ See (October 2013) A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture

⁵ Cited on PHSO website www.ombudsman.org.uk (accessed 31 October 2013)

⁶ Cited in (October 2013) A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture

⁷ PHSO (November 2008) Principles of Good Complaints Handling

1. Getting it right
 - Acting in accordance with the law and relevant guidance, and with regard for the rights of those concerned.
 - Ensuring that those at the top of the public body provide leadership to support good complaint management and develop an organisational culture that values complaints.
 - Having clear governance arrangements, which set out roles and responsibilities, and ensure lessons are learnt from complaints.
 - Including complaint management as an integral part of service design.
 - Ensuring that staff are equipped and empowered to act decisively to resolve complaints.
 - Focusing on the outcomes for the complainant and the public body.
 - Signposting to the next stage of the complaints procedure, in the right way and at the right time.
2. Being customer focused
 - Having clear and simple procedures.
 - Ensuring that complainants can easily access the service dealing with complaints, and informing them about advice and advocacy services where appropriate.
 - Dealing with complainants promptly and sensitively, bearing in mind their individual circumstances.
 - Listening to complainants to understand the complaint and the outcome they are seeking.
 - Responding flexibly, including co-ordinating responses with any other bodies involved in the same complaint, where appropriate.
3. Being open and accountable
 - Publishing clear, accurate and complete information about how to complain, and how and when to take complaints further.
 - Publishing service standards for handling complaints.
 - Providing honest, evidence-based explanations and giving reasons for decisions.
 - Keeping full and accurate records.
4. Acting fairly and proportionately
 - Treating the complainant impartially, and without unlawful discrimination or prejudice.
 - Ensuring that complaints are investigated thoroughly and fairly to establish the facts of the case.
 - Ensuring that decisions are proportionate, appropriate and fair.
 - Ensuring that complaints are reviewed by someone not involved in the events leading to the complaint.
 - Acting fairly towards staff complained about as well as towards complainants.
5. Putting things right
 - Acknowledging mistakes and apologising where appropriate.
 - Providing prompt, appropriate and proportionate remedies.
 - Considering all the relevant factors of the case when offering remedies.
 - Taking account of any injustice or hardship that results from pursuing the complaint as well as from the original dispute.
6. Seeking continuous improvement
 - Using all feedback and the lessons learnt from complaints to improve service design and delivery.
 - Having systems in place to record, analyse and report on the learning from complaints.
 - Regularly reviewing the lessons to be learnt from complaints.
 - Where appropriate, telling the complainant about the lessons learnt and changes made to services, guidance or policy.

The Francis Report into Mid Staffordshire NHS Foundation Trust

The inquiries into failures in care at Mid-Staffordshire NHS Foundation Trust found that ineffective action in response to patient complaints was a contributing factor, and commented that failures of a complaints system to acknowledge or rectify shortcomings contributes to an erosion in public confidence in the NHS. The Report published in February 2013⁸ stated that

“A health service that does not listen to complaints is unlikely to reflect its patients’ needs. One that does will be more likely to detect the early warning signs that something requires correction, to address such issues and to protect others from harmful treatment... A complaints system that does not respond flexibly, promptly and effectively to the justifiable concerns of complainants not only allows unacceptable practice to persist, it aggravates the grievance and suffering of the patient and those associated with the complaint, and undermines the public’s trust in the service.”

The Report made 14 recommendations relating to the handling of complaints. Key themes of the recommendations were:

- Reluctance of patients and those close to them to complain
- Feedback, learning and warning signs available from complaints not given high enough priority
- Information about complaints should be made available to, and used by commissioners and local scrutiny bodies
- There is a case for independent investigation of a wider range of complaints.

In its response in November 2013⁹, the Government said that key changes it wanted to see included:

- Trust Chief Executives and Boards should promote a culture of openness and encourage feedback and welcome complaints.
- Every Trust making clear to patients from their first encounter with the hospital:
 - How they can complain
 - Who they can turn to for independent local support
 - That they retain the right to complain to the Ombudsman if they remain dissatisfied and how to contact them
 - Details of how to contact Local Healthwatch.
- Trust Chief Executives and Boards taking personal responsibility for complaints handling.
- Chief Executives ensuring there is greater clinical involvement in handling complaints.
- Directors with responsibility for patient safety being required to give an update on complaints at each Board meeting.
- Boards to see regular data about complaints which means the ‘narrative and not just the numbers’, so they can identify themes and reoccurring problems, and take action.
- Detailed information on complaints and the lessons learnt to be published quarterly.
- Government to work with NHS England and key partners to introduce a regular and standard way of surveying people who have made a complaint to find out whether

⁸ (February 2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

⁹ Department of Health (November 2013) Hard Truths: The Journey to Putting Patients First

they were satisfied with the way it was handled and to enable comparison across hospitals.

- Review the patient and advice liaison services service.
- Local Healthwatch scrutinising complaints data across Trusts in an area to spot themes and reoccurring issues.
- Complaints to be a key part of the new Chief Inspector of Hospitals' inspections.
- Work to clarify that threat of future litigation should not delay the handling of a complaint.
- Development of a patient-led vision and expectations for complaints handling in the NHS.

Patients Association Good Practice Standards for NHS Complaints Handling

The Patients Association has published standards for complaints handling¹⁰. A recommendation of the Francis Report is that Trusts should consider the standards of the Patients Association.

Standard 1: The complainant has a single point of contact in the organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking is established at the outset.

Standard 2: The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.

Standard 3: Investigations are thorough, where appropriate obtain independent evidence and opinion and are carried out in accordance with local procedures, national guidance and legal frameworks.

Standards 4: The investigator reviews, organises and evaluates the investigative findings.

Standard 5: The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.

Standard 6: The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.

Standard 7: Both the complainant and those complained about are responded to adequately.

Standard 8: The investigation of the complaint is complete, impartial and fair.

Standard 9: The organisation records, analyses and reports complaints information throughout the organisation and to external audiences.

Standard 10: Learning lessons from complaints occurs throughout the organisation.

Standard 11: Governance arrangements regarding complaints handling are robust.

Standard 12: Individuals assigned to play a part in a complaint investigation have the necessary competencies.

¹⁰ Patients Association (July 2013) Good Practice Standards for NHS Complaints Handling – A Summary

Clwyd/ Hart Review of NHS Hospitals Complaints System

In response to the Francis Report the Government announced a review into the handling of concerns and complaints, including consideration of the Francis Report recommendations. The Review was led by Ann Clwyd MP and Tricia Hart, Chief Executive of South Tees Hospitals NHS Foundation Trust and published its report¹¹ in October 2013. The review focused on acute hospitals but states that many of the reflections and comments are as relevant to other health and care settings.

Based on its findings about what it feels like to complain the Report sets out 'what patients want'...

"Patients want a complaints system that is easy to understand and to use; that is easily accessible and does not require any particular expertise to navigate; and that takes account of the difficulties many people face in expressing themselves or giving evidence, particularly at times of stress, ill health or bereavement."

"People who wanted to complain – particularly those worried about the quality of care being provided for a friend or relative – need a guarantee that the complaint will never lead to poorer care or treatment for the patient. Complaining should be penalty free. Patients want staff to be professional and non-judgemental about the way in which they deal with complaints. They do not want to be blamed if they complain but rather, for staff to see complaints as an opportunity to improve the care given to others in the future."

"Patients want the complaints system to acknowledge the emotional trauma from poor care, illness and bereavement. The way complaints are handled should be sympathetic and sensitive and not seek to reduce, deny or marginalise people's feelings. Patients want to be included in the process and be clear about how a complaint will be investigated. They want their feelings respected and not feel left on the side lines."

"Patients want a complaints system that is flexible and proportionate to the cause of the complaint and provides appropriate remedy. A 'light touch' approach may be more satisfactory than a full, formal investigation in some cases, and as far as possible, the hospital should try and resolve issues and concerns without the need to trigger a formal complaint in the first place. Where an issue becomes a complaint the approach to the investigation should match the seriousness of the issues involved."

"Most patients want their complaints dealt with promptly and may suffer if the process is drawn out. Others want the system to recognise that people who are recuperating or bereaved may not be able to bring a complaint immediately or respond to questions within set deadlines."

"Patients want a complaints system to cover all aspects of a patient's care, even if this crosses boundaries within the NHS or between the NHS and social care. They want to be able to make only one complaint about their whole experience within the system."

"Patients would like to see a service that provides advocacy, representation and support to those who need and want it. They want to know there is someone to speak for them if necessary, and help them to make sense of a complicated system."

"Patients want to know that their complaints make a difference. The prime desired outcomes are usually the admission of responsibility, an apology, the reassurance that

¹¹ (October 2013) A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture

lessons will be learned and – where appropriate and individuals are clearly at fault – some form of sanction. This is particularly important if staff have attempted to cover up their failings. Patients want openness and to know that where staff have done something wrong they will not be allowed to remain anonymous.”

“Patients want to know that even if the complaint is handled internally, there is scope for an external review or a further level of scrutiny if their complaint fails or stalls. Some did not feel that the Ombudsman provided the level of independence required in the system, either because cases had to pass too high a hurdle to be considered, or because of the low number of cases upheld.”

Other evidence provided to the Review suggested:

- Vulnerable people find complaints systems complicated and hard to navigate.
- People need to be more aware of how to access complaints advocacy.
- Chief Executives and Boards should take active responsibility for complaints, including examining the narrative of complaints and not just the numbers and ensuring it gets the right level of attention within the organisation. Chief Executives and Boards also have a crucial role in ensuring there is the right attitude and approach within the organisation.
- The skill and attitude of staff managing complaints is important.
- There is a public reluctance to complain.
- There is a perceived power imbalance in the complaints system and concerns about internal conflicts of interest.
- It is important to have openness and honesty in responding to complaints – links were made to the proposed ‘duty of candour’.

The Report makes a large number of recommendations aimed at a variety of stakeholders including Trusts, Department of Health, professional bodies, Care Quality Commission. Recommendations particularly relevant to this piece of scrutiny include:

Recommendation: Trusts should provide patients with a way of feeding back comments and concerns about their care on the ward including simple steps such as putting pen and paper by the bedside and making sure patients know who to speak to if they have a concern – it could be a nurse or a doctor, or a volunteer on the ward to help people.

Recommendation: Attention needs to be given to the development of appropriate professional behaviour in the handling of complaints. This includes honesty and a willingness to listen to the complainant, and to understand and work with the patient to rectify the problem.

Recommendation: Staff need to record complaints and the action that has been taken and check with the patient that it meets with their expectation.

Recommendation: Complaints are sometimes dealt with by junior staff or those with less training. Staff need to be adequately trained, supervised and supported to deal with complaints effectively.

Recommendation: Trusts should actively encourage both positive and negative feedback about their services. Complaints should be seen as essential and helpful information and welcomed as necessary for continuous service improvement.

Recommendation: Every Chief Executive should take personal responsibility for the complaints procedure, including signing off letters responding to complaints, particularly when they relate to serious care failings.

Recommendation: There should be Board-led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals.

Recommendation: Every Trust has a legislative duty to offer complainants the option of a conversation at the start of the complaints process. This conversation is to agree on the way in which the complaint is to be handled and the timescales involved.

Recommendation: Where complaints span organisational boundaries, the Trusts involved should adhere to their statutory duty to co-operate so they can handle the complaint effectively.

Recommendation: Hospitals should offer a truly independent investigation where serious incidents have occurred.

Recommendation: When Trusts have a conversation with patients at the start of the complaints process they must ensure the true independence of the clinical and lay advice and advocacy support offered to the complainant.

Recommendation: Patients, patient representatives and local communities and local Healthwatch organisations should be fully involved in the development and monitoring of complaints systems in all hospitals.

Recommendation: Board level scrutiny of complaints should regularly involve lay representatives.

A Government response to the report and recommendations is expected in due course.

Research on Barriers and Enablers to Making Complaints

A research report commissioned by the Care Quality Commission in 2013¹² found that instances of people making a complaint are low – among respondents who had experienced health and social care service in the past year, 8% voiced a concern to a member of staff about the standard of care and 4% made an official complaint. Conversely 29% of people had provided positive feedback about their time spent receiving care. The PHSO cites research in its submission to the Clwyd/ Hart Review¹³ that found 18% of patients want to complain and 54% of these do not. The PHSO says that this is a higher proportion than for public services generally and that the reasons for not complaining include:

- People don't know where or how to complain and fear they won't be listened to or taken seriously
- Some people fear that they will get a worse service if they complain

¹² ICM (2013) Fear of Raising Concerns about Care: a research report for the Care Quality Commission

¹³ PHSO (June 2013) Submission by the Health Service Ombudsman for England to the Review of the NHS Complaints System

- Patients may lack an advocate or need special support – 1 in 4 of those in hospital is cognitively impaired.

The CQC research supported this, identifying that the main barrier to making a complaint was not wanting to be seen as a trouble maker (26% of respondents) and a quarter of respondents said that the main factor preventing them from making a complaint was that it would not make a difference and nothing would improve as a result. 11% of respondents said that they would not complain because they would be worried that their care would get worse as a result.

The CQC research found that greater information was the strongest enabler to speaking out, with 76% of respondents saying that knowledge of the standard of care they had a right to receive would encourage them to speak out about poor care. Another strong enabler identified was an open and enabling culture – 75% said that being told by the provider that they want patients to raise concerns would encourage them to do so. Other key enablers were the provider regularly giving information on the actions they have taken in response to concerns; anonymity in the complaints process; and having an advocate or third party.

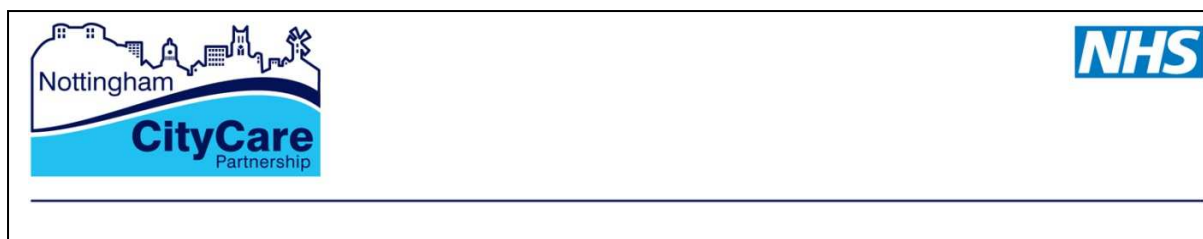
Respondents to the CQC research who had made a complaint tended to be negative about the way it was handled:

- 57% said they did not receive a satisfactory response
- 55% said that their concern was not welcome
- 34% said that they were not treated with respect while their concern was being handled.

The PHSO research concluded that there can be a defensiveness on the part of the hospitals and their staff to hear and address concerns and this can lead to poor complaints handling. It says that reasons for defensiveness by staff include:

- Do not have the authority or resources to resolve complaints
- They are on their own when dealing with a complaint
- Fear of disciplinary action/ blame (especially junior staff) if they acknowledge validity of complaint
- Clinicians feel professional pride; see themselves as expert and this is being challenged
- Staff can feel that it would be disloyal to their team or to the organisation to listen and address a patient's concerns
- Complaint handlers don't feel they have the clout to get changes made
- A fear of failure and consequences
- Frightened by patient/ carer/ family behaviour/ threats/ accusations
- They do not understand the complaints process
- They don't know how to support the patient if they have special needs

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Report to the Nottingham Health Scrutiny Panel: March 26th 2014

From: Nottingham CityCare Partnership

Complaints

1. Introduction

Nottingham CityCare Partnership (NCCP) provides community health services within Nottingham City and, for some services, in parts of the county. Over 60 services are provided by approximately 1500 staff. Examples of services are health visiting for young families, school nursing for children and young people, community nursing for people with conditions such as respiratory problems or heart failure, podiatry and diabetes service and support following a stroke or a fall.

NCCP has been in existence since April 2011. The data provided within this report therefore covers the period April 2011-December 2013.

NCCP aims to improve patient experience and deliver the highest quality of care across all services. We aim to embed the 'six C's' of nursing practice (care, compassion, courage, communication, competence and commitment) into all our interventions. We accept, however, that at times we get things wrong and that people are dissatisfied with the service they have received. It is therefore essential that we have a clear complaints process in place, enabling us to respond to issues raised, address concerns, learn from our mistakes and channel this into service improvement.

NCCP has developed a complaints policy in line with the Ombudsman's 'Principles of Good Complaint Handling'. We are currently reviewing our policy and practice to incorporate findings and recommendations from the Francis and Clwyd-Hart reports. An action plan mapped against Francis recommendations has been developed.

2 Summary of complaints data from April 2011-December 2013

From 1st April 2011 to 31st December 2013, NCCP received a total of 132 complaints. The number of complaints per year in relation to specific services is reflected in Appendix 1 (Table 1 and Table 1.1).

Monitoring data is gathered when possible in relation to age, ethnicity, gender and disability. The data gathered and recorded over the time period in relation to age and

gender is reflected in Table 2. There is very little data currently recorded in relation to ethnic origin and disability. This has been recognised as an area for improvement and will be addressed within a CQUIN (Commissioning for Quality and Innovation) target requested by commissioners in 2014-15 (see paragraph 8)

Tables 3 and 3.1 show the length of time taken to resolve complaints. 113 of the total 132 complaints have been resolved, with 19 remaining open. NCCP aims to resolve complaints as quickly as possible whilst also ensuring a thorough and proportionate response. Complaints often involve a number of different services which can result in a lengthier process.

Complaints are categorised in relation to the main issue arising for the complainant, for example difficulty in accessing a service, communication issues or problems with treatment and/or care. This information is shown in table 4. Treatment and care is the main category for complaints in relation to NCCP services.

To date, 2 complaints have been taken up by the Ombudsman. We are currently awaiting the outcome of these investigations.

3 Information to the public

In line with recommendations within the Clwyd-Hart report, NCCP promotes a culture of openness and honesty, ensuring that patients have opportunities to feedback comments and concerns at every possible opportunity. Boxes for comments and concerns are visible in all health centres offering NCCP services, and reception staff have been briefed in terms of responding to complaints and ensuring that people are given a leaflet including a contact number for our Customer Service Team.

Concerns/issues that can be dealt with within the same or next day may be dealt with immediately by the health centre manager or other relevant staff. All NCCP service information leaflets provide a contact number for our Customer Service Team, and people are able to log complaints, concerns or compliments by either e-mail or telephone contact. Initial e-mail contact is always followed up with a telephone call from the Customer Service Team.

4 Staff training

Training for staff was also raised in the Clwyd-Hart report. NCCP provides regular training workshops for staff that are likely to be involved in investigating complaints (primarily team managers and senior staff). The communication and Customer Care skills of all staff within the organisation are of paramount importance and are reviewed regularly by managers within supervision and appraisal processes. NCCP is reviewing its Customer Care training and will implement a training programme for 2014-15. This will incorporate initial responses to concerns and complaints raised by patients.

5 The Complaints Process

NCCP has a dedicated complaints officer managed by the Head of Patient and Public Engagement. The team reports directly to the Interim Director of Quality and Safety and Nursing. All response letters to complainants are reviewed and signed by the Director of Operations and Nursing.

NCCP adheres to timescales within the complaints policy. These are:

- Initial response within 3 working days
- Low/moderate risk complaints completed within 5 weeks (from receipt of agreed consent to first response)
- High risk complaints within 10 weeks
- Extreme risk complaints within 20 weeks.

All complaints must be resolved within a 6 month period.

All complainants are offered a face-to-face interview with the team manager or other relevant staff involved in the complaint. Complainants are also provided with information in relation to independent advocacy support.

In cases where there is a significant risk identified an independent investigator is appointed to conduct the investigation. This was also a recommendation within the Clwyd-Hart report. In these circumstances the complaint and investigation would be anonymised and the investigation and action plan presented to the Patient Safety and Infection Prevention and Control Group.

Complaints are closely monitored alongside incidents data, so that an overall picture can be gained of particular risk factors/concerns.

6 Identifying trends/themes

Reports including complaints data are submitted to the Governance and Risk Committee, contract meetings with commissioners and the NCCP Board on a quarterly basis. This enables themes and trends from complaints data to be viewed and analysed, for example the severity (grading) of the issue, the number of complaints in relation to particular services and the outcomes/learning from complaints.

Table 1 (Appendix 1) shows the number of complaints in relation to particular services. This should be put into context with the size of the service, so, for example, community nursing, health visiting, phlebotomy and the Walk in Centre are all extensive services seeing a large number of patients. Proportionately, a higher number of complaints would therefore be expected.

7 Outcomes and Learning

Outcomes from complaints are reported to senior managers and the Board (see above) on a regular basis. Action is taken in relation to individual staff if necessary, but also within teams and services at a broader level, to share the learning and to prevent similar issues from arising. Recent examples of outcomes from complaints are:

- A review of the appointment process following confusion over an appointment for phlebotomy within a health centre.
- Additional training planned for the Walk in Centre team regarding responding to patients and ensuring their care in a timely manner, especially at busy times where people are faced with long waits.
- Using an example relating to a disagreement regarding treatment as a case study to ensure that staff communicate effectively with people and involve them in decisions about their care (continence services).
- The re-iteration of policy at a team meeting following a phlebotomy complaint, and relevant training arranged for the member of staff involved.
- A complainant in relation to health visiting speaking to a staff training day where around 100 health visitors were able to listen to her experience of the service.

8 Improvement Plans

NCCP embraces a culture of continued development. We have recognised that there are particular areas in which the complaints process needs to improve and are working to embed learning into practice. Several key developments are planned for 2014-15. These are:

The implementation of a web based system for complaints management, enabling managers to complete and review complaints data more effectively and ensure a more timely and efficient process for complainants.

The recruitment of a Patient Safety and Quality Manager to analyse the learning from complaints and incidents and embed learning into practice more fully.

The introduction of CQUIN targets and quarterly performance management in relation to complaints by commissioners. This will:

- 1) Ensure that all complainants are sent a survey, designed by the Patients Association, when their complaint is closed, measuring their satisfaction with the process. This will be used to inform on-going review and improvement of the complaints process.
- 2) Ensure that demographic data in relation to complaints is recorded and collated more fully and used to improve practice
- 3) Introduce external (by the Patient's Association) and internal audit of individual complaint files to monitor quality.

- 4) Ensure the development of an action plan addressing areas of improvement.
- 5) Ensure that the learning from complaints and incidents is embedded into action, for example the increased use of case scenarios in training

Complaints will be recognised as a priority in the NCCP Annual Quality Account to be published in June 2014.

Contact Details

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Appendix 1

Number of complaints in relation to specific services: April 2011-December 2013

	2011/12	2012/13	April- Dec 2013	Total
Community Matrons	1	0	0	1
Community Nursing and Rehab (North) (Locality 2)	4	8	7	19
Community Nursing and Rehab (South) (Locality 3)	2	0	1	3
Community Nursing and Rehab (central) (Locality 1)	1	3	1	5
Continuing Care	0	0	1	1
Continence Service	0	0	3	3
Integrated Respiratory Team	0	2	0	2
Dietetics & Nutrition	1	3	0	4
Community Nursing (District Nursing)	5	0	0	5
Evening Service (District Nursing)	0	0	2	2
Health Centre/Support Services	1	1	1	3
Heart Failure Nurses	0	0	1	1
Health Visiting	4	11	3	18
Intermediate care	0	0	2	2
Macmillan Nursing	0	2	0	2
Community Neurology	0	1	0	1
Phlebotomy	5	9	3	17
Physiotherapy	0	5	3	8
Podiatry	3	0	4	7
Rehabilitation	1	0	1	2
School Health	2	0	1	3
Speech & Language Therapy	0	1	0	1
Stroke Team	0	0	1	1
Walk in Centre	6	8	2	16
Not stated	1	2	2	5
Totals:	37	56	39	132

Table 1

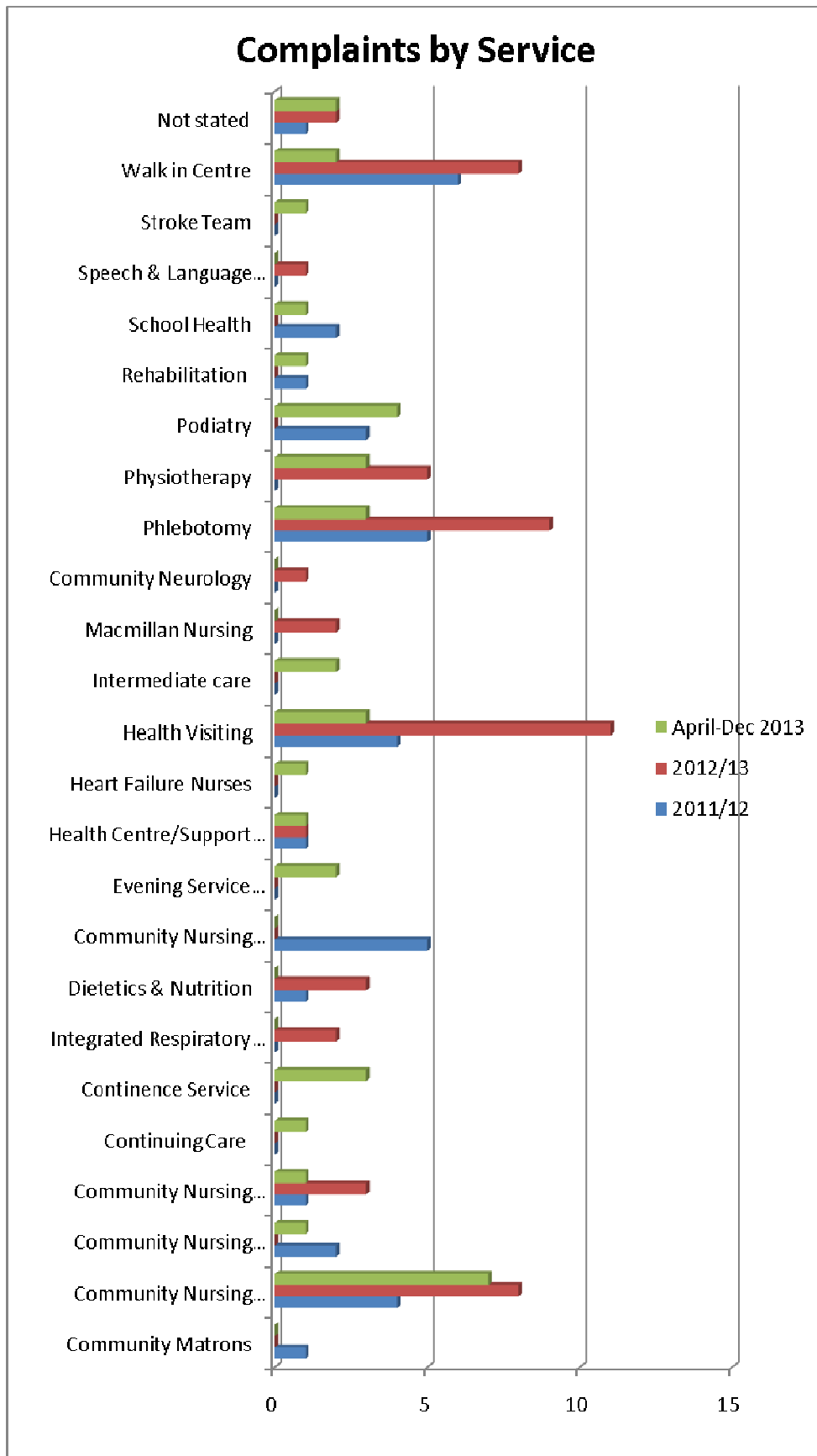


Table 1.1

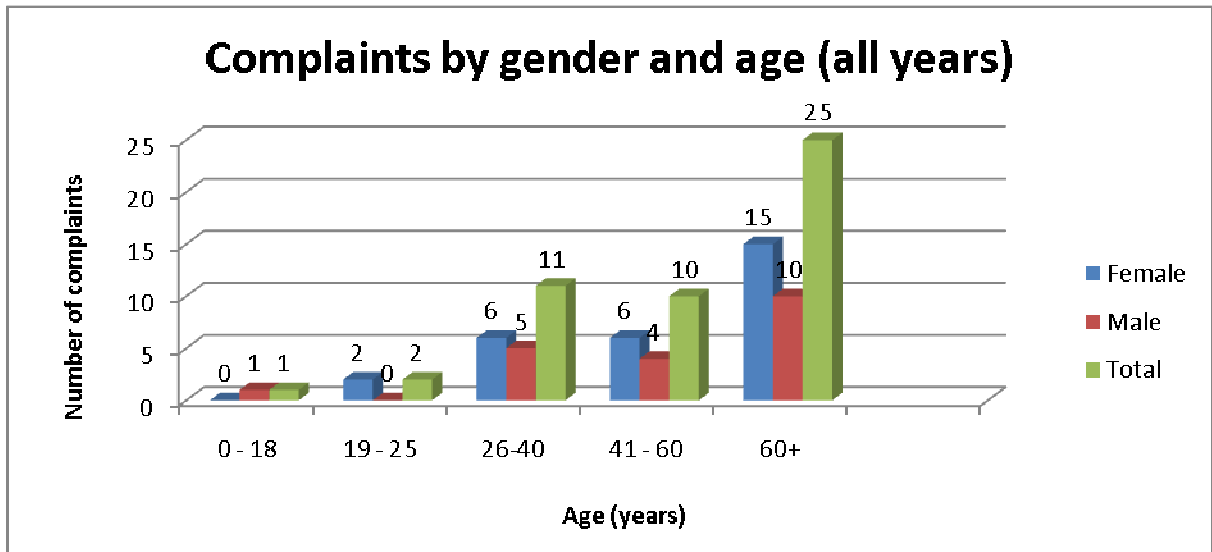


Table 2

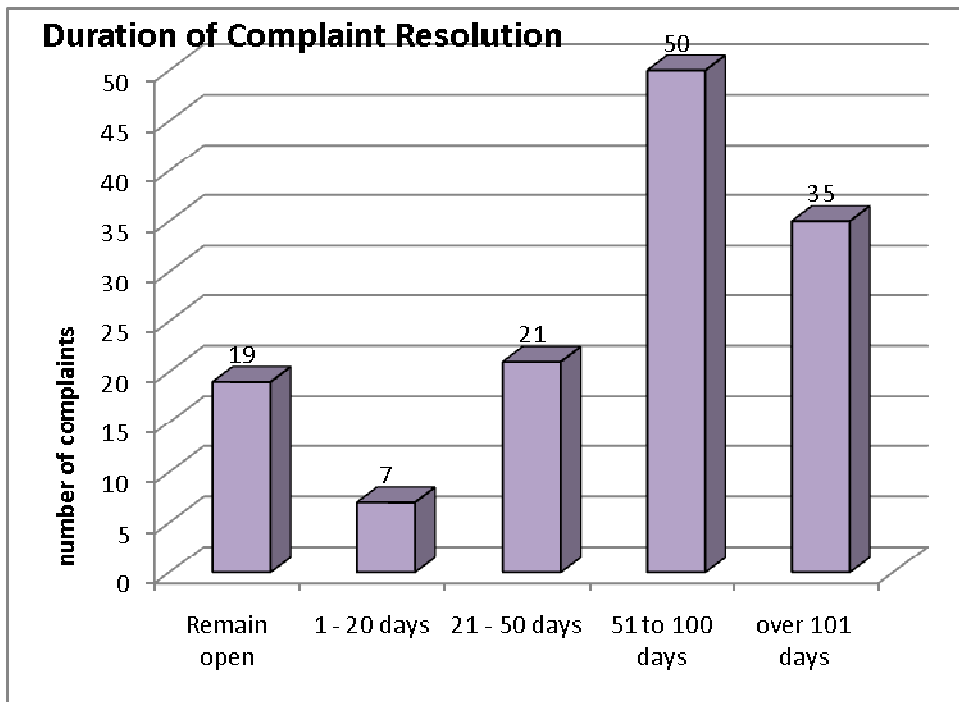


Table 3

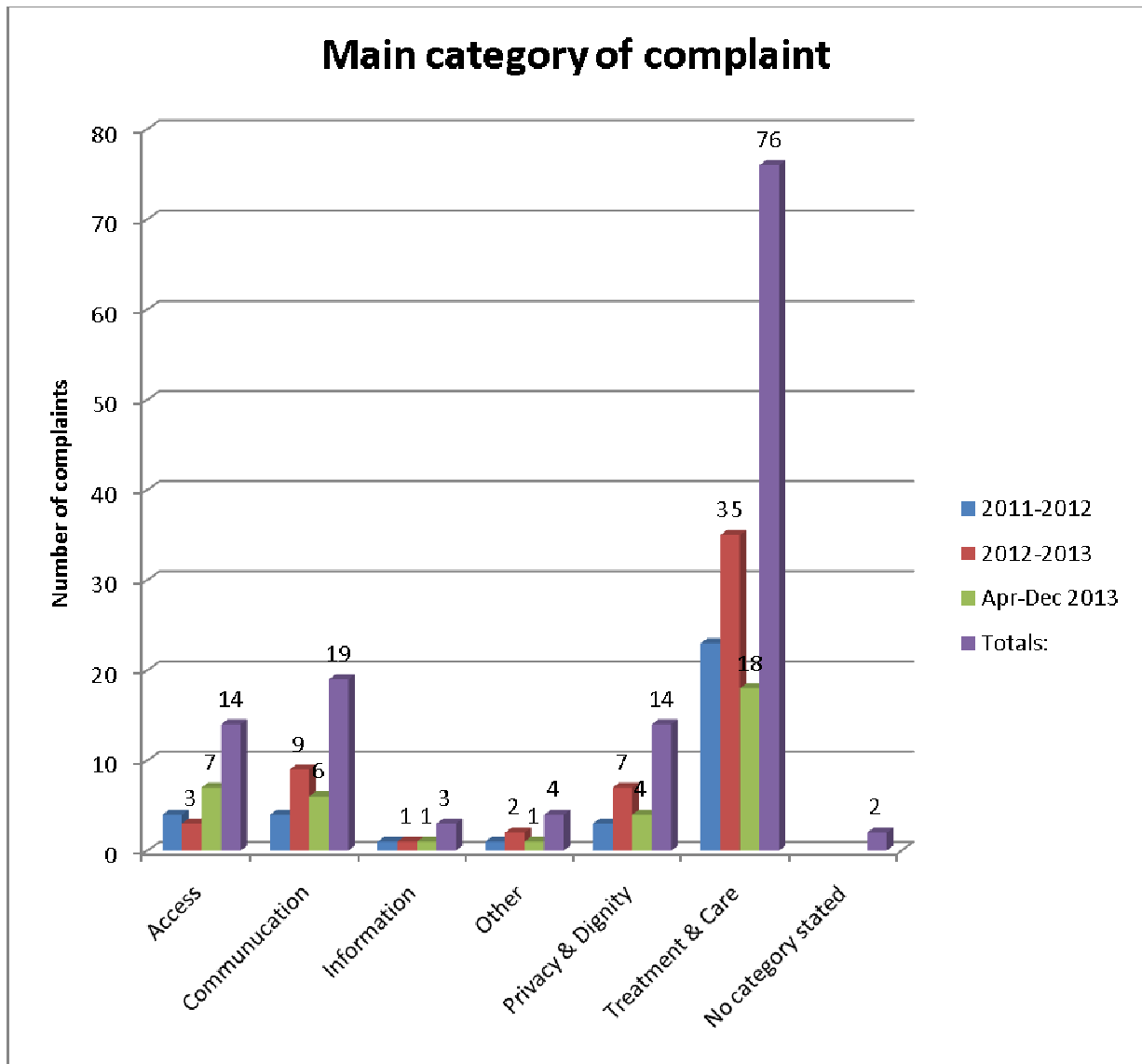


Table 4

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HEALTH SCRUTINY PANEL
26 MARCH 2014
DRAFT WORK PROGRAMME 2014/15
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To give initial consideration to the work programme for 2014/15 to ensure that available resources are used to their full potential to make a positive impact on improving the wellbeing of local communities and people who live and/or work in Nottingham.

2. Action required

2.1 The Panel is asked to give consideration to:

- a) the Panel's draft work programme for 2014/15 prior to approval in May; and
- b) agree the items for consideration at the Panel's meeting in May.

3. Background information

3.1 The Health Scrutiny Panel is responsible for setting and managing its own work programme to fulfil the overview and scrutiny roles and responsibilities in relation to health and social care matters. In summary, this includes:

- scrutinising the commissioning and delivery of local health services to ensure reduced health inequalities, access to services and the best outcomes for citizens
- holding local decision makers, including the Health and Wellbeing Board and the Portfolio Holder for Adults and Health to account
- carrying out the statutory role in relation to proposals for substantial developments or variations in NHS funded services
- responding to consultations from local health service commissioners and providers.

The detailed terms of reference for the Panel are set out in the Council's Constitution and more detail on the Council's statutory health scrutiny role can be found in the Council's Health Scrutiny Guide.

3.2 In setting a programme for scrutiny activity, the Panel should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities as outlined in paragraph 3.1 above. The work programme should be focused on improving the wellbeing of local communities and people who live and/ or work in Nottingham.

- 3.3 As it is the responsibility of this Panel to carry out the statutory health scrutiny role, the work programme will need to incorporate NHS consultations as they arise. It is important, therefore, that there is the flexibility to incorporate unplanned scrutiny work requested in-year. However, it is acknowledged that, to date, NHS consultations have been primarily considered at the Joint City and County Health Scrutiny Committee, given its responsibility for scrutinising health services across the conurbation.
- 3.4 At this stage councillors are asked to put forward possible suggestions of issues for scrutiny. These will be explored further and the Panel's final work programme will be presented for approval in May.
- 3.5 As a starting point for discussion, attached to this report is a list of possible items for inclusion on the work programme, based on previous work of the Panel; and the Panel's draft work schedule for 2014/15 including items already scheduled in by the Panel.

4. List of attached information

- 4.1 The following information can be found in the appendix to this report:

Appendix 1 – Health Scrutiny Panel 2014/15 Work Programme Ideas

Appendix 2 – Health Scrutiny Panel 2014/15 Meeting Schedule

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Nottingham City Council Constitution

Nottingham City Council Health Scrutiny Guide

7. Wards affected

Citywide

8. Contact information

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Health Scrutiny Panel 2014/15 Work Programme Ideas

Integration of public health within Nottingham City Council – one year on

How has public health changed its funding allocation to address the wider determinants since moving across from the NHS and how will this impact on progress with carbon emissions reduction, energy saving and sustainable development in Nottingham City?

Healthwatch Nottingham Annual Report

Health scrutiny, Healthwatch and Health and Wellbeing Board Protocol

Annual discussion with Portfolio Holder for Adults and Health/ Chair of the Health and Wellbeing Board

NHS Health Check Programme and access for individuals not registered with a GP

Progress against the Joint Health and Wellbeing Strategy

The strategic response to health inequalities/ To what extent is the JHWS supporting a reduction in health inequalities?

Patient experience of care at home services

Integration of children's health and care services

GP waiting times/ access

Implications of the Care Act for Nottingham City Council

Findings of the Strategic Review of the Care Home Sector

Implementation of Strategy to Reduce Avoidable Injuries in Children and Young People

Review of Family Review Partnership outcomes

Implications of the Cavendish Review (review of healthcare assistants and support workers in NHS and social care) for Nottingham

Walk in centres – follow up?

Transfer of health visiting commissioning

Health Scrutiny Panel 2014/15 Work Schedule

(Including items already scheduled)

<p>Page 36</p>	<p>28 May 2014</p> <ul style="list-style-type: none"> • Nottingham CityCare Partnership Quality Account 2014/15 To consider the draft Quality Account 2014/15 and decide if the Panel wishes to submit a comment for inclusion in the Account • Adult Integrated Care To review progress in the Adult Integrated Care Programme • Health Scrutiny, Healthwatch and Health and Wellbeing Board Protocol To agree a protocol guiding the relationship between health scrutiny, Healthwatch Nottingham and Nottingham City Health and Wellbeing Board • Discussion with Portfolio Holder for Adults and Health/ Chair of the Health and Wellbeing Board (tbc) To consider the Portfolio Holder for Adults and Health's priorities for the Portfolio and Health and Wellbeing Board, including implementation of the Joint Health and Wellbeing Strategy
<p>30 July 2014</p>	
<p>24 September 2014</p>	<ul style="list-style-type: none"> • NHS Health Check Programme To review performance of the NHS Health Check Programme and progress in access for individuals not registered with a GP
<p>26 November 2014</p>	

<p>28 January 2015</p>	<ul style="list-style-type: none"> • Nottingham CityCare Partnership Quality Account 2014/15 To review progress against priorities for 2014/15 and preliminary consideration of priorities for CityCare Partnership's Quality Account 2015/16.
<p>25 March 2015</p>	

Scrutiny Review Panel

- Service user experience of care at home services (autumn 2014)

Items to be Scheduled for 2015/16

May 2015

- Nottingham CityCare Partnership Quality Account 2014/15

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HEALTH SCRUTINY PANEL
26 MARCH 2014
WALK IN CENTRES
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To inform the Panel about plans in relation to the future of Walk In Centres in Nottingham; and to provide an opportunity for the Panel to consider whether the proposals represent a 'substantial variation or development' in service and if so, how it will fulfil its statutory role in relation to the proposals for change.

2. Action required

- 2.1 The Panel is asked to determine:
- a) whether proposed changes to Walk In Centres in Nottingham City constitute a 'substantial variation or development' in service; and
 - b) if so, the process and timescale for carrying out the Panel's statutory role in relation to the proposed change.

3. Background information

- 3.1 There are currently two Walk In Centres in Nottingham City Centre. These are:

NHS Walk In Centre
London Road
open 7am – 9pm every day

8am – 8pm Health Centre
Upper Parliament Street
open 8am – 8pm every day

- 3.2 The contract is coming to an end and representatives of Nottingham City Clinical Commissioning Group will be attending the meeting to outline proposals in relation to the future of these Walk In Centres.
- 3.3 The Health Scrutiny Panel has a statutory right to be consulted by NHS Trusts, and other relevant health service providers when they are considering making substantial developments or variations to services.

- 3.4 A 'substantial development or variation' of health service is not defined in Regulations, but a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area.
- 3.5 The Panel will need to agree with commissioners whether proposed changes to the Walk In Centres in Nottingham City constitute a 'substantial variation or development' in service.
- 3.6 If the Panel decides that the proposed changes do constitute a 'substantial variation or development' then the Panel has a statutory responsibility to consider:
- Whether, as a statutory body, the Panel has been properly consulted within the consultation process;
 - Whether, in developing the proposals for service change, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
 - Whether the proposal for change is in the interests of the local health service.
- 3.7 If, following attempts at local resolution, the Panel concludes that consultation was not adequate or if it believes that the proposals are not in the best interests of local health services then it can make recommendations for improvement and ultimately refer the decision to the Secretary of State for Health.
- 3.8 If the Panel decides that the proposed changes do constitute a 'substantial variation or development', it will need to decide the process and timescale for undertaking its role. This will include:
- Information that the Panel requires
 - Who the Panel wishes to speak to
 - Whether a site visit(s) need to be undertaken
 - Timescale for carrying out the work

4. **List of attached information**

None

5. **Background papers, other than published works or those disclosing exempt or confidential information**

None

6. **Published documents referred to in compiling this report**

Health and Social Care Act 2001

7. **Wards affected**

All

8. **Contact information**

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