**YMCA CHELTENHAM**

**TRUSTEE STATEMENT**

**HOUSING OMBUDSMAN COMPLAINT HANDLING CODE 2024**

**2025 ASSESSMENT**

The Trustees of YMCA Cheltenham recognise the importance of managing and handling complaints of residents in accordance with the Housing Ombudsman Complaint Handling Code 2024.

In so doing, Trustees have required that the organisation to undertake a self-assessment of YMCA Cheltenham’s performance against the Code requirements and has published the outcome of that self-assessment on the organisation’s website.

Trustees have reviewed the self-assessment documentation and, where improvements are required to ensure the organisation meets relevant standards as set out in the Code, a plan has been put in place (below) to ensure the organisation fully meets those standards within an acceptable and defined timeframe.

**HOUSING OMBUDSMAN COMPLAINT HANDLING CODE 2024**

**IMPROVEMENT PLANS (2025)**

| **CODE REF:** | **PLANNED ACTIONS** | **STATUS** | **COMPLETION BY END OF:** |
| --- | --- | --- | --- |
| 1.2 | None required | Complete | N/A |
| 1.3 | None required | Complete | N/A |
| 1.4 | None required | Complete | N/A |
| 1.5 | None required | Complete | N/A |
| 1.6 | None required | Complete | N/A |
| 2.1 | None required | Complete | N/A |
| 2.2 | None required | Complete | N/A |
| 2.3 | None required | Complete | N/A |
| 2.4 | None required | Complete | N/A |
| 2.5 | None required | Complete | N/A |
| 3.1 | None required | Complete | N/A |
| 3.2 | None required | Complete | N/A |
| 3.3 | None required | Complete | N/A |
| 3.4 | None required | Complete | N/A |
| 3.5 | None required | Complete | N/A |
| 3.6 | None required | Complete | N/A |
| 3.7 | None required | Complete | N/A |
| 4.1 | None required | Complete | N/A |
| 4.2 | None required | Complete | N/A |
| 4.3 | None required | Complete | N/A |
| 5.1 | None required | Complete | N/A |
| 5.2 | None required | Complete | N/A |
| 5.3 | None required | Complete | N/A |
| 5.4 | None required | Complete | N/A |
| 5.5 | None required | Complete | N/A |
| 5.6 | None required | Complete | N/A |
| 5.7 | None required | Complete | N/A |
| 5.8 | None required | Complete | N/A |
| 5.9 | None required | Complete | N/A |
| 5.10 | None required | Complete | N/A |
| 5.11 | None required | Complete | N/A |
| 5.12 | None required | Complete | N/A |
| 5.13 | None required | Complete | N/A |
| 5.14 | None required | Complete | N/A |
| 5.15 | None required | Complete | N/A |
| 6.1 | None required | Complete | N/A |
| 6.2 | None required | Complete | N/A |
| 6.3 | None required | Complete | N/A |
| 6.4 | None required | Complete | N/A |
| 6.5 | None required | Complete | N/A |
| 6.6 | None required | Complete | N/A |
| 6.7 | None required | Complete | N/A |
| 6.8 | None required | Complete | N/A |
| 6.9 | None required | Complete | N/A |
| 6.10 | None required | Complete | N/A |
| 6.11 | None required | Complete | N/A |
| 6.12 | None required | Complete | N/A |
| 6.13 | None required | Complete | N/A |
| 6.14 | None required | Complete | N/A |
| 6.15 | None required | Complete | N/A |
| 6.16 | None required | Complete | N/A |
| 6.17 | None required | Complete | N/A |
| 6.18 | None required | Complete | N/A |
| 6.19 | None required | Complete | N/A |
| 6.20 | None required | Complete | N/A |
| 7.1 | None required | Complete | N/A |
| 7.2 | None required | Complete | N/A |
| 7.3 | None required | Complete | N/A |
|  7.4 | None required | Complete | N/A |
| 7.5 | None required | Complete | N/A |
| 8.1 | None required | Complete | N/A |
| 8.2 | None required | Complete | N/A |
| 8.3 | None required | Complete | N/A |
| 8.4 | None required | Complete | N/A |
| 8.5 | None required | Complete | N/A |
| 9.1 | None required | Complete | N/A |
| 9.2 | None required | Complete | N/A |
| 9.3 | None required | Complete | N/A |
| 9.4 | None required | Complete | N/A |
| 9.5 | None required | Complete | N/A |
| 9.6 | None required | Complete | N/A |
| 9.7 | None required | Complete | N/A |
| 9.8 | None required | Complete | N/A |

**Changes to the Complaints Handling Process**

In 2024, the self-assessment noted that a number of areas needed to be reviewed and changed to improve YMCA Cheltenham’s service going forward. These areas have been addressed in the following ways:

|  |  |
| --- | --- |
| Innovation or change  | Code Reference  |
| The difference between a complaint and a service request is now clearly defined in staff training. | 1.4 |
| Ensuring that the staff team are trained on how to handle complaints in line with the new code  | 4.3 |
| Introduced a two stage process, replacing the three stages | 3.4, 3.5, 5.2, 5.3, 6.10, 6.11 |
| Ensuring that the complaint is clearly defined at the start of stage 2  | 5.6  |
| Policy now includes how to agree on an extension of the timescale, what information will be supplied and tracing subsequent actions.  | 6.4, 6.15, 6.16, 6.17 |
| Best practice standards are now in place around reasoning for any decisions, and where additional issues are raised as part of the process. | 6.7, 6.9 |
| The final response is now reviewed with the CEO to ensure all points are addressed. | 6.18, 6.20 |
| Policy incorporates best practice on remedies, acknowledgement of service failure and the impact on residents. | 7.1,7.2, 7.3, 7.4 |
| Data on performance is now presented to trustees. | 8.1 |
| The Policy and Governance Committee has been appointed as the Member Responsible for Complaints (MRC) | 9.5, 9.6, 9.7, 9.8 |

The assessment demonstrates that YMCA Cheltenham fully complies with the Complaints Handling Code and will continue to build on its culture of continuous improvement within the organisation.

YMCA Cheltenham has an open approach to receiving feedback from residents and a system in place for logging and progressing complaints.

The new Regulatory Compliance Manager, Alan Moorhouse, who has experience in complaints and responding to the previous iteration of the Complaints Handling Code, carried out the review. The significant amount of work carried out last year has led YMCA Cheltenham to demonstrate that it is fully compliant with it. The two-stage process works well and provides clarity to service users and the staff team, and it requires us to address complaints quickly, the majority of which are dealt with within the prescribed timeframes.

The Regulatory Compliance Manager has also increased complaint handling capacity. He will work closely with the Head of Housing, Policy and Performance, John Ingles, to provide extra cover, particularly during holiday periods and can be the ‘separate person’ if a complaint is escalated to the second stage of the process.

**Performance 2024/25**

|  |  |  |
| --- | --- | --- |
| **Complaint description** | **Number** | **Percentage** |
| Total number of complaints | 21 | 100% |
| Supported accommodation complaints | 18 | 86% |
| General needs housing complaints | 3 | 14% |
| Complaints refused | 0 | 0% |
|  |  |  |
| Complaints acknowledged at stage 1  | 21 | 100% within time |
| Complaints acknowledged at stage 2  | 5 | 100% within time |
| Complaints acknowledged at stage 3 (Until September 30th 2024) | n/a | 5 |
|  |  |  |
| Complaints referred to the Housing Ombudsman | 1 | n/a |
|  |  |  |
| Complaints resolved at stage 1 | 17 | 75% within time  |
| Complaints resolved at stage 2 | 4 | 80% within time |
| Complaints resolved at stage 3 (Until September 30th 2024) | n/a | n/a |
| Complaints with the Ombudsman | 1 | n/a |
|  |  |  |
| Complaints about staff | 3 | 15% |
| Complaints about service | 10 | 45% |
| Complaints about property & Maintenance | 4 | 20% |
| Complaints about residents | 4 | 20% |
| Other | 0 | 7% |

**Analysis & Performance 2024/2025**

In the financial year 2024/2025, the organisation received 21 complaints.

These complaints were logged and recorded against the Complaints Policy, which was a three-stage approach until September, and then switched to a two-stage process to align with the Complaints Handling Code.

In reviewing the table above, it is noticeable that the bulk of complaints are concentrated on staff and service delivery within our supported housing portfolio. Receiving and acknowledging complaints has been good when complaints are received. Resolution within timescales has also been consistent, with dialogue with complainants where there was a need to extend timescales due to the complexities of a case or unforeseen absences.

The number of complaints we have received is relatively small compared to the number of people we house, and most are resolved to the complainant's satisfaction at the first stage. One of the complaints has been escalated to be considered by the Housing Ombudsman. This was referred in January 2025, and we are awaiting a response.

**Conclusion**

The significant amount of work carried out last year to assess compliance with the code and to make changes to how complaints are handled has led to the organisation being fully compliant with the Code. This, alongside a more detailed tracking system, has put the organisation in a strong position to respond quickly and sensitively to complaints, learn from them and remediate where necessary. We have always been open to receiving complaints and want to treat them with the respect they deserve. Whilst full compliance with the Complaint Handling Code represents a significant milestone, we will follow closely the guidance of the Housing Ombudsman and others so that we can continue to improve for the benefit of our service users