	Complaints Action Plan 2026				
	Aims and Objectives	**Action**	**Timescales**	**Success Measure***	**Update**
1	**Reduce high uphold rates indicating genuine service failures**	Introduce a formal “complex complaints” pathway with: •Named case ownership. •Agreed resident updates at set intervals. •Clear escalation triggers for delays or repeat failures.	End Q2	Uphold rates: reduce Stage 1 uphold rate by 10% from 2025/26 year end score of	Case ownership is in place (for handlers) needs to be corresponding ownership in service areas. Discussions have taken place with Performance Group & Leadership reminding all managers of the need for regular oversight/monitoring of their team's complaint levels/ themes/performance and working with complaints and feedback team to bring improvements/accountability where needed. Resident Voice Panel to review complaints procedure from resident perspective identifying where they would expect to see resident updates within the process and writing these into the process
2	**High and rising complaint volumes, driven mainly by repairs failures and heating/hot water**	Complete and implement the ongoing review of repairs delivery processes, with explicit focus on: •End to end repair timelines (diagnosis → appointment → completion). •Capacity planning for seasonal demand (e.g. heating and hot water spikes in Q4). •Use of real complaint examples to demonstrate good and poor practice.	End Q2	Reduce upheld complaints caused by repairs timescales by 25%.	Complaints action plan shared with Rachel and Russell. Helen to attend next Repairs Strategic plan action plan meeting with TCHR leaders where impact of service delivery including need for effective communication and information on complaints will be discussed. Strategic plan captures many of themes where improvements are needed and this together with WIP improvement plan will be linked to lservice improvement suggestions from complaints and other feedback to ensure that there is clarity about how service improvement suggestions will be taken forward. Complaints upheld due to outside of timescales = 38% at end of Q1
3		Define and publish a trigger point for repeat repairs at the same property that mandates further investigation rather than repeated temporary fixes	End Q3	TBC	New approach agreed for twice weekly repairs stage 2 drop ins so senior managers have more oversight of issues complaints resolution team and stage 2 handlers are facing in resolving works where follow on actions required
4	**Stage 1 complaint performance below target (69%)**	Fully embed the combined C&C and TCHR complaints model and set clear caseload limits per officer based on complexity.	End Q1	TBC	Full permanent team now in place and workloads/ capacity being monitored. Further temporary resource in repairs complaints team in place from 20.7.26. Overtime offered to Complaints & Feedback Team to help address repairs /C&C complaints backlog
5		Focus specifically on Stage 1 cases closed out of time, identifying preventable vs unavoidable delay.	process in place end Q2	•Stage 1 timeliness: improve closed-on-time from 55% (end Q1) to 80%. •Stage 2 timeliness: maintain at least 80%.	New data introduced to weekly overdue complaints updates w/c 15 June to show cost of complaint handling delays to the business , further reporting refinements to weekly reporting and dashboard introduced in July to support managers in understanding trends, themes and volumes for their service areas.
6	**Reliance on extensions impacting customer experience**	Require manager sign off for any Stage 1 extension.	process in place end Q1	100% of Stage 1 extensions have manager sign-off and recorded reason. (from 27 July 2026 onwards)	Plan shared with wider leadership team - highlighting specific leadership responsibilities by email on 17.6.26. Process for sign off in place from 13.7.26 -will be monitored from 27 July when 1st stag 1's raised on 13 July will require extensions if not answered on time
7		Track and report extension reasons (Stage 1 & 2)monthly to MPB and Performance Group.	End Q2	Extensions at both stage 1 & 2 reduced by 25%	This information is not stored on CRM in a reportable way and would require each case to be manually entered to obtain the information. Complaints & Feedback Manager liaising with Business Intelligence Team to see if there is a solution they can provide.
8	**Poor communication a consistent driver of complaints and escalation**	Define minimum communication standards for: •Repairs. •Complaints. •Post-complaint actions.	End Q2	95% of residents receive updates at agreed points; reduce communication-related upheld complaints below 15%.	Define by end Q2 - resourcing/ workload volume may impact delivery RVP review of complaints procedure will support this Communication related complaints = 16% (end Q1)
9		Mandatory update points for residents on: •Delayed repairs. •Complaints under investigation. •Post-complaint actions.	End Q2	95% of residents receive updates at agreed points; reduce communication-related upheld complaints below 15%.	Define by end Q2 - resourcing/ workload volume may impact delivery As above -RVP will help to define ideal model

	Aims and Objectives	Action	Timescales	Success Measure*	Update
10	**Long delays in completing post complaint actions (avg. 60 days)**	Any post-complaint task >30 days flagged to Assistant Directors/Heads of Service.	End Q2	90% completed within agreed timescale; no action over 30 days without Head of Service/ AD review	This was in place for repairs where vast majority of follow up actions sit, but reporting currently paused as limited delivery improvements seen and reporting time consuming . Repairs and WIP improvement plans in place to support delivery of post complaint tasks/follow on works
11		Use outcomes from the service improvement tracker to demonstrate learning and delivery.	Ongoing	Clear examples of service improvement in place and promoted to residents and colleagues (through case studies and YSWD in newsletter) Minimum 6 complaints YSWD to be published by year end	In place and informing YSWD/ driving improvement plans - e.g. LCHO, but needs more ownership to 'close the loop' across some parts of the business , Wworkload in first quarter meant C&FT not as proactive as usually re case reviews, updating tracker etc July update - Complaints and Feedback Team started to email service improvements logged for stage 1 complaints to each team early June covering April/May. Themes i.e. reason for uphold has not been shared yet due to limitations in reporting BI has commited to amend PowerBi report so this should be included in Julys updates to teams. Team are going to monitor and chase for responses and let Helen and Andrew know what is being received.
12	**Failure to follow through on Stage 1 promises**	Introduce clear timescales by action type (e.g. repairs, policy clarification, systemic fixes).	End Q2	Increase transactional complaints handling satisfaction to 55%	Process can be developed (but may need to be manual initially due to IT resource limitations)- will need leadership support to embed and monitor Satisfaction at 47% YTD June 26
13		Confirmation from residents that agreed actions are complete and satisfactory.	End Q2	Increase transactional complaints handling satisfaction to 55%	process to be developed as part of action 10. Needs agreement on monitoring by line managers?
14	**Need to evidence learning is embedded and captured from all feedback sources**	Assign named owners for each service improvement action with target dates	Ongoing	100% service improvement actions have named owner, due date, status, (from July 26)	This is in place as part of the tracker
15		Quarterly reporting to EMT, REC and Board focused on: •What has changed. •What has demonstrably improved. •What complaint types have reduced as a result.	End Q2	Annual impact assessment produced by June 2027 to give overview of quarterly reporting and outcomes	Quarterly reporting in place for PG and EMT - needs to be fully developed for Board and Rec by end of Q2
16	**Missed appointments contributing to dissatisfaction**	Minimise missed appointments to work towards achieving 95% attendance approach, requiring: •Root cause review for any missed appointment. •Automatic compensation review. •Escalation to contractors or supervisors where patterns emerge.	Reviews in place End Q2	achieve 95% attendance; 100% missed appointments reviewed for root cause/compensation	To be included as part of Repairs Strategic improvement plan

* Success measure to be achieved by year end 2026/27 unless otherwise stated