

Governance and Ethics Committee

1 September 2022

Time 2.00 pm **Public Meeting?** Yes **Type of meeting** Advisory group

Venue Council Chamber - 4th Floor - Civic Centre

Membership

Chair Cllr John Reynolds (Lab)
Vice Chair Cllr Jonathan Crofts (Con)

Labour

Cllr Dr Paul John Birch J.P.
Cllr Celia Hibbert
Cllr Louise Miles
Cllr Phil Page
Cllr Milkinderpal Jaspal
Cllr Rita Potter

Conservative

Cllr Simon Bennett
Cllr Wendy Thompson

Quorum for this meeting is three Councillors.

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

Contact Donna Cope
Tel/Email 01902 554452 or Email: donna.cope@wolverhampton.gov.uk
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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

- | <i>Item No.</i> | <i>Title</i> |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Apologies for absence |
| 2 | Declarations of interest |
| 3 | Minutes of the previous meeting (Pages 3 - 8)
[To approve the minutes of the previous meeting held on 7 July 2022 as a correct record]. |
| 4 | Matters arising
[To discuss any matters arising from the minutes of the previous meeting]. |
| 5 | Information Governance - Annual SIRO Report 2021-2022 (Pages 9 - 32)
[To note the contents of the Information Governance Annual Report] |
| 6 | Annual Social Care, Public Health, Corporate Complaints & Compliments Report 2021-2022 (Pages 33 - 100)
[To note the contents of the Annual Social Care Public Health Complaints and Compliments Report] |
| 7 | Councillor Enquiries Unit Update (Pages 101 - 108)
[To note the CEU Operational & Digital Update] |
| 8 | Democratic Engagement Update (Pages 109 - 120)
[To receive an update on the democratic engagement activities for 2022-2023 and provide feedback on the 'Be A Councillor' event]. |
| 9 | Update on Polling District and Polling Place Review (Pages 121 - 124)
[To receive an update on the polling district and polling place review] |
| 10 | Update on the 2022 Annual Canvass (Pages 125 - 130)
[To receive an update on the 2022 annual canvass] |

Attendance

Members of the Governance and Ethics Committee

Cllr John Reynolds (Chair)
Cllr Jonathan Crofts (Vice-Chair)
Cllr Dr Paul John Birch J.P.
Cllr Celia Hibbert
Cllr Louise Miles
Cllr Phil Page
Cllr Milkinderpal Jaspal
Cllr Rita Potter
Cllr Simon Bennett
Cllr Wendy Thompson

Employees

David Pattison	Chief Operating Officer
Laura Noonan	Electoral Services Manager
Laura Gittos	Head of Governance
Jas Kaur	Democratic Services Manager
Donna Cope	Democratic Services Officer
Jacob Stokes	Democratic Services Assistant

Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i> |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Apologies for absence
There were no apologies for absence received. |
| 2 | Declarations of interest
There were no declarations of interest. |
| 3 | Minutes of the previous meeting
That the minutes of the previous meeting held on 25 March 2022 be approved as a correct record. |
| 4 | Matters arising
There were no matters arising from the minutes of the previous meeting. |

5 **Update from Monitoring Officer**

David Pattison, Chief Operating Officer, presented the proposed Governance and Ethics Committee Work Programme for the 2022-2023 Municipal Year.

It was noted that a number of additional items would be considered during the upcoming year, including Information Governance, and the Chief Operating Officer welcomed further item suggestions from Members.

In response to comments made regarding the delay in the publication of Individual Executive Decision Notices, the Chief Operating Officer acknowledged that the delays were entirely unacceptable. He stated that reference had been made to the issue in the Annual Governance Statement for the council and that lots of work had been done with officers to ensure it never happened again. He further stated that an internal audit had been arranged to investigate the matter which would go before the Audit and Risk Committee.

Following further discussion on the matter, it was agreed that the internal audit report should also be presented at Governance and Ethics Committee.

Resolved:

1. That the update from the Monitoring Officer be noted.
2. That the internal audit report on Individual Executive Decision Notices be considered at a future Governance and Ethics Committee.

6 **Conferring the Title of Honorary Alderman**

David Pattison, Chief Operating Officer, presented the report: Conferring the Title of Honorary Alderman. The report recommended that the title of Honorary Alderman be conferred upon former Councillor Keith Inston.

It was noted that the Constitution would be amended so that Alderman reports would be taken directly to Council for consideration.

Resolved:

1. That Council be recommended to convene an extraordinary meeting on the 20 July 2022 to confer the title of Honorary Alderman on former Councillor Keith Inston.

7 **Changes to the Constitution**

David Pattison, Chief Operating Officer, presented the report: Changes to the Constitution. The report detailed the proposed amendments to the constitution to ensure continuing lawfulness and effectiveness.

The Chief Operating Officer provided an overview of the proposed changes and explained the rationale for these changes as detailed in section three of the report.

Councillor John Reynolds moved the recommendations in the report. Councillor Jonathan Crofts seconded the recommendations.

The report was debated by Committee.

The Chief Operating Officer responded to questions asked and agreed to provide Councillor Bennett with further details of the Local Authorities that were used in the benchmarking exercise.

The Chief Operating Officer welcomed further comments regarding the consideration of petitions and noted that the introduction of Public Questions at full council would be looked into further.

It was noted that a protocol on how questions by members of the public would be dealt with would be presented at the next Governance and Ethics Committee.

Resolved:

1. That Council be recommended to approve the amendments to the Constitution as detailed in the report and authorise the Monitoring Officer to implement the changes.
2. That the Chief Operating Officer would provide Councillor Bennett with details of the Local Authorities used in the benchmarking exercise and the wording they used in their Constitutions.
3. That it be noted, that the Protocol on Dealing with Questions by Members of the Public be presented at the next Governance and Ethics Committee.

8 **Schedule of Petitions Scheme**

David Pattison, Chief Operating Officer, introduced the report: Schedule of Petitions Scheme. The report detailed the actions taken in relation to all petitions received by the Council during the last municipal year.

It was noted that although the legal requirement for local authorities to have a statutory petitions scheme had been removed, the City of Wolverhampton Council had continued to do so.

The Chief Operating Officer outlined the Council's current scheme and proposed that the Governance and Ethics Committee received a regular report presenting the latest data. This would ensure that the Committee were informed of actions taken in relation to all petitions received by the Council and enable them to suggest changes to the current scheme.

Jaswinder Kaur, Democratic Services Manager, noted that the current Petitions Scheme had been approved by Council in November 2021, and none of the thresholds had been amended at that time as comparative data had shown that our thresholds were a lot lower than other authorities.

The Democratic Services Manager presented the petition scheme data from 2021–2022, as per appendix 1 of the report. She responded to questions asked and agreed to add further guidance on the website regarding petitions for planning and licensing matters.

Resolved:

1. That the actions taken in relation to all petitions received by the Council during the last year be noted.
2. That further guidance be added to the website regarding petitions for planning and licensing matters.

9 **Evaluation of May 2022 Elections**

David Pattison, Chief Operating Officer, introduced the report: Evaluation of May 2022 Elections. The report outlined the good practice and areas for improvement identified at the May 2022 local elections and gave an update on the scheduled communications and key dates for the 2022 Annual Canvass.

Councillor John Reynolds moved the recommendations in the report. Councillor Jonathan Crofts seconded the recommendations.

Laura Noonan, Electoral Services Manager, highlighted the key findings and outlined the proposed changes for next year's all out elections.

The report was considered by Committee and the Electoral Services Manager responded to questions asked. It was agreed that the verification and count should remain at Aldersley Leisure Village and members supported the Returning Officer's recommendation that the count next year should take place the following day allowing more time to undertake the complex method of counting for all out elections.

Members of the Committee congratulated the Elections Team and thanked them for their hard work.

The Chief Operating Officer responded to questions asked and discussed the proposals for next year's elections.

Resolved:

1. That feedback on the May 2022 local elections be provided.
2. That the timetable for the 2022 Annual Canvass be noted.
3. That the Returning Officer's recommendation that the count next year should take place the following day to allow more time to undertake the complex method of counting for all out elections be supported.

10 **Polling District and Polling Place Review**

David Pattison, Chief Operating Officer, introduced the report: Polling District and Polling Place Review. The report outlined the approach and timeline to carrying out the polling district and polling place review, which was the next step towards implementing the new ward boundaries.

Laura Noonan, Electoral Services Manager, outlined the report and noted that as the new ward boundaries for Wolverhampton did not align with the current parliamentary constituencies, a further Polling District and Polling Place Review would be required when the new parliamentary constituencies were agreed.

The Electoral Services Manager summarised the consultation proposal and noted that all ward councillors would be invited to attend drop-in sessions allowing them to contribute to the development of the final polling district and place scheme.

It was further noted that on 1 December 2022, the revised electoral register would be published on the new wards, and existing members of the Council would only be entitled to the parts of the register that they were currently elected members for.

The report was considered by Committee, and Councillor Reynolds suggested that the number of drop-in sessions for Councillors be reduced and preferably not held in August.

Officers responded to questions asked and the Chief Operating Officer agreed to consider the suggestions from Councillor Reynolds.

Resolved:

1. That the proposed approach and timetable for the polling district and polling place review be approved.
2. That it be noted that the proposed scheme at this stage was intended as a starting point for discussion to aid the consultation.
3. That it be noted that the revised timetable for the scheme had been amended slightly since the report taken on 25 February to account for the new municipal year calendar of meetings.

11 **Provision of Fairtrade drinks within City Assets**

Resolved:

That the item be deferred to the next meeting.

12 **Arrangements for dealing with Code of Conduct complaints**

David Pattison, Chief Operating Officer, presented the report: Arrangements for dealing with Code of Conduct complaints. The report outlined the need for, and work undertaken to commit to writing the Council's arrangements for dealing with Code of Conduct complaints.

It was noted that the resolution within the report stated that Council had to approve the proposed arrangements, but subject to the Chair's authority, the Chief Operating Officer confirmed that the arrangements could be approved by the Governance and Ethics Committee.

Councillor John Reynolds moved the recommendations as detailed by Chief Operating Officer. Councillor Jonathan Crofts seconded the recommendations.

The report was considered by Committee and the Chief Operating Officer responded to questions asked.

In terms of personal protection, Councillor John Reynolds requested that the Chief Operating Officer's personal name be removed from the document.

Resolved:

1. That the arrangements for dealing with Code of Conduct complaints, and its annexures, which included Hearing Procedures, be approved.
2. That the Chief Operating Officer be authorised to publicise the document and add it to the Constitution as necessary.

13 **Corporate Code of Governance**

David Pattison, Chief Operating Officer, presented the report: Corporate Code of Governance. The report outlined the improvements made to the Code of Corporate Governance and the reasons for the improvements. The Code was updated following a recommendation from the Council's Annual Governance Statement in 2021, and it

was recommended that the Council agreed to the addition of the document to the Constitution to ensure continuing lawfulness and effectiveness.

The report was considered by Committee.

The Chief Operating Officer responded to questions asked and it was agreed that the current diagram within the draft Code would be replaced.

Resolved:

1. That it be noted that the Audit and Risk Committee would consider the revised Code of Corporate Governance.
2. That the current diagram within the draft Code of Corporate Governance be replaced.
3. That Council be recommended to approve the revised Code of Corporate Governance and authorise the Chief Operating Officer to publicise the document and add it to the Constitution.

CITY OF WOLVERHAMPTON COUNCIL	Governance and Ethics Committee 1 September 2022
----------------------------------------------	----------------------------------------------------------------

Report title	Information Governance – Annual SIRO Report 2021-2022	
Cabinet member with lead responsibility	Councillor Paula Brookfield Cabinet Member for Governance and Equalities	
Accountable director	David Pattison, Chief Operating Officer	
Originating service	Information Governance, People and Change	
Accountable employee	Anna Zollino- Biscotti	Information Governance Manager & DPO
	Tel	01902 555166
	Email	Anna.zollino-biscotti@wolverhampton.gov.uk
Report has been considered by	Strategic Executive Board	16 August 2022

Recommendations for noting:

The Governance and Ethics Committee is asked to note:

1. The contents of the Information Governance (IG) Annual Report for SIRO which provides a summary of the work carried out under the Information Governance function for the year 2021-2022.

1.0 Purpose

- 1.1 To provide an overview of the Information Governance Annual Report for SIRO 2021-2022 which includes an assurance statement by the Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO).

2.0 Background

- 2.1 The Council has had a robust information governance framework in place for many years following the initial consensual audits with the regulator, the Information Commissioner's Office (ICO) which took place in 2011 and 2012.
- 2.2 Work has continued since the conclusion of the audits and a strategic approach to information governance has been adopted to ensure that the Council appropriately manages its information assets; this includes managing data protection as a corporate risk and monitoring the risk via the Council's Strategic Risk Register.
- 2.3 This report provides an update relating to the responsibilities of the Council's Senior Information Risk Owner (SIRO) and outlines information governance activity and performance during the 2021-22 financial year. It provides assurances that information risks are being effectively managed, highlighting any key risks and areas to focus on; it reviews what has gone well and identifies any areas of development and improvements that are required for the next year.

3.0 SIRO Report – DPO Assurance Summary Statement

- 3.1 The full Information Governance Annual Report for SIRO 2021-2022 can be found in appendix 1, along with the accompanying statistics in appendix 2.
- 3.2 In the aftermath of the Covid pandemic and the unprecedented challenges it placed upon the whole Council, the Information Governance (IG) team has continued to maintain its exemplary seven-year record of ensuring the Council meets its statutory compliance deadlines in relation to Data Protection and Freedom of Information legislation.
- 3.3 The IG team have continued to forge stronger working relationships with leadership teams, resulting in earlier engagement, better integration, and a more robust compliance platform for each individual leadership area.
- 3.4 Information risks have in most cases been reduced across the year or maintained at an acceptable level. Any residual risk rated amber, or red have been transferred to the 2022- 2023 IG risk register where they will continue to be monitored and managed.
- 3.5 In summary, it is the consideration of the Council's Statutory Data Protection Officer (DPO) that the Council has complied with its duties under UK GDPR, Data Protection and Freedom of Information legislation.

4.0 Financial implications

- 4.1 There are no financial implications associated with this report as Councillors are requested only to note the annual report summarising the work undertaken by the Information Governance function in 2021-2022. All of the work associated with meeting information governance requirements is undertaken utilising existing budgeted resources.
- 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. Following the implementation of the General Data Protection Regulation (GDPR), a two-tiered sanction regime with higher financial penalties is in place. Lesser information incidents can now be subject to a maximum fine of either €10 million or 2% of an organisation's global turnover, whichever is greater. More serious violations could result in fines of up to €20 million or 4% of turnover.

[GE/04082022/U]

5.0 Legal implications

- 5.1 The Council has a legal duty under the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018, the Freedom of Information Act 2000 and Environmental Information Regulations 2004 to appropriately manage and protect information assets.
- 5.2 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 info.
- 5.3 The Information Commissioner has the legal authority to:
- Fine organisations for breaches of Data Protection 2018 or Privacy & Electronic Communication Regulations. Following the implementation of the UK GDPR a two-tiered sanction regime was introduced and higher financial penalties are being adopted by the ICO.
 - 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 to ensure they comply with the law.
 - Prosecute those who commit criminal offences under section 170 of the DPA 2018
 - Conduct audits to assess whether organisations processing of personal data follows good practice.
 - Report issues of concern to Parliament.

- 5.4 Demonstration of the Council's compliance with the current Data Protection Law protects it from legal challenges for alleged breaches of individuals' rights.
- 5.5 It is worth noting that as part of the UK's National Data Strategy and in line with its proposal to reform the UK's data protection laws, the government launched its consultation "Data: a new direction" in September 2021. The government response to the consultation was published in June 2022 and initial observations noted; however, a watching brief is to be maintained on the upcoming Data Reform Bill to ensure the Council is conscious of any impending statutory changes.

[AS/21072022/A]

6.0 Equalities implications

- 6.1 No equalities implications have been identified, either through actions or recommendations of this annual progress update report or from the data presented within it.

7.0 Digital

- 7.1 Collaborative work is already in place with Digital and IT and any new work initiatives identified from this progress report will be programmed into the IG work plan for the upcoming year. This will assist in ensuring that the Council has in place the appropriate technical measures outlined under data protection legislation and to ensure continued compliance.

8.0 Human Resources

- 8.1 There are no new direct human resource implications identified. As part of their operational management duties, Managers will continue to monitor and encourage take up of the mandatory refresher IG training and take necessary action accordingly.

9.0 All other implications

- 9.1 There are no other implications arising from this report.

10.0 Schedule of background papers

- 10.1 None for consideration.

11.0 Appendices

- 11.1 Appendix 1: Information Governance – Annual SIRO Report 2021-2022

City of Wolverhampton Council

2021 - 2022 Annual SIRO Report



Index

DPO Assurance Statement

Introduction

Statutory and Regulatory Activity

Compliance Actions

IG Work 2021-2022

Information Governance Risks 2021-2022

Work Plan 2022-23

SIRO Action Log

Glossary of Terms

DPO Assurance Statement

It is my consideration as the Council's Statutory Data Protection Officer (DPO) that the Council has complied with its duties under UK GDPR, Data Protection and Freedom of Information legislation.

In the aftermath of the Covid pandemic and the unprecedented challenges it placed upon the whole Council, the Information Governance (IG) team has continued to maintain its exemplary seven-year record of ensuring the Council meets its statutory compliance deadlines in relation to Data Protection and Freedom of Information Acts.

The IG team have continued to forge stronger working relationships with leadership teams, resulting in earlier engagement, better integration, and a more robust compliance platform for each individual leadership area. This working model will continue and be refined through 2022-2023, with a reset and refocus of priorities having already taken place in the latter quarter of this year.

Information risks have in most cases been reduced across the year or maintained at an acceptable level. Any residual risk rated amber or red have been transferred to the 2022-2023 IG risk register where they will continue to be monitored and managed.

Forward plan – the focus for the next year is to continue to meet all statutory requirements and in doing so maintain the Council's high-performance standards. In addition, employee awareness raising will be spot-lighted through various initiatives such as the delivery of role-based training for specialist roles and the development and rollout of more detailed procedures and guidance documents under the new IG policy framework. The ease of monitoring and reporting of mandatory IG training by managers and senior managers will also take priority to help mitigate any dips in compliance at any one time during the year so that we consistently maintain the 95%+ compliance standard and can report it to the regulator with ease, should we need to. With the growing digital and data landscape, focus will be placed on reviewing the Council's approach to records management, particularly around records retention and digital continuity and a work programme will be developed for later approval at IG Board. Operational work with leadership teams will continue, however there is a desire to build on longer term strategic work through more collaborative working and alignment of leadership road maps; this will help us deliver current and future Council services effectively and compliantly through a One Council: Organisation, Families, Communities and Place approach.

It is worth noting that as part of the UK's National Data Strategy and in line with its proposal to reform the UK's data protection laws, the government launched its consultation "Data: a new direction" in September 2021. The government response to the consultation was published in June 2022 and initial observations noted; however, a watching brief is to be maintained on the upcoming Data Reform Bill to ensure the Council is conscious of any impending statutory changes and any operational challenges it could bring.

Introduction

This report provides an update relating to the responsibilities of the Council's Senior Information Risk Owner (SIRO) and outlines information governance activity and performance during the 2021-22 financial year. It provides assurances that information risks are being effectively managed; what is going well; and where improvements are required. The report also provides assurances that personal data is held securely; information is disseminated effectively and provides an overview of key performance indicators relating to the Council's processing of information requests within the necessary legal frameworks.

The Annual Report;

- Provides an update on the action plans the Council has in place to minimise risk or improve performance.
- Documents organisational compliance with the legislative and regulatory requirements relating to the handling and processing of information and provides assurance of ongoing improvement to manage information risks.
- Details any serious information breaches within the preceding twelve months, relating to any losses of personal data or breaches of confidentiality.

The Council continues to be committed to effective information governance, with an information governance framework in place to ensure the council complies with legislation and adopts best practice; this is reviewed every two years or sooner as required by legislation. Governance arrangements are closely monitored via the Information Governance Board (IGB) and Senior Executive Board (SEB) and through the Caldicott Guardian function to ensure systems, policies and procedures are fit for purpose; and that all staff and elected members understand the importance of information governance and security so that good practice is everyone's business and embedded as part of the Council's culture.

Statutory and Regulatory Activity - identifying the Council's priorities and the associated risks

The Council is required by statute to provide or undertake certain functions in line with the following legislation or codes of practice:

- Data Protection Act 2018
- UK General Data Protection Regulations
- Freedom of Information Act 2000 (FOI)
- Environmental Information Regulations 2004 (EIR)
- Computer Misuse Act 1990
- Privacy and Electronic Communication Regulations 2003
- NHS IG - Data Security & Protection Toolkit
- Cyber Essentials Plus +
- PSN Certification
- Records Management under Section 46 of FOI and EIR
- BSI0008 Legal admissibility of scanned electronic information.

The Council is required to respond to Freedom of Information/Environmental Information requests (FOI/EIR) and Subject Access Requests (SAR) within statutory deadlines as mandated by the relevant Act.

The table below demonstrates the Council's continued exemplary performance in relation to these targets.














Table 1.0 - Requests received, responded to and reported to the ICO - 2021 to 2022



Statute	Number received/reported	% Requests responded on time	Escalated to ICO
Disclosures and Subject access requests under DPA	756	97.4%	0
FOI	1216	92.5%	0 (from 19 internal reviews)
Information Incidents under DPA	77	N/A	2 (voluntary)
Total	2049	N/A	2

It is pleasing to note that only 1.5% of all FOI requests generated a statutory internal review and that that 94.4% of all information requests (FOI & SAR) were responded to within the statutory timeframe. Of the 2049 instances referred in the above table only two (<0.1%) were escalated to the ICO; these were two voluntarily reported information incidents in consultation with the SIRO and the DPO and none of these generated any decision notice or financial penalty from the ICO.

Please see **appendix 1** for a summary of annual performance for 2021-2022 and against previous years. Due to operational issues within the team this year (particularly the period Q3/Q4 as previously reported to the Information Governance Board) overall performance has fallen from 98% to 94.4% for this year. This however is still well above the 90% threshold, as set by the Information Commissioner's Office.

Table 2.0 – Analysis of FOI Requests and DPA requests

Exemption/Exception - top three applied - FOI	No. received	% based on total received
Section 21 - Data already published	96 	7.9
Section 43 - Commercial interests	28 	2.3
Section 31 – Law Enforcement (new)	22 	1.8
Service Area – top three volumes received - FOI	No.	%
City Environment	312 	25.7
Finance	164 	13.5
City Assets and Housing	139 	11.4
Service Area – top three volumes received - SAR	No.	%
Children's Services	63 	28
Adult Services	52 	23.1
City Assets and Housing (new)	30 	13.3
Service Area – top three volumes received - Disclosures	No.	%
Finance (Police - Council tax address checks)	211 	40
City Environment (CCTV)	197 	37
Education and Skills - (Police – address checks)	49 	9
Requestor Type – top three - All	No.	%
Public	1211 	61

Organisations	362		19
Media	159		8

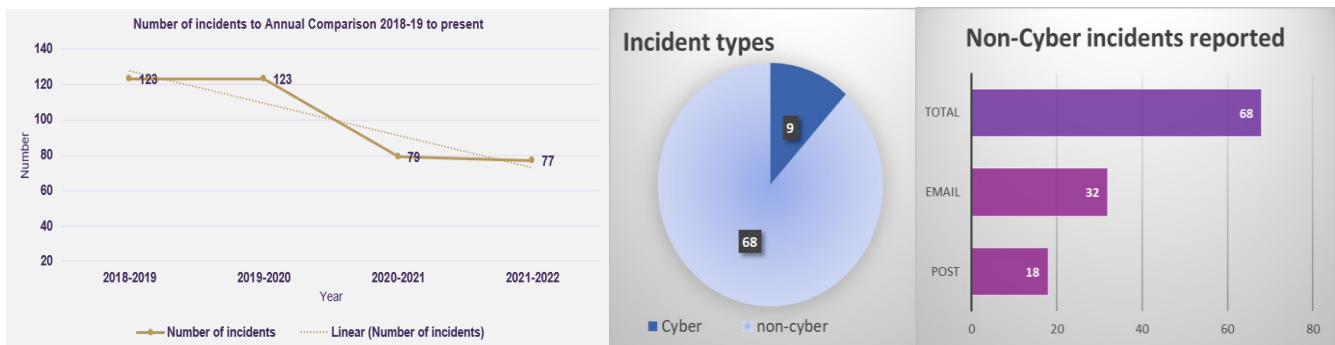
The arrows in the above shows the direction of travel in comparison to last year:

Currently 7.9% of all incoming FOI requests can be answered as the information requested is already available; this is a slight drop from last year from 9%. If more information is made available on-line, then the Council will be able to refer requests to these data sets as opposed to processing requests through teams and service areas. Collaborative working between Information Governance and Data Analytics has begun for the year 2022-2023 including a review of all incoming FOI to identify if there are recurring themes and to see the feasibility of making additional data sets available to the public.

As expected, most SAR requests (these are personal data requests) are made to the Adults and Children’s services – the majority being individuals wanting access to their historic social care files. These are the most voluminous and complex of personal data requests received, and the most commonly applied exemptions are third party information and legal privilege. Requests for information made by third parties are usually in relation to CCTV footage from Insurance companies and individuals, along with address checks requested by the Police. The number of disclosures to third parties has increased by more than 100 requests over the previous year.

A breakdown of the type of requestors is also maintained within iCasework, our case management system. Nearly two thirds of all information requests received are from the public. However, this is limited by the information provided to us, hence if a requestor, even if they work for a media company, submits a request as an individual, it will be classed as a public request.

Breach Management



Please see below for a summary on all Incidents and Incident types reported within the financial year and across the last four financial years.

The overall number of incidents for 2021-2022 (77) remains consistent with the previous year 2020-2021 (79). As in previous years the main issue remains communications (non-cyber physical and email) being sent to the wrong recipient, this error accounts for 65% of all breaches reported.

Whilst this risk can never be eliminated due to human error, a number of mitigating actions have already been taken to continually reduce this – such as targeted training, raising awareness and follow up action through incident reporting feedback and at Leadership team meetings. Going forward with the introduction of rights management on our sensitivity labels, system-based restrictions will be applied to all emails and documents; this, along with more refined training

including themed messages, may assist in reducing the numbers of emails and post sent in error.

As a result of the revised working practices, actual or potential information incidents are raised and discussed at each leadership team meeting and any identified learning points are put in place. This has been identified as a more robust process for raising awareness, identifying themes across a service area and is a positive factor in mitigating future incidents and risks.

On review of the two data breaches reported to the ICO, one related to an inappropriate verbal disclosure over the telephone, and one was failure to use the Blind Carbon Copy (BCC) function on an email to multiple parties. Both cases were self-referred to the ICO by the Council and both breaches resulted in no further action from the ICO. These two incidents do not identify a pattern or theme in types of breaches.

Associated Risks and Considerations in relation to statutory and regulatory activities

While the overall performance on FOI and SAR/DP requests for 2021-2022 has been slightly lower than the levels delivered by the team in previous years, the service still achieved 94.4% which still sits comfortably above the 90% ICO threshold. A requirement for additional resources to support the transactional IG function was identified towards the end of 2021-2022 and following approval by the Board, these were put in place for the start of 2022-2023. The objective of this is that performance should as a minimum be maintained or improved. This will be monitored throughout the first part of 2022-2023 and reported back to the SIRO at the mid-year stage.

Compliance Actions

For 2021-2022 the Council undertook the following compliance actions:

Standard/Compliance	Comments and Actions
DSPT	Fully submitted for 2021-2022. Unlike in 2020-2021 no action plan was needed for any further remedial work.
Cyber Essentials Plus	This area of work is undertaken by Digital and IT but does feed into DSPT. Cyber Essentials accreditation was achieved in July 2020 and was renewed in July 21.
PSN	This area of work is undertaken by Digital and IT but directly feeds into the DSPT. This was successfully passed in February 2021 and was renewed in March 2022.
Transparency Code of Practice	<ul style="list-style-type: none"> • Work was undertaken in the previous year (2020-2021) to review and update the Council's website to improve accessibility to data sets as defined by the Transparency Code of practice. • Information Asset Registers have been updated in accordance with revised guidance from the ICO; these will be integral to the collaborative work being undertaken with Digital and Analytics and Leadership areas.
NHS Digital Audit of Civil Registration Data Set for Public Health	All CWC actions have been completed however further queries are outstanding in relation to other third-party actions.
Scanning in	Following the award of contract, IG are continuing to engage

Accordance with BS10008	through workshops which have been booked in for 2022-2023; this will include support in requirements gathering on meta-data, retention, current storage and cataloguing of information.
LEXCEL	The IG team assisted with Legal Services to ensure ongoing compliance with GDPR for their annual accreditation with LEXCEL.

IG Work Undertaken in 2021-2022

In addition to the transactional work of FOI/EIR, SAR and breach reporting referred to above, the IG team are involved in multiple strategic groups/projects as set out below. By engaging IG at the outset, we can ensure that IG is embedded initially rather than as an afterthought at the end of a project. These safeguard the Council in relation to any adverse Information Governance repercussions, which demonstrates the councils ongoing commitment to privacy by design.

Leadership Working

It is nearly two years since the approach and delivery of the Strategic Information Governance function changed whereby each leadership team was allocated a dedicated IG Technical Specialist officer. Although attendance at quarterly meetings was paused in the latter part of the year (Q2 & Q3) to support the transactional team, this way of working continues to yield positive results. This has been evident through earlier engagement with IG, improved awareness raising on IG matters across all areas, and effective relationships being forged with more collaborative working.

This way of working will continue and will be fine-tuned for further efficiencies and effectiveness throughout the forthcoming year to ensure best practice and to achieve compliance across all service areas. Reset and refocus sessions have already been planned with leadership teams for the end of year/early quarter one of 2022-23, with the aim being to review priorities, identify any gaps in compliance and to reset individual IG work programmes with each area.

Key successes

- Adults Eclipse Programme – early IG engagement has resulted in good privacy by design which has allowed for data quality and retention management being built into the system in the initial stages, thus reducing the need for any costly reactive and duplicated activities.
- Membership of Children and Adult's Transformation Boards – this gives IG strategic insight to road maps and forward planning activities so that IG roadmaps and strategies can be aligned accordingly.
- Overall early engagement with information Governance; evident through early consultation on privacy notices, data protection impact assessments and information sharing agreements.

Next Steps

- Continue to have more sight of leadership road maps so that we can forward plan accordingly.
- Attending other leadership transformation boards or equivalent.
- Continue working with leadership teams on current priorities identified earlier in the year.

Half yearly progress updates continue to be presented to the Information Governance Board (IGB) since it transitioned from a standalone meeting to being part of the Council's Strategic SEB function two years earlier. IG progress reports are scheduled quarterly (virtually) with the end of year and six-monthly reports being presented to the Board.

Board Approvals/Decisions 2021-2022	Date approved
Reset of FOI deadlines to the original 20-day period following the end of the pandemic	27 July 2021
Approval of new three-tier IG training strategy	27 July 2021
Funding for additional 12-month post to support the transactional IG function -approved	24 January 2022
Approval of new policy framework and rationalised IG policies	19 February 2022

Project Contribution and Support

The following provides a list of the key priority projects/initiatives where IG input was required to support the Council corporately, at Leadership level and at citywide multi-agency groups:

- Collaborative working with Digital & IT - to review cyber risks and technical measures put in place to protect personal and other sensitive information
- Collaborative working with Data & Analytics (Insight & Performance) – this is a newly established working group to review the information governance implications of the data processing work that is being undertaken
- Youth Unemployment 18-24 – attendance and contribution to both the working meetings with DWP and the Project Board; provide IG support particularly on the legal basis for processing data for the purposes of the project and information sharing with DWP partners. Providing IG support on the delivery of the City Ideas fund linked to this programme
- Social Worker In Schools – ongoing IG support for the scheme
- Eclipse Adults Project continued support via record retention and process decisions regarding appropriate use and access of personal and special category data
- Adults and Children's Privacy Notice review in light of service changes and legislative updates to include information for service users on their data rights for secondary use of health and social care data (links into DSPT standard)
- Support on governance issues around the use of innovative technology to support Adult Health and Social Care out in the community using "Internet of Things" devices
- Working with Public Health and Social Care on the Covid Control of Patient Information (COPI) notice expiry - planning work for data retention/anonymisation
- IG support on the Ignite project; IG support on the Commonwealth Games project – contributing to the Finance working group
- IG Support and stakeholder contribution to Traded Services programme board.
- Respond to specific requests for support in relation to information governance queries such as Data Protection Impact Assessments; Information Sharing Agreements; Information incidents and Records Management
- Lexcel assisting Legal to maintain accreditation
- Councillor Enquiry Portal
- Advice on Baseline Personal Security Standard (PBSS) checks to enable continued access to DWP data
- Scanning Project – IG has greatly contributed to the procurement and tendering process and operational initiatives to ensure compliance with legal admissibility standards
- Collaborative working with our local and regional health partners - Participation in the Place Based Partnership (PBP) One Wolverhampton Governance and Informatics group

and the Black Country and West Birmingham IG group. Access to the Health Information Sharing Gateway was achieved earlier in the year which means the Council will now be able to use the gateway to share information with health agencies local and nationally through this channel.

Following the matrix work undertaken during the pandemic and the IG team's involvement in this, it is felt that the profile of Information Governance and the IG team respectfully is still raised, evidence through earlier engagement on project and initiatives.

Training

As outlined in the last SIRO report, the main focus for training this last year was on increasing the level of take up of the mandatory Information Governance e-learning training to the ICO and Data Security and Protection Toolkit (DSPT) target of 95% or above by the end of September 2021. This was achieved through the development of a targeted action plan working with the Data and Analytics team and the Operational Development team and through a key communication drive at leadership teams. Whilst the standard was obtained at that point in time, more monitoring by managers and more robust reporting is required to ensure the compliance target level is consistent throughout the year.

It has been recognised that training and awareness raising of IG is paramount when reducing information risk, as a result, a new training strategy was developed and approved by IGB earlier in the year. Although there has been a delay in progressing this due to the resourcing issues already outlined, the priority focus for this year remains to implement role-based IG training to across the council and to link it back to the level-two procedure documents that are being written as part of the new IG policy framework.

In addition to the above, the team have also continued to provide targeted training to service areas as and when required, including the delivery of a training seminar to the Legal team in February at the request of a lead lawyer; supported the Councillor induction programme by running virtual IG training sessions; provided both classroom and virtual IG training sessions for schools who have bought in to our IG traded.

Action for SIRO

- To receive regular updates on training figures and to champion/support the work to increase the uptake of figures across all services, at executive level.

Information Governance Framework

Policy

In accordance with the IG Work plan, a review was undertaken of the current information governance policies and framework. The review identified that a complete ratification of policies was required, and this was successfully undertaken in January 2022 with 19 very detailed policies being replaced by five high level policy documents. In addition, a new tiered policy framework was identified and developed. The policies and the new tiered policy framework were approved at IGB in February and all five level-one policies are now live for both council employees and the public to access. The new policies will be underpinned by level-two procedure and guidance documents which will be completed during the next year; these will provide detailed, specific, thematic, and more technical guidance to employees.

Templates/privacy notices/forms

- Information Asset Registers (IARs) – template was updated to reflect the latest guidance issued from the regulator (ICO); these are now being rolled out across all services with the view to be reviewed and updated as part of the IG Work Plan for 2022-2023.
- Privacy Notices – the privacy notices for Adults and Children’s services have been updated to include reference to section 251 secondary use of health and social care data and the National Opt. Out. As part of the IG work plan for 2022-2023 the Council’s overarching privacy notice will be reviewed and updated for any legislative and operational changes.
- IG intranet – work has started on creating an IG intranet page for employees to use. This was delayed but initial discussions have now taken place with Digital & IT to agree the best way forward.

Information Governance – Traded Service

The IG team offer a traded service to schools and Wolverhampton Homes, in addition to supporting colleagues in the West Midland Pension Fund (WMPF).

For the financial year of 2021-2022, the Information Governance team continued to support a number of schools on various information governance offerings. The SLA continues to provide schools with exceptional value for money in terms of the offerings available and the level of knowledge and experience the team provides. As with the working model with leadership teams, each school benefits from having a dedicated lead and deputy from the IG team who can provide a tailored service with direct access to support.

This traded service is reviewed annually, work continues with the Schools Business and Support Service in terms of developing future combined SLA offerings with other services across the council and providing basic statutory support for LA lead schools. The current financial climate may have an impact on future business; our fees and charges and the offerings we provide may need to be reviewed with Finance and Schools Business Support.

Our traded service to Wolverhampton Homes (WH) continued with the team providing IG support on strategic elements such as DPIAs, Information Sharing Agreements and Data Processing Agreements, in addition to the transactional processing of WH freedom of information requests, SAR requests, third party disclosures and the management of WH information incidents. Initial discussions have taken place between the two Data Protection Officers (DPOs for the Council and WH) in the last quarter of the year to identify more collaborative working as DPOs and to undertake a review of the SLA. Due to resourcing issues encountered in the last year, the review of the IG and the City’s Tenancy Management Organisations (TMOs) was postponed, however this will be picked up in the next year.

Day to Day work

We continue to provide advice and guidance on an ad hoc basis, review DPIAs, sharing agreements, data processing agreements, contracts, GDPR supplier self-assessments, and privacy notices (list not exhaustive), as and when required.

Information Governance Risks 2021-2022

Due to the implications of non-compliance such as potential financial penalties, regulatory activity and reputational damage, the Council considers there to be sufficient risk around Information Governance that warrants regular monitoring and reporting through the Council's Strategic Risk Register.

As at July 2022, the following entry exists for information governance based around operational and technical measures. The entry is closely monitored each quarter with the council's Internal Audit team and is currently scored as Amber 6 with the aim of continuing the downwards movement towards the target score of Green 4.

The below table is a snippet of the entry in Strategic Risk Register for July 2022:

Page 24

Risk Ref	Risk title and description	Our City Our Plan	Previous Risk Score	Current Risk and Target Score	Direction of Travel	Update position and further actions to take to mitigate risks	Sources of Assurance
10	<p>Information Governance</p> <p>If the Council does not put in place appropriate policies, procedures and technologies to ensure the handling and protection of its data is undertaken in a secure manner and consistent with relevant legislation then it may be subject to regulatory action, financial penalties, reputational damage and the loss of confidential information.</p> <p>Risk Owner: David Pattison Cabinet Member: Cllr P Brookfield</p>	Our Council	6 Amber	6 Amber Target 4 Green	↔	<p>Five newly approved level-1 IG policies were being rolled out to employees during May 22. A review of the internal procedures and guidance documents (level 2) that underpin the new policies continues, with rollout being incremental between now and September 2022. Mandatory training levels (level 1) continue to be monitored through quarterly leadership team updates; a refresh and reset of IG priorities within each leadership area has commenced to maintain compliance at service level. Meetings between the Caldicott Guardian (CG) and the Data Protection Officer (DPO) have recommenced and are scheduled quarterly to provide an update on performance in key areas such as information requests, breaches and training for teams falling under the Caldicott function and to discuss any potential or current risks identified within Caldicott linked projects so that they are flagged to the CG and mitigating actions agreed. Key corporate projects continue to be supported to ensure IG compliance and to ensure privacy by design is initiated in a timely manner. Collaborative working between IG and Digital and IT continues to maintain technical and cyber compliance and to mitigate associated risks; collaborative work has commenced between IG and Data & Analytics with monthly meetings scheduled. Information incidents reported during the period have been contained, investigated with mitigating actions put in place locally with relevant teams. An additional temporary resource has been successfully recruited and will support the IG team for a 12-month period in terms of the delivery of statutory functions and work programme activities.</p> <p>Further actions to take to mitigate risk</p> <ul style="list-style-type: none"> Continue to progress the review and creation of level two procedures and guidance to support level one policies Progress the development and rollout of Level 2 and level 3 training for specialist roles Progress the collaboration with Audit Services to support the DPO reporting function and ongoing corporate compliance assurance. 	<p>E-learning take up and ongoing training development</p> <p>Privacy by design – DPIA, IG Impact Assessments</p> <p>Quarterly updates and regular touch points with Leadership teams</p> <p>Robust breach management procedures in place with assessment and monitoring at service level (leadership feedback)</p> <p>SEB/IG Board and Caldicott function to continue to monitor, challenge, support and champion IG compliance initiatives</p>

IG Work Plan 2022-2023

Table 3.0 below highlights the key priorities from the full IG work plan for next year 2022-23.

Table 3.0 Summary workplan 22/23

Priority work activities		Period 2022-2023
Information Asset Registers	Continue to review and consolidate IARs with the updated template with leadership teams; review ownership and update disposal schedules accordingly.	All year
Training	<ul style="list-style-type: none"> Rationalise IG training - formulate and introduce level two and three role-based training; introduce scheduled themed/topic training; scheduled e-bytes; drop-in sessions and surgeries. Closely monitor uptake of level 1 mandatory e-learning training throughout the year. Collaborative work with Digital & Analytics and Operational Development to build a robust monitoring mechanism. Reports to be presented at quarterly leadership meetings. 	<p>C/F</p> <p>Quarter 2 to Quarter 4</p> <p>Quarter 1 to Quarter 4</p>
Policies	Focus on completion and rollout of level two procedure guidance document for employees to support the new IG policy framework now in place.	Quarter 2
IG intranet	Development and completion of IG intranet pages; digitalise forms and templates and include a repository for DPIAs, ISAs, PNs and IG level two procedure documents.	All year
Records Management	<ul style="list-style-type: none"> Programme of work to be developed covering digital continuity, records retention and system migration which is linked to the risk highlighted. Potential programme approval to be sought from IGB once developed. Programme delivery and communication. 	<p>Quarter 2</p> <p>2022/23 - 2023/24</p>
Information Sharing	<ul style="list-style-type: none"> Review non health and care related information sharing framework and associated agreements. ISA review and rationalisation. 	Quarter 3 to Quarter 4

Priority work activities		Period 2022-2023
Traded Services	Continued service provisions. Review of SLAs with WH; review CWC and TMO relationship (IG).	All year Quarter 3
Collaborative working	Further develop collaborative working programmes with Data & Analytics, Digital and IT, Operational Development aligning road maps and strategies.	All year

Action Log for SIRO 2021-2022

Date raised	Action	Outcome	Status
July 2021	To review and agree a decision on when the time extension on FOI requests can revert to the statutory deadline of 20 days. This was approved and actioned in September 2021.	Following approval by SIRO, the deadline was reverted to the statutory timeline as of September 2021.	Approved/Closed
January 2022	Approval of resource for transactional IG team to ensure statutory functions are not compromised and mitigate the risk of a negative domino effect on strategic IG.	Approved in January 2022 and position recruited and resource in post as of May 2022. Capacity situation will be monitored and brought back to SIRO as applicable.	Approved/Closed
July 2022	To receive regular updates on training figures and to champion/support the work to increase the uptake of figures across all services, at executive level.	In progress.	Raised/Open

A glossary of terms

Assurance

A confident assertion, based on sufficient, relevant and reliable evidence, that something is satisfactory, with the aim of giving comfort to the recipient. The basis of the assurance will be set out and it may be qualified if full comfort cannot be given.

COPI (Control of Patient Information) Notice

The Secretary of State for Health and Social Care has issued NHS Digital with a Notice under Regulation 3(4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI) to require NHS Digital to share confidential patient information with organisations entitled to process this under COPI for COVID-19 purposes.

DPO

Data Protection Officer is a statutory role as mandated by the UK General Data Protection Regulations and the Data Protection Act 2018. All organisations who process personal/sensitive data must have this role in place to oversee an organisation's data protection strategy and implementation. They are the officer that ensures that an organization is complying with data protection requirements.

DSPT

The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Governance

The arrangements in place to ensure that the Council fulfils its overall purpose, achieves its intended outcomes for citizens and service users and operates in an economical, effective, efficient and ethical manner.

ICO

The Information Commissioner Office, the supervisory authority responsible for overseeing Data Protection and Freedom of Information in the UK.

IGB

The governance group charged with carrying out assurance work and implementing and monitoring IG controls across the organisation.

Risk Management

A logical and systematic method of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating the risks associated with any activity, function or process in a way that will enable the organisation to minimise losses and maximise opportunities.

SIRO

The Senior Information Risk Owner is a member of the Senior Executive Board with overall responsibility for an organisation's information risk policy. The SIRO is accountable and responsible for information risk across the organisation.

SEB
The Councils Senior Management Board.

Appendix 1

Information Governance Annual Statistics 2021-2022

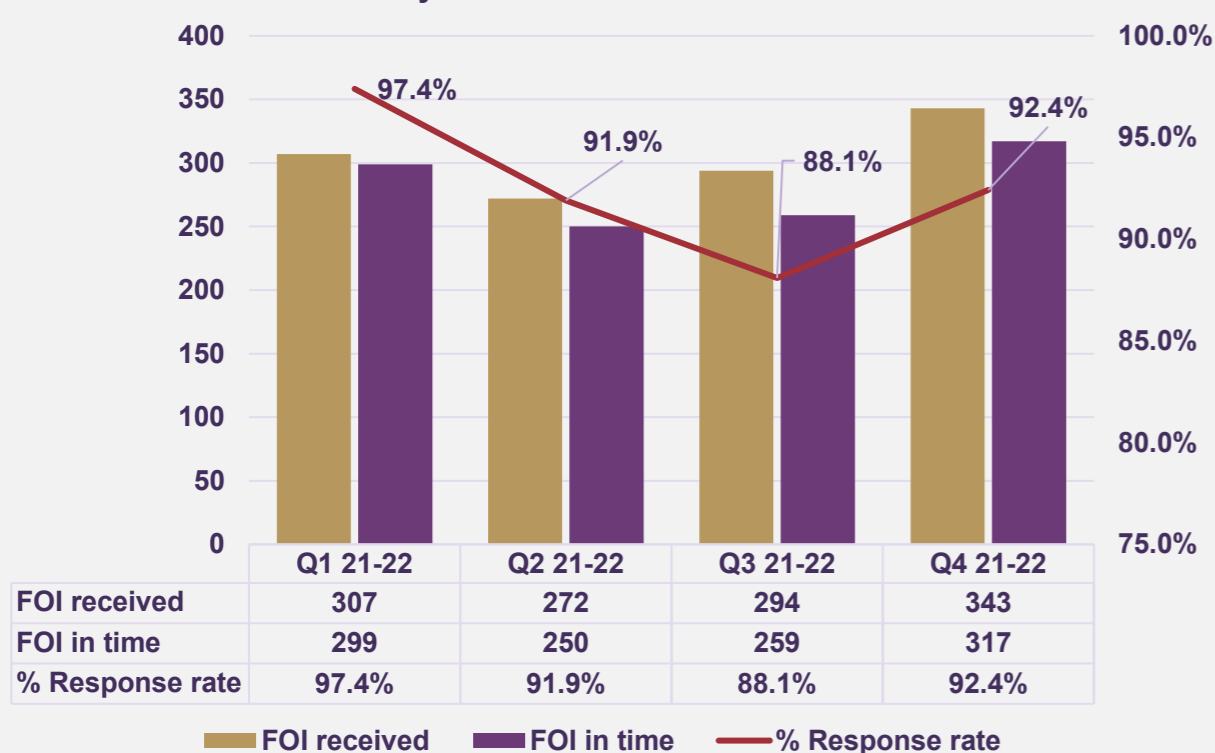
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Information Governance

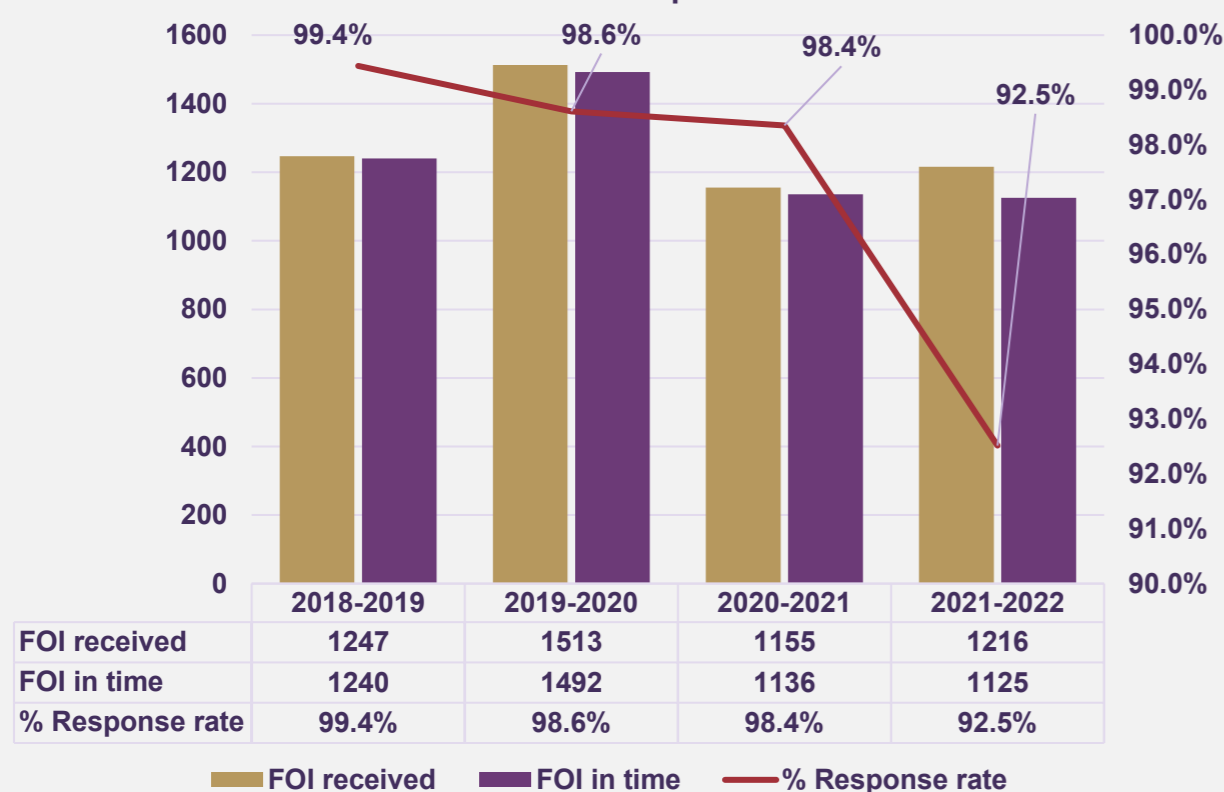
Annual 2021-2022

Freedom of Information

FOI Quarterly Performance Q1 21-22 to Q4 21-22



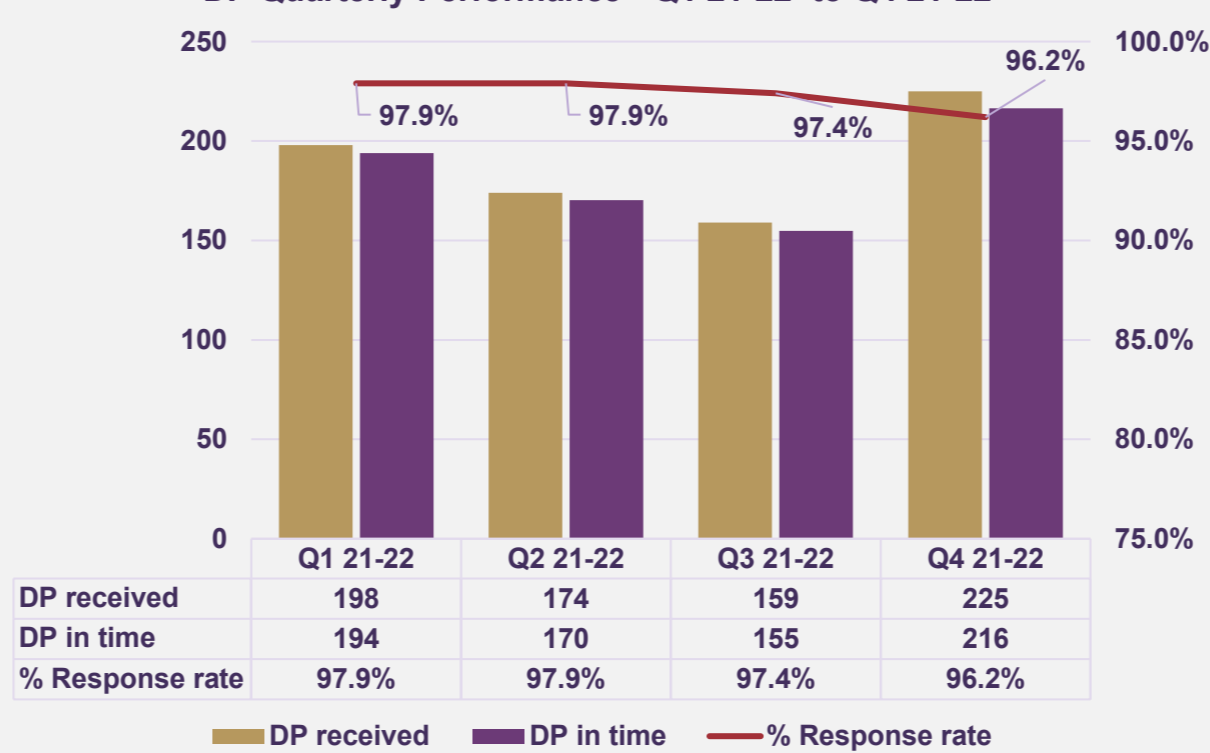
FOI Performance - Annual Comparison - 2018-19 to date



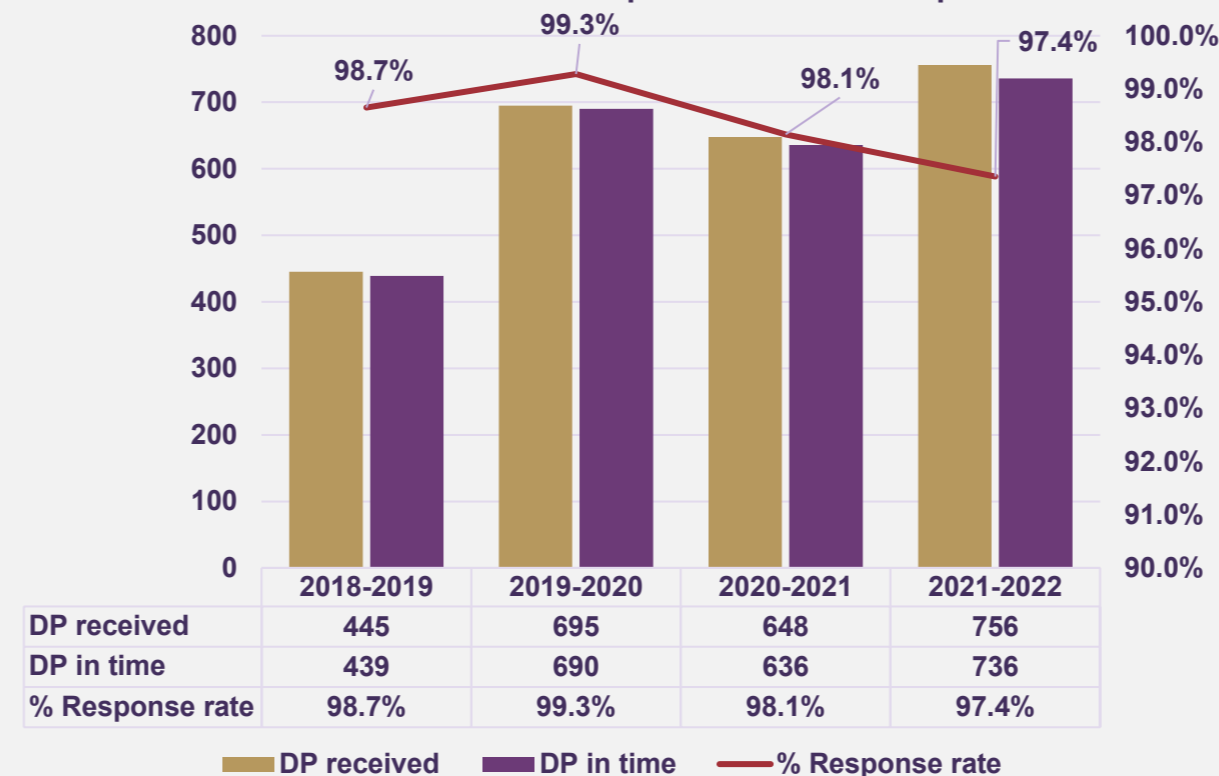
Annual Statement- Volumes of FOI and EIR have increased from 2020-2021, but are not back to the pre-pandemic levels the Council was dealing with. The Council continues to exceed the 90% target response rate set by the regulatory authority the ICO.

Data Protection

DP Quarterly Performance - Q1 21-22 to Q4 21-22



DP Performance - Annual Comparison - 2018-19 to present



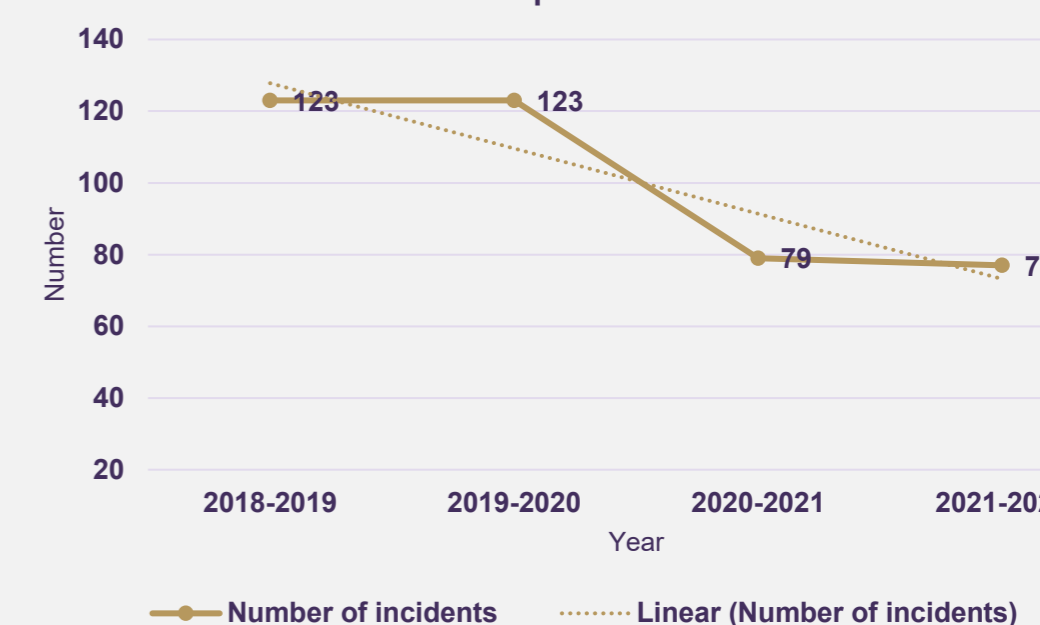
Annual Statement - The number of SARS received remained relatively similar to previous years. The number of disclosure requests received from other professional bodies (Police, other LAs) has increased by approx 100 more requests this year than last.

Information Incidents

Number of incidents - Quarterly performance Q1 20-21 to Q4 20-21



Number of incidents to Annual Comparison 2017-18 to present



The volumes of incidents reported this year are comparable with the previous year, but are still reduced from those seen pre-pandemic levels. The largest category of breaches occurring continues to be emails sent to the wrong recipient. The Council is looking at Data Rights Management software with Digital & IT to address this. Two cases were of high enough risk to be reported to the ICO.

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CITY OF WOLVERHAMPTON COUNCIL	Governance and Ethics Committee 1 September 2022
----------------------------------------------	----------------------------------------------------------------

Report title	Annual Social Care, Public Health, Corporate Complaints & Compliments Report 2021-2022	
Cabinet member with lead responsibility	Councillor Paula Brookfield, Cabinet Member for Governance and Equalities	
Accountable director	David Pattison, Chief Operating Officer	
Originating service	Information Governance, Customer Feedback	
Accountable employee	Sarah Campbell	Customer Engagement Manager
	Tel	01902 551090
	Email	sarah.campbell@wolverhampton.gov.uk
Report to be/has been considered by	Finance, Governance, Regeneration, Joint Adult, Children's & Education, Public Health, City Housing & Environment, City Assets, People and Change	July/August 2022

Recommendations for noting:

The Governance and Ethics Committee is asked to note:

1. The contents of the Annual Social Care Public Health Complaints and Compliments Report for the period 1 April 2021 to 31 March 2022, including:
 - a. The Statutory Complaints Activity for Children's Services, Education Services, Adult Services and Public Health, as detailed in Appendix 3 (Section 1).
 - b. All the other complaints activity governed by the Corporate Complaints Policy and Procedure as detailed in Appendix 3 (Section 2).

1.0 Purpose

1.1 This report provides an overview of the complaints, including Local Government and Social Care/Housing Ombudsman enquiries received during 1 April 2021 to 31 March 2022.

2.0 Background

2.1 The council's Customer Feedback Team handles complaints, compliments and service requests/informal complaints from members of the public. Those relating to children's, adults and public health matters fall under a statutory framework, while the remainder are handled under the council's corporate complaints policy and procedure.

3.0 Complaint Training

3.1 The Customer Feedback Team has compiled mandatory corporate complaint training and children's complaint handling for council officers, which is available via the council's learning hub. The team is currently working with the council's organisational development team and is compiling an online training module for Adult's complaint handling; this will be launched during 2022.

4.0 Managing Unreasonable Customer Behaviour Procedure

4.1 The management of unreasonable complainant behaviour procedure has been active since February 2015. During this period, the Customer Feedback Team has managed a total of 7 cases in line with this procedure

5.0 Complaint Policy/Procedures

5.1 The Customer Feedback Team carries out regular reviews of the council's corporate complaints policy and Children's, Adults and Public Health complaint procedures to reflect current working practices and legislation. All policies and procedures are presented to the relevant leadership teams and democratic panel/board for approval.

6.0 Financial implications

6.1 There are no financial implications associated with the recommendation in this report.
[GE/26072022/L]

7.0 Legal implications

7.1 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 1 April 2009.
- Public Health - The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.
[SZ/27072022/P]

8.0 Equalities implications

- 8.1 There are no concerns with the data analysis, equality implications or evidence of any groups being disproportionately affected associated with this report. 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.

9.0 Health and Wellbeing Implications

- 9.1 The complaints element of the social care and corporate procedure is part of a wider assurance process supporting quality in service delivery standards. This can then be a positive experience for customers and contribute to their health and well-being. For those occasions where the experience which has led to a complaint is a less positive one, then there is an opportunity for appropriate action or redress so that the health and well-being of the complainant and/or relevant others is secured. The compliments process allows customers to note great practice by the council; positive experience of officers working in many different settings will support improved experience of health and well-being for individuals as well as for staff who can be satisfied that their work is appreciated.

10.0 Covid Implications

- 10.1 A number of complaint cases were implicated by Covid pandemic which are outlined Appendix 3; some cases are due to government restrictions and regulations in place.

11.0 All other Implications

- 11.1 There are no other implications arising from this report.

12.0 Schedule of Background Papers

- 12.1 None for consideration.

13.0 Appendices

- 13.1 Appended to this covering report are the following documents:

Appendix 1 – Statutory Social Care Customer Feedback Dashboard

Appendix 2 – Corporate Customer Feedback Dashboard

Appendix 3 – Notes to the dashboard – Statutory (Section 1); Corporate (Section 2), Local Government and Social Care Ombudsman (LGSCO) and Housing Ombudsman (HO)

Appendix 4 – Learning from stage one complaints and compliments (corporate, social care and public health)

Appendix 5 – LGSCO annual letter case reports; 7 out of the 8 upheld cases which are published on the LGSCO website; not all cases are published due to confidentiality

Appendix 1 Statutory Customer Feedback Children's and Education Services

Annual (1 April 2021 – 31 March 2022)

Formal Complaints Received
See Appendix 3 (1.2)



Average Complaint Response Time
See Appendix 3 (1.3 and 1.4)



Statutory complaints

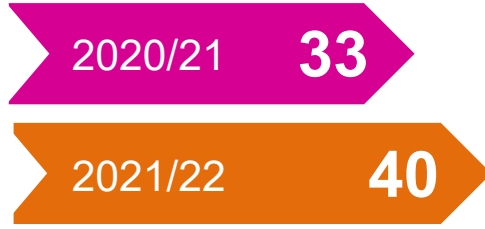


Corporate complaints

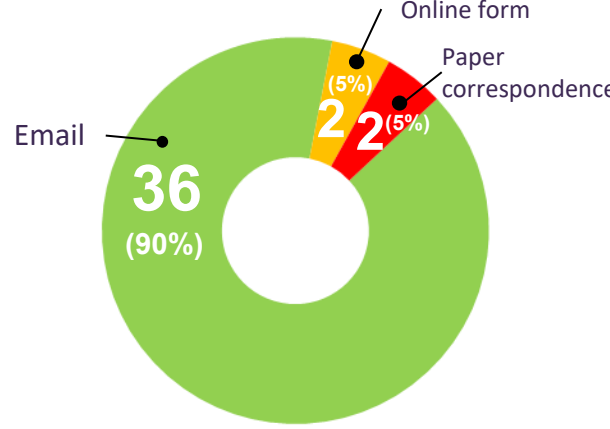
This represents a increase of



Stage 1 Complaints Comparison
See Appendix 3 (1.2)



How complaints are received
See Appendix 3 (1.2)

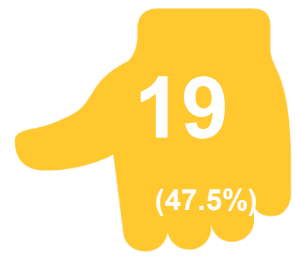


Complaints where the council is at fault (upheld)
See Learning Appendix 4



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



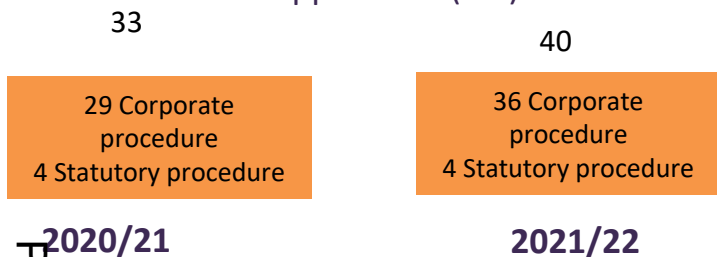
Complaints where the council is not at fault



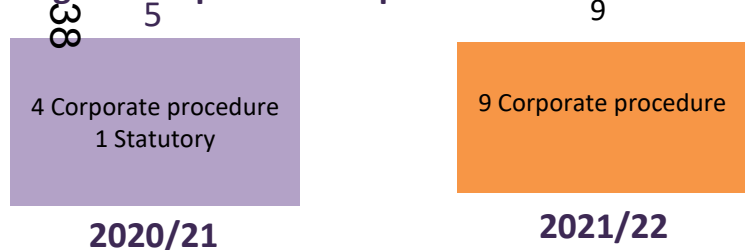
Appendix 1 Statutory Customer Feedback Children's and Education Services

Annual (1 April 2021 – 31 March 2022)

Stage 1 Complaints Comparison – Annual Breakdown Appendix 3 (1.2)



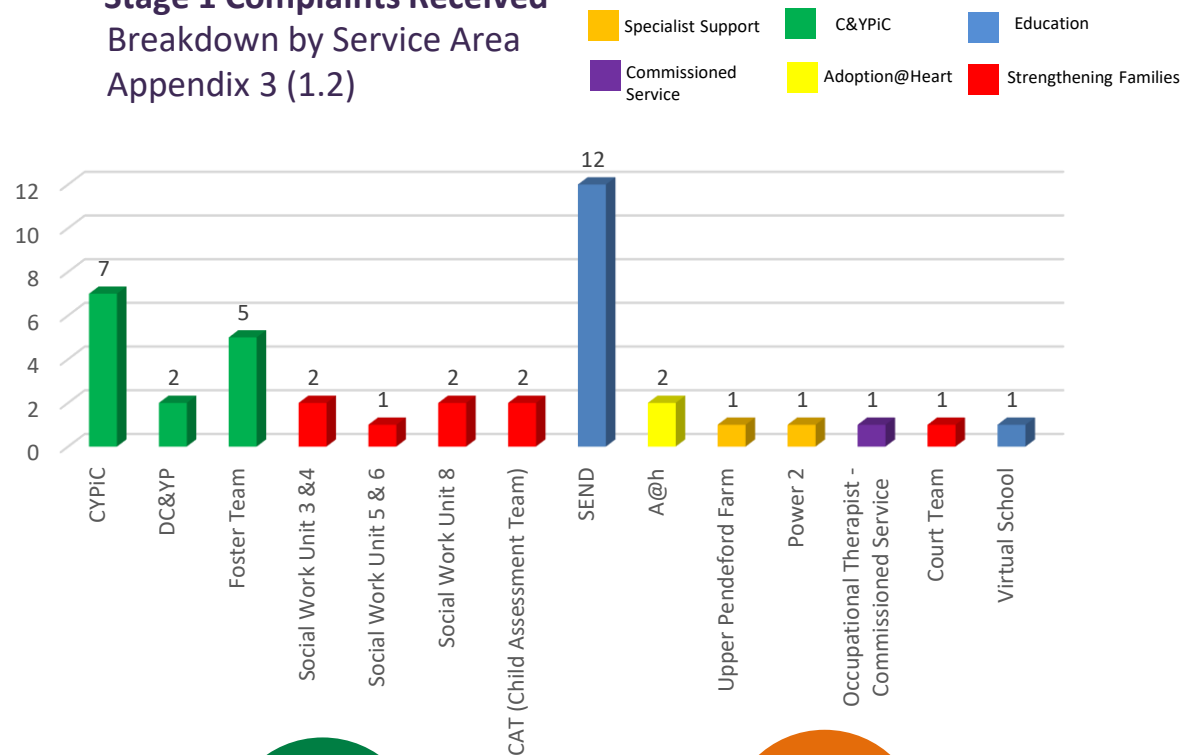
Stage 2 Complaints Comparison – Annual Breakdown Appendix 3 (1.2)



Stage 3 Complaints Comparison - Annual Breakdown Appendix 3 (1.2)



Stage 1 Complaints Received Breakdown by Service Area Appendix 3 (1.2)



Compliments Appendix 3 (1.7)



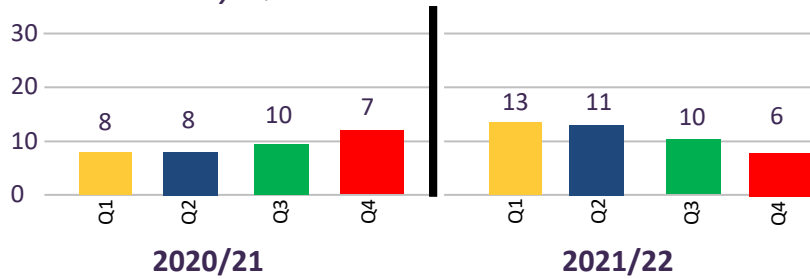
Informal Complaints Appendix 3 (1.1)

Appendix 1 Statutory Customer Feedback Children's and Education Services

Annual (1 April 2021 – 31 March 2022)

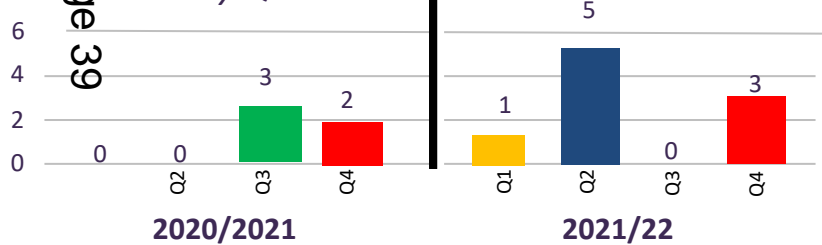
Stage 1 Complaints Comparison – Appendix 3 (1.2)

Breakdown by Quarter



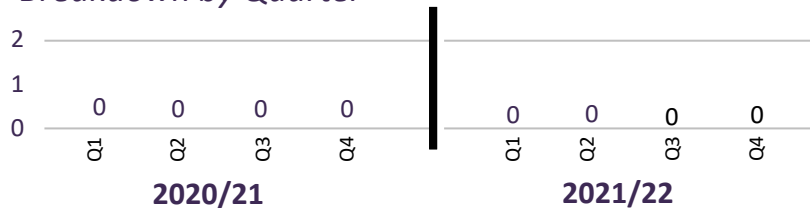
Stage 2 Complaints Comparison – Appendix 3 (1.4)

Breakdown by Quarter

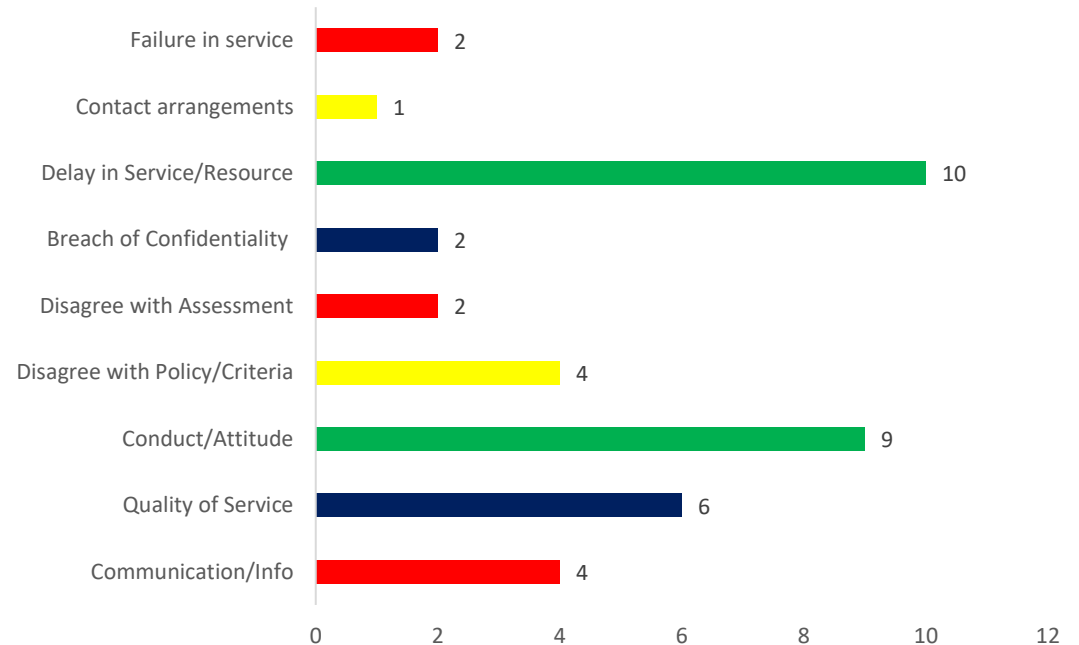


Stage 3 Complaints Comparison – Appendix 3 (1.5)

Breakdown by Quarter



Annual Stage 1 Complaints Received Breakdown by Category



Appendix 1 Statutory Customer Feedback Adult Services and Public Health

Annual (1 April 2021 – 31 March 2022)

Formal Complaints Received See Appendix 3 (3.2)



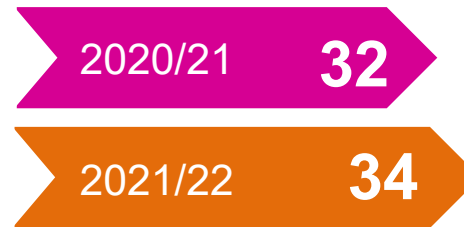
Page 40

This represents a
increase of

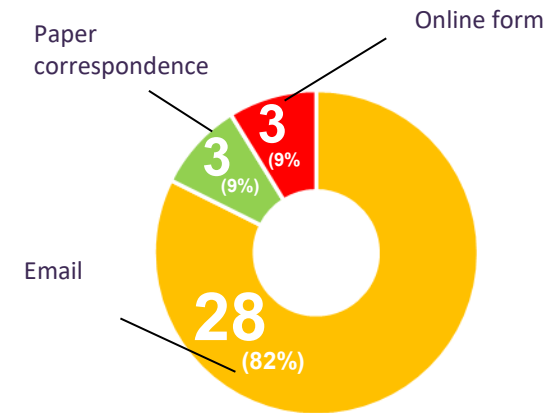


2

Stage 1 Complaints Comparison See Appendix 3 (3.2)



How complaints are received See Appendix 3 (3.2)



Average Complaint Response Time See Appendix 3 (3.4)



Statutory
complaints



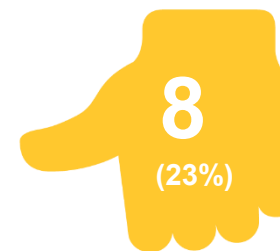
Corporate
complaints

Complaints where the council is at fault (upheld) See Learning Appendix 4



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



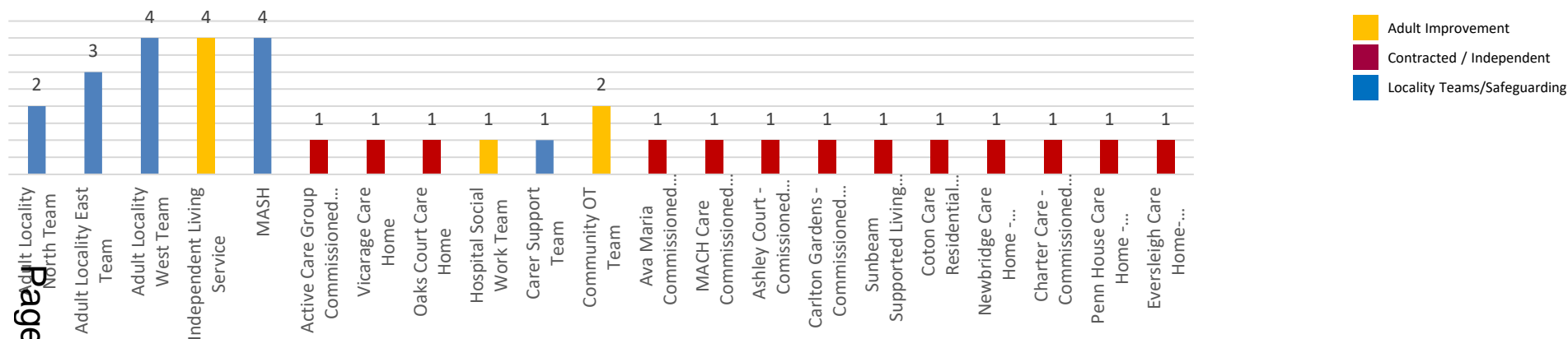
Complaints where the council is not at fault



Appendix 1 Statutory Customer Feedback Adult Services and Public Health

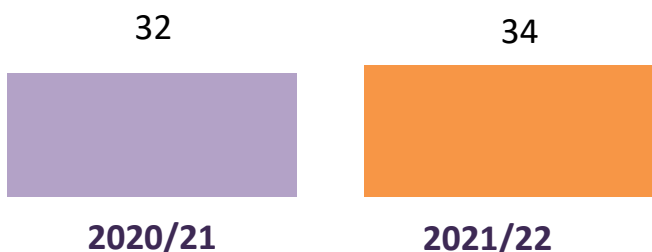
Annual (1 April 2021 – 31 March 2022)

Stage 1 Complaints Received Breakdown by Service Area - See Appendix 3 (3.2)



Page 41

Stage 1 Complaints Comparison - Annual Breakdown



**Compliments
Adult Services**
Appendix 3 (3.5)



**Compliments
Public Health**
Appendix 3 (3.5)



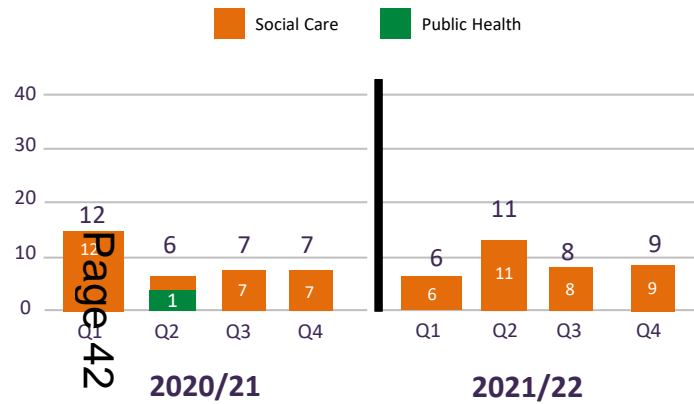
**Informal
Complaints**
Appendix 3 (3.1)

Appendix 1 Statutory Customer Feedback Adult Services and Public Health

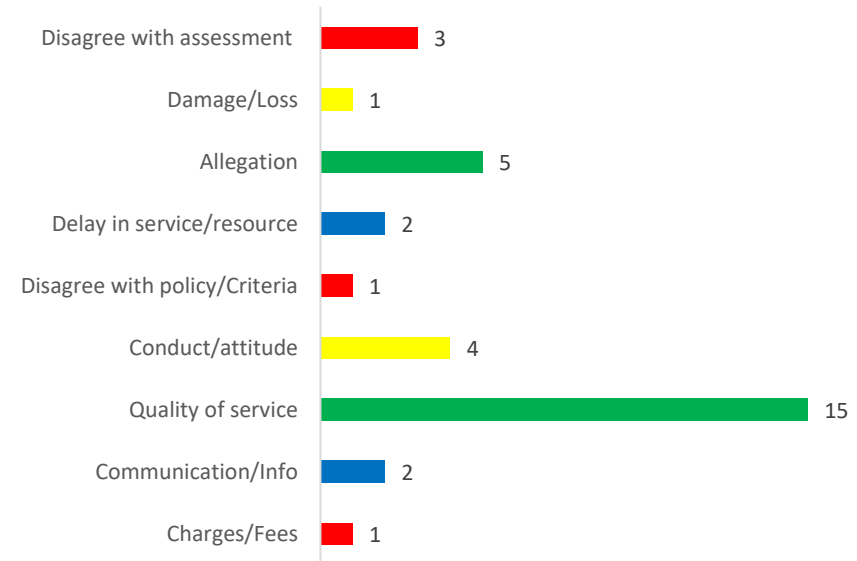
Annual (1 April 2021 – 31 March 2022)

Stage 1 Complaints Comparison

Breakdown by Quarter - See Appendix 3 (3.2)



Annual Stage 1 Complaints Received Breakdown by Category



Appendix 2 Stage 1 Annual Corporate Complaints

Annual Report (1 April 2021 to 31 March 2022)

Complaints Received

See Appendix 3 (4.2 and 4.3)



Complaints where the Council is at fault

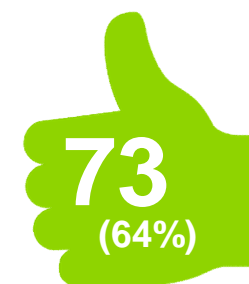
(upheld) See Learning Appendix 4



Issues have been identified from 41 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

See Learning Appendix 4



Response Timescales

See Appendix 3 (4.4)



11 cases
(10%)
Not responded to within timescales

Average Complaint Response Time

See Appendix 3 (4.4)



Stage 1 Complaints Comparison

See Appendix 3 (4.2)



Complaints received increased by



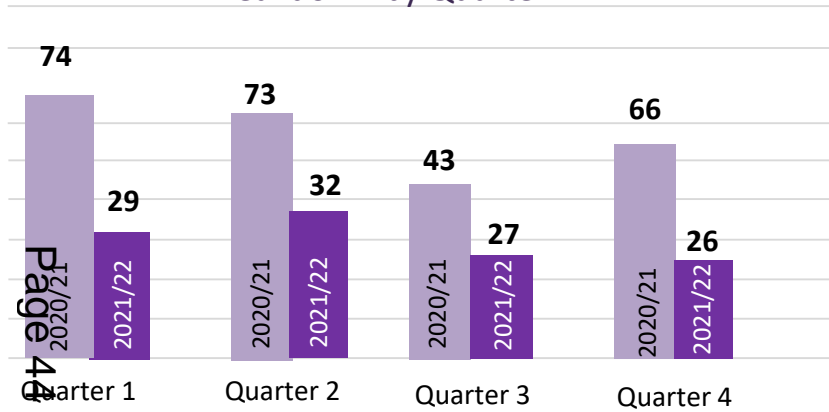
In comparison to 2020/21 a decrease has been seen in the number of stage one complaints received.

Appendix 2 Stage 1 Annual Corporate Complaints

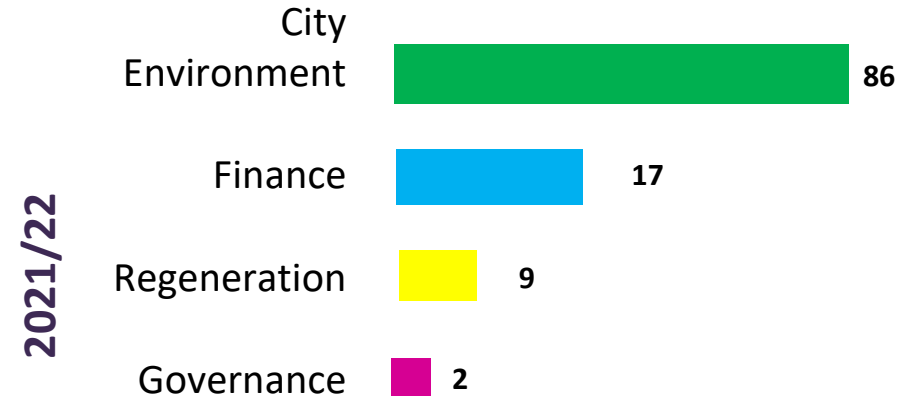
Annual Report (1 April 2021 to 31 March 2022)

Stage 1 Complaints Comparison

See Appendix 3 (4.2 and 4.3)
Breakdown by Quarter



Stage 1 Complaints Breakdown by Directorate - See Appendix 3 (4.2 and 4.3)



■ Telephone ■ Webform ■ letter ■ Email

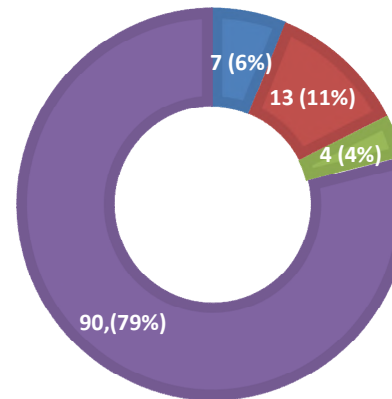
Annual Compliments Received
See Appendix 3 (4.6)



Annual Service Requests
Appendix 4.1



How complaints are received
See Appendix 3 (4.2)



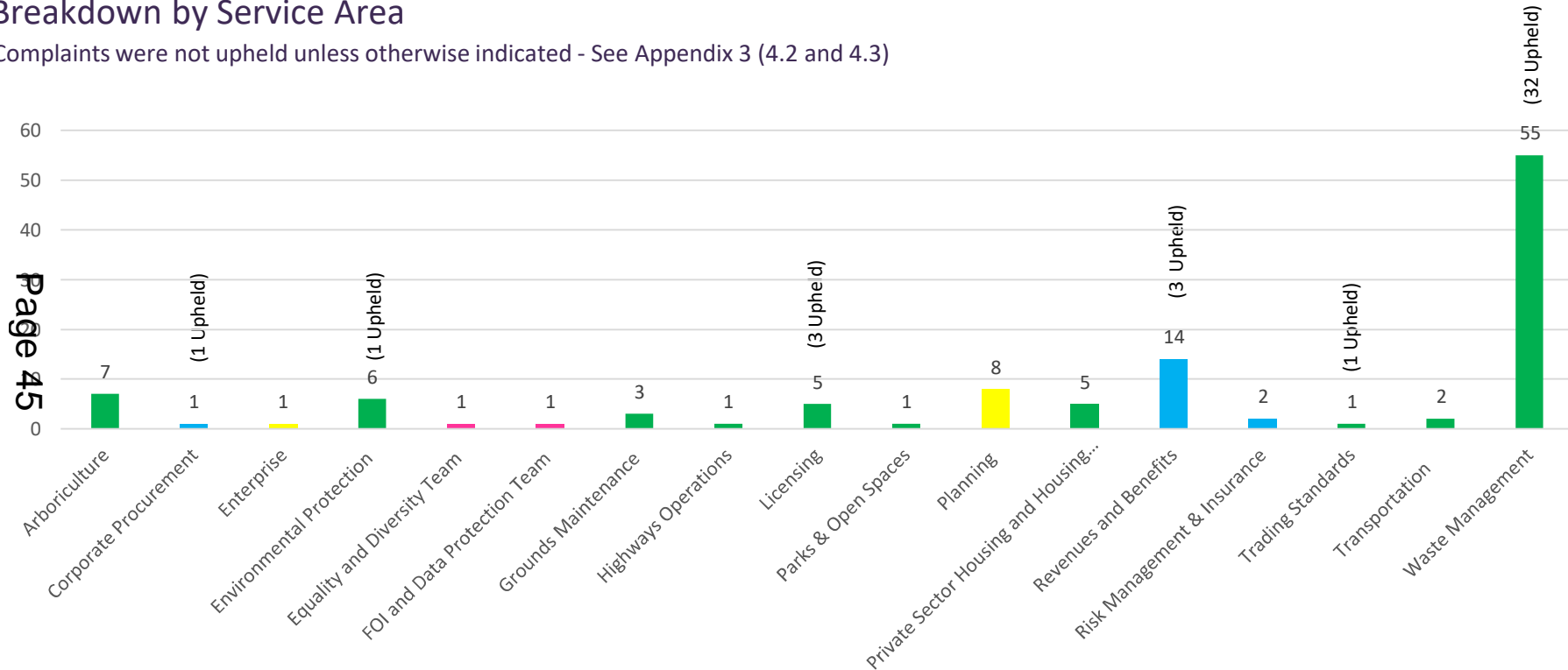
Appendix 2 Stage 1 Annual Corporate Complaints

Annual Report (1 April 2021 to 31 March 2022)

Stage 1 Complaints Received

Breakdown by Service Area

Complaints were not upheld unless otherwise indicated - See Appendix 3 (4.2 and 4.3)



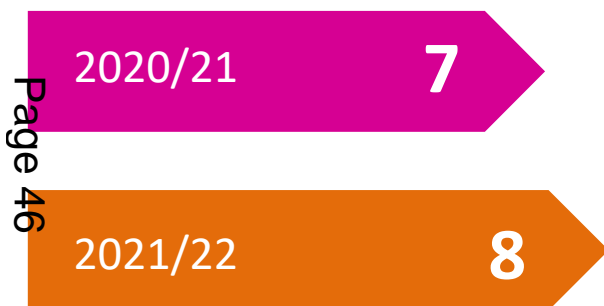
Appendix 2

Customer Feedback Annual - Stage 2 Corporate Complaints, Local Government and Social Care (LGSCO) and Housing Ombudsman (HO) Enquiries

Annual Report (1 April 2021 to 31 March 2022)

HO enquiries

See Appendix 3 (5.2 and 5.4)

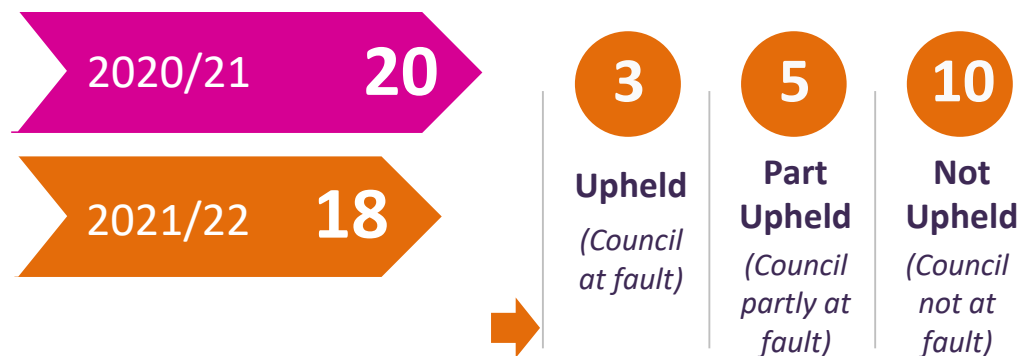


Page 46

Figures increased by one case for 2021/22 compared to 2020/21. Customer Feedback team has also received 23 initial HO assessment enquiries for 2021/22.

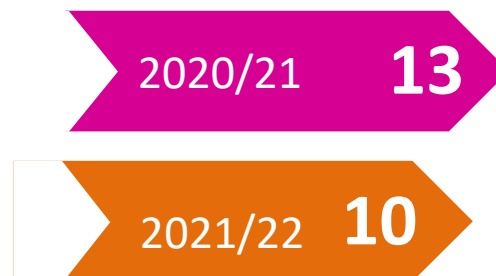
Stage 2 Corporate Complaints

See Appendix 3 (4.5)



LGSCO enquiries

See Appendix 3 (5.1 and 5.3)



Figures decreased for 2021/22 compared to 2020/21. Customer Feedback team has also received 27 initial LGSCO assessment enquiries 2021/22.

APPENDIX 3

SECTION 1:

Children's Services, Education Services, Adult Services and Public Health Complaints Activity

1 April 2021 to 31 March 2022

1.0 Children's and Education Services – Complaint Activity

1.1 Informal Complaints

The complaint regulations provide an opportunity for young people/children, parents, advocates and carers to raise issues of concern without those matters being treated as formal complaints, as long as they are effectively addressed and resolved in a timely manner. These are referred to as informal complaints; 75 informal complaints were received during 1 April 2021 to 31 March 2022 compared to 42 informal complaints received during 1 April 2020 to 31 March 2021; representing an increase of 33 cases. Out of the 75 informal complaints received, three enquiries were submitted via an advocacy service.

1.2 Stage One Complaints

During 1 April 2021 to 31 March 2022 the council received 40 stage one Children's and Education Services complaints compared to 33 during 1 April 2020 to 31 March 2021, representing an increase of 7 cases. The 40 complaints received during this period refer to 14 separate service areas. The highest figure of 12 cases referred to the SEND Team. In some cases, this has followed extensive but unsuccessful attempts to resolve some of those complaints informally. The following customer groups submitted complaints to the council; 22 parents, 7 foster carers, 3 children/young people, 3 relatives, 2 neighbours, 1 family friend, 1 adopter and 1 guardian. Out of the 40 complaints logged and investigated, 36 were received via email, two received via online form and two received via paper format. Three stage one complaints were received via an advocacy service. Out of the 40 complaints logged and investigated during this period, nine cases were upheld (at fault), 19 cases were partially upheld (partially at fault) and 12 cases not upheld (not at fault).

1.3 Timescales

Out of the 40 complaints logged and investigated during this period, 4 complaints were dealt with in accordance with the Children's Act with a response timescale of ten working days; the average timescale for complaint responses was 22 days. 36 complaints were dealt with in accordance with the corporate complaints policy and procedure (Non-Children's Act) with a response timescale of 21 calendar days; the average timescale for complaint responses was 22 days. The Customer Feedback Team regularly reviews response times with Children's Services to improve these timescales and complainants are regularly updated on the progress of their complaint, whilst providing realistic timescales. The Customer Feedback Team also chase individual cases and submit weekly reminder complaint case reports to the relevant services, outlining response timeframes.

1.4 Stage Two Complaints

During this period, the council received no statutory stage two complaints; this is in comparison to one complaint case received during 1 April 2020 to 31 March 2021.

APPENDIX 3

The council received nine children's and education stage two complaints in accordance with our corporate complaints policy and procedure. This is in comparison to four corporate cases received during 1 April 2020 to 31 March 2021. Out of the nine cases received, four cases were upheld (at fault), four cases not upheld (not at fault) and one case partially upheld.

Stage two complaints received are as follows:

- Adoption@heart received one complaint in relation to process/procedure and actions of the service during post adoption; outcome upheld; appropriate learning and remedies have been put in place
- Adoption@heart received one complaint in relation to service provided by the Adoption Team during the adoption procedure; outcome upheld; appropriate remedies and learning have been put in place
- Children and Young People in Care, Disabled Children and Young People (DC&YP) Team received one complaint in relation to social worker conduct, request for a new worker to be allocated to a case and delays in concluding a stage one response; outcome not upheld
- Children and Young People in Care, Disabled Children and Young People (DC&YP) Team received one complaint in relation to a request for a reassessment and disagreement with an outcome of an initial assessment; outcome partially upheld; appropriate remedies and learning have been put in place
- Children and Young People in Care, CYPiC Team received one complaint in relation to no progress with child contact and ongoing letter box contact; outcome upheld; appropriate remedies and learning have been put in place
- Children and Young People in Care, Fostering Team received one complaint in relation to process/procedure of fostering placement and actions of fostering team; outcome not upheld
- Education, SEND team received one complaint in relation to officer conduct; outcome not upheld
- Education, SEND team received one complaint in relation to delays incurred by the team for an EHCP and psychological advice report; outcome upheld; appropriate learning and remedies have been put in place
- Education, SEND team received one complaint in relation to placement consultation of a PRU; outcome not upheld

1.5 Stage Three Complaints

Where a statutory children's stage two complaint investigation has been carried out and the complainant remains dissatisfied, they have the right to request matters proceed to the final stage of the statutory complaints procedure; a stage three Independent Complaint Review Panel. During 1 April 2021 to 31 March 2022 no complaints escalated to a stage three panel during this period; this is in comparison to no stage three cases during 1 April 2020 to 31 March 2021.

1.6 Complaint Category

These are the headings under which we register the complaint against, based on the complaint details received – see attached Dashboard, Appendix 1.

APPENDIX 3

1.7 Compliments

All compliments are recorded by the Customer Feedback Team and reported as part of the team's monitoring process. During this period 117 compliments were received for Children's and Education Services, compared to 29 received during 1 April 2020 to 31 March 2021. Safeguarding and Exploitation received 15, Early Intervention 14 followed by Children and Young People in Care receiving 13. See Appendix 4 for compliments.

2.0 Public Health – Complaint/Compliment Activity

2.1 Regionally and nationally councils receive very few complaints in relation to Public Health Services. A typical complaint would be where a council has commissioned a service for local people through a Clinic or GP practice. Complaints in relation to GP's and Hospitals are dealt with through a separate complaint process managed by Health Services. In relation to Public Health complaints, there has been no complaints received during 1 April 2021 to 31 March 2022; this is in comparison to one complaint received during 1 April 2020 to 31 March 2021. During this period Public Health received 247 compliments.

3.0 Adult Services – Complaint Activity

3.1 Informal Complaints

The complaint regulations provide an opportunity for adult complaints to be resolved informally utilising a number of resolution methods as long as they are effectively addressed and resolved in a timely manner. During 1 April 2021 to 31 March 2022 the council received 53 informal complaints which were resolved at service level without going through the formal route. This was compared to 29 informal complaints received during 1 April 2020 to 31 March 2021, an increase of 24 cases.

3.2 Stage One Complaints

During 1 April 2021 to 31 March 2022 the council received 34 formal complaints compared to 32 during 1 April 2020 to 31 March 2021, representing an increase of two cases during this period. The 34 complaints received covered 21 separate service areas. Out of the 34 complaints received, 28 complaints were received via email, three complaints via online form and three complaints via paper correspondence. In some cases, this has followed extensive but unsuccessful attempts to resolve some of those complaints informally. During this period, 13 complaints received were in relation to commissioned/independent services – see Appendix 1. Out of the 34 cases logged and investigated during this period, four cases were upheld, eight cases partially upheld and 22 cases not upheld.

Out of the 34 complaint cases received, one case escalated to stage two under the corporate complaints policy and procedure; this is in comparison to no stage two complaints received during 1 April 2020 to 31 March 2021.

Stage two case received is as follows:

- Mental Health, Carer Community Support Team received one complaint in relation to the council's response to statutory guidance during Covid19 concerning Direct

APPENDIX 3

Payments/Carer Support; outcome partially upheld; appropriate learning and remedies have been put in place.

3.3 Complaint Category

These are the headings under which we register the complaint against, based on the complaint details received – see attached Dashboard, Appendix 1.

3.4 Timescales

Out of the 34 complaints logged and investigated during this period, two cases were dealt with in accordance with the corporate complaints policy and procedure with a response timescale of 21 calendar days; the average response time was 16 days. 32 cases were dealt with in accordance with the statutory adults procedure with a response timescale of ten working days; the average response time was 29.5 days. Cases responded to outside of the ten working day organisational timescale are due to various reasons for example, complex cases, availability of resources. In these circumstances, complainants are regularly updated on the progress of their complaint, whilst providing realistic timescales. The Customer Feedback Team also chase individual cases and submit weekly reminder complaint case reports to the relevant services, outlining response timeframes.

3.5 Compliments

All compliments are recorded by the Customer Feedback Team and reported as part of the team's monitoring process. 441 compliments were received during 1 April 2021 to 31 March 2022 relating to Adult Services compared to 142 during 1 April 2020 to 31 March 2021. Welfare Rights received 203, Wolverhampton and Shropshire Macmillan WRS 178 followed by Community Occupational Therapy Team receiving eight. See Appendix 4 for compliments.

3.6 Areas of Learning from Complaints

See Appendix 4 for stage 1 learning.

APPENDIX 3

SECTION 2: Corporate Complaints Activity, Local Government and Social Care Ombudsman and Housing Ombudsman Complaints Activity 1 April 2021 to 31 March 2022

4.0 Corporate Complaints Activity, Local Government and Social Care Ombudsman and Housing Ombudsman

4.1 Service Requests/Informal Complaint Enquiries

The Customer Feedback Team works alongside the service involved and the customer complaining to resolve the complaint informally, preventing it becoming a formal complaint. It should be noted that 1,229 informal complaints and service request enquiries were logged with the Customer Feedback Team in line with our complaints policy and procedure during 1 April 2021 to 31 March 2022, compared to 1,054 received during 1 April 2020 to 31 March 2021. These types of enquiries are varied, for example, missed bin collection, contaminated bins, appeals, parking enquiries, litter or enquiries that fall outside of the complaints policy and procedure jurisdiction. All enquiries were logged and resolved informally or sign posted to the correct process without going through the corporate complaints procedure; this provides a swift outcome and resolution for the customer by resolving concerns at service level.

4.2 Stage One Complaints

During 1 April 2021 to 31 March 2022 the council received 114 stage one corporate complaints compared to 256 received during 1 April 2020 to 31 March 2021; a decrease of 142 cases. Out of the 114 cases logged and investigated, 41 cases were upheld (at fault) and 73 not upheld (not at fault). The 114 complaints cover 17 separate service areas, the highest figure of 55 complaints refer to Waste Management, followed by Revenues and Benefits receiving 14 cases. The 55 complaints for Waste Management refer to the following; missed bin (25); garden waste (7); purple bin (5); assisted collection (4); replacement bin (2); staff conduct (2); bins not provided (2); additional waste not collected (1); alleged damage to wall (1); refused entry to refuse site (1); bulky waste refund (1); lack of service (1); larger bin request (1); missed trade waste (1); waste timetable (1). In some cases, this has followed extensive but unsuccessful attempts to resolve some of those matters at service level. Out of the 114 stage one complaints received, 90 cases were submitted via email, 13 cases via webform, seven cases via telephone and four cases via written correspondence.

4.3 Complaint Category

During 1 April 2021 to 31 March 2022 the main issue of complaint involved failure to provide a service (50), dissatisfaction of council policies (23), conduct of employees (18), failure to achieve standards/quality (16), delays with responding or administration (4); failure to consider relevant matters (3).

4.4 Timescales

The average response time for responding to each complaint is 17 days for this period; this is in comparison to 14 days for 1 April 2020 to 31 March 2021. The response timescale for stage 1 complaints responding within 21 calendar days (corporate complaints policy and procedure) is 90%. Out of the 114 cases logged and investigated during this

APPENDIX 3

period, 103 cases were responded to within 21 calendar days and 11 cases responded to outside of this timescale. The target of 95% response time has therefore not been achieved; the Customer Feedback Team will continue to monitor this response time and work with service groups to improve this timescale. Cases responded to outside of the timescale are due to various reasons for example, complex cases, availability of resources. In these circumstances, complainants are regularly updated on the progress of their complaint. The Customer Feedback Team also chase individual cases and submit weekly reminder complaint case reports to the relevant services, outlining response timeframes.

4.5 Stage Two Complaints

During 1 April 2021 to 31 March 2022 the council received 18 stage two corporate complaints compared to 20 cases for 1 April 2020 to 31 March 2021, a decrease of two cases. Out of the 18 cases received, three cases were upheld (at fault) and five cases partially upheld (partially at fault) and ten cases not upheld (not at fault).

Stage two complaints received are as follows:

City Housing and Environment received ten cases as follows:

- Waste Management received one case in relation to officer conduct, Covid guidelines and customer experience at a refuse site; outcome not upheld
- Waste Management received one case in relation to assisted waste collection; outcome not upheld
- Waste Management received one case in relation to waste operative leaving bin against a wall; outcome partially upheld; appropriate learning and remedies have been put in place
- Arbor team received one case in relation to the maintenance of a tree located near to a property; outcome partially upheld; appropriate learning and remedies have been put in place
- Housing Team received one case in relation to damage caused to a property during redevelopment, lack of communication received and inadequate temporary accommodation provided for the family; outcome upheld; appropriate learning and remedies have been put in place
- Grounds maintenance received one case in relation to damage caused to shrubs and bushes; outcome partially upheld; appropriate learning and remedies have been put in place
- Parks Team received one case in relation to unmaintained hedge; outcome not upheld
- Private Sector Housing received one case in relation to the council gaining entry into a property without consent or contact; outcome partially upheld; appropriate learning and remedies have been put in place
- Private Sector Housing received one case in relation to handling of personal data and breach of data on a HMO register; outcome upheld; appropriate learning and remedies have been put in place
- Transportation Team received one case in relation to potholes; outcome not upheld

APPENDIX 3

Regeneration received six cases as follows:

- Planning received one complaint in relation to the team's actions in relation to a planning application; outcome partially upheld; appropriate learning and remedies have been put in place
- Planning received one complaint in relation to a planning application and concerns over record of plans on the planning portal; outcome not upheld
- Planning received one complaint in relation to the conduct of the Chair from a planning committee; outcome not upheld
- Planning received one complaint in relation to a planning application process for a school; outcome not upheld
- Planning received one complaint in relation to a planning application process and impact of direct daylight; outcome not upheld
- Planning received one complaint in relation to a planning process/procedure and planning committee; outcome not upheld

Governance received two cases as follows;

- Equality and Diversity Team received one case in relation to equality identification information on an online form; outcome not upheld
- Information Governance received one case in relation to process and procedure for a FOI (Freedom of Information) request; outcome upheld; appropriate learning and remedies have been put in place

4.6 Compliments

All compliments are recorded by the Customer Feedback Team and reported as part of the team's monitoring process. During 1 April 2021 to 31 March 2022 the council received 188 compliments; this is in comparison to 221 received during 1 April 2020 to 31 March 2021. Planning received 72, Waste Management received 20 followed by Finance receiving 13. See Appendix 4 for compliments.

4.7 Area of Learning for Complaints

See Appendix 4 for stage one learning.

5.0 Local Government and Social Care Ombudsman/Housing Ombudsman

5.1 Local Government and Social Care Ombudsman Enquiries (LGSCO)

During 1 April 2021 to 31 March 2022 the council received ten Local Government and Social Care Ombudsman (LGSCO) enquiries as follows:

Adult Services received four cases as follows:

- Adult Services and Health Partnerships received one complaint in relation to a specialist chair; outcome not upheld, no maladministration
- Adult Services and Health Partnerships received one complaint in relation to failure to provide appropriate care and treatment; and Nursing Home failed to provide request of records; outcome, not upheld, no maladministration

APPENDIX 3

- Adult Services and Communities received one complaint in relation to the council not taking prompt action in response to concerns raised to a social worker; outcome, upheld, maladministration and injustice; appropriate learning and remedies have been put in place
- Adults Services and Commissioning received one complaint in relation to actions of a care provider; outcome, upheld, maladministration and injustice; appropriate learning and remedies have been put in place

Children's Services received four cases as follows:

- Strengthening Families received one case in relation to failure to act on the complainant's reports about a family member, failure to safeguard complainant's children and council prevented contact with children; outcome not upheld, no maladministration
- Children and Young People in Care received one case in relation to no offers of suitable fostering placements and failure to communicate in relation to whereabouts of a young person; outcome upheld, no further action; appropriate learning and remedies have been put in place
- Adoption@heart received one case in relation to delays in providing adequate support, therapies and interventions, delays in providing later-in-life letters, failure to properly understand the family's needs and communicate and delays in responding to their complaint; outcome upheld, maladministration and injustice; appropriate learning and remedies have been put in place
- Education SEND Team received one case in relation to actions of the council and health trust during an Education, Health and Care Plan (EHCP) needs assessment process; outcome awaiting draft report from the LGSCO

Regeneration received one case as follows:

- Planning received one complaint in relation to a planning application process/procedure and code of conduct of councillors; outcome not upheld, no maladministration

Wolverhampton Homes received one case as follows:

- Wolverhampton Homes received one complaint about the standard of work carried out by tradesman when completing adaptations to a property under a grant from the council. The council did not follow up and inspect the quality of the work once completed; outcome not upheld, no maladministration

During 1 April 2021 to 31 March 2022 Children's Services received one published report from the LGSCO. Adoption@heart declined a customer's request to register as a potential adopter; the LGSCO found fault causing injustice and recommendations were made. The council accepted the findings of the LGSCO and has reviewed its adoption recruitment to ensure it adheres to the Department of Education 2013 statutory guidance on adoption.

5.2 Housing Ombudsman (HO) Enquiries

During 1 April 2021 to 31 March 2022 the council received eight enquiries from the Housing Ombudsman (HO) for Wolverhampton Homes as follows:

APPENDIX 3

- One enquiry received in relation the landlord's handling of reports of antisocial behaviour (ASB) at a previous property and the impact this had on the health and well-being of the resident; outcome, no maladministration
- One enquiry received in relation to the landlord's response to a request for redecoration; outcome, the landlord has offered redress to the resident prior to investigation; the HO are happy that this resolves the complaint satisfactorily with respect to its response to the resident's request for re-plastering the walls; outcome, service failure in respect of the landlord's handling of the resident's complaint; appropriate learning and remedies have been put in place
- One enquiry received in relation to handling of case while in temporary accommodation and conduct of tenancy officers whilst securing a new tenancy; outcome, falls outside of HO's jurisdiction; the HO has sign posted accordingly
- One enquiry received in relation to landlord's response to the resident's damp and mould reports; outcome no maladministration
- One enquiry received in relation to the landlord's handling of repairs to the paving and handling of repairs to the shed; outcome no maladministration
- One enquiry received in relation to the landlords handling of the resident's reports concerning the condition of the front garden and security/key access; outcome no maladministration by the landlord in its response to the resident's concerns over security relating to a key safe at the property and maladministration by the landlord in its response to the resident's request for it to remove elements from the garden; appropriate learning and remedies have been put in place
- One enquiry received in relation to the landlord's response to the resident's concerns about the information provided at sign up about parking, the suitability of the property and the landlord's handling of the resident's concerns about their neighbour's window cleaners and their use of the resident's garden; outcome awaiting HO's decision
- One enquiry received in relation to the landlord's handling of various concerns regarding a property; outcome awaiting HO's decision

5.3 Local Government and Social Care Ombudsman (LGSCO) Assessment Enquiries

During 1 April 2021 to 31 March 2022 the council received 27 Local Government and Social Care Ombudsman assessment enquiries as follows:

City Environment received four enquiries as follows:

- Commercial Regulation received one enquiry in relation to FPN received for opening a shop during lockdown due to the COVID-19 pandemic; outcome, closed after initial enquiries out of jurisdiction
- Environmental Services received one enquiry in relation to fly tipping; outcome, closed after initial enquiries, no further action
- Transportation received one enquiry in relation to disabled parking space and PCN; outcome, closed after initial enquiries, no further action
- Transportation received one enquiry in relation to speed cushion outside of the property; outcome, closed after initial enquiries, no further action

Finance received four enquiries as follows:

- Revenues and Benefits received one enquiry in relation to housing benefit overpayment; outcome, closed after initial enquiries, out of jurisdiction

APPENDIX 3

- Revenues and Benefits received one enquiry in relation to refusal of a discretionary business grant; outcome, closed after initial enquiries, no further action
- Insurance Services received one enquiry in relation to refuse officers damaging front wall and the insurance response; outcome closed after initial enquiries, out of jurisdiction
- Insurance Services received one enquiry in relation to a customer being unhappy with an insurance decision/outcome; outcome, closed after initial enquiries, out of jurisdiction

Adult Services received five enquiries as follows:

- Adaptions Team received one enquiry in relation to lack of support from team; outcome passed to assessment team for further consideration
- Adult Services and Health Partnerships received one complaint in relation to care received for both health and social care services; outcome progressed to a full investigation
- Adult Services and Health Partnerships received one complaint in relation to supported living re; staffing issues, support and administering medication and issues with direct payments; outcome premature complaint and progressed to a full investigation
- Adult Services and Communities received one enquiry in relation to a specialist chair; outcome premature complaint and progressed to a full investigation
- Adult Services and Communities/Commissioning Team received one complaint in relation adult social care provider respite stay; outcome premature complaint

Children's Services received four enquiries as follows:

- Strengthening Families received one enquiry in relation to a section 7 report content and recommendations; outcome, closed after initial enquiries, out of jurisdiction
- Strengthening Families received one enquiry in relation to the council's interpretation of a judge's wishes; outcome, closed after initial enquiries, out of jurisdiction
- Children and Young People in Care received one enquiry in relation to actions of the fostering service; outcome, progressed to a full investigation
- Education SEND Team received one case in relation to actions of the council and health trust during an Education, Health and Care Plan (EHCP) needs assessment process; outcome progressed to a full investigation

Governance received one case as follows

- Legal Services received one enquiry in relation to electoral fraud; outcome closed after initial enquiries, out of jurisdiction

Regeneration received three cases as follows:

- Planning received one enquiry in relation to the council failing to identify defective building work from 2007; outcome, closed after initial enquiries, no further action

APPENDIX 3

- Planning received one enquiry in relation how a planning application was dealt with close to the complainant's home; outcome, closed after initial enquiries, no further action
- Planning received one enquiry in relation to officer conduct; outcome, closed after initial enquiries, no further action

Wolverhampton Homes received six cases as follows:

- Complaint received in relation to a request to move house due to housing needs; outcome premature complaint
- Complaint received in relation to work carried out to a private property; outcome, progressed to full investigation
- Complaint received in relation to no support for a house move; outcome premature complaint
- Complaint received in relation to repairs carried out by the council to a property next door; outcome, closed after initial enquiries, out of jurisdiction
- Complaint received in relation to housing allocation; outcome closed after initial enquiries, no further action
- Complaint received in relation to eviction from a tenanted property; outcome, closed after initial enquiries, out of jurisdiction

5.4 Housing Ombudsman Assessment Enquiries

During 1 April 2021 to 31 March 2022 the council received 23 Housing Ombudsman assessment enquiries as follows:

Pendeford Tenant Management Organisation (TMO) received one enquiry as follows:

- One enquiry received in relation to actions of a neighbour; outcome premature complaint

Wolverhampton Homes received 22 enquiries as follows:

- One enquiry in relation to how the landlord has handled the resident's reports of outstanding repairs; outcome premature complaint
- One enquiry in relation to lack of response to a complaint; outcome premature complaint
- One enquiry in relation to how the landlord has handled the resident's reports/concerns about a property; outcome premature complaint
- One enquiry in relation to landlord's handling of outstanding repairs to a fence; outcome premature complaint
- One enquiry in relation to how the landlord has handled the resident's reports of antisocial behaviour from a neighbour, reports of damp and mould and Housing Allocation Scheme; outcome premature complaint
- One enquiry in relation to a resident being unhappy with complaint response and unclear whether this is the final response; outcome premature complaint
- One enquiry in relation to multiple leaks within the resident's ceiling and resident is unhappy that no repairs have been carried out; outcome premature complaint
- One enquiry in relation to outstanding repairs within a property, communication with the resident and level of compensation offered; outcome premature complaint

APPENDIX 3

- One enquiry in relation to no loft installation in the property; outcome premature complaint
- One enquiry in relation to handling of reports of damp and mould in the property; outcome premature complaint
- One enquiry in relation to landlord's handling of plastering in the property and the time it took in responding to the formal complaint; outcome premature complaint
- One enquiry in relation to reports of rubble left in the garden, drainage system and disrepair to the kitchen flooring; outcome premature complaint
- One enquiry in relation to HO requesting a copy of the final decision statement referenced in Wolverhampton Homes complaint letter; outcome premature complaint
- One enquiry in relation to lack of a response and action to access to heating or hot water; outcome premature complaint
- One enquiry in relation to how the landlord has handled reports of inadequate heating and draughts within the property; outcome premature complaint
- One enquiry in relation to an issue with a tree in a neighbouring resident's garden that has caused damage to the resident's car; outcome premature complaint
- One enquiry in relation to the landlord's handling of damp and mould and delays in responding to the complaint: outcome premature complaint
- One enquiry in relation to the landlord's response to the resident's reports of a defective boiler and heating system within the property and handling of a formal complaint; outcome premature complaint
- One enquiry in relation to about the landlord's handling of responsive repairs; outcome premature complaint
- One enquiry in relation to a request for copy of correspondence; outcome progressed to a full investigation
- One enquiry in relation to various issues within the property; outcome progressed to a full investigation
- One enquiry in relation to the landlord's handling of maintenance to the resident's property; outcome premature complaint

5.5 **Local Government and Social Care Ombudsman (LGSCO) Annual Review Letter 2021/22 and Housing Ombudsman**

The Local Government and Social Care Ombudsman (LGSCO) publishes annual complaint statistics for each local authority. The LGSCO provided decisions on 41 complaints and enquiries during 2021/22 in relation to this council; this is in comparison to 41 during 2020/21. This process involves referring complaints back to the council for local resolution, advice given, closed after initial enquiries, upheld and not upheld. Out of the 41 enquiries from the LGSCO, they carried out 13 detailed investigations of the complaints they received about the City of Wolverhampton Council for 2021/22; this is in comparison to 11 detailed investigations received for 2020/21. Out of the 13 detailed investigations carried out, the LGSCO has recorded 8 cases (62%) findings of fault (upheld) for the council during 2021/22 (this compares to an average of 68% in similar authorities). The annual report confirms that the council is 100% compliant with carrying out the LGSCO's upheld remedies and recommendations.

City of Wolverhampton Council's performance for 2021/22 can be compared with neighbouring and other authorities via the LGSCO's interactive map; this interactive tool shows data and information, including annual performance data, about councils in one place. The map also provides links to published decision statements, public interest

APPENDIX 3

reports, annual letters and information about service improvements that have been agreed by each council. This interactive tool assists the council to monitor the service improvements they agree to make following the LGSCO's investigations. See link to interactive map as follows: [your council's performance interactive map](#). The LGSCO has confirmed that the numbers of cases which they report will not necessarily match the complaints data that we hold as statistics are recorded by the LGSCO in different annual year business periods. Please see Appendix 5 LGSCO annual letter case reports; 7 out of the 8 upheld cases which are published on the LGSCO website; not all cases are published due to confidentiality.

The Housing Ombudsman has published their first annual review in March 2022; this review covers 1 April 2020 to 31 March 2021; the council is currently awaiting the Housing Ombudsman review figures for 1 April 2021 to 31 March 2022. More information is available via the Housing Ombudsman's link. [Landlords Archive - Housing Ombudsman \(housing-ombudsman.org.uk\)](#)

6.0 Learning/Action Plans

- 6.1 Where complaints highlight that things have gone wrong, heads of service, managers and the Customer Feedback Team are required to identify these areas, implement remedies and review processes/procedures where necessary. Customer Feedback Team and Directorates are committed to learning and require the completion of a tracking form/learning log from each complaint investigated at all stages. When a complaint is upheld/partially upheld (council at fault) and the findings of a subsequent investigation is for a financial remedy, change to policy or service delivery, the Customer Feedback Team produce an action plan report. Recommendations within these reports are agreed with appropriate Heads of Service and shared with the relevant Service Manager/Director to ensure appropriate remedies and changes to policy/service delivery are implemented. The Customer Feedback Team also attend regular quality assurance meetings for Adults and Children's Services and Waste Liaison Meetings to ensure they use the learning from complaints to drive service improvements and implement learning into their practice improvement plans. The Local Government and Social Care Ombudsman (LGSCO) provides an overview of any learning and service improvement recommendations in relation to upheld cases for City of Wolverhampton Council and for other local authorities. More information on learning can be found via the following link [your council's performance interactive map](#).

See attached Appendix 4, Learning dashboard

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Annual Report – 1 April 2021 to 31 March 2022

Action Plans/Learning from complaints - 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 an action plan report and follow up with the service any learning/action that needs to be carried out. Recommendations within these reports are agreed with appropriate Heads of Service and shared with the relevant Director. Please see below a few examples of stage 1 complaint learning

Children's Services – Stage one complaint learning

- *Complaint in relation to failure to comply with first tier tribunal orders. **Learning** - Apologised for the oversight and delay caused in issuing the final EHCP following the tribunal order and arrangements made for this to be done*
- *Complaint in relation to how a situation was dealt with. **Learning** - Agreed with complainant and identified how this could have been managed differently for a better outcome and the council apologised for this*
- *Complaint in relation to negative outcome for request to go on holiday with foster family. **Learning** - On further consideration it was agreed for the Young Person to go on holiday on this occasion, due to the negative impact it may have if they are unable to go with the family*

Adult Services – Stage one complaint learning

- *Complaint in relation to lack of contact from the council. **Learning** – A wellbeing call was made however due to COVID-19 support was only available remotely at the time. Acknowledged there was a delay in delivery and the council has apologised for this*
- *Complaint in relation to quality of care provided by a Care Home. **Learning** – Full investigation carried out by the home manager who apologised for any shortfall in service delivery and for any upset or distress this caused*

Appendix 4

Customer Feedback Learning from Complaints

Annual Report – 1 April 2021 to 31 March 2022

Action Plans/Learning from complaints - 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 an action plan report and follow up with the service any learning/action that needs to be carried out. Recommendations within these reports are agreed with appropriate Heads of Service and shared with the relevant Director. Please see below a few examples of stage 1 complaint learning

Corporate Complaints – Stage one complaint learning

- Page 62
- *Complaint in relation to council tax bill and service received from officers– **Learning** – Customer advised a very slight delay in actioning account and that single person discount cannot be awarded when property is empty*
 - *Complaint in relation to Housing Benefits deduction. **Learning**- Apology issued to the customer and the member of staff reminded that notification letters must be issued where a recovery of overpaid housing benefit is sought from a landlord*
 - *Complaint in relation to response from Trading Standards and information provided by Customer Services. **Learning**- Review of the scheme undertaken by the service and internal admin also reviewed with improvements undertaken*

Appendix 4

Customer Feedback Compliments

Annual Report – 1 April 2021 to 31 March 2022

Compliments for Children's, Adult's, Public Health and Corporate – Customers pay us a compliment if they feel that the council has given the best service we can. Compliments about a service a customer has received from a department or a person are always welcome. We ensure that the people, or service, customers are complimenting are informed and congratulated. Please see below a few examples of compliments received.

Children's Services – Compliments

A compliment for Foster Team - *I don't know why I haven't recognised how brilliant Social Worker is before now. I think that it's because the officer is so outstanding all the time that nothing tends to stand out. SW is an asset to Wolverhampton; the officer has got Wolverhampton running through him like a stick of rock. He's passionate and dedicated to the children and the foster parents the officer serves.*

A compliment for CYPIC - *I am writing to you as a parent of children who are placed with me and my husband for adoption. The service we have received from our social worker and the wider team in Wolverhampton has been outstanding. They have supported both us, and our children, throughout this complicated process to settle and become a very happy family*

Adult Services – Compliments

A compliment for East Locality Team - *I wish to mention Social Worker and the difference the officer has made to us as a family by putting into place carers at the drop of a hat so to speak . My mom sadly passed away, but SW made such a difference to her final few weeks of her life, far more than she probably realises, by swiftly putting in place a series of measures to make moms final few weeks more bearable, for which I could never thank her enough. She does a vital and fantastic job , for which I will be forever grateful*

A compliment for Welfare Rights - *I would like to thank everybody for their help as I have never realised that there was somebody that could help me until you came to help. Much appreciated. A big thank you to all*

Annual Report – 1 April 2021 to 31 March 2022

Compliments for Corporate Services – Customers pay us a compliment if they feel that the council has given the best service we can. Compliments about a service a customer has received from a department or a person are always welcome. We ensure that the people, or service, customers are complimenting are informed and congratulated. Please see below a few examples of compliments received.

***A compliment for HWRC Refuse Site Officer** - Just wanted to say the officer at the refuse site is a wonderful representative for the council; the officer is a credit to the City of Wolverhampton. The place is clean well presented; the officer and the team work in unison and are all a credit*

Page 64

***A compliment for Planning** - Thanks so much for forwarding on the Planning Decision Notice, noting the Granting of Approval for this Application. I would like to take this opportunity to thank you for your help and assistance with this project; I have greatly appreciated it, and hopefully we may get to work with you again in the future*

***A compliment for Libraries** - Thanks to everyone for working hard to keep our libraries open and safe. It is always a pleasure to visit my local library*

12 August 2021

Complaint reference:
20 007 910

Complaint against:
Wolverhampton City Council

The Ombudsman's final decision

Summary: Mr C complained the Council failed to investigate his concerns about a change of use, failed to keep him up-to-date and failed to respond to his letter to the Chief Executive. There is no fault in how the Council considered the change of use issues. The Council failed to keep Mr C up-to-date or make clear it had delegated a response to his letter to the Chief Executive to one of its planning officers. That caused Mr C to go to time and trouble to pursue his complaint. An apology to Mr C and reminder to officers is satisfactory remedy.

The complaint

1. The complainant, whom I shall refer to as Mr C, complained the Council:
 - failed to properly consider a change of use of a property close to him;
 - failed to keep him up-to-date during the enforcement investigations; and
 - failed to respond to his letter to the Chief Executive.
2. Mr C says failures by the Council mean he has been deprived of his right to information and consultation.

The Ombudsman's role and powers

3. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. The Ombudsman cannot question whether a Council's decision is right or wrong simply because Mr C disagrees with it. He must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended and 34(3)*)
4. If we are satisfied with a Council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

5. As part of the investigation, I have:
 - considered the complaint and Mr C's comments;
 - made enquiries of the Council and considered the comments and documents the Council provided.
6. Mr C and the Council had an opportunity to comment on my draft decision. I considered any comments received before making a final decision.

What I found

Use classes

7. The Town and Country Planning (Use Classes) Order 1987 (as amended) puts uses of land and buildings into various categories known as 'Use Classes.' This says residential institutions such as residential care homes, hospitals, nursing homes, boarding schools, residential colleges and training centres are classed as C2.
8. Class C3 covers dwellinghouses and is formed of three parts:
 - C3(a) covers use by a single person or a family (a couple whether married or not, a person related to one another with members of the family of one of the couple to be treated as members of the family of the other), an employer and certain domestic employees (such as an au pair, nanny, nurse, governess, servant, chauffeur, gardener, secretary and personal assistant), a carer and the person receiving the care and a foster parent and foster child;
 - C3(b) covers up to six people living together as a single household and receiving care e.g. supported housing schemes such as those for people with learning disabilities or mental health problems; and
 - C3(c) allows for groups of people (up to six) living together as a single household. This allows for those groupings that do not fall within the C4 HMO definition, but which fell within the previous C3 use class, to be provided for i.e. a small religious community may fall into this section as could a homeowner who is living with a lodger.
9. Class C4 covers houses in multiple occupation. These are small shared houses occupied by between three and six unrelated individuals, as their only or main residence, who share basic amenities such as a kitchen or bathroom.

What happened

10. Mr C lives near a property which was previously used as a residential property. In April 2019 Mr C became aware of changes taking place at the property to provide accommodation for five adults who would each receive support from carers throughout the day and night. Mr C contacted the Council because he believed this meant the property was being developed into a care home which would change the use category.
11. The Council contacted the operator of the property to obtain some information about the proposed use. The Council received some limited information at first which suggested a change of use had occurred. The Council told the operator of the property that was its view. The operator of the property disagreed and provided details of case law which it advised supported its view the property was being used as supported living and therefore fell within the same use class. The

Council visited to inspect, obtained some more information from the operator of the property and took its own legal advice. Following that the Council was satisfied the property remained in the same use class.

12. Mr C had contacted the Council by letter in April, May and August 2019 about the developments at the nearby property. Mr C has also telephoned the Council. In February 2020 Mr C also brought a letter to the Council addressed to the Council's Chief Executive. A planning officer from the Council wrote to Mr C on 5 February 2020, explaining the Council's view that developments at the property did not constitute a change of use. The planning officer referred to Mr C's letters in April, May and August 2019.

Analysis

13. Mr C says the Council failed to properly consider the change of use for the property he complained about. Mr C says the property was previously a C3 use as a residential property. Mr C says because several different people not from the same household are now living in the property and receiving care it should be classed as a C2 property. I set out the use categories relevant in this case in paragraphs 7-9 of this statement.
14. The evidence I have seen satisfies me the Council acted on the concerns Mr C raised by initially advising the owner of the property it considered a change of use had occurred. When the operator disputed that and provided more information I am satisfied the Council properly considered that information by visiting the site to inspect the usage of the property, took legal advice and considered case law. Following that consideration the Council was satisfied the property was being used in accordance with class C3(b) and therefore no change of use had occurred. I recognise Mr C disagrees with that view. However, as I said in paragraph 3, it is not the role of the Ombudsman to comment on the merits of a decision reached without fault. As the Council has properly considered the usage of the property before deciding a change of use has not occurred I have no grounds to criticise it.
15. Mr C says the Council failed to keep him up-to-date with what was happening with its investigation. The evidence I have seen satisfies me Mr C initially contacted the Council with concerns about developments at the property in April 2019 and made further contact by letter with the Council in May and August 2019. It is also clear Mr C telephoned the Council on a number of occasions to obtain an update. It should not be for Mr C to go to time and trouble to have to find out what is happening with a concern he has raised with the Council. The Ombudsman would expect the Council to provide regular updates during enforcement investigations. Failure to do that in this case is fault. As far as I can see Mr C was not given any clear advice about the position the Council was taking in relation to the change of use issue until February 2020. I appreciate the planning issues were complex. However, the documentary evidence shows the Council was taking action on the concerns raised by Mr C in respect of the use of the property. If the Council had told Mr C about the action it had taken this might have satisfied Mr C the Council was taking his concerns seriously. In the absence of any clear advice given to Mr C about what action the Council was taking I am not surprised he felt the Council was not taking his concerns seriously.
16. Mr C says he hand-delivered a letter to the Council's Chief Executive on 3 February 2020 and did not receive an acknowledgement or response. The Council says its normal procedure is for letters to the Chief Executive to be passed to the relevant department for response. The Ombudsman would not

criticise that process and this is a process followed by most councils. However, the Ombudsman would expect any delegated response to make clear the letter has been passed to that person for response on the Chief Executive's behalf.

17. In this case the Council cites the planning officer's letter of 5 February 2020 as its response to the issues Mr C had raised. I accept the Council's letter of 5 February 2020 addresses Mr C's concerns about the property he wrote to the Chief Executive about. However, the Council's letter refers to the points raised in Mr C's previous letters and then lists those letters. That does not include the letter of 3 February 2020. Nor does the letter tell Mr C it is provided as a response to his letter to the Chief Executive. In those circumstances it is not surprising Mr C believed his letter to the Chief Executive had been ignored. Failure to make clear the Council's response of 5 February 2020 was intended partly as a response to Mr C's letter to the Chief Executive and that the planning officer had been asked to respond on the Chief Executive's behalf is fault. That led Mr C to believe his correspondence had not been dealt with and led to him going to time and trouble to pursue his complaint.
18. So I have found fault as the Council failed to keep Mr C up-to-date with what was happening with its enforcement investigation by only providing updates when Mr C contacted the Council, delayed telling them about the outcome of the enforcement investigation and failed to explain the Council's response of 5 February 2020 was also a response to his letter to the Chief Executive. Taking into account my view there is no fault in how the Council handled the issue of whether there had been a change of use I consider Mr C's injustice is limited to the time and trouble he had to go to pursuing his complaint. As remedy I recommended the Council apologise to Mr C. I also recommended the Council remind enforcement officers of the need to keep the person who has complained about planning breaches up-to-date with what is happening during an enforcement investigation. The Ombudsman would consider 4-6 weekly updates satisfactory. The Council has agreed to my recommendations.

Agreed action

19. Within one month of my decision the Council should:
 - apologise to Mr C; and
 - send a memo to enforcement officers to remind them of the need to provide regular updates during any enforcement investigation to those who have raised concerns.

Final decision

20. I have completed my investigation and found fault by the Council in part of the complaint which caused Mr C an injustice. I am satisfied the action the Council will take is sufficient to remedy that injustice.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: the complainant says a care provider commissioned by the Council failed to properly manage financial support for the client. The Council said its care provider responded to the complaint, but it had yet to complete a full investigation and offered to do so. We found the Council through its commissioned Care Provider acted with fault and recommended a proportionate remedy.

The complaint

1. The complainant, whom I shall refer to as Mr X complains through his representative Miss Y, that the Council commissioned Care Provider failed to properly tell Miss Y about a hospital visit, account for money withheld from Mr X and continued to accompany Mr X when he made bank withdrawals after the Care Provider's contract had ended.
2. Ms Y says this compromised Mr X's security and welfare and the Council and Care Provider have not answered her complaints or direct her to the Ombudsman's service. Ms Y says ending Mr X's service without warning or appropriate handover caused him significant distress.
3. Ms Y wants the Council and Care Provider to review her complaints, ensure complainants receive information about the complaints procedure with each response telling them about the next steps in that procedure.

The Ombudsman's role and powers

4. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
5. We investigate complaints about councils and certain other bodies. Where an individual, organisation or private company is providing services on behalf of a council, we can investigate complaints about the actions of these providers. (*Local Government Act 1974, section 25(7), as amended*)
6. If satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

7. In considering this complaint I have:
 - Contacted Miss Y and read the information presented with the complaint;
 - Put enquiries to the Council and reviewed its responses;
 - Researched relevant law, guidance, and practice;
8. I shared with Miss Y and the Council my draft decision and considered their comments before reaching this my final decision.
9. Under the information sharing agreement between the Local Government and Social Care Ombudsman and the Care Quality Commission (CQC), we will share this decision with CQC.

What I found

10. Mr X does not have capacity to manage his own finances and in 2012 the Council became his financial appointee. The Council manages the receipt of Mr X's Department of Work and Pensions benefits. The Council pays Mr X's utility bills from this account. Under that arrangement the Council receives the benefits into a bank account held for Mr X his benefits. From that account the Council transfers into Mr X's private bank account each month an allowance for personal spending. Each week to ensure Mr X had enough money for his weekly needs, staff placed money in separate envelopes marked for specific purposes. These included shopping, attendance at the day centre and taxis, and personal use.
11. The Council commissioned 11.45 hours per week support for Mr X from Care Provider Q from November 2018. In May 2020, the Council increased the support to 13 hours. The Council awarded a further 30 minutes a day support as needed to support Mr X during the Covid-19 pandemic lockdown for use during emergencies for example providing support getting medical attention.
12. Support in managing Mr X's finances formed part of the service provided to him by Care Provider Q. The Council says that Miss Y and Care Provider Q agreed in June 2019 that two staff members from Care Provider Q would attend the bank with Mr X to help him withdraw his money. The bank registered the names of the staff who could escort Mr X. In commenting on my draft decision Miss Y says the Care Provider put the arrangement in place and told her, she did not agree it.
13. Under his support plan staff accompanied Mr X to hospital appointments. Usually Care Provider Q would tell Miss Y about these appointments.
14. Care Provider Q's records show that in May 2020 Mr X needed medical support. Care Provider Q's staff helped Mr X call his GP who prescribed antibiotics. Staff collected his medication. Staff developed a rota for seven days to ensure Mr X took his prescribed medication.
15. The Community Nurse assessed a wound on Mr X's back and decided the best treatment would be to leave it uncovered. The Community Nurse said she would get a care plan written up so support workers would know what to do. Care Provider Q's staff say in an email that it would not be in Mr X's best interest to share information about the wound and treatment with Miss Y. Not until the parties agreed a formal information sharing agreement. The email's author said Miss Y did not use information provided to Mr X's benefit.
16. The GP told staff that if at the end of the course of antibiotics prescribed for Mr X, he experienced no improvement they should take him directly to the emergency

department at the hospital. Mr X appeared in pain when staff visited on 8 May 2020. Staff took Mr X to hospital. In the Care Provider's records it says staff acted in Mr X's best interests. The record says "...at no point was it considered important to discuss the business with anyone else outside of [the Care Provider]". The notes say however, but for the lockdown restrictions it may have been possible for Miss Y to go with Mr X to hospital. The note ends saying: "Informing [Miss Y] would have been of no immediate benefit to [Mr X] and [Care Provider Q] in providing the excellent, timely and medically directed support." In response to my enquiries the Council described this as an oversight by Care Provider Q.

17. On 28 May 2020 Care Provider Q gave notice to both Miss Y and the Council ending the agreement for its support services and saying Mr X needed an alternative service provider.
18. In June 2020 the Council spoke with Miss Y about her concerns about Mr X's finances. Miss Y told the Council she wanted to ensure she protected Mr X against financial abuse and the Council agreed it would speak to Care Provider Q. The Council's records show that on speaking with Care Provider Q, staff said Miss Y had constantly telephoned and messaged them to gather information about Mr X's daily activity plan and his finances. Miss Y disputes this. Care Provider Q said it was reluctant to share information even though it recognised Miss Y as next of kin. The Council decided to meet with Mr X to see if he objected to daily updates being given to Miss Y.
19. The Council arranged a transition meeting at Mr X's home with Miss Y, Care Provider Q and the new care provider, Care Provider Z. The case records say Care Provider Q asked for any handover to be with Care Provider Z or the Council because Care Provider Q did not trust the family. At the handover the key safe would not work with the numbers Care Provider Q had given and the Council asked Mr X's landlord to install a new key safe. The landlord did not so Miss Y paid for a new key safe. Miss Y says lack of action put Mr X at risk.
20. The new service started on 26 June 2020. In August 2020 Miss Y presented a 14-point complaint to the Council about Care Provider Q. Miss Y's complaint covered concerns about the key safe and errors in the handover document. It covered failure to update details of suitable people to escort Mr X to the bank and continuing to withdraw money when Mr X could not attend his day centre. It also includes the failure to tell Miss Y about the hospital visit, and concerns about items missing from Mr X's home.
21. Under arrangements with care providers commissioned by the Council, any complaint about the service will first be considered by the care provider under its complaints' procedure. If that does not resolve the complaint, then the Council will consider it. The Council says Care Provider Q responded to the complaint, but the Council has not completed its investigation. It is willing to do so.

Analysis – was there fault leading to injustice?

22. My role is to consider if in providing the commissioned service and considering any complaints about it the Council and its commissioned service acted without fault. If I find they acted with fault, then I must decide what impact that has had and what the Council should do to address the injustice.
23. Miss Y is recognised as Mr X's next of kin. Therefore, she could expect the Council to consult her under the Mental Health Act should it need to make best interest decisions. Miss Y could also expect the Council's commissioned care

providers to communicate with her about Mr X's health, wellbeing, and finances. Where significant events occur such as the need to go to hospital Miss Y could expect the care provider to tell Miss Y as soon as possible about that visit. There is no supporting evidence for the decision that telling Miss Y about Mr X's visit to hospital was 'unnecessary'. The record does not record any report to the Council or any evidence of safeguarding concerns that would support not telling Miss Y. I find the unsupported decision fault. Further I find the Council's characterisation of the failure as an oversight as fault because the record clearly shows this was a deliberate decision.

24. The record suggests a poor relationship between Miss Y and Care Provider Q. That does not excuse unsubstantiated remarks in the record that Miss Y does not use information given her in Mr X's best interests. I would expect the Council to investigate that comment and to ask for evidence in support of it so it can undertake any necessary safeguarding investigation.
25. I find the failure to follow up the safeguarding concerns raised by the broken key safe as fault. The Council could have considered replacing the key safe at its own cost with the landlord's permission to reduce any risk. The failure to keep the register of approved people at the bank up to date with correct names and to explain why staff helped Mr X withdraw the same money during lockdown when Mr X could not attend his day centre I find as fault.
26. Miss Y has experienced avoidable anxiety and delay to a final review of the issues by the Council. I welcome the Council's offer to fully investigate the complaint with Care Provider Q. I must decide if this is a proportionate response to the complaint and addresses any injustice. I find it does not fully reflect the injustice experienced, particularly the decision to deliberate withhold information.

Agreed action

27. When a council commissions another organisation to provide services on its behalf it remains responsible for those services and for the actions of the organisation providing them. So, although I found fault with the actions of Care Provider Q I have made recommendations to the Council. The Council agrees to within four weeks of my final decision the Council:
 - Apologise to Miss Y for the poor service received and delay in investigation;
 - Pay Miss Y £150 in recognition of the failings by its care provider;
 - Open its investigation into the concerns raised, completing it within sixteen weeks of my final decision and to share its findings with Miss Y, Care Provider Q and its commissioning section and social workers;
 - Open a review of its service agreements to ensure care provider's complaints procedures and information set out how a complainant may escalate their complaint within that procedure, take it up with the Council and with the Ombudsman. The review to be completed within twelve weeks of my final decision.

Final decision

28. In completing my investigation, I find the Council at fault causing injustice for which a remedy has been agreed.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: We upheld Mr X's complaint about a safeguarding enquiry into his mother Mrs Y's care. The Council has already apologised for the delay in investigating safeguarding concerns. It will make a symbolic payment to Mr X to reflect his avoidable distress.

The complaint

1. Mr X complained City of Wolverhampton Council (the Council) did not take prompt action in response to concerns he raised to a social worker about his mother's (Mrs Y's) carer workers neglecting her in January 2020. He also complained that when action was finally taken, the Council failed to consider relevant evidence demonstrating neglect (recordings and photos). Mr X also complained about a social worker being unprofessional on the phone.
2. Mr X said the Council caused him avoidable distress and placed Mrs Y at continuing risk of neglect.

The Ombudsman's role and powers

3. We investigate complaints of injustice caused by 'maladministration' and 'service failure'. I have used the word 'fault' to refer to these. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended*)
4. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

5. I considered the complaint to us, the Council's response to the complaint, some of Mrs Y's case records and recordings of calls between Mr X and the social worker. I discussed the complaint with Mr X.
6. Mr X and the Council had an opportunity to comment on my draft decision. I considered any comments received before making a final decision.

What I found

Relevant law and guidance

7. If a council has reasonable cause to suspect abuse of an adult who needs care and support, it must make whatever enquiries it thinks is necessary to decide whether any action should be taken to protect the adult. (*Care Act 2014, section 42*)
8. Care and Support Statutory Guidance, paragraph 14.13 sets out six principles for safeguarding:
 - Empowerment: asking the person affected what they want
 - Prevention: taking action before harm occurs
 - Proportionality: taking the least intrusive response appropriate to risk
 - Protection: support and representation for those greatest in need
 - Partnership: working together
 - Accountability: being open and transparent.

Key facts

9. Mrs Y has dementia and lives in her own home. She has two live-in care workers which the other siblings (not Mr X) arranged and pay for. The Council was not involved in arranging Mrs Y's care. The siblings, including Mr X, hold joint Lasting Powers of Attorney (LPA's) for health and welfare. (The LPA allows the siblings to make decisions about Mrs Y's health and welfare in her best interests.) Unfortunately, the siblings fell out and they do not agree about the care arrangements.
10. The case notes show a social worker visited Mrs Y before the first lock-down and liaised with all the siblings, including Mr X. In January 2020, Mr X told the social worker he had concerns about the care workers including leaving her in the house alone, not taking her out and ignoring her. Mr X also explained about disagreements between him and his siblings over finances.
11. The other siblings told the social worker they were happy to pay for care privately and did not want the Council's involvement.
12. An occupational therapist also assessed Mrs Y, she walked independently and could get to the toilet and get in and out of bed and chairs herself. The occupational therapist recommended some small pieces of equipment.
13. The Council appointed an advocate, who did not visit Mrs Y until September 2020 because of the lock-down. The advocate noted Mrs Y said she would like to live with Mr X at first, but later said she was happy to live in her own home with the care workers because Mr X went out to work and she was being looked after in her home.
14. There were three safeguarding alert forms for Mrs Y in November 2020, which the social worker and other council staff completed from information Mr X provided. I have summarised the alert forms below:
 - Care workers not being trained or vetted by the Disclosure and Barring Service (DBS) and about one care worker leaving Mrs Y was left alone on one occasion.
 - Care workers were telling Mrs X the wrong time so they could put her to bed early. He also said a care worker was stealing his mother's food.

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- General dissatisfaction with Mrs Y's care arrangements and wanted Mrs Y to live with him.
 - Medication administration for one dose of an antibiotic in December 2019 and about finding medication in blister packs.
 - Mr X said he had reported similar concerns earlier in 2020.
15. The papers also noted there had been a referral for advocacy and Mrs Y's advocate had spoken to her and said that she did not want to live with Mr X and that she was happy with the care workers.
 16. Information on one of the safeguarding referral forms indicated the police looked at evidence Mr X had provided and it suggested care workers were telling Mrs Y it was later than it was to get her to go to bed early.
 17. The Council started a safeguarding enquiry. It sought information from all family members, from the Police, GP and the Office of the Public Guardian (this is the body which supervises holders of LPA's). The Police took no further action as there was no apparent crime. A social worker spoke to Mr X to discuss his concerns in more detail. He said in December 2019, he visited his mother and there was no carer present for two to three hours. He said he wanted different care workers. A social worker also spoke to one of the siblings who said:
 - They were happy with the care arrangements
 - The care workers spoke the same language as Mrs Y
 - The incident when Mrs Y was left alone was a one-off and the worker had been spoken to
 - There was a clock on the table so Mrs Y could see the time herself and she liked to go to bed early
 - They paid for food for Mrs Y and the care workers from their own money.
 18. Mr X provided me with a recording of two phone calls he had with Mrs Y's social worker in November 2020. The discussion was heated at times, but there was no rudeness by the social worker. Mr X's view is the social worker was unprofessional.
 19. In February 2021, Mr X spoke to Mrs Y's GP about some concerns. The GP made a safeguarding referral after, which said Mr X had reported Mrs Y's care workers were not trained and were illegal immigrants and had left her to sit in a chair all day. The GP also said Mrs Y had developed pressure sores which the GP had referred to the district nurses to look at.
 20. A different social worker carried on with the safeguarding enquiry. Their report of the enquiry noted:
 - Mrs Y's advocate had met with her and established her wish to stay where she was with her care workers.
 - The care worker alleged to be responsible had not been interviewed because they were no longer working for Mrs Y.
 - The district nurse reported they had discharged Mrs Y because there were no pressure sores and no concerns about neglect
 - Family dynamics were strained
 - Another sibling said:

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- a) care workers were employed through a company. Mrs Y needed prompting and assistance – meal preparation, prompting with medicine and domestic tasks. No particular training was required. They were DBS checked.
- b) The incident where Mrs Y was left alone was a one-off due to a misunderstanding about change over times and Mrs Y was safe to be left alone for a short period.
- c) The care worker alleged to have given incorrect time and put her to bed early was no longer working. Mrs Y had structured bedtimes.
- d) They paid for all the food in the house and care workers were allowed to eat whatever they wanted.
- e) Mrs Y was encouraged to wash and change her clothes daily.
- f) They could not comment on the medication issues, which were from 2019, but Mrs Y was being supported to take her medicine.
21. In February and March 2021, a social work manager wrote to Mr X to address his complaints saying:
- The social worker contacted each of the parties every time there was a query and would continue to do so
 - The care workers' immigration status was not for the Council to deal with because it had not arranged Mrs Y's care
 - Issues relating to the quality of care had been raised with the siblings. The social worker had also made safeguarding referrals in November 2020
 - Mrs Y met with an advocate alone so the Council could seek her views. It was appropriate that her care worker was there because she knew this person well. The advocate could not prevent the sibling from coming in at the end of the meeting as it was Mrs Y's home. The advocate's report noted Mrs Y changed her mind several times about where she wanted to live and this was before and after the sibling came.
 - The social worker should have made a safeguarding referral in January 2020. Enquiries were underway and he would get feedback on the outcome
 - A different social worker had been allocated to Mrs Y's case.
22. The conclusion to the safeguarding enquiry was there was no evidence to suggest Mrs Y had experienced harm and other professionals consulted had no concerns. The Council closed the safeguarding enquiry in May 2021. The social worker emailed Mr X to give him feedback on the outcome and informed Mr Y that any of the LPA's could start proceedings in the Court of Protection or they could arrange mediation between themselves if they were unhappy about Mrs Y's care or living arrangements.
23. The Council told me:
- The social worker should have made a safeguarding referral in January 2020 and there was an unacceptable delay. It had already apologised to Mr X and addressed the matter with the social worker. The Council would be willing to offer Mr X £150 to recognise his avoidable distress for the delay.
 - Its legal advice was that covert recordings may be a breach of human rights and so social workers had not listened to them

- It made proportionate enquiries to establish facts from different sources. It kept Mrs Y at the centre of the process.
- Mr X made allegations that the siblings considered to be false.
- Some allegations could not be confirmed on a balance of probability as to whether Mrs Y had suffered abuse or neglect. Explanations by district nurses and the other siblings provided a different view or disproved some of the allegations Mr X made. Managing risk and preventing injury to Mrs Y was the priority
- Mr X provided transcripts which were considered.
- The Council was not the Police and safeguarding enquiries were not criminal investigations. The enquiries made were proportionate to the allegations made.
- The dispute between the siblings who all hold LPA caused difficulty and this caused everyone distress.

Was there fault?

24. There was fault by the Council: it delayed in dealing with the concerns Mr X raised in January 2020. The Council has already recognised this and apologised for the avoidable distress to Mr X in its complaint response.
25. There was no fault in the Council's safeguarding enquiry otherwise. The Council has discretion about how to conduct safeguarding and although Mr Y does not agree with the outcome, I am satisfied it dealt with the matter fairly and proportionately in line with the principles described in paragraph eight. In particular, the Council appointed an advocate for Mrs Y, gathered information from different sources, including independent sources and gave feedback to Mr X about the outcome.
26. There was no requirement to seek all possible available evidence and the Council has given a satisfactory reason for not using Mr X's covert evidence: it would have been a disproportionate response to the concerns raised and there were concerns about the privacy of those involved. As I have not found any fault in the safeguarding process (other than the delay already identified), I have no grounds to criticise the outcome.
27. I have listened to the recordings of the calls between Mr X and the social worker. I find there was no fault by the social worker. I do not share Mr X's view that she was unprofessional.

Agreed action

28. In response to my enquiries, the Council suggested a payment of £150 to reflect the avoidable distress to Mr X. This is in line with our Guidance on Remedies and the Council has agreed to make this payment within one month of my final decision.

Final decision

29. I upheld Mr X's complaint about a safeguarding enquiry into his mother Mrs Y's care. The Council has already apologised for the delay in investigating safeguarding concerns. It will make a symbolic payment to Mr X to reflect his avoidable distress.
30. I have completed the investigation.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: we discontinued our investigation into Mrs X's complaint that the Council did not offer her suitable fostering placements for a year. Mrs X also complained the Council failed to communicate with her when a child placed in her care went missing. The Council has offered a remedy which Mrs X has accepted, and the other part of her complaint is late.

The complaint

1. Mrs X complained a looked after child went missing from her care in July 2020 and the Council did not contact her to provide an update for four days, which caused her anxiety and distress. Mrs X says since then the Council failed to follow its policies about arranging suitable placements, so she has lost her carer's salary.

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*).
3. We cannot investigate late complaints unless we decide there are good reasons. Late complaints are when someone takes more than 12 months to complain to us about something a council has done. (*Local Government Act 1974, sections 26B and 34D, as amended*).
4. We can decide whether to start or discontinue an investigation into a complaint within our jurisdiction. (*Local Government Act 1974, sections 24A(6) and 34B(8), as amended*).

How I considered this complaint

5. I have discussed the complaint with the complainant and considered the complaint and the copy correspondence provided by the complainant. I have considered the documents the Council provided. Mrs X and the Council had an opportunity to comment on my draft decision. I considered their comments before making a final decision.

What I found

6. Mrs X complained that the Council failed to offer suitable child placements, in accordance with its policies for a year from June 2020. Offers were made, but Mrs X said the Council did not ensure all the placements were properly matched. These issues were ongoing when Mrs X complained to the Council in July 2021, so we do not consider this part of the complaint to be late.
7. The Council responded to Mrs X's complaint, and it has now offered a remedy which Mrs X has accepted.
8. As the Council has offered a suitable remedy and further investigation will serve no useful purpose, I have discontinued our investigation.

Final decision

9. I have discontinued my investigation for the reasons I have explained.

Parts of the complaint that I did not investigate

10. I have not investigated Mrs X's complaint about the actions of the Council in July 2020, when a child she was fostering went missing from her home. Mrs X did not complain to the Council until July 2021, then came to the Ombudsman in September 2021. Therefore, as described at paragraph 3, this part of the complaint is late.
11. We have discretion to set aside this restriction where we decide there are good reasons. In this case we have decided not to exercise discretion. It was reasonable to expect Mrs X to complain to the Council or to us sooner. Mrs X has not provided good reasons why she did not complain to us within 12 months of knowing about the issue.

Investigator's final decision on behalf of the Ombudsman

**Report by the Local Government and Social Care
Ombudsman**

**Investigation into a complaint against
Wolverhampton City Council
(reference number: 19 011 134)**

3 June 2021

The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Miss B The complainant

Report summary

Children's Services: adoption

The complainant, who we shall refer to as Miss B, complained the Council declined her request to register as a potential adopter.

Finding

Fault found causing injustice and recommendations made.

Recommendations

To remedy the injustice caused, the Council should review its adoption recruitment procedure to ensure it adheres to the Department of Education's 2013 statutory guidance on adoption.

The complaint

1. The complainant, who we refer to as Miss B, complained the Council declined her request to register as a potential adopter. Miss B said this stopped her from adopting a child.

Legal and administrative background

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
3. We investigate complaints about councils and certain other bodies. Where an individual, organisation or private company is providing services on behalf of a council, we can investigate complaints about the actions of these providers. The Council commissions a regional adoption agency to deliver adoption services including recruiting adopters so the agency is acting on behalf of the Council. (*Local Government Act 1974, section 25(7), as amended*)
4. Under the information sharing agreement between the Local Government and Social Care Ombudsman and the Office for Standards in Education, Children's Services and Skills (Ofsted), we will share this decision with Ofsted.

Legislation and Guidance

5. Councils must have regard to the Department for Education's 2013 statutory guidance on adoption when carrying out duties relating to the adoption of children and the recruitment and support of adopters in England.
6. An adoption agency should respond impartially to requests for information about becoming an adopter and provide this within 10 working days through an information session, a visit, pre-planned telephone call or similar arrangement with the potential adopter.
7. Potential adopters need to formally register their interest with an adoption agency to enter stage one of the approval process.
8. The agency should decide within five working days from receipt of a registration of interest form whether to accept this, unless there are exceptional circumstances which mean that longer is needed.
9. The agency may need to arrange a visit or have a meeting or a pre-planned telephone call with the prospective adopter to decide whether to accept their registration of interest.
10. The agency must assess a prospective adopter's ability to parent and meet the needs of a child throughout childhood.
11. Where an agency declines a registration of interest it should provide the prospective adopter with a clear written explanation of the reasons why.
12. Stage one of the procedure starts when the agency accepts the registration of interest to adopt.

Adoption agency procedure

13. The Council commissions a regional adoption agency to deliver adoption services including recruiting adopters.
14. The Council did not provide its or the adoption agency's policies or procedures in response to our enquiries. Below are extracts from the adoption agency's website.

"The first step is to get in touch with us. We'll invite you along to one of our information events where you will have the opportunity to meet the team and have your questions answered."

"A social worker will visit you for an initial assessment. This visit will go into much more detail than the previous phone conversation, finding out information regarding your background, family history, health, home and work life. The most important thing is to be honest. If you're happy to take your next steps in adoption, we will ask you to complete a Registration of Interest form so we can move on to stage one."

How we considered this complaint

15. We produced this report after examining relevant files and documents and discussions with the complainant.
16. Miss B and the Council commented on confidential draft reports. We considered their comments before finalising the report.
17. We met with representatives from the Department for Education.

What we found

What happened

18. This chronology includes key events in this case and does not cover everything that happened.
19. Miss B attended an information event with the adoption agency.
20. Miss B then made an enquiry of the adoption agency. In May 2019, a social worker from the adoption agency visited Miss B at home to complete an initial assessment. Miss B shared the report of an initial adoption home visit completed in 2012 and a fostering assessment from 2015 with the social worker.
21. In its initial assessment the adoption agency considered Miss B's background, support network, employment status, experience with children and attitude to parenting. The report identified Miss B's strengths and vulnerabilities.
22. The adoption agency contacted Miss B in June 2019 to apologise that it had not sent her its outcome letter and initial assessment. It told her it had decided she would not be able to proceed with the assessment process for adoption.
23. The adoption agency confirmed its decision in writing in July 2019. It included a copy of her initial assessment report which explained the reasons for its decision were:
 - Miss B had limited childcare experience with the age of child she wanted to adopt;

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- Miss B had terminated a foster care placement because she could not manage the child's behaviour and the service could not be confident she would be able to manage the complex needs of an adopted child;
 - the last time she registered an interest to adopt, it was recommended she sought more childcare experience with young children, but she had not done so beyond one fostering placement; and
 - Miss B's financial position was not clear.
24. Miss B complained in October 2019, that:
- the social worker who visited her in May 2019 only stayed 45 to 50 minutes and spent most of that time reading reports; and
 - the social worker's manager had delayed responding to her.
25. The Council wrote to Miss B and told her it had not upheld her complaint. It explained the adoption agency's social worker felt she had enough information to make an assessment. The Council included its response to her MP which summarised the reasons it did not accept her registration of interest.
26. Miss B told the Council she was unhappy with its response in November 2019. The adoption agency invited Miss B to a meeting to discuss her complaint which was held in December 2019. The adoption agency explained the factors that led to its decision not to progress Miss B's enquiry to adopt. The agency recommended Miss B gain more experience and develop her insight into the complexities of children who are considered for adoption. The agency explained Miss B could make another enquiry in 12 months. Following the meeting, the Council told Miss B it would investigate her complaint at Stage 2.
27. The Council responded at Stage 2 in January 2020. It said the social worker felt she had enough information to make an assessment and did not uphold this part of Miss B's complaint. The Council accepted there were delays in communicating with her and apologised.
28. Miss B complained to the Ombudsman. We investigated and our draft decision found fault in the process followed by the Council as it should not have done the assessment until she formally registered her interest with the adoption agency.

Council response

29. The agency challenged our provisional finding that it had not followed statutory guidance. It advised its procedure:
- "... is routine and common practice for all adoption services and is fully compliant with the regulatory guidance and the criteria against which Ofsted inspect adoption services ... Department for Education are fully aware and supportive of this approach."*
30. This information was misleading. The agency later admitted the Department for Education had not sanctioned this practice:
- "An initial conversation has taken place (verbally) with the Department for Education who have indicated that they are willing to consider this, albeit, further discussion and consideration is needed."*
31. Although the Council has explained there was no intention to mislead, we remain disappointed the agency misrepresented its communications with the Department for Education in an attempt to absolve itself of fault.

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32. The Council told us that its recruitment procedure is routine and considered best practice for all adoption services, and this has been the case since the introduction of the Department for Education's 2013 statutory guidance on adoption. It provided comments from the Council for Voluntary Adoption Agencies (CVAA) confirming it was common practice for member agencies of CVAA to adopt a similar approach. CVAA considers this practice necessary to identify obvious difficulties at the earliest opportunity thereby reducing distress and preventing applicants undertaking the considerable efforts required to complete a registration of interest with little prospect of success.
 33. After receiving our draft findings, the Council met with the Department for Education to discuss this matter and proposed changes to the statutory guidance. It told us the Department for Education would consider whether the proposed changes could be implemented. The Council said this could result in the Department recommending a consultation exercise be undertaken, but this would be subject to Ministerial approval. It said it was important to understand any changes to regulations or statutory guidance, if agreed, would take time to implement.
 34. We met with the Department for Education. The Department confirmed the Council and other Regional Adoption Agencies had asked it to consider changes to the statutory guidance on adoption to allow the practice currently being followed by the Council. The Department said it considered the request and confirmed the guidance would not be amended.
 35. Since we issued our draft findings, the Council says it has changed its practice. It says it now tells people that any checks it makes prior to them registering their interest will not prevent them from doing so.

Conclusions

36. The adoption agency visited Miss B in May 2019 before she formally registered her interest to adopt. The Council used this visit to assess Miss B as a potential adopter. This was a fault. The agency should not have undertaken an assessment of Miss B until she formally registered her interest with the adoption agency. This caused Miss B an injustice. She lost the opportunity to discuss her interest to adopt within the statutory procedure and believed the assessment had been pre-determined.
37. The agency's website confirms its procedure is to complete an initial assessment before allowing an individual to formally register their interest to adopt. This procedure does not adhere to the Department for Education's 2013 statutory guidance on adoption. The guidance says the initial assessment should take place after someone has formally registered their interest. The agency's procedure gatekeeps who can register their interest to adopt and circumnavigates the statutory time frames for assessment.
38. The Council accepts it was not following statutory guidance. It explained this was because of resource constraints:

“With high levels of enquiries and limited staff time, 5 days is not sufficient (following receipt of ROI) to undertake the initial screening visit effectively (which takes 2 to 3 hours of social work time) then write the report and make a management decision about accepting it or not.”

And concerns about raising the expectations of individuals and the impact on recruitment:

“Initial screening prior to ROI avoids this increased expectation and the consequent sense of disappointment and grievance. Declining high numbers of people during the stage 1 process would give a negative message and contradict the ‘You Can Adopt’ campaign message.”

39. As our 2018 focus report, [‘Under pressure – the impact of the changing environment on local government complaints’](#) states, while we understand the challenges councils face, resource restraints do not justify a council deviating from legislation, statutory guidance, policies and procedures.
40. The Council said inviting individuals to register their interest would raise expectations. Again, this is not a cogent reason for deviating from the statutory guidance. If the adoption agency provided details of the correct procedure on its website and at its information evenings, individuals would know what to expect.
41. The Council also suggested that following the statutory guidance may compromise authorities’ abilities to comply with other critical legal responsibilities and ultimately harm the best interests of children. We have not seen any evidence to support these concerns and it appears to be an attempt to provide post hoc justification for its decision to depart from the requirements set out in the guidance.
42. The Council was at fault for not having due regard to the Department for Education’s 2013 statutory guidance on adoption. The Council maintains its approach reflected best practice and is replicated nationwide. However, the Department for Education confirmed the statutory guidance will not be amended and the Council has since altered its practice.
43. There was a significant difference between what the guidance said should happen when a potential adopter wishes to register their interest and what happened in this Council, and potentially nationwide. That is an untenable situation and reinforces why it is appropriate to issue a report in this case. There is an anomaly between the guidance and practice which needs to be addressed.

Recommended action

44. When a Council arranges for another organisation to provide services on its behalf it remains responsible for those services and for the actions of the organisation providing them. So, although we found fault with the actions of the adoption agency, we made recommendations to the Council. Issuing this report and publicly confirming the Council was at fault, alongside the apology previously given for poor communication will remedy the injustice caused to Miss B.
45. The Council should review its adoption recruitment procedure to ensure it adheres to the Department of Education’s 2013 statutory guidance on adoption.
46. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council must consider the report at its full Council or Cabinet and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

Final decision

47. We have completed our investigation into this complaint. There was fault by the Council.

The Ombudsman's final decision

Summary: There is evidence of fault by the Council in the way it dealt with a safeguarding investigation about the quality of domiciliary care provided to Mr Y. The Council is also at fault for wrongly informing Mr Y's son to complain directly to the Care Provider, as a commissioner of the care, it the Council that was responsible for dealing with complaints about the care.

The complaint

1. Mr X complains about the standard of domiciliary care provided to his father, Mr Y, by CRG Homecare. The care was commissioned by the Council.
2. Mr X is dissatisfied with the process and outcome of a safeguarding investigation about the above matter.

The Ombudsman's role and powers

3. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
4. We investigate complaints about councils and certain other bodies. Where an individual, organisation or private company is providing services on behalf of a council, we can investigate complaints about the actions of these providers. (*Local Government Act 1974, section 25(7), as amended*)
5. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

6. I have:
 - considered the complaint and discussed it with Mr X;
 - considered the correspondence between Mr X and the Council, including the Council's response to the complaint;
 - made enquiries of the Council and the Care Provider and considered the responses;

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- considered relevant legislation;
 - offered Mr X and the Council an opportunity to comment on a draft of this document, and considered the comments made.

What I found

Relevant legislation

7. The Care Act 2014 is the legislation that sets out local authorities' powers and duties in respect of adult social care. The Care Act places a duty on local authorities to promote the wellbeing of people in their area.
8. Sections 9 and 10 of the Care Act require local authorities to carry out an assessment of any adult who appears to need care and support. Where a local authority has determined that a person has eligible needs, it must meet those needs.
9. In some circumstances, a local authority may commission another organisation to provide care services on its behalf. However, it remains responsible for those services and for the actions of the organisation providing them.
10. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 applies to care providers. The Care Quality Commission (CQC) monitors, inspects and regulates adult care services providers to ensure they meet fundamental standards of quality and safety
11. A council must make necessary enquiries if it has reason to think a person may be at risk of abuse or neglect and has needs for care and support which mean they cannot protect themselves. It must also decide whether it or another person or agency should take any action to protect the person from abuse or risk. (s42, Care Act 2014).
12. The Care and Support Statutory Guidance identifies six key principles underpinning all adult safeguarding work: empowerment; prevention; proportionality; protection; partnership; and accountability.

Background

13. Mr Y has dementia and physical health issues and is described as frail and vulnerable. At the time of the complaint, he lived in his own home and received domiciliary care from CRG Homecare (the Care Provider), which he had received since 2017. Mr Y was deemed to have capacity to make decisions about his care and where he lived.
14. The Council reviewed Mr Y's care in December 2017 and in September 2018, the records show Mr Y to be satisfied with the care provided, and that he enjoyed a good relationship with his regular carer.
15. In 2019, Mr X had concerns about the quality of care provided and reported this to the Council. The Council confirms Mr X's complaints and says it initially told him to complain directly to the Care Provider.
16. The records show Mr X complained to the Care Provider in August 2019 about:
 - *Lack of response from Branch Manager when raising issues*
 - *Wiltshire farm food deliveries not placed in the freezer, just in fridge for care workers convenience*
 - *Double ups – Moving & Handling not appropriately carried out – causing pain to the customer when hoisting*

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- *Concerns around a grade 3 pressure sore*
 - *A year and a half ago it was discovered that a Care Worker had been living at the Service Users home*
 - *The Care Workers have called the son during the night saying that they have been unable to move his father and need assistance*
 - *When two staff attend the property, only 1 Care Worker actually works, the other has been seen playing with their mobile phone*
 - *The Care Workers are quick to leave the property once the time is up*
 - *The OT was going out 16.08.19 to show the Care Workers once again how to use the Rotunda/straps etc.*
17. The Care Provider responded to the complaint on 16 August 2019. I have seen a copy of the response, which for the most part, upholds Mr X's complaint. The author of the letter, a regional director of the company, set out the steps the company intended to take to address the issues and improve the quality of care provided to Mr Y. He confirmed the district nurse would continue to support with a grade 3 pressure sore. The director concluded by assuring Mr X he would contact him again in 6-8 weeks to arrange a meeting to discuss the care and support and the improvements made.
 18. In September 2019, the Council arranged a multi-disciplinary meeting at Mr Y's home to review his care. Mr X was present along with Mr Y's GP, the allocated social worker, the Care Provider, an occupational therapist, a tissue viability nurse, and an NHS Clinical Commissioning Group assessor. The notes of the meeting show Mr Y had a grade 4 pressure sore and the tissue viability nurse raised concerns about bacteria in the wound. Concerns were also raised about the air pressure in Mr Y's air mattress being switched off. Mr X's dissatisfaction with care workers and the district nurses was noted.
 19. The Council reassessed Mr Y's care needs in September 2019. Mr X was present. Mr Y was deemed to have capacity to make decisions about how his care needs were met. The assessor recorded Mr Y's health had recently declined following a fall at home, and that he was being cared for in bed. It was noted that Mr Y had a '*potential grade 4 pressure area*' which the district nursing team were attending to. Both Mr X and the Care Provider expressed concern that the pressure area appeared to be deteriorating. An occupational therapist confirmed Mr Y had a progressive illness. The assessor recorded that should Mr Y's condition continue to deteriorate he may require a residential care placement. It was Mr Y's expressed wish to remain at home for as long as possible.
 20. The Council's records show Mr X contacted its duty team on 15 October 2019 to report that someone had raised Mr Y's bed carelessly, thus knocking a shelf off above the bed, ripping out wall plugs and brackets and that £1000 worth of ornaments on the shelf were broken. The broken items had been pushed under the bed and Mr X had not been informed. Mr X said he had reported this to the Care Provider and the district nursing team.
 21. The Care Provider responded to Mr X in writing on 1 November 2019 to say it had investigated his concerns and had found no evidence that damage to Mr Y's property had been caused by care workers. In relation to the complaint about a care worker living in Mr Y's home it said, this was "*...a historical concern and was investigated and concluded previously, therefore I will not be re-investigating this*

point. You will be aware that the staff member in question, no longer works for CRG Homecare”.

22. On 29 October 2019, whilst Mr X waited for an ambulance to transport Mr Y to hospital, he telephoned the Council and alleged Mr Y had been subject to poor care and neglect by the Care Provider and district nurses. He asked the Council to investigate his concerns under safeguarding. He also reported that a carer had spilt hot tea on Mr Y whilst the ambulance staff were in attendance, that the ambulance staff asked carers to change his top, but they left without doing so. The Council recorded Mr Y’s concerns and completed a MASH referral (multi-agency safeguarding hub) on 1 November 2019.
23. When Mr Y arrived at hospital he was examined by a doctor, the doctor subsequently contacted the Council to raise a safeguarding alert. The Council completed a second MASH referral form. The referral form records the concerns to be a duplicate of those raised in a letter written by Mr Y’s GP.
24. The Council instigated initial safeguarding enquiries on 1 November 2019. I have seen a copy of the enquiry document. The council officer noted the concerns, that either the carers or district nurses had broken a radiator behind Mr Y’s bed and afterwards Mr Y complained of feeling cold. Mr X says it was some days before he discovered the radiator was broken. Mr X also complained about the damage to a shelf above Mr Y’s bed and the consequential damage to expensive ornaments. He said the ornaments had been pushed under the bed and he was not told about it. Mr X said he had reported this to the Care Provider, but it denied any knowledge of it.
25. Mr X also complained that carers had switched off the air pressure on Mr Y’s air bed. He also said carers left Mr Y lying on a plastic apron because they had run out of incontinence pads. Mr Y had a bedsore; and when he soiled himself, faecal matter had got into the wound.
26. Mr X alleged carers were emptying the contents of Mr Y’s catheter bag down the kitchen sink and were reusing single use catheter bags.
27. Mr X also reported some of Mr Y’s possessions had gone missing, including money, a clock, a rifle gun, and a large knife. Mr X said Mr Y was reluctant to report the lost items to the police.
28. Mr X reiterated his previous complaints about carers not properly thawing or heating up frozen meals. Carers were heating the meals for 3 minutes as opposed to 11 minutes as advised in the cooking instructions, and this placed Mr Y at risk of food poisoning. He also said a carer had stayed overnight at Mr Y’s property and eaten his food.
29. The ‘safeguarding enquiry’ form noted Mr Y was in hospital and therefore not at risk on ongoing harm, but that the issues raised may impact on other vulnerable people receiving services from the Care Provider and the district nurses. The action plan set out the next steps the Council would take, which included, speaking with Mr X and Mr Y, speaking to, and gathering information from the Care Provider, obtaining records from the district nurse And, involvement of the police if the allegations were of a criminal nature.
30. The Council wrote to Mr X on 13 November 2019 responding to his concerns and said he should raise some of issues directly with the Care Provider. These included:
 - damage to Mr Y’s personal furniture

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- missing personal possessions
 - damage to a shelf and resulting damage to a radiator pipe and damage to expensive ornaments
 - carers not thawing/heating meals as per the cooking instructions
 - carers emptying catheter bags down the kitchen sink.
31. It said complaints relating to a carer standing on Mr Y's foot and laughing it off, and a care worker staying at Mr Y's property were historical matters that had been dealt with previously.
 32. The Council said Mr X's other complaints were subject to a safeguarding investigation, and when that process was complete he would receive be notified of the outcome.
 33. The Council concluded its initial enquiries on 20 November 2019 and referred the matter for a section 42 safeguarding investigation.
 34. I have had sight of the safeguarding documents. The investigating officer noted Mr Y had been discharged to residential care on 11 November 2019, that he would not be returning home and the placement was funded by NHS continuing healthcare. The officer gave an overview of the care Mr Y had received from the Care Provider from 2016 onwards, that it increased and decreased as Mr Y's needs fluctuated. Overall, the care package appeared to be going well, there appeared to be no concerns until 2019.
 35. The investigating officer asked the Care Provider and the district nursing service to investigate the allegations and provide a written report.
 36. The investigating officer later discussed the allegations with the Care Provider. I have seen a copy of the notes of that discussion. The Care Provider said Mr X's complaint about a carer living at Mr Y's property happened some years previously and had been dealt with at the time. The Care Provider said Mr X had taken over the ordering of Mr Y's incontinence pads and was not reliably ordering them. It acknowledged that carers had placed Mr Y on a plastic apron because there were no incontinence pads available.
 37. The investigating officer visited Mr Y at the hospital on 5 November 2019 to discuss the safeguarding allegations and seek his views. The officer asked Mr Y if he wanted to involve the police in relation to the allegations of theft and damage to his property. Mr Y was clear he did not.
 38. The investigating officer visited Mr Y in hospital again on 15 January 2020. Mr Y reiterated his wish not to report the missing and damaged property to the police. He wanted the Care Provider and district nurse to reimburse him £1000 but both refused. Mr Y also said he *"I don't know why I should pay for such an appalling level of care when I brought to the social worker and her manager's attention so many times that we were so unhappy with them (care agency) and nothing was done"*.
 39. The investigating officer received the Care Provider's report on 30 January 2020. He considered it inadequate as it did not address the main concerns. The officer contacted the Care Provider to ask it to reconsider the report.
 40. The investigating officer noted *"...the daily records from the Care Agency left a lot to be desired and only October 2019 was available for me to examine...Care Agency's regional manager again as he has not responded to my email requesting further evidence"*.

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41. The investigating officer also met with Mr X on 5 February 2020 and together they looked through Mr Y's care records.
 42. The officer received a report from the district nursing service in February 2020. It confirmed it had identified areas of practice that required improvement and that it had developed an action plan to address this.
 43. Mr X said he also believed Mr Y should not have to pay for poor quality homecare, that Mr Y should be compensated, and that he believed the poor quality of care to be the cause of Mr Y's deteriorating health which led to his admission to hospital and subsequently to residential care. The officer advised Mr X to seek legal advice in relation to any financial claim.
 44. Following the discussion between Mr X and the investigating officer, a manager from the Council wrote to Mr X to advising him of the options open to him should *"...he wish his stated outcome of financial recompense from the Council. [Mr X] sent same information again into CWC Complaints Dept. Case discussed with Complaints Dept who will seek advice about how Complaints Dpt need to respond to [Mr Y's] son claim for compensation"*.
 45. The records show Mr X contacted the Council on 22 March 2020 to say he had contacted the police and had been advised to obtain a copy of the safeguarding report. The officer advised Mr X he would inform the investigating officer.
 46. In response to the Ombudsman's enquiries, the Council says the Care Provider had been responsible for the provision of pads since the start of their service, but it started to run into difficulties and misunderstandings occurred when Mr X decided to take over the ordering of the pads. Mr X refutes this and says he has never assumed this responsibility. He says an employee at the Care Provider went on holiday and forgot to order the incontinence pads.
 47. The investigating officer acknowledged that carers had been using plastic aprons to protect Mr Y's bed and this had exacerbated his pressure sore. The officer recorded that the allegations of emptying catheter bags down the sink and cooking/thawing of food remain *'unexplained'*.
 48. In April 2020, the Council's records show the investigating officer received the report from the district nursing service and sought further advice from a nurse.
 49. Notes from the investigating officer's supervision with his line manager, record *"Difficult to get more information from care agency -- not sure that it would change outcome -- [investigating officer] to go through current evidence -- and in light of Covid restrictions -- to come to a conclusion and complete Enquiry"*.
 50. The records show a delay in the 'writing-up' of the safeguarding enquiry due to pressures caused by the Coronavirus.
 51. The safeguarding investigation report was completed on 19 June 2020. The outcome recorded Mr Y was no longer not at risk of abuse/neglect because he was in permanent residential care, and *"Concerns have been looked into by care agency and District Nurses. Some of the concerns raised about the care agency are historical and have already been addressed by the care agency, more recent concerns also addressed and feedback provided to [Mr Y's] son by the care agency. District Nurses investigation included an Action Plan to address learning outcomes"*.
 52. The Council received a letter from the Care Provider on 7 September 2020. The author of the letter, a director of the company, confirmed the company had been

notified of the outcome of the safeguarding investigation on 19 June 2020 and confirmed its procedures "...for dealing with these types of concerns..."

The Council wrote to Mr X on 10 September 2020 with a response to his complaint, and to inform him of the outcome of the safeguarding investigation. I have seen a copy of this letter. The author, a senior council officer responded to the points Mr X raised.

53. In response to the ordering of incontinence pads, and the complaint that Mr Y was left lying on a plastic apron and faecal matter had got into his bed sore, the officer said, "*There is a documented conversation from 12 November 2019 with the Council's Social Work Unit Manager and [employee] (then CRG branch manager). The conversation stated that you had requested to order all incontinence pads. Unfortunately, due to the time that has lapsed it is difficult to establish when this occurred, and who was responsible for orders. In addition, CRG had reported that your father's bedding was soiled more frequently and had, on occasion, placed an apron to prevent the bedding being soiled*".
54. The officer went onto say "*As part of the Safeguarding, Royal Wolverhampton Hospital Trust (as named at the time) conducted their own investigation and found a number of areas to improve the practice of district nurses. I am unable to comment further on this plan as the Council are not responsible for this element*".

Analysis

55. When local authorities commission care services for a person they remain liable for the service failures of the service provider. So even though Mr X complains about the care agency for the most part the Council is vicariously liable for the faults of the care agency.
56. Councils are the lead agency in a safeguarding investigation and co-ordinate a multi-agency approach, through which early decisions are made about the seriousness of issues raised.
57. When Mr X first complained to the Council about the care provided to Mr Y, it told him to complain directly to the Care Provider. This was incorrect advice. As a commissioner of the care, the Council was responsible for Mr Y's care, and for dealing with any complaints about it. The Council is at fault here.
58. It was only after Mr X was admitted to hospital and safeguarding alerts were made by professionals and Mr X that the Council instigated safeguarding enquiries.
59. The Council records show that it made enquiries with the Care Provider, the district nursing service, and the Police. The Council recognised the Care Providers records were insufficient and contacted it again to request further evidence. When this was not forthcoming it abandoned its efforts, believing that, even if it were to obtain the information it was unlikely it would change the outcome of the safeguarding investigation. The Council should have pursued the Care Provider for the information requested. This is fault by the Council. It should have been concerned about the lack of records and the possibility of general poor record keeping with a wider impact on other service users.
60. During the safeguarding investigation, the Council failed to notice the Care Provider's contradictory complaint responses to Mr X. The complaint response dated 16 August 2019 upheld Mr X's complaint and sets out the steps the Care Provider intended to take as a result. The second complaint response dated 1 November 2019 refutes Mr X's allegations and did not uphold the complaint. Such

inconsistency should have been a cause for concern for the Council, and it should have pursued this further.

61. There was objective evidence of poor care by the Care Provider. For example, the Care Provider acknowledged it used plastic aprons as an incontinence barrier to protect Mr Y's bed. The safeguarding investigation failed to acknowledge this. It also failed to properly address the issue about the supply of incontinence pads. The Council confirmed this was the responsibility of the Care Provider, but it accepted the Care Provider's explanation that Mr X had assumed this responsibility. I have seen no evidence which shows Mr X agreed to take over the ordering of incontinence pads. On balance I find in Mr X's favour. I cannot see why he would fail to order incontinence pads, not doing so would have been detrimental to his father's comfort and would increase the amount of laundry he was doing.
62. The safeguarding investigation concluded Mr Y was not at risk of ongoing abuse/neglect because he was in residential care. Whilst the risks to Mr Y were removed, the Council failed to consider the risks posed to other vulnerable service users from poor care practices. The Council should have overseen the implementation of a robust action plan to improve the quality of care provided by the Care Provider.
63. Mr Y has a progressive illness, it was not possible to say a deterioration in his health was a direct consequence of the care provided. However, at the very least Mr Y would have suffered a significant degree of discomfort due to poor care by the Care Provider.
64. I cannot criticise the safeguarding conclusion in respect of the allegations of theft of Mr Y's personal possessions. The Council is correct, these allegations are of a criminal nature and should be reported to the police. Both Mr Y and Mr X declined to do so.
65. In respect of the damage to Mr Y's property, the damage was not disputed. However, there were conflicting accounts about who caused the damage, the carers and the district nurses blaming each other. Unfortunately, no amount of investigation would establish the facts.
66. Mr X believes the Council should reimburse Mr Y all the contributions he paid towards his care during the period the Care Provider attended him. Whilst it is clear there is some evidence of poor care, the records show Mr Y to be satisfied with the overall care provided between 2017 and 2018.
67. However, I do consider Mr Y suffered an injustice arising out of some poor care by the Care Provider. For this the Council should apologise and make a payment to acknowledge his distress.
68. In relation to injustice caused to Mr X. He has been put to time and trouble pursuing the complaint with the Council and this office. For this the Council should apologise and make a token payment.

Agreed action

69. To remedy the injustice caused the Council should within four weeks of the final decision:
 - provide Mr Y with a written apology for the faults highlighted in this complaint and for the distress caused to him and make a payment to him of £1000

-
- apologise to Mr X for wrongly informing him to complain directly to the Care Provider, and for the way it later handled the safeguarding investigation, and for his time and trouble pursuing this complaint with the Council, Care Provider, and this office. And make a payment to him of £250.
70. Within three months:
- agree a robust action plan with the Care Provider to ensure it addresses the issues of poor care and poor record keeping highlighted in this complaint
 - monitor the Care Provider to ensure the improvements are implemented
 - seek an explanation from the Care Provider about the conflicting complaint responses provided to Mr X
71. Provide evidence all the above to this office.

Final decision

72. There is evidence of fault by the Council in the way it dealt with a safeguarding investigation about the quality of domiciliary care provided to Mr Y.
73. The Council is also at fault for wrongly informing Mr X to complain directly to the Care Provider, as a commissioner of the care, it the Council who was responsible for dealing with any complaints about the care.
74. The above recommendations are a suitable way to remedy the injustice caused to Mr Y and Mr X.
75. It is on this basis; the complaint will be closed.
76. Under the terms of our Memorandum of Understanding and information sharing protocol with the Care Quality Commission, I intend to send it a copy of the final decision statement.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: Mr C complains about the Council granting a licence to a contractor to lay cabling at night in a residential area. When he complained, the Council's responses minimised the extent of his family's distress. The Ombudsman upholds the complaint. The Council has agreed to our recommendation.

The complaint

1. The complainant, who I refer to here as Mr C, complains:
 - the Council granted a licence for a contractor to install cabling at night in a residential area;
 - in response to his complaint, the Council said the reason it allowed night-time working was to minimise disruption for local businesses. But when the contractors were working in the nearby shopping area, it was only working during the day. So the Council's stated reasons made no sense;
 - the Council's complaint response minimised the extent of the injustice. In fact his family's lives were impacted for around three weeks.
2. As a remedy, Mr C seeks an apology and a payment for the distress.

The Ombudsman's role and powers

3. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'.
4. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

5. As part of the investigation, I have:
 - considered the complaint and the documents provided by Mr C;
 - made enquiries of the Council and considered its responses;
 - spoken to Mr C;
 - sent my draft decision to Mr C and the Council and considered their responses.

What I found

Legal and administrative background

6. A company or individual who wants to install and maintain apparatus on a highway needs to apply to a council for a licence under Section 50 of the New Roads and Street Works Act 1991.

What happened

7. The Council issued a permit to a company to lay cables near Mr C's home. The company was a contractor working on a project the Council was involved in.
8. On the first day of work, noise continued past midnight and Mr C emailed the Council to complain. In response to this, and contact from local councillors, the Council agreed with the company the next day that no digging would take place after 11 pm. This did, however, mean the work would take longer to complete than originally planned.
9. Mr C complained again about the noise a few days later. The Council closed the complaint, as the work was due to end a few days later.
10. About a week later the contractor asked for an extension: it said the works were delayed due to poor weather.
11. A few days later Mr C reported further drilling after 11pm. The Council said it was disappointed and went back to the contractor.
12. Mr C made a formal complaint. He asked the Council to pay him compensation. The Council's response:
 - advised the original decision *"..was to complete works during the daytime. However, due to locality ... a high footfall existed. Therefore, an internal decision was taken by the Street Works Team to undertake this works during a late evening and/or overnight"*.
 - the works were meant to take 10 days. But after the Council restricted digging to before 11pm, this meant they took longer.
 - it upheld the complaint and sincerely apologised for the contractor's disruption.
13. Mr C asked to escalate his complaint. In response, the Council's records show it was considering a request by Mr C for a £100 payment for his distress. Mr C later deemed this insufficient, so he complained to the Ombudsman.
14. In response to my enquiries, the Council sent me its records of the permit application process. These included applications to vary the process. It was as part of one of these applications, that the Council inserted a condition about the times of work. It has not sent me any contemporaneous record of the internal discussion it says it had when it decided to allow night-time working.
15. Its responses advised:
 - The decision to allow night-time working was to minimise disruption to business on a high street (some earlier daytime work had been carried out for a specific purpose);
 - *"The residential area [where Mr C lives] is a continuation of the commercial area and unfortunately the road was not split for the works due to the nature of the installation required. It cannot have breaks in the ducting or fibre as it would then require street furniture to be installed and would make it difficult to service in the future. On this basis, the permit was applied to the entire length of the [road]"*.

-
- Its Environmental Health team had informally investigated but not taken any formal action.
 - *“all overnight works across the city near to residential areas restrict noisy activities beyond 22:00hrs through a standard condition – NCT12a “Noise levels to be kept to an absolute minimum beyond 22:00hrs due to residential area”. This condition does not restrict works beyond 22:00hrs, it is merely intended to restrict noisy activities that could disrupt local residents; works can continue through the night in line with the permit.”*

Analysis

16. The work was part of a major scheme and I do not consider the Council was at fault in permitting it to take place. It was inevitable it would lead to some noise and disruption.
17. I do have some concerns the Council’s records suggest that its first permit allowed overnight working with no consideration of what work was allowable during that time. But the Council acted immediately it received Mr C’s complaint about disturbance at night and restricted the hours of work. Mr C did have to make some further contacts, so he was caused further injustice.
18. Considering this history, and with reference to the Ombudsman’s [Guidance on Remedies](#), my view is Mr C’s original suggestion of £100 is appropriate for his family’s avoidable distress. It has already apologised in its complaint response.
19. The Council’s response to my draft decision said:

“To ensure we learn lessons from this, the council will raise again with [the contractor] the importance of the subcontractors being considerate of noise and ensure continued compliance with permits; once the council receives the final report, we will arrange for the financial remedy of £100 to be paid”.

Final decision

I uphold this complaint, due to some fault. The Council has agreed to my recommendation, so I have completed my investigation.

Investigator’s decision on behalf of the Ombudsman

CEU Operational & Digital Update

1 Sept 2022

Page 101

Agenda Item No: 7

CEU Operational and Digital Update



97% of cases are logged via email, calls volumes remain low



IT and Digital are leading on the developments, the current focus is:

- All CEU cases to be managed through CRM system (Customer Engagement Platform)
 - Full system utilised
- Love your streets to be automatically integrated into confirm system without having to manually log the enquiry

Page 102



Cases are acknowledged by the CEU in less than 24 hours



The Councillor Portal continues to be the online digital space for Councillors – new links and documents are regularly added



CEU Team members continue to learn and develop – knowledge sharing on key areas of the business



Engagement on developments will continue with Councillors from the Councillor Development Advisory Group – helping to shape future work



The CEU are reviewing and proactively chasing overdue and paused cases to be able to provide feedback to Councillors

CEU Processes for Completed, Paused or Overdue Cases

Closed Cases



Service area provide a response to CEU on the logged case



CEU review and ensure the response meets the original case raised

YES



Service reply is emailed to the Cllr & advised case is closed
– CEU do not edit or change the response from the service

NO



CEU respond to the service request further details

Overdue Cases

- Overdue cases are chased weekly
- Councillors are sent an email advising them that this has been done.
- The councillor is updated further of progress and updates the CEU may have been provided.
- Significant overdue cases are flagged to Directors.

Paused Cases

- Process followed is same for overdue cases.
- Cases can be paused for various reasons which are:
 - At the request of the Councillor to ensure walks are carried out
 - At the request of the service area due to complexity of the case
 - If the CEU or Service require more information from the Councillor to log the case effectively

City of Wolverhampton Council

4648	enquiries received
2%	enquiries currently open and within agreed Service Standard
66%	enquiries completed and closed
7%	enquiries overdue - passed agreed Service Standard
0%	enquiries due to breach the agreed Service Standard
1%	enquiries paused pending further information to progress

Page 104

Top 3 Enquiry Types

	%
Fly tipping reporting	5.4%
General Enquiry	5.1%
Tree maintenance	4.8%



General Enquiry items to be reviewed, and common themes to grouped and given a specific enquiry type

****Data as of 9:30am on 23 August 2022**

City of Wolverhampton Council

59 equivalent to 1% of enquiries **overdue** - passed agreed Service Standard

Top 10 Overdue Enquiries by Type

Miscellaneous
General Enquiry
Fly tipping reporting
Resurfacing
Tree maintenance
Damaged path (slabs)
Carriageway pothole
Fly tipping private land
Hedge Maintenance
Report It Accumulations

Overdue Enquiries by Directorate	%	No.
Adults	3%	2
City Environment	92%	54
Deputy CEX	2%	1
Regeneration	3%	2
Total	100%	59

***Data as of 9:30am on 23 August 2022*

Wolverhampton Homes

Page 106

1241	enquiries received
5%	enquiries currently open and within agreed Service Standard
94%	enquiries completed and closed
1%	enquiries overdue - passed agreed Service Standard
0%	enquiries due to breach the agreed Service Standard
0%	enquiries paused pending further information to progress

Top 3 Enquiry Types	%
Wolverhampton Homes general	14.7%
Wolverhampton Homes Grounds Maintenance	4.0%
Wolverhampton Homes Tree Maintenance	0.8%

****Data as of 9:30am on 23 August 2022**

Wolverhampton Homes

9 equivalent to 1% of enquiries **overdue** - passed agreed Service Standard

Top 10 Overdue Enquiries by Type	%	No.
Wolverhampton Homes general	67%	6
Wolverhampton Homes Grounds Maintenance	33%	3
Total	100%	9

Page 107

***Data as of 9:30am on 23 August 2022*

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CITY OF WOLVERHAMPTON COUNCIL	Governance and Ethics Committee 1 September 2022
----------------------------------------------	----------------------------------------------------------------

Report title	Democratic Engagement Update	
Cabinet member with lead responsibility	Councillor Paula Brookfield Cabinet member for Governance and Equalities	
Accountable director	David Pattison, Chief Operating Officer	
Originating service	Electoral Services	
Accountable employee	Laura Noonan	Electoral Services Manager
	Tel	01902 55 5050
	Email	Laura.noonan@wolverhampton.gov.uk
Report to be considered by	Election Board	22 September 2022

Recommendation for action:

The Governance Committee is recommended to:

1. Provide feedback on the 'Be A Councillor' event and registration initiatives.

1.0 Purpose

- 1.1 To provide an update on the democratic engagement activities for 2022-2023.

2.0 Background

- 2.1 Wolverhampton has supported the Local Government Associations (LGA) 'Be a Councillor' campaign for three years (2018, 2020 and 2021) – holding local events in Wolverhampton. This will be an annual campaign and event.
- 2.2 The Electoral Registration Officer has a duty to maintain the electoral register and to ensure, as far as is reasonably practicable, that all those eligible – and no others – are registered in it. A proactive approach is required throughout the year to identify people who are not registered and encourage them to register.
- 2.3 As is the case nationally, in Wolverhampton the under registered groups have been identified as young people, recent home movers and people where English is not a first language, so the public engagement strategy has been targeted towards these groups.

3.0 Be a Councillor event

- 3.1 Wolverhampton is one of 12 councils that take part in the LGA 'Be a Councillor' campaign, and Wolverhampton has a dedicated microsite on the LGA website which can also be accessed via the main council website: [City of Wolverhampton Council | Local Government Association](#).
- 3.2 The website includes information about the city, information on the process of standing to be a councillor, the role of a councillor and it also includes videos from existing councillors. There is also a whole range of LGA resources that people can access such as e-learning modules on becoming a councillor to give an insight in to how they would handle some real situations as a councillor.
- 3.3 The Council will be hosting the annual 'Be A Councillor' event on Wednesday 23 November at 5.30pm – 7.30pm in the City Suite. The event will be publicised on all of the council communication channels, and people will be able to book on to the event via Eventbrite.
- 3.4 The event will include a presentation from the Chief Operating Officer, Head of Governance and Electoral Services Manager on the structure of the council, the role of a councillor and the process of standing for election. There will then be a question-and-answer session with councillors from both parties. The Leader and Leader of the Opposition will each nominate three councillors from their party to be on the councillor panel.
- 3.5 There are typically between 20 – 30 attendees at each event, and the feedback has been positive. Following the 2021 event, one attendee subsequently stood as a candidate in the 2022 local elections.

4.0 Youth Elections

- 4.1 Electoral Services and the Youth Engagement and Co-Production team ran two national youth elections in Wolverhampton in February – March 2022, which was the first time these elections have been conducted in person with every secondary school in the city taking part. Young people voted for two Youth MP's and the 'Make your Mark' campaign which gives young people a chance to have a say on the biggest issues facing them.
- 4.2 Over 10,000 votes were cast for each ballot, with a turnout of 47%, which is a record high for these elections in Wolverhampton.
- 4.3 Young people were encouraged to register to vote at the same time as attainers so that they will be automatically added to the register as soon as they turn 18. There are currently 591 attainers on the electoral register as of the 1 July 2022, compared to 389 on 1 December 2021.
- 4.4 These elections will take place once every two years and Electoral Services will continue to support with the delivery of them to make them look and feel like a real election to give young people the experience of voting in a polling station.
- 4.5 From 1 September 2022, Electoral Services will write out to all 16-year-olds to inform them that they can be added to the register at this age which means that they will be able to vote when they are 18. A copy of the letter can be found in **Appendix 1**.
- 4.6 Under a data sharing agreement made with Education and Skills, Electoral Services now have access to education data for all 16- and 17-year-olds. The number of attainers on the register will be monitored to assess the effectiveness of this approach.

5.0 Electoral registration integration into other council services

- 5.1 As is also the case nationally, many people believe that they are automatically registered to vote when they pay council tax or inform the council that they have moved into a property in the area. However, electoral registration is an entirely separate function and individuals must register to vote separately and provide their date of birth and national insurance number so that their details can be verified against Department for Work and Pensions records.
- 5.2 Electoral Services have been working to integrate electoral registration into other services communication with electors to at least sign post electors to the register to vote website.
- 5.3 Electoral Services already receive a weekly list from Council Tax of new liabilities. These are added to the register as pending electors and invitation to register letters are posted out to them to encourage them to register to vote.

- 5.4 From 1 August 2022, Council Tax have a new online service for change of address which provides the ability to email other service areas details of the change. Electoral Services have signed up to this information to ensure that the electoral register is kept up to date
- 5.5 Since 1 April 2022, Electoral Services have included a leaflet in all new council tax bills to target register to vote messages to those who have just moved into a new property. The leaflet can be found in **Appendix 2**.
- 5.6 Customer Services have updated the information on the IVR line when people call the council regarding council tax queries to include: "Moving house...don't forget to update the electoral register, you can do this online by visiting www.registertovote.gov.uk". Customer services also encourage customers to register to vote if they have not already done so at the end of calls.
- 5.7 Wolverhampton Homes also include regular register to vote information in their newsletters and on the new occupier's website.
- 5.8 Electoral Services continue to receive a weekly list from registrars and download data from tell us once to remove deceased from the electoral register.
- 5.9 All of these activities assist with maintaining an accurate and up to date register. As of 1 July 2022 there are 184,044 registered electors, compared to 183, 823 on 1 July 2021.

6.0 Registration campaign in multiple languages

- 6.1 Ahead of an election the council regularly communicates the registration deadline dates. This year for the May 2022 elections, leaflets were designed to communicate this message in the top 6 spoken languages in Wolverhampton – English, Punjabi, Polish, Kurdish, Gujrati and Urdu. A copy of the leaflet can be found in **Appendix 3**.
- 6.2 These leaflets were shared with key stakeholder groups, and they will be updated ahead of each election with the relevant and shared across all available platforms.

7.0 Elections Act

- 7.1 On 28 April, the Elections Act received Royal Assent. The Act seeks to:
- Require voters to show photo ID at polling stations before a ballot paper is issued.
 - Require Electoral Registration Officers based in local authorities to issue free voter identification documents to those without a valid form of photo ID.
 - Require postal voters to reapply for a postal vote every three years, replacing current rules of refreshing their signature every five years.
 - Restrict the handling of postal votes, including limiting the number of postal votes an individual can hand in at a polling station.
 - Further limit the number of people someone may act as proxy for.

- Extend accessibility to elections including requiring Returning Officers to take all reasonable steps to provide support for those with a disability in polling stations.
- Simplify and clarify the offence of undue influence.
- Change the voting and candidacy arrangements for EU voters.
- Allow all British citizens living overseas to vote in UK Parliamentary elections, regardless of when they left the UK.
- First past the post system introduced for Police and Crime Commission and Combined Authority Mayoral Elections.

7.2 Not all measures will be introduced next year. The voter card application process will commence in January 2023 and voter ID will be in place for the May 2023 local elections, as will the accessibility requirements. The new rules relating to overseas electors and changes to EU citizens and candidacy rights are expected to take place from May 2024. The rules on postal vote handling and secrecy measures will now be implemented after the May 2023 polls.

7.3 The Department for Levelling Up, Housing and Communities (DLUCH) are still developing the policy and secondary legislation. The Electoral Commission will be able to develop their guidance once the secondary legislation is in place.

7.4 When the secondary legislation and information regarding additional funding is received, a local implementation and communications plan can be further developed. A councillor briefing session has been arranged for 28 September to update members on the Elections Act in more detail, and our local implementation plan.

8.0 Financial implications

8.1 The work on the democratic engagement activities outlined in this report has been undertaken utilising existing staffing resources. Some additional costs are associated with the initiatives. The leaflets included in council tax bills targeting residents who have moved properties cost just over £1,000 and the letters to be sent to 16-year-olds informing them of their right to register are anticipated to cost around £3,000. These additional costs are to be accommodated within overall Governance Services budgets.

8.2 The Government has indicated that additional new burdens funding will be provided to support the implementation of the Elections Act, though the level of funding is yet to be confirmed. The costs of compliance, such as the production of free voter identification documents, cannot be quantified at this stage. Future reports will incorporate details of costs and funding as they emerge. [GE/12082022/T].

9.0 Legal implications

9.1 All preparations outlined in this report are in line with the Electoral Registration Officer's duty under Section 9A of the Representation of the People Act 1983 to take all necessary steps to comply with the duty to maintain the electoral register. Steps have been taken to

identify and target any unregistered registrations through these initiatives.
[SZ/08082022/P]

10.0 Equalities implications

- 10.1 The Electoral Registration Officer produced registration reminders in different languages which is above and beyond the Electoral Commission recommended communications.
- 10.2 All Returning Officers will be required to improve accessibility arrangements for voters with disabilities as part of the Elections Act which will come in to force later this year. A working group will be set up with representatives from adult social care, equalities and ICT to develop a local approach to improving the experience of voting for people with a range of disabilities.

11.0 All other Implications

- 11.1 There no other implications arising from the report at the current time.

12.0 Appendices

- 12.1 Appendix 1: Letter to 16-year-olds
- 12.2 Appendix 2: New movers council tax leaflet
- 12.3 Appendix 3: Register to vote leaflet in multiple languages

**Electoral Services
Civic Centre
St Peters Square
Wolverhampton
WV1 1RG**

**CITY OF
WOLVERHAMPTON
COUNCIL**

XXXX

Dear xxxxx

We are writing to advise you that, now you are 16, you can be added to the electoral register. This means that you will be able to vote in elections when you are 18. It may also help when you want to get a mobile phone, because credit reference agencies check the electoral register.

It's important you register to vote now, so that you will be able to have your say at future elections. Lots of young people are missing from the electoral register which means you don't get a say in how things are run. It is also a legal requirement to register to vote.

Registering to vote is straightforward. You can register online at:

www.gov.uk/register-to-vote

You will need to fill in your name, address and date of birth. You'll also need your National Insurance number, which most people are sent by letter by their 16th birthday. You can also find it on official paperwork such as payslips. Once you have registered, you will receive a confirmation number to say your application has been successfully submitted.

If you have difficulty accessing the internet, or you have any other queries, please contact us on 01902 551177 or Electoral.Services@wolverhampton.gov.uk

Yours sincerely

Laura Noonan
Electoral Services Manager

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RECENTLY MOVED IN?

**Make sure you're registered to vote
at your new address.**

If you don't, you won't be able to vote.

**It's quick and easy to register
to vote online.**

***Register to vote now to have your say at
www.gov.uk/register-to-vote***

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REGISTER TO VOTE



Have your say in the upcoming elections on 5/5/2022. If you are not already registered, register to vote by 14/4/2022. You can apply to vote by post by 19/4/2022. www.gov.uk/register-to-vote

5/5/2022 ਨੂੰ ਹੋਣ ਵਾਲੀਆਂ ਚੋਣਾਂ ਵਿੱਚ ਆਪਣੀ ਰਾਏ ਦਿਓ। ਜੇਕਰ ਤੁਸੀਂ ਪਹਿਲਾਂ ਤੋਂ ਰਜਿਸਟਰਡ ਨਹੀਂ ਹੋ, ਤਾਂ 14/4/2022 ਤੱਕ ਵੋਟ ਪਾਉਣ ਲਈ ਰਜਿਸਟਰ ਕਰੋ। ਤੁਸੀਂ 19/4/2022 ਤੱਕ ਡਾਕ ਰਾਹੀਂ ਵੋਟ ਪਾਉਣ ਲਈ ਅਰਜ਼ੀ ਦੇ ਸਕਦੇ ਹੋ। <https://www.gov.uk/register-to-vote>

Weź udział w nadchodzących wyborach, które odbędą się 05/05/2022. Zarejestruj się do 14 kwietnia, jeżeli jeszcze tego nie zrobiłeś, aby móc oddać swój głos. Zgłoszenia do głosowania korespondencyjnego można składać do 19/04/2022. <https://www.gov.uk/register-to-vote>

2022/5/5 ਕੋ ਹੋਣ ਵਾਲੇ ਚੋਣਾਂ ਵਿੱਚ ਆਪਣੀ ਰਾਏ ਦਿਓ। ਜੇਕਰ ਤੁਸੀਂ ਪਹਿਲਾਂ ਤੋਂ ਰਜਿਸਟਰਡ ਨਹੀਂ ਹੋ, ਤਾਂ 14/4/2022 ਤੱਕ ਵੋਟ ਪਾਉਣ ਲਈ ਰਜਿਸਟਰ ਕਰੋ। ਤੁਸੀਂ 19/4/2022 ਤੱਕ ਡਾਕ ਰਾਹੀਂ ਵੋਟ ਪਾਉਣ ਲਈ ਅਰਜ਼ੀ ਦੇ ਸਕਦੇ ਹੋ। <https://www.gov.uk/register-to-vote>

ਦੇਸ਼ੀ ਚੋਣਾਂ ਵਿੱਚ ਆਪਣੀ ਰਾਏ ਦਿਓ। ਜੇਕਰ ਤੁਸੀਂ ਪਹਿਲਾਂ ਤੋਂ ਰਜਿਸਟਰਡ ਨਹੀਂ ਹੋ, ਤਾਂ 14/4/2022 ਤੱਕ ਵੋਟ ਪਾਉਣ ਲਈ ਰਜਿਸਟਰ ਕਰੋ। ਤੁਸੀਂ 19/4/2022 ਤੱਕ ਡਾਕ ਰਾਹੀਂ ਵੋਟ ਪਾਉਣ ਲਈ ਅਰਜ਼ੀ ਦੇ ਸਕਦੇ ਹੋ। <https://www.gov.uk/register-to-vote>

5/5/2022 ਨਾ ਰੋਜ ਆਪਣੀ ਰਾਏ ਦਿਓ। ਜੇਕਰ ਤੁਸੀਂ ਪਹਿਲਾਂ ਤੋਂ ਰਜਿਸਟਰਡ ਨਹੀਂ ਹੋ, ਤਾਂ 14/4/2022 ਤੱਕ ਵੋਟ ਪਾਉਣ ਲਈ ਰਜਿਸਟਰ ਕਰੋ। ਤੁਸੀਂ 19/4/2022 ਤੱਕ ਡਾਕ ਰਾਹੀਂ ਵੋਟ ਪਾਉਣ ਲਈ ਅਰਜ਼ੀ ਦੇ ਸਕਦੇ ਹੋ। <https://www.gov.uk/register-to-vote>



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CITY OF WOLVERHAMPTON COUNCIL	Governance and Ethics Committee 1 September 2022
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Report title	Update on polling district and polling place review	
Cabinet member with lead responsibility	Councillor Paula Brookfield Cabinet member for Governance and Equalities	
Accountable director	David Pattison, Chief Operating Officer	
Originating service	Electoral Services	
Accountable employee	Laura Noonan	Electoral Services Manager
	Tel	01902 55 5050
	Email	Laura.noonan@wolverhampton.gov.uk
Report has been considered by	Election Board	23 June 2022

Recommendations for noting:

The Governance and Ethics Committee is asked to note:

1. The outcome of the public consultation.
2. The next steps for the polling district and polling place review.

1.0 Purpose

- 1.1 To provide an update on the outcomes of the public consultation.
- 1.2 To provide an update on the next steps to the review.

2.0 Background

- 2.1 The polling district and polling place review consultation launched on 18 July 2022 and closed on 26 August 2022.

3.0 Polling district and polling place review consultation

- 3.1 The public consultation was shared across all of the available communication channels: councillor weekly email, twitter, Facebook, resident's newsletter, website and city people. Leaflets promoting the consultation were also sent to 105,000 properties with the annual canvass forms. Emails were also sent to Councillors, MP's and organisations with a particular expertise in advocating for people with various disabilities.
- 3.2 All councillors were invited to ward drop-in sessions to respond to the consultation.
- 3.3 The public consultation closed on Friday 26 August 2022. A verbal update will be provided at the Committee to confirm the number of responses received in total and a high-level summary of the feedback.

4.0 Polling district and polling place review timescales

- 4.1 Throughout September, the final scheme will be prepared taking on board all of the feedback received. This will be shared with councillors in group meetings as an opportunity to provide feedback on the final scheme.
- 4.2 The next steps to the review are outlined in the table below:

Activity	Date
Collate results from consultation and prepare final scheme of polling districts and stations (including engagement of members through group meetings)	29 August 2022 – 30 September 2022
Final scheme of polling districts and stations taken to Governance and Ethics Committee for recommendation to full council	20 October 2022
Final recommendations presented to Full Council	2 November 2022
Publish electoral register on new boundaries	1 December 2022

Poll cards will be sent to electors with new polling station details on	March 2023
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5.0 Access to electoral registers

- 5.1 On 1 December 2022, the revised electoral register will be published on the new wards. As such, existing members of the council will only be entitled to the parts of the register that they are currently elected members for as per the regulation 103 of the Representation of the People Rules 2001. For example, this would mean receiving parts of the register for the existing St Peters ward, not the full St Peters ward as per the new boundary.
- 5.2 Political parties are entitled to the full electoral register at any time on request.
- 5.3 All candidates standing for election will be entitled to the electoral register for the ward they are standing for on 27 March 2023.

6.0 Financial implications

- 6.1 The next steps scheduled in the polling district and polling place review will be undertaken utilising existing staffing resources provided for with the current electoral registration net expenditure budget of £362,000. [GE/09082022/A]

7.0 Legal implications

- 7.1 All preparations outlined in this report are in line with the statutory provisions covering the review of polling district and places. [SZ/16082022/P]

8.0 Equalities implications

- 8.1 An equalities analysis has been undertaken to identify the positive and negative impacts against the key equality themes and solutions identified to mitigate against negative impacts. This is included in the background paper.
- 8.2 Local authorities have a duty to review the accessibility of all polling places to disabled voters and ensure that every polling place, and prospective polling place, for which it is responsible is accessible to disabled voters 'so far as is reasonable and practicable'.
- 8.3 Groups and individuals with expertise in access issues within Wolverhampton have been invited to respond to the draft proposal during the public consultation phase.

9.0 All other Implications

- 9.1 There are no other implications arising from this report at the current time.

10.0 Schedule of background papers

- 10.1 Boundary Review Implementation Plan and Polling District and Polling Place Review, Governance and Ethics Committee, 7 July 2022: [mgConvert2PDF.aspx](https://www.moderngov.co.uk/mgConvert2PDF.aspx) ([moderngov.co.uk](https://www.moderngov.co.uk))

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CITY OF WOLVERHAMPTON COUNCIL	Governance and Ethics Committee 1 September 2022
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Report title	Update on the 2022 annual canvass	
Cabinet member with lead responsibility	Councillor Paula Brookfield Cabinet Member for Governance and Equalities	
Accountable director	David Pattison, Chief Operating Officer	
Originating service	Electoral Services	
Accountable employee	Alice Peacock Tel Email	Deputy Electoral Services Manager 01902 550551 Alice.Peacock@wolverhampton.gov.uk
Report to be considered by	Election Board	22 September 2022

Recommendations for noting:

The Governance and Ethics Committee is asked to note:

1. The progress of the 2022 annual canvass

1.0 Purpose

1.1 To provide an update on the annual canvass.

2.0 Background

2.1 It is a legal requirement for the Electoral Registration Officer (ERO) to carry out an annual canvass to ensure that the electoral register is up to date.

2.2 This is the third year of the reformed annual canvass. The 2020 annual canvass was the first to be held under the reformed canvass as per The Representation of the People (Annual Canvass) (Amendment) Regulations 2019. The annual canvass now starts with a national data match of the electoral register with DWP records to categorise properties into route one – matched properties (indicating no change in household composition), or route two - no match (indicating a change in household composition). This allows the ERO to take a flexible approach and target resources on properties where there is a change.

2.3 Route one properties receive a 'light touch' canvass, where they are sent a letter but only need to respond if there is a change. The route two properties must respond and are sent multiple different types of communications including a door knock to elicit a response. There is also a route three for properties with a senior responsible officer who can respond on behalf of the residents. In Wolverhampton, Care Homes with a senior responsible officer are assigned to route three.

2.4 The earliest the annual canvass can start by 1 July and conclude by 1 December for the publication of the revised register. Wolverhampton started contacting electors as part of the annual canvass on 12 July.

2.5 The timetable is set out below:

Communication	Date	Detail
Route 1 CCA Email	12 July	To matched households where an email address is held. They must respond to this.
Route 1 CCA Letter	8 August	To matched households where an email address is not held or where a response was not received to the email. They only need to respond if there is a change. Printed on green paper.
Route 2 CCB Letter	25 July	To not matched households. Response required. No pre-paid

		envelope – encourage response online. Printed on yellow paper.
Route 2 Canvass form	5 September	To not matched households who have not responded to CCB form. Response required. Pre-paid envelope provided
Route 2 CCB Telephone canvassing	12 - 23 September	To not matched households where a telephone number is held.
Route 2 Door Knock	27 September- 11 November	20 canvassers will be employed to carry this out.
Route 3 Contacting responsible officers	1 September	For Care Homes with lead officers to confirm resident's details

3.0 Data match

- 3.1 Before commencing the annual canvass, Electoral Services ran a data matching exercise with national Department for Work and Pensions records, and local council tax and customer service records. The match rate returned for this year was 81% (93,805 properties) up from last year's return of 79%, indicating no change in household composition.
- 3.2 Our data match continues to be above the national average reported by the Electoral Commission which recorded a national match rate of 75% in 2021 and 74% in 2020. On a local level our match rate is currently above the 2021 average of 77.5 % recorded for the West Midlands, evidencing high level of accuracy and completeness in the electoral register

4.0 Route one update

- 4.1 Properties in route one only need to respond if there is a change, except for those who received an initial email as they are required to respond to ensure that the communication had reached the property.
- 4.2 Emails were sent to 42,828 properties this year, and there has been a 44.7% response rate (19,157), which was an increase on the 27% response rate at this stage in 2021.
- 4.3 In 2021 there were some queries from residents checking whether the email was legitimate as they had not been contacted in this way before. There were minimal queries this year and more communications were put out in residents' newsletters and on the website to inform residents that they may receive this email.

- 4.4 74, 871 households without email addresses and those who did not respond to the email were sent a Canvass Communication Form A which is a two-sided A4 letter without a pre-paid envelope showing the names of people registered at this address and to invite them to respond online only if there were changes required. The table below shows the current outcome of the route one contacts. However, the aim with route 1 properties is not receive 100% response as a response is only required if there is a change.

	2022
Properties	93,626
Full responses	19,714 (21.06%)
Changes (electors added/deleted)	4782 (1074)
No changes	16,010

5.0 Route two update

- 5.1 All households in this route are required to respond and the ERO is required to contact these households three times and one of these must be a personal canvass such as a telephone call or door knock.
- 5.2 All 22, 435 properties received a Canvass Communication Form B letter which is an A4 double sided letter without a pre-paid envelope and electors were encouraged to respond online. Properties who do not respond at this stage will be sent an A3 double sided Canvass Form with a pre-paid envelope. Properties who do not respond to the canvass form will receive either a telephone call or 2 door knocks and a leaflet posted through the door. The table below shows the current outcome of the route two contacts:

	2022	
	Properties contacted	Response rate
CCB letter	22, 435	28.58% (6,412)

6.0 Route three update

- 6.1 Route 3 properties are care homes where there is a senior responsible officer who can respond on behalf of all of the residents. In September, Electoral Services will take a more targeted approach to generating responses from Route 3 properties including emailing and calling senior responsible officers up to three times.

7.0 Overall completion rate

- 7.1 As of 24 August, the overall completion rate for the annual canvass is **86.2%**.

8.0 Financial implications

8.1 The annual canvass process is funded from the current electoral registration net expenditure budget of £362,000. [GE/09082022/C]

9.0 Legal implications

9.1 All of the preparations outlined in this report meet the statutory provisions for the annual canvass. [SZ/12082022/P]

10.0 Equalities implications

10.1 The nature of the reformed Annual Canvass enables Electoral Registration Officers to focus resources on the wards where the data indicates that there has been a change in household composition.

11.0 All other implications

11.1 There are no other implications arising from this report at the current time.

12.0 Schedule of background papers

12.1 Evaluation of May 2022 Elections, Governance and Ethics Committee, 7 July 2022.

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