

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

**To be held at 14.00pm on Thursday 7 August 2025
Civic Office, Floor 4 - Room 410**

AGENDA

12:30 – 14:00 – Working lunch with Pre Board Presentations on Awaabs Law introduction and continuation of ASB workshop

- | | | | |
|----|--|-------------|-------------------------|
| 1 | Apologies and Quorum | | <i>Verbal</i> |
| 2 | Declarations of Interest by Board Members | | <i>Verbal</i> |
| 3a | Matters arising and action log from previous meetings | D Wilkinson | <i>Enclosed</i> |
| 3b | Ratification of minutes of meeting held on 7 July 2025 | D Wilkinson | <i>Enclosed</i> |
| 4 | Chair and Chief Executive's update | D Wilkinson | <i>To be circulated</i> |

For Approval

- | | | | |
|---|--|----------------|-----------------|
| 5 | Financial Statements | K Hanlon | <i>Enclosed</i> |
| 6 | High Rise Resident Engagement Strategy | L Winterbottom | <i>Enclosed</i> |

For Information

- | | | | |
|----|---|-------------------------|----------------------|
| 7 | Strategic Risk Register | K Hanlon | <i>Enclosed</i> |
| 8 | Revenue Monitoring | K Hanlon | <i>Enclosed</i> |
| 9 | Capital Monitoring | K Hanlon | <i>Enclosed</i> |
| 10 | KPI Performance | K Hanlon | <i>Enclosed</i> |
| 11 | Annual complaint performance and service improvement report | J Davies | <i>Enclosed</i> |
| 12 | Allocations and Mutual Exchanges Update | J Davies | <i>Enclosed</i> |
| 13 | Tenancy Management report | J Davies | <i>Enclosed</i> |
| 14 | Void and Complaints KPIs – Assurance we have plans in place to meet 2025/26 targets | J Davies/L Winterbottom | <i>Presentations</i> |

Year end reports for noting only (would go to June Board if not cancelled)

- | | | | |
|----|---|----------|-----------------|
| 15 | Year-end Revenue Monitoring | K Hanlon | <i>Enclosed</i> |
| 16 | Year-end Capital Monitoring | K Hanlon | <i>Enclosed</i> |
| 17 | Year-end KPI Performance | K Hanlon | <i>Enclosed</i> |
| 18 | Annual Development Plan - Year End Review | K Hanlon | <i>Enclosed</i> |

Reports for noting only

- | | | | |
|----|--|----------|-----------------|
| 19 | Board Expenses and Attendance Register | K Hanlon | <i>Enclosed</i> |
|----|--|----------|-----------------|

Committee Information for noting only

- 20** Committee Minutes
- Customer & Performance Committee – 15 May 2025
 - Audit & Risk Committee – 19 May 2025
 - Audit & Risk Committee – 7 July 2025
 - Building Safety & Compliance Committee – 22 May 2025
- 21** Any Other Business D Wilkinson
- 22** *Date of next meeting – 2 October 2025*

Board Decision Summary

Meeting:	St Leger Homes Board
Date of meeting:	3 July 2025
Chair:	Dave Wilkinson
<p>The Board approved:-</p> <p><u>Agenda Item 5</u> – Consumer Standards GAP analysis action plan <u>Agenda Item 6</u> – Safeguarding Policy <u>Agenda Item 7</u> – Modern Slavery Statement <u>Agenda Item 8</u> – People Strategy update <u>Agenda Item 9</u> – Health and Safety Strategy – update against plan</p>	
<p>The Board requested:-</p> <p><u>Agenda Item 12</u> – Void and Complaints KPIs – presentations</p> <ul style="list-style-type: none">• Requested that this item is deferred until the August Board meeting	
<p>The Board received:-</p> <p><u>Agenda Item 4</u> – Chair and Chief Executives update <u>Agenda Item 10</u> – Health & Safety Highlight Dashboard update <u>Agenda Item 11</u> – Tenant Development/Tenant Board Member Recruitment Pathway</p>	

NO	St Leger Homes of Doncaster Board - Action Log			Progress	Completed Y/N	Owner
	Month	Ref	Action			
125	Jul-25	4.13	Pension Credit Campaign - The Chair praised the work carried out by the 2 x temporary post holders delivering the proactive Pension Credit Campaign for all SLH tenants of pension age, noting the total gains of cases in 6 months at £724,134. He asked for thanks to be passed onto the staff involved.		Y	JDav
126	Jul-25	8.2	<p>People Strategy 2024-29, Year 1 Achievements - One member raised that the report was helpful, but did not address the high level on vacancies and increase in sickness levels seen in the organisation.</p> <p>The Director of Corporate Services advised he would share a report submitted to EMT recently which captured vacancy and sickness data.</p>		Y	KH
127	Jul-25	8.6	People Strategy 2024-29, Year 1 Achievements - Another member suggested the use of the GCHQ (Government Communications Headquarters) model, targeting dyslexic and neurodiverse people in recruitment and retention. It was suggested that this was something that could be considered by our new Head of People & Culture who would be starting soon with the organisation.	Head of People & Culture start date 11.8.25	In progress	KH
128	Jul-25	12.1	Voids and Complaints KPI's - Board agreed to defer this item to the next Board meeting in August 2025.	Presented at the August Board meeting.	Y	MJ

Company Number 05564649
A Company Limited by Guarantee
Registered in England

St. Leger Homes of Doncaster Limited
BOARD MEETING
Hybrid meeting

1.00pm on Thursday 3rd July 2025
Civic Office, Floor 4 - Room 410

Present:

Dave Wilkinson (Chair), Trevor Mason, Cllr Steve Cox, Cllr Kieran Lay, Susan Jones, Barry Keable, Milcah Walusimbi, Chris Margrave (Chief Executive Officer).

Also In Attendance:

Kevin Harlon (Director of Corporate Services), Jane Davies (Director of Housing and Customer Services), Danny Boardman (Head of Major Projects), Maxine Johnson (minutes).

City of Doncaster Council (CDC)

Yvonne Fox (Service Director Place).

Members of the Public/Observers:

Rodger Haldenby (TSP), Maureen Tennison (TSP), Brian Whitmore (OVF).

		Action
1.	Apologies and Quorum	
1.1	Apologies were received from Lee Winterbottom. The Chair welcomed newly appointed board members Cllr Steve Cox and Cllr Keiran Lay, introductions were made.	
2.	Declarations of Interest by Board Members	
2.1	There were no declarations of interest.	
3a	Matters arising and action log from previous meetings	
3a.1	Board noted all outstanding actions detailed had been completed.	
3b	Ratification of minutes from the meeting held on 3 April 2025	
3b.1	The Board agreed the minutes from the meeting held on 3 April 2025.	
4.	Chair and Chief Executive's Update	

4.1	The Chief Executive highlighted the following key points from the Chair and Chief Executive's update report:	
4.2	<p><u>Councillor Board Member Appointments</u></p> <p>The Chief Executive advised on the 12 June we were advised that Mayor Ros Jones had appointed our Councillor Board Members: Cllr Steve Cox, Cllr Kieran Lay and Cllr Sue Farmer.</p>	
4.3	<p><u>National issues</u></p> <p>The Chief Executive explained an increase in spending on incapacity and disability benefits for working age adults increased by £20 billion. This will have a positive impact on our tenants in receipt of those payments with further detail provided in the report.</p>	
4.4	<p><u>Spending review</u></p> <p>The Chief Executive said, as you will be aware on the 11th June Rachel Reeves announced the outcomes of the spending review. There are some clear takeaways for us as an organisation:</p> <ul style="list-style-type: none"> • £39 billion for the affordable homes programme • Police spending power increased which should see an additional 13,000 police officers, community support officers and special constables into Neighbourhood policing. • The protection of spending on homelessness and rough sleeping, more detail to follow on this as its shared with us. <p>In respect of funding for new national programmes - one member queried, the timescales and rollout for funding?</p> <p>The Chief Executive advised we receive the headline, and the information then trickles through, the funding for new build is becoming clear, and funding streams coming online that offer support for larger scale organisations. We have recently secured funding for £675k for Building Safety remediation at Silverwood House.</p> <p>He further added Decent Homes 2 consultation has recently opened and we are trying to get an understanding whether it is grant funding or not. In terms of the Warms Home Fund – we are also a part of that network and conversation.</p>	
4.5	<p><u>Consultation on Rent Convergence</u></p> <p>It was noted that SLH set the rents and are proud to confirm that the organisation is one of the lowest nationally, however the flip side to that, means low investment too. The Chief Executive confirmed rent</p>	

	convergence gives us a great opportunity to offer that balance CPI +1%.	
4.6	<u>Policy updates - Dignity at work Policy & Fencing Policy</u> Members noted that minor changes had been made to both policies approved at EMT, and the reason why they had not been presented to Board, with further detail contained within the report.	
4.7	<u>Ombudsman Complaints</u> Members were made aware of the one case in the report which relates to a complaint about windows, our handling of the complaint and the compensation we were ordered to pay. Some learning has been taken from this case.	
4.8	<u>DRS (Dynamic Scheduling System)</u> The Chief Executive advised we have been working with providers of the DRS system to undertake a health check. This follows concerns that the current iteration of DRS wasn't fit for purpose and required some reconfiguration. He said the change is already demonstrating efficiency and improvements however it will take time to fully embed around September 2025 to properly take effect. We have seen additional appointment capacity and the time waiting for a repair positively impacted by the upgrade.	
4.9	<u>Data Data Data</u> The Chief Executive highlighted data quality and insight is a key focus for EMT, we are undertaking a piece of work with our Heads of Service to fully understand what we want to achieve from our data project. Once we have a better understanding of the requirements, we will be in position to fully recognise the structure required to provide the organisational data and insight function.	
4.10	<u>Keeping In Touch (KIT) Visits</u> The Chief Executive praised the fantastic work undertaken by the Director of Housing and Customer Services and the team, who have completed over 8,000 KIT visits, initially concentrating on the vulnerable tenants. He explained visits allow us to engage with tenants we may not regularly see, verify tenancy details, assess property condition as well as safeguarding & anti-social behaviour issues.	

	<p>Another member referred to the KIT visits, and asked – does any data from the visits get referred to the Adaptations Team?</p> <p>The Director of Housing and Customer Care confirmed that data wasn't referred directly to the Adaptations Team - but it was referred to Adult Social Care.</p>	
4.11	<p><u>Voids Excellence</u></p> <p>Board noted the key-to-key review following the same principles as One Repairs Performance Board, with the Director of Property Services as programme lead who will be providing updates to future meetings.</p>	
4.12	<p><u>Apprenticeship Awards – Hosted by Doncaster College</u></p> <p>Board also noted SLH was shortlisted for the 'Large Employer of the Year' at the South Yorkshire, after being recognised for a good Apprenticeship Programme.</p>	
4.13	<p><u>Pension Credit Campaign</u></p> <p>The Chair praised the work carried out by the 2 x temporary post holders delivering the proactive Pension Credit Campaign for all SLH tenants of pension age, noting the total gains of cases in 6 months at £724,134. He asked for thanks to be passed onto the staff involved.</p>	JD
5.	Consumer Standards GAP analysis action plan	
5.1	<p>The Director of Corporate Services presented the report advising the report is an update following on from the gap analysis and action plan presented to Board in December 2024.</p> <p>The updated action plan is built from our self-assessment gap analysis and combined recommendations from our critical friend assessment, Savills. As well as recommendations from Housing Quality Network (HQN). It focuses on the service areas that SLH is responsible for and where the organisation can strengthen them.</p>	
5.2	<p>The Director of Corporate Services drew members attention to table 2 in section 6.3 of the report which provided a summary of actions completed and partially compliant (work in progress) since November 2024. He highlighted good progress has been made, out of the 256 actions that have been assessed for compliance against the consumer standards, only 40 remain to be assessed.</p>	

	<p>He stated this is an evolving document with evidence being updated on a regular basis. We will go back to Savills for have a second review to assess if further work is needed later in the year.</p> <p>He further pointed out what is important to note is that the Regulator is Inspecting CDC and not SLH. However, we work in closely with CDC to form a joined up approach.</p>	
5.3	<p>The Chief Executive added when we commissioned Savills as part of the review we included City of Doncaster Council (CDC) discussions with Savills. What is clear is that the Regulator is adapting their approach to Inspection which we are mindful of. My question to Savills is, how good are they at carrying out mock inspections.</p> <p>Members were reminded of the Inspection Ready meetings in place.</p>	
5.4	<p>One member referred to table 1 at point 6.1 of the report which listed grading outcomes following inspections. He commented that local authorities appeared not to be performing as well as Housing Associations/ALMOs.</p> <p>The Chief Executive confirm this was the case, he suggested that it could be that Housing Associations are more used to Regulation and the pace in order to be able to respond. We would continue to be prepared and ready for inspection.</p>	
5.5	<p>The Service Director for Place confirmed CDC was working closely with SLH, stating complying with the regulator is key to demonstrating how good the service is. She advised we have had to look at some improvements to our service and have implemented them.</p> <p>The next stage is to make sure we are inspection ready, and in a position to answer the questions by the Regulator. She added the working relationship between CDC and SLH has been really positive.</p>	
5.6	Board approved the Consumer Standards GAP analysis action plan.	
6.	Safeguarding Policy (New)	
6.1	<p>The Director for Housing and Customer Services presented the report stating this was a new Safeguarding policy being brought to Board for approval, which sets out how SLH will deal with reports of safeguarding concerns and the action we may take.</p> <p>Members noted the new safeguarding policy is a new policy replacing the organisations previous approach to Safeguarding which was formerly part of an overarching Housing Management Policy. This was a recommendation to separate Safeguarding from the overarching Housing Management Policy, made by Savills during a recent mock inspection of SLH.</p>	

	<p>Members further noted safeguarding concerns continue to be a major challenge for social housing providers, with issues related to the safety, well-being, and potential abuse or neglect of tenants, especially vulnerable individuals.</p> <p>The policy sets out our responsibilities for reporting, managing and preventing safeguarding concerns within the Doncaster Safeguarding Partnership at both the strategic and operational levels.</p> <p>The Director of Housing and Customer Services emphasised that SLH takes Safeguarding seriously and fosters a culture that Safeguarding is the responsibility of all staff. Training is mandatory for all staff, so they understand their responsibilities.</p>	
6.2	<p>One member queried, how is Safeguarding reported and monitored?</p> <p>The Director of Housing and Customer Services advised that cases such as ASB, noise nuisance etc are recorded and monitored on our IT system – OpenHousing and the appropriate staff are made aware of each case. She added, the organisation employed a Safeguarding Partnership Manager as well as a Safeguarding & ASB Team.</p> <p>The Chair highlighted the up-and-coming ASB Board Training session planned for Thursday 24 July, 9am.</p>	
6.3	<p>Another member asked, is Safeguarding being taken seriously by all staff?</p> <p>The Director of Housing and Customer Services said there can be some reluctance by trades staff to report cases, not because of ignorance but for fear of reprisal or being accused of whistleblowing. However, she assured Board Members that the Safeguarding refresher training in place for all staff, does help give confidence to those staff otherwise reluctant to report cases.</p> <p>She further added there is a Single Point of Contact (SPOC) in the Safeguarding & ASB team that trades can contact as well as inform their team leader.</p>	
6.4	The Chair commented on the good piece of work.	
6.5	Board approved the Safeguarding policy.	
7.	Modern Slavery Statement 2025/26	
7.1	The Director of Corporate Services presented the updated 2025/26 statement, seeking approval. He advised under the 2015 Modern Slavery Act, commercial organisations must produce and publish a	

	Modern Slavery statement on an annual basis, with publication within six months of the financial year end, and it would go on our website.	
7.2	<p>The Chair asked, under law are we expected to inspect our contractors/supply chains?</p> <p>The Director of Corporate Services advised that there is no stipulation to inspect the business or its supply chains. Reasonable questioning is used, should the organisation suspect that slavery or human trafficking is taking place.</p>	
7.3	The Chief Executive added, the organisation used principal contractors or sub-contractors through a procurement framework route, which gave a degree of protection to SLH. He highlighted, the risk would be heightened when sub-contractors then sub the work again.	
7.4	Board approved the Modern Slavery Statement 2025/26.	
8.	People Strategy 2024 - 29 – End of Year 1 Achievements	
8.1	<p>The Director of Corporate Services presented the report which asked Board to note the progress and achievements of actions for Year 1 of the 2024 – 2029 People Strategy, and to approve Year 2 actions.</p> <p>Members noted there have been significant changes in the HR&OD team, including a number of recruitment exercises to fill vacancies and cover maternity, some of which are still ongoing, including recruitment for a new Head of Service to be appointed in May. This has had an impact on resources and delivery of activities in the action plan. However, it is envisaged that the recruitment of two Senior HR Business Partners, joining the company in June and July will ensure progress is made on the outstanding actions in Year 2 of the strategy.</p> <p>Members were then drawn to the Year 1 and Year 2 action plans contained within the appendices, with updates on progress and those activities carried over. Key activities of particular mention were:</p> <ul style="list-style-type: none"> • Expanding our World of Work (WoW) program. • Reviewing the Wellbeing Offer - Health Care Cash plan, Mental Health First Aiders. • Development of the Future Leaders Learning Program. • Working hard to attract underrepresented groups into our diverse organisation • Supporting the development of a digital programs (e.g. Your Learning) across all systems used in the organisation. 	

8.2	<p>One member raised that the report was helpful, but did not address the high level on vacancies and increase in sickness levels seen in the organisation.</p> <p>The Director of Corporate Services advised he would share a report submitted to EMT recently which captured vacancy and sickness data.</p>	KH
8.3	<p>Another member asked, what are we going to do differently in year two to address sickness levels?</p> <p>The Director of Corporate Services advised a digital solution, by developing coding in an app to arm managers with up-to-date sickness information. Also, a training solution, by identify those managers who need support and training to be able to navigate sickness procedures and have meaningful conversations with staff.</p>	
8.4	<p>The Chief Executive added there are plans to hold further Payroll Managers sessions to target training for staff who need additional support. He said there has been a slight reduction in sickness levels recently, and the number of appeals has also increased – so staff are becoming aware of the consequences of reaching a stage 4 hearing.</p>	
8.5	<p>For those staff experiencing mental health issues, Board noted that trade staff have the option to pair up with a work colleague should they find it beneficial. However, those staff who do work on their own, interact regularly throughout the day with their Team Leader and the Planner.</p>	
8.6	<p>Another member suggested the use of the GCHQ (Government Communications Headquarters) model, targeting dyslexic and neurodiverse people in recruitment and retention. It was suggested that this was something that could be considered by our new Head of HR&OD who would be starting soon with the organisation.</p>	KH
8.7	<p>Another member asked if Executive Management Team (EMT) were comfortable with the current agile working arrangements?</p> <p>Consensus across EMT was that to better promote collaboration within and across teams, they would like to see staff in the office more. They didn't want to mandate where staff work from, and guidance had been issued to work in the best place that suits the individual and the business. However, for certain areas of the business, they would be encouraging staff into the office more.</p>	
8.8	<p>Board noted the achievements of actions for Year 1 and approved the Year 2 actions of the strategy.</p>	
9.	Health and Safety Strategy 2023-28 – update against action plan	

9.1	<p>The Head of Major Projects presented the report which asked Board to note the progress and achievements of the initial 2 Year high level action plan, and to approve the Year 3 action plan.</p> <p>Referring to appendix 1, he confirmed that all 7 actions had been completed for Year 2.</p> <p>Drawing members attention to appendix 2 – Year 3, 2025/26 actions he explained supporting the objectives in the strategy the action plan focusses on 3 projects:</p> <ul style="list-style-type: none"> • Roll out internally delivered IOSH Managing safely throughout the organisation • Ensure robust health surveillance processes are in place where employees receive the correct training and testing • Embed robust personal safety culture in organisation through risk assessment and roll out of e-learning across the organisation. 	
9.2	<p>One member asked if Board was included in the training?</p> <p>DB confirmed this was the case and advised every 2 years Anthony Collins Solicitors deliver Health & Safety for Board members training to Board.</p>	
9.3	<p>For the benefit of new board members, the Head of Major Projects shared the background to the creation of the Health & Safety Team over the past 4 years.</p> <p>He explained that the Compliance team are responsible for occupational, property and building safety. SLH had recognised the need for Subject Matter Experts (SMEs) in all compliance areas, therefore recruited staff into the posts with an operational background. Now fully established, the team comprises of 21 staff. As a result, the organisation benefitted from a really good Health & Safety culture.</p>	
9.4	Board noted the progress of the initial 2-Year high level action plan and approved the Year 3 action plan.	
10.	Safety & Compliance Dashboard – April 2025	
10.1	The Head of Mayor Projects attended to present the exception report as at 30 April 2025, amended to reflect current compliance programmes and the recommendations from the Savills critical friend review.	
10.2	<u>Mandatory 5-yearly Electrical Inspection and Testing</u>	

	<p>He advised of the government's recent announcement regarding mandatory 5-yearly electrical inspection and testing, that will be extended from the private rented sector to social housing. With the requirement coming into force from November 2025 for new tenants and April 2026 for existing tenants.</p> <p>He said social landlords will be obliged to:</p> <ul style="list-style-type: none"> • inspect and test electrical installations in their homes at least every five years. • issue a copy of the Electrical Installation Condition report (EICR) to social tenants within 28 days of an inspection, or to any new tenant before they occupy the property. <p>He added SLH have been moving to a 5-year programme since 2018, this is another example of our horizon scanning to get a head of the curve.</p>	
10.3	Board noted the contents of the exception report.	
11.	Tenant Development / Tenant Board Member Recruitment	
11.1	<p>The Director of Housing and Customer Services presented the report to inform Board of a proposal to implement a tenant development pathway, for members of various tenant engagement groups to succeed into other tenant roles and subsequently become a Tenant Board Member.</p> <p>She emphasised the role of Tenant Board Member is critical, by implementing a development pathway, we can support tenant representatives to ensure that their voices are integrated into our operations, leading to better outcomes and enhanced accountability.</p>	
11.2	She drew members attention to the number of external training programmes available to support new and existing Board members, provided by Housing Diversity Network (HDN) and Chartered Institute of Housing (CIH). She explained the training would be part of a package offered to demonstrate the organisations commitment to development of Tenant Board Members.	
11.3	One member shared his experience as a Tenant Board member, thanking SLH for its support whilst undertaking training and development to carry out the role effectively.	
11.4	Board noted the contents of the report.	
12.	Void and Complaints KPI's - Assurance we have plans in place to meet 2025/26 targets	

12.1	Board agreed to defer this item to the next Board meeting in August 2025.	MJ
13.	Board Forward Plan	
13.1	For the benefit of new board members the Chair highlighted should members wish to add any items to the forward plan to contact the Executive Support Team.	
14.	Any Other Business	
14.1	<p><u>Independent Board Member Vacancy</u></p> <p>Board approved the appointment of Phil Cole to the Independent Board member vacancy and start date following the AGM in September 2025.</p> <p>Board also considered and approved the appointment of a co-optee Kathryn Smart onto Board following the successful recruitment drive.</p> <p>If was further noted that Sarah Vause would be standing down from her position as co-optee having been successfully offered employment in Toronto. Sarah has passed on her gratitude to Board offering to do a pre-board Risk presentation.</p>	
14.2	<p><u>Barry Keable – Final Board Meeting</u></p> <p>On behalf of Board, the Chair thanked Tenant Board Member, Barry Keable for his contributions and support to Board over the past 3 years, wishing him every success for the future. He acknowledged this would be his last Board meeting before standing down at the AGM in September 2025.</p>	
14.3	<p><u>Board Training – ASB Tools and Powers - 24 July 2025</u></p> <p>Members noted this is a hybrid meeting and members are welcomed to attend on teams or in person. Arranging a morning session is a trial arrangement, rather than the afternoon.</p>	
15.	<i>Date of the next meeting – 7th August 2025</i>	

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 7 August 2025

Item : 04

Subject : Chief Executive and Chair's Update Report

Presented by : Chris Margrave

Prepared by : Chris Margrave, Chief Executive

Purpose : To provide an update to Board Members on recent significant activity.

Recommendation:

That Board:

Note the report and indicate if further information is required and

Agree to the Board buddy proposal set out in paragraph 5.2.

Approve annual effectiveness reviews of Audit & Risk Committee set out in paragraph 5.4.

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. 04
Date: 7 August 2025**

1. Report Title

- 1.1 Chief Executive and Chair's Update Report

2. Executive Summary

- 2.1 This report updates Board Members on the key issues that have arisen since the last board meeting and include the requests from board from the last meeting.

3. Purpose

- 3.1 To provide an update to Board Members on recent key issues.

4. Recommendations

- 4.1 That Board note the report and indicate if further information is required and

Agree to the Board buddy proposal set out in paragraph 5.2.

Approve annual effectiveness reviews of Audit & Risk Committee set out in paragraph 5.4.

5. Corporate and Governance issues

5.1 Tenant Board Member Recruitment Update

Jane Davies and Jackie Linacre have completed the Tenant Board recruitment. Using the new Tenant Development Pathway (TDP), all current members of Tenant Scrutiny Panel and One Voice Forum were invited to apply, and a comprehensive recruitment pack was produced. 3 applications were received, and all candidates have been interviewed. It is with great pleasure that we can say that the 2 successful candidates are previous tenant board members; Rodger Haldenby and Mo Tennison. Rodger and Mo have accepted the positions and will commence their roles at the AGM in September 2025. We are delighted to be welcoming the experience and passion of Rodger and Mo back to the Board and excited about what they can bring.

The third candidate, Brian Whitmore has been approached to join the Tenant Development Pathway and be a co-opted member of Customer and

Performance Committee as part of that development work and has accepted this position.

5.2 Board Buddy Arrangements

Over recent months, we have appointed a number of Board members into vacancies. As part of our commitment to providing a robust induction and training process, Executive Management Team (EMT) are proposing that they re-instate a Board buddy programme.

This programme means Board members are assigned a member of EMT as their 'buddy' who is available to answer any queries relating to Board and Board papers for upcoming meetings. Board buddy meetings will also be arranged prior to each Board once papers are published and this dedicated time will allow EMT to present the papers and provide any further detail.

The proposal for the programme is as follows:-

Chief Executive – Buddy for Councillors as well as continue with Chair and Vice Chair.

Director of Property Services – Phil Cole when appointed at 2025 AGM.

Director of Housing & Customer Services – Tenant Board Members

Director of Corporate Services – Susan Jones and Kath Smart (Co-optee)

Board are asked to agree this arrangement.

5.3 Committee Membership

After the new appointments to our Board, it is timely to review membership of the Committee structure. The Chairman has considered the options with Executive Management Team (EMT) and are proposing a revised Committee structure set out at Appendix A.

New Board Members have been consulted with and they are in agreement with the proposals. There is a current vacancy for the Customer and Performance Improvement Chair role and conversations are being had about this.

5.4 Annual Effectiveness reviews of Audit & Risk Committee (A&R)

To support continuous improvement and ensure alignment with best practice, it is proposed that an effectiveness review of its Audit Committee is undertaken. This initiative follows the principles outlined in the CIPFA "Audit Committees: Practical Guidance for Local Authorities and Police 2022" and reflects a growing sector-wide emphasis on governance assurance and committee performance.

As this will be St Leger Homes first effectiveness review of its Audit Committee, it presents a valuable opportunity to establish a strong foundation for governance assurance. The review will help assess how well the Committee is fulfilling its responsibilities, identify areas for

development, and ensure it is aligned with best practice standards such as those outlined in the CIPFA guidance. This first review will also serve as a benchmark for future assessments, supporting the Committee's ongoing improvement and its contribution to the organisation's overall governance framework.

The process will include a self-assessment against the CIPFA framework, supplemented by feedback from Committee members and officers. An action plan will be developed to address any areas for improvement, and the findings will be reported back to the Board for consideration and endorsement. This approach mirrors successful practices adopted by other local authorities and reflects SLH's commitment to strong governance and accountability.

Board are asked to approve that A&R adopt this approach.

5.5 Companies House reforms

As part of the Companies House reforms under the *Economic Crime and Corporate Transparency Act 2023*, all company directors, company secretaries, and Persons with Significant Control (PSCs) will be required to verify their identity. This measure aims to prevent people from the misuse of companies for illegal purposes. These new regulations are expected to come into force from Autumn this year, and there will be penalties for non-compliance after the deadline.

To avoid delays or penalties through September, our Executive Support Team will be contacting you individually to commence this process. This is an imperative process as we will not be able to file the Company's annual Confirmation Statement if directors have not been verified.

5.6 Recruitment to Tenant Scrutiny Panel Chair

Following the successful recruitment of Rodger Haldenby and Mo Tennison to the Board, we are commencing the process to fill the Chair position of the Tenant Scrutiny Panel, which Mo Tennison has vacated. The Secretary role, previously undertaken by Rodger Haldenby, will be filled by a member of the Customer Involvement Team.

We have invited tenant representatives from the Get Involved Group, the One Voice Forum, and the remaining Tenant Scrutiny Panel members to express their interest in the Chair position. This approach aligns with the recently approved Tenant Development Pathway, which supports succession planning across tenant representative groups and Board.

The selection process will be a partnership approach between SLHD and a representative of the TSP and a member of TPAS and has been earmarked to take place early September.

This is a crucial role to ensure effective scrutiny, challenge and engagement, and we are looking forward to working with the successful tenant representative in what is an important position.

6. National Issues

6.1 Since last Board there have been a number of announcements that will ultimately affect the homes that we manage on behalf of the council and the policies and strategies we have in place. These include;

6.2 Decent Homes Standard consultation

MHCLG has published the Decent Homes Standard consultation which closes on the 10 September 2025. This aims to update the Decent Homes Standard (DHS) which applies to social housing and will later apply it to privately rented housing.

The proposed changes to the standard are:

- Development of a common standard for private and social rented housing as far as possible that can be used by tenants and landlords alike.
- Updating the definition of disrepair – removing the age requirement and updating thresholds (ensuring the focus is placed more on condition of the home rather than arbitrary age profiles for components)
- Revising the list of building components which must be kept in a reasonable state of repair
- Revising the approach to facilities so that landlords need to provide three out of the four facilities listed in proposal 2
- Introducing a window restrictor requirement (where windows present a fall hazard to children)
- Considering a new home security requirement
- Considering a requirement for floor coverings for new tenancies
- Streamlining and updating the thermal comfort requirements.
- Introducing a new standard for damp and mould.

It is proposed that the changes will come into force from 2035 or 2037 (except those relating to minimum energy efficiency standards which come into force 2030.)

6.3 Personal Emergency Evacuation Plans (PEEPS)

The Government has laid the regulations for Residential PEEPs. PEEPS will come into force on 6 April 2026.

They have launched a short consultation period to feedback on the guidance, closing 8 August.

The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025 aim to improve the fire safety and evacuation of residents of specified residential buildings in England who would have difficulties evacuating the residential building by themselves in the event of a fire. This may be due to a physical mobility issue, some other disability such as having a sight or hearing impairment, or a cognitive condition.

The Regulations apply to all buildings in England that are high-rise residential buildings, that is, buildings containing two or more sets of domestic premises ('multi-residential') that are at least 18 metres above ground level or have at least seven storeys), and to all multi-residential buildings more than 11 metres in height above ground level that have simultaneous evacuation strategies in place.

The Regulations are the outcome of two Government consultations on this policy area and sustained engagement with a wide range of stakeholders. The Residential PEEPs policy addresses three recommendations from the Phase 1 Report of the Grenfell Tower Inquiry: two recommendations concerning Personal Emergency Evacuation Plans (recommendations 33.22.e and 33.22.f) and one recommendation concerning building emergency evacuation plans (33.22.c).

6.4 Minimum Energy Efficiency Standards (MEES) - Consultation

This consultation seeks views on the implementation of new MEES for the social rented sector at Energy Performance Certificate (EPC) Band C or equivalent by 2030. It covers the following areas:

- Setting a MEES
- Addressing implementation issues
- Longer-term decarbonisation and Net Zero

This consultation considers options to raise energy efficiency standards in the domestic social rented sector to make homes easier to heat, tackle fuel poverty and lower carbon emissions.

This will be included in the revised Decent Homes Standard (DHS) as part of criterion on thermal comfort but will come into the regulatory regime prior to the full DHS (e.g. 2030 rather than 2035 or 2037).

The Government's preferred approach to Social Rented Sector MEES both requires landlords to meet a standard using reformed EPC metrics, meeting the fabric metric at band C and either the heating system or the smart readiness metric.

A further proposal is a time-limited spend exemption for providers, meaning the maximum a provider would be required to spend to comply with MEES between now and 1 April 2030 is £10,000 per property. If the property still does not meet the minimum standard after the £10,000 expenditure, the exemption would allow providers to delay meeting the proposed minimum standard for a further 10 years from 2030.

It is proposed to allow social rented homes achieving Energy Efficiency Ratio (EER) C against existing EPCs to be considered compliant with the standard until those EPCs expire. And homes that meet the existing EER C

standard between the introduction of the new EPCs and 1 April 2028 to be considered compliant with the proposed standard until their EPC certificates expire.

The consultation also includes a call for evidence on stakeholder views and plans to decarbonise.

Explanatory note on EER and EPC:

Energy Efficiency Rating (EER) - The energy efficiency rating is a measure of the overall efficiency of a building. This rating is based on the performance of the building and its fixed services (such as heating and lighting). The higher the rating the more energy efficient the home is and the lower the fuel bills will be.

Energy Performance Certificate (EPC) - This shows both the current energy and potential energy rating of a property in terms of its energy rating.

The energy efficiency rating charts are divided into rating bands ranging from A+ to G, (or A to G in the case of a building that is a dwelling), where A+ is very efficient and G is the least efficient. Each chart has a current and a potential energy efficiency rating.

6.5 Electrical Safety Testing

Government has also laid the regulations relating to Electrical Safety testing in the social rented sector, which will require social landlords to carry out checks on electrical installations for social housing at least every five years; and in-service inspection and testing of electrical equipment (ISIT), more widely known as Portable Appliance Testing (PAT), on all electrical appliances they provide as a part of a tenancy.

Key points are;

- Social landlords will be obliged to inspect and test electrical installations in their homes at least every five years
- Social landlords will be obliged to issue a copy of the Electrical Installation Condition report (EICR) to social tenants within 28 days of an inspection, or to any new tenant before they occupy the property
- Social landlords will be obliged to undertake in-service inspection and testing (commonly known as Portable Appliance Testing (PAT)) of electrical equipment provided as part of a tenancy
- Social landlords will be obliged to complete any remedial works following an inspection, within 28 days

Like most organisations, SLHD have been working towards this, however this is now set in regulation and dates set to achieve are from November 2025 for new tenants and April 2026 for existing tenants.

6.6 Awaab's Law

Draft guidance as now been provided by the Government, ahead of the law coming into force for the social rented sector from 27 October 2025. From this point social landlords will have to address all emergency hazards and all damp and mould hazards that present a significant risk of harm to tenants to fixed timeframes.

In 2026 the regulations will be extended to include the following hazards where they present a significant risk of harm:

- Excess cold and excess heat
- Falls associated with baths etc., on level surfaces, on stairs and between levels
- Structural collapse, and explosions
- Fire, and electrical hazards
- Domestic and personal hygiene and food safety
- In 2027 the regulations will further extend to cover all remaining HHSRS hazards (apart from overcrowding) where they present a significant risk of harm

6.7 Rent Convergence Consultation

The MHCLG in June has announced consultation on Rent Convergence. This would allow Local Authorities to add £1 or £2 extra onto rent increases from April 2026 for up to a 10 year period. The increase is in addition to the agreement rents can increase by CPI+1% for 10 years. The government believes that it is right to address the disparity between actual rents and formula rents by implementing Social Rent convergence. Failing to do so would have adverse consequences for those who would otherwise benefit from the investment i.e. customers. Convergence will allow social rent below rents below formula (social) rents to over time get back to target. I.e. if rents hadn't been increased in prior years by the full amount.

7. **Operational issues**

7.1 Pay Award

The Joint Negotiating Committee (NJC) pay award increase 2025/26 of 3.2% has now been agreed for Local Authorities (incl SLHD). Backdated pay will be included in the September payroll for all staff. The funding of the pay increase does add further pressure to budgets for CDC as the provision for this years' pay increase was 2.0%. The increase in the pay award will be funded through an increase in the management agreement.

We will also need to set out and seek CDC approval for the uplift to member allowances to reflect the pay award for 2025/26.

7.2 Safeguarding Update

There have been 81 safeguarding cases received in Q1 of 2025/26, which is a drop of 10% (or 8 cases) from the number of referrals which were received in the same period last year. Breakdown of the types of referrals is set out below.

Safeguarding Adults at Risk	39
Domestic Abuse	17
Mental Health	7
Hoarding	11
Safeguarding Children (General)	5
Child in Need	1
Child Neglect	1

In addition, members will be aware that St Leger Homes attained the Domestic Abuse Housing Alliance (DAHA) 3-year accreditation in 2022, the first housing provider in South Yorkshire to do so. The re-accreditation process is currently on-going, a critical step in maintaining the quality and integrity of St Leger Homes response to domestic abuse. In addition, it provides assurance to customers and key stakeholders that we, St Leger Homes remains up to date with changes in domestic abuse practice and procedure.

7.3 EDI Update

Attached at Appendix B is the quarterly EDI dashboard for quarter 1. This report shows that we have seen a further decrease in the disclosure of data from customers, 5% drop from quarter 4, we will look into to raise disclosure. We have seen an increase across the board with the number of employees identifying with a characteristic. A positive outcome following a reminder communicated to employees to review and update this information. In quarter 1, we have seen a significant increase in the number of applicants from an ethnic minority background – 7.62% to 17.44%. We are currently reviewing data so that we can identify what factors may have influenced this increase.

7.4 Summary of Housing Ombudsman complaints investigations

A summary of recent Housing Complaints are detailed below.

Executive Summary - 202320184

The complaint is about the handling of delays in the out of hours telephone number being answered and the associated complaint. It relates to a service provided in March 2023.

The Housing Ombudsman found no maladministration in respect of the handling of the delays in its out of hours telephone number being answered.

Detail

The customer complained to the landlord on 6 March 2023 after contacting the Alarm Receiving Service at City of Doncaster Council. She said her boiler was leaking, causing water damage to her kitchen floor. She said no one answered the phone and therefore had no choice but to call for an emergency independent plumber. This resulted in her paying the plumber £251 which she was asking SLHD to reimburse.

Our response to the Housing Ombudsman was:

We advised the Housing Ombudsman that the customer called the out of hours contact number 5 times in an hour and waited on hold for 2 minutes on average before hanging up. We did not find the waiting times the resident experienced to be unreasonable.

Our target is to answer 95% of calls within 20 seconds. On the day the customer phoned the longest call on hold was 4 minutes which we did not feel was unreasonable or sufficient reason for the resident to hire a private plumber.

Our emergency call out response is to attend in 2 hours. Therefore, based on the call waiting times of its out of hours service there was sufficient time to answer the call.

On this basis we were unable to compensation for the customer providing her own plumber as it was her decision to do so.

Housing Ombudsman Outcome

The Housing Ombudsman noted that in investigating this complaint we had appropriately considered the wait times from when the customer attempted contact. We had also considered whether the challenges the resident reported would have impacted on delivering its emergency repair times. The Housing Ombudsman noted that despite not answering within the 20 second call target, we had 2 hours to respond to emergency repairs, which we advised was a reasonable wait time. The Housing Ombudsman determined our response was appropriate as it provided a clear response to the customer's concerns. Incorrect advice was given with regard to who was responsible for investigating the complaint

Learning

There was learning for the CRT with regard to responsibility for investigating complaints about the Alarm Receiving Centre (ARC) . There was a recommendation from the Housing Ombudsman Office to include call recording in our out of hours telephony service but this had already been implemented.

7.5 Policy update

- Compliments, Comments and Complaints Policy – Following submission of our annual Complaints Handling Code in June 2024, the Housing Ombudsman (HO) undertook a focused review of our Compliments, Comments and Complaints (CCC) policy. The HO identified 3 areas for improvement and made specific recommendations. These are minor changes which EMT approved at their meeting on 29 July.

8. Procurement Implications

- 8.1 Any procurement implications arising from issues in this report will be detailed as part of that update.

9. VFM Considerations

- 9.1 Any VFM matters arising from issues in this report will be detailed as part of that update.

10. Financial Implications

- 10.1 Any financial implications arising from issues in this report will be detailed as part of that update.

11. Legal Implications

- 11.1 Any legal implications arising from issues in this report will be detailed as part of that update.

12. Risks

- 12.1 Any risks arising from issues in this report will be detailed as part of that update.

13. Health, Safety & Compliance Implication

- 13.1 Any risks arising from issues in this report will be detailed as part of that update.

14. IT Implications

- 14.1 Any IT implications arising from issues in this report will be detailed as part of that update.

15. Consultation

- 15.1 Undertaken as required on specific projects.

16. Diversity

16.1 No specific implications arising from this report

17. Communication Requirements

17.1 Any communications requirements will be addressed as work on projects progresses.

18. Equality Analysis

18.1 None required.

19. Environmental Impact

19.1 Not Applicable.

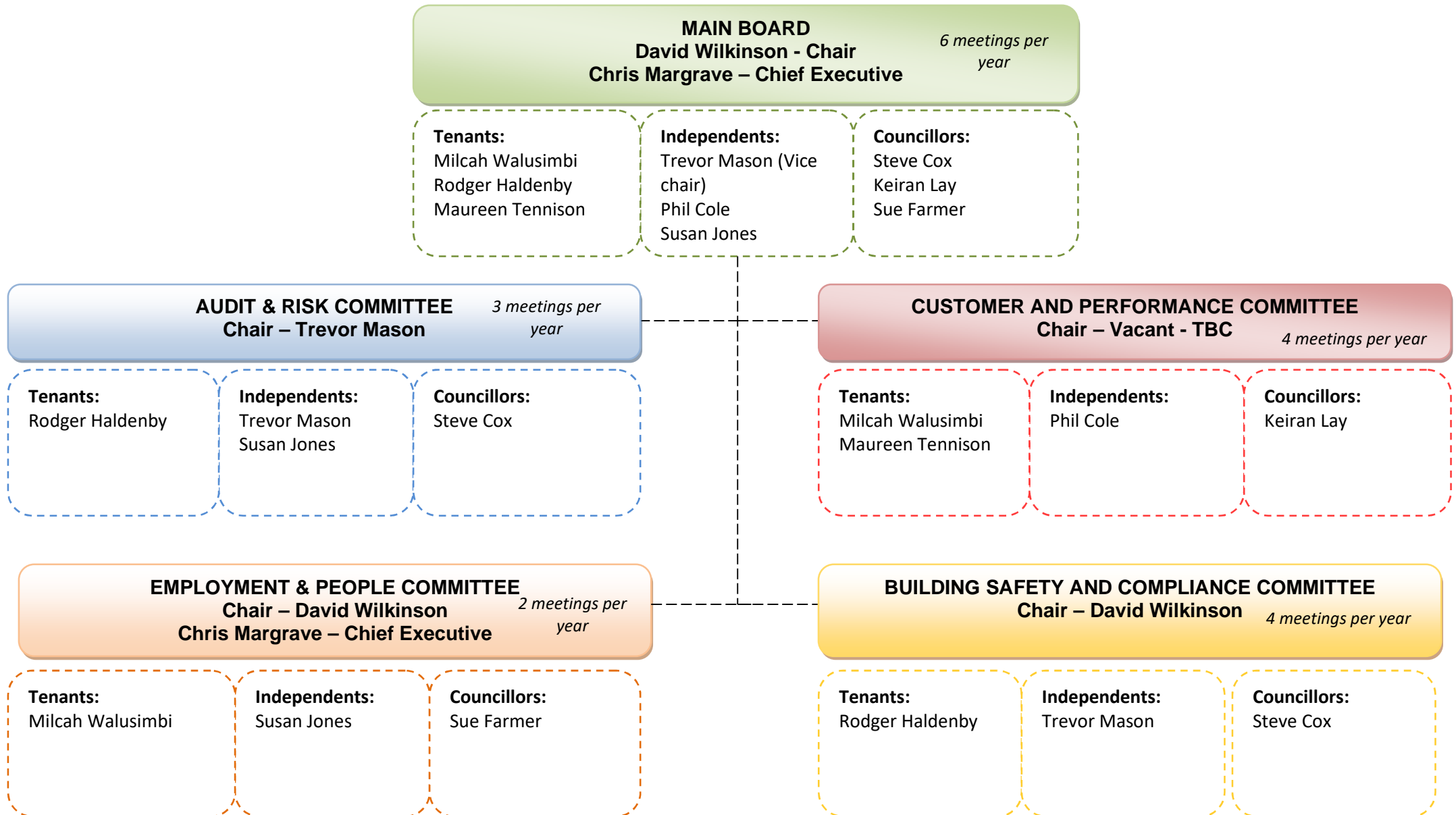
20. Report Author, Position, Contact Details

20.1 Chris Margrave, Chief Executive
chris.margrave@stlegerhomes.co.uk

21. Background Papers

21.1 None

St Leger Homes of Doncaster Ltd – Post AGM



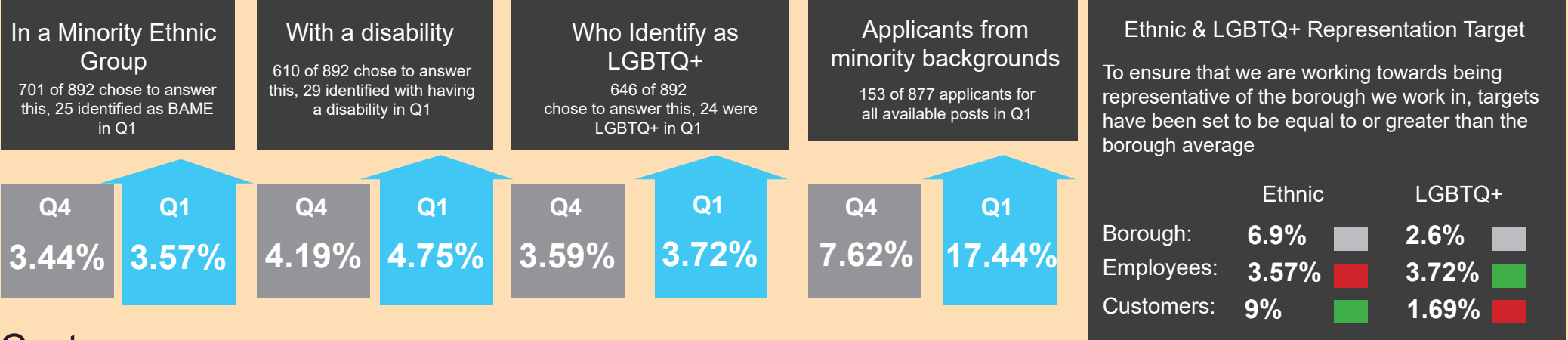
Equality, Diversity & Inclusion Dashboard

Quarter 1 2025



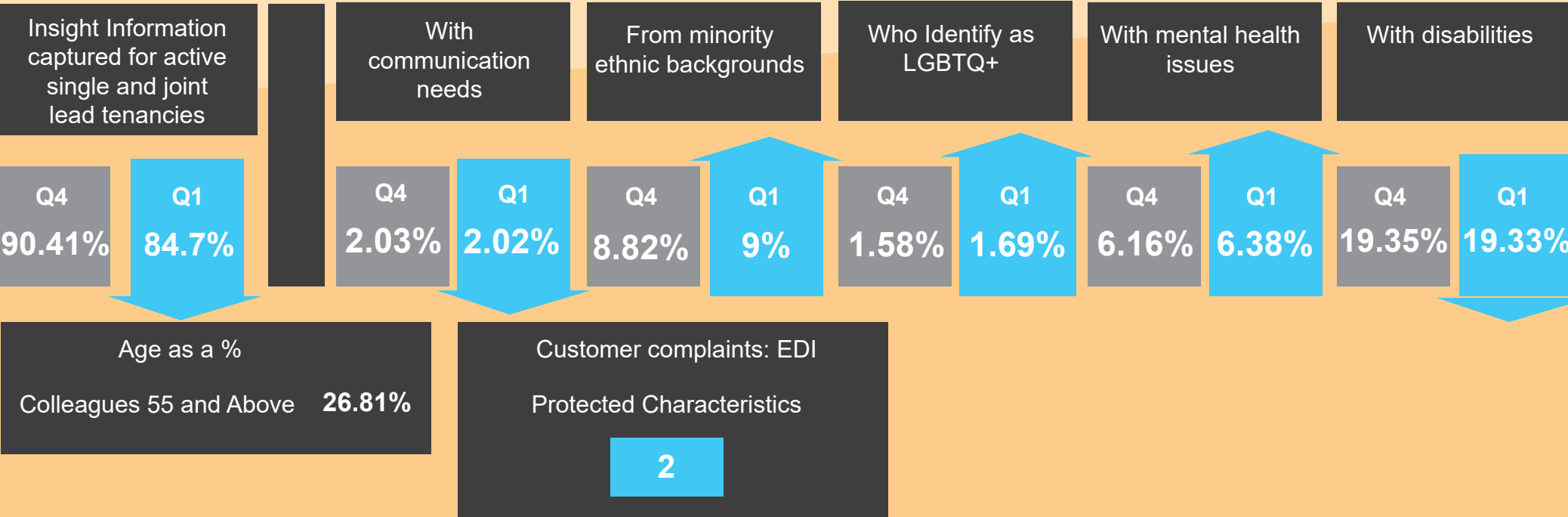
Employees

% responses are based on employees that answered the question



Customers

% Responses are based on all active customers(single and joint) at the end of Q1 23738 who answered the question



ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date	: 07 August 2025
Item	: 05
Subject	: Annual Financial Statements
Presented by	: Kevin Hanlon Director of Corporate Services
Prepared by	: Nigel Feirn Head of Finance and Business Assurance
Purpose	: The purpose of this report is present the Financial Statements of the Company and Letter of Representation for the year ended 31 March 2025 for approval and Auditors' Management Letter for noting by the Board.
Recommendation :	That Board approve the Financial Statements and Letter of Representation and note the contents of the Auditors' Management Letter for the year ended 31 March 2025.

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

**Agenda Item No 13
Date: 07 August 2025**

1. Report Title

- 1.1. Annual Financial Statements.

2. Purpose

- 2.1. The purpose of this report is to present the Financial Statements of the Company and Letter of Representation for the year ended 31 March 2025 for approval by the Board and Auditors' Management Letter for noting by the Board. The Financial Statements underwent extensive review by Audit and Risk Committee on 7 July 2025 and were recommended to Board for approval

3. Recommendation

- 3.1. That the Board approve the financial statements (**Appendix A**), Letter of Representation (**Appendix C**) and note the contents of the Auditors' Management Letter (**Appendix B**) for the year ended 31 March 2025.

4. Executive Summary

- 4.1. It is a requirement of the Companies Act 2006 to produce annual audited financial statements. The draft financial statements have been prepared by St Leger Homes of Doncaster Limited (St Leger Homes) and audited by Beever and Struthers.
- 4.2. Within their Letter of Engagement, Beever and Struthers stated the following with regards to the responsibility of Directors:

"As Directors of the above company, you are responsible for maintaining adequate accounting records and preparing financial statements which give a true and fair view and comply with the Companies Act 2006. As Directors you must not approve the financial statements unless you are satisfied that they give a true and fair view of the assets, liabilities, financial position and surplus or deficit of the Company."

- 4.3. The management accounts for the financial year 2024/25 presented to the Board in May 2025, reported that at the end of a very challenging and tight financial year, St Leger Homes made a surplus outturn of £26k against a £zero, balanced budget where original budgeted income and expenditure each totalled £58.481m, as summarised below:

Year ended 31 March 2025	Surplus	Budgeted Income	
	£million	£million	%
HRA activities – (Surplus)	(0.175)	53.496	(0.3)
General Fund: Housing Options – Deficit	0.149	4.985	3.0
Overall (Surplus)	(0.26)	58.481	(0.3)

- 4.4. The General Fund (GF) will fund the year end Housing Options deficit and the HRA surplus will be repaid to CDC.
- 4.5. The accounts have been produced under Financial Reporting Standard (FRS) 102.
- 4.6. Beever and Struthers must also give an opinion on the Strategic Report within the Financial Statements (the narrative report in the front section). The report must therefore be correct and consistent with the financial statements and all other management information audited.
- 4.7. There were no major new reporting requirements for 2024/25, and the Strategic Report again includes a s172(1) statement which describes how the Directors have had regard to the matters set out in section 172(1) (a) to (f), which are the:
 - a) likely consequences of any decision in the long term;
 - b) interests of the company's employees;
 - c) need to foster the company's business relationships with suppliers, customers and others;
 - d) impact of the company's operations on the community and the environment;
 - e) desirability of the company maintaining a reputation for high standards of business conduct; and
 - f) need to act fairly as between members of the company.

5. Audit opinion

- 5.1. Beever and Struthers have not identified any adjustments which are necessary to the financial statements. In their audit report they present a clean audit report and that the accounts show a true and fair view of the financial position for the year.
- 5.2. Auditing Standards (ISA 260) require auditors to report to management on the findings of an audit and the Beever and Struthers' Management Letter is attached at **Appendix B**.

6. Pension fund valuation

- 6.1. St Leger Homes is a member of the South Yorkshire Pension Fund (SYPF).
- 6.2. The pension fund undergoes a full actuarial valuation every three years ('triennial valuation') and the contributions by Employers are adjusted, if necessary, in order to get the fund into a fully funded position at some point in the future.
- 6.3. The last full triennial valuation report was at 31 March 2022 and results became available at the end of 2022. This shows the whole fund is now in surplus for the first time in many years, and the St Leger Homes element of the fund is again in surplus, as summarised below.

	Whole fund			St Leger Homes element		
	2016	2019	2022	2016	2019	2022
	£m	£m	£m	£m	£m	£m
Assets	6,268	8,440	10,674	93.2	131.3	171.5
Liabilities	(7,293)	(8,503)	(8,988)	(93.8)	(120.0)	(134.7)
Surplus / (Deficit)	(1,025)	(63)	1,686	(0.6)	11.3	36.8

Funding level	86%	99%	119%	99%	109%	127%
---------------	-----	-----	-------------	-----	------	-------------

- 6.4. The results of the triennial valuation determine the contribution rates for future years to ensure the fund is in surplus.
- 6.5. During 2024/25 and 2023/24, St Leger Homes paid a contribution rate of 10.2%, which was a reduction of previous arrangements of net contribution rate of 12.6%.
- 6.6. In addition to the triennial work, the actuary Hymans Robertson reviews the pension fund assets, liabilities and assumptions on an annual basis and provide an update report to enable any changes to be reflected the financial statements (please see section 7 – FRS 17 below).
- 6.7. The results from the triennial and annual reports have again had a major impact on pension accounting disclosures for 2024/25, like they have in previous years, as explained below.

7. Accounting summary / Financial Reporting Standard (FRS17) adjustments

- 7.1. Each year, the management accounts require adjustments of an accounting standard nature under (FRS)17 (accounting for pension schemes).
- 7.2. The objective of FRS17 is to show the financial position of the company if all St Leger Homes' pension commitments - for all existing pensioners and current employees - were to become payable at the year-end date. Although the likelihood of this actually materialising is extremely remote, the financial statements would show the most prudent, 'worst case scenario' position.
- 7.3. FRS17 adjustments reflect actuarial movements in the assets and liabilities of the company pension scheme in the year, as detailed on pages 36 to 39 of the financial statements. The accounting entries for FRS17 are treated as either Administrative Expenses or Finance Costs in the Statement of Comprehensive Income (Profit and Loss Account).
- 7.4. FRS17 adjustments will therefore ensure that:
 - financial statements reflect at fair value the assets and liabilities arising from St Leger Homes' retirement benefit obligations;
 - the operating and finance costs of providing retirement benefits to employees and any other changes in value of the assets and liabilities are recognised in the accounting period;
 - the financial statements contain adequate disclosure of the cost of providing retirement benefits and the related gains, losses, assets and liabilities
- 7.5. There have been a number of changes to the assumptions used by Hymans Robertson in their annual report. These changes mean the St Leger Homes FRS17 pension deficit has fluctuated significantly in recent years - moving into a surplus for the first time in twelve years in 2022/23 and reporting an increasing surplus in 2023/24 and again in 2024/25.
- 7.6. The table below shows the assets, liabilities and deficit as calculated by the actuary. Further details appear in the financial statements.

Year ended 31st March	Pension Assets £million	Pension Liabilities £million	Pension Surplus/ (Deficit) £million
2025	186.8	(126.7)	60.1
2024	181.2	(146.1)	35.1
2023	167.4	(143.5)	23.9
2022	170.5	(213.4)	(42.9)
2021	154.4	(213.3)	(58.9)
2020	128.7	(171.3)	(42.6)
2019	131.3	(173.8)	(42.5)
2018	122.8	(154.4)	(31.6)
2017	115.5	(157.2)	(41.7)
2016	92.8	(111.9)	(19.1)
2015	90.2	(112.6)	(22.4)
2014	77.6	(85.2)	(7.6)
2013	69.9	(86.8)	(16.9)
2012	60.0	(71.1)	(11.1)

7.7. In summary, the 2024/25 surplus of £60.1m shows an increase of £25.0m from the 2023/24 surplus of £35.1m, which in turn was £11.2m higher than 2022/23.

7.8. The table also shows a significant change of £66.8m in 2022/23, moving to a surplus of £23.9m from the previous year end deficit of £42.9m. These changes in recent years are significant and reflect the changes in the national and global economies and related assumptions, returns on investments, etc.

7.9. In terms of reporting this, the accounting disclosures in the Financial Statements are dictated by Accounting Standards, which dictate that the following must be considered:

- Increasing Pension Surpluses for the past three financial years;
- The March 2022 triennial valuation showed a surplus of £36.8m;
- Contribution rates reducing in 2023/24 from net 12.6% to 10.2%;
- 'Asset Ceiling' valuations based on a revised actuarial assumption; and
- Unfunded obligations of £73k at 31 March 2025, £82k at 31 March 2024 and £83k at 31 March 2023.

7.10. The result of all the above is that St Leger Homes is not permitted to report the full Surplus of £60.1m but can report either a:

- Pension Surplus based on the Asset Ceiling, which at 31 March 2025 is £zero (no surplus or deficit); or
- Report the unfunded obligations liability of £73k.

7.11. After consultation with Beever and Struthers and City of Doncaster Council, St Leger has again chosen to disclose the unfunded obligations liability of £73k. This approach is considered the most prudent and minimises the impact of the volatility in the assumptions.

7.12. In previous years where there was a deficit position, an agreement exists between St Leger Homes and CDC whereby CDC provide a pension related guarantee to cover all related pension costs, and additional commentary was required in the notes to the accounts. This was to highlight the negative position and that the accounting treatment did not impact on the day-to-day operations of St Leger.

7.13. Under FRS17, the accounting entries to reflect the pension changes must be transacted through the Statement of Comprehensive Income (SOI) and Statement of Financial Position (SOF), namely:

- Current service costs - the increase in the present value of the scheme liabilities expected to arise from employee service in the current and prior periods;
- Net return on assets (interest cost) – the expected increase during the period in the present value of the scheme liabilities because the benefits are one period closer to settlement; and
- The movement in pension surplus/deficit.

7.14. The table below summarises the pension accounting postings required under FRS17 and how these reconcile between the breakeven position as per the Company's outturn and financial statements for the past five years:

Year ended 31 March	2025 £million	2024 £million	2023 £million	2022 £million	2021 £million	2020 £million
<u>FRS17 Pension adjustments</u>						
Management Accounts Outturn (after CDC payments)	0	0	0	0	0	0
<u>Statement of Comprehensive Income (SOI)</u>						
Increase in Admin costs – current Service Costs	(1,951)	(2,588)	(5,590)	(5,554)	(3,868)	(3,869)
Net return on assets – Interest Receivable/(Payable)	(52)	965	(1,229)	(1,292)	(0,993)	(1,103)
(Loss) reported in the financial statements	(2,003)	(1,623)	(6,819)	(6,846)	(4,861)	(4,972)
<u>Statement of Financial Position (SOF)</u>						
Opening pension surplus / (deficit)	35.187	21.584	(42.922)	(58.793)	(42.645)	(45.511)
Movement in pension deficit	24.845	13.521	66.884	15.871	(16.148)	2.866
Asset Ceiling / Unfunded liability adjustments	(60.105)	(35.187)	(2,378)	0	0	0
Closing Pension (deficit) / surplus	(0.073)	(0.082)	21,584	(42.922)	(58.793)	(42.645)

7.15. The information in the accounts on pages 36 to 39 is provided to St Leger Homes by Hymans Robertson and is in the format required under accounting standards.

7.16. St Leger Homes receive a written guarantee from CDC confirming the pension guarantee that covers all related pension transactions and deficits, subject to St Leger Homes continuing to make the necessary contributions as advised by SYPF.

8. Consultation

8.1. No specific implications arise from this report.

9. Legal Implications

- 9.1. It is a requirement of the Companies Act 2006 to produce annual audited financial statements.
- 9.2. The audit of the financial year ended 31 March 2025 was the first year of the new external audit contract following a tendering exercise during 2024 and subsequent appointment of Beever and Struthers, in accordance with section 385 of the Companies Act 2006, at the Annual General Meeting in September 2024.
- 9.3. The full financial statements will be published on the St Leger Homes website and available to residents upon request.

10. Financial Implications

- 10.1. Beever and Struthers are paid a fee of £29k for the completion of an audit of the financial statements; a budget for this fee is included within the overall St Leger Homes budget.

11. Risk

- 11.1. A clean audit report and financial statements showing a true and fair view of the financial position for the year is a fundamental element of the governance framework, with a direct impact on the financial, operational and reputational risk of the company.

Report Author

Nigel Feirn
Head of Finance and Business Assurance
01302 737485

Appendix A – Draft Financial Statements
Appendix B – Auditors' Management Letter
Appendix C – Directors' Letter of Representation

Annual Report

31 March 2025

St Leger Homes of Doncaster Ltd

Company Registration Number: 05564649

St Leger Homes of Doncaster Ltd

Contents

Company Information	3
Strategic Report and Section 172(1) Statement.....	5
Directors' Report.....	20
Statement of Internal Control	21
Statement of Directors' Responsibilities	22
Independent Auditors' Report	23
Statement of Comprehensive Income.....	26
Statement of Financial Position.....	27
Statement of Cash Flows	28
Notes to the Accounts	29

St Leger Homes of Doncaster Limited

Company Information

Company registration number: 05564649

Registered office:

Civic Office
Waterdale
Doncaster
DN1 3BU

Bankers:

Lloyds Bank Plc
14 Church Street
Sheffield
S1 1HP

Solicitors:

Anthony Collins Solicitors
134 Edmund Street
Birmingham
B3 2ES

Auditors:

Beever and Struthers
1 George Leigh Street
St Ancoats
Manchester
M4 5DL

Internal Auditors:

City of Doncaster Council Internal Audit
Civic Office
Waterdale
Doncaster
DN1 3BU

Board of Directors

Mr A Richmond
Mr C Margrave

Appointed: 01.10.20
Appointed: 15.05.24

Resigned 06.05.24

Independent Chair

Mr D Wilkinson

Appointed: 11.11.19

Tenant Board Members

Ms V Purnell
Ms M Walusimbi
Mr B Keable
Ms K Leroy

Appointed: 20.09.23
Appointed: 01.10.22
Appointed: 20.09.23
Appointed: 17.09.24

Resigned 30.04.24

Resigned 31.03.25

Council Board Members

Cllr J Blackham
Cllr R A Jones
Cllr P Cole
Cllr S Smith

Appointed: 10.07.14
Appointed: 10.07.14
Appointed: 25.05.21
Appointed: 28.02.24

Resigned 27.02.24

Resigned 02.05.25

Resigned 02.05.25

Resigned 02.05.25

Independent Board Members

Mr T Mason
Mr S Booth
Mrs S Jones

Appointed: 29.11.17
Appointed: 01.01.20
Appointed: 13.01.20

Resigned 14.01.25

St Leger Homes of Doncaster Limited

Executive Management Team

Mr A Richmond	Chief Executive Officer	Resigned 05.05.24
Mr C Margrave	Chief Executive Officer	Appointed 06.05.24
Ms J Crook	Director of Corporate Services	Resigned 31.05.25
Mr K Hanlon	Director of Corporate Services	Appointed 03.02.25
Mr M McEgan	Director of Housing and Customer Services	Resigned 31.10.24
Mrs J Davies	Director of Housing and Customer Services	Appointed 21.10.24
Mr C Margrave	Director of Property Services	Resigned 05.05.24
Mr L Winterbottom	Director of Property Services	Appointed 05.08.24

St Leger Homes of Doncaster Limited

Strategic Report

The Directors present their strategic report St Leger Homes of Doncaster Limited (St Leger Homes) for the year ended 31 March 2025.

Statement by the Directors in performance of their statutory duties in accordance with s172(1) of the Companies Act 2006

The Directors consider that they have acted in good faith, to promote the success of the organisation for the benefit of its stakeholders and matters set out in s172(1)(a-f) of the Act.

St Leger Homes has a wide ranging, large number of stakeholders and partner organisations, with strategic, operational and governance arrangements in place to ensure we optimise engagement and foster strong relationships with them and are involved in our decision making. These include City of Doncaster Council (CDC), employees, tenants and a number of active tenant groups, Department of Work & Pensions (DWP), Team Doncaster, Doncaster Chamber of Commerce, Doncaster College, health services, locality framework partnerships, emergency services, procurement consortia, Citizens Advice Bureau (CAB), Community First Credit Union, suppliers, trade unions and others. We are members of many strategic boards as well as community agencies and groups. Involvement in these groups is fundamental in St Leger Homes understanding the challenges facing the City and developing our services.

The following paragraphs summarise how the Directors have fulfilled their duties in this regard and in doing so have regarded (amongst other matters):

The likely consequences of any decision in the long term

St Leger Homes operates a comprehensive and effective business planning framework, where the consequences of decisions over the short, medium and long term are considered. A five-year Corporate Plan sets out strategic objectives, service delivery plans and related measures. At the start of each year, and based on the Corporate Plan objectives, an Annual Development Plan (ADP) is approved by the CDC and St Leger Homes Board and sets out key corporate objectives, alongside an Annual Operating Budget.

Progress against the Corporate, Annual Development and all other plans is reviewed regularly with Board meetings six times per year and quarterly meetings with a number of strategic and management committees within CDC (see pages 7 to 18).

The interests of the organisation's employees

Employees of St Leger Homes have always been recognised as the company's most important asset, and we have a dedicated People and Culture (P&C) team to support the recruitment, development and retention of our workforce. Our People Strategy has an action plan aligned with our strategic objectives and Corporate Plan (see pages 7 to 18).

The need to foster the organisation's business relationships with suppliers, customers and others

St Leger Homes places customers' interests at the heart of everything we do and customers are involved and relationships developed at every level, including representation on the Board, extensive consultation in the five year corporate plan and customer strategies, a One Voice Forum (OVF), a Tenant Scrutiny Panel (TSP) and working closely with a number of Tenants and Residents Associations (TARAs). We also have effective partnerships with numerous partnering organisations, including statutory, non-statutory and the voluntary sector. These include DWP, Community First Credit Union, Age UK, South Yorkshire Police and a number of local food banks, among others (see pages 7 to 18).

For suppliers, St Leger Homes has robust Financial Regulations, Contract Standing Orders and a Procurement Strategy and these documents ensure we operate in a legal, ethical and inclusive manner whilst achieving best value for money. Procurement arrangements utilise compliant consortia frameworks.

The impact of the organisation's operations on the community and environment

It is our mission to provide homes in neighbourhoods that people are proud to live in and each of our four strategic objectives has plans and measures that have a positive impact on the community and environment. We have dedicated resources that work closely with partners to deliver numerous initiatives and projects that complement and maximise the impact of our work on the wider communities and environment across the whole city.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Statement by the Directors in performance of their statutory duties in accordance with s172(1) of the Companies Act 2006 (continued)

St Leger Homes has a range of Strategies and Policies to support our tenants, residents and communities, in particular the Customer Voice, Communication, Housing Management, Asset Management, Customer Access, Homelessness and Building Safety & Compliance strategies.

In addition, the main objectives of an Environmental Strategy are to reduce fuel poverty, our carbon footprint and our waste and we undertake enhanced stock condition surveys on the housing properties under our management.

Progress against all plans is monitored regularly by board and CDC, and this includes a suite of Key Performance Indicators (KPIs) which now include the Regulatory Tenant Satisfaction Measures (TSMs). Many of the KPIs and TSMs have a positive impact on the community and environment as they target the energy efficiency of properties, maintaining decent homes standard, anti-social behaviour, homelessness, empty properties, local expenditure and training and employment, among others.

For a number of years, we have invested in a range of environmental improvements, and we continue to install efficient heating systems and insulation as part of our ongoing improvement programmes. We replace our vehicle fleet with more fuel-efficient vehicles, which now includes a phased move to electric vehicles, and we use repair scheduling software to optimise travel.

We continually review our business premises and have reduced the number in use and energy usage and we source materials and services locally wherever possible.

The desirability of the organisation maintaining a reputation for high standards of business conduct

A fundamental aim for St Leger Homes is to maintain the highest standards of conduct, operating a robust governance framework. We have a comprehensive range of strategies, policies and procedures designed to ensure compliance with legislation, regulations and best practice, including a range of fraud related policies for staff and a suite of appropriate Key Performance Indicators (KPIs) (see pages 7 to 18). St Leger Homes is committed to preventing modern slavery and human trafficking and all other potential violation of human rights in all of its business activities. It has no place in St Leger Homes' business or supply chains, and we take a zero-tolerance approach to it. Our annual modern slavery statement for the 2024/25 financial year, sets out our activities and can be found on our website at www.stlegerhomes.co.uk

The need to act fairly as between members of the organisation

St Leger operates a robust approach to governance, with frameworks in place for the management of Strategic and Operational Risk, financial control, operating performance and procurement. These frameworks sit under an extensive, overarching Management Agreement with CDC with clear lines of delegated authority and periodic monitoring and reporting (see pages 7 to 18).

Principal decisions

The Code and Regulations do not define 'principal' or 'key' decisions but the Directors feel that were a number of principal decisions in 2024/25 relating to company operations and key stakeholder groups. These include:

- Appointment of new Board Members and new Chief Executive;
- Appointment of new Directors of Service;
- Implementation of the new Management Agreement and new Corporate Plan;
- Development of ICT systems;
- Responding to and implementing changing Building Safer Futures legislation;
- Development and approval of three-year budgets and the Annual Development Plan (ADP); and
- Responding to the requirements of the Social Housing Regulation Bill.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Business model and review of the financial year

St Leger Homes is wholly owned by CDC as an Arm's Length Management Organisation (ALMO). It was incorporated on 15 September 2005 and commenced trading on 1 October 2005 to manage, maintain and improve CDC's housing and related stock. On 16 August 2023, CDC approved the renewal of the management agreement for the period 1 April 2024 to 31 March 2029. This new agreement, which was approved by the Board on 7 March 2024 and succeeds the previous five-year agreement that expired on 31 March 2024. Under the management agreement with CDC, St Leger Homes receives a fee from CDC's Housing Revenue Account (HRA) to manage and maintain the HRA stock on their behalf.

Other income is also received in the form of management fees to deliver the housing options service and the capital investment programme in CDC's housing stock, plus income from delivering property improvement services.

The fees are based on the actual cost of service within agreed budget targets. A number of services are procured from CDC and these are each subject to Service Level Agreements (SLAs) which set out agreed service standards and costs for the service.

Vision, values and objectives

The five-year corporate plan is underpinned by a mission statement, a values, skills and behaviours framework and strategic objectives and was implemented in early 2024/25.

It is our mission to provide homes in neighbourhoods where people are proud to live.

The Corporate Plan was created collaboratively with tenants and colleagues and outlines our strategic direction for the coming years. It is divided into four main themes – People, Homes, Communities and Partnerships – and focusses as follows:

- People - focuses on the aim of 'getting it right for our customers and staff'
- Homes - focuses on the aim of 'providing good quality, safe homes at a rent you can afford'
- Communities - focuses on the aim of 'helping to build communities, not just houses'
- Partnerships - focuses on the aim of 'working with others to deliver Doncaster's "thriving people, places and planet" ambitions'.

These four themes will help make sure we prioritise the things that our customers, stakeholders and staff members have said matter the most to them following extensive consultation.

The Corporate Plan details our commitment and aims, which in summary involves

- understanding, engaging effectively with and supporting our tenants;
- having a compassionate and skilled workforce;
- tackling homelessness;
- providing safe, hazard free, efficient and affordable homes and an effective maintenance service;
- working with partners to help and develop communities and deliver City wide strategies; and
- tackling climate change.

A balanced scorecard of priorities and targets has been developed for each objective and these are reviewed, updated and agreed annually with CDC to reflect current plans and risks.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Vision, values and objectives (continued)

An Annual Development Plan (ADP) is approved by CDC at the start of each financial year and is based on our strategic objectives and priorities and also Mayoral priorities. Key themes for 2024/25, and similar to the previous year, were:

- Reduce and prevent homelessness;
- Work with CDC and other partners to meet the changing needs of tenants and residents;
- Help tenants to sustain their tenancies;
- Develop and deliver an efficient and effective repairs and maintenance service;
- Develop and launch a new Asset Management Strategy;
- Data intelligence – collate, understand and utilise fully to develop services;
- Ensure health, safety and property compliance;
- Improve communication with tenants and residents;
- Digital transformation to modernise and transform the business and service delivery;
- Develop the workforce; and
- Invest in homes and neighbourhoods to improve condition and safety and reduce crime.

At every Board meeting, Members and Directors review progress against strategic priorities via timely and accurate reports, including KPIs and TSMs, financial and operational reports, ADP progress reports, strategy updates and numerous other control documents.

Our values and behaviours framework is something that we see as essential for effective performance in any organisation and that can be measured and observed. The framework is made up of values, skills and behaviours, which are concerned with how we perform our roles, how we apply our knowledge and meet our performance objectives. The table below summarises the framework, which has four values, with two main skills linked to each value and every skill has a number of behaviours that should be in evidence at each level of the organisation.

Values	Skills	Behaviours :
People	Communication Collaboration	Level 1 : Core – all employees Level 2 : Managerial - First Line Managers and Team Leaders Level 3 : Leadership - Middle / Senior Management
Pride	Personal motivation and confidence Customer	
Performance	Managing development and performance Decision making	
Progress	Resilience and delivery change Problem solving	

These financial statements are for the 2024/25 financial year which ended on 31 March 2025. The Company's accounting reference date aligns with the CDC financial year.

Operations

The Company's principal activity during the year was the management and maintenance of the housing stock of CDC, as summarised below:

Year ended 31 March	2025	2024	2023	2022	2021
Tenanted dwellings	19,899	19,857	19,894	20,000	20,080
Leasehold dwellings	295	293	291	285	279
Totals	20,194	20,150	20,185	20,285	20,359

In addition, the company is responsible for the management of other CDC assets, CDC's statutory duty to respond to homelessness within the city and also management of the investment programme for the improvement of the housing stock.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Results and performance

Core services were unchanged and delivered in full. The main projects in the year were the ongoing work on developing ICT systems and processes, improving repairs, homelessness and customer access and planning for the regulatory inspection arrangements that come into force on 1 April 2024. Services were delivered within budgets overall and the majority of key performance targets were met.

Financial

HRA management fee income for 2024/25 was £40.30m (2023/24: £37.00m) and other income was £19.99m (2023/24: £19.63m) giving a total of £60.29m (2023/24: £56.63m). This income is shown in the Company's Statement of Comprehensive Income under the heading "Turnover". This excludes the capital programme investment in CDC's housing stock, which is managed by St Leger Homes and is accounted for within CDC's financial statements.

Homes

Managing the CDC capital programme ensured continued investment in the housing stock. The property improvements programme totalled £47m and included external improvement schemes, environmental works, heating conversions and upgrades, estate works and structural repairs.

Building safety compliance investment, including fire risk assessment remediation works was delivered in properties under our management. This focussed on specialised low risk supported living properties. Stock condition surveying continued in the year and results are being used in the long-term investment planning.

We continue to carry out responsive and planned repair work and cyclical testing and servicing of heating and electrics to ensure the continued maintenance of our housing stock. We operate a 24/7 contact service. The 'One Repairs' programme continued throughout the year to ensure optimum utilisation of available systems to develop an efficient and cost-effective wider repairs service.

People (Employees)

St Leger Homes has a dedicated People and Culture(P&C) team, supporting high levels of business change and development.

Staff surveys were undertaken in the year as part of the programme that commenced in 2020/21. These again considered a number of areas, including assessment of employees' wellbeing and capturing thoughts for future working arrangements. The surveys again saw high levels of employee satisfaction and achieved 91% during 24/25, which is above target and an improvement exceeding the 89% in 23/24, and with over 70% of the workforce responding to the survey.

Key employee related points to note for the year are summarised below.

Career Start Activity and Apprenticeships:

- we continue to invest heavily in apprenticeships as part of succession planning and since 2005, St Leger Homes have trained 209 apprentices;
- for those trades apprentices who have completed their apprenticeship since 2020, 97% were offered a permanent trades position at SLHD;
- in 2024/25 we supported over 113 St Leger Homes Tenants or Doncaster residents into training or employment as part of World of Work activity, exceeding our annual target; and we received further external recognition for our program with an apprentice electrician winning the "advanced apprentice of the year award" at the South Yorkshire apprenticeship awards.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

People (Employees) - (continued)

Engagement:

- we held a very successful and interactive Colleague Festival in 2024 that was attended by almost all employees. A further similar event is planned in 2025/26;
- we held 5 'Breakfast with Chris' events where employees nominated by managers received recognition for their work in line with our Values;
- we held a very well received annual employee St Leger 'Stars' awards in November 2024, an event which has grown in popularity annually and will continue; and
- Our twice-yearly Q&A sessions with the Executive Management Team (EMT) were held enabling all employees to engage directly.

Equality, Diversity and Inclusion:

- we maintained our accreditation by the Housing Diversity Network (HDN) for our commitment to Equality, Diversity and Inclusion activity and we continue to implement best practice suggestions, such as implementing an equality policy, to further enhance the support we offer to tenants and colleagues.
- in our pulse survey we asked colleagues their views around Equality, Diversity and Inclusion, and we developed our Equally Yours Training sessions to gain further understanding.
- we continue to use the data that we collect, through the EDI Dashboard, to monitor how representative we are as an organisation and we use this information to improve what we do, and provide support where it is most needed within the local community.
- we reduced our mean gender pay gap from the previous year to 4.26%; and
- we continue to increase our number of female trades apprentices, 1 in 4 of our successful trades' apprenticeships in 2024 were female.

People (Tenants)

St Leger Homes maintained our commitment to providing suitable homes, maintaining independence, tackling social and financial exclusion and empowering people to have a better quality of life.

Capturing the views of our tenants on all aspects of our operations is imperative and we continued this in 2024/25 with an increasing number of surveys, which included new tenant perception surveys as part of the new regulatory Tenant Satisfaction Measures and also transactional surveys for a range of key services. These surveys are a vital source of information in developing our services.

We received external recognition with a number of people related awards during the year, most notably reaccreditation for the Government Standard for Customer Service Excellence (CSE) for the fourteenth year running. The standard is awarded to public service organisations which meet strict criteria demonstrating that they focus on the needs and preferences of their customers and all elements are considered either 'Compliant' or 'Compliance Plus'. As part of this work, we delivered CSE training to all employees. Our ongoing channel shift strategy aims to improve communications with tenants, and we improved our performance in the time taken to respond to complaints.

The Access to Homes Service had another exceptionally busy year. There has been sustained, very high demand in general approaches for access to the housing register, housing advice and homeless applications, statutory rehousing and use of temporary homeless accommodation as a result of the Homelessness Reduction Act 2017, demands of, humanitarian responses, cost of living impacts and Government instructions. Addressing homelessness is one of the key priorities of City of Doncaster Council and St Leger Homes, and is therefore within our Corporate Plan, ADP and SDPs. We work very closely with the Complex Lives (CL) Alliance, including CDC, NHS and Children's Services, to support vulnerable Doncaster residents.

The severe weather emergency protocol (SWEP) was activated on several occasions in the year. SWEP ensures normal operational service is maintained and increases measures to prevent rough sleeping and keep people safe during these periods. Working with our partners, we were able to ensure a bed was available for every rough sleeper who wanted one during the severe weather.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

People (Tenants) - continued

Effective partnership working is essential in delivering the required services to residents of the city and our work with the DWP, CAB, Doncaster Financial Inclusion Group (FIG), Doncaster Renewal Group and Community First Credit Union, among others, plays a key role in delivering solutions to our tenants.

Tenant involvement is also very important in monitoring and improving services. Following the previous year's approval of the Customer Voice Strategy and the introduction of a One Voice Forum (OVF), 2024/25 focussed on delivering the strategy and embedding OVF to ensure that St Leger Homes is kept informed of the changing views, needs, desires and aspirations of the Doncaster community. OVF is proving successful as a platform for consulting with customers on various policies, strategies and changes to key areas of service delivery.

We introduced a high-rise forum and a specific resident engagement strategy for those residents of high-rise buildings in line with the requirements of the 2022 Building Safety Act. We also introduced a TSP sub-group to review a sample selection of complaints to support improvements in complaint handling. We have an active Tenant Scrutiny Panel (TSP) and a One Voice Forum (OVF) who undertake a number of tasks and reviews each year. Both play key roles in our work on consultation, customer engagement, mystery shopping and reality checking. We work closely with 22 Tenants and Residents Associations (TARAs).

We are particularly proud of our work over the past few years in helping our tenants with sustaining their tenancies, minimising and supporting with the impact of benefit reform and more recently the cost-of-living crisis and the wider poverty agenda. Our Tenancy Sustainability Team continues to grow and broaden the way in which we respond to the economic environment to support our tenants to be more financially resilient and sustain their tenancies.

In 2024/25 alone, the team received over 1,600 referrals for tenancy support and secured nearly £1.7m of financial gains for tenants. In addition, we assessed 166 tenants who reported damp, mould and condensation to ensure they could afford to adequately heat their homes and secured almost £19k of financial gains for those individuals. For tenants with long-term health conditions, we were successful in applying for Personal Independence Payments (PIP) to the value of nearly £220k.

We also reached out to almost 500 older tenants and assessed them for Pension Credit (PC), resulting in 139 successful claims for PC and securing a total of £725k of PC and other benefits for these people.

The team also took part in eight Cost of Living Hub events throughout the year with partners and held 25 of our own Pension Credit/benefits and rent advice drop-in sessions at the Civic. The Financial Inclusion arm of the team have verified over 30,000 individual UC claims and achieved at least £4m of financial gains for tenants since its creation in 2018.

In a challenging year, St Leger Homes collected almost £90 million in rent payments. The Income Management teams carried out 115,000 rent account reviews, taking action where required. Performance is best reflected in the current arrears KPI which ended the year at 2.76% against a target of 2.95% (reflecting the 53 UC week year). Our Mental Health Navigator (MHN) service continues to support tenants and have received 454 referrals. Of the tenants they directly supported, 75% reported improvement in mental health and sleep quality, almost half no longer felt isolated and the MHNs secured over £43k of financial gains - primarily disability benefit claims and grant applications.

The Tenancy Sustainability Team works in partnership with various agencies to gain the best support for our tenants; DWP, CAB, Credit Union, HACT, Yorkshire Water and various external funding streams. The team was shortlisted for the 2025 Northern Housing Awards for the Tenancy Support service, the Pension Credit Project and the Mental Health Navigator services.

We maintained strong safeguarding arrangements throughout the year. As active members of both the Adult and Children Safeguarding Boards, we continue to play a key role in strategic partnerships across Doncaster. Our involvement also extends to several other multi-agency forums, including the Health and Wellbeing Board, the Doncaster Integrated Care Partnership Board, the Multi-Agency Risk Management Arrangements Conference (MARAC), and the Domestic Abuse Housing Alliance (DAHA).

St Leger Homes of Doncaster Limited

Strategic Report (continued)

People (Tenants) - continued

St Leger Homes takes a proactive stance on ASB, working closely with partners through the Safer Doncaster Partnership. We remain committed to minimising the time properties are left empty, recognising the positive impact this has on neighbourhood stability, crime reduction, and income collection.

We have enhanced our offer to tenants with hoarding tendencies, by the establishment of the 'Space To Breathe' support group. Run by Safeguarding & ASB Officers, in conjunction with our Mental Health Navigators, we now provide a space in which tenants with hoarding tendencies can discuss their situations with each other and support each other through the process of tackling the issues within their homes. This is helping generate lifestyle changes and lasting improvements in the homes of the group members.

2024/25 saw SLHD join Resolve, which is the leading community safety body in the UK, with over 200 housing providers, police services and local authorities in their membership. This enables us to share good practice and keep abreast of innovations in the sector.

We continue to deliver good outcomes in ASB cases reported and have seen a reduction in reports for 2024/25 compared with the prior year. The Safeguarding & ASB service met its KPI target of 60 reports per 1,000 dwellings managed, by our turning for 2024/25 at 55.1/1000. Use of the available tools and powers has increased in 2024/25 compared with 2023/24, which has also helped contribute to a reduction in ASB reports made during 2024/25.

We continue to work closely with CDC and other partners to shape the Thrive locality working model and deliver improved information flow and outcomes for our communities.

In 2024/2025, our area teams have demonstrated remarkable achievements and positive outcomes, such as:

- Tenancy Breach and ASB low level/medium cases: we successfully resolved 2,643 cases across all areas, showcasing our commitment to maintaining harmony and safety in our communities.
- Estate Inspections: a total of 349 estate inspections were completed, ensuring that our neighbourhoods are well-maintained and any issues are promptly addressed.
- Keeping In Touch (KIT) Visits: we conducted 3,820 Keeping In Touch (KIT) visits, strengthening our connection with residents and addressing their needs effectively, which includes the introduction of some community activities.
- Action days: we have taken a proactive lead in organising and delivering a series of highly successful Action Days across our communities. These events have gone beyond traditional engagement, bringing tenants together, strengthening local connections, and directly addressing community priorities. They have tackled everything from litter picking to grounds maintenance, transforming shared spaces and fostering a real sense of pride and ownership in our neighbourhoods.

We continue to have a proactive approach to anti-social behaviour and we work effectively with our partners via the Doncaster Safer Partnership. We aim to ensure properties are empty for as short a period as possible as this has a positive impact on neighbourhoods, reducing anti-social behaviour (ASB) and crime, as well as having a positive impact on income to the HRA.

Multi-agency task force working is effective in combating crime and ASB and supporting victims. Wider investment on estates, to help enhance and improve neighbourhoods continued, with fencing and parking schemes delivered and improvements to garage sites as part of our environmental programme.

We receive feedback from our tenants on our Equality, Diversity and Inclusion (EDI) and maintain an EDI balanced scorecard which includes information about the diversity of our customer base. This is reported quarterly and is used to inform future action planning.

Our Communication Strategy 2022-2026 sets out our plans to build a strong company reputation and to ensure all our stakeholders are engaged, involved and informed about what we do and how we do it and that there are clear two-way lines of communication to influence the services we deliver and how we deliver them.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Modern slavery

Modern slavery is a potential risk to our tenants, employees, residents of the City, our suppliers and therefore to St Leger Homes.

It has no place in St Leger Homes' business or supply chains, and we take a zero-tolerance approach to it. Our commitment to all aspects of equality and diversity is inherent in our mission, vision, values and strategic objectives. We are committed to acting ethically and with integrity in all our business dealings and relationships and to implementing and enforcing effective systems and controls to ensure modern slavery is not taking place anywhere within our operations.

We publish our annual modern slavery statement, which sets out St Leger Homes' activities to ensure there is no slavery or human trafficking in our operations. The latest statement can be found on our website at www.stlegerhomes.co.uk and it is also registered on the government website www.gov.uk.

Employment Policy

In 2024/25, the Company employed on average 887 staff / 802 whole time equivalents (2023/24: 849 staff / 779 whole time equivalents).

We continued our commitment to developing our staff through the delivery of our People Strategy whose action plan is reviewed by the Board annually and EMT every six months. A number of employee policies and related documents were considered by EMT and Board in the year.

We met the commitments of the Disability Confident Scheme accredited by the DWP and pensions. achieving this accreditation means we can demonstrate that we make the most of the talents disabled people can bring to our workplace, enabling us to successfully recruit and retain disabled people and those with health conditions.

As part of our ongoing commitment to addressing any inequality issues in any form, we aim to ensure men and women are paid equally for doing equal work by determining their pay through an equality proofed job evaluation scheme. We published our Gender Pay Gap Reports on our website.

Costs and Performance

The Transparency, Influence and Accountability Standard, one of the regulator's draft consumer standards from 1 April 2024, places a requirement on all registered providers to provide tenants with accessible information about:

- a) how they are performing in delivering landlord services and what actions they will take to improve performance where required;
- b) how they have taken tenants' views into account to improve landlord services, information and communication;
- c) how income is being spent; and
- d) directors' remuneration and management costs.

Although St Leger Homes is not a registered provider, the regulatory standards have always been recognised as best practice and performance information has always been reported in the Strategic Report within the Financial Statements. The information for CDC as the registered provider will be provided on the transparency section of their website. For 2024/25, Tenant Satisfaction Measures (TSMs) and additional cost information have also been included as a continuation of this.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Costs

Income for 2024/25 totalled £60.3m and was spent across the service areas as shown below, together with comparatives for 2023/24:

Service area	2024/25 Total £m	2024/25 Per unit £	2023/24 Total £m	2023/24 Per unit £
Housing Management	11.5	569	10.6	528
Routine Maintenance	18.2	901	17.0	842
Major Repairs expenditure	11.6	574	12.3	609
Asset Management	6.0	297	5.4	268
Housing Options incl. homelessness	6.5	322	5.3	263
Corporate Services	6.5	322	6.0	300
Total	60.3	2,986	56.6	2,811

For Directors' remuneration and management costs, the table below summarises costs per unit managed:

- the highest paid Director, who is the Chief Executive, excluding pension and National Insurance contributions; and
- all Directors remuneration including pension and National Insurance contributions.

	2024/25 Per unit £	2023/24 Per unit £
Chief Executive's remuneration (excl NI and Pension)	7.53	6.91
Total Directors' remuneration (incl NI and Pension)	26.06	26.32

Performance

At the start of each financial year, a suite of Key Performance Indicators (KPIs) is approved by Board and CDC. The suite is developed from strategic objectives, risks and mayoral priorities, and is reported monthly at appropriate levels within St Leger Homes and CDC. St Leger Homes validates these KPIs as part of the annual Internal Audit programme, employee and customer surveys and benchmarking. The introduction of Tenant Satisfaction Measures (TSMs) in 2023/24 as part of the changing regulatory environment saw St Leger Homes collect this information in line with these new requirements. There are 22 TSMs, comprising twelve related to customer satisfaction and measured by tenant perception surveys, and ten performance measures captured as part of St Leger Homes' management information. For 2024/25, all of the 22 Regulatory TSMs form part of the KPI suite.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Performance (continued)

Key Performance Indicators and Tenant Satisfaction Measures 2023/24:

The table below summarises KPIs and TSMs against targets and comparatives where possible.

Indicator Description	24/25 Target	24/25 Outturn	23/24 Outturn	22/23 Outturn	21/22 Outturn	20/21 Outturn
% of current rent arrears against annual debit	2.79%	2.76%	2.72%	2.74%	2.55%	2.75%
Void rent loss % through vacant dwellings	0.70%	0.96%	0.68%	0.67%	0.79%	1.00%
Average days to re-let standard properties	24.0	27.4	24.9	26.7	33.7	46.1
Number of tenancies sustained post support	97.3%	99.0%	99.3%	96.8%	98.3%	97.3%
% of Stages 1 & 2 Complaints responded to within timescale (TSM)	92.3%	99.1%	89.3%	Not applicable		
Number of repairs first visit complete	94.0%	95.3%	95.1%	94.8%	90.2%	90.9%
Gas - % of properties with a valid landlord certificate (TSM)	100%	100%	100%	100%	100%	100%
Fire: % homes all risk assessments have been carried out (TSM)	100%	100%	100%	Not applicable		
Asbestos: % homes surveys or re-inspections completed (TSM)	100%	100%	100%	Not applicable		
Legionella: % homes where all assessments completed (TSM)	100%	100%	100%	Not applicable		
Lifts: % homes all communal lifts safety checks completed (TSM)	100%	100%	100%	Not applicable		
Days lost through sickness per FTE	10.0	12.2	11.2	11.7	11.9	6.6
Percentage of local expenditure	70%	59%	59%	67%	73%	69%
Percentage of homes NOT maintaining decent standard (TSM)	0%	0.79%	0.79%	0.31%	0.01%	0.01%
Number of residents in training, education or employment	97	113	108	97	81	58

Given that 2024/25 was a 53-rent week year and the resulting Universal Credit impact, current rent arrears performance was once again exceptional, out-turning at 2.76% against the year-end target of 2.95%.

Performance on voids was again challenging and although performance did not meet target overall, one of the main reasons was the increasing number of voids from the planned acquisition programme and bringing these properties into use. Performance on core existing void stock was just outside the targets. It is also worth noting that although voids performance has not met targets in recent years, it is consistently in the top quartile or above median when benchmarked with our peers and also all providers nationally.

Customer Satisfaction 2024/25

Customer satisfaction measurement from 2023/24 onwards is mainly via the TSMs as part of the new regulatory requirements, and St Leger Homes carried out Tenant Perception Surveys over five month periods in both 2023/24 and 2024/25.

In addition to the TSMs, we carried out transactional surveys throughout the year and in general these were very positive, highlighting areas of good performance and also areas where improvements were required.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Performance (continued)

The table below shows the TSM Tenant Perception Survey results for both survey years to date and shows that eleven of the twelve TSMs improved in 2024/25.

TSM ref	Tenant Satisfaction Measure : “% Percentage of respondents who...”	2024/25 %	2023/24 %
TP01	report that they are satisfied with the overall service from their landlord	81%	76%
TP02	had a repair in last 12 months are satisfied with the overall repairs service	82%	80%
TP03	had a repair in the last 12 months are satisfied with time taken to complete most recent	76%	73%
TP04	are satisfied that their home is well maintained	82%	76%
TP05	are satisfied that their home is safe	86%	85%
TP06	are satisfied that their landlord listens to tenants views and acts upon them	75%	72%
TP07	are satisfied that their landlord keeps them informed about things that matter to them	81%	79%
TP08	agree their landlord treats them fairly and with respect	88%	90%
TP09	report making a complaint in last 12 months are satisfied with the approach to complaints handling	37%	30%
TP10	are satisfied that their landlord keeps communal areas clean and well maintained	72%	67%
TP11	are satisfied that their landlord makes a positive contribution to the neighbourhood	81%	77%
TP12	are satisfied with their landlord's approach to handling anti-social behaviour	73%	69%

It is pleasing to report that SLHD is in a very positive position for the Tenant Perception surveys for both years, with only two measures below Median across three benchmarking groups - all housing providers, local authorities and our peer group.

Customer Charter and Service Standards

In addition to the KPIs, St Leger Homes reports on Customer Service Standards as part of its Customer Charter.

These are set in consultation with our customers to ensure our customers are clear about the levels of service they can expect from us and we are clear about what we need to deliver.

The standards are reviewed periodically and approved by EMT and Board and performance is monitored on a quarterly basis. For 2024/25, there were 13 standards measured across four themes – People, Homes, Communities and Partnerships. The measures covered the following areas:

- Respectful and helpful
- Effective complaints handling
- Keeping properties in good repair
- Maintaining building safety
- Responsible neighbourhood management
- Informing, involving, consulting and collaborating on service delivery

The table below summarises our performance for the past five years:

Service standards	24/25	23/24	22/23	21/22	20/21	19/20
Compliant	4	4	7	6	7	8
Within target tolerance	4	4	2	3	1	3
Not compliant	3	4	4	6	3	2
No target	2	-	-	-	-	-
Total	13	12	13	15	11	13

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Value For Money (VFM)

VFM is embedded in our mission, values and strategic objectives and our Annual Development Plan (ADP). Service Delivery Plans (SDP) for each Directorate are developed around these objectives and priorities. St Leger Homes has a good track record on VFM.

As in previous years, we produced and published our annual VFM self-assessment (based on the 2023/24 financial year) to capture all VFM achievements and work into one summary document. The self-assessment again shows that St Leger is, in general, a low cost, mid to high performing organisation when benchmarked with our peers (ALMOs, Local Authorities, Unitary Authorities and Metropolitan Councils) and also all housing providers nationally. We also continue to benchmark on a monthly basis through national pulse surveys on around fourteen key indicators and we are consistently above median for the majority of these.

Principal Risks and Uncertainties

Effective risk management remains an integral part of our business processes. We have recognised that identifying and managing the risks we face is a critical element in achieving our wider vision.

All strategic risks are considered by their potential impact on the delivery of the company's aims, objectives and the provision of services together with the predicted likelihood of the actual event or occurrence and the score registered on a risk matrix.

Each risk has a member of the Leadership Team as its owner and assumes the responsibility of ensuring effective mitigation actions are in place. Quarterly reviews and updates took place during the year, and this will continue in 2025/26.

Review of the Risk Register

Strategic risks have been identified with varying degrees of probability and impact on the organisation. These are monitored on a regular basis by the Board, Audit and Risk Committee, EMT and Leadership. A full review of the risk format, content and methodology was undertaken in the year to ensure all risks were adequately recorded and the processes were still fit for purpose.

The key strategic risks in the register during 2024/25 were unchanged and are 'the failure to':

- manage the Homelessness issues and subsequent demand for housing within the city of Doncaster;
- to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative);
- recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective;
- manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs);
- manage corporate health, safety and compliance risks; and
- effectively govern and manage in an increasingly regulated climate.

Future Developments

Our Annual Development Plan for 2025/26 was approved by the Board in March 2025 and is available on our website, along with our five year Corporate Plan, at www.stlegerhomes.co.uk.

These documents set out our future plans and targets in the short and medium term. These are cross-referenced to the CDC's strategy, confirming St Leger's commitment to working in partnership with CDC and key partners. Cross cutting all of the ADP and Corporate Plan actions will be the continued essential work around governance and the requirements of the Social Housing Regulation Bill, Tenant Satisfaction Measures, evidencing our compliance with the Regulator of Social Housing (RSH) standards, building safety, excellent customer service and preparing for regulatory inspection.

We will continue to work with our Tenants to assist them with the challenges that have emerged in recent years.

St Leger Homes of Doncaster Limited

Strategic Report (continued)

Principal Risk and Uncertainties - (continued)

The challenging economic and political climates mean we must continue to be an organisation which delivers efficiencies and value for money services. The recent investment in a new Integrated Housing Management Solution is transforming the way the company operates and deliver further efficiencies and this will be developed further. We will continue to invest in our employees, deliver our People Strategy and build on the Investors In People accreditation achieved in 2023. We continually monitor our services for impact and growth potential, respond to housing needs in the forward plan for capital projects and seek to further improve energy efficiency in our homes and our environmental footprint.

By order of the Board and signed on its behalf

St Leger Homes of Doncaster Limited
St Leger Court
White Rose Way
Doncaster DN1 3BU

Dave Wilkinson

Chair

St Leger Homes of Doncaster Limited

Directors' Report

Legal status of Company

The Company is limited by guarantee and does not have any Share Capital.

Status of Company and composition of the Board

CDC, the sole member of the Company, undertakes, in the event of the Company being wound up, to contribute such amount as may be required for the payment of the debts and liabilities of the Company. After the satisfaction of all the debts and liabilities the remaining assets will be transferred to the CDC Housing Revenue Account (as defined in the Local Government & Housing Act 1989).

A Board of non-executive Directors run the Company and is made up of representatives of the company, local community and independent members:

- One Independent Chair
- Three Council tenants
- Three Council nominees
- Three Independent members
- Chief Executive of St Leger Homes of Doncaster Limited

The composition of the Board reflects the range and mix of skills and experience required for the effective management of the Company. An Executive Management Team supports the Board; the Executive Management Team is responsible for the day-to-day running of the Company.

Proposed dividend

The Company has been set up as a non-profit making organisation, no dividends are paid. The Directors therefore do not recommend the payment of a dividend, or distribution of any surplus.

Directors and Directors' interests

The Directors who held office during the year are detailed on page 2.

Post Balance Sheet Events

There were no post balance sheet events to report.

Disclosure of information to auditors

The Directors who held office at the date of approval of this Directors' report confirm that, so far as they are each aware, there is no relevant audit information of which the Company's Directors are individually unaware; and each Director has taken all the steps that they ought to have taken as a Director to make themselves aware of any relevant audit information and to establish that the Company's auditors are aware of that information.

Auditors

In accordance with section 385 of the Companies Act 2006 a tendering exercise was carried out following the expiry of the existing External Auditors contract on the 30 September 2024. Following the tendering exercise, the contract for our external auditor service was awarded to Beever and Struthers for the period October 2024 to September 2026 with the annual option to extend for a further year for two years. By order of the Board and signed on its behalf

St Leger Homes of Doncaster Limited
Civic Office
Waterdale
Doncaster DN1 3BU

Dave Wilkinson
Chair

St Leger Homes of Doncaster Limited

Statement of Internal Control

The Board of Directors acknowledges its ultimate responsibility for ensuring that the Company has in place a system of controls that is appropriate to the various business environments in which it operates. These controls are designed to give reasonable assurance with respect to:

- The reliability of financial information used within the company or for publication;
- The maintenance of proper accounting records; and
- The safeguarding of assets against unauthorised use or disposal.

It is the Board of Directors' responsibility to establish and maintain systems of internal financial control. Such systems can only provide reasonable and not absolute assurance against material financial misstatement or loss. The system of internal control includes the following key elements:

- Formal policies and procedures are in place, including the documentation of key systems and rules relating to the delegation of authorities, which allow the monitoring of controls and restrict the unauthorised use of the Company's assets;
- Experienced and suitably qualified staff to take responsibility for important business functions. Annual employee development review procedures have been established to maintain standards of performance;
- The establishment of written policies and procedures and a scheme of delegated authority designed to ensure that proper accounting records are maintained;
- A risk management framework in which priority risks are reviewed by the Board, Audit and Risk Committee, Executive Management Team and senior managers;
- Forecasts and budgets are prepared which allow the Board of Directors and management to monitor the key business risks and financial objectives and progress towards financial plans set for the year and the medium term. Regular management accounts are prepared promptly, providing relevant, reliable and up-to-date financial and other information and significant variances from budgets are investigated as appropriate;
- All significant new initiatives, major commitments and investment projects are subject to formal authorisation procedures, through the Board of Directors and officers of the Company;
- The internal audit programme is in place to review, appraise, and report upon the adequacy of internal controls. Any actions necessary to correct any weaknesses identified by internal or external audit are incorporated within the action plan that is agreed and monitored by the Audit Committee. The annual report of the Internal Auditors for 2024/25 was received by the Audit and Risk Committee in May 2025 and gave a positive opinion that the systems of internal control examined were generally sound with only a few exceptions.
- A full range of insurance has been put in place to safeguard assets.

On behalf of the Board, management has reviewed the effectiveness of systems of internal control in existence for the year ended 31 March 2025. No weaknesses were found in the internal controls, which resulted in material losses, contingencies or uncertainties, which require disclosure in the financial statements or in the auditor's report on the financial statements. The Board of Directors is satisfied that this remains the case up to the signing of these documents.

The Board of Directors is also of the opinion that the Company has suitable internal controls for maintaining adequate accounting records, safeguarding the assets of the Company and for taking reasonable steps to prevent and detect fraud and other irregularities. These financial statements have been prepared on the basis that the Company is a going concern.

St Leger Homes of Doncaster Limited

Statement of Directors' Responsibilities

The Directors are responsible for preparing the Directors' Report and the financial statements in accordance with applicable law and regulations.

Company law requires the Directors to prepare financial statements for each financial year. Under that law they have elected to prepare the financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice).

The financial statements are required by law to give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period.

In preparing these financial statements, the Directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the company will continue in business.

The Directors are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that its financial statements comply with the Companies Act 2006. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the company and to prevent and detect fraud and other irregularities.

The Directors are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

St Leger Homes of Doncaster Limited

Independent Auditor's Report to the Members of St Leger Homes of Doncaster

Opinion

We have audited the financial statements of St Leger Homes of Doncaster (the 'Company') for the year ended 31 March 2024 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Reserves, the Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies in note 1. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the Company's affairs as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (FRC) Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Board's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Board with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Board is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

St Leger Homes of Doncaster Limited

Independent Auditor's Report to the Members of St Leger Homes of Doncaster (continued)

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the strategic report and the directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the Company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of directors

As explained more fully in the Statement of Directors' Responsibilities set out on page 18, the Board is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

St Leger Homes of Doncaster Limited

Independent Auditor's Report to the Members of St Leger Homes of Doncaster (continued)

Extent to which the audit was considered capable of detecting irregularities, including fraud

We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and then design and perform audit procedures responsive to those risks, including obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion.

In identifying and addressing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We obtained an understanding of laws, regulations and guidance that affect the Company, focusing on those that had a direct effect on the financial statements or that had a fundamental effect on its operations. Key laws, regulations and guidance that we identified included the Companies Act 2006, tax legislation, health and safety legislation, and employment legislation.
- We enquired of the Board and reviewed correspondence and Board meeting minutes for evidence of non-compliance with relevant laws and regulations. We also reviewed controls the Board have in place, where necessary, to ensure compliance.
- We gained an understanding of the controls that the Board have in place to prevent and detect fraud. We enquired of the Board about any incidences of fraud that had taken place during the accounting period.
- The risk of fraud and non-compliance with laws and regulations was discussed within the audit team and tests were planned and performed to address these risks.
- We reviewed financial statements disclosures and supporting documentation to assess compliance with relevant laws and regulations discussed above.
- We enquired of the Board about actual and potential litigation and claims.
- We performed analytical procedures to identify any unusual or unexpected relationships that might indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud due to management override of internal controls we tested the appropriateness of journal entries and assessed whether the judgements made in making accounting estimates were indicative of a potential bias.

Due to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing fraud or non-compliance with laws and regulations and cannot be expected to detect all fraud and non-compliance with laws and regulations.

Use of our report

This report is made solely to the Company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Company and the Company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Richard Graham ACA (Senior Statutory Auditor)

**For and on behalf of
Beever and Struthers**

Statutory Auditor
1 George Leigh House
St Ancoats
Manchester
M4 5DL

Date: 9th August 2025

St Leger Homes of Doncaster Limited

Income Statement

For the year ended 31 March 2025

		Year Ended 31 March 2025	Year Ended 31 March 2024
	Note	£000	£000
Turnover	2	60,289	56,626
Cost of Sales		(54,945)	(52,537)
Gross Profit		5,344	4,089
Administrative Expenses		(7,295)	(6,677)
(Loss)		(1,951)	(2,588)
Interest Receivable/(payable)	13	(52)	965
(Loss) on Ordinary Activities before Taxation		(2,003)	(1,623)
Tax on (Loss) on Ordinary Activities	6	0	0
(Loss) on Ordinary Activities after Taxation		(2,003)	(1,623)

All of the activities of the company are classed as continuing.

The accounts are prepared on a historical cost basis.

Statement of Comprehensive Income

For the year ended 31 March 2025

		Year Ended 31 March 2025	Year Ended 31 March 2024
	Note	£000	£000
(Loss) attributable to the members of the Company		(2,003)	(1,623)
Actuarial gain/(loss) recognised in the pension scheme for the financial year	13	62,117	15,144
Pension surplus not recognised	13	(60,105)	(35,187)
Total comprehensive income for the financial year		9	(21,666)

The notes on pages 29 to 40 form part of these financial statements.

St Leger Homes of Doncaster Limited

Statement of changes in Revenue Reserve

As at 31 March 2025

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
Balance as at 1 April	(82)	21,584
Profit from Statement of Comprehensive Income for the year ended 31 March	9	(21,666)
	<hr/>	<hr/>
Balance at 31 March 2025	(73)	(82)

St Leger Homes of Doncaster Limited

Statement of Financial Position

As at 31 March 2025

			As at 31 March 2025	As at 31 March 2024
	Note	£000	£000	£000
Current Assets				
Inventories	7		2,013	2,437
Debtors	8		4,484	5,869
Cash and cash equivalents			846	1,321
			<u>7,343</u>	<u>9,627</u>
Creditors: amounts falling due within one year	9		(7,343)	(9,557)
Bank Overdraft			<u>0</u>	<u>0</u>
Net Current Assets			0	70
Provisions for liabilities and charges	10		0	(70)
			<u>0</u>	<u>0</u>
Net assets excluding pension assets/(liabilities)			0	0
Pension assets/(liabilities)				
Pension asset/(liability)	13	<u>(73)</u>	<u>(73)</u>	<u>(82)</u>
Net assets/(liabilities) including pension assets/(liabilities)			<u>(73)</u>	<u>(82)</u>
Capital and reserves				
Profit and loss account			<u>(73)</u>	<u>(82)</u>

These financial statements were approved by the Board of Directors on 7th August 2025 and were signed on its behalf by:

Dave Wilkinson
Chair

Company registration number 05564649

The notes on pages 29 to 40 form part of these financial statements

St Leger Homes of Doncaster Limited

Statement of Cash Flows

For the year ended 31 March 2025

		Year Ended 31 March 2025	Year Ended 31 March 2024
	Note	£000	£000
Cash flow from operating activities		(475)	1,243
Profit for the financial year		0	0
Adjustments for:			
Depreciation of property plant, & equipment		0	0
(Increase) in debtors	8	1,385	(1,938)
(Increase) in work in progress and stock	7	424	(51)
(Decrease) / increase in creditors	9	(2,284)	3,232
Net cash outflow from operating activities		(475)	1,243
Cash flow from investing activities			
Purchase of property plant, & equipment		0	0
Net decrease in cash and cash equivalents		(475)	1,243
Cash and cash equivalents at the beginning of the year		1,321	78
Cash and cash equivalents at the end of the year		846	1,321

The notes on pages 29 to 40 form part of these financial statements

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements)

1. Accounting Policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Company's financial statements. The prior year results are for the year ended 31 March 2024. St Leger Homes was incorporated in the United Kingdom and its registered office is Civic Office, Waterdale, Doncaster, DN1 3BU.

Basis of Accounting

The financial statements have been prepared in accordance with applicable accounting standards and under historical cost accounting rules. The financial statements are presented in £ sterling and rounded to the nearest thousand pounds.

These financial statements are for the year ended 31 March 2025 and comply with FRS102.

St Leger Homes undertakes the management and maintenance of the housing stock of CDC and the management of the investment programme for the modernisation of the housing stock.

The Management Agreement is in place whereby CDC will take back the assets and liabilities of St Leger Homes at the end of its life or if the operations move elsewhere.

It has been declared by HMRC that ALMOs have been adjudged to be "non-trading" with regards to the business that is conducted between the ALMO and its parent council and thus ALMOs are exempt from corporation tax on any surpluses generated through this relationship.

Turnover

Turnover represents the amounts derived from the provision of goods and services in the normal course of business, net of trade discounts, VAT and other sales related taxes.

Post-retirement Benefits

The Company participates in the Local Government Pension Scheme (LGPS). The scheme is a defined benefit pension scheme. The assets of the scheme are held separately from those of the Company in an independently administered fund. Pension scheme assets are measured at fair value and pension scheme liabilities are measured on the actuarial basis using the projected unit method and discounted at a rate equivalent to the current rate of return on a high quality corporate bond of equivalent term and currency to the scheme liabilities.

When a pension scheme is in deficit, the requirement of Section 28 of Financial Reporting Standard (FRS) 102 is to show the pension scheme as a liability on the balance sheet. When a pension scheme is in surplus, the level of surplus disclosed is based on a number of underlying assumptions and conditions.

The last full triennial valuation was carried out as at 31 March 2022 and the pension scheme is now in surplus.

As a result of the agreements that exist between St Leger Homes and CDC, a pension related guarantee from CDC to cover all related pension costs exists.

For defined benefit schemes the amounts charged to the profit are the current service costs and gains and losses on settlements and curtailments. They are included as part of staff costs. Past service costs are recognised immediately in the profit and loss account if the benefits have vested. If the benefits have not vested immediately, the costs are recognised over the period until vesting occurs.

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

Post-retirement Benefits (continued)

The interest cost and expected return on investments are shown as a net amount of other finance costs or credits adjacent to interest. Actuarial gains and losses are recognised immediately in the statement of total recognised gains and losses.

Judgements in applying accounting policies and key sources of estimation uncertainty.

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The following judgements (apart from those involving estimates) have had the most significant effect on amounts recognised in the financial statements.

Going Concern

The accounts have been prepared on a going concern basis.

The pension scheme in the Statement of Financial Position for St Leger shows an overall surplus, comprising a pension asset and positive revenue reserves at 31 March 2025 and 31 March 2024. The accounting treatment does not impact on the day-to-day operations of St Leger Homes and the accounts have been prepared on a going concern basis since the Directors believe the company will continue to operate for the foreseeable future.

Provisions for bad debts

Provision is made against debts to the extent that they are considered potentially irrecoverable. Debtor balances are reviewed individually for recoverability.

Provisions for liabilities

FRS 102 requires that a liability is recognised to the extent of any unused holiday pay entitlement which has accrued at the balance sheet date and carried forward to future periods and that this is measured at the undiscounted salary cost of the future holiday entitlement so accrued at the balance sheet date. No accrual has been made for holiday pay on the grounds of materiality. This area is reviewed on an annual basis.

Pension liability

The critical underlying assumptions in relation to the estimate of the pension defined benefit scheme obligation such as standard rates of inflation, property valuations, mortality, discount rate and anticipated future salary increases. Variations in these assumptions have the ability to significantly influence the value of the asset or liability recorded and annual defined benefit expense.

Operating Leases

Operating lease rentals are charged to the profit and loss account on a straight-line basis over the period of the lease.

Taxation

The charge for taxation is based on the result for the year and takes into account taxation deferred because of timing differences between the treatment of certain items for taxation and accounting purposes. Except where otherwise required, full provision is made, without discounting, for all timing differences which have arisen but not reversed at the balance sheet date except as required by FRS 102 Section 29.

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

Cash

Cash, for the purpose of the statement of cash flows, comprises cash in hand and deposits repayable within three months, less overdrafts payable on demand.

Inventories

Stock is stated at the estimated selling price less cost to sell. WIP is attributable to finished goods that include labour, materials and direct/indirect overheads.

2. Analysis of turnover

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
By Activity		
Housing and support services	26,149	23,688
Repairs and technical services	34,140	32,938
	<hr/>	<hr/>
	60,289	56,626
	<hr/>	<hr/>

3. Profit/Loss on ordinary activities before taxation

Turnover and profit/loss on ordinary activities all arose in the United Kingdom and are attributable to the principal activity of the business.

Profit/loss and profit/loss on activities before taxation is stated after charging:

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
Auditors' Remuneration	28	24
Internal Audit	44	37
Staff Costs (see note 4)	32,936	30,298
Operating lease rentals		
	<hr/>	<hr/>
- Land & Buildings (see note 12)	86	165
	<hr/>	<hr/>

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

4. Staff numbers and costs

The average monthly number of whole time equivalent (WTE) employees was:

	Year Ended 31 March 2025	Year Ended 31 March 2024
	No. of employees	No. of employees
Housing and support services	316	313
Repair and technical services	482	462
Directors	4	4
	<hr/> 802	<hr/> 779

Their aggregate remuneration comprised:

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
Wages and salaries	27,559	25,301
Social Security costs	2,682	2,433
Pension Contributions	2,695	2,564
	<hr/> 32,936	<hr/> 30,298

Aggregate number of full-time equivalent staff whose remuneration (including compensation for loss of office) exceeded £50,000 in the period excluding benefits:

	Year Ended 31 March 2025	Year Ended 31 March 2024
	No. of employees	No. of employees
£50,001 to £60,000	20.0	11.0
£60,001 to £70,000	13.0	11.0
£70,001 to £80,000	1.0	1.0
£80,001 to £90,000	2.0	0.0
£90,001 to £100,000	1.0	3.0
£130,001 to £140,000	1.0	1.0

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

5. Remuneration of Directors

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
Members of the Board of Directors		
Directors' emoluments (excl. Chief Executive)	25	26
None of the Directors are members of the defined benefit pension scheme	0	0
Members of the Executive Management Team		
The Executive Management Team, including the Chief Executive Officer, received emoluments as follows:		
Aggregate emoluments (wages and salary) payable to the Executive Management Team. (Including pension contributions. No benefits in kind were received.)	473	476
	<hr/>	<hr/>
	No. of Board Members	No. of Board Members
£1-£1,000	1	0
£1,001 to £2,000	1	4
£2,001 to £3,000	4	3
£3,001 to £4,000	1	1
£10,001 to £11,000	1	1

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

6. Taxation

Analysis of charge in period

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
UK Corporation Tax	0	0
	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
(Loss) on ordinary activities before tax	(2,003)	(1,623)
Specific activities within the scope of corporation tax	183	203
Total current tax charge	0	0

The tax liability for 2024/25 is £Nil (2023/24 £Nil). St Leger Homes provides a number of services that fall within the scope of corporation tax, but the cost of providing these specific activities exceeds the income generated.

7. Inventories

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
Work in Progress	942	1,335
Stock	1,071	1,102
	2,013	2,437

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

8. Debtors

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
Amounts owed by group undertakings	3,977	4,312
Trade Debtors	21	70
Other tax and social security	0	980
Prepayments and accrued income	486	507
	<u>4,484</u>	<u>5,869</u>

9. Creditors: amounts falling due within one year

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
Amounts owed to group undertakings	3,802	6,800
Trade creditors	0	15
Other Tax and social security	953	0
Accruals and deferred income	2,588	2,742
	<u>7,343</u>	<u>9,557</u>

10. Provisions for liabilities and charges

	Year ended 31 March 2025	Year ended 31 March 2024
	£000	£000
On-going cases	<u>0</u>	<u>(70)</u>
	<u>0</u>	<u>(70)</u>

11. Called up share capital

The Company is limited by guarantee and does not have any called-up share capital.

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

12. Financial Commitments

The payments which the company is committed to make in the next year and beyond under operating leases are as follows:

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
Land and Building leases expiring:		
In one year	12	165
In 2 to 5 years	49	0
In more than 5 years	25	0
	<u>86</u>	<u>165</u>

13. Pension scheme

The Company participates in the South Yorkshire Pension Authority (Local Government) Pension Fund. The pension contributions payable by the Company to the scheme amounted to £2.7m. There were no outstanding or prepaid contributions at either the beginning or end of the financial year.

The pension scheme provides benefits based on pay, contributions being charged to the profit and loss account so as to spread the cost of pensions over employees' working lives in the Company. The contributions are determined by a qualified actuary.

The pension fund and actuaries will keep the level of employers' contributions under review to allow the fund to balance in the medium term. It has been agreed that an employer rate of 10.2% of pensionable pay will apply in the 2024/25 financial year.

The most recent published valuation was at 31 March 2022. This valuation was for the entire South Yorkshire Pension Authority (Local Government) pension fund. The applicable financial assumptions underlying the 31 March 2022 valuation were:

	Year Ended 31 March 2025	Year Ended 31 March 2024
Current rate of employers' contributions	10.2%	10.2%

The current mortality assumptions include sufficient allowance for future improvements in mortality rates. The assumed life expectations on retirement age 65 are:

Demographic assumptions – life expectancy	Year Ended 31 March 2025	Year Ended 31 March 2024
Current Pensioners - Male	20.5 years	20.6 years
Current Pensioners – Female	23.6 years	23.6 years
Future Pensioners - Male	21.3 years	21.4 years
Future Pensioners – Female	25.0 years	25.0 years

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

Actuarial Assumptions

	31 March 2025		31 March 2024	
Rate of increase in salaries	3.35%		3.35%	
Rate of increase of pensions in payment	2.75%		2.75%	
Discount rate	5.80%		4.85%	
Value of assets	£000	%	£000	%
Equities	80,321	43.0	83,325	46.0
Bonds	28,214	15.1	27,210	15.0
Property	15,151	8.1	14,450	8.0
Cash	2,332	1.2	2,530	1.4
Other	60,791	32.5	53,720	29.6
Total market value of assets	186,809		181,235	
Actuarial value of liability	(126,704)		(146,130)	
Net pension Asset/(Liability)	60,105		35,105	

Defined Benefit Obligation

	Year ended 31 March 2025	Year ended 31 March 2024
	£000	£000
Opening Benefit Obligation	146,130	143,471
Current service cost	4,651	4,957
Interest Cost	7,150	6,891
Contributions by Members	1,728	1,620
Actuarial (Gain) on Liabilities	(29,404)	(7,487)
Past Service Cost	0	200
Impact of Losses settlements and curtailments	0	0
Unfunded benefits paid	(5)	(5)
Benefits/transfers Paid	(3,546)	(3,517)
Closing Benefit Obligation	126,704	146,130

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

Fair value of employer assets

	Year ended 31 March 2025	Year ended 31 March 2024
	£000	£000
Opening Fair Value of Employer Assets	181,235	167,433
Expected Return on Assets	8,805	7,969
Contributions by Members	1,728	1,620
Contributions by Employer	2,695	2,564
Contribution to unfunded benefits paid	0	0
Administration expenses	0	0
Actuarial Gain on Assets	(4,108)	5,166
Benefits/transfers Paid	(3,546)	(3,517)
Closing Fair Value of Employer Assets	186,809	181,235

Movements in surplus/(deficit) during the year

	Year ended 31 March 2025	Year ended 31 March 2024
	£000	£000
Opening Surplus (Deficit) in the Scheme	(82)	21,584
Movement in year:		
Current service cost	(4,651)	(4,957)
Past Service Cost	0	(200)
Employer Contributions	2,695	2,564
Contribution to unfunded benefits paid	5	5
Impact of settlements and curtailments	0	0
Net returns on interest received/(cost)	(52)	965
Actuarial gain	62,117	15,144
Surplus/(Deficit) in scheme at end of year	60,032	35,105
Asset Ceiling Adjustment	(60,105)	(35,187)
Recognised Surplus/(Deficit) in scheme at end of year	(73)	(82)

The plan has a gross surplus at the reporting date of £60.032m. St. Leger Homes has recognised an asset to the Statement of Financial Position to the extent that it is able to recover the surplus either through reduced contributions in the future or through refunds from the plan.

The plan surplus (asset ceiling) has been calculated by the scheme actuary to be zero.

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

Amounts charged to profit/(loss)	Year ended 31 March 2025	Year ended 31 March 2024
	£000	£000
Current service cost	4,651	4,957
Past Service cost	0	200
Impact of settlement and curtailments	0	0
Total charge	<u>4,651</u>	<u>5,157</u>

14. Analysis of net funds

Cash at bank and in hand	Year ended 31 March 2025	Year ended 31 March 2024
	£000	£000
At the beginning of the year	1,321	78
Cash flow	<u>(475)</u>	<u>1,243</u>
At end of the year	<u>846</u>	<u>1,321</u>

15. Related Party Transactions

Details as to the status of the Company and composition of the Board of Directors is given in the Directors' Report. The ultimate controlling party is CDC.

Total Company turnover in 2024/25 was £60.3m including £43.1m from CDC in management fees, £13.1m relating to capital works and £3.8m other income. Service level agreements amounted to £6.7m.

	Year Ended 31 March 2025	Year Ended 31 March 2024
	£000	£000
Debtors (monies owed by CDC)	4,919	5,647
Creditors (monies owed to CDC)	3,802	6,799

St Leger Homes of Doncaster Limited

Notes (forming part of the financial statements-continued)

16. Contingent Liabilities

The Company had no contingent liabilities at 31 March 2025 (2024: £Nil).

17. Ultimate controlling body

The Company is a subsidiary undertaking of City of Doncaster Council, a local government organisation.



AUDIT MANAGEMENT LETTER

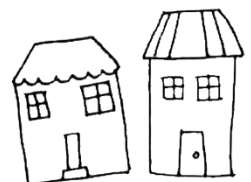
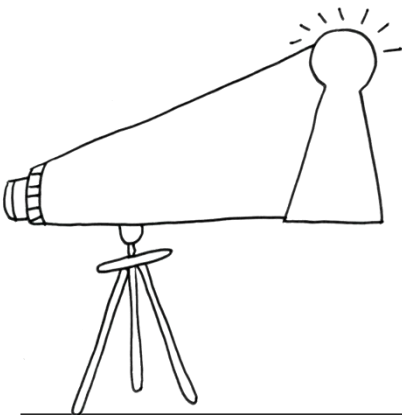
Year ending 31 March 2025

BEEVER
AND
STRUTHERS

CHARTERED ACCOUNTANTS
AND BUSINESS ADVISORS

CONTENTS

Introduction	1
Key Audit Areas	2 - 3
Overview of Financial Statements	4 - 5
Independence	6
Qualitative Aspects of Accounting Practices and Financial Reporting	7 - 8
Management Representation Letters and Audit Opinion	9
Materiality and audit findings	10- 11
Accounting and Internal Control Systems	12



INTRODUCTION

Our audit of the financial statements of St Leger Homes of Doncaster is substantially complete. The purpose of this letter is to bring to your attention the findings from our audit.

In order to comply with the provisions of the International Standard on Auditing (ISA) 260 – ‘Communication with those Charged with Governance’ we report to management on the findings of our audit, with particular reference to:

- views about the qualitative aspects of the Company’s accounting practices and financial reporting;
- adjusted and unadjusted misstatements, apart from those which fall below the threshold for reporting to the Audit and Risk Committee ((the ‘Committee’) as they are clearly trivial;
- matters specifically required by other Auditing Standards to be communicated to those charged with governance (such as fraud and error);
- expected modifications to the auditor’s report;
- the letters of representation;
- significant deficiencies in the accounting and internal control systems; and
- any other relevant and material matters relating to the audit.

We also take this opportunity to comment on the Company’s performance for the year and to confirm our professional integrity, objectivity and independence.

We see effective communication with the the Committee as being a key part of our audit, and it is important that there is effective two way communication. We welcome any feedback or questions regarding the conduct of the audit process.

This report is not intended to cover every matter which came to our attention during the audit. We do not accept any responsibility for any reliance placed on it by third parties. Our procedures are designed to support our audit opinion and cannot be relied upon to identify any weakness in systems or controls which may exist.

We would like to take this opportunity to formally record our appreciation for the assistance and co-operation provided to us by the Finance Team which assisted us during the course of our audit.

Beever and Struthers

OVERVIEW OF FINANCIAL STATEMENTS

The following table summarises the key audit issues we identified as requiring specific consideration and the audit procedures we undertook in relation to them.

Audit Issue per Audit Plan Overview	Audit Procedures and Results
<p>Assessment of Fraud Risk</p> <p>ISA 240 “The Auditor’s responsibility to consider fraud” requires us to consider the risk of fraud and the impact that this has on our audit approach. In addition, ISA 700 “Forming an Opinion and Reporting on Financial Statements”, means auditors are required to explain in the auditor’s report to what extent the audit was considered capable of detecting irregularities, including fraud. There is a presumed significant risk of fraud in two areas:</p> <p>Revenue Recognition</p> <p><i>(Management Fee – Elevated audit risk)</i> <i>(Other income – significant risk)</i></p> <p>Material misstatements due to fraudulent reporting often result from an overstatement of revenues, for example through premature revenue recognition or recording fictitious revenues. The auditor therefore presumes that there are risks of fraud in revenue recognition and considers which types of revenue may give rise to fraud risks.</p> <p>For the Company the main income stream is a management fee from the Council. We therefore have initially assessed the risk of fraud in the recognition of management as low and expect to rebut the assumption that this area is a significant risk.</p> <p>Management Override (Significant Risk)</p> <p>Under ISA 240 there is a presumed risk of management override of the system of internal controls.</p> <p>Material misstatements can arise from management overriding the controls which are in place or by manipulating the results to achieve targets and the expectations of the stakeholders.</p>	<p>Revenue Recognition</p> <p>Our audit is designed to provide reasonable assurance that the accounts are free from material misstatement whether caused by fraud or error. In particular we reviewed revenue recognition and management control override.</p> <p>As part of the audit planning:</p> <ul style="list-style-type: none">• We met management to discuss fraud related risks and the risk of material misstatement in the financial statements; and• We reviewed the fraud register. <p>During the audit fieldwork, we assessed and tested the management fee from the Council and other material sources of income. We also performed analytical review on the material income streams and tested the cut-off on the other income.</p> <p>Our audit did not highlight any errors in relation to revenue recognition.</p> <p>Management Override</p> <p>As part of our year-end audit work we used data analytics in our review of manual journals posted in the year and reviewed material year end journals.</p> <p>Our review of key estimates and judgements in the financial statements indicated that they had been made on a reasonable basis and showed no evidence of management bias.</p> <p>The journals testing did not identify any audit findings in this area.</p>

OVERVIEW OF FINANCIAL STATEMENTS

Audit Issue per Audit Plan Overview	Audit Procedures and Results
<p>Valuation of the Defined Benefit pension liability (Elevated audit risk)</p> <p>The Company participates in the South Yorkshire defined benefit Local Government Pension scheme (LGPS). As at 31 March 2024 the LGPS defined benefit pension liability was £82K (2023: £21,584K (asset)). In 2023/24, the actuarial valuation identified a net asset position of £35M. An asset ceiling calculation measured the recoverable amount of this as £nil, as the projected service contributions were higher than the projected service costs.</p> <p>The actuaries will value the pension liabilities for Section 28 of FRS 102 purposes, and these will be included in the financial statements at 31 March 2025.</p>	<p>The actuarial valuation identified a net asset position of £60M. An asset ceiling calculation has measured the recoverable amount of this as £nil, as the projected service contributions were higher than the projected service costs (service contributions are considered to be the minimum funding requirement). The £73K liability relates to the unfunded obligations.</p> <p>We have completed some procedures which includes reviewing the disclosures included within the financial statements were appropriate and in line with the actuarial report. Our work is still ongoing on this area.</p>

OVERVIEW OF FINANCIAL STATEMENTS

STATEMENT OF COMPREHENSIVE INCOME

	2025 £'000	2024 £'000		
Turnover	60,289	56,626	➤➤	Turnover has increased by £3.6M, with an increase of £2.4M in Housing and Support Services and an increase of £1.2M in Repairs and Technical Services.
Cost of Sales	(54,945)	(52,537)	➤➤	Cost of sales has increased by £2.4M. The main increase is related to inflationary pressures in key areas of the business, including staff costs due to the pay award and NIC changes, as well as price increases in utility charges and supplies and services.
Administrative expenses	(7,295)	(6,677)	➤➤	Administrative expenses increased by £618K, primarily due to higher indirect staff costs and other overheads, including telephone, printing, and software licensing expenses
Interest Receivable/(payable)	(52)	965	➤➤	The fluctuation represents changes in the interest rates, the position in 24/25 is £52K interest payable from receivable of £965K.
(Loss)/Profit on Ordinary activities	(2,003)	(1,623)		Overall profit/loss during the year
Pension Actuarial gain/(loss)	2,012	(20,043)	➤➤	Actuarial gain as per the actuary report
Total comprehensive Income	9	(21,666)		

OVERVIEW OF FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

	2025 £'000	2024 £'000		
Fixed assets	0	0	➤➤	The company have made no additions in fixed assets which is in line with expectations.
Current assets	7,343	9,627	➤➤	Current assets comprise debtors, stock, and cash. There has been decrease of £424K in inventories, decrease of £1.3M in debtors and a decrease in cash of £475K.
Creditors: amounts falling due within one year	(7,343)	(9,557)	➤➤	Creditors less than one year have decreased by £2.2M, primarily due to decrease in amounts owed to the Council of £2.9M.
Provisions	0	(70)	➤➤	No provisions have been recognised for dilapidations in the current year.
Pension	(73)	(82)	➤➤	The scheme position is a liability position of £73K in 24/25. This is in line with the asset ceiling calculation provided by the scheme's actuary.
Capital and reserves	(73)	(82)	➤➤	The reserve position reflects the pension liability

INDEPENDENCE

Ethics and Independence

In the UK and Ireland, auditors are subject to the ethical requirements of the Financial Reporting Council's 2019 Revised Ethical Standard for Auditors.

International Standard on Auditing (ISA) 260 – Communication with those Charged with Governance and good practice require us to confirm the following to those charged with governance:

- Details of all relationships between the auditor and the client.
- Total fees charged for the provision of other services.
- Related safeguards in place to eliminate identified threats to independence.
- Confirmation that the auditor complies with Ethical Standards.

The Audit and Risk Committee should take an active role in considering whether the external auditor's independence might be impaired by the provision of non-audit services.

Non-Audit Services

We have undertaken Corporation Tax compliance services for St Leger Homes. This non-audit service has been provided by a separate team of staff who are not directly involved in the audit work. We therefore consider that appropriate safeguards are in place to mitigate the threat to our independence.

Independence Declaration

We confirm that:

- We are not aware of any personal or professional relationships between Beever and Struthers and the Company.
- We have not undertaken any non-audit services for the Company in the year.
- We therefore conclude that we comply with Ethical Standards and in our opinion the firm is independent within the meaning of regulatory and professional requirements and the objectivity of the engagement partner and the audit staff is not impaired.

We have reviewed our independence and confirm that, in our professional judgement, this firm is independent within the meaning of regulatory and professional requirements and the objectivity of the audit engagement Director, Richard Graham, and the audit staff is not impaired.

QUALITATIVE ASPECTS OF ACCOUNTING PRACTICES AND FINANCIAL REPORTING

Accounting Policies

FRS 102 requires that entities should review their accounting policies regularly to ensure that they are appropriate to its particular circumstances for the purposes of giving a true and fair view. The Company's Audit Committee plays a key role in this process.

We have reviewed the Company's accounting policies and key judgement areas as stated in the financial statements in detail and confirm that we judge them to be appropriate to provide relevant, reliable, comparable and understandable information.

Accounting Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities at the year-end and the amounts reported for revenues and expenses during the year.

ISA 540 "Auditing Accounting Estimates and Related Disclosures" also places additional emphasis on scepticism in the audit process, with its importance increasing when accounting estimates are subject to a greater degree of estimation uncertainty or are affected to a greater degree by complexity, subjectivity, or other inherent risk factors.

Key accounting estimates and judgements in the financial statements include:

- valuation of the pension fund scheme assets;
- Accruals
- Provisions for liabilities
- Provision for doubtful debts

We confirm that these estimates have been made appropriately in line with our knowledge of the Company and the industry and are disclosed satisfactorily in the financial statements.

Financial Statement Disclosures

We confirm that we judge the disclosures throughout the financial statements to be neutral, consistent and provide sufficient clarity to the user.

QUALITATIVE ASPECTS OF ACCOUNTING PRACTICES AND FINANCIAL REPORTING

Significant Matters Arising from the Audit

There were no significant matters arising from the audit that were discussed, or subject to correspondence with management.

Significant Difficulties Encountered During the Audit

There were no significant difficulties encountered during the audit.

Timing of Transactions

Our audit work confirmed that material transactions were recorded in the correct accounting periods.

Going Concern

This work has yet to be finalised but we acknowledge that the financial statements have been prepared on a going concern basis.

Strategic Report and Report of the Directors

We reviewed other information in the narrative reporting sections of the financial statements provided.

We have reviewed the version to confirm that there is no material inconsistency between the reports and the financial statements.

MANAGEMENT REPRESENTATION LETTERS AND AUDIT OPINION

Management Representation Letter

In accordance with ISA 580, we obtain written representation from management that they acknowledge their responsibility for preparing the accounts and have made all information available to us.

We will present our management representation letter for signing at the same time as the financial statements.

There are no specific matters on which we have requested Board representation to support the conclusions and evidence provided for our audit opinion..

Audit Opinion

We expect to provided an unqualified audit opinion on the financial statements for the Company for the year ended 31 March 2025.

We require the following to complete our work;

- Finalisation of work on pension.
- Finalisation procedures including the review of the going-concern, subsequent events, review of the strategic report, cash flow statement and final checks to the statements for approval.

MATERIALITY AND AUDIT FINDINGS

Materiality

Our audit work is based upon an assessment of materiality to ensure there is no material misstatement contained in the financial statements. In assessing materiality we take into account both the materiality of the class to which the balance belongs and the overall impact of the balance on the income and expenditure account and balance sheet.

ISA 260 requires us to report to management on all uncorrected misstatements identified during the audit, and to include in this report how we have calculated materiality, and any misstatements identified during the audit which have been corrected.

Materiality may be revised throughout the course of the audit, where we become aware of information during the audit that would have resulted in a different determination of materiality at the outset. There were no adjustments identified during the audit which impacted our initial assessment.

We are not required to report on corrected or uncorrected misstatements we believe are clearly trivial. Triviality is the value above which we report errors to you. A summary of the final assessment of materiality is as follows:

Entity	Method of calculation	Materiality £000	Triviality £000
St Leger Homes	3% of turnover	1,809	90

MATERIALITY AND AUDIT FINDINGS

Corrected Misstatements

The financial statements presented for audit were of high quality, compliant with FRS 102 and the Companies Act 2006.

Audit adjustments

We have not identified any audit adjustments for the financial statements.

Uncorrected Misstatements

We have not identified any uncorrected misstatements.

ACCOUNTING AND INTERNAL CONTROL SYSTEMS

ISA 265 requires that we report to those charged with governance any significant deficiencies in internal control that we identify in the course of our audit work. Significant deficiencies are those deficiencies that we have identified during the audit and concluded are of sufficient importance to merit being communicated to those charged with governance.

The audit considered internal controls relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of internal control.

We are pleased to report that overall we found that the Company's systems and internal financial controls were operating effectively. There were no significant deficiencies identified as a result of our work.



One Express
1 George Leigh Street
Manchester M4 5DL

e: manchester@beeverstruthers.co.uk
www.beeverstruthers.co.uk



Beever and Struthers
Chartered Accountants
One Express
1 George Leigh Street
Manchester
M4 5DL

Contact Dave Wilkinson, Chairman
Address St Leger Homes, Civic Office
Waterdale, Doncaster DN1 3BU
Email c/o Leandra.graham-hibling@stlegerhomes.co.uk
Tel 01302 862700
Ref
Date August 2025

Dear Sirs

This representation letter is provided in connection with your audit of the financial statements of St Leger Homes of Doncaster Limited ("the Company") for the year ended 31 March 2025 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the results and financial position of the Company in accordance with The Companies Act 2006 and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

We confirm, to the best of our knowledge and belief the following representations:

1. We are responsible for the preparation of financial statements in accordance with The Companies Act 2006 and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), which give a true and fair view of the financial position of the company as of 31 March 2025 and of the results of its operations and its cash flows for the year then ended and for making accurate representations to you.
2. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
3. We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.
4. We have disclosed all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements and these have been disclosed in accordance with the requirements of accounting standards.
5. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of accounting standards.



stlegerhomes.co.uk





6. All events since the balance sheet date which require disclosure or which would materially affect the amounts in the financial statements have been adjusted or disclosed in the financial statements.
7. We confirm that the financial statements are free of material misstatements, including omissions. We believe that any uncorrected misstatements identified during the audit are immaterial both individually and in aggregate to the financial statements as a whole.
8. We confirm that, having considered our expectations and intentions for the next twelve months, and the availability of working capital, the company is a going concern. We confirm that the disclosures in the accounting policies are an accurate reflection of the reasons for our consideration that the financial statements should be drawn up on a going concern basis.
9. All accounting records and relevant information have been made available to you for the purpose of your audit. We have provided to you all other information requested and given unrestricted access to persons within the entity from whom you have deemed it necessary to obtain audit evidence / request information. All other records and related information including minutes of all management and shareholders' meetings have been made available to you.
10. All transactions undertaken by the company have been properly reflected in the accounting records and are reflected in the financial statements.
11. We acknowledge our responsibility for the design, implementation and maintenance of controls to prevent and detect fraud. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
12. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity and involves management or employees who have significant roles in internal control, or others, where fraud could have a material effect on the financial statements.
13. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.
14. We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the company conducts its business and which could affect the financial statements. The company has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance.





15. We confirm that we have disclosed to you the identity of the company's related parties and all related party relationships and transactions relevant to the Company that we are aware of.
16. The company has satisfactory title to all assets, and there are no liens or encumbrances on the assets except for those disclosed in the financial statements.
17. There are no liabilities, contingent liabilities or guarantees to third parties other than those disclosed in the financial statements.
18. The Company has at no time during the year entered into any arrangement, transaction or agreement to provide credit facilities (including loans, quasi loans or credit transactions) for directors, nor to guarantee or provide security for such matters, except as disclosed in the financial statements.
19. We consider that the pension asset position meets the criteria for recognition under FRS 102 and have provided to you all the information, including details from the scheme actuary, to support the accounting treatment to recognise the recoverable element of the pension asset on the Statement of Financial Position and that the appropriate disclosures have been made.

We confirm to the best of our knowledge and belief that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and experience and, where appropriate, of inspection of supporting documentation sufficient to satisfy ourselves that we can properly make each of the above representations to you.

We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that so far as we are aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware. Each director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that you are aware of that information.

Yours faithfully

Signed on behalf of the Board of Directors by:

.....(Signature)

.....(Director)

.....(Date)



ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 07 August 2025

Item : 06

Subject : Resident Engagement Strategy

Presented by : Lee Winterbottom
Director of Property Services

Prepared by : Laura Dougan
Head of Building Safety

Purpose : Inform Board of Resident Engagement
Strategy requirements

Recommendation :

Members of the Board are asked to approve the Resident
Engagement Strategy

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: 07 August 2025**

1 Report Title

- 1.1 Resident Engagement Strategy

2 Executive Summary

- 2.1 Section 91 of the Building Safety Act 2022 requires that for occupied higher risk buildings a resident engagement strategy must be in place for the promotion of residents involvement in the making of building safety decisions.
- 2.2 St Leger Homes of Doncaster (SLHD) have in practice developed and been using this resident engagement strategy since the requirement came in.

3 Purpose

- 3.1 The purpose of this report is to provide assurance to Board that requirements under the Building Safety Act are being met and for Board to approve the existing resident engagement strategy at appendix 1.

4 Recommendation

- 4.1 Members of the Board are asked to consider and approve the existing resident engagement strategy.

5 Resident Engagement Strategy

- 5.1 The resident engagement strategy sets out how residents and owners of residential units are involved in building safety decisions and informed about building safety decisions.
- 5.2 The resident engagement strategy should be specific to the building and take account of the needs and preferences of the residents. As SLHD manage more than one higher risk building, the resident engagement strategy for these buildings may be similar in many areas. However, each strategy should be specific to that building's residents and their needs.
- 5.3 Appendix 1 is the template used for the resident engagement strategy for all 9 of the high-rise buildings. Sections are highlighted where specific building information is required.
- 5.4 The strategy sets out how we will communicate and engage with residents. A variety of methods and tools are used. This includes the Building Safety

Forum and direct contact methods with the Building Safety Team.

- 5.5 Versions of this document have been in use since 2022 and the version shown in appendix 1 was submitted as part of building safety case applications for 5 highrises in September to October 2024. We are still awaiting feedback from the Building Safety Regulator on these applications.
- 5.6 One Voice Forum reviewed the document in November 2024. They provided positive feedback and this was incorporated into the document in appendix 1.
- 5.7 The Building Safety Act sets out specific requirements when the resident engagement strategy must be reviewed. These are –
 - at least every 2 years
 - after submission of a mandatory occurrence report to Building Safety Regulator
 - after the completion of significant material alterations to the building

6. Procurement

- 6.1 There are no direct procurement implications arising from the resident engagement strategy.

7. VFM Considerations

- 7.1 VFM is about achieving the optimum balance of economy, efficiency and effectiveness. There are no direct VFM considerations however SLHD operates more efficiently and also effectively by complying with all legislative and regulatory requirements.

8. Financial Implications

- 8.1 There are no direct financial implications from the Resident Engagement Strategy. The Building Safety team is in place and budgeted for. Existing budgeted resources and provisions for training, risk assessments and current software systems are included and reviewed annually, but as a result of some actions there may be financial implications and these would need to be considered as part of separate business cases and briefing notes as required.
- 8.2 In addition, we have a dedicated, budgeted Engagement and Communications Service Manager and related team that lead on a wide range of tenant engagement activities as set out in SLHD's Tenant Voice Strategy. This strategy works on an Inform, Involve, Consult, Collaborate model and also has links with numerous other strategies, ensuring close working relationships with, and input from, a number of tenant bodies, such as One Voice Forum (OVF), Tenant Scrutiny Panel (TSP), resident associations (TARAs), among others.

9. Legal Implications

- 9.1 The resident engagement strategy is legally required under the Building Safety Act 2022. Implications are considered within this report and appendix 1.

10. Risks

- 11.1 SLHD acknowledges and accepts its responsibilities in accordance with regulatory standards, legislation and approved codes of practice, and that failure to discharge these responsibilities properly could lead to a range of sanctions including prosecution. High risk accommodation is a risk on the strategic risk register and having a resident engagement strategy is an assurance for this risk.

11. Health, Safety & Compliance Implications

- 11.1 The health, safety and compliance implications are already covered within the report.

12. IT Implications

- 12.1 There are no direct IT implications. However, progressing with engagement with customers using digital solutions will be considered as part of the resident engagement strategy and any future reviews.

13. Consultation

- 13.1 Consultation was carried out with One Voice Forum in November 2024.

14. Diversity

- 14.1 Diversity is considered within appendix 1 the resident engagement strategy.

15. Communication Requirements

- 15.1 The resident engagement strategies for each highrise block will be shared on the internet. It will be discussed as an agenda point at the Building Safety Forum.

16. Equality Analysis

- 16.1 An Equality Analysis was completed in July 2025. No adverse impacts of the resident engagement strategy were identified. The overall aim of the strategy is to have a positive impact on residents importantly giving them a clear route to raise building safety concerns.

17. Environmental Impact

- 17.1 There are no direct environmental impacts from the resident engagement

strategy.

18. Report Author, Position, Contact Details

- 18.1 Laura Dougan
Head of Building Safety
Email: laura.dougan@stlegerhomes.co.uk

19. Background Papers

- 19.1 Appendix 1 – Resident Engagement Strategy



RESIDENT ENGAGEMENT STRATEGY FOR RESIDENTS OF HIGH-RISE BUILDINGS

POLICY TITLE:	Resident Engagement Strategy
LEAD OFFICER:	Head of Building Safety
DATE APPROVED:	August 2025
APPROVED BY:	Board of St Leger Homes of Doncaster
IMPLEMENTATION DATE:	August 2025
DATE FOR NEXT REVIEW:	August 2027
ADDITIONAL GUIDANCE:	Building Safety Act 2022
TEAMS AFFECTED:	All St Leger Homes Employees
THIS POLICY REPLACES:	New document – replaces previous draft versions

Page	Version	Date	Author
Page 1 of 11	0.2	August 2025	Head of Building Safety
File Path			

DOCUMENT CONTROL

Revision History

Date of this revision:	August 2024
Date of next review:	August 2027
Responsible Officer:	Head of Building Safety

Version Number	Version Date	Author/Group commenting	Summary of Changes
0.1	November 2024	One Voice Forum	New document to reflect the Building Safety Act 2022 requirements.
0.2	July 2025	EMT	Minor amends to Resident Engagement Strategy including clarity on review of document and how fits into organisations communication.

Page	Version	Date	Author
Page 2 of 11	0.2	August 2025	Head of Building Safety
File Path			

Policy Creation and Review Checklist

Action	Responsible Officer	Date Completed
Best practice researched (HouseMark, HQN, Audit Commission, general websites)	Head of Building Safety	September 2024
Review current practices from similar organisations	Head of Building Safety	September 2024
Review customer satisfaction data from the area the policy relates to	Head of Building Safety	September 2024
Review Customer complaints from the area the policy relates to	Head of Building Safety	September 2024
Undertake customer consultation if applicable	Head of Building Safety	November 2024
Staff consultation if applicable	Head of Building Safety	September 2024
Trade Union consultation if applicable	Head of Building Safety	N/A
Stakeholder consultation if applicable	Head of Building Safety	September 2024
Equality Analysis carried out	Head of Building Safety Head of Major Projects	July 2025

Page	Version	Date	Author
Page 3 of 11	0.2	August 2025	Head of Building Safety
File Path			

Resident Engagement Strategy for residents of High-Rise Buildings (HRBs)

Section	Title	Page number
1	Introduction and objectives	
2	Internal and external context	
3	Our approach	
3.1	Communication and engagement	
3.2	Clarity and accessibility of information	
3.3	How safety information should be provided at the start of the tenancy	
4	Ownership and Responsibilities	
4.1	Resident and landlords' responsibilities	
4.2	Encouraging residents to keep their buildings safe	
4.3	Improving communications on safety (i.e. reporting safety concerns; works to the property)	
5	Resident Information and Process	
5.1	Action to take in the event of fire	
5.2	Understanding 'stay safe' and when it should be used	
5.3	Understanding what "Next place of safety" means	
5.4	Evacuating a building safely	

Page	Version	Date	Author
Page 4 of 11	0.2	August 2025	Head of Building Safety
File Path			

5.5 Responding to fire alarms and contacting the fire brigade

1. Introduction and objectives

This is a review of the St Leger Homes Doncaster (SLHD) Building Safety Resident Engagement Strategy. It focuses on XXXXXX House, a High Risk Residential Building¹. Following the tragic fire at Grenfell Tower a new regulatory regime has been introduced for these types of buildings. However, many of the principles can apply to other buildings where there are two or more dwellings regardless of the height of the building. The strategy sets out the approach of SLHD to resident engagement relating existing in scope buildings from 2024-2027 and should be considered the first steps on the path towards meaningful engagement with residents about the safety of their homes. The strategy will be reviewed as part of our duties under the Building Safety Act 2022. The key aims of this strategy are to:

- Ensure residents are empowered to play an effective role in ensuring their building is, and continues to be, safe,
- Ensuring there is a direct line of contact for residents to raise safety related concerns about the buildings in which they live;
- Set out the ways in which residents can get involved and the benefits to them from participating in engagement on building safety;
- Explain to the residents of the building the safety features which keep them safe in their homes and the importance of not interfering with them or reporting any issues.
- Identify the building safety information residents wish to be provided with;
- Identify the way in which residents wish to be provided with building safety information;
- Establish methods of improving our approach to engaging with residents in relation to the safety of their home aligning with our Tenant Voice Strategy to ensure we follow best practice and use a diverse range of methods when engaging with residents.
- Engage staff with regards to importance of residents' rights to have a say in relation to their homes;
- Clarify our responsibilities and residents' responsibilities to ensure their homes remain safe.

Details of the specific block will be here including number of residences, if there are any leaseholder, a location map and any other relevant information.

¹ A High-Risk Residential Building are those identified as in scope buildings within the Building Safety Act 2022, those greater than 18 meters or seven stories or more

2. Internal and external context

Following the tragedy at Grenfell in June 2017, the Government commissioned the Independent Review of Building Regulations and Fire Safety led by Dame Judith Hackitt, which was published in May 2018. In December 2018, the Government accepted all 53 of her recommendations.

SLHD has established the Building Safety Team with a view to implementing these recommendations. A large emphasis has been placed on how landlords engage with residents around building safety and this strategy seeks to outline the approach SLHD will take to engage with and involve residents in the safety of their homes.

Page	Version	Date	Author
Page 5 of 11	0.2	August 2025	Head of Building Safety
File Path			

3. Our approach

This strategy will detail our approach to engaging and involving residents in relation to building safety across all our homes. This strategy will be further supplemented by bespoke plans tailored to properties where there is deemed to be a need, setting out how the strategy will work in practice for each building.

It has been developed in conjunction with residents, adopting a culture of openness and transparency, to ensure it addresses their needs and requirements. It details what residents can expect in terms of communication and how they can get involved and raise concerns. To clarify there is a difference between building safety and building security. Issues around the security of a building may arise from the front door of the building being left open (for example). This may then impact on the safety of the building.

The following section outlines our intended approach to engaging with residents around building safety. There are three main strands:

- Information and understanding;
- Resident and landlords' responsibilities;
- Action to take in the event of a fire;

3.1 Communication and engagement

We will use a range of ways to communicate with residents to cater for, as much as possible, the diverse needs of our residents. We will endeavor to make adequate provisions for residents, for example, those who have a physical or visual impairment, have other disabilities or those for who English is not their first language.

Examples of the way in which we can communicate with residents may include but is not limited to:

- At sign up
- Website
- Portal
- Notice boards.
- App
- Text
- Email
- Letter
- Building Safety Forum and Drop-in sessions to talk about building safety
- Video
- Keeping in touch visits

We will also ensure we cater for residents who may prefer face-to-face meetings to discuss the strategy and the specific action plan for their building. Following all meetings, information provided will be delivered to each resident's home upon request and posted on the Website. If there are any significant changes to the strategy or action plan, we will update residents in writing.

Where we have identified a serious issue with a building affecting the safety of all residents,

Page	Version	Date	Author
Page 6 of 11	0.2	August 2025	Head of Building Safety
File Path			

we will keep residents updated on a regular basis in relation to any interim safety measures necessary, remedial works and further investigations that are required. These updates may be in the form of meetings and/or updates on our website and/or newsletters.

A fire action notice is installed within each building and a Safety Case on a page showing key safety information for each building is displayed in the foyer of each building.

We will encourage residents to get involved in decision making relating to the safety of their building. If you would like to get involved, the Building Safety team can be contacted directly at buildingsafety@stlegerhomes.co.uk

Building safety is the responsibility of all residents, as well as SLHD as the landlord. While we will endeavor to ensure that all residents are aware of key building safety messages it is important that this is reinforced by residents. Where residents see one of their Neighbours acting in a way that suggests they have not understood or remembered building safety information they should remind them of it as a matter of priority.

We will seek to work with residents to identify a process that we can implement to measure the success of this strategy and the satisfaction of our residents. One way of doing this may be a reduction in the number of occasions upon which we have to remove fire hazards left by residents in the communal parts of a building. We will commit to reviewing feedback from our residents to ensure we continuously improve the service we provide to them.

This strategy will align with our Tenant Voice Strategy and Communications Strategy to ensure best practice is followed and a flexible menu of options for engagement and communications is explored. As required details of specific engagement topics and methods will be noted in the organisation communication planner.

3.2 Clarity and accessibility of information

We will proactively provide all residents with the information they need to help them understand the protections that are in place to keep their building safe.

We will ensure that the information provided is sufficient, relevant and in a format that can be understood by residents. As a standard practice we will provide:

- The measures we have in place to mitigate potential fire and building safety risks to residents, e.g. fire precautions;
- Information for residents detailing how they can reduce the risk of fire in individual dwellings e.g. by not storing flammable materials;
- A process for reporting a fire risk and/or raising any other safety concerns;
- Procedures to follow where a fire occurs in the building, including for evacuation;
- The different roles and responsibilities of the accountable person, Building Safety Manager and residents;
- Key information such as the contact details of the accountable person and Building Safety Manager.

Residents will also be entitled to obtain further and more detailed information about the safety measures in their building if they wish and such information may include (but is not limited to):

- Full, current and historical fire risk assessments;
- Planned maintenance and repairs schedules;
- Outcome of building safety inspection checks;

Page	Version	Date	Author
Page 7 of 11	0.2	August 2025	Head of Building Safety
File Path			

- How assets in the building are managed, e.g. frequency of lift maintenance;
- Details of preventive measures, e.g. smoke alarms;
- Fire protection measures in place, e.g. sprinklers, fire dry risers;
- Information on the maintenance of fire safety systems;
- The fire strategy for the building;
- Structural assessments;
- Planned and historical changes to the building.

We will implement a process for dealing with requests for information. We will aim to provide residents with the documents they request within 1 month.

Within this process we will provide guidelines to enable vulnerable residents to nominate an advocate, caregiver or representative who can request more detailed information on their behalf. We will not release draft reports, which by their nature are likely to be subject to change but will aim to release information as swiftly as possible.

The resident can contact the Building Safety Team to raise any concerns in relation to the safety of the building. This can be done via the customer access team or the Building Safety Team email address – Buildingsafety@stlegerhomes.co.uk. Any resident who is not happy with the outcome and wishes to escalate the issue can submit a complaint.

3.3 How safety information should be provided at the start of the tenancy

At the start of every tenancy within an in scope building, we will provide a living in high rise buildings leaflet and fire action notice with the sign-up pack and the contact details of the Building Safety Team.

4.0 Resident and landlords' responsibilities

4.1 Supporting residents and landlords to understand their responsibilities

Residents have an obligation to work with us to keep their building safe and to let us know of any safety concerns they have identified following the process outlined in this strategy.

Residents are expected to provide reasonable access by allowing us to inspect and carry out necessary works for several types of safety inspections (such as fitting fire alarms) or undertaking fire and structural safety-related maintenance. Where information or access is required, we will provide the resident with reasonable notice. Where access is not provided, we will try several measures to gain access to the property with the final measure being legal action and potential impacts on your tenancy. We will look to recover the costs of such legal action directly from the resident.

We have a zero-tolerance policy for residents leaving possessions in communal areas. Any items stored in communal areas may be removed and disposed of without notification to the residents concerned.

Within our level one buildings which are all the all the high-rise buildings, Milton Court, Jubilee Court, St . Georges Court and Heartswood apartments we will where necessary follow specialized housing guidance which involves undertaking person-centered risk assessments to evaluate the needs of individual residents. This enables us to evaluate their specific

Page	Version	Date	Author
Page 8 of 11	0.2	August 2025	Head of Building Safety
File Path			

situations, minimize risks and put in place specific measures accordingly (an example of this is to use visual fire alarms for residents who are hearing impaired).

We have established specific vulnerabilities for residents within that scheme using a combination of data held on internal systems and local knowledge. We will produce a PREP (Personal Rescue Emergency Plan) for the buildings indicating residents who will potentially need assistance to evacuate if this becomes necessary. The PREP is held on site in a premise's information box which the fire brigade has access to in case of an emergency.

We will work with the local fire service to electronically provide any information about the building they require.

In line with our process for reporting safety concerns, any legitimate concerns will be treated seriously, and remedial action will be taken to rectify the issue.

4.2 Encouraging residents to keep their buildings safe

We will ensure that residents are empowered to play an effective role in making sure that their building is, and remains, safe. This includes identifying and reporting hazards that may impact on the safety of the building and meeting their responsibilities to ensure their own safety and that of their Neighbours.

Residents are encouraged to assess the needs of their household and any members of their family who may be vulnerable (such as young children or someone with a disability). They are encouraged to ensure they understand the action plan for their building so they know what they should do in the event of an emergency.

Upon advice from fire & rescue service we no longer provide fire safety equipment (such as fire blankets and fire extinguishers) within either residents' homes or in communal areas. The Fire Service advise that unless individuals have the relevant training on the use of fire safety equipment then they are encouraged not to attempt to fight the fire but to close all fire doors to contain the fire and follow the action plan for their building.

Residents are also encouraged to consider the wellbeing of their Neighbours in the building and recognise that their actions may put the lives of others at risk. For example, residents should ensure they do not prop open any communal fire doors and they do not store items in the communal hallway which may impede an escape route in the event of an emergency. Residents who smoke should ensure they do so in a safe place and fully extinguish their cigarettes afterwards and never in common areas. Barbecues and patio heaters **MUST NEVER** be used inside buildings, on balconies or near any flammable material, residents should not use wallpaper steam strippers to close to the fire sprinkler heads in each flat. We would discourage the use of traditional open Chip pans in our buildings which if left unattended present a foreseeable risk of fire and remind residents about the overuse of extension leads which can present electrical safety issues. Mobility scooters are not permitted to be charged in common areas. Residents are reminded about the risks from e-bikes and lithium batteries.

Where residents see one of their Neighbours acting in a way that suggests they have not understood or remembered building safety information they should remind them of it as a matter of priority. An example of this could be Neighbours who are suspected to be hoarding, who are storing items in the communal hallway or Neighbours who may be considered vulnerable. If residents are not comfortable discussing this with their Neighbours, they should report it as a building safety concern to SLHD.

Page	Version	Date	Author
Page 9 of 11	0.2	August 2025	Head of Building Safety
File Path			

4.3 Improving communications on safety (i.e. reporting safety concerns; works to the property)

We will work in partnership with residents to ensure that they are involved in decisions about their building's safety and, where possible, provide them with reasonable information on works due to be carried out to their property enabling them to have an opportunity to consult with us.

If any resident feels their concerns have not been addressed, they can follow our formal complaints process to escalate the issue.

5. Resident Information and Process

5.1 Action to take in the event of fire

There is an action plan for each building with specific details for the action residents should take in the event of a fire. This information is contained on a Fire Action Notice which are located on the walls in every building.

All our buildings are designed to keep residents safe. Buildings are compartmented which means that they are built in such a way to contain a fire within a single room or multiple rooms. This limits the spread of fire, smoke and flue gases. One of the key safety measures to aid compartmentation is fire doors. It is important that you do not make alterations to fire doors within your home and keep them free of obstruction which may prevent them from closing.

Fire & Rescue services advise that it is best for residents to leave their property and keep fire doors closed behind them to contain a fire rather risking injury trying to fight a fire themselves and allowing the fire & smoke to spread to other parts of the building.

All our tall buildings are designed to contain fire, smoke and heat within individual homes for a long enough period of time to enable the Fire & Rescue Service to extinguish the fire. In such buildings it is safe for residents to remain in their home, as long as it is not affected by fire, smoke or heat, while it is extinguished. This is known as 'stay safe' advice. For buildings where this is not possible even on a temporary basis, we will advise on evacuation plans based on our fire risk assessments.

5.2 Understanding a building evacuation plan

A building evacuation plan means that all residents must leave the building and go to the assembly point for the building in case of an emergency.

5.3 Understanding 'stay safe' and when it should be used

All buildings which have been built in such a way as to contain a fire within one of the compartments of the building will have a stay-safe policy in place. Fire Rescue Services advise us that the best option for residents is to remain in their own homes, unless that's where the fire started or fire, heat or smoke has spread to their home, rather than trying to evacuate which may result in them being in more danger.

5.4 Understanding what "Next place of safety" means

Any residents required to evacuate their homes should go to the "next place of safety". This

Page	Version	Date	Author
Page 10 of 11	0.2	August 2025	Head of Building Safety
File Path			

means you should move away from the building to a place of safety from a fire or any falling debris.

5.5 Evacuating a building safely

If residents are required to evacuate their homes, they must do so by walking to the safest and closest exit and/or stairway. Where possible, they should close any fire doors behind them. They should never use a lift to exit during a fire alarm activation. Once outside the building, residents must move away from the building and go to the nearest safest place.

The front of the building may be where the fire fighters and fire trucks will be operating. Residents must move away from the building and must not obstruct their access to the building.

If there is an incident occurring on the upper floors and glass is being blown out of the windows, the area below is the hazard zone where serious personal injury will happen. Residents must not remain in or near this area.

Once residents have left the building they must not re-enter until they are told to do so by the Fire and Rescue Service.

5.5.1 Responding to fire alarms and contacting the fire brigade

If the fire or smoke alarm in your home sounds, call 999, ask for the fire service and follow their advice. If you are in a communal area and hear the fire or smoke alarm sound, call 999, ask for the fire service and follow the plan for your building.

Page	Version	Date	Author
Page 11 of 11	0.2	August 2025	Head of Building Safety
File Path			

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 07 August 2025

Item : 07

Subject : Quarter 2 2025/26 Strategic Risk review

Presented by : Kevin Hanlon
Director of Corporate Services

Prepared by : Nigel Feirn
Head of Finance and Business Assurance

Purpose : Present Board with the updated Strategic Risk Register.

Recommendation: Board note the updated Strategic Risk Register.

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

**Agenda Item No. 07
Date: 07 August 2025**

1. Report Title

- 1.1. Quarter 2 2025/26 review of the Strategic Risk Register (SRR).

2. Purpose

- 2.1. Present Board with an updated SRR (**Appendix A**)

3. Recommendation

- 3.1. Board approve the updated SRR.

4. Executive Summary

- 4.1. The last update on the company's SRR was presented to Board in May 2025, after a full Leadership review. There were some minor updates to each risk. No risks were added or removed and ratings unchanged.
- 4.2. Leadership have undertaken a detailed review at their July meeting for this update, and following discussions, one new Strategic Risk was added.
- 4.3. This was considered necessary to reflect the demands of managing increasingly complex needs and vulnerable tenants across the city (e.g. Mental Health, Safeguarding, ASB, Awaab's Law) and the multi-agency responses required. (see below).
- 4.4. The SRR now has seven risks (**Appendix A**). Aside from the new risk, ratings remain unchanged following Heads of Service (HoS) and EMT review.
- 4.5. The table below summarises the SRR and shows Inherent, Current and Forecast Residual Risk ratings for each strategic risk:
- **Inherent** – the risk score on the assumption of no controls in place.
 - **Current Residual** - the risk score considering the current controls in place.
 - **Forecast Residual** - the risk score after considering the planned controls are put in place and actions are completed.
- 4.6. Each risk is rated on a 5 x 5 scoring matrix, comprising likelihood and impact.

		July 2025			May 2025		
	Risk	Inherent rating	Current Residual Rating	Forecast Residual Rating	Inherent rating	Current Residual Rating	Forecast Residual Rating
1	Homelessness: Failure to manage Homelessness issues and the subsequent demand for housing within Doncaster	20	20	12	20	20	12
2	Expectations: Failure to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative)	16	12	8	16	12	8
3	Workforce: Failure to recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient, and effective.	16	12	9	16	12	9
4	Building safety: Failure to manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	25	10	5	25	10	5
5	Health, safety, and compliance: Failure to manage corporate health, safety, and compliance risks	25	10	5	25	10	5
6	Governance: Failure to effectively govern and manage in an increasingly regulated climate	16	8	4	12	8	4
7	New: Tenancy management: Failure to manage the increasingly complex needs and vulnerable tenants across the city.	16	16	12	n/a	n/a	n/a

4.7. Scoring matrices are summarised below and detailed at **Appendix B**.

Risk rating score key : R A G		IMPACT				
		1 = Very low	2 = Low	3 = Medium	4 = High	5 = Very High
LIKELIHOOD	5 = Very likely	5	10	15	20	25
	4 = Likely	4	8	12	16	20
	3 = Possible	3	6	9	12	15
	2 = Unlikely	2	4	6	8	10
	1 = Very Unlikely	1	2	3	4	5

5. Background information

5.1. At the July meeting, Leadership considered recent activity within St Leger Homes Doncaster (SLHD), developments within the sector and horizon scanned as to the major areas to consider over the coming months.

5.2. In addition to the ongoing challenging operating environment, there have been several recent and forthcoming events, announcements and ongoing developments which will potentially impact on SLHD operations, and all have been reflected as required in the updated SRR:

- inspection under the new regulatory regime;
- local elections and change of councillors;
- recent and upcoming legislation changes, e.g. Awaab's Law, Decent Homes;
- Government spending review and upcoming budget; and
- Government announcements on a Social and Affordable Homes Programme, new funding arrangements, new rent convergence consultation, further Right to Buy reforms and new development capacity initiatives.

- 5.3. Preparation work for possible regulatory inspection continues. As well as the ongoing action plan inspection work, a detailed 'refresh' review has been planned with Savills, our critical friend, to revisit and update, if necessary, the Consumer Standards gap analysis and their mock inspection work. This is considered good practice as over six months have elapsed since the latter and there have been numerous developments within the sector which need to be considered, and more inspections completed and published nationally from which knowledge can be gained.
- 5.4. The 'Inspection Ready' working group established in April is meeting bi-monthly to monitor progress on all things related to this and to act as required to ensure SLHD is in the best possible position when selected.
- 5.5. A particularly challenging operating environment continues in terms of services delivery and financial pressures. All areas were considered as part of this review, including regulation, economic climate, homelessness, and recruitment challenges.

6. Procurement

- 6.1. Procurement services to SLHD are provided by City of Doncaster Council (CDC) under a Service Level Agreement.
- 6.2. Robust Contract Standing Orders and Financial Regulations are inherent within several strategic and operational risks and are a fundamental part of SLHD's assurance framework.

7. VFM Considerations

- 7.1. The underlying principle of risk management is to identify and manage risk in a controlled and cost-effective manner, rather than react to a situation when a risk has materialised which could incur unplanned expense.
- 7.2. VFM is achieving the optimum balance of costs and performance, and the financial reporting and performance management frameworks in place, including extensive benchmarking, ensure VFM is managed as effectively as possible.

8. Financial Implications

- 8.1. Implications associated with this report are referenced in the register as appropriate.

9. Legal Implications

- 9.1. There are no direct legal implications, however, the risk management process will enable SLHD to better identify any risks associated with non-compliance against relevant legislation.

10. Risks

- 10.1. Risk management should be an integral part of the business planning process and be embedded within our day-to-day operations. Without the implementation of a risk management framework and development of a risk management culture, there is a possibility of SLHD not delivering its strategic objectives.

11. IT Implications

11.1. Implications relating to risk are detailed within the specific risks within the register.

12. Consultation

12.1. The approach to risk management has been developed with consultation and input by CDC's internal audit service.

13. Diversity

13.1. There are no diversity issues arising from this report.

14. Communication Requirements

14.1. There are no specific communication requirements with this report unless members wish to raise and communicate any issues.

15. Equality Impact Assessment (new/revised Policies)

15.1. Not applicable to this report.

16. Environmental Impact

16.1. Not applicable to this report.

17. Report Author, Position

Nigel Feirn
Head of Finance and Business Assurance
Nigel.fern@stlegerhomes.co.uk

Background Papers

Appendix A – Strategic Risk Register
Appendix B – Risk Scoring Matrices

Strategic Risk Register - Dashboard

As at July 2025

Strategic Risk - Failure to :	INHERENT Risk			CURRENT RESIDUAL Risk			FORECAST RESIDUAL Risk (post actions)		
	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score
1. manage the Homelessness issues and subsequent demand for housing within the city of Doncaster	5	4	20	4	4	16	3	4	12
2. to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative)	4	4	16	3	4	12	2	4	8
3. recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.	4	4	16	3	4	12	3	3	9
4. manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	5	5	25	2	5	10	1	5	5
5. manage corporate health, safety and compliance risks	5	5	25	2	5	10	1	5	5
6. effectively govern and manage in an increasingly regulated climate	4	4	16	2	4	8	1	4	4

RISK OWNER	Head of Access to Homes		
	As at July 2025		
FAILURE TO	1. manage the Homelessness issues and subsequent demand for housing within the city of Doncaster		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Impact of changes to the welfare benefit system * Reduction in turnover of Social Housing stock and impact on demand reducing early intervention opportunities. * Rough Sleeping Initiative (RSI) funding for homelessness under review by new Government - allocation after transition year unknown. * Unaffordable Private Rented Sector, rising market rents, freeze on local housing allowance rates and U35 single people housing cost restrictions * Extreme Weather Events or other emergency situations * Increases in number of rough sleepers with complex needs * Access to ebeds at Hostels at Wharf House restricted to outreach service. * Reduction in supported accommodation proposed closure of Open House 2025 * Workforce - skills, culture, recruitment and retention * Increase in domestic abuse * Increase in ASB and violence causing people to flee * Cost of Living crisis and sustainability of customers accommodation * Renters Rights Bill ending no fault evictions, potential withdrawal of landlords from the market, increase in the reporting of poor standards by tenants and increase in Homelessness referrals. * Lack of partnership working / insufficient partner engagement to address other parts of the homeless system * Increase in presentations from the ending of NASS accommodation * Former Single People NASS Leavers Families receiving priority for Visas to enable 'Family' reunions. (particularly large 4 bedromm plus housing need) * Increased tenancy failure in Council tenancies * 16/17 year old protocol placement requirements * New Government potential amendments to Homeless Reduction Act 17 to remove/amend local connection criteria. 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Increase in demand on service beyond accepted levels * Judicial Review of Homelessness cases * Unable to effectively prevent Homelessness * Reduction in Housing Pathways * Increased demand for Temp Accom / hotel during transition to new supported housing model. * Supply not meeting demand from those in greatest need * Reputational damage * Economic impact on City Centre and reputational damage * Insufficient supply of housing options to meet needs. * Unable to deliver statutory service leading to a reduction in prevention and an increase in homelessness * Turnover of accommodation is reduced restricting move on options. * Access to and affordability in the Private Rented Sector increases risk of homelessness and restricts options available to customers. 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	20		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Increased Management Fee to increase capacity. * Journey to Excellence Project completed * Allocation Policy reviewed and updated * Identify and apply for additional resources through new funding streams. * Monitoring and Flexible use of CDC stock for temp accommodation * Annual review of Severe Weather Emergency Plan (SWEP) * Revised staffing structure agreed and implemented * Complex Lives Alliance * Multi agency engagement in developing a new housing support model. * New structure providing opportunity for progression and succession planning. * Multi agency monitoring in place through Complex Lives Alliance and through Gold, Silver and Bronze meetings * MHCLG Funding - Rough Sleeper Initiative funding secured * Home Options structure realignment * New Housing Solutions service * Partnership governance arrangements involving key partners from other areas of the system and ultimately governed by Homeless Board * HPG Funding increased in 25/26 * RSI Funding secured until 2025/26 under new transition fund. * AEFO funding secured until 2025/26 under new transition fund DA Posts until 2026 and 2x Homes Option officer funded through Resettlement Grant until 2026 * 2 x FTE NASS Home Options officer until 2025 to support partnership work with the council's resettlement team. * Tenancy Support to sustain tenancies and limit tenancy failure - Tenancy Support team, Income Management, Mental Health Navigators * Housing And Poverty Working Group * Director representation on Homelessness Board * New Homelessness And Rough Sleeping Strategy under development with SLHD leading on Prevention, and efficacy of Home Options Strands * Performance Management framework in place to track progress * New software providing improved quality assurance on Data * Improved case management by Team Leaders * Homelessness Board established overseeing Strategic Action Plans * Partnerships in place * Monitoring of Allocations Policy and lettings by priority bands * Homelessness & Rough Sleeping Strategy * Successful bids for additional resources * Recovery Plans in Place * Out of Hours service in place * New processes being implemented * Staff training and development in place with performance monitoring arrangements * Revised Allocations Policy approved implemented from July 2023 * Tenancy Support Model with performance management to monitor and measure tenancy failure, income maximisation and successes * Repurpose DA Safe Accommodation Funding to support victims in TA (2 x FTE) * Annual comms plan in place for effective and external communications. * Achieved 60/40 split of cases opened in prevention duty. * Long term trend of Average lenght of stay in Hotels significantly reduced. * Long term trend in overall numbers placed in TA and Hotels combined reduced. * Active Caseload amost 50% lower than Jan 2024 and within officer capacity. * 16/17 year old and care leavers protocol split into seperate documents (MHCLG feedback) and agreed. Training plan in place. 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Contribute to Homelessness Review and new H & RS Stategy 2025 (lead on Prevention and Ethicacy Strands)	Head of Access to Homes	Ongoing
Action 2	Review single persons access and pathway to reduce the number in Hotel Accommodation and increase opportunities for single people.	Head of Access to Homes	Ongoing
Action 3	Establish lease arrangements for 10 dwellings with the Council as the Safe Accommodation Partner (Phased approach agreed)	Head of Access to Homes	Sep-25
Action 4	Develop Thrive Model for Homelessness Households	Head of Access to Homes	Mar-26
Action 5	Implement findings from Consultants report once agreed with CDC and published	Head of Access to Homes	Mar-26
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		

RISK OWNER	Chief Executive As at July 2025		
FAILURE TO	2. to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative)		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Insufficient awareness of challenges and demands on services and alignment to realistic expectations * Insufficient awareness of current trends within the housing sector * Unrealistic expectations * Lack of understanding of role and remit * Continued increases in demand for all service areas over past few years * Comparisons with better resourced Housing Associations and ALMOs - target budget savings for SLHD * Failure to react to changing demand * Inability to make changes required * Change in national and local political leadership * Conflicting priorities * Poor / inadequate operational performance and budgetary control * Failure to deliver value for money * Insufficient resource to meet expectations * Impact of new Regulatory standards and Ombudsman from 2024 * Published performance tables highlighting areas of strong and weak performance * Insufficient engagement and involvement in the Locality Framework 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Review of management agreement * Increase in complaints * Reduced customer (TSMs) and partner satisfaction * Failure to support strategic, operational and policy initiatives * Reputational damage poor perception of SLHD * Excessive / increasing demands on time impacting on capacity for core service delivery * Loss of trust of Board and Council, reduction in services * Upheld complaints and increased fines which impact on budget and service delivery * Poor, lower quartile benchmarking performance * 'Worst first' and increased risk of early inspection * Unproductive relationships with partners * Poor customer service and inability to deliver excellence * High levels of employee turnover impacting on service delivery 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Regular Mayoral and portfolio member briefings and attendance at relevant member and officer briefings * Councillor complaints and monitoring system in place * Customer and transactional satisfaction surveys including TSMs * Member Consultation processes in place * Proactive extensive inclusive engagement with our customers; * Ward member updates by comms and area teams, and meeting attendance; * Estate walk invites; * Meetings held in accordance with assurance framework * National and service specific benchmarking arrangements in place and related communications...; * VFM Strategy updated periodically and Annual VFM self assessment and statement * Business Intelligence (BI) tool implemented producing real time performance information * identified roles within SLHD structure that engage with the Locality Framework, and people in roles understand their responsibilities * Partnership meetings appropriately attended * CAT improvement plan in place * Complaints improvement plan complete * Customer Access Strategy review * Spotlight reports on complaints handling Housing Ombudsman * Member Responsible for Complaints (Housing Portfolio Holder) 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * New 5 year M'tment Agreement approved from April 2024 * New SLHD corporate plan for 24/25 onwards aligned with new management agreement * Communications Strategy * Additional transactional customer surveys each year, with upper quartile customer satisfaction * Timely, accurate, regular budget monitoring, both capital and revenue * Low cost, mid to high performance benchmarking position nationally and peer group for the past six years * Extensive benchmarking, primarily Housemark (monthly and annual), with review of Quartiles 3 and 4 indicators and actions * Positive annual VFM statements to date * Updated Customer Involvement/Tenant Voice strategy, model and structure * bi-annual Councillor forums * 360 degree appraisals of the Chief Executive * e5 CP development for SLHD, HRA and Capital Programme budget monitoring * Re-designed and delivered 1:1 and performance management training to all people managers * Tenant Satisfaction Measures (TSM) implemented from April 2023. Positive/upper quartile perception results received September 2023 * Customer Excellence training framework in place. Rolling programme delivered to all employees. New starters now being trained. * Increased employee performance management arrangements in place, eg Infosuite * Performance Management Framework in place with redesigned check-ins linking goal setting, performance and compliance * CAT training on effective customer call management delivered December 2024 * Increased communications to customers * Involvement in the review of THRIVE framework 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Meet / exceed challenging KPIs, TSMs and ADP for 2025/26	Heads of Service	Mar-26
Action 2	Preparation for inspection - working jointly with CDC	EMT	Ongoing
Action 4	Optimise monthly and annual benchmarking with Housemark in line with submission and reporting timetables	Head of Finance	Mar-26
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	8		

RISK OWNER	Head of HR & OD		
	As at July 2025		
FAILURE TO	3. recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Skills shortages * Ageing workforce - lack of succession planning * Lack of management buy in to recruitment approach (behaviours v. knowledge) * Lack of manager involvement in employee engagement / change management * Failure to identify the skills needed for the future (e.g. digital) * Failure to manage people in line with policies and procedures * Policies and procedures - not aligned with strategic direction * Inappropriate targets and lack of timely performance information or management * Lack of appropriate equipment and training * Inability to fill vacancies due to economic factors or pay market rates. * Reduced budgets resulting in limitations on reward packages * Inability to influence / pay annual pay award due to lack of union agreement with national Pay Offer * Inadequate systems - eg Rotherham system and restricted advertising of vacancies AND system failures * Lack of career progression/ development opportunities * Increasing workloads and insufficient capacity * High or low employee turnover leading to service delivery issues due to vacancies, difficulties in recruiting, succession planning. 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Lack of internal succession identified as the ageing workforce reaches retirement * Posts unfilled, impacting on ability to deliver services to our customers * Reduced employee satisfaction and engagement * Increased employee turnover * Increased sickness absence in particular stress related absence * Reputational and brand damage * Failure to comply with legislation/regulation * Unproductive and demotivated staff * Lower quartiles benchmarking * Customer dissatisfaction and increase in complaints * Health and safety risks * Poor culture * High temporary agency spend and / or consultancy fees * Impact on colleagues' wellbeing from unfilled posts 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * People Strategy in place * Skills and Behaviours framework in place * Financial and Performance Management framework in place * FLM programme completed and ongoing for all new cohorts * Strategies, Policies and Procedures framework in place * National and local benchmarking arrangements in place * Market supplement available * Attractive Benefits package and communication of total reward statements and packages * Attractive advertising of vacancies selling the total package * Agency Framework for temporary recruitment through Service Care Solutions (preferential rates for permanent placements) * Succession planning in place * Creative advertising of vacancies utilising a variety of platforms including social media, with appropriate designs and as appropriate video content. 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Workforce planning process in place, Leadership Development completed across the business and First Line Manager program delivery complete * Wider range of apprenticeships across the business and career start activity * Regular employee surveys undertaken * A range of employee benefits, and employee health, safety and wellbeing communicated regularly * Regular check in (personal review) meetings between employees and their line manager * Top quartile customer satisfaction * Budget monitoring and Performance Management frameworks in place * People strategy in place - actions completed * Be well at work Gold award achieved in early 2023 * Embedded agile, remote and flexible working * Behaviours embedded in job descriptions to enhance recruitment * Complaints training delivered to all Service Managers and Team Leaders. * Refreshed people performance framework, linking goal setting, performance and compliance to regular one to ones * Implemented new industry standard Schedule of Rates (SORs) and Infosuite; * Personal Development Plans for all staff in place from 2022 onwards, with central monitoring; * Journey to Excellence Board in operation * Attendance at targeted careers events, bespoke campaigns and vacancy monitoring * Detailed benchmarking of Trade Pay to further analyse turnover and vacancies against the market conditions * Professional development (sponsored study support) and Career graded roles * Professional membership requirements and senior colleagues part of networking and future focused industry standard groups. * IIP accreditation achieved November 2023 and action plan to implement * New website and intranet implemented late 2023 * St Leger Stars in place with plans in place to widen recognition activity * Gap analysis undertaken in preparation for the future professionalisation requirements anticipated in Housing * Changes to pay grades 3 and 4 * IIP mid term action plan * Development sessions delivered incorporating Lumina 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Targeted recruitment initiatives for hard to fill roles	Head of HR&OD	Ongoing
Action 2	Continue to benchmark as required peer group performance benchmarking specifically for trades team DLO including HouseMark peer group	Head of Repairs and Maintenance	Ongoing
Action 3	Deliver Repairs Performance Board actions across phases 1-4	Head of Repairs and Maintenance	Phase 4 in plan from April 25 to March 26
Action 4	Deliver ADP action - full review of recruitment	Head of HR&OD	Sep-25
Action 5	Develop metrics for recruitment	Head of HR&OD	Sep-25
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	3		
Impact score x likelihood score	9		

RISK OWNER	Head of Building Safety		
	As at July 2025		
FAILURE TO	4. manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Failure to carry out risk assessments and deliver resultant recommendations * Lack of leadership, governance, scrutiny and performance monitoring of compliance with Building Safety * Failure to adhere to legislation and keep up to date with emerging best practice and legislative changes * Lack of a responsibility and accountability culture within employee roles in the organisation * Lack of suitably trained, sufficient and competent resources to monitor/deliver compliance * Failure to understand the Building Safety agenda and subsequent legislation * Failure to conduct, review and record specific fire strategies for each HRRBs * Lack of management of future works to buildings by ourselves and other contractors employed by tenants * Suitability of residents within HRRBS and management of the complex issues of vulnerable tenants living in HRRBs * Lack of engagement with tenants and residents * Inability to complete recommendations due to unavailability of materials or specialist labour 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * Loss or serious damage to assets * Investigations and action by regulatory bodies * Legal action (criminal and civil) * Reputational damage, * Financial penalties * High risk residential buildings are deemed as unsafe and residents put at risk * Failure to secure Building Assurance Certificate due to absence of information within the building safety case. * Prohibition notice served or company prosecuted for failure to maintain safety standards * Properties become undesirable/difficult to let, estates have crime and ASB * Vulnerable tenants not receiving the support they need 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	25		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Health, Safety & Compliance framework in place, including specific policies, plans and procedures for High Rise Residential Buildings. * High Rise Forum established * Processes to ensure employees are competent (skills, knowledge, training, training, tool box talks) * Health, safety and compliance performance report in place. Key stakeholder scheduled reporting * Annual budget allocation * Independent surveys and audits (i.e. gas and electricity) Morgan & Lambert * Annual fire risk assessments are carried out by nationally recognised external fire engineer/expert * Working Group established to monitor progress of FRA recommendations * Compliance team in place * Head of Building Safety appointed. * Keeping in Touch visits prioritised for tenants in high rise buildings 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * External experts appointed to provide advice on building safety and fire related issues * Building Safety & Compliance Committee embedded * Internal and external audit programme * Self assessment compliance check against legal register * On site caretaker service and CCTV monitoring reports * Fire risk assessments & type 4 surveys * Partnership working with South Yorkshire Fire and Police services * Engagement with tenants * Fire Suppression Systems installed and operational in all high rise accomodation * Building Safety Team embedded within wider Building Safety Team * External health check on 'fire' and other compliance areas to be put in place * Training requirements identified across the business and programme developed to support and manage building safety and compliance * Resident engagement strategies for each high rise building * Budget provision for all FRAs * Housing management enforcement carried out for tenants who deny access * BS9980 assessments carried out on identified highrise (Silverwood) * KIT visits taking place with learning identified from these 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	10		
What further action is planned to treat the risk?			
Action 1	Delivery of recommendations arising from FRAs. The Plan is to make the improvements following the remediation works to the EWI on the buildings at Balby starting with Cusworth House in 25/26	Head of Building Safety / Head of Major Projects	Mar-26
Action 2	Complete recommendations arising from the 'fire' external health check. -Complete the render remediation scheme at Balby Bridge (which is now underway).	Head of Major Projects	Mar-26
Action 3	Commision a PAS 9980 evaluation of the EWI system installed on Intake Highrises and take account of actions required.	Head of Major Projects	Dec-25
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	5		

RISK OWNER	Head of Building Safety		
	As at July 2025		
FAILURE TO	5. manage corporate health, safety and compliance risks		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Lack of an effective health and safety management system * Failure to carry out suitable and sufficient risk assessments and produce safe systems of work * Failure to adequately follow corporate policies, procedures and risk assessments (culture) * Lack of a responsibility and accountability culture within the organisation - both employees and management * Lack of leadership around health, safety & compliance * Ineffective health surveillance and monitoring programmes in place * Lack of resources to manage health, safety and compliance * Failure to adhere to legislation and keep up to date with codes of practice (compliance register) * Lack of competent and suitably qualified staff * Failure to maintain ongoing adequate health, safety and compliance training * Lack of governance, scrutiny and performance monitoring of health, safety & compliance * Failure to keep accurate compliance data, records and certification * Inadequate IT/data systems to capture key data and provide performance and assurance reporting * Lack of internal quality assurance processes and external audit and verification 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * Increased staff sickness * Increased turnover of staff * Reduced staff motivation and engagement * Legal action (criminal and civil) * Reputational damage * Financial penalties (fines) * Serious failings ratings from regulator following inspection * Investigations and action by regulatory bodies * Termination of management agreement 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	25		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * H&S Management System framework in place - plans, policies, procedures and risk assessments * Compliance data management system in place (C365) * Suitable control measures in place from risk assessments (including safe systems of work) * Processes to ensure employees are competent (skills, knowledge, training, experience, training tool box talks) * Monitoring processes, with inspections at all levels across the organisation. * Audit programme in place for buildings and services. * Health and wellbeing promotion (incl. employee healthcare scheme) * Scheduled reporting processes in place to key stakeholders incl. fire risk assessment programme * Health, safety and compliance performance management framework in for governance * Building Safety Team in place and embedded 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Internal/external audit programmes * SLA with CDC * Inspection programme in place at all levels in the organisation * Presence of accident and incident reporting procedure * British Safety Council 5* award and actions implemented from this * Board reporting governance through Building Safety and Compliance Committee * ISO45001 accreditation * External Verification via health check to be revisited * Operational and core safety and compliance groups set up with CDC * Recommendations arising from compliance health checks delivered * Health surveillance programme in place * Implementation of Health and Safety audit action plan 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	10		
What further action is planned to treat the risk?			
Action 1	Penningtons Healthcheck planned for Q2 2025/26. Actions identified follwing this will be reviewed	Action owner ?	Timescale
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	5		

RISK OWNER	Chief Executive		
FAILURE TO	As at July 2025		
	6. effectively govern and manage in an increasingly regulated climate		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Failure to adhere to Regulator's new Standards and receive resulting adverse inspection * Failure to adhere to Financial Regulations and operate robust budget management * Failure to adhere to corporate policies * Failure to meet Housing Ombudsman guidance * Failure to adhere Building Safety Regulator requirements * Failure to operate a robust compliance framework * Local government social care code * Increase in complaints from the Ombudsman's Offices and lack of resources to deal with these effectively 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Failing to meet all Regulatory and legal requirements - adverse Regulatory Inspection * Unable to deliver services to required standard * Budget overspend, reduction in services. * Loss of trust of Board and Council * Poor financial and operational performance, customer dissatisfaction * Insufficient customer engagement, involvement and communications * Increase in complaints and failure to address them and meet complaints handling code, with resulting adverse impact on budgets and service delivery * Poor, lower quartile benchmarking performance * Adverse publicity and reputational risk/damage * Management agreement review by CDC * Financial penalties from compliance failures * Increase in compensatory payments (remedies) resulting from complaints and Ombudsman's investigations 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Self assessment against all standards and compliance and action plans * Critical friend work undertaken and detailed action plans * Close watching brief on local and national issues affecting the borough and sector * Attendance of numerous governance working groups, webinars, conferences * Regular attendance at Mayoral Cabinet, OSMC, member and officer briefings * Review of governance arrangements and work undertaken to improve accountability * 'Inspection ready' panel * Team Doncaster member with close working relationships with key stakeholders. * Timely Financial and Operational performance indicators and information. * Focus on VFM to drive efficiency savings and increase capacity * Process for collection of TSMs periodically * TSP and OVF groups in place - consultation on strategies and policies and TSP challenge on implementation; * Annual Complaint and Service Improvement Report; * Member Responsible for Complaints in place (Housing Portfolio Holder) 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Robust Governance framework in place * Performance Management Framework in place * Reports to Leadership, Audit & Risk and Performance & Improvement Committees, Board and CDC * Timely, accurate, regular budget monitoring, both capital and revenue * KPIs and TSMs - meeting targets and positive benchmarking (not all TSM and KPIs meeting targets) * Increased tenant engagement resulting in enhanced oversight from tenants * Tenant voice strategy action plan * TPAS accreditation Changes to complaints handling processes improving performance * Board training plans in place * New Business Assurance and Governance management arrangements * Housing Management and Housing Options realignments complete in 23/24 * NHF Code of Governance adopted by Board * Critical friend appointed to review governance arrangements and undertake mock inspection * Governance peer group developing and NFA Governance group in operation to share plans and best practice in lead up to inspection * Annual self assessment against HO complaints code involving TSP representatives * Internal Complaints Charter Video * The consolidated action plan is a live document progress is reported to Building Safety and Compliance Committee. Actions are reviewed monthly and timescales in date * Mock inspection undertaken in October and November 24 with positive findings and action plan produced * Self assessment completed against standards action plan * Additional resources in Customer Resources Team to deal with increase in complaints and regulation. Postholder started June 2025. * 'Property/building safety/asset group' action plan developed and being implemented 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	8		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Maintain close watching brief of local and national economic developments	Leadership	On-going
Action 2	TPAS exemplar accreditation (cannot apply for exemplar status until current accreditation expires)	Head of Customer Services	Nov-25
Action 3	Customer Service Excellence Accreditation	Head of Customer Services	Aug-25
Action 4	Implementation of a development pathway to support succession planning for tenant board members and to support tenant representatives in their roles on GIG, OVF and TSP. Report to Board in August 2025.	Head of Customer Services	Aug-25
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	4		

RISK OWNER	Head Of Housing Management		
	As at July 2025		
FAILURE TO	7. Manage complex needs and vulnerable tenants across the borough: Increasing complexity in tenants needs (eg. Mental Health, safeguarding, asb) requires more intensive , multi agency responses.		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Rising prevalence of mental health issues among tenants, including anxiety, depression, and trauma-related conditions. * Increased incidence of safeguarding concerns, such as domestic abuse, exploitation, or neglect. * Escalation in anti-social behaviour (ASB) linked to substance misuse, social isolation, or unresolved tenancy disputes. * Reduction in external support services, eg. cuts to NHS mental health teams, social care, or police resources. * Fragmented multi-agency coordination, leading to delays or gaps in support for complex cases. * Limited staff capacity or training to manage high-risk or vulnerable tenants effectively. * Demographic shifts, such as younger or more vulnerable households entering social housing. * Impact of cost-of-living pressures, which can exacerbate mental health, safeguarding, and ASB issues. * Breakdown of external support either through non-engagement from tenants, or capacity from providers 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Increased pressure on frontline housing staff, higher sickness absence, and reduced service quality. * Escalation of unresolved tenant issues, resulting in tenancy breakdowns, evictions, or legal action. * Higher demand for emergency accommodation, including temporary housing and safeguarding placements. * Reputational damage due to perceived failure to support vulnerable tenants or respond to ASB effectively. * Increased complaints and scrutiny from elected members, regulators, or the Housing Ombudsman. * Failure to meet statutory duties, such as safeguarding obligations or reasonable adjustments under the Equality Act. * Strained multi-agency relationships, especially if coordination is poor or responsibilities are unclear. * Budgetary pressures, as complex cases often require more intensive, longer-term interventions 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Tenancy Support Model * A structured approach to identifying and supporting tenants with complex needs, ensuring early intervention and tailored support. * Tenancy Support Officers (TSOs)-Dedicated officers who work closely with vulnerable tenants to help them maintain their tenancies, navigate services, and manage risks. * Mental Health Navigators * Specialist roles embedded within the housing team to support tenants experiencing mental health challenges and to liaise with health services. * Commissioned external support services * Statutory Support Services * Partnership working * Customer insight/ information data 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Performance management showing increased prevention cases. * Safeguarding flags embedded in tenant records (e.g. "don't attend unannounced") * Multi-agency working through the Thrive model and ASB Theme Group. * Sustainable Tenancy Fund and policy to support at-risk tenants. * The Housing Management Policy * Housing Management Strategy for early intervention, partnership working, and tailored support for vulnerable tenants. * The ASB Policy March 2025 outlines a prevention-first, victim-centred approach 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What further action is planned to treat the risk?			
Action 1	Develop Multi-Agency Support Plans -strengthen collaboration with statutory and voluntary scetor partners to ensure co-ordinated responses to complex cases	HOS	On going
Action 2	Provide Training on Complex Needs - upskilling frontline staff to better identify, understand and respond to mental health, safeguarding and ASB related issues	HOS	On going
Action 3	Allocate Resources Effectivley : Review and Adjust staffing levels and caseloads, especially in Tenancy Support and ASB teams, to reflect the growing complexity of tenant needs.	HOS	On going
Action 4	Enhance Communications with Partners and Tenants- Manage expectations and build Trust by clearly communicating service limitations and the shared responsibilities of multi agency working	HOS	On going
Action 5	Monitor and review workforce capacity- address risks related to staff resilience and well being, ensuring teams are supported and sustainable under increasing demand	HOS	On going
Action 6	Embed use of insight Data- Leverage tenant vulnerability data to inform service delivery, prioritisation, ane early intervention strategies, as outlined in the Vunerable persons policy	HOS	On going
Action 7	Understand the impacts and resource requirements for Awaabs law on the DLO workforce and inspectors, interdependencies with the DMC team and systems and CDC (Funding)	HORM	On Going
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board Meeting

REPORT

Date : 07 August 2025

Item : 08

Subject : Q1 Revenue Monitoring Report
2025/26

Presented by : Kevin Hanlon
Director of Corporate Services

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

Purpose : To inform St Leger Homes of
Doncaster (SLHD) Board of the
projected revenue income and
expenditure for 2025/26 and the actual
and committed income and
expenditure to date as at 30 June 2025.

Recommendation:

For Board to note the Revenue Monitoring report as at 30
June 2025 and the projected outturn for the financial year
2025/26.

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

Agenda Item No. 08
Date: 07 August 2025

1. **Report title**

1.1. Quarter 1 (Q1) Revenue Monitoring Report 2025/26.

2. **Purpose**

2.1. To report income and expenditure to 30 June 2025, and projected for 2025/26, variances to the approved budget and related commentary.

3. **Executive Summary**

3.1. At the end of the first Quarter of 2025/26, there are a number of variances to budget to note in the projected outturn to 31 March 2026, largely due to budget assumptions and changes in anticipated activity in certain areas - summarised and commented on below.

3.2. Based on the budgeted Management Fee £42.7m an initial overall **Deficit** is projected for the year of £1,152k, comprising a HRA Deficit of £1,049k and a Deficit of £103k on General Fund activities.

3.3. **However, as in previous years**, additional management fees are anticipated, but not yet approved but requested at quarter 1 (CDC - Cabinet), to fund some known, unbudgeted costs and assumed savings that are already included in the projections. These total £691k and after including these additional management fees and savings, **Deficits of £384k and £77k** are projected respectively, as summarised in the table below:

	HRA	GF	SLHD
	£k	£k	£k
Initial projected Deficit	1,049	103	1,152
Management Fee – pay award 3.2% v 2% budget *	-400	-26	-426
Management Fee – St George’s Court Security	-120	0	-120
Management Fee – Awaab’s Law (annual fee £350k)	-225	0	-225
Efficiency Savings	80	0	80
Revised Projected Deficit	384	77	461

3.4. The budget assumes a pay award of 2% but indications are that this is currently NJC negotiated at 3.2%, which means increased costs totalling £426k for which SLHD would need to receive additional Management Fee (HRA £400k and GF £26k). This has been the case in prior years and pay surpluses repaid back to CDC as in 2024/25 (£275k).

3.5. Additional St George’s Court security titled ‘Waking Watch’ has been implemented and costs are currently projected to be £120k until August when new security alarms can be put in and there is a grant of £82k for this.

3.6. Awaab’s Law comes into force in 2025 and a report to OLB details the implications and resource requirements to meet this new damp and mould legislation. This report

anticipates net costs of £225k for 2025/26 (£350k annually) for additional staff and related service area costs (see below). It is important we fund these legal requirements.

- 3.7. In addition, efficiency savings of £80k are targeted but not yet projected with changes to DRS and overtime costs and will form part of the additional Management Fee arrangements. These are expected to be achieved within the repairs Call Out budgets.

Budget pressures / projected variances

HRA OPERATIONS

- 3.8. The tables below summarise the main variances projected at Quarter 1 and why these are expected to occur. Further comments and assumptions appear below the tables.

<u>HRA Variances</u>	Q1 projected variance £k	Comments
<i>Salaries-excl Call Out</i>	-39	<i>Vacant posts, temp appointments, 2 x damp and mould staff</i>
<i>Salaries-Call Out</i>	280	<i>Budget £711k, Projection £991k</i>
<i>Salaries-Pay award</i>	411	<i>Pay award – under budgeted (see 1.3 above)</i>
Salaries total	652	Total impact of the above
Temporary staff	45	Property Services
Supplies & Services	114	Primarily Balby Bridge concierge/security
Materials	49	Property Services Damp and Mould impact
External Contractors	189	'Waking watch' £82k, high-rise sprinklers £58k, £10k lift maintenance
Capital income	-43	Systems Administrator recharge to capital works
Net Others	43	Minor variances on numerous budget lines
Initial Deficit	1,049	
<i>Additional M'ment Fees</i>	-665	<i>£400k Pay award, £120k St George's Court, £225k Awaab's Law and £80k Efficiency savings</i>
Overall Revised Deficit	384	

GF OPERATIONS

<u>GF Variances</u>	Q1 projected variance £k	Comments
<i>Salaries</i>	27	<i>Vacant posts / appointments</i>
<i>Salaries - Pay award</i>	26	<i>Pay award – under budgeted (see 1.3 above)</i>
Salaries total	53	Total impact of the above
Temporary staff	30	Vacant posts, agency staff cover
Repairs and Maintenance	35	Additional G&T site repairs
Supplies and Services	55	Additional Prevention Fund spend
Other Income	-69	unbudgeted income for CDC secondment and extra external funding
Net Others	-1	
Initial Deficit	103	
<i>Additional M'ment Fees</i>	-26	<i>£26k Pay award</i>
Overall Revised Deficit	77	

4. Operations – HOS commentary on year-to-date key operational points and Risks/Key issues/Actions

SLHD overall

- 4.1. The main budget pressures at this stage are summarised in the tables above and are mainly around repairs call out costs, security at Balby Bridge and St George's Court, sprinkler maintenance and damp and mould. There are numerous other small projected variances but collectively not material and are likely to fluctuate as the year progresses and trends, pressures and savings emerge.
- 4.2. Staff costs are usually one of the largest variances throughout the year and the table below summarises the budgeted number of posts for the year together with the number of vacant posts for each Directorate, with comparatives.
- 4.3. The budget assumes a Vacancy Factor (VF) of 4% which equates to approximately 35 Whole Time Equivalents (WTEs). Employee numbers approached budget levels during 2024/25 and vacancies in year were the lowest for at least five years but have increased slightly at the start of 2025/26.

		Vacant 25/26	Vacant posts 24/25				Vacant posts 23/24			
<u>Budget 25/26</u>		Q1 25/26	Q4 24/25	Q3 24/25	Q2 24/25	Q1 24/25	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24
<u>WTEs</u>	<u>Directorate</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>
212.7	Housing/Customer	5.7	2.0	2.0	4.4	3.9	5.6	7.6	9.0	19.0
67.7	Corporate	4.5	3.5	3.5	3.1	2.6	2.5	4.5	5.5	5.7
97.3	Asset M'ment / Safety	8.8	3.0	3.0	2.0	10.6	8.0	7.6	9.0	11.0
445.4	Property	28.4	27.0	21.0	30.0	41.0	38.1	42.5	42.0	45.5
53.0	Home Options GF	5.0	5.0	5.0	2.0	4.5	2.5	10.0	11.0	4.0
876.1	Totals	52.4	40.5	34.5	41.5	62.6	56.7	72.2	76.5	85.2

Housing Management:

- 4.4. The majority of budgets remain broadly on track at this stage, with outturn projections largely consistent with the original allocations.
- 4.5. However, several areas of budget pressure within Housing Management have been identified, including:
- Most SLAs are projected to be on budget at year end - legal, grounds maintenance, trees and metro clean. However, the Concierge SLA is a budget to consider due to the upcoming camera unbudgeted upgrades (a budget will have to be found for capital investment, from an existing program or new funding) and the wider service review currently underway. Any resulting changes will be reflected in the SLA prior to formal sign-off;
 - Indirect employees still reporting a £10k overspend on mileage across housing management; and
 - A budget pressure is emerging with the need for 'People Safe' devices identified as per the risk assessment for visiting officers (93 devices over a 2-year period). There is no specific budget in 25/26 and one will be required for 2026/27.

- 4.6. Temporary security deployment at Balby Bridge continues to be a major budget pressure with unbudgeted security costs projected. Actions are being taken to address the issues on site, however this will involve legal remedies which will take time to address. We are however looking at how we can reduce security costs down possibly by reducing security hours down and developing an exit strategy. The cost is approximately £18k per month which is not sustainable.
- 4.7. The temporary accommodation budget is £8k and is already under pressure from Housing Management related temporary accommodation.

Customer Services:

- 4.8. No major issues at this early stage.

Corporate Services:

- 4.9. No major issues at this early stage, although there is a pressure emerging in HR with health surveillance costs where the budget is small. We have a backlog of surveillance costs that need to be carried out to comply with H&S and will lead to a budget overspend.

Property Services - Asset Management Services :

- 4.10. At the end of June 2025, the Asset Management department is projecting an overspend of £273k.
- 4.11. This is a significant shift from the previous month and is a direct result of additional costs being factored into budget projections for the Damp & Mould team in preparation for the roll out of Awaab's Law. Additional costs have been projected at £225k (see below) and it is hoped that additional management fee from CDC will be secured to offset these costs, reflecting the change in legal requirements.

	£k
2 x temp posts made permanent (9 months in 2025/26)	66
Temp surveyor and admin assistant (6 months in 20 25/26)	37
Hire van for surveyor made permanent	5
Staff training	38
Mould wash products issue to tenants	49
Contractor costs for deep mould clean/treatments	30
Total additional costs 25/26	225

- 4.12. Other contributing factors to this projected overspend is the continued and unbudgeted expenditure for a 'waking watch' at St George's Court, pending the completion of essential fire safety works. Costs for valuations for acquisition properties has also now been factored into these budget projections. These were previously charged to the finance budget.

- 4.13. Other potential risks that will continue to be closely monitored throughout the year include:
- Waste / Refuse Costs. Skip usage at Shaw Lane and extra costs associated with waste segregation continue to place pressure on budgets. The ongoing impact of this will continue to be carefully monitored throughout the year.
 - Shaw Lane repair costs. Essential repairs and maintenance costs are likely to exceed budgets, and savings in other areas of accommodation expenditure will be sought to offset these essential works.
 - Disrepair. Whilst incoming case numbers have steadied, legacy claims are still in the process of being dealt with, and a number of these are expected to progress to litigation stage and therefore have the potential to incur significant costs.
 - Play Areas. As per previous years, expenditure is reactive to deal with health and safety issues as they arise. Consideration needs to be given to either decommissioning play areas or carrying out planned capital investment in future years to mitigate against this risk going forward.

Building safety :

- 4.14. No major issues at this early stage. Staffing team fully resourced other budgets currently on track to spend with budget for this year, no issues with vehicles.

Property Services - Building Services :

- 4.15. The main areas to note at this stage are summarised below.
- 4.16. Employee Expenses: Shows additional Savings of £51k that have been included in Q1 for current vacant posts. The overall position of £359k overspend including the budgeted £210k pay award adjustment, so the real position is £149k overspend that includes £280k pressure on Call Out this month which we are addressing through DRS. This figure may change in Q2, if an additional backfill resource is approved by EMT in the M&E service area.
- 4.17. Supplies & Services: An additional £20k overspend projected in June due to ad-hoc requests for repairs on specialist contractors in the M&E Service area. There have been several new contractors set up and it will be a few months before having a better understanding of the costs involved following tender exercises against our original forecasts.
- 4.18. Capital Income: Projections are in line with budget at this stage, but void capital works are slightly behind budget profile at Q1. This causes minimal concerns as this can be mitigated on slowing contractor works down and more inhouse, or if capital void works reduce in numbers, then other capital schemes ie acquisitions, flats and shops works can help maintain budgeted income levels.
- 4.19. Risks: Call Out is still a risk of further overspends. Demand on 'Attend todays' (A2D), especially for Gas repairs, are higher than usual for this time of year. This, coupled with other demands (Awaab/HHSRS etc) continues to be monitored weekly. EMT also have oversight of the current demand, with a regular repairs update report.

4.20. Repairs and voids volumes to date with comparatives are as follows:

<u>Year to date repairs orders</u> – 3 months	Jun-25 no.	Jun-24 no.	Jun-23 no.	Jun-22 no.	Jun-21 no.	Jun-20 no.	Jun-19 no.
Emergency Orders	5,442	5,775	5,296	5,365	2,027	1,848	1,982
Urgent Orders	6,247	5,389	5,331	6,026	8,472	5,531	7,983
Routine Orders	4,707	6,886	7,072	3,824	4,195	1,012	4,099
Scheduled Orders	327	99	211	2,582	2,797	2,762	2,785
Total	19,602	18,149	17,910	17,797	17,491	11,153	16,849
Jobs completed	17,994	18,163	17,864	n/k	n/k	n/k	n/k
<u>Voids</u>							
Terminations – <u>Year to date</u>	268	282	307	281	351	219	378
Lettings – <u>Year to date</u>	277	250	318	315	277	n/k	n/k
Lettable voids <u>at month end</u>	175	157	122	134	125	194	134
Non lettable <u>at month end</u>	9	5	10	10	8	0	0
Earmarked for demolition	0	0	0	8	0	0	0
Gross voids <u>at month end</u>	184	162	132	152	133	194	134

General Fund - Housing Options :

4.21. **Appendix 3** details the income and expenditure General Fund budgets, projections and variances. For reference, expenditure budgets total £6.291m and cover five main service areas as summarised below:

<u>Service area</u>	<u>£k</u>
Homelessness	3,768
Housing advice	1,552
Housing options	674
G&T site supervision	215
Caravan site supervision	82
Total expenditure budget	6,291

4.22. The above table shows Homelessness accounting for nearly two thirds of all GF budgets with total spend of £3.768m.

4.23. Of this £3.768m service cost, £3.0m is direct spend on Temporary Accommodation (TA) and Hotels, with the budget assuming an average around 70 hotel placements per night and 150 TA properties in use throughout the year. Ninety percent of these costs are budgeted to be recovered through Housing Benefit receipts.

4.24. These assumptions produce the following £3.0m direct costs and related income for the Homelessness service and projections have been assumed to be in line with budget at this early stage.

	Budget 25/26	Projected Q1 25/26	Projected variance
<u>Costs</u>	£k	£k	£k
Hotels	2,079	2,079	0
Security	150	150	0
TA Rents	748	748	0
Riverside e-beds	23	23	0
Costs total	3,000	3,000	0
<u>Income</u>	£k	£k	£k
Hotels	-1,855	-1,855	0
TA Rents	-673	673	0
Riverside e-beds	-23	-23	0
Income total	-2,551	-2,551	0
<u>Net cost</u>	£k	£k	£k
Hotels	224	224	0
Security	150	150	0
TA	75	75	0
Riverside e-beds	0	0	0
Net total	449	449	0
TA properties used	150	150	0
Hotel placements per night	70	70	0
HB recovery Hotels	90%	90%	
HB recovery TA rents	90%	90%	

- 4.25. The projected 2025/26 outturn for SLHD General Fund services for is a **Deficit of 103k**.
- 4.26. The table at 3.8 shows the projected deficit is largely due to a small number of factors:
- expected pay award of 3.2% compared to the budgeted 2% (approx £25k);
 - increased G&T site repairs projected based on WIP to date at period 3 (£35k); and
 - increased prevention fund projections (£40k) based on spend to date and number of cases.
- 4.27. The prevention fund spend should result in reduced hotel costs as service users are diverted to private rented accommodation. Although we haven't yet reported a saving on hotels, we should see should the current falling trend in numbers continue.
- 4.28. The net impact on SLHD spend (after 90% recovery of HB) is minimal at this point so temporary accommodation budgets have been projected to spend on target at Q1, however the impact on the CDC HB overspend will be more significant as CDC stand the HB cost over the LHA limit allowed by government subsidy.
- 4.29. Risks: Demand from households presenting as homeless remains stable, but high and drivers for homelessness such as the economy, inflation, High rents vs Local Housing Allowance, an unstable world means it would be premature to assume service pressures could not quickly change and demand for emergency accommodation increase.

5. Procurement implications

- 5.1. Procurement implications are referenced as appropriate in the body of the report.

6. VFM implications

- 6.1. Implications are referenced in this report as appropriate. Close budgetary control is imperative. Finance staff work closely with budget holders to ensure use of timely and accurate information, achieving VFM and robust procurement.

7. Financial implications

- 7.1. Financial implications are detailed in the body of the report

8. Risks

- 8.1. Financial and Operational risks have and will be reported throughout the year within the main body of the report.

9. Health, Safety & Compliance Implications

- 9.1. Health, Safety & Compliance implications are referenced in this report as appropriate.

10. ICT implications

- 10.1. ICT implications are referenced in this report as appropriate.

11. Consultation

- 11.1. No specific implications. References are implicit within the report where appropriate. Customer involvement and consultation were built in to the budget setting process and budget holders have been directly involved in the revenue monitoring process.

12. Diversity

- 12.1. There are no diversity issues arising from this report

13. Communication requirements

- 13.1. There are no communication issues arising from this report.

14. Equality analysis

- 14.1. There are no equality issues arising from this report

15. Environmental impact

- 15.1. Revenue and Capital budgets are set to deliver asset investment and related environmental targets and KPIs.

Report author

Nigel Feirn

Head of Finance and Business Assurance, SLHD

Appendices 1 to 3 Revenue summaries for SLHD, HRA and General Fund.

St. Leger Homes of Doncaster Ltd Revenue Summary as at 30 June 2025

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 30 June 2025 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	35,635	8,910	8,691	-219	36,510	875	2%
Premises Expenses	2,316	580	318	-262	2,322	6	0%
Transport	2,565	640	661	21	2,562	-3	0%
Supplies & Services	6,620	1,650	1,851	201	6,790	170	3%
Materials-Buildings Services	8,373	2,090	2,089	-1	8,422	49	1%
Service Level Agreements	5,231	1,310	1,448	138	5,196	-36	-1%
Total Management Expenditure	60,741	15,180	15,058	-122	61,802	1,061	2%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	1,747	440	556	116	1,936	189	11%
External Maintenance Contractors (Capital)	0	0	0	0	0	0	-
Total Maintenance Expenditure	1,747	440	556	116	1,936	189	11%
Gross Expenditure	62,488	15,620	15,614	-6	63,738	1,250	2%
Income							
Management Fee - HRA	-42,705	-10,680	-10,676	4	-42,705	0	0%
Management Fee - General Fund	-3,191	-800	-798	2	-3,191	0	0%
Recharges to Capital Schemes (In House)	-12,852	-3,210	-4,096	-886	-12,896	-43	0%
Other Income	-3,562	-890	-305	585	-3,639	-77	2%
Direct Charge to HRA	-178	-40	0	40	-157	21	-12%
Total Income	-62,488	-15,620	-15,875	-255	-62,587	-99	0%
Surplus(-) / Deficit	0	0	-261	-261	1,152	1,152	-

St. Leger Homes of Doncaster Ltd Revenue Summary as at 30 June 2025 - Home Options (General Fund)

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 30 June 2025 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	2,163	540	536	-4	2,246	82	4%
Premises Expenses	1,135	280	94	-186	1,170	35	3%
Transport	0	0	0	0	0	0	-
Supplies & Services	2,913	730	706	-24	2,968	55	2%
Materials-Buildings Services	0	0	0	0	0	0	-
Service Level Agreements	80	20	0	-20	80	0	0%
Total Management Expenditure	6,291	1,570	1,337	-233	6,463	172	3%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	0	0	0	0	0	0	-
Total Maintenance Expenditure	0	0	0	0	0	0	-
Gross Expenditure	6,291	1,570	1,337	-233	6,463	172	3%
Income							
Management Fee - HRA	0	0	0	0	0	0	-
Management Fee - General Fund	-3,191	-800	-798	2	-3,191	0	0%
Recharges to Capital Schemes (In House)	0	0	0	0	0	0	-
Other Income	-3,100	-780	-104	676	-3,169	-69	2%
Direct Charge to HRA	0	0	0	0	0	0	-
Total Income	-6,291	-1,580	-902	678	-6,361	-69	1%
Surplus(-) / Deficit	0	-10	436	446	103	103	-

St. Leger Homes of Doncaster Ltd Revenue Summary as at 30 June 2025 - HRA ONLY

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 30 June 2025 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	33,472	8,370	8,154	-216	34,265	793	2%
Premises Expenses	1,181	300	224	-76	1,152	-29	-2%
Transport	2,565	640	661	21	2,562	-3	0%
Supplies & Services	3,707	920	1,144	224	3,822	115	3%
Materials-Buildings Services	8,373	2,090	2,089	-1	8,422	49	1%
Service Level Agreements	5,151	1,290	1,448	158	5,116	-36	-1%
Total Management Expenditure	54,450	13,610	13,720	110	55,339	889	2%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	1,747	440	556	116	1,936	189	11%
External Maintenance Contractors (Capital)	0	0	0	0	0	0	-
Total Maintenance Expenditure	1,747	440	556	116	1,936	189	11%
Gross Expenditure	56,197	14,050	14,277	227	57,275	1,078	2%
Income							
Management Fee - HRA	-42,705	-10,680	-10,676	4	-42,705	0	0%
Management Fee - General Fund	0	0	0	0	0	0	-
Recharges to Capital Schemes (In House)	-12,852	-3,210	-4,096	-886	-12,896	-43	0%
Other Income	-462	-110	-201	-91	-469	-7	2%
Direct Charge to HRA	-178	-40	0	40	-157	21	-12%
Total Income	-56,197	-14,040	-14,973	-933	-56,226	-29	0%
Surplus(-) / Deficit	0	10	-697	-707	1,049	1,049	-

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 07 August 2025

Item : 09

Subject : Q1 Capital Monitoring Report
2025/26

Presented by : Kevin Hanlon
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

Purpose : To inform Board of the projected capital expenditure for 2025/26, the funding available and the actual and committed expenditure to date as at 30th June 2025.

Recommendation :

For Board to acknowledge the Capital Monitoring Report and the projected outturn for the financial year 2025/26.

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: 07 August 2025**

1. Report Title

- 1.1 Quarter 1 (Q1) Capital Monitoring Report 2025/26 as at 30th June 2025.

2. Executive Summary

- 2.1 The reported projections at Q1 show the planned, in-year spend on the Housing Capital Programme would be £76.68m, a variance of £3.77m against the £80.45m revised budget.

3. Purpose

- 3.1 To inform Board of the projected capital expenditure for 2025/26, the funding available and the actual and committed expenditure to date as at 30th June 2025.

4. Recommendation

- 4.1 Board is asked to acknowledge the Capital Monitoring Report and the forecast outturn for the financial year 2025/26.

5. Background

- 5.1 The Housing Capital Programme for 2025/26, for which SLHD has overall financial management is summarised at **Appendix A**. The projected in year spend of £76.68m is an under-spend of £3.77m from the budgeted spend of £80.45m.
- 5.2 Further analysis of the Housing Capital Programme can be found at **Appendices B&C:-**
1. **Appendix B**. Public Sector Housing Capital Programme.
 2. **Appendix C**. Private Sector Housing Capital Programme.
 3. **Appendix D**. Overall Capital program
- 5.3 SLHD manage the finances for the whole of the housing capital programme.

- 5.4 The Council approved a four-year Housing Capital Programme on 27th February 2025, totalling £222m across the four years.

The main priorities of the programme in 2025/26 are:

- Council House Build Programme.
- Council House Acquisitions.
- Council House Improvement and Maintenance Programme.
- Fire Safety Improvements.
- Electrical Works.
- External Planned Maintenance Including Thermal, Energy Efficiency and High Rise Works.
- Residential Site Improvements.

6. Expenditure Variances

- 6.1 The following paragraphs give explanations of expenditure variances as shown in Appendix A. Following consultation with Audit & Risk Committee, only variances in excess of £250k or 20% of scheme costs are detailed in the report. (Under) / Overspends and %s is summarised below.

SLHD Managed Schemes

- 6.2 The element of the capital programme managed by SLHD is forecast to outturn at £55.90m against the revised budget of £58.57m, an under-spend of £2.67m.

- 6.3 (£2.37m, 11% under budget), External Works

(£2.50m) Remedial Works to High Rise (Silverwood House / Intake)

The anticipated in year spend has been revised pending the outcome of further RIBA (Royal Institute of British Architects) design work being undertaken to provide more detailed project costs for full building safety works for Silverwood House. It is anticipated that no works will be carried out and that only these survey/design works costs will be incurred in year.

£0.13m External Planned Maintenance (In House)

The forecast spend has been revised to ensure the overall in-house income is achieved. A reduction in the scheduled roofing repairs reported by tenants has resulted in a corresponding increase in the forecast spend on external planned maintenance works.

- 6.4 £0.01m, 22% over budget, IT Improvements

The ongoing upgrade from OPENHousing to HousingONE is planned to be fully completion by the end of this calendar year with estimated remaining costs circa £9k.

7. CDC Managed Schemes

7.1 The element of the capital programme managed by CDC is forecast to outturn at £20.78m against a revised budget of £21.88m, an under-spend of £1.10m.

7.2 (£1.10m, 7% under budget), Council House New Build

The budgeted spend on both the Moor View and Springfield Lane sites has been slipped to later years as delivery options are currently under review.

8. Future Plans / Work in Progress

8.1 Expenditure and the associated in-house income will be closely monitored throughout the year to ensure that the budgeted levels are achieved.

8.2 Acquisitions.

The programme includes funding of £22.57m for acquisitions to deliver 180 properties across the four-year period (2025/26 - 2028/29), funded from rent increases and retained right to buy receipts.

The current position is detailed below.

2025/26 Cumulative position	W/e 27th June
Number of properties completed to date	13
Purchase price of properties completed	£1.53m
Number of properties in legal process (offer submitted and accepted)	22
Purchase price of properties in legal process	£2.67m
Number of property offers submitted but awaiting feedback/decision	3
Number of properties awaiting valuation	0
Number of properties with viewings booked	1

9. Procurement

9.1 All the work delivered through the CDC capital programme were procured in line with the requirements of CDC's financial procedure rules and contract standing orders.

9.2 Delivery of the projected programme for 2025/26 will be subject to the availability of St leger homes employees, building materials and contractors as the whole sector is experiencing issues post Covid.

10. VFM Considerations

- 10.1 Efficiency and Value for Money principles have been adopted throughout the capital monitoring process.

11. Financial Implications

- 11.1 All the financial implications are considered within the body of the report.

12. Legal Implications

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

13. Risks

- 13.1 Risk implications are implicit in the report. CDC's Capital Programme budget for Housing was £74.42m to deliver several priorities, primarily building new affordable homes and improving and maintaining existing housing stock.
- 13.2 Adaptations for the Disabled.
The forecast spend has not been revised for this report however, there is a risk that the budget figure may be exceeded due to an increased demand for the service and referrals passed on from the occupational therapists.
- 13.3 The programme included approved funding in respect of the removal of gas from the high rise building at Intake totalling £0.50m in 2025/26. The forecast has been reduced to £0.25m pending Arup options appraisals being considered regarding the options for Intake.
- 13.4 Other noteworthy risks which will potentially have a financial impact are;
- Inflation;
 - Changes to regulations and standards and
 - Ongoing investigations / works to the render on high rise blocks.

14. Health, Safety & Compliance Implications

- 14.1 Not applicable.

15. IT Implications

- 15.1 Not applicable.

16. Consultation

- 16.1 All Budget holders and EMT.

17. Diversity

- 17.1 There are no diversity issues arising from this report.

18. Communication Requirements

18.1 There are no communication requirements arising from this report.

19. Equality Analysis (new/revised Policies)

19.1 Not Applicable

20. Environmental Impact

20.1 There are no environmental impact resulting from the proposals in this report.

21. Report Author, Position, Contact Details

21.1 David Henderson
Management Accountant 01302 737987

22. Background Papers

22.1 Capital Programme (2025/26-2028/29) budget report 27 February 2025.

Summary of Housing Capital Programme 2025/26 as at 30 June 2025

	Original Estimate - Approved Programme £000	Revised Budget £000	Forecast Outturn £000	Variance Outturn to Revised Budget £000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,650	1,650	1,650	0
Void Improvements	3,880	4,260	4,260	0
Mechanical and Electrical Improvements	6,650	6,665	6,490	(175)
Fire Safety Works	1,500	1,410	1,410	0
Internal Works	5,254	5,109	4,979	(130)
External Works	21,495	22,084	19,714	(2,370)
Environmental Works	1,675	1,778	1,778	0
IT Improvements	42	42	51	9
Acquisitions	6,212	8,656	8,656	0
Acquisition Refurbishments	488	568	568	0
Caravan Site Improvements	4,705	5,451	5,451	0
Assistance Loans	-	11	11	0
Appropriated Properties	600	886	886	0
Sub-Total	54,151	58,570	55,904	(2,666)
CDC Managed Schemes				
Adaptations for the Disabled	2,719	2,719	2,719	0
Council House New Build	16,448	18,064	16,964	(1,100)
Empty Homes Scheme	1,097	1,097	1,097	0
Sub-Total	20,264	21,880	20,780	(1,100)
Overall Housing Programme Total	74,415	80,450	76,684	(3,766)
Funding				
Major Repairs Reserve / Depreciation	37,861	36,797	36,180	(617)
Revenue Contribution - HRA	6,698	6,743	6,743	0
Usable Capital Receipts	7,543	8,586	8,586	0
Section 106	532	3,092	3,092	0
Prudential Borrowing	20,521	21,182	20,082	(1,100)
Grants	1,260	4,050	2,001	(2,049)
Under(-) / Over Commitments	74,415	80,450	76,684	(3,766)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2025/26 as at 30 June 2025

	Original Estimate - Approved Programme	Revised Budget	Forecast Outturn	Variance Outturn to Revised Budget
	£000	£000	£000	£000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,650	1,650	1,650	0
Void Improvements	3,880	4,260	4,260	0
Mechanical and Electrical Improvements	6,650	6,665	6,490	(175)
Fire Safety Works	1,500	1,410	1,410	0
Internal Works	5,254	5,109	4,979	(130)
External Works	21,495	22,084	19,714	(2,370)
Environmental Works	1,675	1,778	1,778	0
IT Improvements	42	42	51	9
Acquisitions	6,212	8,656	8,656	0
Acquisition Refurbishment	488	568	568	0
Appropriated Properties	600	886	886	0
Sub-Total	49,446	53,108	50,442	(2,666)
DMBC Managed Schemes				
Adaptations for the Disabled	2,719	2,719	2,719	0
Council House New Build	16,448	18,064	16,964	(1,100)
Sub-Total	19,167	20,783	19,683	(1,100)
Overall Housing Programme Total	68,613	73,891	70,125	(3,766)
Funding				
Major Repairs Reserve / Depreciation	37,861	36,797	36,180	(617)
Revenue Contribution - HRA	6,698	6,743	6,743	0
Usable Capital Receipts	1,741	2,027	2,027	0
Section 106	532	3,092	3,092	0
Prudential Borrowing	20,521	21,182	20,082	(1,100)
Grants	1,260	4,050	2,001	(2,049)
Under(-) / Over Commitments	68,613	73,891	70,125	(3,766)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2025/26 as at 30 June 2025

	Original Estimate - Approved Programme £000	Revised Budget £000	Forecast Outturn £000	Variance Outturn to Revised Budget £000
SLHD Managed Schemes				
Caravan Site Improvements	4,705	5,451	5,451	0
Assistance Loans	0	11	11	0
Sub-Total	4,705	5,462	5,462	0
DMBC Managed Schemes				
Empty Homes Scheme	1,097	1,097	1,097	0
Sub-Total	1,097	1,097	1,097	0
Overall Housing Programme Total	5,802	6,559	6,559	0
Funding				
Usable Capital Receipts	5,802	6,559	6,559	0
Under(-) / Over Commitments	5,802	6,559	6,559	0
Percentage Funded	100%	100%	100%	

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Quarter 1 ended 30 June 2025 KPI dashboard
Action Required:	For information
Item:	10
Prepared by:	Lauren McLaughlin Governance Service Manager
Date:	07 August 2025

1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at the end of Quarter 1 (Q1) 30 June 2025 and brief commentary for those KPIs where their target is not being met.
- 1.2. Appendices are attached as follows:
 - A : KPI dashboard 30 June 2025; and
 - B : Latest Housemark monthly pulse surveys.

2. Executive summary

- 2.1. 41 KPIs were agreed with City of Doncaster Council (CDC) at the start of the 2025/26 financial year, comprising the Tenant Satisfaction Measures (TSM) that are required by the Regulator for Social Housing, plus other SLHD operational KPIs.
- 2.2. For 2025/26, one KPI for tenancies sustained was replaced with a new KPI measuring tenancy turnover as a %. The suite of KPIs also contains the Electrical testing measure introduced during 2024/25. All other KPI measures were retained and details can be found at **Appendix A**.
- 2.3. Of the 41 KPIs, 13 are measured annually – one being the energy efficiency KPI and the other twelve are the customer satisfaction TSMs that we undertake through tenant perception surveys throughout the year.
- 2.4. The table below summarises the KPIs at the end of Q1, with comparatives from earlier years. At the end of Q1, 14 of the 28 KPIs being measured at quarter end were met or were within agreed tolerances of target.

KPIs	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
	25/26	24/25	24/25	24/25	24/25	23/24	23/24	23/24	23/24
Green (meeting target)	12	15	14	14	13	9	9	8	4
Amber (within tolerance)	2	0	3	4	3	7	3	3	1
Red (not meeting target)	13	13	11	10	12	6	8	9	9
Data not yet available	1								
Annual KPIs (1) / TSMs (2)	3	3	3	3	3	-	2	2	4
Annual TSMs no targets	10	10	10	10	10	-	-	-	-
Total	41	44	41	41	41	22	22	22	18

3. KPI commentary

3.1. KPI 2 : Void rent loss (VRL) (lettable voids)

Target	0.80%	
Q1 25/26 YTD performance	1.20%	WORSE THAN TARGET – RED

The KPI of 0.80% equates to approximately 160 lettable void properties.

	Q1 25/26	Q4 24/25	Q3 24/25	Q2 24/25	Q1 24/25	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24
Void rent loss YTD %	1.20%	0.91%	0.90%	0.85%	0.82%	0.68%	0.68%	0.70%	0.73%
Target %	0.80%	0.70%	0.70%	0.70%	0.70%	0.50%	0.50%	0.50%	0.50%
Lettable voids*	175	205	188	169	157	102	108	79	122
Total voids	184	211	196	176	162	125	113	98	132
Acquisition voids	41	48	35	29	30	17	12	15	10

* includes acquisitions

Whilst Red we have seen improvements:

The number of voids held at the end of June shows a reduction at 184 when comparing to the previous month (May) at 213 and also March year end's 211. The total figure of 184 consists of 134 general voids, 41 acquisitions and 9 non-lettable voids.

Void rent loss (VRL) performance (month end) shows an improvement at 0.97% when comparing to the previous month of 1.38%.

Cumulative performance also shows an improvement at 1.20% for the YTD. Stringent monitoring remains in place to review all voids from keys into the re-let stage, to ensure that up to date planning and communication is shared across all teams.

The number of acquisitions shows a reduction at 41 and these continue to contribute to VRL performance. In addition to the work required in general voids, the Empty Homes Team completed 18 jobs in properties for colleagues in the Housing Option team.

Assistance from contractors has contributed to the number of voids held showing a reduction. The 'Void Excellence' project has commenced, any improvements identified will be implemented to assist with a continued improvement in performance.

3.2. KPI3: Average Days to Re-let Standard Properties ytd (days)

Target	25.0 days	
Q1 25/26 YTD performance	27.6 days	WORSE THAN TARGET – RED

In-month performance for June shows a decline at 29.7 days compared to May's 27.2, so cumulative performance also declined to 27.6 days and outside of tolerance to target.

In addition to the level of voids, there has been an increase in the number of capital jobs raised resulted in resources working in a higher number of major voids which take longer, impacting on the KPI. There has also been an increase in refusals to take properties that has contributed to the decline in standard re-let performance.

Close monitoring takes place on a daily basis, good communication and updates are shared with colleagues involved in the void process.

3.3. KPI 4 : Average number of nights in hotel accommodation

Target	21.0 days	
Q1 25/26 YTD performance	24.9 days	WORSE THAN TARGET – RED

Though red we have some improvements.

The number of households placed in hotels both during the month and at the month end both continue to reduce. This direction of travel is also an outcome of an increase in Homeless Prevention.

The number of households in hotels at month end was 65, down from 78 at the end of the previous month and 37 (36%) fewer than this time last year.

We are continually working to prevent homelessness, however the number of households requiring Emergency Accommodation remains high. We are mitigating this with improved turnover in Hotels and Temporary Accommodation to reduce the total nights paid.

3.4. KPI 6 : Stage 1 and 2 Complaints relative to the size of the landlord (per 1000 properties)

SLHD also measures 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 and the SLHD indicator for all complaints to show the differences and to also indicate how they compare to target.

	KPI target Q1 25/26	TSM Q1 25/26	'Residents' only	SLHD KPI Q1 25/26	All complaints
Stage 1 complaints	11.3	17.6	WORSE THAN TARGET	19.9	WORSE THAN TARGET
Stage 2 complaints	0.7	1.8	WORSE THAN TARGET	2.5	WORSE THAN TARGET
Stage 1 & 2 complaints	12.0	19.4	WORSE THAN TARGET	22.4	WORSE THAN TARGET

For the KPI target to have been met for the first quarter, less than 240 complaints should have been received.

The table below summarises the numbers received during Q1 year with comparatives and shows increased numbers (>20%) for both Stage 1 and 2 type complaints.

	Residents only			All complaints		
	25/26	24/25	23/24	25/26	24/25	23/24
Stage 1	308	289	n/k	396	366	300
Stage 2	42	34	n/k	50	36	17
Total	350	322	n/k	446	402	317

The first quarter of 25/26 continued in the same vein as 2024/25, with slightly increased numbers at this stage and the main categories for complaints, in order, are about time taken, service delivery, policy, staffing, outstanding repairs and communications.

Complaints continued to be analysed in detail and processes improved throughout the year.

During 2024/25 we implemented a number of actions – awareness on how to escalate a complaint, a complaints charter, campaigns, resources, analysis, communications all

increasing in the year. This work is continuing and 2025/26 should embed these actions and we would hope to see the benefits of this work emerge.

3.5. KPI 6 : KPI 10 : Percentage of Emergency and Non Emergency Repairs completed within target timescales

Completed within timescale:	Target	Q1 Jun 25/26 YTD	Q4 24/25 YTD	Q3 24/25 YTD	Q2 24/25 YTD	Q1 24/25 YTD
10a Emergency repairs	95%	92.0% WITHIN TOLERANCE	82.5%	80.1%	76.9%	77.9%
10b Non-emergency repairs	85%	69.8% WORSE THAN TARGET	68.7%	68.8%	67.2%	63.4%
10 Emergency & Non-emergency	88%	76.6% WORSE THAN TARGET	73.1%	72.4%	70.2%	68.2%

Depending on the nature of the repair, SLHD currently has two targets for:

- Emergency Repairs – 2 hours (under policy revision) and 24 hours: and
- Non-Emergency Repairs – 5 working days and 20 working days.

We continue to see increased demand compared to previous years. The table above shows steady improvement with Emergency repairs now moving to within tolerance of target, however although non-emergency repairs has improved slowly it is still below target.

The repairs service continues to receive a huge amount of focus with the One Repairs Board working on a number of actions which will improve performance during 2025/26. Changes have been made to the use of Dynamic Resources Scheduling (DRS) software to generate capacity, and there have been changes to the mix of trades with recent and planned recruitment which will also benefit capacity.

Issues having an adverse impact include reduced trade staff due to leavers, sickness or secondments, an increased number of repairs emerging from stock condition survey work and also damp and mould inspections. Plans are ongoing on the latter with Awaab's Law coming in during Q2.

3.6. KPI11 : Gas - % Domestic properties with a valid landlord certificate

Target	100.00%	
Q1 25/26 YTD performance	99.75%	WORSE THAN TARGET – RED

47 properties are out of compliance with internal meters in June 2025 and no means of access legally without a warrant or permission from the tenant.

These properties comprise a variety of reasons, the main ones being including awaiting a court date for a warrant for the right of access, have appointments made, are in the no access process and will form the next batch of court applications, are void or have been completed in early July, among several others.

There is a robust access process for gas that is being followed, with a dedicated access officer leading on this.

3.7. KPI16 : Electrical - % Domestic properties with a satisfactory EICR up to five years old

Target	100.00%	
Q1 25/26 YTD performance	98.24%	WORSE THAN TARGET – RED

There are two elements to the EICR programme – Communal and Domestic buildings.

EICR Programme Communal – there is one out of compliance which is 40 St. James Street Office and is currently being undertaken and is due to be completed by 22nd July.

EICR Programme Domestic - There are 349 outstanding that were carried over from the 2024-25 programme, comprising:

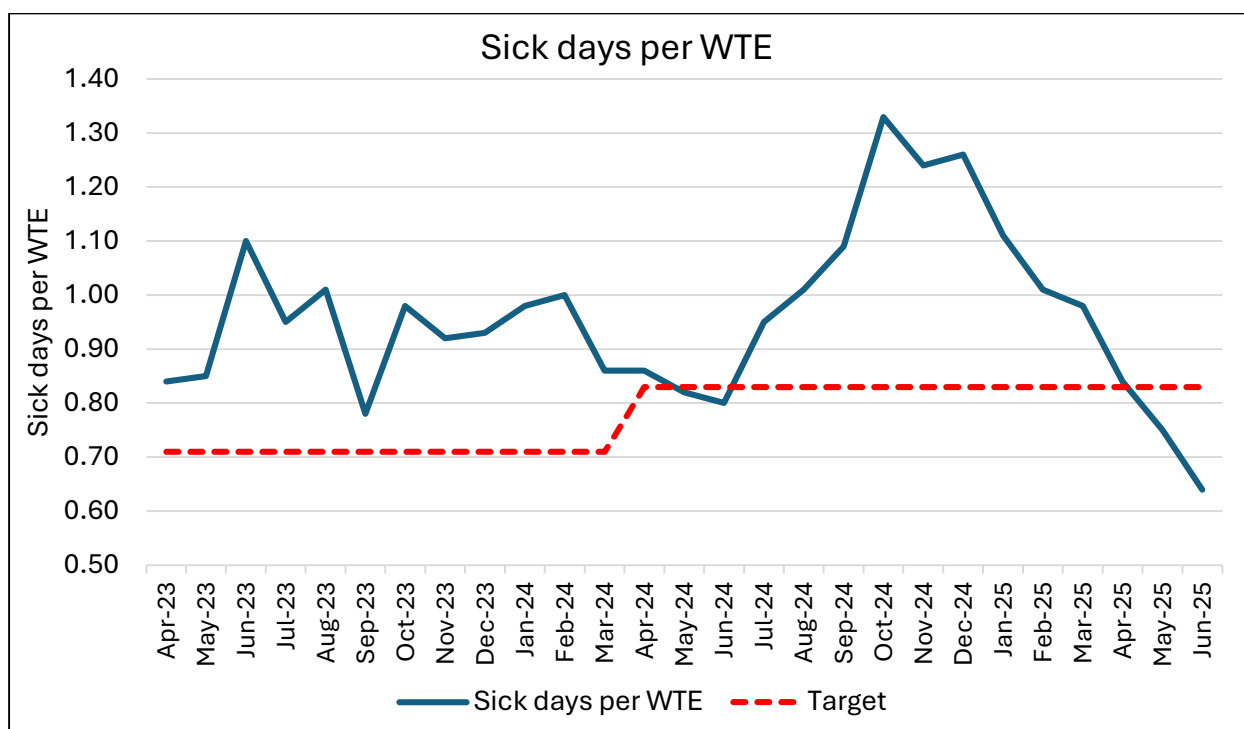
- 54 voids (3 are long term voids/derelict site);
- 199 are in the no access process;
- 53 have been passed back from contractors, not yet in process (awaiting tenant to make contact). 18 of these have just received a reaching out letter from me asking to make contact; and
- 43 are either address booked in house, voids retests with appointments made or with contractors (not in no access process)
- The new customer access team will focus on EICR access

3.8. KPI17 : Number of Days Lost to Sickness per Full Time Equivalent (FTE)

Target **10.0**

Q1 25/26 YTD performance **12.1**

WORSE THAN TARGET – RED



Although the Sickness KPI YTD is still reporting as worse than target, the graph above has been included to show the improvements made in recent months. The KPI calculation is based on sick days in the last twelve months and number of WTE employees. As can be seen from the graph, the calculation at Q1 25/26 will include sickness data from July 2024 onwards which was very high compared to current levels.

For the KPI to be met, an average of less than 0.83 days per WTE per month is needed, so if current levels continue, the KPI should reduce steadily and approach and meet target. June saw 0.64 days absence per FTE, a further reduction from May (0.75), a positive reduction and is better than our performance this time last year at 0.8 days. This brings the YTD sickness per FTE to 2.24 days per FTE over a YTD target of 2.5 days.

This gives an SLHD measure of 12.21 days per FTE against a target of 10 days per FTE, or the KPI of 12.1 using the CDC calculation method.

In June we have seen further reductions in sickness FTE days across Housing & Customer Services and Property Services but an increase in Corporate Services. All three directorates are within target for the third month of the new financial year, which is a good position at the end of Quarter 1 2025/26. Sickness levels are also monitored at team level and only seven teams in total are above our monthly target for June.

We have seen a slight decrease in the number of short term (0.31 days per FTE from 0.39 days), and long-term cases (0.34 days per FTE from 0.36 days).

MusculoSkeletal MSK remains the highest of all absence at 27% but this has decreased from 32%. Stress, depression and anxiety has increased to be the second reason for absence at 18%, followed by stomach/liver/kidney/digestion 13.13%.

There are four subcategories within the 'Stress, depression and anxiety' category and work-related stress makes up the lowest proportion of this at 2.5%.

The volume of absence review meetings continues to remain high which is a positive step in ensuring that colleagues are supported to return to work and to remain in work. We continue to review innovative ways to manage sickness absence, and we are beginning to see a reduction in sickness absence.

Following our Away Day with managers we have acted upon the suggestions made to help reduce sickness absence, such as, Mental Health refresher training for managers.

MSK remains the highest reason for absence since April and we will work with managers in our absence clinics and deep dive discussions to explore further what we can do to reduce this, including workplace assessments, and reminding employees of therapies available through Medicash.

3.9. KPI18 : % of Local Revenue Expenditure

Target	70%	
Q1 25/26 YTD performance	62%	WORSE THAN TARGET – RED

133 suppliers receiving payments totalling £1.36m in June are typical monthly numbers, and again a small number of larger suppliers outside of Doncaster. The results produced a KPI of 57% for the month and a reduced YTD KPI 62%. For Y&H the measure was 82%, slightly below the average for 2024/25.

The KPI is again influenced by a small number of suppliers some of which are not based in Doncaster, therefore adversely impacting on the KPI. Notably in the year so far these are Bradford MBC (doors and windows), SIGD (roofing materials), TKL Skips and Fullwoods (contractors), plus one or two others.

50% of spend was with just five suppliers, and four were in Doncaster. The fifth is a software provider payment of £150k and if within Doncaster would have increased the monthly KPI from 57% to 68%, and the YTD to 66% from 62%. SIGD and TKL payments totalled £102k in June, being 8% of total spend so would also have a positive impact if in Doncaster. 90% of June spend was with just 30 suppliers, reflecting the impacts the larger suppliers have on the KPI calculations

We continue to target using Doncaster based suppliers wherever possible.

3.10. KPI 19 : Number of Tenants or Residents Helped Into Training, Education or Employment

Target	28	
Q1 25/26 YTD performance	20	WORSE THAN TARGET – RED

For Quarter 1, we have assisted 20 participants into either work or training against the target of 28.

The includes 11 participants who started a new World of Work (WOW) cleaning course in April. Following completion of these 4 participants secured six months paid role with SLHD. In addition to this we also had two students from a local school complete a week of work experience with two of the trade's teams.

In respect of employment, 7 people have been assisted into employment during Quarter 1, 2 of these within SLHD. These include a former WOW participant who was with us in 2023, and one of the recent WOW Office participants.

Lastly, a person was interviewed recently for our new degree level apprenticeship but had been unsuccessful, working with Sheffield Hallam University we supported this individual to secure an IT apprenticeship with a local Doncaster based Company.

Report author

Lauren McLaughlin

Governance Service Manager, St. Leger Homes of Doncaster

01302 862736

Lauren.McLaughlin@stlegerhomes.co.uk

Appendix A KPI Dashboard Q1 ending 30 June 2025

Appendix B Latest Housemark monthly pulse surveys (May 2025)

KPI	TSM	Key Performance Indicator Summary - Year ending 31 March 2026	24/25 Outturn	25/26 Q1	25/26 Q2	25/26 Q3	25/26 Q4	Target Q1	Target Year end	DOT
1		Percentage of current rent arrears against annual debit %	2.76%	2.78%				3.05%	2.95%	↓
2		Void rent loss (lettable voids) %	0.95%	1.20%				0.80%	0.80%	↓
3		Average Days to Re-let Standard Properties ytd (days)	27.4	27.6				25.0	25.0	↓
4		Average no. of nights in hotel accommodation (nights)	28.0	24.9				21.0	21.0	↑
5		% of settled accommodation at Prevention stage (New)	43%	51%				50%	50%	↑
6a	CH01a	Number of stage 1 complaints per 1,000 properties (New)	68.0	19.9				11.3	47.0	↓
6b	CH01b	Number of stage 2 complaints per 1,000 properties (New)	7.6	2.5				0.7	3.0	↓
6	CH01	Number of stage 1 and 2 complaints per 1,000 properties (New)	75.6	22.4				12.0	50.0	↓
7a	CH02a	% Stage 1 Complaints responded to within timescale (New)	99.5%	97.6%				95.0%	92.3%	↓
7b	CH02b	% Stage 2 Complaints responded to within timescale (New)	95.8%	100.0%				95.0%	92.3%	↑
7	CH02	% Stages 1 & 2 Complaints responded to within timescale (New)	99.1%	97.8%				95.0%	92.3%	↓
8		Tenancy turnover % (New)	5.7%	1.4%				1.4%	5.5%	↔
9		Number of repairs first visit complete	95.3%	96.5%				94.0%	94.0%	↑
10a	RP02a	% of emergency responsive repairs completed within target time	82.5%	92.0%				95.0%	95.0%	↑
10b	RP02b	% of non-emergency responsive repairs completed within target	68.7%	69.8%				85.0%	85.0%	↑
10	RP02	% emergency & non-emergency responsive repairs in target time	73.1%	76.6%				88.0%	88.0%	↑
11	BS01	Gas: % of properties with a valid gas servicing certificate	100%	99.75%				100.00%	100.00%	↓
12	BS02	Fire: % homes all risk assessments have been carried out (New)	100%	100.00%				100.00%	100.00%	↔
13	BS03	Asbestos: % homes surveys or re-inspections completed (New)	100%	99.22%				100.00%	100.00%	↓
14	BS04	Legionella: % homes where all assessments completed (New)	100%	100.00%				100.00%	100.00%	↔
15	BS05	Lifts: % homes all communal lifts safety checks completed (New)	100%	100.00%				100.00%	100.00%	↔
16		Electrical - % Domestic properties with valid EICR < 5 years old	96.0%	98.24%				100.00%	100.00%	↑
17		Days lost through sickness per FTE (annualised)	12.2	12.1				10.0	10.0	↑
18		Percentage of Local Expenditure % <u>Revenue ONLY</u>	59%	62%				70.0%	70.0%	↑
19	NM01a	No. of ASB Cases per 1,000 properties	55.1	16.5				17.8	60.0	↓
19a	NM01b	No. of ASB Cases that involve hate crimes per 1,000 properties	0.80	0.05				3.0	10.0	↑
20		Number of residents in training, education or employment	113	20				28	100	↓
21	TP01	Tenant satisfaction with the overall service from the landlord %	81.0%	Annual KPI	Annual KPI	Annual KPI	Annual KPI	n/a	76.0%	n/a
22	RP01	Percentage of homes not maintaining decent standard %	5.53%	Data not yet available	Qtly KPI	Qtly KPI	Qtly KPI	n/a	0%	↑
23	TP02	Tenant satisfaction with property condition (repair in the last 12 months and satisfied with the overall repairs service) %	81.5%	Annual KPI	Annual KPI	Annual KPI	Annual KPI	n/a	80.0%	n/a
24		Energy efficiency of properties	57.1%	Annual KPI	Annual KPI	Annual KPI	Annual KPI	n/a	78.0%	n/a
Key :		Meeting/better than target	Within tolerance of target 10%			Not meeting target				

Latest Housemark monthly pulse survey – May 2025

Appendix B

Month	Housemark pulse survey benchmarking - IN MONTH performance	Quartile 1	Median	Quartile 3	SLHD	SLHD quartile	Performance preference
May-25	Responsive repairs completed per 1,000 properties	290.87	242.91	192.00	296.68	Q1	Higher is better
May-25	Average re-let time in days (standard re-lets)	29.74	46.45	71.80	26.62	Q1	Lower is better
May-25	Stage 1 and Stage 2 complaints resolved within timescale (%)	100.00%	94.07%	79.83%	97.81%	Q2	Higher is better
May-25	New ASB cases reported per 1,000 properties	1.70	3.31	5.89	4.70	Q3	Lower is better
May-25	'True' current tenant arrears (%)	2.07%	2.60%	3.73%	2.81%	Q3	Lower is better
May-25	Dwellings vacant but available to let (%)	0.24%	0.53%	1.01%	0.69%	Q3	Lower is better
May-25	Working days lost to sickness absence (%)	2.66%	3.40%	4.24%	4.09%	Q3	Lower is better
May-25	Voluntary staff turnover (%)	0.35%	0.80%	1.32%	0.83%	Q3	Lower is better
May-25	Domestic properties with EICR certificates up to five years old (%)	99.90%	99.55%	97.65%	97.78%	Q3	Higher is better
May-25	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	2.82	4.84	6.79	6.90	Q4	Lower is better
May-25	Homes with a valid gas safety certificate (%)	100.00%	99.94%	99.73%	99.23%	Q4	Higher is better
May-25	Responsive repairs completed within target timescale (%)	92.69%	86.42%	79.58%	78.81%	Q4	Higher is better
May-25	Customer contact received via digital channels (%)	49.37%	35.79%	23.52%	no data		Higher is better
May-25	Satisfaction with repairs - transactional (%)	94.05%	89.40%	82.18%	no data		Higher is better
May-25	Satisfaction with the overall service their landlord provides - perception (%)	82.83%	73.98%	68.90%	no data		Higher is better

People

Quarter 1 2025/26 : Q1 Cumulative Performance

KEY:



Performance improved compared to 24/25



Performance worsened compared to 24/25



Stayed the same



Key Performance Indicator



Tenant Satisfaction Measure



TSM KPI



% Tenants satisfied with the overall service from their landlord.

82%



No Target

TSM KPI



% of stage 1 and 2 complaints responded to within Ombudsman timescales.

97.8%



Target 92.3%

TSM KPI



% satisfied that their landlord listens to tenant views and acts upon them

77%



No Target

TSM KPI



% satisfied landlord keeps them informed about things that matter to them

85%



No Target

TSM KPI



% agree their landlord treats them fairly and with respect

93%



No Target

TSM KPI



% satisfied with landlord's approach to complaints handling

42%



No Target

Number of tenants on Get Involved Group

218



No Target

KPI



Number of residents in training, education or employment

20



Target 97

TSM KPI



Number of complaints per 1,000 properties

22.4



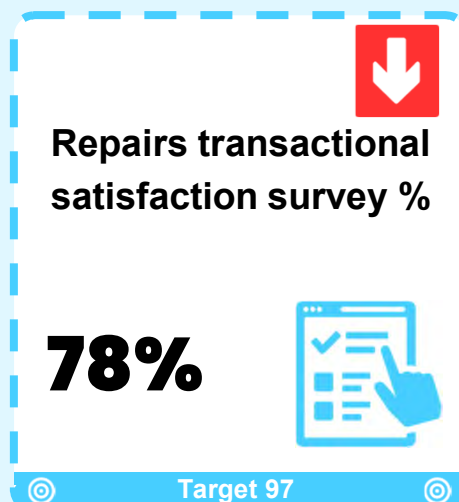
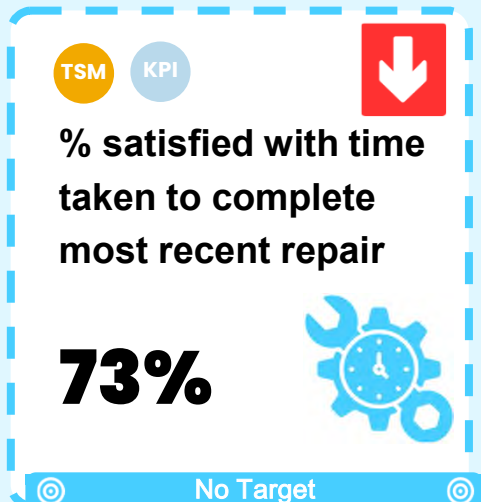
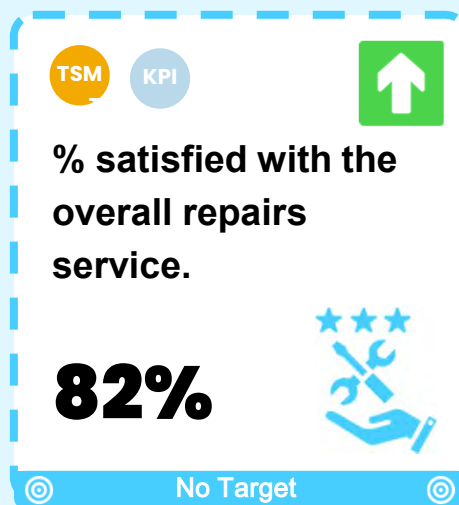
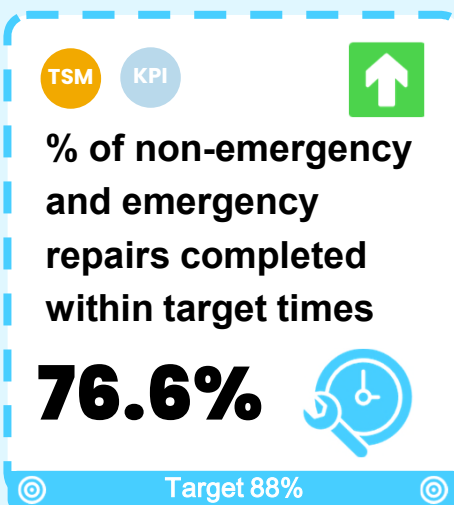
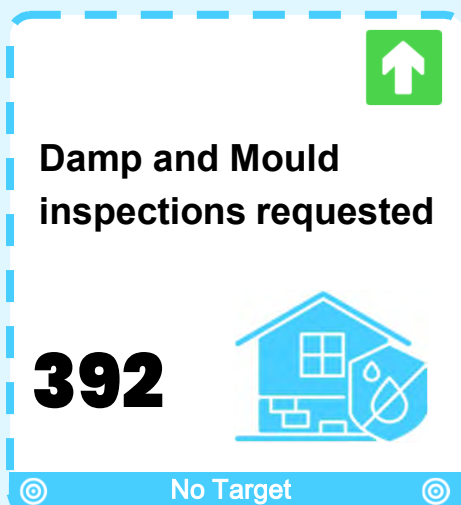
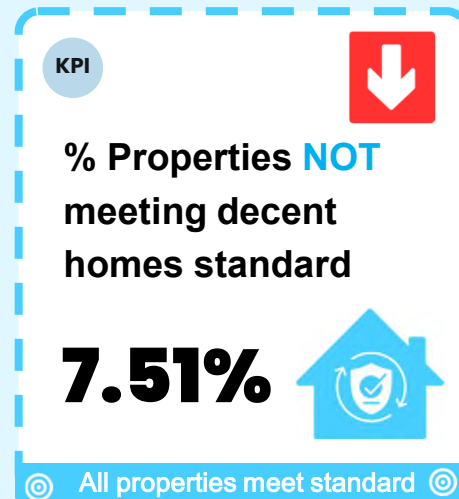
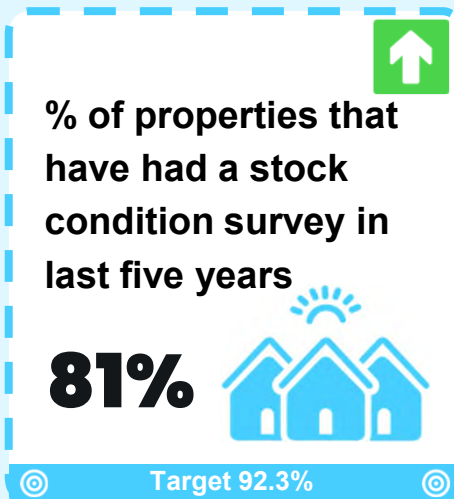
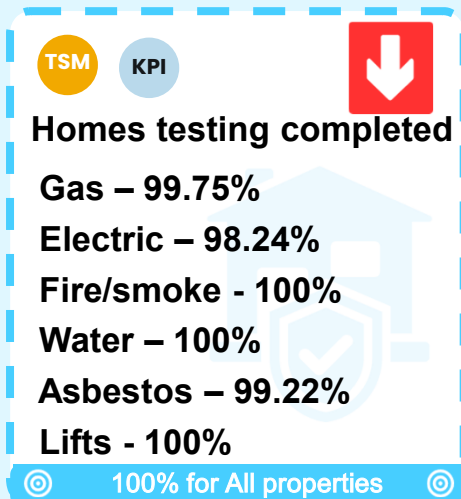
www.stlegerhomes.co.uk/performance/

Homes

Quarter 1 2025/26 : Q1 Cumulative Performance



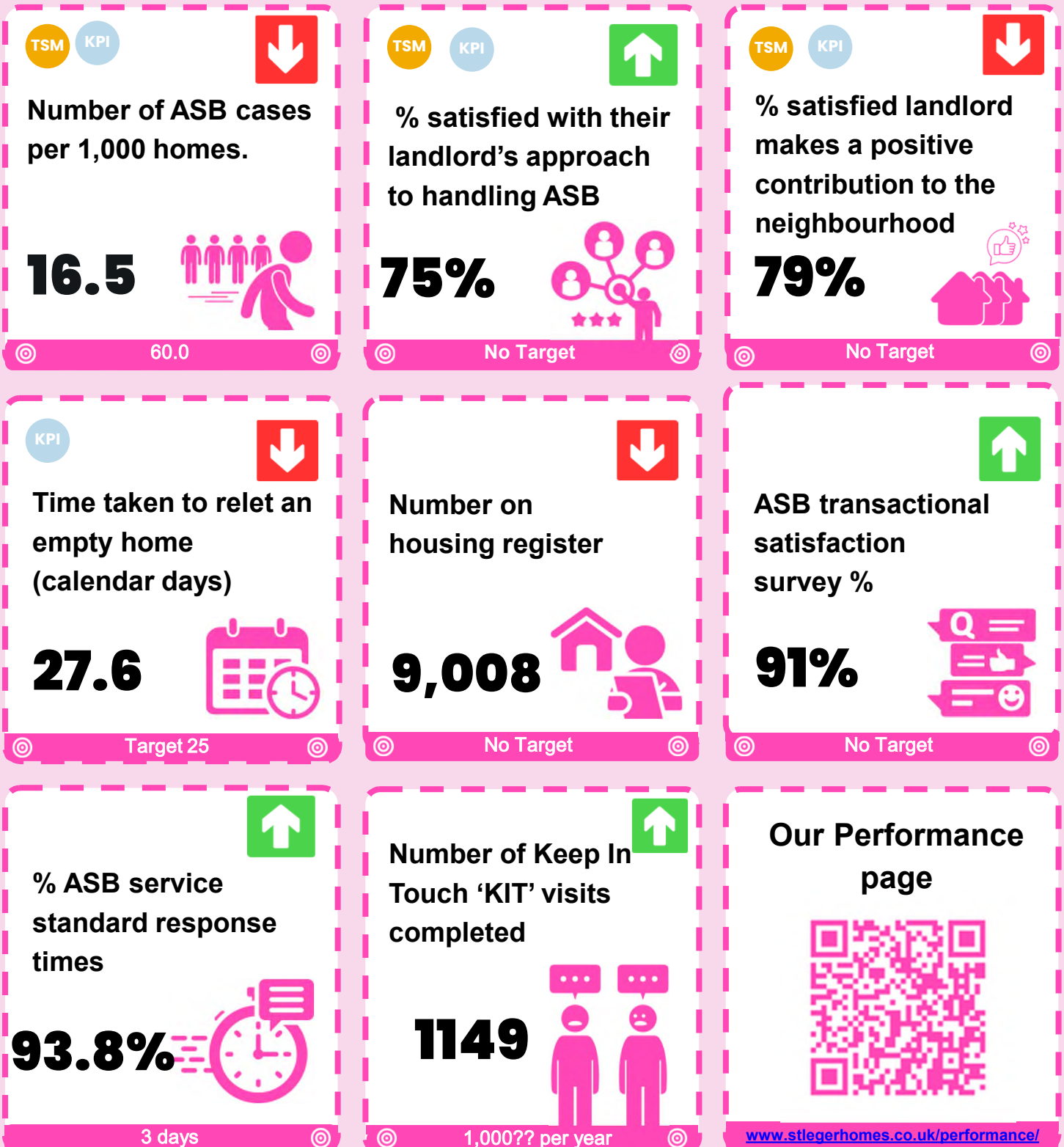
KEY:



Communities

Quarter 1 2025/26 : Q1 Cumulative Performance

KEY:



www.stlegerhomes.co.uk/performance/

Partnerships

Quarter 1 2025/26 : Q1 Cumulative Performance

KEY:



Performance improved compared to 24/25



Performance worsened compared to 24/25



Stayed the same compared to 24/25



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

24.9



Target 21

KPI



Number of tenancies sustained post support

99.4%



No Target

KPI



Tenancy turnover %

1.4%



No Target



Safeguarding and Vulnerability cases received

21



No Target

KPI



% of homeless cases resolved at prevention stage

51.0%



Target - 30%

TSM

KPI



Number of hate crimes reported

1



Our Performance page



www.stlegerhomes.co.uk/performance/

Summary Information



Brief details on the above measures and their reasons

Date

People

- Number of tenants on Get Involved Group – a core group who provide input on housing services and policies and make a difference in their areas
- Number of residents in training, education or employment – St Leger has an annual target to provide training, support and guidance to enhance their employment prospects

Homes

- Safety : % Homes testing completed – St Leger targets 100% of all properties having all safety testing completed within legal timescales
- Stock condition : % of properties had a stock condition survey in last five years – St Leger targets 100% of all properties surveyed
- Non-emergency target completion within 20 days and emergency repairs target completion within 20 days

Communities

- Number on housing register – a measure of how many applicants are on the Doncaster Council Housing waiting list register
- Number of Keep In Touch 'KIT' visits completed - St Leger has a target of visiting xyz

Partnerships

- Tenancy turnover - a measure of how often properties become void and relet each year.
- Number of tenancies sustained post support measures how many new tenants are still in their properties six months after support has ended
- % EPC Properties – St Leger targets 100% of homes to meet EPC level C by 2030
- % of homeless cases resolved at prevention stage ensure – evidences St Leger fulfilling its statutory duties by providing support, guidance and assistance to reduce the potential number of homeless.

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	Annual Complaint and Service Improvement Report 2024/25
Action Required:	That Board note and respond to the Annual Report
Item:	11
Prepared by:	Jackie Linacre, Head of Customer Services
Date:	07 August 2025

1. Purpose

- 1.1 To advise Board of the Annual Complaint and Service Improvement Report for 24/25, which will be provided to the Housing Ombudsman's Office and published on our website.

2. Executive Summary

- 2.1 Appendix A attached to this report provides a comprehensive overview of the complaints performance of St Leger Homes of Doncaster for the period from April 1, 2024, to March 31, 2025.
- 2.2 It details the number and types of complaints received, response times, compliance with the Housing Ombudsman's Complaints Code, learning outcomes, and planned service improvements.
- 2.3 The report emphasises transparency, accountability, and continuous service improvement through effective complaint handling and tenant involvement, setting out learning from complaints and actions for further improvements.

3. Background

- 3.1 The Housing Ombudsman's Office introduced a revised Complaints Code in April 2024. The Code sets out the standards against which all member organisations should deal with complaints. Compliance with the Code is a statutory requirement.
- 3.2 The Housing Ombudsman assess compliance with the Code in three areas. One of the areas is compliance in scrutiny and oversight.
- 3.3 A requirement of this, is member organisations should produce an annual complaints and service improvement report and submit this to the Housing Ombudsman's Service by the 30th of September 2025.

- 3.4 Board Members will recall approving St Leger Homes' self-assessment against the Housing Ombudsman's Service Complaint Code in April 2025. This has recently been updated and is attached at Appendix B. The changes are highlighted in red.
- 3.5 It is a statutory requirement that the Annual Report is reported to an organisation's Governing Body (or equivalent) and for the report and the Governing Body's response to be published on the section of our website relating to complaints. Board's response should include that members of the Board have had sight of the Annual Report and the self-assessment.
- 3.6 The Annual Report and the Governing Body's response has to be submitted to the Housing Ombudsman's office via a dedicated electronic form by 30th September 2025. The report will also be shared with Council Members via the use of an Executive Decision Record, signed by the Housing Portfolio Holder. Further scrutiny on complaints is also provided through the annual complaint report produced by the City of Doncaster Council to the Overview and Scrutiny Management Committee. This report incorporates St Leger Homes' Performance.

4. Recommendations

- 4.1 That Board note and respond to the Annual Complaints and Service Improvement Report for 24/25 and confirm that they have had sight of the report and the self-assessment. .

5. Author: Jackie Linacre, Head of Customer Services



Annual Complaint and Service Improvement Report – 24/25



1. INTRODUCTION

The report sets out our complaints' performance between 1st April 2024 to 31st March 2025, in relation to compliance with our organisational policy and the Housing Ombudsman' Service Complaint Code.

The report provides key data on the number of and reasons for complaints, what our customers are complaining about and how quickly we responded to those enquiries.

It also shows where we have learnt from complaints and changed the way we have delivered our services and further actions we will take following listening to the feedback we have received.

To ensure we are compliant with the requirements of the Housing Ombudsman Service the report includes:

- ✓ A link copy of our annual self-assessment against the Housing Ombudsman's Complaints Handling Code.
- ✓ Analysis of our performance on responding to complaints within timescales set by the Housing Ombudsman;
- ✓ A summary of the type of any complaints we have refused to accept;
- ✓ Any findings of non-compliance with the Housing Ombudsman's Complaint Code;
- ✓ Service improvements we have made as a result of learning from complaints;
- ✓ Actions following any annual report about our performance from the Ombudsman or other relevant reports or publications produced by the Housing Ombudsman in relation to the services we provide;

2. BACKGROUND

Our definition of a complaint is compliant with the Housing Ombudsman's Service Complaints Code and is set out in our Compliments, Comments and Complaints Policy.

This states that a complaint is *"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 action on its behalf, affecting an individual resident or group of customers"*

We have a statutory requirement, enforced by the Housing Ombudsman, to deal with complaints in accordance with the Housing Ombudsman's Complaints Code.

The purpose of the Housing Ombudsman's Complaints Code is to ensure we:

- Provide a **universal definition** of a complaint;
- Provide **easy access** to and awareness of our complaints procedure;
- Ensure our tenants know how to access the Housing Ombudsman Service.
- Have a **structured complaints procedure** with clear timelines for responses.
- Are fair in how we handle complaints, using a process that is focused on the complainant.
- Take action to **put things right** and provide appropriate remedies.
- Create a **positive complaint handling culture** through continuous learning and improvement, throughout the organisation.

- Demonstrate how we have learnt from complaint in the Annual Complaint and Service Improvement Report.
- Ensure we conduct an **annual self-assessment** against the Code.

Our annual self-assessment against the Housing Ombudsman's Complaints Code is reported to the Board to ensure both scrutiny and challenge against our compliance with the Code and can be found [here](#).

We provide additional scrutiny by involving Tenant Scrutiny Panel members in our self-assessment against the Code.

3. OUR COMPLAINT STAGES and TARGETS

We have 2 stages for dealing with complaints.

Stage 1: A formal investigation of a complaint is conducted by a Service Investigating Officer, typically a Team Leader or Service Manager.

Stage 2: If the customer is dissatisfied with the Stage 1 response, the complaint can be reviewed by a Head of Service or above.

We advise all complainants of their right to ask for their complaint to be reviewed under Stage 2 of our complaints procedures. This is included as standard in all our Stage 1 response letters and we advise all complainants who have had a complaint reviewed at Stage 2 of their right to contact the Housing Ombudsman Service, if they are not satisfied with the Stage 2 response.

We provide full contact details of the Housing Ombudsman Service in the Stage 2 response as standard.

4. MAKING IT EASY TO COMPLAIN

Complaints can be received using any media and all employees can log a complaint. Our complaints are managed by a team of Customer Relations Officers who ensure that the complaint is handled in accordance with the Housing Ombudsman's Service Complaint Code.

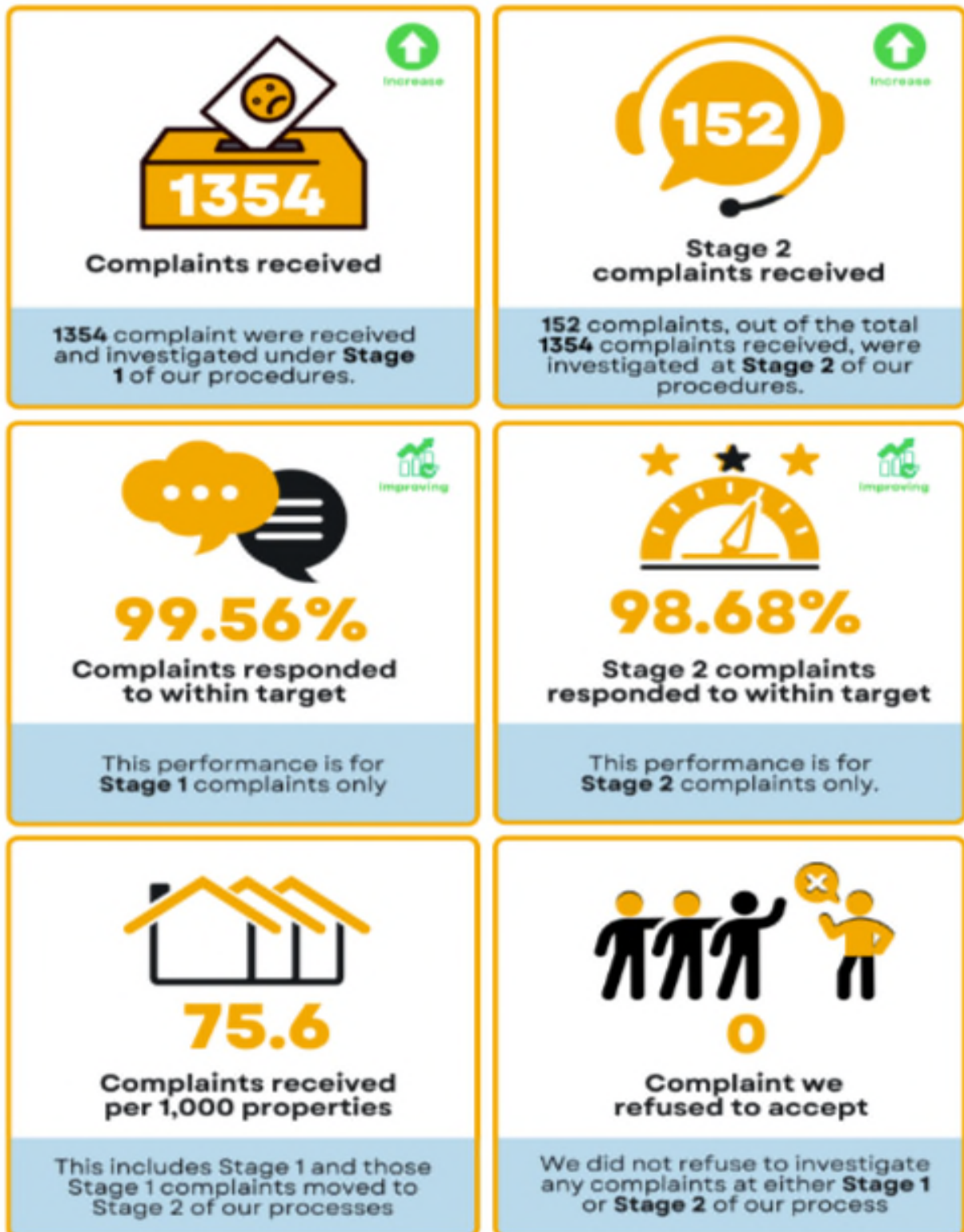
Procedures on how to complain are published in our HouseProud magazine and on our website. We have leaflets and posters publicising how to complain at our reception points.

5. KEY HEADLINE DATA FOR 24/25

The data provided in this report relates to all complaints received at Stage 1 and Stage 2 of our complaints process, between 1st April 2024 and 31st March 2025.

It includes data on **all** complaints received from tenants/leaseholders **and** other customers, such as customer applying for a council home or who are homeless. The infographics below also show, where relevant, our performance compared to 23/24.

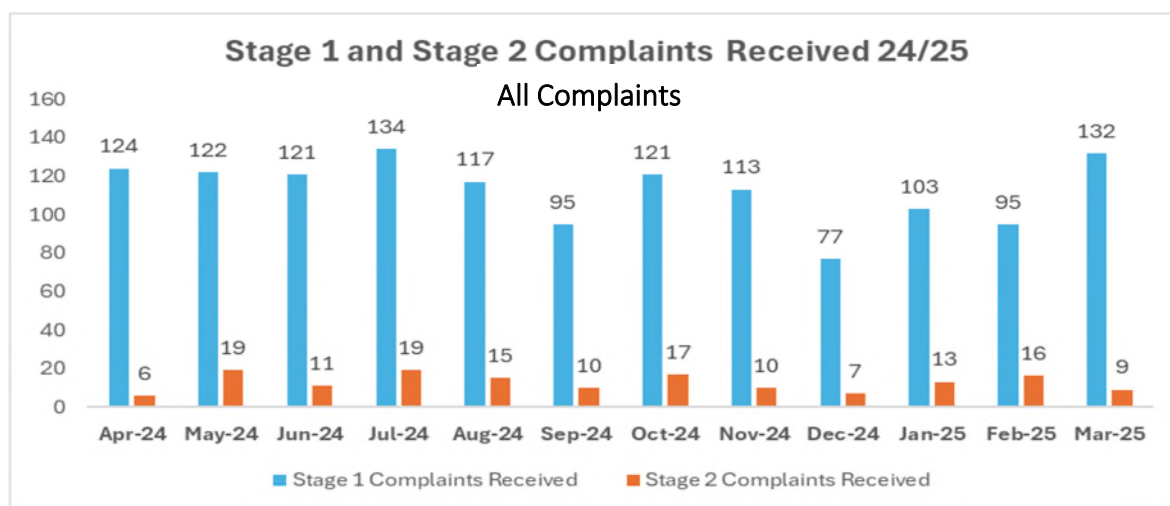
HEADLINE DATA FOR 24/25 – ALL COMPLAINTS RECEIVED



OVERVIEW and ANALYSIS OF PERFORMANCE

6.1 Numbers of Complaints

The graph below shows the monthly trend of Stage 1 and Stage 2 complaints received in 24/25. These are **all** complaints received from members of the public, tenants and leaseholders.



Overall, we received 1354 Stage 1 complaints in 24/25 from **all** complainants. This is 139 more compared to 23/24. We did not refuse to accept any complaints in 24/25.

Out of all the complaints we received 1154 were from tenants/leaseholders. This is an increase of 147 compared to 23/24.

We received 152 requests to review all complaints at Stage 2 of our procedures in 24/25. Some of these requests related to complaints received in 23/24. Out of the 152 requests, 122 were from tenants/leaseholders.

Out of the 1154 Stage 1 complaints from tenants/leaseholders, 10.57% were reviewed at Stage 2, an increase of 4.51% compared to 23/24.

Overall, the number of Stage 2 reviews requested as a proportion of **all** complaints received is 11.22%. This is a 3.16% increase compared to 23/24 but still relatively low compared to the number of Stage 1 complaints received. This suggests that in the main complainants are satisfied with how we handled the complaint.

Increases in Stage 1 and Stage 2 complaints are partly linked to changes in procedures to ensure compliance with the Housing Ombudsman's Office Complaint Code. An example of this is, ensuring enquiries from Councillors on behalf of tenants, which are clearly about dissatisfaction with our services, are logged as complaints.

Other reasons for increases is the continued national publicity about how to complain to a landlord and the regular publication of our procedures using a variety of media to make it easy for customers to complain. Nationally, HouseMark, the independent leading data and insight company for the UK housing sector, have indicated through their research with landlord that the increase in volumes is more due to better

recording methods, in line with the Ombudsman code, than a deterioration in service quality.

Out of **all** complaints received, the Property Service Directorate received the highest percentage complaints in 24/25, 68.24%. This is a reduction when compared to 71.6% in 23/24. The Housing and Customer Service Directorate received 30.87% in 24/25, increasing from 28.07% in 23/24 and the Corporate Services Directorate received 0.89% of all complaints in 24/25, an increase from 0.32 % in 23/24.

For complaints from tenants/leaseholders only, the Property Services Directorate received the highest proportion of complaints in 24/25 at 75.30%, a reduction compared to 78.75% received in 23/24.

The Housing and Customer Services Directorate received 23.92% of all complaints received from tenants/leaseholders, a slight increase compared to 20.85% in 23/24 Corporate Services 0.78%, compared to 0.40% in 23/24.

Learning from complaints and actions we have taken to improve services as a resulting of listening from the feedback are included at Section 10, below.

6.2 How Quickly We Respond

Stage 1 complaints

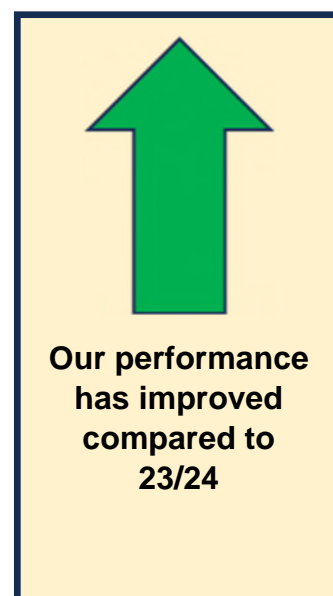
Our year end cumulative performance for responding to **all** Stage 1 complaints within the 10-working day target in 24/25 has significantly improved to 99.56%, compared to our 23/24 performance of 91.44%, **an increase of 8.12%**.

Performance also markedly increased, from 91.86% in 23/24, to 99.65% for complaints from tenants/leaseholders only, **an increase of 7.79%**

Stage 2 complaints

Our response times for responding to **all** requests for Stage 2 reviews at year end also improved, increasing from 80.61% in 23/24 to 98.68% in 24/25, an increase of **18.07%**.

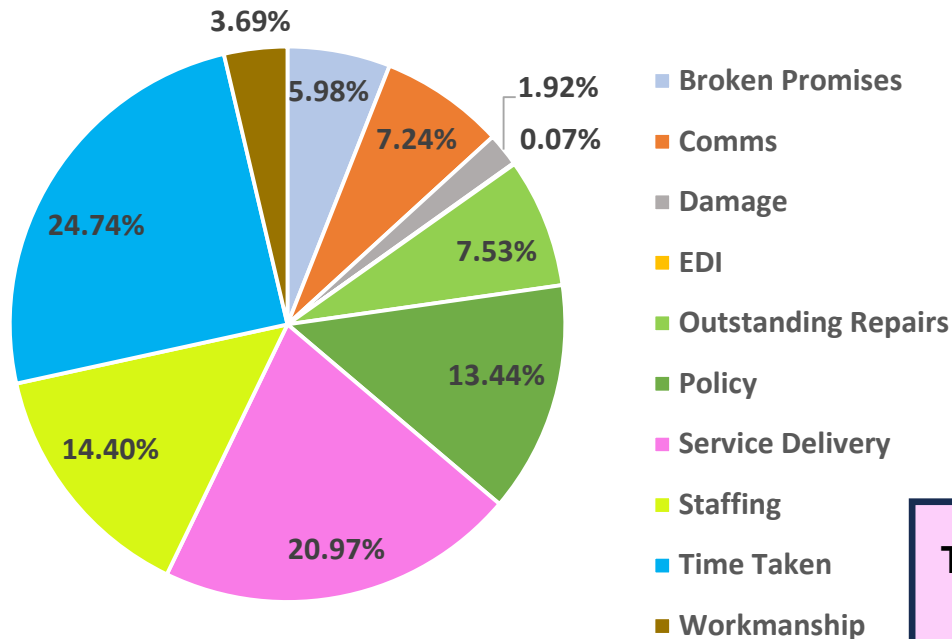
For complaints from tenants and leaseholders only in 24/25, our performance increased from what was 86.89% of Stage 2 complaints responded to in target in 23/24, to 98.36% in 24/25. **An increase of 11.47%**



6. COMPLAINT THEMES

We carry out thematic analysis to the complaints we received to help inform learning and changes to services delivery. Complaints cover a range of issues. The headline reasons are similar across all areas of the business and are shown below split by **all** complaints **and** split by complaints received from tenants/leaseholders only. The charts show the headline reasons for complaints.

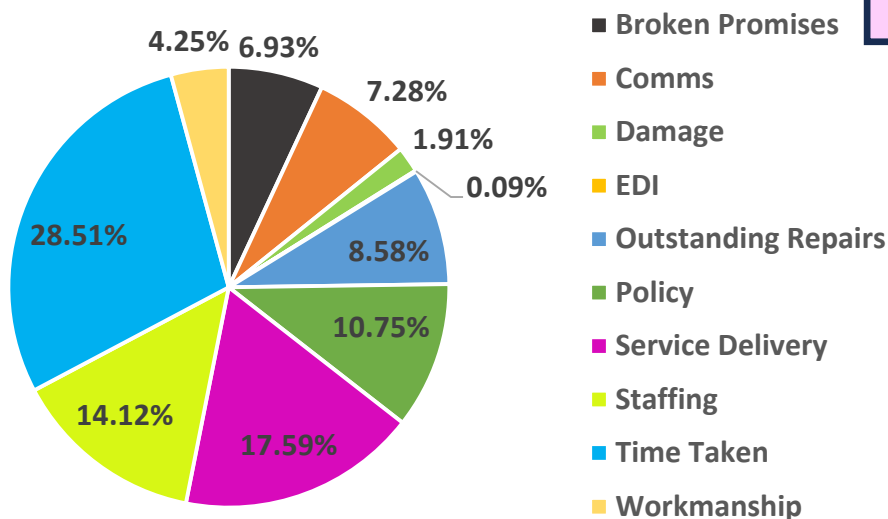
Reasons for All Complaints



Top 3 Headline Reasons for complaints

Time Taken
Service Delivery
Staffing

Reasons for complaints - tenants/leaseholders



To understand the reasons why all customers and tenants/leaseholders complain, we also collect data on the detailed reason for complaints.

Analysis shows in 24/25 the detailed reasons for tenants/leaseholders complaints was about our repairs service, with 27.64% of complaints from tenants and leaseholders about time taken to complete a repair. As a result of this we have implemented a number of changes, including reviewing our repairs policy and changing how we deliver our repairs service.

7. HOUSING OMBUDSMAN FEEDBACK

The Housing Ombudsman Service issues reports for landlords with 5 or more findings made in cases they have determined. Their draft report for 24/25, issued at the time of drafting this report, shows our maladministration rate for 24/25 as 56%. The relates to 7 cases they determined. Our maladministration rate in 23/24 was 75%.

The Ombudsman report also shows that the National Maladministration rate for Landlords of a similar size **and** type is 80%.

Within each case that the Housing Ombudsman determines, there can be a number of different categories of complaint. Each category results in a finding by the Housing Ombudsman Service.

Within the 7 determinations received, there were 19 findings, as set out below:

- 7 instances of **no** maladministration (where SLHD acted in accordance with its obligations and policies/procedures)
- 3 instances of maladministration (failure which has affected the tenant/leaseholder);
- 6 instances of service failure (a minor failing, but where action is still needed to put things right);
- 3 instances of complaints which were outside the Housing Ombudsman Services' jurisdiction.

In total SLHD were ordered to pay £1,150 in remedies.

Where recommendations have been made these have been fully complied with and confirmed to the Housing Ombudsman Service.

Further detail of the Housing Ombudsman's determinations are set out below:

Determination 1 - Maladministration was found in how we handled the complaint and no maladministration was found in how we handled a report of noise caused by building works, or a request for housing.

Determination 2 - Maladministration was found in how we handled repairs to a bathroom wall, and how we handled the complaint. No maladministration was found in the handling of a request for the bathroom to be relocated.

Determination 3 - Service failure was determined about the reports of leaks, how we handled remedial works required at the property and with the handling of the complaint. The handling of a neighbour's Right to Buy (RTB) purchase of a property was found as being outside the Housing Ombudsman Service jurisdiction.

Determination 4 - No maladministration was found in the handling of a tenant's request to renew fencing.

Determination 5 - No maladministration was found in the handling of reports of noise nuisance. Service failure was found in the complaint handling.

Determination 6 - No maladministration was found in how we responded to reports of interference with gas meter, or with the way the complaint was handled.

Determination 7 - Service failure in the handling of concerns regarding works required to the windows in the property, and with the handling of the complaint.

COMPLIANCE WITH THE HOUSING OMBUDSMAN SERVICES' COMPLAINTS CODE

Since 1st April 2024 all Landlords are required to demonstrate compliance with the Housing Ombudsman's Complaints Code, at least annually through an annual submission to the Housing Ombudsman's Office. We sent our submission for 23/24 to the Housing Ombudsman's Service in June 2024. They confirmed in November 2024 that we had complied with this requirement.

Part of the compliance process also involves the Housing Ombudsman's Service carrying out an assessment to determine compliance against the Complaint Handling Code.

The outcome of a review of our Compliments, Comments and Complaints Policy against the Code, by the Housing Ombudsman's Service was received in July 2025.

The recommendations below have been incorporated into our Policy and our Self-Assessment against the Code has been updated to reflect the changes.

The recommendations covered the following aspects of the Code:

- Whilst there is a reference in our Policy that we will raise a complaint if a tenant/leaseholder expresses dissatisfaction with the response to their service request, we needed to include a reference that a complaint will not prevent or impact on actions needed to resolve any immediate issues (i.e. the service request). The policy has been updated to reflect what we do in practice.
- To amend the Policy to include that the outcome the tenant/leaseholder is seeking is incorporated into the acknowledgement of the complaint in both Stage 1 and Stage 2 acknowledgements. We have updated the Policy to reflect this
- Whilst Section 7.3 of the Policy details that the resident will receive a complaint response when the answer is known at both Stage 1 and Stage 2 of the complaints process, not when outstanding actions are completed, it does not say we will give updates on outstanding actions. We have updated the Policy to reflect what we do in practice.

8. CUSTOMER PROFILE INFORMATION

We do not capture profile information from complainants who are not our customers. Where complaints are also made anonymously, we do not hold this data. This section of the report therefore focuses on those complaints received from tenants and leaseholders only.

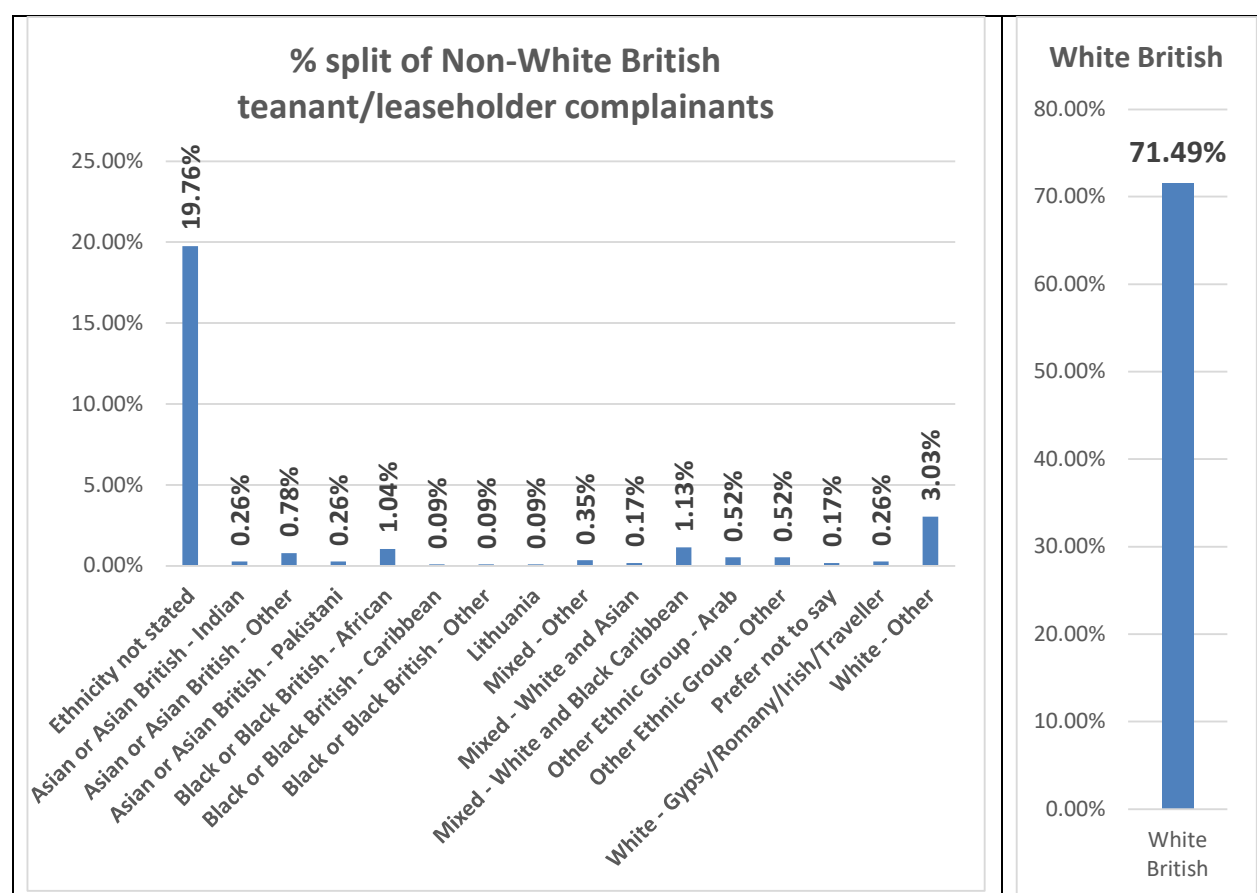
Analysing complaint data and overlaying this with other data allows us to identify patterns and trends, enabling us to tailor our services more effectively and address the specific needs and concerns of different customers.

8.1 Analysis by Ethnicity

The ethnicity of all our current tenants/leaseholders is 79.42% White and 5.08% other ethnicities. 15.50% prefer not to say or have not provided the data. Analysis of ethnicity has been calculated based only on known data, as including unknowns can distort the analysis.

From the complaints we received the highest percentage of complaints, 74.52% are from tenants/leaseholder who have stated their ethnicity is White British or White Other. 5.55% of complaints are from customers who have stated their ethnicity is Non-White.

When comparing these 2 groups to the tenant population, the differences in complaint proportions between these two groups are not significant but we will continue to track complaints to support any interventions required.



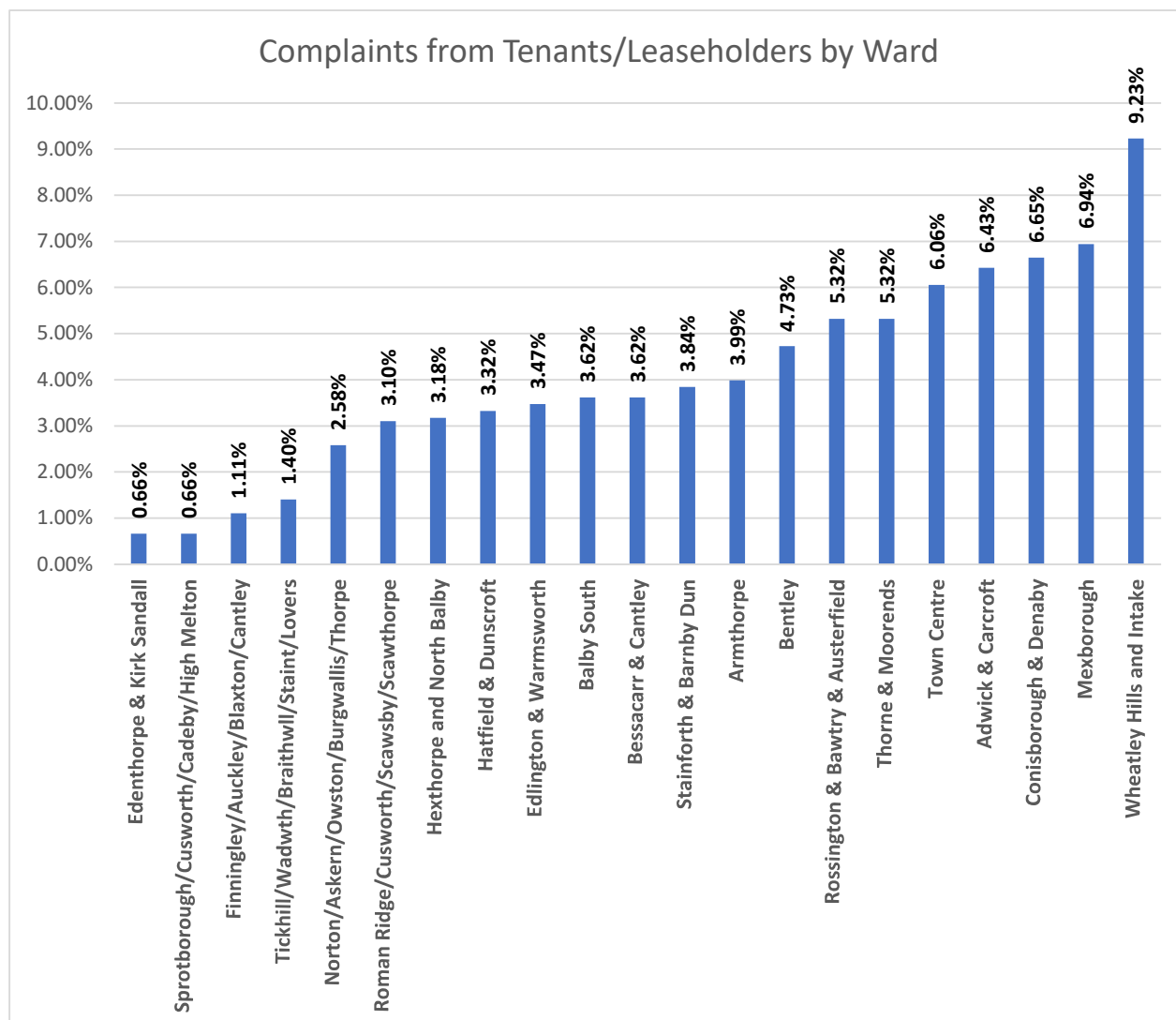
8.2 Analysis by Ward

Tenant/leaseholder complaint data split by ward provides valuable insights into the distribution and nature of complaints across different areas of the city. By analysing this data, we can identify which wards have higher or lower numbers of complaints and potentially uncover patterns or recurring issues specific to certain locations.

This can help in prioritising resources and addressing the most pressing concerns in each ward. Additionally, it can highlight areas where service improvements are needed and guide decision-making for better tenant satisfaction and overall service quality.

The graph below shows the split by Ward with tenants/leaseholders in Wheatley Hills and Intake making the most complaints, with the main reasons being consistent with the top 3 reasons why tenants/leaseholders complain: Time Taken, Service Delivery, Staffing.

A number of factors can influence the number of complaints by ward including demographics, condition of properties and cultural attitudes towards complaining. We have an action as part of our Data Smart Strategy to consider how we can leverage the data we hold across the business to understand root causes of differences.



9. MONITORING PERFORMANCE

Our self-assessment against the requirements of the Complaints Code was approved by our Board in April 2025.

Performance on the number of complaints, how quickly we respond and the reasons for complaints are monitored internally using a live system which is accessible by all teams across the organisation.

Our Executive Management and Leadership Teams receive regular reports on performance. Our Customer and Performance Committee reviews performance on a

quarterly basis; a member of the Committee is a Board member and our Tenant Board Member Complaint Champion attends the meetings to ensure check and challenge at Board.

We report our performance to the City of Doncaster Council's Officer Liaison Board and the Overview and Scrutiny Management Committee. The Member Responsible for Complaints is updated on complaint handling performance at monthly meetings with the Chief Executive and our performance is reported to City of Doncaster Council's Cabinet as part of our overall performance reporting on key performance indicators.

10. LEARNING FROM COMPLAINTS

We place great importance on learning from complaints to enhance our services by analysing the complaints we receive to review patterns and areas for improvement. We undertake thematic analysis learning from complaints, breaking down the reasons for complaints at Directorate, Service and Team level. This information is available across the organisation to support a learning and change culture.

Our commitment to learning from complaints is reflected in our proactive approach. We not only resolve individual complaints but also use them as valuable insights to drive change. This continuous improvement cycle helps us to better meet the needs of our customers and maintain high standards of service delivery.

We engage with our tenant representatives, working closely with a tenant representative Sub-Group of the Tenant Scrutiny Panel who review a sample number of complaints for compliance against the Housing Ombudsman's Complaints Code and for quality of response. This feedback is shared with Heads of Service to improve service delivery and reported back to the wider Tenant Scrutiny panel to help identify future scrutiny reviews. This collaborative approach ensures that our solutions are customer-centric and effective.

We regularly present insights from the Housing Ombudsman's Spotlight reports to our Executive Management Team. This process involves highlighting key findings, conducting self-assessments based on the reports, and pinpointing actions that need to be addressed either at the corporate level or within specific Directorates. The Executive Management Team monitors the actions derived from these reports, while Heads of Service take ownership to ensure their implementation.

We distribute the Housing Ombudsman annual reports and review reports of other organisations to the relevant teams to foster learning. Additionally, the quarterly Housing Ombudsman's complaint handling report, which includes data from all member organisations, is shared with our Leadership team to encourage broader learning and review.

We share learning from complaints with our tenants on our website, as part of our You Said, We Did communication.

Examples of the changes we have made as a result of learning from the complaints we have received are set out below:

- Complaints about time taken to complete a repair or repairs being incomplete are the main reasons why customers complained to us in 24/25. As a result of this we are:
 - Updating our trade staff scheduling system to improve diary capacity and the allocation of resources.
 - We are changing how we deliver multi-trade work using resources from across repair teams to support our responsive repairs teams to alleviate waiting times.
 - Following initial challenges recruiting to certain trade staff positions we have recruited additional staff in anticipation of changes resulting from Awaab's law.
- We have introduced regular check and challenge meetings across our Property and Housing and Customer Services Directorates to improve understanding of cross cutting service areas. This helps to maximise opportunities for collaborative working and improve the customer experience;
- Due to concerns raised by some tenants about mould washes and the potential impact of fumes from the products used, we reviewed and switched to a product with fewer fumes;
- We are working closely with our Tenant Scrutiny Panel to review our approach to dealing with damp and mould and to review our policy and TSP are currently reviewing our approach to dealing with damp and mould and the policy;
- Data from complaints showed that out of the complaints we received linked to policies, the Anti-Social Behaviour policy was mentioned the most. As a result of this we have renewed the Policy, working closely with our tenant representative group, the One Voice Forum, and a new Policy was approved by Board in April 2025.
- We have introduced new Vulnerable Person's and Unacceptable behaviour policies following best practice recommendations in various Housing Ombudsman Spotlight reports and updated our Goodwill and Compensation policy as a result of learning from the feedback from Housing Ombudsman investigations.
- Our April tenant magazine, HouseProud included a full spread spotlight article on repairs to better inform tenants about the service provided and to manage expectations about what we can and cannot deliver. The outcome anticipated is an improvement in satisfaction.
- We launched an internal Complaints Charter to raise awareness across all employees about the importance of good complaint handling in line with the Housing Ombudsman's Complaint Code.

11. ACTIONS TO IMPROVE

We are committed to taking on board the findings from the complaints we receive and using this data to conduct further analysis. Over the next 12 months, we will implement a number of actions aimed at reducing the number of complaints, to drive performance aligns with that of peer organisations. By addressing the root causes of complaints and continuously improving our services, we aim to enhance customer satisfaction and service quality.

To improve performance, we will focus on:

1. **Enhanced Training Programmes:** We have committed to providing comprehensive training programs for our staff to ensure they are well-equipped to handle customer inquiries and complaints efficiently.
2. **Improved Communication Channels:** We have plans to enhance our communication channels to make it easier for customers to reach us and provide feedback. This includes upgrading our online platforms and improving digital access.
3. **Technology Upgrades:** We have committed to investing in technology upgrades to streamline our processes and improve service delivery, particularly where our repairs service is concerned. This includes adopting new software and tools that enhance efficiency and accuracy.
4. **Collaboration with Peer Organisations:** We have plans to collaborate with peer organisations to share best practices and learn from their experiences. This helps us stay updated with industry standards and continuously improve our services.
5. **Developing a Learning Culture:** We aim to foster a culture of continuous learning within the organisation. This involves encouraging staff to view complaints as opportunities for growth and improvement, rather than only issues to be resolved.
6. **Reviewing the Customer Complaint Journey:** We are dedicated to enhancing the customer complaint journey by mapping it with relevant areas of the business. By collaborating with different departments, we can gain a holistic understanding of the customer experience and identify key areas for improvement. This thorough review process will enable us to address any pain points and enhance the overall efficiency and effectiveness of our complaint handling procedures.
7. **Leveraging Collected Data:** Our aim is to make better use of the data we have collected to drive meaningful improvements. By analysing the complaint data we collect and overlying this with other data sets, such as repairs, contact with the organisation and property age, we can identify trends, pinpoint areas for improvement, and make informed decisions. This data-driven approach will help us proactively address issues, optimise our processes, and ultimately deliver a higher level of service to our customers.
8. **Analysing Complaints Not Upheld.** We will analyse complaints that were not upheld to identify patterns and insights. This will support our proactive communication efforts and help us address potential issues before they escalate.

12. GOVERNANCE STATEMENT

RESPONSE FROM OUR MEMBER RESPONSIBLE FOR COMPLAINTS, COUNCILLOR GLYN JONES AND OUR TENANT BOARD MEMBER COMPLAINT CHAMPION, MILCAH WALUSIMBI.

We ensure effective governance by working closely with the City of Doncaster Council's, Member Responsible for Complaints and our Tenant Board Member Complaint Champion. These individuals play a crucial role in overseeing and managing complaints to ensure transparency, accountability, and continuous improvement. Their response to this Annual Report is shown below.

"We are pleased to be able to respond to the Annual Complaint and Service Improvement Report 24/25.

Following the implementation of the revised Housing Ombudsman's Complaint Code in 2024, it is pleasing to see that St Leger Homes' has made further improvements to how quickly it responds to complaints, and, more importantly that the organisation is learning from complaints and using this feedback to change the way services are delivered. This Report has been discussed by the St Leger Homes' Board, will be shared with all City of Doncaster Council members and will be published on both organisations' websites.

The St Leger Homes' Board have received and reviewed the organisation's self-assessment against the Housing Ombudsman's Complaint Code, as have we, and have confirmed satisfaction with the outcome of the self-assessment; we are pleased to note the involvement of the Tenant Scrutiny Panel members in this.

As Member Responsible for Complaints and Tenant Board Member Complaint Champion it is also pleasing to see that a representative group of St Leger Homes' tenants, through a sub-group of the Tenant Scrutiny Panel, are involved in reviewing how well the company handles complaints and are given the opportunity to challenge performance where needed. We are also pleased to see that tenant, through their involvement in the One Voice Forum, are involved in shaping policies that support the investigation, processing and handling of complaints.

The report highlights the significant progress St Leger Homes has made in addressing customer complaints and enhancing our services. Their commitment to analysing data, implementing targeted training, and improving communication channels has yielded positive results and resulted in changes to key service areas.

It is pleasing to note that the feedback and recommendations from the Housing Ombudsman Service received in July has been incorporated into a revised Complaint Policy to ensure alignment with the Ombudsman's Complaint Code.

We do however recognise that there is still work to be done. We will work with St Leger Homes to ensure they continue to use the data they collect, not only in relation to complaints but across a range of areas, to drive further improvements. This will help embed a culture of continuous learning and collaboration across teams, to enhance the customer experience."

Appendix A: Self-assessment form

This self-assessment form should be completed by the complaints officer and it must be reviewed and approved by the landlord's governing body at least annually.

Once approved, landlords must publish the self-assessment as part of the annual complaints performance and service improvement report on their website. The governing body's response to the report must be published alongside this.

Landlords are required to complete the self-assessment in full and support all statements with evidence, with additional commentary as necessary.

We recognise that there may be a small number of circumstances where landlords are unable to meet the requirements, for example, if they do not have a website. In these circumstances, we expect landlords to deliver the intentions of the Code in an alternative way, for example by publishing information in a public area so that it is easily accessible.

Section 1: Definition of a complaint

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
1.1	Effective complaint handling enables residents to be heard and understood. The starting point for this is a shared understanding of what constitutes a complaint.	N/A	N/A	Response not required as not part of the self-assessment process. Included for completeness.
1.2	A complaint must be defined as: <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 here . (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 residents"</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 here . (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 here . (Sections 4.2 and 4.4); Internal Complaints	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 residents."</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,

			Charter	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 here . (Section 4.2) 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 here . (Section 4.6) 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

2.1	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.	YES	This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found here . (Sections 4.6 and 4.7)	<p>The policy sets out the reasons where we would not accept a complaint as follows:</p> <ul style="list-style-type: none"> • 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 line 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.
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"> • The issue giving rise to the complaint occurred over twelve months ago. • 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. 	YES	This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found here . (Section 4.6)	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.

	<ul style="list-style-type: none"> Matters that have previously been considered under the complaints policy. 			
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 here . (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 here . (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 here .(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: Yes / No	Evidence	Commentary / explanation
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 here.</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 here.</p> <p>The Equality and Diversity Policy can be found here.</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 www.stlegerhomes.co.uk.</p>

				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	<p>Open Housing System – Logging of complaints using Customer Contact</p> <p>Complaints Procedures; <i>Compliments, Comments and Complaints Policy</i> published on the Internal Intranet;</p> <p>Training for all Service Investigating Officers;</p> <p>Internal Complaints Charter</p>	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 complaints 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	<p>Customer and Performance Committee Minutes;</p> <p>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 here.</p> <p>The latest report to CDC cabinet on complaints can be found here.</p>	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 two-stage process, what will happen at	YES	Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found	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 the policy can be translated into different

	each stage, and the timeframes for responding. The policy must also be published on the landlord's website.		here. (Sections 7.1 to 7.22) Complaints Poster; Complaints Leaflet	languages or read aloud for those 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 here. (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 www.stlegerhomes.co.uk. 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 here. (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 rd 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 rd 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; Leaflets; Posters; Information on our website can be accessed here.	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: Yes / No	Evidence	Commentary / explanation
4.1	Landlords must have a person or team assigned to take responsibility for complaint handling, including liaison with the	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

	Ombudsman and ensuring complaints 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 here.</p> <p>The latest report to CDC cabinet on complaints can be found here.</p>	<p>liaising with the Housing Ombudsman's Office. The same 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>The Customer Relations Team of officers and those investigating complaints have the authority to offer resolutions and remedies. The Customer Relations Team will challenge SIO's 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.)</p>
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; Customer Excellence Training; Complaints Training.</p> <p>You Said We Did can be found here</p>	<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 has recently been completed setting out the various stages of handling a complaint and employees' responsibilities. An e-learning module based on the Customer Charter is also in the process of being produced and this will supplement the face-to-face training and the Charter. Learning from complaints is identified and</p>

				reported to Customer and Performance Committee and where appropriate to report back to customers using a You Said, We Did approach which is published on our website.
--	--	--	--	---

Section 5: The Complaint Handling Process

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
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 here .	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 here . (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 here . (Sections 7.1 – 7.22) 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 here . (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.
5.5	Landlords are responsible for ensuring	YES	Policy document:	As advised above.

	that any third parties handle complaints in line with the Code.		<i>Compliments, Comments and Complaints</i> . A copy of the policy can be found here . (Section 5.3)	
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 here . (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 here . (Section 7.2) 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"> a. deal with complaints on their merits, act independently, and have an open mind; b. give the resident a fair chance to set out their position; c. take measures to address any actual or perceived conflict of interest; and d. consider all relevant information and evidence carefully. 	YES	Complaints Training; 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 resident suitable intervals for keeping them informed about their complaint.	Yes	Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found here . (Section 7.7 and 7.21)	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.

			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 here. (Section 6.3);</p> <p>Open Housing System and tenant attribute fields</p> <p>Equality, Diversity and Inclusion Policy can be found here.</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 here. (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"> • 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.

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	Open Housing – Customer Relationship Management System Document Management System (Enterprise) 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	Goodwill and Compensation 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 Goodwill and Compensation 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 here . (Sections 8.1 – 8.4)	Our Compliments, Comments and Complains 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.		Policy document: <i>Unacceptable Behaviour Policy</i> ; <i>Compliments, Comments and Complaints Policy</i> Section 8.2	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
--	------------------	-------------------------	----------	--------------------------

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 within five working days of the complaint being received.	YES	Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found here . (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 within 10 working days of the complaint being acknowledged.	YES	Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found here . (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 here . (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.
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 here . (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	YES	Policy document: <i>Compliments, Comments and Complaints</i> . A copy of	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 required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.		the policy can be found here . Section 7.3	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 here . 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 here . 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"> a. the complaint stage; b. the complaint definition; c. the decision on the complaint; d. the reasons for any decisions made; e. the details of any remedy offered to put things right; f. details of any outstanding actions; and g. details of how to escalate the matter to stage 2 if the individual is not satisfied with the response. 	YES	Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found here . (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 investigation and remedial actions if applicable. Details of how to escalate if the complainant is not happy are included with the response.

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 here . (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 here . (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 here . (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 here . (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.
6.14	Landlords must issue a final response to the Stage 2 within 20 working days 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 here . (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	YES	This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of	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.

	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.		the policy can be found here . (Section 7.21)	
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 here . (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 here . 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 here . 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.
6.19	Landlords must confirm the following in writing to the resident at the completion of stage 2 in clear, plain language: a. the complaint stage; b. the complaint definition; c. the decision on the complaint; d. the reasons for any decisions made; e. the details of any remedy offered to put things right; f. details of any outstanding	YES	This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found here . (Section 5.6)	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.

	g. actions; and details of how to escalate the matter to the Ombudsman Service if the individual remains dissatisfied.			
6.20	Stage 2 is the landlord's final response and must involve all suitable staff members needed to issue such a response.	YES	This requirement is defined in our Policy document: <i>Compliments, Comments and Complaints</i> . A copy of the policy can be found here . (Sections 7.16 and 7.19)	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.

Section 7: Putting things right

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
7.1	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: <ul style="list-style-type: none"> • Apologising; • Acknowledging where things have gone wrong; • Providing an explanation, assistance or reasons; • Taking action if there has been delay; • Reconsidering or changing a decision; • Amending a record or adding a correction or addendum; • Providing a financial remedy; • Changing policies, procedures or practices. 	YES	<i>Goodwill and Compensation Policy;</i> Complaint responses at Stage 1 and Stage 2. <i>Compliments, Comments and Complaints Policy</i> Section 5.6. A copy of the policy can be found here .	Where a complaint is upheld, we provide a detailed explanation highlighting the improvements made and an apology. Our Goodwill and Compensation Policy supports the approach we will take to putting things right.

7.2	Any remedy offered must reflect the impact on the resident as a result of any fault identified.	YES	<i>Goodwill and Compensation Policy;</i> 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 Goodwill and Compensation 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>Goodwill and Compensation Policy;</i> Ombudsman's Remedies Guidance published on our Intranet and referenced in our Internal Complaints Charter.	Any remedy is awarded in line with our Goodwill and Compensation 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
8.1	Landlords must produce an annual complaints performance and service improvement report for scrutiny and challenge, which must include: a. the annual self-assessment against this Code to ensure their complaint handling policy remains in line with its requirements. 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	YES	Annual Report to Overview and Scrutiny Management Committee (City of Doncaster Council) which can be found here . Performance Reports to Customer and Performance Committee; Self-Assessment reported to Board annually which can be found here . Annual Complaint and Service Improvement Report which	Our performance is reported annually to the City of Doncaster's Council's Overview and Scrutiny Management Committee in September. Complaint numbers and how we are performing against key performance indicators are also reported quarterly to the City of Doncaster Council's Cabinet meetings. St Leger's Board receives a report annually to approve the self-assessment against the Housing Ombudsman's Complaints Code. 1/4ly and year end performance is also reported to our

	<p>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>		<p>can be found here.</p> <p>The latest report to CDC cabinet on complaints can be found here.</p>	<p>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 here.</p> <p>Customer and Performance Committee Report can be found here.</p> <p>Customer and Performance Committee Minutes reported to Board can be found here.</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> <p>Committee response to these reports are taken down as minutes and available on the SLHD website under the Board Reports section.</p>
8.3	<p>Landlords must also carry out a self-assessment following a significant restructure, merger and/or change in procedures.</p>	YES	<p>Self-Assessment reported to Board which can be found here.</p>	<p>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.</p>
8.4	<p>Landlords may be asked to review and update the self-assessment following an Ombudsman investigation.</p>	YES	<p>Self-Assessment reported to Board should this arise.</p>	<p>We will fully comply with this should this arise</p>
8.5	<p>If a landlord is unable to comply with the Code due to exceptional</p>	YES	<p>Evidence will be provided should this occur</p>	<p>We will fully comply with this should this arise</p>

	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.			
--	--	--	--	--

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 here . Customer and Performance Committee Customer Feedback Report which can be found here .	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 source of intelligence to identify issues and introduce positive changes in service delivery.	YES	You Said, We Did on the website here ; Customer Excellence Training; Customer and Performance Committee Customer Feedback Report which can be found here .	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 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 here ; Customer and Performance Committee Customer Feedback Report which can be found here ; Annual Report to Overview and Scrutiny Management	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

			Committee (City of Doncaster Council) which can be found ; Annual Complaint and Service Improvement Report which can be found here .	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; Customer and Performance Committee Customer Feedback Report which can be found here .	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 the Member Responsible for Complaints ('the MRC').	YES	Minute of Board meeting 7 th March 2024 can be found on our website here . (Under April 2024 – Agenda point 6)	The Portfolio Holder for Housing from City of Doncaster Council is designated Member Responsible for Complaints (MRC) we also have a Board Member Complaint Champion.
9.6	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.	YES	Minute of Board meeting 7 th March 2024 can be found on our website here . (Under April 2024 – Agenda point 6) Customer and Performance Committee Customer Feedback Report which can be found ; Report to City of Doncaster Council's Overview and Member Scrutiny Committee. Annual Complaint and Service Improvement Report which can be found here . The latest report to CDC cabinet on complaints can be found	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. 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 be provided with updates from the Housing Ombudsman's office on the outcomes of Ombudsman's investigations. The Board Member Complaint Champion is a member of our Customer and Performance Committee to ensure regular reporting and insight into complaint performance. The MRC meets with the Chief Executive on a regular

			here.	<p>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>They have 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>
9.7	<p>As a minimum, the MRC and the governing body (or equivalent) must receive:</p> <ul style="list-style-type: none"> a. regular updates on the volume, categories and outcomes of complaints, alongside complaint handling performance; b. regular reviews of issues and trends arising from complaint handling; c. regular updates on the outcomes of the Ombudsman's investigations and progress made in complying with orders related to severe maladministration findings; and d. annual complaints performance and service improvement report. 	YES	<p>Performance Reports to Customer and Performance Committee; Annual Report to Overview and Scrutiny Management Committee (City of Doncaster Council) which can be found; Annual Complaint and Service Improvement Report which can be found here.</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	Landlords must have a standard objective in relation to complaint handling for all relevant employees or	YES	Customer Feedback Reports to Customer and Performance Committee;	<p>This is an objective that is set for the organisation. Our leadership team work collaboratively to ensure that we are</p>

	<p>third parties that reflects the need to:</p> <ul style="list-style-type: none"> a. have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments; b. take collective responsibility for any shortfalls identified through complaints, rather than blaming others; and c. act within the professional standards for engaging with complaints as set by any relevant professional body. 		<p>Values and behaviours documents</p>	<p>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 under-pinned 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>
--	---	--	--	---

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 07 August 2025

Item : 12

Subject : Housing Allocation and Mutual
Exchange Annual Insight Report

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

Prepared by : Andrea Jarratt, Access and Allocations
Service Manager

Purpose : To update the Board on the Housing
Register, Allocations and Mutual
Exchanges

Recommendation : That Board note the report.

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. 12
Date: 07 August 2025**

1. Report Title

1.1 Housing Allocation and Mutual Exchange Annual Insight Report

2. Executive Summary

2.1 As part of the revised reporting to the City of Doncaster Council (CDC), this is a review of the Access to Homes Housing Allocations and Mutual Exchange insight reporting framework, delivered by the Doncaster HomeChoice Team on behalf of CDC.

2.2 The document provides summary statistics on the housing register applicants by band and household type for Q1 2025/26, including the number of lettings by property type and geographical area, as well as mutual exchange activity. This follows the report in May 2025 which summarised activity for the previous financial year. Reports are bi-annual and dependent on the data available.

3. Purpose

3.1 To provide insight into Housing Demand, Housing Allocations and Mutual Exchange activity to EMT, Board and CDC to broaden awareness of supply and demand and inform related strategic work strands. This report sets out the current high- level information collected and is in addition to regular and more detailed reporting to the Strategic Housing function within CDC.

4. Recommendation

4.1 That Board note the report.

5. Background

5.1 Last year a reporting framework was agreed with the council to formalise the insight data around housing supply and demand reported to the Council as part of its annual performance reporting under the terms of the Management Agreement.

5.2 This paper provides the opportunity for the Board to consider the activity around the demand and use of the Housing Stock managed by SLHD.

6. Housing Need (Housing Register)

6.1 (Table A below) The most significant trend in the data is the increase in the total number of applicants on the housing register. The number of applicants rose

from 7,949 in Q1 2024/25 to 9,002 in Q1 2025/26. This represents an increase of 1,053 applicants, which is a notable growth in demand for housing.

- 6.2 Band Distribution remains consistent with the previous year. The Bronze band remains the largest group, with a slight increase from 46.43% to 47.60%. The Gold band saw an increase from 14.72% to 16.31%, while the silver band decreased slightly from 17.55% to 16.47%. The proportion of single applicants increased from 40.77% to 42.55%. The Platinum Band is currently subject to a review to reconcile cases that have a main homelessness duty which have reduced in recent months. This review will look to remove Platinum priority for those applicants who are not actively bidding.

6.3 Table A Housing Register by Priority Band & Household Type

Household /Band	Single Person	Couple	2 Adult	3 Adult	Single Applicant + Access children	H/hold +1 Child	H/hold +2 Child	H/hold +3 Child	H/hold +4 Child	H/hold 5 or more Child'	Total	% Of Total Register
Platinum	230	33	6	0	1	73	44	34	18	9	448	5%
Gold	614	126	19	1	0	312	173	115	56	52	1468	16.3%
Silver	558	101	4	4	3	303	223	183	69	35	1483	16.5%
Bronze	1824	329	30	8	6	1044	671	264	86	23	4285	47.6%
General	165	94	4	0	0	41	34	11	2	1	352	3.9%
Transfer	440	89	13	2	1	169	156	62	27	7	966	10.7%
Total	3831	772	76	15	11	1942	1301	669	258	127	9002	100%
% Of Total Register	42.5%	8.6%	0.81%	0.16%	0.12%	21.6%	14.4%	7.4%	2.9%	1.4%		

- 6.4 This trend is significant because it indicates a growing need for housing assistance and resources. The increase in applicants could be due to various factors such as, economic conditions, and complexity of housing need. Understanding this trend can help in planning and allocating resources more effectively to meet the housing needs of the community.

7. Bidding Activity

- 7.1 Bidding activity and transfer list: Approximately 33% of applicants bid during Q1, with the highest bidding rates made by those in the highest housing in the Gold (43.46%) and Platinum (41.29%) bands. The transfer list includes 966 tenants, with 25.16% bidding. Among care leavers in the Gold band, 28.97% participated in bidding. A full review of the housing register is underway, which will include contacting all applicants who are not actively bidding with a view to removing applicants whose housing need has changed and no longer require council housing.

7.2 Bidding Activity by Priority Band

Band	No. on Housing Register	Bidding during Q1	% of band bidding
Platinum	448	185	41.29%

Gold	1468	638	43.46%
Silver	1483	545	36.75%
Bronze	4285	1254	29.26%
General	352	55	15.62%
Transfer	966	243	25.16%
Total	9002	2920	32.44%

7.3 Care Leavers Bidding Activity

No. of Care leavers in Gold band	No. Bidding	% Bidding
145	42	28.97%

N.B. It should be noted that there is both a shared accommodation model and direct match agreement outside of the bidding process to support the rehousing of this group.

7.4 Lettings by Property Type

<u>Q1 2025/26</u>	<u>Property Type</u>					
	<u>House</u>	<u>Bung'</u>	<u>Flat</u>	<u>Maisonette</u>	<u>Bedsit</u>	<u>Total</u>
<u>No. of properties</u>	104	103	94	4	1	306

Flats include age designated and general needs properties. In comparison to Q1 of 2024/5 the number of houses let increased by 43% and flats let decreased by 71%. The number of lettings over Q1 increased by 29% on 2024/5. The annual variance will be reported in the next planned report.

7.5 Lettings by Management Area

<u>Area</u>	<u>House</u>	<u>Bungalow</u>	<u>Flat</u>	<u>Maisonette</u>	<u>Bedsit</u>	<u>Total</u>
<u>Central</u>	<u>25</u>	<u>19</u>	<u>36</u>	<u>2</u>	<u>1</u>	<u>83</u>
<u>North</u>	<u>21</u>	<u>22</u>	<u>19</u>	<u>1</u>	<u>0</u>	<u>63</u>
<u>East</u>	<u>26</u>	<u>20</u>	<u>15</u>	<u>0</u>	<u>0</u>	<u>61</u>
<u>S- West</u>	<u>32</u>	<u>42</u>	<u>24</u>	<u>1</u>	<u>0</u>	<u>99</u>
<u>Total</u>	<u>104</u>	<u>103</u>	<u>94</u>	<u>4</u>	<u>1</u>	<u>306</u>

Lettings by property type and area: A total of 306 council properties were let in Q1, mainly houses (104) and bungalows (103). Geographically, the Central area had the highest number of lettings (83), followed by South-West (99). This is consistent with previous activity.

7.6 Total number of new SLHD lettings by Band

<u>Q1</u> <u>2025/26</u>	<u>Band</u>						
	<u>Platinum</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>	<u>Transfer</u>	<u>Genral</u>	<u>Total</u>
<u>No.of properties</u>	<u>117</u>	<u>124</u>	<u>21</u>	<u>33</u>	<u>11</u>	<u>0</u>	<u>306</u>

Properties were predominantly allocated to applicants in the highest housing need. Family houses and non-age designated flats are in most demand with age- designated accommodation being allocated to applicants in lower bands due to a lower number of older people having an assessed housing need.

8 Mutual Exchanges

8.1 Legally we have 42 days to make a decision on any applications in accordance with the Housing Act 1985

8.2 In Q1 of 2025/26 we completed 36 mutual exchanges and a 100% approval rate within 42 days. During this period, we received 78 applications and 38 were closed, withdrawn or refused. In comparison to 2024/5 we completed 54% more exchanges in 2025/6 and had a lower cancellation and refusal rate. This is reflective of the implementation of the Homeswapper website where our tenants can register free of charge and have more visibility of the progress of their exchange, and the rise in demand for housing and need to consider options other than transfer to secure a move.

8.3 Due to pressures on housing, applications are increasing, and we are currently remapping the internal processes across teams, to identify where processes can be improved and made leaner. We are currently trialling the transfer of the property condition visit from a qualified surveyor to a frontline housing officer, to both increase capacity and strengthen relationships between the tenant and housing officer.

8 Downsizing Policy

9.1 We are implementing a targeted pilot incentive scheme to support tenants who have barriers to downsizing to support to move to a sustainable tenancy and free up family accommodation for those most in need. This is specifically to provide practical support and/or an incentive to known tenants with the identified budget for this financial year known to our tenancy sustainability and housing management teams, who are not necessarily on the Housing Register for a transfer. We will then evaluate the outcomes to inform any future proposals. The budget for this year is £48,000 and the incentive agreed is a one-off payment of £1,000 per bedroom being released in comparison to their new home to a maximum of £3,000. Therefore, the maximum amount would apply to a tenant in a 4 bedroomed house moving to a 1 bed bungalow or flat. This could be a one-off payment up to the maximum amount or this amount could be used partly or fully to remove any barriers to moving such as supporting the tenant with moving costs, for example.

9.2 Initial preparatory work has been undertaken by the Tenancy Support Team to firm up the process of contacting tenants. With assistance from CDC Housing Benefits team, officers have obtained confirmation of tenants under occupying by 2 or more bedrooms; the majority of which are not claiming Discretionary Housing Payments. A referral process is being set up to track progress of the scheme in the same way any other assistance offered to tenants to allow for audit.

9.3 Under Doncaster City Council's Housing Allocations Policy currently we have 103 under occupiers in the Platinum, 19 in Gold and 311 in Silver bands.

10. Procurement

10.1 No Issues arising from this report

11. VFM Considerations

11.1 Making best use of the Housing Stock and delivering a fair and equitable allocations service will deliver value for money.

12. Financial Implications

12.1 No financial implications arising from this report.

13. Legal Implications

13.1 The legal framework for social housing allocations is governed by Part 6 of the Housing Act 1996. This act mandates that local authorities develop and deliver allocation policies which give 'reasonable preference' to certain categories of applicants, such as homeless applicants and those living in unsuitable housing. This report demonstrates full compliance with this legal framework.

14. Risks

14.1 No new risks arising from this report

15. Health, Safety & Compliance Implication

15 No Issues arising from this report

16. IT Implications

16.1 No Issues arising from this report

17. Consultation

17.1 No Issues arising from this report

18. Diversity

18.1 No Issues arising from this report

18. Communication Requirements

18.1 No Issues arising from this report

19. Equality Analysis (new/revised Policies)

19.1 No Issues arising from this report

20. Environmental Impact

20.1 No Issues arising from this report

21. Report Author, Position, Contact Details

21.1 Andrea Jarratt/Mark Steward

22. Background Papers

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England.

Company Number 05564649

Board Meeting REPORT

Date : 07 August 2025

Item : 13

Subject : Tenancy and Estate Management report

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

Prepared by : Jayne Hurley, Head of Housing Management

Purpose To provide a 6 monthly overview of the core functions, performance and key developments in the Tenancy and Estate Management service area with the development of a new Access Team.

Recommendation: The Board is asked to:

- i) Note the performance across Tenancy and Estate Management service areas for 2024/25 (including April 2025 year-to-date), as outlined in this report.
- ii) Endorse the continued use of the Tenancy Sustainability Model to guide service delivery and early intervention
- iii) Support the ongoing development of the Access team and request a future update once performance data becomes available.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

**Agenda Item: 13
Date: 07 August 2025**

1. Report Title

- 1.1 Tenancy and Estate Management Report

2. Executive Summary

- 2.1 This report outlines the key functions and developments within the Tenancy and Estate Management service.
- 2.2 The report also provides a high-level overview of performance across key service areas within the Tenancy and Estate Management service provision. It reflects our continued commitment to delivering effective housing services through the lens of our Tenancy Sustainability Model.
- 2.3 This report covers the full financial year 2024/25, and the first quarter (Q1) performance of 2025/ 26 (April, May and June).

3. Purpose

- 3.1 This report provides an overview of the core functions, performance, and a recent development within the Tenancy and Estate Management service. The reporting period covered by the report includes the full financial year 2024/25, and the first quarter performance of 2025/ 26 (April, May and June).
- 3.2 It aims to highlight key trends, achievements, and areas for improvement across tenancy management, estate standards, tenancy support, financial inclusion, income recovery and safeguarding and anti-social behaviour enforcement.
- 3.3 The report also demonstrates how these activities align with our Tenancy Sustainability Model, which is a proactive, person-centred approach designed to help tenants maintain successful and secure tenancies. It focuses on early identification of risk, targeted support, and collaborative working across services to prevent tenancy failure and promote long-term housing stability.

4. Recommendation

- 4.1 The Board is asked to:

- Note the performance across Tenancy and Estate Management service areas for 2024/25 (including April 2025 year-to-date), as outlined in this report.
- Endorse the continued use of the Tenancy Sustainability Model to guide service delivery and early intervention.
- Support the ongoing development of the Access Team and request a future update once performance data becomes available.

5. Overview of the Tenancy and Estate Management Services

- 5.1 The Tenancy and Estate Management service plays a central role in delivering safe, sustainable, and well-managed homes for our tenants. It is underpinned by our Tenancy Sustainability Model, focusing on early intervention, proactive engagement, and tailored support to help tenants maintain successful tenancies and contribute to thriving communities. The service is broken down into the following areas:

Tenancy Management

This service covers the full lifecycle of a tenancy, from sign-up through to long-term sustainment. It includes:

- **New Tenancy Sign-Ups:** Managing introductory, secure, and flexible tenancies, ensuring tenants understand their rights and responsibilities from the outset.
- **Tenancy Visits:** Conducting timely introductory and Keep in Touch (KIT) visits to build relationships, identify support needs, and address issues early.
- **Tenancy Progression:** Monitoring and managing the transition from introductory to secure tenancies, including extensions where necessary.
- **Breach Management:** Responding to tenancy breaches (e.g. anti-social behaviour, property condition) through proportionate and supportive enforcement.
- **Legal Enforcement:** Issuing formal notices where required to protect community standards and uphold tenancy conditions.

Estate Management

Estate Management ensures that our neighbourhoods are clean, safe, and well-maintained. This includes the following functions:

- **Estate Walks:** Regular inspections categorised by risk level (high, medium, low) to identify and resolve local issues.
- **Communal Area Inspections:** Ensuring shared spaces meet health and safety standards and are well cared for.
- **Grounds Maintenance:** Monitoring the delivery of open plan grass cutting and garden services to maintain environmental standards and tenant satisfaction.

Tenancy Sustainability

The Tenancy Sustainability Team encompasses several diverse teams, each working to the common purpose of supporting tenants to sustain a successful tenancy. The teams comprise of Tenancy Support, Income Management, Financial Inclusion, Mental Health Navigators and a new Access Team.

Tenancy Support

This team provides targeted support to tenants who may be at risk of tenancy failure due to financial hardship, mental health challenges, or other vulnerabilities. The service includes:

- Tenancy Support casework and referrals to specialist services
- Financial inclusion activities and benefit maximisation
- Verifying Universal Credit housing costs claims
- Managing the Furnished Tenancy Scheme
- Providing financial advice and support for tenants who are experiencing damp and mould
- Mental health navigator support and signposting

Income Management

Part of the Tenancy Sustainability team, the Income Management Team is responsible for rent collection and arrears prevention. The team works closely with tenants to:

- Monitor arrears levels and trends
- Provide early intervention and support
- Progress enforcement where necessary to protect income and sustain tenancies

Access Team – New Development

To address ongoing challenges with gaining access for essential compliance visits such as gas servicing, electrical checks, fire safety, and asbestos inspections, a dedicated Access Team has been established within the Housing and Customer Services Directorate based within the Tenancy Sustainability Team.

A dedicated project team has been established to lead the development of the new Access Team, working to a structured project plan created as part of the Business Transformation programme. The plan outlines key deliverables, timelines, and governance arrangements to support successful implementation. Key progress includes:

- Completion of current process mapping and near-finalisation of new end-to-end processes around access into customer homes.

- Recruitment of a Team Leader and three Access Officers, who are now preparing for the team's go-live phase.

The Access Team will focus on:

- Improving access rates for statutory and safety-related visits.
- Reducing failed appointments and associated risks.
- Supporting tenants to understand and meet legal access requirements.

Although performance data is not currently available, the work of the team is expected to play a key role in improving compliance, reducing enforcement costs, and enhancing tenant safety.

Safeguarding & Anti-social behaviour (S&ASB) Team

The Safeguarding and Anti-Social Behaviour (ASB) Team plays a critical role in promoting safe, sustainable communities and supporting vulnerable tenants across Doncaster. The team is responsible for managing high-category ASB cases and safeguarding concerns involving children, young people, and adults at risk.

The work of the team:

- This team of skilled and knowledgeable professionals work across Doncaster to ensure safeguarding concerns and reports of high category ASB are dealt with promptly and effectively.
- Prevention and early intervention, using tools such as vulnerability risk assessments, action plans, and community engagement to reduce harm and support tenancy sustainment
- Policy and compliance, ensuring all actions align with SLHD's ASB and Safeguarding Policies, the Housing Management Policy, and relevant legislation
- Respond to high category ASB reports received within 24 working hours.
- Provide a named officer for all complainants and provide guidance and advice to help them through the ASB they are experiencing.
- Partnership working on many city-wide joint working forums, including the Child Exploitation Tactical Group, Violence Reduction Group, Sex Work Group, Organised Crime Group, ASB Theme Group, MARAC, MAPPA, Children's and Adults Safeguarding Boards, child protection conferences, along with a range of area specific multi-agency meetings.
- Many ASB and crime cases are often joint worked with police colleagues and the team plays a key role in submitting intelligence to police colleagues to assist in their work.
- The S&ASB Team play a key partnership role in disrupting organised crime activity while the police work to dismantle it.

Examples of the types of cases the S&ASB Team deal with include, but are not limited to:

- ✓ All safeguarding concerns
- ✓ Drugs related issues
- ✓ Fleeing Violence
- ✓ Harassment, Threats & Intimidation
- ✓ Hate Crime
- ✓ Hoarding
- ✓ Organised Crime
- ✓ Criminal Behaviour
- ✓ Physical Violence
- ✓ Animal Attacks
- ✓ Sex Work
- ✓ Vandalism

The team's approach is rooted in fairness, transparency, and a strong commitment to partnership working, contributing to SLHD's wider mission of creating thriving, safe neighbourhoods.

6. Tenancy and Estate Management Performance

6.1 The table at appendix 1 details the performance for each of the service areas within Tenancy and Estate Management for the financial year 24/25 and also the first quarter of 2025 (April- June).

6.2 Appendix 2 details the performance in graph form for the Safeguarding and ASB team performance for the financial year 24/25 along with the first quarter of 2025 (April- June) this includes:

- Low and medium tenancy breach cases received
- Legal tools and powers used
- Case breakdown by category
- Cases received
- Number of open and closed cases

6.3 The Tenant Satisfaction Measures (TSM's) provide a regulatory benchmark for tenant experience and service delivery. TSMs provide a structured way to measure tenant satisfaction across key service areas such as:

- Anti-social behaviour (ASB) handling
- Communal area standards
- Positive contribution to neighbourhoods

TSMs are embedded within the broader Tenancy Sustainability Model (TSM), which underpins the delivery of tenancy and estate services at St Leger Homes.

The latest TSM survey data which has 23/24, 24/25 and 25/26 YTD relating to the above service areas show us as improving each year (so far) and we are top quartile.

Appendix 3 provides the full detail of the TSM data.

Tenancy and Estate Management performance summary

Tenancy Management

- **Garden Maintenance Compliance**

Across the borough, the number of garden condition cases remains relatively high. To address this, Housing Officers are being encouraged to adopt a more proactive presence on estates to identify and resolve issues at an earlier stage. In addition, Area Housing Managers (AHMs) are currently reviewing the 56-day timescale currently allowed for tenants to bring gardens up to an acceptable standard, with a view to improving compliance and visual standards across neighbourhoods.

- **New Tenant Visit Performance Reporting**

The current performance reporting mechanism for new tenant visits does not accurately reflect the volume of work undertaken. While the majority of visits are attempted or completed within the RAG-rated timescales (detailed at appendix 5), the system only records completed and not attempted visits. Team Leaders continue to monitor this monthly as part of Housing Officer performance management, and exception reasons are recorded for any visits that fall outside the expected timeframe.

- **Keeping in Touch Visits (KI5)**

Many tenants manage well independently and have minimal contact with Housing Officers, often going long periods without a visit. Whilst most do not require intervention, regular contact is good customer care, helps us stay informed about who lives in our homes and how our properties are being maintained.

The Keeping in Touch (KIT) visit programme aims to engage with tenants we may not regularly see, check on their wellbeing, verify tenancy details, assess property condition, and identify any repair, management, or support needs. KIT visits are a cross-team effort. While Housing Officers lead most visits, colleagues from Safeguarding & Anti-Social Behaviour, and Tenancy Sustainability also take part when already involved with a case.

A 3-year rolling schedule was introduced, targeting around 6,500 tenants annually. In its first year, the programme prioritised visiting tenants over 70, those in high-rise flats, households with no contact in the past 12 months, and those in larger family homes (4–6 bedrooms).

Since the start of the programme in January 2024 to current date, 6905 KIT visits have been completed, including 1149 completed during the financial year 2025/26.

The KIT visit programme has been fully digitalised using Total Mobile software. This has significantly reduced the time required to complete visits and associated follow-up actions such as repair requests and safeguarding referrals. It also enhances our ability to capture and report on outcomes, providing a clearer picture of the programme's effectiveness and its contribution to tenancy sustainability.

Outcomes from the KIT visits are detailed at appendix 4, reflecting the programme's broad impact across tenancy verification, property condition, support needs, and customer engagement:

The programme is yielding a range of operational and strategic outcomes, particularly in the areas of safeguarding and tenancy support. A key learning point is the importance of structured data collection and analysis to inform service delivery. For example, enhancements to the KIT visit forms are enabling more granular tracking of tenant needs, such as internet access, mental health support, and safeguarding concerns, with strengthened efforts underway to ensure this data is routed to the appropriate teams for quicker action.

The KIT programme is evolving into a more responsive, data-informed, and collaborative model of housing management. While there are still challenges particularly around resource allocation and system integration, the direction of travel is clear. By refining processes and prioritising multi-agency collaboration, the service is better positioned to meet the needs of its most vulnerable residents and deliver meaningful, measurable outcomes.

- **Tenancy Management Digital Transformation Journey**

AHMs are working in collaboration with the Business Transformation Team to fully digitalise the tenancy journey, from sign-up through to the tenancy becoming secure. This initiative aims to enhance process efficiency and improve the accuracy and transparency of performance management.

- **Estate Management**

Estate management activity continues to be a key operational focus, with structured processes in place to monitor and maintain standards across neighbourhoods. The number of estate walks is reviewed annually and aligned with estate categorisation high, medium, low ensuring that inspection frequency is proportionate to local need. These walks are now conducted digitally via the Total Mobile app, enabling real-time recording and performance monitoring. The number of estate walks carried out April 24 to date is 468.

Estate walks serve as a platform for assessing the quality of grounds maintenance delivered by City of Doncaster Council (CDC) under the Service Level Agreement (SLA). This includes open-plan and communal garden areas. Area Housing Management Teams actively promote estate walks to encourage participation from partners and residents, reinforcing a collaborative approach to neighbourhood management.

Communal area inspections are also undertaken quarterly using the Total Mobile app. Issues relating to cleanliness are logged and escalated directly to Metro Clean. Performance against the SLA is jointly reviewed by the lead officers from SLHD and CDC, with exception reporting and missed cleans tracked through a shared action log.

Grounds maintenance performance is reviewed quarterly in partnership with CDC. CDC provides statistical updates on completed works and exception reasons for any missed service. A dedicated issue log supports the resolution of service concerns and informs continuous improvement. CDC is currently transitioning to a new system that will enable site mapping and improve accessibility for SLHD Housing Officers.

The Garden Service Team, which supports tenants unable to maintain their gardens independently, has recently migrated to a new DRS (scheduling) system. While performance monitoring remains spreadsheet-based, work is underway with IT colleagues to develop an integrated reporting tool through DRS. In parallel, efforts are also ongoing to promote the service, expand its customer base, and showcase the positive impact of the team's work.

- **Tenancy Support**

Cost-of-living pressures and extreme housing market conditions continue to place pressures on the work of the Tenancy Sustainability Team. These have continued this year as the Tenancy Support Team continues to experience rising demands for tenancy support services and increasingly complex support needs of those being referred.

Keeping in Touch (KIT) visits has also generated additional referrals to the team as staff encounter vulnerable tenants with support needs. This, as well as the current economic climate, has resulted in cases being in support for longer periods of time, which in turn has led to longer waiting times for support and a lower throughput of cases overall in the year. However, successful outcomes, financial gains, satisfaction and sustainable resilience amongst those we support remains excellent, with over 99% of those supported still in their tenancies 6 months after their support has ended.

Last year a number of improvements to the services we provide were made such as mapping key processes with the Business Transformation team, holding Cost of Living events across all areas of the City and offering new drop-in sessions at the Civic Building every Wednesday for tenants to call in with any benefit or rent support they need.

We also obtained external funding from Public Health for a Smokefree Officer who is now operating within the team and providing advice and support to staff and tenants who want to stop smoking.

The team were also successful in becoming members of the national HACT (Housing Associations' Charitable Trust) fund, enabling us to access much needed energy vouchers for tenants on pre-payment meters for up to £300 per tenant. The team also successfully trialled a Universal Credit BOT, an automated digital tool developed to streamline the process of verifying Universal Credit (UC) claims within housing management systems which verified thousands of claims for housing costs

- **Income Management**

In terms of rent arrears, whilst the numbers of tenants in debt with their rent remains relatively stable, the average amounts owed by individuals are increasing as tenants continue to struggle with cost-of-living pressures.

In addition, as most new tenants are housed from Platinum bands, often with complex needs and an unstable housing history, this now coincides with the final phase of UC Managed Migration for the most challenging cohort of claimants. These two factors have culminated in vulnerable tenants needing far more support to set up a tenancy and make a Universal Credit (UC) claim for the first time within a prescribed timescale, as well as the possibility of being less well-off financially. Understandably, this has resulted in additional work for all teams within the Tenancy Sustainability team.

- **No Access Cases**

The newly established Access Team will assume responsibility for managing no access cases, relieving area teams of this workload. The focus of this team will be on providing support and promoting tenancy sustainability before progressing to any enforcement action. Mobilisation of the team has been brought forward from September to mid-August 2025.

- **Performance Summary S&ASB Team and case trends**

During the reporting period, safeguarding and anti-social behaviour (ASB) cases have remained evenly distributed across the borough, with no specific geographic clusters of high reporting. The Safeguarding and ASB (S&ASB) Team continues to manage a diverse and complex caseload, with the most prevalent issues including harassment, threats and intimidation, drug-related activity, safeguarding of vulnerable adults, individuals fleeing violence, and hoarding behaviours.

A significant proportion of drug-related and harassment cases are managed in close partnership with South Yorkshire Police (SYP). This joint working ensures that intelligence is shared effectively and that all available tools and powers are utilised across agencies to deliver robust and coordinated

responses. In all drug-related cases, Police Intelligence Reports (PIRs) are completed to support SYP in building evidence for enforcement action, including warrant applications.

Hoarding has emerged as one of the top five case categories for the S&ASB Team in 2025/26 to date. In response, the team has established the “Space to Breathe” group an innovative peer support initiative designed to provide a safe and supportive environment for tenants experiencing hoarding behaviours. The group encourages shared experiences and mutual support, with the aim of fostering sustainable behavioural change and improving tenancy outcomes. This approach reflects a broader shift towards person-centred practice, balancing the needs of the individual with the operational requirements of SLHD.

Summary

This report highlights key trends, achievements, and areas for further improvement across tenancy management, estate standards, tenancy support, income recovery, and enforcement.

Overall, the Tenancy and Estate Management Service has delivered steady and sustained performance across core areas, with strong progress in tenancy support and estate inspections. However, some areas such as grounds maintenance, tenancy breach resolution, and early-stage arrears recovery require continued focus and some further improvement.

7. Procurement

7.1 There are no procurement implications within this report.

8. VFM Considerations

8.1 There are no Value for Money implications within this report.

9. Financial Implications

9.1 There are no financial implications within this report

10. Legal Implications

10.1 There are no legal implications within this report

11. Risks

11.1 There are no specific risks associated with this report.

12. Health, Safety & Compliance Implication

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

13. IT Implications

13.1 There are no IT implications associated with this report.

14. Diversity

14.1 There are no diversity implications associated with this report

15. Environmental Impact

15.1 There are no environmental impacts associated with this report

16. Report Author, Position and Contact Details

16.1 Jayne Hurley, Head of Housing Management 01302 862592

Appendix 1 Performance by Service Area

Housing Management Services (Safeguarding and ASB, Tenancy Sustainability, Tenancy & Estate Management)	Total number of notices served	2024/25	April 2025 YTD- Quarter 1
	Notice Of Seeking Possession (NOSPs)	852	214
	Notice to Quit (NTQ)	45	9
	Notice Of Demotion (NOD)	8	0
	Notice Of Possession Proceedings (NOPP)	9	2
	Notice Of Extension (NOE)	14	4
Service Area	Performance Indicator	2024/25	April 2025 YTD- Quarter 1
Tenancy Management	<p>Number of existing tenancies which are RAG-rated (Red, amber, Green) which is used to assess and categorise new tenancies based on risk or support needs.</p> <p><i>RAG rating definition is shown at appendix 4</i></p>	<p><i>**Figures are not available for the previous year as information is a snapshot in time</i></p>	<p>Red 1083</p> <p>Amber 3208</p> <p>Green 8456</p> <p>Total: 12747</p>
	Number of new tenancies signed up to introductory, secure, flexible	975	314

	Number of introductory tenancy visits completed	992	230
	Number of flexible tenancies granted	17	6
	Number of introductory tenancies made secure	932	259
	Number of introductory tenancies extended	14	4
	Keeping in Touch Visits (KIT) completed	5756	1149
	<p>Low and medium tenancy breaches reported, closed, ongoing</p> <p><i>Low Priority cases Minor issues such as garden breaches (contact should be made within 5 working days)</i></p> <p><i>Medium Priority Noise Nuisance, Verbal abuse, youth nuisance (contact should be made within 3 working days)</i></p>	<p>Reported 2659</p> <p>Closed 2666</p>	<p>Reported 721</p> <p>Closed 631</p>
Service Area	Performance Indicator	2024/25	April 2025 YTD-Quarter 1
Estate Management	<p>Number of estate walks completed</p> <p>High risk scheduled Monthly</p> <p>Medium risk Scheduled Every 3 months</p>	350	<p>118</p> <p>9</p> <p>43</p>

	Low risk–Scheduled Once every 6 months		66
	Number of communal area inspections completed	1512	378
	Communal area cleaning carried out by Metroclean	98%	97%
	Open plan grounds maintenance – cuts completed vs 13-cut target <i>Open plan / communal land as determined by the schedule, should be cut between March and September, in line with the target frequency of once every 17days, up to a maximum of 13 occasions.</i>	12	5
	Garden service performance <i>Summer scheme – Between March and October customers receive 6 Grass cuts. Depending on banding chosen, hedges may also be cut.</i> <i>Winter works – Between October and March is Maintenance of shrub beds and borders, including weed spraying.</i>	369 Customers in total which includes: 68 New customers 6 out of 6 summer grass cuts completed for all 369 customers 206 hedges maintained 159 Shrub Bed Locations maintained 5 Residential sites maintained	426 Customers which includes: 56 New 4 out of 6 summer grass cuts completed for all 426 customers.

Service Area	Performance Indicator	2024/25	April 2025 YTD-Quarter 1
Tenancy Support	Number of active/closed support referrals dealt with	1,641 referrals received into the team	Q1 - 324 cases referred to team
	Financial gains achieved for tenants	£1,695,910 Including £219,840 PIP for people with long-term health conditions	£273,740 (104 cases closed) £71k PIP
	Financial assessments and gains for tenants reporting damp and mould to ensure they could afford to adequately heat their homes	166 tenants assessed and supported Secured almost £19k of financial gains for those individuals.	
	Pension Credit (PC) project	Reached out to almost 500 older tenants and assessed them for PC	
		139 successful claims, securing a total of £724,135 of PC and other benefits for these tenants	£71k successful gains for PIP (9 claimants) *
		Held 8 Cost of Living Hub events across the city with partners	*Claims started in April and take 2 months+ for decision
	Financial Inclusion/Cost of Living	held 25 of our own Pension Credit and benefits/rent advice drop-ins at the Civic Obtained 726 HACT energy vouchers for tenants for £35,574 payments to go on gas and electric meters 205 enquiries for Furnished Tenancies and 87 now have a furniture pack	1 Cost of Living events held Weekly drop-in advice sessions at the Civic every Wednesday

	Mental health navigator cases supported	<p>Received 454 referrals</p> <p>When closed, 75% reported improvement in mental health and sleep quality almost half no longer felt isolated</p> <p>£43,977 of financial gains - primarily disability benefit claims and grant applications. Achieved £178,291 social value savings</p>	<p>Q1 12*</p> <p><i>*Waiting list closed for months due to waiting list – open again now</i></p> <p>72% report improved Mental Health</p> <p>71% improved sleep and 46% no longer isolated</p> <p>£2,000* financial gains</p> <p><i>*Gains are calculated when support has ended</i></p>
Service Area	Performance Indicator	2024/25	April 2025 YTD-Quarter 1
Income Management	Arrears levels and activities	<p>Contributed to the collection of nearly £90 million in rent payments.</p> <p>Carried out 115,000 rent account reviews, of which 67,000 required actions by the team.</p> <p>Over 4,800 visits were carried out and over 10,500 letters were sent.</p> <p>Arrears of 2.76% of the annual rent debit (24/25 was the 53 UC week year)</p>	<p>Q1 – Contributed to the collection of nearly £23m rent payment</p> <p>Q1 Arrears at 2.78% of the annual rent debit</p>
	Number of arrears cases and their recovery stage	7,505 cases in arrears	7583 cases in arrears

		Breakdown:	Breakdown
		<£500 - 6152	<£500 - 6128
		£500+ - 913	£500+ - 993
		£1000+ - 359	£1000+ - 358
		£2000+ - 55	£2000+ - 78
		£3000+ - 26	£3000+ - 26*
			*A number of Court of Protection cases awaiting legal determination
		Evictions 13	Evictions 2
		NoSPs - 795	NoSPs –229
		NoE - 11	NoE – 3
		NoPP - 4	NoPP 2

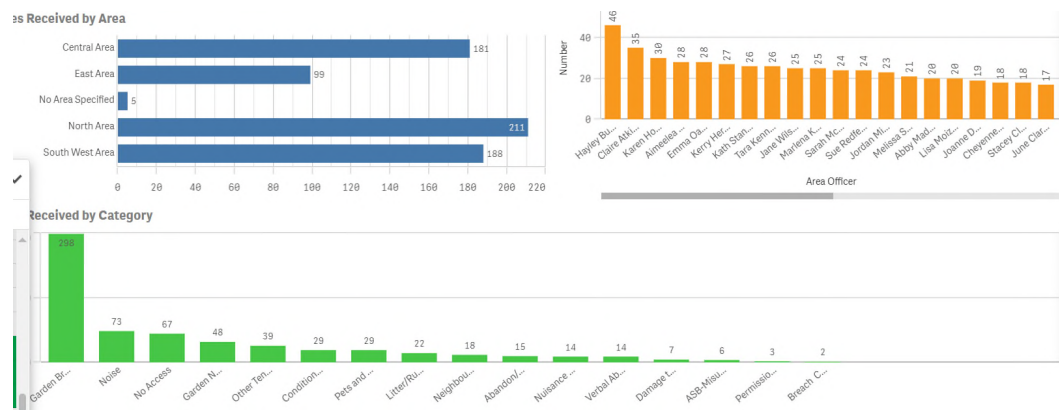
Appendix 2

Low and Medium Tenancy Breach cases Received break down 2024/2025

Charts below show the Low and Medium Tenancy breach cases received, broken down by geographical area and case category.



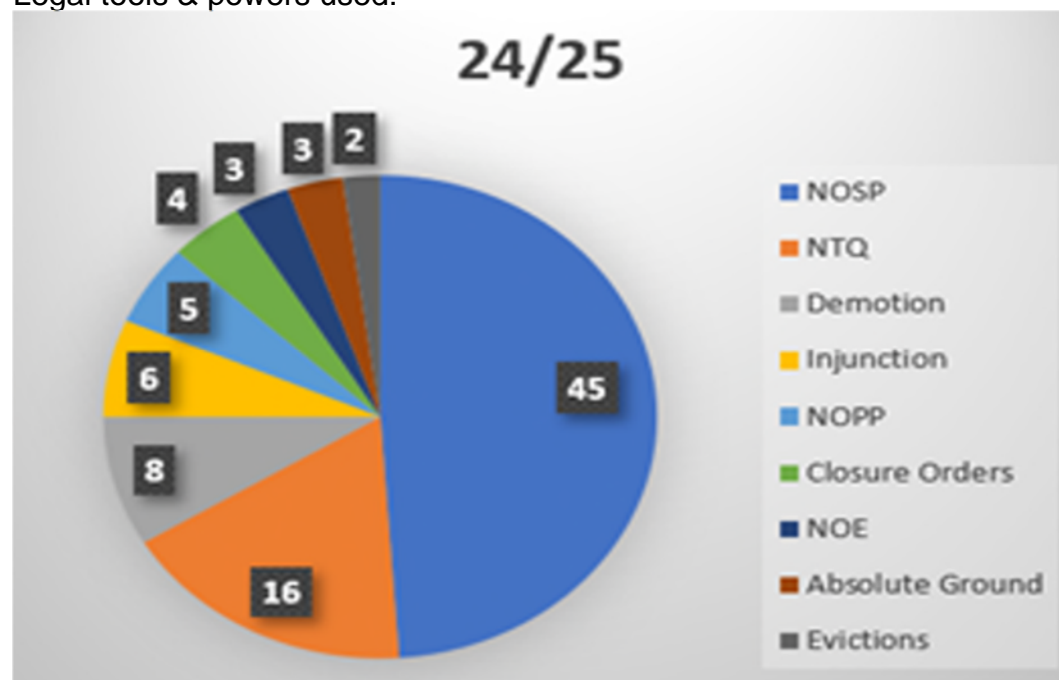
Low and Medium Tenancy Breach cases Received break down 2025/2026 Quarter 1



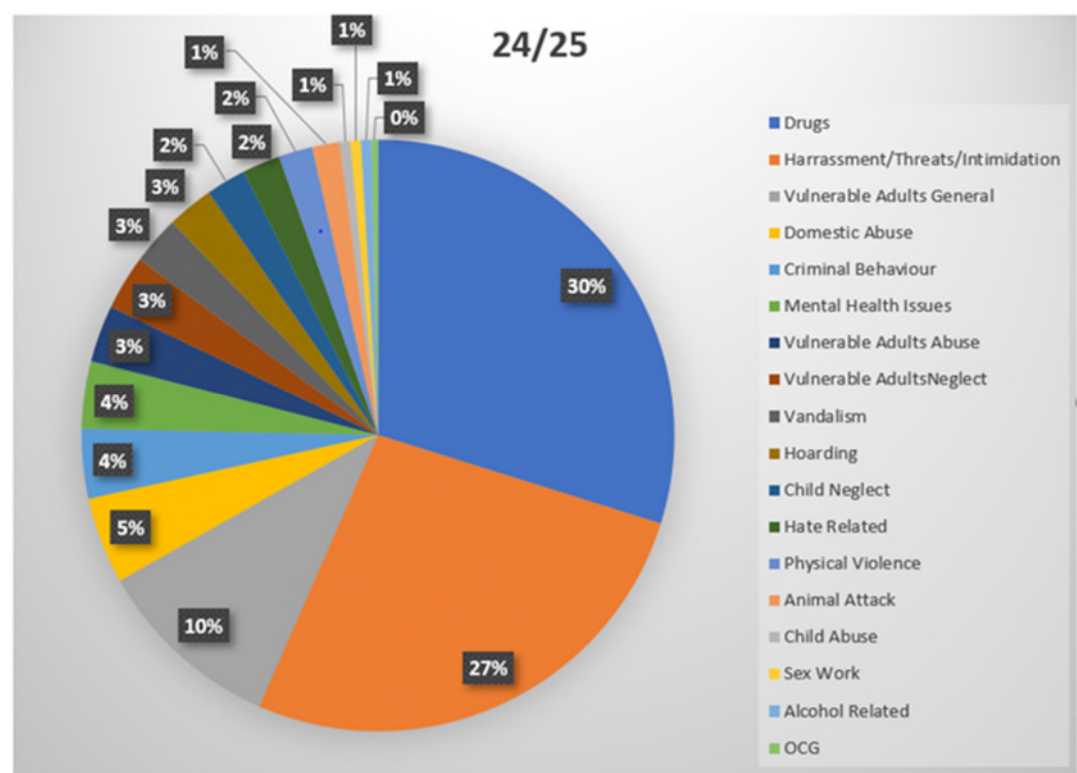
S&ASB Team 2024/25

Charts below show the legal tools and powers used by the S&ASB Team and the total breakdown of cases dealt with during 2024/25:

Legal tools & powers used:



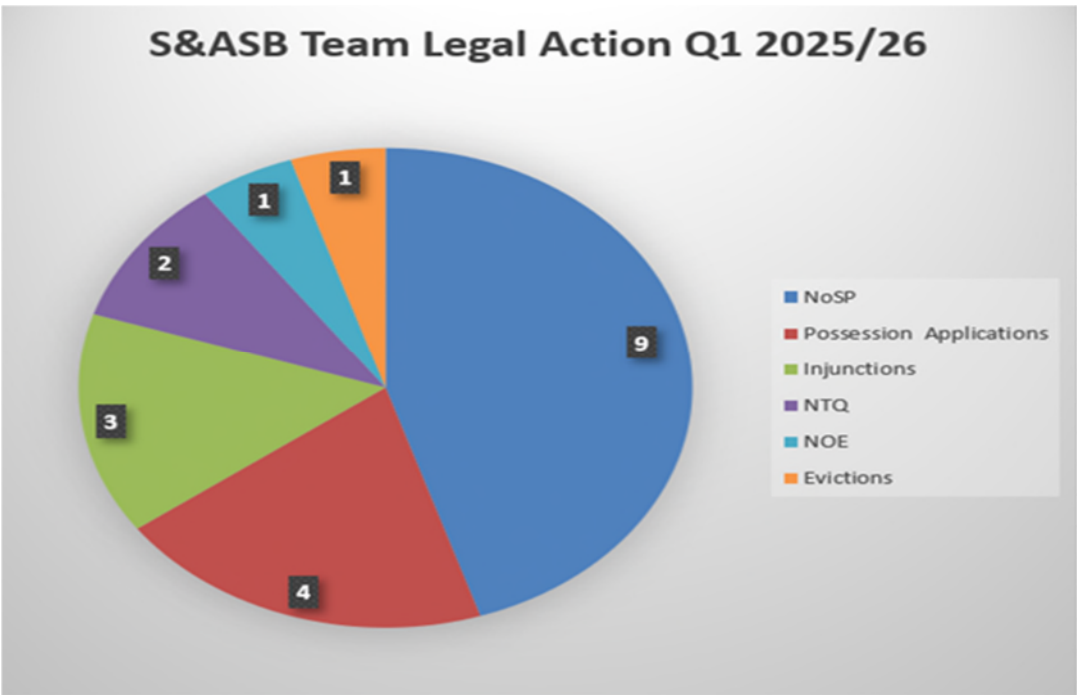
Case breakdown by category:



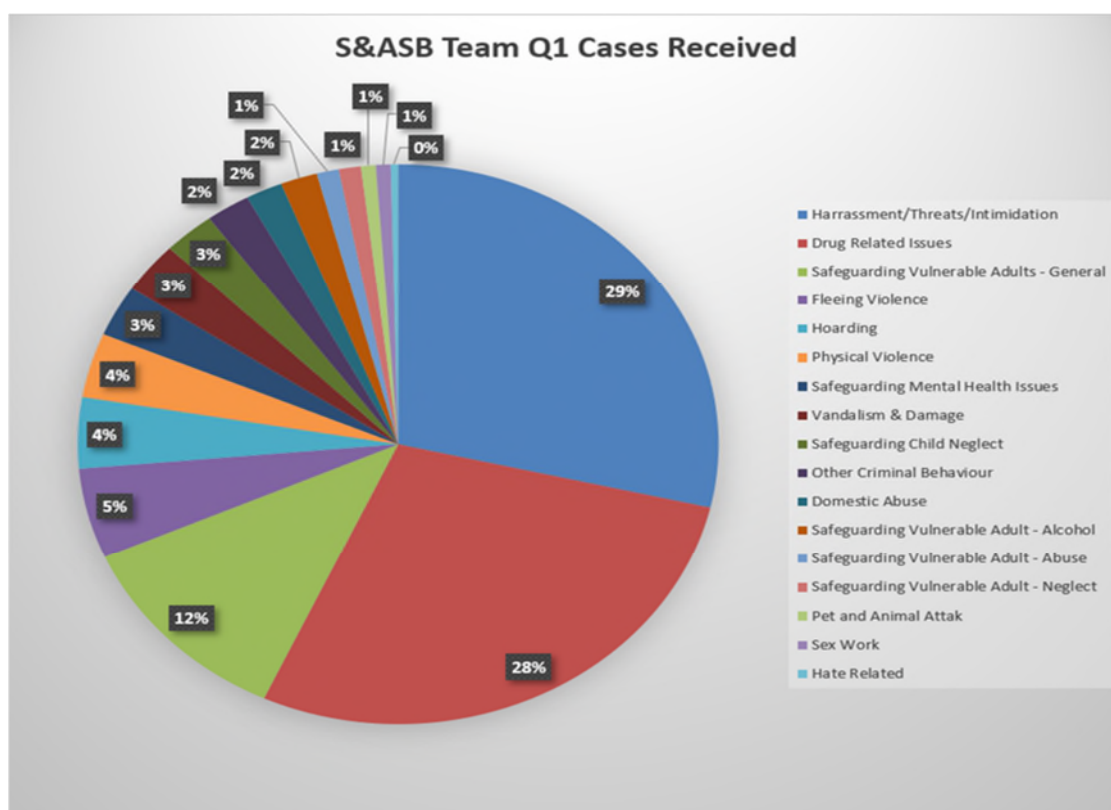
S&ASB Team Q1 2025/26

Charts below show the legal tools and powers used by the S&ASB Team and the total breakdown of cases deal with during **quarter 1 of 2025**.

Legal Tools & Powers Used



Case breakdown by category



Open and closed cases

The number of open and closed cases for 2024/25 and 2025 to date is detailed in the table below.

Cases opened		Cases Closed	
24/25	924	24/25	852
Q1	256	Q1	254

Appendix 3

TSM data

	TSM Perception Survey Questions	25/26 Cumulative YTD	25/26 June	25/26 May	24/25	23/24	Difference 25/26 YTD compared to 24/25	Comparison to 24/25 HouseMark Early Data top quartiles
TP10	Keeps communal areas clean and well maintained	79%	80%	78%	72%	66.50%	7%	73.3%
TP11	Positive contribution to neighbourhoods	79%	75%	82%	77%	76.70%	1%	74.5%
TP12	Approach to handling ASB	75%	73%	78%	73%	69.10%	2%	67.9%

Appendix 4

KIT visit Outcomes 2024/2025

- 2588 support forms have been completed. These do not always result in a referral for support. These are significantly lower than the number of visits completed but all forms are now mandatory, so further work is ongoing with officers to ensure that this is done.
- 1370 Repair requests raised.
- 1550 updates to occupant/contact details.
- 756 discussions about contents insurance.
- 483 vulnerability or potential vulnerability indicators flagged.
- 2983 disclosures of information recorded.
- 204 dog contracts issued.

KIT visit Outcomes 2025/2026 Quarter 1

- 723 support forms have been completed.
- 298 Repair requests raised.
- 376 updates to occupant/contact details.
- 256 discussions about contents insurance.
- 83 vulnerability or potential vulnerability indicators flagged.
- 835 disclosures of information recorded.
- 34 dog contracts issued.

Appendix 5

RAG Rating Meanings

A RAG-rated new tenancy system is a structured approach used by St Leger Homes to assess and categorise new tenancies based on risk or support needs.

Red: High-risk tenancies. These may involve tenants with a history of antisocial behaviour, safeguarding concerns, or complex support needs. These cases typically require intensive housing management and multi-agency involvement.

Amber: Medium-risk tenancies. These may include tenants with some vulnerabilities or previous tenancy issues but who are currently stable. They may need occasional support or monitoring.

Green: Low-risk tenancies. These are typically tenants with no known vulnerabilities or tenancy issues, requiring standard housing management.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board Meeting

REPORT

Date : 07 August 2025

Item : 15

Subject : Revenue Monitoring Outturn Report
2024/25

Presented by : Kevin Hanlon
Director of Corporate Services

Prepared by : Nigel Feirn
Head of Finance and Business
Assurance

Purpose : To inform Board of actual income and
expenditure for the year ended 31
March 2025

Recommendation : For Board to acknowledge the
Revenue Outturn Report for the
financial year 2024/25.

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

**Agenda Item No. 15
Date: 07 August 2025**

1. Report title

1.1. Revenue Outturn report 2024/25.

2. Executive Summary

2.1. SLHD report an **Overall Net Surplus of £26k**, comprising a Surplus on Housing Revenue Account (HRA) and Deficit on General Fund (GF) operations. Management Fees were adjusted in the year for specific initiatives and the table also shows comparatives from earlier quarters assuming these adjustments:

	Q4 Outturn	Q3 Projected	Q2 Projected	Q1 Projected
	£k	£k	£k	£k
HRA Surplus (-)	-175	0	0	0
GF Deficit	149	387	375	555
SLHD Surplus (-) / Deficit	-26	387	375	555

2.2. The Surplus will be repaid to the HRA and the Deficit will be funded by the GF.

3. Purpose

3.1. To inform Board of actual income and expenditure for the year ended 31 March 2025.

4. Recommendation

4.1. For Board to acknowledge the Revenue Outturn Report for the financial year ended.

5. Background

5.1. Budgeted income for 2024/25 was £58,481k. Actual income out-turned at £60,561k, an increase of £2,080k, some of which will be repaid to CDC. This increase comprises management fee changes to budget, additional capital income and higher income relating to funding temporary accommodation and homelessness:

	HRA £k	GF £k	Total £k
Budgeted income	-53,496	-4,985	-58,481
<u>Variances :</u>			
Management Fee – additional income	-344	0	-344
Capital income – additional works income	-344	0	-344
Housing Benefit / Grants / Others	117	-1,483	-1,366
Management Fee repayment - inflation and pay award *	235	16	251
(-)Surplus / Deficit to be (-)repaid / paid	-410	133	-277
Actual income	-54,242	-6,319	-60,561

* The budget assumed a pay award of 5% but the actual award was lower, equating to £251k, split £235k HRA and £16k GF and form part of the year end repayment arrangements to CDC.

6. HRA OPERATIONS

- 6.1. Compared to Quarter 3, the financial position has improved from a projected breakeven position to an outturn Surplus of £175k. The main changes during Q4 are:

	£k
Materials – mainly y/e stock adjustments	132
External Contractors – savings/deleted orders	-74
Utilities – lower costs than projected	-96
SLA – lower costs than projected (Legal & CAMC)	-99
Net Others movements – numerous budget lines	-38
Q3 to Q4 movement	-175

- 6.2. For the HRA, additional Management Fee of £260k was agreed in the year for EICR testing works to be undertaken by an external contractor and a further £84k of income was projected during Q4 after dilapidation costs for St Leger Court were finally agreed.
- 6.3. The main **HRA variances** have been reported in detail throughout the year. Key items to note again are shown below with previous quarter comparatives to show changes:

<u>HRA Variances</u>	Q4 Outturn Variance £k	Q3 projected variance £k	Q2 projected variance £k	Comments
Salaries-excl Call Out	-353	-285	-332	Vacant posts, temp staff, new WOW cohort
Salaries-Call Out	512	413	370	Budget £662k, Actual £1,174k
Salaries-Pay award	-235	-235	-235	Pay award - over budgeted
Salaries total	-76	-107	-197	Total salaries impact
Temporary staff	153	167	106	Repairs Admin, Asset Surveyor, Finance, HR
Utilities	-147	-51	0	Lower communal areas costs
Fuel	-93	-83	-57	Price reduction and lower usage
Transport	62	44	27	Additional hire vans for recruits & vehicles replaced
Premises	84	0	0	Dilapidations St Leger Court
Supplies & Services	469	491	341	Disrepair, AHR consultancy on Contractor disputes, land clearance, RTB costs, skips
Building Materials	-60	-192	-17	Primarily capital income and inflation
SLAs	-9	90	-42	ICT savings, Legal costs on disrepair cases, CAMC
External Contractors	20	94	257	EICR testing, repairs backlog (Q1).
Management Fee	-344	-260	-260	EICR contracts work £260k and dilapidations £84k
Management Fee	235	235	235	Pay award repayment adjustment
Capital Income	-336	-410	-460	Changes to budget, slippage, virements—see below
Net Others	-133	-18	67	
Overall Surplus	-175	0	0	

6.4. Capital income : outturn was £336k over budget, as summarised below.

Scheme	Outturn £k	Budget £k	Variance £k	Comments
Management Fee	1,500	1,500	0	In line with budget
M&E heating	2,589	2,610	-21	£90k transferred to voids, boilers on planned replacement scheme replaced in void properties.
M&E electrical	59	0	59	£39k additional electrical works at communal blocks, £20k slippage of CO detector 23/24 scheme due to no access issues.
Voids	3,610	3,240	370	Higher volume of works especially electrical where £240k budget virement is approved from planned scheme and £90k virement from M&E heating. Increased kitchen replacements are noted in 24/25
Planned Re-inclusions	722	1,020	-298	Impact of resources from planned schemes assisting responsive repairs backlog
Planned Elec upgrades	501	480	21	£91k slippage in capital programme 23/24, but a reduction later in year due to resources required on revenue works after stock con surveys.
Planned - External	3,134	3,192	-58	Reduction due to site set up costs (external).
Planned - ad hoc, scheduled roofs	681	510	171	£100k for additional works at Milton Court roof, plus extra £100k based on trends for ad-hoc roof replacements.
Fire Risk works	222	250	-28	Slight reduction on budget based on less FRA follow on works demands.
Acquisitions	120	0	120	Works carried out by the voids team
TOTAL	13,138	12,802	336	

7. GENERAL FUND (HOUSING OPTIONS) OPERATIONS

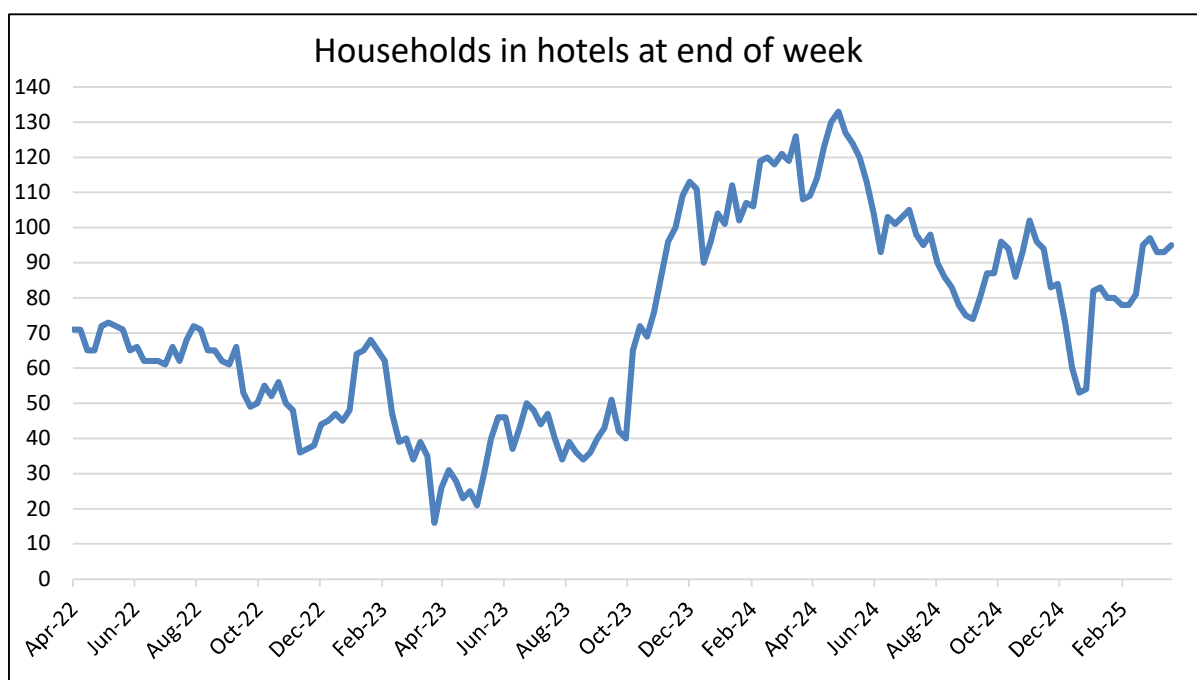
- 7.1. General Fund operations out-turned a Deficit of £149k, lower than previously projected, which was a result of movements on a number of budget lines relating to vacant posts, appointments and cover, temporary accommodation (TA) and hotel usage, HB recovery and additional grant income available from CDC.
- 7.2. Compared to Quarter 3, the financial position improved by £222k to a Deficit of £149k from the Q3 projected Deficit of £387k. The main budget area changes during Q4 are:

	£k
Staff costs recruitment changes	82
Utilities – lower costs than projected	-28
Repairs – lower costs than projected	-48
TA rents - lower TA usage	-48
Supplies and Services – hotel and related costs	-106
Other income - higher HB levels, grant funding	-76
Net Others	2
Q3 to Q4 movement	-222

- 7.3. The table below summarises the main variances with comparatives from earlier projections, and why.

<u>GF Variances</u>	Q4 Outturn variance £k	Q3 projected variance £k	Q2 projected variance £k	Comments
Salaries	-1	-99	-90	Vacant posts, SLL transfer (£19k)
Salaries - Pay award	-16	-16	-16	Pay award 5% vs £1,290 impact
Salaries total	-17	-115	-106	Total impact of the above
Temporary staff	31	45	30	Vacant posts, agency staff for TA work
Premises – Utilities	-61	-40	0	Cost savings from lower usage and rates
Premises – TA	228	234	263	Increased Temporary Accommodation
Premises - repairs	37	65	0	TA and G&T site related repair costs
Management Fee	16	16	16	Pay award repayment adjustment
Supplies and Services	1,262	1,368	1,772	Hotels and security, 16/17 years-old support
Other Income	-1,324	-1,247	-1,610	HB - higher hotel and TA usage, low recovery
Net Others	-23	61	10	
Overall Deficit	149	387	375	

- 7.4. Homelessness - Temporary Accommodation (TA) budgets assume 165 properties. The numbers in the year averaged 190, and at year end were 185 occupied and ten void properties.
- 7.5. Hotel numbers and costs, plus security, were also much higher than budgeted. Placements reduced slightly during Quarter 3 and in January and February, but increased slightly again in March 2025.
- 7.6. The graph below plots the number of households in hotels at the end of each week over the past three years and shows the ongoing and increasing challenges faced by the service. Average hotel placements per night over the past three years are 56 in 2022/23, 68 in 2023/24 and 93 in 2024/25.



- 7.7. Housing Benefit (HB) recovery rates were below the budgeted 90% for hotels and 95% for TA for most of the year but improved as the year progressed. Initial calculations show hotel and TA recovery both exceeding 80% for the year, with TA recovery slightly higher. Final rates, once calculated, are likely to be around 83% for hotels and 87% for TA and are a considerable improvement on the rates being achieved earlier in the year, reflecting positive outcomes from the actions taken.
- 7.8. 16/17 year old support costs. The Outturn position includes £40k for support costs. These out-turned slightly lower than projections, which were based on placements to date averaging four weeks each and typically cost £2k per week.

8. Operations - Key operational points, risks and actions

Staffing levels

- 8.1. Some of the largest variances in the year have again been a result of staffing levels, with vacant posts and savings being utilised on overtime, call out, temporary staff or external contractors.
- 8.2. **Appendix A** shows vacancies by quarter and Directorate, and have averaged over 70 WTEs for the year, with levels higher in the first half of the year. This equates to a vacancy factor of around 8.7% compared to the budgeted 4% (circa 34 WTEs).
- 8.3. Employee numbers approached budget levels as the 2024/25 year progressed and vacancies in year were the lowest for at least five years.

9. Housing and Customer Services:

- 9.1. The majority of expenditure areas are broadly in line with budget, but there are a few areas where budget pressures have been felt.
- 9.2. Housing Services expenditure budgets total £11m and actual expenditure was over budget by £105k (1%).
- 9.3. One of the biggest elements of this is staffing costs at £72k over budget (1%) as a result of additional costs to cover long term sickness (an ongoing challenge) and also short-term appointments for specific service areas, including:
- two temporary Caretakers;
 - long-term sickness (housing officers);
 - increased demand (ASB);
 - two temporary Tenancy Support Officers to provide benefit support to end of March 25, primarily in relation to Pension Credit.
- 9.4. Other budget pressure areas in year included:
- general increases in security screening on properties in general;
 - additional costs at St George's Court post-acquisition, mainly in extensive cleaning, clearance and repair costs which were higher than anticipated;
 - St Leger Lettings income was lower due to St George's Court sale/acquisition;
 - pressure on Service Level Agreement for Legal costs. Actual costs of £446k were over the budgeted £320k, mainly due to the high level of disrepair cases requiring legal input;
 - HRA land identified where maintenance is not in any SLA, so additional clearance costs this year;
 - ongoing problem of repairs and replacements required to the CCTV and cameras on the high-rise flats in Central area.

- 9.5. There were no real issues in the year within Customer Services. The majority of underspend relates to tenant expenses which will resolve in the next financial year as work is ongoing with proposals for this area.

10. Corporate Services: HR&OD, Finance and ICT

- 10.1. No major budget pressures during the year. There is a mix of small under and overspends across a number of budget lines, primarily staffing and agency costs with vacancies during the year (mostly within HR&OD), plus some savings on SLA costs.
- 10.2. A cohort of six World Of Work (WOW) recruits started during Q3 at a cost of nearly £50k for the year.
- 10.3. Staff costs include additional amounts to cover long term sickness and maternity cover. There are some minor savings on other budgets and no major issues.
- 10.4. There were a number of leavers in the second half of the year in HR&OD, leading to some acting up, permanent and temporary appointments and there is ongoing recruitment.
- 10.5. The main budget and operational pressures in the second half of the year were due to legislation change for discounts for Right To Buy (RTB) sales.
- 10.6. The RTB team are working through the unprecedented number of applications received in November 2024 and this incurred much higher valuation and other related property costs to progress these applications.

11. Asset Management Services

- 11.1. This service area out-turned a small underspend of £222k on budgets totalling over £6m. Underspend on employee costs of £156k helped offset pressures on other budget lines, leading to the overall position.
- 11.2. There was positive progress in recruiting to vacant positions in the year, to the stage where most posts are now filled.
- 11.3. As reported previously, there were a number of risks and pressures on budgets that remain and have contributed to the overall position, including:
- Shaw Lane skip usage and refuse collection costs continue to be high and spend exceeded the budget due to legislation changes and increased usage;
 - Disrepair case numbers were steady but much higher than budget and there is an increase in the number of cases that need to be settled or need litigation. Costs totalled £225k compared to the £90k budget and there remain a large number of cases ongoing.
- 11.4. Other issues to note are:
- An updated dilapidation schedule for St Leger Court was agreed with CDC and extra costs would have been covered by £84k of additional management fee from CDC (if required), as detailed in earlier tables. No dilapidation costs are expected for St Leger House as disposal via auction is planned;
 - The lease for Shaw Lane expired in March 2025. Negotiations have now started to renew the lease; and
 - Contractor spend was lower than projected with planned work moving into 2025/26.

12. Property Services: Building Safety

- 12.1. No major issues. Staffing team mostly resourced with maternity cover in place for Compliance Assistant and one long term sickness. Some recruitment for backfill posts is ongoing and appointments expected soon.
- 12.2. Other budgets were broadly within budget for the year. Small savings were made on the Fire Risk Assessment budget (FRA) due to procurement of the new contract taking slightly longer than anticipated.

13. Property Services: Building Services

- 13.1. A small surplus was achieved on budgets totalling £30m, but there were some material variances in the year, some of which are listed in the tables above.
- 13.2. Employee expenses; Total employee costs of £16.96m were almost exactly to budget (£15k over spend) and comprise offsetting variances, with savings on core salary costs due to vacant posts offset by call out and overtime costs over budget by a similar amount.
- 13.3. Overtime : Costs for the year totalled £420k against a zero budget, and largely incurred on voids and planned maintenance to address backlogs and ensure capital income targets are met.
- 13.4. Call out : Costs for the year totalled £1,174k, £512k (80%) over the £662k budget. This was due to continued pressure on roll over jobs 'ROJs' (4pm-6pm) and 'attend today', rather than actual call out jobs. Detailed analysis and possible solutions are ongoing.
- 13.5. External Contractors : Expenditure in the year totalled £1,455k, just £39k lower than was projected at Q3. The total was £287k over the £1,168k budget but includes electrical EICR work for which additional Management Fee was received. Expenditure overall was lower than projected as a larger proportion of EICRs were capitalised along with the CU replacements.
- 13.6. Risks : The main risks continue to be from the volume of demands on the repairs and availability of trade appointment slots as diaries have been fully booked for a number of months. In addition to meeting existing demand, stock condition surveys are identifying further works, both revenue and capital in nature, to meet decency standards. The Repairs Programme Board are looking at a number of areas to improve ICT systems, Dynamic Resources Scheduling (DRS), streamline processes and increase capacity.

14. General Fund : Housing Options

- 14.1. The service out-turned a Deficit of £149k, an improvement on the projections in February, January and earlier quarters.
- 14.2. The improvements in recent months are largely due to a mix of :
- Prudence with previous projections, particularly with staffing and agency costs;
 - additional CDC income becoming available in March;
 - lower TA rents than projected, with numbers reducing;
 - higher hotel costs with increases in volume in March;
 - increased HB recovery; and
 - lots of small movements on many budget lines.

- 14.3. Together, these are the main factors for the projected deficit. The table below summarises budget, projected and outturn costs, related income and net positions of hotel and TA for the year. Although over budget, the table shows an improving position as the year progressed as projected costs and net deficit reduced.

	Budget 24/25	Projected Q1	Projected Q2	Projected Q3	Outturn Q4	Variance
Costs	£k	£k	£k	£k	£k	£k
Hotels	1,147	3,014	2,670	2,360	2,241	1,094
Security	145	294	294	215	197	52
TA	665	807	929	929	893	228
Riverside	23	23	23	23	23	0
Costs total	1,980	4,138	3,916	3,527	3,354	1,374
Income	£k	£k	£k	£k	£k	£k
Hotels	-1,032	-2,503	-2,404	-2,150	-2,183	-1,151
Security	0	0	0	0	0	0
TA	-655	-710	-785	-785	-723	-68
Riverside	-23	-23	-23	-23	-23	0
Income total	-1,710	-3,236	-3,212	-2,958	-2,929	-1,219
Net cost	£k	£k	£k	£k	£k	£k
Hotels	115	511	266	210	58	-57
Security	145	294	294	215	197	52
TA	10	97	144	144	170	160
Riverside	0	0	0	0	0	0
Net total	270	902	704	569	425	155
Assumptions :	no.	no.	no.	no.	no.	no.
Avg per night	45	110	100	80	80	35
Avg TA units	165	170	180	195	190	25
HB recovery						
Hotels	-90%	-83%	-90%	-80%	-80%	
TA	-98%	-88%	-90%	-90%	-85%	
Change in period		732	-198	-135	-144	

15. Procurement implications

- 15.1. Procurement implications are referenced as appropriate in the body of the report.

16. VFM implications

- 16.1. Implications are referenced in this report as appropriate. Close budgetary control is imperative. Finance staff work closely with budget holders to ensure use of timely and accurate information, achieving VFM and robust procurement.

17. Financial implications

- 17.1. Financial implications are detailed in the body of the report

18. Risks

- 18.1. Financial and Operational risks have been reported throughout the year, some of which may recur in 2025/26.

19. Health, Safety & Compliance Implications

- 19.1. Health, Safety & Compliance implications are referenced in this report as appropriate.

20. ICT implications

20.1. ICT implications are referenced in this report as appropriate.

21. Consultation

21.1. No specific implications. References are implicit within the report where appropriate. Customer involvement and consultation were built in to the budget setting process and budget holders have been directly involved in the revenue monitoring process.

22. Diversity

22.1. There are no diversity issues arising from this report

23. Communication requirements

23.1. There are no communication issues arising from this report.

24. Equality analysis

24.1. There are no equality issues arising from this report

25. Environmental impact

25.1. Revenue and Capital budgets are set to deliver asset investment and related environmental targets and KPIs.

Report author

Nigel Feirn

Head of Finance and Business Assurance, SLHD

Appendices 1 to 3 Revenue summaries for SLHD, HRA and General Fund,
Appendices A & B - vacant posts, repairs and void numbers

1. Vacant posts by quarter

- 1.1. As referred to above, vacancies have existed in all Directorates throughout the year as a result of employee turnover and difficulties in recruiting.
- 1.2. The table below summarises the budgeted number of posts for the year together with the number of vacant posts for each Directorate. The budget assumes a Vacancy Factor (VF) of 4% which equates to approximately 34 Whole Time Equivalents (WTEs). Employee numbers have approached budget levels for 24/25 and vacancies in year are the lowest for at least five years.

Budget 24/25 WTEs	Directorate	Vacant posts 24/25				Vacant posts 23/24			
		*Feb 25 24/25 WTE	Q3 24/25 WTE	Q2 24/25 WTE	Q1 24/25 WTE	Q4 23/24 WTE	Q3 23/24 WTE	Q2 23/24 WTE	Q1 23/24 WTE
212.7	Housing/Customer	2.0	2.0	4.4	3.9	5.6	7.6	9.0	19.0
65.0	Corporate	3.5	3.5	3.1	2.6	2.5	4.5	5.5	5.7
89.2	Asset M'ment / Safety	3.0	3.0	2.0	10.6	8.0	7.6	9.0	11.0
436.4	Property	27.0	21.0	30.0	41.0	38.1	42.5	42.0	45.5
50.0	Home Options GF	5.0	5.0	2.0	4.5	2.5	10.0	11.0	4.0
853.3	Totals	40.5	34.5	41.5	62.6	56.7	72.2	76.5	85.2

* Vacancy information as at end of March not yet available

2. Repairs completions and void numbers.

2.1. The table below summarises the number of repairs **completed** by category for the past three years. The following job types are **excluded**:

- no access;
- aborted;
- public building;
- private landlord in nature.

Please note that classification of repairs changed in 2022/23, with scheduled repairs becoming classed as routine.

2.2. The table also shows the number of voids at the end of each year, and lettings and terminations in the year

<u>Repairs COMPLETIONS -</u> year ended 31st	March 25	March 24	March 23	March 22
	no.	no.	no.	no.
Emergency Orders	24,146	25,834	27,313	18,083
Urgent Orders	24,308	23,715	24,438	27,128
Routine Orders	27,255	22,719	14,675	15,470
Scheduled Orders	2,759	2,842	6,584	11,295
Total	78,468	75,110	73,010	71,976
<u>Voids</u>				
Terminations – in year	1,156	1,121	1,193	1,172
Lettings – in year	1,017	1,109	1,222	1,138
Lettable voids <u>at month end</u>	216	112	126	165
Non lettable <u>at month end</u>	6	13	7	5
Earmarked for demolition	0	0	0	8
Gross voids <u>at month end</u> *	222	125	133	178

* The total figure of 222 consists of the following: 168 general voids, 48 acquisitions (of which 5 are at St George's Court),

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2025

	Income / Expenditure for the year	Income / Expenditure for the year	Variance at year end	
	Original Budget	Outturn at year end	Variance	Variance
	£'000	£'000	£'000	%
Management Expenditure				
Employee Expenses	33,434	33,792	358	1%
Premises Expenses	2,282	2,337	55	2%
Transport	2,547	2,517	-30	-1%
Supplies & Services	5,197	6,879	1,682	32%
Materials-Buildings Services	8,409	8,349	-59	-1%
Service Level Agreements	4,866	4,894	28	1%
Total Management Expenditure	56,734	58,768	2,034	4%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	1,747	1,767	20	1%
External Maintenance Contractors (Capital)	0	0	0	-
Total Maintenance Expenditure	1,747	1,767	20	1%
Gross Expenditure	58,481	60,535	2,054	4%
Income				
Management Fee - HRA	-40,229	-40,573	-344	1%
Management Fee - General Fund	-2,750	-2,760	-10	0%
Recharges to Capital Schemes (In House)	-12,802	-13,138	-336	3%
Other Income	-2,700	-4,090	-1,390	51%
Direct Charge to HRA	0	0	0	-
Total Income	-58,481	-60,561	-2,080	4%
Surplus(-) / Deficit	0	-26	-26	-

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2025 - Home Options (General Fund)

	Income / Expenditure for the year	Outturn at year end	Variance at year end	
	Original Budget	Actual	Variance	Variance
	£'000	£'000	£'000	%
Management Expenditure				
Employee Expenses	1,956	1,979	22	1%
Premises Expenses	1,091	1,254	163	15%
Transport	0	0	0	-
Supplies & Services	1,892	3,153	1,261	67%
Materials-Buildings Services	0	0	0	-
Service Level Agreements	45	82	37	81%
Total Management Expenditure	4,985	6,468	1,483	30%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	0	0	0	-
Total Maintenance Expenditure	0	0	0	-
Gross Expenditure	4,985	6,468	1,483	30%
Income				
Management Fee - HRA	0	0	0	-
Management Fee - General Fund	-2,750	-2,760	-10	0%
Recharges to Capital Schemes (In House)	0	0	0	-
Other Income	-2,235	-3,559	-1,324	59%
Direct Charge to HRA	0	0	0	-
Total Income	-4,985	-6,319	-1,334	27%
Surplus(-) / Deficit	0	149	149	-

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2025 - HRA ONLY

	Income / Expenditure for the year	Outturn at year end	Variance at year end	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	31,477	31,813	336	1%
Premises Expenses	1,191	1,083	-108	-9%
Transport	2,547	2,517	-30	-1%
Supplies & Services	3,305	3,726	421	13%
Materials-Buildings Services	8,409	8,349	-59	-1%
Service Level Agreements	4,820	4,812	-9	0%
Total Management Expenditure	51,749	52,300	551	1%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	1,747	1,767	20	1%
External Maintenance Contractors (Capital)	0	0	0	-
Total Maintenance Expenditure	1,747	1,767	20	1%
Gross Expenditure	53,496	54,067	571	1%
Income				
Management Fee - HRA	-40,229	-40,573	-344	1%
Management Fee - General Fund	0	0	0	-
Recharges to Capital Schemes (In House)	-12,802	-13,138	-336	3%
Other Income	-465	-531	-66	14%
Direct Charge to HRA	0	0	0	-
Total Income	-53,496	-54,242	-746	1%
Surplus(-) / Deficit	0	-175	-175	-

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board

REPORT

Date : 07 August 2025

Item : 16

Subject : Capital Monitoring Outturn Report
2024/25

Presented by : Kevin Hanlon
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

Purpose : To inform Board of the capital
expenditure for the financial year
2024/25.

Recommendation :

For Board to acknowledge the Capital Monitoring Report
and the outturn for the financial year 2024/25.

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. 16
Date: 07 August 2025**

1. Report Title

1.1 Capital Monitoring Outturn Report 2024/25.

2. Executive Summary

2.1 The reported figures at period 12 show the Housing Capital Programme out turned at £64.98m, an underspend of £1.58m against the £66.56m revised budget approved at Quarter 3 (Q3).

3. Purpose

3.1 To inform Board of the actual capital expenditure for 2024/25.

4. Recommendation

4.1 Board is asked to acknowledge the Capital Monitoring Report and the year-end outturn for the financial year 2024/25.

5. Background

5.1 The Housing Capital Programme for 2024/25, for which SLHD has overall financial management is summarised at **Appendix A**.

5.2 Further analysis of the Housing Capital Programme can be found at **Appendices B&C:-**

1. **Appendix B**. Public Sector Housing Capital Programme.
2. **Appendix C**. Private Sector Housing Capital Programme.

5.3 SLHD manage the finances for the whole of the housing capital programme.

5.4 The Council approved a four-year Housing Capital Programme on 26th February 2024, totalling £236m across the four years.

The main priorities of the programme in 2024/25 were:

- Council House Build Programme.
- Council House Acquisitions.
- Council House Improvement and Maintenance Programme.
- Fire Safety Improvements.
- Electrical Works.

- External Planned Maintenance Including Thermal and Energy Efficiency Works.
- Residential Site Improvements.
- Net Zero Carbon

6. Expenditure Variances

- 6.1 The following paragraphs give explanations of expenditure variances as shown in Appendix A. Following consultation with Audit & Risk Committee, only variances in excess of £250k or 20% of scheme costs are detailed in the report. (Under) / Overspends and %'s are summarised below.

SLHD Managed Schemes

- 6.2 The element of the capital programme managed by SLHD out turned at £47.06m, an underspend of £0.15m against the £47.21m revised budget approved at Q3.

6.3 (£0.38m), 9% under budget, Voids

An additional £300k was approved to fund an anticipated increase in the void works carried out by contractors. However, delays with the contract being signed resulted in minimal costs being incurred in year. The funding will be carried forward into 2025/26. In addition, some properties required more extensive work, than assumed at Qtr3 and were not completed as the team were reassigned to deliver a higher number of quick win voids to help with the voids KPI.

6.4 £1.43m, 9% over budget, External Works

(£0.76m) Remedial Works to High Rise

The underspend was due to a combination of the ongoing approval of the preliminary valuation costs associated with the EWI works on the Balby Bridge Estate and the company supplying the EWI materials going into administration for which an alternative provider was sourced in March. It is expected the EWI works will start to be applied in 2025/26.

£2.25m External Planned Maintenance (Contractor)

The favourable weather conditions allowed the contractor to accelerate some of the 2025/26 programmed EWI works, being carried out across the Borough.

(£0.19m) Damp and Mould

The anticipated damp and mould related works to properties requiring extensive works were delayed. Contributing factors included coordination of the timing of the works, contractor availability and in some cases, the necessity to decant tenants to allow the works to be carried out.

£0.19m External Planned Maintenance (In House)

The favourable weather conditions allowed an acceleration of the planned works (including roof and external repairs) being carried out in the Cantley area.

£0.04m, Structural Works

The demand for structural works across the Borough was higher than anticipated which resulted in a small overspend.

(£0.10m) Shops & Flats

The underspend was because of on-going delays that is affecting the planned refurbishment of a commercial premise, pending the settlement of rental issues with a community group.

6.5 £0.02m, 52% over budget, IT Improvements

The implementation of moving to OneHousing is in progress. The small overspend resulted from the number of days needed to complete the custom code development being more than originally anticipated.

6.6 (£1.16m), 10% under budget, Acquisitions

A change to the conditions associated with the use of retained treasury share receipts resulted in an increase in the number of properties acquired with this funding.

Underspends against both the forecast spend on acquiring LAHF properties and delays in the delivery of the S106 acquired properties at the two Hungerhill South sites, resulted in the overall underspend.

7. CDC Managed Schemes

7.1 The element of the capital programme managed by CDC out turned at £17.92m, an underspend of £1.43m against the £19.35m revised budget approved at Q3.

7.2 £0.38m, 11% over budget, Adaptations for the Disabled

The overspend identified at Q3 has further increased as work continues to clear the backlog of adaptations. New working practices and improved efficiency are enabling more adaptations to be processed.

7.3 (£1.62m), 11% under budget, Council House New Build

(£1.23m) As a result of legal issues, the opportunity to acquire 11 new homes from a private housebuilder through a S106 Planning Agreement at Hatfield Lane East, Armthorpe fell through and is no longer going ahead.

(£0.39m) The planned delivery of the new properties under Phase 2 of the Council House New Build programme has been delayed due to wayleave issues affecting the progression of the utility related works on both the King Edward and Cedar Road sites.

8. Future Plans / Work in Progress

- 8.1 The Council approved a four-year Housing Capital Programme on 27th February 2025, totalling £222m across the four years. Full details are provided at Appendix D.

The main priorities of the programme in 2025/26 are:

- Council House Build Programme.
- Council House Acquisitions.
- Council House Improvement and Maintenance Programme.
- Fire Safety Improvements.
- Electrical Works.
- External Planned Maintenance Including Thermal, Energy Efficiency & High Rise Works.
- Residential Site Improvements.

8.2 Acquisitions.

The programme included funding of £34.02m for acquisitions to deliver 241 properties across the four-year period 2024/25 - 2027/28, (86 of which were budgeted to be acquired in 2024/25) funded from rent increases and retained right to buy receipts.

The outturn position is detailed below:

<u>2024/25 Outturn Position</u>	<u>As at 31/3/25</u>
Number of properties completed to date	119
Purchase price of properties completed	£11.39m
Number of properties in legal process (offer submitted and accepted)	26
Purchase price of properties in legal process	£3.09m
Number of properties with offers submitted awaiting feedback/decision	0
Number of properties awaiting valuation	1
Number of properties with viewings booked	0

9. Procurement

- 9.1 All the work delivered through the CDC capital programme was procured in line with the requirements of CDC's financial procedure rules and contract standing orders.
- 9.2 Delivery of the projected capital programme for 2025/26 will be subject to the availability of St leger homes employee capacity, building materials, available suitable properties for acquisition and contractors.

10. VFM Considerations

- 10.1 Efficiency and Value for Money principles were adopted throughout the capital monitoring process.

11. Financial Implications

- 11.1 All the financial implications are considered within the body of the report.

12. Legal Implications

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

13. Risks /Future Plans

- 13.1 Noteworthy risks which will potentially have a financial impact are;
- Inflation
 - Changes to regulations and standards.
 - Unforeseen risks and costs associated with the works on high rise blocks
 - Cost pressures
 - Suitable available properties for acquisition and VFM
 - New build housing costs, available sites, 'off the shelf properties', planning and market conditions.

14. Health, Safety & Compliance Implications

- 14.1 Not applicable.

15. IT Implications

- 15.1 Not applicable.

16. Consultation

- 16.1 All budget holders and EMT.

17. Diversity

- 17.1 There are no diversity issues arising from this report.

18. Communication Requirements

- 18.1 There are no communication requirements arising from this report.

19. Equality Analysis (new/revised Policies)

- 19.1 Not Applicable

20. Environmental Impact

20.1 There are no environmental impact resulting from the proposals in this report.

21. Report Author, Position, Contact Details

21.1 David Henderson SLHD
Management Accountant 01302 737987

22. Background Papers

22.1 Capital Programme (2024/25-2027/28) budget report 26 February 2024
Capital Programme (2025/26-2028/29) budget report 27 February 2025

Summary of Housing Capital Programme 2024/25 as at 31 March 2025

	Original Estimate - Approved Programme £000	Revised Budget (Approved Qtr3) £000	Actual Outturn £000	Variance Outturn to Revised Budget £000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	#REF!	#REF!
Void Improvements	3,290	4,280	#REF!	#REF!
Mechanical and Electrical Improvements	5,444	6,203	#REF!	#REF!
Fire Safety Works	1,583	1,133	#REF!	#REF!
Internal Works	3,010	2,300	#REF!	#REF!
External Works	13,026	16,122	#REF!	#REF!
Environmental Works	1,375	1,385	#REF!	#REF!
IT Improvements	40	27	#REF!	#REF!
Acquisitions	10,944	12,399	#REF!	#REF!
Acquisition Refurbishments	1,376	1,376	#REF!	#REF!
Caravan Site Improvements	2,800	470	#REF!	#REF!
Assistance Loans	-	11	#REF!	#REF!
Appropriated Properties	300	-	#REF!	#REF!
Sub-Total	44,688	47,206	#REF!	#REF!
CDC Managed Schemes				
Adaptations for the Disabled	2,230	3,573	#REF!	#REF!
Council House New Build	5,000	15,586	#REF!	#REF!
Empty Homes Scheme	170	197	#REF!	#REF!
Sub-Total	7,400	19,356	#REF!	#REF!
Overall Housing Programme Total	52,088	66,562	#REF!	#REF!
Funding				
Major Repairs Reserve / Depreciation	22,180	26,754	#REF!	#REF!
Revenue Contribution - HRA	11,658	10,748	#REF!	#REF!
Revenue Contribution - General Fund	-	-	#REF!	#REF!
Usable Capital Receipts	9,188	8,238	#REF!	#REF!
Section 106		2,207	#REF!	#REF!
Prudential Borrowing	9,062	17,875	#REF!	#REF!
Grants	-	740	#REF!	#REF!
Under(-) / Over Commitments	52,088	66,562	#REF!	#REF!
Percentage Funded	100%	100%	#REF!	#REF!

Summary of Housing Capital Programme 2024/25 as at 31 March 2025

	Original Estimate - Approved Programme	Revised Budget (Approved Qtr3)	Actual Outturn	Variance Outturn to Revised Budget
	£000	£000	£000	£000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	#REF!	#REF!
Void Improvements	3,290	4,280	#REF!	#REF!
Mechanical and Electrical Improvements	5,444	6,203	#REF!	#REF!
Fire Safety Works	1,583	1,133	#REF!	#REF!
Internal Works	3,010	2,300	#REF!	#REF!
External Works	13,026	16,122	#REF!	#REF!
Environmental Works	1,375	1,385	#REF!	#REF!
IT Improvements	40	27	#REF!	#REF!
Acquisitions	10,944	12,399	#REF!	#REF!
Acquisition Refurbishment	1,376	1,376	#REF!	#REF!
Appropriated Properties	300	0	#REF!	#REF!
Sub-Total	41,888	46,725	#REF!	#REF!
DMBC Managed Schemes				
Adaptations for the Disabled	2,230	3,573	#REF!	#REF!
Council House New Build	5,000	15,586	#REF!	#REF!
Sub-Total	7,230	19,159	#REF!	#REF!
Overall Housing Programme Total	49,118	65,884	#REF!	#REF!
Funding				
Major Repairs Reserve / Depreciation	22,180	26,754	#REF!	#REF!
Revenue Contribution - HRA	11,658	10,748	#REF!	#REF!
Revenue Contribution - General Fund	-	-	#REF!	#REF!
Usable Capital Receipts	6,218	7,560	#REF!	#REF!
Section 106	0	2,207	#REF!	#REF!
Prudential Borrowing	9,062	17,875	#REF!	#REF!
Grants	0	740	#REF!	#REF!
Under(-) / Over Commitments	49,118	65,884	#REF!	#REF!
Percentage Funded	100%	100%	#REF!	#REF!

Summary of Housing Capital Programme 2024/25 as at 31 March 2025

	Original Estimate - Approved Programme £000	Revised Budget (Approved Qtr3) £000	Actual Outturn £000	Variance Outturn to Revised Budget £000
SLHD Managed Schemes				
Caravan Site Improvements	2,800	470	#REF!	#REF!
Assistance Loans	0	11	#REF!	#REF!
Empty Homes Scheme	170	197	#REF!	#REF!
Sub-Total	2,970	678	#REF!	#REF!
DMBC Managed Schemes				
N/A				0
Sub-Total	0	0	0	0
Overall Housing Programme Total	2,970	678	#REF!	#REF!
Funding				
Usable Capital Receipts	2,970	678	424	(254)
Under(-) / Over Commitments	2,970	678	424	(254)
Percentage Funded	100%	100%	#REF!	#REF!

Public Sector Housing Capital Programme	Annual Budget £000s 2025/26	Annual Budget £000s 2026/27	Annual Budget £000s 2027/28	Annual Budget £000s 2028/29	Total 4 years £000s
Management Fee	1,650	1,650	1,650	1,650	6,600
Voids Capital Works	3,880	3,880	3,400	3,400	14,560
Mechanical & Electrical					
Heating Conversions/Upgrades	2,520	3,870	2,520	2,520	11,430
Remove Gas from High Rise	500	500	3,000		4,000
Electrical Planned Works	3,486	2,986	50	513	7,035
Mechanical Planned Works	144	144	144	144	576
Lifts	-				
Internal Works					
Internal Works	2,054	2,654	1,854	1,854	8,416
Planned works following 20 years since decent homes work	3,200	3,300	3,200	3,200	12,900
St Georges Court	2,000	2,000			4,000
External Works					
External Planned Maintenance including Thermal & Energy Efficiency	11,331	9,987	11,192	11,992	44,502
Structural	315	315	315	315	1,260
High Rise Investment	7,534	5,000			12,534
Fire safety works	1,500	1,500	1,500	1,815	6,315
Shops/flats	210	210	210	210	840
Communal Halls	105	550	105	105	865
Environmental Works					
Environmental / Fencing Programme	175	175	175	175	700
Asbestos Surveys & Removal	800	800	750	750	3,100
Garage Site Improvements	300	300	300	300	1,200
Estate Roads & Paths	400	200	200	200	1,000
IT Systems/Investment	42				42
Acquisitions	6,700	6,990	5,078	836	19,604
Appropriated Properties / Conversions	600				600
Section 106 Opportunities	1,512	690	382	382	2,966
Council House Building Programme (Committed)	14,936	1,200			16,136
Council House Building Programme (Uncommitted)	-	17,000	14,230		31,230
Private Sector Housing Capital Programme					
Edlington Royal Estate	1,097		-		1,097
Residential Site Investment	4,705	1,900	400	400	7,405
Housing Investment	-	-	-	1,000	1,000
Adaptations for the Disabled	2,719	2,611	2,669	2,727	10,726
Grand Total	74,415	70,412	53,324	34,488	232,639
					-
Housing Programme	71,696	67,801	50,655	31,761	221,913
Adults Programme	2,719	2,611	2,669	2,727	10,726

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	KPI Dashboard for the financial year ended 31 March 2025
Action Required:	For information
Item:	17
Prepared by:	Lauren McLaughlin Governance Service Manager
Date:	07 August 2025

1. Purpose

- 1.1. To provide Board with the KPI dashboard at end of the financial year to 31 March 2025 and brief commentary for those KPI targets not being met. Appendices are attached as follows:
- A : KPI dashboard 31 March 2025; and
 - B : Latest Housemark monthly pulse surveys –February and March 2025.

2. Executive summary

- 2.1. 40 KPIs were agreed with City of Doncaster Council (CDC) at the start of 24/25, comprising Tenant Satisfaction Measures (TSM) that are required by the Regulator for Social Housing, plus other SLHD operational KPIs. **Appendix A** details each measure.
- 2.2. During Q3, an extra KPI to report Electrical Certificate Compliance was added to the Building Safety KPIs as this was the only safety measure not in the KPI suite. Of the now 41 KPIs, two were measured quarterly and thirteen were annual measures, namely:
- one energy efficiency KPI;
 - two perception survey TSMs with targets – Overall service and Repairs service; and
 - ten of the twelve perception survey TSMs do not have targets.
- 2.3. At the end of the financial year 2024/25, 17 KPIs were met or within tolerances of target. See table below:

KPIs	Q4 24/25	Q3 24/25	Q2 24/25	Q1 24/25	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Green (meeting target)	17	14	14	13	9	9	8	4	6	7	5	6
Amber (within tolerance)	0	3	4	3	7	3	3	1	4	1	2	1
Red (not meeting target)	14	11	10	12	6	8	9	9	6	7	8	6
Annual KPIs	-	3	3	3	-	2	2	4	-	2	2	4
Annual TSMs no targets	10	10	10	10	-	-	-	-	-	-	-	-
No target (homelessness)	-	-	-	-	-	-	-	-	2	2	2	2
Data not yet available	-	-	-	-	-	-	-	-	1	-	-	-
Total	41	41	41	41	22	22	22	18	19	19	19	19

- 2.4. In addition to above, two further annual, employee related KPIs were set by SLHD's Board :

	23/24 Outturn	24/25 Q4	24/25 Target
Employee satisfaction with SLHD as an employer %	89%	91%	80%
Employee turnover %	9.3%	6.0%	15%

2.5. We continue to benchmark our in-month performance through Housemark and this provides timely benchmarking against other organisations (**Appendix B**).

3. KPI commentary

3.1. KPI 2 : Void rent loss (lettable voids)

Target **0.70%**
Q4 24/25 YTD performance **0.96%** **WORSE THAN TARGET – RED**

The KPI of 0.70% equates to approximately 140 lettable void properties.

	Q4 24/25	Q3 24/25	Q2 24/25	Q1 24/25	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Void rent loss YTD %	0.96%	0.90%	0.85%	0.82%	0.68%	0.68%	0.70%	0.73%	0.67%	0.67%	0.72%	0.76%
Target %	0.70%	0.70%	0.70%	0.70%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%
Lettable voids*	216	188	169	157	102	108	79	122	127	118	92	133
Total voids	222	196	176	162	125	113	98	132	133	126	110	151
Acquisition voids	48	35	29	30	17	12	15	10				

* includes acquisitions

The number of voids held at the end of March shows an increase at 222 when comparing to the previous month (February) at 210 and the 196 at the end of Quarter 3. The total figure of 222 consists of the following:

- 168 general voids;
- 48 acquisitions (of which 5 are at St Georges Court); and
- 6 non-lettable voids.

Void rent loss (VRL) in-month performance for March shows an improvement at 1.04% compared to February's 1.13%, but the cumulative KPI remains the same as February and outturns at 0.96% and is worse than the Q3 KPI performance of 0.91%.

The table above shows an increase in the number of property acquisitions within the total number of voids at quarter ends. If acquisitions are excluded from the VRL calculations, the KPI would outturn at 0.74% and therefore within tolerance of target, reflecting their impact and the need to resource accordingly to address this.

An additional contractor is now assisting with completing work in the general voids, this will help to reduce the number of voids held, by doing so, VRL should show an improvement.

Stringent monitoring remains in place to review all voids from keys in to the re-let stage, to ensure that up to date planning and communication is shared across all teams.

3.2. KPI 3 : Average Days to Re-let Standard Properties ytd (days)

Target **24.0 days**
Q4 24/25 YTD performance **27.4 days** **WORSE THAN TARGET – RED**

In-month performance for March shows an improvement at 28.5 days compared to February's 29.3 days, however cumulative KPI performance shows a slight decline and ended the year at 27.4 days and not meeting target. Q4 performance also shows a decline when comparing to Q3 performance of 25.9 days, which was just within tolerance of target.

Some of the Q4 decline was due to a reduction in resources available with annual leave being taken in March and the Christmas shut down period.

During the year there has been a number of long-term voids which when let impact negatively on performance. Close monitoring takes place daily with good communication and updates shared with colleagues involved in the void process.

3.3. KPI 4 : Average number of nights in hotel accommodation

Target	21.0 days	
Q4 24/25 YTD performance	28.0 days	WORSE THAN TARGET – RED

This is a new KPI for 24/25 replacing the number of placements in hotels at month end.

Although the target was not met, the KPI has improved steadily as the year progressed when it peaked at 39.1 at the end of Q1 to out-turning at 28.0 nights. This reflects the work delivered through the Temporary Accommodation improvement plan that was put in place, resulting in quick turnaround of cases.

We have seen an increase in placements of families and particularly families with three or more children who are more challenging to move on.

Despite the number of nights paid increasing during February, the cumulative average for Q4 remained within the revised projected profile.

Q4 is usually the busiest quarter and brings system pressures with increased demand and we have again seen a higher level of hotel occupancy. However, the processes in place have improved turnaround of cases and reduced the average length of stay and the long-term trend remains downward and the numbers in hotels at the end of the Quarter was 18% lower than Q4 last year.

3.4. KPI 6 : Stage 1 and 2 Complaints relative to the size of the landlord (per 1000 properties)

SLHD also measures 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 and the SLHD indicator for all complaints to show the differences and to also indicate how they compare to target.

	KPI target Mar 24/25	TSM Mar 24/25	<u>'Residents' only</u>	SLHD KPI Mar 24/25	<u>All complaints</u>
Stage 1 complaints	47.0	58.3	WORSE THAN TARGET	68.1	WORSE THAN TARGET
Stage 2 complaints	3.0	6.3	WORSE THAN TARGET	7.6	WORSE THAN TARGET
Stage 1&2 complaints	50.0	64.6	WORSE THAN TARGET	75.7	WORSE THAN TARGET

For the KPI target to have been met for the year, less than 1,000 complaints should have been received.

The table below summarises the numbers received this year with comparatives from last year, and shows increased numbers (>20%) for both Stage 1 and 2 type complaints.

	Residents only		All complaints	
	24/25	23/24	24/25	23/24
Stage 1	1,160	1,007	1,354	1,117
Stage 2	125	61	152	98
Total	1,285	1,068	1,506	1,215

For both years, the main categories for complaints, in order, were about time taken, service delivery, policy, staffing, outstanding repairs and communications. Complaints continued to be analysed in detail and processes improved throughout the year.

During the year we increased awareness on how to escalate to the next stage if the complainant is not satisfied and we have had an increase in pre-determination enquiries from the Housing Ombudsman requesting that we investigate a referred complaint to their office under our Stage 2 procedures.

To deal with the increase in the number of complaints received, which has in part been driven by the government's national 'Make Things Right' campaign, encouraging residents to complain to their landlord before escalating to the Housing Ombudsman, a number of actions continue to be taken:

- an additional post appointed within the team is reviewing all complaints, in particular those not upheld, and focussing on learning to develop a proactive plan to raise awareness;
- trends in complaints are identified and reported back to Heads of Service.;
- customer feedback from complaints surveys is reviewed by Heads of Service;
- we continue to focus on the quality of the Stage 1 response to reduce those taken to Stage 2;
- embed the Internal Complaints Charter and feedback findings from the TSP Sub-Group to inform learning from complaints;
- continue to raise awareness of the different stages of our complaints procedures;
- service areas across the business continue to review the reasons for complaints to identify trends and put in place actions to improve;
- we are embedding the Internal Complaints Charter and feedback findings from the TSP Sub-Group to inform learning from complaints; and
- we continue to raise awareness of the different stages of our complaints procedures.

3.5. KPI 10 : Percentage of Emergency and Non Emergency Repairs completed within target timescales

Completed within timescale:	Target	Mar 24/25 YTD	Q3	Q2	Q1	Q4
			24/25 YTD	24/25 YTD	24/25 YTD	23/24 YTD
10a Emergency repairs	95%	82.5% WORSE THAN TARGET	80.1%	76.9%	77.9%	81.5%
10b Non-emergency repairs	85%	68.7% WORSE THAN TARGET	68.8%	67.2%	63.4%	63.3%

10 Emergency & Non-emergency	88%	73.1% WORSE THAN TARGET	72.4%	70.2%	68.2%	69.8%
------------------------------	-----	--------------------------------	-------	-------	-------	-------

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.

In the financial year to 31 March 2025, 76,510 repairs were completed, split 24,305 Emergency and 52,205 Non Emergency. These volumes are up on 2023/24's total of 73,223 repairs split 26,039 Emergency and 47,184 Non Emergency.

KPI10 overall has improved steadily in the year and out-turned higher than 23/24 but below 24/25 targets, as summarised in the table above.

There are a number of reasons and actions taken or planned. Volumes remain high on top of addressing the long-standing backlog, which is now complete. An average of 568 backlog repairs were completed each month during the reporting year. These repairs had a target completion of 18 months and performance for this priority averaged 96% over the year. These repair completions influenced the out-turn KPI of 68.7%.

The longest target completion date for larger types of repairs is now 60 days, this coupled with congested calendars not allowing early booking of work or availability for follow on work leaves a worry that performance may reduce next reporting year for non-emergency work.

A large number of run-over jobs (ROJ) and attend today jobs (A2D) have gone to call out in the year but are being monitored closely and is reducing. This may have the effect of lengthening the next available appointment wait time as there is less availability when appointing repairs.

Due to demand on the repairs service and the volume of work already in calendars there is very little immediate availability to re-arrange follow on works or appoint works when first contacted. This leads to work often being planned beyond the required completion dates with no possibility of completing within timescale. The Dynamic Resource Scheduling (DRS) system is currently is being changed to improve its scheduling efficiency which should lead to better scheduling of appointments.

3.6. KPI34 : Electrical - % Domestic properties with a satisfactory EICR up to five years old.

Target	100.0%
Q4 24/25 YTD performance	96.0% WORSE THAN TARGET – RED

There are 798 properties out of compliance and equates to a KPI of 95.97%, below the 100% target.

1,386 were outstanding from the 2023-24 programme and these were included in the 2024-25 programme. At the end of March 2025, 798 properties have an EICR over 5 years old. Of these :

- 285 are in the access process;
- 87 are booked with the appointment still to be carried out;
- 159 certificates are to be provided; and
- 267 are in the process of attempting to book appointments

392 of the 798 are more than 12 months overdue. The 798 will be carried over into the 2025/26 programme and the focus will be to complete these in the first quarter.

The work will be delivered by a combination of internal and external service providers and a new Access Team and procedures should improve access rates.

3.7. KPI16 : Number of Days Lost to Sickness per Full Time Equivalent (FTE)

Target	10.0	
Q4 24/25 YTD performance	12.2	WORSE THAN TARGET – RED

March saw 0.98 days absence per FTE, a reduction from recent months, eg February 1.01, December 1.26 and November 1.24. This is a positive reduction and the lowest since August 2024.

This brings the year end KPI using the CDC calculation (based on FTEs at March month end) method 12.2 days per FTE. If the average number of FTEs for the 24/25 full year is used, which is lower than as at March Month end, then the KPI would be 12.5 days per FTE.

The KPI outturn means a total of nearly 10,000 days were lost due to sickness, comprising over 4,400 long term and over 5,100 short term sickness days.

This month we have again seen mixed performance across the many service areas and overall, 14 out of 29 teams still have sickness absence rates above the year-end target of 10 days.

In terms of type, there has been a decrease in the number of short-term cases in March down to 0.5 from 0.54 days per FTE in February. But we have seen a slight increase in the number of long-term cases in March at 0.48 days from 0.47 days per FTE in February.

'Stress, depression and anxiety' remains the highest reason of all absence and account for over 30% in the year. Within this broad category there are four sub reasons – (1) depression/anxiety, (2) non work related personal stress, (3) work related and personal stress and (4) work related stress - and when analysed further, 'work related and personal stress' makes up the highest proportion of this at over 13%.

This is closely followed by MusculoSkeletal (~19%), and infection/virus and back/shoulder (both at ~11%).

3.8. KPI17 : % of Local Revenue Expenditure

Target	70%	
Q4 24/25 YTD performance	59%	WORSE THAN TARGET – RED

150 suppliers received Revenue type payments in March totalling £1.68m, slightly above averages for the previous eleven months. The top three suppliers were all within Doncaster area and accounted for 36% of March spend, but there were a large number outside of Doncaster and the KPI for the month, and also for the year was 59%. Spend in Yorkshire and Humberside has been consistently around the year ended 88% level all year. For the full year, 330 Revenue based suppliers received payments totalling £16.8m, of which £9.94m / 59% was within Doncaster area.

The top 5 suppliers for the year were all within Doncaster and accounted for 37% of Revenue spend. 80% of all spend came from just 30 suppliers so any large suppliers outside of the city will impact on the KPI and quite a few were in 24/25 as the KPI at year end concluded at 59%.

As reported previously, there are seven or eight large suppliers used regularly that are not in Doncaster, therefore these have adversely impacted on the KPI - notably Bradford MBC (doors and windows), SIGD (roofing materials), TKL Skips and Fullwoods (contractors).

3.9. KPI21 : Percentage of Homes Not meeting Decent Homes Standard %

Target	0.00%
Q4 24/25 YTD performance	5.53% WORSE THAN TARGET – RED

At the end of Q4, 94.47% of properties met the decent homes standard. This equates to 5.53% of properties (1,101), that were non-decent at the end of Q4. This is a significant increase in the number of non-decent properties from Q3 where the position then was 605 non-decent properties (or 3.04% of the housing stock).

Data from the 2024 stock condition surveys has been received and uploaded into our asset database during Q4 and this has identified an increased number of major components (mainly roofs) that are in poor condition and therefore cannot be deemed to be in reasonable repair.

Where a major component is not in a reasonable state of repair, this will make the property overall non-decent until the major component is replaced or repaired.

Investment needs to be planned for the major components that are deemed to not be in reasonable repair and as a result are classified as non-decent. Whilst investment is planned in 2025/26 to address non-decency, funding available will not facilitate replacement or large-scale repairs to all failing major components in year.

3.10. KPI23 : Energy efficiency of properties - % of properties meeting EPC Level C

Target	78.0%
Q4 24/25 YTD performance	57.1% WORSE THAN TARGET – RED

At the end of Q4, 57.1% of properties met EPC level 3, below the 78% target.

In the absence of relevant data at the time due to a change in IT systems, the KPI target was set on the basis of an even, annual incremental increase from the baseline position towards achieving 100% by 2030 rather than on the basis of what investment was planned. In addition, the baseline data (2023/24 outturn) was incorrect due to the same systems issue. The baseline used was 70.2% rather than the later corrected figure of 55.2%.

Energy efficiency investment in 2024/25 continued to focus on the installation of external wall insulation to a smaller number of solid wall properties (between 300-400). As such the anticipated increase following these works could only have been a maximum of c.2%. The 2024/25 outturn was 57.1%, and therefore the increase from 55.2% is within the expected range and reflects the targeted investment.

Report author
Lauren McLaughlin
Governance Service Manager, St. Leger Homes of Doncaster
01302 862736
Lauren.McLaughlin@stlegerhomes.co.uk

Appendix A KPI Dashboard year ended 31 March 2025

Appendix B Latest Housemark monthly pulse survey – February and March 2025

KPI	TSM	Key Performance Indicator Summary year ended 31 March 2025	23/24 Outturn	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Target Year end	DOT
1		Percentage of current rent arrears against annual debit %	2.72%	2.74%	3.01%	3.08%	2.76%	2.95%	↑
2		Void rent loss (lettable voids) %	0.68%	0.82%	0.85%	0.90%	0.96%	0.70%	↓
3		Average Days to Re-let Standard Properties ytd (days)	24.9	24.5	25.4	25.9	27.4	24.0	↓
4		Average no. of nights in hotel accommodation (nights)	n/a	39.1	33.3	29.4	28.0	21.0	↑
5		% of settled accommodation at Prevention stage (New)	32%	45.4%	46.2%	44.0%	43.0%	30.0%	↓
6a	CH01a	Number of stage 1 complaints per 1,000 properties (New)	50.7	14.5	35.8	51.4	68.0	47.0	↓
6b	CH01b	Number of stage 2 complaints per 1,000 properties (New)	3.1	1.7	4.0	5.8	7.6	3.0	↔
6	CH01	Number of stage 1 and 2 complaints per 1,000 properties (New)	53.8	16.2	39.8	57.2	75.6	50.0	↓
7a	CH02a	% of Stage 1 Complaints responded to within timescale (New)	91.9%	99.6%	99.4%	99.5%	99.5%	92.3%	↔
7b	CH02b	% of Stage 2 Complaints responded to within timescale (New)	86.9%	96.0%	98.6%	97.2%	95.8%	92.3%	↓
7	CH02	% of Stages 1 & 2 Complaints responded to within timescale (New)	89.3%	99.3%	99.3%	99.2%	99.1%	92.3%	↓
8		Number of tenancies sustained post support	99.3%	98.9%	99.0%	99.0%	99.0%	97.3%	↔
9		Number of repairs first visit complete	95.1%	94.3%	94.7%	95.0%	95.3%	94.0%	↑
10a	RP02a	% of emergency responsive repairs completed within target time	81.5%	77.9%	76.9%	80.1%	82.5%	95.0%	↑
10b	RP02b	% of non-emergency responsive repairs completed within target	62.8%	63.4%	67.2%	68.8%	68.7%	85.0%	↓
10	RP02	% of emergency & non-emergency responsive repairs in target time	69.5%	68.2%	70.2%	72.4%	73.1%	88.0%	↑
11	BS01	Gas: % of properties with a valid gas servicing certificate	100.00%	99.78%	99.87%	100.00%	100.00%	100.00%	↔
12	BS02	Fire: % homes all risk assessments have been carried out (New)	100.00%	100.00%	100.00%	99.80%	100.00%	100.00%	↑
13	BS03	Asbestos: % homes surveys or re-inspections completed (New)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	↔
14	BS04	Legionella: % homes where all assessments completed (New)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	↔
15	BS05	Lifts: % homes all communal lifts safety checks completed (New)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	↔
34		Electrical - % Domestic properties with valid EICR up to 5 years old	83.1%	91.87%	94.21%	94.58%	95.97%	100.00%	↑
16		Days lost through sickness per FTE (annualised)	11.2	10.9	10.9	12.2	12.2	10.0	↔
17		Percentage of Local Expenditure % <u>Revenue ONLY</u>	59.2%	61%	61%	60%	59%	70.0%	↓
18	NM01a	No. of ASB Cases per 1,000 properties	62.2	16.3	32.5	40.9	55.1	60.0	↓
18a	NM01b	No. of ASB Cases that involve hate crimes per 1,000 properties	0.7	0.2	0.5	0.8	0.8	10.0	↔
19		Number of residents in training, education or employment	108	29	62	96	113	97	↓
20	TP01	Tenant satisfaction with the overall service from the landlord %	75.6%				81.0%	76.0%	↑
21	RP01	Percentage of homes not maintaining decent standard %	3.05%	5.03%	3.25%	3.04%	5.53%	0%	↑
22	TP02	Tenant satisfaction with property condition (repair in the last 12 months and satisfied with the overall repairs service) %	79.6%				81.5%	80.0%	↑
23		Energy efficiency of properties	70.2%				57.1%	78.0%	↓
Key		Meeting/better than target	Within tolerance of target			Not meeting target			

Month	Housemark pulse survey benchmarking - IN MONTH performance	Quartile 1	Median	Quartile 3	SLHD	SLHD quartile	Performance preference
Mar-25	Homes with a valid gas safety certificate (%)	100.00%	99.98%	99.82%	100.00%	Q1	Higher is better
Mar-25	Average re-let time in days (standard re-lets)	30.0	44.3	67.6	27.4	Q1	Lower is better
Mar-25	Voluntary staff turnover (%)	0.47%	0.78%	1.35%	0.00%	Q1	Lower is better
Mar-25	Stage 1 and Stage 2 complaints resolved within timescale (%)	100.0%	94.9%	76.9%	96.4%	Q1	Higher is better
Mar-25	Responsive repairs completed per 1,000 properties	339.3	287.3	223.9	311.9	Q2	Higher is better
Mar-25	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	3.9	5.8	7.6	7.1	Q2	Lower is better
Mar-25	'True' current tenant arrears (%)	1.78%	2.55%	3.69%	2.76%	Q3	Lower is better
Mar-25	Dwellings vacant but available to let (%)	0.24%	0.50%	0.91%	0.68%	Q3	Lower is better
Mar-25	New ASB cases reported per 1,000 properties	1.56	3.35	5.19	5.40	Q3	Lower is better
Mar-25	Domestic properties with EICR certificates up to five years old (%)	99.89%	99.32%	97.47%	95.97%	Q4	Higher is better
Mar-25	Responsive repairs completed within target timescale (%)	94.00%	87.05%	78.93%	74.34%	Q4	Higher is better
Mar-25	Working days lost to sickness absence (%)	2.88%	3.61%	4.62%	5.81%	Q4	Lower is better
Mar-25	Satisfaction with repairs - transactional (%)	92.4%	88.0%	83.8%	no data		Higher is better
Mar-25	Customer contact received via digital channels (%)	47.6%	34.3%	21.9%	no data		Higher is better
Mar-25	Satisfaction with the overall service their landlord provides - perception (%)	81.0%	73.0%	68.4%	no data		Higher is better
Feb-25	Homes with a valid gas safety certificate (%)	100.00%	99.96%	99.69%	100.00%	Q1	Higher is better
Feb-25	Average re-let time in days (standard re-lets)	31.9	50.9	72.7	27.2	Q1	Lower is better
Feb-25	Responsive repairs completed per 1,000 properties	342.7	279.9	222.0	319.8	Q2	Higher is better
Feb-25	'True' current tenant arrears (%)	2.28%	2.81%	4.18%	2.78%	Q2	Lower is better
Feb-25	Dwellings vacant but available to let (%)	0.28%	0.56%	0.99%	0.45%	Q2	Lower is better
Feb-25	Stage 1 and Stage 2 complaints resolved within timescale (%)	100%	94.59%	80%	96.40%	Q2	Higher is better
Feb-25	New ASB cases reported per 1,000 properties	1.415	2.78	4.55	4.52	Q3	Lower is better
Feb-25	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	8.23	5.89	3.81	5.58	Q3	Lower is better
Feb-25	Voluntary staff turnover (%)	0%	0.52%	0.80%	0.73%	Q3	Lower is better
Feb-25	Domestic properties with EICR certificates up to five years old (%)	99.85%	99.21%	96.98%	94.85%	Q4	Higher is better
Feb-25	Responsive repairs completed within target timescale (%)	92.93%	86.84%	77.18%	76.35%	Q4	Higher is better
Feb-25	Working days lost to sickness absence (%)	3.10%	3.99%	5.27%	6.04%	Q4	Lower is better
Feb-25	Satisfaction with repairs - transactional (%)	92.62%	86.86%	81.10%	no data		Higher is better
Feb-25	Customer contact received via digital channels (%)	45%	35.35%	22.95%	no data		Higher is better
Feb-25	Satisfaction with the overall service their landlord provides - perception (%)	81.46%	74%	68.50%	no data		Higher is better

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan (ADP) 2024/25 Year End Review
Action Required:	For information
Item:	18
Prepared by:	Victoria Hunter - Head of ICT & Business Transformation
Date:	07 August 2025

1. Purpose

- 1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2024/25. The ADP was agreed following extensive review and discussion by Leadership, Senior Management Team (SMT) and at the Board's strategic away day.
- 1.2. The 2024/25 ADP proposes a number of key developmental activities or "actions" aligned to the vision set out in the SLHD Corporate Plan 2024 to 2029.
- 1.3. The ADP does not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

2. Background

- 2.1. The ADP has been developed from the Corporate Plan 2024 to 2029.
- 2.2. The Corporate Plan 2024 to 2029 aims to deliver our vision of "providing homes in neighbourhoods where people are proud to live" through our four priority themes of People, Homes, Communities and Partnership.
- 2.3. The Corporate Plan sets out the aims to be delivered over the five-year period. Each year the aims for each theme will be reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes.
- 2.4. The ADP is agreed each year, following extensive consultation, to ensure it is in line with and delivers the aims of the Corporate Plan 2024 to 2029. Each ADP action has a timescale and a responsible officer.

3. 2024/25 ADP

- 3.1 The 2024/25 ADP at Appendix A contains individual actions relating to the Corporate Plan aims and includes those actions brought forward from the previous year. A number of actions have now be completed but others are partial and are being rolled forward until all aspects are completed.
- 3.2 A member of the leadership team is assigned responsibility for each ADP action. In keeping with the current ADP oversight arrangements, progress has been reported to EMT and to board every six months.

3.3 At year end, the progress of the actions was as follows:

Directorate	Number of 2024/25 ADP Actions
Housing Services	6 actions of which: 3 are complete 3 are to be carried forward
Property Services	9 actions of which: 4 are complete 5 are to be carried forward
Corporate Services	6 actions of which: 6 are to be carried forward

3.1. The following seven actions were completed by year end (appendix A):

- A1 Deliver the Journey to excellence programme for homelessness with 5 work streams.
- A2 Review locality model with team Doncaster to deliver outcomes to residents
- A6 Develop and launch new asset management strategy and collate, analyse and understand asset condition data and applying this to investment decisions.
- A7 Develop and launch new environmental strategy, this needs to include our approach to technology.
- A12 Review the Customer Access Strategy and investigate and implement actions to support channel shift and self-service by reviewing the use of the existing tenant portal and the use of artificial intelligence.
- C4 Develop and commence delivery of the first phase of net zero carbon feasibility work and projects
- C5 All documentation for the six areas of compliance and subordinate areas either statutory or non-statutory are assessed and available evidence is within C365 system.

3.2. There remain 14 actions that are carried forward to the ADP for 2025/26 for completion as set out at Appendix A

4. What Next

- 4.1 Actions have now commenced on the ADP 2025/26 to be reported.
- 4.2 A six monthly progress update will be brought to Board in October.

5. Recommendation

- 5.1. That Board is asked to note the ADP update.

6. Appendices

- Appendix A - 2024/25 ADP

Appendix A: 2024/25 Annual Development Plan (ADP)

Ref	Service area	ADP Actions				Date	Q4 Status	Q4 Commentary
		2024/25	Corporate Plan Theme	Owner	Objective of Action			
A1	Access to Homes	Deliver the Journey to Excellence programme for homelessness with 5 work streams.	People	HoATH	Prevent and reduce homelessness in the city and make best use of available housing stock within social, supported, and private rented stock. · To Empower Customers to self-serve and reduce avoidable contacts through (Digital) Online Triage Portals for Home Options (J2E) and Home Choice. Empower customers before proceeding with Full application. · To Prevent Homelessness due to relationship breakdown through access to a Mediation Service. · To contribute to the Development & subsequent Delivery aspects of the NEW Homelessness & RS Strategy/Action Plan. · To deliver greater VFM and sustainability for the Prevention Fund Budget - Credit Union (Bonds RIA).	Mar-25	Complete	The Journey to Excellence Project to improve the overall homelessness service delivered by St Leger Homes has been a great success. A new structure and delivery model is in place with a robust performance framework and vast improvements around homeless prevention, front end access and case management. There is still work to be done on homelessness, but this will be delivered under the umbrella of the Doncaster Homeless and Rough Sleeping Strategy.
A2	Housing Management	Review Locality Model with Team Doncaster to deliver outcomes for residents	Partnerships	HoHM	Work in partnership with CDC and SSDP to review the outcomes and structure of the current localities model including assessment of resources.	Mar-25	Complete	A full review of the Locality Model has been completed and the new Thrive Model has replaced this and is now operational across all geographical areas. Rollout for Homelessness is still to begin and this work will be completed during Quarter 1 of 25/26. SLHD continues to collaborate closely with CDC and all our partners within this model. Together we are committed to reviewing outcomes at our regular meetings to ensure we are meeting our objectives and making a positive difference and impact.
A3	Repairs	Repairs Excellence project continues to deliver improvements, and we look at other gains and expand on the previous programme. Out of hours review and voids will be in Phase 3.	People	HoRM	Continue the review of the service to include out of hours provision, voids service and overall performance.	Mar-25	Carry forward	Still ongoing the DRS project has meant resources for the Voids phase has been put back until Q1 25/26. Out of hours is still in progress and continues into 25/26 as we look to reduce spend. Repairs demand remains high and the next cycle of stock surveys starts in April 25. That will have an impact on HHSRS and repairs diaries.

A4	Compliance	Undertake a review of the remaining High-Rise Buildings.	Homes	HoBS	Determine long-term viability and agree any work required.	Jul-25	Carry forward	<p>Surveys for information delayed initially due to election timescales. However, surveying of Intake is scheduled for June 2025 with reports expected August 2025.</p> <p>Reports for Silverwood House expected May 2025 to assist council in making decisions over future of Silverwood House and investment required.</p> <p>Information still to be collected for 5 remaining buildings this will be completed following Wates remediation. March 2026</p>
A5	Compliance	Building safety improvements to mutli-occupancy buildings outside of the HR residential buildings from year 3 of the ten-year plan.	Homes	HoBS	Ensure compliance set against any emerging standards for all buildings of multiple occupancy where there are more than two dwellings regardless of height.	Mar-25	Carry forward	<p>Procurement exercise is live with aim of contractor appointment by end Q1 2025/26. FRA delivery plan reprofiled considering delays with EW1 remediation and priority of other actions. Year 3 will be complete by end of March 2026.</p>
A6	Assets	Develop and launch new Asset management strategy and collate, analyse and understand asset condition data and applying this to investment decisions	Homes	HoAM	To set out our 4-year vision and deliverable objectives for effectively managing CDC's Housing Revenue Account Assets.	Jan-25	Complete	Completed as per update in Q3. The new strategy was approved by SLHD Board in December 2024 and launched in January 2025.
A7	Assets	Develop and launch new environmental strategy, this needs to include our approach to tech.	Partnerships	HoAM	To set out our 4-year vision and deliverable objectives for improving the energy efficiency and moving towards decarbonisation of the housing stock, alongside more sustainable working practices.	Jan-25	Complete	Completed as per update in Q3. The new strategy was approved by SLHD Board in December 2024 and launched in January 2025.
A8	Compliance	Develop and make available compliance documents on the customer compliance portal. Providing evidence which customers can access which demonstrates to our customers' homes are safe.	People	HoBS	The Portal will provide access to statutory documents for a resident's home so they can have some assurance that their property is safe. Helping SLH meet the requirements of the TSM and new Regulatory standards.	Mar-25	Carry forward	This is possible through C365 and will require development and understanding integration with OH and existing tenant portal options. This is on 25/26 ADP
A9	ICT	Implement and embed upgrade from OpenHousing to web based One Housing	People	HoICT&BT	To modernise technology and take advantage of the benefits of the web-based version of OpenHousing.	Dec-24	Carry forward	<p>We have successfully migrated to the Progress servers needed to support ONE and have successfully upgraded to V18 of OH. The ONE project plan has been completed by Capita and custom code and database work is underway. Go Live is planned for 8th Sept 2025. This will be carried forward on to the 25/26 ADP.</p>

A10	Organisational Development	Develop the workforce to meet the standards set through the professionalisation agenda for housing including relevant professional qualifications	People	HoHR&OD	Ensure that our workforce provides a high quality and professional service to all customers, further embedding our customer excellence culture and in turn meets the regulatory requirement within the sector.	Mar-25	Carry forward	On Track - We continue to await the final response from government which will set out the final transition arrangements and learning requirements, as well as the code of practise that we will be required to ensure that colleagues abide by. This will no longer come into place from April 2025, but we are still training employees to the correct qualification level that we know will fall within the scope of the competence and conduct standard.
A11	Organisational Development	Review the end-to-end recruitment process with a focus on modernising our recruitment practises and attracting and retaining a diverse workforce.	People	HoHR&OD	Ensure that we have in place modern and effective ways of recruiting, enabling us to continue to attract high quality talent who represent the communities in which we work into the workforce and address the succession of our aging workforce over the coming years.	Revised March 25 (was Jan-25)	Carry forward	Project Board established and terms of reference for the project agreed. Monthly meetings taking place and four workstream groups identified. Delay due to resources in the team, but work has started on the workstream looking at an assessment toolkit. Project plan and key milestones have been agreed, and this will carry over to 2025/2026.
A12	Customer Services	Review the Customer Access Strategy and investigate and implement actions to support channel shift and self-service by reviewing the use of the existing Tenant Portal and the use of artificial intelligence.	People	HoCS	Ensure we have a strategy in place that provides a choice of access to services for our customers that meets the needs of our existing and future customer base.	Oct-24	Complete	The Customer Access Strategy is in place and was approved by Board in December 2024 and includes actions to be delivered up to 2029. This advocates a digital by choice approach. A number of actions within the strategy support channel shift and self-service and will be progressed as part of the implementation process.
A13	Governance	Data Intelligence – Ensure we understand, improve, monitor and use our data/knowledge, ensuring it is accurate, up to date and secure and is driving decision making and future planning.	People and Homes	HoFBA / HoICT&BT /HoHM / HoAM / HoCS	Joint initiative across all HoS to create a data driven organisation that uses data and business intelligence to inform the way it delivers its service for the betterment of the customer, assets under SLHD management, local economy and the environment.	Mar-25	Carry forward	On track - DataSMART project board established with the Strategy and 1st year action plan agreed at EMT and Board. The DataSMART project is looking at tenant data first and reviewing what data we collect, store, use and update, and why we collect it. In June 2025 we will look at our whole approach to data and relaunch DataSMART.
A14	Organisational Development	Deliver the first year of the 2024-2029 People Strategy Action plan which will include the actions identified as a result of the Investors In People Accreditation.	People	HoHR&OD	Demonstrate we are continually developing our employee offer, leading, motivating and developing our people, and demonstrating high levels of colleague satisfaction and our position as an employer of choice.	Mar-25	Carry forward	Three of our Year 1 People Strategy actions within the Recruit and Retain theme will move into Year 2 due to resources issues in the HR team. Performance in year one is reported to board.
A15	Governance	Deliver plan arising from the assessment against the Consumer Standards.	People	HoFBA	Achieve a positive Regulatory inspection from whenever the CDC (as landlord) is inspected, which could be from April 2024 onwards. An assessment against the draft Consumer Standards was reported to Board in March 2024. The gap analysis action plan will be delivered during the 24/25 financial year.	Per the individual action plans	Carry forward	On track and work ongoing. No Regulatory inspection in 24/25 but Savills undertook mock inspections in Nov/Dec 24 and reported to Board in Jan 25. Actions arising being worked on. Consumer Standards Action Plan update reported to Board on 5 December. Close watching brief and reporting of developments with inspections undertaken to date on other organisations, identifying good practice and areas for development.

C1	Access to Homes	Review Housing Register Customer Journey and Service Standard.	People	HoATH	To make best use of the Housing Stock to meet the housing needs of the city.	Mar-25	Carry forward	The 'as is' mapping has been completed, which is the first phase of this piece of work. The 'future state' mapping will be completed in Quarter 1 of 25/26.
C2	Housing Management	Review and implement the Tenancy Agreement	People and Homes	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Dec-24	Carry forward	On going - Additional changes identified to the TA - these changes are to succession to include partner and spouse only not other family members and secondly changes to flexible tenancies. Further consultation to be undertaken period of 28 days by letter to tenants detailing original consultation and new changes. Report to EMT/ Cabinet October 2025.
C3	Health Safety & Property Compliance	Ensure all the evidence is available and to hand to provide assurance in the event of an in-depth assessment (IDA)	Homes	HoBS	Undertake preparation for an IDA using Key Lines of Enquiry. Ensuring there are suitable and sufficient Key Performance Indicators (KPIs) for each area of compliance and Building Safety.	Apr-25	Carry forward	Internal audits completed on all big 6 compliance areas. Actions are being picked up from this. Processes and systems in place to get information from Open Housing. Pennington's Health check being undertaken Q2 2025/26. Outcome will provide assurance objective is met. Suggested new date end Q3 2025/26.
C4	Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	Homes	HoAM	To identify/confirm what net zero carbon measures are feasible for our housing stock. In turn this will inform our longer-term environmental strategy and net zero carbon investment plan.	Jul-25	Complete	On Track - The Intake High Rise Feasibility Study was completed in Q4 and will be presented to key stakeholders early in Q1 of 2025/26.
C5	Health and Safety	All documentation for the 6 areas of compliance and subordinate areas either statutory or non statutory are assessed and available evidence is within C365 system.	Homes	HoBS	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.	Mar-25	Complete	Internal audits completed on all big 6 compliance areas. Actions are being picked up from this. Processes and systems in place to get information from OH
C6	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	People	HoCS	To improve the opportunities to tailor the services we provide to meet our customer needs.	Dec-24	Carry forward	KIT visits are taking place which captures insight data. Customers were targeted in December 2024 to use the tenant portal to update their customer insight data. Separate work is on-going to use Voicescape to capture any missing data fields. A marketing campaign aimed at encouraging customers to provide data through the portal was included in January's edition of HouseProud.

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Board Members Expenses and Attendance Register
Action Required:	Board are asked to note the information as an accurate record.
Item:	19
Prepared by:	Kevin Hanlon, Director of Corporate Services
Date:	07 August 2025

1. Summary

- 1.1 The Governance Assurance Framework directs that details of attendance and expenses claimed are brought to the Board on a regular basis. Any concerns regarding the level of attendance by members of the Board and Committees and expenses claimed are discussed with the Chair, outside of Board Meetings.

2. Background

- 2.1 The Governance Assurance Framework was reviewed by Board in July 2019. The Framework directs that Board and Committee Members are required to register their attendance at both formal and informal meetings and training sessions. It further directs that a report should be compiled and presented six monthly, which includes information on the expenses claimed in attending such meetings and events.

3. VFM Considerations

- 3.1 From October 2011 both Tenant and Independent Board Members have an Agreement for Services. Board Members nominated from the Council receive no remuneration directly from the company as membership of SLHD Board is regarded as part of their Council duties.
- 3.2 In addition to Board and Committee meetings, attendance at training when appropriate ensures that Board Members have the level of skills and experience required to consider the information presented and make decisions. A copy of the attendance registers can be found at Appendix A – will be updated through May to ensure Committee attendance is recorded

4. Financial Implications

- 4.1 For the Financial Year 2024/25 a Budget of £34,360 was included within the overall Budget.

Details are below:-

	<u>Budget 24/25</u>	<u>Outturn 24/25</u>	<u>Variance</u>
Rents	300	-	-300
Contract Hire	130	285	155

Car Allowances	800	820	20
Clothes/Uniform	130	-	-130
Advertising Costs	2,850	-	-2,850
Other Services	25,240	25,104	-136
Subsistence/Conferences	4,710	396	-4,314
Volunteer expenses	200	-	-200
	34,360	26,604	-7,756

The Outturn was £26,604. This was an underspend of £7,756, which was over a number of Budget Headings.

5. Legal Implications

5.1 The Articles of Association requires that Board Members sign the statement of Board Members Obligations. Section 16 states the obligations of Board Members to be:

- an obligation to read Board papers and to attend meetings, training sessions and other relevant events; it also states:-

5.2 • Disqualification and Removal of Board Members (section 25) – A person shall be ineligible for appointment to the Board and if already appointed shall immediately cease to be a Board Member if the relevant individual:

- Shall for more than three consecutive meetings have been absent without permission of the Board from meetings of the Board held during that period and the Board resolves that their office be vacated; or
- In any period of 12 months, they shall have been absent (without the permission of the Board Members) from at least 50% of the meetings of Board Members held during that period and the Board Members resolve that their office be vacated.

5.3 The Board are asked to consider that if any Board Member falls under Section 16 any recommendations for actions by the Board are then further considered by the Chair, who will take whatever actions he considers appropriate and report these to a later meeting.

6. Risk

6.1 Failure to adhere to the Company's regulations could expose St Leger Homes to a lack of strategic leadership and for the decision making process to be compromised by a lower standard of scrutiny and challenge.

9. Background Papers

9.1 Appendix A – Board and Committee Member Attendance Records

Main Board Attendance Record

	05-Dec-24	06-Feb-25	03-Apr-25	Total meetings attended	Total meetings held	%
BOARD MEMBER						
Dave Wilkinson, Chair	1	1	1	3	3	100
Chris Margrave	1	1	1	3	3	100
Phil Cole	A	1	1	2	3	67
Richard Allan Jones	1	1	A	2	3	67
Susan Jones	1	1	1	3	3	100
Milcah Walusimbi	1	1	1	3	3	100
Trevor Mason	1	1	1	3	3	100
Barry Keable	1	A	1	2	3	67
Sarah Smith	1	1	1	3	3	100
Karen Leroy	1	1		2	2	100

KEY

Apologies Received

Attendance

Not applicable

A
1

Audit & Risk Committee Attendance Record

	10-Mar-25	19-May-25	Total meetings attended	Total meetings held	%
Board Member					
Trevor Mason, Chair	1	1	2	2	100
Richard Allan Jones	A		0	1	0
Susan Jones	1	1	2	2	100
Milcah Walusimbi		1	1	1	100
Karen Leroy	1		1	1	100

KEY

Apologies Received

A

Attendance

1

Not applicable



Customers & Performance Committee Attendance Record

	20-Feb-25	15-May-25	Total meetings attended	Total meetings held	%
BOARD MEMBER					
Milcah Walusimbi	A	1	1	2	50
Barry Keable	A	1	1	2	50
Sarah Smith	A		0	1	0
Dave Wilkinson	1	1	2	2	100
Karen Leroy	1		1	1	100

KEY

Apologies Received
Attendance
Not applicable

A
1

Building Safety and Compliance Committee Attendance Record

BOARD MEMBER	13-Feb-25	22-May-25	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	2	2	100
Phil Cole	1		1	1	100
Trevor Mason	A	1	1	2	50
Barry Keable		1	1	1	100
Karen Leroy	1		1	1	100

KEY

Apologies Received

A

Attendance

1

Not applicable

Board Training Records

	Finance and Budget Setting Training	Total meetings attended	Total meetings held	%
BOARD MEMBER	16.01.25			
David Wilkinson, Chair	1	1	1	100
Chris Margrave	1	1	1	100
Phil Cole	A	0	1	0
Richard Allan Jones	1	1	1	100
Susan Jones	1	1	1	100
Trevor Mason	1	1	1	100
Milcah Walusimbi	1	1	1	100
Barry Keable	A	0	1	0
Sarah Smith	A	0	1	0
Karen Leroy	1	1	1	100

1	Complete
1	Complete via video recording
✕	Not attending
	Not required
	Not applicable

Board Strategic Planning Attendance Record

	Jul-25	Total meetings attended	Total meetings held	%
BOARD MEMBER				
Dave Wilkinson, Chair		0	0	0
Chris Margrave		0	0	0
Stuart Booth		0	0	0
Susan Jones		0	0	0
Milcah Walusimbi		0	0	0
Trevor Mason		0	0	0
Barry Keable		0	0	0
Karen Leroy		0	0	0

KEY

Apologies Received

Attendance

Not applicable

A
1

Governance Summary Communications Template

Report from:	Performance and Improvement Committee	
Date of meeting:	15 May 2025	
Report author:	Dave Wilkinson	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p><u>1.Tenant Remuneration Package</u> Members of the Tenant Scrutiny Panel attended to present the review and recommendations of the package of rewards and incentives to be used to remunerate tenant representatives.</p> <p><u>2.Repairs Excellence</u> Members noted the update and were pleased to note that the backlog was cleared by the end of the 2024/25 financial year. In noting the additional pressures on teams through Damp, Mould and Condensation issues, the Committee requested an update to August Board on the on the organisations preparations for Awaab's law to give Board assurance that officers were prepared for the implementation.</p> <p><u>3. ASB Update</u> Members expressed concern around details of cases of 'cuckooing'</p>	<p>The Committee received and endorsed the Tenant Remuneration Package.</p> <p>Committee requested an update to Board on preparations for Awaab's Law coming into effect.</p> <p>It was agreed that future data should show eliminating wasted journeys to almost zero would enable more jobs to be completed per day. Further analysis would be presented at P&I for the next 12 months.</p>	
Additional notes for communication to governance:		
None.		

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

15th May 2025

Present

Dave Wilkinson (DW) (Chair), Barry Keable (BK), Milcah Walusimbi (MW)

In Attendance

Jane Davies (JD) Director of Housing and Customer Services, Lee Winterbottom, Director of Property Services (LW), Jackie Linacre, Head of Customer Service (JL), Karl Chapman, ASB & Safeguarding Manager and Anne Tighe (AT), notetaker

Members of Tenant Scrutiny Panel (TSP) for Item 2

Maureen Tennison (MT) and Rodger Haldenby (RH)

1. <u>Apologies and Quorum</u>	ACTION
1.1 No apologies were received. Introductions were made on behalf of TSP visiting members.	
2. <u>Tenant Remuneration Package</u>	
2.1 MT and RH attended for this item and were introduced to the Committee. JL provided the background on why the package of rewards and incentives would be used to remunerate tenant representatives, and that this was standard practice across most other organisations.	
2.2 The scheme had recently been reviewed by the TSP, and a full copy of the review report was attached at Appendix B of the report.	
2.3 The Tenant Remuneration Package report directly links into the Tenant Representative Development Pathway report which was scheduled to be presented to the 5 June 2025 Board Meeting for approval.	
2.4 RH reported that the TSP had had input on the report very early and TSP members were pleased to note that the package directly linked into the development pathway as current TSP and One Voice Forum (OVF) members would receive appropriate background information (on the business) and training. It could be challenging for new members to understand, however the package could make the role more attractive and give acknowledgement that their time is valued. MT added that the development pathway was a transition, and tenants could be learning all the way through.	

- 2.5 MW asked if there was a timescale for the pathway and it was explained not, the pathway would be taken at the tenant's pace, whatever the person needs, and would be a module way of learning.
- 2.6 RH commented that tenants, as part of TSP and OVF, scrutiny does tend to be more intensive in some ways, however they then enjoy being involved and knowing about, and being involved in, forward planning.
- 2.7 In response to a query from MW about previous training, JL advised that the organisation would not be leading on the training; some modules would be developed by SLHD and added to by external providers.
- 2.8 The Chair queried if it would be possible to invite the Chair of OVF and TSP to sit on the Customer and Performance Committee as non-voting members. It was explained that members of both groups had been invited to the February Committee meeting for a 'taster session'. Once the development pathway had been approved then members would be invited to the Committee.
- 2.9 MW asked if this would go out to all tenants and not just tenants who were involved already and it was confirmed it would publicised to all tenants.
- 2.10 The Committee received and endorsed the Tenant Remuneration Package Report.

3. Declarations of Interest by Committee Members

- 3.1 None were received.

4. Minutes of the meeting held on 20th February 2025

4.1 From item number 7.4 – Tenant Voice Outcomes

It was confirmed that following positive feedback from BK at last meeting, Marlena Karys, Housing Officer, has taken part in 'Breakfast with Chris'

4.2 From item number 9.1 – Spotlight on Performance

It was noted that the Permissions Policy presentation was on the agenda.

5. Performance Information

5.1 KPI 11 - % of current rent arrears against annual rent debit

Members were pleased to note that the team had managed to achieve target, particularly as it was a 53-week year and UC recipients were paid 52 weeks per year.

5.2 KPI4 – average number of nights in hotel accommodation

This target is a constant challenge and although not on target, there were great improvements in this KPI. There is ongoing work, and teams are reducing numbers already. Members were asked to note that families are always a priority.

- 5.3 The Chair reported that at the recent NFA Annual Conference he had attended that hotel placements and costs were under close scrutiny, and warned a number of questions would be asked around this going forward. JD confirmed her team would be ready for challenge as they kept meticulous records. In response to a further query around out of area placements, JD confirmed that the teams always advise neighbouring Councils if they place a household into their area as emergency accommodation.

- 5.4 KPI5 – percentage of settle accommodation at prevention stage
JD stated she was really proud of the team's performance; the statistics started the year off at 32% and improved to 43% which, when you thought about the number of cases, was an amazing turnaround and exceeded the target. Previously SLHD were ranked from 236 in performance in the country and are now ranked 26.

- 5.5 KPI6a – number of stage one complaints per 1,000 homes
Although performance does show a high number of complaints are received and we know this is not necessarily an indicator of poor performance, we know we want to reduce these. Officers are going to analyse numbers not upheld, which is the largest number, and try and make a plan for proactive work to raise customer awareness and reduce numbers.

- 5.5 The Chair mentioned Alison Leach from Stockport Homes, and Jonathon Cox from Housemark who could be useful with advice from working with the Regulator. JD agreed to progress.

JD

- 5.6 KPI8 - % of tenancies sustained post support
Members noted the excellent outturn.

- 5.7 KPI2/3 – void rent loss and relet time for standard voids
LW reported that both KPI's were linked, and it was recognised that the figures dipped around December and was linked to the Christmas closedown; post the closedown there were over 200 voids and the teams struggled to recover from that. At the Board in June there would be a presentation around mitigation for trends, and this would be followed up then.

- 5.8 KPI10 - % of non-emergency and emergency responsive repairs
There is a trend of this KPI improving and would be expanded on in the presentation later in the agenda.

6. Spotlight – Tenants Own Improvements Policy

- 6.1 LW presented the Tenants Own Improvement Policy update and advised that the old policy wasn't fit for purpose and was revised

to improve the customer experience. In addition, this would also improve access by simplifying the procedure.

- 6.2 He concluded the presentation by highlighted the next steps, including addressing the backlog which was a top priority for the team. In response to a question around how long on average it took to receive a response from an application, it was explained that this information wasn't available however he would provide a response outside of the meeting.

LW

- 6.3 MW also asked if a tenant wanted more sockets, for example in the kitchen, would permission be required for that. It was confirmed that it would, and a tenant would also have to provide evidence an appropriately compliant contractor had been used.

7. Repairs Excellence

- 7.1 LW provided the Repairs Excellence Update. He reminded about the key outcomes sought from the project and provided an update against these along with next steps. It was reported there had been an improvement in 'next available' appointment times and this would improve more with the scheduling system improvements due in early June. A part of the service that was currently being worked on aimed to achieve a reduction in costs of the out of hours service as this was a very high-cost area. Teams were ensuring repair classifications were appropriate and overall, they are working with an effective, efficient repairs system.

- 7.2 He concluded by advising that the backlog had been cleared by the end of the last financial year and SLHD were now in a position of envy from other organisations. He asked members to note the next steps, including looking to evaluate shifts and rotas which would help with any additional pressures arising.

- 7.3 The Chair requested a paper to August Board on the organisation's preparations for Awaab's Law to give Board assurance that officers were prepared for the implementation.

LW

- 7.4 Members queried the number of complaints received about staff members attitude, and what managers did about it. It was confirmed that across all service areas the number was 5.27%. LW added that there was a productivity dashboard that looked at this and would show a trend for one person, or on a team leader/manager; it would ultimately show how the complaints were being dealt with, for example in 1-1's.

8. Customer Focus and Service Standards Update

- 8.1 JL led on the presentation for Customer Focus and Service Standards update and apologies that the 'within tolerance' figure in slide 2 should be 4 not 3. Although there were a few things that her team needed to get underneath, overall, she was really

pleased at how much teams had improved, and it was a standout performance with significant improvement around responding to complaints.

8.2 Members acknowledged that the Housing Ombudsman is encouraging tenants nationally to make complaints, and teams are working on making it acceptable and publish it/give leaflets out. JD pointed out that we are doing more work around analysing and learning from complaints. The Chair asked if officers were planning to use AI to do the analysis and it was confirmed they are.

8.3 MW stated it was good to encourage people to complain, but to actively asking them to complain through leaflets and publicity might open floodgates. JL responded that her team always try to resolve issues at first contact.

9. ASB Update

9.1 KC joined the meeting to present the Annual Review 2024/25 of the work of the Safeguarding & ASB Team. He provided members with an across-the-board update and talked through the headlines and stand out points.

9.2 The Chair noted the high caseloads and asked if caseload management was achievable to which KC responded, 'just about'. JD agreed that caseloads were significant with so much work attached to each case; for example there was a lot of work involved keeping complainants updated with progress. and if a week was missed complaints would ensue.

9.3 Members voiced their concern around cuckooing and the issues surrounding it. Following a brief discussion it was suggested by members that there should be an article in HouseProud around the issue, the early signs and who to contact.

JL

9.4 The subject of hoarding was also raised and discussed, and members added that signposting to the correct team should be the basis of an article in a future HouseProud.

JL

9.5 JD asked that the first case study in the presentation be highlighted either in social media communications or HouseProud.

KC

9.6 The Chair and members thanked KC for such a comprehensive update and asked that he pass members thanks back to teams for their hard work and dedication.

10. Spotlight on Performance – September Meeting

10.1 Members discussed the meeting and comments around individual reports. JD suggested that as TSP have just finished their Damp, Mould and Condensation review that would be coming to this

Committee in September, an officer in that team could attend the meeting to do a spotlight presentation around ongoing work. It was agreed that the Head of Service could attend the November, not September, Customer and Performance Meeting.

CT

11. Tenant Voice Outcomes Q4

11.1 The Committee received the presentation on Tenant Voice Outcomes Q4, and noted it demonstrated the different ways teams were engaging with tenants. Some key policies and strategies have been shaped following feedback from tenants. The next report should have more information around the 'so what' aspect of the difference tenant involvement was making to services.

11.2 Members were also asked to note that the organisation was applying for Tpas Accreditation, and the team was confident this would be awarded.

11.3 The Committee requested a briefing note for Board around everything the organisation has done as part of Tenant Voice.

JD

12. Date and time of next meeting: 18 September 2025 at 3:00pm – Civic Meeting Room 410

Governance Summary Communications Template

Report from:	Audit & Risk Committee	
Date of meeting:	19 May 2025	
Report author:	Trevor Mason	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
Internal Audit Reports - Private Landlord The Chair asked, based on the report and recommendations, that a review of the Private Landlord Service takes place at EMT level to consider its future based on it being apparent that the service is still not self financing. He added that Committee want the assurance that the service is VFM and still a useful service to manage.	Committee received the report noting the recommendations, however agreed to receive updates at the July Committee meeting, also noting discussions are required at EMT level about the service overall and whether it is VFM and to feedback (briefing note).	
Internal Audit Reports – Repairs & Maintenance The Director Property Services/Responsive Repairs Manager to ensure progress and completion of actions and reporting back to July committee.	The Chair of Audit and Risk Committee asked that this report is re-presented at the July Audit meeting with an update against all actions.	
Internal Audit Service The Chair asked Committee to consider how the organisation maintains a relationship with the Council's Internal Audit and whether SLHD have an opportunity to choose the provider of an Internal Audit Service or whether there was a requirement within the Management Agreement to utilise CDC Internal Audit Services? The Head of Finance advised that it is likely there is mention within the Management Agreement, confirming a Service Level Agreement for Audit services is in place.	Based on this, the Chair asked for clarification in order the Audit & Risk Committee have assurance that a robust relationship is in place and that Committee have the opportunity and requirement to approve the appointment of Internal Audit Services on an annual basis.	
Additional notes for communication to governance:		
None.		

St. Leger Homes of Doncaster Limited

AUDIT & RISK COMMITTEE MEETING

19th May 2025

Present

Trevor Mason (Chair) (TM), Susan Jones (SJ) and Milcah Walusimbi (MW)

In Attendance

Kevin Hanlon - Director of Corporate Services (KH), Nigel Feirn - Head of Finance and Business Assurance (NF), Lauren McLaughlin - Governance Manager (LM), Julie Lyon - Doncaster Council's Internal Audit Manager (JL), and Leandra Graham-Hibling – Executive Support Officer (minutes).

Observer - Louise Chappell Hartley – Doncaster Council's Principal Internal Auditor (LCH)

	<u>Apologies and Quorum</u>	ACTION
1.1	The meeting was confirmed as quorate.	
2.	<u>Declarations of Interest by Board Members</u>	
2.1	There were no declarations of interest.	
3.	<u>Previous Minutes and Matters Arising – 10 March 2025</u>	
3.1	The minutes of the meeting held on 10 March 2025 were agreed as a correct record. It was confirmed all outstanding actions were resolved.	
4.	<u>Internal Audit Reports</u>	
4.1	a) Private Landlord The Director of Corporate Services presented the report providing background of the service and the findings within the report which Doncaster Council's Internal Audit Team provided partial assurance on. The Chair asked the Committee to note that the roles within this team are part-time and there is no full time resource available. The Head of Finance confirmed that a single point of failure has been identified in relation to a number of tasks within this service, and a procedure has been developed to ensure that tasks can be picked up by colleagues.	

The Chair asked, based on the report and recommendations, that a review of the Private Landlord Service takes place at EMT level to consider its future based on it being apparent that the service is still not self financing. He added that Committee want the assurance that the service is VFM and still a useful service to manage.

KH

The Head of Finance confirmed of the 12 actions, 7 are complete, 2 are progressing with only 3 actions still outstanding and not yet started. The Committee reviewed the actions in detail:-

Action 1, New procedure to be written for the production of landlord statements and reconciliation – **complete**.

Action 2 – A biannual check of properties to Open Housing should be completed to the lettings teams record – **complete**.

Action 3 - Payments of Management fees from CDC to be paid – **complete**.

Action 4 - Checks should be completed to ensure all Landlords are paying the correct management fees – **complete**.

Actions 5 – Change the procedure for the repairs process – to remove the paragraphs regarding charging if delays of over 2 months – **action progressing and nearly complete**. The Head of Finance agreed to revise the completion date to July Audit Committee date.

Action 6 – Checks need to be made for charges to repairs – **complete**.

Action 7 – A record of fees and charges should be kept by the lettings team – **complete**. The Head of Finance agreed to confirm the same information is being accessed by both Lettings and Finance Teams.

Action 8 – Check that all fees and charges have been recorded and paid – **Complete**.

Action 9 – Decisions on delayed payments of Management Fees should only be undertaken by a Team Manager or above – **complete**.

Action 10 – Consideration should be given to Landlord paying a set charge each month of a % of expected rental income – The Director of Corporate Services suggested that a % management fee should remain as it would have to change on an annual basis anyway. The Chair asked that this consideration is included in the EMT review. The Head of Finance advised this recommendation is **yet to be actioned**, agreeing to ensure it is included in the EMT review.

Action 11 – **Not started** but plans in place to raise and discuss with EMT.

Action 12 - **Not started** but plans in place to raise and discuss with EMT.

NF would be responsible for coordinating all actions with Housing Solutions Manager and Finance and reporting back to the July Committee.

NF

A Member asked if we have good relationships with the Private Landlords we work with, suggesting we should try and ensure

relationships remain good despite any issues. The Head of Finance advised that in general relations are good, however there can be some unease when payments are late due to how they are processed, but these messages and conversations are managed well.

Committee received the report noting the recommendations, however agreed to receive updates at the July Committee meeting, also noting discussions are required at EMT level about the service overall and whether it is VFM and to feedback (briefing note).

KH

4.2

b) Repairs and Maintenance

The Director of Corporate Services presented the report which reviewed the repairs service across Doncaster within the 5 geographical areas, advising Doncaster Council's Internal Audit Team provided partial assurance on.

Action 1 – Analysis of attend today (A2D) data

Committee advised, given the significance of the issues seen, and the close links to national standards, they would like a specific report detailing the 'attend today position', to better understand the consequences of over-riding the system and being able to 'attend today'. The Head of Finance confirmed that this issue is already being looked into as part of 'One Repairs Performance Board'. He advised there is lots of focus on costs, scheduling and the level of over-ride. He gave more context to how we have come to this position, reminding Committee of the repairs service coming out of covid with a large backlog. He explained whilst we have addressed the backlog, we are still seeing higher numbers of repairs year on year. Audit & Risk Committee asked, as part of the update to the next meeting, that this includes assurance that attend today is being reviewed and outcomes are being actioned. Committee asked that this is reported to July meeting.

Action 2 – A2D guidance and Training

The Director of Corporate Services agreed to update this action in July.

Action 3 – Enhance profit and loss variation to use more meaningful terminology & Action 4 – Explore other variables than cost to assess repair variations

The Head of Finance confirmed that as this is responsive repairs, every job should be reviewed to ensure repairs are completed within agreed times and investigated if not. He commented that this is being picked up as part of One Repairs Performance Board.

Action 5 – Repairs and Maintenance to report on action taken against Operatives following adverse or missing van check & Action 6 – Add a field to the van stock check sheet to show actual monetary difference
Audit Committee asked for an update on these actions in July

	<p>Action 7 – Explore the improvement of information processing regarding stock line adjustments & Action 8 – Implement an Obsolete Stock removal process – The Head of Finance advised that we have £1m stock over all vans and in stores, with a £4.5k adjustment made at the last year end. He added that generally, stock should be uploaded onto open housing linking into Stores systems so vans are re-stocked. Committee noted the low level of adjustment against £1m stock values. The Head of Finance advised this is also linked to KPI First Visit Complete which demonstrates additional assurance to ensure van stocks are appropriate and that open housing should drive stock levels.</p>	
	<p>The Director Property Services/Responsive Repairs Manager to ensure progress and completion of actions and reporting back to July committee.</p>	LW
	<p>The Chair of Audit and Risk Committee asked that this report is re-presented at the July Audit meeting with an update against all actions.</p>	KH/LW
4.3	<p>c) Housing Rents The Director of Corporate Services presented the report which provides substantial assurance.</p> <p>Action 1 – Ensure that deceased accounts are actioned timely – The Chair asked if a tenant automatically transfers to a family? The Director of Corporate Services agreed to confirm the detail within the legal tenancy agreement</p> <p>Actions 2 – Accuracy check of data returns - The Director of Corporate Services confirmed an additional step and control will be added in before the NROSH return is completed.</p> <p>Progress on actions from the head of finance and Area Housing Manager updated to July committee.</p> <p>Committee received the Audit report.</p>	KH
4.4	<p>d) Financial – Creditors The Director of Corporate Services presented the report providing substantial assurance over the operation of the 2 creditor systems.</p> <p>Action 1 – Contact TKL skip fire and advice VAT invoices must be submitted in order for VAT to be process correctly – complete. Action 2 – Unapplied Credit note – The Head of Finance advised that this is completed periodically and is person dependant, explaining this was an oversight on this occasion due to long term sick leave. Going forward regular reviews are now in place.</p> <p>Head of Finance to ensure actions completed and update July committee</p>	NF

Committee received the Audit report.

4.5

e) Payroll

The Director of Corporate Services presented the report which provided substantial assurance in controls around payroll arrangements, however only partial assurance in respect of additional payroll payments.

Audit Committee noted that our payroll services are provided by Rotherham Council and cannot be audited by ourselves. The Director of Corporate Services advised that partial assurance was given due to the controls in place in regards to processes for additional payroll payments.

Action 1 – Mileage Claims – The Director of Corporate Services advised that whilst Managers should be undertaking checks, independent checks also take place by the Business Assurance Team. It was confirmed this action is progressing. The Chair asked how specific claims are, in relation to journeys? The Head of Finance confirmed that accuracy and detail on claims is mixed and the issue is around attitude as well as good house-keeping. He explained this is something the Business Assurance Team will be checking as part of Internal Audit checks.

Action 2 – Standby and call out claims – Under review and communications are going out to all staff.

Action 3 – Overtime/additional hours – Under review and communications are going out to all staff.

Action 4 – Managers responsibilities for leaders – reminder to be circulated

Action 5 – HR to investigate leaver dates and overpayments – to be investigated and controls

Head of People & Culture and Director of Corporate Services to ensure actions completed and reported to July committee

KH/SJ

Committee received the Audit report.

KPI's and TSM Audit Reports

4.6

f) Repairs First Visit Complete – KPI verification

The Director of Corporate Services presented the report which found that the KPI is calculated correctly in line with SLHD published definition.

The Head of Finance confirmed both actions are underway and hoped to be completed by the due date. He advised the script software is under review and being changed, as well as the change in software supporting the actions.

NF

The Chair asked what the reason was for changing the software? The Head of Finance advised the change was due to cost and

functionality, as well as the new system 'power BI' being part of the Microsoft suite of applications we already use.

Committee received the Audit report.

- 4.7 g) Repairs within timescale - KPI verification
The Director of Corporate Services presented the report which found that the KPI is calculated correctly in line with published definition.

Action 1 – **completed.**

Action 2 – KPI10 producing the “reporting section” dataset - underway as part of a review and change of the policy

Action 3 – KPI 10 Calculated use of priority - underway as part of a review and change of the policy.

Head of Finance and Head of Repairs to complete actions for July committee reporting

Committee received the Audit report.

5. IA Annual Report

- 5.1 The Councils Internal Audit Manager presented the annual report that includes Internal Audit Managers opinion on the adequacy and effectiveness of SLHDs governance, risk management and control arrangements. The report concludes St Leger Homes governance, risk management and control arrangements for 2024/25 ~~are~~were adequate and operated effectively in the year, and that there is a positive opinion without limitation which the Committee were pleased to note.

- 5.2 The Councils Internal Audit Manager confirmed that this report is provided as a requirement of Global Internal Audit Standards for the UK Public Sector Internal Audit Standards (UKPSIAS). It was noted that in order for CDC to give their opinion, they need to fully comply with the UK standards.

It was noted that the report explains that to place assurance on Council's Internal Audit Services, the Internal Audit Service meets the required quality and professional standards and undertake external quality assessments and the last was completed in December 2021 by Rotherham Council.

Committee were advised a local authority needs to ensure they undertake self-assessments to ensure they remain compliant. Appendix 2 of the report demonstrates the current position highlighting plans are in place to ensure that CDC are fully compliant against the standard by the end of the financial year.

- 5.3 Committee received the report noting that in 2024/25 audit work comprised of 105 audit days with 12 completed pieces of work which generated 5 medium and 21 low risk actions. The audit team also

NF

undertook pro-active fraud checks and provided anti-money laundering checks on the Right To Buy process. Two anti-fraud training sessions were also delivered to staff. It was also noted that three audits were deferred into the 2025/26 audit plan which comprised Former Tenant Arrears Recovery audit, Predictive Asset Maintenance and Decent Homes Standard KPI.

- 5.4 **Committee received the report thanking the Council's Internal Audit Manager for comprehensive and concise delivery.**

6. **Discussion: Effectiveness of Audit Committees Report**

- 6.1 The Director of Corporate Services and CDC Internal Audit Manager asked Members to consider whether they wanted to adopt a reporting arrangement to receive an annual report on the effectiveness of an Audit Committee. It was noted that whilst this is a requirement for Council Audit Committees, it does not necessarily apply to all Audit Committees.

The Council's Internal Audit Manager asked Committee to consider this approach as a good practice way to review effectiveness of the committee. It was noted that there is guidance available to be able to undertake self evaluation and suggested this is presented to the July meeting in order the Committee and SLHD Executive Management Team can consider the suggestion.

Committee Members agreed to this approach.

KH/JL

7. **Forward Plan**

- 7.1 Committee noted the forward plan.

8. **Any Other Business**

8.1 **Additional Audit – Housing Rents**

The Director of Corporate Services asked Committee to consider the commissioning of an additional audit and for Council's Internal Audit to undertake sample checks on rent amounts across prior years when a tenancy is set to give reassurance that the correct rent was originally set.

Audit and Risk Committee agreed that this assurance work is commissioned in 2025/26 assurance programme.

8.2 **Internal Audit Service**

The Chair asked Committee to consider how the organisation maintains a relationship with the Council's Internal Audit and whether SLHD have an opportunity to choose the provider of an Internal Audit Service or whether there was a requirement within the Management Agreement to utilise CDC Internal Audit Services?

The Head of Finance advised that it is likely there is mention within the Management Agreement, confirming a Service Level Agreement for Audit services is in place.

Based on this, the Chair asked for clarification in order the Audit & Risk Committee have assurance that a robust relationship is in place and that Committee have the opportunity and requirement to approve the appointment of Internal Audit Services on an annual basis.

KH

9. **Date and time of next meeting – Monday 7th July 2025 11:00am-13:00**

DRAFT

Governance Summary Communications Template

Report from:	Audit & Risk Committee	
Date of meeting:	7 July 2025	
Report author:	Trevor Mason	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
Monitoring of Internal Audit programme and outstanding actions <p>The Head of Finance presented the update advising the 2024/25 Audit programme consists of 105 days compared to 81 days the previous year.</p> <p>It was noted that the report provides an update against progress of the 2024/25 Internal Audit Programme, an update against progress of the 2025/26 Audit Programme as well as an update on progress made regarding outstanding audit actions.</p>	<p>The Head of Finance advised there are currently 7 outstanding actions from the 2024/25 programme which are still ongoing.</p> <p>The Chairman received reassurance over how CDC Internal Audit confirm and approve actions as they are completed and asked for reference to be added to the covering report for easy identification of those completed.</p>	
Updates on Internal Audit Reports presented to 19 May Committee	<p>Committee received updates on actions from the following Internal Audits to gain assurance actions were being delivered in order the audits were completed.</p> <ul style="list-style-type: none"> • Private Landlord Service • Repairs and Maintenance 	
2024-25 Procurement Update <p>Doncaster Council's Head of Procurement provided an overview on Procurement governance compliance and activity for the 2024/2025 financial year confirming this has been yet another positive year for SLHD.</p>	<p>The Chairman acknowledged the positive position.</p> <p>Committee noted the contents of the report and noted the explanation for the reasons behind the 2 outstanding breaches.</p>	
Annual Report of the Committee <p>The Committee discussed the work during the year.</p>	<p>The Committee noted the report and agreed it reflected the work of the committee throughout 2024/25.</p>	
Additional notes for communication to governance:		
None.		

St. Leger Homes of Doncaster Limited

AUDIT & RISK COMMITTEE MEETING

7th July 2025

Present

Trevor Mason (Chair) (TM), Susan Jones (SJ) and Milcah Walusimbi (MW)

In Attendance

Kevin Hanlon - Director of Corporate Services (KH), Nigel Feirn - Head of Finance and Business Assurance (NF), Lauren McLaughlin - Governance Manager (LM), Mark Coogan, Head of Repairs and Maintenance, Lisa Little - Doncaster Council's Senior Internal Auditor, Peter Jackson – Doncaster Council's Head of Internal Audit, Holly Wilson - Doncaster Council's Head of Procurement, Richard Graham (RG) (Beever & Struthers) (Items 1-5), Leandra Graham-Hibling – Executive Assistant to CEO (minutes)

Observer - Ava Laverick – Administration Assistant.

	<u>Apologies and Quorum</u>	ACTION
1.		
1.1	There were no apologies and the meeting was quorate	
2.	<u>Time for Board Members and Auditors without officers being present</u>	
2.1	<p>The Chair reported that this was a private section of the meeting between The Committee and the Internal and External Auditors only.</p> <p>After the conversation, the Chair confirmed that there were no issues raised and that R Graham had confirmed the External Audit had gone smoothly.</p>	
3.	<u>Declarations of interest by Board Members</u>	
3.1	There were no declarations of interest.	
4.	<u>Financial Statements (including management letter)</u>	
4.1	The Director of Corporate Services reported that the purpose of this report was for the Committee to undertake a full and detailed review of the financial statements of the Company for the year ended 31 March 2025 and to recommend to Board for approval at its meeting in August 2025. He passed onto R Graham, ending overall there is a balanced financial position which is pleasing to see acknowledging the large positive surplus movement in the pension fund these movements are not within SLHD control but welcomed the surplus	

- 4.2 The Head of Finance took the opportunity to draw attention to the table at 4.3 summarising the operating position for the year confirming we have operated within budget with a small surplus to be returned to City of Doncaster Council (CDC).

The Head of Finance explained the table at paragraph 7.6 advising Committee it summarises the assets and liabilities of the SLHD pension position which are based on assumptions the actuary applies each year. He advised in 2022 there was quite a sizeable liability overall, this was now in surplus from 2023.

He ended by explaining the position assets are there to ensure that if all pension liabilities became real, then the assets and liabilities position is healthy enough to pay out all pensions if required.

The Chairman asked when the next pension valuation review is due to take place, commenting whether we expect to see a change in employer pension contributions as a result?

The Head of Finance confirmed there is a review underway and expects the outcome to be provided in the early part of 2026 which will be fed into 2026/27 budget setting.

- 4.3 Richard Graham (RG), External Audit Director from Beever and Struthers confirmed St Leger Homes of Doncaster have undertaken a 'clean' no reporting or findings issues audit, advising the Management Letter is included in the meeting papers and sets out findings from the external audit. He confirmed there were no audit adjustments or control measure issues. He confirmed he expected to sign off a 'clean' report as per the timetable acknowledging the really good result was testament to the finance team overall.

- 4.4 **The Audit and Risk Committee thanked RG for his attendance and recommended the Annual Financial Statements for presentation to the Board.**

5. **Previous Minutes and Matters Arising – 19th May 2025**

- 5.1 The minutes of the meeting held on 19 May 2025 were agreed as a correct record. It was confirmed all outstanding actions were resolved.

- 5.2 ***From Agenda Item - 4.1 Private Landlord Internal Audit Report***
The Director of Corporate Services confirmed discussions have been held at Executive Management Team level with plans in place to review the service and determine whether the service can become self-sustaining.

The Head of Finance confirmed significant progress has been made across all 12 actions within the May internal audit report which are detailed within the

action plan.

5.3

From Agenda Item - 4.3 Housing Rents Internal Audit Report

The Director of Corporate Services provided answers to the questions raised at the previous meeting:-

Action 1 – Ensure that deceased accounts are actioned timely – The Chair asked if a tenant automatically transfers to a family?

Response – current arrangement for when a tenant passes:- succession can be passed to another member of the family, provided there has been no succession in the past. However the policy will be changing soon so that only a partner or spouse can succeed the tenancy. Other family members residing in the property at the time of a tenant passing would have to apply to join the waiting list.

A member asked in these occasions, would the family be allowed to stay in the property until they find alternative accommodation or would they be evicted? The Director agreed to clarify this and circulate the detail to Members.

KH

Actions 2 – Accuracy check of data returns - The Director of Corporate Services confirmed an additional step and controls have been added in before the NROSH return is completed.

Response – The Director of Corporate Services confirmed the process includes checks concluded by EMT, Directors and CDC, confirming this ensures checks and balances within the process.

5.4

From Agenda Item - 4.4 Financial Creditors Internal Audit Report

It was confirmed all actions were complete and checks in place subject to IA sign off.

5.5

From Agenda Item - 4.5 Payroll Internal Audit Report

It was confirmed all actions were complete subject to IA sign off.

5.6

From Agenda Item – 8.2 AOB – Internal Audit Service

The Director of Corporate Services provided clarification on whether SLHD have the opportunity to explore whether the CDC Internal Audit Service is VFM and are able to approve the appointment of Audit Services on an annual basis. He advised the SLHD Management Agreement schedule 3, item 12 clearly states that CDC provides Internal Audit Services, including a 3-year Internal Audit Plan through an SLA. Therefore, SLHD do not undertake a competitive process for Internal Audit Services.

Doncaster Council's Head of Internal Audit provided reassurance to SLHD that CDC Internal Audit have completed a number of soft procurement exercises over recent years to confirm Internal Audit are providing a VFM service to SLHD.

6.

Monitoring of the AI programme and outstanding audit actions

6.1 The Head of Finance presented the update advising the 2024/25 Audit programme consists of 105 days compared to 81 days the previous year.

It was noted that the report provides an update against progress of the 2024/25 Internal Audit Programme, an update against progress of the 2025/26 Audit Programme as well as an update on progress made regarding outstanding audit actions.

The Head of Finance advised there are currently 7 outstanding actions from the 2024/25 programme which are still ongoing.

6.2 The Chair asked how CDC Internal Audit confirm and approve any actions as complete? The Head of Finance confirmed the process, explaining Appendix C provides detail of the change in status of each audit as well as colour coding following confirmation from internal audit that they are happy actions are complete.

The Chair asked for detail to be added to the covering report for easy identification as well as to formally report that Internal Audit had confirmed they were happy with the actions completed, with appendix C only detailing those that remain outstanding.

KH/NF

Doncaster Council's Head of Internal Audit confirmed he was agreeable to this process committing the Internal Audit Team provide swift feedback on Audit actions in order the report is as up to date as possible.

6.3 The Chair asked about the 2025/26 Internal Audit Programme asking for reassurance that all Audits are planned in and will be reported through Committee in a timely fashion. He reminded Committee Members that the May meeting had been arranged as an additional meeting in order to approve audits that had been slightly delayed.

The Head of Finance confirmed that audits for this financial year were underway and teams as timetabled were liaising with CDC Internal Audit to ensure they are all completed in a timely manner.

The Director of Corporate Services confirmed, since there are less audits on the 2025/26 programme, and plans are already in place to ensure audits are conducted in set timescales, he is reasonably assured the audit programme will be completed this year.

Doncaster Council's Head of Internal Audit confirmed discussions have been held to ensure audits are being conducted and there are no delays.

6.4 **The Committee noted the contents of the report.**

7. Updates on Internal Audit Reports presented to 19 May

Meeting

7.1 Private Landlord Service

The Director of Corporate Services committed to undertake a VFM exercise and bring a short report to next A&R committee meeting.

KH

7.2 Repairs and Maintenance

The Head of Repairs and Maintenance provided update against actions detailed within the Internal Audit report.

Analysis of Attend Today (A2D) – The Head of Repairs and Maintenance confirmed that currently the system can be overridden to enable a job to be scheduled for that day rather than being scheduled into diaries. The Director of Corporate Services advised that we twice the Housemark national average benchmark, however the teams are now utilising DRS in order to schedule new jobs into diaries. He advised since implementation, A2D have reduced by 5% which is demonstrated in the slide 8. It is hoped, over the next 2-3 months, A2D will reduce even further, however we are aware of the time of year and Damp, Mould & Condensation cases are starting to rise again.

The Head of Repairs and Maintenance explained the table detailed which suggests jobs that should not have been classed as A2D. He explained a sprint review is taking place with the Customer Access Team (CAT) to review why jobs are being raised as A2D and to consider different ways of working to address the high numbers that still remain.

He further asked Committee to note that we do not have a repairs backlog, commenting that in some ways we have become a victim of our own success. He gave an example of the old Scheduled Repairs Service explaining that scheduled repairs were never included in any repair reporting statistics, however as we have moved to One Repairs, all repairs are now reported.

The Director of Corporate Services provided further reassurance to Committee advising that a working group has been established to continue monitoring the situation.

The Chairman extended his thanks for the reassurance the presentation provided which included confirmation that there is a reduction in A2D taking place already. He asked if we were considering a target to work towards?

The Head of Repairs and Maintenance agreed to consider this and for the proposal to be reviewed at the next Committee meeting in November.

MC

The Chairman asked if some benchmarking against neighbouring organisations can take place? The Head of Repairs and

	Maintenance agreed to provide some benchmarking information within the next update to Committee.	MC
7.3	Committee noted the significant progress made on actions for both Internal Audit Reviews, specifically recognising the extensive work involved to address a reduction in A2D.	
8.	<u>Update from Data Protection Officer (DPO)</u>	
8.1	<p>The Governance Manager presented the regular report advising the Number of Subject Access Requests (SARs) and Freedom of Information Enquiries (FIO) have been steadily increasing but response times were met in 2024/25 with 94% of SARs and 100% of FOI responded to within timescale.</p> <p>The Governance Service Manager reported 17 Data Protection (DP) breaches in 2024/25 which equates to 1 DP breach per month and is very low for an organisation of our size.</p> <p>It was noted these were all reportable breaches which were all thoroughly investigated and any potential trends identified. It was noted all 17 breaches were caused by human error. As a result training and the strengthening of internal processes have been reviewed and considered in order to reduce the number. It was noted that consideration has also been given to how we can automate processes to reduce the chance of human error. In addition, the Business Assurance Team are conducting spot checks and considering how we can mitigate risk as much as possible.</p> <p>The Governance Manager explained that investigations have found whilst GDPR training is really comprehensive, 73 staff members have been identified where their annual accreditation has expired and the training team are focussing on this.</p> <p>The Chairman congratulated SLHD for a positive year end outcome, showing a very low levels in reports, as well as ensuring we meet all response times. He explained it is pleasing to see how we are addressing the human errors and numbers were low.</p>	
<u>8.2</u>	A Member asked about the number of DP enquiries over the last 3 years, stating there seems to be a steady rise, asking if there was any thought as to the reasons why? The Governance Manager agreed to make enquiries and feedback.	LM
8.3	The Committee noted the contents of the report.	
9.	<u>2024-25 Procurement Update</u>	
9.1	Doncaster Council's Head of Procurement provided an overview on Procurement governance compliance and activity for the 2024/2025 financial year confirming this has been yet another positive year for SLHD in regards to procurement compliance. She asked Committee	

to note the 2024/25 procurement activity with 93.81% of spend in compliance being contracted, equating to £36,606m being contracted spend. Committee was also asked to note the £100k reduction in purchase card spend, which is non-contracted spend and pleasing to see.

- 9.2 Doncaster Council's Head of Procurement advised that in relation to the 5 historical procurement breaches, 3 have been resolved. The 2 outstanding breaches related to Digital/TV Aerial Maintenance and Security Services and an update can be found in Appendix A.

Digital/TV Aerial Maintenance – New contract has been contracted and procured. Due to be signed over coming weeks subject to finalising the contract.

Security Services tender – Contract has been awarded and going through contract initiation stage (for emergency accommodation) was off contract for a period of time.

Committee noted there are 0 outstanding breaches at the moment in time.

- 9.3 During the 2024/25 financial year there have only been 6 waivers approved in accordance with the Contract Standing Orders (CSO) which are detailed in Appendix B. Doncaster Council's Head of Procurement advised this is compared to 7 waivers in 2023/24 and demonstrates a positive reduction.

- 9.4 Committee were asked to note that the new Procurement Act was implemented on 25 February 2024, and Doncaster Council's Procurement Team had been working closely with SLHD colleagues to ensure SLHD complies and changes were successfully implemented.

Doncaster Council's Head of Procurement explained that Government continue to release detail of the notices that CDC/SLHD need to publish, confirming both organisations are currently up to date.

It was noted that the changes include new requirements around contract management and CDC have undertaken training within SLHD to ensure requirements are met.

- 9.5 The Chairman acknowledged the positive position, asking about the new procurement approach and if this will help or hinder the SLHD KPI around local spend? Doncaster Council's Head of Procurement responded that the new rules put more emphasis on social value aspiration of a contract, but this is something CDC are doing anyway.

She provided reassurance to Committee that she has already committed to reviewing the KPI target, however asked Committee to note that the issue for SLHD is the level of spend, with a lot of

contracts being revenue spend which are for generic items where national contracts are required. She explained she is hoping to spend some time soon drilling down into the reasons why and consider what can we do to change the %.

- 9.6 A Member asked about the 2 outstanding breaches specifically asking if there have been any lessons learned from these longstanding breaches?

Doncaster Council's Head of Procurement provided explanation:-

Digital/TV Aerial Maintenance – due to the number of large breaches when CDC Procurement Team took over the service, there was a need to prioritise them. She stated whilst the team did not want to be in this position, historical issues have been resolved and the service is in a much better place.

Security Services tender – Work commenced through Covid where SLHD experienced more people needing temporary accommodation. The priority at the time was to get the contract for emergency accommodation in place. This was a very complex exercise and the temporary accommodation element took priority due to need.

- 9.4 **The Committee noted the contents of the report.**

10. Supplies & Logistics Update

- 10.1 The Director of Corporate Services presented the positive report setting out the findings in paragraph 5.2.

The Chairman asked about the improvements made to increase the number of van checks at 97.7% in order to audit stocks? The Head of Repairs and Maintenance provided an update advising checks are mandatory and the process is now better managed with team leaders working hard to ensure operatives come in for the required checks. He also advised that a lot of work has been done to refresh stock items on vans as part of stock checks to make sure stock is relevant and can be used.

- 10.2 Doncaster Council's Head of Internal Audit commented that Internal Audit is reassured with these results.

- 10.3 The Head of Finance referred to paragraph 5.9 confirming that External Auditors were present at the annual stock take and did not find any issues.

- 10.4 **The Committee noted the contents of the report.**

11. Pension Annual Report

11.1	<p>The Director of Corporate Services presented a report to Committee regarding Exit Payments, Pension Discretion Policy Decisions and Ill health Retirements 2024-25.</p> <p>It was noted that the report was for information and the Company welcomed and encouraged flexible retirements as long as it was in keeping with the needs of the Business and decisions were made in line with the Pensions Discretion policy.</p>	
11.2	The Committee noted the contents of the report.	
12.	<u>Gifts & Hospitality Report</u>	
12.1	KH presented the report advising of gift and hospitality offers received by staff across the organisation confirming all reported were low level.	
12.2	The Chair offered his surprise with the number of small value gifts being recorded asking if this is normal? Doncaster Council's Head of Internal Audit commented reporting of all offers of gifts and hospitality demonstrates good ethical practice and shows SLHD are an open and transparent organisation.	
12.3	The Committee noted the contents of the report.	
13.	<u>Committee Annual Report</u>	
13.1	<p>KH presented the Committee annual report that summaries activity of the Committee over the last 12 months which will be reported to Board in October 2025.</p> <p>Committee noted the report will be updated after today's Committee meeting before submission to October Board.</p>	
13.2	The Chair asked if an impact statement can be added to the report prior to submission to Board.	KH
13.3	The Committee approved and recommended the Committee Annual Report for presentation to the October Board meeting.	
14.	<u>Fraud Register & Related Activities</u>	
14.1	The Director of Corporate Services reported that the briefing note provided an update on the potential cases of fraud, which are currently ongoing within the organisation, and any other relevant updates.	
14.2	No new instances of fraud had occurred since the last meeting. "Two case investigations of potential fraud (one case leading to an employee dismissal) were ongoing as reported at the meeting on 10 March 2025.	

14.3	The Committee noted the contents of the report.	
15.	<u>Effectiveness of Audit Committee's</u>	
15.1	<p>Doncaster Council's Head of Internal Audit asked Committee to consider the best practice for audit committees per CIPFA guidance. He advised that this is guidance that CDC have to adhere to, and whilst this is not mandatory for SLHD, it is considered as best practice.</p> <p>He explained CDC have been undertaking the effectiveness review for several years, and it would benefit SLHD to give reassurance to the Board that the Audit & Risk Committee is effective and functioning appropriately.</p> <p>He suggested that to undertake the review, SLHD would complete appendices E & F facilitated by CDC Internal Audit, in addition a skills self assessment, as per appendix C, which can be completed either individually or as a group. It was noted the skills self assessment will help identify whether there are any gaps where training can be identified, giving the opportunity to upskill the Committee.</p> <p>Doncaster Council's Head of Internal Audit suggested the outcome of the effectiveness review is included within the Committee annual report.</p> <p>The Chairman asked if most Authorities undertake this review? Doncaster Council's Head of Internal Audit confirmed this is best practice and most Local Authorities are looking to complete it.</p> <p>The Chairman commented that the proposal is very much the ethos of SLHD, however asked about the scale of the work involved when considering turnover of SLHD when comparing to CDC. He asked what resource requirement would be to complete the assessment? Doncaster Council's Head of Internal Audit advised he expects the self assessment to take no more than 40 minutes and would look to prepare as much as possible in advance.</p> <p>The Director of Corporate Services agreed to the proposal and the work involved asking for it to be added to the Internal Audit Programme for 2025/26.</p> <p>A Member asked if there was any learning or trends coming out of the work from housing organisations? Doncaster Council's Head of Internal Audit responded that whilst there are no trends he can provide, he is assured how SLHD is a well governed organisation and that this exercise will give Board assurance SLHD are doing the right things in the right way.</p>	CDC IA

15.2 | **Committee agreed to propose to Board the adoption of the best practice with plans to commence the 2025/25 review as soon as possible.**

16. | **Forward Plan**

16.1 | The Forward Plan was noted.

17 | **Any Other Business**

17.1 | **Acquisitions**

The Chairman asked if a review of the Acquisitions process could be completed, including reviewing level of spend and how property prices are determined?

Doncaster Council's Head of Internal Audit took the opportunity to advise that this Audit was already included in CDC's Internal Audit Programme since this was a review of CDC's assets.

Doncaster Council's Senior Internal Auditor confirmed opening meetings already having taken place and she was already liaising with SLHD Colleagues who would be involved in the Audit Process.

Doncaster Council's Head of Internal Audit agreed to share timescales and outcomes for the Audit. Committee noted this audit would provide the reassurance needed.

CDC IA

17.2 | **Committee Membership**

The Chair asked Members to note, that following extensive changes of Membership at Board level, Membership to the Committees of the Board was being considered.

18. | **Date and time of the next meeting**

Monday 3rd November 2025

Governance Summary Communications Template

Report from:	Building Safety & Compliance Committee	
Date of meeting:	13 February 2025	
Report author:	Dave Wilkinson	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p>1. <u>Assets Performance Report</u></p> <p>Members received a presentation around an update of activity up to the end of Quarter 4 and noted the increase in the identified number of roof replacements required.</p> <p>Members requested a briefing note at a future meeting, to give assurance that there was a plan in place to bring all properties that are non-decent back to be decent detailing timescales.</p> <p>2. <u>Electrical Compliance Internal Audit Report</u></p> <p>The Committee received and noted that, overall, the audit team were happy with information being transferred between the Open Housing System and C365 system.</p> <p>Members were concerned that in some instances spreadsheets could prove incredibly problematic therefore requested that the issue should be kept on the agenda going forward to monitor progress.</p> <p>3. <u>High Rise Building Update</u></p> <p>Members were provided with a verbal update on progress on discussions with the regulator on the subject of high-rise buildings and plans for these.</p> <p>Noted.</p>		
Additional notes for communication to governance:		
None.		

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

**Thursday 22nd May 2025 10am-12 noon, Civic Meeting Room 410/
Microsoft Teams**

Present

Dave Wilkinson (DW), Trevor Mason (TM), Barry Keable (BK).

In Attendance

Lee Winterbottom - Director of Property Services, Danny Boardman - Head of Major Projects,
Laura Dougan – Head of Building Safety, Christine Tolson – Head of Asset Management
Anne Tighe - Executive Support Officer.

		ACTION
1.	<u>Apologies and Quorum</u>	
1.1	No apologies were received and the meeting was quorate.	
2.	<u>Declarations of Interest by Board Members</u>	
2.1	No declarations of interest were received.	
3.	<u>Minutes of the meeting held on 13 February 2025 and matters arising</u>	
3.1	The minutes of the meeting held on 13 February 2025 were approved.	
4.	<u>Assets Performance report</u>	
4.1	The Head of Asset Management presented the report to provide members with an update of activity up to the end of Quarter 4.	
4.2	<u>% of properties not meeting the decent homes standard</u> This had increased to 5.53%; this was not unexpected following the stock condition surveys last year. As an example, the stock surveys have shown an increase in the number of roof replacements required and once that is recorded, we then need to class each property as non-decent.	
4.3	Officers had seen a shift in component replacement requirements, and as stated did expect this. When the last round of decency concluded, not many properties got roof repairs, so a lot of our properties have their original roof. There was some provision in this year's capital programme, however the Director of Property Services stated he had to manage expectations of the programme as there was not enough in budget to address them all.	
4.4	The Chair asked would it be worst first or by area first that teams would prioritise. The Head of Asset Management advised teams had tried doing	

	it on estate basis however that could take years; officers were trying to strike balance to have them in small patches but we really needed to do worst first and balance budgets at same time. Stock condition surveys had started again in April and the issue was likely to get worse before getting better. In response to a query around trends it was confirmed that this issue was a national problem and those in our networks, also at the recent NFA conference confirmed this.	
4.5	The Committee commented that, based on work already taking place they could assume a high number of non-decency roofs. Members requested a briefing note at a future meeting, to give assurance that there was a plan in place to bring all properties that are non-decent back to being decent detailing timescales etc.	CT
4.6	<u>Cat 1 and Cat 2 Hazards (outstanding)</u> Members were advised Cat 1 Hazards at the end of Q4 down to 165 and this was moving down in a positive direction, however there were almost 3,500 Cat 2 Hazards outstanding. On deeper scrutiny of Cat 2 Hazards over 400 had got closed down in April, however stock surveys being restarted had impacted giving more cases for logging.	
4.7	The Head of Asset Management provided assurance to the Committee by advising that the reports on stock survey were being received daily, and by lunchtime the next day they have been triaged and being addressed; teams were confident they were being addressed within 24 hours. The largest Cat 1 Hazards was around tenant removal of smoke and carbon monoxide sensors. It was observed that tenants, on several visits, had been noted to have removed the heads of detection units. In response to a query around recharge, it was confirmed that teams would eventually look to recharge, after initial strongly worded letters were issued. It was further planned to look at doing further communication pieces on this matter as there had been 19 house fires last year, and properties were in such poor condition the tenants had to move out of the property whilst repairs were carried out. Members suggested having a cost included in the letter sent to tenants who had removed or tampered with their smoke detectors, as that could make them think twice as costs were likely to be in the region of several hundred pounds.	
4.8	The Chair referred to the amount of 'no access' the organisation was experiencing as part of stock condition surveys and if Savills charged if no-one was in as this could also be an opportunity to include costs with a letter to tenants with the costs of such visits being passed on to them. The Head of Asset Management explained that Savills do charge for all visits. However, officers were now down to the last 30% of properties, therefore it had been agreed with Savills a slightly different way of doing the visits. At least 4-5 attempts were made and housing management colleagues would check there were no issues of vulnerabilities before they assisted by attempting to gain access. She added that she received a fortnightly report from Savills which at minimum contained between 50-55% access rate and Savills were happy with that. Other housing providers seen to be able to get up to 80-85% of completed surveys before access gets really difficult.	

4.9	The Committee observed that Damp, Mould and Condensation (DMC) cumulative total seemed to remain high, and this was strange as they had originally thought that it would be a spike then treated and resolved, however there seemed to be an annual cycle and not changing. Officers confirmed that DMC did get worse in winter, however what it demonstrated was that a lot of issues were condensation related. It was acknowledged that the organisation did need to get better as currently teams were being reactive and it would be ideal to be proactive and look at identifying repeat notifications of issues. Officers also confirmed that a paper was due to be received at EMT, that would set out recommendations for compliance with Awaab's Law, ready for when it is implemented in October of this year.	
5.	<u>Safety & Compliance Activity report</u>	
5.1	The Head of Building Safety presented the Safety and Compliance Activity Report and stated she would not go through the whole document but highlight particular sections.	
5.2	<u>Top Level Compliance</u> This showed movement from previous end of year report. There were a lot of green, however some areas we were still trying to achieve full compliance. It was acknowledged we weren't where we wanted to be but there was positive change; the end of April update for Fixed Electrical Wiring Testing was down to 553.	
5.3	<u>Other Areas of Compliance</u> EICR reporting showed the number we have, and also how old they were which is a concern. The oldest one was 13 January 2023; this had now been completed however teams would still monitor the oldest. Once again access was challenging and teams needed to dig into details to ensure they were engaging with housing management colleagues to address. The new 'No Access Team' was almost fully recruited and were looking at processes of how joint working will work best. Members asked how no access issues were being addressed and did teams still have to go back and forth with lawyers. It was explained that the No Access Team will lead and the legal team had been part of the discussion before going out for recruitment. Legal had provided clarity around evidence and that the team needed to evidence at least 3 access attempts and the recording of this is now legally clear. It was further confirmed that it was hoped to get people in post by September 2025 and the team would sit under the Tenancy Sustainability Service Manager.	
5.4	In response to a question around consulting about no access with tenant groups, it was confirmed that this was progressing.	
6.	<u>British Safety Council Audit</u>	
6.1	The Head of Building Safety was pleased to present the Joint British Safety Council Five Star and ISO45001 Audit, which advised that SLHD successfully retained its five-star audit rating and secured an overall score of 96.02%; this was an increase on the previous score of 94.73%. Any	

	identified actions would be included in an action plan which would be worked on throughout the year.	
6.2	The Vice-Chair asked if the improvement issues were minor and this was confirmed. One of the recommendations was improving the H&S Policy to make it more robust. Another identified issue we had already made plans to address and this was around risk assessments. Through working groups teams were looking towards IOSH management ourselves and delivering it in house; this would be a really big project for the year.	
7.	<u>Electrical Compliance Internal Audit Report</u>	
7.1	The Head of Building Safety presented the Electrical Compliance Internal Audit Report and asked members to note that overall, the audit team were happy with information being transferred between the Open Housing systema and the C365 system. There were 7 actions in total with 2 completed to date. There were some data anomalies around dates which were all resolved and rectified on systems. The main issue was around planning spreadsheets, however plans were being put in place to address this.	
7.2	The Vice Chair acknowledged that the Committee had to be realistic with timescales, however agreed that spreadsheets could prove incredibly problematic and confuse information and statistics.	
7.3	Following a brief discussion it was agreed that this issue should be kept on the agenda going forward to monitor progress.	LD/MJ
8.	<u>High Rise Building Update</u>	
8.1	<p>The Head of Major Projects provided a verbal update and highlighted the following:</p> <ul style="list-style-type: none"> • A written update on Major Projects would be presented to Board in June 2025 • First building, Cusworth House, would be back on 27 June 2025 with the 4 remaining returning at the end of February 2026 • He was expecting a report tomorrow with some potential costs for remediation on Silverwood for City of Doncaster Council to make a decision 	
8.2	The Director of Property Services advised the organisation had had a number of discussions with the regulator, on the subject of high-rise buildings and plans for these. SLHD were asked to and have provided a lot of details and meeting records, to evidence good governance and oversight to board and to CDC; we've agreed to keep them updated quarterly.	
8.3	The Vice Chair expressed concern that Board were told we didn't have a problem with high rises. The Head of Assets advised that when there were issues with Silverwood we had negotiated to get it replaced and at that time she had had conversations with a previous Director of Property	

	Services who advised we were assured it was ok. However, since then the sector have seen more focus on elements other than cladding. Given this, further assessments had been undertaken which identified issues.	
8.4	The Chair asked do we arrange anything i.e. partners to attend high rise building safety meetings. It was confirmed that Wates attend, but we are always looking at different ways to communicate with tenants to try and get a representative for each building. We have had feedback around interactive screens that have been installed to give updates to residents and they are really pleased with this.	
8.5	Members asked for an update around security for high rises. The Head of Major Projects advised that there was currently a security firm hired for Balby Bridge as CCTV in some of the building isn't working. CCTV acts as a deterrent and allows City of Doncaster colleagues to get the Neighbourhood Response Team out quickly for arising issues. A priority was to have work on CCTV to not only make it work, but to ensure the systems were anti-vandal.	
9.	<u>Building Safety Forum Minutes</u> <ul style="list-style-type: none"> • <u>30th January</u> • <u>24th April</u> 	
9.1	The Building Safety Forum minutes were received and noted.	
10.	<u>MHCLG Letter to MSAs and local Regulators on 11-18m buildings</u>	
10.1	The Committee received and noted the MHCLG Letter to MSAs and Local Regulators on 11-18m Buildings.	
11.	<u>Date and time of the next meeting – Thursday 4th September 2025, 10am</u>	

Matters Arising from the previous minutes

Building Safety & Compliance - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
1.	Sep-22	3.2	Safety & Compliance Activity Report <u>No Access - Court Costs</u> Review court costs so they are passed onto tenants and not picked up by SLH.	<u>Update 19.9.24</u> Going to be part of the Recharge policy going to Board 5.12.24.	Complete	JD/DB

2.	Jan-24	4.10	Safety & Compliance report Next report to include plans around a more robust external audit in relation to water & fire.	It has been agreed to bring Pennington Choice back to continue with the roadmap assessment in the new financial year. <u>Update 22.05.25</u> LD advised Penningtons were coming in on 11 September 2025. She has had draft scope through what they're going to cover, with a meeting with them week after next to discuss agenda	May/June 2025	DB
3.	Jan-24	7.2	Building Safety Cases DW noted Sandbeck House would be coming up to its 60 th anniversary year since being built, and asked if consideration could be given to recognising this milestone.	<u>Update 13.02.25</u> DB has spoken with Sally who is keen to progress however, currently working on 'City of Light'.	In progress	DB
4.	Jan-24	7.4	Building Safety Cases One member asked if it was possible to establish current and future costs for each of the High Rise buildings?	This will be done as part of the asset management strategy and capital investment plan. <u>Update 13.02.25</u> Paper being submitted to ELT on Mon 17.02.25.	Complete	DB
5.	Sept-24	4.6	Disrepair Claims One member asked what percentage of disrepair cases that come in reach litigation stage?	Information to be provided in the Q3 update. <u>Update 13.02.25</u>	In progress	CT

				<p>Manual process that will need sifting through.</p> <p><u>Update 22.05.25</u> CT has reviewed cases back to January 2023 and within that time 353 cases. Equates to 17% of cases that led to litigation stage For same period settled or lost 52 cases.</p> <p>Chair asked who does this? Explained we use CDC legal team, and us as tech experts and our legal advisors decide what is a fair settlement. We sometimes have to go to external council if goes to court</p> <p>Vice Chair asked what type of learning points do we have on those cases, do they/ have they influenced changes? CT advised they differed on case by case bases – some earlier cases that were settled were more around timeliness of our response and record keeping - we could potentially have avoided litigation. We've got temporary resources to clear</p>		
--	--	--	--	--	--	--

				<p>backlog and now we can settle more quickly, that's the biggest learning point.</p> <p>If there's not a record of it then it didn't happen, had colleagues conversation to ensure robust recording. It was starting to get a bit better.</p> <p>If talking about a specific case – we lost a case around rodent infestation as normally treatment/costs are supposed to be responsibility of the tenant, but actually judge didn't rule in our favour, he said we had responsibility for fabric of building so for that basis may consider renewing policy.</p> <p>This should demonstrate there's learning going on if unsuccessful.</p> <p>However, remember 15% cases accepting liability so 85% we were not.</p> <p>Neighbouring authorities are spending millions, not 250k per annum on this like us.</p> <p>Chair asked about monetary values of settlement and only 1 we won our costs back.</p> <p>Still catching up following Covid – time taken for</p>		
--	--	--	--	--	--	--

				<p>repairs a lot of things were paused. They are the 3 generic things that had impact.</p> <p>We were not getting the same volume of claims compared to last year, but they were still high.</p> <p>We have made a complaint to solicitors' regulatory body, and have been advised there's a 3 month investigation into a specific business and we're about to make a complaint about 3 other firms of solicitors. CT concluded lots of different ways to adjudicate.</p> <p>CT reported that the government is looking at how disrepair works overall to see if we can introduce something like capping costs for compensation etc to try and curb 'complaints farmers'. We have been part of that consultation at a national level.</p>		
6.	Sept-24	6.4	Committee Annual Report & TOR review <p>Electrical compliance audit report carried out by CDC to be brought to a future meeting.</p>	<p>Deferred to next meeting having only just received the audit report back.</p>	In progress	LD

7.	Nov-24	4.1	Grenfell Findings DB to speak to L Robson to clarify data protection regulation in respect of permitted tenant data collection in HRBs.	<u>Update 13.02.25</u> <u>Emergency Plan</u> DB advised CDC have confirmed they will contact us in the event they organise any emergency exercises with partnering agencies.	Complete	DB
8.	Nov-24	4.5	Grenfell Findings It was agreed for members to receive an update on the FRA 10yr plan at a future meeting.	Placed on the agenda for February 2025 committee meeting.	Complete	DB
9.	Nov-24	5.4	Serious Untoward Incident Report – 56 Repton Rd, Skellow 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.	<u>Update 13.02.25</u> Noted this is a large piece of work. <u>Update 22.05.25</u> CT advised this was still a work in progress. Team was developing criteria of policy around what we're classing as a harder, 50% completed then will go out and assess against criteria	In progress	CT
10.	Nov-24	5.9	Serious Untoward Incident Report – 56 Repton Rd, Skellow Members agreed to the recommendation at 5.2 of the report - performing inspections on unadopted paths on a cyclical programme.	<u>Update 13.02.25</u> SCS pick up those hazards within the curtilage of a property. 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	Partially complete/ In Progress	CT

				property. Consider engaging with CDC.		
11.	Feb-25	4.4	Assets Performance Report – Q3 <u>PIV</u> The Chair asked, how many of our properties per year, have been fitted with a Positive Input Ventilation (PIV)?	<u>Update 22.05.25</u> CT reported that at the end of February 2025 90 had been fitted out of stock; it was clear using that approach was being used more and more. BK queried if the PIV was a conventional vent or something more sophisticated. LW advised that PIV is usually housed in the loft space which pushes PIV in and idea is that any moisture and ventilation would move; they are really effective, and can diminish gas also. The answer to all manner of things but not all. BK asked if it fitted on request or something operatives decide after assessing? LW confirmed it was CT's scheme that makes the decision so a recommendation from them was required. The PIV requirement needs to be clear as it's very expensive. TM asked if tenants asked for it if they knew of other tenants that had it installed. CT explained we try and manage it, and need to do readings and assessments. A lot of invasive works	Completed	CT

				can also take place, thorough inspection, if ruled out all major issues we leave a monitor that calculates so the last resort was PIV; it was a rigorous process		
12.	Feb-25	4.8	Assets Performance Report – Q3 <u>Retrofit Pilot</u> The Chair asked for a rough estimate of costs associated with each property.	<u>Update 22.05.25</u> CT reported the cost would be approximately £75k per property, but that includes all types of insulation, solar PV, battery storage. Some of the items would get replaced on a normal cycle. The Chair asked do we get grants or do only private properties get this? CT responded that a pilot project of 21 properties have funding. LW explained that financially we wouldn't be able to do all properties and need to then, after replacing gas, would have to do internal works with batteries and so on. The Chair asked if we're getting ahead of the game. LW explained we have a lifecycle of normal boilers so phased approach would be taken. He reminded members that the organisation had had a viability study for intake, and it would cost £10m so was not yet feasible. TM stated Board may need to revisit the net	Completed	CT

				<p>carbon decision.</p> <p>CT reported that certainly for next 4-5 years we need to focus on fabric first, and have been concentrating on low rise buildings. This was only benefiting a small number of properties, and there were still a large proportion of props that are a few points away from ECC. She can't see us on large scale starting to think about replacement pumps until 2030's then think about low carbon solutions.</p> <p>The Chair asked about the Historic England properties and CT advised she needed to speak to colleagues in CDC.</p> <p>The Chair stated he would like to see the properties once they had been completed to see the impact of these works.</p>	ongoing	CT
13.	Feb-25	5.7	<p>Safety & Compliance Activity report</p> <p>The Chair asked, following feedback from Savills that the three lines of defence is evidenced in future reporting, as well as paying reference to external companies such as Morgan Lambert and Penningtons etc. offering third party assurance</p>	<p>Section now within performance report around third party assurances. Penningtons now engaged just waiting for date from them</p>	Complete	LD
14.	Feb-25	8.3	<p>Building Safety Cases - C365</p> <p>The Chair asked that any findings from the Pennington's review are reported to committee, which</p>	<p>Scheduled on the BS&C Cttee forward plan for Nov'25.</p>	In progress	LD

			would capture C365.	<u>Update May 2025</u> – Penningtons have been engaged awaiting confirmation of dates early Q2.		
--	--	--	---------------------	---	--	--

DRAFT