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Portsmouth CITY COUNCIL

Title of meeting:	Resources Portfolio Decision meeting
Subject:	Portsmouth and South East Hampshire Coroners Update
Date of meeting:	9th October 2018
Report by:	Director of Culture & City Development
Wards affected:	N/A

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1. Requested by:

1.1 Cabinet Member for Resources: Councillor Jeanette Smith

2. Purpose

2.1 The purpose of this report is to update the Cabinet Member for Resources:

- on the service improvements undertaken since the Cabinet report of 12th October 2017.
- on further developments planned for the coroners service enabled by the relocation to the civic offices

3. Information Requested

An update on the recommendations listed in the October 2017 cabinet report is as follows:

3.1 Benchmarking and standards

3.1.1 The Portsmouth and South East Hampshire Coroner's area covers the areas of Portsmouth, Gosport, Fareham, Havant and East Hampshire Councils. The total population served exceeds 650,000.

3.1.2 The number of deaths reported to the Coroner is significant with approximately 3000 annually and despite the smallness of the area, its demographic makeup results in the Coroners workload exceeding many entire counties such as Berkshire or Worcestershire.

3.1.3 Following the transfer of the service from HCC to PCC management significant improvements in overall timeliness have been achieved:

The turnaround targets for non-Inquest cases are now exceeded virtually 100% of the time and the target for completion of Inquest cases within a year is being met with improvements year on year. This has been achieved against a background of 2676 deaths being reported during 2017.

	2014	**2015**	**2016**	**2017**
Deaths reported	2877	3216 (Increase of 11.78%)	3412 (Increase of 6.09%)	2676 (Decrease of 21.57%)
PM's performed	1142	1203 (Increase of 5.34%)	1140 (Decrease of 5.23%)	1044 (Decrease of 8.42%)
Inquests held	366	390 (Increase of 6.55%)	686 (Increase of 75.89%)	395 (Decrease of 42.42%)
Number of Dols cases	23	158 (Increase of 586.95%)	339 (Increase of 114.55%)	82 (Decrease of 75.81%)
Inquests opened	230	479 (Increase of 108.26%)	598 (Increase of 24.84%)	358 (Decrease of 40.13%)
Inquests not completed in 12 months	7	12 (Decrease of 17.76%)	9 (Decrease of 18.8%)	8 (Decrease of 11.11%)

3.1.4 An important factor in this significant improvement has been the positive impact on the Coroner's staff of support from PCC, a view that the Coroner shares. Everyone is working together to improve the quality of customer service and the target is for Portsmouth and the South East to be in the top quartile of the national statistical league on a consistent basis.

3.1.5 Inevitably certain cases will always take a long time to conclude, delays caused by late submission of evidence by pathologists and others can contribute to this issue. In some cases ongoing police investigations can have a major impact on the timeliness of the inquest. This problem is not unique to Portsmouth, it affects coroners everywhere.

3.2 Joint supervision

3.2.1 The joint supervision continues to work well and improvements have been seen such as electronic transfer of documents between the Coroner's Service and the Registration Service. This has benefitted the public by giving them a swifter registration process.

3.2.2 As the Coroner does not line manage staff, the Superintendent Registrar was introduced into the structure to support the service and help them in their operational management. There have been a number of benefits from this

additional support ranging from, improvements in communication between the services, standardising HR processes and embedding corporate process. As the Superintendent Registrar cannot be on site on a daily basis we have recruited a Team Leader at the Coroner's Service. The Team Leader is responsible for overseeing the day to day supervision of the staff, allocating the caseload, holding regular team meetings and giving on-site support to the staff. The Superintendent Registrar remains responsible for budgets and overall strategy.

3.3 Further development and improvement in new technology

3.3.1 The toxicology contract was awarded to a new service provider in May 2017. This has been working well and has already brought in savings of approximately £10k.

3.3.2 We have now successfully transferred all Coroners data from the IRIS system which was hosted by HCC - to the WPC system. We were the first in the country to implement this system and it is now the preferred option of most Local Authorities. WPC has provided the following benefits:

- The WPC system will provide further developments with QAH for electronic death referrals. This will make significant staff time savings for both PCC and the NHS. We plan to have this is place by the end of the year. There has been a delay due to some technical issues which still need to be ironed out.
- Ability to produce more detailed statistical report. The time it takes to run quarterly figures, figures for destruction of histology and figures for suicide and drugs death audits has been significantly reduced as has the annual Ministry of Justice report which used to take weeks to prepare. This can now be produced within the required eight week timeframe.
- Complete electronic files for non-inquest cases (which was not possible prior to WPC) this equates to 3902 cases since the introduction of WPC, which are solely electronic records and would have previously had paper files. This obviously is a reduction in paper and printing costs, also space for archiving, but also for the time it takes to look up case data with it all being to hand rather than having to refer to hard copies which are filed away.
- Auto-fill of forms and documents which are sent to stakeholders, reducing the time it takes to prepare such documents and the decrease in clerical errors.
- Audit abilities to track how many cases each officer has at any one time and at what status they are at. This has proven to be extremely useful as the Coroner's Service currently have one member of staff on long term sick leave.
- Live caseload data, so that officers do not have to rely on their own spreadsheets to track their work
- Electronic tasks and notifications to alert officers of what they need to do.
- The ability to log on remotely, so that the Coroner can still provide authorisation and advice when he is not in the office. The Coroner continues to find this extremely useful.
- Reduction in photocopying and easier to provide advanced disclosure to interested parties.

- The WPC system has been adopted by other districts including Hampshire and the Isle of Wight. This allows for the possibility of cross border working, which would be particularly useful in the case of a major event.

3.3.3 Now that the system is in place and the staff are familiar with it, we are engaging with QAH regarding online reporting of deaths to the Coroner. This will hugely improve the speed and efficiency of the service, which will provide benefits to the public, PCC and the NHS trust. It is expected that we will roll this out to GP's once the system has proved to be reliable.

3.4 Review of the Service

3.4.1 The Coroner's staff were successfully TUPE'd from their respective organisations to PCC employment on 1st April 2015. Whilst the plan is to harmonise all staff under PCC terms and conditions, under TUPE regulations terms and conditions can only be changed if there is a specific reason (Economical, Technical or Organisational) that would require a contractual amendment. We are working with HR, the Coroner and the new Team Leader to undertake a review of the whole service, to ensure that we are working at the correct staffing levels and offering best value for money as a service.

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Signed by:

Director of Culture & City Development

Appendices: None

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Management and location of Coroners Service to within Portsmouth city council	PCC website : Cabinet report 6th November 2014