Governing Body Report on Self-Assessment of the Complaint Handling Code

Reporting period: 1 April 2025 – 31 March 2026

1. Purpose of the Report

The purpose of this report is to provide the Governing Body with assurance on New Outlook Housing Association's self-assessment against the Housing Ombudsman's Complaint Handling Code and to support continued oversight of complaint handling, learning and service improvement.

2. Governing Body Assurance

The self-assessment provides a structured review of complaint handling arrangements and demonstrates the organisation's commitment to transparency, accountability, continuous improvement and effective complaint handling. The previous Governing Body report identified the self-assessment as meeting the required standards and highlighted accessible complaint routes, timely responses, support and advocacy, staff training, regular review and continued improvement.

3. Complaint Handling During 2025–26

During 2025–26, complaint handling continued to develop, with greater emphasis on consistency, learning and identification of underlying causes. Complaint-handling training and workshop activity were undertaken, alongside guidance for teams and managers to support a consistent approach to investigating and responding to complaints.

4. Scope of the Annual Report

The reporting population for 2025–26 comprises 18 complaints received between 1 April 2025 and 31 March 2026 relating to the following services and schemes: AWC (Albert Weedall Centre), Queen Mother Gardens (QMG), Tarragon Gardens and 42 Silver Birch.

The organisation also manages 52 General Needs properties in Redditch. No complaints were recorded from these properties during the reporting period. These properties therefore form part of the organisation's wider housing stock but have not contributed to the 18 complaints included within this annual analysis. Complaints relating to services, schemes or properties outside the above reporting scope have not been included in the complaint analysis. Complaints received after 31 March 2026 have also been excluded.

Measure	Number
Complaints in scope	18
Care and Support	12

Housing	6

5. Compliance with Key Complaint Handling Requirements

The organisation continues to work to the expected complaint-handling timescales of acknowledging complaints within 5 working days and providing the required written response within 10 working days. Monitoring is used to identify exceptions and areas requiring assurance review.

Indicator	Recorded as meeting indicator	Other / not recorded
Reported to Director within 24 hours	16	2
Director review within 3 working days	18	
Manager allocated within 3 working days	18	
Response within 5 working days	18	
Written response within 10 working days	18	

All indicators above use the same population of 18 complaints. A 'No' or blank monitoring entry is treated as an assurance/recording exception and is not, without further evidence, presented as proof that a deadline was missed.

6. Learning, Root Cause and Service Improvement

A key development during the year has been the use of primary, secondary and root-cause analysis. Where one complaint contains more than one issue, the primary issue is used for headline reporting while secondary issues are retained for learning and analysis. This avoids double-counting while ensuring that the circumstances of a complaint are considered.

This approach has been supported through complaint-handling training, workshop activity, guidance for teams and managers and quality-assurance work. It is intended to strengthen organisational learning and ensure that complaints lead to practical service improvement.

7. Accessibility, Communication and Support

The complaint handling approach continues to recognise the importance of clear and accessible communication. The organisation’s arrangements include accessible routes for

raising complaints and information about independent advocacy and external support where appropriate.

8. Training and Staff Development

Ongoing staff development remains an important part of maintaining compliance with the Complaint Handling Code. Training and workshop activity during the year has supported staff and managers to understand complaint handling expectations, investigation, response quality, learning and root-cause analysis.

9. Governance, Monitoring and Assurance

The Governing Body should continue to receive assurance through regular review of complaint performance, compliance with timescales, themes, escalation, learning and actions arising from complaints. Regular review and audit will help ensure that the organisation remains aligned with the Complaint Handling Code and can demonstrate continuous improvement.

10. Next Steps

- Continue monitoring complaint handling performance against the 5-working-day and 10-working-day standards.
- Continue staff and manager training on complaint handling, investigation and response quality.
- Continue use of primary, secondary and root-cause analysis to strengthen learning from complaints.
- Use complaint themes and learning to identify and monitor service improvements.
- Maintain regular review and quality assurance of complaint records and outcomes.
- Continue to review the accessibility of complaint routes and information for residents.

11. Recommendation to the Governing Body

The Governing Body is asked to note the 2025–26 self-assessment and the progress made in complaint handling during the year, including the development of complaint training, guidance, quality assurance and primary/secondary/root-cause analysis.

The Governing Body is also asked to support the continued programme of monitoring, training, audit and service improvement outlined in this report.