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Havering
LONDON BOROUGH

PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm	Thursday 19 March 2026	Appointment Centre Room 7 & 8, Town Hall, Romford

Members 9: Quorum 3

COUNCILLORS:

Conservative Group (3)	Havering Residents' Group (4)
Jason Frost (Chairman) Judith Holt Jacqueline McArdle	Sarah Edwards Robby Misir Christine Smith Jacqueline Williams
Labour Group (1)	**East Havering Residents Group (0)**
Frankie Walker (Vice-Chair)	Vacancy

CO-OPTED MEMBERS:

Statutory Members representing the Churches	Statutory Members representing parent governors	Non-voting Members
Jack How (Roman Catholic Church)	Julie Lamb, Special Schools	Ian Rusha (NEU)

For information about the meeting please contact:
Luke Phimister
01708 434619 luke.phimister@havering.gov.uk

Please would all Members and officers attending ensure they sit in their allocated seats as this will enable correct identification of participants on the meeting webcast.

Under the Committee Procedure Rules within the Council's Constitution the Chairman of the meeting may exercise the powers conferred upon the Mayor in relation to the conduct of full Council meetings. As such, should any member of the public interrupt proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room and may adjourn the meeting while this takes place.

Excessive noise and talking should also be kept to a minimum whilst the meeting is in progress in order that the scheduled business may proceed as planned.

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?
Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

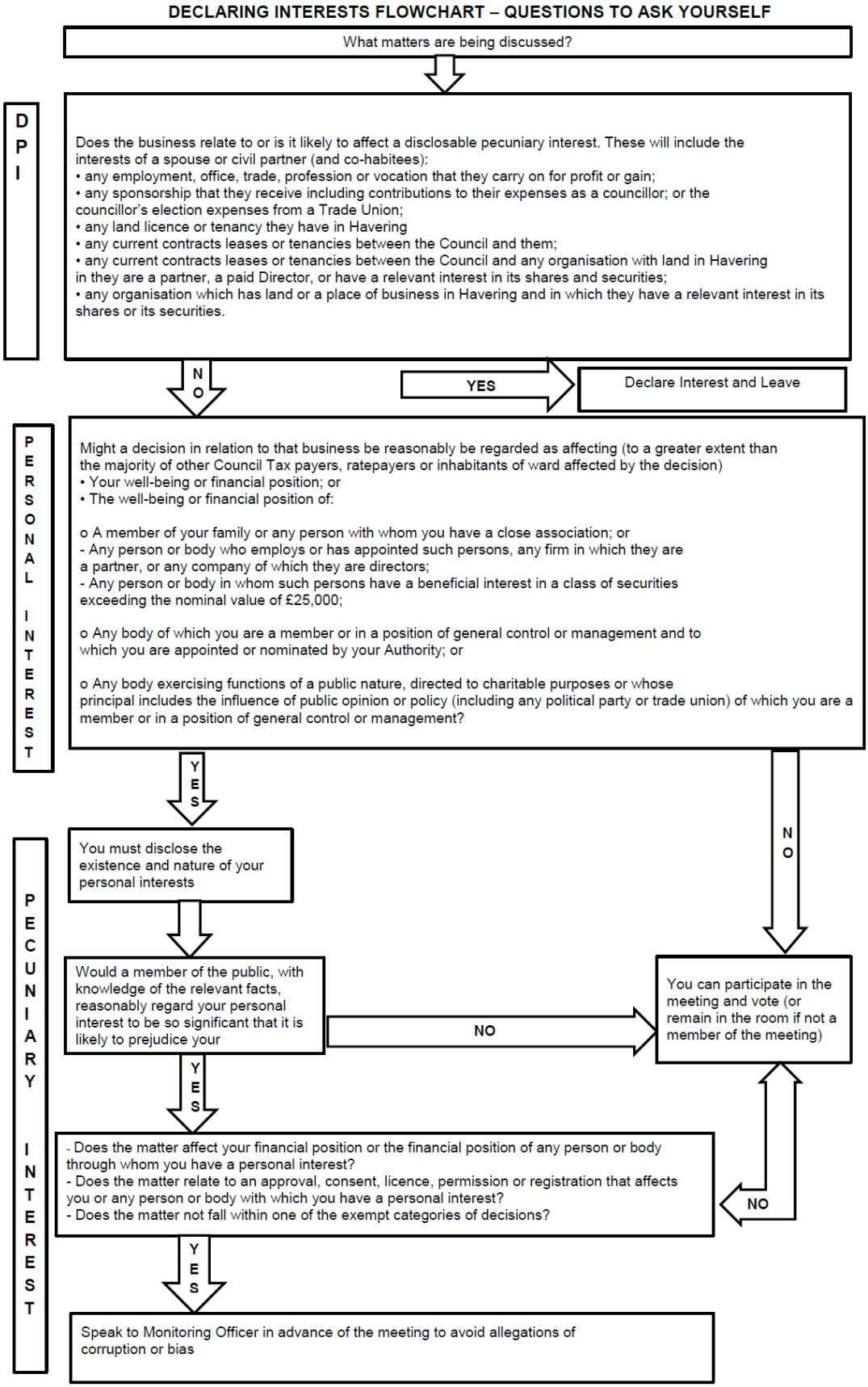
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Drug, Alcohol & sexual Services
- Health & Wellbeing
- Health O & Scrutiny
- Adult Care
- Learning and Physical Disabilities
- Employment & Skills
- Education
- Child Protection
- Youth Services

- Fostering & Adoption Services
- Education Traded Services
- Early Years Services
- Looked after Children
- Media
- Communications
- Advertising
- Corporate Events
- Bereavement & Registration Services
- Crime & Disorder


DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF
What matters are being discussed?
DPI
Does the business relate to or is it likely to affect a disclosable pecuniary interest. These will include the interests of a spouse or civil partner (and co-habitees):
• any employment, office, trade, profession or vocation that they carry on for profit or gain;
• any sponsorship that they receive including contributions to their expenses as a councillor; or the councillor's election expenses from a Trade Union;
• any land licence or tenancy they have in Havering
• any current contracts leases or tenancies between the Council and them;
• any current contracts leases or tenancies between the Council and any organisation with land in Havering in they are a partner, a paid Director, or have a relevant interest in its shares and securities;
• any organisation which has land or a place of business in Havering and in which they have a relevant interest in its shares or its securities.
NO
YES
Declare Interest and Leave
PERSONAL INTEREST
Might a decision in relation to that business be reasonably be regarded as affecting (to a greater extent than the majority of other Council Tax payers, ratepayers or inhabitants of ward affected by the decision)
• Your well-being or financial position; or
• The well-being or financial position of:
o A member of your family or any person with whom you have a close association; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
o Any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your Authority; or
o Any body exercising functions of a public nature, directed to charitable purposes or whose principal includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management?
YES
NO
PECUNIARY INTEREST
You must disclose the existence and nature of your personal interests
Would a member of the public, with knowledge of the relevant facts, reasonably regard your personal interest to be so significant that it is likely to prejudice your
NO
You can participate in the meeting and vote (or remain in the room if not a member of the meeting)
YES
- Does the matter affect your financial position or the financial position of any person or body through whom you have a personal interest?
- Does the matter relate to an approval, consent, licence, permission or registration that affects you or any person or body with which you have a personal interest?
- Does the matter not fall within one of the exempt categories of decisions?
NO
YES
Speak to Monitoring Officer in advance of the meeting to avoid allegations of corruption or bias

Principles of conduct in public office

In accordance with the provisions of the Localism Act 2011, when acting in the capacity of a Member, they are committed to behaving in a manner that is consistent with the following principles to achieve best value for the Borough's residents and to maintain public confidence in the Council.

SELFLESSNESS: Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

INTEGRITY: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

OBJECTIVITY: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

ACCOUNTABILITY: Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

OPENNESS: Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

HONESTY: Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

LEADERSHIP: Holders of public office should promote and support these principles by leadership and example.

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

To receive (if any)

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 9 - 24)

To approve as a correct record the Minutes of the meetings of the Committee held on 21st October 2025, 6th November 2025 and 13th January 2026 and authorise the Chairman to sign them

5 DEFIBRILLATORS IN HAVERING - HEALTHWATCH HAVERING (Pages 25 - 44)

Documents attached

6 ANNUAL COMPLAINTS AND COMPLIMENTS (Pages 45 - 102)

Documents attached

Zena Smith
Head of Committee and Election Services

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MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Council Chamber - Town Hall
21 October 2025 (7.02 - 9.52 pm)

Present:

COUNCILLORS

Conservative Group	Jason Frost (Chairman) and Judith Holt
Havering Residents' Group	Robby Misir, Christine Smith and Jacqueline Williams
Labour Group	Frankie Walker (Vice-Chair)
East Havering Residents Group	Vacanct

Also present at the meeting were Councillor Ray Morgon Leader of the Council and the Chief Executive.

The Chairman reminded Members of the action to be taken in an emergency.

7 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

An apology for absence was received from Councillor Laurance Garrard.

8 **DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

9 **LAUNDERS LANE**

The Chair welcomed the Leader of the Council and Chief Executive to the special meeting.

A joint meeting of the People and Place Overview & Scrutiny Sub-Committee was organized in response to a motion on Arnold's Field agreed by Full Council.

The joint sub-committee received a report that describes the history of Arnold's Field, the investigations initiated by the Council in response to the fires on the site and proposed options to stop the fires currently under consideration.

The Joint Sub-Committee received a comprehensive update on the history and current status of the Launders Lane site, including previous enforcement actions, judicial reviews, and the recent designation of the land as contaminated.

It was noted that the site was legally mined for extraction purposes in the 1960s. In 1999, permission was granted for the land to be filled and returned to the community however this did not occur. Instead, the landowners at the time allowed further activity on the site. Enforcement notices were subsequently served on the landowners, who challenged them in court but lost. Continued activity on the site was dismissed in 2005 and again in 2011. It is believed that no additional dumping occurred after that period, although there was significant movement on the site. Eventually, the land was altered through various expenses. During this time, the Environment Agency successfully prosecuted the company involved.

It was noted that in 2017, the site was acquired by MC Essex through auction. By 2019, there were more than five fires reported on the site, and in 2022, air quality monitoring measures were introduced. Evidence began to be gathered in 2023, including intrusive soil investigations carried out on behalf of the Council. In 2024, a nuisance abatement notice was issued against the landowners but later withdrawn to allow collaborative work toward a solution. The Council determined in 2024 that the land was not contaminated under the relevant parts of the Environmental Act, this decision was judicially reviewed, and the outcome was issued earlier this year. The Joint Sub-Committee noted that last week, the Council made a new Part 2 decision, as previously indicated, incorporating judicial review outcomes and engagement with landowners prior to public announcement.

The 2017 contaminated land inquiry had identified asbestos, hydrocarbons, and other substances, marking the site for future investigation. It was clarified that contamination alone does not necessarily mean the land is designated as contaminated, a pathway for contaminants to leave the site must exist. The 2024 decision concluded the land was not contaminated but judicial review introduced new considerations, including smoke as a contaminant which had not previously been addressed in legislation. This led to the recent Part 2 decision, supported by published evidence and local investigations. All associated documents have been published on the Council's website.

It was stated that discussions are ongoing with landowners regarding remediation. Members noted that declaring the land contaminated does not automatically stop fires or their impacts, permanent solutions are being explored. The Council will decide whether remediation will be voluntary or enforced through statutory notices.

The Council's approach this time was narrower, focusing on whether residents were exposed to specific substances. Initial reports did not find toxic substances above unusual levels. However, following judicial review, the Council adopted a broader view, considering smoke impacts and overall

health implications. Evidence included local monitoring, judicial review findings, published research on air pollution and wildfires, recommendations from authorities, and residents' reports. Potential impacts identified include risks to firefighters, public access, traffic accidents due to smoke, and strain on fire service resources. Short-term air pollution effects were noted, including increased respiratory risks.

Officers explained the legal framework, the requirement for engagement with landowners, and the steps taken to gather evidence on health impacts, such as air quality monitoring and GP attendance data. It was confirmed that smoke from fires constitutes a contamination pathway, setting a significant precedent.

Members expressed concerns about health implications for residents, particularly vulnerable groups and children, and stressed the need for proactive communication and monitoring of long-term health impacts. Suggestions included collaboration with external experts and London Fire Brigade to share data and provide guidance on health checks. Financial and legal implications of remediation were discussed, including potential costs of up to £10 million for capping solutions, risks of landowner non-cooperation, and the possibility of compulsory purchase orders. Officers outlined remediation options, including long-term engineering solutions and short-term measures such as polymer-based capping to prevent fires before next summer.

Planning considerations were highlighted, including the site's Green Belt designation and the landowner's interest in redevelopment. Members emphasized separating planning decisions from remediation requirements and requested clarity on timelines for engagement and enforcement. Concerns were raised about communication delays regarding the contaminated land decision, and officers committed to improving transparency and providing clear action plans.

The Chair invited three contributions from members of the public regarding the report, speakers represented local community and environmental groups and expressed strong concerns about the ongoing issues at Launders Lane.

A representative of Rainham Against Pollution (RAP) described the poor condition of the land and criticized the lack of enforcement following previous directives from the Secretary of State, which required the land to be restored to agricultural quality. The representative highlighted severe health impacts on residents caused by recurring fires, citing examples of individuals suffering from COPD, cancer, and repeated respiratory infections. The RAP representative referenced recent research indicating that PM2.5 pollutants can attach to red blood cells, causing systemic health damage, and called for long-term health planning, including potential mass screening. The RAP representative also praised the Fire Brigade for their efforts despite health risks and noted that air quality monitoring by residents

often recorded PM2.5 levels far exceeding safe limits, criticizing reliance on averaged data that fails to reflect short-term spikes.

The Havering Friends of the Earth representative emphasised that unregulated dumping on private land is not a new problem in the borough. She shared historical examples of similar issues in South Hornchurch and Rainham Riverside where successful remediation had been achieved and questioned why lessons from these cases had not been applied to Launders Lane. The Representative criticised the delays in addressing the problem which have caused significant hardship for residents and urged the Council to review previous remediation strategies and improve its approach to dealing with private landowners.

A local resident speaking on behalf of Rainham Children expressed deep concern about the health impacts on vulnerable groups, particularly children. They criticised the historic lack of decisive action and reliance on annualized data that overlooks short-term pollution spikes. While commending the Council's recent announcement as a vital step forward, the speaker stressed that residents have endured years of exposure to PM2.5 levels exceeding DEFRA and WHO limits. They referenced expert testimony and the landmark High Court judgment in the case of Ella Adoo-Kissi-Debrah, which recognised air pollution as a cause of death and identified smoke as a plausible contamination pathway, setting a nationwide precedent for statutory accountability. The local resident described the situation as a health crisis, citing risks of respiratory and cardiovascular disease, dementia, and mental health issues, and called for urgent action to protect children and other vulnerable residents. They concluded by affirming that clean air and a healthy environment are fundamental human rights and pledged continued campaigning for environmental justice, including support for "Zane's Law."

The Sub-Committee noted that public contributions strongly highlighted the urgency of taking action, highlighting severe health impacts on residents and calling for the establishment of statutory registers of contaminated land. Members acknowledged these concerns and agreed that decisive leadership and timely remediation measures are essential to safeguard public health.

The Chair invited representatives from the London Fire Brigade (LFB) and the Environment Agency (EA) present to provide further comments.

The LFB representative expressed sympathy for residents affected by smoke and thanked firefighters for their continued efforts in challenging conditions. It was noted that Launders Lane presents significant operational difficulties due to deep-seated fires and unstable ground, which restrict safe access. The Brigade has attended every reported fire, making risk-based assessments at each incident. Since 2017, the representative has personally spent nearly 100 hours on-site as an incident or functional commander. In 2022, tactical changes were introduced to protect firefighter safety, including limiting direct access and adopting controlled burns where

necessary. These decisions were made in consultation with the Environment Agency and specialist officers. The representative explained that smoke behaviour varies with air pressure, sometimes causing greater impact on residents during early morning hours. Firefighters now use enhanced protective measures, including respiratory equipment within 400 meters of the site, and the Brigade continues to work closely with the Council and unions to develop safe and effective strategies. The representative emphasised the seriousness of the issue which occupies a significant proportion of their time, and reaffirmed their commitment to transparency and engagement with councillors and residents.

The Environment Agency representative acknowledged the significant challenges posed by the site and confirmed that similar issues have been encountered elsewhere in the country. The Agency has previously taken enforcement action including prosecutions resulting in custodial sentences in 2014 but noted that historic waste deposits complicate liability and remediation. The EA continues to work in partnership with the Council, providing technical guidance and monitoring water quality and environmental risks. It was noted that National landfill experts have been engaged to advise on potential solutions. The representative recognised progress made compared to previous years but stressed that resolving the problem will require sustained collaboration and cannot be achieved overnight.

Key Recommendations Agreed by the Joint Sub-Committee

1. Engagement Strategy
    a. Develop a clear engagement strategy with residents and stakeholders, including timelines and communication protocols.

2. Health Monitoring and Communication
    a. Create an action plan for detecting and monitoring long-term health impacts.
    b. Develop a proactive communications plan advising residents on air quality risks and encouraging health checks.

3. Legislative Lobbying
    a. Lobby the government to tighten contaminated land legislation, specifically to include smoke as a contamination pathway.

4. Legal Advice
    a. Seek legal opinion on the Council’s potential liability for future health impacts and associated costs.

5. Data Sharing Partnership
    a. Establish a data-sharing partnership with the Fire Brigades Union to access research and health impact data.

6. Environmental Measures
    a. Explore cutting back vegetation on the site to reduce fire risk.

7. Transparency on Timelines
    a. Provide residents with indicative timelines and decision-making flowcharts for remediation steps.

8. Financial Preparedness
    a. Assess financial implications and options for securing costs if the landowner defaults, including legal charges on the land.

Chairman

MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Appointment Centre Room 7 & 8 - Town Hall
6 November 2025 (7.01 - 8.05 pm)

Present:

COUNCILLORS

Conservative Group	Jason Frost (Chairman)
Havering Residents' Group	Christine Smith and Jacqueline Williams
Labour Group	Frankie Walker (Vice-Chair)
Also Present:	Ian Rusha (NEU)

1 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman reminded Members of the action to be taken in an emergency.

2 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received for the absence of Councillors Robby Misir and Lamb.

3 **DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

4 **MINUTES**

The minutes of the previous meeting held on 15th July were agreed as a correct record and were signed by the Chairman.

5 **CORPORATE PARENTING STRATEGY**

The Committee received the updated Corporate Parenting Strategy.

Members noted it was a wholly co-designed document developed with children in care and care-experienced young people through multiple focus groups. The strategy aligned with statutory duties under the Children and Social Work Act 2017 and set out a pledge structured around W.I.S.T; Well, Inspired, Safe, Heard, Treated fairly. Officers explained it formed the thematic basis for the Corporate Parenting Panel which meets six times per

year. Members praised the co-design approach, however, a drafting point was raised to clarify references to sub-groups in the published version. An easy-read, child-friendly design was noted as forthcoming which members praised also.

The Committee **endorsed** the strategy and recommended approval by Cabinet.

6 REVIEW OF FOSTER CARER ALLOWANCES

The Committee was presented with a review of foster carer allowances.

Members noted the document compared Havering against neighbouring boroughs and the national minimum expectation, noting a national shortage of foster carers, cost-of-living pressures, and the need to strengthen in-house provision to reduce reliance on residential settings and independent fostering agencies. Officers addressed a previous imbalance in rates, particularly for 16–17-year-olds, and linked it to sufficiency planning and recruitment targets. Officers described participation in the DfE/ North East London fostering recruitment hub and the Mockingbird support model. The Committee discussed annual up-rating practices, finance growth assumptions for the next year, competition from IFAs' marketing, and the ongoing judicial review of foster carers' employment status.

The Committee **recommended** that as part of the annual review, Cabinet should recognise the National Minimum Allowance as the floor (starting point) in any allowances discussion. The motion was seconded and carried unanimously.

Subject to the above recommendation, the Committee **endorsed** the policy and recommended approval by Cabinet.

7 VULNERABLE PERSON POLICY FOR COUNCIL TENANTS (2025)

The Committee received the Vulnerable Person Policy for Council Tenants.

Officers explained it was required by the Regulator of Social Housing, framed by consumer standards and building-safety duties. The policy defined vulnerability and set out mechanisms for identifying, recording, and using vulnerability data to tailor services across households, not just the named tenant. Delivery elements included mandatory safeguarding and identification training for staff, role adaptation for Intensive Housing Needs and Holding Officers, clear processes on data maintenance, and practical reasonable service adjustments, for example, waiting longer at the door, pre-visit calls and alternative communication methods including requirements for contractors to comply also. Members queried resourcing and assurance to which officers confirmed continuous demand-and-supply reviews would take place alongside cross-council collaboration and a communications plan to raise awareness and facilitate access.

The Committee **endorsed** the policy and recommended approval by Cabinet.

8 HAVERING EMPLOYMENT CHARTER FOR AUTISTIC PEOPLE AND PEOPLE WITH LEARNING DISABILITIES

The Committee received the proposed Employment Charter.

Members noted that it was an aspirational, strategic framework to reduce employment inequality for autistic people and people with learning disabilities. Officers highlighted the significant employment gap, at only roughly 4.8% of people with learning disabilities in paid work across England, and the Council's intent to lead by example within the constraints of the current finances. Officers explained they sought to embed the Charter within HR recruitment and selection policies. Members asked about join-up with schools, adult colleges, apprenticeships and internships to which officers confirmed there would be Children's Services representation along with a focus on transition to adulthood, employment, and travel training. Members requested a tightening of language, specifically around references to "positive discrimination" and "continuous assessment", to ensure legal robustness and equity in resourcing. Officers agreed to review wording with Legal and HR and return the revised text to the Chair for sign-off prior to Cabinet submission.

Subject to the agreed wording changes the Committee **endorsed** the Charter and recommended approval by Cabinet.

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Chairman

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MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Appointment Centre Room 7 & 8, Town Hall, Romford
13 January 2026 (7.00 pm)

Present:

COUNCILLORS

Conservative Group	Jason Frost (Chairman) and Judith Holt
Havering Residents' Group	Robby Misir and Christine Smith
Labour Group	Frankie Walker (Vice-Chair)

All decisions were taken with no votes against.

9 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman reminded Members of the action to be taken in an emergency.

10 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received for the absence of Councillors Jacqueline Williams and co-optee Julie Lamb.

11 **DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

12 **MINUTES**

The minutes of the previous meeting held on 16th September 2025 were agreed as a correct record, subject to the addition of Ian Rusha to those present.

13 **BHRUT WINTER DEMAND MANAGEMENT**

The Sub-Committee received a presentation on the winter demand within BHRUT.

Officers provided a detailed overview of the unprecedented winter pressures facing the Trust. It was reported that attendance at Queens Hospital A&E continued to break records each month. Although the department had originally been designed for approximately 325 attendances per day, it was

now frequently dealing with nearly double that number, resulting in severe overcrowding and increasing reliance on corridor care. It was stressed that the current estate was no longer fit for purpose and that the Trust remained committed to securing the £35 million funding required for the long-planned redevelopment of the emergency department.

It was also described that challenges had been faced due to a significant rise in flu cases, with several wards occupied by flu-positive patients. A further three to four wards were filled with patients awaiting onward community support. Staff were additionally adjusting to the recent implementation of the new Electronic Patient Record, which had initially slowed administrative processes but was expected to stabilise and soon improve performance.

Mental-health-related attendances were also continuing to increase with A&E becoming a default place of safety for many patients. Officers then highlighted the recent move of dialysis services from Queens to St George's, which had created a calmer, more appropriate environment for patients while releasing vital space for future A&E expansion.

During discussion, Members raised concerns about nursing home conveyances, noting that some care providers appeared to be defaulting to ambulance calls rather than carrying out initial triage. Questions were also asked about awareness of the frailty advice line and whether key partners, including care homes, had been provided with correct communication materials. Members sought further clarification regarding the operational status of King George Hospital, the short-term impact of the EPR rollout on waiting times, and the extent to which care-package approvals by the local authority contributed to delays to discharge.

Officers confirmed that communication relating to the frailty advice line would be refreshed and redistributed, including posters and digital notices. They reaffirmed that King George Hospital remained a fully functioning 24-hour A&E and was strategically used to alleviate pressure on Queens. Members were advised that the initial slowdown linked to the EPR rollout had largely been resolved and there should not be any further effects on long-term performance.

The Committee noted the report and made no recommendations.

14 HEALTHWATCH HAVERING ANNUAL REPORT & SAME DAY ACCESS REPORT

The Sub-Committee received a the Healthwatch Havering Annual Report for 2024/25 and Same-Day Access report.

Officers explained that Healthwatch had engaged with a substantial number of residents throughout the year and had published ten reports on local health and social care issues. Officers described the long-term development of the St George's Health and Wellbeing Hub which had taken many years

to bring into operation and had only narrowly proceeded due to late-stage hesitation from central government.

Officers then summarised findings from A&E patient surveys, noting a high proportion of patients who had been sent to A&E by their GP or who had attended because they could not get a GP appointment. Concerns were raised about under-utilisation of alternatives such as Urgent Treatment Centres. Officers also emphasised that despite over 200 defibrillators being registered in the borough, fewer than a quarter were publicly accessible. Healthwatch had successfully persuaded two churches to install publicly available units, and further outreach work, especially in schools, continued.

The Sub-Committee was then presented with the Same-Day Access report. It highlighted that awareness of GP hubs among residents remained low. Many practices either lacked a dedicated website or provided minimal information on booking systems and urgent care options. Residents often found it difficult to reach some hub sites using public transport, which reduced the uptake of available appointments. Members noted that GP reception teams did not consistently signpost patients to same-day hubs, even where appropriate.

Members asked questions about GP referral behaviour, communication with patients, and the accessibility of hubs across the borough. Officers acknowledged that engagement varied significantly between GP practices, with some more receptive to change than others. Members were pleased to hear officers retained confidence that the NHS North East London team would consider Healthwatch's findings when improving the model.

The Sub-Committee noted the report and made no recommendations.

15 **ADOPTION OF THE NEW EDUCATION & EMPLOYMENT SKILLS STRATEGY - PRE-DECISION**

The Sub-Committee received the proposed Education, Employment and Skills Strategy.

Officers outlined that the strategy focused on adults aged 18+ and aligned closely with the borough's Inclusive Growth and Social Value strategies. It was stated that the strategy required no new funding, being fully supported through existing grants, GLA allocations and central government contracts.

It was explained that the strategy aimed to bring adult education and employment support into closer alignment, engage residents at their point of need and guide them towards qualifications, upskilling and employment. Members noted that the Havering Adult College would continue to offer a wide curriculum including digital skills, childcare, hobby learning and vocational provision up to Level 3. Provision would operate through college centres across the borough as well as through online platforms and a new centre in Upminster was expected to broaden access.

Members questioned how the strategy linked with earlier stages of education, particularly for young people aged 18–21 who had disproportionately high unemployment rates. They asked about transitions from school to employment, the role of careers advice, the use of labour-market intelligence and how employers would be involved in shaping future curriculum. Officers responded that early-years and school-age pathways were embedded within the broader education vision and that careers advice requirements for schools were well-established. They confirmed that the Council worked with the DWP, National Careers Service and local employers to analyse skill needs and match provisions accordingly. They also acknowledged that for some learners, moving from Level 2 to 3 programmes represented a substantial increase and that it should be recognised explicitly in the Strategy.

The Sub-Committee **agreed**:

1) That the Strategy should provide clearer emphasis on the concept of the step up from Level 2 to 3
2) That a key explaining suppressed ONS population-survey data should be included in the draft.

16 **APPROVAL OF THE HAVERING COMMUNITY SAFETY PARTNERSHIP PLAN 2026-29 - PRE-DECISION**

The Sub-Committee received a presentation on the new three-year Havering Community Safety Partnership Plan.

Officers explained that the Plan had been developed using data from the 2024 Strategic Assessment, a multi-agency workshop and an eight-week public consultation. The recommended priorities for the next three years were reducing violence; tackling violence against women and girls, reducing reoffending, addressing anti-social behaviour, tackling acquisitive crime and improving feelings of safety across the borough.

Members noted that the nature of ASB had changed in recent years, with some social housing providers reducing their ASB staffing which made early intervention more difficult. Officers also referred to significant increases in shoplifting which had begun to affect local businesses materially. Havering remained one of the few local authorities without a dedicated ASB team and that upcoming legislative changes in the Police and Crime Act were likely to affect local responsibilities. The importance of joint tasking between Council services, police, enforcement officers and youth teams to address complex issues was highlighted.

Members questioned whether the work of community safety risked duplicating police activity and raised concerns about fly-tipping, enforcement staffing levels and specific ward-level hotspots such as Heaton and Gooshays. Officers explained that fly-tipping was legally categorised as ASB and that, despite staffing limitations, the Council made full use of re-deployable CCTV and cross-departmental intelligence to identify perpetrators. It was confirmed that additional work was being undertaken to

target hotspot wards, with youth diversion programmes and VAWG-related support delivered in partnership with local organisations.

The Sub-Committee noted the report and made no recommendations.

Chairman

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Havering
LONDON BOROUGH

PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 19TH MARCH 2026

Subject Heading:	Defibrillators in Havering - Healthwatch Havering
Report Author and contact details:	Luke Phimister, Committee Services Officer
Policy context:	To enable the Council to scrutinise its People policy area

SUMMARY

The attached report provides the Committee with a from Healthwatch Havering on defibrillators in the Borough.

RECOMMENDATIONS

That the Sub-Committee scrutinises the report and agrees any recommendations it deems relevant and necessary.

REPORT DETAIL

Healthwatch Havering colleagues will provide detail on their recent community engagement on defibrillators in Havering.

IMPLICATIONS AND RISKS

Financial implications and risks: None for this cover report

Legal implications and risks: None for this cover report

Human Resources implications and risks: None for this cover report

Equalities implications and risks: None for this cover report

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

None.

BACKGROUND PAPERS

None

Community Engagement

Defibrillators in Havering

Review of locations and ease of access

February 2026

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your voice, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get, but you make a life by what you give.' Winston Churchill

Community engagement

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has a statutory duty to ascertain the views of health and social care services and to make them known to the commissioners and providers of those services so that they can be taken into account in the development, commissioning and delivery of services.

We do this in a variety of ways, such as surveys, interviews and focus groups.

We also participate, with other Healthwatch organisations across North East London, in the Community Insights System, which gathers views and comments on health and social care from people across the area. Intelligence gained from Community Insights is used directly in, or to inform, many of the surveys and other public engagement events that we carry out.

The results of our community engagement are shared with Havering Council, NHS North East London, NHS and other provider organisations and Healthwatch England.

Introduction

A defibrillator is a medical device that is used to restart the heart of someone who has suffered a cardiac arrest [1]. Once seen mainly in hospitals, defibrillators (also known as "defibs" or "AEDs") are now widely available in many locations, both public and private, including offices, shops, schools, places of worship and, increasingly, in stand-alone booths similar to old-fashioned telephone boxes. Typically available through the use of 999 calls to ambulance services, who can advise the location of the nearest defibrillator to a medical emergency that might require the use of one, these defibrillators are of a variety known as "Automatic External Defibrillator" or "AED". Unlike the more specialised defibrillators used in hospital, use of these devices requires no special clinical

[1] "Cardiac arrest" can occur as the result of both an acute illness or a long-term condition, including where an implantable defibrillator has been surgically implanted.

knowledge or training: they give pre-recorded, audible instructions to users and are simple to use. A poster from the Resuscitation UK illustrating the process for using a defibrillator is reproduced in the Appendix this report, which also reproduces the Resuscitation Council's advice on signposting the availability of a defibrillator.

For readers' convenience, and to avoid excessive use of initials or acronyms, in the rest of this report "defibrillators" refers specifically to "Automatic External Defibrillators" or "AEDs".

These defibrillators are not owned or provided by public health authorities: each one – including those located on high streets "phone booth"-style – is owned and provided by the person or organisation on whose premises it is located but they are generally made available for public use out of a sense of community solidarity.

The period between an individual suffering cardiac arrest and professional medical assistance reaching them is crucial to survival. Every second counts: the chances of survival reduce rapidly as time passes. Traditional Cardio-Pulmonary Resuscitation (CPR) can help prevent some deterioration – for every minute that CPR is not applied, the chances of survival decrease by 10% - but the prompt use of a defibrillator is critical if an individual is to have any chance of survival.

In August 2024, our colleagues at Healthwatch Manchester produced a report [2] on the location and availability of defibrillators in Manchester City Centre. Their report had been prompted by a report from a resident of that City who, faced with a medical emergency requiring access to a defibrillator, took 15 minutes to find one that was readily available and to get it back to the person requiring it

[2] https://www.healthwatchmanchester.co.uk/report/2024-08-15/where-it-review-informationhttps://www.healthwatchmanchester.co.uk/report/2024-08-15/where-it-review-information-accuracy-regarding-location-defibrillators-acrossaccuracy-regarding-location-defibrillators-across

(by which time an ambulance had arrived on the scene), a delay which they found traumatic.

Inspired by what Healthwatch Manchester had reported, we decided to carry out a similar review and to report our findings to local health and social care authorities and the London Ambulance Service (LAS). Fortunately, one of our volunteer members is also a senior officer in St John Ambulance and a volunteer responder for the LAS, has a passion for making defibrillators more widely available, and was keen to undertake the research needed to produce this report. The data on which this report is based is taken from The Circuit and is freely available to the public [3],[4].

The Circuit is a database on which the location and availability of defibrillators can be registered to enable Ambulance Services to identify them and to let people calling 999 know where they can be found. The Circuit is provided by the British Heart Foundation and supported by the NHS, the Resuscitation Council UK, St John Ambulance and the Association of Ambulance Service Chief Executives (AACE). Unfortunately, The Circuit does not hold the location of all available defibrillators – for example, many stations on the London Underground, London Overground and Elizabeth line networks have them but are not featured in The Circuit; and they are also found in GPs' and dental surgeries, again without necessarily being registered on The Circuit.

As this report was being prepared for publication, the Resuscitation Council issued updated guidance on the use and availability of defibrillators [5], of which account has been taken in this report.

[3] The Circuit is available at: https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators/national-defibrillator-network-the-circuit
[4] Another website with details of available defibrillators is DefibFinder: https://www.defibfinder.uk/
[5] "Public access defibrillators: A guide for communities" – The Resuscitation Council UK, 2025 https://www.resus.org.uk/about-us/news-and-events/updated-aed-guidance-empowershttps://www.resus.org.uk/about-us/news-and-events/updated-aed-guidance-empowers-communities-save-livescommunities-save-lives

The Resuscitation Council advise that around 100,000 people suffer a cardiac arrest every year, but defibrillators are used by members of the public in only 9% of those cases – or just around 9,000 get the help of a defibrillator [6].

The importance of using a defibrillator is amply illustrated in a one-minute long video from the Resuscitation Council, available on You Tube at https://www.youtube.com/watch?v=qprA0v0c6C0 (see particularly the section from 40 seconds to the end).

The review

The review was undertaken using information obtained from The Circuit's database [7]. This information is freely available; it lists all registered defibrillators, giving their location, availability and whether access to them is "public" or "restricted" (the latter being in premises not always open to the public). It should be noted, however, that many locations nominally considered "public" are in fact not necessarily easily accessible – for example, some schools say their defibrillators are "public" but access to schools is limited because of security concerns and, of course, they are generally only open from around 9am-4pm and mainly only during school term time.

Online information regarding defibrillator locations is abundant and the true source of information regarding defibrillator location and availability may not be immediately clear to the public. Moreover, LAS and other Ambulance Service call handlers may not be aware of local conditions and may inadvertently give 999 callers directions to defibrillator locations that are inaccurate (as happened in the case that triggered the Manchester report).

The Resuscitation Council's advice on signposting the location of defibrillators is set out in the Appendix to this report.

[6] See "Public access defibrillators", ibid: page 5
[7] https://www.bhf.org.uk/defibdata

Considering the nature of, and needs for, defibrillator use, accurate information regarding the whereabouts of defibrillators is clearly of paramount importance. We were not confident that The Circuit database was entirely accurate – although we stress that it is clearly much better than nothing being available! An audit process to confirm the availability of defibrillators would be advantageous – local organisations such as St John Ambulance may have a part to play in doing this, although that is outside the scope of this report.

Havering has a high population density, which is increasing year on year with new housing, businesses and public areas being developed. In the 2021 census, Havering had a population of 262,100: an increase of 10.5% over the population at the time of the 2011 census; further residential development since then has resulted in an even higher population – one consequence of which is that the local general hospital, Queen's Hospital, Romford, is having to deal with accident and emergency cases far in excess of its designed capacity. While this would not directly affect any patient taken there in need of resuscitation following cardiac arrest, any delay in defibrillation will inevitably reduce the chances of survival, so the availability of defibrillators in the community is essential.

According to the Resuscitation Council, around 80% of out-of-hospital cardiac arrest cases happen in the home environment, with 20% occurring in public spaces (and that 90% of those that happen in a public space are witnessed, compared with only 50% at home). It would be ideal, therefore, if there were a proportionate number of readily available defibrillators located across Havering, specifically in the residential areas, and especially those areas of high-density population. This is supported by recent suggestions [8] that best practice would be to have a defibrillator within 500m of any given location and deployable within 3-5 minutes.

During the course of the research for this report, it was deeply concerning to hear from Havering residents about difficulties they had faced attempting to

[8] The Resuscitation Council "A Guide to AEDs", 2019 and Science Direct, October 2025

locate defibrillators or finding them in working order when they had located them – as indicated by the following examples:

A: Defibrillator found but incomplete, with missing pads, out of date equipment or other missing items

B: Unable to get equipment due to it being stored behind locked doors, location within building not known, location was not open (such as schools, shops, offices, doctors' or dental surgeries)

C: Equipment not found or delayed access as it was not possible to locate the equipment within the building

Methodology

When we started planning this review, we used the information from the national database, The Circuit. We also reviewed a second database incorporated within the GOOD SAM app, which is a database used internationally by first responders.

It is also important to note that not all defibrillators in Havering are registered on either The Circuit or GOOD SAM and are therefore not available to first responders.

Several safety-focused organisations are urging that further legislation is considered around hosting, maintenance and other issues about defibrillators, but it is clear that such legislation will not be in place for some time and more urgent, albeit less formal, action is needed locally to improve the accessibility of defibrillators for public use.

The Circuit identified around 220 defibrillators in Havering. Owing to this large number and the inevitable resource constraints, a representable sample of 50 locations was accordingly visited in person as part of the research for this

review, together with a desk-top review of all the information provided within The Circuit.

The Circuit showed that there was a wide range of defibrillators available across the borough, and the visits confirmed that:

- they were kept in various locations, including within locked cabinets, unlocked cabinets and hanging on walls within buildings
- many were not clearly located or signed, particularly within buildings
- many were found to have limited access to the public – for example, within schools, workplaces, doctor's surgeries – where access was possible only during work hours (and therefore unlikely overnight, during weekends or on public or school holidays)

The National Resuscitation Council Guide on Public available defibrillators was also reviewed as part of this research.

During the visits, the answers to five questions were sought:

1: Is there a defibrillator at the location?

2: Is it clearly located and intact?

3: Is there a preparation kit with the defibrillator?

4: Are there staff at the location trained in its use?

5: Is there a dedicated custodian of the equipment?

Findings

The desk top review of information within The Circuit database revealed that, of the 220 registered defibrillators:

35% were in schools with limited access, and were therefore only available when the schools were open (so generally not at weekends or public holidays, during school holidays or at any time after about 4pm or before 9am)

43% were in other offices or internal locations, again with limited access and only available when the premises were open

14% only were available 24/7

8% were not actually available or were missing

Clearly, this draws the inescapable conclusion that some 86% of defibrillators in Havering do not conform to the National Resuscitation Council's guidelines for publicly available defibrillators.

Moreover, the overall number of defibrillators located near to or in residential areas is unfortunately very low, despite nationally some 80% of out of hospital cardiac arrests happening in the home.

On the positive side, of the locations visited, 92% had some staff trained in the use of the equipment. That said, a review of GOOD SAM data shows that not all defibrillators are registered on The Circuit and not all defibrillators had preparation kits with them. Although it is preferable for people to be trained in both CPR and defibrillator use, Ambulance Service call handlers are skilled at telling people on the scene how to use the equipment.

It was also noted that many defibrillators lacked signage indicating that one was available in the building or giving directions to its location, thus delaying access when time is of the essence.

Ideally, defibrillators should be kept where they are freely available, preferably in unlocked cabinets. It is accepted that doing so will not always be practicable. One risk faced by those who make defibrillators available is, sadly, that they might be vandalised or stolen. To mitigate that, there will be an understandable temptation to place them in a locked cabinet, although doing so will obviously reduce their accessibility in an emergency. Ideally, defibrillators should be kept in unlocked cabinets but, where a cabinet is locked, it should be accessible using a keycode-type lock with the appropriate code recorded on The Circuit so that call handlers can pass the details on to the person requesting access to it.

Conclusions

The review found that most defibrillator locations in Havering were accurate and accessible within the time frames stated on The Circuit but it was noticeable that not all defibrillators were registered on The Circuit and there was a lack of appropriate signage at locations or within buildings.

Furthermore, there was a low number of defibrillators available at all times, particularly within residential areas.

There was also confusion over what equipment needs to be with a defibrillator and about the need for checking equipment and having it in the care of a custodian responsible for looking after it.

We are not alone in noting these findings – our Healthwatch Manchester colleagues came to much the same conclusions, and the Welsh Ambulance Service have made similar comments. The partner organisations behind The Circuit are firmly in favour of there being the widest possible spread of publicly accessible and useable defibrillators – indeed, the Resuscitation Council "strongly recommends" registration.

To achieve that aim, it is obvious that there needs to be an accurate, accessible and comprehensive information database of defibrillator locations and

availability within the community, including locations within buildings. This will only be achieved comprehensively through regulation at national level, although local publicity may help improve the situation locally.

Where defibrillators are publicly available, they need to be identified by appropriate and accurate signage, both inside and outside of the building they are in and ideally located where they can be accessed with the minimum of delay.

Clearly, considerations of cost preclude the widespread distribution of defibrillators on the street. But the fact that at least 220 are known to be at various locations in the borough suggests that a greater effort to ask those in possession of a defibrillator to advertise their presence and availability, and to relocate them to a position that is easily accessible, would greatly improve the chances of one being obtained when needed. Havering Council and the Place-based Partnership can assist in arranging the wide-spread publicity that will be needed to achieve this. A similar campaign by the London Ambulance Service London-wide is already in place to help improve the availability of defibrillators across London.

Whilst it is understandable that, given the risk of theft or vandalism, many owners of defibrillators and their cabinets would want them locked, any publicity should suggest that they should be freely accessible.

Recommendations

To Havering Council and the Havering Place-based Partnership Board

That a publicity campaign be promoted within Havering, to prompt owners of premises in which defibrillators are located to consider making them more accessible to the public, ideally by locating them externally in suitable cabinets (which, if kept locked, can be accessed by keycode available to the London Ambulance Service) to ensure that they can be accessed on a 24/7 basis.

Acknowledgements

We are grateful for the assistance given by the owners of defibrillators in Havering during our research.

Appendix

Resuscitation Council guidance on
Signposting the location of defibrillators

Signposting

Anyone needing to use a defibrillator must be able to find it quickly and take it to the collapsed individual without any delay. This means that, wherever possible:

- It should be placed in a prominent location so that people can see it easily
- Its location should be shown using the recommended sign
- Directional signs should be used to guide people to the defibrillator location. Signage should indicate the direction and distance to the defibrillator and be visible within a minimum 200 metres radius of the defibrillator
- Signage should be a sufficient size to be legible from a distance of at least 50 metres
- The defibrillator cabinet should be illuminated at night, and, whenever possible, exterior signs should have supplementary lighting or at least be made of photoluminescent material.
- Signage should be properly maintained; we suggest that all signs associated with the defibrillator be inspected at the same time that the defibrillator undergoes its routine checks.

- Anyone living or working near to where a defibrillator is located should know what it is, what it is for and be able to direct people to it immediately.
- Check how easy a defibrillator is to find by approaching its location from the different directions that someone may approach from in an emergency.
- Check the description of the defibrillator location that you provided when registering it with The Circuit. Make sure you are confident that the defibrillator can be found and accessed quickly in an emergency

Further information about the work of the Resuscitation Council UK is available at https://www.resus.org.uk/


Defibrillator
Heart Restarter
Anyone can use it
No training necessary
For an unconscious person
NOT breathing normally
Call 999
Start CPR
Switch on defibrillator
Follow its instructions
Resuscitation Council UK
British Heart Foundation

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice. Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at https://www.healthwatchhavering.co.uk/advice-and-information/2022-06https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive06/our-friends-network-archive

Healthwatch Havering is the operating name of
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PEOPLE HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE – 19TH MARCH 2026

Subject Heading:	Annual Complaints and Compliments
Report Author and contact details:	Luke Phimister, Committee Services Officer
Policy context:	To enable the Council to scrutinise its People policy area

SUMMARY

The attached report provides the Committee with various annual complaints and compliments reports from within the People OSSC policy area.

RECOMMENDATIONS

That the Sub-Committee scrutinises the reports and agrees any recommendations it deems relevant and necessary.

REPORT DETAIL

Provided is detail on the annual complaints and compliments reports from the Adult's, Children's and Education services.

IMPLICATIONS AND RISKS

Financial implications and risks: None for this cover report

Legal implications and risks: None for this cover report

Human Resources implications and risks: None for this cover report

Equalities implications and risks: None for this cover report

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

None.

BACKGROUND PAPERS

None

ANNUAL REPORT 2024-2025

Adults Social Care

Annual Complaints & Compliments Report

Author: Sarah Birtles, Complaints, Compliance & Information Governance Team Lead

Data Collection and Analysis: Emma Barron, Results and Service Improvement Officer

Contents

Executive Summary

The 2024–2025 Annual Adults Social Care Complaints & Compliments Report presents a comprehensive overview of feedback received from residents, carers, and stakeholders, highlighting key trends, challenges, and achievements across Havering's Adult Social Care (ASC) services.

This year marked a period of significant transformation, with the full implementation of a new complaints case management system (Case Tracker) and the consolidation of complaints handling into a single corporate service. These changes have improved consistency, transparency, and data accuracy, laying the foundation for more effective service monitoring and response.

Despite the operational transition, ASC maintained a stable volume of formal complaints, with a slight year-on-year decrease. However, upheld and partially upheld complaints accounted for 24% of cases, offering valuable learning opportunities. Key themes included financial issues, lack of communication, delays in service, and emerging concerns around inaccurate information and safeguarding.

The report also highlights positive developments, including reductions in complaints across several service areas and increased engagement in others. Compliments rose across teams, with Community Team South receiving the highest number, reflecting strong professional conduct and compassionate care.

Service user survey results showed improvements in quality of life, satisfaction, and feelings of safety, reinforcing the impact of person-centred care and collaborative working with health partners. Areas for improvement were also identified, particularly around access to information and demographic data collection.

Looking ahead, ASC will continue to build on this year's insights through a targeted action plan focused on improving data quality, staff training, communication, and complaint resolution times. The service remains committed to learning from feedback, promoting transparency, and delivering inclusive, high-quality care that supports independence, dignity, and wellbeing for all residents.

Introduction

Local authorities are required to follow a statutory complaints process, as outlined in the Local Authority Social Services and National Health Service Complaints Regulations 2009 and supported by the Secretary of State for Health and Social Care's guidance (paragraph 3.55). This mandates that Adult Social Care (ASC) must have systems in place to receive and respond to representations made by, or on behalf of, service users.

Havering ASC values all forms of feedback—whether it's a suggestion for improvement, a complaint about a service issue, or a compliment recognising excellent service or individual performance. In line with statutory guidance from the Department of Health and best practice principles from the Local Government and Social Care Ombudsman, Havering has embedded these standards into its updated complaints procedures:

Informal Complaints: Where a complaint relates solely to a regulated service, it will be referred directly to the appropriate external agency.

Stage 1 Formal Complaints: These will be responded to within 20 working days from the point at which the complaint details are received and/or relevant consent or further information is received. If the complaint involves an external agency, the response time may extend to 25 working days. Timescales may be adjusted in agreement with the complainant.

From 2024–2025, all Stage 1 complaints—previously categorised as informal or formal—will be recorded uniformly using the new complaints case management system, Case Tracker. Complainants who remain dissatisfied after Stage 1 will be advised of their right to escalate their concerns to the Local Government and Social Care Ombudsman.

The time limit for submitting complaints remains at 12 months; however, each case will be assessed individually based on its merits.

Following the restructure in December 2023, all complaints services have been consolidated into a single corporate service. As a result, the dedicated Social Care Complaints Service has been replaced by the Insight, Information and Investigations Team, which now manages complaints across all Council services. Service enquiries are no longer recorded within this team and are instead passed directly to the relevant service area for resolution.

Service Context

Adult Social Care (ASC) plays a vital role in supporting the most vulnerable adults in our community, along with their carers, by ensuring their assessed needs are met with compassion, dignity, and respect. Safeguarding remains a core priority, and every case is approached with a personalised, outcome-focused mind-set. The service is committed to helping residents live independently for as long as possible, placing individual well-being at the heart of every decision.

ASC works with a wide range of individuals across Havering, including older adults, people with physical or sensory disabilities, those with mental health needs or learning disabilities, and carers. The service aims to promote self-sufficiency and wellness within the community, while also providing direct support to those with more complex social care needs. This includes the delivery of day opportunities for people with learning and physical disabilities.

For residents who do not meet the eligibility criteria for funded support, ASC still has a duty to provide clear information, advice, and signposting to appropriate services. The service uses a strength-based approach—known locally as Better Living—to help individuals make the most of their own abilities and community resources, ensuring assessments focus on personal assets and goals.

Collaboration is key to ASC's success. The service continues to work closely with partners such as the Integrated Care Board and wider health colleagues to support residents in staying well and active for as long as possible.

In addition to frontline care, ASC is supported by robust commissioning and brokerage functions, quality assurance, and contract monitoring of provider services. The service also manages direct payments, Appointee and Deputyship arrangements, client finances, and financial assessments to determine contributions toward care, helping to generate income for the Council.

Complaints and Continuous Improvement

The ASC complaints process ensures that individuals—and those acting on their behalf—have a clear and accessible route to raise concerns, express dissatisfaction, and seek resolution. This is a vital mechanism for maintaining accountability, improving service quality, and safeguarding the rights and wellbeing of service users.

Purpose of Annual Reporting

This annual report provides a transparent, evidence-based overview of ASC's performance over the past year. It supports accountability, informs strategic decision-making, and drives continuous improvement across the organisation. By sharing this information, ASC reaffirms its commitment to delivering high-quality, person-centred care and to learning from feedback to better serve the community.

4. Complaints Received

4.1 Ombudsman Referrals (2 Year Comparison)

	23-24	24 -25
In Progress		
Maladministration (No Injustice)		1
Maladministration Injustice with Penalty	5	2
No Maladministration after investigation		1
Ombudsman Discretion		
Investigation with Local Settlement		
Outside Jurisdiction		
Investigation Discontinued		
Paused		
Premature/Informal Enquiries		
Closed after initial enquiries – No Further Action	9	3
TOTAL	14	7

The Local Government and Social Care Ombudsman has reported a national increase in both the number of complaints received and those upheld across several councils. This trend reflects the ongoing pressures on core services, particularly within Adult Social Care, as local authorities continue to respond to the growing and complex needs of vulnerable adults.

In Havering, there has been a drop in Ombudsman enquiries and investigations compared to previous years. While not all decisions are published due to confidentiality, several upheld cases have highlighted areas for improvement, including:

- Communication and record-keeping around care home charges
- Safeguarding concerns involving vulnerable individuals
- Handling of Disabled Facilities Grant (DFG) applications

The data shows a notable reduction in the total number of Ombudsman cases, falling from 14 cases in 2023–24 to 7 cases in 2024–25**.** This represents a 50% decrease year-on-year and marks a significant improvement in both the volume and complexity of cases being escalated to the Ombudsman. The reduced caseload suggests that more issues are being resolved effectively at the earliest stage, preventing unnecessary escalation and improving overall customer satisfaction and service responsiveness.

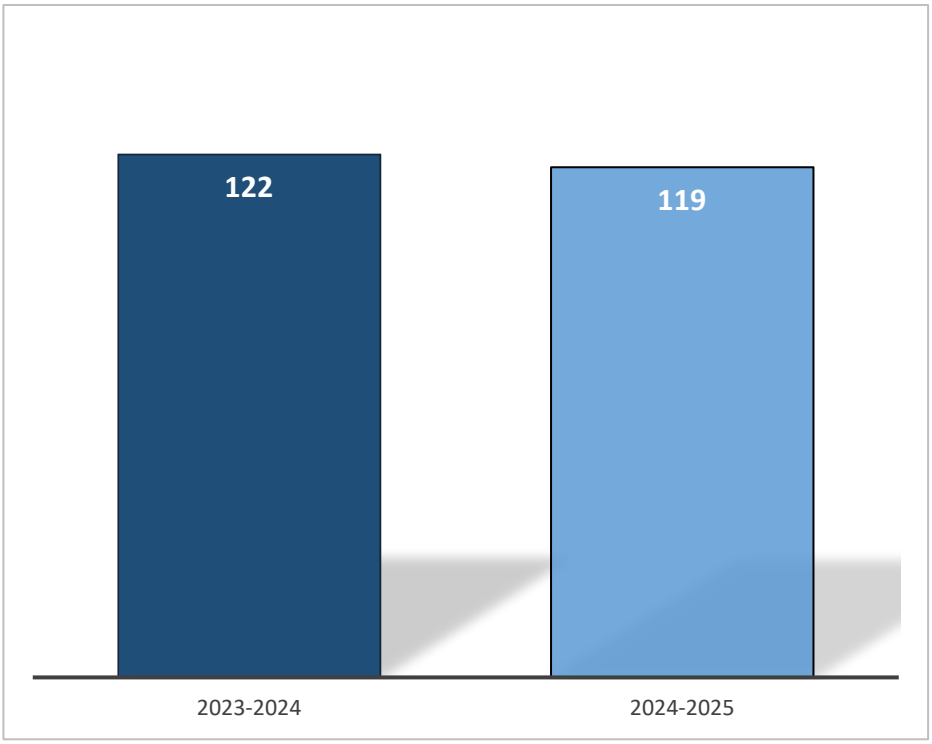
In terms of upheld findings, there has been a substantial decline in the most serious outcome category**.** Maladministration with Injustice and Penalty decreased from 5 cases in 2023–24 to 2 cases in 2024–25. This reduction not only reflects fewer adverse findings but also indicates enhanced decision-making, improved adherence to statutory duties, and better-quality responses during the early stages of complaints handling. The lower number of cases attracting penalties further demonstrates progress in ensuring decisions are legally compliant and proportionate.

There were no cases of "Maladministration (No Injustice)" reported in 2023–24, but one such case appears in 2024–25. While this represents a single instance, it does indicate that even where fault was found, the Ombudsman concluded that the impact was limited and did not amount to injustice. This contrasts positively with the previous year's pattern, where faults were more likely to be associated with tangible impact.

The number of cases closed after initial enquiries with no further action has also fallen significantly, from 9 cases in 2023–24 to 3 cases in 2024–25. This decline is consistent with the overall reduction in referrals, but it may also indicate that complaints are being screened more effectively at the local resolution stage, reducing premature referrals and improving the quality of information provided to the Ombudsman at first contact.

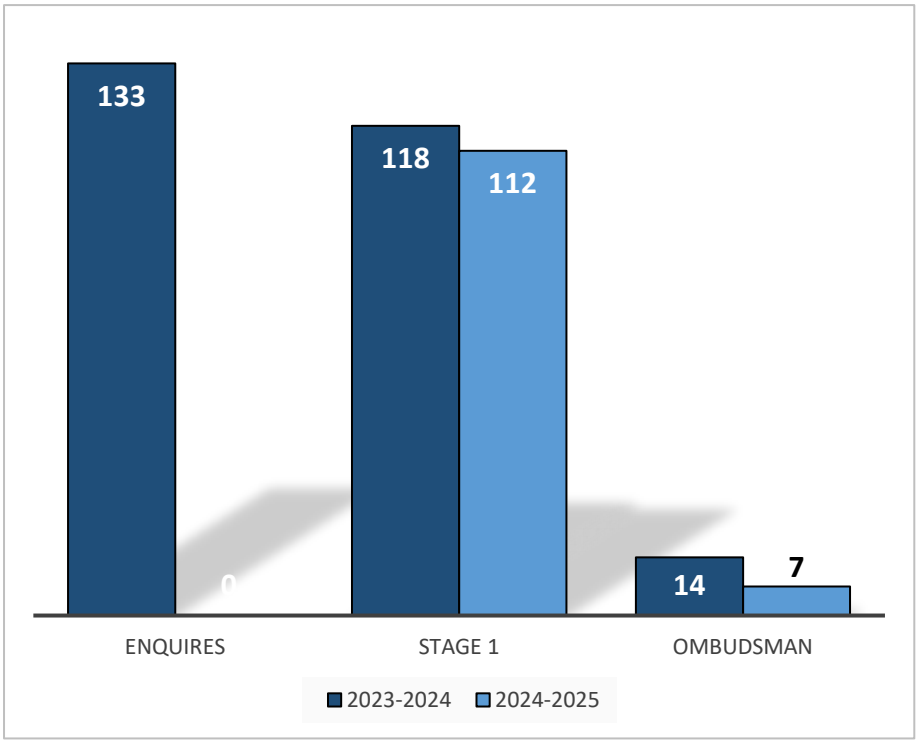
Overall, the year-on-year data indicates improved internal complaint resolution, fewer escalations requiring Ombudsman involvement, and a lower proportion of cases resulting in findings of maladministration. This trend highlights stronger governance controls, better communication with service users, and a more robust approach to early intervention. Continued monitoring will ensure that these improvements are sustained and that learning from upheld cases is embedded across the service.

4.2 Volumes (2 Year Comparison)



There is a slight decrease of 3 complaints from 2023–2024 to 2024–2025. This represents a 2.46% reduction year-over-year. Please note that this graphic does not include enquiries received in 2023-2024 and concentrates on formal complaints.

4.3 Stages (2 Year Comparison)



In 2024–2025, the Council implemented a strategic restructure of its Complaints Services, consolidating all complaints teams into a single, centralised unit. This transformation aimed to enhance operational efficiency and improve service delivery across departments. As a result of this restructure, enquiries are no longer managed or recorded by the Corporate Complaints Team, leading to a recorded figure of zero enquiries for the reporting year.

Stage 1 complaints experienced a modest decline of 5.1%.

Additionally, Ombudsman referrals were reduced by 50%, indicating a potential improvement in complaint handling and service quality at earlier stages, thereby reducing the need for external escalation.

4.4 Themes – Stage 1 (2 Year Comparison)

THEMES	2023-2024	2024-2025
Attitude/Behaviour of Staff	11	8
Change of Service	1	0
Delay in Service	11	13
Dispute Decision	21	12
Eligibility	1	3
Failure of external Care Provider	0	1
Financial Issues	38	29
Inaccurate Information	0	7
Information not Provided	2	8
Lack of Communication	11	10
Safeguarding/Welfare Concerns	3	10
Standard of Service Not Met	21	11
TOTALS	118	112

4.5

Services – Stage 1 (2 Year Comparisons)

SERVICES	2023-2024	2024-2025

Adult Social Care	7	50
Client Finance	14	1
Commissioning	1	0
Community Learning Disabilities Team	0	4
Community Team North	8	4
Community Team South	9	2
External Home Care	9	0
Financial Assessments Team	34	21
Havering Access Team	2	3
HACR	14	10
Learning Disabilities	9	0
Mental Health	1	1
Occupational Therapy	2	2
Quality & Brokerage	2	4
Residential & Nursing Home	1	2
Review Team	0	2
Safeguarding	9	6
TOTALS	122	112

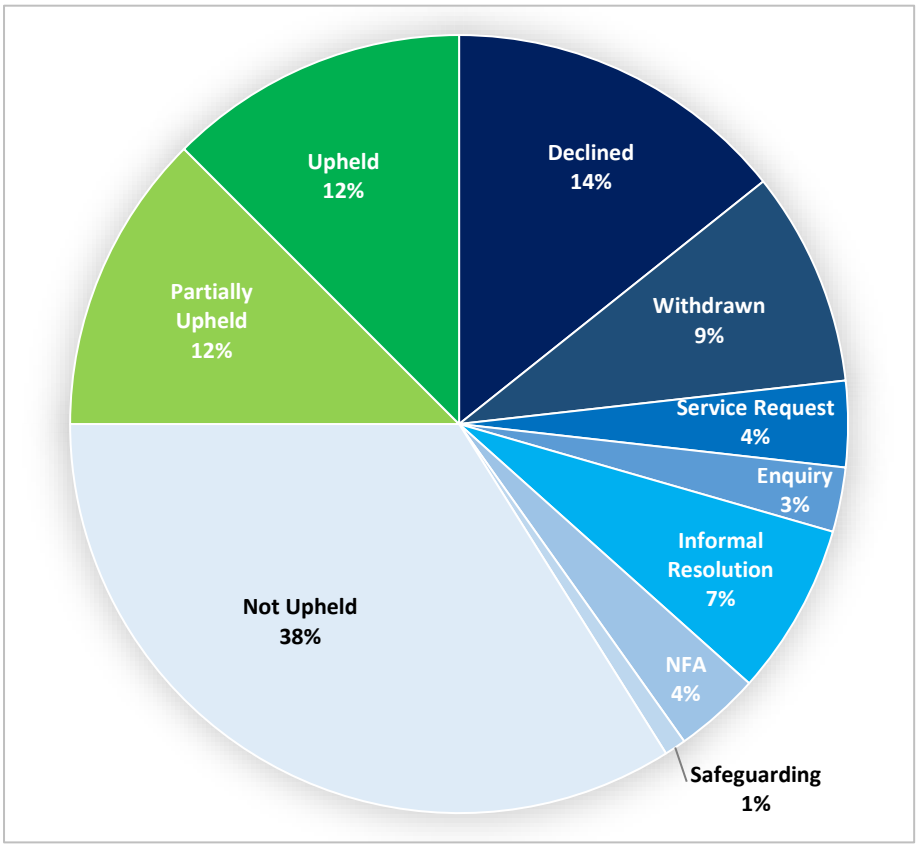
In 2024–2025, complaints attributed to the Adult Social Care Service increased from 7 to 50. While this represents a significant rise, it is largely attributed to the re-categorisation of complaints and the implementation of a new complaints management system introduced in Q1 (April–June 2024). This is being reviewed in 2025/2026 for improved data reporting.

Several service areas experienced increased engagement, including Quality & Brokerage and Residential & Nursing Homes, both of which doubled their complaint volumes. The Havering Access Team also saw a modest rise.

Encouragingly, the year also recorded notable reductions in complaints across several teams:
Client Finance and Community Team South saw significant decreases.
Community Team North and the Financial Assessments Team both halved their volumes

Additionally, Commissioning, External Home Care, and Learning Disabilities recorded no complaints during the year, while Mental Health and Occupational Therapy maintained consistent levels. These trends may reflect improved service delivery, clearer communication, or successful early resolution strategies within these teams.

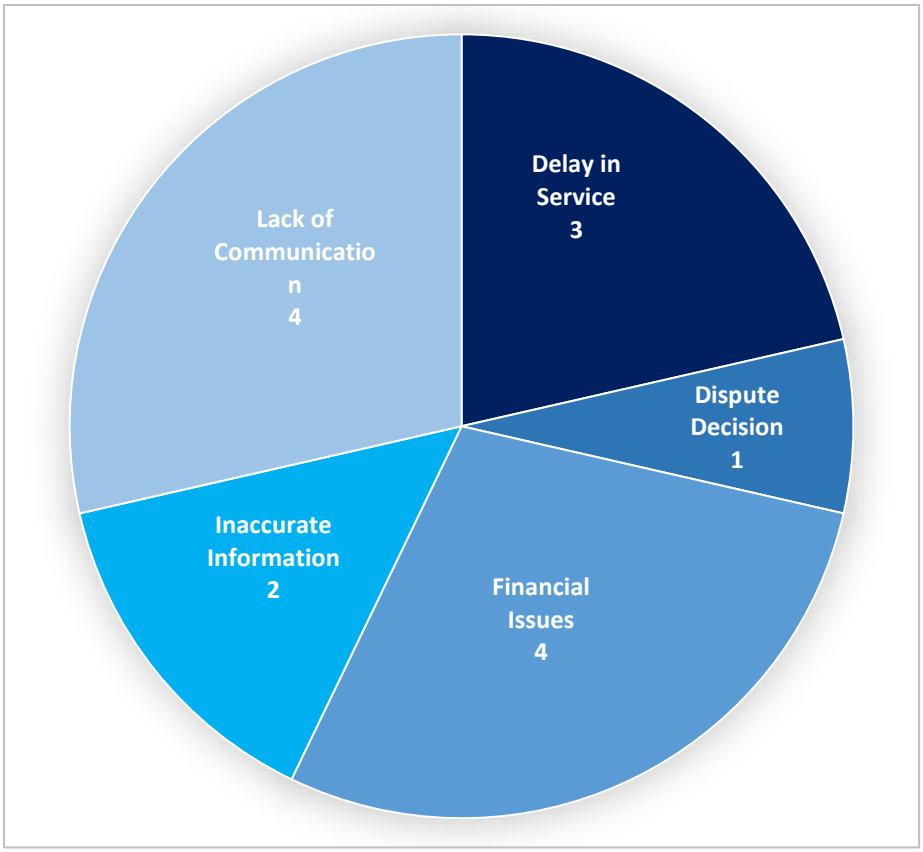
4.6.1 Outcomes (2024-2025)



In 2024–2025, the most common outcome for Adult Social Care complaints was Not Upheld, accounting for 38% of all cases. This reflects the thoroughness of investigations and suggests that, in many instances, services were delivered in line with expected standards.

A further 14% of complaints were declined. While upheld and partially upheld outcomes each represented 12% of the total. This balance indicates that the complaints process remains fair and transparent, with appropriate recognition given to cases where service improvements are warranted.

4.6.2 Upheld Complaint Themes (2024-2025)



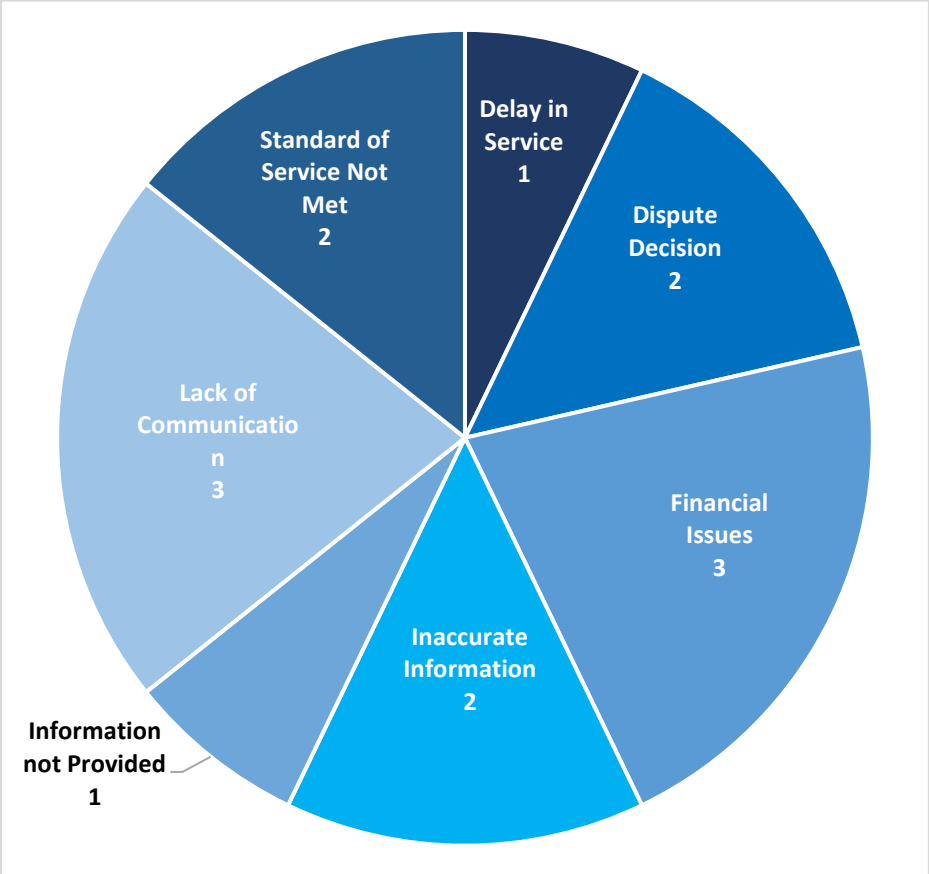
In 2024–2025, the most frequently upheld complaint themes were Financial Issues and Lack of Communication. These outcomes highlight valuable opportunities to enhance clarity in financial processes and strengthen communication pathways with service users.

Delay in Service followed closely, indicating a need to review timeliness and responsiveness across relevant teams.

Additionally, Inaccurate Information and Disputed Decisions, though less frequent, underscore the importance of ensuring accuracy and transparency in service delivery and decision-making.

These findings provide a constructive foundation for targeted service improvements and reinforce the Council's commitment to learning from feedback to drive better outcomes for residents.

4.6.3 Partially Upheld Complaint Themes (2024-2025)



In 2024–2025, the most frequently partially upheld complaint themes were Financial Issues and Lack of Communication. These outcomes reflect areas where concerns were acknowledged, offering valuable insight into service aspects that may benefit from enhanced clarity and engagement.

Themes such as Disputed Decisions, Inaccurate Information, and Standard of Service Not Met, indicate moderate levels of dissatisfaction that present opportunities for refinement in decision-making and service delivery.

Less frequent themes, including Delay in Service and Information Not Provided, highlight areas for targeted attention.

These findings closely align with those identified in fully upheld complaints, reinforcing the importance of ongoing efforts to improve communication, financial transparency, and service standards across Adult Social Care.

4.6.4 Learning from Complaints

In 2024–2025, Havering Adult Social Care continued to treat complaints as a vital source of learning and service development. While the majority of complaints were not upheld—indicating that services were often delivered in line with expectations—24% were either upheld or partially upheld. These outcomes reflect the Council's commitment to acknowledging valid concerns and using them to drive meaningful improvements.

The most frequently upheld themes included financial issues, lack of communication, and delays in service, highlighting areas where clearer processes and more responsive engagement are needed. New themes such as inaccurate information also emerged, pointing to opportunities to strengthen data accuracy and transparency.

The Complaints service has also recognised and prioritised improvements in complaints categorisation, staff training, and system updates to ensure better tracking and resolution. The restructure and introduction of the Case Tracker system have laid the foundation for more consistent and insightful complaints handling.

These findings have informed targeted actions across teams, reinforcing the importance of listening to residents and learning from their experiences. By embedding feedback into service planning, Havering ASC continues to enhance the quality, safety, and responsiveness of care for its community.

4.7 Response Times

TIMESCALE	2023-2024	%	2024-2025	%
10 days	29	24%	29	25%
11-20 days	62	51%	26	22%
20+ days	7	6%	12	10%
25+ days	24	20%	47	39%
IN PROGRESS	0	0%	5	4%
TOTALS	**122**	**100%**	**119**	**100%**

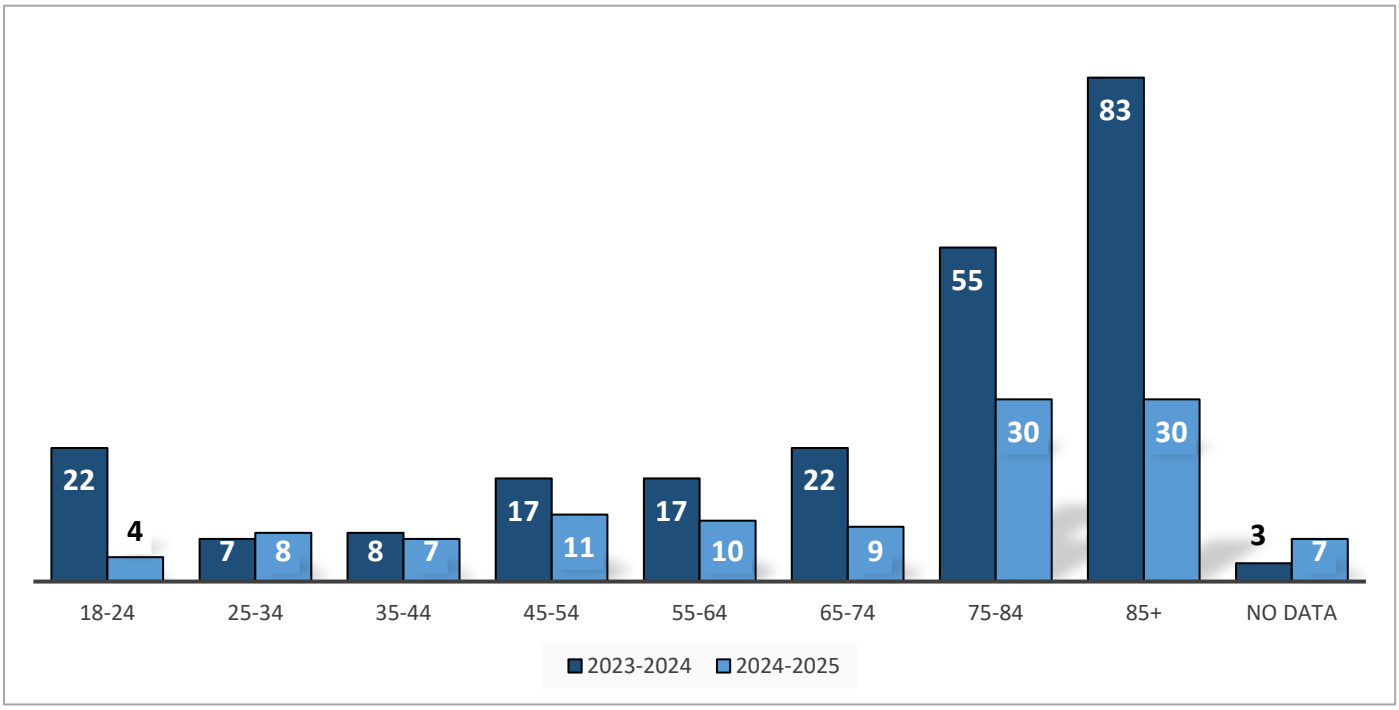
In 2024–2025, resolutions within 10 working days remained stable, with a slight improvement, reflecting continued efficiency in handling straightforward cases.

There was a 29% reduction in cases resolved within 11–20 days, which may indicate a shift in processing patterns, with more cases either being resolved more quickly or requiring extended investigation.

Notably, cases requiring 25+ days to resolve increased by 19%, reflecting a rise in complexity of casework, and some capacity pressures. This trend highlights the importance of review of capacity and case management to ensure timely and effective resolution, particularly for more intricate complaints.

4.8 Monitoring Information

4.8.1 Age Range (2 Year Comparison)

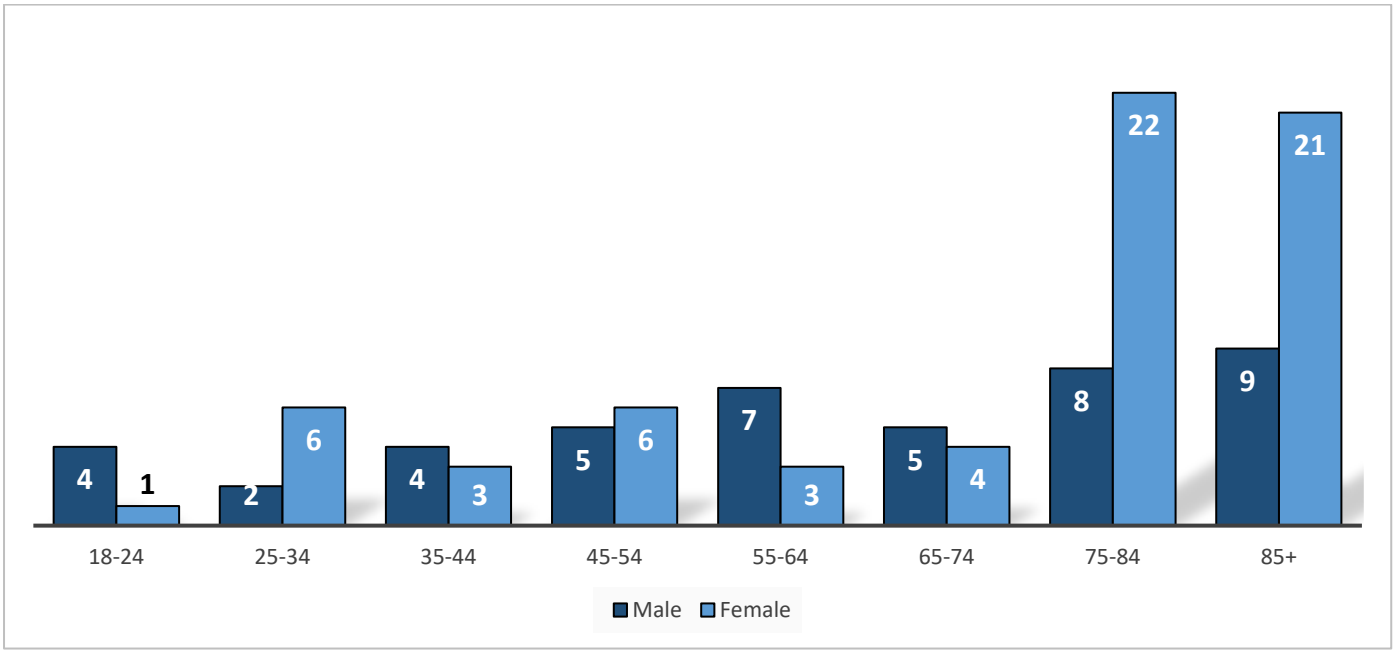


The comparative data for 2023–2024 includes both formal complaints and enquiries, whereas 2024–2025 reflects formal complaints only, following changes in recording practices. Encouragingly, the 85+ age group saw the most significant reduction in complaints, with 53 fewer cases than the previous year. This was followed by the 75–84 age group, which recorded 25 fewer complaints, and the 18–24 age group, which saw a decrease of 18 complaints. These reductions may reflect improved service delivery and satisfaction among older residents.

The 25–34 age group was the only category to show an increase, suggesting a shift in engagement or awareness among younger adults accessing services.

There was also an increase in cases where no age data was provided, which may indicate either a reluctance to disclose personal information or a need to strengthen data collection processes. This trend highlights the importance of continued efforts to improve demographic data capture to support inclusive and responsive service planning.

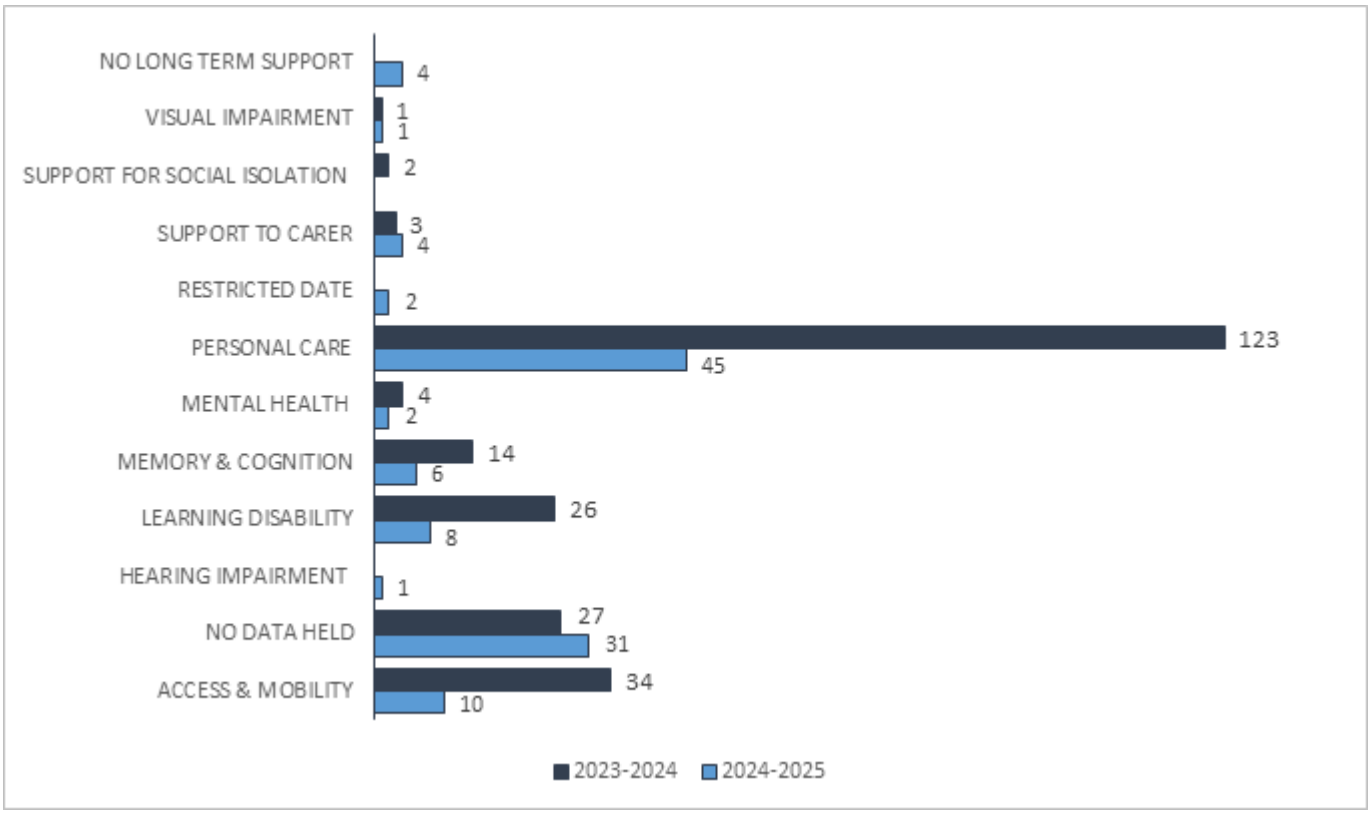
4.8.2 Age Range by Gender (2024-2025)



Analysis of complaints received in 2024–2025 shows distinct demographic patterns across age and gender groups. Among older age groups (75+), a strong female majority was observed. The 65–74 age group presented a more balanced gender distribution, reflecting equitable engagement across both male and female service users.

In middle age groups, particularly 55–64, a male majority was evident, while the 45–54 age group showed only a slight gender difference of 5%, indicating near parity. The 25–34 age range demonstrated a female majority, whereas the 18–24 group was predominantly male.

4.8.3 Disability (2 Year Comparison)



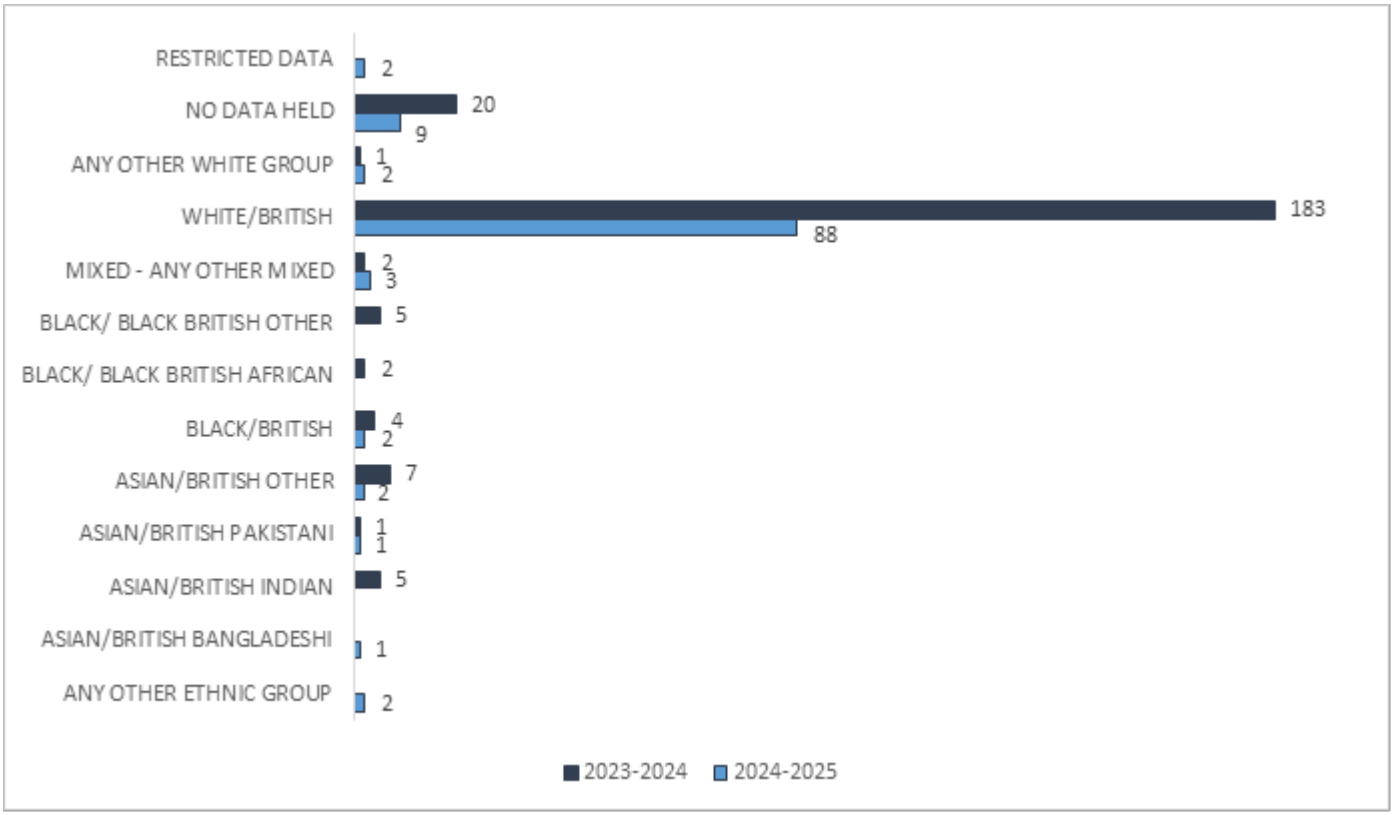
In 2024–2025, Personal Care remained the most frequently recorded category, though volumes decreased by 63%. Significant reductions were also seen in complaints related to Learning Disabilities and Access & Mobility, which fell by 69% and 70% respectively. A 33% decrease in Support to Carer complaints was also recorded. These reductions may reflect improved service delivery and responsiveness, as well as the impact of newly introduced complaint categories within the updated management system.

Conversely, Mental Health complaints doubled, and those related to Memory & Cognition rose indicating increased awareness and engagement in these areas.

There was a 15% rise in complaints where no disability data was recorded, highlighting the need to strengthen data collection and recording practices. Addressing this will support more accurate monitoring and ensure services remain inclusive and responsive to all residents.

Please note that when considering comparisons, the data for 2023-2024 in this graphic includes enquiries as well as formal complaints.

4.8.4 Ethnicity (2 Year Comparison)

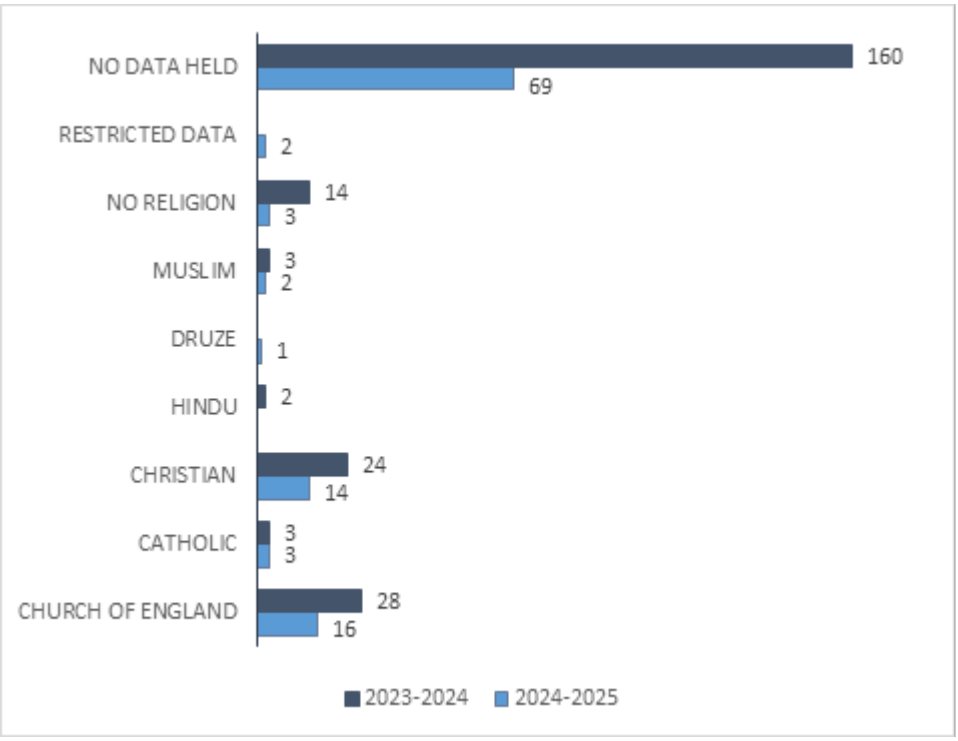


In 2024–2025, complaints from individuals identifying as White/British decreased by 52%, which may reflect improved satisfaction or reduced need for escalation within this group. Notably, complaints from Black/Black British – Other and African categories were not recorded this year, suggesting a shift in engagement patterns or resolution at earlier stages.

Encouragingly, Asian subgroups—including Indian, Pakistani, Bangladeshi, and Other—were represented in 2024–2025, having not appeared in the previous year's data. This may indicate increased accessibility and awareness of the complaints process among a broader demographic.

There was also a reduction in cases with no recorded ethnicity data, reflecting a modest improvement in data capture. Continued focus on inclusive engagement and accurate demographic recording will support equitable service delivery and better understanding of community needs.

4.8.5 Religion (2 Year Comparison)

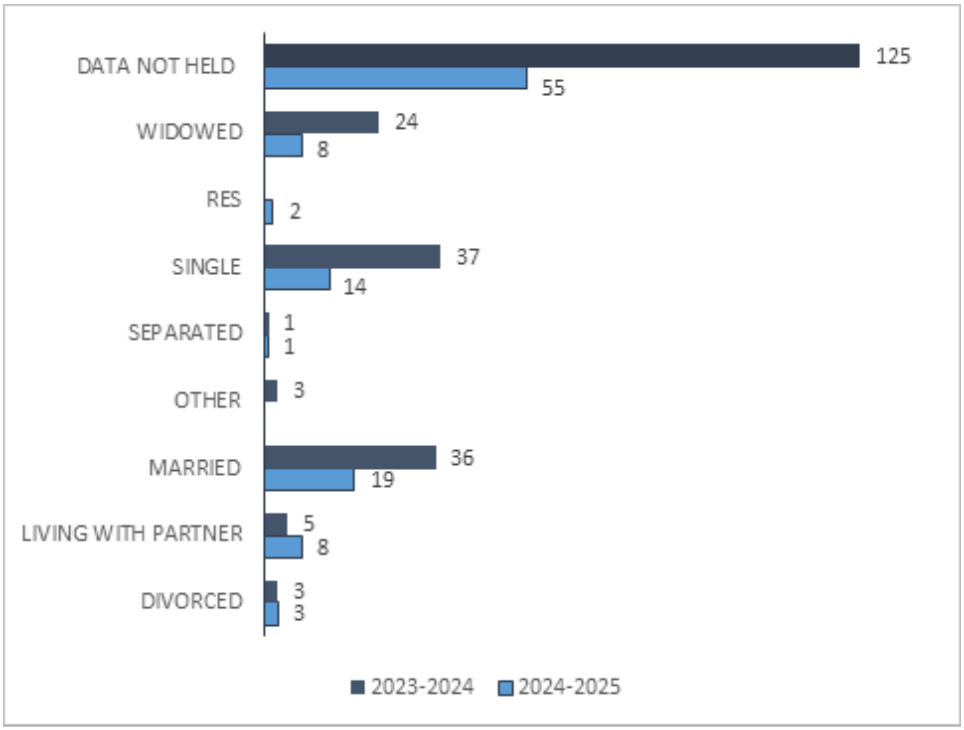


In 2024–2025, complaints with no recorded religion data fell by 57%, showing progress in demographic data collection. However, this group still represents the largest volume, highlighting the need to further encourage disclosure.

Most religious groups saw a decline in complaints, except for the Muslim category, which rose by 33%, while Catholic representation remained stable.

These changes may reflect improved accessibility and engagement with the complaints process.

4.8.6 Marital Status (2 Year Comparison)

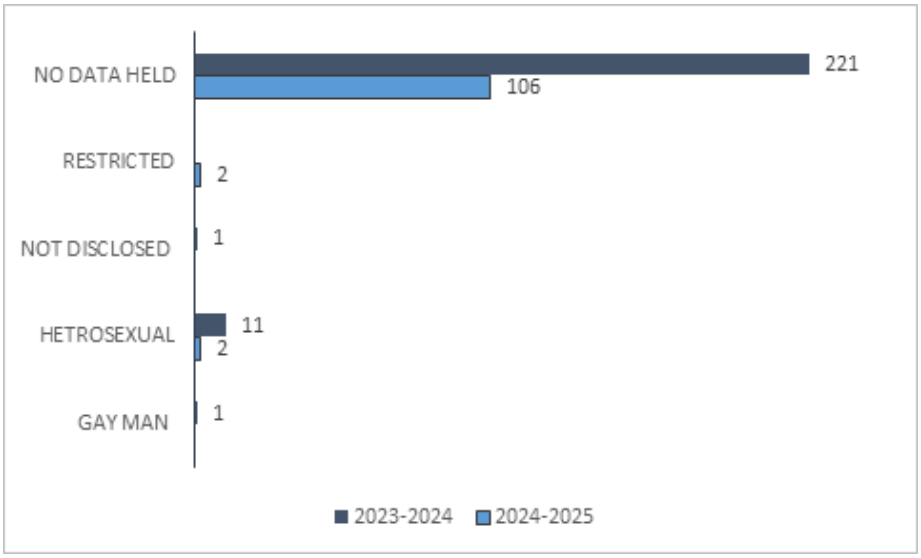


In 2024–2025, complaints with no recorded marital status fell by 56%, though this group remains the largest by volume.

All other marital status categories saw decreases, except Living with Partner, which rose by 60%. The most significant drops were among those Widowed (66%) and Single (62%), with Married complaints down by 47%.

Note: 2023–2024 figures include both enquiries and formal complaints.

4.8.7 Sexual Orientation (2 Year Comparison)

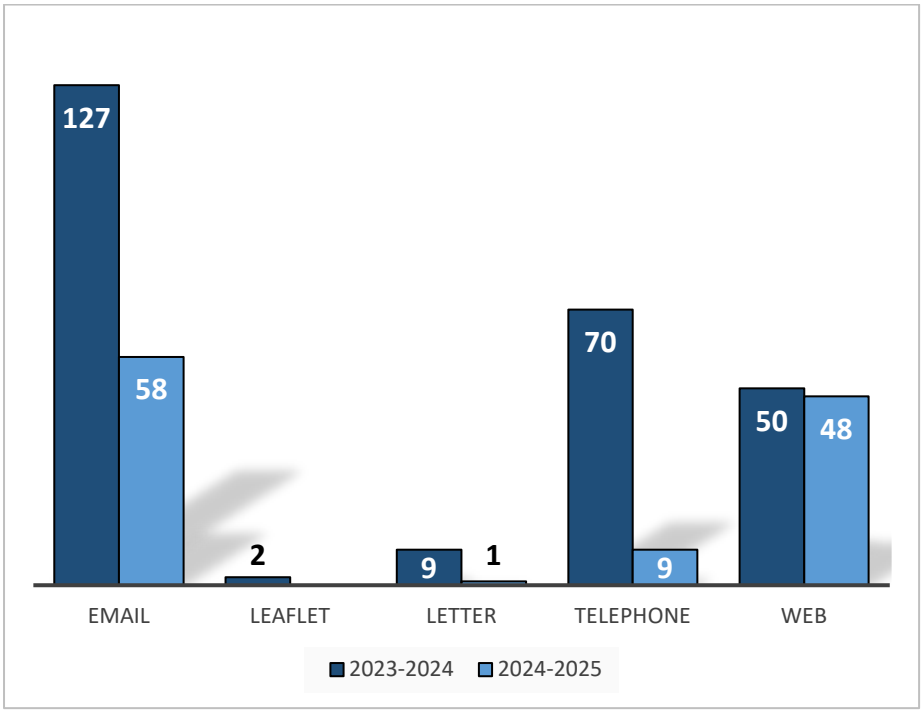


In 2024–2025, complaints lacking sexual orientation data dropped by 52%, showing progress in demographic recording.

However, this remains the largest category, indicating ongoing challenges in encouraging disclosure.

Similar patterns across ethnicity, religion, and marital status suggest further improvements are needed to enhance data quality and service inclusivity.

5. Method of Contact



Email remained the most used contact method, though its usage dropped significantly from 127 to 58 instances. Web contact stayed stable, with a slight decrease from 50 to 48. Telephone usage saw a sharp decline from 70 to just 9 instances. Letter correspondence also fell from 9 to 1, and leaflet distribution ceased entirely after only 2 instances in the previous year.

These shifts suggest evolving user preferences, highlighting opportunities to adapt engagement strategies to better meet expectations—particularly by enhancing digital channels and reassessing traditional communication methods.

6. Expenditure

	OMBUDSMAN	GOODWILL PAYMENTS	TOTAL
2023-2024	£4250.00		£4250.00
2024-2025			

Due to the implementation of a new case tracking system and the wider restructure of the complaints service, the system used for Adult Social Care was not configured to record financial remedies or payments associated with complaints.

This gap has been identified as a priority for improvement and is now part of the service's forward planning. Enhancements are being made to ensure that from 2025–2026 onwards, all payments and financial outcomes linked to complaints are accurately recorded and monitored. This will support greater transparency, improve data quality, and strengthen the Council's ability to learn from complaints and deliver better outcomes for residents.

7. Compliments & Resident Satisfaction

7.1 Compliments (2024-2025)

SERVICE TEAM	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total	PROFESSIONAL COMPLIMENTS
ACT North		1	1					1					3	
ACT South		1	1		6	1		3	1		1		14	2
CLDT			1										1	1
External Home Care Agencies							1	1	1				3	2
External Res/Nursing Homes			1		1				1				3	
HAT Team - Havering Access Team	2	1				1	1						5	2
Havering Community Assessment Team		1	3				1						5	
Occupational Therapy Team (OT)	1						1						2	
Quality Assurance Team														1
TOTAL	3	4	7	0	7	2	4	5	3	0	1	0	36	8

In 2024–2025, Community Team South received the highest number of compliments, with a total of 14. June emerged as the top month for positive feedback, with compliments received across multiple teams. A total of 8 professional compliments were recorded during the year, with Community Team South, External Home Care Agencies, and the Havering Access Team each receiving 2.

These acknowledgements reflect the continued dedication of teams across the service and highlight areas of excellence in professional conduct and customer engagement.


Community Team South
I have read through your reassessment of mum's care and just wanted to say thank you for such a thorough review.
The discussion with mum appears to have accurately captured all pertinent issues.
I believe it is important to let people know when the services they provide are truly appreciated, so thank you again for your support.
Havering Access Team
Oh thank you so much. It certainly will help me enormously.
You have all been so supportive to me. I cannot thank you enough!
HACR
I writing to provide some feedback about my experience in connection with the care of my mother.
The care manager has been managing the care provision following her stays in hospital. I have found her to be extremely professional and she has shown great empathy and understanding with our situation as I am sure you know situations like this are very difficult for families and to have the support of someone like her is incredibly reassuring.
The care package put in place with Outreach has really helped me and I am very grateful for the services we are receiving.
External Residential Care Homes
Just want to say a massive thank you for all the care and attention given to my mum at Langley House. Your staff Harry are a credit to leadership providing a warm and welcoming environment not only to the residents but the family too. The food and variety deserves Michelin stars.
From mum not ever wanting to go into residential care to saying I would love to return when the time is right is one massive achievement and I am truly grateful.
You and the staff are amazing people and I can't thank you enough for your care and kindness. Thank you
Occupational Therapy
I had an interview this morning from 10.30-11 am. After the interview, they said they will get back to applicants within 3 days. I got a call around 12.30, they said they would like to offer me the job, if I want it. IF I want it?!! I want it!!!
THANK YOU AND THE TEAM SO VERY MUCH FOR YOUR SUPPORT THROUGH THE DARK YEARS. THERE ARE NO WORDS TO EXPRESS MY GRATITUDE

7.2 Adults Social Care Outcomes Framework – Survey (2024-2025)

SERVICE USER SURVEY	2023-2024	2024-2025
Social care-related quality of life	18.7%	19%
The proportion of people who use services who have control over their daily life	75.1%	72.6%
The proportion of people who use services who reported that they had as much social contact as they would like	43.3%	48.5%
Overall satisfaction of people who use services with their care and support	60.9%	63.4%
The proportion of people who use services who find it easy to find information about services	65.3%	60.6%
The proportion of people who use services who feel safe	69.7%	73.5%
The proportion of people who use services who say that those services have made them feel safe and secure	86.4%	86.1%

Quality of Life: The social care-related quality of life score saw a slight improvement, rising from 18.7% to 19%, indicating a positive shift in overall wellbeing.

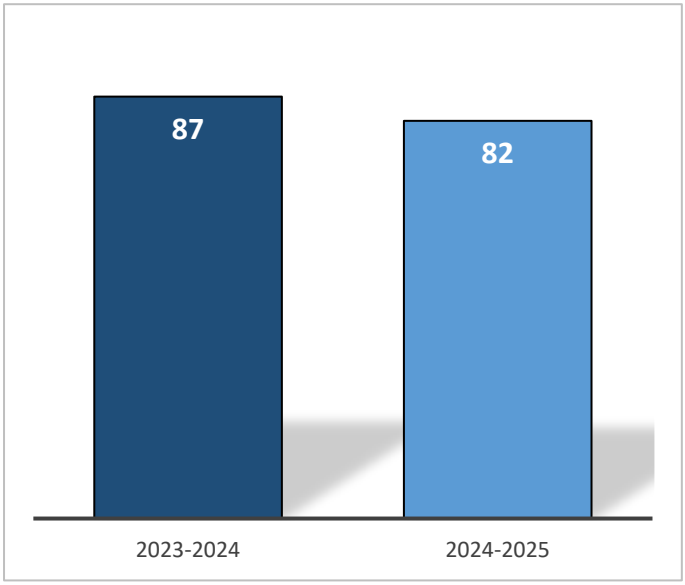
Social Contact: There was a notable increase in the proportion of people who reported having as much social contact as they would like, rising from 43.3% to 48.5%. This reflects ongoing efforts to reduce isolation and promote community engagement.

Satisfaction with Care and Support: Overall satisfaction increased from 60.9% to 63.4%, demonstrating progress in delivering responsive and supportive care services.

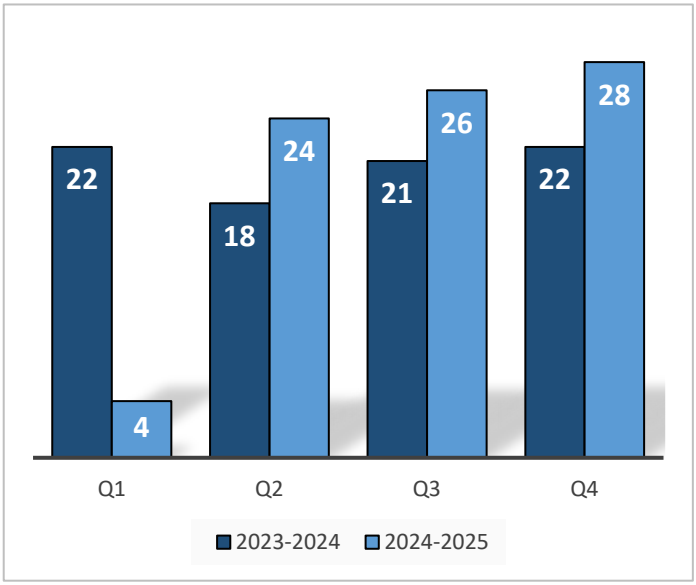
Feeling Safe: The proportion of people who feel safe increased from 69.7% to 73.5%, reinforcing the importance of safeguarding and secure service environments.

8. Members Enquiries

8.1 Volumes (2 Year Comparison)



8.2 Volumes by Quarter (2 Year Comparison)



In 2024–2025, Members' Enquiries related to Adult Social Care showed a slight overall decrease, largely due to transitional changes following a complaints service restructure and the introduction of a new case tracking system in April 2024. While data from the first quarter may be incomplete, the remaining three quarters saw an increase in recorded enquiries.

The Insight, Information and Investigations Team began centralising Members' Enquiries using the new system, addressing previous gaps in data collection. This improvement will support more accurate reporting and better service responsiveness in future years.

9. Conclusion

The 2024–2025 Annual Report reflects a year of significant transition and development for Havering Complaints Service for Adult Social Care. Amidst a major restructure and the implementation of a new complaints case management system, the service has remained focused on delivering high-quality, person-centred care while strengthening its approach to feedback, accountability, and continuous improvement.

Despite the operational changes, the service maintained a stable volume of formal complaints. The introduction of the Case Tracker system has enhanced the consistency and transparency of complaints recording, laying the foundation for more accurate data and better service oversight in future years.

The analysis of complaint themes has provided valuable insights. While financial issues and communication remain areas of concern, the emergence of new themes such as inaccurate information and safeguarding highlights the evolving nature of service user expectations and the importance of clear, timely, and empathetic engagement. The Council has responded by prioritising improvements in staff training, data accuracy, and complaint categorisation.

Encouragingly, the report also highlights reductions in complaints across several service areas, suggesting that targeted improvements and early intervention strategies are having a positive impact. Compliments received throughout the year, particularly from Community Team South and External Home Care Agencies, demonstrate the dedication and professionalism of staff and the value placed on compassionate, effective care.

Service user survey results show positive trends in satisfaction, safety, and social contact, reinforcing the importance of ongoing engagement and support. These outcomes reflect the Council's commitment to promoting independence, dignity, and wellbeing for all residents.

Looking ahead, Havering Adult Social Care will continue to build on the learning from this year, refine its systems and processes, and work collaboratively across teams and with partners to ensure services remain inclusive, responsive, and resilient. The insights gained from complaints and compliments will continue to shape service delivery and drive improvements that make a meaningful difference in the lives of those we support.

10. Adult Social Care Complaints Action Plan

1. Strengthen Data Accuracy and Recording

- Action: Ensure the Case Tracker system is fully configured to record all financial remedies, including Ombudsman-directed payments and goodwill gestures.
- Outcome: Improved transparency and accountability in complaint resolution.
- Lead: Insight, Information and Investigations Team

2. Improve Complaint Categorisation and Analysis

- Action: Provide refresher training for staff on accurate complaint categorisation and theme identification.
- Outcome: More consistent reporting and better identification of service improvement areas.
- Lead: ASC Service Managers and Corporate Complaints Lead

3. Enhance Communication and Information Sharing

- Action: Develop clearer guidance and communication protocols for frontline staff, particularly around financial processes and care decisions.
- Outcome: Reduction in complaints related to financial issues and disputed decisions.
- Lead: ASC Operational Leads

4. Address Emerging Themes

- Action: Review cases involving inaccurate information and safeguarding concerns to identify root causes and implement corrective actions.
- Outcome: Increased trust and safety for service users.
- Lead: Safeguarding Team and Quality Assurance

5. Improve Timeliness of Responses

- Action: Monitor and manage complaints requiring over 25 days to resolve, identifying bottlenecks and resource gaps.
- Outcome: More efficient complaint handling and improved user satisfaction.
- Lead: Insight, Information and Investigations Team

6. Strengthen Demographic Data Collection

- Action: Introduce prompts and training to encourage accurate recording of service user demographics (e.g. age, ethnicity, religion, sexual orientation).
- Outcome: More inclusive service planning and better understanding of community needs.
- Lead: ASC Data and Performance Team

7. Promote Positive Feedback Culture

- Action: Continue to encourage and capture compliments across all service areas, with a focus on recognising professional excellence.
- Outcome: Boost staff morale and highlight areas of best practice.
- Lead: ASC Team Leads and Communications

8. Review and Refine Complaint Themes

- Action: Conduct quarterly reviews of complaint themes to identify trends and adjust service delivery accordingly.
- Outcome: Proactive service improvement and reduced recurrence of issues.
- Lead: Insight, Information and Investigations Team

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ANNUAL REPORT 2024-2025

Children's Services_ Starting Well

Annual Complaints & Compliments Report

Data sourced from Case Tracker & Liquid Logic
Compiled by Customer Insight, Information & Investigation Team

Havering LONDON BOROUGH

Contents

Executive Summary

The 2024–2025 Annual Children's Social Care Report sets out a comprehensive overview of complaints and compliments received across Havering Children's services supporting children, young people, and families. This year marked a significant increase in recorded complaints, rising by 29% compared to the previous year, with a total of 252 cases logged. This growth reflects both increased engagement from service users and improved data capture following the implementation of a new case tracking system.

Key Highlights:

Complaint Volumes:
The majority of complaints were received under Stage 1 processes, with a higher proportion escalating to Stage 2 than in previous years. Safeguarding services recorded the highest number of complaints, though only 17% were upheld or partially upheld.

Themes:
The most common complaint themes were Attitude and Behaviour of Staff, Dispute Decisions, and Standards of Service, which together accounted for 50% of all complaints. New themes such as Eligibility and Information Not Provided were introduced as part of improved data tracking.

Demographics & Monitoring:
We saw an increase in complaints received in relation to younger age groups (0–14 years), while those for older children declined. Gender, ethnicity, disability, and religion data were analysed to ensure equitable service delivery and identify areas for improvement.

Compliments:
A total of 33 compliments were received, highlighting professionalism, empathy, and impactful support across teams. These positive reflections are vital in recognising staff contributions and reinforcing good practice.

System Improvements:
The introduction of the Case tracker system implemented for Children's Statutory Complaints in April 2024, has enhanced the accuracy and consistency of data, particularly for Councillor Enquiries and complaint categorisation.

Response Times & Outcomes:
Despite increased volumes, response times remained stable. Most complaints were resolved within 10 working days, and all upheld cases resulted in apologies and appropriate remedial actions.

This report highlights the importance of listening to feedback, learning from complaints, and celebrating positive contributions. The insights gained will inform service improvements, staff development, and strategic planning for the year ahead.

Introduction

Statutory Complaints: Children's Services

Complaints, representations, and compliments relating to Children's Services are governed by the Children Act 1989 Representations Procedure (England) Regulations 2006. These regulations outline a
structured three-stage process for handling statutory complaints:

Stage 1 – Local Resolution

At this initial stage of the complaints process, the aim is to resolve concerns promptly and informally where possible. The target response time is 10 working days, with an extension of up to a further 10 working days if necessary. Where appropriate, an advocate should be provided to support the young person. If the complainant remains dissatisfied with the outcome, they may request escalation to Stage

2 within 20 working days of receiving the response.

Stage 2 – Formal Investigation

This stage involves a more detailed and independent examination of the complaint. An Independent Investigator and an Independent Person—who must be external to the organisation —are appointed. The investigation should be completed within 25 to 65 working days. Upon conclusion, the complainant receives a copy of the investigation report and an adjudication letter outlining the decision of the Head of Service. If the complainant is not satisfied with the outcome, they may request a Stage 3 Review Panel within 20 working days of receiving the response.

Stage 3 – Review Panel

The Review Panel is convened and managed independently by Democratic Services, ensuring impartiality. The Panel comprises three independent members, including a designated Chair. The hearing must take place within 30 working days of the request. Following the hearing, recommendations are issued within 5 working days to the complainant, the independent panel members, any advocate involved, and the Director of Children's Services. The Director must then provide a final decision within 15 working days of receiving the Panel's recommendations.

Complaints Received

1.1 Ombudsman Referrals

	23-24	24 -25
In Progress		2
Maladministration (No Injustice)		
Maladministration & Justice	1	
No Maladministration after investigation Ombudsman Discretion		
Investigation with Local Settlement		
Outside Jurisdiction		2
Investigation Discontinued		
Paused		2
Premature/Informal Enquiries		
Closed after initial enquiries – No Further Action	6	5
TOTAL	7	11

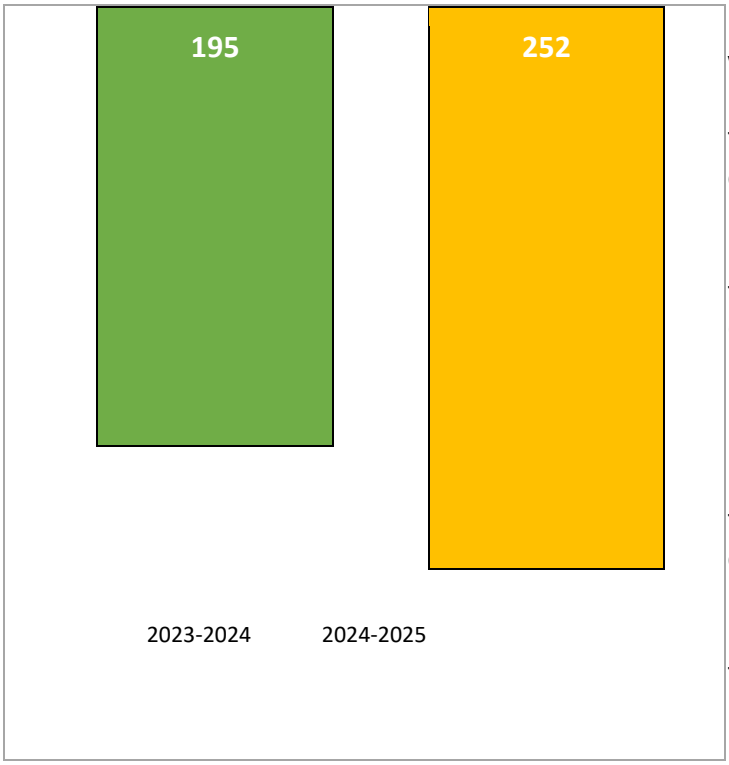
Please note that the figures presented in this report may differ from those published in the Local Government and Social Care Ombudsman's (LGSCO) Annual Review. This is due to a difference in reporting periods: the Council records complaints based on the date they are received, whereas the Ombudsman reports based on the date cases are closed within the financial year. We are currently reviewing our approach to align more closely with the Ombudsman's reporting for future years.

In 2024–2025, a total of 11 cases were recorded, an increase from 7 cases in the previous year. The majority of these were closed after initial enquiries, with no further action taken. New case outcomes this year included:

- In Progress – 2 cases
- Paused – 2 cases
- Outside Jurisdiction – 2 cases

We remain committed to transparency and continuous improvement in how we handle and report complaints.

1.2 Stages (2 Year Comparison)

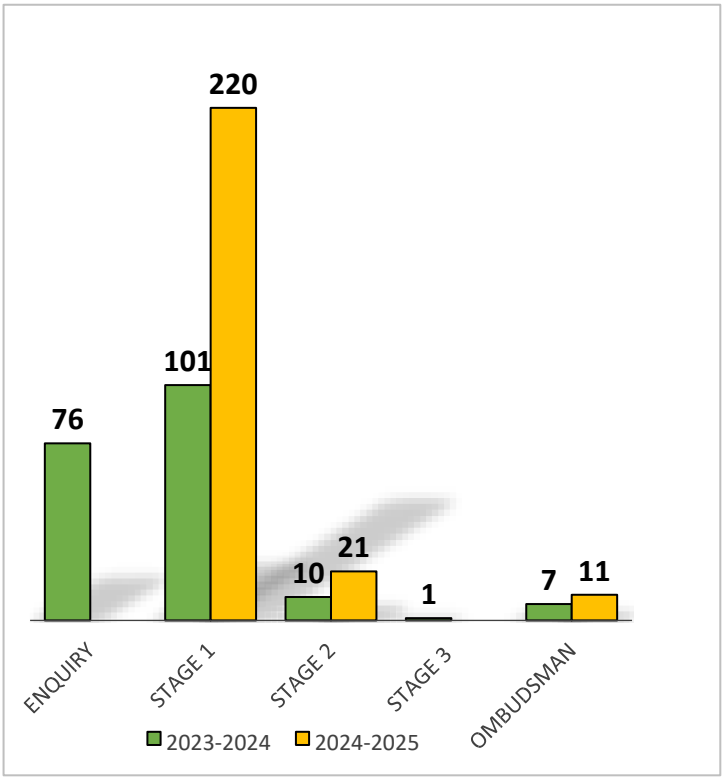


Data for 2023–2024 includes 76 enquiries that were not classified as formal complaints. However, these enquiries were captured within the overall reporting framework to provide a comprehensive view of feedback received.

During 2024–2025, we saw a 29% increase in the volume of complaints received in relation to Children's Social Care. This rise reflects a notable shift in engagement and improved recording of feedback from service users.

In total, 5,292 children received services during the 2024–2025 reporting period. When compared against the number of complaints received, this equates to 4.7% of service users initiating a complaint, an increase of 2.8% from the previous year.

1.3 Stages (2 Year Comparison)



For the purpose of accurate reporting, the chart opposite illustrates the total number of enquiries received during 2023–2024.

In 2024–2025, these enquiries were incorporated into the Stage 1 complaint process, aligning with updated recording practices. While the data shows 101 Stage 1 complaints, when combined with the 76 enquiries and complaints at other stages, the total number of recorded cases rises to 195.

Despite this change in categorisation and recording processes, there was a notable increase in complaint volumes across several stages. Additionally, the proportion of Stage 1 complaints escalating to Stage 2 increased from 6% to 9.5%, indicating a higher level of dissatisfaction in findings or complexity in initial resolutions.

1.4 Services (2 Year Comparison)

SERVICE	2023-2024	2024-2025
Adopt London East	1	3
Assessment	5	19
Children With Disabilities	5	15
Children's Social Care	0	16
Children's Social Care & Education	0	19
Corporate Parenting	0	21
Corporate Parenting – Fostering	2	11
Corporate Parenting – Leaving Care	5	9
Early Help & Targeted Family Support	6	3
MASH & Targeted Support	14	14
Safeguarding	59	119
Safeguarding & Service Standards Unit	4	2
Virtual School, Safeguarding & Youth Justice	0	1
TOTAL	**101**	**252**

The graphic above does not include the 76 enquiries received during 2023–2024. As a result, percentage comparisons between the two reporting years may be slightly affected.

During 2024–2025, we observed an overall increase in complaints across most service areas. The most significant rise was in relation to the Safeguarding services, compared to the previous year.

Key observations include:

Complaints against MASH & Targeted Services remained consistent with 2023–2024 levels.

Adopt London East, Virtual School, Safeguarding, and Youth Justice experienced minimal increases in complaints.

Early Help & Targeted Family Support and the Service Standards Unit saw a slight decrease in complaints.

Additionally, given the creation of new teams under the service reorganisation we saw new service areas recorded complaints for the first time in 2024–2025 including Corporate Parenting

Within Corporate Parenting, both Fostering and Leaving Care saw increases despite low overall volumes, compared to the previous year.

1.5 Themes (2 Year Comparison)

THEME	2023-2024	2024-2025
Attitude/Behaviour of Staff	28	45
Change/Closure of Service	0	1
Data Breach	5	0
Delay in Service	3	19
Dispute Decision	2	39
Eligibility	0	6
Family Dispute	1	0
Financial Issues	5	10
Inaccurate Information	9	20
Information not Provided	0	14
Lack of Communication	19	21
Safeguarding/Welfare Concerns	3	26
Standard of Service Not Met	26	42
In Progress	0	9
TOTAL	101	252

Complaints vary in nature, but they consistently offer valuable insights that help us improve our services and strengthen relationships with children, young people, and their families. Every complaint received is carefully reviewed, allowing us to reflect on our processes and practices.

Due to the implementation of a new software management system in December 2023, some complaint themes were renamed, merged, or reclassified. This may affect the accuracy of percentage comparisons. For this reason, it is more meaningful to analyse the data in terms of volume.

In 2024–2025, we saw an increase in complaints across a range of themes. Notable changes include:

Dispute Decision rose significantly, from just 2 complaints in 2023–2024 to 39 this year.

Safeguarding complaints increased from 3 to 36.

Staff Attitudes & Behaviour rose from 28 to 45 complaints.

Standards and Delay in Services each received 16 more complaints than the previous year.

Complaints related to Financial Issues and Inaccurate Information both doubled.

Lack of Information saw a modest increase of 3 complaints.

Three new complaint themes were introduced this year; Eligibility, Change/Closure of Service; Information Not Provided. Together, these new themes accounted for 8% of all complaints received.

Encouragingly, complaints related to Data Breach and Family Disputes were reduced to zero in 2024–2025

1.6Themes by Service (2024-2025)

SERVICE	ATTITUDE/ BEHAVIOUR OF STAFF	CLOSURE OF SERVICE	DELAY IN SERVICE	DISPUTE DECISION	ELIGIBILITY	FINANCIAL ISSUES	INACCURATE INFO	INFO NOT PROVIDED	LACK OF COMMS
Adopt London East				1					
Assessment	9		2	4	1		1		
Children With Disabilities	2		5	1				1	1
Children's Social Care	2			1		1	1	3	1
Children's Social Care & Education	2		1	6		1	2	2	3
Corporate Parenting	2		4	3		1	1	2	3
Corporate Parenting – Fostering	1			1	2		5		1
Corporate Parenting – Leaving Care	3					2	1		1
Early Help & Targeted Family Support	1			1					
MASH & Targeted Support	2			2		1	1		1
Safeguarding	21	1	6	19	3	4	8	6	10
Safeguarding & Service Standards Unit			1						
Virtual School, Safeguarding & Youth Justice									
TOTALS	**45**	**1**	**19**	**39**	**6**	**10**	**20**	**14**	**21**

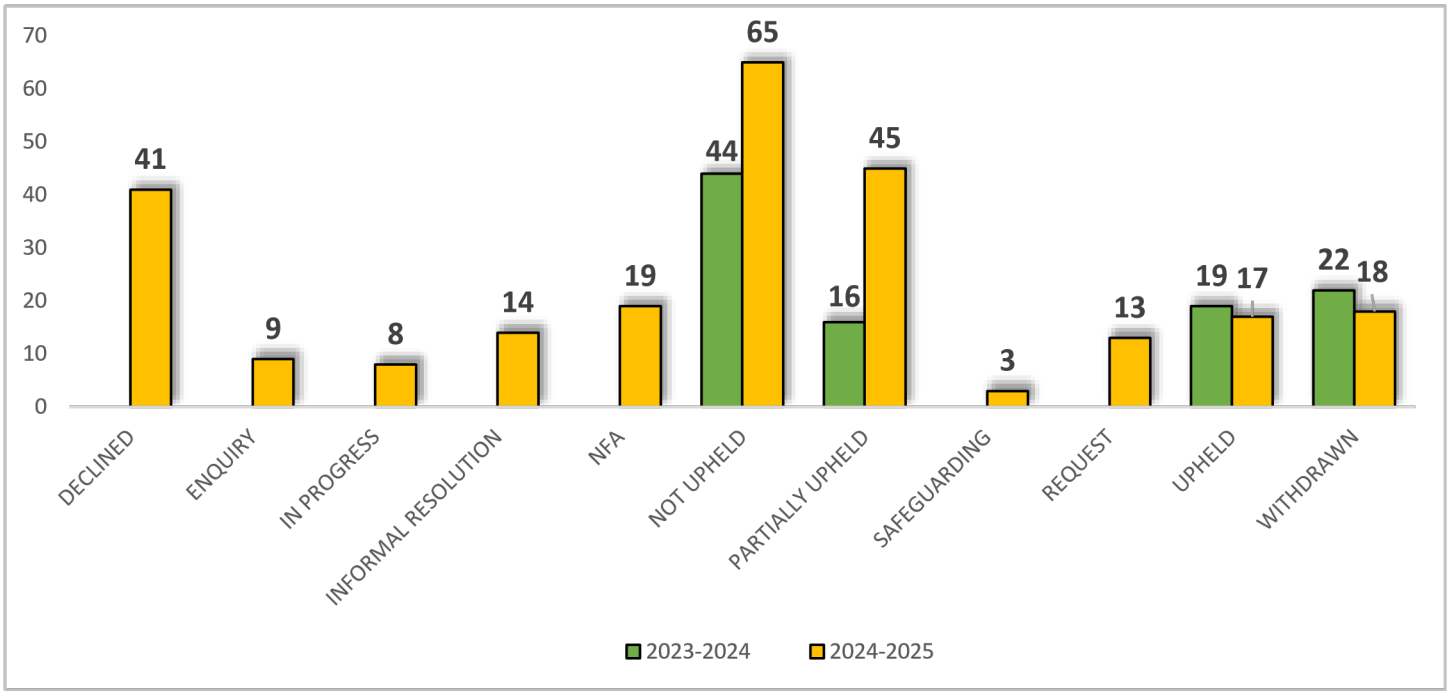
The table above sets out complaints received by theme and service during 2024–2025.

From the data, we can see that the Safeguarding Service which is the largest service in Children's social care made up of 7 teams received the highest volume of complaints. While this service recorded complaints across every theme, it is important to note that only 17% of these were upheld or partially upheld, indicating that many concerns were either not substantiated or resolved through clarification. The most prominent complaint themes were:

- Attitude & Behaviour of Staff
- Standards of Service
- Dispute Decision

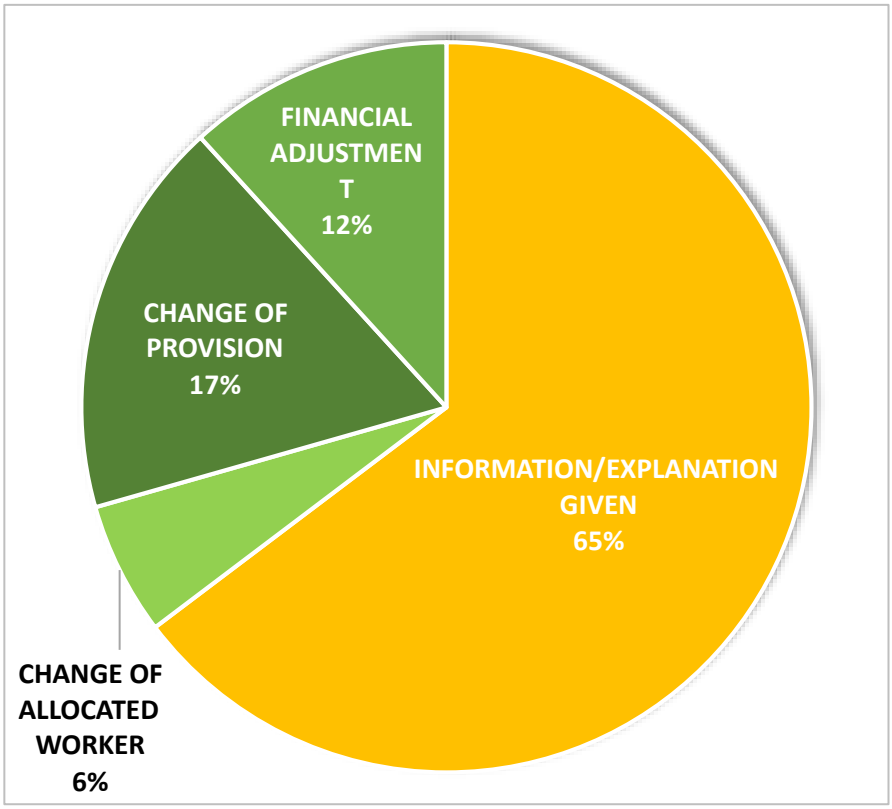
Together, these three themes accounted for 50% of all complaints received across the service.

1.7 Outcomes (2 Year Comparison)



The chart above shows a rise in complaints that were Not Upheld and Partially Upheld, with a small increase in Upheld cases. New outcome categories such as Safeguarding, Request, and others were introduced in 2024–2025, reflecting changes in how complaints are classified under the new case management system.

1.8 Upheld Complaint Actions (2024-2025)



All complaints that were upheld or partially upheld resulted in an apology and were linked to either an explanation, updated information, or adjustments in financial support, service provision, or worker involvement—as shown in the graphic opposite.

Training and QA activity with the services are being delivered as part of the Ofsted improvement plan to address learning from these complaints.

1.9 Response Times (2 Year Comparison)

Response Time	2023-2024	%	2024-2025	%
0-10 Days	47	46%	113	45%
11-20 Days	30	30%	69	27%
20+ Days	24	24%	62	25%
In Progress/Paused	0		8	3%

Despite a rise in complaints during 2024–2025, response times remained largely stable. There was a slight drop in responses being completed within 11–20 days and a small increase in those taking 20+ days. Although responses times within 0–10 days fell by 1%, the volume was nearly 2.5 times higher than the previous year.

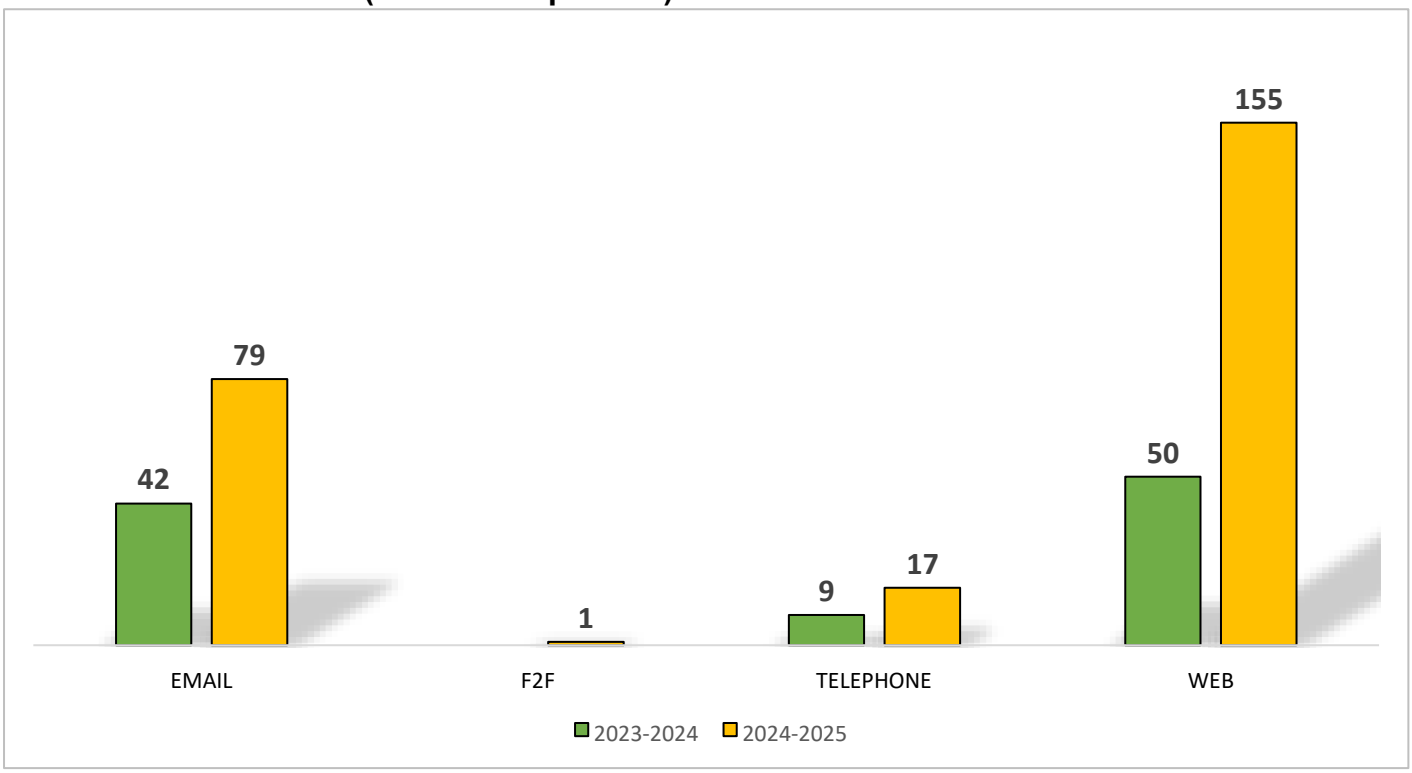
1.10 Expenditure (2 Year Comparison)

	PUBLICITY/LEAFLETS	INDEPENDENT INVESTIGATIONS	PAYMENTS	TOTAL
2023-2024		£2700	£350	£3050
2024-2025				

Due to the implementation of a new case tracking system and the wider restructure of the complaints service, the system used for Children's Social Care was not configured to record financial remedies or payments associated with complaints. Given the significant rise we saw increased spend for 24-25.

This gap has been identified as a priority for improvement and is now part of the service's forward planning. Enhancements are being made to ensure that from 2025–2026 onwards, all payments and financial outcomes linked to complaints are accurately recorded and monitored. This will support greater transparency, improve data quality, and strengthen the Council's ability to learn from complaints and deliver better outcomes for residents.

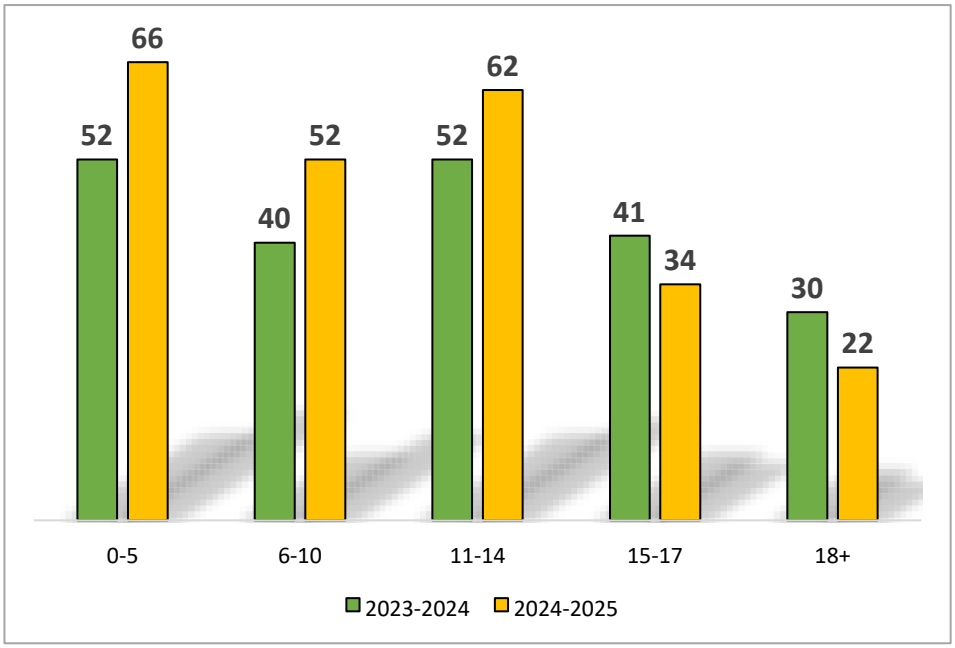
1.11 Method of Contact (2 Year Comparison)



The chart shows a clear shift in how complaints were submitted. Use of the web form more than tripled, while email submissions nearly doubled. Telephone contact also increased, and face-to face complaints were recorded for the first time.

Monitoring

2.1 Age (2 Year Comparison)



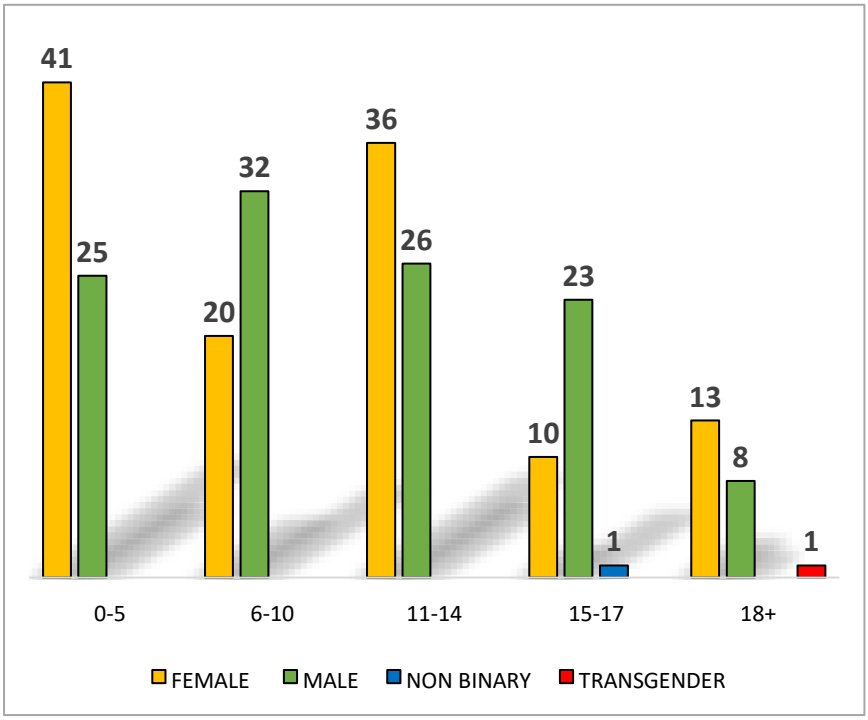
Monitoring data includes all children within a family unit unless stated otherwise. In 2024–2025, complaints rose among younger age groups:

- **0–5 years**: ↑ 27%
- **6–10 years**: ↑ 30%
- **11–14 years**: ↑ 19%

In contrast, complaints decreased for older age groups:

- **15–17 years**: ↓ 20%
- **18+ years**: ↓ 27%

2.2 Age by Gender (2024-2025)

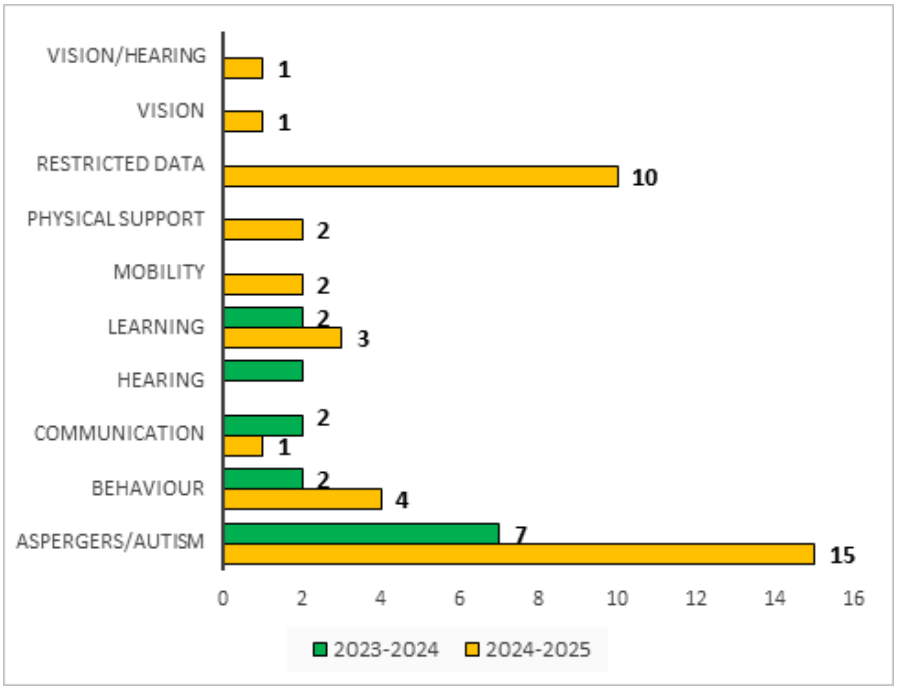


Overall, 5% more complaints were received in relation to female children than males. However, gender differences varied by age group:

0–5 years: 64% more complaints for females
6–10 years: 60% more for males
11–14 years: 28% more for females
15–17 years: 130% more for males
18+ years: 38% more for females

These variations highlight the importance of considering both age and gender when analysing complaint trends

2.3 Disability (2 Year Comparison)



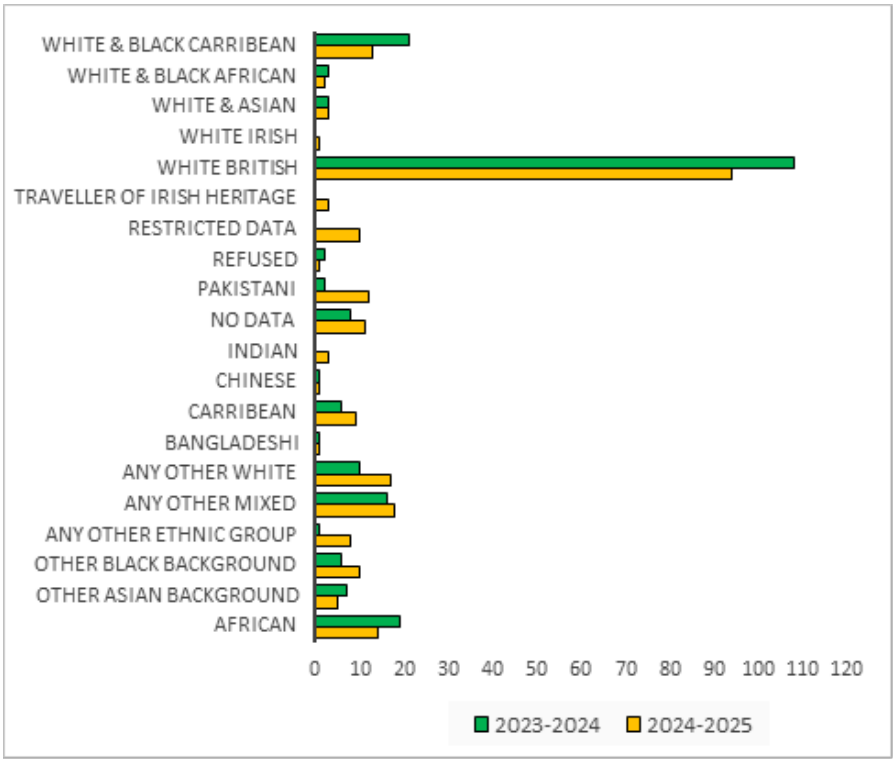
As per the previous year complaints from individuals with Asperger's Autism formed the largest category, though overall volumes remain low.

We also saw increases across all disability categories, and received complaints in:

- Vision / hearing
- Vision
- Physical Support
- Mobility

Additionally, 10 complaints were received where disability status information was resticted

2.4 Ethnicity (2 Year Comparison)

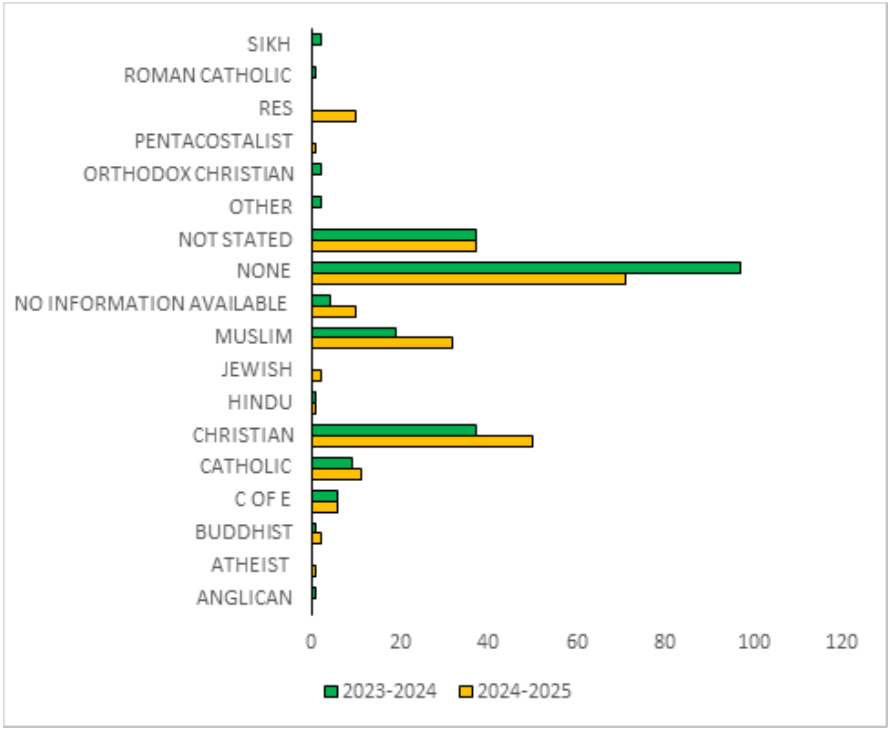


The higher number of White British complainants reflects Havering's population but not the full diversity of service users in Children's Services.

While complaints were received from a range of ethnic background, slight decreases were noted among White, Black Caribbean and African groups.

We aim to ensure all families and young people feel empowered to share complaints, compliments and feedback.

2.5 Religion (2 Year Comparison)



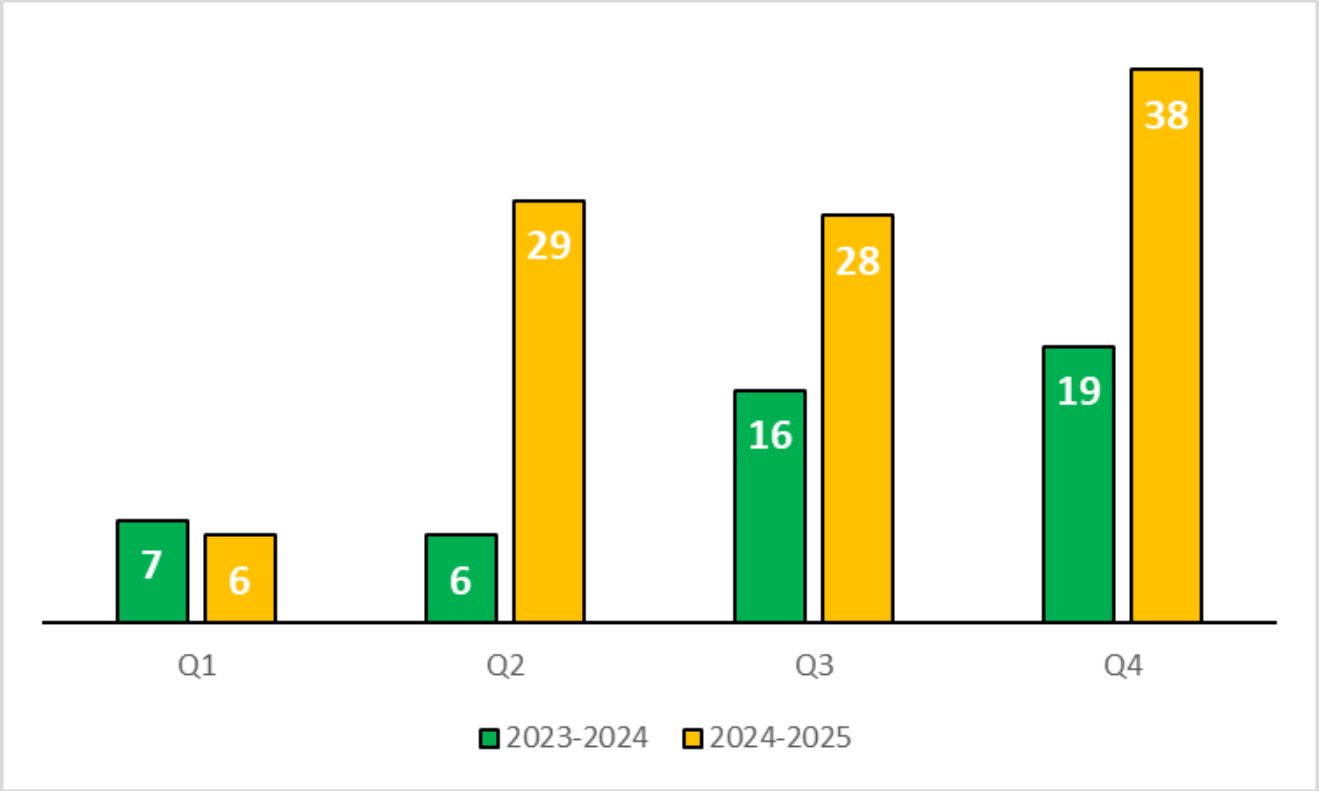
The chart highlights shifts in case outcomes across two reporting areas.

Notable increases were seen in not upheld complaints and declines.

Partially upheld and upheld outcomes remained relatively stable, while categories such as Safeguarding, No further action and Informal Resolution saw modest growth.

New classifications like request and enquiry were introduced, reflecting broader categorisation under the new updated system.

Members Enquiries



The chart illustrates a comparison of Members enquiries received across four quarters between the financial years 2023–2024 and 2024–2025.

Q1 remained steady (6 vs. 7 cases). Q2 to Q4 saw sharp increases, with Q4 peaking at 38 cases—double the previous year. Please note that from December 2024, all Councillor Enquiries began being recorded through the Council's CAS tracking system. This change has enabled more consistent and accurate reporting of enquiries received, helping to improve data quality and case management.

Overall, the data reflects a notable increase in member's activity throughout 2024–2025, particularly in the latter three quarters.

Compliments

4.1 Compliments by Service

SERVICE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL	PROFESSIONAL
Adopt London									1				1	1
Assessment	1		1	3		1			1				7	1
Corporate Parenting														2
MASH														1
Safeguarding	1								2			1	4	8
Leaving Care									1				1	3
Fostering	1			1	1	1		2					6	3
Early Help -Years	1		1	2		1		1	1			4	11	6
SSSU														2
LADO -														1
Specialist Safeguarding					1								1	3
Children with Disabilities				1			1						2	2
TOTAL	4	0	2	7	2	3	1	3	6	0	0	5	33	33

4.2 Compliments

EARLY HELP

"Both of you have helped us so much. Assistance was outstanding. She is very attentive, understanding and has brilliant personality. My daughter has attached to her so much and was very sad that she will no longer be coming to see us. Once again thank you for everything."

SAFEGUARDING

"She is a very patient women and understanding with the short time we had, she got me in a good placement and she made sure I was comfortable here"

Fostering

"I hope this message finds you well. I am writing to express my sincere gratitude for your support and cooperation during the recent immigration appeal concerning my granddaughter"

LEAVING CARE

"Your kindness, dedication, and genuine care have truly made a difference in my life. I especially want to thank you for helping me with my house move. That kind of support goes above and beyond, and it showed me how much you care about the well-being of those you help. It's clear how hard you work to ensure the best for your clients, and I feel so fortunate to have you by my side!

ASSESSMENT

"Please allow me to express that you have been a bright light for our family during this unexpected and stressful episode. Your support, politeness, and excellent communication with our son and daughter have helped them feel at ease and see you as someone they can trust. This has meant a great deal to us as parents. Thank you for all the advice you have provided throughout this process, as well as for your discretion."

Conclusions & Recommendations

The 2024–2025 reporting period has seen a significant increase in recorded complaints across Children's Social Care services, with volumes increasing by 29% compared to the previous year. This growth reflects both further understanding from service users on the complaint process and improved recording practices following the implementation of the new case tracking system.

Key themes such as Attitude and Behaviour of Staff, Dispute Decisions, and Standards of Service accounted for half of all complaints received. While the Safeguarding Service recorded the highest number of complaints, only 17% were upheld or partially upheld, indicating that many concerns were resolved or not substantiated.

Encouragingly, the number of compliments received remained steady, with positive feedback highlighting professionalism, empathy, and impactful support from staff across various teams.

Recommendations:

Improve early resolution
Enhance Stage 1 resolution processes to reduce escalation rates and improve satisfaction at the initial point of contact.

Further strengthen staff training on customer services
Focusing on communication, empathy, and decision-making transparency to address recurring themes such as staff behaviour and dispute resolution.

Refine Data Systems
Ensure the complaints system is fully configured to capture financial remedies and outcomes, supporting transparency and accountability.

Promote Accessibility
Continue to expand and promote digital access points, including the web form, which saw a threefold increase in usage.

Monitor Equity and Inclusion
Use demographic data to identify and address disparities in complaint trends across age, gender, ethnicity, and disability.

Celebrate Positive Practice
Share compliments and success stories internally to reinforce good practice and boost staff morale.

Align Reporting Periods
Review and adjust internal reporting timelines to better align with the Local Government and Social Care Ombudsman's framework.

By acting on these recommendations, Children's Services can continue to improve the quality of care, strengthen interventions with families, and ensure that feedback—both positive and negative—is used constructively to shape future service delivery

Complaints & Compliments Action Plan

Based on the findings from the 2024–2025 Annual Report, the following action plan outlines key priorities to improve service delivery, strengthen feedback mechanisms, and ensure that both complaints and compliments are used constructively to drive positive change

ACTION		AIM	Responsible officer	Date
1. Enhance complaint resolution processes	1a	Review Stage 1 procedures to improve early resolution and reduce escalation rates.	Sarah Birtles, Jannine Layhe	By April 2026
	1b	Introduce targeted training for staff on conflict resolution and communication skills.	Charmaine Malcolm Sophie Forder	By April 2026
2. Improve data accuracy and reporting	2a	Fully configure the complaints system to record financial remedies and outcomes	Sarah Birtles	By April 2026
	2b	Align internal reporting periods with the Local Government and Social Care Ombudsman to ensure consistency	Sarah Birtles	By April 2026
3. Strengthen staff development	3a	Use complaint themes (e.g. staff behaviour, dispute decisions) to inform team-level learning and development plans	Charmaine Malcolm Sophie Forder	By April 2026
	3b	Share compliments and positive feedback to reinforce good practice and boost morale.	Sarah Birtles Charmaine Malcolm	By April 2026
4. Promote Accessibility and Inclusion	4a	Expand awareness of complaint channels, especially digital options like the web form.	Sarah Birtles	By April 2026
	4b	Ensure materials are accessible to all service users, including those with disabilities or language barriers.	Sarah Birtles	By April 2026
5. Monitor Equity in Feedback	5a	Continue analysing complaints by age, gender, ethnicity, and disability to identify trends and address disparities.	Sarah Birtles	By April 2026
	5b	Engage with underrepresented groups to encourage feedback and improve trust.	All staff	By April 2026
6. Celebrate and Share Positive Feedback	6a	Further develop the quarterly complaints and compliments report to highlight strong practice across teams.	Sarah Birtles and Emmy	By April 2026
	6b	Encourage managers to use compliments in staff appraisals and ‘Star of the Month’.	Charmaine Malcolm	By April 2026

7. Embed Learning into Practice	7a	Ensure all upheld complaints result in clear actions, such as apologies, service changes, or financial adjustments.	Sarah Birtles / AD's in Starting Well, Emmy Tomsett	By April 2026
	7b	Track implementation of complaint outcomes to ensure follow-through and accountability.	Sarah Birtles / Johanna Philp	By April 2026

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ANNUAL REPORT 2024-2025

Education Services – Starting Well

Annual Complaints & Compliments Report

Contents

Executive Summary

The 2024–2025 reporting period for Education Services reflects a year of steady complaint volumes, improved response times, and evolving service engagement. A total of 45 formal complaints were received, a slight decrease from 48 in 2023–2024, largely due to a change in reporting practices that excluded general enquiries and Ofsted-related matters.

SEND complaints saw a notable 34% reduction, while complaints for Education increased slightly. Volumes for Education & Schools and School Admissions remained consistent. The introduction of new case management software led to expanded categorisation of complaint themes, resulting in significant shifts—Standards of Service complaints dropped, while Lack of Communication rose.

Complaint outcomes showed an increase in Upheld cases, a decrease in Not Upheld, and a 22% decline rate, suggesting improved triage and resolution processes. Response performance also improved, with 78% of complaints meeting target response times, up from 65% the previous year.

Digital engagement continued to grow, with online submissions becoming the primary method of contact, replacing email. Telephone contact remained minimal, and no complaints were received via face-to-face or written correspondence.

Member Enquiries increased by 18%, with 45 logged enquiries compared to 39 the previous year. Since December 2024, these have been formally tracked through the Case Tracker system, enhancing oversight and accountability.

Finally, the service received a number of compliments, particularly within SEND, highlighting the positive impact of staff efforts and the value placed on personalised support for families.

This report underscores the importance of continued service improvement, responsiveness, and transparency in handling complaints and compliments across Education Services.

Complaints Received

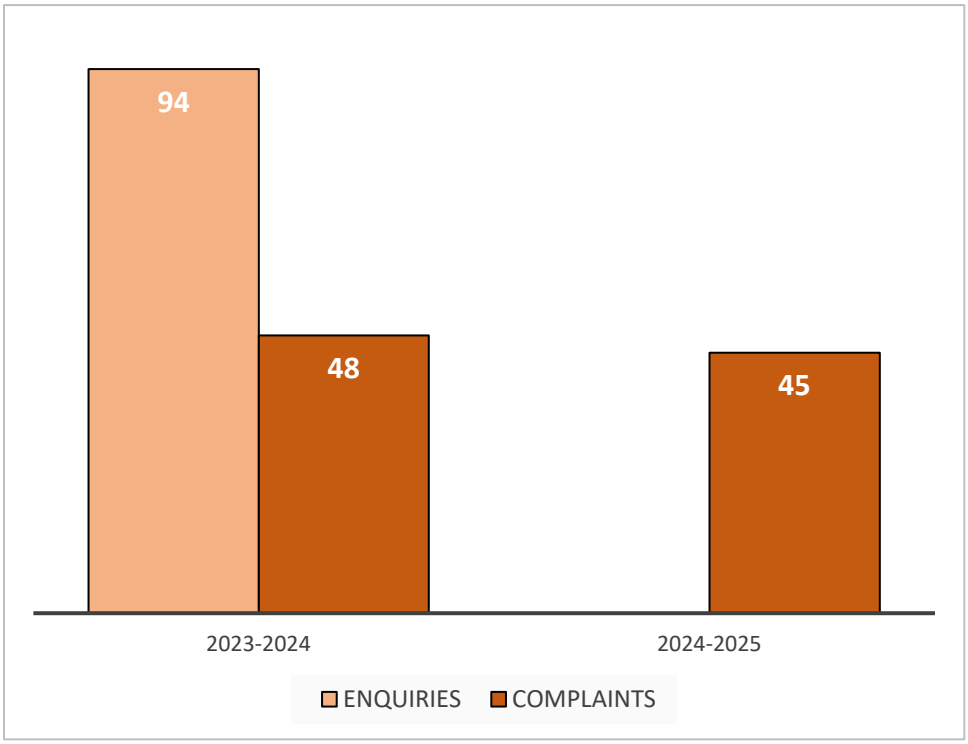
1.1 Ombudsman Referrals

OUTCOMES	2023 -2024	2024-2025
In Progress		
Maladministration (No Injustice)		
Maladministration & Justice		1
No Maladministration after investigation		
Ombudsman Discretion		
Investigation with Local Settlement		
Outside Jurisdiction		
Investigation Discontinued		
Paused		
Premature/Informal Enquiries		
Closed after initial enquiries – No Further Action		1
TOTAL	0	2

During the reporting period, there were no recorded Ombudsman outcomes in 2023–2024. In 2024–2025, two cases were concluded. One was categorised as Maladministration with Injustice, and the other was closed after Initial Enquiries – No Further Action.

These outcomes reflect the Council's continued engagement with the Ombudsman process and our commitment to resolving complaints appropriately. While the number of cases remains low, each outcome provides valuable insight into areas for improvement and reinforces the importance of robust complaint handling and governance practices.

1.2 Volumes (2 Year Comparison)



Complaints relating to Education Services saw a slight decrease, from 48 in 2023–2024 to 45 in 2024–2025. This reduction is partly attributed to a change in reporting practices, where general enquiries—previously included—are no longer counted within formal complaint data.

Looking ahead, enquiries directed to Ofsted will be excluded from future reports to ensure consistency and clarity in how formal complaints are recorded and presented.

1.3 Complaints by Service (2 Year Comparison)

SERVICE	2023-2024	2024-2025
Early Years	0	1
Education	0	4

The chart above illustrates that overall complaint volumes have remained broadly consistent with the previous year. However, there was a significant reduction in complaints related to SEND, which fell by 34% in 2024–2025.

In contrast, complaints for Education saw a slight increase, while volumes for Education & Schools and School Admissions remained unchanged. These trends will continue to be monitored to ensure service responsiveness and quality remain high across all areas.

1.4 Complaints by Theme (2 Year Comparison)

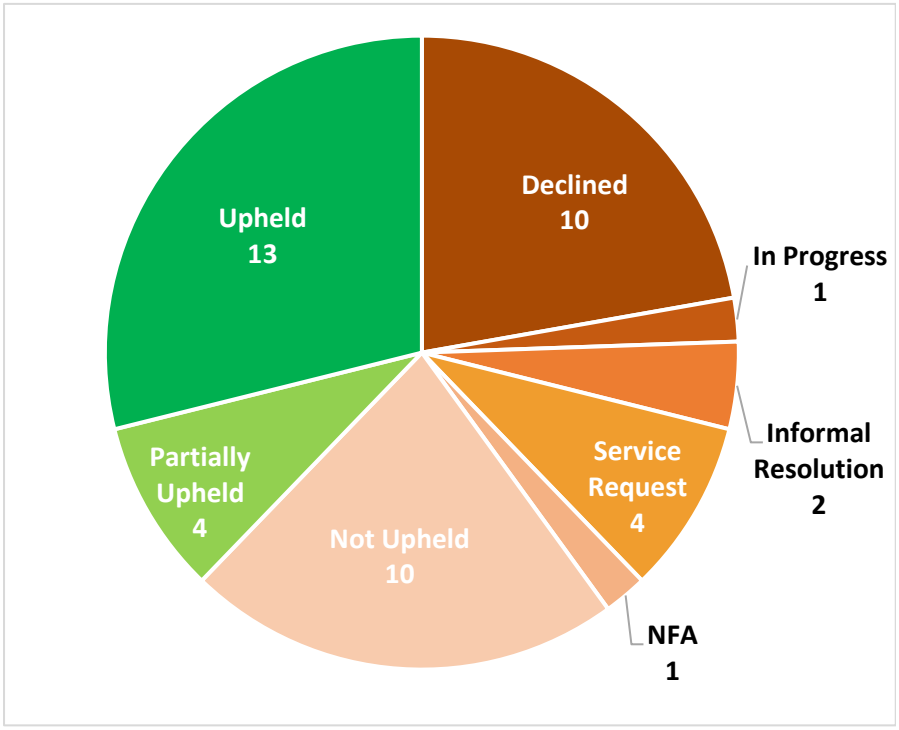
THEME	2023-2024	2024-2025
Attitude/Behaviour of Staff	5	2
Delay in Service	4	3

Dispute Decision	2	0
In Progress	0	1
Inaccurate Information	1	0
Lack of Communication	4	18
NFA		

Themes identified in complaints for 2024–2025 showed both consistency with the previous year and notable variation. These changes are likely influenced by the introduction of new case management software, which expanded the categorisation of complaint themes.

The most significant shifts were seen in Standards of Service, which decreased by 84%, and Lack of Communication, which increased by 78%. These variations will be closely monitored to assess whether they reflect genuine service trends or are a result of improved data classification.

1.5 Complaint Outcomes (2024-2025)



The chart opposite presents the outcomes of the 45 complaints received for Education Services in 2024–2025. Compared to the previous year, there was an increase in Upheld complaints, alongside a decrease in Partially Upheld complaints and a decrease in Not Upheld complaints.

This shift may reflect improved efficiency in the triage and resolution stages, enabling clearer outcomes earlier in the process. Additionally, 22% of complaints were declined, further indicating a more streamlined approach to assessing and managing incoming cases.

1.5 Complaint Response Times (2024-2025)

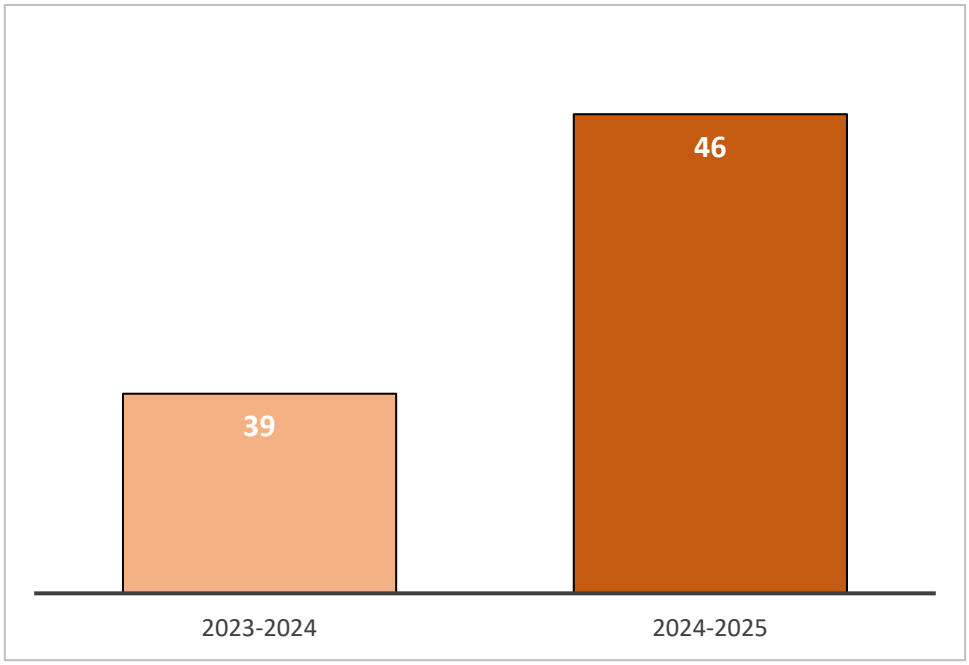
RESPONSE TIMES	2023-2024	2024-2025

Response times for 2024–2025 showed a marked improvement compared to the previous year. The proportion of complaints responded to within target times increased from 65% to 78%, while missed targets decreased from 35% to 22%.

These improvements were achieved despite complaint volumes remaining broadly consistent year-on-year, highlighting enhanced efficiency and responsiveness across the service.

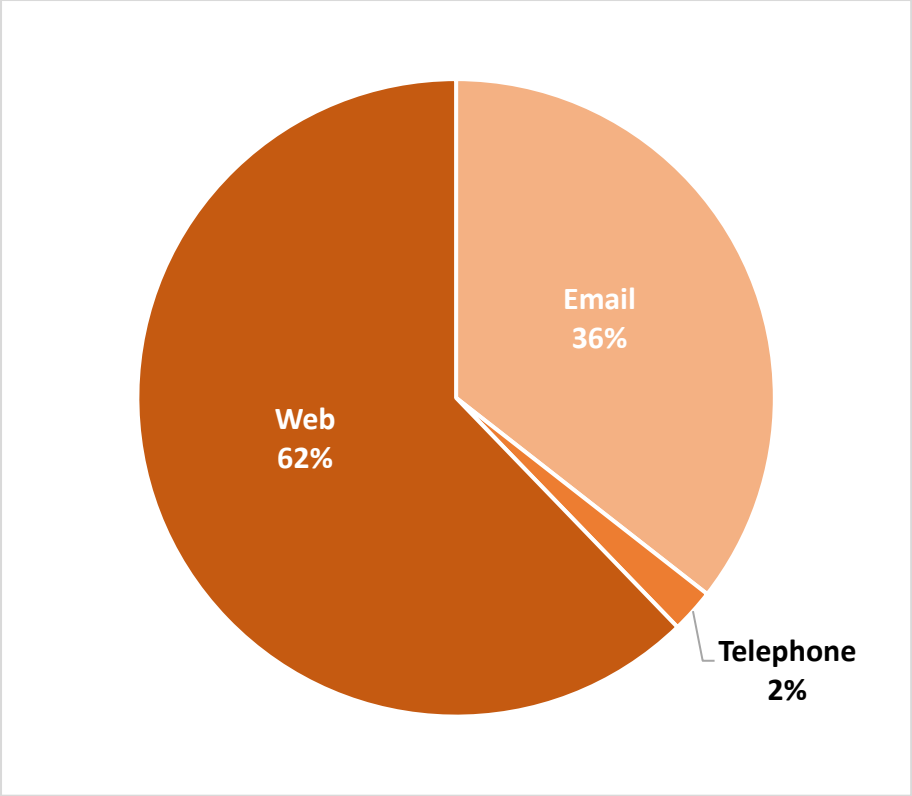
Hit	65%	78%
Miss	35%	22%

2. Members Enquiries



Enquiries from Councillors and MPs (Members) increased by 18%, rising from 39 in 2023–2024 to 45 in 2024–2025. Since December 2024, Member Enquiries have been formally logged through the Case Tracker system, supporting improved tracking and response management.

3. Method of Contact (2024-2025)



The chart opposite highlights a shift in how complaints were submitted during 2024–2025.

Online submissions became the default method, replacing email, which had been the preferred channel in the previous year.

Telephone contact remained minimal, and there were no complaints submitted via face-to-face or written correspondence throughout the year.

This change reflects a broader move towards digital engagement and streamlined reporting processes.

4. Compliments (2024-2025)

COMPLIMENTS	SERVICE	PROFESSIONAL
SEND	3	1

SEND

We would all like to thank you so much for sorting out the help for our son like you have. The relief we feel is immense and we feel so positive for our son's future with the short and long term plans set out below.

SEND

Thank u so much for changing my son's case officer. His ECHP is finally reading like it's my child again another battle off my shoulders and I really do appreciate everything you do for my children. One grateful mum thank u so much for everything!

Conclusion and Action Plan

The 2024–2025 reporting period has demonstrated continued progress in the management of complaints and compliments within Education Services. While overall complaint volumes remained stable, notable improvements were seen in response times and the quality of outcomes, reflecting enhanced triage and resolution processes.

The reduction in SEND complaints and the shift in complaint themes suggest both operational improvements and the impact of new case management tools. The increase in upheld complaints and decline in partially upheld and not upheld cases may indicate clearer decision-making and more effective early intervention.

Digital engagement continues to grow, with online submissions now the dominant method of contact. Member Enquiries have also increased, and the introduction of Case Tracker has supported better tracking and accountability.

Compliments received, particularly within SEND, highlight the positive impact of staff efforts and the value of personalised support. These insights will inform ongoing service development and reinforce the importance of maintaining high standards across all areas.

Action Plan for 2025–2026

Strengthen Early Resolution Processes

- Continue refining triage procedures to ensure timely and accurate complaint categorisation.
- Provide additional training to staff on informal resolution techniques.

Enhance Data Quality and Reporting

- Review and refine complaint theme categories to ensure consistency and clarity.
- Monitor the impact of new case management software and adjust processes as needed.

Improve Communication and Engagement

- Address the rise in complaints related to lack of communication
- Develop clearer guidance for families and stakeholders on complaint processes.

Support SEND Service Improvements

- Investigate the reasons behind the reduction in SEND complaints to identify best practices.
- Continue to prioritise personalised support and timely responses for SEND-related issues.

Expand Digital Accessibility

- Promote online complaint submission while ensuring alternative methods remain available for those who need them.
- Explore enhancements to the Case Tracker system
- Celebrate and Share Positive Feedback
- Share examples of positive outcomes across teams to encourage a culture of excellence.