

Public Document Pack



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PUBLIC

To: Members of Governance, Ethics and Standards Committee

Wednesday, 14 October 2020

Dear Councillor,

Please attend a meeting of the **Governance, Ethics and Standards Committee** to be held at **2.00 pm** on **Thursday, 22 October 2020** in Teams Live Event, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S Hobbs', written over a light blue horizontal line.

Simon Hobbs
Director of Legal and Democratic Services

AGENDA

PART I - NON-EXEMPT ITEMS

1. Apologies for absence
To receive apologies for absence (if any)
2. Declarations of Interest
To receive declarations of interest (if any)
3. Minutes (Pages 1 - 2)
To confirm the non-exempt minutes of the meeting of the Governance,

Ethics and Standards Committee held on 02 July 2020.

4. Report of the Executive Director Adult Social Care and Health on the Report of the Local Government and Social Care Ombudsman (Pages 3 - 18)
5. Report of the Executive Director Commissioning, Communities and Policy on the Scrutiny Review (Pages 19 - 48)
6. Complaints received against Councillors pursuant to the Code of Conduct for Elected Members for the period June 2019 to 30th June 2020 (Pages 49 - 52)
7. Annual Review Letters of the Local Government and Social Care Ombudsman for the Years Ending March 2018, March 2019 and March 2020 (Pages 53 - 90)
8. Update from the Member Development Working Group (Pages 91 - 94)

PUBLIC

MINUTES of a meeting of the **GOVERNANCE, ETHICS AND STANDARDS COMMITTEE** held on 02 July 2020 at County Hall, Matlock

PRESENT

Councillor C Short (in the Chair)

Councillors N Atkin, K Buttery, J Coyle, K Gillott, L Grooby, J Innes, W Major, & S Swann

Apologies for absence were received from Councillors K Buttery and C Moesby, and L Newby MBE (Independent Persons)

03/20 **MINUTES RESOLVED** that the minutes of the meeting of the Governance, Ethics and Standards Committee held on 9 January 2020 be confirmed as a correct record and signed by the Chairman.

04/20 **ANNUAL REPORT OF THE CHAIRMAN OF THE GOVERNANCE, ETHICS AND STANDARDS COMMITTEE** The terms of reference for the Governance, Ethics and Standards Committee as outlined at Article 11 of the Constitution required the Chairman to provide an annual report. It had been proposed that the annual report would outline the work done by the Committee over the last year and give an indication of the work programme for the next municipal year.

The Council's current Constitution had been implemented in May 2019. However, it was proposed that this initial annual report under the new Constitution should also cover the work done towards implementation of the new Constitution during the year 2018 – 2019.

The draft report for consideration by the Committee was attached at Appendix 1 to the report.

RESOLVED to note the draft annual report of the Chairman of the Governance, Ethics and Standards Committee attached at Appendix 1 to this report.

05/20 **UPDATES TO THE CONSTITUTION** The Committee had been asked to consider the proposed amendments to the Constitution to ensure that the Constitution remained up to date and fit for purpose.

The revised Constitution had been implemented in May 2019. However, it was regularly reviewed in order for it to remain up to date and fit for purpose. As the result of such a review, a number of amendments to the Constitution had been proposed and were detailed in the draft report.

Changes to the Constitution may only be approved by the Council after consideration of the proposals by the Governance, Ethics and Standards Committee.

RESOLVED after a debate to (1) note the proposed amendments to the Constitution as detailed in the draft report to Council attached at Appendix A to the report to the Committee and (2) commend the proposed amendments to the Council, subject to minor changes to the wording suggested for the amendments to Appendix 9 – Officer Procedure Rules”.

06/20 **LOCAL GOVERNMENT ASSOCIATION – CONSULTATION ON A MODEL CODE OF CONDUCT FOR ELECTED MEMBERS** Members’ were informed of the Consultation launched by the Local Government Association on the draft Member Code of Conduct which would run for 10 weeks from Monday 8 June until Monday 17 August 2020.

At its meeting on 25 February 2019, the Committee (then the Standards Committee) considered the findings of the review of the Committee on Standards in Public Life dated January 2019. The purpose of the review was for the Committee to assure themselves that the current standards framework was conducive to promoting and maintaining the high standards expected by the public.

The review identified some specific areas of concern and identified a number of risks in respect of the current rules around conflicts and declaring of interests, gifts and hospitality and the increased complexity of local government decision making.

The Committee made 26 recommendations and identified 15 recommendations of best practice to improve ethical standards in local government. The recommendations included the suggestion for the Local Government Association (LGA) to create an updated Model Code of Conduct to enhance consistency and the quality of local authority codes.

The LGA had now developed a Model Code of Conduct and had indicated that it intended to create additional guidance, working examples and explanatory text. The LGA had also launched consultation on the draft Member Code of Conduct which would run for 10 weeks from Monday 8 June until Monday 17 August. The consultation details and questionnaire, together with a copy of the Model Code of Conduct could be accessed on line at <https://www.local.gov.uk/code-conduct-consultation-2020>. A copy of the Model Code of Conduct was also attached at Appendix 1 to the report.

RESOLVED to note the consultation and draft model code of conduct for Elected Members launched and prepared by the LGA.

DERBYSHIRE COUNTY COUNCIL

Governance, Ethics and Standards Committee

22nd October 2020

Report of the Executive Director Adult Social Care and Health

1. Purpose of the Report

To update the Governance, Ethics and Standards Committee regarding progress of the work outlined within the report submitted to the Committee on 9th January 2020. The report submitted earlier this year detailed the Local Government Ombudsman's findings following an investigation into the death of Mrs C at the Grange Care Home in Eckington.

2. Background

At the previous meeting of the Governance, Ethics and Standards Committee on 9th January 2020, the Committee considered the report of the Local Government Ombudsman which made a finding of fault against the Council following Mrs C's death whilst in the care of Derbyshire County Council. It was resolved that Adult Care and Social Health would bring back a further report to the Committee regarding progress in respect of actions taken and lessons learned. In addition to updating the Governance, Ethics and Standards Committee, Adult Care and Social Health have been required to provide a report to the Scrutiny- People Committee. The first report to the Scrutiny Committee was provided in February 2020 and a further report was provided in September 2020. A copy of the report presented to the Committee in September is attached at Appendix A. This report details the progress made against the six workstreams which were identified as being critical and the Scrutiny Committee noted the report.

Since the last report to the Governance, Ethics and Standards Committee in January 2020, the Local Government Ombudsman has written to the Council and confirmed that he is satisfied with the Council's response and welcomes the action taken following his report. The complaint is now closed. A copy of the letter from the LGO is attached at Appendix B.

3. Legal and Human Rights Considerations

The Local Government Ombudsman's powers are defined by the Local Government Act 1974 as amended by the Local Government and Public Involvement in Health Act 2007. The Ombudsman may investigate complaints of maladministration causing injustice.

The Ombudsman cannot question whether a council's decisions are right or wrong simply because the complainant disagrees with them. He must consider whether there was fault in the way the decision was reached (Local Government Act 1974, section 34(3)).

In accordance with the Council's Constitution, it is detailed within the terms of reference for the Governance, Ethics and Standards Committee that the Committee has responsibility to receive regular reports regarding Local Government Ombudsman referrals. In addition, the Committee resolved at the previous meeting that it would be appropriate for it to receive an update on progress.

4. Other Considerations

In preparing this report the relevance of the following factors have also been considered: prevention of crime and disorder, equality and diversity, environmental, health, property and transport considerations.

5. Officer Recommendation

That the Standards Committee notes action which has been taken by the Council following its report to the Governance, Ethics and Standards Committee on 9th January 2020 and the response of the Local Government Ombudsman.

Helen Jones
Executive Director Adult Social Care and Health

17 June 2020

Mr Simon Hobbs
Director of Legal Services
Derbyshire County Council
County Hall
Matlock
DE4 3AG

Dear Mr Hobbs

Complaint

Thank you for your letter of 7 April 2020.

We welcome the action your Council has taken following the report on the complaint (complainant's details have been redacted to protect the identity of the family). This letter is therefore to tell you formally we are satisfied with the Council's response in accordance with section 31(2) of the Local Government Act 1974.

Yours sincerely



Michael King
Local Government and Social Care Ombudsman for England

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DERBYSHIRE COUNTY COUNCIL**Improvement and Scrutiny Committee - People****2 September 2020****Report of the Executive Director Adult Social Care and Health****1. Purpose of the Report**

To update the Improvement and Scrutiny Committee – People regarding progress of work outlined within the report submitted to the Committee on 12th February 2020. The report submitted earlier this year detailed the Local Government's findings following an investigation into the death of Mrs C at the Grange Care Home in Eckington.

2. Background

The LGO found fault, causing injustice in the following areas:

- Failure to carry out an adequate pre-admission assessment.
- Failure to complete a falls risk assessment.
- Failure to consistently or adequately record falls.
- Failure to keep family members informed of the extent of the pattern of falls.
- Failure to complete an adequate nutritional assessment.
- Failure to meet nutrition and hydration needs in line with the CQC's fundamental standards.
- Flaws in the way records were kept.
- Failure to complete mandatory falls risk assessments.
- Failure to consider referral to Derbyshire's safeguarding Adults Board.

Despite identifying these failings the LGO acknowledged that the work undertaken by the Council since late 2016 demonstrated that it had learnt appropriate lessons around the management of care for individual service users and could demonstrate satisfactory reviews by the Care Quality Commission and Healthwatch.

The Council accepted the LGO's recommendations in full and has responded to all of the requirements laid down in relation to making a full and unreserved apology to the family, making a payment of £1,000 to a registered charity of the families choice and to pay for a memorial. The council also refunded Mrs C's estate with all fees paid to the care home.

In accordance with the recommendations of the LGO, the Council undertook a further review of Mrs C's death with a specific focus on the key areas of concern identified in the report. As a result of this review a Quality Improvement Board was established. The Board, chaired by the Assistant Director, involves Group Mangers

(Heads of Service) across the department in order to ensure that the quality and improvement of the Council's directly provided services is the responsibility of the whole directorate and not just Direct Care.

The work of the board was split in to six critical work streams which were identified in response to the LGO's findings; Safe Services, Quality Recording, Quality Monitoring and Improvement, Quality Workforce, Communications and Quality Policies and Procedures. Each workstream has a set focus and purpose and key actions to address the learning points. These key actions are delivered through specific, measurable, achievable and time specific tasks documented in a detailed workstream action plan.

Within this document we have reported on progress against the key actions. It is important to note that whilst a key action may have been achieved as originally set out, these detailed workstream action plans are working documents that continue to support the ongoing work. The action plans continue to adapt, completing tasks and adopting new ones to ensure that there is a continuous improvement cycle.

This report will set out the progress made against the six critical work streams detailed above.

1. Safe Services

The focus and purpose of this workstream is to ensure that individuals in our care are free from abuse and that any harm or potential harm is understood, investigated and responded to in accordance with legal and regulatory requirements.

This workstream seeks to address all of the learning points identified within the LGO report and ensure that all of our Directly Provided Services are delivering to both CQC statutory requirements, council policy and procedure and that our managers are aware of, and delivering to their responsibilities.

Within this workstream there are five key actions as follows:

- Review of safeguarding arrangements in relation to residential establishments.
- Establish a system for recording and reporting and investigating all incidents that cause harm or potential harm to clients that may or may not meet the safeguarding thresholds
- Ensure that themes and trends in relation to incidents are visible to identify immediate areas of concern
- Clarify roles and responsibilities in relation to investigating incidents including the individual and their families.
- Review our approach to learning reviews and serious incidents to ensure these provide independent oversight and clear recommendations that ensure improvement.

This workstream has seen significant progress, achieving four of the five Key Actions:

In February we had reported that the review of safeguarding arrangements had already been completed and updated the committee regarding the progress towards achieving a system of recording that would contribute to being able to identify themes and trends.

The new incident report form described in the previous report as being in the formative stages has now 'gone live' and forms an important part of the Council's quality assurance processes. This form is completed whenever there is an incident of harm or potential harm. The requirement to complete this form provides our homes with a clear and consistent way of recording all incidents, including a clear way to evidence the action taken following incidents. An important benefit of this form is that it allows the Council to have oversight of the incidents across its services and allows for the identification of themes and trends and for swift action to be taken where necessary. The information that can be pulled from this 'intelligent' form also enables each manager within the home to understand and react to any themes and trends.

In February 2020, Adult Care reported that data from this form would feed in to its 'dashboard'. This work has now been done and monthly reports are being submitted to officers responsible for taking any action required. There is further information below about the progress made with respect to the dashboard.

In relation to the outstanding action within this workstream which is to review our approach to learning reviews and serious incidents, we are currently in the process of revising the current policy and arrangements. This work is being led by Adult Care's Safeguarding Group Manager and it is intended that the revised policy and arrangements will be in place by November 2020.

In addition to the key actions above there has been a deliberate change in the safeguarding arrangements within Adult Social Care. The safeguarding team was previously located within the Personalisation & Prevention (Social Work) structure of the department. In order to promote more robust safeguarding focus there has been additional investment in leadership within the team and a transfer of the operational structure into the Commissioning, Safeguarding and Performance team. This enables more independent scrutiny and oversight of the operational teams carrying out their statutory responsibility in relation to safeguarding.

2. Quality Recording

The focus and purpose of this workstream is to ensure that there are systems to enable clear recording of information in relation to the care and support of individuals within Council run care homes.

This workstream seeks to address the learning points from the LGO report specific to the quality of recording or the absence of relevant assessments.

Within this workstream there are four key actions as follows:

- Review of current recording tools, paper and electronic (including quality of completion)
- Develop a suite of streamlined documents which support safe practice, quality recording and which provide essential quality and compliance data
- Develop clear arrangements for recording across paper and electronic systems which minimise duplication
- Produce practice guidance and visual workflows which clarify recording responsibilities

This workstream has progressed in all areas.

Key policy documents which provide guidance on the quality of recording and clarity on recording responsibilities in relation to a person's care home admission, risk of falls and nutritional needs have been revised. These include the Recording Policy and Nutrition Policy. These are expected to be introduced in September 2020, following formal sign off.

The quality of completion of the documents will continue to be monitored through the quality assurance process and this is now a specific requirement within the local and central audit tools.

As part of its review the LGO looked at the Council's practice of having both electronic and paper records. The LGO felt that this practice could lead to confusion and recommended that the Council review whether it can improve record keeping in care homes by using one recording mechanism. Previously, Adult Care reported that a pilot scheme had been approved to improve the Wi-Fi within two homes and to trial the use of handheld tablets. The findings of this trial were reported to Adult Care's senior management team in February 2020. Those responsible for running the pilot reported that it was extremely successful and recommended further roll out of Wi-Fi across the Council's homes and this was approved.

The additional benefits for care homes of having wide spread Wi-Fi are:

- 1 Managers can progress with using digital technologies in a way that results in them being able to work anywhere, at any time, within the building.
- 2 Residents can use digital technologies such as Amazon Echo Dots/Alexa's or Smart TVs.
- 3 NHS colleagues can use DCC Wi-Fi to enable them to log in to their own systems on their own NHS devices at the bedside of a resident.

As a result of the visiting restrictions imposed based on government guidance, further rollout to the remaining care homes to improve the Wi-Fi was put on hold immediately, as Covid lockdown was announced. At this point, it has not been possible to recommence this work but as restrictions begin to reduce, plans are now

underway to ascertain when it will be possible to continue with the rollout. It is hoped that this work can be concluded by the end of the year but this will be dependent upon a number of factors, including the care home's current Covid status, a detailed risk assessment around enabling non-essential visitors in the establishments and whether contractors feel appropriate risk mitigations can be put in place to protect their own members of staff as private contractors are required to undertake cabling in the ceiling voids in each care home.

In the interim care homes continue to have ICT access in the main office and this provides them with access to DCC electronic recording systems. Online forms are being introduced for managers and those able to access the main computer with the aim to introduce full electronic recording when the Wi-Fi infrastructure work can be completed and staff can use the tablets anywhere within the care home.

3. Quality Monitoring and Improvement

The focus and purpose of this workstream is to ensure that effective monitoring arrangements are in place to provide assurance to the Council that care homes are operating to the required standard and that these monitoring arrangements enable any problems to be quickly identified and addressed.

Within this work stream there are five key actions as follows:

- Review current audit governance arrangements
- Develop effective monitoring tools.
- Promote a one council approach to quality monitoring of care services
- Develop transparent performance data
- Establish escalation process to respond to concerns

This workstream has seen significant progress, achieving all Key Actions.

In February Adult Care reported that it recognised the need to improve the way it's directly provided services were monitored. To support that work, significant investment has been made in the Quality and Compliance Team. The focus of this work is thorough auditing of services and the development of policy and procedure to ensure compliance with developing regulation and good practice.

To support ongoing learning this work stream has engaged and obtained feedback from an independent expert, the CQC and also liaised internally with Children's Services, to share learning and identify opportunities to improve quality monitoring. As with all quality programmes, there will be continual review and ongoing development as a result of new guidance and learning from best practice examples.

Alan Jefferson, the independent expert engaged by Adult Care at the time of the initial review, has recently conducted a further review of progress and has commented that the auditing tools developed by the team are 'comprehensive' and 'completed thoroughly and to a high standard'.

In February, Adult Care reported upon the implementation of a central dashboard which monitors the performance of the Council's care homes by measuring across six key metrics; staffing vacancies, occupancy, incidents (including trips and falls and medication errors), training, complaints and CQC rating. These data sources continue to be tested to ensure that they provide the necessary and accurate information to feed into a central dashboard. Both the high level dashboard, and a more detailed report sitting underneath, are sent to all relevant operational staff and are also monitored by the Quality and Compliance Team. Alan Jefferson has provided useful comment about the dashboard and the metrics being used. Further development of the dashboard is being worked on by the Council's management Information Team and the Quality and Compliance Team.

The complaints procedures have been reviewed across Adult Care to establish a more robust reporting mechanism and this data, which identified both complaints and compliments feeds into the dashboard.

The performance data, including that from the dashboard and qualitative information taken from the site visits will be shared will Group Managers across Adult Care as part of a regular weekly meeting focussing on Quality and Compliance and work is underway to finalise the arrangements with the Commissioning, Safeguarding and Performance team to ensure that there is an oversight outside of operational Adult Care and including the safeguarding team.

Senior Managers are updated in relation to any significant incidents through a newly embedded 'Notifiable Incident Form'. This promotes swift escalation to senior managers and colleagues across the Council to promote transparency and shared solutions to collective concerns.

4. Effective Policies and Procedures

The focus and purpose of this workstream is to ensure that the Policy and Procedures, under which the Council's Direct Services operate, are comprehensive, comprehensible and 'user friendly' at a practitioner level.

To ensure that all unnecessary duplication is removed and that the policies assist staff to work in accordance with the regulatory environment in which they operate.

This workstream seeks to address all of the learning points identified within the LGO report through the development of Policies and Procedures which set clear expectations for employees which can be checked against, to ensure care is delivered consistently and to the quality standard set by the Council.

Within this workstream there are five key actions as follows:

- Identify all current policies and procedures that impact upon Direct Care staff
- Identify additional capacity to review and redraft current policies and procedures

- Ensure that all policies and procedures are up to date
- Engagement with key stakeholders to ensure policies are fit for purpose and user friendly
- Complete review of all policies and procedures relating to Direct Care.

This workstream has seen significant progress, achieving three of the five Key Actions.

All Policies and Procedures impacting on Direct Care staff have now been identified, prioritised for review and relevant officers identified as best placed to ensure these are relevant and up to date.

An additional Group Manager post has been introduced to focus on Quality and Compliance and since commencement in December 2019 they have ensured that relevant stakeholders, including colleagues with expertise in legal services, public health, health and safety, human resources and front line services are engaged in developing and introducing the policies.

Policies and procedures continue to be developed and revised where required. Since last reporting a Nutrition and Hydration and Duty of Candour policy have been developed. The current falls policy, judged as being fit for purpose by the independent expert, remains in place. However, work has been completed to update the policy with input from Public Health and other external experts. A focus on falls event had been planned for April, at which we intended to launch the new falls policy. Unfortunately, this was cancelled due to Covid 19 and it was not possible to have the involvement from operational staff and external experts required to ensure the new policy was fully understood and embedded by all those supporting people accessing care. This session will be reorganised for October this year.

5. Strengthening Communication

The focus and purpose of this workstream is to ensure that we purposefully create an environment that enables positive communication across the service. We will develop robust internal and external communication links between the care home, external organisations, those using the services and their families. This will ensure that there is an open dialogue and feedback about anything that relates to service quality and that proposed developments or changes are understood and co designed by all stakeholders.

This workstream seeks to address the learning points from the LGO report specific to the quality of communication with families and people who live and work within the care settings. This also addresses wider communication between professionals which supports individual care and the sharing of any key messages between managers and teams.

Within this workstream there are four key actions as follows:

- Establish communication arrangements with residents and their families

- Provide a clear communication route for stakeholder to improve service delivery
- Clear communication of Council and departmental objectives to front line care staff
- Promote environments that support collaboration and communication

This workstream has made progress in all areas and completed two of the key actions.

We have established communication arrangements with residents and their families which are well embedded and we are exploring new ways of communicating with families. Since February 2020 we have issued each unit with a tablet to provide a means for residents to maintain communication with their families. This has been particularly helpful during the visiting restrictions as a result of Covid and we are now exploring other technological opportunities for keeping families up to date on key issues.

In relation to clear communication of council and departmental objectives to front line staff we have significantly advanced the mechanisms for communication across our workforce including the use of technology such as Skype and Microsoft Teams. Through a newly defined two way communication structure, including 'gold', 'silver' and 'bronze' groups there is a dissemination of critical daily messages from the corporate centre and departmental senior managers to operational teams and establishments, including council run care homes. This provides an opportunity for key messages from the staff in operational teams to be escalated to senior managers.

The workshops for Unit Managers within Direct Care remain a crucial part of the communication with the managers of our homes. These have continued throughout the pandemic to ensure managers have up to date information they need to ensure care delivery is in line with the changing government guidance, particularly in relation to infection control, visiting and testing. The opportunities which Covid has highlighted in relation to remote communication has enabled registered managers to effectively attend meetings with others from across the county in a way that does not impact so significantly on their time, making this opportunity more efficient from a time and cost point of view.

6. Quality Workforce

The focus and purpose of this workstream is to ensure that we have a suitably trained workforce who are clear on their roles and responsibilities in line with a newly developed workforce plan. This workstream seeks to address all of the learning points identified within the LGO report through ensuring that those working within care settings carry out all their duties to a high standard and fulfil the expectations set which have been put in place to ensure the safety and wellbeing of people who live within or access the care settings.

Within this workstream there are five key actions as follows:

- Clarify roles and responsibilities of operational care home staff and responsible managers.
- Provide consistent message on expectations of roles.
- Understand recruitment and retention challenges and actions.
- To ensure that there is a clear induction and continued professional development arrangements to meet workforce challenges
- Review the current staffing allocation and current Dependency tool

This workstream has made progress. The Covid pandemic over recent months, has focused the workforce activity into resourcing to ensure that the Direct Care Services are staffed to the adequate levels required and that essential services can be maintained. The development of clarity around roles and responsibilities and the refreshing of job and person profiles is an on-going project. Building on this we will be providing further clarity around levels of responsibility so all staff are clear, not only what is expected of them but also of their colleagues around them. The induction arrangements for each role are being reviewed alongside a refresh of the DCC induction for all staff to ensure they meet the business needs and provide staff with the skills and support they require.

The challenges experienced as a result of the Covid pandemic have also presented an opportunity. A 'Growing & Maintaining the Workforce Group' set up as a result of COVID has been developed to deal with the recruitment and resourcing issues across the county. We have developed new fast track recruitment and training arrangements and been given the opportunity to introduce a drive and focus to do things differently. This work will be carried forward into the Quality Workforce Group and provide a foundation to build on.

Since last reporting to this committee, further work has been done to ensure people are accessing continued professional development in key areas relevant to the LGO report. Training profiles have been created for each role within direct care. These have been added to the Council's 'Derbyshire Learning online' software and the technology allows managers to have a clear understanding of compliance with essential training by their direct reports. This information also informs the Quality Improvement dashboard for a county wide view of training compliance across all care homes. This is monitored by the Quality and Compliance Team and Operational Group Managers on a weekly basis.

The Covid pandemic has added additional workforce challenges, increasing absence and compromising the amount of time available for training and development. The 'lock down' restrictions have also prevented delivery of face to face training. Colleagues have needed to respond to additional, but necessary, training requirements resulting from Covid such as infection control and client testing. This has impacted on compliance in other areas. In response to these challenges, work is underway to identify how essential training can, where possible, be delivered virtually to mitigate the risk of not being able to attend face to face training sessions and workbooks have been created for training areas identified as critical for delivering

safe services, including falls prevention. New online learning has also been introduced to ensure that all staff have a clear understanding of infection control procedures and this model will now be used for other topics.

Significant work has been undertaken with corporate colleagues to review the current staffing allocation and dependency tool to ensure that staffing ratios remain sufficient to meet the increasing dependency levels of care home residents but also to meet the quality expectations of the Council and the people who live within the care homes. It is expected that by November we will have a revised staffing allocation tool to evidence to CQC that we have taken steps to ensure we have suitable staffing arrangements and can monitor and respond to any changes in relation to dependency or other situations such as infection outbreaks. Work is also ongoing to establish a central pool of people that can be deployed to the care homes to support staffing shortages. This will be a pool of internal colleagues who we are confident have been well developed, supported and who are committed to the ways of working within the Council and aware of the expectations. It is hoped this will be in place by January 2021 at the latest and will improve the consistency for people who live in and have access to our care homes, reduce financial cost and improve quality.

Additional Information

Since last reporting to this Committee, Covid-19 has spread across the country and Derbyshire has been no exception. An important part of the quality work undertaken during this unprecedented period has been focused on the ability of the Council's directly provided services to respond appropriately to the increasing demands placed on them by the virus. Covid-19 has had a significant impact on care homes across the country, both in terms of its impact upon residents and their families, as well as the increasing demands on the staff working within those environments. In response to this, new risk assessments, infection control procedures, training around the safe use of PPE have been developed and adopted at pace.

At our previous report to the Governance, Ethics and Standards Committee, Adult Care confirmed that Alan Jefferson, the independent expert engaged following the incident at the Grange, had completed a review of the progress of the Council's quality improvement work. As part of the recommendations from that review, Mr Jefferson suggested that a further assessment of the new processes would be required before making further comment on their value and that a period of six months would be required for the new processes to be properly embedded. That further review has now been conducted and although the outbreak of Covid-19 has meant that Mr Jefferson was not able to revisit the establishments originally audited he has reviewed a wide range of documentation and spoken to the Quality and Compliance Team in order to provide a further report.

Following his assessment of the relevant documentation and the CQC inspection reports Mr Jefferson concluded as follows;

Notwithstanding delays occasioned by the need to give priority to managing DCC's response to the COVID 19 pandemic I found evidence of continuing improvements in

the Council's implementation of its QIP. The, highly motivated, quality and compliance team was able to demonstrate that it was "on top" of its brief. The work it had undertaken prior to the COVID 19 lockdown was of a high standard and the, more focussed, activities post-lockdown demonstrated a clear grasp of the need for a collaborative and encouraging approach to achieving quality services. The team was well-aware of its boundaries and its off-line role and had given careful thought about how best to influence operational staff. I also found evidence that the work being done by DCC was being recognised by CQC and, in several instances, this was being reflected in improved judgements about individual services. The task now was to ensure that this work became consolidated and sustained.

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DERBYSHIRE COUNTY COUNCIL

22 October 2020

GOVERNANCE, ETHICS AND STANDARDS COMMITTEE

Report of the Executive Director - Commissioning, Communities and Policy

THE SCRUTINY REVIEW

Strategic Leadership, Culture and Tourism

DERBYSHIRE COUNTY COUNCIL

1 Purpose of the Report

To inform the Governance, Ethics and Standards Committee of the Scrutiny Review findings and the proposed actions.

2 Information and Analysis

The Scrutiny Review commenced in 2019 at the request of Cabinet and Chairs of Scrutiny and a workshop was held for the Chairs and Vice Chairs of the four Improvement and Scrutiny Committees. A lack of officer capacity prevented the review from being progressed further at that time, and, to resolve this, a Programme Director was appointed in March 2020 to progress a range of projects, including the scrutiny review.

It was determined that the Centre for Public Scrutiny (CfPS) were to be commissioned to undertake the review, bringing independence, a substantial experience of scrutiny from across the country and a ready-made scrutiny review methodology. As part of the review process the CfPS undertook two member surveys: one designed for completion by members of Cabinet and members of Improvement and Scrutiny Committees and the other designed for all remaining members. CfPS also carried out a series of one to one meetings and discussion groups with:

- The Leader of the Council;
- Improvement and Scrutiny Chairs and Vice Chairs;
- Improvement and Scrutiny Members by political group;
- Cabinet Members;
- Opposition Leaders;
- Executive Directors;

- A sample of Directors;
- A sample of partners and past Improvement and Scrutiny witnesses;
- The Statutory Scrutiny Officer and the two Improvement and Scrutiny Officers

A Scrutiny Review Steering Group was established to lead the review. The Steering Group comprises the Improvement and Scrutiny Chairs and the Cabinet Member for Corporate Services. It is supported by the Executive Director, Commissioning, Communities and Policy and the Programme Director.

Cabinet considered the Scrutiny Review findings and proposed actions at their meeting on the 8th October 2020 and approved the Scrutiny Review Report, including recommendations and draft action plan, for consideration at a scrutiny member workshop and by the four Improvement and Scrutiny Committees and Governance, Ethics and Standards Committee. Cabinet noted that this review commences a programme of continuous review and development of scrutiny at Derbyshire County Council.

The Scrutiny workshop took place on the 12th October 2020. Four Member Break Out Groups, supported by CMT and Democratic and Scrutiny Services Officers considered the Scrutiny Review findings, Action Plan and the following three questions:

- What are the key findings of the review that you believe are the top priorities?
- What are the opportunities and risks to effective implementation of the action plan?
- What does success look like in 12 months' time?
-

A report will be presented to the members of the 4 Improvement and Scrutiny Committees on the 3rd and 4th November. The final report, action plan and the consultation feedback will be considered by Cabinet on 19th November for approval and recommendation to Council on 2nd December 2020.

Fifteen recommendations were identified by the Centre for Public Scrutiny (CfPS), as set out in their report: Derbyshire County Council Scrutiny Improvement Review, July 2020, (Appendix 1) and a further three actions were identified by senior officers and the Scrutiny Steering Group.

The Scrutiny Steering Group have prepared a draft Action Plan (Appendix 2) in response to the recommendations. For ease of reference, the CfPS recommendations appear as sections 1-15 and the additional recommendations can be found in section 16 of the Action Plan.

3 Key Considerations

Overview and Scrutiny was first introduced to local government in England as part of the Local Government Act 2000. This review has identified systems, practices and approaches that were developed as part of the original implementation in Derbyshire and have, in many respects, been largely unchanged over that period.

As a result, the recommendations highlight the need for cultural change, as well as practical change, ensuring that the Scrutiny function is brought up to date and fulfils more of a central role and is better able to add value to the work of the Council.

The draft Action Plan proposes that Cabinet and senior officers work more collaboratively with Scrutiny, to improve the integration of Improvement and Scrutiny into the functioning of the council. This collaborative approach has already started, for example, the Cabinet Member for Corporate Services has been working alongside the Improvement and Scrutiny Chairs throughout this review. The four Improvement and Scrutiny Chairs and the Cabinet Member for Corporate Services formed the Scrutiny Review Steering Group.

In addition, the findings from the review include the need to ensure that Improvement and Scrutiny's use of the corporate Key Decisions Document is more readily facilitated. This would enable the Improvement and Scrutiny Committees to develop meaningful and focused work programmes which in turn will add value to the work of the Council.

The draft Action Plan, (Appendix 2, Action 16.1) includes a proposal which is particularly pertinent to the Governance, Ethics and Standards Committee, suggests that the relationship and interface between the Audit; Governance Ethics and Standards Committees and Improvement and Scrutiny Committees is reviewed. Thereby ensuring that these Committees have a clear focus, avoid any potential overlap or duplication and consider matters of mutual importance and refer key issues to the relevant committee for further action, where necessary. It is proposed that an initial meeting between the 6 Chairs, supported by their respective senior officers is scheduled to take place during February 2021 and thereafter should meet on a quarterly basis.

It is proposed that this review initiates a programme of continuous improvement for the operation of scrutiny within Derbyshire. It is recognised that the outcomes of the review are comprehensive, and a key aim is to deliver cultural change as well as practical changes to the scrutiny function. Therefore, the development of the scrutiny approach will take place over the medium and long term, as well as the short term and it is anticipated that once initial actions have been completed, further areas for future development will be identified and progressed.

4. Background Papers

Files held by the Executive Director of Commissioning, Communities and Policy.

5. Legal Considerations

The Scrutiny function is carried out in accordance with the Local Government Act 2000.

6. Officers Recommendation

It is recommended that the Governance, Ethics and Standards Committee:

- (1) Consider the Scrutiny Review Report, including recommendations, draft action plan;
- (2) Commit to working in closer partnership with the Improvement and Scrutiny Committees;
- (3) Note that this review commences a programme of continuous review and development of scrutiny at Derbyshire County Council.



Derbyshire County Council
Scrutiny Improvement Review



Draft Report

July 2020

Review of Scrutiny

Introduction

Derbyshire County Council believes that the essential role of scrutiny is to help to shape policy, actively support good decision-making and hold the Cabinet to account. To do this effectively the council recognises that its scrutiny function and Members need a clear and shared understanding of the role, purpose and objectives of scrutiny, and to engage constructively in its work.

The context of this review covers the evolution of the scrutiny function over a number of decades; as past practice and experience has helped to shape the current position. The Chairmen of the Improvement and Scrutiny Committees requested that this review take place in order to ensure continuous improvement.

Members are clear that scrutiny needs to be strong on prioritisation, develop strategic work programming and engage in evidence-based, objective enquiry. It must have a measurable impact on policy, service delivery and Cabinet decision making.

Scrutiny has been consistently supported and resourced by the authority but has not been evaluated externally for some time. Like many authorities, DCC has taken a conscious decision to reflect and review its scrutiny process to build on existing good practice.

DCC has set itself some bold corporate objectives to secure efficient, effective and value for money services, and a sturdy financial base through an ambitious 'enterprising council' strategy and careful management of its budget, including achieving a significant reduction in its costs. It also intends to support its local economy and small local businesses, through a range of growth and investment initiatives. It has set clear goals to support and empower communities to be more resilient and self-sufficient together with a robust strategy to support families through greater focus on prevention and early intervention. It has also set challenging objectives to revise and improve its adult and children's social care offer.

The council plan therefore presents considerable challenges in its implementation and delivery. Importantly it will also place a significant responsibility upon its scrutiny function to ensure that council plan and the associated strategy and targets, together with key-decisions, changes and initiatives are robustly and objectively scrutinised.

The Centre for Public Scrutiny (CfPS) was invited to undertake a Scrutiny Improvement Review and identified some principal areas of focus for evaluation. These have been considered using CfPS's Scrutiny Improvement Review (SIR) method.

The CfPS SIR method aligns with both latest statutory guidance and best practice experience accumulated by CfPS over many years. This review also takes into account the latest government (MHCLG) guidance on Overview and Scrutiny in Local Authorities (May 2019) and the latest Good Scrutiny Guide (published by the Centre for Public Scrutiny – July 2019).

The Centre for Public Scrutiny

CfPS is the leading national body promoting and supporting excellence in governance and scrutiny. Its work has a strong track record of influencing policy and practice nationally and locally. CfPS is respected and trusted across the public sector to provide independent and impartial advice.

CfPS is an independent national charity founded by the Local Government Association (LGA), Local Government Information Unit (LGIU) and Chartered Institute of Public Finance Accountants (CIPFA). Its governance board is chaired by Lord Bob Kerslake.

Review outline

To conduct a review of the Council's scrutiny arrangements.

The Council wishes to explore what it can do to further strengthen the quality of its scrutiny arrangements and develop them in light of challenges and opportunities ahead.

Scope

- **Culture.** The mindset and mentality underpinning the operation of the overview and scrutiny process. This will involve a focus on the Council's corporate approach to scrutiny and how this has been shaped over a number of decades
- **Information.** How information is prepared, shared, accessed and used in the service of the scrutiny function.
- **Impact.** Ways to ensure that scrutiny is effective, that it makes a tangible and positive difference to the effectiveness of the council, and to local people.

Further to discussion with Members and officers, the following broad areas of focus were identified, which are explored by way of the Scrutiny Improvement Review method:

- Prioritisation, timeliness and focus of the work programme (informed by a clear, well-articulated role for scrutiny overall).
- The current scrutiny committee structure. Considered on the basis of scrutiny focus, members' needs and expectations, and whether other structures and formats might be more appropriate for carrying out scrutiny work.

Evidence sourcing

The following elements are used as a framework for further discussion on those issues and areas most important to the Council.

1. Organisational commitment and clarity of purpose
2. Members leading and fostering good relationships
3. Prioritising work and using evidence well
4. Having an impact

These four elements were used to ensure that all key aspects of DCC's scrutiny activity are evaluated and mapped against the DCC-specific areas of focus identified above.

Evidence gathering consisted of:

- **Desktop work.** A check of the Council's constitution and rules of procedure insofar as they relate to scrutiny, recent work plans, scrutiny scopes and review reports. This will provide an evidence base for the rest of the work;
- **Interviews.** Including the Leader of the Council, leading Members in scrutiny (Chairs, Vice Chair, Opposition Group Leader, Cabinet Members, other scrutiny Members, Senior Corporate Officers, Statutory Scrutiny Officer, and Improvement and Scrutiny Officers.
- **Discussions** with witnesses and representatives from partner organisations.
- **Observation.** An Improvement & Scrutiny Committee.
- **Member surveys.**

Summary of findings

1. Overall assessment:

- 1.1 Overall the Council has a strong ongoing commitment to scrutiny in terms of the level of activity undertaken, and time and resource dedicated across the organisation. Scrutiny's role as part of the democratic decision-making process is respected and valued in the Council and political leaders and Cabinet Members are very supportive.
- 1.2 There is a clear realisation and commitment from Members and Officers that scrutiny could be more effective and productive. Everyone interviewed welcomed the opportunity to make changes and improvements. Members, Scrutiny Chairs, Political Group Leaders, and Executive Directors also support the need for change - to enable scrutiny to improve.
- 1.3 Although elements of how scrutiny works may need updating and could be seen as traditional, its Member engagement, resources, council support and ambition provide a strong platform upon which scrutiny could successfully develop.
- 1.4 The majority of those interviewed believed that scrutiny can play a greater role in the way democratic decisions are made. The scrutiny function is currently underused and has potential to offer and provide more. To support the council in its ambitious future plans there is a real need to expose political decision-making to more open, robust and quality scrutiny which would help to shape and improve outcomes and strengthen confidence in governance arrangements.
- 1.5 Members expressed a genuine interest in scrutiny but felt that its focus and work was having less impact than they would like and, at times, lacked sufficient focus on strategic issues. Scrutiny Members overall have an appetite to achieve more and recognise the value of involving frontline councillors in actively shaping and improving policy development.
- 1.6 To achieve the improvements which are clearly desired by the council there are some barriers and practices that may need to be addressed together with commitment to invest in Member development.
- 1.7 Scrutiny does make every effort to be strategic and focus on the areas of importance, although in practice it sometimes falls short of this ambition. Scrutiny can very often become a conversation' or an information exchange or become too operational and council performance focused.
- 1.8 There are missed opportunities for scrutiny to add value and to be an integral part of the Council's corporate plans and overall improvement. This may not be for the want of trying, but for scrutiny to be more strategic, there needs to be change in approach by both scrutiny and the Cabinet, to draw closer together to create a purposeful role and agenda. To achieve the stated desire of giving scrutiny a greater role in shaping policy, constructively challenging and holding to account, there will need to be support from across the Council. Early access to information and the ability to operate as an integral part of policy and decision-making activities of the Cabinet could make a real difference to the value and impact of scrutiny.
- 1.9 The Leader and Cabinet members attend scrutiny meetings as contributors but are often not sufficiently held to account and constructively challenged. Cabinet members and the

Leader expressed support for a more challenging style of accountable scrutiny. This could be readily achieved with more planning and engagement.

1.10 The Scrutiny Chairs and committee members value the support provided by the Scrutiny Team and Governance Services in assisting Members in developing work programmes, managing agendas and liaising with Council departments and external partners to generate reports, evidence and information. This is recognised and widely appreciated internally and externally.

1.11 There is potential to review whether the level of officer resource available to support scrutiny is sufficient. Whilst the dedicated resource is valued, the team is small and would benefit from additional capacity particularly in terms of research and policy support. The team also currently needs to work hard to bring scrutiny to the attention of officers, a wider ownership for the success of scrutiny within the senior and wider leadership team would be beneficial.

There is also a need to adopt a Member and Officer scrutiny development and skills programme. This will support greater understanding of the role of scrutiny and improve its effectiveness. (See recommendation 8.9)

2. Members, meetings and agendas:

- 2.1 Members engage in scrutiny and understand that it plays an important role. However, there is inconsistency when Members describe the role of scrutiny and its purpose and can sometimes lose sight of the key objectives of scrutiny to hold decision-makers to account, to shape policy and to drive improvement.
- 2.2 Members have suggested that further training will enhance a greater understanding of the role of scrutiny and improve its effectiveness. (See recommendation 8.9: The adoption of a Member and Officer scrutiny development and skills programme.)
- 2.3 Overall, most members work hard to ask useful and enquiring questions, but scrutiny meetings can often tend to favour detail over strategy and may overlook the bigger picture. Some Members can tend to prefer to ask information-gathering questions, rather than questions which explore and challenge issues. Greater emphasis could be given to improving and shaping policies and decision through enquiry and constructive challenge.
- 2.4 The council operates four Improvement and Scrutiny Committees. Each has their own terms of reference and a clear scope which details each committees' responsibilities.
- 2.5 The I&S Resources Committee held on 4th June was observed via recording. As an on-line meeting and the first held via a video conference facility, it was unlikely to be typical. The meeting was skillfully chaired and overall, it ran smoothly and efficiently. There were three substantive subjects on the agenda, which allowed time to give adequate attention to each one. The main item was a status report by the Council Leader on the Covid-19 crisis and the council's response and recovery plans. This was clearly a subject of high importance, as such it presented a crucial opportunity to explore the council's role and responsibility in the crisis and therefore likely to involve a fairly lengthy and detailed response and enquiry from the committee. However, there were only a few question or requests for information and the questioning session was therefore relatively short. Members might consider how they could better organise and plan questioning strategies that ensure more robust holding to account and rigorous enquiry for similar high-level issues.

Other topics covered by the committee at this meeting centred on officer presentations. Similarly, there were some more general questions or comments but minimal constructive challenge that might lead to improving or shaping. There was one Cabinet Member (Cllr King - in addition to the Leader) present, and although he was able to comment on an item relevant to his portfolio, he was not required to take questions from the committee. Members could consider how Cabinet Members could be incorporated into their meetings, held to account and take questions on the underlying policy or strategy for which they are politically responsible.

- 2.6 The Health Improvement and Scrutiny Committee has a strong external focus and good relations with health partners, as reflected in regular senior attendance and engagement. External partners talked positively about their experience of attending scrutiny, particularly with the recent focus on finances, and good officer relations. The Committee was seen as being fair in its approach in considering proposed changes to services. However, they could benefit further from a more strategic approach to work programming, measuring impact and outcomes. Member training and support in this highly complex area may also be welcomed.
- 2.7 Other I&S Committee agendas and minutes have been reviewed. From our conversations with Members and Officers, there is a pattern of meetings being largely officer presentations, with Cabinet Members often present but not integrated into the

session as the accountable person. Members could refresh this practice and consider the Cabinet Member as the focal point of scrutiny sessions with Officer support.

- 2.8 Committees might also consider ways to give more time to planning and organising scrutiny meetings, to set objectives, develop appropriate lines of enquiry, set a questioning strategy and decide who they would require to appear at the meeting. This would introduce a more 'Select Committee' style of scrutiny and elevate its status and impact, to produce high quality outcomes such as convincing recommendations or compelling improvements.
- 2.9 Reports presented to committees tend to be dominated by up-dates and progress reports. Many reports simply ask the committee to 'note' the report which may lead to Members simply commenting on its content or seeking clarification. Scrutiny may need to check its purpose and objective in receiving 'for information or update' reports, where there might be limited scope for it to add value or influence improvement. Such reports can often be reviewed by scrutiny outside of committee. Our observations suggest that scrutiny could more clearly set out its objectives on specific agenda items, which would assist committees to construct key lines of enquiry and develop outcomes that may add more value.
- 2.10 Whilst most Members take the opportunity to speak at committee, the engagement and contribution is varied with often just a few members ask most of the more useful questions. Members may benefit from more training and experience in the area of questioning techniques.
- 2.11 There is good cross-party working and little evidence of political management activity. Generally, Scrutiny Committee Members get along and co-operate with each other. Member behaviour is cordial and respectful. The independence of scrutiny and of political groups is maintained and respected
- 2.12 Whilst trying to encourage public engagement is difficult, exploring and experimenting with ways to allow greater access, openness and involvement could include:
- Simple video recording via website
 - Community listening panels
 - Invite public to offer ideas for work programmes
 - Greater use of social media channels

3. Structure and work programming:

- 3.1 Committee work programmes exist for committees, except Health. There is also on-going work to increase Member involvement in constructing these and there has been some senior officer time spent in supporting Members with this process. Historically, work programmes have largely been assembled by scrutiny officers with Members approving or amending suggested plans. It is therefore pleasing to note that Members, led by committee chairs intend to switch the emphasis of work planning to be Member-led and take a more strategic approach to focus on key priorities.

Members might consider developing a methodology for their work programme selection and prioritisation, given that the sources to choose from (including Council Plan, MTFs, Delivery Plans, Cabinet forward plan/key decisions etc) provide an extensive menu of options. The need to rationalise selection could be helped by a simple scoring or prioritisation process.

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- 3.2 Work programmes are therefore currently under-developed, partly due to the current Covid-19 restrictions, but in part also due to the short timescales which work programmes are set - typically a few months. Committees may benefit from looking at a longer work-programme timeframe which would enable scrutiny to be planned more effectively. Work programmes could be regularly refreshed to ensure they remain relevant.
- 3.3 I&S Committees do recognise the need to be focused on strategic matters, but this may become hindered at times by the lack of early access to the Cabinet forward plan and scrutiny not involved in earlier stages of the policy development and decision-making process. This lack of early visibility can therefore mean that Scrutiny is not provided with a sufficient timeframe for effective pre-decision scrutiny. The committees therefore use some of their energy examining operational performance and detail rather than inputting in future ideas and delivery.
- 3.4 Work programming therefore needs to identify the big, high impact subjects in the council's corporate plan, the key decision document and other strategic documents and to integrate these into the work programme of each I&S Committee. Scrutiny should be able to engage earlier and be supported in this task. Working across the four committees a join-up scrutiny and work programming structure would allow all parts of the council's priorities to receive quality scrutiny.
- 3.5 There is a real intent to engage in pre-decision scrutiny and committees are often presented with Cabinet reports to scrutinise. However, this may not be where scrutiny can offer maximum value. As outlined above, for scrutiny to offer greater impact and value and to help shape or constructively challenge Cabinet proposals, the work of pre-decision scrutiny needs to operate more up-stream as things are forming rather than at the point when decisions are imminent. Pre-decision scrutiny is a key function of scrutiny and it is an area that could be developed further. The Committee Chairs do want to bring scrutiny into play earlier and have more impact in pre-decision activity. For this to work effectively Scrutiny will need greater co-operation and a whole council commitment to integrating scrutiny in the decision and policy forming process. This may mean that Scrutiny, by agreement with Cabinet, has access to forward decisions, possibly months before final Cabinet approval. Scrutiny will then be able to make the bigger, positive and constructive contribution that everyone seeks and strives for.
- 3.6 Committee Chairs endeavour to maintain good relations and communications with Cabinet counterparts. This is a positive and essential part of ensuring that scrutiny is properly sighted on important issues. Chairs would like to build on this and have more structured communications that would encourage greater collaboration. In addition to regular informal conversations, this could be strengthened and enhanced through timetabled individual committee quarterly triangulation sessions. These could involve the scrutiny Chair and Vice Chair of each I&S Committee, together with scrutiny Officers and appropriate Senior Officers and the Cabinet Member(s) relevant to each committee, to discuss the next quarter of council business and key deliverables. This could, through a discussion and negotiation, form part of the basis for future scrutiny work planning and scheduling.
- 3.7 Scrutiny of the council budget and medium-term financial plan can take up a significant amount of scrutiny capacity. Members recognise that scrutiny input into the process of budget construction is essential if the Council's resourcing plans and long-term financial viability are to be constructively challenged in an open and transparent way. Members will be aware of the serious financial challenge that all Councils, including Derbyshire,

face. There are several recent examples from other councils where a scrutiny deficiency in this area contributed to serious consequences. Our observation in DCC was that financial scrutiny tends to be geared towards monitoring with less input into future financial planning. Scrutiny might consider being more directly involved in the planning of the future budget and MTFs and to start this at an early phase. In many councils this process of scrutiny can span September-January. As most councils will also be reviewing their current budget due to the financial impact of the current crisis, scrutiny may also want to explore how it could have a positive contribution to that process also.

- 3.8 Task and Finish (T&F) groups seem to be used effectively. There appears to be support from Members to use this option to focus on helping to shape policy or exploring issues of community concern where the council or its partners may need to respond. These T&F assignments or similar focused 'project scrutiny' can, if used well, build more versatility and agility for scrutiny. However as these can be very demanding on officer time and resources, committees might consider limiting the number running consecutively and having a finite number per year. Whilst each T&F does currently have a detailed scope, timeframe and objective we would also suggest that where possible they are designed as collaborative ventures with input from relevant Cabinet Members at an early stage of scoping. This may further increase the value and benefit T&F already provide.
- 3.9 Some councils also use single episode events to dig deeper and wider into suitable issues. These include Inquiry days or focus events, where all of the stakeholders appear to provide evidence and insight and to help shape options or solutions.

4. Support and resources:

- 4.1 There is a small, experienced team of Officers who support scrutiny. They are proactively engaged in advising Chairs and Members on their roles and in developing scrutiny activity. Members told us that they do feel in control of their own work programmes and agendas.
- 4.2 There is potential to review whether the level of officer resource available to support scrutiny is sufficient. Whilst the dedicated resource is valued, the team is small and may benefit from additional capacity particularly in terms of research and policy support. The team also currently needs to work hard to bring scrutiny to the attention of officers, a wider ownership for the success of scrutiny within the senior and wider leadership team would be beneficial.
- 4.3 It is possible that Members could also play a greater role in how scrutiny operates and is resourced. Members could be more central in the preparing of programmes, projects and agendas, or researching issues and helping each other to be well-prepared and informed. It might be worth exploring how simple currently available technology such as closed social media groups, conference and video calling, and the use of shared file systems could give members more capacity to share, discuss and plan their scrutiny activities.
- 4.4 The council's website has useful content on scrutiny, which is relatively easy to access and has helpful guidance. The site is up-to-date and offers a good public oversight of scrutiny activity.

5. Relationships, behaviours and culture:

- 5.1 It is evident from our research, that a deep-rooted culture dating back some decades, exists in respect of the organisation's view and approach towards scrutiny.
- 5.2 The role of scrutiny in 'holding to account' is not used consistently, although there are some signs that this is recognised, and efforts have been made to improve. However, our observation and interview evidence would suggest that political accountability could be made stronger and be a more constant feature in committee meetings. Often there seems to be a preference to challenge and hold officers to account rather than political decision makers. The principle of scrutiny's duty to hold the Leader and Cabinet Members to account, could be refreshed and strengthened. The council may also choose to strengthen the Cabinet accountability sessions to allow scrutiny to examine the work programme of individual Cabinet Members and assess progress against plans.
- 5.3 Cabinet Members frequently attend Scrutiny, but their role in attending is sometimes unclear. They often introduce reports and make useful comments during the discussion. However, there is no obvious democratic accountability for decisions, performance, delivery and policy. The Leader and Cabinet are very supportive of scrutiny and recognise its value. They also actively support a more central role in being held to account, supported by their officers for technical advice. The experience from elsewhere is that when Cabinet Members attend and are the focus of the questioning, a more strategic exchange takes place and better recommendations, or advice is achieved.

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- 5.4 Relationships between political groups are generally co-operative in the context of scrutiny. Clearly there are differences in policy and approach, but all Members appear to work towards a similar goal in committee.
 - 5.5 Member surveys were undertaken. One asked for the views and opinions of scrutiny committee Members and Cabinet Members and a similar survey was issued to Members who did not currently sit on a scrutiny committee. The results of these surveys are summarised in Appendix A

6. Development, skills gaps:

- 6.1 DCC is fortunate to have a good pool of talent and experience among its Members. Many councillors have relevant backgrounds and experience who bring a very useful set of skills to many areas of the council. Good practice also suggests that Members' interests, experience and background knowledge can also be useful in allocating a spread of skills to committees.
- 6.2 Training and development were raised by some Members, who were clearly aware of the gaps in their knowledge and understanding. There is also a number of relatively new councillors with limited experience of local government scrutiny, particularly in large complex councils like DCC, who would benefit from further training and development.

7. Contribution, performance and value-adding:

- 7.1 Scrutiny impact is a key issue. A high volume of scrutiny activity does not necessarily deliver corresponding quality outcomes.
- 7.2 While scrutiny has made some positive progress and there are examples of good practice, and positive results, it could have even greater impact and make a significant difference within the council. This ambition and desire should be shared as a council-wide issue and be addressed by ensuring that scrutiny has the support, parity, access to timely information and early engagement to allow it to operate in a more strategic way.
- 7.3 Scrutiny and Cabinet could collaborate further. Scrutiny needs to provide a regular source of quality recommendations to Cabinet, and Cabinet needs to provide clear feedback so that scrutiny's effectiveness and contribution can be tracked.
- 7.4 Scrutiny at DCC can overburden itself with too much activity and agendas focused on 'for information' reports. Doing less, but doing it really well, is worth considering. Asking the question; 'what value can scrutiny add to this' is also a useful test. Scrutiny's output must aim to shape and improve policy and decision-making as well as transparently testing the suitability of decisions being considered by Cabinet in the future.
- 7.5 Further consideration of pre-scrutiny activity would be useful as this has a crucial role in shaping, improving and influencing future Council plans. Pre-scrutiny of Cabinet decisions, through selective scrutiny of Cabinet forward programmes and the Council plan could add significant impact. This would require a change in practice by enabling earlier access to information.
- 7.6 From our observations and evidence gathering the I&S Committees may benefit from ensuring greater clarity about what it is trying to achieve or what impact they are aiming to make. Similarly, the process for deciding what is important to scrutinise and what is not, is sometimes unclear. Scrutiny cannot examine everything, nor is it necessary to do so, therefore establishing realistic priorities based on clear objectives is essential. It is therefore necessary to 'let go' of too much operational scrutiny and focus resource on strategy and policy.

8. Recommendations:

These recommendations are for discussion. They are presented for consideration as potential areas of improvement, with further assistance and planning.

Planning, organizing and resourcing scrutiny

- 8.1 **Work programme prioritisation and focus.** Developing a clear methodology focused on DCC's key corporate or community priorities should itself be a priority. Items on each work programme to have a clear rationale to justify their inclusion and a clear system for selection.
- 8.2 **Scrutiny and Cabinet needs to work more collaboratively.** This will achieve stronger pre-decision scrutiny, allow greater influence and contribution to policy shaping and supply more high-quality recommendations. A triangulation meeting held regularly could include Scrutiny Chair and Vice Chair, Cabinet Member or Leader taken in relevant rotation and Scrutiny Officers plus relevant Senior Officers. The purpose of this would be to jointly scope future areas for scrutiny to develop, but without compromising scrutiny's independence and authority.
- 8.3 **Ensure scrutiny inclusion in Cabinet papers.** Establish a routine that embeds scrutiny in all papers presented to cabinet to show how and where scrutiny has been included in the journey of the plan, policy or decision.
- 8.4 **Consider bringing Cabinet public accountability and transparency into more focus at scrutiny committees.** Cabinet Members or the Leader (if appropriate) could be the main focus of scrutiny questioning and accountability sessions. A more parliamentary select committee approach could be considered.
- 8.5 **Reduce the reliance on officer presentations and cabinet reports.** Instead, scrutiny should set its objective for each subject to be considered and material presented or verbally reported by Cabinet members, with officer assistance.
- 8.6 **Establish a practice of core knowledge briefings.** To allow Members to gain essential background, facts and core knowledge on the more involved and complex issues that are considered by scrutiny.
- 8.7 **Extend video conferencing.** There are new opportunities to use VC resources to;
 - Hold pre-Agenda meetings to set agendas and arrange meeting requirements etc
 - Committee pre-meeting to agree objectives and set themes or questioning plans
 - Hold core knowledge briefing sessions
 - Invite external witnesses via video conference links to join scrutiny meetings
- 8.8 **Adopt a Member and Officer scrutiny development and skills programme.** This will support greater understanding of the role of scrutiny and improve its effectiveness.
- 8.9 **Officer support.** Consider reviewing the officer support resource available to scrutiny to find ways to increase the capacity and skills available.
- 8.10 **Adopt a protocol.** This would outline how scrutiny, cabinet and officers would work together to ensure each part works collaboratively and ensure council wide ownership and support for the success of scrutiny.

Structures and settings

- 8.11 **Recreate Improvement and Scrutiny Committees. Consider moving to a modern 'select committee' style of scrutiny**, with agendas that focus on high priority issues and involve insight and evidence gathering as well as holding to account and a policy shaping functionality. There would perhaps need to be some reorganizing of committee roles to gain a better balance between committees. CfPS would be pleased to offer some suggestions on how this could be achieved. As an early suggestion for consideration Committees could be recreated as;
- Policy & Finance Select Committee
 - Transport & Infrastructure Select Committee
 - Children, Families and Communities Select Committee
 - Health and Adult Social Care Select Committee
- 8.12 **Establish a scrutiny Co-ordination Group.** This could comprise Chairs and possibly Vice Chairs of each committee and Chaired by the Chair of Resources (P&FSC). The purpose would be to discuss alignment of work programmes and where possible to achieve a joined-up approach to scrutiny of council policies, priorities and delivery plans.
- 8.13 **Consider further use of task and finish and other 'set piece' scrutiny techniques.** Focused events or enquiry days can highlight major areas of policy development or community concern.
- 8.14 **Allow experts/advisors on all scrutiny committees.** Consider inviting external advisors to sit as observer status non-voting members of committees to provide additional insight and expertise to the committee. They could be set period appointments or invited to a one-off relevant meeting. Payment or reimbursement may encourage candidates. Some selection may be necessary, and terms of reference made clear.
- 8.15 **Member workshop.** We recommend that a Member workshop is held to consider the findings of this review and to engage in ideas for change and improvement.

Acknowledgments and thank you

The Centre for Public Scrutiny (CfPS) was commissioned by Derbyshire County Council to advise and support an internal review on the effectiveness and impact of their current approach to overview and scrutiny.

We would like to thank the Chairs and Vice-Chairs of Scrutiny for their time and support and those Improvement and Scrutiny Committee Members, Cabinet Members, and Officers who took part in interviews, survey and observations, for their time, insights and open views.

A schedule of Members and Officers who were involved in scrutiny conversations is attached as Appendix B

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Draft Action Plan

- The table below sets out the 18 recommendations:
 - 15 recommendations were identified by the Centre for Public Scrutiny (CfPS), as set out in their report entitled ‘Derbyshire County Council Scrutiny Improvement Review’, July 2020, and
 - a further three actions were identified by senior officers and the Scrutiny Steering Group.

- It is recommended that the table should be read in conjunction with the full report and recommendations. (The numbers in brackets within the table below, reflect the numbering of the recommendations within the CfPS report).

- The draft Action Plan has been prepared by the Scrutiny Steering Group. It will be considered by a scrutiny member workshop the Improvement and Scrutiny Committees, and the Governance, Ethics and Standards Committee.

- It is proposed that the final Action Plan will be presented to Cabinet and Council.

	Recommendations	Action Plan	Implementation
	Planning, Organising and Resourcing Scrutiny		

Appendix 2

1 (8.1)	Work programme prioritisation and focus. <i>Developing a clear methodology focused on DCC's key corporate or community priorities should itself be a priority. Items on each work programme to have a clear rationale to justify their inclusion and a clear system for selection.</i>	(i) Ensure that each Improvement & Scrutiny (I&S) Committee prepares a focused Work Programme which is aligned to the Council's corporate priorities and Key Decision Document	Development of the Work Programme to commence December 2020
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Appendix 2

<p>2 (8.2)</p>	<p>Scrutiny and Cabinet needs to work more collaboratively <i>This will achieve stronger pre-decision scrutiny, allow greater influence and contribution to policy shaping and supply more high-quality recommendations. A triangulation meeting held bi-monthly could include Scrutiny Chair and Vice Chair, Cabinet Member or Leader taken in relevant rotation and Scrutiny Officers plus relevant Senior Officers. The purpose of this would be to jointly scope future areas for scrutiny to develop, but without compromising scrutiny's independence and authority.</i></p>	<p>(i) Scrutiny Chairs and Cabinet to meet regularly on an informal basis;</p> <p>(ii) Scrutiny Chairs to inform and provide brief to the relevant Cabinet Member in advance of attendance at I&S meetings; thereby ensuring that contributions are focussed, structured and value-added. Such attendance should be linked to the respective I&S Work Programmes;</p> <p>(iii) Hold triangulation meetings at least, quarterly and invite:</p> <ul style="list-style-type: none"> • Scrutiny Chair • Vice Chair • Cabinet Member and or The Leader <p>Supported by:</p> <ul style="list-style-type: none"> • CMT Chair • Monitoring Officer • Statutory Scrutiny Officer <p>(iv) Develop a Pre-Decision Scrutiny approach. Commenced with the Scrutiny review of residential care homes</p>	<p>Commence September 2020 and continue on a regular basis</p> <p>Commence October 2020</p> <p>From December 2020</p> <p>Commenced and ongoing</p>
<p>3 (8.3)</p>	<p>Ensure reference of scrutiny in all Cabinet papers <i>Establish a routine that embeds scrutiny in all papers presented to cabinet to show how and where scrutiny has been included in the journey of the plan, policy or decision.</i></p>	<p>(i) The current report template to include reference to scrutiny within the body of reports, where appropriate.</p>	<p>From December 2020</p>
<p>4</p>	<p>Consider bringing Cabinet public accountability and</p>	<p>(i) Scrutiny to consider this approach, taking into account the need to balance the two-fold role</p>	<p>June 2021</p>

Appendix 2

<p>(8.4)</p>	<p>transparency into more focus at scrutiny committees <i>Cabinet Members or the Leader (if appropriate) could be the main focus of scrutiny questioning and accountability sessions. This could take on a more parliamentary select committee approach.</i></p>	<p>of Improvement and Scrutiny Committees to both support policy development (overview) and to hold Cabinet members to account (scrutiny).</p> <p>(ii) To ensure that I&S Committee request for Cabinet member attendance sets out purpose and scope to enable a productive session with clear, planned outcomes.</p>	
<p>5 (8.5)</p>	<p>Reduce the reliance on officer presentations and cabinet reports. <i>Scrutiny should set its objective for each subject to be considered and material presented or verbally reported</i></p>	<p>(i) Each I&S Committee to agree a Work Programme with an emphasis upon I&S Committees being highly proactive and Member-led. Set objectives for each subject to be considered;</p> <p>(ii) Officer attendance at Committee to be focused on support to Scrutiny members through the provision of technical and/or professional advice and information.</p>	<p>November 2020</p>
<p>6 (8.6)</p>	<p>Establish a practice of core knowledge briefings <i>To allow Members to gain essential background, facts and core knowledge on the more involved and complex issues that are considered by scrutiny.</i></p>	<p>(i) Executive Directors, Directors to work with Cabinet and Scrutiny Chairs to develop a programme of Core Knowledge Briefings linked to the Scrutiny Work Programmes and update on a rolling basis</p>	<p>Commence December 2020, ongoing</p>
<p>7 (8.7)</p>	<p>Extend video conferencing <i>There are new opportunities to use VC resources to:</i></p>	<p>(i) Scrutiny Committee Meetings held electronically during COVID-19;</p> <p>(ii) I & S Chairs and Vice Chairs to hold pre-Agenda meetings to set agendas and arrange</p>	<p>Commenced and will continue, where appropriate</p>

	<p><i>-Hold pre-Agenda meetings to set agendas and arrange meeting requirements etc .</i></p> <p><i>-Committee pre-meeting to agree objectives and set themes or questioning plans</i></p> <p><i>-Hold core knowledge briefing sessions</i></p> <p><i>-Invite external witnesses via video conference links to join scrutiny meetings</i></p>	<p>meeting requirements with support from lead senior officer and scrutiny officer.</p> <p>(iii) I&S Chairs and Vice-Chairs to attend Committee pre-meetings in order to agree objectives and set themes or questioning plans;</p> <p>(iv) Core knowledge briefing sessions to be available electronically;</p> <p>(v) Invite external witnesses via video conference links to join I&S meetings;</p> <p>(vi) Hold hybrid meetings in order to maximise accessibility ie some people in a Committee Room and others may join via a video link</p>	
8 (8.8)	<p>Adopt a Member and Officer scrutiny development and skills programme. <i>This will support greater understanding of the role of scrutiny and improve its effectiveness.</i></p> <p>Ensure personal development is ongoing and that DCC learns from other local authorities</p>	<p>(i) Member Development Programme in place (and supported by Member Development Strategy, recently approved by Council);</p> <p>(ii) Continuously identify training needs and agree how those needs may be met;</p> <p>(iii) Officers, Scrutiny Chairs and the Cabinet Member to have the opportunity to attend the East Midlands Councils Scrutiny Meetings</p> <p>(iv) To have the opportunity to attend LGA and CfPS events and workshops</p>	<p>Programme in place.</p> <p>Ongoing</p> <p>July 2021</p> <p>Ongoing</p>
9	Officer support	(i) Review the officer support resource available to scrutiny.	December 2020

(8.9)	<i>Consider reviewing the officer support resource available to scrutiny to find ways to increase the capacity and skills available.</i>	(ii) The following senior officers to support the Scrutiny Steering Group and I&S Committees: <ul style="list-style-type: none"> • CMT rotating Chair, • Monitoring Officer, • Statutory Scrutiny Officer • Members' Support Officer 	November 2020
10 (8.10)	Adopt a protocol <i>This would outline how scrutiny, cabinet and officers would work together to ensure each part works collaboratively and ensure council wide ownership and support for the success of scrutiny.</i>	(i) Review the existing Scrutiny officer and Member protocol Develop it further to outline how scrutiny, cabinet and officers can ensure collaborative working, council-wide ownership and support for the success of scrutiny. <ul style="list-style-type: none"> - Prepare the collaborative draft protocol; - Report to I&S Committees; Cabinet and Council; Add the approved document to the Council's Constitution (ii) Review the protocol annually	March 2021
	Structures and Settings		
11 (8.11)	Recreate Improvement and Scrutiny Committees. <i>Consider moving to a modern 'select committee' style of scrutiny, with agendas</i>	(i) Review the merits of moving to a modern select committee style of scrutiny and bring back to Cabinet	September 2021

	<p><i>that focus on high priority issues and involve insight and evidence gathering as well as holding to account and a policy shaping functionality. There would perhaps need to be some reorganizing of committee roles to gain a better balance between committees. CfPS would be pleased to offer some suggestions on how this could be achieved. As an early suggestion for consideration Committees could recreated as:</i></p> <ul style="list-style-type: none"> - <u>Policy & Finance Select Committee</u> - <u>Transport & Infrastructure Select Committee</u> - <u>Children, Families and Communities Select Committee</u> - <u>Health and Adult Social Care Select Committee</u> 		
<p>12 (8.12)</p>	<p>Establish a scrutiny Co-ordination Group <i>This would comprise Chairs and Vice Chairs of each committee and Chaired by the Chair of Resources (P&FSC). The purpose would be to discuss alignment of</i></p>	<p>(i) Scrutiny Steering Group to continue and to include:</p> <ul style="list-style-type: none"> - I&S Chairs; - I&S Vice Chairs - Cabinet Member <p>To be supported by the rotating CMT Chair, the Monitoring Officer, Statutory Scrutiny Officer and Member Support Officer;</p>	<p>Established and ongoing</p> <p>From November 2020</p>

Appendix 2

	<p><i>work programmes and where possible to achieve a joined-up approach to scrutiny of council policies, priorities and delivery plans.</i></p>	<p>(ii) Scrutiny Officers to schedule quarterly meetings with the relevant Executive Director, key Directors and Cabinet Member.</p> <p>(iii) The Scrutiny Steering Group should liaise with the Cabinet Member in the first instance, and regularly report to Cabinet thereby ensuring a completely joined up approach</p>	<p>Commence December 2021</p>
<p>13 (8.13)</p>	<p>Consider further use of task and finish and other ‘set piece’ scrutiny techniques <i>Focused events or enquiry days can highlight major areas of policy development or community concern.</i></p>	<p>(i) Align this consideration to the Scrutiny Work Programmes and tailor the relevant methodology for each piece of work</p>	<p>Ongoing</p>
<p>14 (8.14)</p>	<p>Allow experts/advisors on all scrutiny committees <i>Consider inviting external advisors to sit as observer status non-voting members of committees to provide additional insight and expertise to the committee. They could be set period appointments or invited to a one-off relevant meeting. Payment or reimbursement may encourage candidates. Some selection may be necessary, and terms of reference made clear.</i></p>	<p>(i) The I&S Committees to consider inviting experts and advisors for specific topics. Such experts/advisors are likely to attend a particular meeting or for a specific period to aid exploration of a specific topic, as expert advisors.</p>	<p>February 2020</p>

Appendix 2

15 (8.15)	Member workshop <i>We recommend that a Member workshop is held to consider the findings of this review and to engage in ideas for change and improvement.</i>	Workshop Scheduled and stakeholders invited	12 October, 11am-1pm
16	Additional Actions not Included within the Report Recommendations		
16.1	Review the relationship and interface between the Audit; Governance Ethics and Standards Committees and Improvement and Scrutiny Committees. Ensure that these Committees have a clear focus, avoid any potential overlap or duplication and consider matters of mutual importance and refer key issues to the relevant committee for further action, where necessary.	(i) Initial meeting between the 6 Chairmen, supported by their respective senior officers; (ii) Thereafter, quarterly meetings	February 2021
16.2	Map and identify the financial and human resource implications of the review to ensure that the recommendations are adequately identified, costed and prioritised.	(i) The Scrutiny Steering Group to lead this work, supported by the Monitoring Officer and Statutory Scrutiny Officer; (ii) This work to feed into the budget planning process; and any recommendations to be considered by Cabinet and ultimately by Council (iii) The Statutory Scrutiny Officer and Monitoring Officer to ensure	Timeline to align with the annual budget -setting process

Appendix 2

		close liaison with the Council's S.151 Officer and HR professionals	
16.3	The Statutory Scrutiny Officer Role	Review how the role of the Statutory Scrutiny Officer is discharged.	September 2021

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DERBYSHIRE COUNTY COUNCIL

22nd October 2020

GOVERNANCE, ETHICS AND STANDARDS COMMITTEE

Report of the Director of Legal and Democratic Services

Complaints received against Councillors pursuant to the Code of Conduct for Elected Members for the period June 2019 to 30th June 2020.

1. Purpose of the Report

To inform the Committee of complaints against Councillors received during the period of June 2019 to 30th June 2020.

2. Information and Analysis

The Council's Procedure for considering complaints that Councillors have breached the Code of Conduct (appendix 1) provides that the Monitoring Officer, in consultation as appropriate with one of the Independent persons from the Standards Committee, decides how complaints should be dealt with. Decisions are made as to whether or not complaints should be investigated and whether or not they should be referred on to the Standards Committee for consideration.

In order to support the Monitoring Officer with the management of complaints, the Committee is kept informed of complaints received against Councillors on an annual basis. The last report was presented to the Committee in June 2019.

During the period from 21st June 2019 to 30th June 2019, the following complaints were received and determined:

	Complaint received from	Substance of the Complaint	Outcome
1.	Member of the Public	Had been spoken to in an unacceptable manner and contrary to the principles of the Code of Conduct for Elected members	Not upheld

3.	District Councillor	Remarks/posts made on Facebook not in accordance with Code of Conduct	Not upheld as the posts were not made from a County Council perspective, but from a party political one.
4.	Member of the Public	Failure to respond to correspondence and complaints regarding conduct on social media.	The complaints were considered to be ineligible under the code following consultation with the Independent Member.

One complaint submitted during this time period remains under consideration and details will be provided in the next annual report.

3. Legal Considerations

The Council is required to publish a Member Code of Conduct and a complaints procedure. In accordance with its terms of reference, the Governance, Ethics and Standards Committee supports the Monitoring Officer in taking any action required on the receipt, management and investigation of any Code of Conduct Complaint against an Elected Member.

As the Committee will appreciate, the details of the individual Councillors against whom the complaints were made cannot be disclosed since this would be in breach of data protection legislation.

4. Other considerations

In preparing this report the relevance of the following factors have also been considered: prevention of crime and disorder, equality and diversity, human resources, environmental, health, property and transport consideration.

5. Background Papers

Confidential files held by the Director of Legal and Democratic Services

6. Officer's Recommendations

The Committee is asked to note the contents of the report and to note that further reports will be presented on an annual basis.

Simon Hobbs

Director of Legal and Democratic Services

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DERBYSHIRE COUNTY COUNCIL
GOVERNANCE, ETHICS & STANDARDS COMMITTEE

22nd October 2020

Report of the Director of Legal Services

**ANNUAL REVIEW LETTER OF THE LOCAL GOVERNMENT AND
SOCIAL CARE OMBUDSMAN**

1. Purpose of the Report

To inform the Committee of the Local Government and Social Care Ombudsman's (LGSCO) Annual Review Letters for the years ended 31st March 2018, 2019 and 2020.

2. Information and Analysis

The terms of reference for the Governance, Ethics and Standards Committee include "*to receive regular reports on Local Government Ombudsman referrals*". Therefore, the Committee is invited to receive the Annual Review Letters from the LGSCO, giving details of the total number of complaints for Derbyshire County Council for the years ending 31st March 2018, 2019 and 2020. Unfortunately, letters for 2018 and 2019 have not previously been considered by the Committee. It is proposed that the Annual Review Letter will be presented to the Committee on an annual basis in future years. The letters are attached at Appendix A, C and E for consideration.

All of the Ombudsman's annual review letters are published on their website (www.lgo.org.uk) and copied to the Audit Commission.

The Council also publishes the Annual Review Letters on the Council's website

<https://www.derbyshire.gov.uk/council/complaints/ombudsman/local-government-ombudsman.aspx>

The aim of the annual Review Letter is to provide councils with information which will help them assess their performance in handling complaints.

For the period ending 31 March 2018

The Council received the Annual Review Letter from the LGSCO for 2017 -2018 (Appendix A) from the LGSCO in July 2018. The letter states that the Ombudsman received 93 complaints in the year ending 31st March 2018 relating to Derbyshire County Council. This compares to 84 complaints in the year ending 31st March 2017 (an increase of 11.7%).

Looking specifically at the decisions made by the LGSCO for the period ending 31 March 2018, there were 16 detailed investigations carried out, of which 8 were not upheld and 8 were upheld. This gives an upheld rate of 50%.

In 2016/17 the LGSCO upheld 12 cases following investigation compared to 8 cases in 2017/18. This represents a decrease in cases where there were findings against the Council of 33.3 %.

In respect of the 8 complaints upheld by the LGSCO in 2017/18 the LGSCO found fault and suggested a remedy in respect of each case and the remedies

were acceptable to the Council. As a result of this there were no reports issued against the Council.

In terms of the 8 complaints upheld by the Ombudsman, these can be identified in relation to the County Council departments as follows:

Department	Number of decisions against the Council
Property Services	1
Adult Care	4
Children's Services	3

Details of the 8 complaints and the remedies are set out in Appendix B.

For the period ending 31st March 2019

The Council received the Annual Review Letter for 2018-19 from the LGSCO in July 2019 (Appendix C). The letter states that the Ombudsman received 118 complaints and enquiries about the Council last year, an increase from 93 in 2017/18.

Of those 118 complaints, the Ombudsman upheld 12. Of those 12 upheld complaints, 9 required the Council to provide a remedy. The Ombudsman found that 3 had already been offered a remedy which the Ombudsman considered suitable before the complaint was submitted to the Ombudsman.

The complaints which were upheld can be identified in relation to the County Council departments as follows:

Department	Number of decisions against the council upheld
Adult Social Care and Health	5
Children's Services	7
Economy, Transport and the Environment	0
Commissioning, Communities and Policy	0

Details of the 12 complaints are set out in appendix D

For the period ending 31st March 2020

The Council received its annual review letter for 2019-2020 from the LGSCO in July 2020 (Appendix E). The letter explains that the Ombudsman has changed the way that the statistics are shared and evaluated. The focus is on the outcomes of complaints and what can be learned from them. To achieve that, the Ombudsman now focuses on three key areas, namely, complaints upheld, compliance with recommendations and satisfactory remedies provided by the authority.

The Ombudsman has also highlighted that the comparative data will be uploaded onto the Ombudsman's interactive map to enable further comparison and evaluation against other, similar local authorities. The link to view the Council's performance is below:

[Type here]

<https://www.lgo.org.uk/your-councils-performance/derbyshire-county-council/statistics>

During the year ending 31st March 2020, the LGO upheld 19 decisions, which equated to 79% of all complaints received. This compares to 66% of complaints being upheld in other similar authorities as compared by the Ombudsman. Compliance with recommendations for Derbyshire County Council was found to be 100%. In 21% of the upheld cases, the Ombudsman found that the Council had provided a satisfactory remedy before the complaint reached the Ombudsman.

The complaints which were upheld can be identified in relation to the County Council departments as follows:

Department	Number of decisions against the council upheld
Adult Social Care and Health	6
Children's Services	11
Economy, Transport and the Environment	12
Commissioning, Communities and Policy	0

Details of the 19 complaints are set out in appendix F.

The Ombudsman did issue two public reports about Derbyshire County Council. The first highlighted failures in special educational needs and alternative education provision. The Ombudsman has noted that he

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welcomed the Council's acceptance of the findings that there had been fault leading to a child missing out on education for most of his secondary school years, and its agreement to a substantial payment to reflect the impact of this.

The second report identified multiple failings at The Grange Care Home between November 2015 and March 2016. The Grange Care Home was and continues to be owned and operated by the Council. The report highlighted failings in the care, care planning and falls management of a resident, and subsequent failings in the a safeguarding investigation undertaken by the Council following the death of the resident.

However, the Ombudsman was pleased to note that the Council accepted the findings and engaged positively with the recommendations made. In addition to taking action to recognise the impact events had on the complainant, the Ombudsman noted that the Council also agreed to review its procedures to improve audit trails of care assessments and improve the quality of its adult safeguarding investigations.

Both of these reports were individually reported to the Governance, Ethics and Standards Committee in January 2020 and October 2019.

The Ombudsman has also found that this year, the Council has too long to respond to enquiries during some of the investigations. The Ombudsman noted that nearly half of responses were late and there were five instances where a response was not received for over 30 days. The Ombudsman requests the Council reflect on this and take steps to improve liaison with the Ombudsman's office.

The Council's Channel Shift team has undertaken a review of complaints. It was found that the current approach did not support a consistent council-wide approach to learning and improving from feedback. It also noted that practice varied across directorates and did not support the corporate reporting of complaints and feedback. The options for moving towards a new corporate approach are being considered. The interface with the LGSCO has yet to be determined, but the Ombudsman's concerns will be considered as part of that review.

3. Legal Considerations

The Local Government and Social Care Ombudsman's powers are defined by the Local Government Act 1974 as amended by the Local Government and Public Involvement in Health Act 2007 and as described in the report.

4. Other Considerations

In preparing this report the relevance of the following factors have also been considered: financial, human rights, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property and transport considerations.

5. Background Papers

The file held on behalf of the Director of Legal Services

6. Officer's Recommendation

To note the annual review letter of the Local Government and Social Care Ombudsman for the years ending 31st March 2018,2019 and 2020.

Simon Hobbs
Director of Legal and Democratic Services

18 July 2018

By email

Janie Berry
Director of Legal Services
Derbyshire County Council

Dear Janie Berry,

Annual Review letter 2018

I write to you with our annual summary of statistics on the complaints made to the Local Government and Social Care Ombudsman (LGSCO) about your authority for the year ended 31 March 2018. The enclosed tables present the number of complaints and enquiries received about your authority and the decisions we made during the period. I hope this information will prove helpful in assessing your authority's performance in handling complaints.

Complaint statistics

In providing these statistics, I would stress that the volume of complaints does not, in itself, indicate the quality of the council's performance. High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems. Low complaint volumes can be a worrying sign that an organisation is not alive to user feedback, rather than always being an indicator that all is well. So, I would encourage you to use these figures as the start of a conversation, rather than an absolute measure of corporate health. One of the most significant statistics attached is the number of upheld complaints. This shows how frequently we find fault with the council when we investigate. Equally importantly, we also give a figure for the number of cases where we decided your authority had offered a satisfactory remedy during the local complaints process. Both figures provide important insights.

I want to emphasise the statistics in this letter reflect the data we hold, and may not necessarily align with the data your authority holds. For example, our numbers include enquiries from people we signpost back to the authority, some of whom may never contact you.

In line with usual practice, we are publishing our annual data for all authorities on our website, alongside an annual review of local government complaints. The aim of this is to be transparent and provide information that aids the scrutiny of local services.

Future development of annual review letters

Last year, we highlighted our plans to move away from a simplistic focus on complaint volumes and instead turn focus onto the lessons that can be learned and the wider improvements we can achieve through our recommendations to improve services for the many. We have produced a new corporate strategy for 2018-21 which commits us to more comprehensively publish information about the outcomes of our investigations and the occasions our recommendations result in improvements to local services.

We will be providing this broader range of data for the first time in next year's letters, as well as creating an interactive map of local authority performance on our website. We believe this will lead to improved transparency of our work, as well as providing increased recognition to the improvements councils have agreed to make following our interventions. We will therefore be seeking views from councils on the future format of our annual letters early next year.

Supporting local scrutiny

One of the purposes of our annual letters to councils is to help ensure learning from complaints informs scrutiny at the local level. Sharing the learning from our investigations and supporting the democratic scrutiny of public services continues to be one of our key priorities. We have created a dedicated section of our website which contains a host of information to help scrutiny committees and councillors to hold their authority to account – complaints data, decision statements, public interest reports, focus reports and scrutiny questions. This can be found at www.lgo.org.uk/scrutiny I would be grateful if you could encourage your elected members and scrutiny committees to make use of these resources.

Learning from complaints to improve services

We share the issues we see in our investigations to help councils learn from the issues others have experienced and avoid making the same mistakes. We do this through the reports and other resources we publish. Over the last year, we have seen examples of councils adopting a positive attitude towards complaints and working constructively with us to remedy injustices and take on board the learning from our cases. In one great example, a county council has seized the opportunity to entirely redesign how its occupational therapists work with all of its districts, to improve partnership working and increase transparency for the public. This originated from a single complaint. This is the sort of culture we all benefit from – one that takes the learning from complaints and uses it to improve services.

Complaint handling training

We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. In 2017-18 we delivered 58 courses, training more than 800 people. We also set up a network of council link officers to promote and share best practice in complaint handling, and hosted a series of seminars for that group. To find out more visit www.lgo.org.uk/training.

Yours sincerely,



Michael King
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Local Authority Report: Derbyshire County Council
For the Period Ending: 31/03/2018

For further information on how to interpret our statistics, please visit our website:
<http://www.lgo.org.uk/information-centre/reports/annual-review-reports/interpreting-local-authority-statistics>

Complaints and enquiries received

Adult Care Services	Benefits and Tax	Corporate and Other Services	Education and Children's Services	Environment Services	Highways and Transport	Housing	Planning and Development	Other	Total
22	0	6	46	2	15	0	2	0	93

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Decisions made

				Detailed Investigations			
Incomplete or Invalid	Advice Given	Referred back for Local Resolution	Closed After Initial Enquiries	Not Upheld	Upheld	Uphold Rate	Total
3	0	44	31	8	8	50%	94

Notes

Our uphold rate is calculated in relation to the total number of detailed investigations.
 The number of remedied complaints may not equal the number of upheld complaints. This is because, while we may uphold a complaint because we find fault, we may not always find grounds to say that fault caused injustice that ought to be remedied.

Complaints Remedied

by LGO	Satisfactorily by Authority before LGO Involvement
7	0

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Complaint Reference	Details of complaint	Findings and Remedy
<p>16/008/551 Corp Property</p>	<p>The complaint relates to a compensation claim from the landowner following works carried out by a third party contractor on behalf of the Council.</p>	<p>The Ombudsman found fault. The Council agreed to complete the remediation works on Mr X's land by the end of September 2017, provided the weather allowed and there was agreement from Mr X and the Environment Agency. The Council also agreed that it would consider Mr X's compensation claim from June 2017, cross referencing it with its records so it could begin negotiations with him as soon as possible after completing the works.</p> <p>The Council agreed that it would present its final position to Mr X on his compensation claim by 1 December 2017.</p>
<p>17/001/810 Adult Care</p>	<p>The Council failed to take appropriate action when the complainant fell into arrears with paying her mother's contributions towards the cost of her care. In particular, it did not tell her about the debt until she owed around £6000.</p>	<p>To remedy Ms X's injustice, the Council agreed to write off half of the arrears.</p> <p>The Council also agreed to consider whether it could legally pursue the other half of the arrears, considering the time period for collecting debt as set out under Section 56 of the National Assistance Act 1948.</p> <p>The Council also agreed to ensure that it had proper debt recovery procedures in place.</p>

<p>16/016/273 Adult Care</p>	<p>The complainant alleged that the Council had failed to deal properly with the assessment of the complainants needs by proposing a reduction to her personal budget from £840 to £318 a week, and only later agreeing a personal budget of £628 a week.</p>	<p>The Ombudsman found fault. The Council agreed to apologise and also to consider what action to take to prevent similar failings from happening again.</p>
<p>16/007/410 Adult Care</p>	<p>Mr X complained on behalf of his mother that the Council had wrongly sought to charge a third party top-up for his mother's care at the care home because of its delay in assessing his mother's needs.</p>	<p>The Council agreed to waive the third party top-up fees for Mrs X's care and no longer seek to make such charges whilst she remained in her current care home. It also agreed to apologise to Mrs X's family for the unnecessary anxiety caused by its pursuit of the third party top-up fees.</p>
<p>16/018/722 Adult Care</p>	<p>This complaint related to staff at a care home failing to tell Mrs X's family of falls she had in the weeks before her death.</p>	<p>The Council had already told the Ombudsman it was wrong to refer the complainant to the care home concerned when she complained. The Council also offered to apologise to the complainant and, although it was not part of complaint, the Ombudsman welcomed this.</p> <p>The Council apologised to the complainant for the failure of the care home to tell the family of Mrs X's falls until after her death. The Ombudsman accepted that this failure to inform was the only fault and it was unlikely to have affected the course of events.</p> <p>The Council also agreed to take steps to satisfy itself that the care home concerned was aware that it should inform residents' families of all falls that occur to residents in its care.</p>

<p>16/019/382 Childrens Services</p>	<p>The complainant, Mrs B alleged the Council refused to pay school transport costs for Ms B's daughter and further that the Council did not deal with her complaint properly.</p>	<p>The Ombudsman found that there was fault because the Council had not kept proper records of the decision making by the panel of officers who considered Ms B's request for assistance with transport costs to school for her daughter. This did not affect the decision made, however there was fault in how the Council handled the complaint and the Council apologised for this.</p>
<p>16/005/162 Childrens Services</p>	<p>The complainant, Mrs P, alleged that the Council unreasonably and unfairly questioned the quality of the elective home education that the complainant was offering her daughter.</p>	<p>The Council agreed to apologise to Mrs P for failing to provide detail as to why there were concerns about the education she was offering to Q even when the content of that education was judged 'at least satisfactory'.</p> <p>The Council agreed to consider whether to provide more information to the consultants involved. The purpose of providing additional information would be to enable them to make a more informed decision as to whether education provided was 'satisfactory' or not.</p> <p>The Council agreed to make a payment of £200 to remedy Mrs P's time and trouble caused by its delayed response to her complaint.</p>
<p>16/011/611 Children's Services</p>	<p>The complainant, Mr X, complained that the Council failed to treat an allegation of a threat to a child by an adult in a position of responsibility as a potential safeguarding matter and it also involved an officer in a school transport appeal who had had previous involvement with the case.</p>	<p>The Ombudsman found fault. The Council agreed to apologise to Mr X for failing to treat the incident he reported as a potential safeguarding matter; and arranged a fresh school transport appeal.</p>

		<p>To prevent a recurrence of the fault, the Council agreed that it would ensure school transport appeals were not heard by anyone previously involved, including those whose signature appeared on refusal letters.</p> <p>The Council agreed to provide training for those involved in the safeguarding referral to ensure that in future they pass on such matters to be dealt in accordance with the Children Act 1989.</p>
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24 July 2019

By email

Janie Berry
Director of Legal Services
Derbyshire County Council

Dear Ms Berry

Annual Review letter 2019

I write to you with our annual summary of statistics on the complaints made to the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2019. The enclosed tables present the number of complaints and enquiries received about your authority, the decisions we made, and your authority's compliance with recommendations during the period. I hope this information will prove helpful in assessing your authority's performance in handling complaints.

Complaint statistics

As ever, I would stress that the number of complaints, taken alone, is not necessarily a reliable indicator of an authority's performance. The volume of complaints should be considered alongside the uphold rate (how often we found fault when we investigated a complaint), and alongside statistics that indicate your authority's willingness to accept fault and put things right when they go wrong. We also provide a figure for the number of cases where your authority provided a satisfactory remedy before the complaint reached us, and new statistics about your authority's compliance with recommendations we have made; both of which offer a more comprehensive and insightful view of your authority's approach to complaint handling.

The new statistics on compliance are the result of a series of changes we have made to how we make and monitor our recommendations to remedy the fault we find. Our recommendations are specific and often include a time-frame for completion, allowing us to follow up with authorities and seek evidence that recommendations have been implemented. These changes mean we can provide these new statistics about your authority's compliance with our recommendations.

I would like to thank your Council for supporting the development of this work and offering valuable feedback on how this new data is described and presented.

I want to emphasise the statistics in this letter reflect the data we hold and may not necessarily align with the data your authority holds. For example, our numbers include enquiries from people we signpost back to your authority, some of whom may never contact you.

In line with usual practice, we are publishing our annual data for all authorities on our website, alongside our annual review of local government complaints. For the first time, this includes data on authorities' compliance with our recommendations. This collated data further aids the scrutiny of local services and we encourage you to share learning from the report, which highlights key cases we have investigated during the year.

New interactive data map

In recent years we have been taking steps to move away from a simplistic focus on complaint volumes and instead focus on the lessons learned and the wider improvements we can achieve through our recommendations to improve services for the many. Our ambition is outlined in our [corporate strategy 2018-21](#) and commits us to publishing the outcomes of our investigations and the occasions our recommendations result in improvements for local services.

The result of this work is the launch of an interactive map of council performance on our website later this month. [Your Council's Performance](#) shows annual performance data for all councils in England, with links to our published decision statements, public interest reports, annual letters and information about service improvements that have been agreed by each council. It also highlights those instances where your authority offered a suitable remedy to resolve a complaint before the matter came to us, and your authority's compliance with the recommendations we have made to remedy complaints.

The intention of this new tool is to place a focus on your authority's compliance with investigations. It is a useful snapshot of the service improvement recommendations your authority has agreed to. It also highlights the wider outcomes of our investigations to the public, advocacy and advice organisations, and others who have a role in holding local councils to account.

I hope you, and colleagues, find the map a useful addition to the data we publish. We are the first UK public sector ombudsman scheme to provide compliance data in such a way and believe the launch of this innovative work will lead to improved scrutiny of councils as well as providing increased recognition to the improvements councils have agreed to make following our interventions.

Complaint handling training

We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. In 2018-19 we delivered 71 courses, training more than 900 people, including our first 'open courses' in Effective Complaint Handling for local authorities. Due to their popularity we are running six more open courses for local authorities in 2019-20, in York, Manchester, Coventry and London. To find out more visit www.lgo.org.uk/training.

Finally, I am conscious of the resource pressures that many authorities are working within, and which are often the context for the problems that we investigate. In response to that situation we have published a significant piece of research this year looking at some of the common issues we are finding as a result of change and budget constraints. Called, [Under Pressure](#), this report provides a contribution to the debate about how local government can navigate the unprecedented changes affecting the sector. I commend this to you, along with our revised guidance on [Good Administrative Practice](#). I hope that together these are a timely reminder of the value of getting the basics right at a time of great change.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M King', with a stylized flourish at the end.

Michael King
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Local Authority Report: Derbyshire County Council
For the Period Ending: 31/03/2019

For further information on how to interpret our statistics, please visit our [website](#)

Complaints and enquiries received

Adult Care Services	Benefits and Tax	Corporate and Other Services	Education and Children's Services	Environment Services	Highways and Transport	Housing	Planning and Development	Other	Total
35	0	9	58	0	10	1	4	1	118

Decisions made

Incomplete or Invalid	Advice Given	Referred back for Local Resolution	Closed After Initial Enquiries	Detailed Investigations			Total
				Not Upheld	Upheld	Uphold Rate (%)	
6	1	57	26	7	12	63	109

Note: The uphold rate shows how often we found evidence of fault. It is expressed as a percentage of the total number of detailed investigations we completed.

Satisfactory remedy provided by authority

Upheld cases where the authority had provided a satisfactory remedy before the complaint reached the Ombudsman	% of upheld cases
3	25

Note: These are the cases in which we decided that, while the authority did get things wrong, it offered a satisfactory way to resolve it before the complaint came to us.

Compliance with Ombudsman recommendations

Complaints where compliance with the recommended remedy was recorded during the year*	Complaints where the authority complied with our recommendations on-time	Complaints where the authority complied with our recommendations late	Complaints where the authority has not complied with our recommendations	
7	6	1	0	Number
	100%		-	Compliance rate**
<p>Notes:</p> <p>* This is the number of complaints where we have recorded a response (or failure to respond) to our recommendation for a remedy during the reporting year. This includes complaints that may have been decided in the preceding year but where the data for compliance falls within the current reporting year.</p> <p>** The compliance rate is based on the number of complaints where the authority has provided evidence of their compliance with our recommendations to remedy a fault. This includes instances where an authority has accepted and implemented our recommendation but provided late evidence of that.</p>				

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Complaint Reference	Details of complaint	Findings and Remedy
16/013/863 Adult Care	The complainant, Mrs X, complained about various staff at Derbyshire Healthcare NHS Foundation Trust and that the Derbyshire County Council incorrectly noted that she had been sectioned in 2013 which she felt had led to a discriminatory approach by staff. She further stated, that the Council did not resolve her complaint made in October 2013.	The Council and the Trust had acknowledged faults and remedied the personal injustice to Mrs X.
18/004/167 Adult Care	The complainant, Mrs B, complained the Council unreasonably treated her mother, whom I shall refer to as Mrs C, as having deprived herself of capital.	<p>The Ombudsman found fault. The Council carried out another financial assessment which changed its view on the amount of capital it can disregard. The Council agreed to apologise to Mrs B for not carrying out the first financial assessment properly and to pay Mrs B £100 to reflect the time and trouble she had to go to pursuing her complaint.</p> <p>The Council also agreed to write to Mrs B about the arrangements for Council funding for Mrs C's care from September 2018.</p> <p>The Council agreed to review its current procedures and guidance for staff on how to deal with cases where deprivation of capital may have occurred.</p>
17/016/279 Adult Care	The complainant, Mr B, stated the Council had discriminated against him by unfairly restricting his contact and access to its services, it had not made sufficient reasonable adjustments for him and it had not replaced faulty equipment he relied on for his safety.	The Ombudsman found that whilst there was some delay by the Council in realising replacement equipment was required, there was no evidence of further fault by the Council or injustice caused to Mr B which warranted any further investigation of the complaint.

16/015/190 Adult Care	The complainant, Mr L, complained about the care and support provided to his late brother Mr S. Mr L complained the Council had failed to provide safe, effective and responsive care to his late brother. He also complained there were delays by the three NHS Trusts in addressing his brother's mental health needs. Mr L said he believed his brother's death might have been prevented if he had received better care from social care and health services.	The Ombudsman found fault by the Council and two of the NHS Trusts which meant opportunities to prevent or limit Mr S's deterioration were lost. This had caused an injustice to Mr L who was left not knowing whether his brother's death could have been prevented. The Council, Nottingham University Hospitals NHS Trust and Derbyshire Healthcare NHS Foundation Trust agreed to apologise to Mr L, implement service improvements, and the Council and Nottingham University Hospitals NHS Trust agreed to make payments in recognition of his distress. The Council agreed to pay £800.
17/013/650 Adult Care	The complainant complained about her late mother Mrs B's poor care in a nursing home which the County Council arranged and funded.	The Ombudsman found fault in the Nursing home's care planning and record keeping. The Council delayed in responding to the complaint. The Council agreed to apologise for the delay in responding to the complaint and visit the Nursing Home to check the care plans of those residents it funds.
18 /006/ 355 Childrens Services	The complainant, Mrs D, complained about a school admission appeal, which upheld a decision that her daughter could not receive a place at her preferred primary school from September 2018. Mrs D said that the appeal did not take into account all relevant considerations, including that she had a bi-polar disorder. The panel's decision to refuse the appeal had caused her great distress.	The Ombudsman considered that the only fair outcome was to recommend the Council arrange a fresh appeal for Mrs D as soon as was practicable and in line with the timescales set out in the Code. In any event the Council should ensure it arranged an appeal within 20 working days of a final decision on the complaint. The appeal should be heard with a different panel to that which considered Mrs D's first appeal.
18/005/643 Childrens Services	The complainant, Mr X, complained on behalf of his daughter Mrs Y about an independent school admission appeals panel which decided not to grant a place for his grandson Z at the junior school of her choice.	The Ombudsman found fault in how the independent appeals panel failed to resolve conflicting evidence from both parties about an Ofsted inspection rating. This caused an injustice to Mrs Y, who was making the appeal, as without notes to the contrary there was uncertainty about how much this affected the panel's

		decision. The Council has agreed to apologise to Mrs Y.
18/003/686 Childrens Services	The complainant, Mrs D, complained the Council failed to properly manage her son's transition from a Statement of Special Educational Needs to an Education, Health and Care Plan.	The Ombudsman found evidence of fault. The Council agreed to make a financial payment of £1,100 and to reimburse the costs of an independent consultant funded by Mrs D at a cost of £16,885.85. The Council also agreed to amend its procedures to ensure that needs assessments are carried out properly and in accordance with guidance.
16/015/352 Childrens Services	The complainant said that the Council failed to communicate and work with her whilst it arranged foster placements for her estranged son and that it failed to investigate her complaint about these matters properly.	The Ombudsman found fault for the unacceptable delay in the Council's complaints process. The Council agreed to apologise and to pay £250.
17/015/374 Childrens Services	The complainant stated the Council failed to treat her and her family properly and had failed to act in her and her sons' best interests.	The Ombudsman found fault, leading to injustice that had already been remedied by the Council.
18/011/812 Childrens Services	The complainant said the Council failed to tell him of an incident which posed risk to his children and to involve him in the investigation of that incident.	The Ombudsman found fault. The Council had already apologised and acted to ensure such failures do not recur. The Council were also at fault for its failure to follow the statutory complaints procedure.
18/ 012/867 Childrens Services	The complainant, Mr B, complained that the Council has not dealt with his school transport appeal properly. The Council did not follow its policy or the Statutory Guidance and did not give a details written explanation of the considerations made by the appeals panel. This had left Mr B with uncertainty that his appeal was properly considered.	The Ombudsman found fault by the Council in not complying with its Transport Policy for Children and Young People and the Statutory Guidance. The Council has agreed to apologise to the complainant and to carry out a new stage 2 appeal in accordance with the Statutory Guidance. The Council agreed to review the way it measures home to school distances using a GIS system to ensure that walking routes it

		<p>considers comply with its Transport Policy for Children and Young People. The Council agreed to carry out a review of its Transport Policy for Children and Young People and consider amending it to fully comply with Statutory Guidance and provide the Ombudsman with a copy of any updates to the policy.</p>
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22 July 2020

By email

Mr Hobbs
Director of Legal Services
Derbyshire County Council

Dear Mr Hobbs

Annual Review letter 2020

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2020. Given the exceptional pressures under which local authorities have been working over recent months, I thought carefully about whether it was still appropriate to send you this annual update. However, now, more than ever, I believe that it is essential that the public experience of local services is at the heart of our thinking. So, I hope that this feedback, which provides unique insight into the lived experience of your Council's services, will be useful as you continue to deal with the current situation and plan for the future.

Complaint statistics

This year, we continue to place our focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have made several changes over recent years to improve the data we capture and report. We focus our statistics on these three key areas:

Complaints upheld - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated. A focus on how often things go wrong, rather than simple volumes of complaints provides a clearer indicator of performance.

Compliance with recommendations - We recommend ways for authorities to put things right when faults have caused injustice. Our recommendations try to put people back in the position they were before the fault and we monitor authorities to ensure they comply with our recommendations. Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

Satisfactory remedies provided by the authority - We want to encourage the early resolution of complaints and to credit authorities that have a positive and open approach to resolving complaints. We recognise cases where an authority has taken steps to put things

right before the complaint came to us. The authority upheld the complaint and we agreed with how it offered to put things right.

Finally, we compare the three key annual statistics for your authority with similar types of authorities to work out an average level of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

This data will be uploaded to our interactive map, [Your council's performance](#), along with a copy of this letter on 29 July 2020, and our Review of Local Government Complaints. For further information on how to interpret our statistics, please visit our [website](#).

This year, I issued two public reports about your Council. The first highlighted failures in special educational needs and alternative education provision. I welcome the Council's acceptance of our findings that there had been fault leading to a child missing out on education for most of his secondary school years, and its agreement to a substantial payment to reflect the impact of this.

The second public report identified multiple failings at The Grange Care Home between November 2015 and March 2016, owned and operated by the Council. The report highlighted failings in a safeguarding investigation undertaken by the Council following the death of a care home resident, whose brother later complained to us.

The investigation found the Council failed to properly investigate a series of falls the complainant's sister experienced at the home, the final one of which caused her death. There were serious shortfalls in its care planning around falls management and in its monitoring of her weight and nutrition. We found the Council initially conducted only a cursory investigation into these matters finding "no concerns" for the woman's care despite abundant evidence to the contrary.

It is pleasing the Council accepted our findings and engaged positively with the recommendations made. In addition to taking action to recognise the impact events had on the complainant, it also agreed to review its procedures to improve audit trails of care assessments and improve the quality of its adult safeguarding investigations.

This year, your Council has taken too long to respond to enquiries during some of our investigations; nearly half of responses were late and there were five instances where a response was not received for over 30 days. Delayed investigations can add to the frustration experienced by complainants. I ask the Council to reflect on this and take steps to improve its liaison with my office.

Resources to help you get it right

There are a range of resources available that can support you to place the learning from complaints, about your authority and others, at the heart of your system of corporate governance. [Your council's performance](#) launched last year and puts our data and information about councils in one place. Again, the emphasis is on learning, not numbers. You can find the decisions we have made, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

I would encourage you to share the tool with colleagues and elected members; the information can provide valuable insights into service areas, early warning signs of problems and is a key source of information for governance, audit, risk and scrutiny functions.

Earlier this year, we held our link officer seminars in London, Bristol, Leeds and Birmingham. Attended by 178 delegates from 143 local authorities, we focused on maximising the impact of complaints, making sure the right person is involved with complaints at the right time, and how to overcome common challenges.

We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. During the year, we delivered 118 courses, training more than 1,400 people. This is 47 more courses than we delivered last year and included more training to adult social care providers than ever before. To find out more visit www.lgo.org.uk/training.

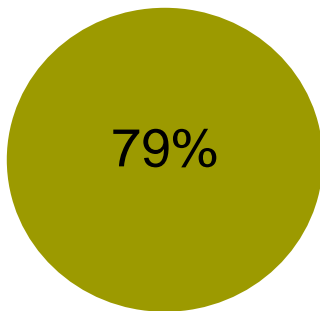
We were pleased to deliver two children's social care complaint handling courses to your staff during the year. I welcome your Council's investment in good complaint handling training and trust the courses were useful to you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M King', with a stylized flourish at the end.

Michael King
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Complaints upheld



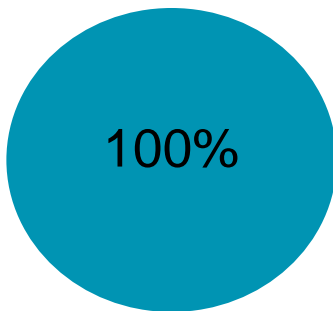
79% of complaints we investigated were upheld.

This compares to an average of **66%** in similar authorities.

19
upheld decisions

Statistics are based on a total of 24 detailed investigations for the period between 1 April 2019 to 31 March 2020

Compliance with Ombudsman recommendations



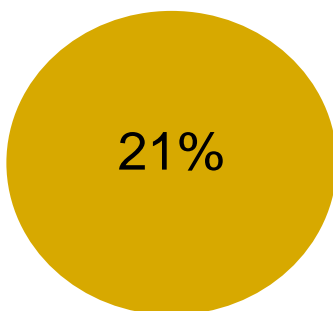
In **100%** of cases we were satisfied the authority had successfully implemented our recommendations.

This compares to an average of **100%** in similar authorities.

Statistics are based on a total of 9 compliance outcomes for the period between 1 April 2019 to 31 March 2020

- Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

Satisfactory remedies provided by the authority



In **21%** of upheld cases we found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of **9%** in similar authorities.

4
satisfactory remedy decisions

Statistics are based on a total of 24 detailed investigations for the period between 1 April 2019 to 31 March 2020

Complaint Reference	Details of complaint	Findings and Remedy
16/006/195 Adult Care	The complainant, Mr B, complained about multiple failings in the care received by his late sister, Mrs C, when she was resident in a care home which is owned and run by the Council between November 2015 and March 2016. In particular, there were serious failings in its response after Mrs C died following a fall in the care home.	A full report on this case was considered by the Governance Ethics and Standards Committee at its meeting on 9 January 2020. The Ombudsman is satisfied that the actions he recommended the Council should take have been implemented.
19/003/189 Adult Care	The complainant, Mr F, complained that the Council failed to provide adequate and timely services to his family following approval of a Disabled Facilities Grant (DFG) related to his son's mobility needs in October 2017.	<p>The Ombudsman found that the Council's delay in taking appropriate action to resolve matters relating to the DFG caused injustice to the complainant.</p> <p>The Council agreed to apologise and made a payment of £1,000 to Mr F. The Council also introduced service improvements to ensure that faults identified in the coordination of assessments did not occur in future.</p>
18/011/454 Adult Care	The complainant, Mrs Z, complained of failings by staff at a care home when her grandmother, Mrs X, suffered a broken hip after an incident with another resident and was unable to return to the care home.	The Ombudsman found some fault by the Council in delayed communication and complaint handling, but did not find fault in relation to the principal matters complained of. The apology sent by the Council was sufficient for the injustice caused by the fault.

17/012/839 Adult Care	The complainants, Mr & Mrs X complained about the actions of the County Council and the Derbyshire Healthcare NHS Foundation Trust and North Derbyshire Clinical Commission Group. Mr & Mrs X complained that the Council and the Trust had not provided enough support for Mrs X's mental health needs since 2000.	The Ombudsman did not consider the Council and Derbyshire Healthcare NHS Foundation Trust delayed providing support for Mrs X's mental health needs. No fault was found with the way the Council decided what support she needed. The Ombudsman considered the Council delayed completing Mr X's carer assessment and should have considered carrying out an integrated assessment with Mrs X. However, the Council apologised for the distress caused to Mr X, and provided evidence it has improved how it carries out carer assessments.
19/010/437 Adult Care	The complainant, Mr X, complained the Council failed to deal properly with his brother's finances while he was living in a Nursing Home.	The Ombudsman recommend the Council apologised in writing within 4 weeks to Mr X for the for the avoidable problems it caused him as the Executor of his brother's estate and paid him £300 in financial redress. The Ombudsman also recommended that within eight weeks the Council complete the protocol for officers acting as DWP Appointees and identified any other action it needed to take to ensure it considered applying to the Court of Protection for Deputyship when appropriate.
18/015/862 Adult Care	The complainant, Mr X, complained about unsatisfactory works carried out at his property under the Council's Healthy Homes programme. Mr X also complained that the Council has	The Ombudsman found fault in relation to the way the Council had dealt with this matter and recommended a number of actions including investigation of Mr X's allegations and considering

	discriminated against him, as well as bullied and harassed him.	<p>how it would remedy the unsatisfactory works carried out at the property.</p> <p>The Ombudsman also recommended that the Council should arrange an independent advocate to support Mr X and consider making a financial payment to Mr X once the remedial works had been completed to a satisfactory standard. The remedies in relation to this matter are ongoing.</p>
18/017/742 Childrens Services	The complainant, Mrs X, complained on her own behalf and on behalf of her children Y and Z about Council decisions in relation to her children's special educational needs (SEN) and education provision generally.	<p>The Ombudsman found fault in the way that the Council had dealt with this matter but noted that the Council had already apologised for some of the faults identified and had put in place actions and service improvements.</p> <p>The Council agreed to provide a further apology and pay Mrs X £500 for the avoidable distress and inconvenience caused by the faults in the SEN process and in the complaint handling of her children's cases.</p>
18/006/622 Childrens Services	The complainant, Miss B, complained about the actions of the Council in providing transport for her son to attend school and in dealing with an assessment for an education and healthcare plan.	The Ombudsman found fault in that the Council had taken too long to deal with the matter, but had taken sufficient action to put matters right, and had already reimbursed the complainant for travel costs which she had paid for.

18/012/480 Childrens Services	The complainant, Ms X, complained about the Council's handling of her complaint about Childrens Social Services. She complained that the stage two investigation did not investigate her main complaint about a delivery protection plan and that it contained inaccurate information.	The Ombudsman found fault with the Council for wrongly signposting Ms X at the end of the stage two investigation. The Council agreed to investigate Ms X's complaint at stage three.
18/015/457 Childrens Services	The complainant, Mr B, complained about the Council's handling of his application for free school transport for his child and his complaint following this. He complained that the Council did not give him the opportunity to make verbal representations during the two stage appeal process, contrary to statutory guidance.	The Ombudsman found fault but noted that the Council had agreed to offer Mr B a fresh appeal and had apologised for not responding to his stage two complaint. The Council had also amended its policy to allow verbal representations at appeal since Mr B made his complaint to the Ombudsman.
18 013 904 Childrens Services	The complainant, Mrs X, complained about how the Council had responded to her request for help with issues concerning her daughter, Z. She said this caused the family prolonged stress and meant they had to pay for private assessments of Z. Mrs X also complained that the Council took too long to deal with her complaint.	The Ombudsman upheld the complaint but did not propose further remedy beyond the apology already offered by the Council.
19 007 721 Childrens Services	The complainant, Mrs F, complained that the Council had removed social care support for her son and that the Council had failed to investigate her complaint under the children's statutory complaints procedure.	The Ombudsman found fault by the Council as it had not dealt with this complaint under the statutory children's complaints process. The Council had agreed to appoint an Investigating Officer and an Independent Person to start the stage 2 investigation into her complaint and to contact Mrs F to notify her of the arrangements and the process that would be followed.

<p>19/003/600 Childrens Services</p>	<p>The complainant, Mr X, complained that the Council took too long to tell him the outcome of a safeguarding investigation and had sent letters to the wrong address, preventing him from pursuing contact with his child for longer than needed.</p>	<p>The Ombudsman upheld the complaint about delay, but did not uphold the complaint about writing to the wrong address. The Council agreed to apologise to Mr X for the delay and agreed to pay Mr X £250.</p>
<p>19/001/142 Childrens Services</p>	<p>The complainant, Ms X, complained that the Council failed to provide her daughter D with alternative educational provision from December 2017 – July 2019; and refused to hold D’s annual review within the statutory timescales.</p>	<p>The Ombudsman found fault leading to injustice. The Council agreed to pay Ms X £300 for the provision of education for her daughter.</p>
<p>19/000/747 Childrens Services</p>	<p>The complainant, Mr X, complained that the Council had not made suitable alternative education arrangements for his daughter Miss Z since she stopped attending school in February 2018.</p>	<p>The Ombudsman found fault and the Council agreed to apologise to Ms Z for not taking timely action and to pay to her £2,000 to be used for her educational benefit.</p> <p>The Council also agreed to review the way it oversees services for children and young people out of school.</p>
<p>18 011 814 Childrens Services</p>	<p>The complainants, Mr and Mrs X, complained that the Council failed to meet the special educational needs of their son, Z, who has severe disabilities, causing him loss of much of his education for more than three years.</p>	<p>The Ombudsman found fault but noted that the Council had already issued a final EHC Plan for Z and agreed to apologise and offered to pay Mr and Mrs X £5,300 to cover Z’s loss of education and their loss of respite and family time for the Council taking longer than necessary to make arrangements for direct payments for a respite break.</p> <p>The Council also agreed to:</p>

		<ul style="list-style-type: none"> • remind staff dealing with complaints that have a children’s social care element, that, if they are amalgamating them with SEN or other matters, the whole complaint should be considered under the procedure laid out in Getting the Best from Complaints 2006; • review how the SEN and Disabled Children’s Services department communicates with parents; and arrange appropriate training for staff; and • remind all SEN staff who are responsible for annual reviews of EHC Plans that they must ensure proper records of the reviews are kept, including where they have had to chase schools when paperwork is not forthcoming.
<p>19/009/590 Childrens Services</p>	<p>The complainant, Mr B, complains that the Council did not deal with an application for transport to school for his daughter properly. Mr B alleged that the Council had not properly considered the distance his daughter would have to travel and has not properly considered his representations about safety which resulted in his daughter being wrongly denied transport assistance.</p>	<p>The Ombudsman found fault and the Council agreed to measure the distance of the actual safe walking route Mr B’s daughter was expected to take, and in the event that the distance was found to be over three miles to provide Mr B’s daughter with school transport.</p> <p>If it is found that the distance if over three miles the Council agreed that it would refund Mr B’s travel costs for his daughter since she started attending the school. In addition to Council agreed to review its policy regarding how it uses GIS to measure distances, particularly in marginal cases where distance calculations are disputed.</p>

<p>18/000/932 Childrens Services</p>	<p>The complainant, Mrs X, complained that the mainstream schools that her son, Y, attended were not appropriate for him, that he had been discriminated against, that one school had provided incorrect information about him, that he had not received an education from 2009 to 2014 and he had not received the special educational needs support that he was entitled to while he was not attending school.</p>	<p>A full report on this case was considered by the Governance Ethics and Standards Committee at its meeting on 3 October 2019.</p>
<p>18/006/872 ETE</p>	<p>The complainant, Mrs C, says the Council failed to ensure a local footpath was free from obstructions and to prevent the use of dangerous machinery on it.</p>	<p>The Ombudsman found fault with the Council for the delay and for it refusing to process Mrs C's notification of obstruction. The Ombudsman recommended that the Council should apologise to Mrs C and pay her £250.</p> <p>The Ombudsman also recommended that the Council should decide how to bring this matter to a conclusion and inform Mrs C and the Ombudsman of a timetable for action and examine its processes to see how it could prevent staff turnover from causing similar failures in the future.</p>

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DERBYSHIRE COUNTY COUNCIL

22 October 2020

GOVERNANCE, ETHICS AND STANDARDS COMMITTEE

Report of the Chairman of the Member Development Working Group

Report on the activities of the Member Development Working Group

1. Purpose of the Report

The terms of reference of the Committee, as detailed in Article 11 of the Council's Constitution, set out that the Committee should receive regular reports from the Member Development Working Group on its work and activities around member development and training. This should be a standing item on the Committee's agenda.

2. Information and Analysis

The main focus of the Working Group's activities during 2020 has been:

(a) The Member Development Strategy

Effective Member development is integral to achieving the Council's ambition and priorities. The strategy aims to provide clear direction and purpose in respect of learning and development in order to achieve:

- Motivated and skilled Members of the Council
- A consistent approach to Member learning and development
- Equality of opportunity
- Well-equipped Members who are confident and able to carry out their roles effectively

The Strategy therefore, sets out a planned approach to how the Council will support its Members and provide them with learning and development opportunities to embrace challenges and assist them in effectively fulfilling their individual, collective and community roles.

The Council recognises that it is essential to support, develop and encourage its Members and that continuous development is vital to ensure that Members update their knowledge and learn new skills to enable them to play an effective role in local government. The Strategy sets out the Council's objectives for Member learning and development and how those objectives will be achieved.

The Strategy has been developed through the Member Development Working Group and in consultation with Members from across all groups. Each political group has identified a Group Member Development Champion and the Chairman of the Member Development Working Group will undertake the role of Member Development Champion for the whole Council. The Cabinet Member for Corporate Services has responsibility for Member Development and is a member of the Working Group and acts as the Member Development Champion within Cabinet. Member Development is now a standing item on the agenda of political group meetings.

As Member's will be aware, the Strategy was formally adopted by Full Council at its meeting held on 16 September 2020 and work is under way to implement the necessary actions in order to gain Member Development Charter accreditation. This work will include the activities detailed below.

(b) Derbyshire Learning Online (DLO)

Options for the 'architecture' of an elected Members only area have been considered by MDWG and a preferred model has been agreed. The Members area will create a 'one stop shop' for Member Development courses and resources including the Skills Matrix. Work is now underway to develop content and enable DLO to 'go live' as soon as possible now the Strategy has been adopted. Further developments will be on-going to develop and update content. Training on accessing and using the Member area will be developed and offered to all Members.

(c) Member Development Skills Matrix

The agreed Skills Matrix will be made available to elected Members via the Members area of DLO. It identifies the 'core' skills and knowledge, including specific development that is mandatory, as relevant to the different Member roles. It will provide the template for Member Development Plans, support the Training Needs Discussion (TND) process and inform the 2021 Post-election Induction design. Additional development opportunities, not defined within the skills matrix, will be made available as and when appropriate.

(d) Training Needs Discussion

As part of the implementation of the Strategy, Members will be offered an annual TND. TNDs will be facilitated by trained officers from within Democratic Services and Learning & Development. Facilitator training will be developed, officers/facilitators identified and trained so they can offer and undertake TNDs with Members. The Skills Matrix will be a key tool against which the current and aspirational training needs of Members will be identified. It will be particularly important in the period following the 2021 County Council elections when it will be essential that the training needs of all Members are captured.

(e) Pre and post Election Induction

A key element of the Strategy is the development of effective pre and post-election induction for Members.

In terms of pre-election induction, the Working Group is currently working on enhancing the existing information provided to potential candidates on the Council's website. Plans are also in hand to include a number of case studies of current county councillors under the themes: 'Day in the life' and 'Why I became a county councillor'. A video is also being produced to explain what the work of a county councillor entails.

The Working Group is also overseeing the development of a post-election induction programme. Taking on board the feedback from the Member Development Day held in February 2020, the intention is to develop a programme which is flexible and best meets the differing needs of Members.

(f) Elected Member Well-being Pulse Survey

As Members will be aware the Council has recently undertaken a Pulse Survey of Members which followed a similar exercise for officers. The purpose is to capture the experiences of Members as they fulfilled their Council duties in Covid lockdown conditions. The results are being considered by MDWG, and this will identify areas where the Council can offer greater support to elected Members in discharging their role going forward.

3. Legal Considerations

None.

4. Other considerations

In preparing this report the relevance of the following factors have also been considered: prevention of crime and disorder, equality and diversity, human resources, environmental, health, property and transport consideration.

5. Background Papers

Member Development Strategy.

6. Recommendations

To note the report.

Councillor G Musson

Chairman of the Member Development Working

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