

HOUSING OMBUDSMAN ANNUAL SUBMISSION 2026

GOVERNING BODY RESPONSE

Annual Complaints Performance
& Service Improvement Report

On behalf of the Board of Dawson Housing Limited, I confirm that the Board has reviewed and scrutinised Dawson's Annual Complaints Performance and Service Improvement Report for 1 April 2025 to 31 March 2026 and the accompanying self-assessment against the Housing Ombudsman statutory Complaint Handling Code.

The Board's approach has been to require an evidence-led and transparent assessment: specific weaknesses are acknowledged where substantiated, while historic data gaps are not treated as proof that every complaint was mishandled.

The Board's review considered the organisation's complaint-handling framework, the evidence supporting the self-assessment, complaint performance and learning, the role of managing agents and other delivery partners, and the Housing Ombudsman's published determination 202423189 dated 10 October 2025.

The Board has considered the specific findings concerning complaint handling, record keeping, communication, repairs and redress and has focused its challenge on how Dawson has translated those findings into stronger operational controls and service improvement.

The Board notes that Complaints Handling Policy v3.0, approved on 1 January 2026, materially strengthens Dawson's controls. It establishes a single two-stage process; confirms Dawson's accountability for complaints handled by managing agents and contractors; sets clear acknowledgement and response standards; strengthens requirements for complaint definitions, evidence, response content and escalation; enables proportionate remedies and financial redress at any stage; improves record keeping; and strengthens Board and MRC oversight.

The Board recognises that the effectiveness of these controls must be demonstrated through consistent practice and evidence, not policy wording alone.



Mohammed Sajjid Sarwar
Chair of the Board

"Evidence-led, transparent and focused on stronger operational controls and service improvement."

Assurance from the Member Responsible for Complaints

Neil Thorneycroft, as Member Responsible for Complaints (MRC), has provided assurance to the Board by reviewing the annual report and self-assessment alongside the current complaints policy, complaints log / management information, relevant complaint-handling evidence and the Ombudsman determination.

The MRC has considered whether the evidence cited in the self-assessment reflects Dawson's actual complaint-handling arrangements and has challenged the organisation on the areas requiring improvement and continued monitoring.



Neil Thorneycroft
Vice Chair of the Board
Member Responsible for
Complaints

Board challenge and priorities

The Board has specifically considered the data-assurance limitation disclosed in the annual report. One complaint record within the reporting period can be verified from the available historic register, dated 22 March 2026, but a complete complaint-level dataset for 1 April 2025 to 31 March 2026 was not available within the records collated for the annual review.

The verified record is not presented as Dawson's annual complaint total. The limitation reduces the assurance that can be provided over historic annual performance; it does not, by itself, establish that all complaints during the period were mishandled.

1 verified record

This is not presented as Dawson's annual complaint total. The historic data limitation is disclosed transparently and will not be filled with unsupported estimates.

The Board has challenged management on the gap and requires a single central complaint register, minimum mandatory data fields, routine reconciliation and regular reporting to the MRC and Board. The Board supports the decision not to estimate or retrospectively reconstruct unsupported annual figures.

Learning, accountability and direction of travel

Where specific failures are evidenced, Dawson will acknowledge them, put matters right where appropriate and use the learning to strengthen the wider service. The Board has therefore required continued focus on data quality, response timeliness, the quality of Stage 1 and Stage 2 decisions, completion of remedies, management of complaints involving managing agents, resident accessibility and the use of complaint learning to drive service improvement.

The Board also recognises positive direction of travel. The strengthened framework provides clearer formal complaint stages, tighter managing-agent accountability, improved remedy and record-keeping requirements, and stronger routes for learning through management, resident and governance assurance.

Regular complaint information will be presented in a form that allows meaningful scrutiny of volumes, categories, outcomes, Code timescales, remedies, themes and trends, Ombudsman outcomes and delivery of agreed improvement actions. The Board will use this information to test whether the new controls are operating consistently and to intervene where exceptions arise.

Data quality

Single central register, mandatory fields and routine reconciliation.

Response standards

Closer oversight of Stage 1 and Stage 2 timeliness and decision quality.

Managing agents

Clearer accountability where complaints concern services delivered on Dawson's behalf.

Putting things right

Remedies tracked to completion and proportionate redress considered where appropriate.

Resident accessibility

Complaint handling designed around accessible routes and resident needs.

Board assurance

Regular information on themes, trends, outcomes, Ombudsman findings and improvement actions.

Our improvement principle

Specific weaknesses are acknowledged where supported by evidence. Learning is converted into clearer controls, stronger assurance and measurable improvement.

Subject to completion of the governance actions recorded through the Board's approval process, the Board approves the annual self-assessment and Annual Complaints Performance and Service Improvement Report for publication and submission to the Housing Ombudsman.

The Board considers the transparent disclosure of the 2025/26 evidence limitation, together with a clear improvement plan, to be preferable to unsupported claims of full historic performance.

Complaint handling will remain under active review during 2026/27, with material non-compliance, missed deadlines, data-quality weaknesses and systemic themes escalated promptly and improvement actions tracked to completion.

Transparent disclosure. Clear improvement actions. Active Board oversight.

Formal sign-off

To be completed after the Board has reviewed and scrutinised the annual report and self-assessment and the final documents have been approved for publication.

Mohammed Sajjid Sarwar	Chair of the Board
Signature	
Neil Thorneycroft	Vice Chair / Member Responsible for Complaints
Signature	
Date	
Board approval date	