

Scrutiny Board

1 March 2016

Time 6.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny
Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Stephen Simkins (Lab)
Vice-chair Cllr Barry Findlay (Con)

Labour

Cllr Ian Angus
Cllr Philip Bateman
Cllr Alan Bolshaw
Cllr Paula Brookfield
Cllr Craig Collingswood
Cllr Dr Michael Hardacre
Cllr Lorna McGregor
Cllr Peter O'Neill
Cllr Rita Potter
Cllr Jacqueline Sweetman

Conservative

Cllr Arun Photay

Quorum for this meeting is four Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

Contact Abby Vella
Tel/Email 01902 553219 or abigail.vella@wolverhampton.gov.uk
Address Democratic Support, Civic Centre, 2nd floor, St Peter's Square,
Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

- 1 **Apologies for absence**
- 2 **Declarations of interest**
- 3 **Minutes of the previous meeting (19 January 2016)** (Pages 3 - 6)
[To approve the minutes of the previous meeting as a correct record.]
- 4 **Matters arising**

DISCUSSION ITEMS

- 5 **Quarter 3 Corporate, Social Care and Public Health Complaints Report** (Pages 7 - 38)
[To review complaints management and performance for the period of 1 October 2015 to 21 December 2015.]
- 6 **Infant Mortality Scrutiny Review Update** (Pages 39 - 66)
[To consider progress made to implement the recommendations from the Infant Mortality Scrutiny Review and close it on the basis that the recommendations are being implemented.]
- 7 **Tracking and monitoring of scrutiny review - Channel Shift** (Pages 67 - 78)
[To consider progress made to implement recommendations from the Channel Shift Scrutiny Review and agree to close it on the basis that the recommendations are being implemented.]
- 8 **Information Governance Performance Report - Quarter Three 2015/16** (Pages 79 - 84)
[To review and comment on the quarter three performance for Information Governance.]
- 9 **Work programme** (Pages 85 - 96)
[To consider the Board's work programme for future meetings.]

Attendance

Members of the Scrutiny Board

Cllr Ian Angus
Cllr Philip Bateman
Cllr Alan Bolshaw
Cllr Paula Brookfield
Cllr Craig Collingswood
Cllr Barry Findlay (Vice-Chair)
Cllr Dr Michael Hardacre
Cllr Peter O'Neill
Cllr Arun Photay
Cllr Rita Potter
Cllr Stephen Simkins (Chair)
Cllr Jacqueline Sweetman

Employees

Penny Williams	Interim Democratic Services Manager
Keith Ireland	Managing Director
Mark Taylor	Director of Finance
Abby Vella	Graduate Management Trainee
Laura Phillips	Business Manager

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies for absence**
There were no apologies for absence.
- 2 Declarations of interest**
There were no declarations of interest.
- 3 Minutes of the previous meeting (15 December)**
Resolved:
That the minutes of the meeting held on 15 December be approved as a correct record and signed by the Chair.
- 4 Matters arising**

Councillor Hardacre commented on minute item four of the previous meeting which referred to a ward by ward breakdown of accessibility to computers in Wolverhampton. He reported that the information received in response to this, particularly the map, was difficult to understand.

Councillors Hardacre and Bolshaw commented on minute item eight of the previous meeting which referred to the complaints report. They reported that the information received in response to this was incomplete, particularly regarding the equalities analysis. Councillor Bolshaw advised that the concern about complaints falling through the system would be addressed in the quarter three report next month.

The Chair advised that he had contacted the Director of Governance in order to discuss the issues raised, the outcome of which would be circulated to the panel. Councillors Bolshaw and Hardacre agreed to attend. The Graduate Management Trainee agreed to arrange a date for this to take place.

Councillor Sweetman referred to minute item six of the previous meeting, which referred to the value of appraisals. She highlighted this point further, advising that monitoring the quality of appraisals, in line with the corporate plan, was fundamental. It was agreed that the quarter three Corporate Performance report must reflect this.

Councillors reported that feedback was due back regarding the Board's comments on the draft budget which took place at the last meeting.

Resolved:

1. That the Graduate Management Trainee arrange a meeting with the Director of Governance, to discuss equalities and complaints concerns.
2. That the Quarter three Corporate Performance Report highlight the value of quality appraisals to the organisation.
3. That feedback be reported to the Board in response to comments on the draft budget from the last meeting before Cabinet.

5 **Scrutiny Review of Employability and Skills - Tracking and Monitoring**
Sheila Collett, Head of Economic Inclusion and Jim Cunningham, Head of Enterprise and Skills, updated the Board on progress of the implementation of recommendations to seek sign off of the review. The Head of Economic Inclusion highlighted the significance of the review in helping to shape future partnership landscapes, the Wolverhampton volunteering offer, pathways to employment, mentoring for entrepreneurs and work experience for residents. She advised that as a result of the review, an adult pilot for work experience had been developed and funding had been attracted to address some of the issues identified in the review regarding youth employment.

The Head of Enterprise and Skills reported on investment activity in the City, commenting on Wiggle's relocation and the 112 jobs that were secured for residents.

In response to a question from Councillor Hardacre, the Head of Economic Inclusion clarified the role of the skills and employment commission in the review. She also clarified the evidence base of the review recommendations, which included feedback from the Youth Council and local businesses. Employees agreed to provide the evidence regarding education and business partner activity performance.

Commenting on bullet point four of section 3.4.3 of the report, which referred to the disconnect between schools and businesses, Councillor Hardacre highlighted that the majority of students in Wolverhampton were achieving national guidelines. He commented that the disconnect was not solely related to partnering with business but the effects of poverty and quality of teaching.

In a response to observations from Councillor Hardacre about the equalities implications of the report, the Head of Economic Inclusion agreed to clarify the implications in terms of the recommendations. She also agreed to circulate the draft action plan that is currently under development once that this has been considered by the City Board.

The Head of Economic Inclusion advised that an action plan update would be presented at City Board in April. The Chair requested that this be brought back to the Board for sign off once the above information had been received at the first meeting after City Board.

Resolved:

1. That the progress made to implement recommendations from the Scrutiny Review of Employability and Skills was considered.
2. That the Head of Economic Inclusion review and clarify the equalities section of the report before coming back to the Board in May.
3. That the report authors circulate evidence regarding education and business partner activity performance.
4. That the Head of Economic Inclusion and Head of Enterprise and Skills circulate the draft skills and employment action plan following its consideration by the City Board.

6 **Work programme**

Scrutiny Board received a copy of the work programme and noted its content.

Resolved:

That the work programme be agreed.

7 **Exclusion of press and public**

Resolved:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information falling within paragraph 3 of Schedule 12A to the Act relating to the financial or business affairs of any particular person (including the authority holding that information).

8 **Managing Director**

Resolved:

1. That the Board noted the C3 programme and Council plans for 2016 and beyond.
2. That an item on the Combined Authority be put on the work programme for April.

3. That a lessons learned report regarding the upheld LGO cases be put on the work programme for the next municipal year.

Scrutiny Board

1 March 2016

Report title	Quarter 3 Corporate, Social Care and Public Health Complaints Report	
Cabinet member with lead responsibility	Councillor Andrew Johnson Resources	
Wards affected	All	
Accountable director	Keith Ireland, Managing Director	
Originating service	Customer Services	
Accountable employee(s)	Sarah Campbell	Complaints Manager
	Tel	01902 551901
	Email	sarah.campbell@wolverhampton.gov.uk
Report to be/has been considered by	Corporate Leadership Team	22 February 2016
	People Leadership Team	22 February 2016
	Place Leadership Team	23 February 2016
	Strategic Executive Board	23 February 2016

Recommendation(s) for action or decision:

The Scrutiny Board is recommended to:

1. Review complaints management and performance for the period 1 October 2015 to 31 December 2015.

Recommendations for noting:

The Scrutiny Board is asked to note:

1. Part A of the report relates to statutory complaints activity for Adult Social Care, Children and Young People Social Care and Public Health, Part B relates to all other complaints activity governed by the corporate complaints procedure.

Part A – Adult Social Care, Children and Young People Social Care and Public Health Complaints Activity

1.0 Background

- 1.1 Complaints activity concerning Adult, Children and Young People's Services and Public Health are governed by legislative framework and have to be dealt with in accordance with statutory guidance.
- 1.2 For Children's and Family Services, Regulation 14 (1) of The Children Act 1989 Representations Procedure (England) Regulations 2006 places a 10 working day time limit for resolution, most stage one complaints should ideally be concluded within this time limit.
- 1.3 Where the service cannot provide a complete response, it can implement a further ten days' extension (regulation 14(5)). If necessary, the Complaints Manager may also suspend stage one until an advocate has been appointed (regulation 14 (3)). The maximum amount of time that stage one should take is 20 working days. After this deadline the complainant can request consideration at stage two if they so wish.
- 1.4 Where the complainant feels that they have not received a satisfactory outcome they will be informed that he/she has the right to move on to stage two if they wish.
- 1.5 In Early Help, which is not governed by the legislation of the Children Act 1989, the authority has adopted the legislative guidelines for timescales for response to and closure of complaints across all service areas in order to provide a continuity of service.
- 1.6 Adult Social Care and Health complaints have to be dealt with in accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Local Authority currently has a joint protocol for the handling of cross boundary complaints.
- 1.7 Public Health Complaints have to be dealt with in accordance with The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.
- 1.8 Whilst the regulations do not stipulate timescales for resolution to complaints, the People Directorate operate a ten day organisational timescale. This can be extended to 20 working days for more complex cases.
- 1.9 Non statutory People Directorate complaints are dealt with in accordance with the Corporate Complaints Procedure.
- 1.10 Details of the appropriate complaints procedures can be found on the Council internet site.

2.0 Complaints Intervention

2.1 The following actions are in operation to monitor satisfactory resolution of complaints in a timely manner:

- Proactive chasing of managers responding to complaints, in accordance with escalation plan in operation.
- Mediation between complainants and investigating officers.
- Quality assurance checks undertaken of complaint response letters.
- Weekly reporting to Service Directors and Heads of Services on the status of complaints, detailing any areas for concern where managers will need to prioritise outstanding complaints and resolution in order to receive a satisfactory prompt outcome for the complainant.

Customer Feedback Activity

3.0 Children and Young People

- 3.1 During quarter 3 (October to December 2015), the Council received a total of 25 formal complaints compared to 34 in quarter 2: this represents a decrease of 26.47%. However, when compared to the half yearly figures from 2014/15 where 50 complaints were received, there has been a significant decrease of 50%. This is reflected in appendix 1.
- 3.2 12 new complaints were received for the Children in Need/Child Protection (CIN/CP) teams representing 48% of all complaints. This compares to 15 cases for the previous quarter; this shows a reduction of new complaints for the CIN/CP teams.
- 3.3 Ten complaints were received by the Looked After Children teams compared to 18 during quarter 2; this represents a decrease of 44%.
- 3.4 Three complaints received related to other services.
- 3.5 During quarter 3, 28 complaints were resolved.
- 3.6 61% of complaints were responded to within the initial ten day statutory timescales, compared to quarter 2 figure of 50%. However, overall 79% were closed within 20 working days, compared to 84% in quarter 2. The average number of days to close all complaints over the term fell from 13 to 12 days.
- 3.7 Of the 28 cases closed; 32% were upheld, compared to quarter 2 figure of 18%; and 43% were partially upheld, compared to quarter 2 figure of 45%. The volume of complaints where the Council was not found at fault has decreased from 37% to 25%.
- 3.8 As outlined in our quarter 2 report, one complaint was investigated at stage two of the Children's Act Statutory Complaints Procedure by two external investigating officers. This complaint relates to an assessment undertaken by the CIN/CP service – the

complaint was not upheld at stage one. However, the outcome of the stage two investigation was partially upheld and recommendations made.

- 3.9 One complaint is currently being considered at stage two of the Children's Act Statutory Complaints Procedure by two external investigating officers. This complaint relates to the lack of communication and information in relation to concerns regarding the guardianship of the grandchildren.
- 3.10 During quarter 3, the nature of Children and Young People complaints depict a similar trend to the previous quarter, the main factor being communication (eight cases) and quality of service (eight cases). The complaints in relation to quality of service tend to arise from the lack of help/support provided and several different social workers in a short time period.
- 3.11 During quarter 3, 20 compliments were received for Children and Young People.

4.0 Adult Social Care and Public Health

- 4.1 During quarter 3 (October to December 2015) the Council received ten formal complaints compared with 31 complaints received in quarter 2, representing a decrease of 68%. This is reflected in appendix 2.
- 4.2 One complaint related to a public health service.
- 4.3 The highest volume of complaints was received by the Disabilities Team where three complaints were received.
- 4.4 There were 17 complaints resolved during quarter 3; six of these complaints (35%) were upheld, eight (47%) partially upheld and three (18%) were not upheld.
- 4.5 The number of complaints responded to within the initial ten day timescale has increased from 40% to 59%. However, 71% of all complaints closed were completed within the secondary target of 20 days.
- 4.6 The average number of days to close all complaints over the term decreased from 22 days to 18 days.
- 4.7 During quarter 3, 32 compliments were received for Adult Social Care, compared to 30 received for quarter 2.

5.0 Local Government Ombudsman (LGO) Enquiries, Assessment Enquiries or Corporate Stage 2 investigations

- 5.1 Please see 9.0 for stage two complaints and 10.0, 11.0 and 17.1 for LGO enquiries/initial assessment enquiries.

6.0 Learning from Complaints

- 6.1 Children and Young People, Adult Social Care and Public Health services are committed to learning from customer feedback and require the completion of a learning

log/implementation plan from each complaint investigated. Where complaints highlight that things have gone wrong, managers are required to identify any remedial and improvement action. This is reflected in appendix 3.

- 6.2 Feedback from compliments is also considered as it provides a valuable source of information affirming when services make a difference and personal attributes of the worker has added value to the outcome for users and carers.
- 6.3 Feedback is provided to all Heads of Service and Senior Management Teams on a regular basis, in order to promote positive learning and to influence service improvement.
- 6.4 Service Directors are provided with a summary of learning from complaints and implementation plans on a quarterly basis, such that they form a regular agenda item for discussion.
- 6.5 Head of Service are provided with completed implementation plans in order to ensure recommendations are implemented.

Part B – Corporate Complaints Activity

- 7.0 This section provides a summary of the corporate complaints, compliments, Local Government Ombudsman and Housing Ombudsman enquiries received by the Council during quarter 3 (October to December 2015).
- 7.1 The Customer Feedback team monitor and record all enquiries. The team analyses and monitors customer feedback which provides details about the types of complaints that are received by the authority, and highlights suggested customer driven improvements to service provision or delivery to directorates. All corporate complaints, compliments, Housing Ombudsman and Local Government Ombudsman enquiries are considered a form of customer feedback.

8.0 Stage one complaints

- 8.1 During quarter 3 (October to December 2015) the Council received 62 stage one complaints compared with 122 stage one complaints received during quarter 2, 2014/15, a decrease of 49%. All complaints are assessed as to whether they are upheld (Council at fault) or not upheld (Council not at fault) by the Corporate Complaints Manager/Complaints Assistant. Of the 62 stage one complaints received during Quarter 3, 55 (89%) complaints were not upheld (Council not at fault) and seven (11%) were upheld (Council at fault). As a result of continuous monitoring with service managers, the issues identified from the upheld (Council at fault) complaints have been addressed. As a remedy to the complaint, an apology is issued to the customer informing them of the improvements that have been made to service delivery as a consequence of their complaint. Appendix 6 shows a summary of stage one complaints received.
- 8.2 During quarter 3 (October to December 2015), Waste Management received the highest number of stage one complaints (13), followed by Revenues and Benefits (12): however, none of Waste Management complaints were upheld (Council not at fault). These figures have remained consistent in comparison to Quarter 2. The average response time for

both these service groups is 13 days; this has contributed significantly to achieving the overall response time target for quarter 3 (October to December 2015).

8.3 The target response time for stage one complaints is 95% of complaints responded to within an average of 21 calendar days. During quarter 3 (October to December 2015) 100% (62) stage one complaints were responded to within this target timescale. Investigating officers are contacted on a weekly basis through phone or email to confirm deadlines; where delays are unavoidable, the Customer Feedback team ensure that complainants are kept updated. The Customer Feedback Team also provide support to investigating officers to ensure that they meet these target response deadlines.

9.0 Stage two complaints

9.1 If a customer is not satisfied with the response provided at stage one of the complaints procedure, they have the option to escalate their complaint to stage two. Stage two complaints are investigated by the Corporate Complaints Manager; a report is issued to the service director and a response sent out to the customer accordingly.

9.2 During quarter 3 (October to December 2015), the Council received seven stage two complaints; this equates to 11% of stage one complaints escalating to stage two in this quarter. Of the seven, four were received for Place Directorate, two for Corporate Directorate and one for People Directorate.

9.3 Of the four for Place Directorate, one enquiry was received for Planning, one enquiry received for Outdoor Events, one enquiry received for the Assets Team and one enquiry received for Transportation.

9.4 Of the two for Corporate Directorate, one enquiry was received for Transformation Services and one enquiry received for Revenues and Benefits.

9.5 The People Directorate stage two complaint was in relation to Libraries.

9.6 Out of the seven complaints, five complaints were not upheld (not at fault), one was partially upheld (partially at fault) and one was upheld (at fault). The partially upheld complaint was in relation to Outdoors Events, officer conduct and the upheld complaint was in relation to Assets Team, sale of Council owned land. The Customer Feedback Team has agreed with service groups that remedies and recommendations be implemented into the teams and apologies issued to the customers. This is reflected in appendix 5.

9.7 Of the seven stage two complaints received, two complaints (29%) escalated to the LGO; one complaint regarding planning permission proceeded to a full LGO investigation which is currently on-going and one complaint regarding outdoor events; the LGO closed this complaint after initial enquiries with no further action.

10.0 Local Government Ombudsman enquiries

- 10.1 Local Government Ombudsman enquiries are formal investigations. Local authorities are requested to provide information about a complaint; this information is requested via a LGO enquiry.
- 10.2 During quarter 3 (October to December 2015), the Council received six LGO enquiries; three enquiries for People Directorate, two for Corporate Directorate and one for Place Directorate. This is reflected in appendix 5.
- 10.3 Of the three for the People Directorate, two were received for Children and Young People social care enquiries and one Adult Social Care enquiry. The outcome of the Adult Social Care case is not upheld, no maladministration; both Children and Young People social care cases are still under investigation and an update will be provided within quarter 4 report (January to March 2016).
- 10.4 Of the two for the Corporate Directorate, one was received in relation to Finance/Private Sector Housing and one in relation to Democratic Support; the outcome of Finance/Private Sector Housing case is not upheld, no maladministration; the case for Democratic Support is still under investigation and an update will be provided within Quarter 4 report (January to March 2016).
- 10.5 The Place Directorate enquiry is in relation to Transportation; the outcome of this case was not upheld, no maladministration.

11.0 Local Government Ombudsman assessment enquiries

- 11.1 In order for the LGO to determine whether a case should be formally investigated, local authorities are requested to provide further information about a complaint; this information is requested via an "assessment enquiry".
- 11.2 During quarter 3 (October to December 2015) the Council received 15 LGO assessment enquiries; four for Corporate Directorate, four for Place Directorate, four for People Directorate and three for Wolverhampton Homes from the Housing Ombudsman.
- 11.3 Of the four for Corporate Directorate, one enquiry was received for Bereavement Services; outcome closed after initial enquiries, no further action. One enquiry was received for Revenues and Benefits; outcome closed after initial enquiries, no further action. One enquiry was received for Democratic Support; outcome, this initial enquiry proceeded to a full investigation. One enquiry was received for the insurance team; outcome case closed as case is currently under investigation with the insurance team.
- 11.4 Of the four for Place Directorate, one enquiry was received for Leisure Services; outcome closed after initial enquiries, no further action. One enquiry was received for City Environment; outcome closed after initial enquiries, out of jurisdiction. One enquiry was received for Markets; outcome closed after initial enquiries, no further action. One enquiry was received for Planning; outcome proceeded to a full LGO investigation.

- 11.5 Of the four for People Directorate, one enquiry was received for Libraries; outcome closed after initial enquiries, no further action. One enquiry was received for Children Social Care; outcome closed after initial enquiries, out of jurisdiction. One enquiry was received for Children Social Care; outcome case closed as complainant seeking compensation. This case was passed across to insurance services by legal. One enquiry was received for Adult Social Care; outcome premature complaint. This case was passed across to adult social care team for investigation.
- 11.6 Of the three for Wolverhampton Homes, one enquiry related to lack of work on pathways around home and one enquiry related to no consultation regarding installation of fencing; we are still awaiting the Housing Ombudsman's outcome for both cases. One enquiry related to anti-social-behaviour; outcome the Housing Ombudsman advised to ensure complainant has access to complaints procedure to progress complaint.

12.0 Compliments

- 12.1 During quarter 3 (October to December 2015), the Council has received 153 compliments from customers; this is an increase of 22% from Quarter 2, 2015/16. Bereavement Services accounted for the highest number of compliments with 43, followed by Customer Services with 28 and Planning Services with 26. All compliments are recorded by the Customer Feedback Team and reported as part of the team's quarterly monitoring process. This is reflected in appendix 8.

13.0 Customer Focus Groups

- 13.1 Complaint focus groups are arranged by the Customer Feedback Team on a quarterly basis. They are attended by customers who have raised issues with the Council regarding specific topics. A focus group will take place on 22 March 2016 and an update will be provided within quarter 4 report. Findings from the focus group will be presented to the appropriate Heads of Service and to the next Service Improvement Group which will be attended by senior officers from the relevant service areas. Officers will be expected to consider and, where possible, act on findings presented to ensure that improvements within their services are customer led. Outcomes from Service Improvement Groups are then fed back to focus group attendees.

14.0 Service Improvement Reports

- 14.1 When a complaint is upheld (Council at fault) and the findings of a subsequent investigation is for a change to policy or service delivery, the Customer Feedback Team produce a service improvement report. Recommendations within these reports are agreed with appropriate Heads of Service and shared with the relevant Service Director, Strategic Director and the Managing Director.
- 14.2 Two service improvements reports for stage two complaints are currently being compiled for the Place Directorate; one for Outdoor Events and one for Assets Team.

15.0 Ward Data

15.1 During quarter 3 (October to December 2015), ward complaint data has been collated; monitoring ward data provides an insight into trends, equalities data and numbers in complaints for each ward. This information is detailed at appendix 7.

16.0 Monitoring Information

16.1 All complainants are requested to supply equalities monitoring information but response rates are uneven. In terms of the returns that have been received and analysed there are no concerns with the data analysis; there is no evidence of any groups being disproportionately affected. The equalities data is based upon what complainants have provided and therefore there are no concerns of any groups being disproportionately affected. This is reflected in appendices 4 and 7.

16.2 The Council, being under the Public Sector Equality Duty must, on an on-going basis, consider how its policies are working for the diverse communities a Council serves. As mentioned in point 20.0, officers are currently investigating proposals to improve the ways equalities information can be collected.

17.0 Service updates from the Complaints Report Quarter 2 – 2015-16

17.1 Local Government Ombudsman enquiries

Two final outcomes have been received from the LGO during quarter 3; one enquiry related to People Directorate, Adult Social Care; the outcome of this enquiry was not upheld, no maladministration; one enquiry related to Place Directorate, Planning Department; the outcome was not upheld, no maladministration.

18.0 Financial Implications

18.1 There are no financial implications associated with the recommendation in this report.

[MK/18022016/U].

19.0 Legal Implications

19.1 The statutory complaints procedure must comply with various statutes. These include:

- Children and Family Services - The Children Act 1989, Representations Procedure (England) Regulations 2006. The Local Authority functions covered include services provided under Parts III, IV and V of the Children Act 1989
- Adult Social Care - The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; which came into force on 1st April 2009.
- Public Health - The NHS Bodies and Local Authorities (Partnership Arrangements,

Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

[RB/17022016/X]

20.0 Equalities Implications

20.1 There are no equalities implications associated with this report where in relation to its recommendation for noting. There are important equalities implications in terms of the complaints procedure itself and these were analysed for equalities implications when the corporate complaints procedure was reviewed in 2015.

20.2 In terms of the operation of the procedure these are currently the subject of discussion to explore how returns offering closer insight into the equalities aspects of complaints monitoring can be improved.

21.0 Environmental Implications

21.1 There are no environmental implications associated with this report.

22.0 Human Resources Implications

22.1 There are no human resource implications associated with this report.

23.0 Corporate Landlord Implications

23.1 There are no corporate landlord implications associated with this report.

24.0 Schedule of Background Papers

24.1 None for consideration.

Appendices

1. Children and Young People Customer Feedback Dashboard
2. Adult Social Care and Public Health Services Customer Feedback Dashboard
3. People Directorate Organisational Learning
4. Corporate Complaints Equalities Data Stage 1
5. Corporate Customer Feedback Stage 2, LGO Enquiries and Ward Data
6. Corporate Customer Feedback Stage 1 Dashboard
7. Corporate Ward Data
8. Compliments Data

Appendix 1 - Quarter 3 (October - December 2015)

Formal complaints received



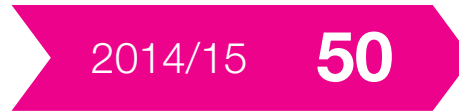
Page 17

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a decrease of*

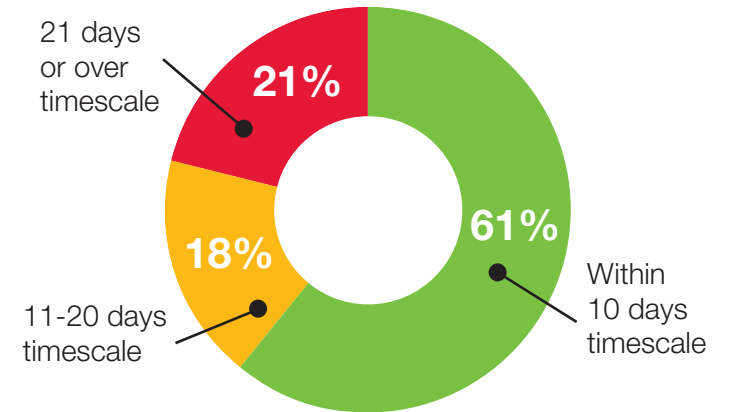


26.47%

Stage 1 complaints comparison for quarter 2



Response timescales



Average complaint response time

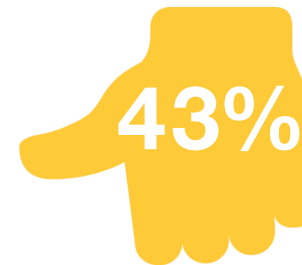


Complaints where the Council is at fault (upheld)



Issues have been identified from upheld complaints and have been addressed; remedies have been provided to the customers by apologising and informing them of the improvements that have been made.

Complaints where the Council is partially at fault



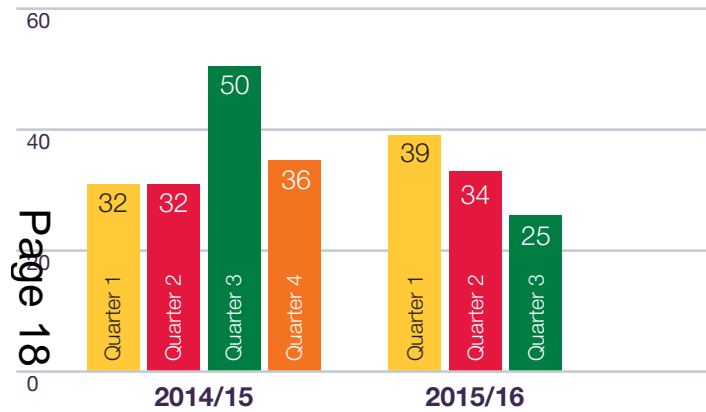
Complaints where the Council is not at fault



Appendix 1 - Quarter 3 (October - December 2015)

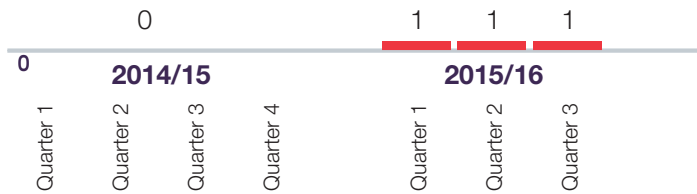
Stage 1 complaints comparison

Breakdown by quarter



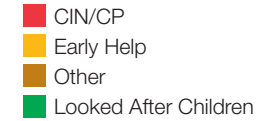
Stage 2 complaints comparison -

Breakdown by quarter



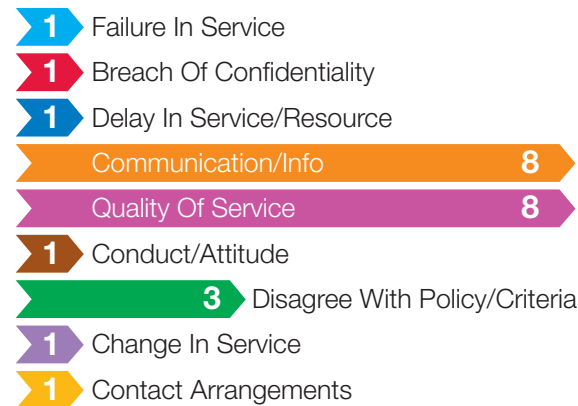
Stage 1 complaints received

Breakdown by service area



Stage 1 complaints received

Breakdown by category



20

Compliments

9

Informal complaints

Appendix 2 - Quarter 3 (October - December 2015)

Formal complaints received



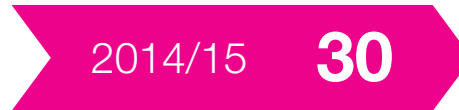
Page 19

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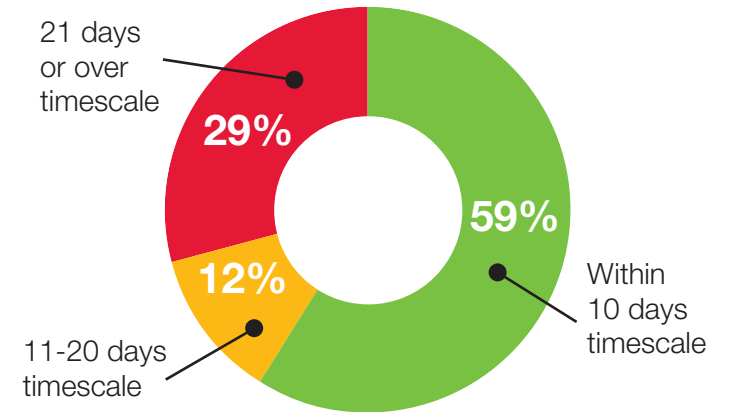


68%

Stage 1 complaints comparison for quarter 2



Response timescales



Average complaint response time

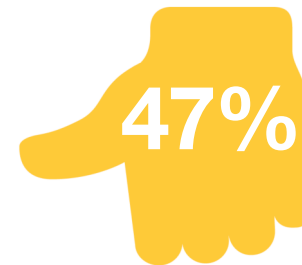


Complaints where the Council is at fault (upheld)



Issues have been identified from upheld complaints and have been addressed; remedies have been provided to the customers by apologising and informing them of the improvements that have been made.

Complaints where the Council is partially at fault



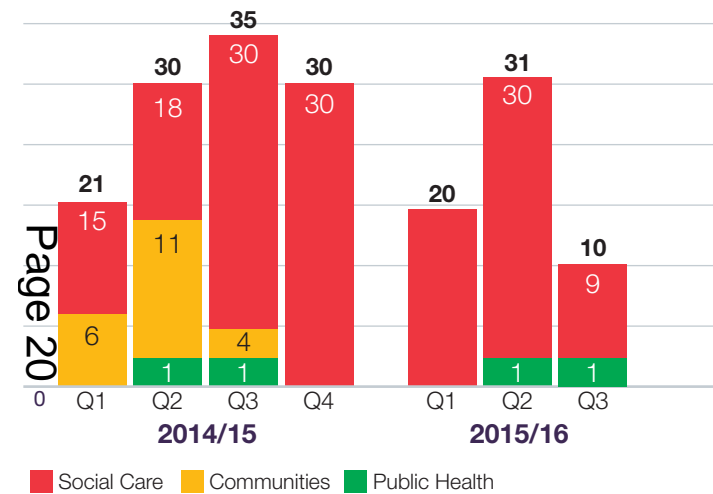
Complaints where the Council is not at fault



Appendix 2 - Quarter 3 (October - December 2015)

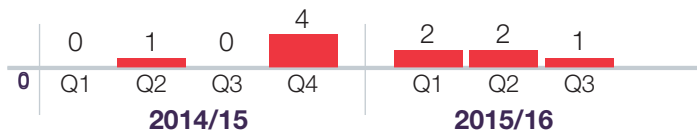
Stage 1 complaints comparison

Breakdown by quarter



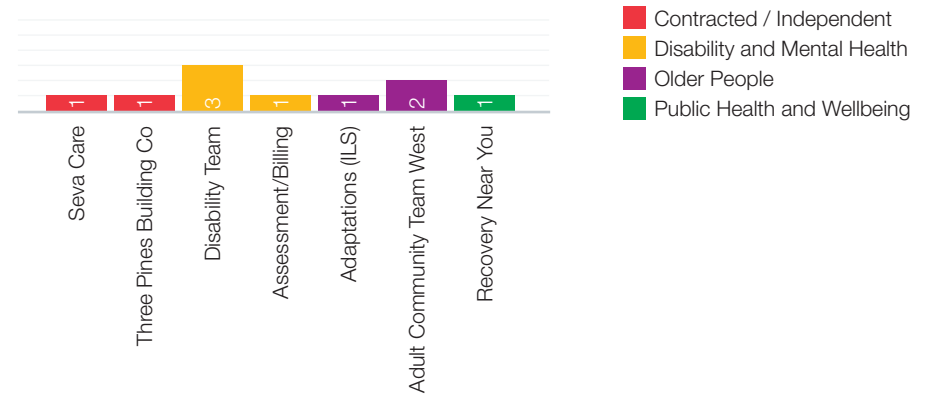
LGO enquiries or investigations

Breakdown by quarter



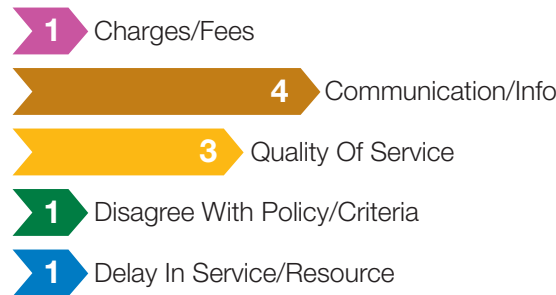
Stage 1 complaints received

Breakdown by service area



Stage 1 complaints received

Breakdown by category



32

Compliments

11

Informal complaints

Appendix 3 - Quarter 3 (October - December 2015)

Learning from Customer Feedback is an increasingly important part of the Authority's philosophy. Managers responding to complaints are encouraged to identify any shortcomings within the service. In a service striving for excellence there is no room for complacency and where there is an open culture of reflective learning, complaints can at best be used in the design, delivery and improvement of services, as well as highlighting concerns for the safety and welfare of adults: children, young people and families. Below are brief descriptions of learning from complaints for this quarter.

ASC – Assessment and Billing -

Complainant had been waiting over 6 months for an invoice for care service costs due to an error in relation to the Service Agreement.

Learning: A new step is to be introduced into the financial assessment process whereby the first set of invoices sent to new customers are to be checked for accuracy.

ASC – All Age Disability Team -

Concerns around the recent manner within which a funding review has been held.

Learning: Ensure that social workers are aware of the reasons for their visits, and are also aware of current legislation.

ASC – Community Team West -

Complaint regarding several communication issues and the length of time it is taking for an assessment to be carried out.

Learning: Staff to have a clear understanding of policies and procedures and to ensure they are explained to the public when necessary.

CYP - Adoption Team - It has been almost 3 years since we adopted a child from WCC and we still have not received the 'Later Life Letter'.

Learning: The completion of 'Later Life Letters' are now tracked through case tracking planning meetings. There are already Policies and Procedures in place to ensure that such a complaint is not received in the future.

CYP – Social Work Unit 8a - Family raised concerns in relation to the Social Worker's professional conduct as well as their integrity in terms of inaccurate information gathering and sharing.

Learning: Conversation undertaken with the allocated worker regarding how to reference information from previous reports; and also the importance of ensuring accuracy of information utilised/checking information shared from previous documents.

CYP – Leaving Care/Transitions Team - Young person is happy in their current placement and everything is going really well. However, she has now been advised that the Authority would like her to move into semi-independent living, but she feels she is not prepared for this change.

Learning: Better planning by Social Worker when young person is approaching 18 years of age.

CYP – LAC Team 1 - The Court Agreement was for mother to see her children every 6 months. However, she has just received a letter advising her that the next Contact session will be in April 2016. She last saw her children in August 2015 which means Contact should take place in February 2016.

Learning: It is important that the Social Worker plans the contact for the children he works with, and to also work in line with the Care Plan.

CYP – Social Work Unit 8b - Failure of Social Worker to provide birth certificate throughout the placement despite constant requests; and also to action the review decision to advise carers of the payee on the cheque.

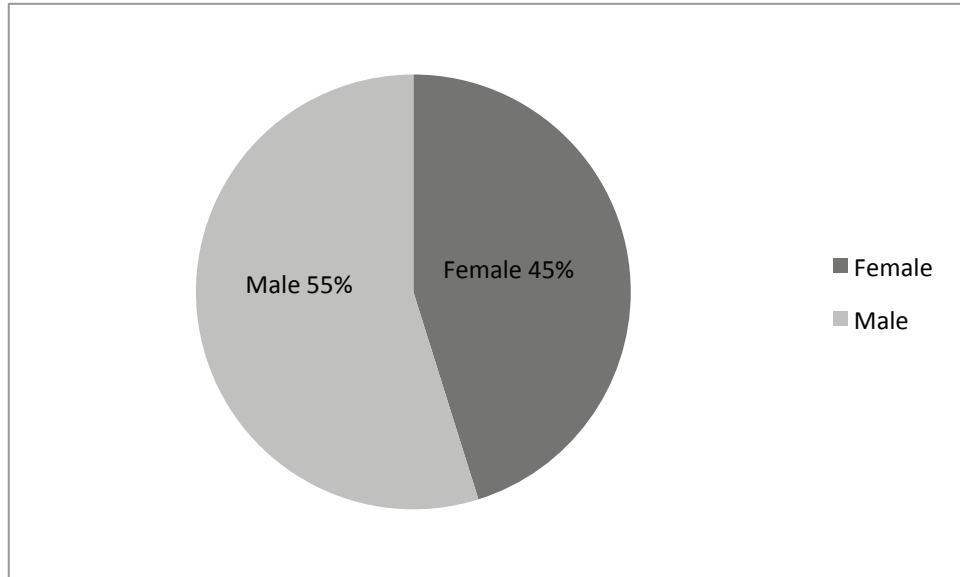
Learning: All issues raised were addressed through formal supervision with allocated worker.

CYP – Social Work Unit 3a - Social Worker failed to attend key meetings and meet deadlines in actions agreed.

Learning: Improved communication with carers and professionals. Visits and meetings to take place in regular/statutory timescales.

Appendix 4

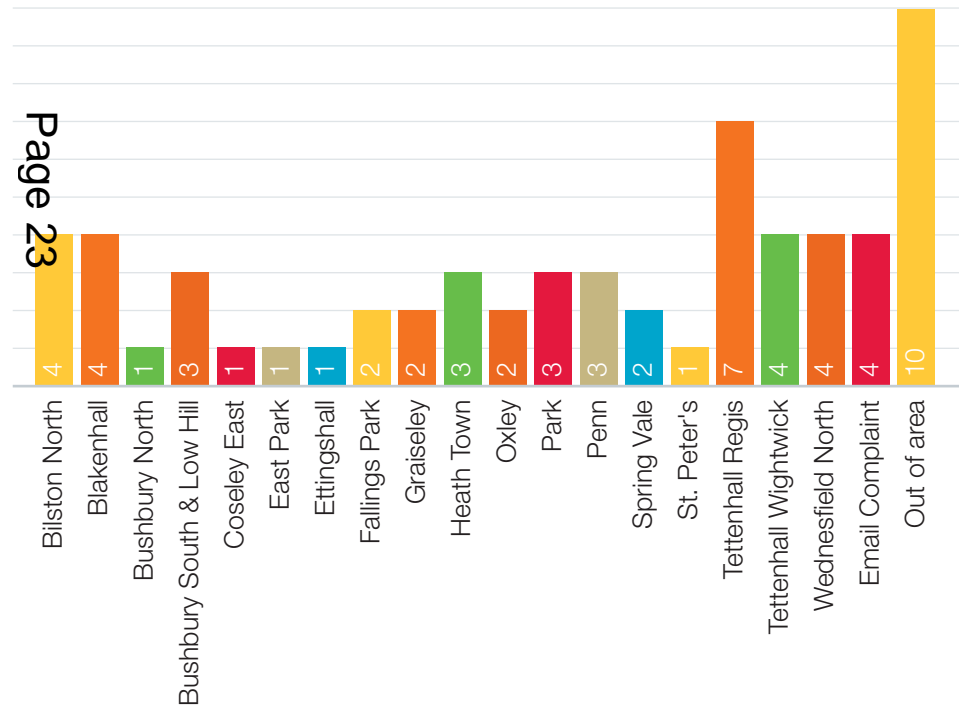
Equalities data for Corporate Stage 1 Complaints – October to December 2015



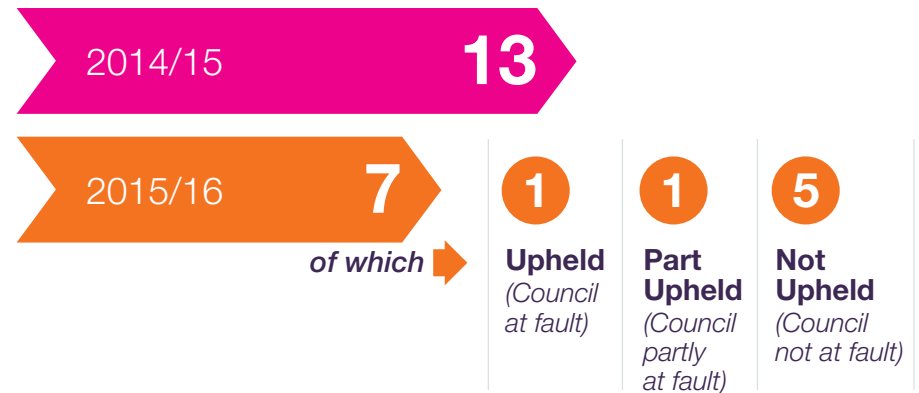
Service Group	Female	Male
Governance	3	2
Finance	5	7
City Assets	3	1
City Environment	12	16
Customer Services	1	2
Older People	3	3
Education		2
City Economy		1
Disability and Mental Health	1	
Total	28	34

Appendix 5: Quarter 3 (October - December 2015)

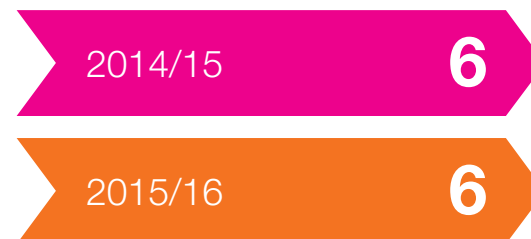
Complaints received by ward



Stage 2 complaints comparison for quarter 3



LGO enquiries for quarter 3



Figures consistent for 2015/16 Q3 compared to 2014/15 Q3 - Customer Feedback Team has also received 15 initial LGO assessment enquiries for Q3.

Appendix 6: Quarter 3 (October - December 2015)

Complaints received



Page 24

Complaints where the Council is at fault (*upheld*)



Issues have been identified from 7 upheld complaints and have been addressed; remedies have been provided to the customers by apologising and informing them of the improvements that have been made.

Complaints where the Council is not at fault



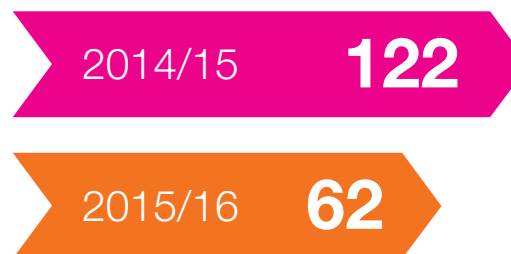
Response timescales



Average complaint response time



Stage 1 complaints comparison for quarter 3



Complaints received down by

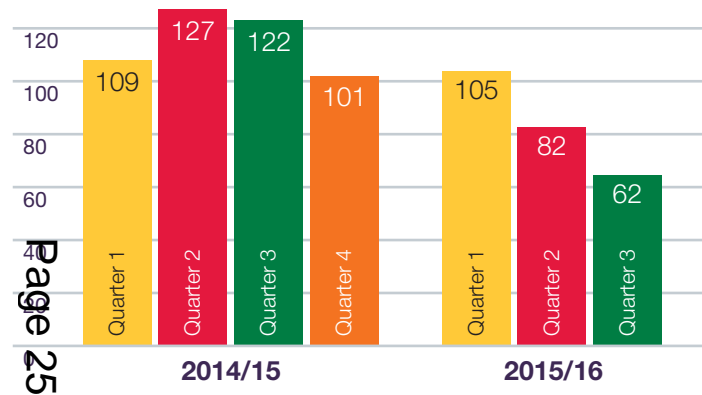


due to service groups being encouraged to be more pro-active in resolving complaints at service level.

Appendix 6: Quarter 3 (October - December 2015)

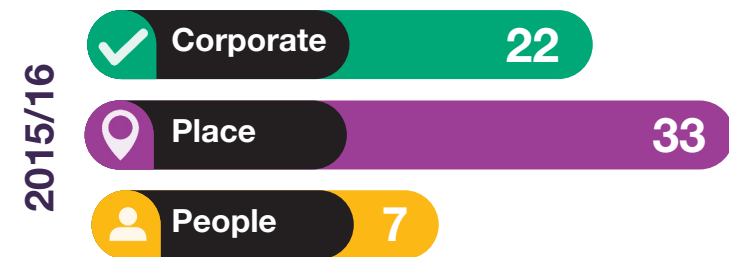
Stage 1 complaints comparison

Breakdown by quarter



Stage 1 complaints

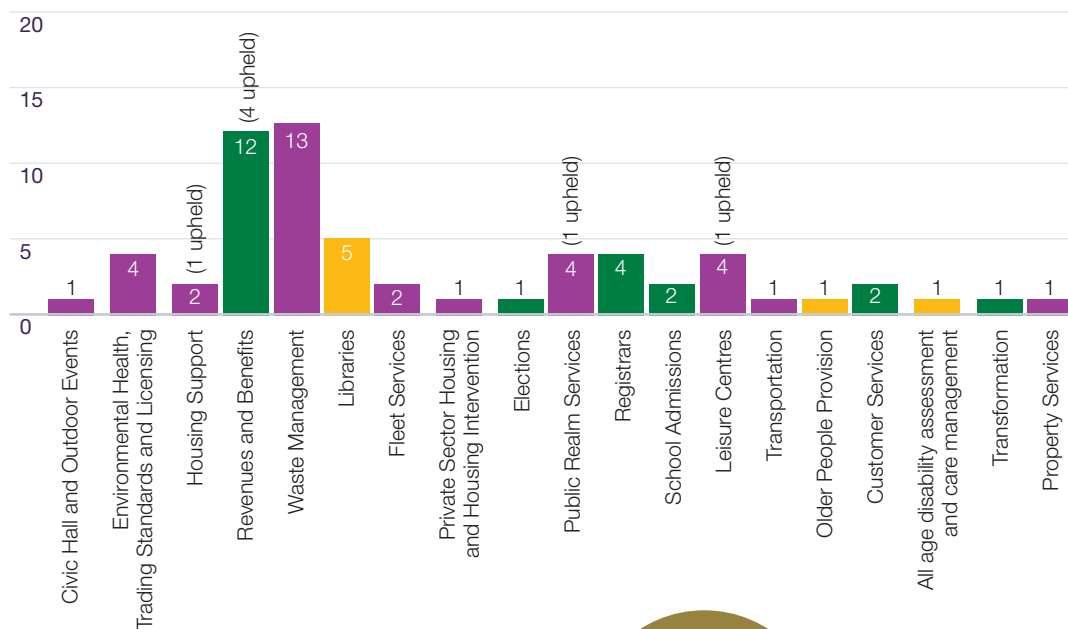
Breakdown by directorate



Stage 1 complaints received

Breakdown by service area

Complaints were not upheld unless otherwise indicated.



Compliments received

An increase of 22% from Q2

153

Appendix 7
Complaint Ward Equalities Data Quarter 3 – October – December 2015

Key
G=Gender
E=Ethnicity
D=Disability
A=Age

Ward	Number of complaints received	Complaint upheld	Equalities Data	Nature of complaint
Bilston North	4	No	G=Female E= D=Yes A=	Complaint regarding bulky item collection
		No	G=Female E= D=Yes A=	Complaint regarding incorrect advice by social care centre
		No	G=Male E= D= A=	Complaint about council employee
		No	G=Male E= D= A=	Complaint against staff member
Blakenhall	4	No	G=Female E= D=No A=	Complaint regarding staff conduct in library
		No	G=Female E= D= A=	Complaint regarding Registrar staff
		No	G=Male E= D= A=	Complaint about environmental health
		Yes	G=Male E= D= A=	Complaint regarding delays in processes

<u>Bushbury North</u>	1	No	G=Female E= D= A=	Complaint about library facilities
<u>Bushbury South and Low Hill</u>	2	No	G=Female E= D= A=	Complaint about library services
		No	G=Female E= D= A=	Complaint about Environmental Health staff
<u>Coseley East</u>	2	No	G=Female E=Mixed D= A=25-44	Complaint about Leisure Centre classes being cancelled
		No	G=Male E= D= A=	Complaint about library staff
<u>East Park</u>	1	No	G=Female E= D= A=	Complaint regarding dropped kerb
<u>Ettingshall</u>	1	No	G=Male E=Mixed D= A=25-44	Complaint about council tax staff
<u>Fallings Park</u>	2	No	G=Female E= D=Yes A=	Complaint regarding passenger transport
		No	G=Male E= D= A=	Complaint against refuse staff
<u>Graiseley</u>	2	No	G=Female E= D= A=	Complaint regarding business rate payments
		No	G=Male E= D= A=	Complaint regarding lack of action after request

Heath Town	3	Yes	G=Female E= D= A=	Complaint about Housing Support
		No	G=Male E=Indian D= A=	Complaint about refuse personnel
		No	G=Male E=Asian D=Yes A=45-PA	Complaint regarding electoral register
Oxley	2	No	G=Male E= D= A=	Complaint about council tax staff
		No	G=Female E=Mixed D= A=16-24	Complaint about council tax staff
Park	3	No	G=Male E= D= A=	Complaint about a street cleaner
		No	G=Male E= D= A=45-PA	Complaint regarding refuse collection
		No	G=Male E= D= A=	Complaint regarding WV active card
Penn	3	No	G=Female E= D= A=	Complaint about refuse
		No	G=Female E= D= A=	Complaint regarding refuse collection

		Yes	G=Male E= D= A=	Complaint regarding payment card for council tax – not received after two requests
<u>Spring Vale</u>	2	Yes	G=Female E= D= A=	Complaint regarding street cleaner officer conduct
		No	G=Male E= D= A=	Complaint about leisure centre
<u>St Peters</u>	1	No	G=Male E= D= A=	Complaint about stoppage of housing benefit
<u>Tettenhall Regis</u>	7	Yes	G=Female E= D= A=	Complaint regarding leisure centre staff
		No	G=Female E= D= A=	Complaint regarding refuse staff when collecting bins
		No	G=Male E= D= A=45-PA	Complaint regarding refuse collection
		No	G=Male E= D= A=	Complaint regarding additional refuse collection
		No	G=Male E= D= A=75+	Complaint about telephone service
		No	G=Male E= D= A=	Complaint regarding green bin collection over Christmas
		No	G=Male E= D= A=	Complaint regarding tree cutting

<u>Tettenhall</u> <u>Wightwick</u>	4	No	G=Male E= D= A=	Complaint over refuse collection
		Yes	G=Male E= D= A=	Complaint regarding council employee
		No	G=Male E= D= A=	Complaint regarding green bin collections over the winter
		No	G=Male E= D= A=	Complaint regarding registering a school application
<u>Wednesfield North</u>	4	No	G=Female E= D= A=	Complaint regarding access to department facilities
		No	G=Male E= D= A=	Complaint regarding park access
		No	G=Male E= D= A=	Complaint about customer services
		No	G=Female E= D= A=	Complaint about housing staff
<u>Email Complaint</u>	4	No	G=Female E= D= A=	Complaint about benefit staff/policies
		No	G=Female E= D= A=	Complaint regarding procedures followed by staff at refuse site
		No	G=Male E= D= A=	Complaint about admissions staff

		No	G=Male E= D= A=	Complaint regarding being unable to make contact by phone
Outside area	10	Yes	G=Female E= D= A=	Complaint about debt recovery
		No	G=Female E= D= A=	Complaint about Registrars Policy and Procedure
		No	G=Female E= D= A=	Complaint regarding customer services
		No	G=Female E= D= A=	Complaint about incorrect benefit being paid to relative
		No	G=Female E= D= A=	Complaint about info being passed to Coal Board re possible mine shafts
		No	G=Female E= D= A=	Complaint about Registrars staff
		No	G=Male E= D= A=	Complaint regarding debt management sending demand to deceased relative
		No	G=Male E= D= A=	Complaint regarding outstanding council tax
		No	G=Male E= D= A=	Complaint about Nationality Checking Services
		No	G=Male E= D= A=	Complaint about event security
Total	62	7		

Appendix 8

Compliment Data for Quarter 3 – October – December 2015

Social Care Complaints

Directorate/Team	Nature of compliment
People	
Adult Social Care	
Disability Team (Adult CCC Directorate)	Excellent help with fitting a hearing system to my TV. Great care taken in finding the right 'loop' system that fitted my room and my needs. Nothing was too much trouble to the member of staff, and very good aftercare services.
Adult Community Team East (Adult Services)	I wish to thank you for your help in this matter and for the good-will gesture that you provided in settlement which was received with thanks.
	My compliment goes to a member of staff from social care. She has been caring, understanding and helped a great deal with our stress. We now have a life and I am grateful.
Adult Community Team North (Adult Services)	Thank you to member of staff for sorting out a problem I had acquiring extra time allocation for my mother to have a shower.
Adult Community Team West (Adult Services)	Very pleased with the help and advice received
	I just wanted to tell you about the fantastic support I've received from social services. My husband is 65 years of age with advanced Alzheimers and can be very difficult. Social Worker and Carer Support Worker have worked tirelessly to help me and sort out our problems. They are always so helpful.
Respite Care (Adult Services, Merry Hill House)	Since my mother's admission into Merry Hill House, I can see a vast improvement. The staff are ready to do their best to meet her caring needs. Staff are culture sensitive and mixed. The home is very clean and tidy and staff are so welcoming. I wish this home was not closing.
Carer Support Team	I just wanted to tell you about the fantastic support I've received from social services. My husband is 65 years of age with advanced Alzheimers and can be very difficult. The Social Worker and the Carer Support Worker have worked tirelessly to help me and sort out our problems. They are always so helpful.
Children and Young Children	
Leaving Care/Transitions Team	Social Worker has a wonderful way of reframing things that have not gone so well which means child knows that he is supported no matter what.

	In both reviews I was impressed by the comments made by both set of carers. Social Worker in the short time he has had the cases, has clearly got a good understanding of the children's needs, reviewed their files and importantly met the children and managed to engage with them immediately; something previous social workers have struggled achieve.
Social Work Unit 3a	Compliment with regard to Social Worker and the support she provided for a pupil at our school who was subject to a CP plan. Throughout the time that she supported the family, Social Worker was always professional, courteous and efficient and always had the needs of the pupil at the forefront of her practice.
Social Work Unit 5a	Compliment received from family in relation to the help and support given.

Corporate Complaints

Directorate/Team	Nature of compliment
Corporate	Grand Total = 47
Customer Services	Total 28
1	Compliment for officer conduct
2	Compliment for professionalism of front of house staff
3	Compliment for officer conduct
4	Compliment for conduct of duty manager
5	Compliment regarding officer conduct
6	Compliment for politeness of front of house staff
7	Compliment about officer conduct
8	Compliment regarding officer conduct
9	Compliment regarding professionalism of officer
10	Compliment regarding knowledge of officer
11	Compliment for service of front of house staff
12	Compliment over officer conduct
13	Compliment over officer conduct
14	Compliment over duty manager conduct
15	Compliment over officer conduct
16	Compliment over professionalism of officer
17	Compliment regarding courtesy of staff

18	Compliment over understanding of staff
19	Compliment regarding compassion of staff
20	Compliment regarding professionalism of duty manager
21	Compliment regarding staff conduct
22	Compliment over efficiency of front of house staff
23	Compliment regarding professionalism of staff
24	Compliment over officer conduct
25	Compliment over officer conduct
26	Compliment regarding efficiency of staff
27	Compliment regarding courtesy of staff
28	Compliment regarding politeness of staff
Revenues & Benefits	Total 4
1	Compliment regarding conduct of staff
2	Compliment regarding professionalism of staff
3	Compliment regarding swiftness of solving issue
4	Compliment regarding officer conduct
Registrars	Total 8
1	Compliment regarding professionalism of staff
2	Compliment regarding understanding over staff
3	Compliment regarding efficiency of staff
4	Compliment over conduct of staff
5	Compliment regarding professionalism of staff
6	Compliment about courtesy of staff
7	Compliment regarding pleasantness of staff
8	Compliment regarding consideration to circumstances
Education	Total 3
1	Compliment for professionalism of staff
2	Compliment for understanding of staff
3	Compliment of expertise of staff
Governance	Total 2
1	Compliment for conduct of staff
2	Compliment for efficiency of staff
ICT	Total 1
	Compliment from Councillor regarding knowledge of staff
Complaints Team	Total 1
1	Compliment from Councillor over knowledge of staff

Place/City Environment	Grand Total = 58
Waste Management	Total 4
1	Compliment regarding helpfulness of refuse staff
2	Compliment regarding professionalism of refuse staff
3	Compliment regarding kindness of refuse staff
4	Compliment over officer conduct
Public Realm	Total 11
1	Compliment regarding excellent work of street scene worker
2	Compliment regarding kindness of street scene worker
3	Compliment over quickness of street lighting maintenance
4	Compliment of efficiency of clearing up of gulley
5	Compliment about conduct of street scene workers
6	Compliment about efficiency of tree cutting
7	Compliment about street scene worker conduct
8	Compliment over conduct of car park staff
9	Compliment regarding street scene staff
10	Compliment regarding effectiveness of tree trimming
11	Compliment regarding litter clearing
Bereavement Services	Total 43
1	Compliment regarding professionalism of staff
2	Compliment regarding compassion of staff
3	Compliment regarding efficiency of staff
4	Compliment regarding compassion of staff
5	Compliment regarding consideration of music
6	Compliment over delivery of service
7	Compliment over staff conduct
8	Compliment regarding kindness of staff
9	Compliment over consideration of needs
10	Compliment over compassion of staff
11	Compliment over organisation of service
12	Compliment regarding arrangement of floral tributes
13	Compliment regarding professionalism of staff
14	Compliment regarding efficiency of arrangements
15	Compliment over conduct of staff
16	Compliment of professionalism of staff

17	Compliment of conduct of staff
18	Compliment of kindness of staff
19	Compliment over arrangement of service
20	Compliment regarding compassion of staff
21	Compliment over conduct of staff
22	Compliment regarding floral tributes
23	Compliment of cleanliness of crematorium
24	Compliment over tidiness of grounds at crematorium
25	Compliment regarding order of service
26	Compliment regarding consideration of needs
27	Compliment regarding kindness of staff
28	Compliment regarding professionalism of staff
29	Compliment regarding order of service
30	Compliment over smoothness of service
31	Compliment regarding compassion of staff
32	Compliment regarding consideration of needs
33	Compliment regarding officer conduct
34	Compliment over consideration of music requests
35	Compliment regarding arrangement of service
36	Compliment over conduct of staff
37	Compliment of arrangement of service
38	Compliment regarding professionalism of staff
39	Compliment regarding consideration of needs
40	Compliment over conduct of staff
41	Compliment over conduct of staff
42	Compliment regarding arrangement of service
43	Compliment regarding kindness of staff
Place/City Assets	Grand Total = 48
Planning Services	Total 26
1	Compliment regarding speed of service
2	Compliment over explaining policy and procedure
3	Compliment regarding advice given
4	Compliment over assistance with application
5	Compliment regarding speed of response
6	Compliment regarding hosting of workshop
7	Compliment regarding organisation of meeting

8	Compliment regarding smoothness of procedure
9	Compliment regarding response times of communication
10	Compliment regarding efficiency of staff
11	Compliment regarding understanding of needs
12	Compliment regarding speediness of response
13	Compliment regarding efficiency of staff
14	Compliment regarding assistance received
15	Compliment regarding patience and understanding
16	Compliment regarding understanding of needs
17	Compliment regarding speediness of response
18	Compliment regarding advice and guidance over trees
19	Compliment regarding communication of applications
20	Compliment regarding ease of application
21	Compliment over efficiency of staff
22	Compliment regarding efficiency of staff
23	Compliment regarding general assistance
24	Compliment over efficiency of staff
25	Compliment of understanding of needs
26	Compliment regarding speediness of staff
Housing Options	Total 22
1	Compliment of staff patience and understanding
2	Compliment regarding care of staff
3	Compliment regarding clear information received
4	Compliment regarding understanding of needs
5	Compliment of conduct of staff
6	Compliment regarding conduct of staff
7	Compliment regarding kindness of staff
8	Compliment over accommodation offered
9	Compliment over understanding of staff
10	Compliment over conduct of staff
11	Compliment over efficiency of staff
12	Compliment over conduct of officers
13	Compliment over understanding of staff
14	Compliment regarding ease of application
15	Compliment over efficiency of staff
16	Compliment over explanations over procedures

17	Compliment over helpfulness of staff
18	Compliment over efficiency of staff
19	Compliment regarding professionalism of staff
20	Compliment over efficiency of staff
21	Compliment over understanding of needs
22	Compliment over conduct of staff

Scrutiny Board

1 March 2016

Report title	Infant Mortality Scrutiny Review Update		
Cabinet member with lead responsibility	Councillor Sandra Samuels Public Health and Wellbeing		
Wards affected	All		
Accountable director	Linda Sanders, People		
Originating service	Public Health		
Accountable employee(s)	Ros Jervis	Service Director Public Health and Wellbeing	
	Tel	01902 551372	
	Email	Ros.jervis@wolverhampton.gov.uk	
Report to be/has been considered by	Public Health Senior Management Team	4 February 2016	
	Meeting		
	People Leadership Team	8 February 2016	

Recommendation(s) for action or decision:

The Scrutiny Board is recommended to:

1. Consider progress made to implement the recommendations from the Infant Mortality Scrutiny Review which concluded in March 2015.
2. Agree to close the review on the basis that the recommendations are being implemented as detailed in the report.

1.0 Purpose

1.1 The purpose of this report is to update Scrutiny Board on the implementation of the recommendations of the Infant Mortality Scrutiny Review that was undertaken from July 2014 to March 2015 to gather evidence in relation to the high rate of infant mortality in Wolverhampton.

2.0 Background

2.1 The National Child Health Profiles published in March 2014 indicated that Wolverhampton had the highest rate of infant mortality in England. The average rate of infant mortality between 2010 and 2012 was 7.7 deaths per 1,000 live births compared to the England average of 4.3 deaths per 1,000 live births.

2.2 This high rate of infant mortality raised concerns across health and social care organisations and resulted in the convening of a multi-agency infant mortality working group in May 2014.

2.3 A Health Scrutiny Review commenced in July 2014 to assess the effectiveness of current and future work aimed at addressing modifiable factors that are the main causes of infant mortality in Wolverhampton. The review group met on seven occasions to consider written and verbal evidence from local and regional organisational and professional representatives.

2.4 The detailed consideration of the evidence presented to the Review group resulted in the development of twelve recommendations outlined in the executive report found in appendix one.

2.5 All review recommendations were approved by Cabinet on 22 July 2015 and the Health and Wellbeing Board on 7 October 2015.

3.0 Infant Mortality Scrutiny Review Update February 2016

3.1 There has been good progress on the implementation of the recommendations arising from the Infant Mortality Scrutiny Review. Overall there has been strong multi-agency commitment to delivering the recommendations and collective partnership working to improve outcomes, underpinned by the infant mortality working group.

3.2 The twelve recommendations produced following the infant mortality review are divided into three specific areas:

- The importance of co-ordinating local efforts to tackle the underlying causes of infant mortality in Wolverhampton
- A strategic and co-ordinated response to tackle the modifiable causes of infant mortality in Wolverhampton and also respond to the challenges of dealing with the effects of poverty and deprivation
- Changing practices and policies and apply learning based on reliable evidence as to their impact and effectiveness in reducing the rate of infant mortality.

3.3 The concise detail of progress against the recommendations is documented in appendix one. In summary:

3.3.1 *Co-ordinating local efforts*

- Additional carbon monoxide monitors were purchased in December 2015 to support screening in pregnancy at every antenatal visit and at key contacts in early infancy
- 1983 pregnant women were screened between April 2015 and January 2016
- 405 referrals were received by the Healthy Lifestyle Service; this represents 20% of the women screened
- There was a 20% (81) uptake of referrals from the antenatal clinic
- There has been a steady reduction in the proportion of women smoking at the time of delivery over the first two quarters of 2015/16 (16.9 and 16.6 respectively). Previous annual percentage 18.8 (2014/15).
- A postnatal parent education programme, 'Reducing the Risk' commenced in January, funded by Public Health and delivered by the neonatal unit. This programme is for parents with premature infants and other vulnerable mothers in Wolverhampton referred from midwifery services. The aim is to teach parents basic life support skills, promote breast feeding and safe sleeping alongside dietary advice and smoking cessation.

3.3.2 *Dealing with the effects of poverty and deprivation*

A stakeholder event is planned for 14/15 March 2016 to promote safe sleeping practices, supported by the Lullaby Trust. Local risk factors for modifiable causes of infant mortality will be shared at the event alongside progress on delivery of the recommendations of the infant mortality action plan.

3.3.3 *Changing practices and policies*

- Careful consideration is being given to the implementation of a smoke-free site at Royal Wolverhampton NHS Trust hospitals to take into account how a policy can be enforced without compromising staff safety. Further work is required and will be informed by an audit of practice against smoking cessation guidance produced the National Institute of Health and Care Excellence (NICE).
- A specific programme to deliver Making Every Contact Count (MECC) training was developed by the Healthy Lifestyles Service and training disseminated widely within the acute trust setting for individuals working with pregnant women and new mothers.

4.0 **Financial implications**

4.1 There are no explicit funding implications arising from implementation of the recommendations of the Infant Mortality Scrutiny Review. All costs associated with the Infant Mortality are met from existing budgets within Public Health.

[GS/05022016/M]

5.0 **Legal implications**

5.1 There are no anticipated legal implications associated with the content of this report.

[RB/17022016/J]

6.0 Equalities implications

6.1 An initial equalities analysis screening has not identified any equality issues at this stage. There are no concerns that implementation of the recommendations arising from the Infant Mortality Review could adversely affect people differently or not meet the needs of certain groups. Inequalities were highlighted during the review process and the recommendations were developed to ensure that these inequalities were addressed.

7.0 Environmental implications

7.1 There are no environmental implications related to this report.

8.0 Human resources implications

8.1 There are no anticipated human resource implications related to this report.

9.0 Corporate landlord implications

9.1 This report does not have any implications for the Council's property portfolio.

10.0 Schedule of background papers

10.1 Scrutiny Review of Infant Mortality – Final Report, 21 May 2015.

This report was presented to:

- Cabinet on 22 July 2015
- Health and Wellbeing Board 7 October 2015

Appendix 1

Section one: Executive response - Scrutiny Review of Infant Mortality

The importance of co-ordinating local efforts to tackle the underlying causes of infant mortality in Wolverhampton

Recommendation 1

1. The Service Director- Public Health and Wellbeing to be responsible for collating a coordinated response from the officers responsible for to the following recommendations listed below. The Service Director to advise Scrutiny by presenting a report to Scrutiny Board with details of progress in implementing all the accepted recommendations and necessary follow up action, as appropriate, where accepted recommendations have not been implemented. The Scrutiny Board report to be presented to the Infant Mortality Working Group for information and comment:

a) Royal Wolverhampton NHS Trust to coordinate a response from the maternity, healthy lifestyles living and health visiting services which details specific actions aimed at increasing the percentage of pregnant women setting a smoking quit date, indicating where the results are either not known or lost to follow up. The report to include details of the take-up rate of nicotine replacement therapy and the number who have set a quit date.

b) Royal Wolverhampton NHS Trust to coordinate a report from maternity, healthy living lifestyles and health visiting services on progress in the use and results of carbon monoxide testing of pregnant women at every contact. The report to include feedback from pregnant women recorded as smoking and subsequently referred, about their experiences of the stop smoking service.

c) Royal Wolverhampton NHS Trust to present a report on a review of effective interventions aimed at reducing the numbers of women smoking during and after pregnancy.

d) The lead officer for infant mortality at Wolverhampton Clinical Commissioning Group (CCG) to report on current commissioning arrangements and the extent to which services for pregnancy and infancy are delivering the right mix of enhanced and targeted interventions for pregnant women, particularly vulnerable women considered to be at risk.

e) A report on the benefits of providing a Pepi-Pod crib or similar alternative cot in Wolverhampton. A report of the potential value of using a mobile phone app for parents and parents-to-be with personalised information and content approved by doctors and midwives that spans from pregnancy right through to the first six months after birth. The schemes, if introduced, should be initially targeted a vulnerable women and the findings published with recommendations about a possible future roll out across the City.

- f) The Service Director – Public Health and Wellbeing to work with lead officers from key partners to for infant mortality at Wolverhampton CCG to detail proposals to discuss proposals to make best use of available local intelligence in order to help with the early identification better of identify vulnerable pregnant women mothers and provide appropriate targeted interventions that can support them. that will contribute to the overall aim of reducing the numbers of infant deaths. The findings to be shared with the Wolverhampton Health and Wellbeing Board, and Wolverhampton CCG Governing Body and the Infant Mortality Working Group.
- g) To invite Directors of Public Health across the West Midlands region to share examples of best practice in respect of delivering an effective smoking cessation programme to pregnant women and to discuss further opportunities to promote the adoption of best practice across the region.
- h) The Service Director – Public Health and Wellbeing and the Chair of the Child Death Overview Panel (CDOP) to jointly report on progress in recruiting staff to collate current and future statistics. Analysis of comparative data at a regional level to be included in future annual reports.
- i) The Chair of the Child Death Overview Panel (CDOP) to publish the annual report for Wolverhampton to be published prominently on the Council’s website and also the findings shared with key local agencies to promote good practice and improve the quality of local intelligence.
- j) The Service Director- Public Health and Wellbeing to report on outcome of review of the national funding formula for 2016/17. (The formula is used to calculate the number of health visitors that an area needs to deliver safe and effective services.)

Comment	Timescale/progress so far	Officer Responsible
<p>1a-c Accepted</p> <p>The draft scrutiny report was presented to the Infant Mortality Working Group (IMWG) on Friday 8 May 2015. Representatives across the whole working group were</p>	<p>1b. CO monitors have been purchased for midwifery and health visiting services and training will be delivered to support delivery.</p> <p>A more detailed response by responsible organisations/services will be required at the Infant Mortality Working Group (IMWG) at the November 2015 meeting.</p>	<p>Ros Jervis, Service Director, Public Health and Wellbeing (SDPHW)</p>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 45</p>	<p>present, including representatives in relation to recommendations 1a – 1c. Everyone is aware of the need to respond collectively to these recommendations regarding quit rates, use of carbon monoxide monitors (CO), nicotine replacement therapy and the use of stop smoking services in general by pregnant women.</p>	<p>February 2016 Update: 1a-c</p> <ul style="list-style-type: none"> • CO monitors are being used by midwifery, health visiting and healthy lifestyles service. Additional monitors were ordered in December 2015. • 1983 women were screened between April 2015 and January 2016 • 405 referrals were received by the Healthy Lifestyle Service; this represents 20% of the women screened • There was a 20% (81) uptake of referrals from the antenatal clinic • More detailed information on stop smoking services in pregnancy is contained with the Healthy Lifestyle Service report in section six. 	
	<p>1d Accepted</p> <p>The executive nurse (EN) for the CCG alongside the Designated Doctor for Child Deaths (DDCD) will respond in detail to this recommendation.</p> <p>Manjeet Garcha has provided a detailed response to the recommendation – see section two.</p>	<p>A more detailed response by responsible organisations/individuals will be required at the IMWG at the November 2015 meeting.</p> <p>February 2016 Update</p> <p>It is acknowledged that local intelligence can come from many sources; this intelligence should be disseminated across services to ensure appropriate consideration is given to the impact on relevance of the information on care needs along with any additional education required by providers. In addition, General Practitioners are the primary point of access for pregnant women to maternity services. There is guidance in place for GPs and this is being added to the new GP pathway system currently being implemented in Primary Care. Information sharing between the patients GP and midwife has also been discussed with the</p>	<p>Manjeet Garcha Executive Lead for Nursing and Quality- Wolverhampton CCG</p>

		Practice Manager Lead/Forum and mechanism are in place. A report has been produced by the CCG and is detailed as an update in section four.	
Page 46	<p>1e Accepted</p> <p>Public Health to undertake an evidence review in relation to available information relevant to use of:</p> <ul style="list-style-type: none"> i. pepi-pod or alternatives ii. phone applications for personalised information <p>Cost effectiveness will be evaluated where possible</p>	<p>A more detailed response will be reported by Public Health to the IMWG at the November 2015 meeting.</p> <p>February 2016 Update</p> <p>(i) Pepi-pod: An evidence review of pepi-pod was completed and the key findings were that the pepi-pod is an infant sleep space culturally tailored for the Maori population and delivered as part of a wider programme to support vulnerable families to prevent sudden unexplained deaths in infancy (SUDI) and may not be easily transferable for use within Wolverhampton.</p> <p>There is no published evidence of the effectiveness of the use of the pepi-pod and some evidence of an increased risk of SUDI with the use of other infant sleeping equipment. A randomised control trial is currently in progress in New Zealand comparing the pepi-pod to another sleeping device. The results will be available late 2016 and will be reviewed to assess effectiveness and cost effectiveness within a UK setting</p> <p>(ii) Phone applications: Whilst there has not been a formal evaluation of 'phone applications for pregnancy and infancy, the application produced by Best Beginnings has received multiple endorsements from key professional bodies such as Royal College of Midwives; Royal College of Obstetrics and Gynaecology and the Faculty of Public Health. The application has been produced in collaboration with health care professionals and is actively promoted locally and used by some mothers.</p>	Ros Jervis (SDPHW)
	1f Accepted	A more detailed response by responsible organisations/services will be required at the IMWG at the November 2015 meeting.	Manjeet Garcha Executive Lead for Nursing and

	<p>Public health working alongside EN for CCG, maternity and children services will review the vulnerable women's pathway. There is also a proposed task and finish group to discuss and develop a conception to age five pathway which will also address vulnerability)</p> <p>Manjeet Garcha has provided a detailed response to the recommendation – see section three.</p>	<p>(Please read in conjunction with recommendation 2)</p> <p>February 2016 Update Detailed report to presented at the May 2016 IMWG to include action against the linked recommendations 1f, 2 and 6. This can then be reported to either the Health Scrutiny Board or HWBB (or both).</p>	<p>Quality- Wolverhampton CCG</p>
<p>Page 47</p>	<p>1g Accepted</p> <p>Public Health to work with Public Health England on a regional basis in terms of gathering and sharing good practice that supports women to stop smoking during pregnancy and to continue not to smoke after delivery.</p>	<p>A more detailed response will be reported by Public Health to the IMWG at the November 2015 meeting.</p> <p>February 2016 Update Regional documents to support smoking cessation during and after pregnancy have been produced by Public Health England and circulated to all relevant organisations.</p>	<p>Ros Jervis (SDPHW)</p>
	<p>1h & 1i Accepted</p> <p>Public health working alongside the Chair of the Child Death Overview Panel (Joint) to report on the review currently being undertaken which will be completed by end June 2015.</p>	<p>A more detailed response by the Chair of the Child Death Overview Panel will be required at the IMWG at the November 2015 meeting.</p> <p>CDOP agree to publish the annual report through the WSCB.</p> <p>February 2016 Update The Annual report from the Child Death Overview panel is due at the end of January/beginning of February 2016 and once available will be forwarded for publication on the Council website</p>	<p>Chair of the Child Death Overview Panel</p>
	<p>1j Accepted</p>	<p>It is possible that a national response will be published in December 2015.</p>	<p>Ros Jervis (SDPHW)</p>

<p>SDPHW has submitted a response to the consultation on the national funding formula for 2016/17. A national response is awaited.</p>	<p>February 2016 Update As of 2 February 2016, a national response is still awaited.</p>	
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<p>Recommendation 2</p> <p>Wolverhampton Clinical Commissioning Group (CCG) and the Service Director - Public Health and Wellbeing to agree a programme of work that supports enhanced targeted interventions for high risk families or vulnerable mothers with new babies identified by maternity services; including advice on contraception to avoid unplanned early repeat pregnancy, and support pregnancy spacing. This should include post natal support in the first few weeks of life aimed at parent education and support to reduce the risk of infant death after discharge from the neonatal unit/post natal ward.</p>		
<p>Comment</p>	<p>Timescale/progress so far</p>	<p>Officer Responsible</p>
<p>Accepted</p> <p>Public Health working alongside EN for CCG, maternity and children services will review the vulnerable women's pathway. There is also a proposed task and finish group to discuss and develop a conception to age five pathway which will also address vulnerability.</p>	<p>A more detailed response by responsible organisations/services will be required at the IMWG in November 2015. (This must be read in conjunction with recommendation 1f)</p> <p>February 2016 Update A postnatal parent education programme, 'Reducing the Risk' commenced in January, delivered by the neonatal unit. This programme is for parents with premature infants and other vulnerable mothers in Wolverhampton referred from midwifery services. The aim is to teach parents basic life support skills, promote breast feeding and safe sleeping alongside dietary advice and smoking cessation.</p>	<p>Ros Jervis (SDPHW)</p>

	<p>Detailed report to presented at the May 2016 IMWG to include action against the linked recommendations 1f, 2 and 6. This can then be reported to either the Health Scrutiny Board or HWBB (or both).</p>	
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Recommendation 3

The Black Country clinical representative of West Midlands Maternity and Children's Strategic Clinical Network in discussion with representatives of SSBC Newborn and Maternity Networks to jointly present a report to the Infant Mortality Working Group regarding care pathways for anticipated extreme preterm births.

The report to include an update on work towards improving survival rates for this cohort and also progress on the outcome of discussions with West Midlands Ambulance Services about improving care pathways for intrauterine transfers of pregnant women in preterm labour. The overall aim of the policy is for pregnant women in preterm labour to be taken to the most appropriate hospital for the safe delivery and on-going care of their baby.

Page 50 Comment	Timescale/progress so far	Officer Responsible
<p>Accepted</p> <p>This recommendation will be addressed via the Black Country SCN lead update on infant mortality which will incorporate current discussions on intrauterine transfers across the network.</p>	<p>A final report will be presented to the IMWG in November 2015 with a view to a future joint presentation to the Health Scrutiny Panel.</p> <p>February 2016 Update A meeting of the Black Country Strategic Clinical Network was held on 26 January 2016 and the outcome of discussions will be reported at the May 2016 meeting of the Infant Mortality Working Group.</p>	<p>Ros Jervis (SDPHW) alongside either a representative of the SCN or Tilly Pillay, Neonatal Lead, The Royal Wolverhampton NHS Trust (RWT)</p>

Recommendation 4

The review group endorse the recommendations of the Infant Mortality Working Group Action Plan 2015 – 2018. A joint report to be presented by the lead officer for infant mortality at Wolverhampton CCG and Public Health to the Wolverhampton Health and Wellbeing Board on a six monthly basis on progress and achievements against recommendations accepted in the Infant Mortality Action Plan.

The Service Director - Public Health and Wellbeing to ensure the action plan is reviewed and updated to include emerging risks and further services changes. The findings to be shared with all key partner agencies.

Comment	Timescale/progress so far	Officer Responsible
<p>Accepted</p> <p>Update on the IMWG action plan will be presented to the Wolverhampton Health and Wellbeing Board (WHWB).</p> <p>151</p>	<p>Update to be completed within two weeks of the May 2015 IMWG and forwarded as an agenda item to be considered for a forthcoming HWBB meeting. Careful consideration needs to be given regarding reporting progress against infant mortality actions (mechanisms and timescales) to various interested parties.</p> <p>February 2016 Update The Infant Mortality Action plan is reviewed at each working group meeting and actions updated and circulated to the group. An update was presented to the HWBB on 2 December 2015.</p>	<p>Ros Jervis (SDPHW)</p>

A strategic and co-ordinated response to tackle the modifiable causes of infant mortality in Wolverhampton and also respond to the challenges of dealing with the effects of poverty and deprivation.

Recommendation 5		
<p>The findings and progress of the Infant Mortality Working Group to be shared with organisations with a special interest in reducing the number of child deaths, for example, the CDOP, SANDS, BLISS and the Lullaby Trust for comment.</p> <p>Representatives to be invited to comment on progress and invited to share learning locally and nationally on further improvements in the co-ordination of care from a neonatal setting, to home and whether there are any specific recommendations to build on good practice.</p>		
Comment	Timescale/progress so far	Officer Responsible
<p>Accepted A workshop event to be developed at the end of the calendar year and presented in 2016 to allow monitoring of progress and assessment of improvements.</p>	<p>Workshop discussed at IMWG November 2015 meeting with the proposal for the event to be delivered before March 2016.</p> <p>February 2016 Update Plans are in place to hold a stakeholder event on 14/15 March 2016 to promote safe sleeping practices (supported by the Lullaby Trust) and share the progress on the Infant Mortality Action Plan recommendations.</p>	<p>Ros Jervis (SDPHW)</p>

Recommendation 6

The Service Director – Public Health and Wellbeing to draft terms of reference and agree membership for a task and finish group to review vulnerable pregnant women’s care pathway. Representatives of Wolverhampton Integrated Substance Misuse Service (Recovery Near You) need to participate in a review of the effectiveness of the current working arrangements for supporting women referred to the service; particularly those involving drugs, alcohol, domestic abuse or long term mental health issues. A report of the findings to be reported to the Health and Wellbeing Board and Scrutiny Board.

Comment	Timescale/progress so far	Officer Responsible
<p>Accepted</p> <p>A task and finish group will be established to address this complex recommendation, with representatives from CCG, Public health, LA Children services and Recovery Near You (and possibly others) This work is a fundamental component of the vulnerable women’s pathway and therefore will also link to recommendation 1f and 2.</p> <p>Helen Kilgallon, Recovery Near You, representative of Wolverhampton Integrated Substance Misuse Service, provided a detailed response to the recommendation – see section five.</p>	<p>Detailed report to presented at the May 2016 IMWG to include action against the linked recommendations 1f, 2 and 6. This can then be reported to either the Health Scrutiny Board or HWBB (or both).</p>	<p>Ros Jervis (SDPHW) and Manjeet Garcha Executive Lead for Nursing and Quality Wolverhampton CCG</p>

Changing practices and policies and apply learning based on reliable evidence as to their impact and effectiveness in reducing the rate of infant mortality.

Recommendation 7		
<p>Royal Wolverhampton NHS Trust to provide a detailed response to the NICE published guidance that all NHS hospitals and clinics should become completely smoke-free zones and to set out detailed proposals for implementation and a timetable for achieving this to be presented to a meeting of the Health and Wellbeing Board.</p>		
Comment	Timescale/progress so far	Officer Responsible
<p>Accepted</p> <p>Discussions are being held between the Medical Director and the Healthy Lifestyles Service manager regarding progressing this recommendation.</p> <p>Public Health will be presenting the Infant Mortality Action Plan (as approved by HWBB) to the Royal Wolverhampton NHS Trust (RWT) Board on 1 June 2015.</p>	<p>Proposed update at the IMWG meeting in November 2015</p> <p>February 2016 Update The Infant Mortality Action Plan was presented to the RWT Trust Board on 1st June 2015. It was highlighted that a number of Trusts in the West Midlands had implemented a smoke-free site policy. However, following discussion the consensus of the Board was that the implications of such a move for RWT required careful consideration, not least the means of enforcing such a measure without compromising staff safety. No further progress has been made to date, but an audit of the NICE guidance PH 26 Smoking: stopping in pregnancy and after childbirth is proposed for discussion at the May 2016 meeting of the IMWG.</p>	<p>Anne Mcleod, Manager Healthy Lifestyles Service, RWT</p>

Recommendation 8		
The lead officer for infant mortality at Wolverhampton CCG to consider the availability of genetic screening and counselling support across Wolverhampton and to raise awareness generally of the service. The findings to be presented to the Health Scrutiny Board.		
Comment	Timescale/progress so far	Officer Responsible
<p>Accepted</p> <p>Genetic screening and counselling support is commissioned from Birmingham Women's Hospital NHS Trust on a regional basis. We are not aware of any issues with regards to access or availability of these services however we acknowledge the need to ensure good awareness across the public and professionals; including the conditions that would benefit from these services, how to access services and referral mechanisms.</p>	<p>August – October 2015</p> <p>February 2016 Update Genetic screening and counselling support is commissioned from Birmingham Women's Hospital NHS Trust on a regional basis. We are not aware of any issues with regards to access or availability of these services from professionals and would welcome opportunities to raise public awareness.</p>	<p>Manjeet Garcha, Executive Lead for Nursing and Quality Wolverhampton CCG</p>

Recommendation 9

Service Director - Public Health and Wellbeing, to work with partner agencies to create a public resource document similar to Bradford's 'Every Baby Matters' which explains the risk factors and provides practical advice and support that can help reduce the numbers of avoidable deaths of babies.

The resource should be built into any planned public awareness campaigns and include details of the impact of lifestyle behaviours, such as smoking and alcohol that increases the risks of child dying. The document should promote positive health messages and signpost families to sources of available support and useful information.

Comment	Timescale/progress so far	Officer Responsible
<p>Accepted</p> <p>Task and finish group to be established to review developing a resource and the feasibility of delivering Making Every Contact Count (MECC) training to key agencies</p>	<p>Task and finish group to be convened in July 2015</p> <p>February 2016 Update A specific programme was developed by the MECC lead within the Healthy Lifestyles Service to include:</p> <ul style="list-style-type: none"> • key public health messages, • importance of preventative health in reducing infant mortality rates, • local services and referral pathways. <p>The training has been delivered and is currently being updated and rolled out to community midwives, midwifery support workers & family support workers, sonographers, sonographer support workers, health care assistants and reception staff at RWT.</p>	<p>Ros Jervis (SDPHW)</p>

Recommendation 10		
<p>All newly elected Councillors to be given a briefing on the issue of infant mortality in Wolverhampton and the practical advice and information they can give when they meet people as part of their work. This should be presented as briefing of the key health messages and the main risks including sofa/bed-sharing, as well as smoking and alcohol in the lifestyle behaviours.</p>		
Comment	Timescale/progress so far	Officer Responsible
Accepted	Public Health will update the previous member briefing by the end of February 2016 and arrangements will be made for circulation to Councillors.	Earl Piggott-Smith, Scrutiny Officer

Recommendation 11		
<p>Service Director - Public Health and Wellbeing, to report on progress in resolving the issue of getting access to personal confidential health data needed to assess the effectiveness of changes introduced to reduce the infant mortality rate.</p>		
Comment	Timescale/progress so far	Officer Responsible
<p>Accepted</p> <p>Information sharing agreement in progress and proposed infant mortality dashboard content agreed by IMWG</p>	<p>Data should be available by end of July 2015 and populated Infant Mortality dashboard presented at IMWG meeting in November 2015</p> <p>February 2016 Update Maternity data was made available to Public Health via an information sharing agreement in May 2015. The data was used to update the infant mortality briefing and produce an infant mortality dashboard</p>	Ros Jervis (SDPHW)

Recommendation 12

The scrutiny review of infant mortality report to be sent to Wolverhampton CCG, Royal Wolverhampton NHS Trust and CDOP for information and comment and they are invited to give comments on the findings and recommendations.

A progress report on those recommendations accepted by the Cabinet is reported to the Wolverhampton Health and Wellbeing Board in 6 months. The report recommendations to be tracked and monitored by Scrutiny Board at the same time.

Comment	Timescale/progress so far	Officer Responsible
<p>Accepted</p> <p>Page 58</p>	<p>A final report will be sent to representatives when approved.</p> <p>Report sent to all organisations and witnesses who contributed evidence to the review.</p> <p>February 2016 Update Director of Public Health presented update report to Health and Wellbeing Board meeting 7 October 2015. An update report to be presented to Scrutiny Board on 1 March 2016.</p>	<p>Earl Piggott-Smith</p>

Section two

Further information: recommendation 1d

Manjeet Garcha Executive Lead for Nursing and Quality- Wolverhampton CCG

Current arrangements

The Royal Wolverhampton NHS Trust is commissioner by Wolverhampton CCG to provide a full and comprehensive maternity service. The service is provided in accordance with all national and local policies in particular NICE guidelines and RCOG standards for maternity care. NHS England's Maternity Pathway payment system is in place which is split into three modules; antenatal, delivery and postnatal. For antenatal and post natal pathways there are three case-mix levels; standard, intermediate and intensive. Intermediate and intensive levels are where women require additional care and or intervention. The delivery element is split by whether or not there are complications and co-morbidities at a level that requires additional care.

Assurance

These pathways are underpinned by NICE guidance and should deliver the appropriate mix of enhanced and targeted interventions. In order to further understand the extent of interventions provided to women across the case-mix levels a multi-disciplinary case note audit is proposed. The aim of the audit will be to provide assurance of appropriate mix of enhanced and targeted interventions as well as provide learning, identify opportunities for training and education, for example.

Initial outline plan

Audit planning – May – June 2015

Undertake audit – July – August 2015

Review outcomes: September 2015

Develop plan: October 2015

Section three

Further information: recommendation 1f

Manjeet Garcha Executive Lead for Nursing and Quality- Wolverhampton CCG

It is acknowledged that local intelligence can come from many sources; this intelligence should be disseminated across services to ensure appropriate consideration is given to the impact on relevance of the information on care needs along with any additional education required by providers. In addition, GPs are the primary point of access for pregnant women to maternity services. There is guidance in place for GPs however; the extent to which this is adhered to is unknown. Further understanding is required of the mechanisms in place across primary care for information sharing between GP and midwife. A survey to gather intelligence followed by education/promotion is opposed.

Survey: June – July 2015

Assess Response: August 2015

Review guidance: September 2015

Section four

February 2016 update: Report on CCG Commissioning Arrangements for Maternity and Child – Infant Mortality

Health Scrutiny Review of Infant Mortality Recommendation 1d

The importance of co-ordinating local efforts to tackle the underlying causes of infant Mortality in Wolverhampton: The lead officer for infant mortality at Wolverhampton Clinical Commissioning Group (CCG) to report on current commissioning arrangements and the extent to which services for pregnancy and infancy are delivering the right mix of enhanced and targeted interventions for pregnant women, particularly vulnerable women considered to be at risk.

Wolverhampton CCG commissions the Royal Wolverhampton NHS Trust (RWT) to provide a full and comprehensive Maternity Service. The service complies with all national and local policies, including NICE guidelines and Royal College of Obstetricians and Gynaecologists (RCOG) Standards for maternity care. The CCG also complies with the NHS England Maternity Pathway Payment system¹ which separates antenatal and postnatal pathways into three case-mix levels; standard, intermediate and intensive. The delivery element is split into two pathways; births where there are not any complications or co-morbidities and those with complications where the pregnant women may require additional care. Pathways attract higher payment tariffs with increased complexity.

All pregnant women are allocated to the appropriate pathway at the antenatal booking appointment, and this is reviewed throughout the pathway to ensure women receive the right level of intervention to meet their needs. Factors considered for allocating women to the intermediate pathway both antenatal and postnatal care, include complex social factors such as age, migrant, refugee, asylum, learning disabilities, safeguarding etc, BMI ≥ 35 , or < 18 (antenatal only), physical disability, substance misuse including alcohol and medical issues including medical health, hypertension, respiratory, epilepsy, hepatitis and/or previous obstetric history.

Factors considered when allocating women to the intensive pathway include expecting twins, HIV, long-term conditions including Diabetes, chronic heart disease, renal disease and cancer as well as previous fetal congenital anomaly that required specialist medicine.

Each of the Maternity Pathways, developed nationally by RCOG, Department of Health, The Royal College of Midwives and Health Financial Management Association, are expected deliver the appropriate mix of enhanced and targeted interventions.

Current position

The CCG regularly reviews benchmarking information to ascertain the proportion of women in each of the case-mix levels. Patients have, and exercise, choice of where to receive their maternity care and the review includes the local providers that Wolverhampton-registered women choose across the three stages of the pathway; antenatal, intrapartum (delivery) and postnatal. The table below show the activity by risk score (standard, intermediate and intensive) benchmarked against the England average for 2015 and for other trusts (2014).

Table - Maternity PbR pathway - Casemix for Wolverhampton patients 2014 - 2015

Point of Delivery	HRG	National Average %	Commissioners					
			06A (WCCG)	06A (WCCG)	05C	05Y	05X	05N
			Sep-15	Sept-14	Other local Providers			
				RNA00	RBK00	RXW00	RXW00	
Antenatal	INTENSIVE	8.0%	9.3%	7.8%				
	INTERMEDIATE	29.0%	31.1%	33.5%				
	STANDARD	63.0%	59.0%	58.7%				
Postnatal	INTENSIVE	1.0%	0.2%	0.4%				
	INTERMEDIATE	24.0%	15.6%	22.7%				
	STANDARD	75.0%	84.1%	76.9%				
Intrapartum (Delivery)	WITH COMPLICATIONS & COMORBIDITIES	28.6%	22.0%	34.30%				
	WITHOUT COMPLICATIONS AND COMORBIDITIES	71.4%	78.0%	65.7%				

Key

	In line with national average proportions
	Significantly lower than national average proportions
	Significantly higher than national average proportions

1. www.gov.uk/government/uploads/system/uploads/attachment_data/file/216573/dh_133896.pdf

There have been 1,216 women booked onto the antenatal pathway over the period April to September 2015. The latest data shows that Wolverhampton has a higher proportion of women on antenatal Intensive and intermediate pathways and a lower proportion of standard pathway pregnancies, than the national average. Local factors believed to contribute to this are levels of complex social factors, pregnant women under 20 years, number of women with a BMI >= 35, the level of smokers and the high levels of deprivation in Wolverhampton.

Additional assurance is provided in the form of local and national audits across maternity and neonatal services. RWT undertakes a number of national and local audits both annually and intermittently. National audits such as the Maternal, New and Infant Clinical Outcomes review are completed annually as are the BLISS/neonatal audits, the national Saving Children's lives audit, the latter covers smoking cessation, fetal movement, electronic fetal monitoring and growth charts. It was confirmed that the consultant obstetricians/maternity staff have taken part in local audits on infant mortality and the EMBRACE Confidential enquiry.

Local audits include a postnatal care audit on smoking and pregnancy, RWT follow-up mothers who were smoking at the time of delivery. Original audit was undertaken in November 2014 following the introduction of global CO₂ monitoring. The audit reviewed case files of 40 women as to whether the mother smoked, whether they had received smoking cessation advice during pregnancy and whether they have been offered and taken up CO₂ monitoring. Other forms of audit include the weekly multidisciplinary meetings (Risks assessed) and the monthly Paediatricians meetings with pathologists and other clinicians that discuss any infant deaths and still births.

The CCG is working with RWT to discuss the outcomes and learning from national and local audits, and has the capacity to request additional audit focus should areas of concern be highlighted.

Section five

Helen Kilgallon
Programme Manager
Wolverhampton Substance Misuse Service

In April 2013 a newly commissioned integrated substance misuse service began. This is a partnership with NACRO as prime contractor, Aquarius and BSMHFT as sub-contractors. A recovery model was adapted within the service and a number of posts that were in existence at the previous service were no longer in the new service model. One of the reasons for this was RNY wanted to ensure all staff were skilled to a high level in safeguarding, pregnancy, domestic abuse and mental health and not rely on one particular specialist post.

The DALT (drug alcohol liaison team) has been successfully operating within RWT for over 5 yrs. When RNY were awarded the contract leads from DALT and the RNY consultant lead met with maternity as a priority to adapt existing pathways and ensure this particular group of women were given a priority within the service. This pathway has been revisited a number of times to ensure all processes and procedures work smoothly and effectively. I have every confidence that the maternity pathway within RNY and RWT is effective as I know RNY staff sit at maternity meetings, and daily discussions are had with specialist nursing staff within RWT. They can often be seen at meetings at RNY and are a visible presence.

As programme manager I have weekly reports sent to me on all pregnant service users and can view their treatment, attendance and offers of support. I also chair safeguarding meetings where they are discussed. I do not feel that RNY needs to review the process we have currently as they have been working successfully for over 18 months.

I would be more than happy to be part of any processes to look at referral routes into and out of the service i.e. mental health services, and more especially primary care. I feel that this is a particular area where much more work could be done at a very early level as they have access to patients where alcohol screening could be done, offers of smoking cessation, weight management and offers of support for mental health and domestic abuse.

A summary of the community maternity pathway is outlined below:

SPOC- single point of contact
KW- key worker

Community Maternity Pathway – ‘Recovery Near You’ Wolverhampton

Aim



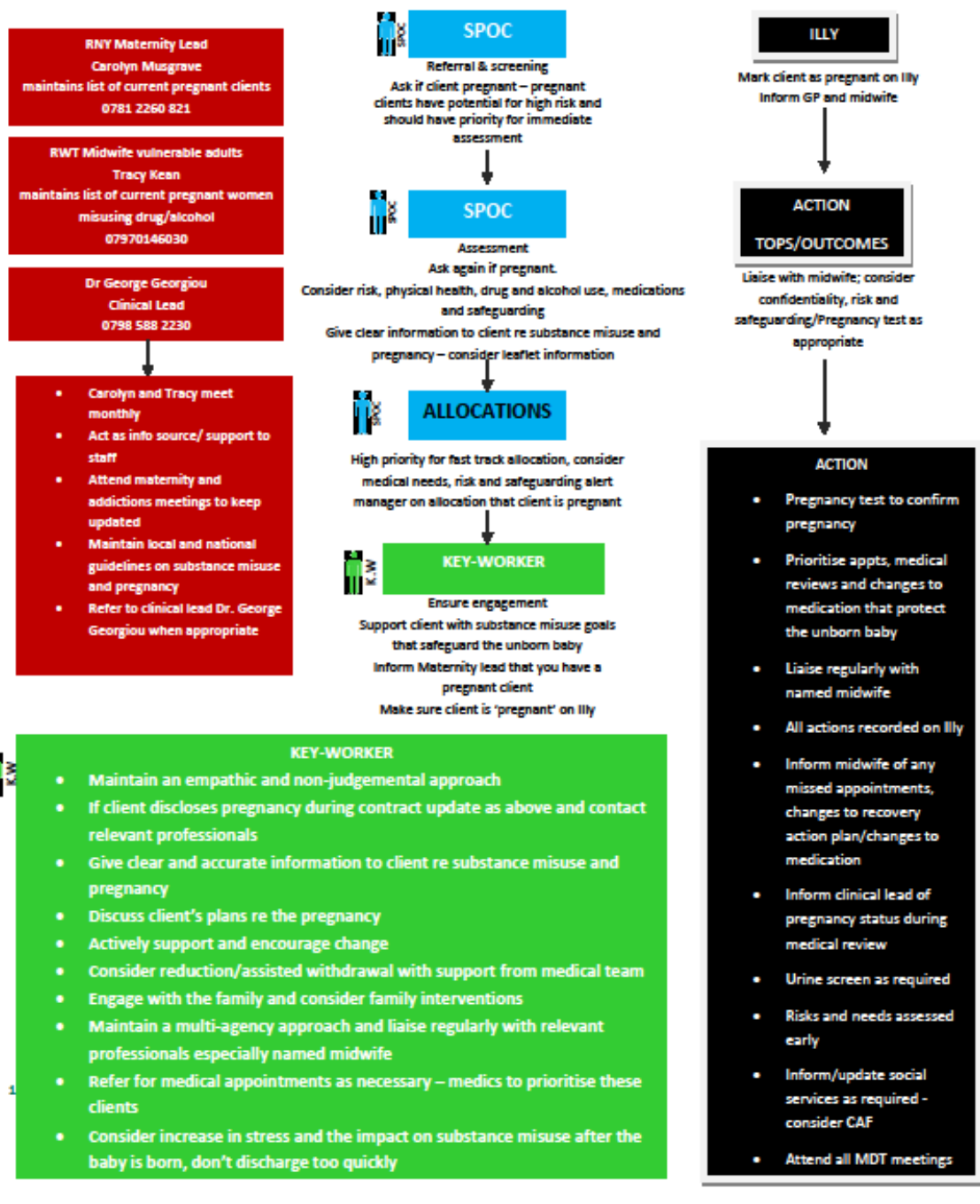
To ensure engagement with both substance misuse services and maternity services and maintain a multi-agency approach

To maximise the recovery potential for the client – consider the potential for positive change

To ensure clear and accurate information is given to clients who are pregnant

To maintain the safety of the unborn child

Our advice regarding alcohol should be to reduce quickly and safely - abstinence or 1-2 units 1-2 times week. Our advice regarding drugs should be to stabilise on OST and abstain from all illicit use



Section six

Stopping Smoking in Pregnancy: Health Lifestyle Service report February 2016

The Stop Smoking Service delivers services to the population of Wolverhampton City. Providing they have a GP in Wolverhampton, are receiving health care or live or work in the city.

The service provided to Pregnant Women following the NICE Guidance's below;

- PH26 – Quitting smoking in Pregnancy and child birth.
- PH48 – Smoking Cessation in Secondary Care, Acute, Maternity and Mental Health Services.
- PG45 – Tobacco Harm reduction approaches.

All women in Wolverhampton who book with a midwife and are identified as smoking are referred to the stop smoking service.

- The service will attempt to contact these pregnant women three times, if unable to contact by phone then a letter is sent from the department asking the women to contact the department with information literature included.
- When contact is made, the women is offered a face to face consultation with a trained Stop Smoking Adviser who use motivational interviewing techniques and small goal setting to support the women to set a quit date. (appointments offered in home or community setting)
- Licenced Nicotine Replacement Therapy is then offered and provided to all clients to help reduce the craving to smoke. This is given via a voucher for 2 weeks after which a letter is sent to the clients GP asking then to continue to prescribe the Nicotine Replacement Therapy as advised by the Trained Stop Smoking Adviser.
- Every client is followed up weekly for 6 weeks then every 2 weeks to 12 weeks.
- If they successfully quit smoking they are then contacted monthly by phone or a face to face consultation for the duration of their pregnancy and elapse prevention is offered
- If the client returns back to smoking they are then supported to stop smoking by the above method.
- Relapse prevention is offered at any time.
- The phone number of the adviser is given to all clients; they can be contacted when additional support is required.

Antenatal Service Developments

Staff Training:

Initially it was identified front line staff required training in some key areas relating to improving infant mortality rates;

CO monitor Training – A Smoking Specialist delivered CO monitor training, including correct use, infection prevention measures, interpreting of results & how to refer into services. This has been delivered to Community Midwives, Midwifery Support Workers & Family Support Workers. CO monitoring at all antenatal visits implemented March 2015 with all pregnant women given printed advice related to the outcome and results recorded in maternity notes.

Smoking Brief Intervention – Smoking specialist has delivered specific smoking cessation brief intervention advice and support to coincide with anyone who uses CO monitors or discusses

lifestyle changes with pregnant women. Anyone who blows over a 4 on the CO reading gets an opt out referral into the smoking cessation team.

Making every contact count – A specific programme was put together by the MECC lead to include key public health messages, importance of preventative health in reducing infant mortality rates, local services and referral pathways. This has been delivered and is currently being updated and rolled out to community midwives, midwifery support workers & family support workers, sonographers, sonographer support workers, HCA's & reception staff.

Neonatal Service developments

- Smoking specialist visits Neonatal Unit once weekly. To talk to parents and their families about smoke free homes and offer support to anyone who is interested in attempting a quit attempt.
- Assess smoking status of parents with children on the Neo natal Unit and refer to smoking cessation service. Given advice and support there and then and offered a community referral to follow up.
- Facilitate a weekly informal coffee morning to engage with parents and families.

Table 1: Smoking in Pregnancy Data Quarter 1 2014/15 – Quarter 2 2015/16

	2014/15					2015/16	
	Q1	Q2	Q3	Q4	Annual	Q1	Q2
Set Quit Date	21	33	24	38	116	17	38
Quit Smoking	8 (38%)	16 (48%)	11 (46%)	13 (34%)	48 (41%)	9 (53%)	14 (37%)
Not Quit Smoking	7 (33%)	9 (27%)	4 (17%)	8 (21%)	28 (24%)	2 (12%)	9 (24%)
Loss to Follow-up	6 (29%)	8 (24%)	9 (38%)	17 (45%)	40 (34%)	6 (35%)	15 (39%)
Smoking at delivery	19.6%	18.2%	19.6%	19.0%	18.8%	16.9%	16.6%

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Scrutiny Board

1 March 2016

Report title	Tracking and monitoring of scrutiny review – Channel Shift	
Cabinet member with lead responsibility	Councillor Andrew Johnson Resources	
Wards affected	All	
Accountable director	Kevin O’Keefe, Governance	
Originating service	Customer Services	
Accountable employee(s)	Sue Handy	Head of Customer Services
	Tel	01905 553053
	Email	Sue.Handy@wolverhampton.gov.uk
	Paul O’Rourke	Performance Manager
	Tel	01902 550614
	Email	Paul.O’Rourke@wolverhampton.gov.uk
Report to be/has been considered by	N/A	

Recommendation(s) for action or decision:

The Scrutiny Board is recommended to:

1. Consider progress made to implement recommendations from the Channel Shift Scrutiny Review.
2. Agree to close the review on the basis that the recommendations are being implemented as detailed in the report.

1.0 Purpose

- 1.1 The purpose of the report is to update Scrutiny Board on progress of the implementation of recommendations resulting from the Channel Shift Scrutiny Review undertaken in 2014/15 and seek to sign it off.

2.0 Background

- 2.1 The aim of the review was to consider the new channels available to customers and ensure that none of them were left behind as well as to ensure that the customer service the City of Wolverhampton Council delivered was the best possible available in this regard.
- 2.2 The review group met on four occasions to hear evidence about the changes involved in channel shift, the services that would be procured and how residents would be informed of the changes. Councillors on the review group also visited the contact centre to gather evidence.
- 2.3 The questions the review group responded to were:
- What services can City of Wolverhampton Council provide digitally that will retain a high level of customer service, whilst also improving value for money?
 - What training is required for the workforce to be confident to deliver a digital service?
 - How can City of Wolverhampton Council encourage users to choose digital methods of communication?
 - How will City of Wolverhampton Council ensure that the channel shift strategy is adopted by the whole organisation?
 - How can the benefits of channel shift be realised, tracked and monitored?
 - What work can be done with external stakeholders to develop channel shift within the authority?
 - What will channel shift look like in the future, and which technologies should be embraced and used for the long term?
 - What work have other authorities undertaken with regards to channel shift, and what challenges did they face, and what benefits did they gain?
 - How will hard to reach customers be addressed?
- 2.4 The review group worked with Sue Handy, Head of Customer Services, Paul O'Rourke, Channel Shift Manager and Saty Sandhu, Operations Manager.
- 2.5 The review report and executive response were reported to Cabinet on 23 June 2015.

3.0 Recommendations of the review

- R1 To introduce a risk register for the channel shift, identifying potential risks at each stage and ensuring these are included in the procurement new systems. This could be incorporated into the Corporate Risk Register and should include but not be restricted to:

1. The risks involved with a system being heavily reliant on technology and electricity supply.
2. Sensitivity monitoring within an Integrated Customer View.
3. The risks involved in passing responsibility of safeguarding information to an outside provider. This includes other organisations using the same cloud space and the security level of personal information.

- R2 To develop a channel shift communication plan which focuses on employees and external customers outlining the changes being made and the timescales involved, how it will affect them and the help available and how they can get involved and give feedback.
- R3 To endorse the implementation of the “my account” feature integrated into the customer view of the CRM system to allow residents to easily see the transactions they have previously made and customise the services that they view. This could include information about the customers ward councillors, local provisions e.g. refuse collection and road works, and local events taking place.
- R4 To ensure that all systems procured in the channel shift are future-proof. This includes ensuring the ContactPortal is updated regularly and system suppliers can be changed should the leading supplier of a service change whilst not requiring anything extra from the customer.
- R5 To endorse the role of the Customer Services team on the Civic Centre concourse in guiding customers through the digital channels on tablets and PCs.
- R6 To ensure customer satisfaction is monitored regularly and changes are made based on the feedback received.
- R7 To illustrate the positive work of the Channel Shift and Customer Services teams by ensuring all compliments received are publicised.
- R8 To use SMS messaging as a form of contact with customers in confirmation of services booked and reminders of booked appointments or forthcoming renewals. This should be included in the procurement of a CRM Solution.
- 3.1 The executive response pro-forma and update to the review recommendations is attached (appendix one).

4.0 Progress

- 4.1 Progress to date is detailed in the Executive Response at Appendix 1.

5.0 Financial implications

- 5.1 The recommendations are being met from within existing resources.

[MK/17022016/X]

6.0 Legal implications

6.1 There are no direct legal implications associated with the recommendations.

[TS/1602016/C]

7.0 Equalities implications

7.1 There are no direct equalities implications arising from this report. A full equality analysis has been undertaken on the Channel Shift programme relating to Customer Services. Progression of the individual recommendations relating to channel shift (especially R2 – R8) are subject to on-going equality analyses.

8.0 Environmental implications

8.1 There are no environmental implications.

9.0 Human resources implications

9.1 There are no human resources implications.

10.0 Corporate landlord implications

10.1 There are no corporate landlord issues.

11.0 Risk Implications

11.1 The report recommends the creation of a risk register so that risk implications for channel shift are understood and appropriate mitigations implemented.

12.0 Schedule of background papers

12.1 Channel Shift Scrutiny Review, Cabinet, 23 June 2015.

Appendix 1
Executive Response: Channel Shift Scrutiny Review

Terminology

- VERTO – Project management system**
- CRM – Customer Relationship Management (system)**
- RFI – Request for information**
- CEP – Customer Engagement Platform**

Recommendation 1		
<p>To introduce a risk register for the channel shift, identifying potential risks at each stage and ensuring these are included in the procurement new systems. This could be incorporated into the Corporate Risk Register and should include but not be restricted to:</p> <ol style="list-style-type: none"> 1. The risks involved with a system being heavily reliant on technology and electricity supply. 2. Sensitivity monitoring within an Integrated Customer View. 3. The risks involved in passing responsibility of safeguarding information to an outside provider. This includes other organisations using the same cloud space and the security level of personal information. 		
Comment	Timescale/progress so far	Officer Responsible
<p>Accept.</p> <p>The Customer Service Transformation board and its relevant sub-groups are the key forums to establish and monitor the risk register. All Council representatives will be fully briefed on the outcome of the Scrutiny Review to ensure that they understand how their work plan feeds into the corporate risk register.</p>	<p>A risk register is in place using the project management solution VERTO. This is specifically being used for migration of services into the Customer Service department but will now also extend to optimisation of the department through channel shift initiatives.</p> <p><i>A risk register continues to be maintained through VERTO. The Digital Transformation Programme, which is an enabler for the Customer Services Transformation Programme, also holds a risk register around website optimisation which will surface transactional content (services) to customers via online/digital channels.</i></p>	<p>Head of Customer Service, Performance Manager, Customer Services (Corporate)</p>

Page 71

Recommendation 2		
To develop a channel shift communication plan which focuses on employees and external customers outlining the changes being made and the timescales involved, how it will affect them and the help available and how they can get involved and give feedback.		
Comment	Timescale/progress so far	Officer Responsible
<p>Accept. The Customer Service Strategy shall underpin the requirement for strong internal communication across all directorates with tools in place to monitor and evaluate staff engagement and understanding.</p> <p>Page 72</p>	<p>A channel shift e-learning programme is to be made available on The Learning Hub with face to face sessions to be arranged for workforce without PC access such as street cleaners or catering staff. Currently it is expected to be ready for roll out in July 2015.</p> <p><i>The channel shift e-learning module was completed in December 2015 and is now 'live' on The Learning Hub. A roll out plan is being co-ordinated by the Organisational Development Team.</i></p> <p>The corporate communications team attend weekly channel shift team meetings to stay fully abreast of updates relating to upcoming initiatives or trends noted in customer behaviour. This is with the view to the communications team broadcasting salient successes, issues or products to employees through various channels – City People, core brief etc. <i>This continues to occur on a weekly basis.</i></p>	<p>Performance Manager, Customer Services (Corporate)</p> <p>Organisational Development</p>

Recommendation 3		
To endorse the implementation of the “my account” feature integrated into the customer view of the CRM system to allow residents to easily see the transactions they have previously made and customise the services that they view. This could include information about the customers ward councillors, local provisions e.g. refuse collection and road works, and local events taking place.		
Comment	Timescale/progress so far	Officer Responsible
<p>Accept. This work shall begin in August within the gift of the existing CRM and website platforms. Any development will be advertised fully to</p>	<p>The tip permit process has launched online on the Council website with council tax bills being viewable shortly also through the existing 'My Account' function.</p>	<p>Head of Customer Service (Corporate)</p>

council staff, Councillors and the public. During the design stages, customer/user testing will inform layout, usability and subsequent promotional activity.

The new CRM/digital platform will be built around the citizen account function.

Bulky collections and pest control are priorities areas to migrate onto 'My Account' but are dependent on the acquisition and implementation of a new integrated payment solution.

The CRM RFI (request for information) has been issued to suppliers with the view to the Council having selected a supplier by August 2015.

Since the previous update, e-billing services have been made available online through the existing 'My Account' offer – this currently operates separately to the CRM system. In addition, customers are now able to download/print their own Refuse calendars through the corporate website.

Microsoft Dynamics has been selected and procured as the new Customer Engagement Platform, replacing the existing CRM system. An implementation partner, Pythagoras was also selected. The Digital Transformation Programme was established in November 2015 and Phase '0' of the Customer Engagement Platform has begun in earnest.

Phase 0 provides 'as is' functionality of the existing CRM system along with some initial operational enhancements which are likely to provide some efficiencies. Phase 0 will be completed during March 2016.

Phase 1 of the Customer Engagement Platform starting in April will focus on the transactional capability of the corporate website and citizen account function – this is currently in the design phase.

Recommendation 4		
To ensure that all systems procured in the channel shift are future-proof. This includes ensuring the ContactPortal is updated regularly and system suppliers can be changed should the leading supplier of a service change whilst not requiring anything extra from the customer.		
Comment	Timescale/progress so far	Officer Responsible
Accept. This CRM procurement process will cater for this recommendation.	As above, the RFI for the new CRM solution is currently out to suppliers. <i>This continues to be considered as part of building the new Microsoft Dynamics system – ensuring anything that is build is readily maintained, updated or superseded within the system.</i>	Head of ICT (Corporate)

Recommendation 5		
To endorse the role of the Customer Services team on the Civic Centre concourse in guiding customers through the digital channels on tablets and PCs.		
Comment	Timescale/progress so far	Officer Responsible
Accept. The 'Floor walkers' will become more critical following the implementation of the redesign plans for the Civic Centre Ground Floor in the FutureSpace programme.	There are currently 4 PCs on the Ground Floor, two of which are locked down to specific web content. Floor Walkers are also provided with tablets in order that they can demonstrate to customers where information may be located online readily. Specialised web training has been developed and is to be rolled out to frontline staff in June/July to assist them in the language they use to explain/guide customers through web content etc. <i>Training material has been provided to Floor Walkers and also employees at Community Hubs within libraries who have begun to support users with a blue badge 'check and send' service.</i> <i>This is to be further expanded across the department through the</i>	Operations Manager, Customer Service (Corporate)

	<p><i>delivery of training in respect of the new Customer Engagement Platform and the future capabilities that will be available to customers.</i></p> <p><i>Further training needs will be identified around the new layout of the Ground Floor of the Civic Centre as building work begins later this year.</i></p>	
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Recommendation 6 To ensure customer satisfaction is monitored regularly and changes are made based on the feedback received.		
Comment	Timescale/progress so far	Officer Responsible
Accept. This now forms part of Customer Services Is reported to the Policy team.	Three questions have been agreed to ask customers across phone/face to face (receptions) and web. Customer satisfaction will be collected monthly but reported annually on this inaugural year of reporting. <i>This data is being collected across all channels with the Customer Services team putting a greater emphasis on collecting as many responses as possible.</i>	Head of Customer Service (Corporate)

Recommendation 7 To illustrate the positive work of the Channel Shift and Customer Services teams by ensuring all compliments received are publicised.		
Comment	Timescale/progress so far	Officer Responsible
Accept. All customer feedback should be welcomed, recorded and evaluated in accordance with corporate timescales.	The Corporate Complaints team within Customer Service have rebranded to be the 'Customer Feedback' team from March 2015. The web content, print media and telephone system have been updated to reflect this change. This is with the view to encouraging more compliments to be submitted . Equally colleagues have been	Complaints Manager, Customer Services (Corporate)

	<p>encouraged to pass on compliments for corporate logging through City People, Core Brief etc.</p> <p>Within Customer Service compliments are also logged in our newsletter and on our success board.</p> <p>The corporate communication team is copied into any compliments specifically received from the Public in order that they can arrange any appropriate publicity on relevant channels.</p> <p><i>The above actions continue to take place. In addition, the Customer Services team was accredited with Investors in People Gold in December 2015.</i></p> <p><i>A communication plan is now also in place for internal and external audiences around the Customer Services Transformation Programme, channel shift and operational Customer Services news.</i></p>	
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Recommendation 8		
To use SMS messaging as a form of contact with customers in confirmation of services booked and reminders of booked appointments or forthcoming renewals. This should be included in the procurement of a CRM Solution.		
Comment	Timescale/progress so far	Officer Responsible
<p>Accept. SMS technology is recognised to be a preferable means of confirmation/reminders for 'top tasks' completed by customers.</p> <p>Councillor Johnson, Cabinet Member for Resources, is keen on the use of text messaging to confirm appointments.</p> <p>Page 77</p>	<p>The existing Essendex supplier has been utilised to issue confirmation and reminder SMS messages for the tip permits online process. It is also to be used from May 2015 by the Blue Badge team to provide customers with status updates/requests for information, evidence etc.</p> <p><i>The development of SMS for the Blue Badge team is currently still in development as resources have been focussed on developing and promoting the 'check and send' service provided by our libraries and community hubs. This service launched September 2015.</i></p> <p>The new CRM system will further automate the use of SMS technology and this is reflected in the RFI issued to prospective suppliers.</p>	<p>Channel Shift Manager (Corporate)</p>

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Scrutiny Board

1 March 2016

Report title	Information Governance Performance Report – Quarter Three 2015/16	
Cabinet member with lead responsibility	Councillor Paul Sweet Governance	
Wards affected	All	
Accountable director	Kevin O’Keefe, Governance	
Originating service	Democracy	
Accountable employee(s)	Anna Zollino-Biscotti	Information Governance Manager Tel 01902 555166 Email anna.zollino-biscotti@wolverhampton.gov.uk
Report to be/has been considered by	Information Governance Board	24 March 2016
	Cabinet Performance Management Panel	22 February 2016

Recommendation(s) for action or decision:

The Scrutiny Board is recommended to:

1. Review and comment on the Quarter Three performance for Information Governance
2. Identify and feedback any further action that may be necessary.
3. Recommend any issues to be referred to the Scrutiny Board for further consideration

1.0 Purpose

- 1.1 To report on the performance of Information Governance for Quarter Three (October - December 2015).

2.0 Background

- 2.1 The Information Commissioner's Office (ICO) conducted consensual audits of the Council in October 2011 and July 2012.
- 2.2 The October 2011 audit covered requests for personal data and requests made under the Freedom of Information Act 2000 (FOI). The ICO's subsequent overall opinion was that there was a very limited assurance that processes and procedures were in place and being adhered to.
- 2.3 The ICO carried out a further audit on 19 July 2012 to measure the extent to which the City of Wolverhampton Council had implemented the agreed recommendations and identify any subsequent change to the level of assurance previously given. This was based on an update provided in March 2012 and subsequent management information. The ICO raised the Council's status from Red "Very Limited Assurance" to Amber "Limited Assurance" as an acknowledgement that progress had been made.
- 2.4 The Council provided a final management update to the ICO on 20 December 2012, after which the ICO confirmed that the audit process had been brought to a conclusion. Throughout 2013, work continued to ensure that a strategic approach was adopted to how the Council managed information assets.
- 2.5 In February 2014, the ICO had asked for further updates on our progress, as a result of information incidents the Council was managing. The Council was then placed under an enforcement notice to achieve 100% of employees having undertaken the mandatory 'protecting information training'.
- 2.6 In June 2014, the Council complied with the enforcement notice and achieved 100% of employees completing the 'protecting information' training.
- 2.7 In order to ensure ongoing improvements with information governance this report outlines current performance.

3.0 Progress/Update

- 3.1 The IG performance figures are contained in appendix A.

4.0 Financial implications

- 4.1 There are no financial implications associated with the recommendation in this report as Councillors are requested to review the progress made on information governance.

4.2 It is worth noting, however, that a failure to effectively manage information governance carries a financial risk. Inaccurate and out of date information can lead to poor decision making and a potential waste of financial resources. In addition to this, poor information governance can actually result in a fine of up to £500,000 from the ICO.

[MK/16022016/G]

5.0 Legal implications

5.1 The Council has a legal duty under the Data Protection Act 1998, Freedom of Information Act 2000 and Environmental Information Regulations 2004 to appropriately manage and protect information assets.

5.2 The integration of Public Health into the Council in April 2012 required the Council to provide assurance to the NHS that it had in place suitable information governance policies, procedures and processes.

5.3 Failure to effectively manage information governance could increase risk of exposure to fraud and malicious acts, reputational damage, an inability to recover from major incidents and potential harm to individuals or groups due to inappropriate disclosure of information.

5.4 The Information Commissioner has the legal authority to:

- Fine organisations up to £500,000 per breach of the Data Protection Act or Privacy & Electronic Communication Regulations
- Conduct assessments to check organisations are complying with the Act
- Serve Enforcement Notices and 'stop now' orders where there has been a breach of the Act, requiring organisations to take (or refrain from taking) specified steps in order to ensure they comply with the law
- Prosecute those who commit criminal offences under section 55 of the Act
- Conduct audits to assess whether organisations processing of personal data follows good practice
- Report issues of concern to Parliament.

[TS/15022016/I]

6.0 Equalities implications

6.1 There are no equality implications arising from this report and its recommendations.

6.2 All policies and procedures developed as part of the information governance maturity model will undergo an equalities analysis screen and full analysis if appropriate.

7.0 Environmental implications

7.1 There are no environmental implications arising from this report.

8.0 Human resources implications

8.1 All employees are required to comply with Information Governance legislation and are required to complete the mandatory 'protecting information training'.

9.0 Corporate landlord implications

9.1 There are no corporate landlord implications arising from this report.

10.0 Schedule of background papers

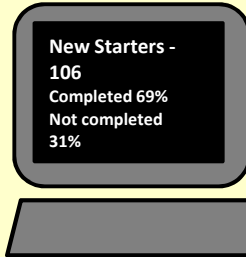
10.1 Update on Information Governance report to Cabinet – 26 March 2014.

Information Governance Summary Quarter Three - 2015/16

FOI number received (response rate) by Directorate Q3 - 2015/16

FOIs Directorate	October		November		December		Total
	Total	%	Total	%	Total	%	
Corporate	38	100.00% ★	43	97.67% ★	23	100.00% ★	104
People	21	100.00% ★	26	100.00% ★	18	100.00% ★	65
Place	27	100.00% ★	37	100.00% ★	23	100.00% ★	87
WMPF	1	100.00% ★	0	100.00% ★	2	100.00% ★	3
WM Transport	0		0		0		0
Overall	87	100.00% ★	106	99.10% ★	66	100.00% ★	259

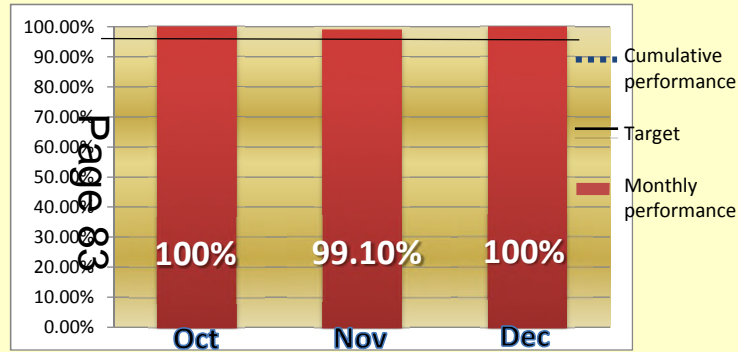
Training Q3 2015/16



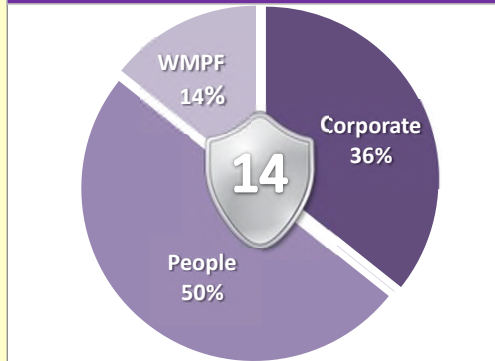
SAR number received (response rate) by Directorate Q3 - 2015/16

SARs Directorate	October		November		December		Total
	Total	%	Total	%	Total	%	
Corporate	19	100.00% ★	14	100.00% ★	27	100.00% ★	60
People	3	100.00% ★	6	100.00% ★	4	100.00% ★	13
Place	9	100.00% ★	3	100.00% ★	2	100.00% ★	14
WMPF	0	100.00% ★	0	100.00% ★	0	100.00% ★	0
WM Transport	0		0		0		0
Overall	31	100.00% ★	23	100.00% ★	33	100.00% ★	87

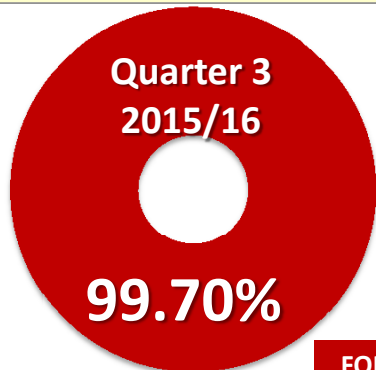
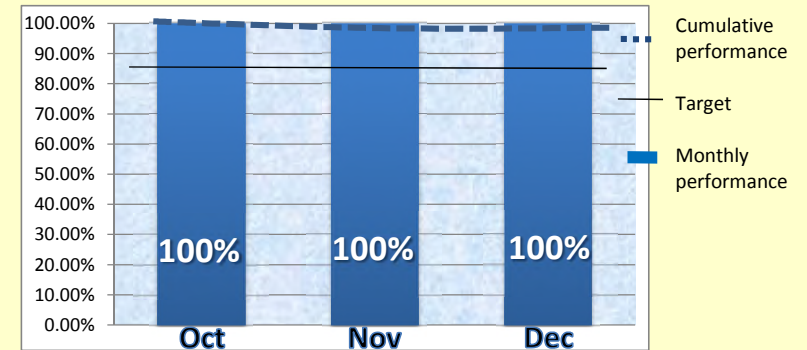
Freedom of Information (FOI) Response Rates Q3 2015/16



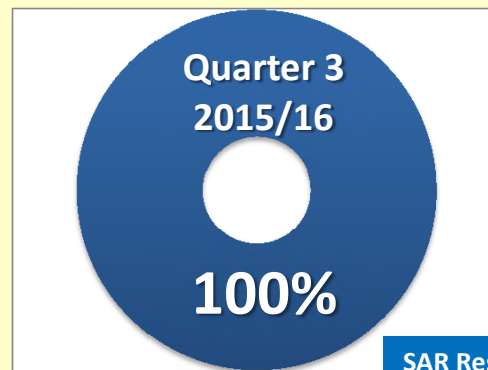
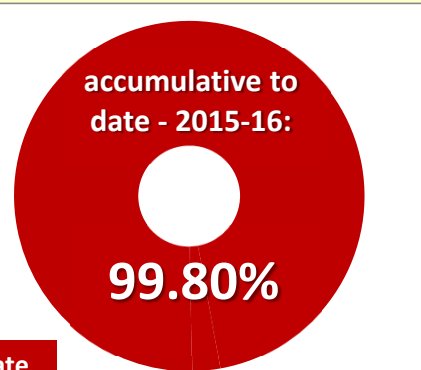
Information Incidents Q3 2015/16



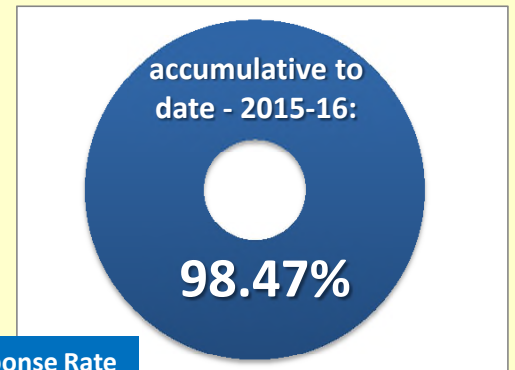
Subject Access Request (SAR) Response Rates Q3 2015/16



FOI Response Rate



SAR Response Rate



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Scrutiny Board

1 March 2016

Report title	Scrutiny Work Programme 2015/16	
Cabinet member with lead responsibility	Councillor Paul Sweet Governance	
Wards affected	All	
Accountable director	Kevin O'Keefe, Governance	
Originating service	Democracy	
Accountable employee(s)	Penny Williams	Interim Democratic Services Manager
	Tel	01902 555048
	Email	Penny.Williams@wolverhampton.gov.uk
Report to be/has been considered by	Scrutiny Board	8 September 2015 3 November 2015 15 December 2015 19 January 2016

Recommendation(s) for action or decision:

The Scrutiny Board is recommended to:

1. Review and develop the Scrutiny Board Work Programme 2015-16 to take account of emerging issues and councillor suggestions
2. To allocate any cross cutting pieces of work

1.0 Purpose

- 1.1 To update and agree the Scrutiny work programme for 2015-16.

2.0 Background

- 2.1 The remit of the Scrutiny Board was agreed by Annual Council 15 May 2013. This remit included the specific responsibility to oversee the operation of the call-in mechanisms and to oversee the work programmes of Scrutiny Panels to avoid duplication of work and to ensure coherence of approach to cross-cutting policy themes. The Board may determine that one named Panel shall take lead responsibility for a cross-cutting policy theme or may determine that the work be shared between one or more panels.

3.0 Work Programme Planning

- 3.1 The work programme (Appendix 1) is a working document which is reviewed at each agenda planning meeting to determine the timeliness and relevance of items for scrutiny. Any member can also ask for an item to be considered by Scrutiny. At each Scrutiny Board an updated work programme will be presented for discussion and agreement.
- 3.2 New items for consideration are highlighted in blue.

4.0 Financial implications

- 4.1 There are no direct financial implications arising from the recommendations in this report. Within Governance, there is a scrutiny budget to support the investigation of issues highlighted by councillors through the work programmes of the panels and the reviews and inquiries.

[MK/16022016/G]

5.0 Legal implications

- 5.1 There are no direct legal implications arising from this report.

[TS/15022016/S]

6.0 Equalities implications

- 6.1 There are no direct equalities implications arising from this report.

7.0 Environmental implications

- 7.1 There are no direct environmental implications arising from this report.

8.0 Human resources implications

8.1 There are no direct HR implications arising from this report.

9.0 Corporate landlord implications

9.1 There are no direct corporate landlord implications arising from this report.

10.0 Schedule of background papers

10.1 Report to Scrutiny Board agreeing the new method of agreeing the scrutiny work programme – 15 April 2014

Scrutiny work programme

Scrutiny Reviews 2015-16

- **Child Sexual Exploitation (CSE)**

The review group met on 20 January 2016 to consider and agree the final draft recommendations that will be presented to Cabinet on 20 April 2016.

- **Electoral Registration and Participation**

The Scrutiny Review Group last met on 19 January 2016. Evidence was presented from:

- Citizens Advice Bureau, Wolverhampton, which held a focus group asking clients about electoral registration and participation;
- University of Wolverhampton, Students' Union; and
- Bite the Ballot.

Members are currently reviewing the draft recommendations and the report will be drafted following feedback. The findings of the review will inform future work on increasing registration and participation and identify barriers for the Council to address.

- **City of Wolverhampton Council Volunteering Offer**

The review group held its final meeting on 4 February 2016 to sign off the report and recommendations. The report and draft executive response will be considered by Executive Team on 29 February 2016 and the final report and executive response will be considered by Cabinet 23 March 2016.

The findings of the review group will inform the City of Wolverhampton Council Volunteering Offer and the wider Wolverhampton Volunteering Strategy which will be considered by Cabinet on 16 May 2016.

Work programme

Scrutiny Board

Date	Work items
1 March 2016	<ul style="list-style-type: none">• Quarter 3 Corporate, Social Care and Public Health Complaints Report• Tracking and monitoring of reviews<ul style="list-style-type: none">- Infant Mortality- Channel Shift• Information Governance Performance Report – Quarter 3 2015/16• Work programme
26 April 2016	<ul style="list-style-type: none">• Annual report• Task and finish report from Regulatory Services (Travellers and Gypsies)• Corporate Performance Report - Quarter 3 2015/16• Work programme• Combined Authority

Adults and safer City

Date	Work items
22 March 2016	Enabling communities to support themselves <ul style="list-style-type: none">• Community resilience• Crime reduction, community safety and drugs strategy• Anti-Social Behavioural Team - update on Public Space Protection Order in addressing anti-social behaviour• Wolverhampton Safeguarding Adults Board Annual Report 2014/15• Feedback on Youth Offending Team (YOT) inspection• Mental Health (early interventions)• Wolverhampton Voluntary Sector Compact• Quality assurance process/data (re: contract / compliance)

Children, young people and families

Date	Work items
9 March 2016	<ul style="list-style-type: none">• Child Obesity Joint meeting with Health Scrutiny Panel agreed at Council 16 December 2015
13 April 2016	<ul style="list-style-type: none">• Academy Partnership Protocol• School Improvement Annual Report (Including validated results)• Secondary school Ofsted outcomes and current Local Authority categorisation• Secondary School 10 year strategic plan - draft

Confident Capable Council

Date	Work items
20 April 2016	<ul style="list-style-type: none">• Future Customer – improving customer service• Future Works - ensuring we have the right IT infrastructure and business processes• Future Money - making the most efficient use of financial resources• Future People - Employee Volunteering Scheme – progress report

Health Scrutiny Panel

Date	Work items
25 Feb 2016	<ul style="list-style-type: none">• Visit to University Training College (UTC) – University of Wolverhampton campus Walsall and West Bromwich
25 Feb 2016	<ul style="list-style-type: none">• BCPFT - CAMHS• The future of Mental Health Services• Smoking and Alcohol in pregnant mothers, Royal Wolverhampton NHS Trust (RWT) Jeremy Vanes, Chairman Updates on A&E and RWT CQC Inspection• Healthy Lifestyles Service – In house & external delivery models option appraisals• CCG Primary Care Strategy• Children 5-19 (0-19) Healthy Children Programme
9 March 2016	<ul style="list-style-type: none">• Child Obesity Joint meeting with Children Young People and Families Scrutiny Panel agreed at Council 16 December 2015
07 April 2016	<ul style="list-style-type: none">• Choose well campaign – NHS ENGLAND• Bed sores and ulcers in elderly - NHS TRUST• 'Home as a hub' – CCG

Training session

- [Substantial Variations to be arranged](#)

Stronger City economy

Date	Work items
29 February 2016	Site visit The Custard factory visit with University partners
19 April 2016 (Bring date forward before purdah)	The City Economy <ul style="list-style-type: none">• Feedback and presentation relating to the Custard Factory visit• Evaluation of the year of scrutiny for a stronger City economy• What had changed, what does the future City economy look like?• Witness - Aspiration and innovation• Case study – Best practice and next steps

Vibrant and sustainable City

Date	Work items
14 April 2016	<ul style="list-style-type: none">• Residents parking• Keeping the City clean

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