

By: Ben Watts – Deputy Chief Executive
To: Governance and Audit Committee
Date: 3 November 2026
Subject: KCC Annual Customer Feedback Report 2025/26
Classification: Unrestricted

This report provides Members with assurance on customer feedback performance in 2025/26. It focuses on overall performance, key service pressures, learning from complaints and benchmarking against ombudsman data and comparable county councils.

Summary:

The Committee is asked to note the contents of this report, including current performance, key areas of pressure, lessons learned and the Council's benchmarking position.

Recommendation: The Committee is asked to note:

1. the contents of this report, including current performance, key areas of pressure, lessons learned and the Council's benchmarking position.
2. the improvement activity underway in relation to complaint handling standards, timeliness and organisational learning.

1. Purpose of the report

- 1.1 This annual report provides assurance on the Council's customer feedback performance for 2025/26. It covers complaint volumes, timeliness, escalation, ombudsman outcomes and the learning being used to improve services. Following feedback from the previous two Governance and Audit Committees this report has been redesigned.
- 1.2 Overall complaint volumes increased during the year. Stage one complaints rose by 11%, stage two complaints rose by 31% and Member Enquiries by 52%, reflecting continued pressure across a number of high-volume services.
- 1.3 The report is intended to do more than present volumes. It explains what is driving performance, where the main risks sit, what complaints are telling us about service quality and how the Council compares externally.

2. Key messages and assurance overview

- 2.1 Overall volumes remain high, particularly in services already under pressure. Demand has increased across complaints and Member enquiries, and this continues to affect response times and service capacity.

- 2.2 Performance remains mixed. Some services continue to respond well despite high demand, but meeting the target has reduced overall and remains a key area for improvement, especially in higher-volume and more complex areas such as SEN and parts of Children, Young People and Education. However, we are seeing reductions in the time taken to respond, demonstrating that the backlog is beginning to clear.
- 2.3 Complaints continue to provide useful insight into service quality, communication, timeliness and decision making. Learning from complaints is being used more systematically through quality assurance activity, training, targeted service support and the Organisational Learning Panel.

3. Overall performance and demand

- 2.1 Tables 1 & 2 set out the headline position for customer feedback received across the Council. Formal complaints increased in 2025/26, while compliments remained broadly stable.
- 2.2 Dependent on what is being complained about, there is a legal requirement to handle complaints from Looked After Children and Children in Need, or those eligible to make a complaint on their behalf, through the three-stage procedure specified in the Children Act 1989 Representations Procedure (England) Regulations 2006.
- 2.3 The reduction in comments reflects changes in how GovMetric comments are recorded in particular services rather than a straightforward fall in customer contact.
- 2.4 The Council is managing sustained and increasing demand in the areas that require formal investigation and response. This creates pressure both for the Customer Feedback function and for the services responsible for providing replies and resolving issues.

Table 1 – Feedback received by KCC compared with previous year

Year	Complaints (Stage 1)	Comment	Compliments	Local Government and Social Care Ombudsman complaints
2025/26	5980	406	1677	349
2024/25	5392	3557	1609	291
Difference	588	-3151	68	58
% difference	11%	-89%	4%	20%

Table 2 – Children Act complaints requested and accepted at each stage (included in the volumes shown above)

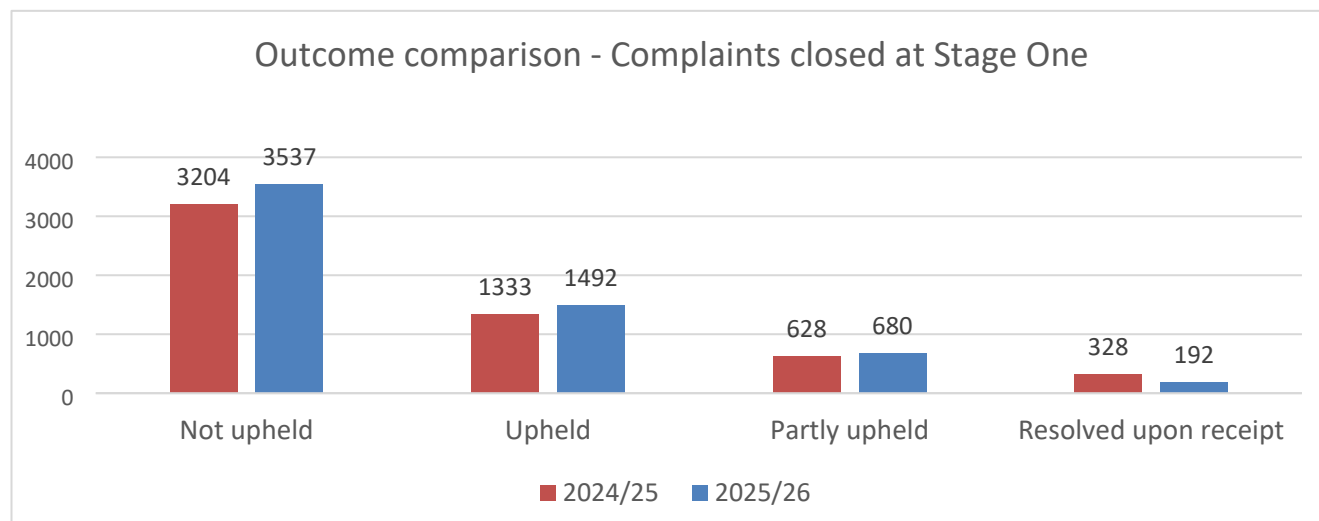
Stage	2024/25	2025/26
Stage 1 – Local Resolution	63	73
Stage 2 – Independent Investigation	13	22
Stage 3 – Independent Review Panel	3	7

Table 3 - Complaints received at stage 1 by Directorate

Stage 1	Adults Social Care and Health	Children, Young People and Education	Growth, Environment & Transport	CED & DCED	Total
2025/26	1160	1447	3256	117	5980
2024/25	1064	1266	2932	130	5392
Difference	96	187	324	-13	594
% difference	9%	14%	11%	-10%	11%

- 2.5 Adult Social Care and Health (ASCH), saw an increase of 9% on the previous year. Most areas saw marginal increases; however, this was most acutely felt in areas where there were known issues.
- 2.6 Children, Young People and Education (CYPE), volumes were up 14% on the previous year. The SEN services continue to see the highest volume of complaints for the directorate, with 46% of cases.
- 2.7 Growth, Environment & Transport also saw an increase for the directorate of 11%. The highest proportion of cases are for our Highways & Transportation division (76%). This division deals with public transport, SEN transport, roadworks and road surface issues. As this is the service the majority of Kent's residents and beyond use on a daily basis, the volume is low, but the proportion of complaints is not unexpected.
- 2.8 The Chief Executive's (CED) and Deputy Chief Executive's Departments (DECD), saw a decrease in the number of complaints received (-10%) across both departments. 41% of complaints related to disagreements with policy & procedures.
- 2.9 16% of complaints received in DECD related to the Contact Centre. When customers complain, calls are listened to, where fault is found, training is carried out with staff members. The number of complaints is low in consideration that over 550,000 contacts are received in the centre on an annual basis.
- 2.10 Overall, we have seen an 11% increase in the number of complaints received at stage one. A breakdown of complaints received by division/service can be found in Appendix A.

2.11 Case outcomes at Stage 1*



*Number of cases closed will not equal the number received in the same period.

Table 4 – Stage one - cases not upheld, upheld, partly upheld and resolved upon receipt

Stage 1	Not upheld	Upheld	Partly upheld	Resolved upon receipt
2025/26	3537	1492	680	192
%	60%	25%	12%	3%
2024/25	3204	1333	628	328
%	58%	24%	11%	6%

*45 (1%) Withdrawn

2.12 All percentages of outcomes have broadly remained stable over the past year despite the increase in complaints received.

Table 5 – Feedback received at Stage 2 compared with the previous year

Stage 2	Adult Social Care and Health	Children, Young People and Education	Growth, Environment and Transport	CED & DCED	Total
2025/26	77	438	374	26	915
2024/25	55	314	300	12	681
Difference	22	124	74	14	234
% difference	40%	39%	25%	117%	34%

- 2.13 All Directorates have seen an increase in complaints escalating to stage two. This is in expected with an increase in complaint volumes being received. Services continue to be more proactive in encouraging cases to be escalated, rather than engaging in protracted conversations where customers disagree with decisions made.
- 2.14 ASCH are continuing to log additional issues raised following stage 1 informally as stage 2. Usually a 2-stage process with the Local Government Ombudsman acting as the second stage is employed for ASCH complaints, however there are times when it is appropriate to respond to additional queries raised following our stage 1 response. We therefore log these as an escalation but not in a formal stage 2 format.
- 2.15 We have seen an increase in complaints escalating to stage 2 within CYPE, this is largely due to issues relating to SEN complaints (54% of cases). 25% of cases relate to children’s social work. These figures are in line with the percentages seen the previous year.
- 2.16 We have seen a further steady increase in complaints escalating to stage 2 within GET, 87% of which were logged under Highways & Transportation. This service deals with issues relating to road surface issues/roadworks, public transport, grass cutting and drainage.
- 2.17 50% of complaints logged under CED & DCED at stage two related to the IR&T team. This team manages FOIs and SARs for the organisation.

2.18 Case outcomes at Stage 2

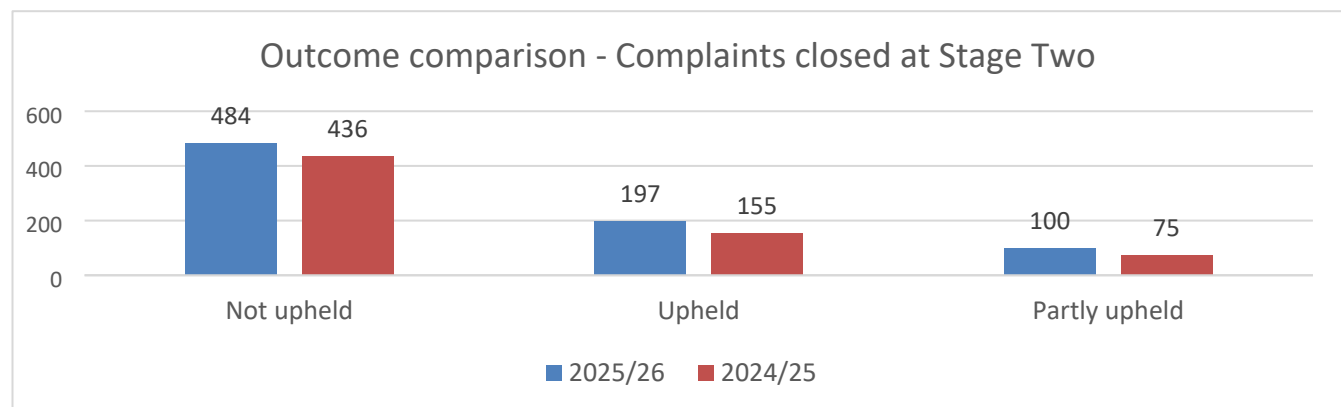


Table 6 – Stage two – Not upheld, upheld, partly upheld.

Stage 2	Not upheld	Upheld	Partly upheld
2025/26	484	197	100
%	62%	25%	13%
2024/25	436	155	75
%	64%	23%	11%

*1% withdrawn

2.19 While there is a small increase in the volumes being upheld and partly upheld, overall, the percentage split between outcomes remains consistent with the previous year.

Table 7 - Root Causes for complaints closed at stage one

	2024/2025		2025/2026	
	Total	%	Total	%
Policy and Procedure	884	15%	1,761	28%
Quality of service	2,848	49%	1,744	28%
Communications	828	14%	949	15%
Service not provided	634	11%	917	15%
Equalities and Regulatory	207	4%	384	6%
Staff Conduct	313	5%	364	6%
Not for KCC	41	1%	42	1%
Comment/Enquiry use only	16	0%	23	0%
Value for money	13	0%	14	0%
Total	5,788		6,198	

2.20 The balance of complaints has shifted over the last year, with more being logged under Policy and Procedure. Complaints recorded under the Policy and Procedure category include those around disagreements with decision making, disagreements with policy, or disagreements with charges received (for example for care).

2.21 Further information is shown in Table 8 below of the volumes of complaints at Stage one where the outcome of the complaint was Upheld.

2.22 Table 7 demonstrates that while a high volume of complaints were logged under Policy & Procedure, only 16% were upheld (Table 8).

2.23 33% of complaints logged under Quality of Service were upheld.

Table 8 – Breakdown of reasons for upheld* complaints by Directorate Stage one

Complaint reason	Adults Social Care Services & Health	Children Young People and Education	Growth Environment and Transport	CED & DCED	Total
Communications	96	176	79	11	362
Equalities & regulatory	8	22	25	4	59
Policy and procedure	87	80	108	2	277
Quality of service	100	252	161	11	524
Service not provided	33	144	105	5	287
Staff Conduct cause	10	32	64	1	107
Value for money	0	0	1	0	1
Total	334	706	543	34	1617

*table only includes upheld complaints and not those partially upheld

**some complaints may capture multiple reasons as to why they were upheld (total number of complaints upheld at stage one was 1492)

Other Feedback Received

Table 9 – Volumes received for other types of feedback.

	Member/ MP enquiry	Enquiry (includes Ask a Kent Librarian)	Informal Concerns
2025/26	3516	16805	74
2024/25	2319	15375	175
Difference	1197	1430	-101
% Difference	52%	9%	-57%

2.24 Table 9 tracks the other types of feedback received by the Council including Member and MP enquiries and informal concerns. The organisation received a 52% increase in enquiries raised by Members on the previous year.

2.25 It is not uncommon for figures to leap up following an election, this has probably been further exacerbated by the significant change in administration and the subsequent media coverage, which will mean members of the public will become more conscious of the Council.

2.26 Enquiries include Ask a Kent Librarian service requests which account for a significant proportion of the volumes received. This is managed by the Libraries, Archives and Registration service.

4. Timeliness and complaint handling standards

- 4.1 Timeliness remains one of the main areas of concern in 2025/26. The Council's target is to acknowledge complaints within 3 working days and provide a response within 20 working days. Across the organisation, 64% of complaints were responded to within this timescale, down from 70% in the previous year and below the 85% KPI.
- 4.2 This position should be viewed in the context of rising complaint volumes, backlog work in some services, and the complexity of complaints in statutory areas. These factors do not remove the need to improve timeliness, but they do help explain why performance remains under pressure.
- 4.3 The Local Government and Social Care Ombudsman has introduced a Complaint Handling Code. Although the Code is not mandatory and does not replace statutory complaints processes, it is an important external benchmark and will increasingly shape how council complaint handling is assessed.
- 4.4 At stage one, the Council achieved 64% compliance with its own 20-working-day standard. Against the Ombudsman's 15-working-day benchmark, compliance was 52%, rising to 61% when SEN cases are excluded.

KCC compliance at Stage One:	
20 working days	64%
15 working days	52%
15 working days (excl. SEND)	61%

- 4.5 At stage two, the Council's policy allows 20 working days, compared with the Ombudsman's 25-working-day benchmark. Compliance against the 25-day measure was 66%, rising to 81% when SEN cases are excluded.

KCC compliance at Stage Two:	
20 working days	64%
25 working days	66%
25 working days (excl. SEND)	81%

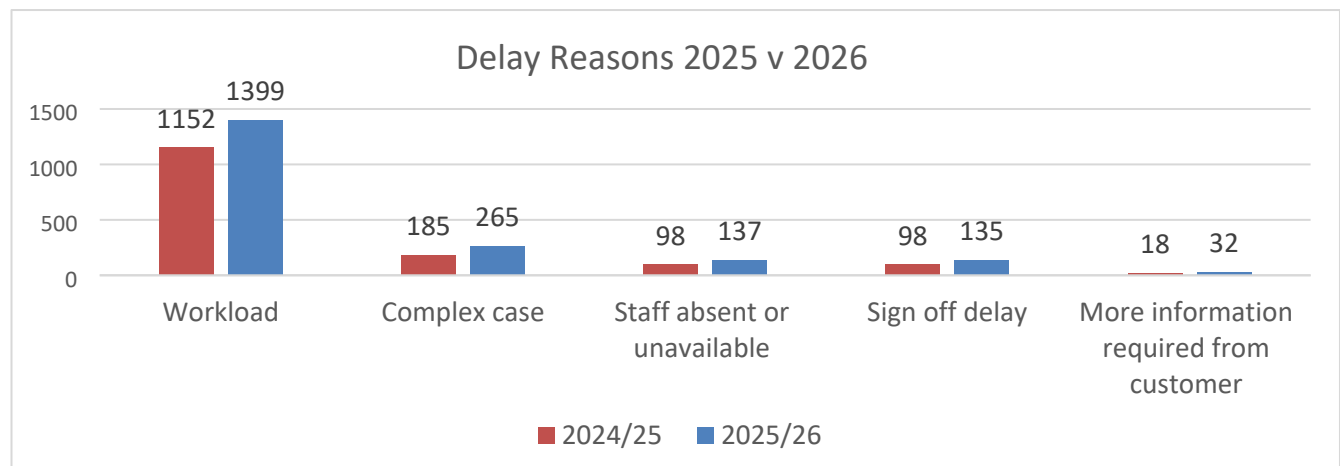
- 4.6 Targeted support has continued in areas where performance is lower, including management oversight, revised processes and additional guidance for officers. Progress has been made in some services, as demonstrated in the reduction of response times

albeit out of timescale, although others continue to face ongoing pressures that limit the pace of improvement.

Average of Working days to complete - stage one	2024/2025	2025/2026
20 days or less	8.6	10.1
More than 20 days	78.1	59.3
Grand Total	29.6	27.8

Average of Working days to complete - stage two	2024/2025	2025/2026
20 days or less	10.8	11.1
More than 20 days	77.7	60.1
Grand Total	40.2	35.7

4.7 Top five overall delay reasons



4.8 Chart above shows the top five delay reasons cited for the organisation as a whole.

4.9 The same reasons remain in the top five, each seeing a small increase in volume across the board. This is due to the increase in cases being handled.

4.10 Workload continues to be cited as the main reason for complaint responses being sent out late. Other reasons cited included third party delay, joint response delay, and waiting on legal advice all had 1% of the overall volumes.

4.11 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 makes provision for customers and the complaints team to set the timescales for responding. This can be up to 6 months for the most complex of cases and means that complaints will often not meet the 20-working day KCC standard. This is

because an agreement with the customer has been formed to allow for more time to investigate and respond.

- 4.12 Whilst the legislation allows for longer, ASCH complaints are measured against the 20-working day timeline in line with KCC's policy. Here 49% were responded to in timescale. The directorate implemented an action plan to improve performance and close historical cases. Additional training was carried out to support improvement.
- 4.13 Any joint working complaints with health, have an agreed 30 working day response time.

5. Customer communications channels

- 5.1 Information on 'How to complain' is available on our website. The public can provide feedback to the Council through a number of different channels including via our online form, phone, email and through Social Media.
- 5.2 The breakdown below indicates by percentage which channel customers have chosen to communicate feedback (compliments, comments & complaints).

Table 10 - Channels used to communicate compliments, comments, informal concerns and complaints

	Email	Online/ Self Service	Phone	Letter	Comment card/ Face to Face	GovMetric	Other
2025/26	41%	42%	7%	2%	3%	4%	<1%
Volume	3342	3431	549	137	258	339	8
2024/25	25%	29%	8%	1%	2%	34%	1%
Volume	2715	3075	843	118	191	3641	21

- 5.3 87% of correspondence is submitted via digital methods. While we maintain accessible channels, the majority of customers opt to contact us online. The nearly all MP and Member enquiries are received by email, with the increase in Member enquiries this has impacted this volume.
- 5.4 Following a review of GovMetric feedback, the GET directorate stopped logging these in as comments unless it required a formal response.

6. Financial Remedies across all complaints received by KCC

- 6.1 In 2025/26 £555,628.81 was paid in settlements, changes to the amount we charge and

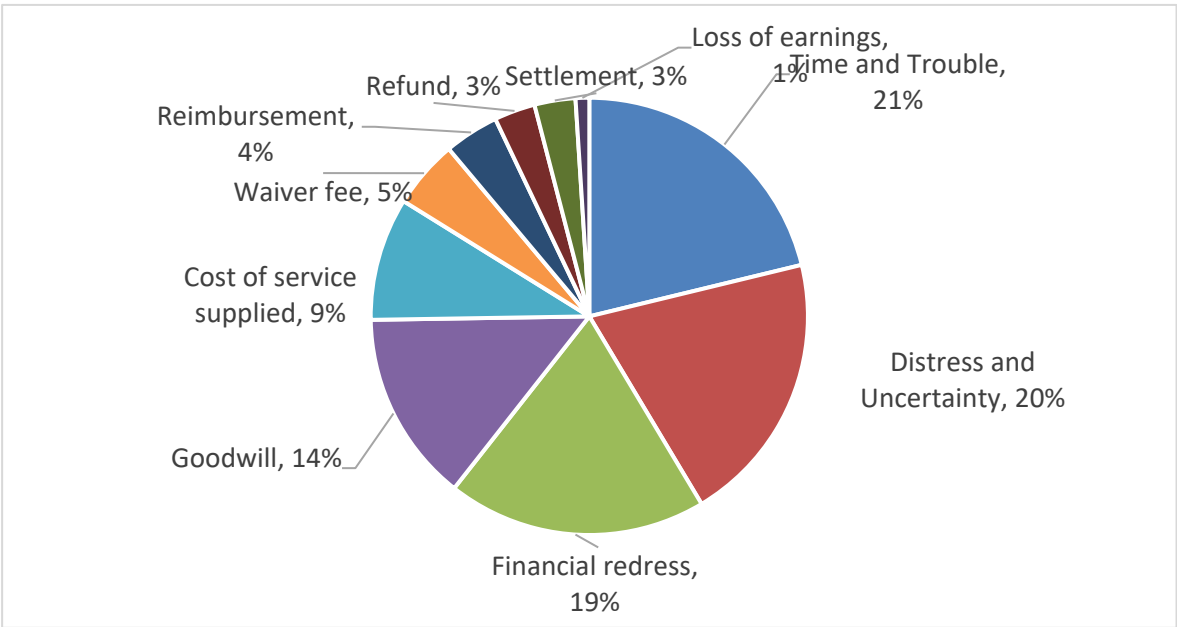
waived charges as a result of complaints to the organisation. This includes:

Directorate	Sum
ASCH*	£123,972.78
CYPE	£429,273.60
CED&DCED	Nil
GET	£2,382.43

*This figure also includes the adjustments to the cost of care provided. The service has adapted their processes to ensure that this information is consistently calculated and recorded as part of the complaint outcome.

- 6.2 £85,043.25 of the payments above were made following Local Government and Social Care Ombudsman Decisions found against KCC.
- 6.3 Within CYPE the clearing of the backlog has meant that this figure is disproportionately high. The service has been using the LGSCO’s remedy guidance to appropriately remunerate where there has been missed provision or education.
- 6.4 Overall, the total figure paid out in settlements or through waived charges is down by £113,975.30 on the previous year (2024/25 £669,604.11).

Table 11 – Financial Remedies complaint reasons



- 6.5 454 instances of financial remedies were recorded during the 2025/26 financial year, which is an increase from 374 instances the previous year.

- 6.6 Following an investigation, it was identified that through system error, funds intended for respite had been recovered from a business in error. The Council reimbursed the full amount to the business that was impacted by this, restoring them to the position they would have been in had the error not occurred. As this was a direct reimbursement of monies incorrectly recovered to a business, it has not been included within the reported total for financial remedies. This equated to £60,320.32.
- 6.7 Monies paid out during the 2025/26 financial year may relate to complaints recorded in previous years. This is due to the time that elapses between the date the complaint was lodged and achieving resolution, from stage one to LGSCO stage.

7. Levels of complaints to the standards committee (Member complaints)

7.1 Complaints recorded in 2025/26

- 7.2 During 2025/26 the Monitoring Officer responded to 78 complaints of alleged misconduct of the breach of the Elected Member Code of Conduct. A further 5 cases are currently open and pending a decision.

Table 12 – Volume of Member complaints

2025/26	2024/25	2023/24	2022/23	Outcome
78	2	0	2	No Action or resolved upon receipt.
0	1	1	0	Action taken by party
5	11	0	0	Awaiting Outcome (Cases still open with the Monitoring Officer)

8. KCC ombudsman performance

- 8.1 The Local Government and Social Care Ombudsman provide an external check on how well the Council handles complaints. Its annual review helps Members understand how many complaints progress beyond the Council, how many are upheld, and how Kent compares with similar authorities.
- 8.2 Ombudsman figures will not exactly match the Council's own records because some cases are closed by the Ombudsman without being referred back to the Council or are found to be outside jurisdiction. Even so, the data provides a useful benchmark.
- 8.3 In 2025/26, **349** complaints about KCC were recorded by the Ombudsman. Of these, **58** were upheld and were referred back for local resolution. This remains an important source of external scrutiny and learning.

- 8.4 The Ombudsman reported that the national average upheld rate for county councils was **89%** of investigated complaints. Kent's upheld rate was **87%**, which is below the national average for this group.
- 8.5 When adjusted for population, Kent recorded **3.5** upheld decisions per 100,000 residents, compared with an average of **5.2** for similar county councils.
- 8.6 Encouragingly included in the upheld figure is **9 cases** where the Council had already identified fault and offered appropriate remedies in line with the LGSCO guidance. We will be looking where we can improve this across all services.
- 8.7 Overall, this suggests that while complaint volumes are high, Kent compares more favourably when viewed against population size. The main areas for continued attention remain timeliness, early resolution and learning from upheld cases.
- 8.8 No public reports were issued against Kent County Council in 2025/26.
- 8.9 **Decisions made**
- 8.10 The following table examines the number of complaints decided by the Ombudsman over the last three years and decision category given by the LGSCO.
- 8.11 The council has received more cases this year, in which the LGSCO closed the case after Initial enquiries – this may be where LGSCO does not see that a full investigation is needed either because the outcome is unlikely to change, it is out of jurisdiction, insufficient evidence of fault or the complaint is outside of the 12 months period.
- 8.12 The number of those full investigated has been reduced over the last year.
- 8.13 The Ombudsman notes that the Organisation needs to improve in respect of timeliness. The Council when implementing remedial measures, achieved a response rate of **79%** compared with an average of 86% for County Councils. Additional focus will be made in this year to improve timeliness, particularly in relation to carrying out agreed actions.

Table 13 – comparison with other Local Authorities

County	Received	Assessed and closed	Investigated	Upheld	% upheld	Upheld per 100k	% already upheld locally	% timeliness of compliance with LGSCO recommendations
Kent	349	159	67	58	87%	3.5	16%	79%
Essex	447	113	247	235	95%	15	2%	98%
Surrey	307	116	105	93	89%	7.4	18%	91%
Hampshire	224	105	44	37	84%	2.6	14%	97%
Lancashire	275	86	75	64	85%	4.9	14%	74%
Hertfordshire	155	70	46	40	87%	3.2	8%	85%

Table 14 – LGSCO complaint decisions

	<u>Detailed investigation carried out</u>		Advice given	Closed after initial enquiries	Incomplete / Invalid	Referred back for local resolution	Total
	Upheld	Not upheld					
2025/26	58	9	4	159	10	109	349
2024/25	63	13	3	128	9	75	291
2023/24	76	18	2	101	16	91	304
2022/23	53	8	7	91	8	62	229

8.14 **BENCHMARKING**

8.15 Kent County Council compares its complaint performance with a group of similar large county councils, including Essex, Surrey, Hampshire, Lancashire and Hertfordshire. These councils all have populations that exceed 1 million and deliver the same core services, such as Adult Social Care, Children’s Services and Highways, across large and varied areas.

8.16 Within this group, Essex is Kent’s closest and most meaningful comparator. It is similar in size, structure and demand for services, and consistently sits alongside Kent across all benchmarking measures including Social, Economic and demographic comparators. For this reason, Essex provides the clearest like-for-like comparison when assessing performance.

8.17 In overall terms, Kent received 58 upheld Ombudsman complaints, compared with 235 in Essex. This means Kent has fewer complaints upheld per capita LGSCO stage than its nearest statistical neighbour, despite operating at a similar scale.

8.18 Other councils in the group, such as Hampshire and Surrey, report lower complaint numbers. However, these councils differ more in their population profile and levels of demand, including lower levels of deprivation and service pressure. This means they are less directly comparable to Kent than Essex.

8.19 Looking at the wider picture, Kent sits in the middle of the group for socio-economic factors such as deprivation and economic activity. Its complaint levels reflect this position and are broadly in line with what would be expected given the population it serves.

8.20 Overall, when compared with its nearest neighbour Essex, Kent’s complaint levels escalating to LGSCO are lower and more proportionate. This suggests that Kent is not an outlier and that its complaint performance is consistent with similar councils delivering services at the same scale.

- 8.21 The number of complaints received is also influenced by factors such as awareness of how to complain, confidence in raising concerns and how organisations record and manage feedback. In Kent, we take a transparent and robust approach to complaint handling. We do not operate a 'pre-complaint' stage or seek to divert complaints away from the formal process unless they are genuinely service requests.
- 8.22 This means concerns are recorded at the earliest opportunity, in line with the Complaint Handling Code, allowing us to build a full and accurate picture of customer experience. As a learning organisation, this consistent logging enables us to identify trends, target improvement activity and strengthen accountability. We also ensure that customers are consistently signposted to the Local Government and Social Care Ombudsman where appropriate.
- 8.23 Kent has sought to benchmark complaint volumes with our neighbours at earlier stages of the complaints process to provide a more complete understanding of customer experience. However, meaningful comparison at this level remains limited, as many councils do not currently record or report complaints with the same level of consistency or detail.
- 8.24 The Local Government and Social Care Ombudsman's Complaint Handling Code now sets clearer expectations that councils should capture and report on complaints more comprehensively from the outset. While the Code outlines that reporting should, as a minimum, include information on complaint volumes, outcomes, timeliness and learning, it does not prescribe a standard template or approach. It is still early days in the code's implementation, and we will continue to monitor this.
- 8.25 At the present time the variation across the sector in how data is recorded and presented is significant. Kent's approach has always been to be open and transparent. We already go further than the minimum requirements by recording complaints at the earliest point and maintaining a consistent, organisation-wide dataset. This provides greater transparency, supports stronger organisational learning, and ensures senior leaders and Members have a clearer view of performance and emerging issues.

9. Lessons learned and service improvement

- 9.1 Complaints and Ombudsman findings are used to improve service delivery, not just to resolve individual cases. Where fault is identified, services are expected to put things right for the individual and take action to reduce the risk of the same issue happening again.
- 9.2 Learning is being captured more consistently through remedial actions, management oversight, quality assurance, staff guidance and the Organisational Learning Panel. The table below summarises the most common actions taken where complaint volumes are high enough to identify meaningful themes.

Table 15 - Top remedial actions

Action	Total	%
Formal apology	818	27%
Explanation	752	25%
Provided service requested	372	12%
Financial remedy	367	12%
Arrange staff training or guidance	226	7%
Discuss at team meeting	173	6%
Change or review communications	131	4%

9.3 Above are summaries of the most common actions taken as a result of complaints. The most common remedial actions remain apology, explanation, putting the service right and, where appropriate, financial remedy.

10. You Said, We Did

10.1 We listen to the feedback people give us through complaints, comments and compliments. Where something has gone wrong, we use that feedback to put things right and improve the way we work. This section gives examples of what people told us and what we changed as a result.

Service	You said	We did
Adult social care	A family told us they were told a care placement was ready before it had been approved, and that home care was cancelled before the move was authorised.	We identified learning about making sure information shared with families is accurate and consistent, not cancelling care packages before placement authorisation is confirmed, and addressing these points through staff supervision.
Children's services	People raised concerns about duplication of DBS checks for individuals working across different roles linked to the Council.	We said the DBS Update Service should be used where someone is already registered, rather than requesting a new DBS certificate, and that contract documentation would be amended to make this clear.
Libraries	A customer said staff were not helpful when they visited a library and wanted to take part in an event.	We said we would provide extra staff training and repeat expectations across the district to help prevent the same experience happening again.
Contact Point	A caller said a member of staff was not helpful when they rang for help with an application.	We reviewed the call and said the line manager would carry out a thorough review with the adviser, covering the process, what to do if unsure, and the need to stay focused on the caller.
Finance	A sole trader said late payment of an	We introduced a new form so payments can

	invoice had an impact on their personal finances.	be expedited where there is a risk to service delivery.
--	---	---

10.2 We know that feedback, including complaints, helps us understand where we need to do better. By listening and acting on what people tell us, we can improve services and help prevent the same issues from happening again.

11. Ombudsman examples

11.1 We also learn from complaints investigated by the Local Government and Social Care Ombudsman. These cases help us understand where our processes, communication or decision-making need to improve.

Service	You said	We did
Adult social care	A complaint to the Ombudsman said we did not follow up disability-related expenditure as part of a care charging review and did not clearly explain the outcome.	We agreed to apologise for the frustration and uncertainty caused and review how we handle the reassessment process to address the communication failure.
Adult social care	A complaint said there had been poor communication support, problems with charging and poor complaint handling.	We agreed to apologise, waive outstanding care charges, carry out a fresh assessment of disability-related expenditure and make a payment to recognise the distress and confusion caused.
Special educational needs	A complaint said we did not act when we knew provision in an Education, Health and Care Plan was not being delivered and that we delayed responding to the complaint.	We agreed to apologise and make a financial payment to recognise the impact of lost provision and complaint delay.
Special educational needs	A complaint said there were delays in issuing an amended Education, Health and Care Plan, a failure to provide alternative provision, poor communication and delay in complaint handling.	We agreed to apologise, make a financial payment for distress and uncertainty, and issue the amended final EHC Plan.
Children's services	A complaint said we did not follow the statutory children's complaints procedure correctly.	We agreed to provide a remedy for the injustice caused and take action to resolve the complaint in line with the required statutory procedure.

11.2 The Organisational Learning Panel has been established to review cases with wider organisational relevance, share lessons across directorates and support a more consistent approach to service improvement. Actions resulting from the initial meetings include undertaking a survey to understand blockers to responding to complaints in a

timely manner, exploring the use of toolkits for common problems and expanding the use of “you said, we did” across services.

12. RECOMMENDATIONS

12.1 The Committee is asked to note:

12.1.1 The contents of this report, including current performance, key areas of pressure, lessons learned and the Council's benchmarking position.

12.1.2 The improvement activity underway in relation to complaint handling standards, timeliness and organisational learning.

13. APPENDICES

Appendix A - Directorate overview of Customer Feedback Received

Appendix B - Ombudsman Letter

Appendix C – Self Assessment

14. BACKGROUND DOCUMENTS

Definitions and Classification of Complaints:

- [Customer feedback policy - Kent County Council](#) - What can or cannot be accepted as a complaint, benchmarked against the Ombudsman's guidance)
- [Interpreting our complaints data - Local Government and Social Care Ombudsman](#) - For assistance in interpreting LGSCO data.

15. RELEVANT DIRECTOR AND REPORT AUTHOR

Report Author:

Pascale Blackburn-Clarke
Head of Customer Experience and Relationships
03000 417025
Pascale.blackburn-clarke@kent.gov.uk

Relevant Corporate Director:

Ben Watts,
Deputy Chief Executive
03000 416814