Board Paper

Tuesday 18 May 2026

Agenda Item 7c

Customer Service Performance Report
Annual 2025/6 &
Q4 (January 2026 – March 2026)

DATE: 19.05.2026	MANNINGHAM HOUSING ASSOCIATION Report to the Board	Item no. 7c
Report Title	**Customer Service Performance Report Annual / Q4**	
Lead Officer	**Saqib Saleem, Director of Operations**	

Purpose/Summary:

This report provides the Board with oversight of performance across Customer Operations, incorporating activity from Housing Management and Property Services. It offers assurance on how the organisation manages complaints and compliments, and how it monitors and responds to ASB, domestic violence, hate crime, and safeguarding matters.

The report also covers Health & Safety performance, providing assurance that landlord responsibilities are being met and that tenants are kept safe.

Focus on /Must know

- The contents of this report have been discussed and scrutinised by the Customer Experience Committee.

The report is in three sections and key areas include:

- Section 1 – Health & Safety
    - Gas servicing performance was below target for the year due to a gas safety inspection that was not complete by end of Q4, this has subsequently been completed. Damp and mould remains a key focus following the introduction of Awaab's Law. A project is underway to inform the future strategy for the management and maintenance of personal lifts.
- Section 2 - Annual Health & Safety Dashboard.
- Section 3 – Customer Operations
    - There was a large number of complaints raised in Q4 due to the ongoing issues that were experienced by the onboarding of PH Jones, the gas contractor. Complaints continue to be received, with the team focused on investigation and learning; A number of ASB cases were reported, however these had dropped from the previous quarter. There were no reported cases of hate crime, and one case of safeguarding and another for domestic violence, both which have been reported to the relevant authorities. Further details of complaints and ASB cases is provided in Appendix 1 which is available on the Board portal.

In line with updated Housing Ombudsman guidance, all service failures and all disrepair cases must now be treated as formal complaints and are reported accordingly.

The new guidance for landlords on disrepair claims is that they continue to use the complaints procedure when the pre-action protocol has commenced and until legal proceedings have been issued to maximise the opportunity to resolve disputes outside the court. As such, all disrepair claims received in this quarter have been logged as formal complaints and included in this report.

The report also strengthens the presentation of protected characteristics data across complaints and ASB. While data is currently captured on 6 of the 9 characteristics, there are gaps in

completeness where information is recorded as “no data” or “unknown”. Addressing these gaps is a key priority to enable more robust analysis and assurance. A summary is provided in this report with the detail in Appendix 1.

Further detail on complaints and incidents is reported in a sperate appendix 1 available on the Board portal for members to review

What next

Executive Team review the received reports and feedback, identifying trends to enhance the service provided to our tenants.

Recommendations:

Board is asked to note this report.

Financial Implications: There are no direct financial implications resulting from this report, however across each of the areas being reported there may be implications that will be highlighted in future.

Value (VfM)/Social Value) Compliance: Overall this report demonstrates good value for money, providing visibility to Board on key performance metrics across customer operations.

An effective complaint handling policy and procedure is an important part of learning when things go wrong. Learning from complaints is one of the most important aspects of continuous improvement. Any work we do in handling complaints efficiently and effectively demonstrate good value for money.

Alongside complaints and compliments, we also monitor and address issues relating to anti-social behaviour (ASB), domestic violence, hate crime, and safeguarding, ensuring that our response across these areas delivers strong social value and compliance with regulatory expectations.

How have our Tenants influenced the content of this report or influenced the supporting data/information: The contents of this report have been as a result of services we provide to tenants. Areas such as complaints include a feedback and lessons learnt section and we performance is also reported to Customer Panel meetings.

Internal and external stakeholder Consultation: None for the purpose of this report.

Equality, Diversity and Inclusion Considerations: None for the purpose of this report.

Health and Safety Implications: Included within performance reporting.

Potential Risks Identified and controls in place: Failure to manage performance effectively could lead to service failures and place customers at risk. MHA mitigates this through a robust complaints policy aligned with the Housing Ombudsman Complaint Handling Code, alongside active monitoring of ASB, domestic violence, hate crime, and safeguarding cases. Comprehensive health and safety policies, supported by specialist advisors, help ensure homes remain safe and

regulatory responsibilities are met. Monthly management meetings monitor delivery against the management plan and ensure actions are completed.

Legal & regulatory issues: (including any advice taken): Dealing with complaints effectively is a key part of future consumer regulation. Our monitoring and response to anti-social behaviour (ASB), domestic violence, hate crime, and safeguarding concerns also supports compliance with emerging regulatory expectations, ensuring we meet our legal duties in protecting tenants and addressing risk appropriately.

Link to primary corporate objective(s)

- Providing more homes to meet the needs of BME communities in Bradford and in other BME communities
- Community Investment and partnerships
- Looking after our existing homes
- Being the voice of the BME community

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Section 1 – Health & Safety Dashboard Q4 2025/26

(1ST January 2026 to 31st March 2026)

Health & Safety Compliance Dashboard - Contents

1. Compliance	This provides an overview of MHAs compliance against key landlord responsibilities e.g. Gas, Electric, Legionella, Fire, Asbestos and Lift servicing.
2. Quality Assurance	This provides results of MHA's quality assurance processes against key compliance areas. These quality assurance areas are generally conducted by external consultants and provides technical assurance the quality of the work conducted.
3. Fire Safety	This provides an overview of the key fire safety actions conducted internally and in line with the Fire Safety Policy.
4. Health & Safety Incidents	This provides an overview of the H&S incidents that have been reported in the previous quarter.
5. DMC Quarterly update	A high-level summary of the number of DMC cases reported for the recent reporting period, with a KPI framework in line with Awaab Law requirements.
6. Commentary	This section provides some context to each of the sections above, for clarity and transparency.

1. Compliance

The table below illustrates how MHA is providing assurance to board and highlights the results of this quality control where applicable.

KPI's		Tolerance Levels			MHA Quarter 3 (2025/26)			MHA Quarter 4 (2025/26)		
		🟢	🟡	🔴	Target	Result	Trend	Target	Result	Trend
Annual Gas safety checks completed		100%	NA	Below 100%	100%	75%	↓	100%	99.8%	↑
Legionella Management plan actions completed		100%	99%	Below 99%	100%	100%	↔	100%	100	↔
Fire Risk Management plan implemented		100%	99%	Below 99%	100%	98.5%	↓	100%	99%	↑
Outstanding Asbestos surveys (properties pre-2000)		0%	1%	Over 1%	0%	0%	↔	0%	0	↔
Annual non-domestic asbestos surveys completed *Bank House & Mint Street		100%	99%	Below 99%	100%	100%	↔	100%	100	↔
Electrical Installation Condition Reports outstanding (from those planned in 25/26)		None	Outstanding 0-6 months	Outstanding 6+ months	0	4	↓	0	1	↑
						0	↔		0	↔
Lifting Operations and Equipment Services Outstanding	Domestic	None	N/A	1 or More	0	1	↑	0	2	↓
	Non-Domestic	None	N/A	1 or More	0	0	↔	0	0	↔

2. Quality Control Assurance

The table below illustrates how MHA is providing additional assurance to board and highlights the results of this quality control where applicable.

Compliance Area	Quality control measure in place	MHA Target	National benchmark	Result	Trend
Gas safety checks (10% of all gas safety checks per month)	Corgi audits. 27 carried out in the last quarter. All issues found are highlighted to the gas contractor.	100%	92%	100%	⇔
Electrical Installation condition reports (10% of periodic inspections every quarter)	Corgi audits. 8 audits were carried out on the electrical safety in the last quarter. All issues found are highlighted to the contractor.	100%	69% (Corgi benchmark)	100%	⇔
Fire Risk Management Plan actions completed (management actions checked by Fire Specialist and letter)	Fire Comply carried out our annual fire door surveys in June. The Fire Safety Risk Assessments were carried out in September.	100%	N/A	100%	⇔
Quarterly Fire Risk communal inspection audits (carried out by Property Asset Manager)	Quarterly audits are in place for 13 communal blocks.	13	N/A	13	↑
Asbestos (Reinspection's and letter)	Annual re-inspections carried out. Annual assurance letter provided by MCP.	100%	N/A	100%	⇔
Legionella (Remedials checked by specialist each month and annual letter)	Annual risk assessment and monthly checks carried out by Archer & Stone. Any remedials checked each month and annual assurance letter provided.	100%	N/A	100%	⇔
Lifting equipment (LOLER inspections)	There were 11 LOLER inspections due this quarter. 9 were completed.	100%	N/A	82%	↑

**Note – Audits carried out by Corgi for Gas safety and Electrical safety are an average score of the satisfactory documentation and satisfactory work completed by our contractors.*

3. Fire Safety

The table below outlines the fire safety assurance measures undertaken by MHA and presents the outcomes of quality control checks where applicable.

	MHA Target	MHA Quarter 3 (2024/25)		MHA Quarter 4 (2025/26)	
		Number of checks/tests Due	Number checks/tests completed	Number of checks/tests due	Number of checks/tests completed
Weekly testing of Fire Alarms in 9 Communal Buildings (one test per building per week) **Not including Fiddlers Mill, Oakroyd Terrace or Mint Street*	108	108	108	108	108
Emergency Lighting short functional tests carried out at 13 communal buildings (each building counted as one complete test) **Full test in October *Not including Fiddlers Mill*	39	39	39	39	39
Fire Door inspections carried out at communal buildings (due annually in June)	13	13	13	13	13
Monthly Fire Safety walkthroughs (carried out by H&S Compliance Officer)	13	13	13	13	13
	MHA Target	**Rating**	**Q3**	**Q4**	**Trend**
Outstanding actions from the full Fire Risk Assessments carried out at 13 communal buildings in September 2025	0	High	0	0	⇔
	0	Medium	0	0	⇔
	0	Low	2	2	⇔

4. Health and Safety Incidents

The table below summarises reportable health and safety incidents and demonstrates MHA's ongoing commitment to risk monitoring and compliance

KPI's	Tolerance Levels			MHA Quarter 3 (2025/26)			MHA Quarter 4 (2025/26)		
	🟢	🟡	🔴	Target	Result	Trend	Target	Result	Trend
Health & Safety Reportable incidents to HSE (RIDDOR)	0	Up to 2	Over 2	0	0	⇔	0	0	⇔
Accidents and near misses reported	2	2-4	Over 4	0-2	1	⇩	0-2	0	⇩
Fire incidents	0	1	Over 1	0	0	⇔	0	1	⇩
Legionella related incidents	0	1	Over 1	0	0	⇔	0	0	⇔
Asbestos related incidents	0	1	Over 1	0	0	⇔	0	0	⇔
Gas/carbon monoxide leaks	1-4	N/A	Over 4	0-4	5	⇩	0-4	2	⇧
Electrical Safety related incidents	0	1	Over 1	0	0	⇔	0	0	⇔
Lifting Operations and Equipment (LOLER) related incidents	0	N/A	1 or over	0	0	⇔	0	0	⇔

5. Damp, Mould and Condensation

The table below outlines MHA's response to damp, mould and condensation cases, highlighting investigation timelines, remedial actions, and follow-up compliance.

	MHA Previous Quarter		MHA from 01/1/2026 to 31/3/2026	
Total number of new cases reported	56	100%	63	13%
Number of cases reported that have been closed	25	92%	57	128%
Total number of current open cases	31	107%	6	-81%
Total number of cased carried over from previous Quarter			1	-

		Cases Reported	Jobs Raised	On Time	Late
Outside of Awaab's Law		**63**	49	46	3
Awaab's Law Significant		**0**	**On Time**	**Pending**	**Late**
Number of properties to have had initial investigation completed within the 10 working days requirement			0	0	0
Number of properties to have had written report produced and shared with resident within 3 working days of investigation concluding			0	0	0
Number of properties where works order were raised within 7 days of initial investigation concluding			0	0	0
Number of properties where works were completed within MHA Time Scales (24hrs / 5 days / 22 days)			0	0	0
Number of properties to have had had 6-week follow-on visit carried out upon completion of remedial works			0	0	0
Awaab's Law Emergency		0			

Area	Additional Commentary
Gas Safety Checks	• **Annual Gas Safety Checks:** 423 checks were due, with 422 successfully completed. • **Overdue Status:** 1 property overdue as of 31 March 2026. • **Primary Cause:** Delay was driven by contractor data error and admin error by Property Asset manager on MHA systems. • **Resolution Timeline:** 1 outstanding property has now had safety check completed.
Electrical Safety Tests	• **Check Volume:** A total of 60 checks were due during the Q3 period. • **Completion Rate:** 59 checks were successfully completed. • **Outstanding Cases:** 1 property remains outstanding specifically due to "no access" issues (long-term tenant illness). Passed to Housing team to assist with matter. • **Compliance Status:** 1
Fire Safety	• **Monthly Checks:** All monthly fire safety inspections were carried out as scheduled throughout Q3. • **Action Completion:** 175 out of 173 identified actions have been successfully completed and closed. • **Outstanding Items:** Two low-priority actions remain open relating to Velux window opening equipment, this has been challenged and referred to the consultant as MHA do not deem this to be an action required (awaiting response from consultant). • **Incidents:** 1 fire incident reported in Q4, this related to a communal lift at Anchor Court. Oil overheated to the cylinder in the plant room and triggered the fire alarm. Staff and tenants were evacuated from the building as per the evacuation procedure. Fire services attended and isolated the lift, followed by lift contractor who remedied the fault.
Corgi Audit Results Gas/Electric	• **Gas Audits:** 27 audits completed with 100% scores for the accuracy of the documentation and 96% quality of work completed. • **Electrical Audits:** Achieved 100% for the quality of work; some minor administrative actions were raised. These have been discussed with and forwarded to the contractor for resolution.
Gas/Carbon Monoxide leaks & Accidents	• **Incident Volume:** A total of 2 emergency incidents were reported during the quarter. • **Incident Breakdown:** Reports consisted of 1 Carbon Monoxide (CO) leak and 1 gas leaks. • **Response Time:** 100% of incidents were attended to and successfully rectified on the same day they were reported. • **Safety Outcome:** All immediate risks were mitigated effectively, ensuring the ongoing safety of residents. • **Findings:** 1 Carbon Monoxide (CO) leak was fully investigated, and it was found that there was no leak to any MHA appliance. The tenant left car engine running close to a window opening and this caused for high CO readings and CO alarm to activate. 1 gas leak – This was found to be a leaking pipe to the cooker, tenant appliance.
Mechanical Inspections & Services Outstanding	• **Service Progress:** 2 service checks were outstanding in Q4 due to access issues (both domestic lifts). 2 LOLER inspections checks were also outstanding due to access (both domestic lifts). • **Outstanding Status:** All outstanding/overdue checks have been scheduled to be carried out in early/mid May 2026. • **Access Challenges:** We continue to find 'no access' an issue and are liaising with tenants, contractors, and our neighbourhoods' team to ensure safety checks are scheduled and completed accordingly.
Damp, Mould and Condensation	• **New Cases:** There were 63 new cases reported in Q4, representing a 13% increase compared to the previous quarter. • **Total Volume:** There were 63 cases handled outside of the specific Awaab's Law criteria (Minor DMC). No cases were identified as being significant in this quarter and within the requirements of Awaab's Law. • **Efficiency:** All 63 had an inspection carried out within 10 working days. 49 properties had a job raised following inspection, with 46 of these jobs being completed within the required timescale. 14 properties inspected were found to have no DMC and required no further action. • 3 jobs were completed out of timescale, all attributed to access issue delays • **Q3 cases update:** • 31 open cases from previous Q3, 30 cases have been completed and closed, all related to minor DMC and fall outside of the scope of Awaab's Law. • 1 case remains open; This case falls within the scope of the Law. All actions have been completed except for a 6-week follow-on visit. No access has led to delay and an appointment scheduled for 1st week of May 2026 to close this case off.

Section 2- Annual Health & Safety Dashboard 2025/26

1. Asset Management Compliance

KPI's	Annual Tolerance Levels			MHA Annual – 2025/26	
	🟢	🟡	🔴	Target	Result
Annual Gas safety checks completed	100%	N/A	Below 100%	100%	99.93.%
Legionella Management plan actions completed	100%	99%	Below 99%	100%	100%
Fire Risk Management plan actions completed	100%	99%	Below 99%	100%	99.38%
Outstanding Asbestos Surveys (properties pre-2000)	0%	1%	Over 1%	0%	100%
Annual non-domestic asbestos surveys completed	100%	99%	Below 99%	100%	100%
Electrical Installation Condition Reports outstanding (from those planned in 2025/26)	None	Outstanding 3-6 months	Outstanding 6+ months	0	1 / 0
Outstanding mechanical equipment services	None	N/A	More than 1	0	2

2. Health and Safety Incidents

KPI's	Annual Tolerance Levels			MHA Annual – 2025/26	
	🟢	🟡	🔴	Target	Result
Health & Safety Reportable incidents to HSE (RIDDOR)	0	Up to 8	Over 8	0	0
Accidents and near misses reported	8	8-16	Over 16	0-8	1
Fire incidents	0	1-4	Over 4	0	1
Legionella related incidents	0	1-4	Over 4	0	0
Asbestosis related incidents	0	1-4	Over 4	0	0
Gas/Carbon Monoxide leaks	1-16	N/A	Over 16	0	9
Electrical safety related incidents	0	1-4	Over 4	0	0
Lifting Operations and Equipment (LOLER) related incidents	0	N/A	4 or more	0	0

3. Annual Quality Control Assurance

The table below illustrates how MHA is providing additional assurance to board and highlights the results of this quality control where applicable.

Compliance area	Quality control measure in place	MHA Target	National Benchmark	Result	Trend
Gas safety checks (10% of all gas safety checks per month)	Corgi audits. 101 carried out in last year. Any issues found have been addressed with our contractors. Also, annual assurance letter provided by Corgi	100%	93%	96%	⟺
Electrical Installation condition reports (10% of periodic inspections every quarter)	Corgi audits. 41 carried out. Also, annual assurance letter provided by Corgi	100%	83.3%	100%	↑
Fire Risk Management Plan actions (management actions checked by Fire Specialist and letter)	Fire Comply certified that all works are complete for 2025-26. Also, annual assurance letter to be provided by Fire Comply	100%	N/A	100%	↑
Asbestos (Reinspections and letter)	Annual re-inspections carried out. Also, annual assurance letter provided by MCP	100%	N/A	100%	⟺
Legionella (Remedials checked by specialist each month)	Annual risk assessment and monthly checks carried out by Archer & Stone. Any remedials checked each month. and annual letter of assurance provided	100%	N/A	100%	⟺
Lifting equipment (LOLER inspections)	53 LOLER inspections were due this year. We have 2 inspections outstanding which are detailed in the Q4 H&S dashboard report	100%	N/A	96%	⟺

Meets MHA target Below MHA target but meets National Benchmark Below MHA target and National Benchmark

**Note – Audits carried out by Corgi for Gas safety and Electrical safety are an average score of the satisfactory documentation and satisfactory work completed by our contractors.*

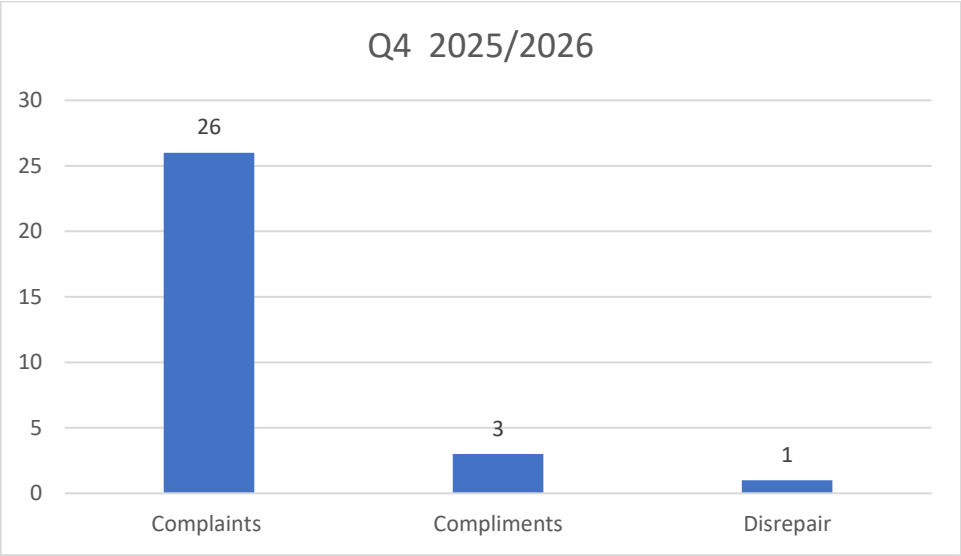
4. Damp, Mould and Condensation

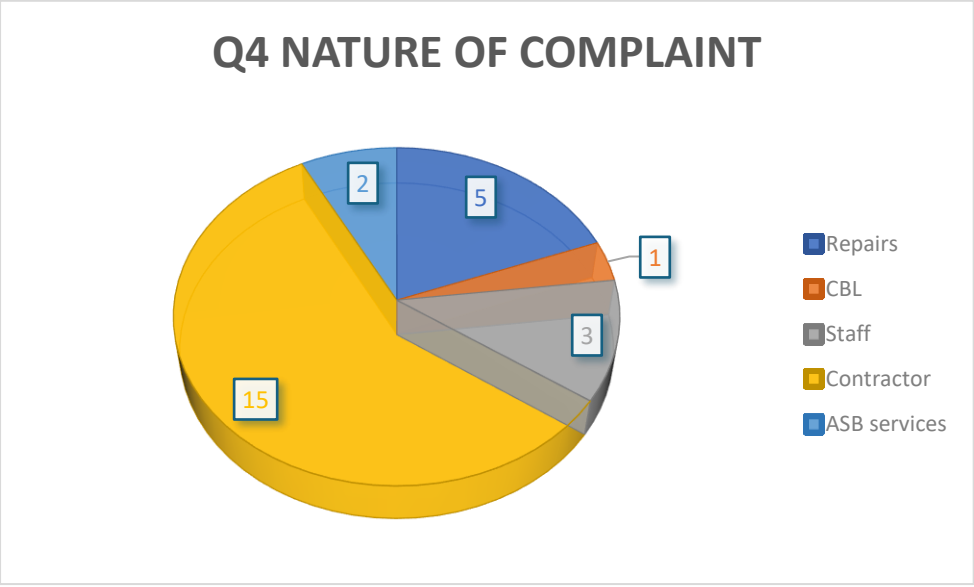
Damp, Mould and Condensation numbers	MHA Annual DMC Figures	
	2024/25	2025/26
Total Number of cases reported	197	178
Number of cases reported that have been closed (inspected within 10 days of the initial report, works orders raised, work completed and post inspected 6 weeks after works completion)	174	174
Open Cases	23	1
Breakdown of Open Cases		
Open - with pre-inspections outstanding	5	0
Open – with pre-inspections complete, work orders raised but not complete	3	0
Open – with pre-inspections completed, all works orders completed but six-week post inspection outstanding	14	1
Open – all actions complete however tenant will not grant access to the property. The case is with the solicitor as they have submitted a disrepair claim	1	0

Section 3 - Customer Operations

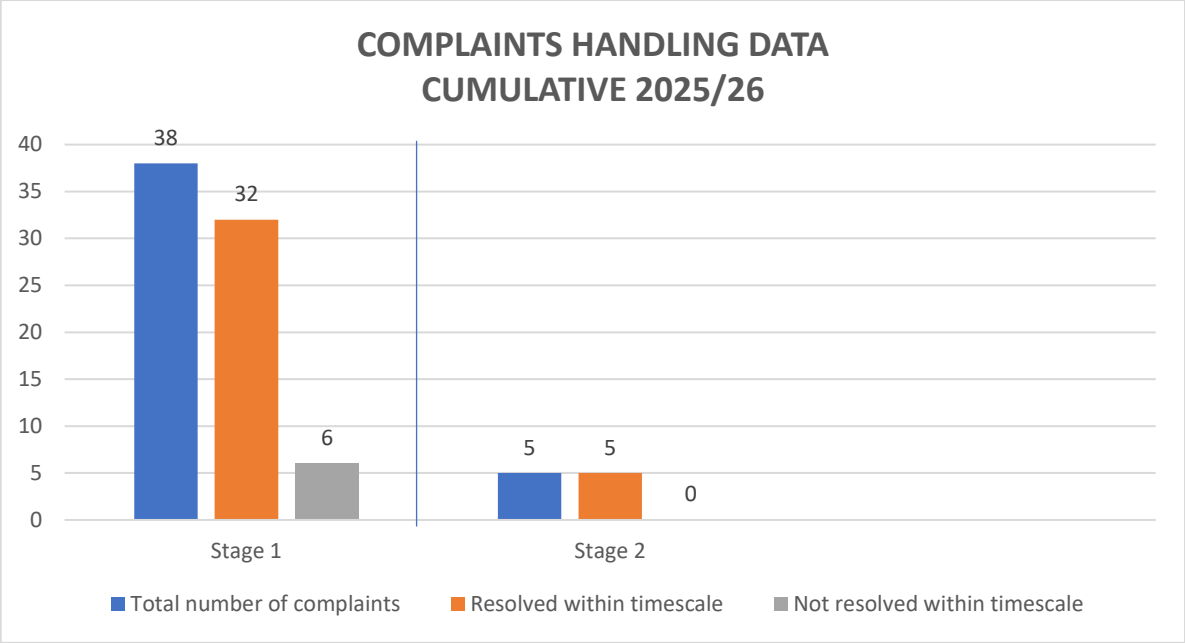
EXECUTIVE SUMMARY Q4

The table below highlights the number of complaints, compliments and disrepair issues received in Q4 (Jan-March 2026). Further details of complaints is provided in Appendix 1.



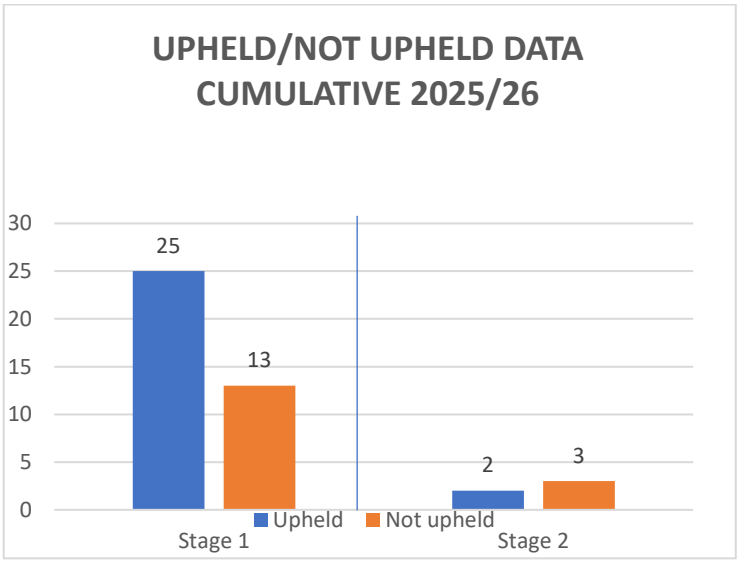


Annual Cumulative Complaints Data



Reason(s) for not completing within timescale	Learnings
1. Due to competing priorities, the manager responsible for the complaint was unable to allocate adequate time to address it, resulting in a delay in its resolution (Q1).	The manager has been strongly reminded of the importance of adhering to the strict timescales set out in the Housing Ombudsman Complaints Handling Code.
2. Due to competing priorities, the manager responsible for the complaint was unable to allocate adequate time to address it, resulting in a delay in its resolution (Q1).	The manager has been strongly reminded of the importance of adhering to the strict timescales set out in the Housing Ombudsman Complaints Handling Code.
3. The resolution was delayed beyond the required deadline due to the necessity of conducting an essential site visit (Q4).	Resource planning could account for physical inspections early in the process to ensure site visits do not push the response outside of the mandated window.

4. The response exceeded the timescale due to delays associated with scheduled holiday leave (Q4).	Possible handovers could be in place to ensure complaint progression continues seamlessly during periods of planned absence.
5. The response exceeded the timescale due to delays associated with scheduled holiday leave (Q4).	Managers could review caseloads prior to leave to ensure that deadlines falling within the holiday period are either completed in advance or reassigned.
6. This case was late due to reduced working hours and resource/recourse issues within the team (Q4).	Where capacity is limited by reduced hours or staffing shortages, cases should be triaged or escalated early to ensure compliance with the Housing Ombudsman Complaints Handling Code.



TSM – Callerz data

2025/26	Q1	Q2	Q3	Cumulative scores 2025/26
Satisfaction level with MHA's complaints handling	45.16%	39.13%	55.55%	46.61%

COMPLAINTS BEING INVESTIGATED BY THE HOUSING OMBUDSMAN 25/26

	Number of cases	Case Summary
Number of cases currently under investigation by the Housing Ombudsman	2	**1**. Customer complained about damp and mould not being properly addressed and requested compensation for the impact. Stage 1 complaint was partially upheld; MHA apologised and offered £500. Health-related compensation was declined due to insufficient evidence. Customer rejected the offer and escalated to Stage 2. Stage 2 complaint upheld. Panel found delays and insufficient follow-up despite repairs and a decant. MHA to review repair processes, investigate staff conduct, and improve appointment protocols. Compensation increased to £1,000. **2**. Applicant complained of waiting over 10 years for housing, citing delays, lack of transparency, and impact on family wellbeing. Requested review of bidding history and application and asked for management discretion in allocation. Audit found all bids were unsuccessful due to higher-priority applicants. Application from 2011 reflected medical and overcrowding needs, but listed address was outdated and needs updating to confirm eligibility. No issues found with the allocations process. The complaint was not upheld at either stage. Bidding and allocations followed policy, and delays were due to the waiting list. The panel upheld the Stage 1 findings.
Housing Ombudsman determinations	1	**Summary:** Customer was unhappy with the Stage 1 response and raised further concerns about unresolved ASB, faulty CCTV, security issues, and lack of tenant risk assessments. The panel reviewed these points at the stage 2 hearing alongside the initial outcome. The panel acknowledged delays in dealing with anti-social behaviour, faulty CCTV, and security repairs. Although these issues have now been addressed, the panel found that MHA should have acted sooner and more proactively. The tenant has accepted a new property, and £600 compensation was offered to help with moving and decorating costs recognising the stress and inconvenience caused.

		The Ombudsman issued a determination, however, we have appealed the finding regarding a delay in arranging the Stage 2 hearing, as this was due to the tenant's request to await further information. The tenant has also appealed the decision, not happy with the compensation offered. **Final determination**: No change to the original determination. **Final orders:** *Apology order* - The landlord must apologise in writing to the resident for the failures identified in this report. The landlord must ensure: The apology is specific to the failures identified in this decision, meaningful and empathetic. *Compensation order* - The landlord must pay the resident £100 to recognise the frustration caused by its. This must be paid directly to the resident by the due date. The landlord must provide documentary evidence of payment by the due date. **Final recommendations** The landlord should provide a copy of its review of this case and any actions it has taken since to improve its processes. The landlord should pay the resident £600 compensation as offered in its final response. They found reasonable redress based on this being paid to the resident.
Housing Ombudsman non-compliance orders	0	

Annual Learning from complaints in 2025 – 2026

The key themes and trends over the last financial year are:

- Damp and mould: earlier identification and faster action, including decants where needed, aligned to Awaab's Law timescales.
- Contractor quality and accountability: stronger post-inspections, better documentation, and clearer ownership of workmanship standards.
- Appointments and systems: ensure "confirmed" jobs are locked into engineers' diaries, with daily system checks to prevent missed orders and avoidable delays.
- Performance grip: routine (e.g., weekly) progress meetings, escalation/senior oversight for repeat visits, and tighter management of long-running repairs.
- Resident experience and vulnerability: improve warm, empathetic communication, and strengthen support for vulnerable households (adequate temporary heating, delivery verification, and follow-up calls).

Complaints Learning Forum

There were two Complaints Learning Forums in 2025 – 2026, based on the themes and keys learnings, the following recommendations were made:

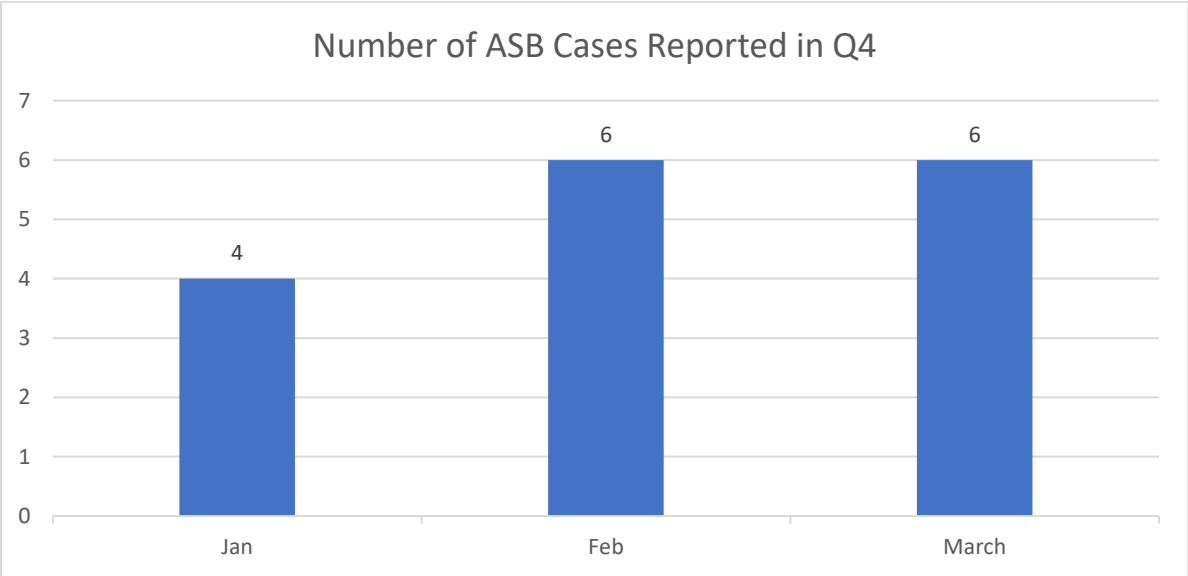
- Customer experience is the main trigger for escalation: complaints most often escalated when customers felt unheard, dismissed, or passed between teams. More empathy, clear explanations, and realistic expectations would reduce repeat contact and formal escalation.
- Getting it right first time prevents avoidable harm and cost: accurate diagnosis at first point of contact reduces repairs being raised incorrectly resulting in unnecessary call outs and frustration for customers.
- Acknowledge quickly and follow up proactively to close the loop: prompt responses, senior follow up where required, and clear ownership and updates reduce anxiety and further complaints.
- Make it easier for residents to report issues: feedback suggests residents are often asked to evidence problems themselves (e.g., photos, managing faults), which adds to their frustrations. Simplifying reporting routes and being clear about evidence requirements should improve access and outcomes.
- Transparency builds trust, especially where options are limited: explain responsibilities, recharges and unavoidable cost factors (e.g., energy/service charges) in plain language, and engage early changes that impact customers. This improves understanding and acceptance, even when outcomes are limited.
- Consistency across staff and contractors matters. Clear communication, agreed timescales, accountability and ownership are as important as the technical fix.
- Capture learning from informal resolutions as well as formal complaints: consistent recording and analysing trends are essential. Changes to categorisation and recording may increase logged volumes without indicating service deterioration.
- Complaint records should include more comprehensive detail specifically outcomes, actions taken, and confirmation of resolution to support effective monitoring and reporting.
- Cases relating to anti-social behaviour (ASB) and criminal activity require more timely responses and prompt action.

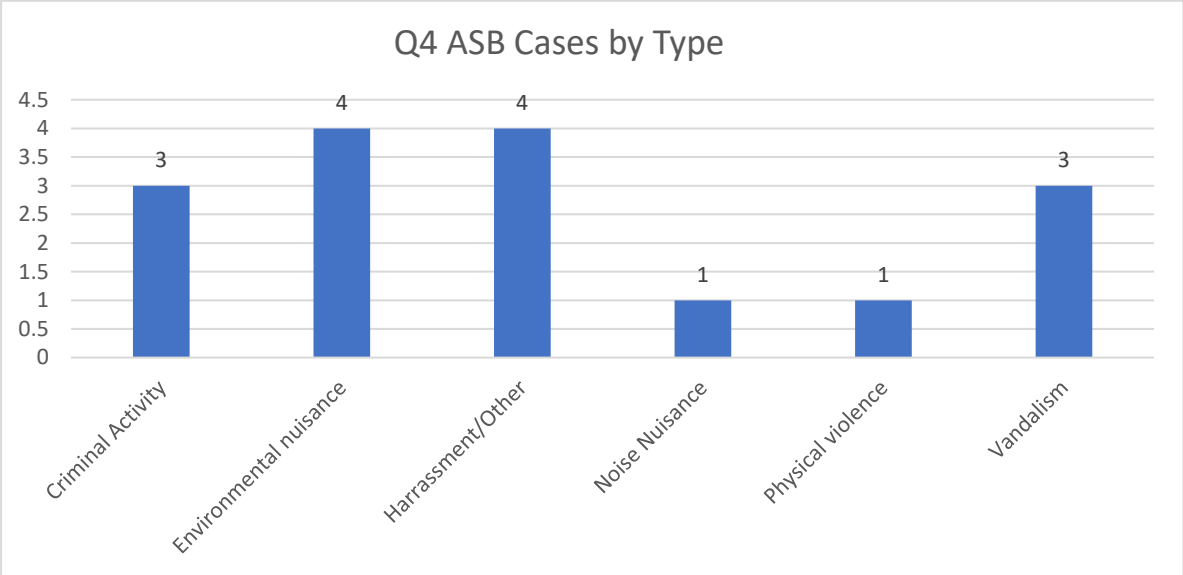
- Consideration should be given to implementing a safety-net process to ensure that no repair requests are overlooked or lost within the system.

Formal Complaints – Protected Characteristics Summary

- The protected characteristics data for formal complaints shows that, although data is collected on 6 of the 9 characteristics, there are notable gaps where information is either not provided ("no data") or not captured for non-tenant complainants ("unknown"). In addition, the relatively small number of complaints further limits meaningful analysis. Based on the available data, there is no clear indication of disproportionate impact on specific protected groups.
- Moving forward, we will strengthen the collection of EDI information at the time of the complaint to enable more meaningful analysis and provide greater assurance in understanding the impact of our services across different customer groups.
- Further details of complaints data mapped against protected characteristics is provided in Appendix 1.

- **ASB Q4 Report**





Q4 Legal Action Case Summary	Current Actions
Tenant and several family members arrested at Birmingham Airport for importing Class A drugs into the UK in November 2024. In July 2025, perpetrators plead guilty to conspiracy to evade the prohibition on the importation of a controlled drug of class A and have been sentenced to prison.	Notice Seeking possession served. Awaiting possession proceedings.
Police warrant for drugs executed at property in July 2025. Household member arrested and on remand.	Case settled out of court – defendant agreed to sign a 5-year possession order
Tenant and husband plead guilty to harassment of neighbours in August 2025.	Notice Seeking possession served. Awaiting possession proceedings.

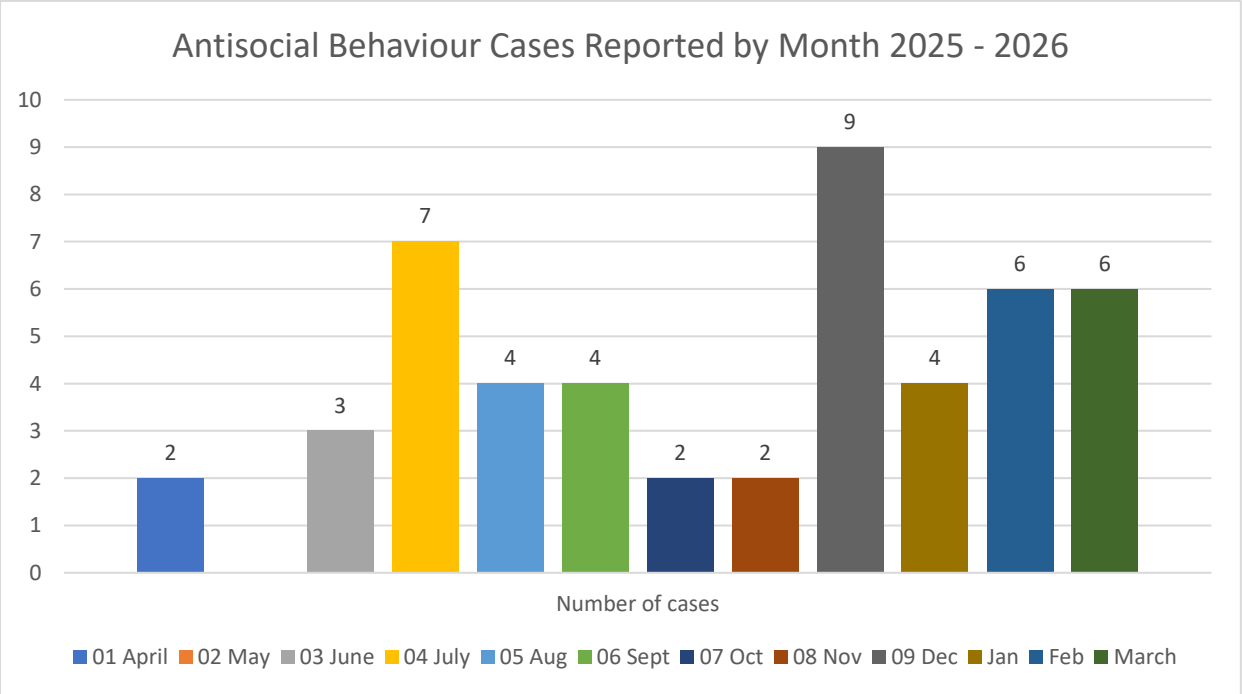
Suspended Possession Order granted against perpetrator in January 2025. Further reports of ASB received.	Drafting witness statements and collecting CCTV for further possession proceedings. Currently liaising with police to gather further evidence.
Tenant and visitors casing multiple issues on the scheme including drug dealing/use, prostitution and other misuse of communal areas	Notice seeking possession served. Awaiting court date.

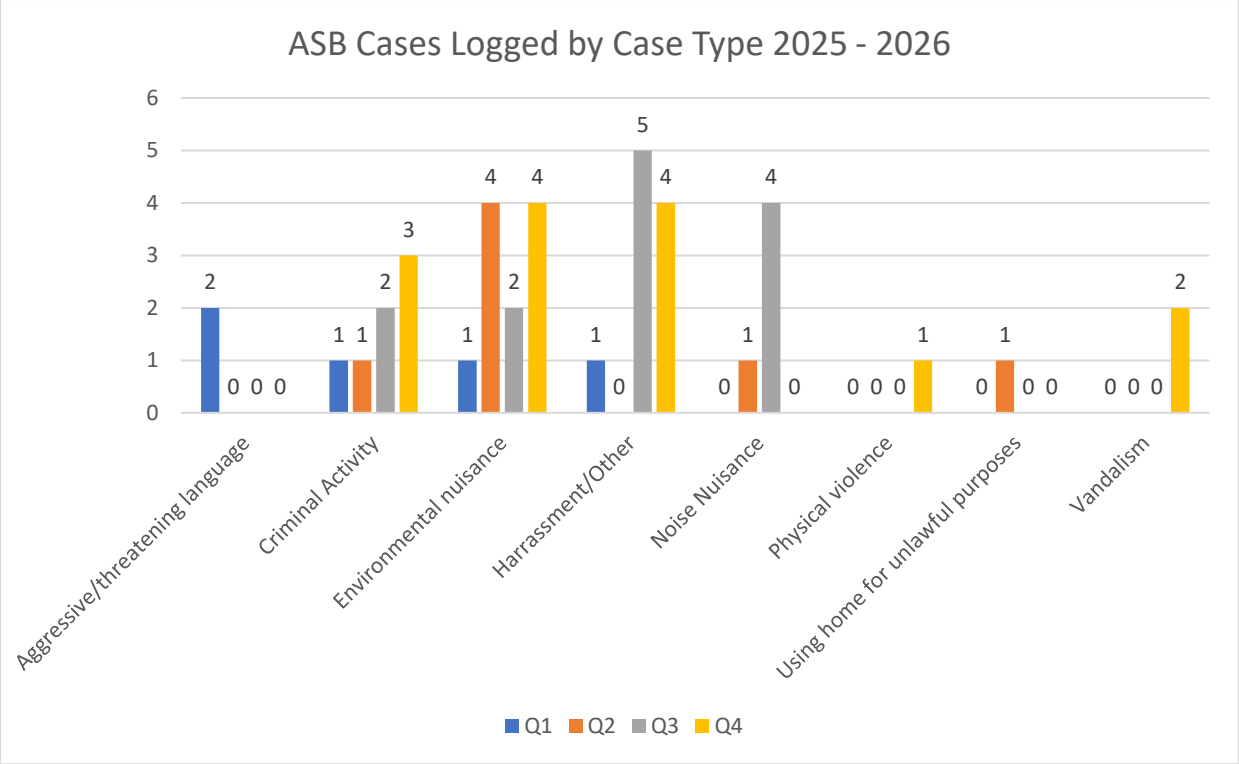
Q4 Reported Hate Incidents/Crimes	**0**

Q4 Reported Domestic Violence	**1**
Domestic abuse reported by a tenant from ex partner who has been bailed away from the address	Housing needs assessed and no immediate danger to tenant. Monitoring and in comms with support worker in case anything changes

Q4 Reported Safeguarding Cases	**1**
Concerns around cuckooing and a potential vulnerable adult at risk. Referred to Adult Social Case	The case has been referred to the Police and ASB Adult panel 30/04/2026.

Annual ASB Report 2025 – 2026





ASB (Anti-Social Behaviour) - Protected Characteristics Summary

The protected characteristics data for ASB indicates that, while information is collected on 6 of the 9 characteristics, there are significant gaps in completeness. A high proportion of cases are recorded as "unknown," largely due to reports being made by non-tenants or partner agencies such as the police, alongside instances of "no data" where tenants have not provided their details.

As a result, the current dataset does not allow for robust analysis of whether particular groups are disproportionately affected by or reporting ASB. While no clear inequalities are evidenced, the limitations in data mean this cannot be confirmed with confidence, and improved data capture is required to strengthen equality monitoring.

Moving forward, we will strengthen the collection of EDI information at the time of the ASB to enable more meaningful analysis and provide greater assurance in understanding the impact of our services across different customer groups.

Further details of ASB data mapped against protected characteristics is provided in Appendix 1.