

## **Complaints Action Plan 2026-2027**

A target in the HFW Corporate plan is to deliver our complaints management to meet the Housing Ombudsman's Complaint Handling Code and this is reflected as an action in the operations improvement plan. This SMART Complaints Improvement Plan sets out how HFW will strengthen its complaint handling during 2026/2027. It includes clear, prioritised actions arising from Housing Ombudsmen Aug 2025 review of our new complaints policy together with learning from Housing Ombudsman Complaint Handling Failure Notices, maladministration findings, Spotlight and Insight reports. Each action is aligned to specific Complaint Handling Code provisions and focuses on improving positive outcomes for residents. This reflects one of the key strategic objectives in the 2022/27 HFW Corporate plan.

Please note due to staffing changes and capacity issues during the HFW Q1 period none of the activities commence until Q2.

The areas of activities are linked to the main gaps in our approach and ensuring we comply with the HOS complaints handling code.

- Timeliness and Management of Extensions
- Impact-Based Remedies
- Audit Trails and Record Keeping
- Learning from Complaints and Ombudsman Decisions
- Resident Communication and Transparency

Progress will be monitored quarterly by Executive Team and the People and Customer Committee.

## **Governance and Monitoring**

- Progress reviewed monthly by Operations Team
- Progress reviewed quarterly by Executive Team
- RAG status and exceptions reported to the People and Customer committee and Board quarterly
- Plan refreshed annually alongside the Complaint Handling Code Self-Assessment
- Update the action in the Operations service improvement plan and overall objective in the HFW Corporate plan 2022/27

## Complaints Action Plan

Ref	Code Provision(s)	Issue / Learning	SMART Action	Measure of Success	Customer Impact	Owner	Timescale	RAG Status
1	6.1,6.3, 6.4	Delays in identifying remedies, and inconsistent use of extensions identified as a key cause of Ombudsman findings	Introduce mandatory senior sign-off for all complaint extensions and refresh and reinforce staff guidance on agreeing and explaining extensions with aim of resolving all complaints fairly & in a timely manner reflecting vulnerability	≥95% of complaints responded to within Code timescales; 100% of extensions agreed and recorded	Faster responses and clearer updates, reducing frustration and uncertainty, customers known vulnerabilities reflected in our approach and response	HoO	Q2 2026	
2	6.4	Ombudsman learning shows extensions often poorly explained	Update extension letter templates to clearly explain reasons, revised timescales and Ombudsman contact details	100% of extension letters meet Code requirements	Residents understand delays and know how to escalate if needed	DoO	Q2 2026	
3	7.2	Remedies not consistently linked to resident impact	Review existing remedies to ensure impact based. Introduce impact-based remedies guidance and a mandatory checklist for complaint responses	100% of upheld complaints show a clear link between impact and remedy	Outcomes better reflect residents' lived experience	HoO	Q2 2026	
4	7.1, 7.2	Ombudsman findings highlight weak acknowledgement of service failure	Introduce quality assurance review of all Stage 2 responses focusing on empathy, apology and acknowledgement and appropriate actions and remedies.	≥95% QA compliance	Residents feel listened to and taken seriously	HoO	Q2 2026	
5	5.12	Weak audit trails identified during period of senior staff turnover	Embed revised complaint templates and record-keeping standards.	100% of audited files meet record-	Residents do not need to repeat issues and receive consistent responses	HoO/ Gov Man	Q2 2026	

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			introduce quarterly audits of complaint files Reinforce expectations through staff training. Improve validity of performance data	keeping standards				
6	8.4	Need to evidence learning from Complaints, spotlight and insight reports and any future Complaint Handling Failure Notices	Maintain a CHFN action tracker reviewed quarterly by ET, People & Communication Committee and Board Quarterly review of Ombudsman decisions and Spotlight reports Track improvements arising from external learning	All CHFN actions completed and signed off  Learning shared with staff, residents, and the Board	Services improve as a direct result of Ombudsman learning Continuous learning embedded across the organisation	HoO /Gov Man	Q3 2026	
7	9.1	Learning from complaints not always visible to residents	Publish 1/4ly "You said / We did" complaints learning updates Review accessibility of complaints information	Four updates published annually	Residents see how complaints lead to real change Increased tenant trust and confidence in complaint handling.	HoO/ Comms Man	Starting Q2 2026	
8	9.7	Regular Board-level assurance	Ensure quarterly Board reporting on complaints, Ombudsman decisions and CHFN	Evidence of regular Board scrutiny	Stronger accountability and oversight on residents' behalf	CEO/ DoO	Q2 2026	
9	3.1	Spotlight reports highlight accessibility barriers	Review and refresh complaints information (translations, audio, Easy Read)	Updated materials published and positive resident feedback	Complaints process accessible to all residents	Comms Man	Q3 2026	
10	4.3	Ombudsman Insight reports stress importance	Deliver annual complaints and Ombudsman learning training to all relevant staff	≥90% staff completion rate for training;	More empathetic and consistent complaint handling	DoO	Q3 2026, Q4 2007	

Ref	Code Provis ion(s)	Issue / Learning	SMART Action	Measure of Success	Customer Impact	Owner	Timescale	RAG Status
		of complaint-handling culture	Actions linked to Complaint Handling Failure Notices receive enhanced scrutiny	improved QA outcomes				
11	1.4, 2.1,2.3, 4.3, 6.2, 6.3, 6.14, 7.3, 9.3	Lack of clear ownership undermine complaint handling. The Ombudsman expects honest reflection, publication, and evidence of learning.	Strengthen monitoring and reporting of response times Review performance management framework to monitor performance and identify learning. More detailed performance reporting. Clear roles and responsibilities for complaints management Updating of HomeMaster with lesson learnt	Target in place for key elements of the process  Evidence of escalation of complaints not dealt with in agreed timescales  Clear staff roles and responsibilities for complaints	Clear accountability for service performance and learning	DoO	Q3 2026	

Key	RAG Definitions
HoO – Head of Operations DoO – Director of Operations	<p>● Red – Action not yet started or significant risk</p> <p>● Amber – Action in progress, some risk</p> <p>● Green – Action on track or complete</p>