

**ST LEGER HOMES OF DONCASTER LIMITED  
BOARD MEETING**

**To be held at 2pm on Thursday 2 April 2026  
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

**AGENDA**

**12:30 – 13:30** – Pre Board session on Housing & Customer Services Overview

**13:30 – 14:00** – Lunch

|    |  |                     |                             |
|----|--|---------------------|-----------------------------|
| 1  | Apologies and Quorum                                       |                     | <b>Verbal</b>               |
| 2  | Declarations of Interest by Board Members                  |                     | <b>Verbal</b>               |
| 3a | Matters arising and action log from previous meetings      | D Wilkinson         | <b>Enclosed</b>             |
| 3b | Ratification of minutes of meeting held on 5 February 2026 | D Wilkinson         | <b>Enclosed</b>             |
| 4  | Chair and Chief Executive's update                         | D Wilkinson         | <b>To be circulated</b>     |
| 5  | Committee Updates  | Committee<br>Chairs | <b>Minutes<br/>Enclosed</b> |
|    | 1. Customer & Performance Committee – 19 February 2026     | PCole               |                             |
|    | 2. Building Safety & Compliance Cttee – 12 February 2026   | DWilkinson          |                             |

**For Approval**

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| 6  | Budget Approval  | S Slater | <b>Enclosed</b> |
| 7  | Communications Strategy and the Year 1 actions                 | J Davies | <b>Enclosed</b> |
| 8  | Embedding Respect - Tackling Stigma in Social Housing Strategy | J Davies | <b>Enclosed</b> |
| 9  | Dress Code Policy  | S Slater | <b>Enclosed</b> |
| 10 | Customer Access Strategy                                       | J Davies | <b>Enclosed</b> |
| 11 | Tenant Voice Strategy 2026 – 2030                              | J Davies | <b>Enclosed</b> |

**For Information**

|    |   |          |                 |
|----|---|----------|-----------------|
| 12 | Housing Ombudsman Complaint Handling Code Annual Review | J Davies | <b>Enclosed</b> |
| 13 | KPI Performance   | S Slater | <b>Enclosed</b> |
| 14 | AOB   |          |                 |
| 15 | Reflection on effectiveness of meeting                  |          |                 |
| 16 | <i>Date of next meeting –11 June 2026</i>               |          |                 |

| St Leger Homes of Doncaster Board - Action Log |        |      |  |  |                        |       |
|--|--------|------|--|--|------------------------|-------|
| NO   | Month  | Ref  | Action   | Progress   | Completed Y/N          | Owner |
| 145  | Dec-25 | 7.5  | <b><u>Asset Management Strategy -</u></b><br>Following a brief discussion the Board asked for the baseline data around Net Zero and a note on it that no further action would be taken.  | This will be revisited once more information is available on Carbon Zero alongside MEES, SAP review and Decent Homes round 2. In the meantime, we will continue reporting on our progress towards it, as we do on EPC C. | Links to No. 151 & 152 | LW    |
| 151  | Feb-26 | 3a.1 | <b><u>Letter - Net Zero</u></b><br>DoPS to circulate to Board the letter to Ed Milliband, MP - outlining the financial implications of achieving carbon neutrality by 2050.  | Letter shared  | Y                      | LW    |
| 152  | Feb-26 | 3a.2 | <b><u>MEES &amp; DH2</u></b><br>DoPS suggested bringing a paper into Board regarding recent government announcements on Minimum Energy Efficiency Standards (MEES) and Decent Homes 2.   | Will be provided to June Board   | Y                      | LW    |
| 153  | Feb-26 | 4.6  | <b><u>Letter - Single Construction Regulator</u></b><br>The Chair suggested contacting neighbouring ALMOs and submitting a joined-up letter in support of a single construction regulator.   | An update on this action is provided in the April Chief and Chairs report  | Y                      | CM    |
| 154  | Feb-26 | 5.3  | <b><u>KIT Visits - Coronation Gardens</u></b><br>The DoH&CS to check when on the KIT visit programme Coronation Gardens is due to be carried out. This was following a comment by one member that she wasn't aware of any local KIT visits taking place in the area. | The Board Member was updated separately  | Y                      | JD    |
| 155  | Feb-26 | 5.5  | <b><u>Care Leavers</u></b><br>The DoH&CS agreed to produce a report which could be taken to Corporate Parenting Board by Cllr Farmer.  | Report submitted to 18 March Corporate Parenting Board (CPB) meeting.<br><i>*following discussions with Cllr Farmer agreed March agenda too full therefore pushed back to 27 May CPB.</i>                                | Y                      | JD    |

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| 156 | Feb-26 | 9.4  | <p><b><u>EDI Strategy 2026-2030 &amp; Yr1 Action Plan</u></b></p> <p>The Head of People and Culture confirmed although some work was underway to encourage customers to provide their data including myth busting facts around the importance of providing data, she could look at some case studies to demonstrate why customers/staff should provide us with their data.</p> | Use of case studies will be included when myth busters are developed with consideration being given to the best platforms to do this for both customers and our staff | Y | HR           |
| 157 | Feb-26 | 9.5  | <p><b><u>EDI Strategy 2026-2030 &amp; Yr1 Action Plan</u></b></p> <p>The Chair and tenant board member Milcah Walusimbi volunteered to attend the Colleague Festival in September, to help encourage staff to complete the staff survey to improve the percentage of diversity data held for employees.</p>  | Diary invites sent to The Chair and Tenant Board Member   | Y | DW/MW        |
| 158 | Feb-26 | 12.4 | <p><b><u>Compliance with National Housing Federation (NHF) Code of Governance</u></b></p> <p>Suggestion by a member, that the supported evidence was made a little more generic and about the 'cycle' of evidence.</p>   | The action plan has been amended to support the request for all future updates to Board   | Y | NF           |
| 159 | Feb'26 | 16.5 | <p><b><u>KPI Performance - Main Categories for Complaints</u></b></p> <p>One member referred to the pie chart at point 3.2 on page 4 of the report and asked if an additional pie chart for the previous quarter could be added for comparison reasons in future reporting.</p>  | Quarterly reporting will include the additional chart   | Y | NF           |
| 200 | Feb'26 | 19.1 | <p><b><u>Balby Bridge Closure Order</u></b></p> <p>Board highlighted the closure order on Balby Bridge expires in March 2026 and asked if this was going to be extended for 3 months?</p>  | The DoH&CS confirms the closure orders expire in March 2026 and cannot be extended any further  | Y | JD           |
| 201 | Feb'26 | 19.2 | <p><b><u>June Board Date</u></b></p> <p>Board agreed to move the date in June from 4th to 11th due to a clash with the NFA Annual Conference.</p>  | The meeting invite has been rescheduled in diaries to 11 June.  | Y | Exec Support |
| 202 | Feb'26 | 19.3 | <p><b><u>National Federation of ALMO's Conference</u></b></p> <p>The Chair raised should any Board Members wish to attend to contact Leandra Graham-Hibling.</p>   | Board Members registering an interest are now all booked on   | Y | Board        |

## Board Decision Summary

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|---|----------------------|
| <b>Meeting:</b>   | St Leger Homes Board |
| <b>Date of meeting:</b>   | 05 February 2026     |
| <b>Chair:</b>   | Dave Wilkinson       |
| The Board <b>approved</b> :-<br><br><u>Item 5</u> – Housing and Neighbourhood Management Policy<br><u>Item 6</u> – Gypsy & Travellers/Residential Site Policy<br><u>Item 7</u> - 2026/27 Annual Development Plan (ADP) and Key Performance Indicators, subject to approval by the Mayor.<br><u>Item 8</u> – Gender Pay Gap 2025<br><u>Item 9</u> - Equality, Diversity and Inclusion (EDI) Strategy 2026-2030 and Year 1 Action Plan  |                      |
| The Board <b>requested</b> :-<br><br><u>Item 4</u> – consider joined-up letter with neighbouring ALMOs regarding Single Construction Regulator.<br><u>Item 5</u> – Confirm KIT visit programme timing for Coronation Gardens<br><u>Item 5</u> - Produce report on care leavers for Corporate Parenting Board<br><u>Item 9</u> - Explore case studies demonstrating the value of diversity data collection<br><u>Item 12</u> - Review supported evidence approach for NHF Code compliance<br><u>Item 16</u> - Add comparative complaints pie chart in future KPI reports<br><u>Item 19</u> - Confirm whether Balby Bridge closure order will be extended   |                      |
| The Board <b>received</b> :-<br><br><u>Item 4</u> – Chair & CEO report.<br><u>Item 10</u> – Safety & Compliance Dashboard<br><u>Item 11</u> - Annual Development Plan (ADP) Q3 2025-26<br><u>Item 12</u> - SLH Compliance with ((NHF) Code of Governance<br><u>Item 13</u> – Strategic Risk Register<br><u>Item 14</u> – Revenue Monitoring Q3<br><u>Item 15</u> – Capital Monitoring Q3<br><u>Item 16</u> – KPI Performance Q3<br><u>Item 17</u> - Performance and Culture Framework – CORE<br><u>Item 18</u> – Committee Minutes: <ul style="list-style-type: none"><li>➤ Customer &amp; Performance Committee 13.11.25</li><li>➤ Building Safety &amp; Compliance Committee 20.11.25</li></ul> |                      |

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**St. Leger Homes of Doncaster Limited**  
**BOARD MEETING**  
**Hybrid meeting**

**2.00pm on Thursday 5<sup>th</sup> February 2026**  
**Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

**Present:**

Dave Wilkinson (Chair), Trevor Mason, Cllr Glyn Whiting, Cllr Steve Cox, Cllr Susan Farmer, Susan Jones, Chris Margrave (Chief Executive Officer), Maureen Tennison, Milcah Walusimbi, Rodger Haldenby (RH), Kath Smart (Co-Opted).

**Also In Attendance:**

Lee Winterbottom (Director of Property Services), Jane Davies (Director of Housing and Customer Services), Hannah Ruane (Head of People & Culture), Vicki Hunter (Head of ICT and Business Transformation), Nigel Feirn (Head of Finance & Business Assurance), Maxine Johnson (minutes).

**City of Doncaster Council (CDC)**

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|           |  | <b>Action</b> |
|-----------|--|---------------|
| <b>1.</b> | <b>Apologies and Quorum</b>  |               |
| 1.1       | Apologies received from Yvonne Fox, Service Director Place – CDC and it was noted that the meeting was quorate.  |               |
| <b>2.</b> | <b>Declarations of Interest by Board Members</b>   |               |
| 2.1       | No declarations of interest were received.   |               |
| <b>3a</b> | <b>Matters arising and action log from previous meetings</b>   |               |
| 3a.1      | <b><i>Item number – 145 – Asset Management Strategy</i></b><br>The Director of Property Services advised further to the update given in the action log, CDC have approached us to assist with providing information for a Housing Revenue Account (HRA) letter that is to be sent to the relevant minister outlining the financial implications of achieving carbon neutrality by 2050. We have used previous cost modelling and inflated this to present day, showing funding of £780m is required. He suggested he shared the letter with Board following the meeting. | <b>LW</b>     |
| 3a.2      | He also suggested bringing a paper into Board regarding recent government announcements on Minimum Energy Efficiency Standards (MEES) and Decent Homes 2.  | <b>LW</b>     |

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| <b>3b</b> | <b>Ratification of minutes from the meeting held on 4 December 2025</b>  |  |
| 3b.1      | The minutes from the meeting held on 4 December 2025 were accepted as a true and accurate record.  |  |
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| <b>4.</b> | <b>Chair and Chief Executive's Update</b>  |  |
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| 4.1       | The Chief Executive Officer (CEO) drew members attention to pertinent points of the update report:   |  |
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| 4.2       | <u>Director of Corporate Services recruitment</u><br>Recruitment continues with interviews taking place on 11 February 2026.   |  |
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| 4.3       | <u>Rent Convergence</u><br>Members noted confirmation from government that rent convergence will go ahead from April 2027, this will allow an additional £1 in addition to the rent increase. The following year, in April 2028 it is agreed that a further £2 can be added. This agreement has the potential to add an additional £7.5m to the investment in our current stock, this is both welcomed and necessary.<br><br>One member asked, if the additional money received as result of rent convergence could be retained by St Leger Homes (SLH)?<br><br>The CEO explained it will contribute in some way towards the work that needs doing from what the stock condition surveys (SCS) are telling us, but with regards to the level of investment that is required moving forward including Decent Homes 2 etc, rent convergence won't cover all work due to declining levels of decency. It will just plug the gap between our investment plans and budgets. |  |
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| 4.4       | <u>Awaab's Law update</u><br>Members noted consultation is taking place on the 'additional' hazards that will come into focus later this year. This has the potential to add further pressures to an already stretched repairs service.  |  |
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| 4.5       | <u>Stock Condition/Visited Property Update</u><br>Members noted following completion of the 2025 stock condition programme, a review of the properties that still had not received a visit in the last 5 years was undertaken. As part of this review, an assessment of not only stock condition surveys, but also compliance and 'Keeping in Touch' visits was also considered. The CEO said it is pleasing to report that there are only 15 properties that had not had a visit from either a stock condition survey, compliance or Keeping in Touch visit. The teams are now working together to arrange visits to these remaining properties.  |  |

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| 4.6  | <p><u>Building Safety</u><br/>The CEO advised the Building Safety Regulator (BSR) continues to adapt to the challenging environment, I think it's fair to say that they have underestimated the demand on their service and as a result blockages have been apparent.</p> <p>He added key updates relate to personal emergency evacuations plans (PEEPS) in high rise and the consideration for a single construction regulator. The organisation welcomes this approach if it helps speed up the process. The Chair suggested contacting neighbouring ALMOs and submitting a joined-up letter.</p> <p>Members noted applications for building safety cases have been challenging with guidance being issued after receiving the requirements to submit one for each of the high rise.</p> | <b>CM</b> |
| 4.7  | <p><u>Warm Homes fund</u><br/>The CEO stated confirmation of the warm homes fund provides us with an opportunity to fund some of the organisation's aspirations for our customers to have a warm comfortable home.</p> <p>The launch of the plan will see £15 billion of investment with the aims of helping to deliver lower fuel bills to households. We will be reviewing what this means for us and how we can take full advantage of the fund.</p>  |           |
| 4.8  | <p><u>Homeless prevention rough sleeping and DAG</u><br/>The Director of Housing and Customer Services advised government launched a new strategy at an opportune time for Doncaster to respond, SLH made a bid to bolster the funding which has been successful. This will help us to continue to see significant improvements in this service area.</p>  |           |
| 4.9  | <p><u>Budget position</u><br/>The CEO highlighted the usually tight position, which is being closely monitored with budget proposals going to full council on the 26 February 2026.</p>  |           |
| 4.10 | <p><u>Repairs Excellence Next Phase</u><br/>The Director of Property Services explained the four lines of defence being adopted to improve the service area: new process around 'Attend Today' appointments, recharges, video triage, work quotas and reviewing and streamlining of diagnostic scripts.</p>  |           |
| 4.11 | <p><u>Equality, Diversity &amp; Inclusion (EDI) update – Q3</u><br/>The CEO highlighted a slight decrease in disclosures overall, with a slight increase in customer disclosure sharing that they have mental health issues in addition to an increase in customers from the LGBTQ community.</p>  |           |

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|           | <p>Additionally, colleague disclosures have decreased however, we have had a reduction in recruitment. The biggest reduction was seen in applicants from diverse backgrounds - we are working hard to attract colleagues from all diverse backgrounds.</p>   |  |
| 4.12      | <p>The Chair asked what the key outcomes were following the recent Doncaster Homelessness Partnership Forum?</p> <p>The Director of Housing and Customer Services explained it was a successful event with approximately 70 in attendance, including Lee Pitcher MP. Having listened to and being impressed with the great work that Doncaster is doing, Lee now wants to Chair a quarterly forum. She added at the event there was a focus on rough sleeping, which everyone acknowledged still needs a lot of work.</p>  |  |
| 4.13      | <p><u>Competency and Conduct Standard</u></p> <p>One member asked, how far away are we from reaching the standard by October 2026 and are there any financial implications?</p> <p>The CEO responded, we are still developing our plans to understand the implications for our staff. In respect of Building Safety staff guidance is vague, the risk is if staff do not wish to take the qualification especially if they are planning to retire in the immediate future. Members noted that Employment &amp; People Committee will be reviewing the requirements at a future committee meeting.</p>                                |  |
| 4.14      | <p><b>Board noted the contents of the update report.</b></p>   |  |
| <b>5.</b> | <p><b><u>Housing and Neighbourhood Management Policy</u></b></p>   |  |
| 5.1       | <p>The Director of Housing and Customer Services sought approval of the new policy, which consolidates tenancy and neighbourhood management into a single, customer-focused framework reflecting updates from tenancy reviews, CDC strategies and national regulatory changes. She highlighted the new policy had an emphasis on prevention, tenant responsibility, community cohesion, and clear enforcement processes.</p> <p>Members noted the policy replaces the former Housing Management Policy and a summary of key changes was highlighted at section 6 of the report, as well as extensive consultation at section 14.</p> |  |
| 5.2       | <p><u>Review</u></p> <p>One member commented, it's a wide-ranging policy which mentions a review. What would the review process look like?</p>   |  |

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|     | It was noted the policy would be reviewed in-line with the current policy framework, and reviewed in 3 years' time.  |           |
| 5.3 | <p><u>Tenancy Agreement</u></p> <p>Another member asked where a copy of the new tenancy agreement could be accessed?</p> <p>The Director of Housing and Customer Services advised it was available on the SLH website; a notice of variation had been circulated to all tenants in November 2025. Should tenants require a hard copy of the tenancy agreement, they would need to request this. To comply with requirements of the law it was only necessary to issue a notice of variation.</p> <p>She further advised, it's been a big learning curve for us – a lot of tenants don't understand their tenancy agreement. Therefore, we are doing a big piece of work to raise awareness which includes a video, Your Tenancy workshops, a feature in Houseproud, attending Community Groups in addition to home visits for vulnerable tenants.</p> <p>The Director of Housing and Customer Services to check where on the KIT visit programme Coronation Gardens is due to be carried out. This was following a comment by one member that she wasn't aware of any local KIT visits taking place in the area.</p> | <b>JD</b> |
| 5.4 | <p><u>Sub-Letting</u></p> <p>A Member raised the policy doesn't state if an offence has been committed should tenants not ask for prior permission to sub-letting.</p> <p>The Director of Housing and Customer Services advised prior permission is sought to make sure any sub-letting is not done for the wrong reasons, ie lodgers.</p>   |           |
| 5.5 | <p><u>Care leavers</u></p> <p>Another member raised throughout the report there is no reference to care leavers.</p> <p>It was noted that care leavers were covered in the Allocations policy. However, although not specifically referenced in this policy care leavers would receive a 'support to sustain package' she explained there are a set of procedures to support care leavers that underpin this policy.</p> <p>The Director of Housing and Customer Services agreed to produce a report which could be taken to Corporate Parenting Board by Cllr Farmer.</p>   | <b>JD</b> |

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| 5.6       | <b>Board approved the new Housing and Neighbourhood Management policy.</b>  |  |
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| <b>6.</b> | <b>Gypsy &amp; Travellers/ Residential Site Policy</b>  |  |
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| 6.1       | <p>The Director of Housing and Customer Services sought approval of the new policy, which aims to ensure a consistent, fair, and lawful approach to managing accommodation needs of Gypsy and Traveller communities.</p> <p>Members noted the new policy aligns with national planning policy requirements, including the Equality Act 2010 and Housing Acts. Also, it addresses issues such as site management, tenancy oversight, maintenance, income, antisocial behaviour, safeguarding, fire safety, and investment.</p> |  |
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| 6.2       | <p>One member asked whether fire risk concerns had been addressed due to the distance between vans?</p> <p>The CEO highlighted that the fire risk concerns were in relation to three residential park homes sites and had been addressed. A heat detection and alarm system had been installed at the three sites.</p>  |  |
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| 6.3       | <b>Board approved the new Gypsy &amp; Traveller / Residential Site policy.</b>  |  |
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| <b>7.</b> | <b>2026/27 Annual Development Plan (ADP) and Key Performance Indicators</b>   |  |
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| 7.1       | <p>The Head of ICT and Business Transformation presented the report for approval, proposing the 2026/2027 ADP and KPIs.</p> <p>She explained that both documents have been prepared following extensive review and discussion by Leadership, Senior Management Team (SMT), and Board at their strategic away day in late 2025.</p>  |  |
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| 7.2       | Members noted the refreshed ADP format, and that both documents are subject to approval by the Mayor at the Mayoral meeting in February 2026.   |  |
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| 7.3       | <b>Board noted and approved the 2026/27 Annual Development Plan (ADP) and Key Performance Indicators and subject to approval by the Mayor.</b>  |  |
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| <b>8.</b> | <b>Gender Pay Gap 2025</b>   |           |
| 8.1       | <p>The Head of People and Culture sought approval of the Gender Pay Gap Report 2025, which shows continued improvement with a mean pay gap of 2.82% and median gap of 4.50%, both significantly reduced from 2024 and remains below the UK national average of 6.9%.</p> <p>Members noted the report reflects increased female representation in senior roles and ongoing efforts to address pay disparities.</p>  |           |
| 8.2       | <p>Two members commented the organisation has done some great work to continually improve the gender pay gap, but the report doesn't paint a picture of how this was achieved.</p> <p>The Head of People and Culture responded that she would take these comments on board for future reporting.</p>   |           |
| 8.3       | <p>The Chair reminded Board several years ago we wanted to make improvements in pay disparities, he was now pleased to see that had been achieved. He thanked those staff involved.</p>  |           |
| 8.4       | <b>Board approved the Gender Pay Gap 2025 report.</b>  |           |
| <b>9.</b> | <b>Equality, Diversity and Inclusion (EDI) Strategy 2026-2030 and Year 1 Action Plan</b>   |           |
| 9.1       | <p>The Head of People and Culture sought approval of the EDI strategy and Year 1 Action Plan, which replaces the Equality Strategy 2022-2026.</p>  |           |
| 9.2       | <p>Referring to the strategy document she explained of the 4 strategic aims (learn, connect, deliver, support) which are aligned to actions.</p>   |           |
| 9.3       | <p>One member commented on the well-presented strategy. She asked, is the organisation applying for reaccreditation with Housing Diversity Network (HDN)?</p> <p>The Head People and Culture confirmed it would be applying for reaccreditation.</p>   |           |
| 9.4       | <p>One member raised in the action plan there was a lot of focus on collating personal data from customers and staff. They asked, are there any case studies to demonstrate what we have been able to do with that data and the importance of collating data?</p> <p>The Head of People and Culture confirmed although some work was underway to encourage customers to provide their data including myth busting facts around the importance of providing data, she could</p> | <b>HR</b> |

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|            | look at some case studies to demonstrate why customers/staff should provide us with their data.  |           |
| 9.5        | The Chair and tenant board member Milcah Walusimbi volunteered to attend the Colleague Festival in September, to help encourage staff to complete the staff survey to improve the percentage of diversity data held for employees.   | DW/<br>MW |
| 9.6        | <b>Board approved the Equality and Diversity Strategy 2026-2030 Year 1 Action Plan.</b>  |           |
| <b>10.</b> | <b>Safety and Compliance Dashboard</b>   |           |
| 10.1       | The Director of Property Services presented the dashboard as at 31 December 2025 which reports on the status of key compliance areas.<br><br><u>Overall Position</u><br>He gave the overall position stating the organisation continues to demonstrate strong compliance across the core statutory safety areas, with gas safety, fire risk assessments, passenger lifts, legionella risk assessments, and communal asbestos re-inspections all recorded at 100% compliance. This underlines effective operational management in the most heavily regulated safety domains.  |           |
| 10.2       | <u>Areas of Additional Focus</u><br>He said despite good overall assurance, several sub-levels remain below target, primarily due to access constraints, evidence gaps, or system delays. He drew members attention to the report highlighting:<br><br><ul style="list-style-type: none"> <li>• <u>Domestic Asbestos Surveys</u> – 68.91%: Gap linked to historic data cleansing and ongoing requirement to rebuild the dataset.</li> <li>• <u>Gypsy &amp; Traveller Site Electrical Safety</u> - a number of these are waiting formal sign off, so performance will be improved on what is displayed. Both impacted by tenant access difficulties; however more immediate attention has been requested.</li> <li>• <u>Emergency Lighting (monthly)</u> – performance has improved. Reporting is delayed due to manual processes; a digital mobile solution is being implemented.</li> <li>• <u>Lift Operations and Lifting Equipment Regulations (LOLER) &amp; Planned Preventative Maintenance (PPM) for Hoists, Stairlifts, Vertical Lifts</u> - access and contractual matters are the main issues, both being addressed as per the report.</li> </ul> |           |

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|        | <ul style="list-style-type: none"> <li>• <u>Water Hygiene (Low Use Outlets &amp; Temperature Monitoring)</u></li> </ul> <p>Similar to Emergency Lighting, we are looking to implement a new digital process, that we expected by end of Q4 25/26.</p>  |  |
| 10.2.1 | <p><u>Damp, Mould &amp; Condensation (DMC):</u></p> <ul style="list-style-type: none"> <li>• 7,152 requests received since Jan 2023 across 5,073 properties.</li> <li>• Current waiting times remain within target - 10 working days routine, 24 hrs urgent.</li> <li>• Increased winter demand noted (80–90 weekly requests).</li> </ul> <p>One member highlighted the 7,152 requests and asked - how do we plan to manage the same 'repeated' cases?</p> <p>The Director of Property Services advised Awaab's Law is a legal requirement to investigate and fix reported hazards with strict timeframes. We have robust processes in place which include triage forms to meet this requirement, the process is such that it leads us down a thorough line of investigation to determine the root cause of an issue. In addition, we have trained surveyors experienced in this field.</p> <p>The CEO added, also the difficulty we face in some of the cases we manage tenants can't afford to put their heating on.</p> |  |
| 10.2.2 | <p><u>HHSRS Hazards:</u></p> <ul style="list-style-type: none"> <li>• All are actioned, but access is the main obstacle for these not being resolved sooner.</li> <li>• The table at 7.21 shows the intended programme to resolve the Category 1 hazards.</li> <li>• There are a number of the Category 2 hazards that we will be proposing to tolerate.</li> </ul>  |  |
| 10.3   | <p><u>Assurance</u></p> <p>The Director of Property Services explained external assurance is in place for gas, electrical, and LOLER programmes.</p> <p>Pennington Choices' recent compliance health check found the compliance position positive, with some administrative type improvements required, which have been captured within an action plan.</p>  |  |
| 10.4   | <p><u>Residual Risks</u></p> <p>He went onto describe the residual risks:</p> <ol style="list-style-type: none"> <li>a. Broadly - any areas that are not fully compliant, however we do have mitigations in place or evidence to support attempts to resolve.</li> </ol>   |  |

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|            | <p>b. Manual reporting for some areas, meaning real time reporting is not currently possible. We are working on a digital solution for this.</p> <p>c. Outstanding Category 1 hazards present ongoing regulatory compliance issues. In mitigation there are well documented attempts to resolve these and a plan for future attempts to access or planned programmes of work.</p> <p>d. Incomplete asbestos survey – this is covered via safe working practices to protect those that may work in any property without survey.</p> |  |
| 10.5       | <b>Board noted the contents of the report.</b>   |  |
| <b>11.</b> | <b>Annual Development Plan (ADP) – Current Year 2025-2026 Q3</b>   |  |
| 11.1       | <p>The Head of ICT and Transformation presented a detailed status report on key developmental actions aligned with the Corporate Plan 2024 to 2029.</p> <p>Members were referred to the current position at the end of Q3, at point 3.3.1 of the report.</p>   |  |
| 11.2       | <p>One member emphasised, in general it was important that the organisation takes on projects that it can manage rather than trying to ‘pad out’ the ADP. The Chief Executive responded that this point has been considered and adopted for the 2026/27 ADP.</p>   |  |
| 11.3       | <p><u>C7 - Review of remaining High-Rise Buildings to determine long-term viability</u></p> <p>Another member referred to the ADP itself at Appendix A and queried if C7 was a joint project with CDC? The Chief Executive Officer confirmed it was.</p>   |  |
| 11.4       | <b>Board noted the contents of the report.</b>   |  |
| <b>12.</b> | <b>St Leger Homes Compliance with National Housing Federation (NHF) Code of Governance</b>   |  |
| 12.1       | <p>The Head of Finance and Business Assurance presented the report to provide Board an update on compliance with the NHF Code of Governance. It details progress from 2023 to the time of writing the report outlining ongoing actions to achieve full compliance.</p> <p>Board was asked to note the progress and agree on the current status.</p>  |  |

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| 12.2       | Members were drawn to points 1.1 and table at 2.3 of the report which tracks progress of the 133 sections in the code, demonstrating a strong position, with an action plan attached at Appendix A.   |           |
| 12.3       | <p>One member asked, what are the consequences if we don't comply with the Code?</p> <p>The Head of Finance and Business Assurance advised 'reputational risk' is probably the likeliest to be impacted, that said we have been vigorous in our approach to the self-assessment.</p>  |           |
| 12.4       | <p>Another member highlighted, the organisation carried out a robust self-assessment back in 2023, she asked is the supported evidence updated regularly?</p> <p>The Head of Finance and Business Assurance confirmed it was reviewed and updated regularly by the responsible team.</p> <p>The same member suggested that the supported evidence was made a little more generic and about the 'cycle' of evidence.</p>   | <b>NF</b> |
| 12.5       | <b>Board noted the contents of the report.</b>  |           |
| <b>13.</b> | <b>Strategic Risk Register</b>  |           |
| 13.1       | <p>The Head of Finance and Business Assurance presented the Quarter 4, 2025/26 review of the Strategic Risk Register (SRR).</p> <p>Members noted the last update on the company's SRR was presented to Audit and Risk Committee in November 2025 and Leadership reviewed it again in January 2026.</p> <p>The Head of Finance and Business Assurance advised no new risks have been added and none removed. He referred members to points 5.3 and 5.4 of the report that highlighted main areas of the business receiving increased focus or emerging new considerations.</p> |           |
| 13.2       | He went onto explain that the Executive Management Team (EMT) including himself had met with Kath Smart, co-opted Board Member recently to review the SRR. The outcome from the meeting was that in general, the way we monitor risk is good with some areas for improvement. The new revised version will have some slight tweaks. How we make it 'live' and 'owned' was discussed and agreed at the meeting.  |           |
| 13.3       | One member raised, the risk appetite should be included within the SRR, commenting the organisation has a low-risk appetite.  |           |

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|            | Another member responded, it's about finding our acceptable tolerance, rather than risk appetite and gave an example of 'number of cases of homelessness'.   |  |
| 13.4       | <b>Board noted the contents of the report.</b>   |  |
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| <b>14.</b> | <b>Revenue Monitoring as at 31 December 2025 Q3</b>  |  |
|            |  |  |
| 14.1       | The Head of Finance and Business Assurance presented the report as at 31 December and the projected outturn for the financial year 2025/26.  |  |
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| 14.2       | <p>He said it is incredibly tight but overall a good position referring to point 3.2 of the report.</p> <p>Projections show a reduced surplus of £100k for HRA activities and an improving surplus of £127k for general fund activities. Together this means a projected surplus of £227k for SLH in total, for the first time this year.</p> <p>He added the General Fund has seen an improving position with hotel costs reducing, December 2025 saw the lowest average length of time in hotels at approximately 9-10 nights. Additionally, temporary accommodation costs have reduced.</p> |  |
|            |  |  |
| 14.3       | <p>The fine balance of managing budgets was discussed, especially since several budget lines were 'reactive' works.</p> <p>One member asked if temporary accommodation for homeless people was full funded? It was noted that SLH was able to claim the housing benefit back in full.</p>  |  |
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| 14.5       | <b>Board noted the contents of the report.</b>   |  |
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| <b>15.</b> | <b>Capital Monitoring – ending 31 December 2025</b>  |  |
|            |  |  |
| 15.1       | <p>The Head of Finance and Business Assurance updated Board with the projected capital expenditure for 2025/26.</p> <p>Members noted budget monitoring meetings were held as normal in January 2026 and projections revised by £306k to a lower total spend of £68.50m at the end of Quarter 3. This is an underspend of £0.92m against the Revised Budget of £69.43m reported at Quarter 2.</p>   |  |
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| 15.2       | The Head of Finance and Business Assurance then referred members to the table at 1.4 of the report which gave a breakdown of the figures, as well as a more detailed explanation at Appendix B.  |  |
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| 15.3       | Board was pleased to see the very positive picture.  |  |

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| 15.4       | <b>Board noted the contents of the report.</b>   |           |
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| <b>16.</b> | <b>KPI Performance</b>   |           |
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| 16.1       | <p>The Head of Finance and Business Assurance presented the KPI dashboard as at 31 December 2025, Quarter 3.</p> <p>He commented this is one of the strongest positions we have been in for a while with 17 KPIs meeting target and 4 within tolerance of target. Improvements have been seen in sickness days per FTE, 'relet time for standard voids' and 'average number of nights in hotel accommodation'.</p>   |           |
|            |  |           |
| 16.2       | The Chair thanked all staff involved in making the improvements happen and welcomed questions around the room.   |           |
|            |  |           |
| 16.3       | <p>One member raised concern that improvements seen in the KPI data are not feeding through to the customer in regard to general performance of the organisation.</p> <p>The Head of Finance and Business Assurance confirmed that complaint volumes had still not reached the desired level.</p> <p>Opinion of a tenant board member was sought, who felt that in general the organisation is doing a great job, with some areas for improvement. He commented SLH have been transparent with their extensive suite of targets captured in the report.</p>    |           |
|            |  |           |
| 16.4       | <p><u>Void properties</u></p> <p>One member asked in respect of Voids, is there an evidence-based action plan?</p> <p>The Head of Finance and Business Assurance advised that the Voids Excellence project was underway which outlined all actions.</p> <p>The Director of Property Services added that all Voids processes have now been documented - which are largely manual, so we believe there are efficiencies to be gained. The initial draft report has been received and is being taken to Customer and Performance Committee for consideration.</p> |           |
|            |  |           |
| 16.5       | <p><u>Main Categories for Complaints</u></p> <p>One member referred to the pie chart at point 3.2 on page 4 of the report and asked if an additional pie chart for the previous quarter could be added for comparison reasons in future reporting.</p>   | <b>NF</b> |
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| 16.6 | <p><u>Homes not maintaining Decent Standard</u></p> <p>One member shared her concerns regarding the 2,155 properties that were non-decent at the end of Q3.</p> <p>The Director of Property Services explained the main contributing factors are due to major components that are in poor condition such as chimneys and roofs. In addition to what the data is telling us from the ongoing stock condition surveys. He pointed out this figure is a moment in time. He went onto explain of the financial challenges too with CDC currently reviewing their capital investment programme post 2026/27 to explore the potential for accelerating future investment to address non-decency. The CEO added there has been limited investment carried out over previous years, resulting in components failing a head of time – some properties have had 6 - 7 tenancies. He linked the discussion back to the Housing Strategy.</p> |  |
| 16.7 | <b>Members noted the contents of the report.</b>  |  |
| 17.  | <b>Performance and Culture Framework – CORE</b>   |  |
| 17.1 | <p>The CEO outlined progress on the Corporate Management Framework (CORE), which defines expected behaviours through four values: Customer Connected, Ownership, Respect, and Excellence.</p> <p>He said the framework explains why CORE matters, how it will be embedded across strategy, performance, recruitment, and development, and sets out clear positive and negative behaviours for each value. It also introduces a new check-in and scoring approach to support open performance conversations.</p> <p>He added the next steps are to focus on system changes, learning, communications, and organisation wide rollout from April 2026.</p>   |  |
| 17.2 | The Chair asked, if Board Members are being included in the process? The CEO explained that members could become included in the framework.   |  |
| 17.3 | One member who had worked with the CEO on the framework raised what we are trying to influence is behaviour and the culture of the organisation. Frequency of check-in conversations are recommended at quarterly intervals to effect any change (if needed) rather than set them at monthly intervals which may become a tick in the box exercise. She said my view is the framework is embraced from the top down, so there is no reason why it can't be factored into Board appraisals.  |  |
| 17.4 | <b>Board noted the contents of the presentation.</b>  |  |

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| <b>18.</b> | <b>Committee Briefings</b>   |              |
| 18.1       | <u>Customer and Performance Committee – 13 November 2025</u><br>Board noted the minutes.   |              |
| 18.2       | <u>Building Safety and Compliance Committee – 20 November 2025</u><br>Board noted the minutes and the areas of discussion and focus the committee had engaged in. These included the asset performance report, and safety and compliance updates, high rise update report and details for a fire incident at 67 Shaftsbury House |              |
| <b>19.</b> | <b>AOB</b>   |              |
| 19.1       | <u>Balby Bridge Closure Orders</u><br>Board highlighted the closure order on Balby Bridge flats expires in March 2026 and asked if this was going to be extended for 3 months?   | <b>JD</b>    |
| 19.2       | <u>June Board Date</u><br>Board agreed to move the date in June from 4 <sup>th</sup> to 11 <sup>th</sup> due to a clash with the National Federation of ALMO's Annual Conference.  | <b>MJ</b>    |
| 19.3       | <u>National Federation of ALMO's Conference</u><br>The Chair raised should any Board Members wish to attend to contact Leandra Graham-Hibling.   | <b>Board</b> |
| <b>20.</b> | <b>Reflection of effectiveness of meeting</b>  |              |
| 20.1       | Board agreed all members actively participated, contributing to valuable insights and constructive feedback.<br><br>Action items were clearly identified, responsibilities assigned, and timelines agreed, ensuring accountability and follow-through.   |              |
| <b>21.</b> | <b>Date of the next meeting – 2 April 2026</b>   |              |

## Governance Summary Communications

|                         |                                    |
|-------------------------|------------------------------------|
| <b>Report from:</b>     | Customer and Performance Committee |
| <b>Date of meeting:</b> | 19 February 2026                   |
| <b>Report author:</b>   | Phil Cole                          |

**Customer and Performance Committee has delegated responsibility from Board, to monitor performance on a quarterly basis and specifically performance around complaints.**

The Committee reviewed complaints performance, specifically:-

- High standards maintained for complaint and enquiry responses.
- Increased volumes, but timeliness remains strong.
- Consistent themes emerging across both upheld and not upheld - Time Taken/Delays/Staffing/Communication;
- Time to complete repairs and case handling, highest volumes across Property and Housing Services;
- Staff actions and communication quality - primary driver in upheld complaints;
- Delays in completing repairs and progressing cases remain the biggest driver of customer dissatisfaction, reinforced by staffing and communication issues that continue to impact service quality across multiple areas;
- Enquiries stayed low with a slight dip in timeliness, while compliments remained strong with 100% responded in time.

| <b>Summary of other key items discussed at the meeting, (if possible, keep these to the top three):</b> | <b>Decisions made and actions agreed (if possible, keep these to the top three):</b>  |
|---|---|
| Damp and Mould Review Update  | The Committee received and noted the report. Due to the high profile of the issue, members requested one more action plan update to the Committee before removing as a standard agenda item. No covering report required.   |
| Customer Focus and Service Standards  | A more succinct version of Customer Feedback was noted by members as they had requested this in the previous meeting. The document stimulated a lengthy discussion, with members challenging a number of issues, one being the request by tenants over several years for telephone calls to show as originating from SLHD or the Council. |

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| Repairs Improvement | Members noted, with concern, the high level of 'attend today' appointments that were stifling the whole service as teams could not then delivery day to day timescales for appointments. They noted that actions plan to address the issue. |
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| <b>Additional notes for communication to governance:</b> |
| None.  |

**St. Leger Homes of Doncaster Limited  
CUSTOMER & PERFORMANCE COMMITTEE**

**Thursday 19th February 2026, 10:00am**

**Present**

Phil Cole (PC - Chair), Mo Tennison (MT), Rodger Haldenby (RH), and Jane Davies (JD) Director of Housing and Customer Services

**In Attendance**

Brian Whitmore (Co-opted Committee Member) and Anne Tighe (AT), notetaker

**1. Apologies and Quorum**

1.1 Apologies were received from Lee Winterbottom, Director of Property Services.

Meeting Quorum.

**2. Declarations of Interest by Committee Members**

2.1 None were received.

**3. Minutes of the meeting held on 13 September 2025**

3.1 ***From item number:- 4.8 – Tenant Scrutiny Panel – Damp and Mould Review***

It was noted that there was a short briefing note update on the agenda therefore action closed.

3.2 ***From item number:- 6.3 – Customer Focus and Service Standards Update***

JD confirmed that the above report had been simplified and was included in the agenda and papers. Action closed.

3.3 ***From item number:- 8.5 – Performance***

JD emphasised there was an open invitation to members to sit with the Customer Access Team if they wished. Action closed.

3.4 ***From item number:- 10.1 – Spotlight on Performance for February Meeting***

It was noted that the update around Tpas recommendations was on the agenda later in the meeting. Action closed.

**4. Damp and Mould Review Update**

4.1 JD presented the Damp and Mould Review Update and reminded members of the comprehensive Report that the Tenant Scrutiny Panel (TSP) had completed. There were still a number of

**ACTION**

recommendations that were detailed in the action plan; however, officers are monitoring them closely to ensure that they are still being progressed to completion and closed off when complete.

4.2 The Chair commented there were 53 actions in the action plan therefore there is clearly an effort to systematically work through all of the recommendations and deliver them.

4.3 The Committee agreed it would be useful to receive one final update on the review then take of the agenda and continue to keep TSP updated. It was also agreed that the updated action plan without a covering report would be acceptable.

LW/AT

4.4 RH stated it was important for St Leger Homes to keep tenants informed about Damp and Mould issues and asked what was the distribution of HouseProud with regards digital and postal?. JD explained it was now a mix, if tenants preferred to receive it by email it would be sent that way, otherwise it would be a hard copy through the post. , JD agreed to confirm the exact numbers for both methods and report back to the next meeting.

JD

## **5 Good Neighbourhood Charter**

5.1 JD presented the Good Neighbourhood Charter and explained that this had been created following the review of the Housing Management and Neighborhood Policy. The structure and content of the Charter was formed through working closely with tenants and included a number of changes due to their feedback around what's tolerated, and how to help neighbours. The Charter does not form part of the tenancy conditions in the Secure Tenancy Agreement and is designed to be a guide for tenants and staff in creating harmonious neighbourhoods.

5.2 Members noted that all new tenants would receive a copy of the Charter going forward, and there was an extensive communication campaign to ask as many tenants as possible to sign up to it.

5.3 The Committee welcomed the Charter and commented that it was a good document and well thought out, and although neighbourliness comes in day-to-day actions it was worth reminding tenants of them.

## **6. Performance Information**

6.1 JD provided an update on December 2025 Performance and highlighted the following:

6.2 KPI1 - % of current rent arrears against annual rent debit  
Current rent arrears had slightly increased, however was still in target.

6.3 KPI2 – Void rent loss % of rent lost through homes being void

Void rent loss is consistently a challenge, however members were asked to note that this is improving and is still top quartile when benchmarked against other organisations.

6.4 KPI3 – Relet times for STANDARD voids

The Committee was pleased to note that this KPI was in green and commended staff on performance.

6.5 KPI4 – Average number of nights in hotel accommodation

JD was delighted to inform members that the average number of nights in hotels was in green for the firm time in 3 years.

6.6 KPI6 – Complaints

Complaints analysis and benchmarking with other organisations had shown that we were comparing quite well nationally.

6.7 KPI16 – Electrical with valid EICR < 5 years

JD reported that the Executive Management Team (EMT) had discussed the issue of 70 properties over 5 years outstanding and teams needed to get in before the end of March. It was acknowledged that this was a challenging KPI, and teams were working extensively to address access to outstanding properties.

6.8 The Chair referred to 'compliance' and requested confirmation that this was work that landlords must do to ensure tenant safety and comply with the Social Housing Regulation Act. JD confirmed this and said there is the 'big 6' (gas, electrical, fire safety, asbestos, legionella and lifts) that landlords must comply with.

6.9 Members discussed no access issues and noted that the last effort to gain access would be legal action. A member asked if there could potentially be a carer or family member that could be contacted to arrange access. JD explained that more and more tenant detail was being gathered and access would hopefully improve going forward.

6.10 In response to a further query about gas safety compliance, JD confirmed that operatives were always looking for other issues in properties, including tenants removing smoke alarms.

7. **Spotlight on Performance – Tpas Recommendations**

7.1 JD reminded the Committee of the excellent work that had gone into the accreditation process, and that SLHD had been awarded Tpas Exemplar status, the highest accolade in tenant engagement. SLHD were one of only 4 in the country to achieve this award.

7.2 There were, however, 60 recommendations to improve services and they were detailed in the Action Plan appended to the report. These recommendations would inform the new Tenant Voice Strategy that would go to Board in the summer.

- 7.3 Members were pleased to note the award and progress against the Action Plan. They requested clarification around a number of acronyms and it was agreed they would be reported in full in future reports.

## **8. Tenant Voice Outcomes**

- 8.1 JD led on the Tenant Voice Outcomes Quarter 3 and described the involvement of the One Voice Forum, Tenant Scrutiny Panel and the Get Involved Group in helping shape Policies and Procedures. She emphasised the importance of demonstrating the 'so what' to demonstrate how teams were using that involvement on outcomes.

- 8.2 A member commented that it was the community that helped local councillors also, they are voices that feed back and there are some fantastic residents in Doncaster, and it was good to work with them. JD agreed that there is real value in community involvement and it is hard to quantify local intelligence; when undertaking estate walks officers try to get tenants to join them as it is particularly useful to gain a fuller picture of areas.

## **9. Customer Focus and Service Standards**

- 9.1 JD reported that the Committee had asked for a more succinct version of Customer Feedback and this has been provided, however she assured members that the right headlines were still included to get a good picture of Customer Feedback.

- 9.2 Members were asked to note the work around tenancy support, and that officers were getting more intensive cases than we used to have; officers were getting good outcomes but it was taking longer due to the complexity.

- 9.3 A member asked for further clarification around red/amber/green for tenancy support. It was explained it was an assessment for managing a tenancy. For example, for a first tenancy, officers could carry out an affordability assessment to see if they would struggle to pay their rent. If they had other vulnerabilities they could also need more intensive support. In response to a further question around the kind of demographic that required such support JD advised that it could be customers of any age.

- 9.4 Satisfaction for recent repairs was included in the next item to track satisfaction to ensure we were positively moving in the right direction.

- 9.5 JD reported that, as the condition of property customer feedback had slightly declined, EMT went out to see some voids earlier in the week. EMT were concerned to note the poor condition that tenants were leaving their houses in, and this happened quite frequently.

- 9.6 Members attention was drawn to the actions to support improvements, which included refreshing training and refreshing Customer Excellence Training for trades staff. The Chair referred to the purple improvement box, which informed of the review of the use of folio notes for trades staff, and asked if operatives know what job they're going to do. It was explained that if an operative went to repair a door, they would look to see if the tenant was doing something to cause the fault or make the repair ineffective, and the notes could capture any issues that arose in the future.
- 9.7 A member queried if it would be possible, for continuity, if an electrician attended on a particular day, and he then had to book someone else to do the plastering, then an electrician had to do some follow up work, would it be possible to have the same operative? JD advised she would find out the answer to that question and update at the next meeting. **JD/LW**
- 9.8 A member asked if an operative visited a tenant for a repair, and the tenant reported another repair while they were there, would the operative carry out the repair. JD confirmed if they had sufficient time and resources for the repair they would try to do so, however the other option would be to use their devices to schedule an appointment there and then. In response to a further query around if an operative hadn't carried out a repair successfully would the same operative have to go out and make good the repair. JD advised she would have to ask that question of colleagues and bring back a response to the next meeting. **JD/LW**
- 9.9 Member stated that the withheld telephone number is a problem as people won't answer the call. A large amount of people that submit complaints complain about not answering a withheld number. Members of the Complaints Panel have tried to suggest to Heads of Service that this should be investigated, and although he appreciated it may not be possible for individuals numbers to show, could it not be altered to show that it's SLHD that are calling. JD agreed that this was still an issue and that it had been raised again when she had attended the Tenant Scrutiny Panel the previous day. It was agreed that JD would look into this outside of the meeting and bring a response back. **JD**
- 9.10 The Chair referred to the detailed services tables, Damp and Mould Inspections within 10 days, and now at 92%, so one in every 10 calls waited longer, was this due to the number of cases. JD agreed it was the volume; Awaabs Law came in in Q3 and the cases would likely drop going into Q4. There was an action plan that was being implemented to address issues arising.
- 9.11 Members were pleased to note that written enquiries were almost 100% and this was a really encouraging output, however asked if a complaint was upheld do we have to pay compensation. JD advised that this did happen but not for all upheld complaints as it depended on what was suffered by tenants and the SLHD

Compensation Policy which followed Housing Ombudsman guidance was used for any cases.

9.12 A member asked how much had been paid in compensation in the current year. JD advised she would provide this information at the next meeting, including the number of complaints upheld and the type of cases being paid out.

JD

9.13 The Chair pointed out that MP/Councillor/Mayoral enquiries had gone up by a third and was there a reason for this. JD explained there was a mixture. There are a lot of new Councillors, and there were an increased number bypassing the system and going to the Mayor or their MP. The main reason for the majority of these were around housing and increased banding. The Mayor passes these to the Housing Portfolio Holder.

## 10. Repairs Improvement

10.1 JD led on the Repairs Service Improvement presentation and highlighted:

- The sector position for responsive repairs
- Update on 'one repairs' and Dynamic Repairs System (DRS)
- Complaint data, themes and satisfaction
- Demand and actions

JD confirmed the presentation would be circulated to members following the meeting.

AT

10.2 The Committee were advised that the high levels of 'attend today' were stifling the whole service as teams could not then deliver day to day timescales for appointments. A high number of tenants would report a repair, then would be unhappy with the date given so would then advise that either the repair was worse than initially described or advise of a vulnerability. It was noted that some trades, for example roofing, that could not always carry out repairs due to weather issues, therefore tenants could be sometimes 6-9 months for routine appointments.

10.3 Members noted that the number of repairs had increased over the last decade, however the percentage of 'attend today' has more than tripled; teams were considering different ways of delivering the service and refine the process to ensure the 'attend today' appointments were truly classified correctly.

10.4 A member asked if there was a team of people assessing the repairs. It was explained that there were surveyors, however it would be impossible to assess every repair that was reported. The Customer Access Team used a diagnostic system that gave guidance on how to ask question, however, as previously reported, tenants sometimes do claim that water was gushing

through a leak and when operatives arrived it was far less serious than that reported.

10.5 In response to a query around tenants sending photographs or videos of the repair into the call handler JD explained that teams were developing that suggestion already through an app.

10.6 The Committee noted the actions plan to address the increasing 'attend today', including a pilot to remove 'attend today' and 'attend today urgent' allocations and a proposal to change working patterns to shifts. A member asked if trade unions would be involved if changes to working patterns and this was confirmed.

10.7 Members asked if there were sufficient staff to address repairs and JD confirmed that there was, however it was acknowledged that management of resources needed to be closely monitored with productivity increased. Members requested a breakdown of vacancies and in all different trades to be sent to them outside of the meeting.

JD/LW

10.8 In response to a question around trades apprentices, it was confirmed that there were normally approximately 30 spaces, and the most recent recruitment drive had over 300 applicants apply.

10.9 A member stated that some firms employ officers who worked less hours in the summer and more hours in the winter when there was greater demand, and if this had ever been considered. JD reported that this already happened for garden services, however for Property Services this information would have to be fed back at the next Committee.

JD/LW

## 11. Any Other Business

### 11.1 Complaints Sub-Group

With effect from the next meeting, the Complaints Sub-Group would feed into a report/presentation on the Committee agenda. RH as Chair of the Group would be provided the report/presentation to feed through the Committee then onto the Housing Portfolio Holder. RH was provided with assurances that officers would provide the detail and no further input was required from him.

## 12. Date and time of the next meeting – 13th May 2026 at 10am – Civic Meeting Room 410

## Governance Summary Communications Template

|   |  |  |
|---|--|--|
| <b>Report from:</b>   | Building Safety & Compliance Committee   |  |
| <b>Date of meeting:</b>   | 12 February 2026   |  |
| <b>Report author:</b>   | Dave Wilkinson   |  |
| <b>Summary of key items discussed at the meeting, (if possible, keep these to the top three):</b>   | <b>Decisions made and actions agreed (if possible, keep these to the top three):</b> |  |
| <p><b>1. <u>Awaab's Law Presentation</u></b></p> <p>The Damp and Mould Manager delivered a presentation outlining current demand on the service, including initial impact of Awaab's Law since roll out in October 2025 and future impacts of Phase 2 in 2026 and Phase 3 in 2027.</p> <p>A post meeting note was circulated to members and added to the minutes, making clear what criteria must be met for a case to be considered in scope.</p>  |  |  |
| <p><b>2. <u>Safety &amp; Compliance Activity update – Violence &amp; Aggression cases</u></b></p> <p>Committee reviewed further detail specific to 10 violence &amp; aggression cases reported at Novembers committee.</p> <p>One member requested to receive a copy of the Unacceptable Behaviour policy.</p> <p>Following consideration of the additional information, Committee felt assured that the organisation had robust reporting mechanisms and sufficient control measures in place to manage violence and aggression incidents effectively.</p> |  |  |
| <p><b>3. <u>Building Safety Case Update &amp; Action Plan</u></b></p> <p>The Head of Building Safety presented the report and action plan which gave an update on building safety case reports submitted to the Building Safety Regulator (BSR). Committee noted the target dates of March and June for this significant piece of work.</p> <p>Committee requested an update at the next meeting.</p>   |  |  |
| <b>Additional notes for communication to governance:</b>  |  |  |
| None.   |  |  |

**St. Leger Homes of Doncaster Limited  
BUILDING SAFETY & COMPLIANCE COMMITTEE MEETING**

**Thursday 12 February 2026 10am-12 noon, Civic Meeting Room 410/  
Microsoft Teams**

**Present**

Dave Wilkinson (DW), Trevor Mason (TM), Cllr Steve Cox (SC), Phil Cole (PC), Rodger Haldenby (RH).

**In Attendance**

Lee Winterbottom - Director of Property Services, Laura Dougan – Head of Building Safety, Christine Tolson – Head of Asset Management, Craig Parkin – Damp and Mould Manager, Maxine Johnson - Executive Support Officer (MJ).

|           |   | <b>ACTION</b> |
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| <b>1.</b> | <b><u>Apologies and Quorum</u></b>  |               |
| 1.1       | Apologies received from Danny Boardman and the meeting was quorate.   |               |
| <b>2.</b> | <b><u>Declarations of Interest by Board Members</u></b>   |               |
| 2.1       | There were no declarations of interest received.  |               |
| <b>3.</b> | <b><u>Minutes of the meeting held on 20 November 2025 and matters arising</u></b>   |               |
| 3.1       | The minutes of the meeting held on 20 November 2025 were approved.  |               |
| <b>4.</b> | <b><u>Assets Performance Report – Q3</u></b>  |               |
| 4.1       | The Head of Asset Management presented the report to provide members with an update on key activity within the Asset Management Service for Quarter 3.<br><br>Members noted of particular importance is the progress being made in respect of the decent home standard alongside tracking of progress of any hazards identified through stock condition surveys (SCS).  |               |
| 4.2       | <b><u>Stock Condition Surveys</u></b><br><br>She drew members attention to point 6.6 of the report explaining in 2025/26 the target was to complete c.5,500 surveys and achieve 92% of the stock having had a physical survey in the last 5 financial years. As of the end of December 2025, a total of 5,224 surveys had been completed and the 2025/26 programme had drawn to a close, with no more surveys to be completed by Savills in the current financial year. She was pleased to advise an outturn position of 90.7% was achieved, just slightly below the target of 92%, noting access issues were now the main barrier. |               |

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| 4.3 | <p>One member asked, what action was being taken in respect of the hard-to-reach properties?</p> <p>The Head of Asset Management confirmed she had already met with the No Access Team a head of the programme starting in April 2026, who are contacting hard to reach customers as well as visiting and doing whatever they can to gain access. She estimated the number to be in the region of 1,500 – 1,600 properties.</p>  |  |
| 4.4 | <p><u>Decent Homes Status</u></p> <p>The Head of Asset Management advised as of 5 January 89.18% of the housing stock (17,760 properties) met the current decent homes standard, leaving 10.82% (2,155 properties) classified as non-decent. This represents a slight improvement from Q2, when non-decency stood at 11.9% (2,368 properties), reflecting completed remedial works alongside ongoing data cleansing and condition surveying.</p> <p>Two members raised concern at the 2,155 properties classified as non-decent.</p> <p>The Head of Asset Management outlined the budget constraints for some reasons of non-decency, noting that while 468 roofs require replacement (as set out in section 6.13 of the report), there is currently insufficient funding to commission these works. She explained that the 216 Category 1 hazards relate to properties where access has not been gained, mainly to replace smoke or CO detection.</p> <p>There was consensus reached regarding the approach to prioritising the quick wins such as working with the no access team to address ‘smoke detection’, ‘boilers/radiators’ and ‘data’ to reduce the overall numbers. Then move our attention to key components such as roofs, chimneys etc.</p> |  |
| 4.5 | <p><u>Housing Health and Safety Rating System Hazards (HHSRS)</u></p> <p>The Head of Asset Management highlighted in Q3, 622 hazards have been successfully addressed however, this is a downward trend on the 1,616 hazards addressed in Q2. She said, it was a slight concern with challenges around access to complete works becoming more common, particularly as the majority of cases are not tenant led repairs.</p> <p>She added this requires further exploration with a concerted effort to work with the no access team to address Category 1 hazards. In addition, to preparing a paper for EMT to make a strategic decision regarding Category 2 hazards such as handrails often removed by the customer and hazards linked to the Paving Policy.</p> <p>One member commented that refitting handrails represented poor value for money, but on balance acknowledged it needed to be done to meet compliance.</p>   |  |

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|     | It was noted in the past during decency work, if the tenant declined works a signature was obtained – which is something that could be explored in this instance. Additionally, consideration could be given to recharges under the Recharge Policy.   |  |
| 4.6 | <p><u>Government Announcement</u></p> <p>She went onto explain early in Q4 government made an announcement regarding key social housing policy:</p> <p><u>Decent Homes 2</u> – the updated standard is effective from 2035, excludes floor coverings, home security, component age limits but includes window restrictors and damp and mould measures aligned with Awaab’s Law.</p> <p><u>MEES (Minimum Energy Efficiency Standard)</u> - originally landlords would have to meet two metrics by 2030 e.g fabric or solar panels/ground source heat pumps. This has now been changed to one metric by 2030 and second one by 2039.</p>   |  |
| 4.7 | <p><u>Implementation of Phase 2 Awaab’s Law</u></p> <p>One member referred to point 6.42 regarding the implementation of Phase 2 of Awaab’s Law and asked, do we need an extra resource to meet the requirements?</p> <p>The Head of Asset Management confirmed discussions are happening in the sector regarding the implementation of phase 2 in October 2026 and phase 3 in October 2027. Consideration was being given to implement both phases consecutively, operationally it would make it more challenging to implement both phases consecutively but in the long run it could be beneficial. She confirmed systems and processes will need to be reviewed, she was a little concerned regarding the magnitude of what was needed to be done however, it was too soon to say that extra resource was needed at this time.</p> <p>The Director of Property Services added, it’s likely that a lot of the work will entail improving our systems to meet the new regulations. The Damp and Mould Manager concurred and explained the current system is set up for job tickets, so when an Inspector visits a property and captures multiply repairs the system isn’t set up for that. Additionally, under phase 2 a lot of the work will come from the customer and it’s who is going to pick that up.</p> |  |
| 4.8 | <b>Members noted the contents of the report.</b>   |  |
| 5.  | <b><u>Awaab’s Law Presentation</u></b>   |  |
| 5.1 | The Damp and Mould Manager delivered a presentation outlining current demand on the service, including initial impact of Awaab’s Law since roll out in October 2025 and future impacts of Phase 2 in 2026 and Phase 3 in 2027.   |  |

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| 5.2   | <p>The Chair asked are there any benchmarking KPIs to monitor alongside our peers?</p> <p>It was noted that currently there was nothing in place, however it was felt it was only a matter of time, potentially this indicator could become part of the tenant satisfaction measures.</p>  |  |
| 5.3   | <p>The Damp and Mould Manager raised SLH had dealt with its first emergency hazard yesterday. There had been extensive mould in the property, the customer admitted fault and asked for help – they have refused to decant to another property. He explained our initial response was a clean down; we will now work closely with the customer to resolve all issues who is appreciative of the support.</p>   |  |
| 5.3.1 | <p>Referring to the emergency hazard he advised this case does fall outside the scope of Awaab’s Law because there was no defect to the property. However, morally speaking our actions were the right thing to do.</p> <p>Committee suggested that all damp and mould cases automatically fall within the scope of Awaab’s Law and then a lengthy debate ensued.</p>  |  |
| 5.3.2 | <p><u>Post meeting note circulated following the meeting:</u></p> <p>Section 2.1 makes clear that all criteria (a–e) must be met for a case to be considered in scope. While we initially treat every report as in scope until investigations are complete, our findings may place a case outside the scope of the legislation. In these situations, the statutory duties, legal liabilities and associated timescales do not technically apply—although in practice we continue to follow the same standards regardless, as this is the right approach for protecting resident health and safety.</p> <p>If, after applying a fabric first diagnostic approach, no building defect is identified and the cause of condensation and mould is determined to arise solely from tenant related factors—such as insufficient heating—then criteria b, c (and arguably d) would not be satisfied. In such circumstances, the case would not fall within the scope of Awaab’s Law.</p> <p>Relevant extracts from the legislation below:</p> <p><b>2.1 Hazards in scope of Awaab’s Law repair requirements</b></p> <p>For a hazard to be in scope of the Awaab’s Law repair requirements, it must:</p> <ul style="list-style-type: none"> <li>a) be a part of buildings or land for which the social landlord is responsible</li> <li>b) result from defects, disrepair or lack of maintenance</li> <li>c) be in the landlord’s control to fix</li> <li>d) not be damage that is a result of breach of contract by the tenant</li> <li>e) be a significant or emergency hazard</li> </ul> |  |

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|           | <p><b>2.4 Damage due to breach of contract by the tenant</b></p> <p>Hazards that are the result of a breach of contract on the part of the tenant, such as causing deliberate damage to the property, using fixtures and fittings inappropriately (for example blocking ventilation fans), or where the tenant has made alterations to the property (for example removing or replacing internal doors) without consent from the landlord, are not in scope of Awaab's Law. While in these cases social landlords are not subject to Awaab's Law requirements, they are still responsible for ensuring the homes they let are safe. Landlords should ensure they meet obligations to act, including under their existing policies, procedures or other legislation, and consider how best to support tenants.</p> |           |
| 5.4       | <p><u>Out-House Building With No Cavity</u></p> <p>A specific example of an out-house building with no cavity at a SLH property was discussed and the possible causes of damp and mould present. The Damp and Mould Manager offered to take this case offline with the member querying it and consider a site visit if felt needed.</p>  | <b>CP</b> |
| 5.5       | <p>One member asked whether the possibility of using infographics in the report to customers could be explored. It was agreed that this would be explored as part of the longer-term review of the D&amp;M case management system.</p>   | <b>CP</b> |
| 5.6       | <p><b>Committee noted the contents of the presentation.</b></p>  |           |
| <b>6.</b> | <p><b><u>Safety &amp; Compliance Activity Report</u></b></p>   |           |
| 6.1       | <p>The Head of Building Safety presented the Safety and Compliance Exception Report as at 31 December 2025.</p> <p>Members noted where full compliance is not currently being achieved, the work is identified to bring areas to compliance with mitigations in place.</p>   |           |
| 6.2       | <p><u>Top Level Compliance</u></p> <p>She drew members to point 2.3 of the report commenting that top level compliance was in a good position. Since writing the report 'Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)' has seen a reduction from 159 to 116 of which 80 of those are truly outstanding, with the remainder are awaiting certificates.</p> <p>Referring to section 3 of the report she confirmed we are working through contractual issues with the contractor specifically in relation to evidencing access attempts.</p> <p>Questions were then welcomed around the room.</p>  |           |
| 6.3       | <p><u>Extractor Fans</u></p> <p>One member queried, if bathroom extractor fans in High Rise were checked on a maintenance programme?</p> <p>The Head of Building Safety referred to the report at 'Section 3 - Ventilation System' and advised this item was referring to the fans which</p>   |           |

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|           | <p>were externally inspected on an annual programme. However, not internally inspected.</p> <p>The same member commented they are often covered up, tenants wallpaper over them, he was mindful that this may increase damp and mould cases.</p> <p>The Head of Asset Management gave assurance that a damp and mould inspection would identify any fans covered by wallpaper or tampered with. She linked it back to Awaab's Law where the Inspector would look for deliberate intervention around mechanical ventilation.</p> <p>It was agreed to place a feature in Houseproud regarding extractor fans to raise awareness of the importance of not papering over them or interfering with them in any way.</p>   | <b>CT</b> |
| 6.9       | <b>Committee noted the contents of the report.</b>   |           |
| <b>7.</b> | <b><u>High Rise Buildings Update</u></b>   |           |
| 7.1       | The Director of Property Services presented the report that provided an update on the three major high rise building projects detailing progress, compliance issues and ongoing disputes related to building safety and remediation efforts.   |           |
| 7.2       | <p><u>Wates Balby Bridge</u></p> <p>Members noted the original plan was to complete the work and clear the site by 23 February 2026; however, Wates have indicated that this date will be extended to 1 May 2026, representing an additional ten weeks. This extension is due to work required by Wates regarding the absence of window cavity barriers found during window removal at Hatfield and Methley. There will be no additional cost to SLH or CDC as a result of this delay.</p> <p>He advised Wates has indicated that the Extension of Time (EoT) claim is anticipated to be approximately £3 million and has requested CDC and SLH to propose a counter-figure. SLH believe the proposed claims settlement figure is significantly lower and does not accurately reflect the extent of the claim. A meeting is arranged for Tuesday 24 February when SLH and CDC colleagues will discuss the financial settlement figure further.</p> |           |
| 7.3       | <p><u>Intake</u></p> <p>Members were informed we have continued to work with Anthony Collins Solicitors to apply constant pressure as we move towards the 27 February 2026 standstill date. The Head of Major Projects reminded members of the governments commitment to remediate unsafe cladding by 2029, therefore it was critical that a timeline was soon established.</p>  |           |
| 7.4       | <u>Silverwood</u>  |           |

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|           | The Director of Property Services referred to the detailed update provided in the report commenting that works was progressing well with estimated costs associated with the project identified in the capital program for delivery before the nation deadline for all HRBs to be remediated of December 2029.   |              |
| 7.5       | <p>One member asked who was carrying out the groundwork around the blocks at Balby Bridge, which was currently being done?</p> <p>The Director of Property Services confirmed it was Wates, and that no costs would be pick up by SLH in terms of the groundwork.</p>  |              |
| 7.6       | <b>Members noted the contents of the report.</b>   |              |
| <b>8.</b> | <b><u>Pennington's Health Check</u></b>  |              |
| 7.1       | The Head of Building Safety presented the report that provided members with the outcome from an external health check conducted in September 2025. Key compliance areas had been reviewed and identified areas for improvement had resulted in findings being captured in an action plan aimed at enhancing compliance performance and governance.   |              |
| 7.2       | She advised members that SLH were provided with an assurance rating of reasonable assurance.   |              |
| 7.3       | <p>The Chair queried the position regarding outstanding fire risk actions?</p> <p>The Head of Building Safety confirmed SLH had shared the Safety &amp; Compliance performance report as well as the action plan with the Regulator for Social Housing. She said it was Pennington's assessment of where they saw our current position. We went back and forth a few times, as we didn't agree it was a true reflection of the current situation, however they did not change their final decision.</p> <p>She was pleased to share that Pennington's had taken a healthy view on 'compliance reporting and data' which they said was being managed well across all six areas of compliance.</p> |              |
| 7.4       | Committee were pleased to receive the health check review and requested to see the action plan at every other committee meeting.   | <b>LD/MJ</b> |
| 7.5       | <b>Members noted the contents of the report.</b>   |              |
| <b>9.</b> | <b><u>Adverse Incidents update report (Jan-Dec'25 look back)</u></b>   |              |
| 9.1       | <p>The Head of Building Safety presented the annual report that provides a summary of adverse incidents for the previous year.</p> <p>She explained the report demonstrates the organisations robust approach to reporting processes, with 2025 seeing an increase in reported member of the public incidents.</p>   |              |

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| 9.2        | No questions were received.  |           |
| 9.3        | <b>Members noted the contents of the report.</b>   |           |
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| <b>10.</b> | <b><u>Violence &amp; Aggression cases</u></b>  |           |
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| 10.1       | <p>The Head of Building Safety presented further detail regarding 10 violence and aggression incidents reported at November's Committee, to determine the severity and ensure the organisation was doing enough to protect its staff.</p> <p>She referred members to point 2.2 of the report explaining she was pleased to advise all cases are defined as 'verbal abuse' and not 'physical assault' incidents. She confirmed that a breakdown of the risk type would be included in future reporting. She then went onto explain that action can be taken through the tenancy agreement for more serious cases in addition to this we have mitigating measures in place such as lone working controls and training for staff.</p> |           |
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| 10.2       | <p>One member asked, what constitutes abuse? Suggesting that what some staff may find abusive others may not ie rude but not abusive behaviour.</p> <p>The Director of Property Services advised the organisation has an Unacceptable Behaviour Policy which outlines examples of unacceptable and persistent behaviour and includes how it affects the individual with the organisations response.</p> <p>The same member requested to receive a copy of the Unacceptable Behaviour policy.</p>   | <b>MJ</b> |
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| 10.3       | Following consideration of the additional information, Committee felt assured that the organisation had robust reporting mechanisms and sufficient control measures in place to manage violence and aggression incidents effectively.  |           |
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| 10.4       | <b>Committee noted the contents of the report.</b>   |           |
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| <b>11.</b> | <b><u>Building Safety Case Update &amp; Action Plan</u></b>  |           |
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| 11.1       | <p>The Head of Building Safety presented the report which gave an update on building safety case reports submitted to the Building Safety Regulator (BSR).</p> <p>Members noted in August 2024 SLH were invited to submit reports for the 3 High Rise at Intake. Then in September 2024 for Cusworth House and in October 2024 for Silverwood House.</p> <p>She drew members attention to point 3.1 saying it's important to note that there was a significant delay between the initial application and formal feedback, during which further information was requested for all buildings. Additionally, SLH had been an early invitee to submit Building Safety Case</p>   |           |

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|            | <p>Reports due to gas in the Intake blocks, with no clear guidance being issued from the BSR on what information they required.</p> <p>She went onto explained during November 2025 SLH were invited to meet with the BSR when SLH was informed that the applications were being refused. Subsequently on 2 December 2025 SLH received contravention notices across all blocks which gave reasons for refusal with actions and timescales needed to resolve. Members were then drawn to the action plan at Appendix 2.</p>   |           |
| 11.2       | <p>One member asked, can you explain the risks if we are not compliant?</p> <p>The Head of Building Safety explained if we don't meet the requirements of the contravention notices, the BSR can take further actions, from fines through to criminal penalties. However, we are nowhere near that position. Generally speaking, what the BSR is telling us is that you have the information we need - you just need to be clearer.</p> <p>The Director of Property Services further added at the time we submitted the information to the BSR there was no form or template available to complete. Therefore, we had to assume what information they required. Many organisations responding in the earlier days had the same experience.</p> |           |
| 11.3       | <p>The Head of Building Safety advised that SLH had been transparent and shared the action plan with the Regulator for Social Housing.</p> <p>One member asked, are you confident you will meet the target dates in the action plan?</p> <p>She confirmed the target dates March and June 2026 would be met and were achievable. Members noted the significant piece of work this entailed.</p>  |           |
| 11.4       | <p>Another member asked how many blocks relate to Henry Boot and what are the impacts?</p> <p>It was noted 3 blocks related to the Henry Boot contract which were part of an ongoing legal case. She said, in terms of impacts the focus would be on what the risk assessment tells us to focus on, which is what we are doing.</p>  |           |
| 11.5       | LD to provide an update at the next committee meeting include risk and controls in place and include our peers.  | <b>LD</b> |
| <b>12.</b> | <b><u>Building Safety Forum Minutes – 11 Dec 2025</u></b>  |           |
| 12.1       | <p>One member shared that tenants and residents don't have any issues with Building Safety, and that's why they are not raising anything. He understood the venue was changing, which hopefully may attract new people. He added, it would be helpful if Building Safety staff explained what they do to hopefully encourage conversation.</p>   |           |

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|            | He further added, it would also be helpful for flyers to be put through doors to promote estate walks carried out by Housing Management. Like what happened with the air fryers for oil fryers campaign.  | <b>LD</b> |
| <b>13.</b> | <b>AOB</b>  |           |
| 13.1       | <u>Transfer Slabs in Buildings</u><br>The Director of Property Services advised he believed it was unlikely that the organisation had any transfer slabs, however explained that we are doing checks and will confirm at a future meeting once the detail was back.   | <b>DB</b> |
| 13.2       | <u>Letter to Residential Parks – Fire Alarm Devices</u><br>Members noted the recent letter issued after a small number of residents tampering with the fire alarm devices.  |           |
| 13.3       | <u>Warren Road</u><br>The Head of Asset Management advised of a case she was currently managing whereby the blood test results of some of the children had elevated levels of lead. She advised, the root cause may not be property related however, we are taking a robust approach and looking at options available to us, as well as exploring all possible property related causes and working with partners.<br><br>She highlighted the case had not been referred to the UK Health and Security Agency (UKHSA), but she was in dialogue with them. In addition to contact with Public Health.<br><br>Committee were pleased with the actions taken to date and asked for an update on any test results. | <b>CT</b> |
| <b>14.</b> | <b>Date of the next meeting - Thursday 21 May 2026, 10am</b>  |           |

### Matters Arising from the previous minutes

| <b>Building Safety &amp; Compliance - Action Log</b> |               |            |   |  |                      |              |
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| <b>NO</b>  | <b>Month</b>  | <b>Ref</b> | <b>Action</b>   | <b>Progress</b>  | <b>Completed Y/N</b> | <b>Owner</b> |
| <b>1</b>   | <b>Jan-24</b> | <b>7.2</b> | <b>Building Safety Cases</b><br>DW noted Sandbeck House would be coming up to its 60 <sup>th</sup> anniversary year since being built, and asked if consideration could be given to recognising this milestone. | <u>Update 13.02.25</u><br>DB has spoken with Sally who is keen to progress however, currently working on 'City of Light'.<br><br><u>Update 04.09.25</u><br>DB is introducing Sally to LD/GS. | In progress          | LD           |

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|   |        |     |  | <p><u>Update 03.02.26</u><br/>Still outstanding DB and LD to pick up on return from leave.</p>  |  |    |
| 2 | Nov-24 | 5.4 | <p><b>Serious Untoward Incident Report – 56 Repton Rd, Skellow</b></p> <p>All jobs previously referred to the Asset Teams generic email should be retrospectively risk assessed and deemed either appropriate for inclusion in a future programme or prioritised to mitigate any further incidents from occurring.</p> | <p><u>Update 20.11.25</u><br/>Paving Policy to be redrafted following Special BSC 19 Oct and submitted to Board early next year.</p> <p><u>Update 03.02.26</u><br/>Policy still in the process of being re-drafted following special BSC – still aiming for end of April to have completed this.</p>  | In progress  | CT |
| 3 | Nov-24 | 5.9 | <p><b>Serious Untoward Incident Report – 56 Repton Rd, Skellow</b></p> <p>Members agreed to the recommendation at 5.2 of the report - performing inspections on unadopted paths on a cyclical programme.</p>   | <p><u>Update 13.02.25</u><br/>SCS pick up those hazards within the curtilage of a property.</p> <p>A piece of work needs doing to put a regime in place to inspect those hazards that are not picked up outside the curtilage of a property. Consider engaging with CDC.</p> <p><u>Update 04.09.25</u><br/>To be picked up once the paving policy is in place which is at Board early 2026.</p> <p><u>Update 03.02.26</u><br/>As above.</p> | Pending (linked to item 2)   | CT |
| 4 | Feb-25 | 4.8 | <p><b>Assets Performance Report – Q3</b></p> <p><u>Retrofit Pilot</u></p> <p>The Chair asked for a rough estimate of costs associated with each property.</p>  | <p><u>Update 04.09.25</u></p> <p>Work on the GainShare properties has been delayed until next financial year. Once works completed later in 2026, a visit can be</p>  | <p>March 2026 target start date.</p> <p>Works completed later in the</p> | CT |

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|   |         |     |  | <p>arranged – anticipated Summer 2026.</p> <p>March 2026 next year is the target start date.</p> <p><u>Update 03.02.26</u><br/>As above.</p>   | year.            |    |
| 5 | May-25  | 4.5 | <p><b>Non Decent Properties Plan</b></p> <p>Committee requested a plan of how we are bringing all properties back to being decent, timescales etc to give assurance.</p>   | <p><u>Update 4 Sept 2025</u></p> <p>The work is budget dependent. It is becoming increasingly apparent from stock condition survey data and government consultation that we need to shift our investment focus.</p> <p>CT needs to start conversations with CDC and do a 10-year forward look.</p>   | Budget dependent | CT |
| 6 | Sept-25 | 4.5 | <p><b>Guaranteed Access process</b></p> <p>The Chair commented as a sub-committee we would like to recommend a Guaranteed Access process is adopted by St Leger Homes (SLH) to CDC, and asked if this could be raised at the Health, Safety &amp; Compliance Core Group.</p> | <p><u>Update 20.11.25</u></p> <p>LW advised he had spoken to CDC Legal Team their thoughts are the access procedure is adequate.</p> <p>Following a lengthy discussion Committee advised they were not content with this decision. They asked LW to approach CDC again and request they reconsider. Especially given the outcome of Flat 9 Hatfield House.</p> <p><u>Update 12.02.26</u><br/>LW advised the Access Policy has been amended so the relevant Director can now prioritise access into a property.</p> | Complete         | LW |
| 7 | Sept-25 | 5.2 | <p><b>Asbestos (S&amp;C Activity report)</b></p>   |  |                  |    |

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|    |         |     | One member queried the total compliance 20,246 figure, which seemed to exceed the number of properties managed by SLH. It was noted that this figure also included garage sites and will be data cleansed.   | There is some data cleansing that needs to be done.<br><br><u>Update 03.02.26</u><br>This is still outstanding, this will be looked at after we complete the procurement exercise for the compliance management system   | In progress | LD |
| 8  | Sept-25 | 8.5 | <b>MEES – Overheating in domestic properties</b><br><br>One member asked for further information on 'Challenges of Overheating' in domestic properties.  | Bring to the next meeting.<br><br><u>Update 03.02.26</u><br>Outstanding – to bring to the May meeting.   | In progress | CT |
| 9  | Nov-25  | 5.7 | <b>Tree – St Georges Crt</b><br><br>The Head of Major Projects advised that a tree surgeon and arborist had been employed to review the situation, their costs were in the region of £3.5k. A further update could be provided once their findings were available. | <u>Update 03.02.26</u><br><br>The tree survey assessed that the tree on Rutland Street is not impacting on Block A building. However, the tree specialist advised removal for risk assessment purposes, as the roots are lifting the block paving around the base and fire exit, creating a trip hazard for the residents.<br><br>The fire risk assessor also confirmed this uneven surface is a significant risk and recommended that the escape route has an even and level surface.<br><br>A planning application was submitted on 29.01.26 and can take 6-8 weeks for approval | In progress | DB |
| 10 | Feb-26  | 5.4 | <b>Awwab's Law presentation - Out-house with no cavity</b><br><br>The Damp and Mould Manager offered to take this case offline with the member querying it and consider a site visit if felt needed.   |  |             | CP |

|    |        |      |  |  |          |       |
|----|--------|------|--|--|----------|-------|
| 11 | Feb-26 | 5.5  | <p><b>Awwab's Law presentation Infographics</b></p> <p>One member asked whether the possibility of using infographics in the report to customers could be explored. It was agreed that this would be explored as part of the longer-term review of the D&amp;M case management system.</p> |  |          | CP    |
| 12 | Feb-26 | 6.3  | <p><b>Extractor Fans</b></p> <p>It was agreed to place a feature in Houseproud regarding extractor fans to raise awareness of the importance of not papering over them or interfering with them in any way.</p>  |  |          | CT    |
| 13 | Feb-26 | 8    | <p><b>Pennington's Health Check</b></p> <p>Committee were pleased to receive the health check review and requested to see the action plan at every other committee meeting.</p>  | Placed on the BSC forward plan to be submitted at every other meeting. | Complete | LD/MJ |
| 14 | Feb-26 | 10.2 | <p><b>Violence &amp; Aggression Cases</b></p> <p>Member requested to receive a copy of the Unacceptable Behaviour policy.</p>  | Sent to PC 3.3.26.   | Complete | MJ    |
| 15 | Feb-26 | 11.5 | <p><b>Building Safety Case</b></p> <p>LD to provide an update at the next committee meeting, include risk and controls in place and include our peers.</p>   |  |          | LD    |
| 16 | Feb-26 | 12   | <p><b>Building Safety Minutes – Flyers promoting Estate Walks</b></p> <p>Member requested flyers to be put through letter boxes to promote Estate Walks carried out by Housing Management. Similar to the Air Fry campaign.</p>  |  |          | LD    |
| 17 | Feb-26 | 13.1 | <p><b>Transfer Slabs in Buildings</b></p> <p>The DoPS advised he believed it was unlikely that the organisation had any transfer slabs, however explained that we are doing checks and will confirm at a future meeting once the detail was back.</p>                                      |  |          | DB    |

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 2 April 2026

**Item** : 06

**Subject** : St Leger Homes of Doncaster (SLHD)  
Budgets 2026/27, 2027/28 & 2028/29

**Presented by** : Steve Slater  
Director of Corporate Services

**Prepared by** : Nigel Feirn  
Head of Finance and Business  
Assurance

**Purpose** : To seek Board approval for the three  
year budgets.

### **Recommendation:**

That Board approve the three year budgets.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**To the Chair and Members of the  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No: 06  
Date: 2 April 2026**

## **1. Report Title**

- 1.1. St Leger Homes of Doncaster (SLHD) Budgets 2026/27, 2027/28 and 2028/29.

## **2. Background**

- 2.1. The Board is required to approve the Company's budget for the relevant financial year. **Appendix A** shows the total budget for SLHD.

- 2.2. SLHD aims to set a balanced budget each year where income equals expenditure, the income and expenditure budgets for 2025/26 are £62.5m.

- 2.3. SLHD receives five sources of income:

- Management Fee from the Housing Revenue Account (HRA);
- Management Fee from the General Fund (GF);
- Capital Management Fee from the housing public sector capital programme for managing the delivery of the housing capital programme;
- Income for the completion of capital works and
- Other income including Housing Benefit for Homelessness .

- 2.4. The Council's budgets were approved on **26** February 2026, these included the management fees which SLHD receive from the HRA, the public sector capital programme and the General Fund.

- 2.5. The following paragraphs give more information on the main sources of income;

### **2.5.1. Management fee from the HRA, £45.83m (71% of total income)**

This budget has increased by £3.1m, the majority of the increase is due to inflationary increases across both pay and non-pay budgets.

From 2025/26 onwards it has been agreed with Doncaster Council (CDC) that the management fee from the HRA will reduce by the same percentage as the reduction in stock numbers.

### **2.5.2. Management Fee from the General Fund, £3.44m (5% of total income)**

This income is for services that transferred into SLHD in April 2014. This budget has seen an increase of £245k, £154k of this is to fund inflationary costs and £90k is the net result of pressures and savings across numerous budget lines. The latter comprises savings from lower hotel and temporary accommodation costs of £156k offset by costs from five additional posts (£197k - four Home Options and one Private Rented Sector officer) and additional Prevention Fund spend (£50k).

### **2.5.3. Income from the Capital programme, £12.90m (20% of total income)**

This income is money paid to SLHD for the completion of capital/improvement works on the council owned properties and estates. This budget also includes the £1.65m (3.9%) of management fee received from the capital programme to manage the whole of the housing capital programme delivered and managed by SLHD (excludes CDC schemes).

### **2.5.4. Other Income, £2.83m (4% of total income)**

This budget has increased by just over £1.0m in 2025/26. The majority of this income comes from temporary accommodation, grant income, private sector landlords and gardening services. £864k of the increase is as a result of increased income from recovery of housing benefit linked to the use of temporary accommodation.

## **3. Budget 2026/27**

- 3.1. **Appendix A** shows a balanced budget for 2026/27.
- 3.2. All budgets have been calculated in collaboration with staff from finance and budget holders, continuing the excellent work and increase in the ownership and knowledge about budgets across the business. Non pay budgets have been calculated on a zero based approach and reflect savings and pressures that continue to emerge each year.
- 3.3. There has been a line by line analysis of the whole budget and areas of savings have been identified which have been offset against growth or increased costs.
- 3.4. A detailed breakdown of all the budgets and changes is provided at **Appendix B**.

3.5. The budget has been set based on minimal organisational changes across the organisation.

#### 4. Key Risks and Potential Budget Implications 2027/28 & Future Years

4.1. The budgets for 2027/28 and 2028/29 are shown in **Appendix A** and assume that the management fee from the HRA will be increased for inflationary pressures and these increases have been built into the expenditure budgets. A £33k saving target has been included for the 2027/28 and 2028/29 financial years, these figures are based on an estimate of stock reduction and will be revised when more up to date information is available. These figures are likely to be overstated due to the changes in the October 2024 budget in relation to the right to buy discounts available to tenants. SLHD received a significant increase in applications which are still being processed. It gets more difficult to identify savings and efficiencies as the demand for services continues to increase.

4.2. The overall HRA budgets, both revenue and capital, continue to be tight over the next four years. Approximately 91% of SLHD's income comes from the HRA so any significant budget implications for the HRA may have significant implications for SLHD.

4.3. Rent income within the HRA funds all services for tenants and expenditure required on their homes in addition to the capital investment programme. There have been a number of major changes at both a national and local level in the past two years and the funding implications of these have become known over this period, and some are still not fully known. All have or will cause pressure and/or increase income to HRA budgets. SLHD is working closely with CDC to identify and model the implications, both short and long term, as and when they become known. These include but are not limited to;

4.3.1. Changes to H&S legislation (including but not limited to Awaab's Law)

4.3.2. Decent Homes 2

4.3.3. Rent Convergence from 1 April 2027

4.3.4. A resolution to the high-rise issues within Doncaster (Intake and Balby Bridge)

4.3.5. Properties that will not meet EPC C and/or net zero and the likely replacement/regeneration that these issues will require and

4.3.6. Potential costs following an inspection against the consumer standards

4.4. General Fund budgets continue to be under extreme pressure. The budget for 2026/27 has been increased for inflationary pressures and has also been increased to reflect the continuing high level of demand for the services. The demand for these services shows no signs of reducing.

- 4.5. Potential inflationary increases are a risk to the whole budget and these are constantly reviewed to ensure that they do not become unaffordable to CDC budgets that fund our management fees.
- 4.6. Cost of living increases in recent years, especially those on fuel and utilities, are likely to continue to have significant implications for our tenants. We will be working with tenants to maximise their income and reduce their outgoings in order to attempt to sustain their tenancies but there is a risk that the rent income collected in the HRA may decrease.

## **5. Procurement**

- 5.1. SLHD needs to ensure that it continues to gain maximum procurement efficiencies from all contracts.

## **6. VFM Considerations**

- 6.1. Efficiency and value for money principles have been adopted throughout the budget setting process

## **7. Financial Implications**

- 7.1. All financial implications are considered in the body of the report.

## **8. Legal Implications**

- 8.1. There are no legal implications arising from this report.

## **9. Risks**

- 9.1. The budget efficiencies that may need to be identified from 2026/27 onwards are currently unknown and these will need to be managed carefully to ensure that any savings/efficiencies are delivered. Identifying savings and efficiencies becomes more difficult as the demands on front line services continues to increase.
- 9.2. Robust systems are in place to monitor both expenditure and income budgets.
- 9.3. The strategic and operational risk registers for the organisation are reviewed regularly and any potential financial impact especially in relation to changes in government policy.

## **10. Health, Safety and Compliance Implications**

- 10.1. All known health, safety and compliance changes have been built into the budget. We will continue to review any implications arising from H&S legislation changes.

**Report Author, Position, Contact Details**

Nigel Feirn

Head of Finance and Business Assurance

Tel 01302 737485

**Background Papers**

Housing Revenue Account Budget 2026/27 to 2029/30 – Council Meeting 26 February 2026

Capital Programme 2026/27 to 2029/30 – Council Meeting 26 February 2026

## St. Leger Homes of Doncaster Ltd Budget 2026/27 to 2028/29

|   | 2025/26         | 2026/27               | Variance from<br>25/26 to 26/27 | 2027/28               | 2028/29               |
|---|-----------------|-----------------------|---------------------------------|-----------------------|-----------------------|
|   | Budget<br>£000s | Draft Budget<br>£000s | £000s                           | Draft Budget<br>£000s | Draft Budget<br>£000s |
| <b>Management Expenditure</b>           |                 |                       |                                 |                       |                       |
| <b>Employees</b>                        |                 |                       |                                 |                       |                       |
| Direct Employee Expenses                | 35,182          | 37,378                | 2,196                           | 38,227                | 39,004                |
| Indirect Employee Expenses              | 171             | 242                   | 71                              | 242                   | 242                   |
| Agency Staff                            | 13              | 13                    | 0                               | 13                    | 13                    |
| Training                                | 269             | 282                   | 13                              | 282                   | 282                   |
| <b>Total Employees</b>                  | <b>35,635</b>   | <b>37,915</b>         | <b>2,280</b>                    | <b>38,764</b>         | <b>39,541</b>         |
| <b>Premises</b>                         |                 |                       |                                 |                       |                       |
| Utilities                               | 726             | 589                   | -137                            | 589                   | 589                   |
| Rates                                   | 94              | 93                    | -1                              | 93                    | 93                    |
| Furniture                               | 9               | 27                    | 18                              | 27                    | 27                    |
| Repairs & Maintenance                   | 239             | 268                   | 29                              | 268                   | 268                   |
| Premises - Other                        | 1,248           | 1,290                 | 42                              | 1,290                 | 1,290                 |
| <b>Transport</b>                        |                 |                       |                                 |                       |                       |
| Fuel                                    | 537             | 513                   | -24                             | 513                   | 513                   |
| Transport & Plant                       | 1,855           | 1,910                 | 55                              | 1,910                 | 1,910                 |
| Transport - Other                       | 174             | 212                   | 38                              | 212                   | 212                   |
| <b>Supplies and Services</b>            |                 |                       |                                 |                       |                       |
| Provision for General inflation         |                 |                       |                                 | 730                   | 1,460                 |
| IT Equipment                            | 856             | 1,003                 | 147                             | 1,003                 | 1,003                 |
| Printing & Stationery                   | 94              | 94                    | 0                               | 94                    | 94                    |
| Postage                                 | 90              | 102                   | 12                              | 102                   | 102                   |
| Insurance                               | 413             | 438                   | 25                              | 438                   | 438                   |
| Communication                           | 34              | 29                    | -5                              | 29                    | 29                    |
| Materials - Building Services           | 8,373           | 8,880                 | 507                             | 8,880                 | 8,880                 |
| Supplies and Services - Other           | 5,133           | 4,346                 | -787                            | 4,346                 | 4,346                 |
| Service Level Agreements                | 5,231           | 5,365                 | 134                             | 5,365                 | 5,365                 |
| Savings yet to be identified            |                 |                       |                                 | -33                   | -66                   |
| <b>Total Management Expenditure</b>     | <b>60,741</b>   | <b>63,074</b>         | <b>2,333</b>                    | <b>64,620</b>         | <b>66,094</b>         |
| <b>Maintenance Expenditure</b>          |                 |                       |                                 |                       |                       |
| External Maintenance Contractors        | 1,747           | 1,918                 | 171                             | 1,918                 | 1,918                 |
| <b>Total Maintenance Expenditure</b>    | <b>1,747</b>    | <b>1,918</b>          | <b>171</b>                      | <b>1,918</b>          | <b>1,918</b>          |
| <b>Gross Expenditure</b>                | <b>62,488</b>   | <b>64,992</b>         | <b>2,504</b>                    | <b>66,538</b>         | <b>68,012</b>         |
| <b>Income</b>                           |                 |                       |                                 |                       |                       |
| Management Fee - HRA                    | -42,705         | -45,829               | -3,124                          | -47,375               | -48,849               |
| Management Fee - General Fund           | -3,191          | -3,436                | -245                            | -3,436                | -3,436                |
| Recharges to Capital Schemes (In house) | -12,852         | -12,902               | -50                             | -12,902               | -12,902               |
| Other Income                            | -3,740          | -2,825                | 915                             | -2,825                | -2,825                |
| <b>Total Income</b>                     | <b>-62,488</b>  | <b>-64,992</b>        | <b>-2,504</b>                   | <b>-66,538</b>        | <b>-68,012</b>        |
| <b>Surplus(-) / Deficit</b>             | <b>0</b>        | <b>0</b>              | <b>0</b>                        | <b>0</b>              | <b>0</b>              |

## Appendix B

**Detailed Budget Changes** - the most significant budget changes are detailed below;

### 1. Management Fees - HRA and General Fund

1.1. The Management Fee from the **HRA** for 2026/27 is budgeted to increase by £3.124m, comprising inflationary increases, pay award adjustments, growth items and efficiency savings, as summarised below along with estimates for future years.

| <b>SLHD HRA Management Fee</b>           | 2026/27       | 2027/28       | 2028/29       | 2029/30       |
|--|---------------|---------------|---------------|---------------|
|  | £k            | £k            | £k            | £k            |
| Management fee b/f                       | 42,705        | 45,829        | 47,375        | 48,849        |
| <u>2025/26 Adjustments :</u>             |               |               |               |               |
| Pay award                                | 400           |               |               |               |
| Inflationary increases                   | 89            |               |               |               |
| <u>Growth items 2026/27 :</u>            |               |               |               |               |
| Pay award 3.5%                           | 1,188         | 679           | 692           | 706           |
| Increments                               | 171           | 170           | 85            | 85            |
| Inflation                                | 751           | 730           | 730           | 730           |
| RTB                                      | -150          |               |               |               |
| Damp & Mould – Awaab’s Law               | 271           |               |               |               |
| 0.5 FTE Furnished Tenancy Officer        | 16            |               |               |               |
| Cat 1 Repairs                            | 199           |               |               |               |
| Arboriculture SLA                        | 66            |               |               |               |
| Electric Fleet                           | 48            |               |               |               |
| Mental Health Navigators                 | 45            |               |               |               |
| Gas and Electrical audit checks          | 38            |               |               |               |
| Shaw Lane skips waste legislation        | 25            |               |               |               |
| Efficiencies delivered - stock reduction | -33           | -33           | -33           | -34           |
| <b>Total Management Fee</b>              | <b>45,829</b> | <b>47,375</b> | <b>48,849</b> | <b>50,336</b> |

1.2. The Management Fee from the **General Fund** for 2026/27 is budgeted to increase by £245k, comprising inflationary increases, pay award adjustments and growth items. Details appear in the report below.

| <b>SLHD General Fund Management Fee</b> | 2026/27      | 2027/28      | 2028/29      | 2029/30      |
|---|--------------|--------------|--------------|--------------|
|   | £k           | £k           | £k           | £k           |
| Management fee b/f                      | 3,191        | 3,436        | 3,436        | 3,436        |
| Pay award 25/26 adjusted & 26/27        | 102          |              |              |              |
| <u>Pressures / Growth items 26/27 :</u> |              |              |              |              |
| New permanent staff 5 x Grade 4         | 197          |              |              |              |
| Prevention Fund                         | 50           |              |              |              |
| Inflation                               | 51           |              |              |              |
| Net Hotel and TA savings                | -155         |              |              |              |
| <b>Total Management Fee</b>             | <b>3,436</b> | <b>3,436</b> | <b>3,436</b> | <b>3,436</b> |

**Employee Costs**

1. **Appendix A** shows budgets direct employee costs have increased by £2,196k. This comprises increases of £1,866k for HRA operations and £330k for General Fund operations respectively. Details making up these changes appear below.

**Salaries - HRA Operations**

2. Direct Employees

- 2.1. The overall staffing budget increased by £1,886k and this increase is a result of the following detailed breakdown;

| <b>SALARY BUDGET MOVEMENT SUMMARY - DETAILS BELOW</b> | <b>£k</b>    |
|---|--------------|
| Pay Award   | 1,573        |
| Increments  | 171          |
| Cost pressures  | 153          |
| Additional Funding                                    | 124          |
| Virements   | -82          |
| Savings   | -73          |
| <b>TOTAL</b>  | <b>1,866</b> |

- 2.2. Cost pressures of £153k are a result of a number of movements and planned changes in 26/27:

| <b>COST PRESSURES</b>  | <b>£k</b>  |
|--|------------|
| New M&E Service Manager  | 67         |
| Existing M&E Manager reducing to 0.5FTE                          | -34        |
| 0.5FTE Gas Fitter (vacancy to fund New M&E Service Manager post) | -23        |
| Operational Assets Officer 0.08FTE                               | 3          |
| Contracts Manager 0.08FTE  | 4          |
| Tenant Liason Officer (2 x 0.08FTE)                              | 7          |
| Trade Assistant (D&M related works) 2 x 0.08FTE                  | 5          |
| 5 x Apprentice posts full year budget in 26/27                   | 49         |
| No Access Team (3 x 0.08FTE)                                     | 10         |
| CSA post restructure identified in 25/26 budget process          | 17         |
| ICT Development & Operations Officer (funded by ICT SLA saving)  | 43         |
| ICT Development & Operations Officer (Regrades x 3)              | 4          |
|  | <b>153</b> |

- 2.3. The costs of a number of posts will receive additional funding as summarised below:

| <b>ADDITIONAL FUNDING</b>                    | <b>£k</b>  |
|--|------------|
| D&M Operations Manager                       | 37         |
| D&M Surveyor                                 | 33         |
| D&M Surveyor (temporary 6 mths)              | 21         |
| D&M Admin Assistant (Temporary 6 mths)       | 17         |
| Furnished Tenancies Admin Assistant (0.5FTE) | 16         |
|  | <b>124</b> |

## Appendix B

2.4. A number of posts in 26/27 are being funded by virements from changes in other areas, as summarised below:

| <b>VIREMENTS FROM PAY AND NON PAY</b>             | <b>£k</b>  |
|---|------------|
| HOS - Major Projects                              | -32        |
| Major Projects Manager                            | -16        |
| Major Projects TLO                                | -14        |
| Business Assurance Officer Grade 4                | -39        |
| Senior Insurance & Administrative Officer Grade 4 | 39         |
| Private Tenancy Officer x 2 posts                 | 20         |
| Home Options Support Officer                      | -21        |
| Customer Involvement Officer                      | -21        |
| Community Caretaker J074719                       | 34         |
| Trade Assistant (new J number)                    | 31         |
| Electrician J062828                               | -44        |
| Bricklayer J028356                                | -21        |
| Works Planner J078948                             | 38         |
| R&M Admin Assistant x 3 posts                     | -38        |
|   | <b>-82</b> |

2.5. In addition to the above, a small amount of savings has also been identified as shown below

| <b>SAVINGS</b>                                    | <b>£k</b>  |
|---|------------|
| WOW Office based placements                       | -28        |
| Director of Corporate Services                    | -20        |
| Minor savings from seven posts across the company | -6         |
|   | <b>-54</b> |

### **HRA Full Time Equivalent FTEs changes**

2.6. The staffing budget shows a net increase of 2.71 FTEs is made up of a number of changes across the directorates, as detailed below.

2.7. Asset Management shows a small increase in FTEs

| <b><u>Property services - Asset Mgmt</u></b> | <b>FTEs</b> |
|--|-------------|
| Damp & Mould Operations Manager              | 0.75        |
| Damp and Mould Surveyor x 2                  | 1.25        |
| Operational Assets Officer                   | 0.08        |
| Contracts Manager                            | 0.08        |
| Tenant Liaison Officer x2                    | 0.17        |
| Damp and Mould Admin Assistant               | 0.50        |
|  | <b>2.83</b> |

2.8. Major Projects shows a reduction from temporary appointments ending in year.

| <b><u>Property services - Health &amp; Safety/Other</u></b> | <b><u>FTEs</u></b> |
|---|--------------------|
| Head of Service Major Projects                              | -0.33              |
| Major Projects Manager                                      | -0.33              |
| Major Projects TLO  | -0.33              |
|   | <b>-1.00</b>       |

2.9. A number of changes in Property Services to address known demands on services:

| <b><u>Property Services - R&amp;M</u></b> | <b><u>FTEs</u></b> |
|---|--------------------|
| Trade Assistant (D&M works)               | 1.17               |
| New M&E Service Manager                   | 1.00               |
| Existing M&E Service Manager              | -0.50              |
| Gas Fitter                                | -0.50              |
| No Access Team Leader                     | -0.92              |
| No Access Officer x3                      | -2.83              |
| Bricklayer                                | 0.50               |
| Electrician x 2                           | -1.50              |
| Community Caretaker                       | 1.00               |
| Bricklayer                                | -0.50              |
| Works Planner                             | 1.00               |
| R&M Admin Assistant x 3                   | -1.20              |
|   | <b>-3.28</b>       |

2.10. A small increase in Housing Customer, mainly around access.

| <b><u>Housing &amp; Customer Services -HRA</u></b> | <b><u>FTEs</u></b> |
|--|--------------------|
| Access Team Leader x 2                             | 1.00               |
| Access Officer x 2                                 | 3.00               |
| Furnished Tenancies Admin Assistant                | 0.50               |
| Private Tenancy Officer x 2                        | 0.50               |
| Home Options Support Officer                       | -0.68              |
| Customer Involvement Officer                       | -0.50              |
| CSA  | 0.50               |
|  | <b>4.32</b>        |

2.11. Two of the movements within Corporate are a virement relating to changes in managing processes, and one relates to long term data management arrangements.

| <b><u>Corporate Services</u></b>     | <b><u>FTEs</u></b> |
|--------------------------------------|--------------------|
| Business Assurance Officer           | -1.00              |
| Senior Insurance & Admin Officer     | 1.00               |
| ICT Development & Operations Officer | 1.00               |
| WOW Office based placements          | -1.00              |
| Director of Corporate Services       | -0.16              |
|                                      | <b>-0.16</b>       |

### Salaries - General Fund Operations

3. The General Fund staffing budget has increased by 5.00 FTE following approval of 5 new permanent grade 4 Home Options Officer posts.

|  | £k  | £k         |
|--|-----|------------|
| Estimated Pay award 25/26 adjusted & 26/27             |     | 102        |
| Increments   |     | 31         |
| 4 x Home Options Officers (ODR from consultant report) | 158 |            |
| 1 x PRS Access Officer linked to Renters Rights Act    | 39  |            |
| 5 x Grade 4 New permanent staff in growth bid          |     | 197        |
| <b>Total</b>   |     | <b>330</b> |

### Other SLHD budgets – HRA and General Fund

4. Indirect Employee budgets

4.1. This budget has increased by £70k mainly due to :

- 4.1.1. £41k in relation to health surveillance;
- 4.1.2. £10k staff benefits scheme; and
- 4.1.3. £16k staff travel expenses.

5. Premises budgets;

5.1. The overall budget has reduced by £49k for 2026/27. This comprises a big reduction of £136k relating to lower utility costs (mainly electrical) from lower prices at all communal areas and offices.

5.2. This big saving is partially offset by increases in:

- 5.2.1. £17k of increased furniture costs relating to a HMO property;
- 5.2.2. £29k of increased repair costs almost all of which also relates to a HMO property; and
- 5.2.3. £42k of other premises costs is a combination of savings on TA rents (£120k – see below), increased HMO costs (£100k), land clearance costs (£59k) and increased rental costs for the Shaw Lane depot.

5.2.4. Homelessness Temporary accommodation (TA) rental costs are budgeting a £120k reduction to £627k from £747k in 25/26. This in turn is a further small reduction from budgeted costs of £666k in 24/25 and reflects the recent strong performance and lower numbers in both TA and hotel accommodation.

6. Transport budgets;

6.1. This overall budget has increased by £69k, comprising savings on fuel of £24k which are offset by higher costs of £55k on vans and £38k on other vehicle costs.

6.2. The £55k increased van costs relates to mainly replacement of 34 trades vans that are now 10 years old. The other vehicle cost increase is mainly additional contract hire costs to address CAT1 repairs, plastering works and also surveyor works in relation to damp and mould.

### 7. IT costs

7.1. The budget has increased by £146k and this is largely between two areas:

- 7.1.1. £79k for specific software in relation to damp and mould; and
- 7.1.2. £68k of increased licenses including Rentsense, ASB app and UC Bot.

### 8. Supplies and Services - Other;

8.1. The 'Supplies and Services – Other' category contains a wide range of services that aren't covered elsewhere. The overall budget has decreased by £787k, as summarised below, there are a number of notable increases and decreases:

|              | 24/25        | 25/26        | 26/27        | Change<br>25/26<br>to<br>26/27 |
|--------------|--------------|--------------|--------------|--------------------------------|
|              | £k           | £k           | £k           | £k                             |
| HRA          | 1,876        | 2,230        | <b>2,409</b> | 179                            |
| General Fund | 1,885        | 2,905        | <b>1,939</b> | -966                           |
| <b>Total</b> | <b>3,761</b> | <b>5,135</b> | <b>4,348</b> | <b>-787</b>                    |

8.2. HRA services - shows a budgeted increase of £181k, the main items being:

- 8.2.1. £33k in relation to Awaab's Law damp and mould service;
- 8.2.2. £48k increased skip costs at Shaw Lane – waste legislation and price increases;
- 8.2.3. £59k increased skip costs for voids, planned and responsive repairs - waste legislation and price increases; and
- 8.2.4. £10k NatFed SOR license increase.

8.3. General Fund services – the £966k reduction is all to do with the homelessness service and the large majority of this is reduced hotel accommodation, reflecting the reduced numbers that have been reported for most of 25/26.

### 9. SLAs;

9.1. The SLAs budget totals £5,365k and is £134k higher than 2025/26. This is a combination of an inflation increase of 3.5% on all agreements totalling £182k less some savings on four SLAs, primarily Metroclean (£65k) and ICT (£45k). Changes are smaller this year than the 25/26 budget, which includes some big increases from 24/25, e.g;

- 9.1.1. Legal SLA budget increased by £150k due to increases in disrepair cases,
- 9.1.2. £32k increase in the Housing Options SLA for the Civic Office due to increased security requirements and the Out of Hours SLA; and
- 9.1.3. a £13k increase in Grounds Maintenance for hard to access sites to be maintained as part of the SLA

### 10. Materials:

10.1. The materials budget for 26/27 of £8,880k is £507k higher than the 25/26 budget of £8,373k, which in turn was very similar to the 24/25 budget of £8,409k.

## Appendix B

10.2. The main element within this is inflation but there are also other movements within several budget categories as summarised below

|                  | Budget<br>25/26<br>£k | Inflation<br>£k | Change<br>£k | Budget<br>26/27<br>£k | Comments  |
|------------------|-----------------------|-----------------|--------------|-----------------------|---|
| Responsive       | 2,533                 | 93              | 200          | 2,826                 | Additional funding £150k CAT1 Repairs                       |
| Voids Revenue    | 818                   | 19              | 0            | 837                   |   |
| Gas Revenue      | 260                   | 9               | 40           | 309                   | CAT1 Repairs - £40k from HHSRS CO Detectors follow on       |
| WOW              | 60                    | 0               | 19           | 79                    | £19k contractor virement as inhouse fitting the grab rails. |
| Others           | 70                    | 31              | 0            | 101                   |   |
| <b>Revenue</b>   | <b>3,741</b>          | <b>152</b>      | <b>259</b>   | <b>4,152</b>          |   |
| FRA works        | 153                   | 0               | 0            | 153                   |   |
| Voids Capital    | 950                   | 23              | 0            | 973                   |   |
| Reactive Capital | 232                   | 9               | 0            | 241                   |   |
| Planned Capital  | 1,886                 | 65              | -100         | 1,851                 | £100k reduction based on recent capital scheme outputs.     |
| Gas Capital      | 1,386                 | 74              | 0            | 1,460                 |   |
| Others           | 25                    | 0               | 25           | 50                    | £25k for £50k income on Communal Hall electrical upgrades   |
| <b>Capital</b>   | <b>4,632</b>          | <b>171</b>      | <b>-75</b>   | <b>4,728</b>          |   |
| <b>Total</b>     | <b>8,373</b>          | <b>323</b>      | <b>184</b>   | <b>8,880</b>          |   |

### 11. External Maintenance Contractors;

11.1. An increase (10% / £171k) in the contractor budget to a total of £1,918k and the budget contains provision for all of the usual areas, e.g lifts, fire, toilets, legionella, CCTV, among many others.

11.2. Inflation accounts for £73k of the increase. The other main changes for 26/27 include additional spend for decorating vouchers for voids and damp and mould, bin chute maintenance and edge protection in high rise blocks, replacements doors and windows for responsive repairs and specific provision for damp & mould works.

### 12. Capital Income;

12.1. The capital income budget is just £50k higher in 2026/27. Budgets for all relevant service areas are unchanged, apart from £50k electrical upgrades in Communal Halls. A summary of the main areas of capital income is shown below

|                           | 24/25<br>£k   | 25/26<br>£k   | 26/27<br>£k   | Change<br>25/26 to<br>26/27<br>£k |
|---------------------------|---------------|---------------|---------------|-----------------------------------|
| Voids                     | 3,240         | 3,480         | <b>3,480</b>  | 0                                 |
| Planned Improvement       | 5,202         | 4,962         | <b>4,962</b>  | 0                                 |
| Fire Risk                 | 250           | 250           | <b>250</b>    | 0                                 |
| Mechanical and Electrical | 2,610         | 2,510         | <b>2,560</b>  | 50                                |
| Management Fee            | 1,500         | 1,650         | <b>1,650</b>  | 0                                 |
| <b>Total</b>              | <b>12,802</b> | <b>12,852</b> | <b>12,902</b> | <b>50</b>                         |

## Appendix B

12.2. Budgets in recent years have reflected the demands on voids, electrical CPU installs, planned internal kitchen/bathroom works, roofs, plus the emerging data from the programme of stock condition surveys and decency requirements.

### 13. Other Income;

13.1. Other Income budgets total nearly £3m but the large majority of this is General Fund related, as summarised below for the past three years.

|              | 24/25        | 25/26        | <b>26/27</b> | Change<br>25/26 to<br>26/27 |
|--------------|--------------|--------------|--------------|-----------------------------|
|              | £k           | £k           | <b>£k</b>    | £k                          |
| HRA          | 465          | 640          | <b>551</b>   | -89                         |
| General Fund | 2,235        | 3,100        | <b>2,274</b> | -826                        |
| <b>Total</b> | <b>2,700</b> | <b>3,740</b> | <b>2,825</b> | <b>-915</b>                 |

13.2. HRA Other Income budgets are largely unchanged for 26/27 and the main budgets include, among several other smaller budgets:

- 13.2.1. Private Landlords (St Leger Lettings) £89k;
- 13.2.2. Gardening service £78k;
- 13.2.3. Recharges to CDC for surveyor works £56k;
- 13.2.4. G&T sites, Almshouses, etc £85k

13.3. General Fund Other Income budgets have fluctuated in the past few years due to demands on the homelessness service. Budgets have reduced for 26/27 by £826k from two main budget lines, and some smaller movements on several others:

- 13.3.1. Housing Benefit income of £1.56m is expected to be £994k lower due to reduced numbers in both TA and hotel accommodation. Numbers have fallen considerably during 25/26 and this is expected to continue;
- 13.3.2. A House of Multiple Occupation (HMO) was put in place in 25/26 and additional Housing Benefit income of £189k is expected in 26/27 from these placements.
- 13.3.3. Additional income totalling £39k is budgeted for towards employee costs for Accommodation for Ex Offenders (AFEO) and Specialist Immigration Officers.

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **BOARD Meeting REPORT**

**Date** : 02 April 2026

**Item** : 07

**Subject** : Communications Strategy

**Presented by** : Jane Davies, Director of Housing and Customer Services

**Prepared by** : Jackie Linacre, Head of Customer Services

**Purpose** : To seek approval of the Communications Strategy and the Year 1 actions.

**Recommendation:** Communications Strategy 2026 – 2030 and Year 1 actions be approved.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**To the Chair and Members of the  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 07  
Date: 02 April 2026**

**1. Report Title**

1.1 Communications Strategy 2026 - 2030

**2. Executive Summary**

2.1 The Communications Strategy 2026–2030 sets out how we will strengthen the way we communicate with both our customers and our colleagues—supporting our strategic aims over the next 4 years.

2.2 Developed through consultation with tenants and staff, the Strategy reflects what customers told us matters most to them—being able to contact us easily, receive timely and clear communication, and see their feedback lead to meaningful change.

2.3 It aligns with the Consumer Standards issued by the Regulator of Social Housing and recommendations coming out of our most recent successful Tpas exemplar accreditation.

2.4 The Strategy sets out 3 strategic objectives focused on providing a structured, transparent pathway for strengthening communication that leads to meaningful and measurable improvements.

2.5 Year 1 actions to deliver the overall aims and objectives are included in the Strategy document and include any actions that have carried forward from the 2022 to 2026 current Strategy.

**3. Purpose**

3.1 To seek approval of the Communications Strategy for 2026 - 2030 and the Year 1 actions.

**4. Recommendation**

4.1 That Board approve the Communications Strategy 2026 – 2030 and Year 1 actions.

**5. Background**

5.1 The Communications *Strategy 2026–2030* sets out a clear and structured programme for how St Leger Homes will strengthen communications over the next four years. It replaces the current Strategy, which expires in 2026, and aligns closely with both the *Corporate Plan 2024–2029* and the Consumer

Standards issued by the Regulator of Social Housing.

- 5.2 The Strategy provides the organisation with a coherent framework which recognises the fundamental role communication plays in our success and sets out how we will continue to strengthen it — ensuring colleagues have the insight, tools and confidence to deliver the best possible service to our customers and enabling customers to receive information that is clear, timely and accessible so they can understand their rights, responsibilities and the services they can expect from us.

## **6. 2026 - 2030 Communications Strategy**

- 6.1 A copy of the Communications Strategy 2026 – 2030 is attached at Appendix A. This sets out the overall aim of the Strategy, our strategic objectives and actions we will take to deliver the Strategy.

- 6.2 The strategic aim of the Strategy is to provide clear, inclusive and connected communication that supports teamwork, delivers high-quality information, and makes effective use of digital methods while meeting all customer needs.

- 6.3 The objectives to deliver this overall aim are:

- Communicate clearly, accessibly and consistently
- Listen actively and respond respectfully
- Be open, honest and transparent

- 6.4 An update report against these actions will be reported in April 2027, at which point actions will be proposed for Year 2 of the Strategy for approval.

- 6.5 There are 3 actions outstanding from the current Strategy which have been carried over into the Year 1 action plan for this new Strategy which are to:

1. Promote internal guidance on what does and does not count as a complaint to support consistent reporting and handling.
2. Investigate the use of the tenant portal to send personal correspondence to customers, rather than via email.
3. Develop and publish an Internal Communications Channel Guide that defines which method to use (e.g., Teams, email, intranet/Spotlight, screensavers, face-to-face briefings) based on message and urgency, audience, sensitivity and required action, including clear approval routes and timing expectations

## **9. Procurement**

- 9.1 This will be considered in any proposed business case where actions within the Strategy impact on the procurement of services.

## **10. VFM Considerations**

- 10.1 One of the aims of the Strategy is to increase the options for digital access to our services. Digital access allows for the automation of routine transactions which can improve the use of resources and free staff to focus on more complex enquiries.

## **11. Financial Implications**

- 11.1 There are no financial implications directly associated with this report. Should any actions to be progressed have financial implications these will be identified at project stage and will be reported through the Digital Transformation Board to EMT for consideration.

## **12. Legal Implications**

- 12.1 The Strategy directly supports our legal duty to comply with the Regulator of Social Housing's Consumer Standards, including the recently updated Tenant Voice and Influence Standard.
- 12.2 Implementing the Strategy will help demonstrate that SLHD is offering diverse, accessible, and meaningful opportunities for tenants to influence services and decisions.

## **13. Risks**

- 13.1 There are no direct strategic risks attached to approving the Communications Strategy. Any risks emerging at the delivery stage of specific actions and will be managed through SLHD's established project and risk management procedures. Risks would occur if the strategy was not delivered and if effective communication did not happen.

## **14. Health, Safety & Compliance Implication**

- 14.1 N/A for this report.

## **15. IT Implications**

- 15.1 Progress and risks related to any IT dependent actions will be monitored and reported through the Digital Transformation Board, ensuring governance, prioritisation and alignment with SLHD's wider digital programme.

## **16. Consultation**

- 16.1 The Strategy has been informed by our customers and our colleagues, with representatives from the One Voice Forum, the Tenant Scrutiny Panel and Tenant and Resident Associations to co-create the foundations. The session explored what good communication looks like, what currently creates barriers, and what practical improvements would make the biggest difference.

- 16.2 Alongside this, we invited feedback from 305 tenants, including members of the Get Involved Group, as well as targeting feedback from younger tenants, disabled tenants, tenants over 60, tenants who felt less involved, and those from ethnically diverse communities. Although only a small number of responses were received, the insight provided was valuable to give us a clearer understanding of where we can improve.
- 16.3 Feedback from our complaints and customer surveys, both Tenant Satisfaction Measures and Transactional Surveys shows that there is more work to do to further improve in terms of communication for specific service delivery, in terms of how quickly we respond and keeping customers updated. Together, tenant and colleague insight highlights strong progress in recent years while identifying practical opportunities to further improve clarity, consistency and accessibility across all communication.

## **17. Diversity**

- 17.1 This Strategy links closely to our Equality, Diversity & Inclusion Strategy and Customer Access Strategy, which guide how we make our communication inclusive and ensure people can reach us through the channels that best meet their needs.
- 17.2 The key indicators we track — including age, ethnicity, disability — have shaped the actions and priorities set out in this Strategy and will continue to inform how we design and target our communications.
- 17.3 The Strategy directly supports compliance with the Regulator of Social Housing's Consumer Standards, particularly the Tenant Voice and Influence Standard, which requires landlords to offer diverse, accessible and meaningful ways for tenants to influence services and decision-making.
- 17.4 By combining strong EDI foundations with high-quality tenant data, we ensure this Communication Strategy is genuinely inclusive, responsive and reflective of the wide range of needs across our tenants and our workforce.

## **18. Communication Requirements**

- 18.1 The Strategy will be published on our website and intranet and promoted on social media and within our HouseProud magazine.

## **19. Equality Analysis (New/revised Policies)**

- 19.1 Not applicable for this report.

## **20. Environmental Impact**

- 20.1 Digital access can reduce the need for paper, this supports our Environmental Strategy and our efforts to lower our carbon footprint by producing less wastepaper.

**21. Report Author, Position and Contact Details**

21.1 Name: Jackie Linacre, Head of Customer Services, (01302) 862262

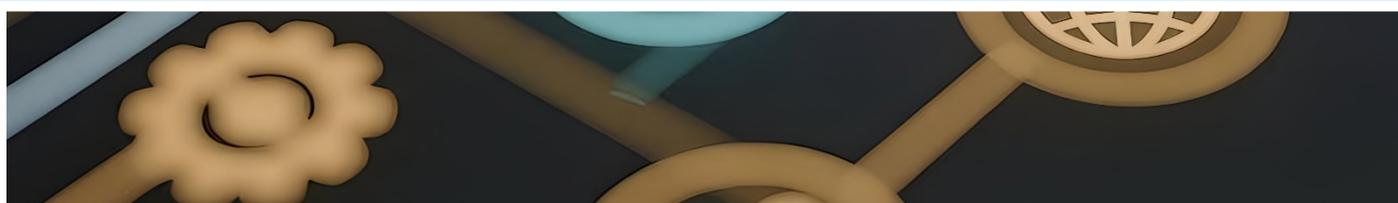
**22. Background Papers**

Appendix A- Communications Strategy 2026-30



# Communication Strategy 2026 - 2030

Providing homes in neighbourhoods where people are proud to live



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# Foreword from the Chief Executive



Communication is about far more than sending letters or responding to enquiries — it's about making sure tenants and colleagues know what's going on, feel informed, and receive updates in ways that genuinely matter to them. Great communication is the cornerstone of every successful organisation, and we know that when colleagues feel well briefed, confident and connected, they are better equipped to communicate clearly with our customers too.

**Chris Margrave, Chief Executive**

We are always mindful of striking the right balance between what we must communicate for legislative reasons and how we communicate it, so our messages feel clear, human and relevant, rather than corporate.

This Strategy strengthens our commitment to getting that balance right for both our customers and our colleagues.

When we communicate clearly, openly and with respect, people feel informed and genuinely connected, which is one of our CORE values. That's what helps everyone do their best work and for our customers to receive the best service.

## Introduction

This Strategy sets out how we will strengthen the way we communicate with both our customers and our colleagues—supporting our strategic aims and ensuring we meet the requirements of the Regulator of Social Housing's Consumer Standards.

It recognises the fundamental role communication plays in our success and sets out how we will continue to strengthen it — ensuring colleagues have the insight, tools and confidence to deliver the best possible service to our customers and enabling customers to receive information that is clear, timely and accessible so they can understand their rights, responsibilities and the services they can expect from us.

For our customers, clear and accessible communication is vital. People want straightforward information about their rights, responsibilities and the services they can expect from us. They want updates that are timely, honest and easy to understand, and they want to receive those updates in a way that works for them. This means reducing confusion and making sure that every message is delivered in a format that is inclusive and accessible—whether digital or non-

digital. It also ensures customers receive timely, accurate and easy to understand information about their rights; responsibilities and the services they can expect from us.

For our colleagues it is equally important as strong internal communication supports strong external communication: one cannot be effective without the other. When colleagues are well informed and connected, they are better equipped to communicate clearly with customers, provide accurate information and contribute to a positive service experience.

The Strategy does not just focus on internal corporate communications — it sets out how we communicate within and across teams, ensuring information flows clearly, consistently and in a way that supports great service for both colleagues and customers.

Clear, accessible communication helps colleagues understand their responsibilities, make confident decisions and feel part of a shared organisational direction. It also contributes to colleagues feeling secure and satisfied in their roles, which supports retention and helps us maintain a stable, experienced workforce.

This Strategy aligns with our Equality, Diversity & Inclusion Strategy and Customer Access Strategy, helping us ensure that no one is excluded because of how information is delivered.

Communication and engagement are closely connected, but they serve different purposes for colleagues and customers. For customers, communication is about providing clear, timely and accessible information, while engagement gives them meaningful opportunities to influence and shape the services they receive; this aspect is covered by our separate Tenant Voice Strategy.

For colleagues, communication and engagement are more closely intertwined. Engagement focuses on building interest and involvement, while communication ensures staff have the information, they need to feel informed, confident and able to deliver great services.

The Strategy focuses specifically on how we share information clearly and consistently across the organisation and externally — ensuring messages are timely, meaningful and aligned to our values.

## **Why this Strategy matters**

Inclusive communication is essential to how we work. Our customers and colleagues have diverse needs, and it's important that the way we share information is accessible, respectful and easy for everyone to understand. This includes choosing the right language, formats and approaches so no one is excluded.

The Strategy directly supports the Regulator of Social Housing's Consumer Standards by strengthening how we communicate with customers and colleagues. Clear, timely and accessible communication is essential for meeting the expectations set out by the Regulator, particularly around treating customers fairly, ensuring safety, and involving tenants meaningfully in shaping services.

The actions in this Strategy will help us meet these requirements by improving the consistency, clarity and inclusivity of our communication, and by making sure the information we provide enables customers to understand their rights, responsibilities and the services they can expect from us.

For employees, this Strategy matters because clear, consistent and inclusive communication is fundamental to how we work together and how we live our organisational CORE values every day. When colleagues receive information in a timely, meaningful and accessible way, they feel informed, respected and connected to our shared purpose. Strong communication helps people understand priorities, feel confident in their decisions and know how their role contributes to the wider organisation. It supports a positive culture where teams collaborate effectively, trust is strengthened, and everyone feels part of a workplace that is open and supportive. By improving how we communicate internally, we create the conditions for colleagues to thrive and to provide the best possible service to our customers.



*Staff enjoying our Colleague Festival*

# Strategy Overview

## Who is the Strategy For?

This Strategy is for our tenants, customers, stakeholders and employees.

## Our Aims and Objectives

At the heart of this Strategy is a single, overarching aim that will guide everything we intend to deliver.

### Our Overall Aim

***To provide clear, inclusive and connected communication that supports teamwork, delivers high quality information, and makes effective use of digital methods while meeting all customer needs***

To deliver the overall aim of this Strategy our approach is built around a set of key objectives that reflect what matters most to our tenants and employees and the outcomes they expect from us.

Each objective is supported by a series of commitments that set out, in practical terms, how we will achieve it. Together, these objectives and commitments provide a structured, transparent pathway for strengthening communication that leads to meaningful and measurable improvement.

## Our Key Objectives

### 1. Communicate clearly, accessibly and consistently

#### We will:

- ✓ Use language and formats that are accessible to all.
- ✓ Ensure communication is free from stigma.
- ✓ Offer information in different formats so no one is left out.
- ✓ Increase the effective use of digital communication methods to enhance customer services, while ensuring equitable access for customers who require non-digital or alternative formats.
- ✓ Ensure customers and colleagues receive timely, accurate information relevant to their needs.

## **2. Listen actively and respond respectfully**

### **We will:**

Keep communication two way, acknowledging feedback promptly.

- ✓ Use feedback to influence decisions and shape future services.
- ✓ Ensure staff communicate professionally and respectfully.

## **3. Be open, honest and transparent**

### **We will:**

- ✓ Explain decisions clearly, including the reasons behind them.
- ✓ Share performance and service updates regularly.
- ✓ Be upfront when things go wrong and explain what we're doing to fix them.
- ✓ Communicate on things that matter to customers
- ✓ Strengthen internal engagement to support confident and accountable teams that work well together to deliver great services.

## **Links to Other Strategies**

This Strategy links closely to our Equality, Diversity & Inclusion Strategy and Customer Access Strategy, which guide how we make our communication inclusive and ensure people can reach us through the channels that best meet their needs.

This Strategy aligns with, contributes to, and draws on, other key organisational frameworks shown below, ensuring effective communication is fully embedded across St Leger Homes.

- Tenant Voice Strategy
- People Strategy
- Corporate Plan
- Equality, Diversity & Inclusion Strategy
- Digital / ICT Strategy
- Data Smart Strategy
- Tackling Stigma in Social Housing Strategy

## **Co creating the Strategy with Our Tenants and Employees**

The Strategy has been informed by our customers and our colleagues, with representatives from the One Voice Forum, the Tenant Scrutiny Panel and Tenant and Resident Associations to co-create the foundations. The session explored what good communication looks like, what currently creates barriers, and what practical improvements would make the biggest difference.

Alongside this, we invited feedback from 305 tenants, including members of the Get Involved Group, as well as targeting feedback from younger tenants, disabled tenants, tenants over 60,

tenants who felt less involved, and those from ethnically diverse communities. Although only a small number of responses were received, the insight provided was valuable to give us a clearer understanding of where we can improve.

## Using insight to shape our approach

The key indicators we track — including age, ethnicity, disability — have shaped the actions and priorities set out in this Strategy and will continue to inform how we design and target our communications.

The data sets below show the number of tenants split by insight groups based on the number of tenants as of 25th February 2026, where data has been provided.



Although this Strategy does not set out the individual actions from our Equality, Diversity & Inclusion Strategy, our EDI principles are fundamental to how we communicate. They shape the way we share information with customers and colleagues, ensuring barriers are removed and that everyone can access and understand the information they need—whether that relates to our services, key updates, or how we are performing. No tenant should ever be excluded from important messages because of the way we communicate.

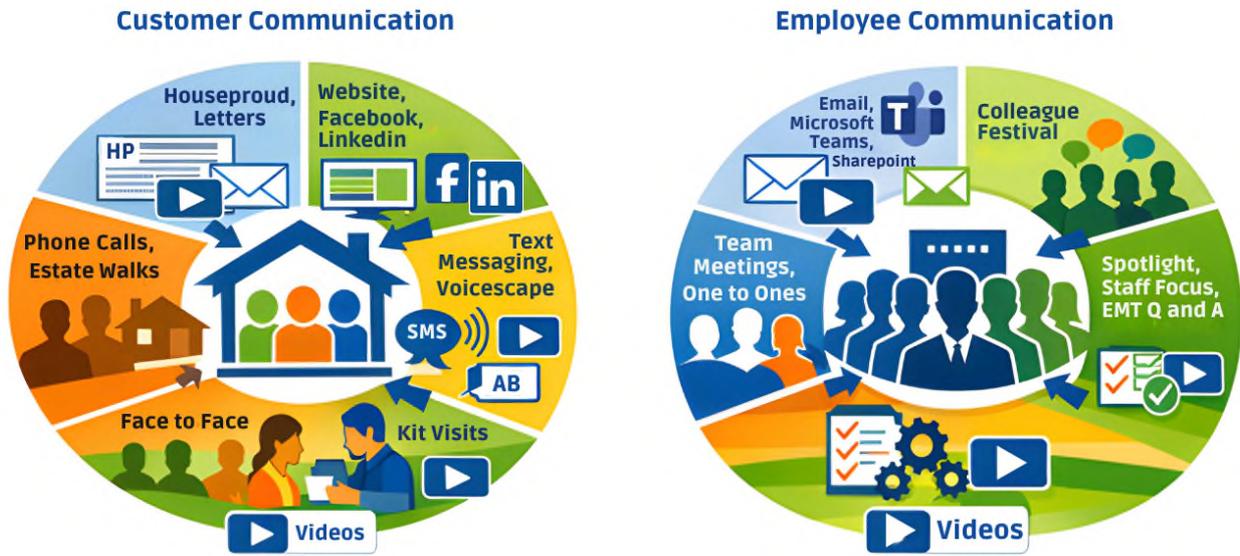
Our approach is also strengthened by the DataSMART Strategy, which provides us with accurate, reliable tenant insight. This allows us to tailor our communication, understand who we are hearing from, and ensure we reach the people and communities whose voices matter.

By combining strong EDI foundations with high quality tenant data, we ensure this Communication Strategy is genuinely inclusive, responsive and reflective of the wide range of needs across our tenants and our workforce.

## Where are we now?

St Leger Homes communicate with customers and colleagues in a number of different ways and in a number of different styles, depending on the media used – our communication can be both formal and informal, but at all times must be clear and able to be understood by a range of different audiences, regardless of the message.

We use a wide range of communication methods to keep both our customers and our employees informed, connected and engaged as depicted in the diagrams below.



Feedback from our complaints and customer surveys, both Tenant Satisfaction Measures and Transactional Surveys shows that there is more work to do to further improve in terms of communication for specific service delivery, in terms of how quickly we respond and keeping customers updated.

Tenants told us what is important to them: they want communication that is clear, accessible, timely and free from jargon, with important updates delivered consistently across a choice of channels. They emphasised the need for inclusive communication so people with diverse needs can access the information we share.

They were clear that digital must not be the only option. While many welcome digital improvements, others continue to rely on printed letters, HouseProud, telephone contact and face to face conversations. They asked us to consider those who may be digitally excluded and highlighted KIT visits, rent statement inserts and communal noticeboards as useful touchpoints. Communication must reach people in the way that works for them, including those requiring alternative formats.

Tenants also want proactive communication, particularly when services take longer or involve several steps. They reported occasions where communication felt inconsistent and asked for clearer, more reliable follow-through, so they do not need to chase for information.

They value simple, open explanations of decisions—what we are doing, why, what has changed and what will happen next. “You Said, We Did” updates remain important, and tenants would like these to be more visible and to more clearly show how their involvement has shaped change.

**Colleagues** shared their views through a staff survey. Although the number of responses was not large enough to represent the whole workforce, the insight remains valuable.

Colleagues generally feel well kept up to date and appreciate the range of internal channels (Teams, Spotlight, Staff Focus, email and the intranet).

They also identified opportunities to strengthen how and when we communicate. They highlighted the need to reduce duplicated messages and provide more targeted updates that reflect the needs of different teams. Some asked for simpler, more consistent use of platforms such as Teams and SharePoint, with clearer expectations about where to find information. Opportunities for more two-way communication to feel more connected to decisions and organisational priorities was also fed back.

Feedback also showed a desire for clearer coordination of messages. Staff sometimes receive updates through multiple channels, making it harder to distinguish essential information and occasionally resulting in key details being overlooked. There is also appetite for more consistent ways of working and training on Teams and Share Point and understand these platforms better.

Together, tenant and colleague insight highlights strong progress in recent years while identifying practical opportunities to further improve clarity, consistency and accessibility across all communication.

### **Customer Services Accreditation**

We were delighted to achieve Customer Excellence Service Accreditation for the 14<sup>th</sup> Year in a row in 2025. The feedback from the Assessor showed positive feedback on the quality of our communication with customers. The assessor highlighted that St Leger Homes demonstrates a clear culture of customer care, rooted in empathy and a strong understanding of tenants' needs. This was reflected in how consistently and thoughtfully we communicate with customers, ensuring information is delivered in a way that feels supportive, respectful and customer centred.

Our website and the HouseProud magazine were specifically recognised as vibrant, clear and engaging channels that help customers understand our services and stay informed about what matters to them. The assessor noted the effort we place on making communication meaningful and easy to access.

The assessor recognised the strength of our approach to listening to customers, involving them in decision-making, and using their insight to influence how services are designed and improved. This includes our use of a wide range of communication and engagement methods to reach different groups of tenants.

The assessment further acknowledged that we have a strong understanding of the needs of diverse customer groups, which helps ensure our communication is inclusive and tailored.



*Chris Margrave attending the Healthy Her Eid Event at Sandalwood Close Communal Hall held in 2025*

## Our performance

Our 2025/26 Tenant Satisfaction Measures show strong performance in the areas that matter most for communication. This is shown below. When benchmarked nationally, this performance sits in the upper quartile, demonstrating that we compare strongly to other landlords in how we listen to, involve and respect our tenants. Figures are based on the proportion of people who expressed a view and said that view was positive.



## Where do we want to be?

Effective communication sits at the heart of how we work. Over the next four years, we will continue strengthening how we share information with both colleagues and customers—ensuring every message is clear, meaningful and tailored to the needs of the person receiving it. By improving internal communication, colleagues will have the clarity, confidence and information required to deliver consistently high-quality services.

### Communicating with our customers

We will use tenant insight to build on our strong foundations and enhance the clarity, consistency and reliability of communication across all services. Our focus will be on ensuring customers receive timely, proactive updates—particularly when services take longer, involve multiple steps, or require input from different teams. We will set clear expectations about what will happen next so customers feel reassured and informed throughout their journey.

We will strengthen transparency by using simple, consistent explanations about decisions, why actions have been taken and how feedback has influenced outcomes. We will make “You Said, We Did” updates more visible across all channels and ensure performance information is easy to understand.

Digital methods will continue to be developed, but we will maintain a balanced approach so every customer can access information in a format that works for them. This includes continuing to provide nondigital options, widening our social media presence, maintaining telephone contact as a key communication route and making better use of visits, printed inserts and noticeboards where they add value. We will also explore practical enhancements—such as clearer tenancy

information for new tenants, better internal sharing of relevant service history and improved access to private spaces for confidential conversations.

Over the four-year Strategy period, we will continue refining and broadening our communication channels to ensure we reach all customer groups effectively, including those less heard or with specific needs.

### **Communicating with colleagues**

We will use colleague insight to streamline and strengthen internal communication, so information is easier to access, more relevant and more clearly coordinated. Our focus will be on reducing duplication, managing information flow more deliberately and ensuring updates are concise, purposeful and timed appropriately.

We will improve our use of communication tools such as Microsoft Teams by promoting consistent ways of working, clearer channel purpose, good file hygiene and practical guidance so information is not lost or difficult to locate. We will also enhance opportunities for two-way communication, so colleagues feel better connected to decisions, priorities and organisational direction.

We will ensure updates that affect services, teams or working practices are shared earlier and more consistently, with stronger coordination across departments. Leadership visibility will continue to grow across all sites, supported by a clear, shared understanding of what “leadership” means across different levels of the organisation.

By developing these areas over the life of the Strategy, we will create an internal communication environment that is simpler, clearer and more supportive helping all colleagues feel informed, valued and connected.



*Apprenticeship Award Winners 2026*

## **Our Expected Outcomes**

Our commitment is simple: to provide communication that is inclusive, respectful and consistent for every customer and every colleague.

By 2030, everyone who interacts with St Leger Homes—whether as a customer or a colleague—will receive information that is clear, timely and easy to understand. Messages will be delivered through the right channels, in the right way, with jargon removed and alternative formats available so no one is excluded. Communication will feel consistent across services and teams, reducing confusion and helping people know what to expect — laying the foundations for the outcomes that follow:

### **1. Clear Communication for Customers**

Customers experience clearer, more consistent and more accessible communication throughout their housing journey, with timely and easy to understand information available in both digital and nondigital formats, proactive updates that keep them informed when things change, and more transparent decision-making supported by simple explanations of what we are doing and why.

### **2. Proactive and Reliable Updates Throughout the Customer Journey**

Customers are kept informed at every stage of their service—repairs, safety checks, housing enquiries and complaints, without needing to chase for updates when things change. They receive simple, honest explanations of decisions and clear expectations about what will happen next.

### **3. Communicating things that matter to Customers**

Customers receive clear, accessible updates about the things that matter most to them. Through a mix of digital, printed and face-to-face channels, we share important information and “You Said, We Did” updates so customers can easily see how their feedback has shaped decisions and improvements.

### **4. An Informed and Connected Workforce that support great service**

Colleagues receive communication that is timely, coordinated and easy to navigate and access. They have access to the information, tools and guidance they need to carry out their roles effectively, understand priorities and feel confident in their decisions. They experience transparent communication about decisions, changes and organisational priorities. Updates are predictable, relevant and clearly cascaded, helping staff feel connected to the wider organisation.

### **5. Recognising and Celebrating Success Across St Leger Homes**

We openly celebrate achievements, highlight good practice and share positive stories that reflect the impact colleagues make every day. Recognition is more visible across our internal channels, building pride, morale and a sense of shared success.

**Actions to deliver outcomes** - The milestone actions for Year 1 to achieve the above are:

| <b>Overarching Action</b>                    | <b>Milestone Actions (2026–27)</b>  | <b>Outcome</b>  |
|--|---|---|
| Accessibility & Visibility of Communications | Website improvement- to improve the website to ensure full accessibility compliance and enhance user experience, increasing customer satisfaction and views.  | Clear Communication for Customers.                              |
|  | Adopt a new and hybrid approach to the Annual Review with a digital and print ready version to ensure it is accessible to all our customers.  |   |
|  | Tenant Newsletter Retender- to ensure it is visually engaging and fully accessible for our customers adopting a hybrid approach (digital and hard copies).  |   |
|  | Use customer insight to tailor inclusive messaging- analyse protected characteristic insight to create more inclusive, relevant, accessible and targeted messages for tenants and communities.  |   |
|  | Expand social media presence- explore and grow our social media presence to reach more customers on the platforms they already use, improving visibility and engagement.  |   |
| Customers are kept well informed.            | Create short explainer videos and visual guides- produce clear, accessible explainer videos and visual guides to help tenants understand repairs responsibilities, report ASB, use the Tenant Portal, prevent damp and mould, and follow key safety and compliance guidance along with timescales involved. | Proactive and Reliable Updates throughout the Customer Journey. |
|  | Website improvement- to improve the website to ensure full accessibility compliance and enhance user experience, increasing customer satisfaction and views.  |   |

| Overarching Action  | Milestone Actions (2026–27)   | Outcome   |
|---|---|---|
|   | Investigate the use of the tenant portal to send personal correspondence to customers, rather than via email.   |   |
| Ensuring Transparency & Feedback Loops                                  | Refresh the “You Said, We Did” webpage- enhance the “You Said, We Did” webpage with stronger tenant voice, lived experience quotes, and impactful before and after visuals to demonstrate meaningful change.  | Communicating things that matter to Customers.                  |
|   | Share positive case studies from the Tenant Review Hub- showcase real examples of how the Tenant Review Hub has improved communications and customer experiences, strengthening transparency and trust.   |   |
|   | Reels and short videos- increase audience engagement by producing regular, high quality reels and short videos that showcase staff and customer experiences, highlight success, and support “You Said, We Did” messaging across internal and external channels. |   |
| Access to and receive timely, coordinated and accessible communication. | Communications App launch- introduce and embed the Comms App to streamline requests, improve response times, and increase the efficiency of the communications service.   | An Informed and Connected Workforce that support great service. |
|   | Staff values launch- launch and embed the organisation’s new CORE values—Connected, Ownership, Respect, Excellence—and support staff in understanding and living these values through campaigns, storytelling and engagement activity.                          |   |
|   | Strengthen EDI engagement- work in partnership with HR to promote the EDI calendar of events and increase visibility, participation and engagement across diverse community and staff groups.   |   |

**Overarching Action**

**Milestone Actions (2026–27)**

**Outcome**

- Monthly team brief- establish a clear, consistent monthly Team Brief to ensure staff are informed, engaged, and connected to organisational priorities.
- Promote internal guidance on what does and does not count as a complaint to support consistent reporting and handling.
- Develop and publish an Internal Communications Channel Guide that defines which method to use (e.g., Teams, email, intranet/Spotlight, screensavers, face-to-face briefings) based on message and urgency, audience, sensitivity and required action, including clear approval routes and timing expectations.
- Implement letter and report writing training for relevant staff.
- Review the internal screensaver channels to relay relevant messages and use engaging digital content.

| <b>Overarching Action</b>                         | <b>Milestone Actions (2026–27)</b>   | <b>Outcome</b>  |
|---|--|---|
| Celebration and visibility of staff achievements. | <p>Celebrating Success programme- fully roll out and promote the programme (Shooting STAR Award, STAR Awards, Compliments and VIVA Praise) to increase staff participation, share positive stories, and improve staff morale across the organisation.</p> <p>Investigate video usage of compliments every quarter reflecting and recognising achievement and effort.</p> | Recognising and Celebrating Success Across St Leger Homes |

# Measuring Our Success

We will continue to work with tenant engagement leaders Tpas and seek accreditation to their high standards.

## Key Success Measures (Customers & Employees)

- ❖ Clear year-on-year improvement in satisfaction with communication (clarity, timeliness, accessibility).
- ❖ Reduction in avoidable contact because updates are proactive and consistent.
- ❖ Increased visibility and engagement with key messages, including “You Said, We Did.”
- ❖ Higher staff confidence in navigating and using communication channels and tools.
- ❖ Greater consistency in how information is shared across teams, services and platforms.
- ❖ Improved reach and accessibility of communication for people with diverse needs and preferences.

## Monitoring Progress

We will monitor progress through regular reports to the Board and Customer and Performance Committee that focus not only on the actions we have taken, but—crucially—the outcomes they have delivered for tenants.



# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England.  
Company Number 05564649

## **BOARD Meeting REPORT**

- Date** : 2 April 2026
- Item** : 08  
Embedding Respect - Tackling
- Subject** : Stigma in Social Housing Strategy
- Presented by** : Jane Davies, Director of Housing  
and Customer Services
- Prepared by** : Jayne Hurley, Head of Housing  
Management
- Purpose** : To set out the new Strategy and gain  
Board approval so the Strategy can  
be implemented with immediate  
effect.

### **Recommendations:**

The Board is asked to:

- Approve the Embedding Respect - Tackling Stigma in Social Housing Strategy.
- Support implementation across the organisation from April 2026.
- Receive progress updates through the existing performance and strategic reporting cycle.

Company Number 05564649  
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**To the Chair and members of  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 08  
Date: 2 April 2026**

**1. Report Title**

**1.1 Embedding Respect - Tackling Stigma in Social Housing Strategy**

**2. Executive Summary**

2.1 Social housing stigma impacts tenant dignity, trust, confidence, and inclusion. It contributes to negative stereotypes, undermines relationships between tenants and landlords, and can adversely affect service outcomes.

2.2 SLHD has co-produced this new Strategy with tenants and staff through a joint Stigma Working Group, aligning with national best practice including the Stop Social Housing Stigma Campaign and the Chartered Institute of Housing's "See the Person" definition of stigma.

2.3 The new Strategy incorporates:

- The Respect Standard, co-created with tenants and staff
- The Good Neighbourhood Charter, co-created with tenants and staff
- A programme of training, storytelling, and culture-change activity
- A Standing Up to Stigma annual event
- A communications framework and lived-experience campaign
- A Success and Monitoring Framework linked to satisfaction, engagement, complaints, and co-design outcomes

2.4 The Strategy supports the organisation's wider commitments to fairness, inclusion, respect, and the SLHD CORE values. It also directly supports compliance with the Consumer Standards, particularly the Neighbourhood and Community, Tenancy, and Transparency, Influence and Accountability Standards.

**3. Purpose**

3.1 The purpose of this report is to present the Embedding Respect - Tackling Stigma in Social Housing Strategy to the Board for consideration and approval.

3.2 The strategy sets out SLHD's organisational commitment to challenging and reducing stigma associated with social housing, embedding respect, improving tenant experience, and aligning SLHD with national campaigning and regulatory expectations.

## **4. Recommendations**

4.1 The Board is asked to:

- Approve the Embedding Respect - Tackling Stigma in Social Housing Strategy.
- Support implementation across the organisation from April 2026.
- Receive progress updates through the existing performance and strategic reporting cycle.

## **5. Background**

5.1 Following the national spotlight on social housing post-Grenfell, the sector recognised deep-rooted stereotypes and negative perceptions associated with tenants, homes, and communities.

5.2 Local feedback from tenants, complaints analysis, and engagement forums including the One Voice Forum highlighted the need for a localised approach to dignity, respect, and stigma reduction.

5.3 During May 2025 SLHD established a Customer and Staff Working Group to co-produce the Strategy, Respect Standard, commitments, and messaging frameworks.

5.4 This Strategy consolidates all the work and outputs from the workstreams into a single organisational approach.

## **6. Strategy Overview**

6.1 The core aim of the new strategy is to challenge and reduce stigma by reshaping perceptions, empowering tenants, and embedding respect, inclusion, and fairness in all services.

6.2 Key components of the new strategy include:

### **A. Respect Standard**

Sets out expectations for behaviours, communication, and empathy across all staff, contractors, and partners.

### **B. Good Neighbourhood Charter**

Defines shared standards and responsibilities for creating inclusive, safe, respectful communities.

### **C. Lived Experience & Storytelling Campaign**

“This Is Me – Tackling Stigma Together” features tenant and staff real-life stories to challenge stereotypes.

### **D. Training and Awareness Programme**

Mandatory anti-stigma, lived-experience, and respect-based training for:

- ✓ All SLHD colleagues
- ✓ Contractors and partners
- ✓ Tenant groups

### **E. Standing Up to Stigma Day**

Annual flagship event featuring video campaigns, lived-experience sharing, and recognition through the “Stigma Star Award”.

### **F. Communications Plan**

A structured approach across internal and external channels to embed consistent anti-stigma messaging.

## **7. Monitoring, Outcomes & Success Framework**

### **7.1 Success will be measured through:**

- ✓ Improved tenant satisfaction on respect and neighbourhood quality
- ✓ Reductions in stigma-related complaints
- ✓ Engagement levels in campaigns and events
- ✓ Evidence of co-designed solutions implemented

### **7.2 Progress will be reported to EMT and to Board as part of performance and strategic updates.**

## **8 Procurement**

### **8.1 There are no procurement implications contained within this new Strategy.**

## **9. VFM Considerations**

### **9.1 There are no Value for Money implications within this new Strategy.**

## **9. Financial Implications**

### **10.1 There are no direct financial implications. The Strategy will be delivered using existing resources wherever possible. Costs relate primarily to:**

- ✓ Training materials
- ✓ Communications and campaign development
- ✓ Event

## **11. Legal and regulatory Implications**

### **11.1 The new Strategy supports compliance with:**

- ✓ The Regulator of Social Housing Consumer Standards
- ✓ Equality Act 2010
- ✓ Housing Ombudsman recommendations relating to respect, fairness, and tenant voice

## **12. Risks and mitigations**

12.1 There following identified risks and can be mitigated as follows:

- Inconsistent staff understanding or adoption – Mitigated through mandatory training, toolbox talks, and strengthened induction.
- Limited tenant engagement – Addressed via targeted communications, accessible materials, and proactive outreach.
- Stigma persists within communities – Managed through ongoing campaigns, co-design activity, and continuous feedback loops.
- Insufficient organisational focus – Controlled through Board-approved success measures and quarterly performance reporting.

## **13. Health, Safety & Compliance Implication**

13.1 There are no health, safety and compliance implications associated with this new Strategy.

## **14. IT Implications**

14.1 There are no IT implications associated with this new Strategy.

## **15. Consultation & Co-creation**

15.1 Extensive consultation has taken place in developing this Strategy, including engagement with SLHD Heads of Service and Service Managers.

15.2 The new Strategy has been fully co-produced through the Joint Stigma Working Group, bringing together tenant lived experience and staff expertise to shape the Respect Standard, strategic actions, and communications approach.

15.3 The draft Strategy was also presented to the One Voice Forum (OVF), where it received highly positive feedback, with members welcoming SLHD's clear definition of stigma, the strength of the Respect-focused approach, and the wide range of practical, positive actions proposed to challenge and reduce stigma across our communities.

## **16. Diversity**

16.1 The new Strategy ensures all customers will be treated fairly, and reasonable adjustments made to tailor our services as required for customers and vulnerable customers.

## **17. Environmental Impact**

17.1 There are no environmental impacts related to this new Strategy.

## **18. Report Author, Position, Contact Details**

18.1 Jayne Hurley, Head of Housing Management, 01302 862592

**19. Background Papers**

19.1 The following materials / reports have been used in the development of this Strategy:

- Stop Social Housing Stigma National Campaign Toolkit (Journey Planner, case studies, research materials)
- Chartered Institute of Housing (CIH) “See the Person” Campaign



## **SLHD Embedding Respect – Tackling Stigma in Social Housing Strategy**

### **Our Commitment to Tackling Social Housing Stigma**

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Providing homes in neighbourhoods where people are proud to live.

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## **Our Commitment to Tackling Social Housing Stigma**

St Leger Homes is committed to challenging social housing stigma. We have established a joint Customer and Staff Working Group that brings together tenant lived experience and cross-directorate staff expertise. This ensures our work is both authentic and practical, embedding dignity and respect into service delivery.

Our approach aligns with the national Stop Social Housing Stigma Campaign and supports our wider commitment to fairness, inclusion, and respect. By combining professional insight with lived experience, we are shaping actions that challenge negative stereotypes, change perceptions, and promote dignity for every customer.

## **Purpose and Aim of the Stigma Strategy**

To provide a clear framework for challenging and reducing stigma associated with social housing by:

- Reshaping public perceptions
- Empowering tenants and staff
- Embedding respect, fairness, and inclusion into all services

## **Defining Stigma**

Stigma refers to negative attitudes, assumptions, and behaviours directed towards individuals or groups based on factors such as housing status, background, or personal circumstances. It creates barriers to equality, dignity, and inclusion.

In social housing, stigma may manifest through assumptions about tenants, disrespectful language, or unfair treatment. Our strategy aims to challenge these perceptions and ensure every customer is valued.

The Chartered Institute of Housing (CIH), with the See the Person campaign, defines social housing stigma as:

*A stigma attached to social housing as a “product”, to the organisations providing it, and to the people living in it.*

## **Our Stigma Mission Statement**

Our mission is to eliminate stigma in social housing by creating a culture of respect, inclusion, and equality. We commit to challenging stereotypes, amplifying tenant voices, and promoting positive narratives that celebrate diversity and lived experience. Through education, engagement, and partnership, we aim to build communities where every individual feels valued, empowered, and free from prejudice.

## **Strategic Foundations**

### **1. National Alignment – Stop Social Housing Stigma Campaign**

Our strategy aligns with this national, tenant-led movement established after the Grenfell tragedy. The campaign provides tools such as the Stigma Journey Planner, which we use to:

- Identify where stigma occurs
- Set organisational commitments
- Co-produce solutions with tenants

We also participate in the Social Housing Stigma Officers Group, sharing best practice, learning from sector-wide initiatives, and strengthening our approach.

### **2. Respect Standard and Commitments**

Co-produced by the Customer and Staff Working Group, the Respect Standard sets clear expectations for how colleagues interact with tenants. It supports SLHD's CORE values and represents a cultural shift towards fairness, inclusion, and dignity.

#### **Why It Matters**

Stigma isn't just a word, it impacts real lives, undermining trust, confidence, and dignity. It can damage trust and confidence in our services and creates barriers to dignity, fairness, and inclusion. In a nutshell, Stigma is not fair and brings negative stereotypes which harm tenant confidence and can damage relationships with service providers such as SLHD. By standing up to stigma and embedding respect in everything we do, we create stronger relationships and more inclusive communities.

But collectively and standing up to stigma we have the power to change that.

#### **Our Co-Created Respect Standard**

Respect means treating every individual, customer, colleague, or partner with dignity, fairness, and compassion.

#### **Our Commitments**

- ✓ Listen actively and without judgement
- ✓ Communicate clearly, kindly, and without bias
- ✓ Value lived experience
- ✓ Ensure consistency and transparency
- ✓ Uphold every person's right to feel safe, heard, and valued

#### **Organisational Commitments**

- ✓ Foster belonging in all communities
- ✓ Build a diverse workforce free from discrimination
- ✓ Engage customers meaningfully
- ✓ Understand and support customer needs

- ✓ Model excellence in inclusion and fairness

This Standard is not a set of guidelines, but a cultural shift that strengthens relationships and builds confidence in our services.

### **A Call to Action**

Respect Starts Here – Together We End Stigma.

Every conversation matters. Every action counts. Let's build communities where respect is the norm.

***#EndStigma #RespectStartsHere.***

### **3. Good Neighbourhood Charter**

The Charter defines shared standards and responsibilities that promote respect, pride, and inclusion across neighbourhoods. Together with the Respect Standard, it supports community cohesion and challenges stigma by promoting kindness, accountability, and collaborative problem-solving.

(See Appendix 1 for full Charter.)

### **Introducing Our Strategic Actions**

Our actions embed respect and challenge stigma across all services. They focus on co-creation, lived experience, and cultural change through training, engagement, and communication.

These include:

- ✓ Embedding the Respect Standard and Good Neighbourhood Charter
- ✓ Delivering anti-stigma awareness training
- ✓ Storytelling and lived experience campaigns
- ✓ Recognition initiatives that celebrate respect and empathy

### **Our Key Strategic Actions**

Embedding Respect Across Everything We Do

Respect is woven into every interaction, service, and initiative. By aligning the Respect Standard with the Good Neighbourhood Charter, we build dignity, fairness, and pride in social housing.

#### **A. Storytelling Campaign**

- ✓ Sharing real-life stories from tenants and staff across:
- ✓ Social media
- ✓ Internal platforms
- ✓ SLHD Spotlight articles

This challenges stereotypes and amplifies lived experience.

## **B. Standing Up to Stigma Day**

A flagship event featuring:

- ✓ Lived Experience Video Campaigns (“This Is Me”)
- ✓ Standing Up to Stigma Star Award

## **C. Training and Awareness: Tackling Stigma Together**

A comprehensive training programme for staff, tenants, contractors, and partners.

Staff training will cover:

- ✓ Understanding stigma and its impacts
- ✓ Embedding the Respect Standard and CORE values
- ✓ Challenging bias
- ✓ Communicating with empathy
- ✓ Real-life scenarios and roleplay

Delivered through workshops, e-learning, and reflective team sessions.

## **D. Customer Engagement**

Tenants will be able to participate in:

- ✓ Workshops on stigma and respect
- ✓ Peer-led lived experience sessions
- ✓ Co-design of service improvements and messaging

## **E. Contractor and Partner Induction**

A required Stigma Awareness Induction including:

- ✓ Respect Standard
- ✓ Expected behaviours on site
- ✓ Safeguarding dignity and privacy
- ✓ How to report concerns

## **Monitoring and Evaluation**

Progress will be reviewed through:

- ❖ Working group feedback
- ❖ Tenant surveys
- ❖ Campaign impact measures
- ❖ Updates to EMT, SLHD Board, and partners

*The strategy remains a live, evolving document.*

## **Success Framework**

Our framework sets measurable outcomes, indicators, and actions that ensure we achieve

meaningful impact. This supports continuous improvement and compliance with regulatory standards, ensuring transparency and accountability.

| Success Measure  | Key Actions  | Indicators  |
|--|--|---|
| <b>Higher tenant satisfaction on respect &amp; neighbourhood quality</b> | Embed Respect Standard and Good Neighbourhood Charter in service delivery. | Annual tenant satisfaction survey scores show improvement in respect-related questions. |
| <b>Reduction in stigma-related complaints</b>                            | Deliver anti-stigma training and monitor complaint trends.                 | Year-on-year decrease in complaints citing stigma or discrimination.                    |
| <b>Strong engagement from campaigns &amp; events</b>                     | Launch storytelling campaigns and host community-led events.               | Social media engagement metrics, event attendance figures, and feedback ratings.        |
| <b>Evidence of co-designed solutions implemented</b>                     | Facilitate tenant-staff working groups and track agreed actions.           | Documented action logs and implemented solutions reported in quarterly updates.         |

## Communications Plan

### Communications Objective

To challenge negative perceptions of social housing and promote dignity, fairness, and respect through consistent, inclusive, and tenant-led messaging.

### Purpose

Reshape perceptions by:

- ✓ Challenging stigma through storytelling and visibility.
- ✓ Empowering tenants and staff to speak out.
- ✓ Embedding fairness, dignity, and respect in all communications.
- ✓ Promoting the Respect Standard and Tackling Stigma Strategy.

### Communications Approach

#### 1. Messaging Framework

Align with the national Stop Social Housing Stigma campaign and CIH toolkit. Use consistent language around respect, inclusion, and tenant voice.

#### 2. Content Streams

**3. Storytelling Campaign:** Share real-life tenant and staff stories via video, articles, and social

media.

**4. National Campaign:** Publicise our commitment and use toolkit resources.

**5. SLHD Spotlight:** Showcase milestones and lived experience features.

**6. Respect Standard:** Promote standards and commitments.

**7. Stand Up to Stigma Day:** Launch event with video campaign, awards, and community engagement.

## Channels

**Internal:** Intranet, team briefings, email banners.

**External:** Website, social media, local press, community boards.

## Key Actions & Timeline

| Action   | Details  | Timeline               | Lead/Owner       |
|--|--|------------------------|------------------|
| <b>1. Set up Comms Group</b>                     | Form a cross-functional group including Housing Management, Comms Team, and tenant representatives. Define roles for messaging, content creation, and campaign oversight.  | August 2025            | HOHM/ Comms Team |
| <b>2. Audit Existing Messaging</b>               | Review all current channels (website, social media, printed materials, internal comms) for tone, language, and alignment with Respect Standard and anti-stigma principles.<br>Identify gaps and inconsistencies. | March 2026             | Comms Sub Group  |
| <b>3. Develop Messaging Framework</b>            | Create a set of key messages aligned with the Respect Standard and the national <i>Stop Social Housing Stigma</i> campaign.<br>Include language guidelines for dignity, fairness, and tenant voice.              | January 2026           | Comms Sub Group  |
| <b>4. Launch Lived Experience Video Campaign</b> | Roll out “This is Me – Tackling Stigma Together” campaign.<br>Collect stories from tenants and staff, produce short videos, and share across social media and internal channels.                                 | October 2025 & ongoing | Comms Group      |
| <b>5. Promote</b>                                | Build awareness through SLHD Spotlight,  | November               | Comms Team       |

| Action                                   | Details  | Timeline       | Lead/Owner                   |
|--|--|----------------|------------------------------|
| <b>Stand Up to Stigma Day</b>            | social media teasers, and community boards.  | 2025 & ongoing |                              |
|  | Share event details and encourage participation.   |                |                              |
| <b>6. Deliver Stand Up to Stigma Day</b> | Host the event featuring video showcases, community engagement activities, and “Stigma Star” recognition awards. Include live updates on social media. | March 2026     | HOHM/ OD/ Comms Sub Group    |
|  | Publish highlights, feedback, and next steps.  |                |                              |
| <b>7. Share Outcomes &amp; Legacy</b>    | Archive videos and campaign materials for future use.  | April 2026     | Comms Team / Comms Sub Group |
|  | Report impact metrics internally and externally.   |                |                              |

**Why this matters:**

This plan ensures consistent, visible, and inclusive communications that embed respect and challenge stigma across all platforms.

## Appendix 1 – Good Neighbourhood Charter

### Good Neighbourhood Charter



Our Good Neighbourhood Charter is a co-created agreement that sets out clear standards and shared responsibilities for creating safe, clean, and inclusive communities. Developed with tenants and staff it reflects our commitment to partnership, accountability, and mutual respect.

At St Leger Homes of Doncaster (SLHD), the charter guides how we work together to maintain neighbourhood quality, respond to concerns, and promote wellbeing across our estates.

Through this Good Neighbourhood Charter, we aim to:

- Define Standards
- Empower Residents
- Promote Collaboration
- Provide Clear Routes for action

Together, we will build neighbourhoods that are inclusive, well-maintained, and resilient places where people feel heard, supported, and proud to call home.

### SLHD Commitments

#### Respect and Responsiveness

- ✓ We will treat all tenants with dignity and respect in line with our CORE values and RESPECT Standard (detailed at appendix 1), tackle stigma by promoting inclusion and lived experiences, respond promptly and empathetically to concerns, foster positive neighbourly relationships through early intervention, and take a zero-tolerance approach to discrimination, harassment, and hate incidents.

#### Visibility and Accessibility

- ✓ We will maintain a visible presence in our neighbourhoods through regular estate walks, community engagement, and proactive outreach.
- ✓ We will ensure our services are accessible to all, including those with additional needs, and make reasonable adjustments where required.

#### Collaboration and Co-Design

- ✓ We will work in partnership with tenants, community groups and agencies to co-design local solutions, share updates, listen to feedback, and improve services through active participation in joint meetings and working groups.

#### Accountability and Transparency

## SLHD Tackling Stigma in Social Housing Strategy Feb26

- ✓ We will be transparent and accountable by clearly defining roles and decision-making processes, and regularly reporting on performance, action plans, and neighbourhood outcomes.

### **Safety and Wellbeing**

- ✓ We will take reasonable steps to keep communal areas safe, clean, and welcoming through regular inspections.
- ✓ We will act quickly on anti-social behaviour, hate incidents, and safeguarding concerns in partnership with relevant agencies.
- ✓ We will handle low-level noise issues separately from ASB, encouraging tenants to speak with their neighbours in the first where appropriate.

### **Continuous Improvement**

- ✓ We will commit to continuous improvement by learning from feedback, adapting practices, and contributing to policy and service reviews.

### **Neighbourhood and Housing management**

- ✓ We will carry out specific actions related to the upkeep of neighbourhoods, such as managing green spaces, enforcing tenancy conditions, dealing with noise nuisance and addressing anti-social behaviour.
- ✓ We will involve residents in design planning housing or regeneration projects

## **Tenant Commitments**

As tenants, we commit to working with SLHD and the wider community to create safe, and respectful neighbourhoods by sharing responsibility for positive behaviours and community standards, this includes:

### **Respecting Our Community**

- ✓ Treating neighbours, staff, and visitors with respect, courtesy and consideration.
- ✓ Discouraging anti-social behaviour and promoting tolerance.
- ✓ Taking pride in our homes, communal areas and shared spaces by keeping them clean, safe, and well-maintained.
- ✓ Tenants living in flats or maisonettes to be considerate of everyday noise, such as the use of washing machines, and to be mindful of how lifestyle choices may affect neighbours
- ✓ Reporting repairs, hazards, or concerns promptly

## **Engaging and Communicating**

Providing feedback, ideas, and concerns to help shape services and make our neighbourhoods

better.

- ✓ Taking part in surveys, forums, and consultations where possible including the One Voice Forum and tenant-led reviews.

### **Supporting Each Other**

- ✓ Looking out for vulnerable neighbours and contribute to a culture of kindness and mutual support.
- ✓ Promoting positive stories and challenge stigma around social housing.

### **Being Accountable**

- ✓ Understanding and following the terms of the tenancy agreement.
- ✓ Working with staff and partner agencies to resolve issues and improve services where required

### **Championing Inclusion**

- ✓ Respecting diversity and ensure everyone has a voice in shaping neighbourhoods.

SLHD are committed to ensuring our Neighbourhood Charter delivers real impact by:

## **Monitoring and Evaluation**

- ✓ **Using Key performance indicators (KPIs)** to track delivery of the charter, including:
  - Response times to ASB reports (low, medium, and high risk)
  - Satisfaction with complaint handling
  - Timeliness of tenancy support assessments
  - Accessibility and responsiveness of services
- ✓ **Gathering Tenant feedback:** through surveys, forums, and complaints analysis to monitor satisfaction with neighbourhood services
- ✓ **Key Learning:** using insights from complaints, Ombudsman reports, and tenant engagement to review policies and services, ensuring alignment with the Housing Ombudsman's recommendations and the Regulator of Social Housing's Neighbourhood and Community Standard.

### **Fact sheets**

- ✓ We provide a range of fact sheets available to help our tenants manage their homes more confidently, offering practical information and guidance on a variety of topics. These can be found on our website at [www.stleger.homes.co.uk](http://www.stleger.homes.co.uk)

**Working Group Addendum**

**Co- created by the Tackling Social Housing Stigma Customer & Colleague Joint Working Group**

SLHD has heard clearly that some tenants and customers don't always feel comfortable, content or valued, and we are committed to changing that.

We have joined the National Stand Up to Stigma campaign; to recognise and see the positive impact this can have for both staff and customers.

We are proud and happy to work in equal partnership with customers as we continue to normalise social housing and challenge outdated perceptions.

Our Stigma Group is an accomplished team of staff and customers who feel content, respected, safe, settled and comfortable working together and who are driving this culture change across SLHD.

DRAFT

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 2 April 2026

**Item** : 09

**Subject** : Dress Code Policy

**Presented by** : Steve Slater

**Prepared by** : Hannah Ruane

**Purpose** : Board to approve the Dress Code Policy.

### **Recommendation:**

Board to approve the new Dress Code policy.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**To the Chair and Members of the  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 09  
Date: 2 April 2026**

**1. Report Title**

1.1 Dress Code Policy

**2. Executive Summary**

2.1 This Dress Code Policy establishes the standards of professional appearance required of all St Leger Homes employees to ensure consistency, safety, and a positive representation of the organisation. It defines the expectations for both corporate workwear and non-corporate workwear roles, outlines responsibilities for maintaining appropriate attire, and specifies procedures for the issue, use, and replacement of workwear. The policy also details requirements relating to PPE, extreme weather conditions, and agile working environments, while ensuring that cultural, religious, disability-related, and pregnancy-related considerations are addressed in a fair, legally compliant, and proportionate manner.

**3. Purpose**

3.1 The purpose of this Dress Code Policy is to set out the standards of personal appearance expected of all St Leger Homes employees to maintain a professional, safe, and consistent corporate image. The policy provides clear guidance on appropriate attire, corporate workwear requirements, and personal presentation, ensuring these standards support operational needs, health and safety obligations, and the organisation's commitment to equality, diversity, and inclusion.

**4. Recommendation**

4.1 Board to approve new policy.

**5. Background**

5.1 This policy has been developed in response to concerns raised within the workplace, particularly during the summer months, regarding instances of attire that did not meet professional standards. It provides clear guidance on expectations for appropriate workwear to ensure consistency, professionalism, and alignment with organisational standards across all roles. Consideration was given to not creating a full policy and instead including a section on dress code in the Code of Conduct Policy, but guidance was thought to be too detailed to include as part as another policy.

- 5.2 St Leger Homes is also preparing to introduce corporate workwear for frontline services, subject to full employee consultation. This policy provides clear guidance on corporate workwear requirements for both employees and managers. It is acknowledged that the policy does not specify which roles will be included, the specific workwear items to be issued, or the quantity of items to be provided. These details will be determined through a comprehensive consultation process with Trade Union Representatives and affected employees once the policy has been formally approved. One Voice Forum Members have already been consulted and strongly support St Leger Homes making corporate workwear mandatory for front line services.

## **6. Procurement**

- 6.1 A corporate workwear supplier will need to be identified through required procurement procedures. PPE requirements will not change therefore, no need to procure additional PPE.

## **7. VFM Considerations**

- 7.1 Procurement will be responsible for securing the most cost-effective and high-quality supplier for corporate workwear, ensuring value for money and consistency across the organisation. The policy provides guidance on practices that support the longevity of workwear, including appropriate care, responsible use, and the requirement for employees to return corporate garments when leaving their role. Where returned items are clean, in good condition, and deemed nearly new, St Leger Homes will endeavour to reissue these as recycled workwear to other employees, contributing to cost efficiency and sustainability.

## **8. Financial Implications**

- 8.1 There will be financial implications as a result of introducing corporate workwear for front line services. For front line services the estimated upfront cost is £22,700 however, this will depend on individual team requirements therefore it is only an estimate at this point. Housing Management has previously approved budget for corporate workwear for the financial year 2026/2027 and remaining costs from other areas will be met from existing budgets. Future costs will incur which will be dependent on the longevity of items and requests of additional items due to wear and tear, size changes and pregnancy. Employees will be required to wash their own workwear and may be eligible for tax free relief from the Government.

## **9. Legal Implications**

- 9.1 Equality Act 2010 – ensuring that dress standards do not directly or indirectly disadvantage individuals with protected characteristics. The policy acknowledges this by setting expectations that are proportionate, by permitting reasonable adjustments (if safe to do so), and by ensuring that

cultural and religious dress considerations will be treated sensitively and fairly.

- 9.2 PPE regulations – these will continue to be adhered to, and it is not anticipated that there will be any change because of this policy.
- 9.3 Employment Law Considerations – the introduction of corporate workwear for designated employee groups may constitute a change to terms and conditions of employment. To ensure legal compliance and to avoid any risk of imposing unilateral contractual changes, full consultation will be undertaken with Trade Union Representatives and all affected employees prior to the formal implementation of this policy.

## **10. Other Risks**

- 10.1 Personal safety of those wearing St Leger Homes corporate workwear. Wearing corporate workwear could put individuals at more risk when working in our communities. This will need to be factored into consultation with impacted employees.
- 10.2 Equality Inclusion and Diversity implications - if not applied fairly and consistently, elements of the policy could inadvertently disadvantage individuals with protected characteristics, leading to potential discrimination claims.
- 10.3 Reputational risk - employees wearing corporate workwear outside of permitted circumstances, or in ways that misrepresent the organisation, may lead to reputational harm.
- 10.4 Employee reluctance or dissatisfaction to wear corporate workwear. Effective communication and meaningful consultation are key within this area.

## **11. Health, Safety & Compliance Implication**

- 11.1 Inappropriate clothing resulting in injury, the policy clearly outlines expectations and standards around suitable clothing and footwear including PPE (Personal Protective Equipment).
- 11.2 PPE – must be always worn when undertaking tasks which require PPE.

## **12. IT Implications**

- 12.1 An electronic log will be required to record all corporate workwear items issued to employees.

## **13. Consultation**

- 13.1 Trade Union Representatives and Heads of Services have been consulted on the content of this policy. Impacted employees and Trade Unions

Representatives will be fully consulted on corporate workwear implications and requirements prior to the formal implementation of this policy.

#### **14. Diversity**

- 14.1 St Leger Homes will give due consideration to the cultural diversity and religious beliefs of its employees when making decisions regarding expectations for personal appearance and requirements of corporate workwear.

#### **15. Communication Requirements**

- 15.1 Once the policy has been approved and full consultation has taken place, communications will go out to all employees via Insight.

#### **16. Equality Analysis (new/revised Policies)**

- 16.1 Equality impact analysis has been undertaken.

#### **17. Environmental Impact**

- 17.1 Laundering of corporate workwear however, employees launder personal clothes currently, so environmental impact is low.

#### **18. Report Author, Position, Contact Details**

- 18.1 Hannah Ruane, Head of People and Culture.  
[Hannah.ruane@stlegerhomes.co.uk](mailto:Hannah.ruane@stlegerhomes.co.uk)

#### **19. Background Papers**

- 19.1 Dress Code Policy



# POLICY DOCUMENT

## Dress Code

|  |  |
|--|--|
| <b>POLICY TITLE:</b>                               | <b>Dress Code Policy</b>               |
| <b>LEAD OFFICER:</b>                               | <b>Head of People and Culture</b>      |
| <b>DATE APPROVED:</b>                              | <b>TBC</b>                             |
| <b>APPROVED BY:</b>                                | <b>Executive Management Team/Board</b> |
| <b>IMPLEMENTATION DATE:</b>                        | <b>May 2026</b>                        |
| <b>DATE FOR NEXT REVIEW:</b>                       | <b>May 2031</b>                        |
| <b>ADDITIONAL GUIDANCE:</b>                        | <b>Other Human Resources Policies</b>  |
| <b>TEAMS AFFECTED:</b>                             | <b>All SLHD Employees</b>              |
| <b>THIS POLICY REPLACES WITH IMMEDIATE EFFECT:</b> | <b>N/A New Policy</b>                  |

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| 1    | 1.0     | 2026 | Head of People and Culture |

# DOCUMENT CONTROL

## Revision History

|                               |                            |
|-------------------------------|----------------------------|
| <b>Date of this revision:</b> | May 2026                   |
| <b>Date of next review:</b>   | May 2031                   |
| <b>Responsible Officer:</b>   | Head of People and Culture |

| <b>Version Number</b> | <b>Version Date</b> | <b>Author/Group commenting</b> | <b>Summary of Changes</b>             |
|-----------------------|---------------------|--------------------------------|---------------------------------------|
| 0.1                   | March 2026          | Pinnacle                       | 1 <sup>st</sup> draft policy creation |
| 1.0                   | April 2026          | Board                          | Approved by Board                     |

|      |         |      |                            |
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| 2    | 1.0     | 2026 | Head of People and Culture |

## 1. Policy Statement

- 1.1 St Leger Homes is committed to maintaining a professional, safe, and inclusive working environment.
- 1.2 The appearance of our employees plays a key role in promoting confidence in our services and reflecting our organisational values. All employees are therefore expected to present themselves in a manner that upholds a positive corporate image, supports health and safety requirements, and respects the diverse backgrounds, cultures, and identities of our workforce.
- 1.3 This policy sets clear expectations for dress, personal appearance, and the use of corporate workwear. St Leger Homes will take a fair, sensitive, and proportionate approach when considering individual needs related to job role, protected characteristics, cultural or religious expression, disability, pregnancy, gender identity, and reasonable adjustments.
- 1.4 Employees and managers share responsibility for ensuring that appearance standards are maintained consistently and respectfully across the organisation.

## 2. Introduction

- 2.1 This policy provides guidance on St Leger Homes expectations regarding dress and appearance. which reflects our professional standards and organisational values. Our aim is to portray a professional and corporate image within the workplace and when representing the organisation.
- 2.2 St Leger Homes recognise the importance of cultural diversity, and religious beliefs of its employees and will take a sensitive approach where this affects dress and workwear requirements. However, in considering dress and workwear requirements, priority will be given to health and safety, security, and other similar issues.

## 3. Scope

- 3.1 This policy applies to all employees including agency workers, volunteers and work placement students and is not exhaustive in defining acceptable and unacceptable standards of dress code and appearance.

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#### **4. Responsibility**

4.1 Clothing should be neat, clean, and tidy, and appropriate for the role the employee undertakes. Attire must always be suitable for the work environment.

4.2 Managers are responsible for ensuring that employees under their supervision maintain St Leger Homes' corporate branding in line with this dress code.

#### **5. Appropriate dress for employee who are not issued with corporate workwear**

5.1 Employees are expected to maintain a professional appearance by wearing attire appropriate to their workplace and role. Clothing, footwear, and accessories must not pose any health or safety risks.

5.2 Employees must dress appropriately for the duties they will be undertaking that day. For example, more casual clothing is acceptable for activities such as team away days. However, when attending meetings, employees are expected to wear suitable professional attire. Employees are expected to think about what they are wearing and whether it is appropriate.

5.3 Heads of Service will advise and guide employees upon appropriate dress in keeping with the roles within their service area.

#### **6. Unacceptable clothing and footwear**

6.1 The following items are examples of unacceptable clothing and footwear, either on the grounds of health and safety or company image. This list is not exhaustive:

- Sports or loungewear clothing (unless appropriate for specific activities such as community events)
- Beachwear
- Clothing bearing inappropriate, offensive, or potentially controversial logos, slogans, or graphics
- Clothing that is not of a sensible length, is unsuitable for the duties being performed, or may present health and safety concerns
- Footwear – flipflops

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## **7. Employees required to wear corporate workwear**

7.1 All front-facing employees at St Leger Homes are required to wear corporate workwear while undertaking customer-facing duties.

7.2 Corporate workwear is a practical and useful way in which customers can identify St Leger Homes employees. It also achieves a corporate consistency of dress standard and expectations.

7.3 St Leger Homes will not make any payment or provide reimbursement to employees for the cost of laundering corporate workwear. Employees are responsible for ensuring that workwear is kept clean and presentable. Employees are required to launder corporate workwear items in accordance with washing advice labels. Employees may be eligible for tax relief on the cost of cleaning, repairing, or replacing a uniform or specialist clothing. For more information, please visit [Claim tax relief for your job expenses: Uniforms, work clothing, and tools - GOV.UK](#).

7.4 St Leger Homes will replace worn out corporate workwear (subject to reasonable wear and tear). Service Managers will consider replacement workwear requests. Should corporate workwear become damaged through misuse or failure to follow washing advice labels, employees will be liable for replacement items.

7.5 Employees may be required to provide accurate size measurements and or try on garments to ensure the correct fit for corporate workwear.

7.6 If changes in size requirements occur, requests for replacement garments should be made to the appropriate manager. Pregnant employees will be supplied with appropriate replacement items of workwear if required.

7.7 Where appropriate, nearly new corporate workwear will be issued to employees where it is deemed economic to do so. Any such workwear will be clean and maintained in good condition.

7.8 Employees will not be disadvantaged on the grounds of gender, gender reassignment, race, religious belief, or disability in relation to corporate workwear requirements. Any employee who believes they may be adversely affected should raise their concerns with their manager. All concerns will be considered carefully, considering individual circumstances and any relevant health and safety implications.

7.9 Employees may purchase additional workwear items if they choose. St Leger Homes reserves the right to retain these items if the employee

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leaves the organisation, to protect the organisation from any misuse of its corporate identity.

7.10 Employees issued with corporate workwear must only wear these items while performing duties on behalf of St Leger Homes, including normal travel to and from work. It is recognised that employees may need to make brief stops on their journey to and from work, such as visiting a shop or collecting a dependant, which is permitted.

7.11 Corporate workwear must not be worn:

- When undertaking work for other organisations.
- In any way that misrepresents the individual as an employee of St Leger Homes.
- In situations where it could lead the public to believe that St Leger Homes participates in, or endorsing, external work or events.

7.12 Should an employee leave their role, all items of corporate workwear, including any items purchased by the employee, must be returned to the employee's line manager on their last working day in a clean condition.

7.13 If workwear items are not returned without reasonable cause, the Head of Service will be notified. In such cases, the original value of the retained items will be deducted from any pay owing to the employee upon termination of employment.

## **8. PPE (Personal Protective Clothing and Equipment)**

8.1 The provision of Personal Protective Equipment (PPE) is the responsibility of St Leger Homes. Each manager must ensure that any protective clothing and equipment identified in the risk assessment is made available to employees, in accordance with Health and Safety regulations.

8.2 Employees who occupy roles that require protective clothing must wear this clothing whenever performing their duties, as required by law or St Leger Homes policy.

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## 9. Extreme Temperatures

9.1 There is no legal minimum or maximum workplace temperature; however, guidance states that indoor workplaces should be at least 16 °C, or 13 °C where the work involves rigorous physical activity. St Leger Homes recognises that extreme temperatures may occur and will take appropriate steps to support employees in such conditions.

9.2 On occasions where extreme temperatures are anticipated, the standard dress code may be temporarily relaxed to allow employees to wear more suitable clothing. Any such arrangements will be communicated to all employees, together with guidance on expectations, including that clothing must remain of a sensible length.

9.3 In periods of extreme heat, smart tailored shorts for employees in non-trade roles are acceptable. However, beachwear, flip-flops, or any clothing that compromises professionalism is not permitted.

9.4 Employees must continue to dress appropriately for their role and any external meetings. PPE requirements must still be always adhered to. Managers may provide additional guidance based on operational needs.

## 10. Standards for Agile Working – Professional Appearance

10.1 When working in an agile or remote capacity, employees are required to maintain the same standards of professional appearance and conduct as would be expected when representing St Leger Homes in any physical workplace setting. This includes all participation in external facing or internal meetings conducted via Microsoft Teams, Zoom, or other video-conferencing platforms.

10.2 Employees must ensure that:

- Their appearance is professional and appropriate for their role and the nature of the meeting.
- Any St Leger Homes corporate workwear worn on camera is clean, presentable, and used in a manner that reflects the organisation's values and corporate identity.
- The background visible on video calls is suitable and does not undermine the professional image of St Leger Homes.
- St Leger Homes corporate background should be used whenever possible.

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## 11. Personal Appearance Concerns

- 11.1 If an employee's personal appearance causes concern, the line manager will refer the employee to this dress code policy. The employee will be given the opportunity to explain the reason for non-compliance.
- 11.2 If the employee continues to refuse to conform to the dress code without reasonable justification, action may be taken under the St Leger Homes Disciplinary Policy.
- 11.3 St Leger Homes will consider the cultural diversity and religious beliefs of its employees when making decisions regarding expectations for personal appearance. Any requirements set under this policy will be applied in a fair and proportionate manner, ensuring that individuals are not disadvantaged on the basis of protected characteristics.

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# ST LEGER HOMES OF DONCASTER

## Board Meeting Briefing Note

|                         |   |
|-------------------------|---|
| <b>Title:</b>           | Customer Access Strategy – Review of Actions                |
| <b>Action Required:</b> | That Board note the progress and approve actions for Year 2 |
| <b>Item:</b>            | 10  |
| <b>Prepared by:</b>     | Jackie Linacre, Head of Customer Services                   |
| <b>Date:</b>            | 02 April 2026   |

### 1. Purpose

- 1.1 This update provides Board with an overview of progress made in Year 1 against the actions in the Customer Access Strategy. It also sets out the Year 2 actions for Board's approval.

### 2. Executive Summary

- 2.1 Delivery of the Year 1 actions of the Customer Access Strategy has strengthened our core customer access offer and is already improving the customer experience. Most actions are complete, including stabilising access channels, improving digital information and support, and enhancing translation and interpretation, training and service resilience. This has resulted in higher satisfaction with the Customer Access Team and improved ease of contacting the right person.
- 2.2 A small number of actions have been carried into Year 2, mainly because they depend on wider corporate digital programmes or feedback data to ensure informed decision making before any change – these include the customer portal, chatbot, repairs self-service and customer service protocols.
- 2.3 Year 2 will focus on progressing the digital-dependent actions, rolling out improved phone standards, to the ongoing programme of collecting, analysing and using customer-related data to shape service access.
- 2.4 These activities will ensure continued compliance with Consumer Standards, provide more consistent access across all channels, and support continued improvement in customer experience.

### 3. Background

3.1 The Customer Access Strategy 2025–2029 was approved by Board and sets out how we will modernise how customers contact SLHD making more use of digital access but retaining traditional methods of access to ensure services remain accessible, consistent and responsive as customer expectations evolve. The strategy sets out a clear direction for improving the overall customer experience by stabilising core access channels, expanding digital options, and strengthening understanding of customer needs across all services.

The aims of the Strategy are to:

1. Improve the overall customer experience;
2. Make it easier for customers to do business with us;
3. Increase the use of digital channels and self-service;
4. Better understand our customers to deliver tailored, accessible services.

3.2 During Year 1 of the Strategy customers have continued to access our services through a multiple number of channels of choice and since 1<sup>st</sup> April 2025 to March 2026 we have dealt with the following enquiries, for a range of different services.

The table evidences sustained demand across several channels, confirming the importance of the Customer Access Strategy’s focus on strengthening core routes while progressing digital enhancements. It also shows that customers continue to need choice—digital, phone, and face-to-face.

|                                  | <b>24/25</b>              | <b>25/26 (as at 25/3/26)</b> |
|----------------------------------|---------------------------|------------------------------|
| Phone calls through Liberty      | 168,465                   | 158,315                      |
| Enquiries through Facebook       | 133                       | 68                           |
| Face to Face Enquiries           | 13, 713                   | 17,492                       |
| Contact Us (Website)             | 6687                      | 5146                         |
| My Access Portal                 | 6472                      | 4995                         |
| Email (recorded in Liberty only) | (not available for 24/25) | 22,195                       |

3.3 Year 1 of delivery of the Strategy focused on actions that stabilised and strengthened access channels, enhanced digital capability, and embedded customer-centred approaches across Directorates. This report outlines progress against each action area.

### 4. Progress Overview

4.1 Overall progress during Year 1 has been good, with the majority of actions completed and early benefits now visible across our customer access routes. Year 1 delivery has strengthened core access and contact management, with improvements to digital information, translation and interpretation support, and staff training making it easier for customers to contact us and receive a consistent response. This momentum is helping us deliver the core aims of the Customer Access Strategy—making it easier for customers to contact us, improving service consistency, and will ensure we remain focused strengthening

digital access.

4.2 Out of 25 actions for delivery:

- 16 have been completed;
- Two are on-going actions linked to data and customer feedback;
- One action has not yet been started and will be delivered in Year 2 (virtual viewings pilot).
- Six actions have been delayed, four of which have commenced (portal, chatbot and repairs self-service, videos to support self-service) but were delayed due to other organisational priorities and are supplier dependent projects. All six delayed projects will be carried forward to the Year 2 action plan;
- Two actions have yet to start as they are dependent on the embedding of other actions linked to mystery shopping (review direct access channels and customer protocols for direct back-office access).

4.3 A detailed report of progress against each of the Year 1 actions is attached at Appendix A

4.4 The improvements made to date directly support our compliance with the Regulator of Social Housing's Consumer Standards by enhancing the quality, accessibility and responsiveness of our services.

4.5 As we move into Year 2, this positions us well to continue improving customer experience, embedding insight-led decision-making, and ensuring customers can access our services in ways that meet their needs.

4.6 Transactional feedback demonstrates that the improvements made in Year 1 are already enhancing the customer experience. Satisfaction with the Customer Access Team is good and Transactional Satisfaction feedback reinforces these improvements, with overall satisfaction with the Customer Access Team rising to 74.16% (April 2025 to end February 2026) compared to 72.42% in the previous year. Customer satisfaction with how easy it is to get through to the right person has also improved, to 76.42% compared to 74.65% in 24/25 and satisfaction with the knowledge of the Customer Access Team has increased from 75.95% in 24/25 to 78% in 25/26.

4.7 These positive movements sit alongside the gains seen in our statutory TSMs in 25/26, where satisfaction with being kept informed, being listened to, and being treated fairly have all increased. Together, this provides strong evidence that customers are experiencing the benefits of the Customer Access Strategy through more consistent contact, clearer information and more responsive services.

## **5. Year 2 actions**

5.1 Looking ahead to Year 2, the focus will be on building on the strong foundations established in Year 1 and progressing the remaining strategic actions as well as delivering new ones to improve our existing channels. The Year 2 actions are attached at Appendix B.

5.2 Key priorities include completing the IT dependent elements of the strategy and delivering actions that are lined to this This will enable delivery of the new customer portal, chatbot, and enhanced self-service options—vital components of improving customer access and meeting rising customer expectations.

5.3 We will continue to strengthen digital inclusion and support, making it easier for customers to transact online while ensuring that non-digital routes remain accessible and responsive. The rollout of updated phone protocols, informed by mystery shopping findings, will improve

service consistency across directorates. Work on data and insight will continue as a multi-year priority, embedding a clearer understanding of customer needs and enabling more tailored services.

- 5.4 Data and insight work is embedded and multi-year. The Data Smart Strategy and customer co-design actions are by design ongoing and already informing the Communications and Customer Voice and other strategies and the Repairs Delivery Charter. and supporting customer access in changes to how we deliver services.
- 5.5 Whilst the Repairs Charter focuses on how we deliver repairs and the standards we work to, it remains closely linked to the Customer Access Strategy: these service standards directly shape the way customers experience contacting us—particularly how consistently they can reach the right service, how clearly we communicate, and how reliably we respond across all access channels. Strong practice in repairs therefore contributes to improved customer access.
- 5.6 The rollout of the updated phone protocols, informed by mystery-shopping findings, will further enhance consistency across directorates. Alongside this, our multi-year programme of data and insight work continues to build a deeper understanding of customer needs, enabling us to design and deliver services that are more tailored, accessible and responsive.
- 5.7 Year 2 will also see a focus on further improving the customer experience through enhanced staff training, increased use of customer insight, and closer alignment of access improvements with the Consumer Standards—particularly around Quality, Safety and Customer Engagement.

## **6. Recommendations**

- 6.1 That Board note the update and approve the Year 2 actions

## **7. Author: Jackie Linacre, Head of Customer Services**

## **8. Background Papers: Customer Access Strategy 2024 - 2029**

## CUSTOMER ACCESS STRATEGY – 2025 TO 2029 YEAR 1 ACTIONS

| ACTION TO BE TAKEN:   | AS A RESULT, WE WILL:  | Delivery Year |  | Lead Officer     |
|---|--|---------------|--|------------------|
| Implement a revised mystery shopping experience to gauge the level of service provided at key access points. Carried over from the previous Strategy. | Ensure we have a mechanism to that provides independent check and challenge on how we are delivering our services at our key access channels so customers can benefit from consistently high standards across all access points.   | Completed     | Mystery shopping went live in November 2025 and includes a number of access points.  | HOCS             |
| Pilot virtual viewings using video films.   | Improve the customer experience by offering an immersive experience with 360-degree views and virtual walkthroughs, giving a realistic and detailed view of the property, without the need for the customer to visit the property. | October 2025  | Not yet commenced due to other priorities and embedding of Housing One. The approach is to be used for hard to let properties. The action will carry over into Year 2.   | HOAH             |
| Provide clear instructions and support for customers to use digital and self-service channels.  | Ensure that customers are not excluded from accessing our services digitally and we increase the number of digital transactions.   | Completed     | The advice on the My Access Portal has been updated on the Web. A link has been built within the portal for customer contact should any customers experience difficulty. | HOCS             |
| Work collaboratively across teams to build the knowledge of the Customer Access Team (CAT)  | Support the delivery of right first-time advice at the first point of contact and improve the customer experience,   | Completed     | This is an on-going action. Regular cross Directorate meetings were introduced in May 2025 to promote knowledge sharing and to exchange updates on on-going              | HOCS and All HOS |

|  |  |                                     |  |      |
|--|--|-------------------------------------|--|------|
|  | reducing the need for follow up access.  |                                     | projects. Regular meetings take place with colleagues in Property Services to support the delivery of first point of contact services. Property Services Team Leaders have attended CAT team meetings to provide spotlight sessions to support knowledge and the CAT Team Leaders have regular meeting with Housing Team Leaders. Q3 25/26 cumulative satisfaction with knowledge of the Customer Access Team is 78%.  |      |
| Putting protocols in place across the organisation to ensure the same level of access and quality of service when using direct phone contact to back-office teams. | Ensure consistency of customer service regardless of which channel of access the customer chooses.   | Delayed as linked to other actions. | This will be developed following feedback from the mystery shopping exercises, which includes testing of phone calls to 'back office' direct line numbers. <b>This will carry over into Year 2 with a view to completing in July 2026.</b>   | HOCS |
| Invest in staff training to improve the customer experience by emphasising the value of customers in any contact.  | Support the delivery of right first-time advice at the first point of contact so customers benefit from knowledgeable and well-trained staff to improve the customer experience. | Completed                           | Training was delivered in November 2024 to the CAT on how to effectively manage customers at the first point of contact. Training has recently concluded for all complaint service investigating officers focusing on communication, quality of responses and learning from complaints. An awareness raising session on customer feedback was delivered at the Housing and Customer Services Connect day in November 2025. Further training on customer excellence is in the process of being developed for colleagues in Property | HOCS |

|   |   |           |  |      |
|---|---|-----------|--|------|
|   |   |           | Services with a view to delivering in 2026. A Repairs Charter has been produced and will go live in April 2026 – this focuses on the standards of service to be delivered by repair teams before, during and after a repair has been completed. Trade staff and customers have been involved in co-creating the Charter.   |      |
| Promote the use of home visits, where other channels are not accessible, to our customers.  | Ensure that all our customers regardless of their personal circumstances are able to access the services they need.   | Completed | Website updated to promote. Article in HouseProud Magazine January 2026 and promoted on Facebook.  | HOCS |
| Implement a number of digital support days using digital champions from across the business to support with digital access training across the borough. | Enhancing digital literacy among our customers, increasing the adoption of digital services, and ensuring that all customers, regardless of their proficiency with technology, can access our services efficiently and effectively. Customers will become more confident in using digital services, leading to greater adoption and satisfaction. | Completed | The Customer Involvement Team run regular drop-in sessions at Denaby Community Library – we have supported customers to register with HomeChoice and helped them to access the CBL bidding system showing them what properties are available to them at that time and how they 'place' their bid. We have provided support on Excel to support budget monitoring. The Customer Involvement Team worked with Digital Doncaster, for 6 weeks supporting the Toll Bar Tara. The CIT also facilitated a basic digital skills workshop with the members of the Barnby Dun TARA, which was also open to others in the community. | HOCS |

**Making it easier for customers to do business with us: Simplifying processes and reducing barriers for customers, while ensuring that our services are accessible and inclusive for all, regardless of diverse backgrounds and needs.**

| ACTIONS TO BE TAKEN:  | AS A RESULT, WE WILL:   |                                    |  |             |
|---|---|------------------------------------|--|-------------|
| Rationalise the number of email addresses available for customers to contact us and review who responds.                    | Ensure customers are clear about which email address to use and will increase accountability and ownership for the enquiry across teams.  | Completed                          | We have moved away from publishing direct email addresses on our website to the use of contact us forms. All email addresses for generic enquires are monitored by the Customer Relations Team to ensure they are acknowledged and filtered through Liberty where they are tracked and either responded to by the Customer Access Team or directed to the relevant Service area. | HOCS        |
| Investigate opportunities to use Liberty Converse CX to support improved access to services via the call management system. | Enhance the accessibility and usability of our services.  | Completed                          | Investigations have been completed and we are now working with CDC to use Liberty Connect+ to support improved access to services. We will take a pilot approach to providing automated telephony services and chat bot access for general enquiries. This follow on action will be delivered in Year 2.   | HOCS        |
| Review direct access channels to back-office services to ensure they are accessible and easy for customers to use.          | Ensure consistency of customer service and a customer first approach regardless which area of the business the customers is dealing with. | Delayed as linked to other actions | This action was linked to the implementation of the revised mystery shopping procedures. Service using direct access channels will be tested as part of the revised mystery shopping procedures and feedback will be used to inform any improvements. <b>This will carry over into Year 2 with a view to completing in August 2026.</b>  | HOCS/HoITBT |

|  |  |           |   |           |
|--|--|-----------|---|-----------|
| Review the range of self-service terminals and ease of access at Civic and Balby Bridge receptions.  | Improve self-service access and reduce the wait time for customers at our receptions.  | Completed | Service provision at the Civic has been reviewed as part of the Service Level Agreement monitoring with the City of Doncaster Council and actions proposed to improve customer service.   | HOCS      |
| Review technology in place for customers to contact for emergency reasons during telephony outages, during and outside of normal office hours.   | Ensure continuity and reliability of services for customers to be able to access critical services.  | Completed | The upgrade to Liberty Converse CX has strengthened our contact centre resilience. With the system now securely cloud-hosted and supported by robust backup servers, customers can rely on our main contact number being continuously available, whether staff are working on-site or remotely  | HoITBT    |
| Review the use of CRM and implement any required procedural changes, to ensure all relevant interactions are being captured within Open Housing. | Ensure we are compliant with the recommendations of the housing ombudsman's KIM spotlight report and have full transparency of all customer interactions to ensure we improve the customer experience and nothing is missed which will impact on the customer. | Completed | Article communicated to all employees about KIM and the need to ensure that CRM is updated. Same messaging has been reinforced at complaint training sessions and as part of the previous EMT feedback emails. Open Housing has been upgraded and to support this familiarisation training for all users includes how to record all interactions in the system. This will also be reinforced at face-to-face training sessions. | HOCS      |
| Ensure those without telephone access can reach key services through a phone point linked to an area office.                                     | Customers who do not have access to a telephone will still be able to reach essential services. This will ensure that all customers, regardless of their personal circumstances, can access  | Completed | Phones are available at our 3 reception points, James Street, the Vermuyden Centre and the Civic Office for customers to use.   | HOCS/HOHS |

|  |  |           |  |         |
|--|--|-----------|--|---------|
|  | the support they need, leading to a more inclusive and equitable service delivery.                     |           |  |         |
| <b>Increasing the use of digital channels and self-service: Encouraging customers to use digital methods for accessing services.</b>     |  |           |  |         |
| <b>ACTIONS TO BE TAKEN:</b>  | <b>AS A RESULT, WE WILL:</b>   |           |  |         |
| Improve current access to services using digital channels by either improving the existing portal or replacing with an improved channel. | Enhance the user experience and functionality of digital services to increase take up of self service. | July 2025 | Commenced but delayed. Our plan is to significantly enhance the customer digital experience by procuring a new customer portal (date awaited from the supplier) . The enhanced platform will allow customers to complete forms, manage cases and receive communications online, supporting our ambition to offer a modern, convenient ‘digital-by-choice’ service. Progress on this project was temporarily delayed due to the organisational focus on the One Housing upgrade, but work has now recommenced and is moving forward within our wider digital transformation programme. <b>This will carry over into Year 2 . Delivery to be determined following discussions with the supplier.</b> | HoIT&BT |
| Implement self-service for the end-to-end repair process.  | Improve customer access to a key service area at a time that suits their needs,                        | July 2025 | Commenced but put on hold pending the review of the My Access Portal. <b>This will</b>   | HORM    |

|  |   |                |   |      |
|--|---|----------------|---|------|
|  | reducing demand in the customer access team.  |                | <b>carry over into Year 2. Delivery to be determined following discussions with the supplier.</b>   |      |
| Promote the use of digital channels and the benefits using a range of media.                 | Increase awareness of the different ways in which customers can access our services and increase the use of self service to free up resources for more complex enquiries.   | Completed      | Promotion is on-going within HouseProud and on Facebook. The last promotion was in the February 2026 edition of HouseProud.   | HOCS |
| Produce a series of videos to support and encourage customers to access our services on-line | Support customers who may not feel confident access our services digitally or who may not be aware of the different access channels they can choose from. Customers will feel more confident and informed about digital services. | September 2025 | Delayed as this is linked to the implementation of the new Customer Portal and Chatbot. <b>This will carry over into Year 2. Delivery to be determined following discussions with the supplier.</b>                                     | HOCS |
| Communicate the safety and reliability of on-line services to encourage adoption             | Build trust and confidence in digital services to increase the number of transactions carried out digitally.  | Completed      | Access to services, including reliability of security was promoted in HouseProud magazine December 2024, a full article on data and keeping it secure in January 2025 edition of HouseProud and more recently in February 2026 edition. | HOCS |

|  |   |                      |  |       |
|--|---|----------------------|--|-------|
| Signpost programmes to help customers develop digital skills, co-ordinated from our partners across Doncaster.               | Support customers who may not feel confident access our services digitally to ensure that all customers have the skills and knowledge to be able to access services online to increase the take up of self-service options.         | Completed            | Completed and digital programmes successfully delivered across the City. We are currently investigating how we can continue to support access to digital training.   | HOCS  |
| <b>Understanding our customers better: Gathering insights to tailor services to meet the needs of customers.</b>             |   |                      |  |       |
| <b>ACTIONS TO BE TAKEN</b>   | <b>AS A RESULT, WE WILL:</b>  |                      |  |       |
| Review our translation and interpretation services to ensure they are fit for purpose and re-launch across the organisation. | Reduce any language barriers to accessing our services and ensure all employees are aware of their role and of the support available to support all customers who speak a different language to have better access to our services. | Completed            | We reviewed our translation and interpretation offer in 2025 and confirmed it remains fit for purpose. SLHD has extended the SLA with the Council's Interpretation and Translation Unit, including new data-gathering on translation usage, and agreed to continue using The Big Word for telephone translation. | HOP&C |
| Implement the use of VoiceScape to contact customers where we have gaps in the profile data and insight.                     | Improve the completeness and accuracy of customer data so that customers can benefit from a more tailored service delivery.   | April 2025 Commenced | Commenced- Awaiting outcome of request to suppliers about the feasibility to use automated telephony to fill data gaps. <b>This will carry over into Year 2. Completion date will be determined following further discussions with the supplier.</b>   | HOCS  |

|   |   |                                   |   |                |
|---|---|-----------------------------------|---|----------------|
| <p>Implement the Data Smart Strategy</p>  | <p>Ensure the organisations is using data effectively to improve services and the customer experience.</p>  | <p>On-going through to 2027</p>   | <p>Delivery of the Data Smart Strategy continues towards 2027, with tangible benefits already being realised. Insights from TSM feedback and complaints have directly shaped key strategies, including Communications, Customer Voice and ASB. Complaint data has also driven service improvements such as enhanced staff training and the introduction of the Repair Visiting Charter, strengthening our focus on learning and continuous improvement.</p> | <p>ALL HOS</p> |
| <p>Work with customers to identify areas where they believe there are shortcomings in service access and put in place actions to address these.</p> | <p>Identify opportunities, informed by customer feedback, to improve access to services and identify opportunities to co-create solutions to provide solutions that benefit the customers specific needs.</p> | <p>This is an on-going action</p> | <p>We continue to use customer data and feedback to help inform policies and strategies. Recent examples include the Communication Strategy and the Customer Voice Strategy.</p>  | <p>ALL HOS</p> |

**APPENDIX B**

**CUSTOMER ACCESS STRATEGY – YEAR 2 ACTIONS**

| <b>ACTION TO BE TAKEN:</b>  | <b>OUTCOMES:</b>   | <b>Delivery Target</b>  | <b>Lead Officer</b> |
|---|--|---|---------------------|
| Pilot virtual viewings using video films.   | Improve the customer experience by offering an immersive experience with 360-degree views and virtual walkthroughs, giving a realistic and detailed view of the property, without the need for the customer to visit the property. | March 2027  | HOAH                |
| Implement protocols across the organisation to ensure the same level of access and quality of service when using direct phone contact to back-office teams. | Ensure consistency of customer service regardless of which channel of access the customer chooses.   | October 2026  | HOCS                |
| Review direct access channels to back-office services to ensure they are accessible and easy for customers to use.  | Ensure consistency of customer service and a customer first approach regardless which area of the business the customers is dealing with.  | November 2026   | HOCS                |
| Improve current access to services using digital channels by either improving the existing portal or replacing with an improved channel.                    | Enhance the user experience and functionality of digital services to increase take up of self service.   | Commenced, delivery date to be determined in liaison with the supplier. | HoIT&BT             |
| Implement self-service for the end-to-end repair process.   | Improve customer access to a key service area at a time that suits their needs, reducing demand in the customer access team.   | Commenced, delivery date to be determined in liaison with the supplier. | HORM                |

|  |   |  |         |
|--|---|--|---------|
| Produce a series of videos to support and encourage customers to access our services on-line   | Support customers who may not feel confident access our services digitally or who may not be aware of the different access channels they can choose from. Customers will feel more confident and informed about digital services. | October 2026                                   | HOCS    |
| Implement the use of VoiceScape to contact customers where we have gaps in the profile data and insight.   | Improve the completeness and accuracy of customer data so that customers can benefit from a more tailored service delivery.   | To be determined in liaison with the supplier. | HOCS    |
| Implement the Data Smart Strategy  | Ensure the organisations is using data effectively to improve services and the customer experience.   | On-going through to 2027                       | ALL HOS |
| Work with customers to identify areas where they believe there are shortcomings in service access and put in place actions to address these.                   | Identify opportunities, informed by customer feedback, to improve access to services and identify opportunities to co-create solutions to provide solutions that benefit the customers specific needs.                            | March 2027                                     | HOCS    |
| Work with customers to better understand barriers to accessing services for people who do not have the skills, confidence or money to access digital           | The design of inclusive, accessible service options and targeted support that ensures all customers can engage with services regardless of digital capability or affordability.   | December 2026                                  | HOCS    |
| Investigate the introduction of assisted support at face-to-face service points for customers with low literacy.   | Customers with low literacy can access services more easily through tailored, in-person support that helps them understand information and complete tasks independently.  | November 2026                                  | HOCS    |
| Produce an on-line A-Z guide or internal “service map” showing each Service or Department, what they are responsible for and where they interface with others. | To ensure the roles of different teams are fully understood through the business ensuring enquiries are not inadvertently passed around the business.   | March 2027                                     | HOCS    |

|   |  |                |        |
|---|--|----------------|--------|
| Map customer journeys in consultation with customers to understand where issues and frustrations arise, and where some customers may face barriers to equal access. | A view of where customers face barriers in their service journeys, enabling targeted improvements to ensure equal access.  | September 2027 | HOCS   |
| Fully implement and embed the Customer Support and Accessibility Policy across the organisation.  | Customers receive consistent, accessible support tailored to their needs, improving fairness and removing barriers when accessing services.                                | March 2027     | HOHS   |
| Produce clear guidance for colleagues about ways to support customers with language and other barriers to access services.  | Customers receive consistent, accessible support, with staff confidently addressing language and other access barriers to make it easier for customers to use our service. | March 2027     | HOP&C  |
| Implement improvements to access services via voice from satellite offices.   | Customers experience consistent, high-quality voice access from satellite offices, making it easier to get the help they need locally.                                     | December 2026  | HOHM   |
| Introduce a cross-service <i>“First Contact Resolution Framework”</i> with clear expectations for all teams when handling customer queries.                         | To ensure clear, accessible routes and ownership.  | February 2027  | HOCS   |
| Publish digital safety advice to support customers to access our services on-line   | Increase in numbers accessing services digitally through the building of trust in access on-line services  | March 2027     | HOF&BA |
| Working with the Customer Engagement Team and established community groups create “Community Access Hubs” on estates with low engagement                            | Improved access and engagement for customers in low-engagement areas through local, face-to-face support points.   | March 2027     | HOCS   |
| Create a simple “Getting Help in Your Language or Format” guide and ensure all access points (phone, web, reception) can offer it instantly.                        | Supports the Customer Support & Accessibility Policy and directly improves access for customers who face communication barriers.   | January 2027   | HOCS   |
| Work with customers to co-create the Customer Charter Service Standards   | To ensure service standards are visible and meaningful   | June 2026      | HOCS   |

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **BOARD Meeting REPORT**

**Date** : 02 April 2026

**Item** : 11

**Subject** : Tenant Voice Strategy

**Presented by** : Jane Davies, Director of Housing and Customer Services

**Prepared by** : Jackie Linacre, Head of Customer Services

**Purpose** : To seek approval of the Tenant Voice Strategy 2026 – 2030 and the Year 1 actions.

**Recommendation:** Board approve the Tenant Voice Strategy 2026 – 2030 and Year 1 action plan.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**To the Chair and Members of the  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 11  
Date: 02 April 2026**

**1. Report Title**

1.1 Tenant Voice Strategy 2026 - 2030

**2. Executive Summary**

2.1 The Tenant Voice Strategy 2026–2030 provides a clear and structured approach for strengthening how tenants influence St Leger Homes’ services, priorities and decision-making. The Strategy guides how tenant input is gathered, acted upon and reported through our governance arrangements over the next four years.

2.2 Developed through consultation with tenants and staff, the Strategy reflects what customers told us matters most to them—being able to contact us easily, receive timely and clear communication, and see their feedback lead to meaningful change.

2.3 It aligns with the Consumer Standards issued by the Regulator of Social Housing and recommendations coming out of our most recent successful Tpas exemplar accreditation.

2.4 The Strategy sets out three strategic objectives focused on widening opportunities to get involved, demonstrating the impact of tenant insight, and ensuring that tenant voices reflect the full breadth of our customer base to ensure that engagement is inclusive, accessible and representative of our diverse communities.

2.5 Year 1 actions to deliver the overall aims and objectives are included in the Strategy document and include any actions that have carried forward from the 2022 to 2026 current Strategy.

**3. Purpose**

3.1 To seek approval of the Tenant Voice Strategy for 2026 - 2030 and the Year 1 actions.

**4. Recommendation**

4.1 That Board approve the Tenant Voice Strategy 2026 – 2030 and Year 1 actions.

## 5. Background

- 5.1 The *Tenant Voice Strategy 2026–2030* sets out a clear and structured programme for how St Leger Homes will strengthen tenant influence over the next four years. It replaces the current Strategy, which expires in 2026, and aligns closely with both the *Corporate Plan 2024–2029* and the Consumer Standards issued by the Regulator of Social Housing.
- 5.2 The Strategy provides the organisation with a coherent framework for ensuring that tenant insight directly shapes decisions, service delivery and organisational accountability, and that this is visible to tenants and to the Board.
- 5.4 The Tenant Voice model, set within and underpinning the Strategy, not only sets out the channels through which tenants are involved but also shows how the different involvement groups and forums interrelate to create a coherent system of insight. This integrated structure ensures that tenant views from a wide range of demographics, neighbourhoods and experiences are captured consistently and then channelled through our governance arrangements. For the Board, this joined-up model provides a clear and dependable line of sight.

## 6. 2026 - 2030 Tenant Voice Strategy

- 6.1 A copy of the Tenant Voice Strategy 2026 – 2030 is attached at Appendix A. This sets out the overall aim of the Strategy, our strategic objectives and actions we will take to deliver the Strategy.
- 6.2 The strategic aim of the Strategy is “*to ensure every tenant can easily and confidently influence our services by providing accessible, inclusive and meaningful opportunities to be involved, and by clearly demonstrating how tenant views shape decisions, improve services, and strengthens accountability*”.
- 6.3 The objectives to deliver this overall aim are:
- We will make involvement easy and accessible for all;
  - We will strive to ensure involvement leads to real change—and tenants can see the impact;
  - We will make sure tenant involvement reflects the full diversity of our communities — not just the people who usually take part.
- 8.5 An update report against these actions will be reported in April 2027, at which point actions will be proposed for Year 2 of the Strategy for approval.
- 8.6 There is only one action outstanding from the current Strategy which is to ensure a plan for delivery for professional housing qualifications for all relevant staff. This will be actioned as part of the People Strategy and will comply with the Social Housing Regulator’s Conduct and Capability Standard.

## **9. Procurement**

- 9.1 This will be considered in any proposed business case where actions within the Strategy impact on the procurement of services.

## **10. VFM Considerations**

- 10.1 One of the aims of the Strategy is to increase the options for digital access to our services. Digital access allows for the automation of routine transactions which can improve the use of resources and free staff to focus on more complex enquiries.

## **11. Financial Implications**

- 11.1 There are no financial implications directly associated with this report. Should any actions to be progressed have financial implications these will be identified at project stage and will be reported through the Digital Transformation Board to EMT for consideration.

## **12. Legal Implications**

- 12.1 The Strategy directly supports our legal duty to comply with the Regulator of Social Housing's Consumer Standards, including the recently updated Tenant Voice and Influence Standard.
- 12.2 Implementing the Strategy will help demonstrate that SLHD is offering diverse, accessible, and meaningful opportunities for tenants to influence services and decisions.

## **13. Risks**

- 13.1 There are no direct strategic risks attached to approving the Tenant Voice Strategy itself. Any risks emerging at the delivery stage of specific actions and will be managed through SLHD's established project and risk management procedures.

## **14. Health, Safety & Compliance Implication**

- 14.1 N/A for this report.

## **15. IT Implications**

- 15.1 Progress and risks related to any IT dependent actions will be monitored and reported through the Digital Transformation Board, ensuring governance, prioritisation and alignment with SLHD's wider digital programme.

## **16. Consultation**

- 16.1 The aims and objectives in the Strategy and the actions to deliver these, were co-created by a cross section of tenant representatives from the One Voice Forum, the Tenant Scrutiny Panel and Tenant and Resident Associations.
- 16.2 Further consultation was also undertaken by directly contacting discreet tenant groups to ensure the views of a cross section of our tenants informed the final document. These included younger persons, tenants aged 60+, tenants with disabilities, tenants who had previously expressed dissatisfaction following satisfaction surveys asking how we could better involve our tenants, tenants from diverse ethnic groups and members of the Get Involved Group.
- 16.3 This additional consultation only provided limited responses. One of the key actions arising from the Strategy therefore will be the co-creation of an organisation-wide consultation model that sets out who we consult, when we consult, and the most appropriate methods to use to improve response rates. This will bring consistency to how consultation is planned and delivered, ensure the right tenants are reached for each issue, and guarantee that consultation remains inclusive, proportionate and aligned with the expectations of the Consumer Standards.

## **17. Diversity**

- 17.1 From a strategic perspective, the Tenant Voice Strategy strengthens SLHD's commitment to ensuring that all tenant voices are heard, including those from groups who have historically been under-represented in engagement and feedback activity.
- 17.2 A proactive approach has been taken to gathering views from a range of tenants using the data we hold and insights from feedback —such as age, ethnicity and disability profiles and dissatisfaction. This methodology has helped shape the final document.
- 17.3 The Strategy directly supports compliance with the Regulator of Social Housing's Consumer Standards, particularly the Tenant Voice and Influence Standard, which requires landlords to offer diverse, accessible and meaningful ways for tenants to influence services and decision-making.
- 17.4 By embedding inclusive design, widening opportunities to participate, and demonstrating how different perspectives shape outcomes, the Strategy ensures that diversity is not only considered but actively drives service improvement and strengthens organisational accountability.

## **18. Communication Requirements**

- 18.1 The Strategy will be published on our website and intranet and promoted on social media and within our HouseProud magazine.

**19. Equality Analysis (New/revised Policies)**

19.1 Not applicable for this report.

**20. Environmental Impact**

20.1 Digital access can reduce the need for paper, this supports our Environmental Strategy and our efforts to lower our carbon footprint by producing less wastepaper.

**21. Report Author, Position and Contact Details**

21.1 Name: Jackie Linacre, Head of Customer Services, (01302) 862262

**22. Background Papers**

Feedback from various consultation exercises with tenants.



# Tenant Voice Strategy 2026-2030

Providing homes in neighbourhoods where people are proud to live



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## Foreword from the Chief Executive

Giving our tenants a voice is about far more than simply asking for their views. It's about truly listening — really understanding what people tell us and using that insight to shape the decisions we make every day. When tenants share their experiences, whether it's about the services they receive or changes we're planning, that feedback should directly influence the decisions made across our organisation, right up to Board level.

I want every tenant to feel they have the chance to get involved in a way that works for them, and to know that their voice can genuinely change things that matter. No one should feel they have to fight to be heard.



**Chris Margrave, Chief Executive**

Our Tenant Voice Strategy is also, in many ways, our organisation's commitment to listening at every level — because an approach built on listening must run through every colleague, in everything we do, underpinned by our CORE values. When listening becomes part of who we are, everyone benefits.

I am incredibly grateful to the tenants who already give their time so generously through our representative groups and to the time they have given to help co-create this Strategy. Their honesty, challenge and commitment help keep us grounded and accountable.

We've made real progress since our last Tenant Voice Strategy, and the recognition we've received — including Tpas Exemplar status — shows that our current tenant involvement work is strong and valued. But to make meaningful improvement, we need to hear from a much wider range of tenants, not only those who already take part.

We need to reach the people who don't usually speak up, those whose circumstances make involvement harder, and those who want to contribute, but aren't sure how and those customers whose voices are missing.

The Strategy is designed for them just as much as for those already involved; it sets out clear, practical actions to help us bring more voices into the conversation and ensure tenants can influence the things that shape their homes and their lives.

## Introduction

This Strategy brings different elements of the tenant voice together to create a clear and consistent approach that opens up more ways for tenants to get involved and makes participation part of our everyday work. It strengthens the routes through which tenants can contribute and ensures those opportunities are visible, welcoming and easier to take part in.

When we talk about the ‘tenant voice,’ we mean the ways tenants share their views, experience and insight — and how the organisation listens, responds and uses that input to shape and improve services.

The Strategy has been co created with tenants using a cross tenant representative focus group, comprising of representatives from the One Voice Forum, Tenant Scrutiny Panel and Tenant and Resident Associations.

It has also been informed by targeted feedback from younger tenants, disabled tenants, tenants over 60, those who felt less involved, and tenants from ethnically diverse communities, alongside input from colleagues. Throughout this document, ‘tenant’ refers to anyone living in our homes.

The Strategy strengthens our existing approach by widening participation routes, improving visibility of outcomes, modernising scrutiny, using data more intelligently, and embedding involvement more consistently across services.

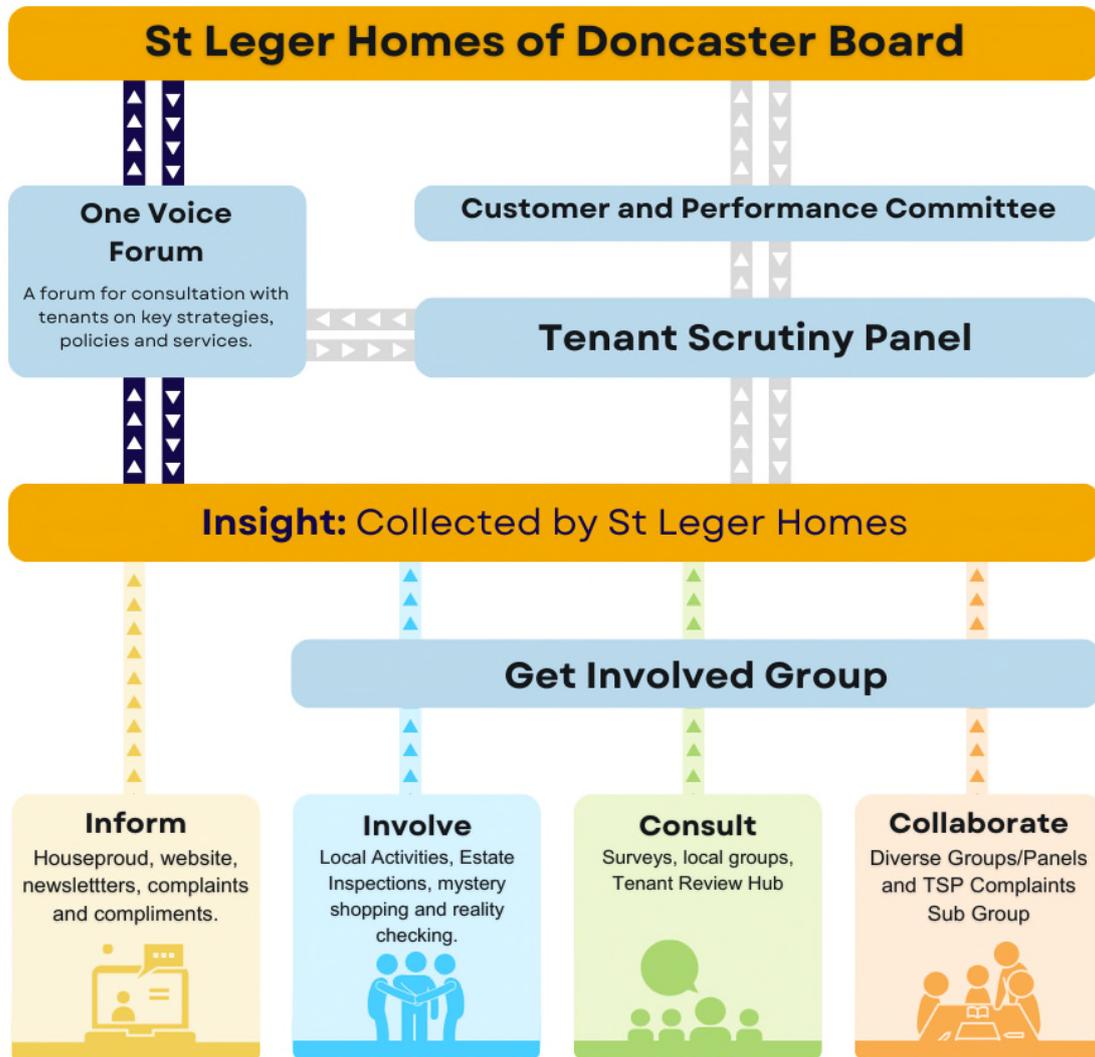
## Our belief in the tenant voice

Tenant voice sits at the heart of who we are. When people share their views, insights or lived experiences, this provides us with essential knowledge about what matters and where we need to improve. When we listen well, we make better decisions; when we act on what tenants tell us, we build trust, strengthen accountability and deliver services that genuinely reflect the needs of our communities.

Strong involvement also supports a positive organisational environment and creates respect. It helps colleagues understand what tenants value, reinforces our shared purpose, and creates a sense of connection between teams and the communities we serve. When colleagues see the impact of tenant insight in their everyday work, they feel more confident, informed and motivated to deliver great services.

Our commitment to the tenant voice is supported by our Tenant Voice Model, shown on the next page. This diagram demonstrates the linkages between all the different opportunities tenants have to engage and be involved and show the links to the governance route for influencing decisions at our Board. This influence is underpinned by the attendance of three permanent tenant non-executive members on our Board.

# Tenant Voice Model



## Why this Strategy matters

The Strategy recognises the fundamental role that the tenant voice plays in our success and sets out how we will broaden, strengthen and diversify the ways tenants can influence what we do. It ensures we have the structures and commitment needed to listen well, respond meaningfully and demonstrate how tenant feedback leads to change.

We know that meaningful involvement must be easy to take part in and designed around different needs to reflect not only the varying needs of our tenants but their lifestyles, circumstances and commitments. We are committed to ensuring that no tenant is excluded because they do not have online options, and we will always provide accessible non digital ways to be involved

We also recognise that involvement and service improvement are closely linked: involvement gives tenants real opportunities to shape services, while service improvement implemented from the involvement, turns tenant insights into visible, tangible outcomes. This Strategy brings these two elements together by creating a single and consistent approach that builds on the direct connection between tenant involvement and improvement.

By strengthening our approach to tenant voice, we aim to deepen tenant influence at every level, ensure lived experience informs our work, and ensure tenants feel heard and fairly treated, with respect, and able to shape the services they rely on.



One Voice Forum meeting in July 2025.

# Strategy Overview

## Who is the Strategy For?

This Strategy is for our tenants and our employees.

## Our Aims and Objectives

At the heart of this Strategy is a single, overarching aim that will guide everything we intend to deliver.

## Our Overall Aim

***To ensure every tenant can easily and confidently influence our services by providing accessible, inclusive and meaningful opportunities to be involved, and by clearly demonstrating how tenant views shape decisions, improve services, and strengthens accountability.***

To deliver the overall aim of this Strategy our approach is built around a set of key objectives that reflect what matters most to our tenants and the outcomes they expect from us.

Each objective is supported by a series of commitments that set out, in practical terms, how we will achieve it. Together, these objectives and commitments provide a structured, transparent pathway for strengthening tenant influence and ensuring the insight tenants share leads to meaningful, measurable improvement.

## Our Key Objectives

### 1. Make involvement easy and accessible for all.

#### We will:

- ✓ Make it as easy as possible to be involved by supporting the removal of barriers (timing, travel, costs, language)
- ✓ Offer different ways to take part including, in person, phone, text, email, online forms, short polls, and small local conversations.
- ✓ Provide support where needed.

## **2. We will strive to ensure involvement leads to real change—and tenants can see the impact.**

### **We will:**

- ✓ Acknowledge contributions quickly and say what will happen next.
- ✓ Show impact with regular “You Said, We Did” updates across channels.
- ✓ Explain outcomes clearly—what changed, what didn’t, and why.
- ✓ Set service wide expectations for response times and updates for involvement activity.
- ✓ Track actions through to completion and share progress.

## **3. We will make sure tenant involvement reflects the full diversity of our communities — not just the people who usually take part.**

### **We will:**

- ✓ Proactively aim to involve people who are seldom heard and make sure opportunities suit different needs.
- ✓ Use data to check whether participants broadly reflect our tenant population and adjust methods if not.
- ✓ Work with existing routes so voices feed into decisions in one joined up approach.
- ✓ Make use of our Tenant Development Pathway to support greater participation.
- ✓ Provide different opportunities to be involved.

## **Links to Other Strategies**

This Strategy aligns with, contributes to, and draws on, other key organisational frameworks shown below, ensuring the tenant voice is fully embedded across St Leger Homes.

- Communication Strategy
- People Strategy
- Corporate Plan
- Equality, Diversity & Inclusion Strategy
- Digital / ICT Strategy
- Data Smart Strategy
- Housing Management Strategy
- Risk Management Framework
- Tackling Stigma in Social Housing Strategy

## Co creating the Strategy with Our Tenants and Employees

This Strategy has been shaped directly by the perspectives, experiences and expectations of our tenants and colleagues. As part of our co creation approach, we brought together representatives from the One Voice Forum, the Tenant Scrutiny Panel and our Tenant and Resident Associations to form a cross section focus group. This group provided balanced insight into what is working well and where we need to strengthen our approach.

Alongside this, we invited feedback from 305 tenants, including members of the Get Involved Group, as well as targeting feedback from younger tenants, disabled tenants, tenants over 60, tenants who felt less involved, and those from ethnically diverse communities. Although only a small number of responses were received, the insight provided was valuable gave us a clearer understanding of where our engagement methods need to be more visible, flexible and better targeted.

The Focus Group told us that involvement has improved in recent years, with more consistent feedback, greater visibility of activity in HouseProud, and positive recognition of the good things happening in local communities. They also described colleagues as helpful and supportive, giving us a strong foundation to build on as we widen and strengthen our involvement offer.

Through these sessions and surveys, tenants identified the areas that matter most to them when thinking about how they want to be involved. These insights directly shaped the commitments and priorities in this Strategy. They emphasised the importance of making involvement more inclusive and more visible, cutting out jargon, using local spaces such as communal halls more often, offering more face-to-face opportunities, and reaching people who take part less frequently and being flexible in how we include tenants in engagement opportunities.

Tenants also stressed the need to see clearly how their involvement makes a difference—through timely updates, plain English communication, and a better balance of digital and non-digital ways to take part.

Tenants also told us what they want to see strengthened. They want more opportunities to lead scrutiny work, more chances for people with direct lived experience of services to shape improvements, and clearer explanations of the purpose and expected outcomes of involvement activities.

They also highlighted the need for us to analyse feedback more consistently and meaningfully, ensuring that decisions are fair, transparent and informed by a wider range of voices. This includes hearing more from those whose views we do not capture often enough and involving tenants with different needs and communication preferences

Taken together, this insight reinforces key recommendations from our most recent Tpas Exemplar Accreditation, including strengthening tenant led scrutiny, increasing the use of targeted lived experience feedback, deepening analysis of insight data, and ensuring fairness and equitable outcomes in decision making.

These findings, alongside feedback from our February 2026 focus group and wider engagement activity, have shaped the Strategy's aim, objectives and commitments. They also inform the work outlined in the actions to deliver this Strategy, which includes broaden the range of voices contributing to our consultation activity, actively seek feedback from tenants who previously reported dissatisfaction, and strengthen the role of the One Voice Forum in assuring influence and impact.

By combining formal representative routes with targeted outreach and lived experience insight, we are building a more inclusive, responsive and transparent approach. This ensures tenants with a wide variety of experiences, needs and preferences can influence how we design and deliver services—and that their contributions consistently lead to visible, meaningful change.



*Image of February 2026 focus group with members from the One Voice Forum, Tenant Scrutiny Panel, and Tenant and Resident Associations collaborating on this strategy.*

## Using insight to shape our approach

A clear understanding of who our tenants are sits at the foundation of this Strategy. To make sure our approach is genuinely inclusive, we need to know the profile of the people and communities we serve.

This insight helps us identify which groups are well represented and, crucially, which voices we are not hearing often enough. The key indicators we track — including age, ethnicity, disability — have shaped the actions and priorities set out in this Strategy, and will continue to inform how we design, target and evaluate our involvement work.

The data sets below show the number of tenants split by insight groups based on the number of tenants as of 25th February 2026, where data has been provided.



While this Strategy does not focus on delivering the specific actions within our Equality, Diversity & Inclusion Strategy, the EDI framework is central to how we increase involvement: it ensures we actively remove barriers, reach a wider range of tenants and create opportunities that reflect the diverse make up of our communities.

Our DataSMART Strategy supports this Strategy by ensuring we have accurate, reliable tenant data to target involvement and understand those from whom we hear.

By grounding our approach in accurate tenant data and strong EDI principles, we can ensure that every part of this Strategy is responsive to the diverse needs of our tenants and creates meaningful opportunities for all voices to be heard.

## Where are we now?

### Our performance

Our 2025/26 Tenant Satisfaction Measures show strong performance in the areas that matter most for involvement.

This is shown below. When benchmarked nationally, this performance sits in the upper quartile, demonstrating that we compare strongly to other landlords in how we listen to, involve and respect our tenants. Figures are based on the proportion of people who expressed a view and said that view was positive.

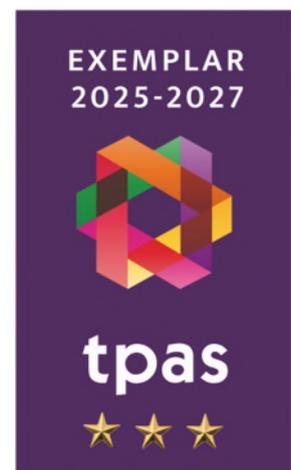


The strong Tenant Satisfaction Measure results are reinforced by independent external assurance as show below.

### **Tpas Exemplar Accreditation**

We were proud to achieve Tpas (Tenant Engagement Experts) Exemplar status in 2025, and while this recognition reflects the strength of our current approach, we are not complacent.

In their most recent Exemplar Accreditation, Tpas highlighted that we have a well-resourced engagement approach, dedicated tenant voices across our groups, a wide range of meaningful involvement activities, transparent ways of working, positive tenant focused culture, and strong partnership links with our communities.



We are proud of the fact that at the time of writing this strategy, we are 1 of only 4 housing organisations in the country to achieve this accolade.

We have drawn on the Tpas accreditation findings to ensure our overall aim, objectives and commitments align with sector best practice and fully reflect the intent and expectations of the Consumer Standards.

Reviewing their recommendations has enabled us to assess our approach critically, and ensure the Strategy provides a comprehensive framework for robust and meaningful tenant involvement. Tpas' recommendations will be delivered across the lifespan of this Strategy.



*TPAS Exemplar Accreditation Presentation Ceremony at the Tenant Celebration Event in November 2025.*

## **Consumer Standards and Building Safety**

The Regulator of Social Housing's Consumer Standards sit at the core of this Strategy. They set clear expectations for how landlords must communicate, involve and support tenants, placing a strong emphasis on transparency, fairness and meaningful resident influence.

This Strategy is built around those principles: making sure tenants' voices shape decisions; and demonstrating clear accountability for the services we deliver.

By aligning our approach to these standards, we strengthen the trust tenants place in us and ensure our work consistently meets the regulatory requirements designed to protect and empower them.

Additionally, it is crucial that our approach acknowledges the responsibilities we have toward tenants residing in high-rise buildings. Recent building safety legislation places clear duties on landlords of Higher Risk Buildings (HRBs) to involve residents meaningfully, share accessible and transparent safety information, and provide clear ways for tenants to raise concerns and influence decisions about their building. Strengthening communication and tenant involvement for people living in HRBs is therefore a vital part of how we meet our statutory obligations and uphold the same standards of openness, fairness and accountability that underpin this Strategy.

## Where do we want to be?

Over the next four years, using the feedback from our tenants, we want to build on the strong foundations of tenant insight, co creation and continuous improvement demonstrated across our recent engagement activity and which has informed our Strategy aim and objectives.

From the feedback tenants told us they want involvement to be more inclusive and more visible. They asked us to cut the jargon, use local spaces such as communal halls more to engage so that we offer more face-to-face opportunities for involvement, and reach people who take part less often. They also stressed the importance of seeing the difference their involvement makes. They want involvement that is meaningful and diverse, and they want to see clear evidence that their views shape decisions and services.

Tenants strongly support our existing involvement themes of Involve, Inform, Consult and Collaborate and expect opportunities that remove barriers, offer different ways to take part, and provide timely feedback on the difference their contributions make.

Informed by tenant feedback and strengthened by the recommendations from our latest Tpas Exemplar Accreditation assessment, we want to evolve into an organisation where tenant voice is embedded even more deeply in how we design, deliver and improve services.

Tpas highlight the need to strengthen opportunities for tenant led scrutiny, increase the use of targeted lived experience feedback, deepen our analysis of insight data, and ensure fairness and equitable outcomes in our decision making. They outline clear actions to broaden the varied voices in our consultation activity—including actively seeking feedback from those who previously reported dissatisfaction with how we listen and involve them and strengthening the role of the One Voice Forum in assuring influence and impact. These recommendations, along with others from our tenants, will form part of our actions for delivery.



*Tenant Celebration Event in November 2025.*

# Our Expected Outcomes

By 2030 this Strategy will deliver the following outcomes:

## **1. Creating a tenant involvement culture where every tenant can shape the services they receive**

We will expand the range of ways tenants can get involved—from structured panels to quick, everyday feedback opportunities—ensuring involvement works for tenants with different circumstances and preferences. Tenants in the focus groups emphasised the importance of widening participation beyond “the same people,” reaching those with different backgrounds, experiences and levels of confidence.

## **2. Fully embedding lived experience and tenant insight in decision making**

We will implement the Tpas recommendation to strengthen how lived experience informs service reviews, policy development and change programmes. A broadened, more representative pool of tenants will be asked to contribute to consultations based on their real interactions with services.

## **3. Strengthening and modernising our scrutiny and assurance model**

We will enhance opportunities for tenants to lead scrutiny work, ensuring our approach is independent, evidence based and capable of challenging the organisation as a constructive critical friend. This responds directly to Tpas’ recommendation to strengthen tenant-led scrutiny capacity and improve outcome testing.

## **4. Increasing the visibility and transparency of outcomes**

Tenants told us they value consistent feedback and want to see how their input shapes action. We want to routinely demonstrate impact through clear updates, reports to the One Voice Forum and Tenant Scrutiny Panel, and wider publication through channels tenant’s use. This mirrors current approaches seen in quarterly outcomes reports, which close the feedback loop across both forums.

## **5. Make even better use of tenant data and feedback to understand who we are hearing from—and who we’re not**

We will use insight from demographic data, TSM results and local feedback to design proportionate, targeted involvement that meets the diverse needs of our tenants. Tpas highlight that increased analysis of data is critical to noticing wider voices and understanding equitable outcomes.

The focus groups also reinforced the need to reach people with different needs and communication preferences.

## **6. Ensure our approach meets and exceeds the expectations of the Regulator of Social Housing and our tenants.**

Across all activity, we will continue to reflect the expectations embedded in the Consumer Standards and TSM framework—by listening, acting, demonstrating respect, and showing clearly how tenant views shape services. Our ambition is for tenants to see an organisation that demonstrates fairness, transparency, and responsiveness in every contact and every decision.

### **Actions to deliver outcomes**

The milestone actions for Year 1 to achieve the outcomes above, are set out below.

The milestone actions for Year 1 to achieve the above are:

| Overarching Action                                   | Milestone Actions (2026–27)  | Outcome  |
|--|--|--|
| <p>Accessibility &amp; Visibility of Involvement</p> | <p>Launch a refreshed involvement offer (quick polls, micro surveys, local conversations, flexible options)</p>  | <p><b>Creating a tenant involvement culture where every tenant can shape the services they receive</b></p> |
|  | <p>Review the “How to Get Involved” guide and promote through HouseProud, website and digital channels so tenants are clear of the routes to get involved.</p> |  |
|  | <p>Promote the role, membership and activities of the Customer Performance Committee</p>   |  |
| <p>Ensuring Transparency &amp; Feedback Loops</p>    | <p>Launch a revamped “You Said, We Did” reporting model</p>  | <p><b>Increase the visibility and transparency of outcomes</b></p>   |
|  | <p>Create a Tenant Voice Dashboard</p>   |  |
|  | <p>Improve the visibility of reporting for all aspects of Health and Safety Reporting</p>  |  |
|  | <p>Create simple online Board decision updates (“You Said, We Did” style)</p>  | <p><b>Ensure every tenant can influence services and see the impact</b></p>                                |

|   |   |   |
|---|---|---|
| Taking into account Lived Experience & Insight in Decision Making | Establish a Lived Experience Panel to support OVF in their decision making. | <b>Fully embedding lived experience and tenant insight in decision making</b> |
|   | Update the Engagement Toolkit to include lived experience methods           |   |
|   | Review and strengthen the quarterly Tenant Insight Report                   |   |
|   | Carry out consultation on key service policy using Voicescape               |   |
|   | Run awareness campaigns before major consultations                          |   |
| Scrutiny & Assurance Strengthening                                | Strengthen role and membership of OVF                                       | <b>Strengthening and modernising our scrutiny assurance model</b>             |
|   | Relaunch and strengthen the Tenant Scrutiny Panel                           |   |
|   | Consider flexible scrutiny options (one day events)                         |   |
|   | Ensure staff are made aware of scrutiny outcomes                            |   |
|   | Consider Executive rotation attending TSP                                   |   |
|   | Review success measures for rewards and incentive scheme                    |   |

|  |   |   |
|--|---|---|
| Outreach, Representation & Diversity   | Develop an organisation-wide consultation model that sets out who we consult, when we consult, and the most appropriate methods to use. | <b>Make even better use of tenant data and feedback to understand who we are hearing from—and who we're not</b> |
|  | Refresh Get Involved Group (GIG) data, review membership and relaunch.  |   |
|  | Review participation data quarterly   |   |
|  | Implement a publicity and recruitment drive (2026–2030)   |   |
| Digital & Flexible Involvement Options | Investigate making use of new digital feedback tools (web, SMS, social, My Access Portal) to encourage participation                    | <b>Make involvement easy, flexible and inclusive</b>  |
|  | Consider webinars on risk/assurance   |   |
|  | Share consumer standards in accessible formats (incl. webinars)   |   |
| Governance Transparency                | Create online accessible Board decision updates   | <b>Strengthening and modernising our scrutiny and assurance model</b>   |
|  | Consider amending Board report templates to include customer voice  |   |
| Consultation Practice Improvement      | Create an awareness raising model for campaigns before major consultations  | <b>Embed lived experience and tenant insight in decision making</b>   |
|  | Drop ins, staff led events, and online Q&As   | <b>Embed lived experience and tenant insight in decision making</b>   |

|                                     |  |   |
|-------------------------------------|--|---|
|                                     | Consult tenants on best ways to be involved in governance and scrutiny | <b>Creating a tenant involvement culture where every tenant can shape the services they receive</b>             |
| Community, Engagement & Co Creation | Develop nine high rise Resident Engagement Strategies                  | <b>Creating a tenant involvement culture where every tenant can shape the services they receive</b>             |
|                                     | Embed casework learning into strategy reviews                          | <b>Make even better use of tenant data and feedback to understand who we are hearing from—and who we're not</b> |
|                                     | Review effectiveness of training for tenants                           | <b>Creating a tenant involvement culture where every tenant can shape the services they receive</b>             |
|                                     | Support pathway cohorts to develop Board member mindset                |   |
|                                     | Share more community stories   |   |

## Measuring Our Success

We will continue to work with engagement leaders Tpas and seek accreditation to their high standards.

- ❖ Increase the number of tenants taking part in any activity;
- ❖ Increase involvement from under-represented voices;
- ❖ Number of “You Said, We Did” updates published and viewed;
- ❖ Percentage of involvement activities with follow up actions completed and communicated back;
- ❖ Tenant satisfaction with being listened to;
- ❖ Increase the number of tenants involved on TSP, OVF and GIG.

## Monitoring Progress

We will monitor progress through the One Voice Forum, with regular reports to the Board and Customer and Performance Committee that focus not only on the actions we have taken, but—crucially—the outcomes they have delivered for tenants.



# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 2 April 2026

**Item** : 12

**Subject** : Self-Assessment against the Housing Ombudsman's Complaint Handling Code.

**Presented by** : Jane Davies, Director of Housing and Customer Services

**Prepared by** : Jackie Linacre, Head of Customer Services

**Purpose** : To approve the self-assessment against the Code.

**Recommendation** : To review and approve the self-assessment against the Housing Ombudsman's Office Complaint Code.

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**To the Chair and Members of the  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 12  
Date: 2 April 2026**

**1. Report Title**

1.1 Self-Assessment against the Housing Ombudsman's Complaint Handling Code.

**2. Executive Summary**

2.1 This report provides Board with assurance that St Leger Homes continues to meet the statutory expectations of the Housing Ombudsman's Complaint Handling Code. It demonstrates a well-established approach to complaint handling, one that has been externally validated through the Ombudsman's confirmation of compliance, received in January 2026 related to our assessment in April 2025.

2.2 The self-assessment reflects more than a compliance exercise: it provides evidence of how effectively the organisation learns from complaints, how residents are involved in shaping our approach, and how our internal culture supports fair, timely resolution. The assessment was also strengthened by independent tenant scrutiny, giving added credibility to the findings and ensuring the process is not solely officer-led.

2.3 From a governance perspective, the self-assessment reassures Board that:

- Complaint handling is operating in line with regulatory expectations and is not an area of risk for the organisation.
- The conditions for good complaint management are in place—clear processes, accessible routes for residents, and oversight from both tenants and elected members.
- The organisation is well-positioned for future regulatory scrutiny, with the Ombudsman expecting landlords to demonstrate learning, transparency and continual improvement.

2.4 No systemic weaknesses or gaps were identified in our policies or our procedures, reducing the likelihood of a Complaint Handling Failure Order, reputational risk, or negative findings in public reports.

**3. Purpose**

3.1 To provide Board with the review the self-assessment against the Code for their approval.

#### **4. Recommendation**

- 4.1 To review and approve the self-assessment against the Housing Ombudsman Office Complaint Code.

#### **5. Background**

- 5.1 The Housing Ombudsman issued a statutory Complaint Code, which came into effect on 1<sup>st</sup> April 2024. The Ombudsman's duty to monitor compliance also took effect from this date.

- 5.2 The purpose of the Code is to enable landlords to resolve complaints raised by residents quickly and to use the data and learning from complaints to drive service improvements.

- 5.3 The Housing Ombudsman also published a Code Compliance Framework which details how they will monitor compliance. This will happen in three ways:

- Compliance in oversight and scrutiny;
- Compliance in policy;
- Compliance in practice.

- 5.4 One of the requirements of the Code is for the organisation to carry out a self-assessment against the Code annually and to report the outcome to the Housing Ombudsman's Office.

- 5.5 Our last self-assessment was reported to Board in April 2025 and submitted to the Housing Ombudsman's Office in September 2025, along with the Annual Complaint and Service Improvement report for 24/25. The Housing Ombudsman's Office wrote to us in January 2026 to confirm that our complaint policy and self-assessment against the code is compliant

- 5.6 When assessing compliance for this year, the Housing Ombudsman will engage with landlords to give them the opportunity to resolve any issues identified. If no action is taken to ensure compliance, they may issue a Complaint Handling Failure Order which they will publish.

- 5.7 As last year, we are required to submit our self-assessment to the Housing Ombudsman by the end September 2026.

#### **6. Self-Assessment**

- 6.1 Strategically, the self-assessment supports wider organisational priorities: improving customer experience, demonstrating accountability, and embedding lessons learned into service redesign. It also aligns with Board's expectations around assurance, culture, and readiness for consumer regulation. To support this strategic focus, the detailed review against the Code is provided at Appendix A.

6.2 The assessment was undertaken by members of the Customer Relations Team and with tenant representatives of the Complaints Sub Group. The Sub Group comprise of representatives of the Tenant Scrutiny Panel and One Voice Forum. The group is chaired by a Tenant Board Member. It has also been reviewed by the Member Responsible for Complaints, the City of Doncaster Council's Portfolio Holder for Housing and Business.

6.3 The self-assessment document refers to various sections of our Compliments, Comments and Complaints Policy. The Policy is attached at Appendix B for Board's information for ease of referencing from the self-assessment to the policy document.

## **7. Procurement**

7.1 There are no procurement issues related to this report.

## **8. VFM Considerations**

8.1 None associated with this report but a robust complaints policy and procedures can help to identify areas of service improvement, which could reduce the risk of compensation being awarded for poor service delivery.

## **9. Financial Implications**

9.1 None associated with this report.

## **10. Legal Implications**

10.1 We have a statutory duty to comply with the standards set by the Housing Ombudsman's Office and a statutory duty to comply with consumer standards.

## **11. Risks**

11.1 The Housing Ombudsman may publish reports highlighting non-compliance with the Code which can affect a landlord's reputation. As advised at section 5.5 above, they do, however, ensure landlords have a chance to address any areas of non-compliance against the Code. If we are not compliant after this, we will be issued with a complaint handling failure order by the Housing Ombudsman's Office.

## **12. Health, Safety & Compliance Implication**

12.1 There are no health and safety implications associated with this report.

## **13. IT Implications**

13.1 There are no IT implications arising from this report.

## **14. Consultation**

14.1 The Complaint SubGroup have reviewed the outcome of the self- assessment against the Code to ensure independence and challenge. They are in agreement with the comments proposed and the suggested documentation to evidence compliance.

**15. Diversity**

15.1 There are no diversity implications arising from the review of the self- assessment. The Code includes a section which focuses on accessibility and awareness, and we have demonstrated that we are compliant in these areas.

**16. Communication Requirements**

16.1 Following approval by Board the self-assessment will be published on our internet and will be communicated internally via the Intranet and will be made available for customers on our web. A copy will also be sent to the Housing Ombudsman's Office.

**17. Equality Analysis (new/revised Policies)**

17.1 Not applicable for this report.

**18. Environmental Impact**

18.1 There are no environmental impacts as a result of this report.

**19. Report Author, Position, Contact Details**

19.1 Jackie Linacre, Head of Customer Services, 01302 862262

### **Self-assessment form - Version February 2026**

This self-assessment form has been approved by the Chief Executive of St Leger Homes of Doncaster, following review by the Head of Customer Services and the Complaint Sub Group who comprise of tenant representatives, chaired by the Tenant Board Complaint Champion.

The self-assessment has also been reviewed by the Member Responsible for complaints at the City of Doncaster Council.

## Section 1: Definition of a complaint

|     | Code requirement   | Comply:<br>Yes /<br>No | Evidence  | Commentary / explanation  |
|-----|--|------------------------|---|---|
| 1.2 | A complaint must be defined as:<br><br><i>'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the landlord, its own staff, or those acting on its behalf, affecting a resident or group of residents.'</i>  | YES                    | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 4.2)   | The definition is set out in our Policy and is: " <i>An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by St Leger Homes, its own staff, or those acting on its behalf, affecting an individual resident or group of customers.</i> "  |
| 1.3 | A resident does not have to use the word 'complaint' for it to be treated as such. Whenever a resident expresses dissatisfaction landlords must give them the choice to make complaint. A complaint that is submitted via a third party or representative must be handled in line with the landlord's complaints policy.                             | YES                    | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 4.3)  | The definition we include in our policy states that a complaint is defined as "an expression of dissatisfaction". We accept and log complaints that don't use the word 'complaint' and accept complaints from third parties or representatives acting on behalf of tenants. Examples include, complaints received via Councillors and MPs. Staff have been advised via our Executive Management Team key messages and our Internal Complaint Charter, what constitutes a complaint. Our policy states that the word complaint does not have to be used and that we accept complaints from third party or representatives in line with our policy.   |
| 1.4 | Landlords must recognise the difference between a service request and a complaint. This must be set out in their complaints policy. A service request is a request from a resident to the landlord requiring action to be taken to put something right. Service requests are not complaints, but must be recorded, monitored and reviewed regularly. | YES                    | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Sections 4.2 and 4.4);<br><br>Internal Complaints Charter | The definition of what is regarded as a complaint is set out in our Policy. " <i>An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by St Leger Homes, its own staff, or those acting on its behalf, affecting an individual resident or group of customers.</i> " We do not log requests for service as complaints, but we do record and monitor these using our housing CRM system. These monitored and actioned by the relevant teams. Our CRM system is a single system used across the organisation which captures all customer interactions, recording the date the interaction was received and when, if action is required, it closed. We use the Housing Ombudsman's Service Request v Complaint Flow Chart as guidance to distinguish requests from complaints. Our process includes a checking mechanism by the Customer Relations team who co-ordinate and respond to complaints and who review any logged complaint as part of the |

|     |  |     |   |  |
|-----|--|-----|---|--|
|     |  |     |   | acknowledgment process which includes what the complaint is about and the outcome the complainant is looking for.  |
| 1.5 | A complaint must be raised when the resident expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing. Landlords must not stop their efforts to address the service request if the resident complains.  | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 4.2)<br><br>Stage 1 and Stage 2 investigation procedures. | As above. Our policy defines what we treat as a complaint as set out in 1.2 above. Our procedures sets out that we continue to address service requests regardless of whether or not a customer has made a complaint.                  |
| 1.6 | An expression of dissatisfaction with services made through a survey is not defined as a complaint, though wherever possible, the person completing the survey should be made aware of how they can pursue a complaint if they wish to. Where landlords ask for wider feedback about their services, they also must provide details of how residents can complain. | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 4.6)<br><br>Emails to Viewpoint and Voicescape.           | When we undertake our TSM and Transactional Surveys we advise tenants that if they have expressed dissatisfaction, they can access our complaints procedure and provide information about the access channels they can use to do this. |

## Section 2: Exclusions

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| 2.1 | <p>Landlords must accept a complaint unless there is a valid reason not to do so. If landlords decide not to accept a complaint they must be able to evidence their reasoning. Each complaint must be considered on its own merits.</p>   | YES | <p>This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a>. (Sections 4.6 and 4.7)</p> | <p>The policy sets out the reasons where we would not accept a complaint as follows:</p> <ul style="list-style-type: none"> <li>• the general law, unless wrongly applied;</li> <li>• requests for new services;</li> <li>• persons or bodies over which SLHD has no control;</li> <li>• Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and the Particulars of Claim, having been filed at court;</li> <li>• the subject of the complaint occurred, or the complainant became aware of the issue more than 12 months ago and/or is already subject to an on-going or resolved complaint. We will consider whether to apply discretion to accept complaints outside of this time lime where there are good reasons to do so.</li> <li>• matters that have already been considered under the complaints policy;</li> <li>• expressions of dissatisfaction made through a survey. We will, however, provide details of how a customer can complain.</li> </ul> |
| 2.2 | <p>A complaints policy must set out the circumstances in which a matter will not be considered as a complaint or escalated, and these circumstances must be fair and reasonable to residents. Acceptable exclusions include:</p> <ul style="list-style-type: none"> <li>• The issue giving rise to the complaint occurred over twelve months ago.</li> <li>• Legal proceedings have started. This is defined as details of the claim, such as the Claim Form and Particulars of Claim, having been filed at court.</li> </ul> | YES | <p>This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a>. (Section 4.3)</p>          | <p>As set out in our policy and shown at 2.1 above. The general law is where we have a legal duty to carry out work, such as a gas inspection, unless the complaint meets the definitions in 4.3 of our Complaints Policy.</p>   |

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|     | <ul style="list-style-type: none"> <li>Matters that have previously been considered under the complaints policy.</li> </ul>  |     |   |  |
| 2.3 | Landlords must accept complaints referred to them within 12 months of the issue occurring or the resident becoming aware of the issue, unless they are excluded on other grounds. Landlords must consider whether to apply discretion to accept complaints made outside this time limit where there are good reasons to do so.   | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Sections 4.6 and 4.7) | We will only not accept a complaint for the reasons set out at 2.1 above.  |
| 2.4 | If a landlord decides not to accept a complaint, an explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman. If the Ombudsman does not agree that the exclusion has been fairly applied, the Ombudsman may tell the landlord to take on the complaint. | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 4.7)          | This rarely happens. We would not accept a complaint only if it fell in line with any of the exclusions listed in the complaints policy and advised at 2.1 above. Should this occur we would explain the reasons for not accepting the complaints and advise the complainant of the right to take our decision to the Ombudsman. to the complainant and we explain the Ombudsman's process at this time. Our policy states: “ <i>Where a decision has been made not to accept a complaint, a detailed explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman.</i> ” |
| 2.5 | Landlords must not take a blanket approach to excluding complaints; they must consider the individual circumstances of each complaint.   | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> .(Section 4.7)           | When considering whether to exclude a complaint from our process we would consider the exclusions shown in our policy, we would also consider the circumstances of the complaint, any vulnerabilities which may have impacted and whether any reasonable adjustments should be considered and take into account our Vulnerable Persons Policy.   |

### Section 3: Accessibility and Awareness

|     | Code requirement  | Comply:<br>Yes /<br>No | Evidence  | Commentary / explanation   |
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| 3.1 | Landlords must make it easy for residents to complain by providing different channels through which they can make a complaint. Landlords must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of residents who may need to access the complaints process. | YES                    | <p>The different access channels the customer can use to make a complaint are set out in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a>.</p> <p>(Section 5.1 and sections 6.1, 6.2, 6.3 and 6.4)</p> <p>The Fairness and Equality Statement can be found <a href="#">here</a>.</p> <p>The Equality and Diversity Policy can be found <a href="#">here</a>.</p> | <p>We have multiple routes available to make a complaint to ensure that our process is accessible and so that customers are given a choice. This includes online, via our website, social media platforms, face to face, over the telephone, email, and in writing. We publish how to complaint on our web, in our HouseProud magazine, on leaflets and on posters.</p> <p>Our policy includes provision for reasonable adjustments. We provide mandatory training on equality and diversity for all employees, including complaint handlers. The complaints policy includes the following statement: <i>“All St Leger Homes staff are trained in equality and diversity to embed understanding about where they may need to adapt normal policies, procedures, or processes to accommodate an individual’s needs. This is mandatory training, the compliance of which is monitored by our Organisational Development team.”</i></p> <p>Our Fairness and Equality Statement 2022 – 2026 sets out that <i>“We are committed to understanding more about the needs of our customers. Collecting, storing and using customer information appropriately enables us to tailor our services to meet their needs.”</i></p> <p>In line with our Equality and Diversity Statement and commitments, we will support the needs of our diverse customers by adapting policies and associated procedures to accommodate an individual’s needs where needed. This includes taking into account the customer’s need and where appropriate changing work practices, for example providing correspondence on coloured paper where requested. A full copy of the Fairness and Equality Statement can be found at <a href="http://www.stlegerhomes.co.uk">www.stlegerhomes.co.uk</a>.</p> |

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|     |   |     |   | Our Equality and Diversity Policy sets out that we will ensure we take into account the sensitivities and needs of different groups, including in relation to the equality strands, social and cultural and religious needs and residents with additional support needs.   |
| 3.2 | Residents must be able to raise their complaints in any way and with any member of staff. All staff must be aware of the complaints process and be able to pass details of the complaint to the appropriate person within the landlord. | YES | Housing One System – Logging of complaints using Customer Contact<br><br>Complaints Procedures; <i>Compliments, Comments and Complaints Policy</i> published on the Internal Intranet;<br>Training for all Service Investigating Officers;<br>Internal Complaints Charter   | Our complaints process is that any employee is able to raise a complaint as all customer interaction is logged on our CRM system. Workflow is built into the system to deal with complaints and to ensure they are automatically routed to a Customer Relations Team who process all complaints received. Our complaints processes are publicised on our Internal Intranet System. We have an internal complaint charter video that sets out how to handle complaints. This has been publicised across the organisation.   |
| 3.3 | High volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.        | YES | Customer and Performance Committee Minutes;<br><br>The published information to the Customer and Performance Committee and the City of Doncaster Council's Overview and Scrutiny Management on the number of complaints can be found <a href="#">here</a> .<br><br>The latest report to CDC cabinet on complaints can be found <a href="#">here</a> . | We report the number of complaints we receive on a regular basis to our Executive Management Team, Our Customer and Performance Committee and the City of Doncaster Council's Overview and Scrutiny Management Committee. Complaint numbers and how we are performing against key performance indicators are also reported quarterly to the City of Doncaster Council's Cabinet meetings. We advise that whilst we are working to reduce the number of complaints received, we do not see high volumes as negative. We also publish information on the number of complaints received on our website. |
| 3.4 | Landlords must make their complaint policy available in a clear and accessible format for all residents. This will detail the   | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy   | A copy of our Complaints Policy is published on our website. The City of Doncaster Council also has a link to our Policy on their website. The website uses Reach-deck which means that  |

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|     | two-stage process, what will happen at each stage, and the timeframes for responding. The policy must also be published on the landlord's website.                                       |     | of the policy can be found <a href="#">here</a> .<br>(Sections 7.1 to 7.22)<br><br>Complaints Poster;<br>Complaints Leaflet                      | the policy can be translated into different languages or read aloud for the sight impaired. The policy details our 2 Stage complaints process and sets out what will happen at each stage and by when. We also have a number of posters and leaflets that are available across a number of sites setting out the same information.   |
| 3.5 | The policy must explain how the landlord will publicise details of the complaints policy, including information about the Ombudsman and this Code.                                       | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> .<br>(Section 12.1 – 12.3) | The Policy document states: <i>"We will publicise details of this policy, including information about the Ombudsman and the Housing Ombudsman's Complaints Code on our website at <a href="http://www.stlegerhomes.co.uk">www.stlegerhomes.co.uk</a>. The same information will also be publicised in our HouseProud magazine on a yearly basis and will be advertised at our main reception."</i>   |
| 3.6 | Landlords must give residents the opportunity to have a representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with the landlord. | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 5.2)            | Our Policy states that complaints can be received via a Local Authority Councillor, Board Member, MP, Mayor's Office, or a 3 <sup>rd</sup> party acting on behalf of a customer, with their consent, unless there is a legal basis, under the Data Protection Act 2018, to share personal information with a 3 <sup>rd</sup> party representative without consent.   |
| 3.7 | Landlords must provide residents with information on their right to access the Ombudsman service and how the individual can engage with the Ombudsman about their complaint.             | YES | Stage 1 and 2 response letters;<br>Leaflets;<br>Posters;<br>Information on our website can be accessed <a href="#">here</a> .                    | We inform tenants in all our complaint responses of the full contact details for the Housing Ombudsman. We also advertise the details of the ombudsman on our web pages. We inform tenants of the right to access the Housing Ombudsman service within our complaint response letters at all stages and provide full contact details. We also advertise the details of the ombudsman on our web pages. We publicise the Meet the Ombudsman Events on our website. We have leaflets and posters providing this information at our reception points. |

#### Section 4: Complaint Handling Staff

|     | Code requirement  | Comply:<br>Yes /<br>No | Evidence   | Commentary / explanation   |
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| 4.1 | Landlords must have a person or team assigned to take responsibility for complaint handling, including liaison with the Ombudsman and ensuring complaints | YES                    | Structure Chart detailing the Customer Relations Team; | We have a centralised a team of Customer Relations Officers, who take responsibility for processing complaints. The Complaints Manager in the team is responsible for liaising with the Housing Ombudsman's Office. The same |

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|     | are reported to the governing body (or equivalent). This Code will refer to that person or team as the 'complaints officer.' This role may be in addition to other duties.  |     | <p>Customer Feedback Reports to Performance and Scrutiny Committee.</p> <p>Minutes of City of Doncaster Council Overview and Scrutiny Committee can be found <a href="#">here</a>.</p> <p>The latest report to CDC cabinet on complaints can be found <a href="#">here</a>.</p> | <p>team report quarterly to our Customer and Performance Committee detailing the number of complaints received, how quickly we have responded, key themes and learning.</p> <p>In addition to this, a report is considered by the City of Doncaster's Overview and Scrutiny Committee on the number of complaints received, headline reasons and response times. Complaint numbers and how we are performing against key performance indicators are also reported quarterly to the City of Doncaster Council's Cabinet meetings</p>  |
| 4.2 | The complaints officer must have access to staff at all levels to facilitate the prompt resolution of complaints. They must also have the authority and autonomy to act to resolve disputes promptly and fairly.  | YES | <p>Emails between Service Investigation Officers (SIO) and the Customer Relations Team.</p> <p>Complaints Power App</p>   | The Customer Relations Team of officers and those investigating complaints have the authority to offer resolutions and remedies. The Customer Relations Team will challenge Service Investigating Officers where they feel a complaint response does not sufficiently deal with complaint or where the remedy proposed is insufficient. Where approval is required by the relevant area of the business we have procedures in place to ensure that the approval receives a prompt response. There are escalation procedures built in where approval may not be forthcoming by escalation to the relevant Head of Service (i.e., the Head of Customer Services and the relevant Head of Service for the area being complained about.) |
| 4.3 | Landlords are expected to prioritise complaint handling and a culture of learning from complaints. All relevant staff must be suitably trained in the importance of complaint handling. It is important that complaints are seen as a core service and must be resourced to handle complaints effectively | YES | <p>Internal Complaints Charter;</p> <p>Customer Excellence Training;</p> <p>Complaints Training for all staff involved in investigating and responding to complaints.</p> <p>Complaints e-learning</p> <p>How to raise a Complaint training document.</p>                       | All staff have received Customer Excellence Training which encompassed an element of dealing with complaints. All Service Investigation Officers and Officers in the Customer Relations Team have received detailed complaint training. An internal Customer Charter is in place, outlining the stages of complaint handling and employees' responsibilities. An e-learning module based on the Customer Charter has also been produced. This supplements the face-to-face training and the Charter. Learning from complaints is identified and reported to Customer and Performance Committee and   |

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|  |  |  | You Said We Did can be found <a href="#">here</a> | where appropriate to report back to customers using a You Said, We Did approach which is published on our website. |
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### Section 5: The Complaint Handling Process

|     | Code requirement   | Comply:<br>Yes /<br>No | Evidence   | Commentary / explanation  |
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| 5.1 | Landlords must have a single policy in place for dealing with complaints covered by this Code. Residents must not be treated differently if they complain.   | YES                    | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> .  | We have a single policy for dealing with complaints and have a culture whereby complaints are seen as an opportunity to learn and improve. Other policies which include a reference to complaints will refer to the one policy to ensure consistency of approach across the organisation.   |
| 5.2 | The early and local resolution of issues between landlords and residents is key to effective complaint handling. It is not appropriate to have extra named stages (such as 'stage 0' or 'informal complaint') as this causes unnecessary confusion.                                | YES                    | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> .<br>(Section 7 – 7.3, 7.5 and 7.11)                   | We do not have an informal complaint or Stage 0 complaints stage or informal complaints as part of our procedures. We follow the requirement of criteria 1.2 and 1.4 of the Code.   |
| 5.3 | A process with more than two stages is not acceptable under any circumstances as this will make the complaint process unduly long and delay access to the Ombudsman.   | YES                    | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> .<br>(Sections 7.1 – 7.22)<br>Stage 2 template letter. | Our Policy and process does not have more than 2 stages. All the information we provide to customers such as on the web, leaflets and posters clearly set this out. All Stage 2 responses advise that this is the final stage, the next stage for the complainant being to refer the matter to the Housing Ombudsman Service.                                       |
| 5.4 | Where a landlord's complaint response is handled by a third party (e.g., a contractor or independent adjudicator) at any stage, it must form part of the two stage complaints process set out in this Code. Residents must not be expected to go through two complaints processes. | YES                    | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> .<br>(Sections 4.2 and 5.3)                            | All complaints regarding the services provided by a contractor working on behalf of St Leger Homes are investigated by a St Leger Homes' members of staff. This includes Stage 1 and Stage 2 complaints. Whilst we will contact the contractor to discuss and evidence the complaint, the findings and response sent to the complainant are sent by St Leger Homes. |

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| 5.5 | Landlords are responsible for ensuring that any third parties handle complaints in line with the Code.   | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 5.3)                                  | As advised above.   |
| 5.6 | When a complaint is logged at Stage 1 or escalated to Stage 2, landlords must set out their understanding of the complaint and the outcomes the resident is seeking. The Code will refer to this as “the complaint definition.” If any aspect of the complaint is unclear, the resident must be asked for clarification.   | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.2); Stage 1 and 2 template letters. | Both our Stage 1 and Stage 2 letters sets out our understanding of the reasons for the complaint and the outcome the customer is looking for. Where this is not clear this is clarified with the complainant. This also forms part of our Stage 2 procedures.   |
| 5.7 | When a complaint is acknowledged at either stage, landlords must be clear which aspects of the complaint they are, and are not, responsible for and clarify any areas where this is not clear.   | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.2)<br>Complaints Procedures         | Our complaint procedures set out that where we are not responsible for any aspect of a complaint, that this is included in the acknowledgement letter, together with the reason. The need to manage expectations is covered in our complaint handling training. We would contact the complainant for further information where this is not clear. We will include the outcome the resident is seeking in the acknowledgment letter at both Stage 1 and Stage 2.   |
| 5.8 | At each stage of the complaints process, complaint handlers must: <ul style="list-style-type: none"> <li>a. deal with complaints on their merits, act independently, and have an open mind;</li> <li>b. give the resident a fair chance to set out their position;</li> <li>c. take measures to address any actual or perceived conflict of interest; and</li> <li>d. consider all relevant information and evidence carefully.</li> </ul> | YES | Complaints Training;<br>Internal Complaints Charter  | Complaints are investigated by the relevant service areas and coordinated by the Customer Relations team to ensure they are completed within timescales and a full and fair response. All Service Investigating Officers and the Customer relations officers have had training to ensure fairness of approach and to ensure complaints are thoroughly investigated and where appropriate backed up by evidence. All Service Investigation Officers receive training on how to investigate complaints to ensure they have the skills and mindset to investigate complaints fairly and objectively. This training helps to embed a positive complaints culture throughout the organisation. |
| 5.9 | Where a response to a complaint will fall outside the timescales set out in this Code, the landlord must agree with the  | Yes | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> .  | Tenants are kept informed and updated during the complaints process and where timescales have been extended outside service standards, we keep the tenant informed by telephone, this is also confirmed in writing. We capture this information in our Housing Management System.   |

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|      | resident suitable intervals for keeping them informed about their complaint.   |     | (Section 7.7 and 7.21)<br>Complaints Procedures   |  |
| 5.10 | Landlords must make reasonable adjustments for residents where appropriate under the Equality Act 2010. Landlords must keep a record of any reasonable adjustments agreed, as well as a record of any disabilities a resident has disclosed. Any agreed reasonable adjustments must be kept under active review. | YES | <p>Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a>. (Section 6.3);</p> <p>Housing One System and tenant attribute fields</p> <p>Equality, Diversity and Inclusion Policy can be found <a href="#">here</a>.</p> | <p>Each complainant has a dedicated Customer Relations Officer. Reasonable adjustments are agreed by conversation with the dedicated officer, and we record any reasonable adjustments regarding method of communications in our Customer Relationship Management system. This includes information on preferred method of contact or specific requirements, which could be by phone, text, email or in writing. For example, we have a number of customers who due to dyslexia request their correspondence on specific coloured paper.</p> <p>Our Equality and Diversity policy states that we will “<i>Collect and update data around our customers so we have a better understanding of their needs such as our vulnerable customers so we can overcome any barriers and tailor services to meet their needs.</i>”</p> |
| 5.11 | Landlords must not refuse to escalate a complaint through all stages of the complaints procedure unless it has valid reasons to do so. Landlords must clearly set out these reasons, and they must comply with the provisions set out in section 2 of this Code.   | YES | <p>Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a>. (Section 7.22)</p>  | <p>We inform tenants in our responses about the right for review and all response letters / emails include full contact details for the Housing Ombudsman.</p> <ul style="list-style-type: none"> <li>• the general law, unless wrongly applied;</li> <li>• requests for new services;</li> <li>• persons or bodies over which SLHD has no control;</li> <li>• Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and the Particulars of Claim, have been filed at court;</li> <li>• the subject of the complaint occurred more than 12 months ago and/or is already subject to an on-going or resolved complaint;</li> <li>• matters that have already been considered under the complaints policy.</li> </ul>   |

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| 5.12 | A full record must be kept of the complaint, and the outcomes at each stage. This must include the original complaint and the date received, all correspondence with the resident, correspondence with other parties, and any relevant supporting documentation such as reports or surveys. | YES | Housing One – Customer Relationship Management System<br><br>Document Management System (Enterprise)<br><br>Complaints Procedures  | All customer interaction is logged on our Customer Relations Management system. This captures when a customer contacted us, what about, what action we took as a result and when. This provides a full audit trail of the complaint. Correspondence and emails are all stored on our document management system.  |
| 5.13 | Landlords must have processes in place to ensure a complaint can be remedied at any stage of its complaints process. Landlords must ensure appropriate remedies can be provided at any stage of the complaints process without the need for escalation.                                     | YES | Compensation and Goodwill Policy.  | Our aim is to remedy complaints as soon as possible. All staff are aware of this through discussions at Service Management Team meetings and as part of training delivered to Service Investigation Officers. Our Compensation and Goodwill policy sets out how we deal with remedies.  |
| 5.14 | Landlords must have policies and procedures in place for managing unacceptable behaviour from residents and/or their representatives. Landlords must be able to evidence reasons for putting any restrictions in place and must keep restrictions under regular review.                     | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> .<br>(Sections 8.1 – 8.4)  | Our Compliments, Comments and Complaints policy includes a section on Unreasonable behaviour and unreasonably persistent complainants. The policy references our separate policy Unacceptable Behaviour Policy which sets out how we will address unreasonable behaviour and persistent complainants. We have a set process, procedure and letter template that is followed for this. We have warning procedures in place for all employees to follow for managing unacceptable behaviours. |
| 5.15 | Any restrictions placed on contact due to unacceptable behaviour must be proportionate and demonstrate regard for the provisions of the Equality Act 2010.  | YES | Policy document: <i>Unacceptable Behaviour Policy which can be found <a href="#">here</a></i> .<br><i>Compliments, Comments and Complaints Policy</i> Section 8.2 <a href="#">here</a> . | This is clearly set out in our Complaints Policy which includes sections for unreasonable behaviour and also sections on reasonable adjustments. All employees undertake mandatory equality and diversity training.   |

## Section 6: Complaints Stages - Stage 1

|     | Code requirement  | Comply : Yes / No | Evidence   | Commentary / explanation  |
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| 6.1 | Landlords must have processes in place to consider which complaints can be responded to as early as possible, and which require further investigation. Landlords must consider factors such as the complexity of the complaint and whether the resident is vulnerable or at risk. Most stage 1 complaints can be resolved promptly, and an explanation, apology or resolution provided to the resident. | YES               | Stage 1 and Stage 2 Complaints Procedures; Training for Service Investigating Officers   | This is covered in the training delivered to the members of the Customer Relations Team and also is referenced in our complaint procedures.   |
| 6.2 | Complaints must be acknowledged, defined and logged at stage 1 of the complaints procedure <b>within five working days of the complaint being received.</b>   | YES               | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7- 7.6) | This is part of our procedures and is in our policy. All complaints are logged and acknowledged within 5 working days of receipt.   |
| 6.3 | Landlords must issue a full response to stage 1 complaints <b>within 10 working days</b> of the complaint being acknowledged.   | YES               | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.7)    | We aim to respond to most Stage 1 complaints in writing within 10 working days of date of acknowledgement, however this can take longer if the complaint is of a complex nature. If longer, we contact the customer and agree with the resident suitable intervals for keeping them informed. |
| 6.4 | Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than 10 working days without good reason, and the reason(s) must be clearly explained to the resident.   | YES               | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.7)    | As above at 6.3. We do not extend responses beyond an additional 10 working days unless there are extenuating circumstances which we would clearly explain to the resident and follow up in writing.  |

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| 6.5 | When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.  | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.7)        | We always provide the Housing Ombudsman's contact details where we have informed a complainant about an extension to the response timescales.  |
| 6.6 | A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.   | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . Section 7.3          | Our process is to respond to complaints following the completion of the investigation, not when any actions stemming from the investigation have been completed. Outstanding actions will be tracked, and we will provide the resident with the appropriate updates on any outstanding actions. We record these actions as "promises" made and is part of our procedures. We record these separately and they are monitored by the Customer Relations Team to ensure they are delivered. |
| 6.7 | Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.   | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . Section 5.6          | A full response is given to the tenant in all cases. The Customer Relations Team provide a check and challenge procedure to ensure all issues raised in a complaint are responded to with full details of the investigation, the reasons the issue occurred, remedial actions to be taken, if applicable and learning.   |
| 6.8 | Where residents raise additional complaints during the investigation, these must be incorporated into the stage 1 response if they are related and the stage 1 response has not been issued. Where the stage 1 response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues must be logged as a new complaint. | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . Sections 7.8 and 7.9 | This forms part of our policy and all staff are trained and aware of the procedures.   |
| 6.9 | Landlords must confirm the following in writing to the resident at the completion of stage 1 in clear, plain language: <ul style="list-style-type: none"> <li>a. the complaint stage;</li> <li>b. the complaint definition;</li> <li>c. the decision on the complaint;</li> </ul>   | YES | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 5.6)        | A full response is given to the tenant in all cases and a template is used by all Service Investigation Officers when responding to complaints. The Customer Relations Officer ensure that all these criteria are followed. There is a procedure in place to make sure all parts of the complaints are answered in one response backed with full details of the  |

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|  | <p>d. the reasons for any decisions made;</p> <p>e. the details of any remedy offered to put things right;</p> <p>f. details of any outstanding actions; and</p> <p>g. details of how to escalate the matter to stage 2 if the individual is not satisfied with the response.</p> |  |  | investigation and remedial actions if applicable. Details of how to escalate if the complainant is not happy are included with the response. |
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### Section 6: Complaints Stages - Stage 2

|      | Code requirement  | Comply: Yes / No | Evidence  | Commentary / explanation   |
|------|---|------------------|---|--|
| 6.10 | If all or part of the complaint is not resolved to the resident's satisfaction at Stage 1, it must be progressed to Stage 2 of the landlord's procedure. Stage 2 is the landlord's final response.                              | YES              | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.11)                                    | Our policy and procedures include a Stage 2 review process which is communicated in correspondence to complainants.  |
| 6.11 | Requests for Stage 2 must be acknowledged, defined and logged at Stage 2 of the complaint's procedure within five working days of the escalation request being received.  | YES              | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.13)                                    | These timescales are set out in our policy and meet the requirement of the code.   |
| 6.12 | Residents must not be required to explain their reasons for requesting a Stage 2 consideration. Landlords are expected to make reasonable efforts to understand why a resident remains unhappy as part of its Stage 2 response. | YES              | Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.11)                                    | A resident does not have to provide the landlord with their reasons for expressing dissatisfaction with their Stage 1 complaint. We will communicate with the complainant to establish their reasons for escalating and their desired outcome. However, we will not refuse an escalation request based on the resident not providing their reasons. A Stage 2 response should be a review of the initial stage 1 response. Therefore, reasons for escalation are not required for this review to be carried out. |
| 6.13 | The person considering the complaint at Stage 2 must not be the same person that considered the complaint at Stage 1.   | YES              | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.16) | A different Customer Relations Officer will be allocated the complaint at Stage 2. Our procedures is for a Head of Service to review Stage 2 complaints. This is a different person to whom considered the complaint at Stage 1.   |

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| 6.14 | Landlords must issue a final response to the Stage 2 <b>within 20 working days</b> of the complaint being acknowledged.   | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.20) | The majority of Stage 2 complaints are responded to within 20 days of the Stage 2 acknowledgement, where the complaint is complex and this is not achievable, we advise the complainant.   |
| 6.15 | Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than 20 working days without good reason, and the reason(s) must be clearly explained to the resident. | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.21) | This is included in our complaints policy. As above at 6.14. we do not extend responses beyond an additional 10 working days unless there are extenuating circumstances which we would explain to the resident.  |
| 6.16 | When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.  | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . (Section 7.21) | We always provide the Housing Ombudsman's contact details where we have informed a complainant about an extension to the response timescales.  |
| 6.17 | A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.                                 | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . Section 7.3    | Our process is to respond to complaints following the completion of the investigation, not when any actions stemming from the investigation have been completed. We record these actions as "promises" made and is part of our procedures. We record these separately and they are monitored by the Customer Relations Team to ensure they are delivered.  |
| 6.18 | Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.   | YES | This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a> . Section 5.6    | A full response is given to the tenant in all cases. The Customer Relations Team provide a check and challenge procedure to ensure all issues raised in a complaint are responded to with full details of the investigation, the reasons the issue occurred, remedial actions to be taken, if applicable and learning. All Stage 2 reviews are undertaken by a Head of Service who has received full training on how to investigate a complaint. |

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| 6.19 | <p>Landlords must confirm the following in writing to the resident at the completion of stage 2 in clear, plain language:</p> <ul style="list-style-type: none"> <li>a. the complaint stage;</li> <li>b. the complaint definition;</li> <li>c. the decision on the complaint;</li> <li>d. the reasons for any decisions made;</li> <li>e. the details of any remedy offered to put things right;</li> <li>f. details of any outstanding actions; and</li> <li>g. details of how to escalate the matter to the Ombudsman Service if the individual remains dissatisfied.</li> </ul> | YES | <p>This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a>. (Section 5.6)</p>            | <p>A full response is given to the tenant in all cases and a template used by all Service Investigation Officers when responding to complaints. The Customer Relations Officer ensure that all these criteria are followed. There is a procedure in place to make sure all parts of the complaints are answered in one response backed with full details of the investigation and remedial actions if applicable. Details of how to escalate if the complainant is not happy are included with the response.</p> |
| 6.20 | <p>Stage 2 is the landlord's final response and must involve all suitable staff members needed to issue such a response.</p>   | YES | <p>This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found <a href="#">here</a>. (Sections 7.16 and 7.19)</p> | <p>Our Policy sets out that Stage 2 reviews are undertaken and responded to by a Head of Service. The letter to the complainant advises that this is the final response and advises on the contact details of the Housing Ombudsman's Office should the complainant remain dissatisfied. The training undertaken by Heads of Service includes how to fully review and investigate complaints.</p>  |

### Section 7: Putting things right

|     | Code requirement   | Comply: Yes / No | Evidence  | Commentary / explanation  |
|-----|--|------------------|---|---|
| 7.1 | <p>Where something has gone wrong a landlord must acknowledge this and set out the actions it has already taken, or intends to take, to put things right. These can include:</p> <ul style="list-style-type: none"> <li>• Apologising;</li> <li>• Acknowledging where things have gone wrong;</li> </ul> | YES              | <p><i>Compensation and Goodwill Policy 2</i> <a href="#">here</a>.</p> <p>Complaint responses at Stage 1 and Stage 2.</p> <p><i>Compliments, Comments and Complaints Policy</i></p> | <p>Where a complaint is upheld, we provide a detailed explanation highlighting the improvements made and an apology. Our Compensation and Goodwill Policy supports the approach we will take to putting things right.</p> |

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|     | <ul style="list-style-type: none"> <li>• Providing an explanation, assistance or reasons;</li> <li>• Taking action if there has been delay;</li> <li>• Reconsidering or changing a decision;</li> <li>• Amending a record or adding a correction or addendum;</li> <li>• Providing a financial remedy;</li> <li>• Changing policies, procedures or practices.</li> </ul> |     | Section 5.6. A copy of the policy can be found <a href="#">here</a> .   |  |
| 7.2 | Any remedy offered must reflect the impact on the resident as a result of any fault identified.  | YES | <i>Compensation and Goodwill Policy 2</i> <a href="#">here</a> .<br>Ombudsman's Remedies Guidance.  | All decisions and resolutions to complaint cases are dealt with on a case-by-case basis and reviewed in line with our Compensation and Goodwill policy and by reference to the Housing Ombudsman's remedies guidance which we publish on our Intranet. The Customer Relations Team act as a check and challenge with regard to the remedies proposed by Service Investigating Officers to ensure any remedy offered reflects the impact on the resident. |
| 7.3 | The remedy offer must clearly set out what will happen and by when, in agreement with the resident where appropriate. Any remedy proposed must be followed through to completion.  | YES | Examples of responses to complaints.  | This information is included in the response to the complainant. The Customer Relations Team track promises made to ensure these are actioned.   |
| 7.4 | Landlords must take account of the guidance issued by the Ombudsman when deciding on appropriate remedies.   | YES | <i>Compensation and Goodwill Policy. 2</i> <a href="#">here</a> .<br>Ombudsman's Remedies Guidance published on our Intranet and referenced in our Internal Complaints Charter. | Any remedy is awarded in line with our Compensation and Goodwill Policy and guidance issued by the Housing Ombudsman. The Housing Ombudsman's guidance is published on our Intranet and referenced in our Internal Complaints Charter.   |

### Section 8: Putting things right

|  | Code requirement | Comply: Yes / No | Evidence | Commentary / explanation |
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| 8.1 | <p>Landlords must produce an annual complaints performance and service improvement report for scrutiny and challenge, which must include:</p> <p>a. the annual self-assessment against this Code to ensure their complaint handling policy remains in line with its requirements.</p> <p>b. a qualitative and quantitative analysis of the landlord's complaint handling performance. This must also include a summary of the types of complaints the landlord has refused to accept;</p> <p>c. any findings of non-compliance with this Code by the Ombudsman;</p> <p>d. the service improvements made as a result of the learning from complaints;</p> <p>e. any annual report about the landlord's performance from the Ombudsman; and</p> <p>f. any other relevant reports or publications produced by the Ombudsman in relation to the work of the landlord.</p> | YES | <p>Annual Report to Overview and Scrutiny Management Committee (City of Doncaster Council) which can be found <a href="#">here</a>.</p> <p>Performance Reports to Customer and Performance Committee;</p> <p>Self-Assessment reported to Board annually which can be found <a href="#">here</a>.</p> <p>Annual Complaint and Service Improvement Report which can be found <a href="#">here</a>.</p> <p>The latest report to CDC cabinet on complaints can be found <a href="#">here</a>.</p> | <p>Our performance is reported annually to the City of Doncaster's Council's Overview and Scrutiny Management Committee in September.</p> <p>Complaint numbers and how we are performing against key performance indicators are also reported quarterly to the City of Doncaster Council's Cabinet meetings.</p> <p>St Leger's Board receives a report annually to approve the self-assessment against the Housing Ombudsman's Complaints Code.</p> <p>1/4ly and year end performance is also reported to our Customer and Performance Committee. Reports and publications from the HO such as spotlight reports are considered by the Executive Management Team. All this data is pulled together in an annual report which is considered by Board, reviewed by the Member Responsible for Complaints and reported by Executive Decision to the City of Doncaster Council;</p> |
| 8.2 | <p>The annual complaints performance and service improvement report must be reported to the landlord's governing body (or equivalent) and published on the section of its website relating to complaints. The governing body's response to the report must be published alongside this.</p>   | YES | <p>Overview and Scrutiny Management Committee Report can be found <a href="#">here</a>.</p> <p>Customer and Performance Committee Report can be found <a href="#">here</a>.</p> <p>Customer and Performance Committee Minutes reported to Board can be found <a href="#">here</a>.</p>  | <p>Our annual complaints performance is reported annually to the City of Doncaster's Council's Overview and Scrutiny Management Committee in September. The response and questions asked are taken down as minutes and are available on the CDC website.</p> <p>We publish our complaint performance on a quarterly basis on our website, this shows the cumulative position and therefore the position at year-end.</p>  |

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|     |   |     |   | Committee response to these reports are taken down as minutes and available on the SLHD website under the Board Reports section.   |
| 8.3 | Landlords must also carry out a self-assessment following a significant restructure, merger and/or change in procedures.  | YES | Self-Assessment reported to Board which can be found <a href="#">here</a> . | The complaints code is taken into account where there are significant changes within the organisation that may impact on whether we are compliant with the code. The self-assessment is undertaken within the Customer Relations Team, who review the code and any impact. Senior managers are aware of the need to advise the Customer Relations Team of any significant changes. |
| 8.4 | Landlords may be asked to review and update the self-assessment following an Ombudsman investigation.   | YES | Self-Assessment reported to Board should this arise.                        | We will fully comply with this should this arise   |
| 8.5 | If a landlord is unable to comply with the Code due to exceptional circumstances, such as a cyber incident, they must inform the Ombudsman, provide information to residents who may be affected, and publish this on their website Landlords must provide a timescale for returning to compliance with the Code. | YES | Evidence will be provided should this occur                                 | We will fully comply with this should this arise   |

### Section 9: Scrutiny & oversight: continuous learning and improvement

|     | Code requirement   | Comply: Yes / No | Evidence   | Commentary / explanation  |
|-----|--|------------------|--|---|
| 9.1 | Landlords must look beyond the circumstances of the individual complaint and consider whether service improvements can be made as a result of any learning from the complaint. | YES              | Annual Complaint and Service Improvement Report which can be found <a href="#">here</a> .<br><br>Customer and Performance Committee Customer Feedback Report which can be found <a href="#">here</a> . | We use learning from complaints to change the way in which we deliver our services and publish this on our website under our 'You Said, We Did' section. Complaints are also taken into account when reviewing policies. We publish learning in the Annual Complaint and Service Improvement Report and report this to our Customer and Performance Committee. Learning is also identified by Service Investigating Officers as part of the initial investigation of the complaint. |
| 9.2 | A positive complaint handling culture is integral to the effectiveness with which landlords resolve disputes. Landlords must use complaints as a                               | YES              | You Said, We Did on the website <a href="#">here</a> ;<br>Customer Excellence Training;  | A positive complaint handling culture is promoted across the organisation using a variety of methods. Our Customer Excellence training focused on the customer and complaints. Our internal Customer Charter has a specific   |

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|     | source of intelligence to identify issues and introduce positive changes in service delivery.  |     | Customer and Performance Committee Customer Feedback Report which can be found <a href="#">here</a> .   | section about learning. Feedback from complaints is discussed at Leadership level and individual team level to inform changes in service delivery and improvements. The Customer Relations Team support all staff to be fully engaged in the complaints process. Feedback from complaints is used to inform policy and strategies and learning and is reported to Customer and Performance Committee.   |
| 9.3 | Accountability and transparency are also integral to a positive complaint handling culture. Landlords must report back on wider learning and improvements from complaints to stakeholders, such as residents' panels, staff and relevant committees.   | YES | You Said, We Did on the website <a href="#">here</a> ;<br><br>Customer and Performance Committee Customer Feedback Report which can be found <a href="#">here</a> ;<br><br>Annual Report to Overview and Scrutiny Management Committee (City of Doncaster Council) which can be found <a href="#">here</a> .<br><br>Annual Complaint and Service Improvement Report which can be found <a href="#">here</a> . | We advise the complainant of our failures (where applicable) and the actions we have taken to address these. We report to EMT, Customer and Performance Committee and Board on complaints performance and learning as well as to the City of Doncaster's Overview and Scrutiny Member Committee. Our Tenant Scrutiny Panel Complaint Sub Group periodically review a selection of complaint responses each quarter and report back their findings. These are shared with Heads of Service to improve service delivery and to share learning. The Annual Complaint and Service Improvement report includes a section on complaints and the changes we have made as the result of learning from complaints. |
| 9.4 | Landlords must appoint a suitably senior lead person as accountable for their complaint handling. This person must assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision. | YES | Complaint Performance Reports to EMT;<br>Customer and Performance Committee Customer Feedback Reports;<br>Reports to Leadership   | The senior lead person accountable for complaints is our Chief Executive who is provided with the organisational overview of performance via reports to the Executive Management Team and Board.  |
| 9.5 | In addition to this a member of the governing body (or equivalent) must be appointed to have lead responsibility for complaints to support a positive complaint handling culture. This person is referred to as  | YES | Minute of Board meeting 7 <sup>th</sup> March 2024 can be found on our website <a href="#">here</a> .<br>( April 2024 – Agenda Item 6)  | The Portfolio Holder for Housing from City of Doncaster Council is designated Member Responsible for Complaints (MRC) we also have a Tenant Board Member Complaint Champion.  |

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|     | the Member Responsible for Complaints ('the MRC').  |     |  |  |
| 9.6 | <p>The MRC will be responsible for ensuring the governing body receives regular information on complaints that provides insight on the landlord's complaint handling performance. This person must have access to suitable information and staff to perform this role and report on their findings.</p> | YES | <p>Minute of Board meeting 7<sup>th</sup> March 2024 can be found on our website <a href="#">here</a>.<br/>(Under April 2024 – Agenda Item 6)<br/>Customer and Performance Committee Customer Feedback Report which can be found ;</p> <p>Report to City of Doncaster Council's Overview and Member Scrutiny Committee which can be found <a href="#">here</a>.</p> <p>Annual Complaint and Service Improvement Report which can be found <a href="#">here</a>.</p> <p>The latest report to CDC cabinet on complaints can be found <a href="#">here</a>.</p> | <p>The Housing Portfolio Holder (Member Responsible for Complaints) at the City of Doncaster Council and a Tenant Board Member ( Board Member Complaint Champion) fulfil this role for the ALMO.</p> <p>The Member Responsible for Complaint and the Board Member Complaint Champions are provided with reports submitted to the Customer and Performance Committee which detail volumes, trends, and outcomes from complaints, along with complaint handling performance as reported in the Minutes of Board meetings. They are also provided with updates from the Housing Ombudsman's office on the outcomes of Ombudsman's investigations. The Tenant Board Member Complaint Champion is a member of our Customer and Performance Committee to ensure regular reporting and insight into complaint performance, he is also Chair of the Complaint Sub Group which reviews a selection of customer complaints and our responses to ensure that we compliant in policy and practice.</p> <p>The MRC meets with the Chief Executive on a regular basis to ensure they have the information required to fulfil their role as MRC. They have oversight of the annual performance report prior to this being submitted to the City of Doncaster Council's Overview and Scrutiny Management Committee and also the Annual Complaint and Service Improvement report, which they are required to comment on.</p> <p>The MRC has a dedicated channel within Microsoft Teams to access relevant complaint information including best practice documents, spotlight reports and performance reports. The Complaint numbers and how we are performing against key performance indicators are also reported quarterly to the City of Doncaster Council's Cabinet meetings.</p> |

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| 9.7 | <p>As a minimum, the MRC and the governing body (or equivalent) must receive:</p> <ul style="list-style-type: none"> <li>a. regular updates on the volume, categories and outcomes of complaints, alongside complaint handling performance;</li> <li>b. regular reviews of issues and trends arising from complaint handling;</li> <li>c. regular updates on the outcomes of the Ombudsman's investigations and progress made in complying with orders related to severe maladministration findings; and</li> <li>d. annual complaints performance and service improvement report.</li> </ul>          | YES | <p>Performance Reports to Customer and Performance Committee;</p> <p>Annual Report to Overview and Scrutiny Management Committee (City of Doncaster Council) which can be found; <a href="#">here</a>.</p> <p>Annual Complaint and Service Improvement Report which can be found <a href="#">here</a>.</p> | <p>As indicated above at 9.6. This information is reported to Customer and Performance Committee on a ¼ly basis. In addition, the City of Doncaster Council's Overview and Scrutiny Management Committee receives a yearly report on complaints to enable effective challenge.</p> <p>The self-assessment against the Complaint Handling Code is considered by Board each year and shared with the Tenant Board Complaint Champion and MRC. Board receive a report on outcomes from the Housing Ombudsman's findings of maladministration. These are also shared with the Member Responsible for Complaints and the Tenant Board Complaint Champion.</p> <p>The Board approves the Annual Complaint and Service Improvement Report. This is also reported to the City of Doncaster Council Members via a signed Executive Decision Order by the Member Responsive for Complaints; Doncaster Council's Housing Portfolio Holder.</p> |
| 9.8 | <p>Landlords must have a standard objective in relation to complaint handling for all relevant employees or third parties that reflects the need to:</p> <ul style="list-style-type: none"> <li>a. have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments;</li> <li>b. take collective responsibility for any shortfalls identified through complaints, rather than blaming others; and</li> <li>c. act within the professional standards for engaging with complaints as set by any relevant professional body.</li> </ul> | YES | <p>Customer Feedback Reports to Customer and Performance Committee;</p> <p>Values and behaviours documents</p>   | <p>This is an objective that is set for the organisation. Our leadership team work collaboratively to ensure that we are compliant with the Housing Ombudsman's code and to ensure that complaint are dealt with fairly and effectively. Our aim is to embed a positive complaints culture across the organisation and to ensure that learning from complaints is used positively to improve the customer experience and to ensure that where we have fell short we put in place appropriate remedies. Training which is underpinned through our values and behaviours which incorporate the specific professional standards set by the Chartered Institute of Housing. We are currently reviewing the professional qualifications of all employees to ensure we will be compliant with the requirement in the consumer standards.</p>  |





## **POLICY DOCUMENT**

### **Compliments, Comments and Complaints Policy**

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| <b>POLICY TITLE:</b>   | <b>Compliments, Comments and Complaints Policy</b>   |
| <b>LEAD OFFICER:</b>   | <b>Head of Customer Services</b>   |
| <b>DATE APPROVED:</b>  | <b>April 2026</b>  |
| <b>APPROVED BY:</b>  | <b>St Leger Homes Board</b>  |
| <b>IMPLEMENTATION DATE:</b>  | <b>April 2026</b>  |
| <b>DATE FOR NEXT REVIEW:</b>   | <b>April 2028</b>  |
| <b>ADDITIONAL GUIDANCE:</b>  | <b>Customer Charter &amp; Service Standards<br/>Compensation and Goodwill Policy<br/>Data Protection Policy<br/>Freedom of Information Policy<br/>Equality, Diversity and Inclusion Policy</b> |
| <b>ASSOCIATED CUSTOMER PUBLICATIONS:</b>                               | <b>Corporate Plan 2024 - 2028<br/>Customer Access Strategy<br/>Equality and Diversity Strategy<br/>Tenant Voice Strategy</b>   |
| <b>TEAMS AFFECTED:</b>   | <b>All Staff and Board Members and the Member Responsible for Complaints</b>   |
| <b>THIS POLICY REPLACES WITH EFFECT FROM 3<sup>rd</sup> APRIL 2025</b> | <b>Compliments, Comments and Complaints Policy</b>   |

## DOCUMENT CONTROL

For guidance on completing this section please refer to the document version control guidance notes

### Revision History

|                               |                           |
|-------------------------------|---------------------------|
| <b>Date of this revision:</b> | April 2026                |
| <b>Date of next review:</b>   | April 2028                |
| <b>Responsible Officer:</b>   | Head of Customer Services |

| Version Number | Version Date | Author/Group commenting   | Summary of Changes                                  |
|----------------|--------------|---------------------------|---|
| 4.5            | April 2026   | Head of Customer Services | Changes to include complaints about Data Protection |

### Policy Creation and Review Checklist

| Action  | Responsible Officer   | Date Completed |
|---|---|----------------|
| Staff consultation through Trade Unions if applicable | Not applicable  |                |
| Trade Union consultation if applicable                | Not applicable  |                |
| Stakeholder consultation if applicable                | Not applicable for the minor change regarding Data Protection which is a statutory requirement  | April 2026     |
| Equality analysis carried out on the intranet         | This is not a new Policy. Impact on equality is embedded within the Code and the Policy has been reviewed/changed to reflect this. A separate EA has been completed for the Unreasonable Behaviour Policy | N/A            |

**NB.** The above table must be completed on all occasions. The policy will not be accepted or approved by EMT without this information completed.

### Table of Changes

| Date of changes | Changes  |
|-----------------|--|
| July 2019       | Policy shortened in places to make more concise and to move to procedures where applicable<br>Duplicate sections of policy removed<br>Appeals section revised to reflect new approach to appeals using a tenant representative appeals panel.<br>Removed reference to 'old' systems that were listed<br>Added section setting out the different stages of the complaints process |

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| July 2022      | Changes in response to the review of the Housing Ombudsman's Complaints Code.  |
| September 2023 | Updates to the policies and strategies list and changes to ensure compliance with the housing ombudsman's complaints code. Changes to how complaints are dealt with at Stage Two. Stage Two complaints will be investigated by a Head of Service to ensure ownership of complaints within respective service areas and to support performance against the Tenant Satisfaction Management measure on the time taken to respond to Stage 1 and Stage 2 complaints. Tenant challenge will be provided by the Tenant and Resident Improvement Panel. |
| March 2024     | Updates to the policy to reflect the changes arising from the amended Housing Ombudsman's Complaint Code which came into force on the 1 <sup>st</sup> of April 2024. The Code sets out our statutory requirements. Addition to the Policy to include complaints about building safety risk, or the performance of an accountable person or principal accountable person, in a high-rise residential building.  |
| May 2024       | Typo corrected at section 5.7 following reporting to Board.  |
| March 2025     | Policy updated following the implementation of a separate Policy on unreasonable behaviour and the Equality, Diversity and Inclusion Policy approved by Board August 2024. Also updated to reference the mandatory occurrence reporting procedures for high rise properties. These minor changes were approved by Executive Management Team on the 11 <sup>th</sup> March 2025. Minor changes to clarify compliance with the Housing Ombudsman's Complaints Code.  |
| July 2025      | Minor amendments to the policy by EMT to reflect recommendations following a review by the Housing Ombudsman.  |
| March 2026     | Amended to include a section relating to data protection complaints  |



# **POLICY DOCUMENT**

## **Compliments, Comments and Complaints Policy**

### **1. Introduction**

- 1.1 St. Leger Homes of Doncaster (SLHD) aims to provide the highest standard of service that is efficient, responsive and customer orientated, however we accept, that on occasions, we may give individuals cause to complain.
- 1.2 We recognise that customers have a right to complain, comment and compliment, about the provision, or non-provision, of services. As such, SLHD aims to provide an accessible, fair and inclusive complaints procedure for tenants, leaseholders and stakeholders; our customers. SLHD takes all complaints seriously as an important part of a commitment to customer care, always putting the customers at the heart of what we do, day in day out.
- 1.3 We view all complaints received as an opportunity to continuously improve its services to meet our customer's needs by learning from and regularly monitoring all complaints. We will publicise how we have learnt from complaints.
- 1.4 We also want to know when we do things right, and therefore we equally value our customer's comments and compliments as well.

### **2. Purpose**

- 2.1 The purpose of our Complaints, Comments and Compliments Policy is to ensure that:
  - any customer who is not happy with the service received (or not received) from SLHD has an accessible and easy to use method for making a complaint, which offers rapid action and response;
  - the customer can be confident that their complaint will be dealt with confidentially, effectively and fairly, even if the outcome is not to their satisfaction;
  - SLHD uses complaints and comments positively, so that by listening to our customers and taking subsequent action to learn from our mistakes, we will continue to improve our services.

- Board Members, partnering groups and all members of staff understand the need to handle complaints, comments and compliments through the correct operation of this policy;
  - Customers are aware of their right and how ask for their complaint to be reviewed if they are not satisfied with the outcome of their complaint.
  - If customers remain dissatisfied after their complaint has been through all stages of the internal complaints procedure SLHD will advise of their right to complain to their designated person (which is their MP or Councillor) or the Local Government Ombudsman (LGO) or Housing Ombudsman (HO) (dependent on the service area the dispute relates to).
- 2.2 All compliments and comments received by SLHD are recorded and promoted to all staff. Compliments are used to ensure improved and consistent service delivery. The Complaints Policy supports a number of other key policies which impact on our customers. These include the Repairs and Maintenance Policy, the Housing Policy, the Damp Mould and Condensation Policy, the Domestic Abuse Policy, the Allocation Policy, the Vulnerable Persons Policy, the Equality, Diversity and Inclusion Policy, the Sustainable Tenancy Fund Policy. Further information about these policies can be found on our website at [St.Leger Homes | Policies and Strategies \(stlegerhomes.co.uk\)](http://St.Leger Homes | Policies and Strategies (stlegerhomes.co.uk)) .

### **3. Scope**

- 3.1 This policy relates to anyone who receives or requests a service from SLHD.
- 3.2 This policy is relevant to any customer, tenant or resident who wants to make a complaint, comment or compliment about any SLHD service.

### **4. Complaints**

#### **4.1 What is a complaint?**

Our definition of a complaint is:

- 4.2 An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by St Leger Homes, its own staff, or those acting on its behalf; affecting an individual resident or group of customers. If the resident expresses dissatisfaction with the response to their service request, a complaint will be raised. This will not prevent or delay any actions required to resolve the immediate issue (i.e. the service request)
- 4.3 The complainant does not have to use the word 'complaint' for it to be treated as such. Whenever a customer expresses dissatisfaction, we will give the customer the choice to make complaint. A complaint that is submitted via a third party or representative will be handled in line with this Policy.
- 4.4 Where an issue is being reported for the first time, this will be treated as a service request, and we will take appropriate action to ensure it is dealt with.

A service request is a request from a resident to the landlord requiring action to be taken to put something right. This is not recorded as a complaint and the customer will be informed this will be handled as a service request to be recorded, monitored and reviewed in accordance with internal procedures.

Where further enquiries are made about the same issue, the issue is of significant impact or where the customer advises they want to complain this would be recorded as a complaint.

4.5 Examples (as defined with the help of our tenants) are when we:

- do something wrong or badly;
- do not do something at all, that we should do;
- are impolite or unhelpful (this includes staff and contractors);
- do not provide a service within our specified times;
- fail to communicate as promised;
- fail to meet legal duties;
- providing wrong or misleading advice;
- failure to act within agreed policies, procedures or service standards;
- delays in undertaking work which cannot be explained within the terms of policy and procedure;
- bias or inequality of treatment;
- rudeness, offensiveness, attitude and actions of any SLHD staff member or representative;
- failure to keep appointments;
- if we have to make further enquiries to resolve a matter where a customer has expressed dissatisfaction or if the resident requests it, the issue must be logged as a complaint.

4.6 Examples where individuals may express dissatisfaction that would not be regarded as complaints are:

- the general law, unless wrongly applied;
- requests for new services;
- persons or bodies over which SLHD has no control;
- Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and the Particulars of Claim, having been filed at court;
- the subject of the complaint occurred, or the complainant became aware of the issue more than 12 months ago and/or is already subject to an on-going or resolved complaint. We will consider whether to apply discretion to accept complaints outside of this time lime where there are good reasons to do so.
- matters that have already been considered under the complaints policy;
- expressions of dissatisfaction made through a survey. We will, however, provide details of how a customer can complain.

4.7 Where a decision has been made not to accept a complaint, a detailed explanation must be provided to the resident setting out the reasons why

the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman. We will not take a blanket approach to excluding complaints and will consider the circumstances of each complaint.

#### 4.8 **Data Protection Complaints**

The **Digital Information and Data Protection Act (DUAA)** is introducing updates to UK data protection law between now and June 2026. These changes clarify how organisations, including SLHD, can use your personal information and strengthen some of your rights.

If you wish to complain about how we have handled your personal data, the DUAA requires organisations to make the process easier and clearer. This includes:

- providing accessible ways for you to raise a complaint, including electronic forms;
- acknowledging your complaint within **30 days**; and
- responding **without undue delay**.

For more detailed information about the DUAA, you can visit the GOV.UK website or the ICO's guidance pages.

### 5. **Responsibilities, and Reasonable Adjustments**

5.1 Complaints, compliments and comments may be received in any format, by letter, telephone, email, web form, social media or face to face and to any member of the organisation, referred to as the Receiving Officer.

5.2 They can also be received via a Local Authority Councillor, Board Member, MP, Mayor's office or a 3<sup>rd</sup> party representative acting on behalf of a customer, with their consent, unless there is a legal basis, under the Data Protection Act 2018, to share personal information with a 3<sup>rd</sup> party representative without consent. 3<sup>rd</sup> party representatives can accompany the customer to any meetings.

5.3 Complaints about the services provided by a third party (e.g., a contractor or independent adjudicator) will be investigated and responded to in line with our complaints procedures.

5.4 Residents of high-rise buildings can raise any concerns regarding safety using our mandatory occurrence procedures. This ensures issues are documented and appropriately addressed. Where a resident feels that issues raised have not been properly dealt with, they can use our complaints procedures to make complaints about building safety or the performance of an accountable person or principal accountable person, which have been raised as service requests and where the complainant feels this is not being resolved.

5.5 Where a complaint is received via social media we will acknowledge the complaint using private messaging so that all details of the complaint and the complainant are confidential. We will then process the complaint

and assign a dedicated Customer Relations Officer to deal with the complainant.

5.6 Where customers raise additional complaints during the investigation, these will be incorporated into the stage 1 response if they are related provided the stage 1 response has not been issued. Where the stage 1 response has been issued, where the new issues are unrelated to the issues already being investigated or it where it would unreasonably delay the response, the new issues will be logged as a new complaint. The complaint will be investigated taking into account:

- All the details provided by the complainant in support of their case;
- Whether or not the complainants has been treated fairly;
- Whether the complainant has experienced any unreasonable delays;
- The relevant policies and procedures of SLHD have been applied correctly ensuring that individual needs are taken into account;
- Consistency when dealing with an individual person and when dealing with other tenants and complaints;
- Clarity where responsibility lies for any action to resolve the complaint;
- Respect of confidentiality.

All responses to complaints will include:

- the complaint stage;
- the complaint definition;
- a response that is clear to read and free from jargon showing empathy and understanding;
- the decision that has been reached;
- details of any remedies offered;
- the reasons behind that decision and any promises made to rectify the complaint (if applicable);
- who and how the complainant should contact if not satisfied with the response.

## **6. Reasonable Adjustments**

6.1 All St Leger Homes staff are trained in equality and diversity to embed understanding about where they may need to adapt normal policies, procedures, or processes to accommodate an individual's needs. This is mandatory training, the compliance of which is monitored by our Organisational Development team.

6.2 Our Equality and Diversity Statement sets out that "We are committed to understanding more about the needs of our customers. Collecting, storing and using customer information appropriately enables us to tailor our services to meet their needs".

6.3 In line with our Equality and Diversity Statement and commitments, we

will support the needs of our diverse customers by adapting this policy, and other policies and associated procedures, to accommodate an individual's needs. This includes taking into account the customer's need and where appropriate changing work practices, for example, contact preferences providing correspondence on coloured paper where requested, having an accessibility compliant website, taking into account diversity when delivering our services and ensuring that our complaints procedures are accessible for all. We keep a record of disabilities and adjustments in our Housing Management System, where customers have provided these, and these are updated as customers contact us and through our Keeping in Touch visits.

- 6.4 A copy of our Equality, Diversity and Inclusion Policy can be found at [St.Leger Homes | Policies and Strategies.](#)

## **7. Stages of the Complaint and Timescales**

- 7.1 All complaints will be acknowledged within 5 working days from the day the complaint is received.

- 7.2 We will be clear which aspects of the complaint we are, and are not, responsible for and clarify any areas where this is not clear, setting out our understanding of the complaint when the complaint is logged. Where this is not clear we will ask for clarification. We will include the outcome the resident is seeking in the acknowledgement letter at both Stage 1 and Stage 2

- 7.3 There are two stages to the complaints process. A complaint response will be provided when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions will be tracked, and we will provide the resident with appropriate updates on any outstanding matters.

### **7.4 Stage 1**

- 7.5 This is the first opportunity to resolve the customer's complaint. The majority of complaints will be resolved at this stage by the relevant Complaint Investigating Officer. If the customer is dissatisfied with the response the complaint can be escalated to Stage 2 of our procedures.

- 7.6 Complaints will be acknowledged, defined and logged at stage 1 of the complaints procedure within 5 working days of the complaint being received. The day the complaint is received is classed as day zero of the 5 working days.

- 7.7 We aim to respond to most stage 1 complaints in writing within 10 working days of date of acknowledgement. This can take longer if the complaint is of a complex nature. Where this is the case, we will contact the customer to extend our response time, agreeing suitable intervals for keeping the customer informed and will provide the contact details of the

Ombudsman. Any extension must be no more than 10 working days without good reason, and the reason(s) must be clearly explained to the resident.

7.8 Where customers raise additional complaints during the investigation, these will be incorporated into the stage 1 response, if they are related and the stage 1 response has not been issued.

7.9 Where the stage 1 response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues will be logged as a new complaint.

#### 7.10 **Stage 2**

7.11 Stage 2 is our final response. If the customer is not satisfied with the answer they receive, they have the right to ask for a review. Customers do not have to explain their reasons for requesting a stage 2 consideration.

7.12 Complaints must only escalate to stage 2 once it has completed at stage one. A request for a review must be submitted by the complainant within 20 working days of the date of the response letter. We will however take into account individual circumstances and make reasonable adjustments as appropriate.

7.13 Requests for stage 2 must be acknowledged, defined and logged at stage 2 of the complaints procedure, within five working days of the escalation request being received.

7.14 A stage 2 response will be a review of the initial stage 1 response unless further investigation is required. This will depend on the information and reasons for escalation set out by the customer in their escalation request. If no new information is provided, or there is nothing that requires further investigation, we will complete a review of the investigation carried out at stage 1.

7.15 If new information is provided or the Stage 1 findings are disputed we will carry out a further investigation of these matters. If the issues raised are new and not related to the issues already being investigated, the new issue must be logged as a new complaint.

7.16 All reviews will be investigated in full by, a Head of Service unless the complaint can be resolved to the full satisfaction of the tenant.

7.17 The remit of the Head of Service is to be fair in their approach, independently investigating the complaint to come to a conclusion. The Head of Service will help SLHD to learn from their complaints and to challenge, where and when appropriate.

- 7.18 The Head of Service will be provided with:
- The original complaint, investigation and the Stage 1 response letter;
  - The details of the review and why the tenant is unhappy with the original decision;
  - Details of what the tenant would like to happen to resolve the complaint to their satisfaction;
- 7.19 Visits, inspections and any interviews the Head of Service may want to conduct will be co-ordinated by the Customer Relations Team.
- 7.20 We will issue a final response to the stage 2 within 20 working days of the complaint being acknowledged.
- 7.21 If an extension is needed due to the complexity of the complaint we will inform the customer of the expected timescale for response. Any extension will be no more than 20 working days without good reason, and the reason(s) will be clearly explained. Where we do extend the timescale for responding we will provide contact details of the Housing Ombudsman.
- 7.22 Where it is deemed not appropriate for a complaint to be progressed to Stage 2 of the process, the complainant will be informed of this in writing.

Reasons why a complaint would not be progressed to Stage 2 include:

- the general law, unless wrongly applied;
- requests for new services;
- persons or bodies over which SLHD has no control;
- Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and the Particulars of Claim, have been filed at court;
- the subject of the complaint occurred more than 12 months ago and/or is already subject to an on-going or resolved complaint;
- matters that have already been considered under the complaints policy

## **8. Unreasonable Behaviour and Unreasonably Persistent Complainants**

- 8.1 SLHD is committed to dealing with complaints fairly and impartially and to providing a high-quality service to those who make them. As part of this service SLHD do not normally limit the contact complainants have with our offices.
- 8.2 Any restrictions placed on contact due to unreasonable and unacceptable behaviour will be proportionate and demonstrate regard for the provisions of the Equality Act 2010.

8.3 However, SLHD will not tolerate behaviour by complainants which is unacceptable, for example, which is abusive, offensive, or threatening, or if complainants are unreasonably persistent in contacting SLHD concerning the same issues. We will take action to protect staff from that behaviour.

8.4 We have a separate Unacceptable Behaviour Policy for specifically addressing how we deal with unreasonable behaviour. The policy outlines the measures we will take to ensure a safe and respectful working environment for both our employees and customers. A copy of the Policy can be found at St.Leger Homes | Policies and Strategies.

## **9. Compliments and Comments**

### **9.1 Compliments**

9.2 A compliment is when someone takes the trouble to tell us that a person, team, or service we provide has exceeded their expectations and is worthy of praise and compliments should be unprompted and unsolicited. It is not a compliment if it has been given when completing a satisfaction survey.

9.3 All compliments received will be acknowledged and where a customer has provided a member of staff's name, we will pass the compliment on to the member of staff or/and the team concerned, via an email from the relevant Director.

9.4 A selection of compliments will be shared each month in our staff magazine and all compliments uploaded onto SLHD's intranet site for all staff members to view.

## **10. Comments**

10.1 A comment is when a customer takes the trouble to tell us what changes they think would assist us in improving the delivery of our services.

10.2 Comments are also encouraged from our customers and are taken seriously as they also enable us to view our services from the customers' experience. Comments are acknowledged within 3 working days.

10.3 All comments are sent to the relevant Service Managers for them to record and action if any improvements are identified to the services they deliver and are used as "You Said, We Did" feedback

## **11. Service Promises**

11.1 SLHD is committed to continuous improvement in service delivery.

11.2 Our Service Standards for Compliments, Comments and Complaints are:

- We will make it easy and straightforward for our customers to make a complaint, comment, or compliment, publicising our service on our website and other platforms;
- We will acknowledge and respond to your complaint and compliment in line with our Service Standards and published timescales and keep you informed if we cannot meet the timescale, explaining why and when we will respond;
- We will ensure that you will have a full explanation to your complaint in your preferred format;
- We will tell you if changes have been made to services following your complaint as “You said, We Did” reports on our website;
- We will publish the quarterly performance figures on the SLHD website on how we are meeting our set timescales;
- If we are unable to comply with the Code due to exceptional circumstances, such as a cyber incident, we will inform the Ombudsman, provide information to customers who may be affected, and publish this on our website.

## **12. Monitoring and Review**

- 12.1 We record the numbers of and reasons for complaints as well as the information necessary to ensure response times are met.
- 12.2 Regular reports are produced for all levels of the business highlighting any trends, which may suggest possible improvements in areas of service provision or practices. Customer journeys are also created and shared at all levels, highlighting a true journey of the reasons which led to the customer having to complain which then prompts changes to services.
- 12.3 We will publish this Policy, information about the Housing Ombudsman and their contact details, and our self-assessment against the Housing Ombudsman’s Complaint Code, on our website and ensure we have a nominated Member Responsible for Complaints as well as a Tenant Board Complaint Champion.
- 12.4 We will report annually on our complaints performance and service improvements to our governing body, or equivalent and publish this and the governing body’s (or equivalent) response on our website.

## **13. Training**

- 13.1 An overview is provided to all new starters at induction covering high level information to recognise and try and resolve a complaint.
- 13.2 More detailed training is provided to members of staff who investigate and respond to formal complaints. Training is also provided for tenant representatives who have a role in scrutinising how we are dealing with complaints.

**14. Partnership working**

- 14.1 We work in partnership with the City of Doncaster Council and other partners to resolve any joint complaints.

# ST LEGER HOMES OF DONCASTER LTD

## Board Briefing Note

|                         |   |
|-------------------------|---|
| <b>Title:</b>           | 28 February 2026 KPI dashboard                        |
| <b>Action Required:</b> | For information                                       |
| <b>Item:</b>            | 13  |
| <b>Prepared by:</b>     | Nigel Feirn<br>Head of Finance and Business Assurance |
| <b>Date:</b>            | 2 April 2026  |

### 1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at the end of February 2026 and brief commentary for those KPIs where the target is not being met.
- 1.2. Appendices are attached as follows:
  - A: KPI dashboard 28 February 2026;
  - B: Latest Housemark benchmarking in-month survey – January 2026

### 2. Executive summary

- 2.1. 41 KPIs were agreed with City of Doncaster Council (CDC) for the 2025/26 (25/26) financial year, including the Regulatory Tenant Satisfaction Measures (TSM). **Appendix A** details each KPI measured at end of October, with comparatives.
- 2.2. Of the 41 KPIs, 15 are measured either quarterly (2) or annually (13). The annual KPIs are the customer satisfaction TSMs from perception surveys throughout the year and an property energy efficiency measure.
- 2.3. The table below summarises the KPIs with comparatives from earlier years and shows an improving performance from previous period ends. As at the end of February 2026, 15 of the 26 KPIs measured were met or were within tolerances of target.

| KPIs                     | Feb26 | Q3    | Q2    | Q1    | Q4    | Q3    | Q2    | Q1    | Q4    | Q3    | Q2    | Q1    |
|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                          | 25/26 | 25/26 | 25/26 | 25/26 | 24/25 | 24/25 | 24/25 | 24/25 | 23/24 | 23/24 | 23/24 | 23/24 |
| Green (meeting target)   | 15    | 17    | 13    | 13    | 15    | 14    | 14    | 13    | 9     | 9     | 8     | 4     |
| Amber (within tolerance) | 3     | 4     | 4     | 2     | 0     | 3     | 4     | 3     | 7     | 3     | 3     | 1     |
| Red (not meeting target) | 8     | 9     | 11    | 13    | 13    | 11    | 10    | 12    | 6     | 8     | 9     | 9     |
| Annual / Qtly KPIs       | 5     | 1     | 3     | 3     | 3     | 3     | 3     | 3     | -     | 2     | 2     | 4     |
| Annual TSMs no targets   | 10    | 10    | 10    | 10    | 10    | 10    | 10    | 10    | -     | -     | -     | -     |
| Total                    | 41    | 41    | 41    | 41    | 41    | 41    | 41    | 41    | 22    | 22    | 22    | 18    |

- 2.4. Tolerances which determine the amber status are consistent with CDC measures where possible. The report below details those KPIs that are outside of agreed tolerances and targets are not being met.

### 3. KPI commentary

#### 3.1. KPI 2: Void rent loss (lettable voids)

**Target** **0.80%**  
**Feb 26 25/26 YTD performance** **0.99%** **WORSE THAN TARGET – RED**

The KPI of 0.80% equates to approximately 160 lettable void properties.

|                      | Feb 26<br>25/26 | Q3<br>25/26 | Q2<br>25/26 | Q1<br>25/26 | Q4<br>24/25 | Q3<br>24/25 | Q2<br>24/25 | Q1<br>24/25 | Q4<br>23/24 | Q3<br>23/24 | Q2<br>23/24 | Q1<br>23/24 |
|----------------------|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Void rent loss YTD % | 1.00%           | 1.08%       | 1.11%       | 1.20%       | 0.91%       | 0.90%       | 0.85%       | 0.82%       | 0.68%       | 0.68%       | 0.70%       | 0.73%       |
| Target %             | 0.80%           | 0.80%       | 0.80%       | 0.80%       | 0.70%       | 0.70%       | 0.70%       | 0.70%       | 0.50%       | 0.50%       | 0.50%       | 0.50%       |
| Lettable voids*      | 162             | 178         | 172         | 175         | 205         | 188         | 169         | 157         | 102         | 108         | 79          | 122         |
| Total voids          | 197             | 188         | 182         | 184         | 211         | 196         | 176         | 162         | 125         | 113         | 98          | 132         |
| Acquisition voids    | 27              | 26          | 31          | 41          | 48          | 35          | 29          | 30          | 17          | 12          | 15          | 10          |

**NB : It should be noted here** that the VRL figure to end of February has been restated to exclude the repair period between purchase and repair end dates for acquisition properties. This is an accepted practice for CORE housing returns but differs to Housemark calculations which includes void rent periods on all properties.

This new CORE method has been adopted as there have been a high number of acquisitions in the past year that have required substantial repair work before being available to let.

The figure is restated for February only – it would be extremely difficult to restate earlier KPIs – and **the KPI is now reported as 1.00%**. **Without this adjustment, the KPI would have been 1.12%**, reflecting the impact of acquisitions.

February Performance Summary. February shows a positive shift in the total number of void properties, reducing to 197, down from 206 in January.

The current void position comprises of:

- 162 lettable voids;
- 27 buy-back properties;
- 4 awaiting demolition
- 4 non lettable voids.

As anticipated, the Christmas shutdown period has had an unavoidable negative impact on performance across key indicators. Despite this seasonal challenge, robust monitoring processes remain in place at every stage of the void lifecycle - from key receipt to re-let. These controls support effective operational planning, resource, allocation and seamless inter-team communication. Collectively, they continue to drive efficiencies and help minimise void rent loss

The Voids Excellence project continues to look at all aspects of the voids process and is generating actions to improve operations which in time will increase capacity and productivity and improve KPI performance.

3.2. KPI 6: Stage 1 and 2 Complaints relative to the size of the landlord (per 1000 properties)

SLHD measure all complaints received, regardless of who the complainant is, whereas the TSM reports complaints from ‘residents’ who are tenants and leaseholders only.

The table below therefore reports both the TSM KPI for residents and the SLHD indicator for all complaints to show the differences and to also indicate how they compare to target.

|                        | KPI target     | TSM             | <u>‘Residents’ only</u>  | SLHD KPI        | <u>All complaints</u>    |
|------------------------|----------------|-----------------|--------------------------|-----------------|--------------------------|
|                        | Feb26<br>25/26 | Feb 26<br>25/26 |                          | Feb 26<br>25/26 |                          |
| Stage 1 complaints     | 42.3           | <b>61.8</b>     | <b>WORSE THAN TARGET</b> | <b>75.0</b>     | <b>WORSE THAN TARGET</b> |
| Stage 2 complaints     | 2.7            | <b>6.9</b>      | <b>WORSE THAN TARGET</b> | <b>8.4</b>      | <b>WORSE THAN TARGET</b> |
| Stage 1 & 2 complaints | 45.0           | <b>68.7</b>     | <b>WORSE THAN TARGET</b> | <b>83.4</b>     | <b>WORSE THAN TARGET</b> |

The above table shows the YTD KPI being 83.4 for stages 1 and 2 complaints. At the same point last year (24/25), the respective YTD KPI figure was lower at 68.6, and also worse than the February 2024 KPI of 59.2.

For the KPI target to have been met at end of February, less than 900 complaints should have been received. The table below summarises the numbers received, with comparatives where possible, and shows increased numbers this year for both Stage 1 and 2 type complaints.

|         | Residents only Feb 26 |       |       | All complaints Feb 26 |       |       |
|---------|-----------------------|-------|-------|-----------------------|-------|-------|
|         | YTD<br>25/26          | 24/25 | 23/24 | YTD<br>25/26          | 24/25 | 23/24 |
| Stage 1 | <b>1,229</b>          | 1,010 | n/k   | <b>1,492</b>          | 1,222 | 1,090 |
| Stage 2 | <b>136</b>            | 140   | n/k   | <b>167</b>            | 143   | 88    |
| Total   | <b>1,366</b>          | 1,154 | n/k   | <b>1,659</b>          | 1,365 | 1,178 |

The table above shows that 25/26 is following the same trends as 24/25, with increased numbers at this stage of the year. We continue to analyse all complaints in detail to identify causes and solutions, and to improve processes and the charts below show some demographics of 25/26 complaints.

The main categories for complaints, in order, continue to be about time taken, service delivery, policy, staffing, outstanding repairs and communications, as summarised in the pie chart below.

Customer expectations continue to be high and SLHD have implemented a number of actions over this and the previous financial year to look at all aspects of complaints.

These include awareness on how to escalate a complaint, a complaints charter, campaigns, resources, staff training, process improvements, analysis and communications all increasing.

Complaint volumes have increased, reflecting higher levels of customer contact and demand. This has resulted in more issues being formally raised, including a small rise in cases progressing to Stage 2. We are closely monitoring complaints and maintaining quality and consistency checks.

3.3. KPI 10a, 10b and 10: Percentage of Emergency and Non-Emergency Repairs completed within target timescales.

| Completed timescale:         | within Target | Feb 26 25/26 YTD               | Q3 25/26 | Q2 25/26 | Q1 25/26 | Q4 24/25 | Q3 24/25 | Q2 24/25 | Q1 24/25 |
|------------------------------|---------------|--------------------------------|----------|----------|----------|----------|----------|----------|----------|
| 10a Emergency repairs        | 95%           | <b>93.1% WITHIN TOLERANCE</b>  | 93.3%    | 93.4%    | 92.0%    | 82.5%    | 80.1%    | 76.9%    | 77.9%    |
| 10b non-emergency repairs    | 85%           | <b>67.8% WORSE THAN TARGET</b> | 67.7%    | 67.7%    | 69.8%    | 68.7%    | 68.8%    | 67.2%    | 63.4%    |
| 10 Emergency & Non-emergency | 88%           | <b>75.7% WORSE THAN TARGET</b> | 75.1%    | 74.9%    | 76.6%    | 73.1%    | 72.4%    | 70.2%    | 68.2%    |

Depending on the nature of the repair, SLHD has two targets for:

- Emergency Repairs – 2 hours and 24 hours: and
- Non-Emergency Repairs – 5 working days and 20 working days.

The table shows steady improvement with Emergency repairs up to Q2 and is within tolerance and close to target, but this has levelled off since then. Non-emergency repairs has stabilised and is largely unchanged for a while now and remains below target.

For both categories, cumulative performance remains below target at 75.65% and will not reach target before year end.

The One Repairs Board continues to look at all areas to action improvements. Numerous process changes and setting changes within scheduling software have been made in recent months. A couple of initiatives to try to improve performance are happening with Quota's being live for all trades from 9 February and there is a planned priority refresher briefing on February 12 with all Planners to re-emphasise our performance priorities, timescales and KPIs as there have been a lot of personnel changes within the team recently.

A limited number of staff are working overtime in an attempt to free space up within calendars and additional help is being received from the Planned team to achieve the same. Contractors have been sourced, and they have taken work with planned completion before year end and this should create an additional 130 days within calendars, this work is mainly of a bricklaying nature.

3.4. KPI16: Electrical - % Domestic properties with a satisfactory EICR up to five years old.

**Target 100.00%**  
**Feb 26 25/26 YTD performance 99.52% WORSE THAN TARGET – RED**

There are two elements to the EICR programme – Communal and Domestic buildings.

There are 95 outstanding properties, these are -

- 4 are complete and awaiting sign off;
- 1 is a void property;
- 13 are new acquisitions (12) or due to be retested (1) that have previously been tested but we cannot evidence the report; and
- 77 are outstanding to be tested. 12 are with ISP and 65 with ESP to start the three appointment process. Some of these are in the no access process (59)

These are all in a programme to be tested with updates provided. Where access is an issue, the Access Team will be utilised to effectively gain access. The target is to achieve 100% by year end and every effort is being applied to ensure this will be met.

### 3.5. KPI18: % of Local Revenue Expenditure

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| <b>Target</b>                       | <b>70%</b> |                                |
| <b>Feb 26 25/26 YTD performance</b> | <b>58%</b> | <b>WORSE THAN TARGET – RED</b> |

February was a typical month in terms of amounts and numbers. 130 suppliers received payment but 75% of total spend was with just 15 suppliers. A slightly higher proportion of the spend (66%) were local to Doncaster so this improved the YTD KPI to just over 58%.

Regional (Y&H) spend was up compared to previous three months and was also the highest % for the year so far at 93%, pushing the YTD Y&H percentage up to just over 88%.

The main suppliers outside of Doncaster were again Bradford MBC (doors and windows), SIGD (roofing materials) and TKL (skips), Fullwoods (contractor).

February again reflects how a few larger suppliers not being local can adversely impact the KPI. SLHD and CDC will continue to target using Doncaster based suppliers where they can but this isn't always possible where specialist services are required or if volumes and demand are not deliverable by local suppliers.

#### **Report author**

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Appendix A KPI Dashboard ending 28 February 2026

Appendix B January 2026 Housemark monthly pulse surveys

Appendix C Infographics

**St. Leger Homes Key Performance Indicator Summary February 2025/26 – MONTHLY KPIS**

**Appendix A**

| KPI | St. Leger Homes Key Performance Indicator Summary 2025/26                | Year end 24/25 |        |       |        |        |       |        |        |        |        |        |        | Target | Tolerance | Target   | Tolerance |
|-----|--|----------------|--------|-------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|-----------|----------|-----------|
|     |  | Mar-25         | Apr-25 | May25 | Jun-25 | Jul-25 | Aug25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Feb-26 | Feb26     | Year end | Year end  |
| 1   | % of current rent arrears against annual rent debit                      | 2.76%          | 2.66%  | 2.82% | 2.78%  | 2.83%  | 2.94% | 2.88%  | 2.96%  | 2.89%  | 3.12%  | 3.09%  | 3.01%  | 3.10%  | 3.41%     | 2.95%    | 3.25%     |
| 2   | Void rent loss % of rent lost through homes being void (empty)           | 0.96%          | 1.30%  | 1.33% | 1.20%  | 1.17%  | 1.16% | 1.11%  | 1.11%  | 1.11%  | 1.08%  | 1.10%  | 1.00%  | 0.80%  | 0.88%     | 0.80%    | 0.88%     |
| 3   | Relet time for STANDARD voids (days). i.e. no MAJOR repairs              | 27.4           | 24.8   | 26.6  | 27.6   | 27.1   | 26.7  | 25.6   | 25.2   | 25.1   | 24.9   | 25.5   | 25.5   | 25.0   | 27.5      | 25.0     | 27.5      |
| 4   | Average number of Nights in Hotel Accommodation                          | 24.0           | 24.6   | 23.6  | 24.9   | 24.7   | 23.6  | 22.9   | 22.1   | 21.2   | 21.0   | 20.6   | 20.4   | 21.0   | 23.1      | 21.0     | 23.1      |
| 5   | Percentage of settled accommodation at prevention stage                  | 43%            | 55%    | 52%   | 51%    | 51%    | 51%   | 52%    | 52%    | 51%    | 52%    | 52%    | 52%    | 50%    | 55%       | 50%      | 55%       |
| 6a  | Number of Stage 1 complaints per 1,000 homes:                            | 68.0           | 7.2    | 13.5  | 19.9   | 27.9   | 34.1  | 40.2   | 47.5   | 54.9   | 61.0   | 67.8   | 75.0   | 42.3   | 46.5      | 47.0     | 51.7      |
| 6b  | Number of Stage 2 complaints received per 1,000 homes:                   | 7.6            | 0.7    | 1.3   | 2.5    | 3.5    | 4.2   | 4.6    | 5.4    | 6.5    | 7.1    | 7.5    | 8.4    | 2.7    | 3.0       | 3.0      | 3.3       |
| 6   | Number of: Stage 1 and 2 complaints received per 1,000 homes:            | 75.6           | 7.9    | 14.8  | 22.4   | 31.3   | 38.3  | 44.8   | 52.9   | 61.4   | 68.1   | 75.3   | 83.4   | 45.0   | 49.5      | 50.0     | 55.0      |
| 7a  | % of Stage 1 complaints responded to within Ombudsman timescales.        | 99.5%          | 100%   | 99.3% | 97.6%  | 97.6%  | 99.3% | 99.5%  | 99.5%  | 99.6%  | 99.6%  | 99.7%  | 99.7%  | 95.0%  | 85.5%     | 95.0%    | 85.5%     |
| 7b  | % of Stage 2 complaints responded to within Ombudsman timescales.        | 95.8%          | 100%   | 100%  | 100%   | 100%   | 98.5% | 97.8%  | 98.9%  | 98.2%  | 98.4%  | 98.6%  | 97.8%  | 95.0%  | 85.5%     | 95.0%    | 85.5%     |
| 7   | % of Stages 1 and 2 complaints responded to within timescales.           | 99.1%          | 100%   | 99.4% | 97.8%  | 98.4%  | 99.3% | 99.4%  | 99.4%  | 99.4%  | 99.5%  | 99.6%  | 99.5%  | 95.0%  | 85.5%     | 95.0%    | 85.5%     |
| 8   | Tenancy turnover %   | n/a            | 0.4%   | 0.9%  | 1.4%   | 1.9%   | 2.3%  | 2.7%   | 3.2%   | 3.7%   | 4.2%   | 4.6%   | 5.0%   | 4.60%  | 5.0%      | 5.5%     | 6.1%      |
| 9   | % of repairs completed at first visit                                    | 95.3%          | 96.0%  | 95.9% | 96.5%  | 96.5%  | 96.6% | 96.6%  | 96.7%  | 96.6%  | 96.7%  | 96.8%  | 96.8%  | 94.0%  | 84.6%     | 94.0%    | 84.6%     |
| 10a | % of emergency responsive repairs completed within target timescale.     | 82.5%          | 88.4%  | 90.5% | 92.0%  | 92.6%  | 93.1% | 93.4%  | 93.6%  | 93.5%  | 93.3%  | 93.4%  | 93.1%  | 95.0%  | 85.5%     | 95.0%    | 85.5%     |
| 10b | % of non-emergency responsive repairs completed within target timescale. | 68.7%          | 67.5%  | 69.9% | 69.8%  | 68.7%  | 67.9% | 67.7%  | 67.9%  | 67.6%  | 67.7%  | 68.0%  | 67.8%  | 85.0%  | 76.5%     | 85.0%    | 76.5%     |
| 10  | % of non-emergency and emergency repairs completed within timescale.     | 73.1%          | 74.2%  | 76.5% | 76.6%  | 75.8%  | 75.2% | 74.9%  | 74.9%  | 75.0%  | 75.1%  | 75.7%  | 75.7%  | 88.0%  | 79.2%     | 88.0%    | 79.2%     |

|     |                            |                                |                    |
|-----|----------------------------|--------------------------------|--------------------|
| Key | Meeting/better than target | Within tolerance of target 10% | Not meeting target |
|-----|----------------------------|--------------------------------|--------------------|

| KPI | St. Leger Homes Key Performance Indicator Summary 2025/26   | Year end 24/25 |  |        |        |               |        |        |               |        |        |        |               | Target | Tolerance | Target   | Tolerance |    |
|-----|---|----------------|--|--------|--------|---------------|--------|--------|---------------|--------|--------|--------|---------------|--------|-----------|----------|-----------|----|
|     |   | Mar-25         | Apr-25   | May25  | Jun-25 | Jul-25        | Aug25  | Sep25  | Oct25         | Nov25  | Dec-25 | Jan-26 | Feb-26        | Feb-26 | Feb26     | Year end | Year end  |    |
| 11  | Gas: % of properties with a valid gas servicing certificate   | 100%           | 100%   | 99.23% | 99.75% | 99.77%        | 98.56% | 99.23% | 99.47%        | 99.58% | 100%   | 100%   | 100%          | 100%   | 99.85%    | 100%     | 99.85%    |    |
| 12  | Fire: % homes all risk assessments have been carried out (New)  | 100%           | 100%   | 100%   | 100%   | 100%          | 99.8%  | 99.8%  | 99.8%         | 100%   | 100%   | 100%   | 100%          | 100%   | 98.96%    | 100%     | 98.96%    |    |
| 13  | Asbestos: % homes surveys or re-inspections completed (New)   | 100%           | 96.55%   | 99.70% | 99.22% | 98.07%        | 100%   | 100%   | 100%          | 100%   | 100%   | 100%   | 100%          | 100%   | 98.96%    | 100%     | 98.96%    |    |
| 14  | Legionella: % homes where all assessments completed (New)   | 100%           | 100%   | 100%   | 100%   | 100%          | 100%   | 100%   | 100%          | 100%   | 100%   | 100%   | 100%          | 100%   | 98.96%    | 100%     | 98.96%    |    |
| 15  | Lifts: % homes all communal lifts safety checks completed (New)   | 100%           | 100%   | 100%   | 100%   | 100%          | 100%   | 100%   | 100%          | 100%   | 100%   | 100%   | 100%          | 100%   | 98.63%    | 100%     | 98.63%    |    |
| 16  | Electrical - % Domestic properties with valid EICR < 5 years old  | 96.0%          | 97.21%   | 97.78% | 98.24% | 97.98%        | 98.06% | 98.5%  | 98.95%        | 99.02% | 99.20% | 99.42% | 99.52%        | 100%   | 99.85%    | 100%     | 99.85%    |    |
| 17  | Days lost through sickness per FTE (annualised)   | 12.2           | 12.4   | 12.2   | 12.1   | 11.8          | 11.5   | 11.1   | 11.0          | 10.6   | 10.4   | 10.4   | 10.5          | 10     | 11        | 10       | 11        |    |
| 18  | Percentage of Local Expenditure % Revenue ONLY  | 59%            | 66%  | 64%    | 62%    | 56%           | 57%    | 56%    | 57%           | 58%    | 58%    | 58%    | 58%           | 70%    | 63%       | 70%      | 63%       |    |
| 19  | No. of ASB Cases per 1,000 properties   | 55.1           | 5.0  | 9.6    | 15.8   | 21.6          | 26.4   | 30.2   | 34.4          | 38.0   | 40.4   | 42.9   | 45.5          | 55.6   | 61.2      | 60.0     | 66.0      |    |
| 19a | No. of ASB Cases that involve hate crimes per 1,000 properties  | 0.8            | 0.00   | 0.00   | 0.05   | 0.05          | 0.40   | 0.4    | 0.5           | 0.6    | 0.7    | 0.7    | 0.8           | 9.3    | 10.2      | 10.0     | 11.0      |    |
| 20  | Number of residents in training, education or employment  | 113            | Quarterly KPI                                      |        | 20     | Quarterly KPI |        | 71     | Quarterly KPI |        |        | 92     | Quarterly KPI |        | 73        | 80.3     | 100       | 90 |
| 21  | Tenant satisfaction with the overall service from the landlord %  | 81.0%          | Annual KPI – TSM data available and reported at Q3 |        |        |               |        |        |               |        | 80.5%  |        |               | 81%    | 73%       | 81%      | 73%       |    |
| 22  | Percentage of homes not maintaining decent standard %   | 5.53%          | Quarterly KPI                                      |        | 7.51%  | Quarterly KPI |        | 11.9%  | Quarterly KPI |        |        | 10.8%  | Quarterly KPI |        | 3%        | 5%       | 3%        | 5% |
| 23  | Tenant satisfaction with property condition (repair in last 12 months and satisfied with the overall repairs service) % | 81.5%          | Annual KPI – TSM data available and reported at Q3 |        |        |               |        |        |               |        | 80.1%  |        |               | 81%    | 73%       | 81%      | 73%       |    |
| 24  | Energy efficiency of properties   | 57.1%          | Annual KPI   |        |        |               |        |        |               |        |        |        |               | n/a    | n/a       | 67%      | 60%       |    |

|     |                            |                                |                    |
|-----|----------------------------|--------------------------------|--------------------|
| Key | Meeting/better than target | Within tolerance of target 10% | Not meeting target |
|-----|----------------------------|--------------------------------|--------------------|

## Monthly Pulse Survey Results for January 2026 Performance

| Month  | Housemark pulse survey benchmarking - IN MONTH performance                     | Quartile 1 | Median | Quartile 3 | SLHD          | SLHD quartile | Performance preference |
|--------|--|------------|--------|------------|---------------|---------------|------------------------|
| Jan-26 | Homes with a valid gas safety certificate (%)                                  | 100%       | 99.94% | 99.78%     | <b>100%</b>   | <b>Q1</b>     | Higher Is Better       |
| Jan-26 | Average re-let time in days (standard re-lets)                                 | 33.58      | 48.85  | 72.65      | <b>34.67</b>  | <b>Q2</b>     | Lower Is Better        |
| Jan-26 | Voluntary staff turnover (%)   | 0.49%      | 0.81%  | 1.15%      | <b>0.59%</b>  | <b>Q2</b>     | Lower Is Better        |
| Jan-26 | Stage 1 and Stage 2 complaints resolved within timescale (%)                   | 100%       | 97.00% | 83.33%     | <b>99.3%</b>  | <b>Q2</b>     | Higher Is Better       |
| Jan-26 | New ASB cases reported per 1,000 properties                                    | 1.47       | 2.7    | 4.53       | <b>3.3</b>    | <b>Q3</b>     | Lower Is Better        |
| Jan-26 | Formal Stage 1 and Stage 2 complaints received per 1,000 properties            | 4.4        | 6.16   | 8.86       | <b>7.2</b>    | <b>Q3</b>     | Lower Is Better        |
| Jan-26 | Domestic properties with EICR certificates up to five years old (%)            | 99.91%     | 99.5%  | 97.97%     | <b>99.42%</b> | <b>Q3</b>     | Higher Is Better       |
| Jan-26 | Responsive repairs completed per 1,000 properties                              | 383.73     | 326.88 | 262.26     | <b>315.82</b> | <b>Q3</b>     | Higher Is Better       |
| Jan-26 | True' current tenant arrears (%)   | 1.97%      | 2.71%  | 3.88%      | <b>3.09%</b>  | <b>Q3</b>     | Lower Is Better        |
| Jan-26 | Dwellings vacant but available to let (%)                                      | 0.27%      | 0.57%  | 1.03%      | <b>1.01%</b>  | <b>Q3</b>     | Lower Is Better        |
| Jan-26 | Responsive repairs completed within target timescale (%)                       | 94.01%     | 88.5%  | 81.39%     | <b>80.33%</b> | <b>Q4</b>     | Higher Is Better       |
| Jan-26 | Working days lost to sickness absence (%)                                      | 3.09%      | 3.93%  | 4.79%      | <b>5.46%</b>  | <b>Q4</b>     | Lower Is Better        |
| Jan-26 | Satisfaction with repairs - transactional (%)                                  | 93.66%     | 88.57% | 81.5%      |               |               |                        |
| Jan-26 | Customer contact received via digital channels (%)                             | 47.28%     | 32%    | 21.84%     |               |               |                        |
| Jan-26 | Satisfaction with the overall service their landlord provides - perception (%) | 84.08%     | 77.35% | 69.57%     |               |               |                        |

# People



February 2025/26 : Cumulative Performance  
(year to date)

KEY:



Performance improved compared to October 25/26



Performance worsened compared to October 25/26



Stayed the same compared to October 25/26



Key Performance Indicator



Tenant Satisfaction Measure

TSM KPI



% Tenants satisfied with the overall service from their landlord.

**80.5%**



No Target

TSM KPI



% of stage 1 and 2 complaints responded to within Ombudsman timescales.

**99.5%**



Target 95.0%

TSM KPI



% satisfied that their landlord listens to tenant views and acts upon them

**76.3%**



No Target

TSM KPI



% satisfied landlord keeps them informed about things that matter to them

**85.0%**



No Target

TSM KPI



% agree their landlord treats them fairly and with respect

**89.7%**



No Target

TSM KPI



% satisfied with landlord's approach to complaints handling

**45.0%**



No Target

Number of tenants on Get Involved Group

**280**



No Target

KPI



Number of residents in training, education or employment

**92**  
Q3 25/26



Annual Target 97

TSM KPI



Number of complaints per 1,000 properties

**83.4**



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# Homes



## February 2025/26 : Cumulative Performance

### KEY:



Performance improved compared to October 25/26



Performance worsened compared to October 25/26



Stayed the same compared to October 25/26



Key Performance Indicator



Tenant Satisfaction Measure

TSM

KPI



### Homes testing completed

- Gas – 100%
- Fire/smoke – 100%
- Asbestos – 100%
- Water – 100%
- Lifts - 100%
- Electric – 99.5%

100% for All properties



### % of properties that have had a stock condition survey in last five years

**91%**



Target 100%

KPI



### % Properties NOT meeting decent homes standard

**10.8%**  
(Q3 25/26)



Target 3%

### Damp and Mould inspections requested

**3,127**  
Year to date



No Target

TSM

KPI



### % of non-emergency and emergency repairs completed within target times

**75.7%**



Target 88%

TSM

KPI



### % satisfied with the overall repairs service.

**80.1%**



No Target

TSM

KPI



### % satisfied with time taken to complete most recent repair

**72.5%**



No Target

TSM

KPI



### % satisfied that their home is safe

**86.2%**



No Target



### Repairs transactional satisfaction survey %

**76.3%**



Target 97

# Communities



February 2025/26 : Cumulative Performance

KEY:

Performance improved compared to October 25/26   Performance worsened compared to October 25/26   Stayed the same compared to October 25/26   KPI Key Performance Indicator   TSM Tenant Satisfaction Measure

Number of ASB cases per 1,000 homes.

**45.5**

Target 60

% satisfied with their landlord's approach to handling ASB

**72.3%**

No Target

% satisfied landlord makes a positive contribution to the neighbourhood

**77.8%**

No Target

Time taken to relet an empty home (calendar days)

**25.5**

Target 25

Number on housing register

**7,148**

No Target

ASB transactional satisfaction survey %

**86.4%**

No Target

% ASB service standard response times (medium risk category)

**95.0%**

3 days

Number of Keep In Touch 'KIT' visits completed

**4,015**

6,666 per year

Our Performance page

[www.stlegerhomes.co.uk/performance/](http://www.stlegerhomes.co.uk/performance/)

# Partnerships

February 2025/26 : Cumulative Performance



## KEY:



Performance improved compared to October 25/26



Performance worsened compared to October 25/26



Stayed the same compared to October 25/26



Key Performance Indicator



Tenant Satisfaction Measure

KPI

% Properties meeting EPC Level C

**Annual KPI**



Target - meet EPC Level C by 2030

KPI



Homelessness. Average number of nights in Hotel Accommodation

**20.5**



Target 21

KPI



Number of tenancies sustained post support

**99.3%**



No Target

KPI



Tenancy turnover %

**5.0%**



Target - 3.2%



Safeguarding and Vulnerability cases received

**771**



No Target

KPI



% of homeless cases resolved at prevention stage

**52.0%**



Target - 50%

TSM

KPI



Number of hate crimes reported

**13**



Target - 0

Our Performance page



[www.stlegerhomes.co.uk/performance/](http://www.stlegerhomes.co.uk/performance/)