Annual Complaints Performance and Service Improvement Report 2025-26

New Outlook Housing Association

Reporting period: 1 April 2025 to 31 March 2026.

Executive Summary

During 2025-26, the defined Housing Ombudsman complaints dataset records 18 complaints. All 18 are recorded as resolved. 12 related to Care and Support and 6 to Housing.

The complaint records demonstrate recurring learning around staff interaction and communication, service delivery, property and environmental matters, safeguarding and resident safety and the complaint-handling process. The organisation has continued to use complaints as a source of learning and service improvement, supported by staff training, manager guidance, the complaints workshop, response quality assurance and lessons-learned activity.

Introduction

New Outlook Housing Association remains committed to effective complaint handling, learning from complaints and using complaint information to improve services. This report follows the structure and approach used for the previous annual complaints performance and service improvement report, updated for the 2025-26 reporting year and the agreed Housing Ombudsman reporting population.

The reporting population comprises complaints dated between 1 April 2025 and 31 March 2026 and allocated to the agreed locations, services and reporting categories. Complaints allocated to other services or managers are outside the scope of this report.

Key Elements Required by the Code

- Objectives: To handle complaints effectively, identify learning and use complaint information to improve services.
- Methodology: Complaints recorded in the supplied complaint data have been reviewed by date, allocated lead, category, status, management checks, outcomes and escalation indicators.
- Findings: The report identifies complaint volume, categories, management checks, outcomes, escalation and service-learning evidenced in the complaint records.
- Conclusions: The records identify recurring areas requiring continued management attention and demonstrate practical actions taken in response to complaints.
- Recommendations: Complaint learning should continue to be incorporated into service improvement, staff development, quality assurance and governance.

Complaint Data Summary

Complaint Handling Indicators
The figures above are presented as reconciled headline indicators based on the fixed reporting population of 18 complaints. They summarise the information used for this report and should be read alongside the underlying case records where formal compliance assurance or case-level verification is required.

Complaint Themes and Learning
During 2025–26, New Outlook strengthened its approach to complaint analysis through the use of primary, secondary and root-cause analysis. Each complaint is assigned one primary theme for headline reporting, while any additional issues raised within the same complaint are considered as secondary issues and within the wider root-cause analysis.

This approach ensures that complaints containing more than one issue are not counted more than once in the headline figures, while still allowing the organisation to identify wider learning and service improvement opportunities.

The 18 complaints within the agreed reporting population have been classified as follows:

- Safeguarding / resident safety: 5 complaints
- Staff interaction / communication / service delivery: 5 complaints
- Property / environment / repairs: 4 complaints
- Technology / communication systems: 2 complaints
- Resident behaviour / nuisance: 2 complaints

Total: 18 complaints

Safeguarding is consistent with the complaint-handling indicator, which records 5 complaints involving a safeguarding concern.

Where a complaint contains two different issues, for example a property issue alongside a communication or technology issue, the complaint is counted once under its primary theme. The additional issue is retained as a secondary issue for learning and root-cause analysis rather than being added again to the headline total.

This approach supports a more accurate picture of complaint themes, avoids double-counting and enables complaints to be used constructively to identify improvements in service delivery, staff practice, communication, property management and resident safety.

Complaint Outcomes and Escalation
Outcome fields contain some blanks and one mixed outcome entry relating to Apello and repairs. The figures reflect explicit entries in the reported complaint data and should not be interpreted as a complete legal determination of every complaint where an outcome field is blank.

What the Complaints Review Told Us

The complaint records demonstrate that issues raised by residents can identify weaknesses in communication, professional practice, service delivery, property management, safeguarding arrangements and complaint administration. Several records show that investigation resulted in a specific action rather than simply a response being issued.

Examples of recorded learning and action include staff mentoring and coaching, practice improvement notifications, staff/team meetings, property inspections, environmental changes, liaison with safeguarding and Police services and clarification of complaint routes and responsibilities.

Training, Guidance and Learning Developed

During the year, the complaints work was supported by structured training and a dedicated complaints workshop for staff and managers. The approach was designed to translate complaint findings into practical learning and to create a culture of learning rather than blame.

- Staff were introduced to the distinction between the presenting complaint, contributing factors and the underlying cause.
- The Root Cause Iceberg and Complaint Detective exercises were used to encourage teams to look beyond the surface issue and consider what needs to change.
- Guidance clarified ownership and accountability between frontline/service leads, line managers, senior management and governance/leadership.
- Managers were encouraged to use anonymised complaints for reflective learning, team discussion and professional-boundary conversations.
- The complaint response QA approach was designed to ensure that responses address all issues raised, explain decisions clearly, provide appropriate timescales and appeal information, and demonstrate learning.
- Lessons learned were intended to be recorded, shared and followed through into service improvement rather than ending when the complaint was closed.

Strengthened Complaints Pathway

- Complaint received.
- Complaint assigned to an appropriate manager.
- Complaint acknowledged and investigated within the applicable process and timescales.
- Primary issue and contributing factors considered.
- Root cause considered where appropriate.
- Action plan agreed.
- Outcome communicated clearly to the resident.
- Lessons learned recorded and shared.

- Trends and repeat issues reviewed regularly.

The accompanying guidance emphasised clear communication and accurate responses throughout the process. It also reinforced the need to address all points raised, explain delays, provide appeal information and signpost appropriately.

Service Improvement and Quality Assurance

- Mandatory complaint coding and structured complaint analysis where the mapping process is used.
- Root-cause review for significant or escalated complaints.
- Complaint response QA checklist to strengthen the quality and completeness of responses.
- Named ownership at each stage of the process.
- Regular lessons-learned discussions and use of anonymised complaints in team learning.
- Monitoring of complaint capture from online forms, inboxes and other routes.
- Trend and thematic reporting to leadership and governance.
- Monitoring of escalations and evidence of learning outcomes.

The lessons-learned approach asks: What happened? Why did it happen? What was the impact? What changes are needed? How will we know improvement happened? This creates a direct link between complaint handling and measurable service improvement.

Communication and Expectations

Communication remains an important area of learning. The complaint records include concerns about staff approach, communication, updates, explanations and expectations. The improvement approach therefore focuses on clearer explanations, keeping residents informed, managing expectations early and ensuring complaint closure communication is complete.

The complaints guidance also reinforces the importance of acknowledging complaints within the applicable timescale, providing investigation outcomes within the required timescale, explaining reasons for delay, addressing every point raised and clearly explaining appeal routes and the role of the Housing Ombudsman.

Residents' Voice

The complaint records provide direct evidence of residents' experiences and concerns about safety, dignity, communication, service quality, property condition, equipment, staff conduct and relationships. The service improvement approach seeks to make the resident's experience central to investigation, response and learning.

Measuring Success in Complaint Handling

- Complaint Volume: monitoring the number and pattern of complaints received.

- Resolution: monitoring complaints recorded as resolved and live.
- Complaint Outcomes: monitoring upheld, partially upheld and rejected outcomes.
- Escalation: monitoring appeals and progression to Stage 2.
- Qualitative Feedback: using complaint narratives and resident feedback to identify learning.
- Employee Training and Empowerment: using recurring issues to identify staff learning and development needs.
- Service Improvement: monitoring whether actions arising from complaints are implemented and whether they achieve the intended change.
- Governance: ensuring repeat or systemic themes, escalations and learning remain visible to leadership and the governing body.

Successes and Challenges in Complaint Handling
A key positive is that all 18 complaints in the defined population are recorded as resolved. The records also evidence practical action following complaints, including mentoring and coaching, practice-improvement activity, team discussion, inspections, environmental changes and safeguarding or police liaison.

The main challenges identified from the records include consistency of complaint capture, completeness of outcome documentation, communication, and ensuring that learning is systematically shared and evidenced across teams and management roles.

Conclusion
The 2025-26 complaints review provides evidence of both complaint handling activity and practical service learning. The work undertaken during the year has strengthened the organisation's approach to staff learning, manager guidance, response quality, root-cause thinking, ownership and governance oversight.

The central improvement principle remains that complaints should not be treated simply as problems to close. They should be used as organisational intelligence and as a source of measurable service improvement.

Reporting period: 1 April 2025 to 31 March 2026.

Development of a Structured Complaints Analysis and Root Cause Methodology
During 2025–26, New Outlook strengthened its approach to complaint analysis through the development of a structured complaints analysis methodology. The methodology was designed to provide a consistent way of identifying the primary complaint theme, secondary complaint theme, contributing factors and underlying root cause.

The purpose of the methodology is to move complaint handling beyond recording the presenting issue and closing the individual complaint. It enables the organisation to understand why an issue occurred,

whether there are wider service, process or practice weaknesses, what action is required and how learning should be shared.

The methodology was supported by the development and use of the Root Cause Iceberg and Complaint Detective workshop exercises. These were designed to help staff and managers look beneath the presenting complaint, challenge assumptions and identify the underlying causes and wider organisational learning.

The approach links complaint analysis to lessons learned, service improvement, staff development, management accountability and governance oversight. This creates a clearer route from an individual resident's complaint to organisational learning and measurable improvement.

The methodology also supports identification of recurring or systemic issues. Where a complaint indicates a wider problem, the expectation is that the issue is considered beyond the individual case, with appropriate action, ownership and monitoring established.

The complaint response quality assurance approach complements the methodology by checking that responses address the points raised, explain decisions clearly, communicate appropriate timescales and appeal information, and identify learning and actions where required.

This work represents a significant development in New Outlook's complaints maturity: complaints are being treated not simply as cases to resolve, but as a source of organisational intelligence that can be analysed, understood and used to improve services.

Complaint Data Summary

The final reporting population is 18 complaints received between 1 April 2025 and 31 March 2026. Only complaints relating to the agreed locations, services and reporting categories are included. Complaints relating to other locations or services, and complaints received after 31 March 2026, are excluded.

Measure	Number	Narrative
Total complaints in scope	18	This is the fixed reporting population used throughout this report.
Care and Support	12	12 of the 18 complaints were categorised as Care and Support.
Housing	6	6 of the 18 complaints were categorised as Housing.

Complaint Handling Indicators

Each indicator is reported against the same population of 18 complaints. The 'Yes' and 'No / not recorded' figures therefore add to 18 for every indicator. A 'No' or blank monitoring field is treated as a recording exception for assurance review and is not, by itself, presented as proof that the underlying deadline was missed.

Indicator	Yes	No / not recorded	Total
Safeguarding concern recorded	5	13	18
Reported to Director within 24 hours	16	2	18
Reviewed by Director within 3 working days	16	2	18
Manager allocated within 3 working days	18		18
Response within 5 working days	18		18
Written response within 10 working days	18		18

Complaint Themes and Analysis
Each complaint has been assigned one primary theme. The primary theme categories are mutually exclusive and therefore total exactly 18. Where a complaint contains more than one issue, the additional issue is recorded as a secondary issue within the analysis and is not counted again in the primary theme total.

Primary theme	Number	Narrative
Safeguarding and resident safety	5	Five complaints were recorded as safeguarding concerns. These are reflected consistently in both the Complaint Handling Indicators and the primary theme analysis.
Staff conduct, communication and service delivery	5	Five complaints primarily concerned staff conduct, communication, professionalism or delivery of the service.
Property, repairs and environment	4	Four complaints relating to physical environment, repairs to structural components and reactive repairs.
Technology and communication systems	2	Two complaints primarily concerned technology, intercom or communication systems.

Resident behaviour and nuisance	2	Two complaints related to behaviour by or affecting residents, including abusive behaviour and persistent noise/ nuisance.
Total	18	5 + 5 + 4 + 2 + 2 = 18.

Primary, Secondary and Root Cause Analysis
The complaint review approach used during 2025–26 considered the primary issue, any secondary issue(s), contributing factors and root cause. This approach was supported through complaint-handling training, workshop activity, guidance for teams and quality-assurance work.

A number of complaints raised more than one issue. For example, a complaint could include a property issue alongside a technology issue, or a service concern alongside a cleaning issue. For headline reporting, one primary theme is assigned to each complaint. The secondary issue is still considered within the root-cause analysis and service-improvement learning but is not added to the headline count.

The safeguarding count is consistent throughout the report: five complaints were marked as safeguarding concerns and five complaints are therefore shown under the safeguarding primary theme. This provides a single, transparent figure across the report.

Escalation and Outcomes
Escalation is reported as mutually exclusive headline categories so that each table reconciles to the same 18 complaints. Where a complaint has more than one recorded field, the report does not add those fields together as separate complaints.

Measure	Number	Narrative
Appeal received	1	1 complaint was recorded as having an appeal received; 17 were not recorded as having an appeal.
Stage 2	1	1 complaint was recorded as progressed to Stage 2; 17 were not recorded as progressed.
Total complaints	18	All escalation measures relate to the same 18-complaint population.

Complaint Data Reconciliation
The fixed reporting population for this annual report is 18 complaints. All headline counts are based on those same 18 complaints. The 5 safeguarding complaints shown in the Complaint Handling Indicators are also the 5 safeguarding complaints shown in the primary theme analysis. Where a

complaint contains multiple issues, secondary issues are described narratively and within the root-cause analysis rather than being counted again. This ensures the headline figures remain consistent and add to 18.

Where the recorded data shows that a complaint was not reported to, or directed for review by, a director within the required three-working-day timeframe, it was referred to an appropriate senior manager. The senior manager acted on behalf of the director and applied the same level of oversight and review.