

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

**To be held at 2pm on Thursday 11 June 2026
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

AGENDA

12:30 – 13:30 – Pre Board session on Asset Management

13:30 – 14:00 – Lunch

1	Apologies and Quorum		Verbal
2	Declarations of Interest by Board Members		Verbal
3a	Matters arising and action log from previous meetings	D Wilkinson	Enclosed
3b	Ratification of minutes of meeting held on 2 April 2026	D Wilkinson	Enclosed
4	Chair and Chief Executive's update	D Wilkinson	To be circulated
5	Committee Updates	Committee Chairs	Minutes Enclosed
	1. Audit & Risk Committee – 9 March 2026	DWilkinson	
	2. Employment & People Committee – 30 March 2026	D Wilkinson	
	3. Building Safety & Compliance Cttee – 13 May 2026	DWilkinson	

For Approval

6	Consumer Standards GAP analysis action plan	S Slater	Enclosed
7	Strategic Risk Register	S Slater	Enclosed
8	Modern Slavery Statement	S Slater	Enclosed
9	Equality Diversity and Inclusion (EDI) Strategy 2022 - 26 Year 4 End of Year Update	S Slater	Enclosed
10	People Strategy Update	S Slater	Enclosed
11	Customer Support & Accessibility Policy	J Davies	Enclosed
12	Decant Policy	J Davies	Enclosed

For Information

13	Safety and Compliance Dashboard	L Winterbottom	Enclosed
14	Health and Safety Strategy - Update against plan	L Winterbottom	Enclosed
15	Year-end Capital Monitoring	S Slater	Enclosed
16	Year-end Revenue Monitoring	S Slater	Enclosed
17	Year-end KPI Performance	S Slater	Enclosed
18	Annual Development Plan - Year End Review	S Slater	Enclosed
19	Allocations and Mutual Exchanges Update	J Davies	Enclosed
20	Tenancy and Estate Management Report	J Davies	Enclosed
21	Keeping in Touch (KIT) visit programme Evaluation	J Davies	Enclosed

22	Board Expenses and Attendance Register	S Slater	<i>Enclosed</i>
23	Board Forward Plan	C Margrave	<i>Enclosed</i>
24	Any Other Business		
25	Reflection on effectiveness of meeting		
26	<i>Date of next meeting</i> <i>6 August 2026</i> <i>2 July 2026 – strategic planning (closed meeting)</i>		

St Leger Homes of Doncaster Board - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
203	Apr'26	8.4	<p><u>Embedding Respect - Tackling Stigma in Social Housing</u></p> <p>The Board suggested that the video of Sharon, a tenant representative of the Tenant and Colleague Tackling Stigma Working Group, be promoted on a wider societal level. The Director of Housing and Customer Services agreed to take the suggestion back to tenants.</p>	We have promoted the video internally and within CDC nad will continue to promote this through the year.	Y	JD
204	Apr'26	10.2	<p><u>Customer Access Strategy</u></p> <p>It was suggested that a development of a digital portal could be included as a pre-Board presentation and this was welcomed by members.</p>	Added to the Board forward plan for February 2027.	Y	JD

Company Number 05564649
A Company Limited by Guarantee
Registered in England

St. Leger Homes of Doncaster Limited
BOARD MEETING
Hybrid meeting

02 April 2026

Present:

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

Also In Attendance:

Lee Winterbottom (Director of Property Services), Jane Davies (Director of Housing and Customer Services), Steve Slater (Director of Corporate Services), Jayne Hurley (Head of Housing Management), Asim Munir (Engagement and Communications Service Manager), Nigel Feirn (Head of Finance & Business Assurance), Anne Tighe (minutes).

City of Doncaster Council (CDC):

Yvonne Fox - Service Director

		Action
1	Apologies and Quorum	
1.1	Apologies were received from Cllr Steve Cox and it was noted that the meeting was quorate.	
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 updates against outstanding actions.	
3b	Ratification of minutes from the meeting held on 1 February 2026	
3b.1	The Board agreed the minutes from the meeting held on 1 February 2026 were an accurate reflection of discussions. It was noted that Phil Cole had attended the meeting and had been omitted therefore minutes to be amended.	
4.	Chair and Chief Executive's Update	
4.1	<u>Vice Chair</u>	

	The Board were advised that Trevor Mason, Vice Chair, would be standing down in November after 7 ½ years with the Board. The Mayor had agreed that the Board could nominate another Board Member to shadow Trevor before his retirement; Milcah Walusimbi has been offered and accepted the position.	
4.2	<u>Announcement of Death</u> The Chief Executive referred to the recent sad news around a young girl who had lost her life at Owston Golf Club. Both parents work with St Leger Homes and management were supporting them as much as possible.	
4.3	<u>Director of Corporate Services appointment</u> Steve Slater, Director of Corporate Services had now been with the organisation for one month and his addition has strengthened the Leadership Team.	
4.4	<u>Energy Performance Certificate (EPC) Reforms</u> Board noted the delay to reforms to domestic EPC to the second half of 2027.	
4.5	<u>Construction Products Reform Paper</u> The consultation period was now underway on the Construction Products Reform Green Paper and would continue until 20 May 2026. Once received, Board would be advised of the outcome of the consultation.	
4.6	<u>Rent Convergence</u> Board were advised that the government announced their plans for rent convergence and it was to be implemented from 1 April 2027. Members noted that this would not be built into existing budgets this year but next year; initially £1 per tenancy then £2.	
4.7	<u>No Access Update</u> It was noted that there was a significant operational focus on Electrical Installation Condition Report (EICR) compliance and no access cases. The Chair reported that he had asked the Chief Executive to write to all 4 Doncaster MP's to ask them to ask government to put EICR's on the same footing as gas, with guaranteed access.	
4.8	The Chief Executive advised he had raised the matter of self-referral with City of Doncaster Council (CDC) however officers have documented significant effort to access properties therefore it would be unlikely that this would take place. He asked for, and received, Board endorsement of this decision.	
4.9	The Chair requested an update on the recent press article around decent homes and was advised that the vast majority were category one or two hazards rather than a lack of investments in the property	

	<p>portfolio. The Chief Executive made clear that the article was a misrepresentation of the Performance Report presented to the Council. A significant number of properties that did not meet decency are Category 1 hazards, for example smoke alarms that are missing. If customers have removed a detection device in their property they were not reporting this as a repair and if officers wanted to visit to inspect they were not allowed access.</p>	
4.10	<p>The Board queried how robust the documentation was around EICR visits and would we be able to provide evidence of them. The Chief Executive confirmed there was a strong robust system of 3 visits recorded; some of the oldest EICR's had gone through that they rolled on and officers documented every attempt. The Chief Executive provided an update around approval he had given for officers to carry out forced access to 4 properties and why he had done so. Members commented that 58 out of almost 20,000 properties that had gone over 5 years was a very small proportion. In response to a query around length of inspections, it was explained that an EICR would normally take 4 hours and gas took 1 hour.</p>	
4.11	<p>Members asked if St Leger Homes had any issues with squatters, and were advised that the organisation did not have squatters, however there were illegal occupants, mainly as they have been in occupation and the tenant has moved out or passed. Officers would then go through processes to see if they could succeed the property.</p>	
4.12	<p>A member referred to the House of Multiple Occupation (HMO) Lease and asked where it was located; it was confirmed it was on Morley Road in Wheatley Hills and the Director of Housing and Customer Services further outlined the project and explained the rationale and saving for the public purse. In response to further queries around how long would short term mean in practice, and if residents would then be moved on to a St Leger tenancy, it was explained short term would mean less than 6 months and it would be more likely to be a move on to Private Rented Sector.</p>	
4.13	<p>The Board asked if the HMO was manned 24 hours and it was explained it was not, as it would then be classed as supported housing.</p>	
4.14	<p><u>Homelessness Day Services – The Welcome In</u> St Leger Homes have been involved in the development of the centre and the Chief Executive and Director of Housing and Customer Services visited during the opening of the centre, which is located in the Colonnades.</p>	
4.15	<p><u>2026/27 Budget Update</u> The Board noted that the Council's budgets were approved on 26 February 2026.</p>	

4.16	<p><u>Homeless Prevention, Rough Sleeping and Domestic Abuse Grant</u></p> <p>The Director of Housing and Customer Services confirmed that the funding had been confirmed, and the organisation has had part of that funding to provide the homelessness services. On the back of significant savings on temporary accommodation and around hotel use, by progressing the HMO and other ways of delivering service, the Council has shown they support the work St Leger Homes do.</p>	
4.17	<p>The Board received and noted the Chair and Chief Executives Updates.</p>	
5	<p>Committee Updates</p>	
5.1	<p><u>Customer and Performance Committee 19 February 2026</u></p> <p>The Chair of the Customer & Performance Committee reported on the meeting held on 19 February 2026 to review key areas of service delivery, performance, and improvement activity across Housing and Customer Services.</p> <p>Overall performance was reported as largely positive, with notable improvements in relet times, reduced use of hotel accommodation, and strong national benchmarking on complaints. However, ongoing challenges remain around void rent loss, energy efficiency compliance, and gaining access to properties, which continue to require focused management attention.</p> <p>Significant progress was noted on the Damp and Mould Review, with the majority of actions from the Tenant Scrutiny Panel being actively monitored. Members agreed to receive one final update before removing this item from the standing agenda.</p> <p>The Committee welcomed the new Good Neighbourhood Charter, co-produced with tenants, which will be issued to all new tenants and supported by a comprehensive communications campaign.</p> <p>The organisation was commended for achieving Tpas Exemplar Status, the highest national recognition for tenant engagement. Members noted that the associated improvement recommendations will inform the forthcoming Tenant Voice Strategy, due to be presented to Board in summer 2026.</p> <p>Customer experience and service standards discussions highlighted increasing case complexity, pressures within the repairs service, and the impact of high “attend today” demand. A range of service</p>	

	<p>improvements, workforce considerations, and digital solutions are being developed to address these pressures.</p> <p>Several follow-up actions and information requests were agreed for reporting at future meetings, reflecting the Committee’s ongoing scrutiny and oversight role.</p>	
5.2	<p>Members commented that it appeared to be a societal thing that everyone wants everything immediately, and tenants were unhappy at having to wait for routine repairs. The Housing Ombudsman also actively encouraged complaints which also impacted on levels of complaints, however the Chief Executive acknowledged that the organisation needed to be very clear and honest with customers around routine repairs timescales.</p>	
5.3	<p><u>Building Safety & Compliance Committee – 12 February 2026</u></p> <p>The Chair of the Building, Safety and Compliance Committee and the Director of Property Services provided an update on 12 February 2026 meeting:</p>	
	<p>The committee noted that in 2025/26 5,224 Stock Condition Surveys were undertaken, totalling 90.7% coverage. Results of the surveys show a significant number of roofs require replacement, the budget requirements for this will need to be discussed with CDC. This also impacts the decency figure which is at 89.18%.</p> <p>The committee also discussed outstanding HHSRS Hazards as these also impact decency when recorded as a Cat 1. Q3 saw 622 hazards have been completed. However, access remains the main issue to resolving sooner.</p> <p>Awaab’s Law: Phase 2 (2026) and Phase 3 (2027) preparations are underway; systems changes required. Debate over scope of cases—clarified that tenant-caused issues fall outside legislation but are still addressed morally.</p> <p>Safety & Compliance: Improved EICR position; ongoing issues around access, but the Access Team are supporting.</p> <p>High Rise Projects: Balby Bridge delayed to May 2026; no cost impact. Extension of Time claim of £3m disputed.</p> <p>Intake: legal pressure ongoing ahead of 27 Feb standstill date. Silverwood progressing well, on track for 2029 national deadline.</p> <p>Compliance Health Check: Organisation received reasonable assurance with strengths in compliance reporting/data. Action plan to be reviewed every other meeting.</p>	

	<p>Building Safety Case Reports: BSR refused initial submissions; contravention notices issued. Action plans in place and target dates (Mar/Jun 2026) expected to be met.</p> <p>Violence & Aggression: All 10 incidents verbal only; further clarity to be included in future reports and the committee will be provided with a copy of the unacceptable Behaviour Policy, which states the action SLHD can look to take.</p>	
5.4	A member asked if Savills were going to Intake for a stock condition survey and this was confirmed.	
5.5	The Board received and noted the updates from both Committees.	
6.	Budget Approval	
6.1	The Director of Corporate Services explained that 91% of St Leger income is funded by the Housing Revenue Account (HRA), and it was absolutely crucial that St Leger Homes maintain a financially strong HRA. To this end, protecting the solvency of the HRA and hence vitally needed services to our customers is a top priority for St Leger officers. He stated that the organisation will therefore be ensuring stringent financial controls are in place to protect the HRA and will carefully model any potential impacts upon the HRA as and when officers become aware of them.	
6.2	He further advised, that whilst he, as the Director of Corporate Services, built up his knowledge, he had asked the Head of Finance and Business Assurance to attend this first meeting. He stated that it was always a challenge to get Board Members to understand the ALMO budget versus HRA; the HRA is needed to be financially solvent. The Executive Management Team were the custodians for the solvency of HRA. He explained that the General Fund was under a great deal of pressure and the message from the Council was that it should be essential programmes only.	
6.3	The Board noted and commended the work of the Head of Finance and Business Assurance and his team, as they had been without a Director for 6 months and had managed admirably.	
6.4	A member referred to in year transfers of money from one account to another, with reference to posts, as this seemed odd in Appendix B. The Head of Finance and Business Assurance explained that managers tried to monitor all movements due to the need to keep inside budgets. Managers would shift workers towards demands on service, however his finance teams were managing the situation.	

6.5	The Board observed that the budget looking forward for 2027/28 figures were based on estimated stock reduction and queried how this could be predicted so precisely, particularly when properties were being purchased annually. The Head of Finance and Business Assurance explained the background of 4 years ago when the Council asked for £1m savings over a 3 year period and the management fee impacts. £33k was a prediction but there were changes in the Right to Buy process which impacted on this.	
6.6	Members asked if there was a robust establishment control so we know what posts are funded and the establishment is fixed to work towards; in particular looking for pay costs and appropriate funding. They referenced uncertainties in middle east, and pointed out that suppliers will be under pressure also, how agile are staff to put mitigations in place as, for example, inflation on fuel will affect all budget lines.	
6.7	The Director of Corporate Services explained that managers would have a high number and bottom number of vacancies and would constantly look at resources to deliver the services, not just allow the number to move as it needed justification. He would need robust information from managers around any increases in establishment. In terms of in-year movements of budgets, such as fuel costs attributed to the issues in the middle east, managers and Directors would be looking at the issue and monitoring how it would affect budgets and explain to staff what may have to change to keep within set budgets.	
6.8	The Board pointed out that, historically, when there is an overspend St Leger Homes have approached the Council; this was noted it was mainly around pay rises. They asked how much flexibility there was going to be in the St Leger Homes budget. Members added that a number of other organisations were reviewing the way they work and considering more agile working again or looking at Saturdays if it could be contained within budget.	
6.9	The Chief Executive reported there was no flexibility and we could not ask the Council for any additional money unless there were legislative changes, or major fuel issues. we might ask first to possibly restrict services, however he would envision that the Council would be uncomfortable with any proposals. EMT were hoping that the conflict would be over quickly.	
6.10	The Director of Corporate Services advised he was undertaking a piece of work with the Director of Property Services to understand if a decision needed to be made about new builds and acquisition as the budget wasn't there unless it is borrowed. He would shortly be putting options forward to the Mayor to get CDC preferences.	

6.11	The Chief Executive also confirmed that the organisation would be looking at different working patterns, with the Director of Property Services adding that there was an issue with call out costs with a current projected spend of £1.2m on a budget of £700k. Managers were exploring standby fees and also alternative shift patterns. A change to expand working hours to evenings and/or weekend working would likely be welcomed by tenants. In response to a query around Trade Union (TU) consultation, it was confirmed that tentative discussions had already taken place with TU colleagues and their main concern has been that managers should not force staff to change their hours.	
6.12	The Board considered and approved the three year budgets.	
7.	Communications Strategy and the Year 1 Actions	
7.1	The Director of Housing and Customer Services presented the Communications Strategy 2026-2030. She reported that it was the Head of Customer Services who had developed the Strategy with clear objectives and good actions underpinning the objectives.	
7.2	The Board considered and approved the Communications Strategy and the Year 1 Actions.	
8.	Embedding Respect – Tackling Stigma in Social Housing Strategy	
8.1	The Head of Housing Management attended to present this report and advised this was borne out of the national campaign Stop Social Housing Stigma. The organisation has taken a different angle on this and called it embedding respect.	
8.2	The Board received and considered the Embedding Respect – Tackling Stigma in Social Housing Strategy, a co-created initiative reflecting St Leger Homes commitment to its CORE values (Connected-Ownership-Respect-Excellence), especially Respect. The strategy, developed in partnership with tenants and staff, includes the Respect Standard and Good Neighbourhood Charter, sets practical measures such as storytelling campaigns, mandatory training, and recognition schemes, and features an authentic co-created addendum. The Board noted sector-wide recognition of the approach and St Leger Homes involvement in national campaigns.	
8.3	Member supported the strategy, which was being built on visibility in communities and linking into patch sizes, and Housing Officers being visible to do their work; it was key being visible and working in partnership with tenants.	

8.4	The Board were shown a heartfelt video of Sharon, a tenant representative on the Tenant and Colleague Tackling Stigma Working Group. It powerfully demonstrated the impact of partnership – tenants and colleagues working together to challenge stigma and build a culture of respect. In response to being advised the video would be put in St Leger Homes social media, members suggested that this could be promoted on a wider societal level. The Director of Housing and Customer Services agreed to take the suggestion back to tenants.	JD
8.5	The Board approved the strategy and endorsed its organisation-wide implementation from April 2026.	
9	Dress Code Policy	
9.1	The Director of Housing and Customer Services presented the Dress Code Policy and reported that management were seeking to promote a professional image and further strengthen the St Leger brand through the wearing of a uniform for front facing customer focussed employees. The Board noted the new brighter blue coloured samples on display and agreed it would make staff more identifiable.	
9.2	Members asked how many staff would be issued the uniform and were advised approximately 300 staff; the additional budget is £22k and this would be per annum so funded from current budget.	
9.3	The Board considered and approved the new Dress Code Policy.	
10	Customer Access Strategy	
10.1	The Director of Housing and Customer Services introduced the Customer Access Strategy – Review of Actions and pointed out that the Head of Customer Services had worked hard to strengthen the core customer access offer and improving the customer experience.	
10.2	The Engagement and Communications Services Manager attended for this item and advised the review was building on great work in the previous strategy, focusing on digital shift but not leaving anyone behind. The new website had been co-produced with staff and customers and was a good foundation moving forward. It was suggested that a development of a digital portal could be included as a pre-Board presentation and this was welcomed by members.	AT
10.3	The Chair asked how the new Strategy was going to be rolled out. It was explained that, subject to approval, there would be a communications and marketing campaign with key messages out to staff and tenants.	

10.4	Members commented the Strategy and update was very well presented and asked what was being put in place for staff to support it. It was explained that the Strategy was aligned with other key documents such as the Equality Strategy, and internal guidance for staff in neighbouring strategies also.	
10.5	The Chair asked if this was being linked to CORE values, as the biggest issues in complaints was the way our customers perceive they are being spoken to. It was confirmed there were CORE values throughout the document and they would be put into practice.	
10.6	The Board noted the progress of the Customer Access Strategy and approved the actions for Year 2.	
11	Tenant Voice Strategy 2026 - 2030	
11.1	The Engagement and Communications Services Manager presented the Tenant Voice Strategy 2026-2030. The Strategy was very important as it formed a large part of regulation, and there was a significant tenant input into the development. The Strategy was based mainly around Tpas Exemplar Status celebrating success and actions centred around their recommendations. The Director of Housing & Customer Services took the opportunity to give a special mention to the Head of Customer Services who led on this Strategy review and development.	
11.2	The Board noted the tenant panels, scrutiny involvement and insight throughout the organisation, with tenants' engagements constantly evolving which was what was needed to meet consumer standards.	
11.3	Members asked how the teams would engage the hard-to-reach tenants. It was explained that management acknowledged the need to understand its customer base better and teams were striving toward that. Officers were identifying any needs, trends, and learning from complaints. They were also looking to work with other organisations to find out what their methods were around engaging with tenants and to reflect best practice in the engagement in other ALMOs.	
11.4	A member asked if there any role models that would assist in leading the way for tenant involvement. The Engagement and Communications Managers explained that several tenants had agreed to provide 'soundbites' and videos as they were a stronger message coming from a lived experience than written communications. He further explained that front line staff do a lot of engagement on a day-to-day basis and the organisation needed to capture this and articulate it better.	

11.5	The Board asked if there was a way to make contact with tenants who did not engage with us, for a courtesy call to see how they were. It was explained that finding out about the hard to engage and knowing exactly who they were was not possible. The Keep in Touch (KIT) visits that were being carried out was an opportunity for staff to speak to those who aren't engaging, and officers were using every opportunity to be more proactive.	
11.6	A member referred to the customer segmentation around age/ethnicity and asked how staff were finding what works or was it too early to tell. The Director of Housing and Customer Services advised it was easy to engage with older tenants, and most of the involved tenants were over 50. Teams did want to engage with younger tenants and were exploring communications through tiktok and other social media platforms.	
11.7	The Board referred to the earlier proposal to provide a tenant portal pre-Board training session, and pointed out that the numbers were low in usage so it would be useful to have context around the issue. It was explained that the organisation had moved from Open Housing to Housing One. Within the former there was a tenant portal being developed that hadn't worked as well as officers hoped. The Housing One tenant portal was work in progress therefore couldn't yet be promoted, however once fully implemented it would be communicated widely to tenants.	
11.8	The Board considered and approved the Tenant Voice Strategy 2026-2030 and Year 1 Action Plan.	
12	Housing Ombudsman Complaint Handling Code Annual Review	
12.1	The Director of Housing and Customer Services presented the Housing Ombudsman Complaint Handling Code Annual Review and reported that St Leger Homes continues to meet the statutory expectations of the Housing Ombudsman's Complaint Handling Code. It was noted that it was important in the current climate to demonstrate compliance with the Code, and have this endorsed by the Housing Ombudsman to ensure the reputation of St Leger Homes was protected. She concluded by reporting that it was a comprehensive piece of work with several assessments and evidence provided, and the Board were asked to endorse the document.	
12.2	The Board reviewed and approved the self-assessment against the Housing Ombudsman's Office Complaint Code.	
13	KPI Performance	
13.1	The Board received the KPI Performance information and were informed that it was the strongest performance in the last 5 years;	

	officers were not resting on their laurels and were striving to improve performance. Members also noted that performance trends show from last month, since the report was produced, that 5 KPIs have improved, 12 have sustained performance and only 2 have deteriorated; Complaints and Sickness.	
13.2	Members were asked to note earlier discussion around EICRs and the focus in business and immense work put into achieving full compliance. An up-to-date figure was 53 outstanding, and of those 20 have appointments booked in for the next few weeks.	
13.3	The Board commented on the Complaints KPI and observed that the Housing Ombudsman encouraged tenants to complain. The Director of Housing and Customer Services advised that the organisation made it easy for tenants to complain, it was part of the code. It would be good if there were less complaints, however we learn from complaints and St Leger Homes were in the process of having an external company come into the business to do a piece of work to ensure teams were working in the most efficient way to turn around complaints.	
13.4	A member asked if compliments were progressed as robustly as complaints and this was confirmed.	
13.5	The Board received and noted the KPI Dashboard.	
14	AOB	
14.1	No other business was raised.	
15	Reflection on effectiveness of meeting	
15.1	It was noted that there was a piece of work around improving the format of meeting reports; the executive summary would be improved and this should take effect from the June meeting.	
16	Date of next meeting	
	11 June 2026 – 2-5pm	

Governance Summary Communications Template

Report from:	Audit & Risk Committee	
Date of meeting:	9 March 2026	
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):	
Positive private meeting with both IA and EA – no concerns raised.		
Great IA progress – 8 reports presented to Committee and a lot of assurance provided across the reports. Significant discussion had on the partial assurance in respect of additional payroll payments with regards to mileage, call outs and overtime. It was agreed by all that this needs to be a focus for the organisation and reassurance was provided by both the Director of Property Services and the Director of Corporate Services that clear messages are being delivered across the organisation to improve the controls in this area.		
IA has now completed its review of the mechanics of all SLHD's strategic KPIs and provided comfort to the Committee regarding the accuracy of these key indicators.		
IA plan approved for the next 3 years with an appreciation of the ability to flex the plan should the Committee identify an area which requires specific review and scrutiny.		
Additional notes for communication to governance:		
None		

St. Leger Homes of Doncaster Limited

AUDIT & RISK COMMITTEE MEETING

Monday 9th March 2026

Present

Trevor Mason (Chair) (TM), Milcah Walusimbi (MW), Cllr Steve Cox (SC), Susan Jones (SJ) and Kath Smart – Co-opted Board Member (KS)

In Attendance

Steve Slater - Director of Corporate Services (SS), Nigel Feirn - Head of Finance and Business Assurance (NF), Lauren McLaughlin – Governance Service Manager (LMc), Julie Lyon - Head of Internal Audit (JL), Peter Jackson (PJ), Richard Graham (Menzies) – items 1-4, Ged Nolan (GN) Menzies, Lee Winterbottom (LW) - Director of Property Services (LW) items 4-5 and Shauna Brady – Executive Assistant (minutes) (SB)

	<u>Apologies and Quorum</u>	ACTION
1.		
1.1	Due to the number of new attendees at the meeting a series of introductions were made.	
2.	<u>Declarations of interest by Board members</u>	
2.1	No declarations were received.	
3.	<u>Private discussion with the External & Internal Auditors</u>	
3.1	The Chair reported that this was a private section of the meeting between Board Members and the Internal and External Auditors with no Officers present.	
3.2	Richard Graham (Menzies) introduced his colleague Ged Nolan, who was covering for Sana Mumtaz (Maternity leave) and provided an overview of work undertaken thus far.	
3.3	The Chair queried if there were any concerns around missing information or anything similar in nature? Richard Graham confirmed that he had no concerns at present, and everything was progressing as expected.	
3.4	Richard Graham provided background around the recent acquisition of Beaver & Struthers to Menzies, it was noted that Menzies was an independent firm of Auditors and the merger was seen as a good opportunity to increase in size.	
3.5	The Chair queried if Menzies had a bigger footprint?	

Richard Graham responded that geographically they were a more southern based organisation, but geographically larger.

3.4 A member queried the Auditors experience of working with the Finance Team?

Richard Graham reported that as always, they were very responsive to any requests, open and generally a pleasure to work with.

3.5 A member queried was there any value added with their offerings to SLHD following the merger?

Richard Graham reported that they were able to avail of further materials and information which hopefully was experienced in the recent training session.

3.5 The Chair commented that he found the recent training session on Risk Management very useful and informative.

3.6 It was noted that there were no other issues to raise from other members.

4. External Audit Strategy

4.1 Richard Graham, External Audit Director (Menzie's) introduced this item setting out the strategy, timeline, team details and fees for the coming year along with risk areas. It was noted that the approach remained unchanged as in previous years.

4.2 Any questions around the plan were invited.

4.3 A member queried were there any recommendations/control issues identified from last year?

Richard Graham reported that there was nothing to follow up and generally recommendations/findings were minimal.

4.4 A member queried with regards to risk assessments her understanding was that the main income stream was the management fee, where did this feature in the risk assessments? It was noted that rent formed part of the HRA and was not part of the Audit.

4.5 A member queried how materiality was calculated when approaching the audit?

Richard Graham clarified that we calculated materiality on 3% of turnover, which was a standard approach.

4.6 **The Committee noted the contents of the External Audit Strategy and thanked Richard Graham and Ged Nolan for their attendance.**

5. Previous minutes and matters arising – 7th July 2025

5.1 **From Agenda Item –3.6 – Updates on Internal Audit Reports presented to 19 May Meeting** – The Head of Finance and Business Assurance reported that a series of benchmarking was underway within the repairs section around callout and overtime and this could be considered further at a future meeting upon the findings being analysed.

5.2 **From Agenda Item – 4.17 - Private Landlord Internal Audit Recommendations** – It was noted that the Director of Housing and Customer Services would be presenting a report to Board with regards to the findings of the recent audit and the future plans for St Leger Lettings.

5.4 **From Agenda Item – 5.7 & 5.8 – Monitoring of Internal Audit Recommendations** - The Head of Finance and Business Assurance reported that this action had been completed with the recent Risk Management training session.

It was noted that the training session had proved useful and generated a lot of conversations and relevant points that would be incorporated into the action plan.

A member confirmed that she had found the meeting to be of value and it was a positive way to drive risk management forward.

The Director of Corporate Services confirmed that it was important to have assurance that items within the action plan were relevant and it wasn't a static document.

5.5 **From Agenda Item – 6.25 & 6.27 KPI 22 – Homes that do not meet the Decent Homes Standard – stock condition surveys** – The Head of Finance and Business Assurance reported that the current position was 91% of stock condition surveys had been completed, therefore this was moving in the right direction and progressing.

The Director of Property Services reported that Savills were back on site as we continued to strive towards 100% completion, although the closer we get to this figure the more problematic it was becoming with access issues.

The Director of Property Services conveyed that Savills had said that 91% completion was a great achievement in a difficult area.

It was noted that the information was being received in a timelier fashion resulting in any identified hazards being dealt with sooner.

5.6 **From Agenda Item – 6.40 Open Housing Report –Decision Required** - The Head of Finance and Business Assurance reported that the upgrade was a front end, web based one that had gone well and the Audit on this would be undertaken in 2026/27.

5.7

From Agenda Item 8.12 – Capital Monitoring – The Director of Property Services provided an update confirming that the Silverwood budget was yet to be fully finalised and we are looking to add to this with any available funding from the Cladding Safety Scheme (CSS) and potentially any recovered costs from Equan's.

We would also be considering any other capital works due in future years for Silverwood and also pull these budgets into the work.

The Director of Property Services reported that In April a report would be considered by EMT with headline figures for any gaps in budgets, to maintain decency. These were being highlighted as the data we were obtaining from stock condition surveys (SCS) was becoming richer. We were also starting to feed into the various CDC meetings about the increased requirement to maintain the existing housing stock, an option we are discussing with CDC was using acquisitions and/or new build monies.

A member queried would the companies cease trading due to the volume of local Authorities requesting refunds.

The Director of Corporate Services reported that with regard to the high rises we had been in some type of adjudications and legal processes, therefore we are not fully reliant on waiting for the actual company involved.

A member queried was someone physically going around checking materials and not just completing a desktop exercise.

The Director of Property Services reported that we were working to ensure that products were fully compliant and we had members of our own staff checking products out on site. We also had a Head of Major Projects in post solely focussing on this area.

The Chair queried how the process was planned, was it a case of the high-rise blocks taking priority?

The Director of Property Services reported that a more detailed report would be considered by EMT in April.

A member conveyed his thanks to all staff involved as he had encountered high level works ongoing throughout the borough, all of which had been to an excellent standard, which was pleasing to see.

5.8

From Agenda Item – 9.4 – Revenue Monitoring - The Head of Finance and Business Assurance reported that we were now projecting a small surplus, therefore we were in a good position.

The Director of Property Services provided an update on callout and overtime.

It was noted that overtime was initially stopped given the spend position. Overspend on callout was historically covered by staffing vacancies. However, we do need budgets that reflect the needs of the service and not reliant on underspends elsewhere.

As previously mentioned at present, budget wise overall we would come in under budget and we were currently looking to use around £115k to reduce some of the larger jobs sat in repairs calendars, via a contractor and in house.

It was noted that call out was forecast at around £1.1m - £1.2m against a budget of £670k. It had risen every year since 2014/15 and had come in at over £1m for the last four years.

This was driven by an increase in emergency repairs from 7,000 jobs a number of years back to 25,000 jobs last year. If we added in jobs prioritised as 'attend today' in excess of 50% of work was being deemed as emergency/urgent.

Actions taken to address the demand aspect:

- Proposals for a new/alternative shift – move from 8 to 16-hour coverage, plus weekends
- Planning and management operate as trades (was area based)
- Redistribution of resources – Planning Team and Repairs Management
- Pilot to remove 'Attend today' and 'Attend today urgent' allocations (link to "roll over" and call outs)
- Job quotas
- Realign repair resource – Repairs and larger works, spilt teams
- Ombudsman 'Spotlight' reports
- 'Heartbeat' – Customer journey mapping
- Repairs 'Charter'
- Review, reduce and refresh repair scripts
- Video triaging
- Rechargeable repairs
- Standardised meeting agendas
- Power Users

A member queried the difference between small repair and large repair jobs? The Director of Property Services reported that 3 days of plastering was a prime example of a large repair job.

A member queried what sort of jobs are classed as rechargeable jobs? Would plaster coming away when putting a shelf up be an example of a rechargeable job?

The Director of Property Services clarified that rechargeable ones are generally intentional/wilful damage although we have a tendency to accept most items as a repair.

The Chair thanked the Director of Property Services for his attendance and hopefully the measures taken would feed through into the Revenue Monitoring report that was due at the next meeting.

5.9 ***From Agenda Item – 12.2 - Forward Plan*** – It was noted that Awaab’s Law was on the on the 26/27 Internal Audit plan.

5.10 ***From Agenda Item – 13.3 – CDC IA Undertake/facilitate effectiveness review of Audit and Risk Committee*** – The Internal Audit Manager reported that work had commenced around the effectiveness of the Committee, the findings of which would be considered at the next meeting.

6. **Monitoring of SLHD Internal Audit Programmes by CDC Internal Audit**

6.1 The Head of Finance and Business Assurance provided an update against progress on the on 2025/2026 Internal Audit programme and an update on progress made regarding outstanding audit actions.

6.2 It was noted that this area was progressing very well with 8 reports being presented at this meeting, so this was testimony to a lot of hard work by colleagues at CDC.

It was noted that at present there were 4 medium risk recommendations outstanding and these were being progressed.

6.3 The Chair commented that there were some significantly overdue audits namely the Electrical Testing Data Review that was due in 2024/2025.

The Head of Finance and Business Assurance responded that there was a real focus to complete this report and it was now almost ready.

6.4 The Head of Finance and Business Assurance reported that the Homelessness Audit report just required sign off and the RTB Audit was delayed due to resources issues, however following a review by the business transformation team, resources were now in place therefore this should be completed by the next meeting. The RTB position delay was common across the country due to legislation changes and the influx of RTB applications.

6.5 A member queried what was the control of the revised dates?
The Chair responded that we monitor the revised dates, with the lower risk items being more negotiable.

6.6 A member queried what the plan was for the outstanding audit from 2024/25 programme – Predictive Asset Maintenance?
The Internal Audit Manager reported that this was due to a resource issue within her team and this would be progressed once the staff member within her team had the capacity.

6.7 **The Committee noted the contents of the report.**

7. Internal Audit Reports

7.1 Housing Rents - The Internal Audit Manager provided an overview of the report, commenting that the report represented the results of an audit of Housing Rents which was carried out for the 2025/26 financial year.

The Internal Audit Manager reported that they were able to provide Substantial Assurance over the arrangements in place for managing rental income, with just one low level action raised that would be implemented in June 2026.

The Chair queried the amount of rent paid in cash?

The Internal Audit Manager responded that it was probably a small amount, however she wasn't sure.

It was agreed that the Head of Finance and Business Assurance would obtain the information and update.

NF

A member expressed her thanks for the good outcome of this audit.

7.2 General Financial Audit - Creditors (annual) – The Internal Audit Manager reported that this report represented the results of an audit of the creditor processes and had been completed on a risk basis as part of the 2025/26 audit programme.

It was noted that Substantial Assurance was given over the operation of the two creditor systems in use and their associated transactions for the 2025/26 financial year. The controls in place were found to be operating well and testing undertaken found only minor issues. The 1 low level issue found would be implemented at the end of April 2026.

The Chair queried if we were implementing our own controls?

It was reported that the issues identified were mainly around housekeeping and we were constantly chasing staff to remind them to close down items.

A member queried were we purchasing materials from one place?

The Head of Finance and Business Assurance reported that we had contracts in place with various suppliers and this service was bought in from CDC as they get better rates, although it was not based purely on costs and included local spend, local people employed etc.

The Chair reported that we do receive a Contract arrangements report so this may be useful for SC to have sight of and may answer a number of questions.

NF

7.3 General Financial Audit – Payroll – The Internal Audit Manager commented that this report represented the results of an audit of the

payroll payment process. The audit has been completed on a risk basis as part of the 2025/26 audit programme agreed with the Audit and Risk Committee and complied with the Global Internal Audit Standards (GIAS).

It was noted that Substantial assurance had been given, although there was a section of partial assurance in respect of additional payroll payments with regards to mileage, call outs and overtime as in previous years.

2 actions had been identified (1 medium and 1 low) therefore an additional briefing note had been included to clarify the issues around mileage, call out and overtime.

The Head of Finance and Business Assurance reported that it was worth noting that controls were in place and the majority of costs quoted were for standby and overtime.

To mitigate the situation, we have held 2 Payroll Managers away days, one of which focused solely on the claims process to ensure that procedures were being followed and claims checked before being authorised.

The Director of Corporate Services reported that there was a strong message from the organisation that managers need to manage this area closely and that they bear the ultimate responsibility for accuracy and compliance.

The Head of Finance and Business Assurance reported that we are looking at our corporate behaviours to ensure that everyone was compliant with the robust procedures in place.

A member queried was the partial assurance part a surprise?

The Head of Finance and Business Assurance confirmed that it wasn't a surprise due to some claims lacking detail.

A member queried did managers have all the information and tools in place to carry out their job?

The Head of Finance and Business Assurance reported that we had vehicle trackers in place and google maps etc so the tools were in place to manage staff and their expense claims.

A member queried do we keep a log of any incorrect records etc?

The Chair reported that a Fraud Report is presented to this meeting that details any fraudulent activity.

It was requested that a trend analysis be provided to ensure that this issue was being taken seriously.

NF

The Head of Service, CDC Corporate Services reported that we should be utilising the dashboard as these provide a lot of value and identify any areas of concern.

7.4

Rent calculation assurance – The Head of Internal Audit commented that this report represented the results of a review undertaken to ensure that current property rents being charged are compliant with the rent formula as per the Regulator of Social Housing (RSH) Rent Standard.

It was noted that no assurance was given within this report as to the accuracy of property data (Particularly with respect to 2999 property valuations) held within the current Open Housing system.

The Chair queried why the baseline data was unavailable?

The Head of Finance and Business Assurance reported this was pre-St Leger Homes and CDC were unable to locate. It was reported that assurance had been given that this was previously approved through the correct channels.

A member queried the location of the 9 properties referred to?

The Head of Internal audit responded that these would have been a random sample.

The Head of Internal Audit reported that they had found no current issues although we couldn't give assurance on past ones.

The Chair queried if it would be worth repeating the sampling going forward as it seems a bit ambiguous?

The Head of Internal audit reported that this work takes a lot of time so we would need to look at this to see if it was worthwhile and a lot of the issue was around the missing baseline data.

A member sought clarification as to the affordability mentioned within the report?

The Head of Finance and Business Assurance reported that the regulations say that it is 80% of the market value so the definition of "affordability" doesn't actually mean it's affordable.

It was agreed that the Director of Corporate Services will discuss this further with the Head of Internal Audit.

SS/JL

7.5

Former Tenant Arrears Recovery – The Head of Internal Audit commented that this report represented the results of an audit of former tenant arrears and recovery process.

It was noted that partial assurance had been given with 1 risk identified.

It was noted that there had been recent system issues along with limited resources within the team and the process was complex dependent on the reasons for the tenancy termination.

The Head of Finance and Business Assurance provided the background around write offs, commenting that for around 3 years

there was no real process in place and as they were relatively low risk they were not progressed and given priority.

A process was now in place so hopefully some progress should soon be clear.

The Head of Finance and Business Assurance reported that £500k of debt per year was written off mainly due to deceased tenants and it was hard to recover historic debts.

A member queried if this conversation happened every year as it seemed to be a recurring issue?

The Head of Finance and Business Assurance reported that the main driver was system issues and it was an historic problem with the emphasis being on collecting current rents/debts as opposed to chasing historic ones.

The Head of Finance and Business Assurance reported that a large amount of process mapping was going on with regards to the Customer Journey and directorates were working together in a bid to drive this area forward.

A member queried when would we write off the debt?

The Head of Finance and Business Assurance reported that this was reviewed throughout the year and anything above £2.5k goes to CDC for write off approval.

7.6 Open Housing Audit (Memo for A&R Committee info) – Noted.

KPIs and TSM Audit Reports

7.7 KPI 5 – The Head of Internal Audit commented that this report represented the results of an audit on St Leger Homes KPI 5 - Percentage of settled accommodation at prevention stage 2025/26. It was reported that no issues had been identified.

7.8 KPI 19 -The Head of Internal Audit commented that this report represented the results of an audit on the St Leger Homes and the Regulator of Social Housing KPI 19 / NM01: Anti-social behaviour cases (ASB) relative to the size of the landlord (per 1000 properties).

It was noted that the KPI was a true and fair reflection of performance.

7.9 KPI 24 – The Head of Internal Audit commented that this report represented the results of an audit on St Leger Homes KPI 24: Energy Efficiency - Percentage of Properties with an Energy Performance Certificate (EPC) of C or above.

It was noted that the findings were that the overall position of KPI 24 Energy efficiency percentage of Properties with an EPC of C or

above has been calculated correctly and was a true and fair reflection of performance using the data held.

7.10 **The Committee noted the Internal Audit Reports.**

8. **Internal Audit Plan, Strategy and Charter**

8.1 The Internal Audit Manager presented the Internal Audit Plan for 2026-2029 for approval.

8.2 The Head of Finance and Business Assurance reported that the key point was that there was flexibility within the plan and it was a live document, that evolved to ensure that it was still relevant.

8.3 A member commented that she was happy with the plan although she would have expected to see the big 6 included (Building/Fire Safety/Compliance etc)?
The Head of Internal Audit reported that these are reported as KPIs.

8.4 It was agreed that the KPI plan and information of all past audits be forwarded to KS for her information.

8.5 **The Committee noted and approved the Internal Audit Plan.**

9. **Update from the Data Protection Officer (DPO)**

9.1 The Governance Manager addressed the regular update report for Q3 of 2025/2026 and it was noted that during Q3 25/26 there had been 10 reported Data Protection Breaches. This was an increase in the number as reported in Q3 last year (4).

Breaches were reported to the DPO and SIRO Board, with 1 being reportable to the ICO.

It was noted that all the reportable breaches were caused by human error, therefore training continued to take place along with frequent comms to emphasise to staff the importance of using systems generated letters and checking before they send emails to ensure the correct recipient had been selected.

9.2 A member queried what the training consisted of as when he has undertaken training, failure wasn't an option and the training permitted you open ended attempts to pass the module?
The Governance manager reported that training was generally E-Learning based although she had recently carried out face to face sessions with teams that had been flagged up as requiring further training.

9.3 The Head of Service, CDC Corporate Services reported that in light of the issues discussed he thought that the performance was good for an organisation of St Leger's size.

NF

9.10 **The Committee noted the contents of the report.**

10. Business Continuity Plan

10.1 The Head of Finance and Business Assurance provided an overview of the Business Continuity Plan (BCP). It was noted that this set out how SLHD would respond to a major business interruption affecting its ability to deliver its services.

A major disruption was defined as “a significant incident, which threatened personnel, buildings or the operational structure of the business and required special measures to be taken to restore things back to normal.”

10.2 It was noted that this was a living document that was regularly reviewed and revised. It was confirmed that a desk top exercise would take place over the next few months to ensure it was robust and fit for purpose.

10.3 A member queried if any lessons were learnt following Covid? The Head of Finance and Business Assurance reported that many lessons were learnt following Covid including the different ways of working, agile working along with gaining more valuable information from tenants.

10.10 **The Committee noted the contents of the report.**

11. Emergency Plan

11.1 It was noted that this document was used in conjunction with the SLHD Business Continuity plan and incorporated CDC and other agencies' information.

11.2 **The Committee noted the contents of the report.**

12. Fraud Register & Related Activities

12.1 The Head of Finance and Business Assurance reported that this briefing note provided an update on the potential cases of fraud, which were currently ongoing and related to the organisation and its work, and any other relevant updates.

12.2 Pleasingly since the last meeting, no new instances of fraud had been raised for formal investigation.

12.3 It was noted that RTB continued to be an area of potential fraud due to money laundering risks.

12.4 The Governance Service Manager was currently updating policies and the Economic Crime and Corporate Transparency Act would be part of this refresh.

12.5	<p>A member queried where does the Economic Crime and Corporate Transparency Act sit within SLHD?</p> <p>The Head of Internal Audit commented that comprehensive work had been undertaken within her team and it was agreed that this be added to the Convene library for reference.</p>	NF
12.6	<p>The Committee noted the contents of the report.</p>	
13.	<p><u>Forward Plan</u></p>	
13.1	<p>Consideration was given to the forward plan. The Chair commented that as the meeting duration seemed to be increasing it may be sensible to increase the meetings to 4 per year, although that would be a decision to be taken in future as the next meeting would be his last one.</p>	
13.2	<p>It was noted that it had been agreed that the Chair of the Board receive a comprehensive update from each Committee moving forward.</p> <p>It was agreed that the Director of Corporate Services and The Head of Finance and Business Assurance compile key messages from this meeting to update Board.</p>	SS/NF
13.10	<p>The Committee noted the contents of the report.</p>	
14.	<p><u>Any Other Business</u></p>	
14.1	<p>No items of any other business.</p>	
15.	<p><i>Date and Time of Next Meeting – Monday 6 July 2026 @ 11.00 am</i></p>	

Governance Summary Communications

Report from:	<i>Employment and People Committee</i>
Date of meeting:	30 March 2026
Report author:	<i>Dave Wilkinson</i>
<p>Pulse Survey Committee received detail on the outcomes of the November 2026 Pulse Survey.</p>	<p>Committee noted the update praising officers for the 66.7% response rate, commenting that this was a very credible result and should be celebrated, whilst also noting there was some work to do in specific areas of the business to further increase responses. Committee also suggested we move towards an annual survey to ensure we can work on making the changes based on learning from the surveys but also ensure we don't experience survey fatigue from the workforce.</p> <p>Committee considered next steps which included sharing the results with Management Teams and looking at communication strands for the key themes identified.</p>
<p>People Strategy Committee received an update against the 2024-29 People Strategy.</p>	<p>Committee noted the report and progress against year 2 of the action plan against the 3 main themes of the strategy. The Head of People & Culture provided detail of other key HR & L&OD activities ongoing and agreed to consider whether the strategy requires an early review and take the opportunity to align to CORE.</p>
<p>Learning and Performance update Committee received the first annual Learning and Performance update which provides feedback and key success measures of Learning and Organisational development.</p>	<p>Committee were particularly interested in the cost of training non-attendance and were provided with detail of actions being taken to address this.</p>
<p>Resource and Vacancy Position</p>	<p>Committee considered the 2025/26 headcount noting that there are higher number of vacancies compare to Q2 25/26 and that we are reporting higher number of sickness cases compared to the same time last year and have a year end projection of</p>

	10.61 days which will show us in amber as a year end result.
Additional notes for communication to governance:	
None	

**St. Leger Homes of Doncaster Limited
EMPLOYMENT & PEOPLE COMMITTEE
Monday 30 March 2026 at 09.00am**

Present

Dave Wilkinson (Chair), Susan Jones, Sue Farmer, Milcah Walusimbi (PART)

In Attendance

Chris Margrave (Chief Executive), Hannah Ruane (Head of People & Culture), Leandra Graham-Hibling (EA to CEO),

ACTION

1. **Apologies and Quorum**
 - 1.1 There were no apologies to note. The meeting was quorate.
2. **Declarations of Interest by Board Members**
 - 2.1 There were no declarations made.
3. **Minutes of the previous meeting held on 3rd September 2025 and matters arising**
 - 3.1 The minutes from the previous meeting were agreed as a true record with no matters arising.
4. **Pulse Survey**
 - 4.1 The Head of People & Culture provided headline information from the November 2025 pulse survey detailing:-

609 responses / 66.7% response rate. - Utilised directorate away days to allow time and encourage responses towards the deadline. Timing next survey to coincide with the Sept annual colleague festival and have opportunity explain how important it is we get feedback and also use some of the time to allow the workforce to complete as part of the day. Also considering some question changes for the next survey. The Head of People and Culture asked Committee to note this as we may not have any comparator information to benchmark against on the new questions.

A Member commented that 66.7% is a very credible result and should be celebrated. Committee noted that if we can demonstrate we are listening and making changes based on the feedback, we should attract higher response rates.

A Member asked if there was a particular service area or groups where response rates were low to be able to target? The Head of People & Culture provided a breakdown of response rates for each area confirming finance & business assurance and access to homes teams have lowest rates and those Heads of Service are engaged to understand some of the

reasons why. The Chief Executive explained the different ways we conducted the survey this time, confirming that the timing of the colleague festival would assist with the next survey.

How satisfied are you with SLHD as your employer – overall results are good with Property Services having a lower percentage with a particular team in that area involved in lots of changes who scored lower than normal.

Do you feel proud to work for SLHD – this is a new question and Committee agreed this could be answered based on how a person feels that day, however agreed this is a good question to ask and will be interesting to watch once CORE is launched. A Member asked if a supplementary question could be asked to be able to understand some of the reasoning for a high level of those who answered 'somewhat'

Connected with your co-workers as part of the team – 79% of respondents felt connected to their co-workers and part of the team. Only 15% answered they felt connected to their immediate team, not their whole team. The Head of People & Culture confirmed we are mindful of this based on previous surveys and there is lots planned to increase connectiveness across the organisation. The Chief Executive reminded Committee we now hold 6 monthly People Managers Away Days with the 3rd session held recently with relevant discussions which will assist in increasing connectiveness across the organisation. The Head of People & Culture confirmed feedback from the most recent away day was really positive with some of the comments based around how important it was for managers to engage with their peers on the day.

I feel like my suggestions and views are valued by my line management – The Head of People and Culture confirmed this is reassuring and is down to teams engaging with others to deliver change and people then feel more valued and empowered.

I know how to access support for my mental health and wellbeing – whilst high, the Head of People and Culture confirmed we are always exploring support options to help the workforce.

I fell like I am consistently recognised and appreciate for the work I do – The Head of People & Culture advised whilst we do recognise and thank staff, there is some work to do to support managers recognising their teams.

My Line Manager is a great role model on our values and behaviours - The Head of People & Culture advised with the introduction of CORE there will be increased focus on this and managers need to be leading from the front.

Open text box – is there anything else you would like to tell us that we have not covered. Comments covered a number of areas such as:-

- Communication and collaboration
- Workload and resourcing
- Training and development
- Recognition and morale

- Opportunities for progression
- Systems
- Safety and wellbeing
- Flexibility

4.2 Next steps

The Head of People & Culture provided detail of the next steps following analysis:-

- Results shared with Leadership and Senior Management team
- Key themes identified from feedback and communications going out highlighting these. Looking at setting up a working group of staff across the organisation to discuss learning and test some changes. A member suggested that a non-EMT member could lead the session to enable more open conversations.

4.3 Committee discussed undertaking the 6 month survey with Members suggesting, based on results of the last 2 surveys, that consideration should be given to an annual survey, which would give more time to better embed any changes. They felt now was the time to make the changes to annual surveys.

4.4 Committee asked that a message of thanks is sent to all senior leaders and people managers based on the results, commenting that most results of a survey are based on actions and behaviours of people managers and it is their actions that have meant the results are so positive.

A Member agreed, confirming there is also something about sustaining these great results.

5. People Strategy Update

5.1 The Head of People and Culture provided an update against the People Strategy 2024-29 with 3 main themes based around Recruit & Retain, Support & Develop and Engage & Celebrate as well as progress against the year 2 action plan.

5.2 Investors in People (IIP)

The Head of People & Culture provided progress against implementation against the IIP standard accreditation reminding Committee of the EMT decision in 2025 not to go ahead with the 24 month review and full reassessment in 2026. The Chief Executive gave more detail about the EMT decision which was based around lack of embedding the accreditation within the organisation, required resource and cost to deliver as well as how relevant it was for our organisation. Committee agreed with this decision.

5.3 Other key HR and L&OD activities ongoing

- Conduct and Competence standard
- CORE
- Implementation of financial wellbeing platform (including opportunity to offer a shared cost AVC). A member asked if we can communicate and publicise this opportunity and get feedback on

HRu/
CM

take up across the organisation. The Head of People & Culture advised that City of Doncaster Council (CDC) launched the initiative last year with some good results advising 115 applications had been received in the first 6 months, 92% of those took investment advice as part of the shared cost AVC. 40% of colleagues have registered to the wellbeing platform.

- Strengthening of HR processes
- Future Leaders Programme
- Pulse Survey Feedback
- Review of key HR policies

5.5 The Chairman suggested that if the Head of People & Culture felt that a review of the strategy and action plan needed to happen earlier than 2029 and take opportunity to align to Core, then he would support this.

A Member commented there was a lot detailed within the action plan, suggesting the team take stock as we are halfway through the 5 year plan and consider what actions are still appropriate to the organisation.

The Head of People & Culture agreed to consider this alongside reviewing all priorities around the strategy and take stock.

HRu

5.6 Committee noted the update.

6. **Learning and Performance report**

6.1 The Head of People & Culture provided feedback and key success measures of Learning and Organisational development.

6.2 The Head of People & Culture raised concern over lack of attendance to training, the cost of this non-attendance and actions being taken as a result, especially for all mandatory training relevant to job role. The Chief Executive advised that Executive Management Team are fully supportive of the actions being taken to address non-attendance given the high costs involved.

6.3 Committee discussed 'Check in' performance agreeing as well as frequency of these, the quality of the conversation is also very important. The Chairman asked if consideration can be given to adding a specific question about the quality of check in conversations to the next pulse survey.

HRu

6.4 Committee noted the update.

7. **Resources and Vacany Position (by exemption only)**

7.1 Committee considered 2025/26 Headcount. It was noted there are higher number of vacancies compared to Q2 25/26.

7.2 Committee noted an update on sickness absence acknowledging that for February 2026, there were 1.12 days absence per FTE compared to 1.01 last year with a year end projection of 10.61 days which will show us as

amber in terms of KPI reporting. This means we are in a better position compared to last year but there is still lots to do to improve this area.

7.3 The Chairman asked for numbers on people who have exited the business due to sickness this year. The Chief Executive advised numbers are in the region of 4/5 people with others in the pipeline.

7.4 Committee noted the update.

8. Any Other Business

8.1 There was no other business to discuss.

9. Date and time of the next meeting – 1st September 2026, 9am

The meeting ended at 10.30am.

DRAFT

Governance Summary Communications Template

Report from:	Building Safety & Compliance Committee	
Date of meeting:	13 May 2026	
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 – Q4</u> <u>Decent Homes status</u></p> <p>Members noted as of 7 April 2026, 92.25% of homes (18,373) meet the Decent Homes Standard, with 7.75% (1,544) classed as non-decent. This is an improvement from Q3 where non-decency was 10.82% (2,155), driven by completed works plus data cleansing and ongoing stock condition surveying.</p> <p>A discussion ensued around the organisation adopting a cautious approach to the reporting of non-decency, including properties with certain missing component data (due to not having yet had a stock condition survey) as being non-decent. Once surveys have been completed and missing component data is gathered, it is expected that this will significantly reduce the number of non-decent properties and anticipated that non-decency levels will be closer to 4.2%.</p> <p>Agreed to amend the report to this effect.</p>		
<p>2. <u>Overheating in Domestic Properties</u></p> <p>Committee were informed overheating is a growing and merging building safety risk, driven by climate change. While the organisation is not yet at the point of a full programme, it is starting to build the evidence base and plan a phased response ahead of tighter regulation.</p> <p>Committee requested a Comms piece on the measures tenants could take in the event of overheating in properties.</p> <p>The briefing note identified some properties likely to be affected within the housing stock.</p>		
<p>3. <u>District Heating Networks</u></p> <p>Committee were informed the organisation operates 2 district heating networks and is preparing for the 2025-2028 regulatory framework, including the Energy Ombudsman, Ofgem oversight, mandatory registration and full compliance by 2028.</p> <p>Funds obtained were shared in the minutes following the meeting:</p> <ul style="list-style-type: none"> The total Project application cost is £2,983,370 Total HNES Grant funding is £1,409,843 Total Match funding is £1,573,527 		

Additional notes for communication to governance:
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None.

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

**Wednesday 13 May 2026 10am-12 noon, Civic Meeting Room 410/
Microsoft Teams**

Present

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

In Attendance

Lee Winterbottom - Director of Property Services, Laura Dougan – Head of Building Safety, Christine Tolson – Head of Asset Management, Danny Boardman – Head of Major Projects, Craig Parkin – Damp and Mould Manager, Alan Potterton – M&E Service Manager, Maxine Johnson - Executive Support Officer (MJ).

		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	There were no declarations of interest received.	
3.	<u>Minutes of the meeting held on 12 February 2026 and matters arising</u>	
3.1	The minutes of the meeting held on 12 February 2026 were approved.	
4.	<u>Assets Performance Report – Q4</u>	
4.1	<p>The Head of Asset Management presented the report to provide members with an update on key activity within the Asset Management Service for Quarter 4.</p> <p>Members noted of particular importance is the progress being made in respect of the decent home standard alongside delivery of the ongoing stock condition surveying (SCS) programme.</p>	
4.2	<p><u>Stock Condition Surveys</u></p> <p>The Head of Asset Management advised, as of 2 April 2026, 91% of homes (18,119/19,917) had a physical stock condition survey within the last 5 years, just below the 92% target. Most surveys were completed by Savills, with a small number by the in-house team. Phase 6 (2026/27) started ahead of schedule (February 2026) and is due to finish around July 2026, but reaching 100% depends on access, which is increasingly challenging.</p> <p>She highlighted since writing the report as of yesterday 2,000 properties</p>	

	<p>had been completed so far since February, but pointed out this figure is fluid not static, due to the nature of the 5-year rolling programme.</p> <p>She further advised, 1,165 properties were classed as 'hard to reach' with at least 3 attempts so far to gain access. Her team had started to work with the No Access team, who were currently prioritising the running order for no access properties, she was hoping to see some traction following then.</p> <p>The Director of Property Services added the report at item 12 'Analysis of Properties Without a Stock Condition Survey' will give added assurance to committee.</p>	
4.3	<p><u>Decent Homes Status</u></p> <p>As of 7 April 2026, 92.25% of homes (18,373) meet the Decent Homes Standard, with 7.75% (1,544) classed as non-decent. This is an improvement from Q3 where non-decency was 10.82% (2,155), driven by completed works plus data cleansing and ongoing stock condition surveying.</p> <p>A discussion ensued around the organisation adopting a cautious approach to the reporting of non-decency, including properties with certain missing component data (due to not having yet had a stock condition survey) as being non-decent. Once surveys have been completed and missing component data is gathered, it is expected that this will significantly reduce the number of non-decent properties. Members noted this is covered in more detail at 6.11 of the report. However, once this data has been collated it is anticipated that non-decency levels will be closer to 4.2%.</p> <p>Committee asked the Head of Assets to include the above narrative, in the same section of the report, so it alerted but also addressed any concern in the same section.</p>	CT
4.4	<p><u>Domestic EICR programme – 10 and 5 years</u></p> <p>One member highlighted the 58 outstanding properties and asked, should we be self-referring to the regulator?</p> <p>It was noted that the figure since writing the report had reduced to 44 with 39 being managed by the M&E EICR testing team. Whilst progress was somewhat slow a concerted effort was being made with teams cross-working to drive the numbers down, this approach was seeing the right direction of travel.</p> <p>The Director of Property Services gave assurance that every one of the cases was being closely managed, with evidence of all access attempts, with Legal at CDC also part of the process.</p>	
4.5	<p><u>Data Verification</u></p>	

	<p>One member asked, how do we verify the data provided by Savills?</p> <p>The Head of Assets explained:</p> <ol style="list-style-type: none"> a. Physical sample checks - take place and properties are revisited to evaluate whether SLH would categorise the results the same. We have found that our results compared to Savills are consistently the same. It's something we intend to repeat in the future. b. Data analysis – the team do a lot of this and look for any anomalies on a component-by-component basis. c. Asset data improvement plan – has been introduced to strengthen continuous improvement. d. 5% Data validation – is also undertaken by Savills. 	
4.6	<p>Another member asked, is it more efficient for us to work towards the new Decent Homes 2 standard, that's coming in 2035?</p> <p>The Head of Assets clarified we are reporting against the current standard not the Decent Homes 2 standard – but are working towards it. We can't report against it, as the standard is not yet fully determined, or our approach towards.</p> <p>She added our specification already includes window restrictors and fans. Although we still haven't had the standard and technical detail around thermal comfort, specifically Minimum Energy Efficiency Standards (MEES) and Standard Assessment Procedure (SAP) energy. Currently, we don't know what we are going to be measured against.</p> <p>The Director of Property Services advised an item was going to Board in August 2026 regarding MEES and DH2 offering further information, which committee acknowledged.</p>	
4.7	Members noted the contents of the report.	
5.	<u>Safety & Compliance Activity report</u>	
5.1	<p>The Head of Building Safety presented the Safety and Compliance Exception Report as at 31 March 2026.</p> <p>Members noted where full compliance is not currently being achieved, the work is identified to bring areas to compliance with mitigations in place. She commented overall performance is good with some areas needing improvement, however since writing the report some figures have moved on.</p>	
5.3	<p>One member commented, Audit & Risk Committee had discussed the methodology around the big 7 compliance areas and KPIs. He asked, do we need to build something into the Internal Audit programme?</p>	

	The Head of Building Safety advised she felt that the organisation already had adequate measures in place internally and externally through Pennington's Health check, Morgan and Lambert (gas and electrical audits) and lift specialist consultants etc. This was in addition to oversight and scrutiny via the Housing, Safety & Compliance Assurance groups within CDC. She commented, should members feel additional checks were needed she was open to conversations.	
5.4	<p><u>Awaab's Law</u></p> <p>One member asked, how ready are we for Awaab's Law phase 2&3?</p> <p>It was noted SLH are in the early stages of implementation, a working group was being set up for phase 2 with IT and changes to process key factors. The working group has picked up the development of Housing One with cases being dealt with on a case-by-case management approach. Video triaging was being considered as well as use of artificial intelligence (AI) where benefits could be realised. It was noted that Awaab's Law has also been captured in the scorecard.</p>	
5.5	The Director of Property Services agreed to get an update on progress with recruitment for a post-graduate AI Apprentice position.	LW
5.6	<p><u>Lifting Equipment</u></p> <p>The Head of Building Safety advised lifting equipment is covered by two contracts. One formed part of the wider CDC contract, but it was separated out and some improvements have since been seen.</p> <p>The other is the planned preventative maintenance (PPM) contract. She said, we are experiencing some issues with the contractor, and a considerable amount of work is underway to address these. We have also raised our concerns with the framework provider. We are aware of the issues and are doing everything we can to resolve them.</p>	
5.7	Committee noted the contents of the report.	
6.	<u>High Rise Building update</u>	
6.1	The Head of Major Projects presented a report giving an update on the three distinct projects pertaining to High Rise Residential Buildings:	
6.2	<p><u>Wates</u></p> <p>Remain on track to complete work on site by the end of May 2026, with site clearance scheduled soon after. While a small Wates presence may remain until mid-June to address any snagging issues, the current goal of finishing by 22 May 2026 is expected to be met.</p> <p><u>Extension of Time</u> – SLH are engaged with Wates in without prejudice discussions to agree a settlement figure.</p>	

6.3	<p><u>Intake</u></p> <p>Members were reminded of the standstill agreement currently in effect, with an expiration date set for the end of May 2026.</p> <p>One member queried the position in relation to the decision made on the future of the buildings by Strategic Housing?</p> <p>Members were advised proposals had been submitted to CDC for consideration regarding the future of the buildings, evaluating options for refurbishment or regeneration. SLHs have recommended regeneration, considering both the substantial investment required and the age of the structures. These recommendations have been formally presented, with CDC currently reviewing them.</p>	
6.4	<p><u>Silverwood</u></p> <p>Members noted a proposal has been submitted to CDC for review, addressing the future of the building from a refurbishment or regeneration perspective. SLH have recommended refurbishment, with CDC currently reviewing them. In the meantime, SLH are moving forward with estimating the costs in this regard.</p>	
6.5	Committee noted the contents of the report.	
7.	<u>Overheating Risk in Domestic Properties</u>	
7.1	The Head of Assets presented the paper that informed committee overheating is a growing and emerging building safety risk for parts of St Leger’s housing stock, driven by climate change. While the organisation is not yet at the point of a full programme, it is starting to build the evidence base and plan a phased response ahead of tighter regulation.	
7.2	She referred members to section 3 of the report which highlighted some of the properties likely to be affected within the housing stock.	
7.3	<p>Members noted at present there is no formal, stock-wide overheating mitigation programme or action plan in place; however, initial monitoring, pilot retrofit work, and strategic planning activity are underway to inform a future approach and the next iteration of the Environmental Strategy, due January 2028.</p> <p>In the meantime, Committee requested a Comms piece on the measures tenants could take in the event of overheating in properties. It was asked to be noted that SLH follow CDC emergency protocols for heat events and use the guidance that is provided. This would then be issued out, as appropriate, to customers.</p>	CT
7.4	Members noted the contents of the report.	
8.	<u>Joint British Safety Council (BSC) Five Star and ISO45001 Audit</u>	

8.1	<p>The Head of Building Safety advised that the organisation retained the BSC Five Star Health & Safety Audit rating for the 15th year running and was recommended for ISO 45001 re-accreditation.</p> <p>She added an action plan at appendix 1 will address improvement opportunities: psychological safety, wider emergency preparedness, contractor KPI consistency, and automating legislative monitoring.</p>	
8.2	Members were pleased to hear the organisation had retained the five-star safety audit rating.	
8.3	Members noted the contents of the report.	
9.	St Georges Court Progress update	
9.1	<p>The Head of Major Projects presented the briefing note which updated Committee on progress at St George's Court and summarises the current position on scope development, programme, risks, and costs.</p> <p>It also highlights the approvals and actions required to finalise the project brief, confirm funding, and move the scheme forward through the relevant council approval processes.</p>	
9.2	<p>The Head of Major Projects confirmed timescales being worked towards are 7 August for contract tenders to be issued with a return date end September. The intention then was to complete an Officer Decision Record (ODR) for CDC to review and approve with an anticipated contract award date of October, should CDC wish to proceed.</p> <p>If CDC reject the ODR due to costs, then the scope of works would need to be reviewed and amended accordingly.</p> <p>He further commented, it was disappointing that approval to remove the tree was not granted, on that basis actions were being taken to reduce any tripping hazards at the base of the tree by landscaping the area.</p>	
9.3	<p>One member queried if decanting residents was being considered?</p> <p>It was noted that this wasn't a viable option due to the lack of properties available to re-house residents however, there were plans for a small number of void properties as back-up should any issues arise necessitating decant.</p>	
9.4	<p>One member asked about the purchase of the property and if more could have been done prior to this to better understand the refurbishment requirements, given the anticipated costs. The Head of Major Projects explained the steps that were taken, in terms of visiting the building and visual survey and cost estimating. While it was understood at that point that the extent of work and cost would be high, there are also unforeseen elements that would have required destructive inspections. In addition to this, the purchase was seen as a strategic necessity due to the buildings location and the want to gain control of its future.</p>	

9.5	<p>Members noted that EMT had accepted:</p> <ol style="list-style-type: none"> i. To note and agree that the next steps are to work up finalised costs based on the agreed scope of works and the designs and specifications being prepared. Seek approval of investment from CDC to enable the project to be delivered. ii. Confirm that future progress updates are included within the major projects update on a 3 monthly schedule and that this be added to the forward plan for the 2nd EMT meeting in each month. iii. Receive an update when a decision is made by the approval committees within the council. 	
10.	<p><u>District Heating Networks – Regulatory implementations and cost implications</u></p>	
10.1	<p>The Mechanical and Electrical Service Manager presented the briefing note that advised the organisation operates two district heating networks (Balby Bridge with 833 properties and Ennerdale with 179) and is preparing for the 2025–2028 regulatory framework, including the Energy Ombudsman, Ofgem oversight, mandatory registration and full compliance by 2028.</p> <p>The paper informed committee significant investment has already been made in metering, zoning and key upgrades, with Heat Network Energy Supply (HNES) funding secured to complete Balby Bridge property-level improvements. Further investment is still needed to renew aging underground pipework, but SLH remains confident it will achieve compliance and maintain service standards.</p>	
10.2	<p>A discussion took place regarding costs, however it was noted that SLH was successful in its bid for funding.</p> <p>This funding covers upgrades to every property on Balby Bridge to replace the hot water cylinder & system valves and controls, with a Heat Interface Unit that instantaneously heats the hot water and heating when required.</p> <p>The funds obtained are below:</p> <ul style="list-style-type: none"> • The total Project application cost is £2,983,370 Total HNES Grant funding is £1,409,843 Total Match funding is £1,573,527 	
10.3	<p>A member queried the condition of the current underground pipework and presence of asbestos?</p> <p>The Mechanical and Electrical Service Manager acknowledged that issues such as poor condition and asbestos may arise. However, he gave assurance that the organisation will plan ahead and assess the integrity of the existing underground pipework, and remained confident that customers will continue to receive a good service as new technologies are introduced.</p>	
10.4	<p>Committee noted the contents of the briefing note, identifying potential risks associated with replacement of the infrastructure.</p>	

11.	<u>Reinforced Autoclaved Aerated Concrete - RAAC</u>	
11.1	<p>Committee noted the RAAC survey briefing and appendix 1 surveyors report, which found no evidence of RAAC following a desktop review and archetype-based intrusive inspections.</p> <p>The overall likelihood of RAAC was assessed as very low (low where full access was not possible), and members noted the recommendation to accept the findings and take no further action unless new information emerges.</p>	
11.2	One member asked if we could be more specific on the classification of 'low' or 'very low'.	CT
11.3	Committee noted the contents of the briefing note.	
12.	<u>Stock Condition Surveys</u>	
12.1	<p>The Head of Assets explained the Assets Team reviewed properties with no Stock Condition Survey (SCS) in the last five years and checked for any other visit (compliance related, KIT visit or repair) within the last 12 months.</p> <p>The review initially identified 15 properties; after exclusions and subsequent access, 8 remain with no SCS and no recorded visit. Work is underway with Housing Management and the No Access Team to gain entry and complete a SCS, or at minimum a KIT visit, to provide assurance on condition and safety.</p>	
12.2	The Head of Assets agreed to update committee on the remaining eight properties at the next meeting.	CT
12.3	Committee noted the contents of the report	
13.	<u>Disrepair Cases</u>	
13.1	<p>Committee had received disrepair trial summary cases from January and February 2026.</p> <p>The Damp and Mould Manager explained the 'disrepair process' from receipt of the letter of complaint, evidence gathering to then deciding whether SLH was at fault or not. He highlighted there is no case law on 'reasonable time' to carry out a repair however, from experience 3 months seems to be considered a reasonable timeframe. Should SLH believe they were at fault, we would look to deal with the case quickly. If not, we would robustly defend each case.</p> <p>He commented since submission of the information, a decline in disrepair claims had been seen, and highlighted in most cases solicitors rather than tenants are the driver for claims.</p>	

13.2	<p>One member asked, does Awaab's Law increase the impact on disrepair claims?</p> <p>It was noted this wasn't the case, claimants' solicitors are not particularly interested in Awaab's Law, because of the requirement for a quick turnaround in timescales to carry out a repair.</p>	
13.2	<p>A discussion took place regarding the correlation between the number of claims and repairs volumes. With a suggestion that the reduction in claims may be a contributing factor to an improvement in managing repairs.</p>	
13.3	<p><u>Comparative Data</u></p> <p>The Damp and Mould Manager agreed to find out if there was any comparative data available from the Disrepair Group.</p>	CP
14.	<u>Building Assessment Certificates (BAC)</u>	
14.1	<p><u>Silverwood House</u></p> <p>The Head of Building Safety was pleased to advise SLH have been given a Building Assessment Certificate (BAC) for Silverwood House, being the first one in South Yorkshire.</p> <p><u>Cusworth House</u></p> <p>On the flip side she confirmed that the BAC for Cusworth House had been refused around the structural information, this wasn't a surprise - but the good news is we are already on with gathering the information.</p> <p><u>Building Safety Regulator – Data Disclosure</u></p> <p>To give context and demonstrate that SLH was in line with other organisations, she advised of a data disclosure by the Regulator earlier in the year.</p>	
14.2	<p>One member queried progress with the remaining BACs?</p> <p>It was noted that the contravention notices were being worked through, the first deadline in March 2026 was met and on-track to meet the second deadline. Members noted the significant amount of work it involved. In some cases where BACs are refused some organisations are then employing consultants to do the work.</p>	
14.3	<p>Committee noted the update.</p>	
15.	<u>Morgan and Lambert - Gas Audit</u>	
15.1	<p>The Head of Building Safety advised that during a recent gas servicing audit carried out by Morgan and Lambert the organisation was ranked 1st out of 75 contractors.</p>	

15.2	Committee were extremely pleased with the competency of the engineers and third-party assurance received from the auditors. They asked thanks to be passed onto the members of staff involved.	
16.	<u>Building Safety Forum Minutes – 26 February 2026</u>	
16.1	Committee noted the building safety forum minutes.	
18.	AOB	
18.1	<u>Kings Speech</u> <p>One member highlighted the Kings speech recently in respect of social housing announcements. These included a new Social Housing Renewal Bill, including measures to deliver on commitments around Right to Buy reform, stronger tenancy protections for domestic abuse survivors, and steps to safeguard social homes and security of tenure. In addition to a commitment, through the Remediation Bill, to speed up the removal of unsafe cladding.</p>	
18.2	<u>Trevor Mason</u> <p>Committee recognised that this would be the final Building Safety & Compliance meeting attended by Independent member Trevor Mason and thanked him for his significant contribution to Committee since its conception in June 2021.</p>	
19.	Date of the next meeting - Thursday 21 May 2026, 10am	

Matters Arising from the previous minutes

Building Safety & Compliance - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
1	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 13.05.26</u> Open invite received from Sally.	Complete	LD
2	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 13.05.26</u> Redrafted Paving Policy circulated to members, for commented and progression to Board.	Complete	CT
3	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 13.05.26</u> As above.	Complete (linked to item 2)	CT
4	Feb-25	4.8	Assets Performance Report – Q3 Retrofit Pilot The Chair asked for a rough estimate of costs associated with each property.	<u>Update 13.05.26</u> Work on the GainShare properties has been delayed. Once works completed, a visit can be arranged.	Summer 2026	CT
5	May-25	4.5	Non Decent Properties Plan Committee requested a plan of how we are bringing all properties back to being decent, timescales etc to give assurance.	<u>Update 13.05.26</u> CT/LW to look at timescales, and advise committee outside of the meeting.	Budget dependent	CT
7	Sept-25	5.2	Asbestos (S&C Activity report) One member queried the total compliance 20,246 figure, which seemed to exceed the number of properties managed by SLH. It was noted that this figure also included garage sites and will be data cleansed.	<u>Update 13.05.26</u> Noted that the new contract with C365 needs to be in place first – this is a data cleansing exercise and not a risk to the business.	In progress	LD
9	Nov-25	5.7	Tree – St Georges Crt The Head of Major Projects advised that a tree surgeon and arborist had been employed to review the situation, their costs were in the region of £3.5k. A further update could be provided once their findings were available.	<u>Update 13.05.26</u> Update given as part of the St Georges Crt item.	Complete	DB
10	Feb-26	5.4	Awwab’s Law presentation Infographics One member asked whether the possibility of using infographics in the report to customers could be explored.	It was agreed that this would be explored as part of the longer-term review of the D&M case management system. <u>Update 13.05.26</u> Currently Not possible due to IT restrictions with the report being automated.	Complete	CP
11	Feb-26	6.3	Extractor Fans It was agreed to place a feature in Houseproud regarding extractor fans to raise awareness of the importance of not papering over them or interfering with them in any way.	Discussed with comms. Expected to be in August edition of HP.	In progress	CT

12	May-26	4.3	Decent Homes Committee asked the Head of Assets include the narrative in the minutes at 4.3 to the report.	Report amended.	Complete	CT
13	May-26	5.5	AI Apprentice Post The Director of Property Services agreed to get an update on progress with recruitment for a post-graduate AI Apprentice position.	<u>Post meeting note:</u> Referred to Director of Corporate Services, to pick up in Chair 1 to 1.	Complete	LW
14	May-26	7.3	Overheating in Domestic Properties Committee requested a Comms piece on the measures tenants could take in the event of overheating in properties.	Working with comms to add information to SLHD website.	In Progress	CT
15	May-26	11.2	RAAC One member asked if we could be more specific on the classification of 'low' or 'very low'.	Awaiting clarification from surveying company.	In Progress	CT
16	May-26	12	SCS The Head of Assets agreed to update committee on the remaining eight properties at the next meeting.	To be provided at next meeting	In Progress	CT
17	May-26	13.3	Disrepair Comparative Data The Damp and Mould Manager agreed to find out if there was any comparative data available from the Disrepair Group.	Research ongoing	In Progress	CP

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 11 June 2026

Item : 06

Subject : Review of Compliance with The Regulator of Social Housing's Consumer Standards.

Presented by : Steve Slater, Director of Corporate Services

Prepared by : Lauren McLaughlin
Governance Service Manager

Purpose : To update Board on the gap analysis against The Regulator of Social Housing's Consumer Standards.

Recommendation: That Board note the update and progress against actions.

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

**Agenda Item No. 06
Date: 11 June 2026**

1. Report Title

- 1.1. Review of St Leger Homes' compliance with The Regulator of Social Housing's (RSH) consumer standards.

2. Purpose

- 2.1. To update Board on the SLHD self-assessment and gap analysis against the RSH Consumer Standards.

3. Executive Summary

- 3.1. The new Regulatory framework for social housing came into effect on 1st April 2024. During 2024/25, a self-assessment was undertaken by St Leger Homes, with the assistance of Savills as a critical friend and recommendations from the Housing Quality Network (HQN).
- 3.2. The Regulator of Social Housing (RSH) will be seeking assurance that the service outcomes, tenants experience and accountability arrangements are consistent with the expectations in the consumer standards. City of Doncaster Council (CDC) is the landlord and will be inspected, with St Leger Homes supporting them. If CDC do not comply with the consumer standards when inspected, the RSH could give a noncompliant grading.
- 3.3. A total of 320 actions have been identified, comprising:
- 266 consumer standards actions;
 - 15 HQN actions;
 - 32 Savills recommendations;
 - 4 recently added best practice items (learning from other inspection outcomes) and
 - 3 initial recommendations have been identified from the second Savills mock inspection concluded in April 2026 and have been incorporated at pace to support early progress - noting that this does not yet represent the full position ahead of formal EMT review of the detailed Savills report and confirmation of the finalised action plan.
- 3.4. Of these 320 actions, 15 actions (including one Savills recommendation from 2024) have been removed as not applicable. This leaves an active total of 305 actions, of which 290 are now fully compliant. Only 15 actions remain partially compliant, with monthly meetings in place as we continue to work towards full compliance.
- 3.5. We have made very good progress, with 10 more actions completed since the December 2025 report to Board. **Table 2** in **section 6** provides a summary of actions completed and partially compliant since December 2025.
- 3.6. **Appendix A** is an updated action plan which was built from our self-assessment gap analysis, Savills critical friend assessment and recommendations from the Housing Quality Network (HQN). It focuses on the service areas that St Leger Homes is

responsible for and where we can strengthen them, not those where CDC is responsible (such as aids and adaptations).

- 3.7. We continue to gather evidence against those sections where we feel we can demonstrate strong compliance. This is an evolving document, and evidence is being stored / saved on a regular basis to give assurance against each section.
- 3.8. CDC has commissioned Savills to review and provide assurance over its governance and oversight arrangements. This scope includes a Cabinet briefing on social housing regulation, the Council's responsibilities as a Registered Provider (RP) and associated assurance arrangements. Savills will also review progress against the 2024 mock inspection recommendations, conduct mock interviews with key CDC and SLHD staff, tenants and Board members who also chair SLHD committee meetings. This concluded in April 2026 and a verbal update will be provided to Board in the meeting.

4. Recommendation

- 4.1. That Board note the update and progress against actions.

5. Background

- 5.1. In June 2022 the Social Housing (Regulation) Bill was published and the Bill passed into law in July 2023. The RSH then published its new regulatory framework which came into force in April 2024, with the final four consumer standards listed below:
 - Safety and Quality
 - Transparency, Influence, and Accountability - including Tenant Satisfaction Measures (TSMs)
 - Neighbourhood and Community and
 - Tenancy
- 5.2. The first wave of inspections by the RSH started in April 2024 and 183 gradings have been published to end of March 2026.
- 5.3. **Appendix A** sets out the overarching self-assessment and associated action plan. The self-assessment confirms that the organisation is compliant with all regulatory standards. Where opportunities to further strengthen assurance or delivery were identified, these areas have been assessed as partially compliant and targeted actions have been defined. **Appendix A** clearly sets out the identified gaps alongside the actions required to strengthen compliance and assurance. For transparency and ease of monitoring and updating, the action plan is presented as two linked plans: one covering the Safety and Quality Standard, and a second covering the Transparency, Influence and Accountability, Neighbourhood and Community, and Tenancy standards.
- 5.4. Once an action has been confirmed as compliant, and supporting evidence has been identified, it is transferred to an evidence register. This provides a clear record of the areas where strong compliance can be demonstrated and confirms where evidence is being centrally stored. The evidence register is used to support assurance against each section of the regulatory standards and enables ongoing oversight and assurance.
- 5.5. **RSH Update and the Latest Consumer Standard Gradings - Update for May 2026**
The inspection regime began on 1 April 2024. Since then, the regulator has published 183 gradings against the consumer standards, with the latest release dated 25 March 2026.

5.6. A summary can be seen below:

Table 1: Gradings from 1 April 2024 – 25 March 2026.

Grading	For Profit	Housing Association	Local Authority	Overall
C1	8	37	9	54
C2	2	50	29	81
C3	0	5	36	41
C4	0	0	7	7
	10	92	81	183

5.7. During the 2024/25 financial year, the Regulator published 55 consumer standard gradings, with a further 128 gradings published in 2025/26. 35 inspections have been published since the last report to Board in December 2025.

5.8. Nine Local Authorities (LAs) have now received the highest C1 grading, an increase of two since the last Board update (Bournemouth, Christchurch and Poole Council, and Guildford Borough Council). A full list of LAs and their respective grades is provided at **Appendix B**.

5.9. While C3 remains the most common grading for LAs (36), the gap between C3 and C2 has narrowed noticeably since earlier reports. C2 gradings now total 29.

5.10. A further three LAs have received a C4 grading, bringing the total to seven. To date, no Housing Association has received a C4 and only five Housing Associations have received a C3 grading, indicating a continued concentration of lower consumer grades within the local authority sector.

5.11. ALMOs continue to feature positively among higher consumer standard gradings. Barnsley Council (18,300 homes) was the first local authority to receive a C1 grading and notably the first authority with an ALMO to achieve this rating. This was followed by further C1 gradings awarded to Rykneld Homes (Derbyshire – 7,600 homes) and Barnet (15,000 homes) and Sutton (8,000 homes), both London Boroughs, all operating ALMO arrangements.

5.12. As a result, four of the nine C1 gradings awarded to local authorities relate to organisations with an ALMO model, indicating comparatively strong performance within this cohort.

5.13. At C2 level, Wolverhampton Homes (22,000 homes) has recently been graded, further contributing to the narrowing gap between C2 and C3 gradings within the local authority sector and strong ALMO performance. Stockport Homes (12,000 homes) are currently awaiting their inspection outcome.

5.14. Organisations are obliged to self-refer to the RSH when they identify material actual or potential non-compliance with regulatory standards. Self-referral is a core expectation of the RSH's co-regulatory approach and is explicitly required under the Transparency, Influence and Accountability Standard and supporting guidance. To date, nineteen LAs have self-referred. Two have been graded as a C1 (Mid Devon City Council & Rykneld Homes). Sixteen were graded as a C3 and one as a C4

(Runnymede Borough Council). The main reasons for self-referring are:

- Health, safety and compliance failures
- Inability to evidence compliance due to data gaps
- Failures against the consumer standards
- Governance failures or control weaknesses
- Fraud or serious misconduct

5.15. **Appendix B** provides a breakdown of all local authority gradings including self-referrals to date.

The Work to Date Against our Consumer Standards Self-Assessment Gap Analysis

Table 2

	Dec-25		May-26			
	Partially Compliant	Action added since Dec-25	Changed to Completed	Removed	Partially Compliant	Fully Compliant
Housing and Customer	13	1	10	0	4	199
Property	11	2	2	0	11	84
Cross Cutting	3	0	3	0	0	7
	27	3	15	0	15	290

5.16. **Appendix A** provides an update of the gaps presented to Board in December 2025 and shows the progress made against each section. There may be multiple actions for each section however, these are all separated so each one can be tracked individually.

5.17. Meetings are held monthly with the Governance Service Manager and each Directorate Leadership Team to review and update on each action.

5.18. As the inspection programme has progressed and more registered providers have undergone review by the Regulator of Social Housing, we have proactively engaged with professionally established networks and groups - such as the National Federation of ALMOs (NFA). This is to ensure we adopt best practice and learn from the outcomes of other inspections.

5.19. The 17 remaining actions are currently partially compliant due to individual complexity of the assessment standard we are challenging ourselves in. **Appendix A** shows the actions needed and timescales. In line with continuous improvement, the focus now is to accelerate completing the remaining partially compliant actions and to strengthen our assessed position.

5.20. Partial compliance in certain areas does not represent a negative position, provided the organisation can clearly demonstrate understanding of the issues and a defined plan to achieve full compliance.

5.21. As set out in **Appendix A**, a further ten Housing and Customer Services actions have been evidenced as compliant following approval of the revised Housing and Neighbourhood Management Policy by the Board in February 2026.

6. Ongoing Monitoring and next steps

6.1. It was agreed that the action plan attached at **Appendix A** will be reviewed:

- By Directors and their Heads of Service on a monthly basis;
- By EMT on a six-monthly basis;
- By the Portfolio Holder for Housing and Business, every quarter; and
- By St Leger Homes Board, every six months

6.2. The CDC Inspection Ready Working Group, comprising officers from both the Council and St Leger Homes, continues to meet on a three-weekly basis to coordinate preparation and assurance activity in advance of inspection.

7. Procurement

7.1. There are no procurement implications arising from this report.

8. VFM Considerations

8.1. There are no VFM implications arising from this report.

9. Financial Implications

9.1. There are no financial implications arising from this report, other than where funding for some of the actions have already been identified.

9.2. There could also be significant financial implications if CDC do not comply with the consumer standards. Delivering the new consumer regulation will mean that the costs of regulation will increase with an increase in fees proposed by the RSH as well.

10. Legal Implications

10.1. The RSH will be seeking assurance that both the service outcomes tenants experience and accountability arrangements are consistent with the expectations in the consumer standards. If CDC do not comply with the consumer standards when inspected, the RSH could impose sanctions.

11. Risks

11.1. If CDC do not comply with the consumer standards when inspected, the RSH could impose sanctions.

11.2. All gaps identified could be seen as a risk to non-compliance.

12. Health, Safety & Compliance Implication

12.1. There are no Health and Safety implications arising from this report however some may be included in the action plan included in **Appendix A**.

13. IT Implications

13.1. There are no direct IT implications arising from this report however some may be included in the action plan included in **Appendix A**.

14. Consultation

14.1. As this is mainly a self-assessment, consultation has taken place across the Leadership Team only alongside observations from Savills. These action plans are also being presented at the Inspection Ready Board, so CDC can also challenge if needed.

15. Diversity

15.1. The Regulator emphasises that for all the new standards, providers must ensure that they meet the diverse needs of residents. The new regulatory framework is designed to ensure landlords deliver fair access to services, as well as equitable outcomes for their residents. Landlords will need to know their residents so that they can respond to their needs.

15.2. Meeting the diverse needs of residents also links to the important principle that sits across all the Regulator's themes – that landlords must treat residents with fairness and respect. If residents are treated fairly, listened to and respected then the quality of homes and the services landlords provide will better meet residents' needs.

16. Communication Requirements

16.1. There are no communication requirements arising from this report however some may be included in the action plan included in **Appendix A**.

17. Equality Analysis (new/revised Policies)

17.1. An Equality Analysis is not required as part of this report however may be required for some of the actions included in the action plan included in **Appendix A**.

18. Environmental Impact

18.1. There are no Environmental Impacts associated with this report.

Report Author, Position, Contact Details

Lauren McLaughlin

Governance Service Manager

Lauren.mclaughlin@stlegerhomes.co.uk

Background Papers

Appendix A – Consumer Standards action plan

Appendix B – Local Authority Gradings

Assessment standard	Action Required	Owner	Date of Completion	Jan 26 update	Feb 26 update	Mar 26 update	Apr 26 update	1. Compliant 2. Partially	Evidence of Compliance	
The Safety & Quality Standard										
1.a.2.3.1	Do you use data from your records on stock condition to inform your provision of good quality, well-maintained and safe homes for tenants that meets the requirements of this standard? You must ensure (CS) : c) Delivery of repairs, maintenance and planned improvements to stock	Work with housing management on properties where no repairs have been reported. Review properties where repeat/multiple repairs are being reported to identify any larger repairs or investment that is needed (or indeed tenant support required). Identify where these originate from HM / Repairs system / SCS Complaints. Where is it drawn from, how quickly and who feeds into it and how frequently do we run it? procedure needs to be put in place to evidence.	HoAM/ HoHM / HoRM	Q1 26/27	Remain as partial. 91% now complete. SCS will commence again in Apr 26. There is a firm plan for completion. Date of completion changed from Q3 25/26 to Q4 25/26	Remain as partial. 91% of the housing stock has received a SCS in the last 5 years. Additionally, a sample check of the surveys has been completed, and of the 1,000 components reviewed, we are in agreement with 94% of them with 6% where we may not agree based on a subjective assessment by the surveyors. CT advised due to low number involved, and that it was based on subjective assessment, she was happy with the outcome. This update was included in the Q3 Assets Performance report. SCS will recommenced in late February 2026 (ahead of schedule). There is a firm plan to achieve 100%.	Remain as partial. 91% of the housing stock has received a SCS in the last 5 years. Additionally, a sample check of the surveys has been completed, and of the 1,000 components reviewed, we are in agreement with 94% of them with 6% where we may not agree based on a subjective assessment by the surveyors. CT advised due to low number involved, and that it was based on subjective assessment, she was happy with the outcome. This update was included in the Q3 Assets Performance report. SCS will recommenced in late February 2026 (ahead of schedule). There is a firm plan to achieve 100%. Date of completion changed from Q4 25/26 to Q1 26/27	Remain as partial 91% SCS, Savills prog has resumed. There are 8 properties left where there is no SCS in last 5 yrs, but we have got in to do KIT visit. These are with Housing Management who are arranging visits. (CT will provide evidence). Date of completion changed from Q4 25/26 to Q1 26/27	Partially	Quarterly Assets Performance Report
1.a.2.3.2		Need to formally record how asset data has influenced and shape service provision / investment via the golden thread consider documenting in capital budget setting report and any other reports that commit investment expenditure (show that the data is driving the decision). Procedures/Processes Process maps require further detail around reconciliation of data (i.e. frequency of reconciliation/ Who and how) and to outline the frequency of QC/QA checks.	HoAM /HoRM	Q1 26/27	Remain as partial. Update: In Dec 25, LMc met with and asked Performance Team & JRadcliffe to produce the report as discussed Nov 25. Chased 22/01/26. With RK.	Remain as partial. The new Power users Power BI report will be able to provide data on those properties we cannot access. CT - identified all that have not had SCS, gas, repair, KIT visit in the last 5 yrs. This 8 properties . Q1 26/27 a report will go to EMT. To attempt SCS/KIT/go to No Access Team. Date of completion changed from Q4 25/26 to Q1 26/27	Remain as partial. The new Power users Power BI report will be able to provide data on those properties we cannot access. CT - identified all that have not had SCS, gas, repair, KIT visit in the last 5 yrs. This 8 properties . Q1 26/27 a report will go to EMT. To attempt SCS/KIT/go to No Access Team.	Remain as Partial LW has completed a report on an integrated approach to repairs, voids an asset management (integrated delivery model). Approved at EMT, to go through Board and to CDC.	Partially	Capital Programme and something else - ie reports, data Quarterly Assets rpt - added a section in re data. Integrated approach to repairs, voids and asset management report.

1.b.1.4	Does all your housing stock meet the existing Decent Homes Standard, specifically as set out in section five of those standards? If not, what percentage of your stock meets the DHS? (CS)	Identify and start collating data we don't currently hold that would be needed for the new standard. What are we doing to put it right?	HoAM	Q1 26/27	Remain as partial. Target is 9% non decent. Investment will bring this down.	Remain as partial. 10.82% non decent at end of Q3. Discussions ongoing with CDC for budget provision (there is a significant shortfall in the short term (cashflow problem)). The business plan is affordable.	Remain as partial. 10.82% non decent at end of Q3. Discussions ongoing with CDC for budget provision (there is a significant shortfall in the short term (cashflow problem)). The business plan is affordable. Date of completion changed from Q4 25/26 to Q1 26/27	Remain as partial 7.75% non decent at end of Q4 25/26. 92.25% meets it. Work ongoing re data quality. Work ongoing to tackle non decent, ie roofing works.	Partially	
1b.2	Are all your homes free from category one hazards as defined by the Housing Health and Safety Rating System? (CoP)	Ensure all identified hazards (starting with Cat 1, then moving to cat 2) are assessed, recorded and remedied within set timescales (refer to row 7)	HoAM / HoBS	Q1 26/27	Remain as partial. Reported routinely to BSC - have the oversight. Access continues to be the challenge. What are the timescales for resolution, what are outside the resolution. It is in the assets report.	Remain as partial. As at end Jan 197 cat 1 hazards outstanding, majority are no access, if not all. Discussions underway with Access team to assist. Referrals to No access team to start April 2026 (to allow focus first on EICRs)	Remain as partial. As at end Jan 197 cat 1 hazards outstanding, majority are no access, if not all. Discussions underway with Access team to assist. Referrals to No access team to start April 2026 (to allow focus first on EICRs) Date of completion changed from Q4 25/26 to Q1 26/27	Remain as partial As at end March 2026, there were 234 Category 1 hazards. These are being actively managed, with robust plans in place. No-access cases have been escalated, with an initial set of referrals made. A strengthened no-access process is now embedded, with a maximum of three access attempts before routine repairs are suspended. Property markers are in place to clearly flag and manage these cases and performance against urgent repair timescales is being closely monitored.	Partially	
1d.16	Do online options for your repairs service work well?		HoRM	Q3 26/27	Remain as partial. Update from RR - the repairs enhancements for tenant portal work has been put on hold, as we are more than likely going to move to the new One Housing portal (perhaps as soon as early next year) and given the fact that repairs slots are still being sorted by repairs scheduling project, it seemed to make most sense to hold off until we have the new portal. This work is now a key part of our Annual Development Plan for 26/27.	Remain as partial. Update from RR - the repairs enhancements for tenant portal work has been put on hold, as we are more than likely going to move to the new One Housing portal and given the fact that repairs slots are still being sorted by repairs scheduling project, it seemed to make most sense to hold off until we have the new portal. This work is now a key part of our Annual Development Plan for 26/27.	Remain as partial. AG advised in 26/03/26 DTB that discussions were underway with MRI to upgrade to a new self service portal. Aim to have this in place by end of 2026. Date of completion changed from Q4 25/26 to Q3 26/27	Remain as partial. AG advised in 26/03/26 DTB that discussions were underway with MRI to upgrade to a new self service portal. Aim to have this in place by end of 2026. In line with moving to a SaaS model (hosted by MRI), away from 'On premise' model (hosted on site).	Partially	
1d.25	Do your staff/operatives see every home visit as an opportunity to identify DMC issues?	Develop an eLearning package with a referral process at the back end so there is a process where staff can easily follow and report.	HoAM	Q1 26/27	Remain as partial. CP has been talking in team briefs - CT to obtain evidence of this. Also obtain L&OD for report for elearning completions. Date of completion changed from Q3 25/26 to Q4 25/26	Remain as partial. CP has been talking in team briefs - CT to obtain evidence of this. As of January 2026 - 60% of staff have completed their D&M e-learning (CT has sent evidence through). Date of completion changed from Q3 25/26 to Q4 25/26	Remain as partial. CP has been talking in team briefs - CT to obtain evidence of this. As of January 2026 - 60% of staff have completed their D&M e-learning (CT has sent evidence through). Date of completion changed from Q4 25/26 to Q1 26/27	Remain as partial CP has disseminated to Housing Management colleagues. Investigate the addition of a question for staff to ask the customer before a job is closed down in TotalMobile (ICT solution). LM has advised Vicki Hunter (and Vicki to add to ICT & BT Forward Work Plan). CT added that we are getting DMC referrals from KIT visits.	Partially	Team brief evidence. L&OD report on e-learning completions.

Sav14	There was no visibility within any reports or KPI environment on the progress against target or VFM in terms of cost, for any component programmes being delivered	Strengthen reporting on what we get for the money we spend - maybe include in the Asset Report. Maybe see what other housemark scores we can use. Report that goes to EMT 3 times a year (Capital programme report, April, mid year, end of year)	HoAM / HoFaBA	Q1 26/27	Remain as partial. Annual VFM statement - NF TSMs - quartile 1 on everything.	Remain as partial. Annual VFM statement - NF TSMs - quartile 1 on everything.	Remain as partial. Annual VFM statement - NF TSMs - quartile 1 on everything. Date of completion changed from Q4 25/26 to Q1 26/27	Remain as partial Enhance the Asset Report to draw out clearer VFM and cost benchmarking information. Better use of Housemark data (for example benchmarking against expected cost per property). Clearer reference to relevant evidence from the Annual VFM Statement. Aligning this with the Capital Programme Report that goes to EMT three times a year (April, mid-year and year-end). As directed by the Property Services Leadership, LMc has reached out to NFeirn for advise and steer.	Partially	ODR would be evidence? Capital Programme Rpt. CE/DL
SLHD Suggested Actions (best practise - learning from other inspection outcomes)										
SLHD1	EICRs: C3 (improvement recommended) actions outstanding, ie consumer units.	Info shared to help with budget setting. Electric Policy being amended due to reg changes - how we address C1s/C2s.	HoBS	Q1 26/27	Remain as partial. The Electrical Policy has been amended to reflect legislative changes and the management of C3s is included in this. It is at OVF in January then will follow approval process. Once policy is approved this will be compliant. C3s are reported on through the compliance scorecard which is an appendix to the monthly safety and compliance report. This is ongoing.	Remain as partial. The Electrical Policy has been amended to reflect legislative changes and the management of C3s is included in this. It is at OVF in January then will follow approval process. Once policy is approved this will be compliant. C3s are reported on through the compliance scorecard which is an appendix to the monthly safety and compliance report. This is ongoing. Correlation to investment program	Remain as partial. The Electrical Policy has been amended to reflect legislative changes and the management of C3s is included in this. It is at OVF in January then will follow approval process. Once policy is approved this will be compliant. C3s are reported on through the compliance scorecard which is an appendix to the monthly safety and compliance report. This is ongoing. Correlation to investment program. Date of completion changed from Q4 25/26 to Q1 26/27	Change to compliant Use them to inform future investment. <i>(They are on CDC radar)</i> <i>Some prop have multiple C3s (ie St GC).</i> <i>We manage by severity.</i> <i>They get picked up by capital programmes.</i> This is now compliant as the updated policy has been approved.	Compliant	Amended policy. Reports from C365 Infographics. The compliance scorecard.
SLHD2	How many WIP repairs have we got and what are they?	HoRM to provide the data	HoRM	Q1 26/27	Remain as partial. MC to obtain data from L Fenwick	Remain as partial. MC to obtain data from L Fenwick	Remain as partial. MC to obtain data from L Fenwick. Date of completion changed from Q4 25/26 to Q1 26/27	Change to compliant Power BI app provides all this data and information.	Compliant	Power BI App managed by the Performance Team.
SLHD3	Implement a Window restrictors Standard	We don't have a standard - NFA best practise suggests we need one. If restrictors are missing it is rated as a cat 2.	HoRM	Q1 26/27	Remain as partial. EMT agreed this would be an addendum to the Repairs Policy (MC)	Remain as partial. EMT agreed this would be an addendum to the Repairs Policy (MC)	Remain as partial. EMT agreed this would be an addendum to the Repairs Policy (MC). Date of completion changed from Q4 25/26 to Q1 26/27	Remain as Partial Define the standard and requirements for window restrictors, noting that missing restrictors constitute a Category 2 hazard. Update the R&M Policy to include the new standard (as agreed by EMT). Formally document existing practice (e.g. ISG-installed windows at first floor level and above are fitted with restrictors as standard). Use stock condition survey (SCS) outputs to identify and manage any missing restrictors at first floor level and above. Ensure the standard is communicated and embedded operationally (MC).	Partially	New standard as part of the R&M policy

SLHD4	Awaabs Law - what's changed for us?	Evidence of new team/policy/procedures/reports/data.	HoAM	Q1 26/27	Remain as partial. LW to update on meeting outcomes.	Remain as partial. LW to update on meeting outcomes.	Remain as partial. LW to update on meeting outcomes. Date of completion changed from Q4 25/26 to Q1 26/27	Remain as partial CT is in the process of updating policy - now in draft, also changed working procedures and starting to report differently - (this is in respect of Awaabs Law phase 1). Compliance report now includes the 'big 7'. Challenge around case management and reporting, which is in the Asset data improvement plan. CT is working with ICT & BT to deliver a case management system within Housing ONE's compliance management system (Aug 26).	Partially	Updated DMC policy Compliance report
Savills actions from 2026 (Mock Inspection 2)										
SAVILL01	Provide assurance that the Asset Management Strategy (AMS) is current, robust, and demonstrably being delivered, with clear evidence available for regulatory inspection.	Savills identified that it is highly likely the Regulator will request sight of the Asset Management Strategy and expect clear evidence that it is actively informing investment decisions and being delivered in practice. (It is in date til 2028).	HoAM	Q1 26/27				New LW is undertaking this review.	Partially	Asset Management Strategy
SAVILL02	Provide clear assurance and evidence that the repairs operating model supports compliance with the Consumer Standards, including timely delivery of urgent repairs and effective repair categorisation and diarisation.	Clearly articulate the SLHD repairs model, noting that all repairs are diarised and appointment-based, with no job batching and no scheduled repairs model (and why). Confirm and evidence the three repair categories: True repairs – delivered in line with the 1-day policy (with performance moving towards a half-day response). Minor planned repairs – “planned on demand”, diarised and tracked. Capital / planned delivery – programmed and monitored separately. Maintain and evidence that all repairs are logged, diarised, and monitored through the system, providing a clear audit trail. Demonstrate performance against policy for urgent / true repairs, including evidence that priority repairs are delivered within target timescales. Ensure evidence is inspection-ready and clearly explains how the model differs from traditional batch or scheduled repairs approaches (and why).	Dir of PS	Q1 26/27				New LW has completed a report on an integrated approach to repairs, voids an asset management (integrated delivery model). Approved at EMT, to go through Board and to CDC.	Partially	Integrated approach to repairs, voids and asset management report.

Assessment standard		Action Required	Owner	Date of Completion	Jan 26 update	Feb 26 update	Mar 26 update	Apr 26 update	Compliance Rating	Evidence of Compliance
The Tenancy Standard										
4a.12	Do you know who is moving into your homes? Who is being allocated the new homes? Who is being allocated the homes in more popular areas?	not really - only use some data reactively performance framework being designed	HoAH	Q1 26/27	Remain as partial. M5/RK met on 11/12/25 re EDI reporting M5 to provide update. RK had a solution to provide information.	Remain as partial. M5/RK met on 11/12/25 re EDI reporting - M5 to provide update. RK had a solution to provide information.	Remain as partial. M5/RK met on 11/12/25 re EDI reporting - M5 to provide update. (RK had a solution to provide information). Date of completion changed from Q4 25/26 to Q1 26/27	Remain as partial What we already do well - we collect insight data (incl EDI) when customer applies to go onto the housing register - this becomes the person record in Housing ONE. At offer stage, the data collected is validated. The 6 monthly Allocations report to Board and OLB does include EDI data. Action: M5ward to touch base with RKing re extracting the EDI data. (LMC to arrange a meeting with RK/MS 30/04/26). Update 30/04/26: The Performance Team to build a report starting with ethnicity, age, gender and disability, then will extrapolate out, once the reporting parameters are done. (To be added as a priority to ICT & BT's Sprint).	Partially	Full allocations report goes to board & OLB. Next one due July/Aug 26. Local Lettings Policy.
4c.3.4	a) Any exceptional circumstances in which you will grant fixed term tenancies for a term of less than five years in general needs housing following any probationary period	Update Tenancy Strategy	HoHM	Q1 26/27	Remain as partial. The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Compliant	Housing and Neighbourhood Management policy 2026
4c.3.5	b) The circumstances in which you may or may not grant another tenancy on the expiry of the fixed term, in the same property or in a different property	Update Tenancy Strategy	HoHM	Q1 26/27	Remain as partial. The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Compliant	Housing and Neighbourhood Management policy 2026
4c.3.6	f) The way in which a resident or prospective resident may appeal against or complain about the length of fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term	Write new flexible tenancies procedure and communicate	HoHM	Q1 26/27	Remain as partial. The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Compliant	Housing and Neighbourhood Management policy 2026
4c.5	Before a fixed term tenancy ends, do you provide notice in writing to the resident stating either that you propose to grant another tenancy on the expiry of the existing fixed term or that you propose to end the tenancy? (CS)	Write new flexible tenancies procedure and communicate	HoHM	Q1 26/27	Remain as partial. The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Compliant	Housing and Neighbourhood Management policy 2026
Sanita actions from 2024 (Mock Inspection 1)										
S12	The Housing Management Policy (2023) does not address the following requirements: (e) it describes the factors which will influence a decision to renew a fixed term tenancy, but not how a decision will be taken. (f) it does not state that a tenant or prospective tenant may appeal against or complain about the length of fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term. (g) it does not state SLH's policy on granting discretionary succession rights, taking account of the needs of vulnerable household members (only relatives are referred to)	Update the policy	HoHM	Q1 26/27	Remain as partial. The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Compliant	Housing and Neighbourhood Management policy 2026
S13	We understand that fixed term tenancies for larger family homes are for a minimum of 5 years, though this is not stated in the Housing Management Policy.	Update the policy once Tenancy strategy has been updated by CDC	HoHM	Q1 26/27	Remain as partial. The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Compliant	Housing and Neighbourhood Management policy 2026
S14	We understand that fixed term tenancies for larger family homes are for a minimum of 5 years, though this is not explicitly stated in the Housing Management Policy. The policy states that the length of the fixed term tenancy will be determined by the period when the youngest child is 19 years old.	Update the policy once Tenancy strategy has been updated by CDC	HoHM	Q1 26/27	Remain as partial. The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Compliant	Housing and Neighbourhood Management policy 2026
S15	The Housing Management Policy does not state that SLH will provide notice in writing stating its decision about whether or not to extend the tenancy.	Update the policy	HoHM	Q1 26/27	Remain as partial. The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Compliant	Housing and Neighbourhood Management policy 2026
S16	The Housing Management Policy does not state that a secure or assured tenant whose tenancy commenced before 1 April 2012 will retain their security of tenure if they move home.	Update the policies	HoHM	Q1 26/27	Remain as partial. The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Changed to Compliant The Housing and Neighbourhood Management policy was approved at Board (Feb 26).	Compliant	Housing and Neighbourhood Management policy 2026
S18	SLH's housing system is unable to accommodate fixed term tenancies of variable length making management difficult.	See what we can do within OH for better / easier reporting and management of fixed term tenancies	HoHM HoIBT	Q1 26/27	Remain as partial. AG to provide the flex tenancy checklist to AG. AG will look at adding in markers or descriptive attributes in OH, to prompt the system to look for the areas on the checklist and flag up. Date of completion changed from Q3 25/26 to Q4 25/26	Remain as partial. AG to provide the flex tenancy checklist to AG. AG will look at adding in markers or descriptive attributes in OH, to prompt the system to look for the areas on the checklist and flag up. Date of completion changed from Q3 25/26 to Q4 25/26	Remain as partial. ICT Service Manager advised they will be setting up a formal project to enable flexible tenancies to be managed within ONE, including allocating a change manager and IT developer, reviewing the 12 Review Proforma questions to define automation logic and confirming when work can begin in the next sprint cycle. Date of completion changed from Q4 25/26 to Q1 26/27	Remain as partial ICT Service Manager advised it will need 2 sprints to complete, so should be completed by end May 26.	Partially	

S19	Website content could be strengthened to provide clearer information about tenants' rights and responsibilities. – for example, the repairs section only explains what repairs SLH will do and not what tenants are expected to do. The ASB section talks about how SLH will respond to different types of ASB but not what tenants' responsibilities are or how it could affect their tenancy.	Update the web pages to include this information	HoRM/ HoHM	Q1 26/27	Remain as partial. MC has advised that he has updated the website with this info. JM to pick up with MC at Q1 City Gov meeting on 19/01. Need a separate fact sheet. Date of completion changed from Q3 25/26 to Q4 25/26	Remain as partial JD advised HCS are doing 'My Tenancy' video re repairs. Once done, this will be compliant.	Remain as partial JD advised HCS are doing 'My Tenancy' video re repairs. Once done, this will be compliant. Date of completion changed from Q4 25/26 to Q1 26/27	Remain as Partial JHurley to look at ASB on the website - tweaks required (Kchapman to do). Will be an update to existing policy. We now have a Stigma website page (under 'Customers').	Partially	By Tenancy/Fact sheets https://www.stegethames.co.uk/my-home/my-tenancy/ending-your-tenancy/
S20	Ensure arrangements are in place for tenants to have formal access to senior officers and councillors from the City of Doncaster Council.	Build on existing arrangements to implement structured opportunities for senior officers from CDC to meet with members of the Tenant Scrutiny Panel and the One Voice Forum. Improved communication and trust and a mechanism for tenants to engage directly with senior officers and councillors.	EMT/ HoCS	Q4 25/26	Remain as partial. Propose a 6 monthly meeting with Yvonne Fox (CDC) and Glynn Jones (portfolio holder) - with the chairs from each panel (TSP/CVF). To commence early 2026	Changed to Compliant The first meeting has now taken place to positive feedback and six monthly meetings are scheduled in diaries.	Changed to Compliant The first meeting has now taken place to positive feedback and six monthly meetings are scheduled in diaries.	Changed to Compliant The first meeting has now taken place to positive feedback and six monthly meetings are scheduled in diaries.	Compliant	Agenda and mins from the first meeting.
Savills actions from 2026 (Mock Inspection 2)										
SAVILLO3	Strengthen the Tenant Satisfaction Measures (TSM) report to explicitly integrate and analyse performance data alongside Equality, Diversity and Inclusion (EDI) characteristics. To provide clearer insight into outcomes for different resident groups and support targeted service improvement.	Align TSM and EDI datasets to enable consistent cross-analysis of outcomes. Deliver segmented analysis highlighting variation in performance across key resident groups. Update reporting format to include clear EDI insight, trends, and visualisation. Improve EDI data completeness to strengthen robustness of analysis. Translate insights into targeted service improvement actions. Embed EDI analysis into routine TSM governance and reporting cycles.	HoHM	Q1 26/27				New action from the Savills mock inspection that took place Apr 26. JD is leading on this.	Partially	

C1	C2	C3	C4
<p>Barnsley Metropolitan Borough Council (ALMO) Bournemouth, Christchurch and Poole Council City of Westminster Council Guildford Borough Council* London Borough of Barnet (ALMO) London Borough of Enfield London Borough of Sutton (ALMO) North East Derbyshire District Council (ALMO)* West Lancashire Borough Council</p>	<p>Bolsover District Council Brentwood Borough Council Cambridge City Council Chesterfield Borough Council City of Wolverhampton Council (ALMO) Crawley Borough Council Dacorum Borough Council East Devon District Council Eastbourne Borough Council Gateshead Metropolitan Borough Council High Peak Borough Council Leeds City Council Lewes District Council London Borough of Ealing London Borough of Hillingdon London Borough of Hounslow London Borough of Lambeth London Borough of Waltham Forest Manchester City Council Mansfield District Council Medway Council Melton Borough Council North Northamptonshire Council North West Leicestershire District Council South Holland District Council St Albans City and District Council Stevenage Borough Council Waverley Borough Council Westmorland and Furness Council</p>	<p>Ashford Borough Council* Brighton and Hove City Council* Bristol City Council* Broxton Borough Council Canterbury City Council Central Bedfordshire Council City of London Corporation East Suffolk Council* Harlow District Council* Ipswich Borough Council Leicester City Council London Borough of Brent* London Borough of Hackney* London Borough of Tower Hamlets London Borough of Wandsworth Newcastle City Council* North Kesteven District Council North Yorkshire Council* Nottingham City Council Oldham Metropolitan Borough Council Portsmouth City Council* Reading Borough Council Redditch Borough Council Royal Borough of Kensington and Chelsea Rugby Borough Council Sandwell Metropolitan Borough Council* Sheffield City Council* Slough Borough Council South Derbyshire District Council* Southampton City Council Southend on Sea City Council (ALMO) Southwark Council Swindon Borough Council Warwick District Council* West Northamptonshire Council* Winchester City Council*</p>	<p>Arun District Council Castle Point Borough Council Gosport Borough Council London Borough of Newham Northumberland County Council Runnymede Borough Council* Tandridge District Council</p>

*Self Referred

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 11 June 2026

Item : 07

Subject : Quarter 1 2026/27 Strategic Risk review

Presented by : Nigel Feirn
Head of Finance and Business Assurance

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 07
Date: 11 June 2026**

1. Report Title

1.1. Quarter 1 (Q1) 2026/27 review of the Strategic Risk Register (SRR).

2. Purpose

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

3. Recommendation

3.1. Board note the updated SRR.

4. Executive Summary

4.1. The last update on the SRR was to Board in February 2026, after a Leadership review. A full refresh of the SRR was undertaken during March and April following extensive discussions at Leadership and Board and external training from Menzies, SLHD’s auditors. A ‘blank sheet’ approach was taken to ensure that the SRR fully reflected all strategic risks facing SLHD, referencing CDC where appropriate, for the year ahead.

4.2. The discussions and training also considered SLHD’s proposed risk appetite and to include this in the SRR, along with how each risk is being addressed.

4.3. **The SRR now has nine strategic risks.** As before, it contains causes, effects, assurances, controls, actions and risk ratings, together with the added risk appetite and approach. The SRR format has also been refreshed.

4.4. The tables below summarise the new and previous SRRs with 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.

4.5. Each risk is rated on a 5 x 5 scoring matrix, comprising **likelihood** and **impact**. Scoring matrices are summarised below

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

4.6. Detailed at **Appendix B** are definitions for risk appetite and approach. In summary there are

- five risk appetite options – Averse, Minimalist, Cautious, Open and Hungry.
- five risk approach options – Tolerate, Treat, Transfer, Terminate and Take.

4.7. The full register is at **Appendix A** and is summarised in the table below. The table includes the proposed risk appetite for Board to consider and will form part of future discussions at Audit and Risk Committee meetings and Board Away days. In some instances, two appetites have been listed, e.g Averse where meeting regulatory obligations is imperative, but also Open where SLHD is willing to explore options.

Strategic Risk Dashboard as at May 2026						
	Risk : Failure to manage	Approach	<u>Proposed</u> Appetite	Inherent rating	Current Residual Rating	Forecast Residual Rating
1	Data – <ul style="list-style-type: none"> collect, maintain; and use of accurate, up to date tenant and asset data 	Treat	<ul style="list-style-type: none"> Averse – collect and maintain Open – use of 	20	12	8
2	Affordability - limited resources available to tenants, CDC and SLHD. <ul style="list-style-type: none"> managing existing resources identifying additional resources 	Treat	<ul style="list-style-type: none"> Cautious - managing existing resource Open - identifying additional resource 	20	12	8
3	Safe homes - manage all Building Safety related issues	Treat	Averse	25	15	5
4	Customers - deliver a customer focused experience due to incomplete knowledge of our customers and their aspirations and expectations <ul style="list-style-type: none"> Incomplete knowledge New ways of working 	Treat	<ul style="list-style-type: none"> Averse – Incomplete knowledge Open – new ways of working 	20	9	6
5	Decent homes - provide homes and neighbourhoods that meet regulatory, legislative and strategic standards	Treat	Averse	20	12	8
6	People - recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective. <ul style="list-style-type: none"> Robust procedures New methods to recruit and develop 	Treat	<ul style="list-style-type: none"> Cautious – robust procedures to retain skilled employees Hungry – new methods 	20	12	8
7	Housing - meeting housing need across the city.	Treat	Minimalist	16	12	9
8	ICT - make optimum use of ICT for tenants and employees to maximise digital access and operational capabilities <ul style="list-style-type: none"> Robust systems to ensure all data is secure Innovative systems to optimize operational capabilities 	Treat	<ul style="list-style-type: none"> Minimalist – secure systems Open - innovative systems 	20	12	8
9	Housing – managing increasing and increasingly complex housing need across the city, including homelessness, temporary accommodation pressures, and support for vulnerable households.	Treat	Minimalist	16	12	9

4.8. For reference, the SRR presented to Board for Q4 25/26 contained seven risks :

1. **Homelessness:** Failure to manage Homelessness issues and the subsequent demand for housing within Doncaster;
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);
3. **Workforce:** Failure to recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient, and effective;
4. **Building safety:** Failure to manage all Building Safety related issues surrounding High Risk Residential Buildings and any emerging new requirements;
5. **Health, safety, and compliance:** Failure to manage corporate health, safety, and compliance risks;
6. **Governance:** Failure to effectively govern and manage in an increasingly regulated climate;
7. **Tenancy management:** Failure to manage the increasingly complex needs and vulnerable tenants across the city.

5. Background information

5.1. Throughout Quarter 4 25/26 and Quarter 1 26/27, Leadership considered recent activity within SLHD, sector developments and other areas to consider over the coming months and discussed them fully in recent meetings.

5.2. The operating environment continues to be very challenging in terms of services delivery and financial pressures. All areas were considered as part of this review, including regulation, new legislation, economic climate, homelessness, and recruitment challenges.

5.3. The main recent events, areas receiving increasing focus or emerging as new considerations for the next twelve months include:

- Savills second mock inspection (see 5.4 below)
- the new Tenancy Agreement went live on 1 February;
- approval by CDC of budgets, KPIs, rent and other charges for 2026/27;
- 2026/27 Annual Development Plan (ADP) approved by SLHD Board;
- embedding the HousingOne upgrade from mid January go live;
- new Director of Corporate Services started in February 2026;
- another successful Payroll Managers away days in March, this time to implement the new Corporate Management Framework (CORE);
- One Repairs Board delivering the Repairs Improvement Plan;
- Voids Excellence programme looking at all aspects to improve performance;
- DataSMART board developing SLHD's data arrangements;
- Stock condition survey (SCS) work which will inform the Business Plan update;
- Government approval of Rent Convergence from April 2027 which will generate ~£140m of HRA income over 30 years ;
- HRA 30 year Business Plan updated and due for further updates pending latest legislation, investment and SCS data;
- roll out of Phases 2 and 3 of Awaab's Law;
- joint delivery of Homeless Prevention Partnership Forum;
- commenced review of Allocations policy and cleansed housing register;
- opened first 18 beds HMO for use as TA for single people; and
- secured TPAS Exemplar status for tenant involvement.

- 5.4. Preparation work for possible regulatory inspection continues. The ongoing action plan from work done to date is regularly monitored and reported to EMT and Board. As part of this, Savills carried a second mock inspection with extensive involvement of senior CDC officers.
- 5.5. Initial feedback was positive overall and commented on a strong position, but the draft report has only just been received and has yet to be fully reviewed by both CDC and SLHD.
- 5.6. For SLHD, there are three initial recommendations (two for Property Services one for Housing Services) and these have been incorporated into ongoing inspection work.
- 5.7. The 'Inspection Ready' working group continues to meet 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.

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.feirn@stlegerhomes.co.uk

Background Papers

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

Strategic Risk - Failure to :	Appetite	Approach	Likelihood	Impact	Inherent Rating	Likelihood	Impact	Residual Rating	Likelihood	Impact	Forecast Residual Rating
1. Data - collect, maintain and use accurate and up to date tenant and asset data	Averse	Treat - take further action to reduce likelihood of occurrence or impact	5 = Very Likely	4 = Major	20	4 = Likely	3 = Significant	12	4 = Likely	2 = Moderate	8
2. Affordability - limited resources available to tenants, CDC and SLHD.	Open	Treat - take further action to reduce likelihood of occurrence or impact	5 = Very Likely	4 = Major	20	4 = Likely	3 = Significant	12	4 = Likely	2 = Moderate	8
3. Safe homes - manage all Building Safety related issues	Averse	Treat - take further action to reduce likelihood of occurrence or impact	5 = Very Likely	5 = Critical	25	3 = Possible	5 = Critical	15	1 = Very Unlikely	5 = Critical	5
4. Customers - deliver a customer focused experience due to incomplete knowledge of our customers and their aspirations and expectations	Averse	Treat - take further action to reduce the likelihood of occurrence or impact	5 = Very Likely	4 = Major	20	3 = Possible	3 = Significant	9	3 = Possible	2 = Moderate	6
5. Decent homes - provide homes and neighbourhoods that meet regulatory, legislative and strategic standards	Averse	Treat - take further action to reduce likelihood of occurrence or impact	5 = Very Likely	4 = Major	20	4 = Likely	3 = Significant	12	4 = Likely	2 = Moderate	8
6. People - recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.	Minimalist	Treat - take further action to reduce likelihood of occurrence or impact	5 = Very Likely	4 = Major	20	4 = Likely	3 = Significant	12	4 = Likely	2 = Moderate	8
7. Housing - meeting housing need across the city.	Minimalist	Treat - take further action to reduce likelihood of occurrence or impact	4 = Likely	4 = Major	16	3 = Possible	4 = Major	12	3 = Possible	3 = Significant	9
8. ICT - make optimum use of ICT for tenants and employees to maximise digital access and operational capabilities	Minimalist	Treat - take further action to reduce likelihood of occurrence or impact	5 = Very Likely	4 = Major	20	4 = Likely	3 = Significant	12	4 = Likely	2 = Moderate	8
9. Housing - managing increasing and increasingly complex housing needs across the borough, including homelessness, temporary accommodation pressures, and support for vulnerable households.	Minimalist	Treat - take further action to reduce likelihood of occurrence or impact	4 = Likely	4 = Major	16	3 = Possible	4 = Major	12	3 = Possible	3 = Significant	9

RISK OWNER	Head of ICT and Business Transformation	
	As at April 2026	
FAILURE TO	1. Data - collect, maintain and use accurate and up to date tenant and asset data	
Risk Appetite	Averse	
Risk Approach	Treat - take further action to reduce likelihood of occurrence or impact	
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Inadequate systems * Unwanted employee behaviours * Poor processes / processes not being followed * Inadequate skills / competencies 	
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Data breach * Poor data integrity, quality and completeness * Incorrect and/or untimely decision making * Poor investment * Non compliance with legislation / unsatisfactory regulatory outcomes 	
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5 = Very Likely	
	5	
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major	
	4	
Impact score x likelihood score	20	
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * DataSMART and Digital Transformation Boards and work plans * Asset Data Improvement Plan * Data Maturity Assessment to be undertaken by third-party consultants * Mandatory staff training programme on Data Collection 	
What are the current assurance activities around the risk? ie control documents, governing committees, etc.	<ul style="list-style-type: none"> * Governance framework - reports and committees include Building Safety, C&P, Audit and Risk, CDC, OVF, TSP, Internal Au * Performance Management framework - KPIs, TSMs and related reporting to governing committees * Independent external validation - Internal Audit, Penningtons, External Audit * Savills Stock Condition Survey work * Building Safety Committee scrutiny * Internal data validity checks * Spot checks via case study 	
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely	
	4	
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	3 = Significant	
	3	
Impact score x likelihood score	12	
What further action is planned to treat the risk?		Action own
Action 1	Continue delivering actions identified within the asset data improvement plan	Head of As Management
Action 2	Further mandatory staff training	Head of ICT Bus. Tran
Action 3	Implementation of recommendations provided by 3C Data	Head of ICT Bus. Tran
Action 4	Ongoing governance by DataSMART Board	Head of ICT Bus. Tran
Action 5		
Action 6		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely	
	4	
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	2 = Moderate	
	2	
Impact score x likelihood score	8	

RISK OWNER	Chief Executive	
	As at April 2026	
FAILURE TO	2. Affordability - limited resources available to tenants, CDC and SLHD.	
Risk Appetite	Open	
Risk Approach	Treat - take further action to reduce likelihood of occurrence or impact	
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * High customer expectations and poor stock condition * Economic climate (cost of living, inflation, civil unrest, etc) impacting on tenants ability to pay rent and SLHD to deliver excellent service * Insufficient capital investment to meet identified improvement need * Insufficient acquisition and development programme to deliver required housing * HRA and GF constraints impacting Management Fees for SLHD 	
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Increase in complaints and reduced customer (TSMs) and partner satisfaction * Failure to support strategic, operational and policy initiatives and reputational damage poor perception of SLHD * Loss of trust of Board and Council, reduction in services, and possible review of management agreement. * Possible increase in fraudulent activity * Poor customer service, lower quartile benchmarking performance and adverse regulatory judgement * Failure to meet regulatory standards * Increased homelessness across the city * Reputational, operational and financial risk 	
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5 = Very Likely	
	5	
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major	
	4	
Impact score x likelihood score	20	
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Financial planning - Medium term budgets and 30 year HRA business plan updated annually * Robust budget monitoring and detailed monthly and quarterly reporting to SLHD and CDC * Scheduled meetings with CDC to discuss performance and budgets * Tenancy Sustainability Team providing support and advice to tenants * CDC Strategic Team seeking grant funding for development programme * CDC Strategic Team seeking grant funding for Housing Needs service to prevent homelessness 	
What are the current assurance activities around the risk? ie control documents, governing committees, etc.	<ul style="list-style-type: none"> * 30 year Business Plan, budgets, KPIs and rents approved, reported and monitored by CDC * SLHD Governance framework - reports and committees include Building Safety, C&P, Audit and Risk, CDC, OVF, TSP, Internal Audit * Performance Management framework - KPIs, TSMs and related reporting to governing committees * External accreditation - CSE, IIP. 	
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely	
	4	
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	3 = Significant	
	3	
Impact score x likelihood score	12	
What further action is planned to treat the risk?		Action owner ?
Action 1	Update 30 year Business Plan and model various scenarios to identify HRA financial capacity	Director of Corporate Services
Action 2		
Action 3		
Action 4		
Action 5		
Action 6		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely	
	4	
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	2 = Moderate	
Action 7	2	
Impact score x likelihood score	8	

RISK OWNER	Head of Building Safety		
	As at April 2026		
FAILURE TO	3. Safe homes - manage all Building Safety related issues		
Risk Appetite	Averse		
Risk Approach	Treat - take further action to reduce likelihood of occurrence or impact		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Lack of an effective health and safety management system with suitable resources in place * Failure to carry out suitable and sufficient risk assessments and produce safe systems of work * Failure to adequately follow and understand legislation, 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 * Absence of suitable information to facilitate building safety case reports * Lack of management of future works to buildings by ourselves and other contractors employed by tenants * Suitability of residents within HRBs and management of the complex issues of vulnerable tenants living in HRBs * Lack of engagement with tenants and residents * Inability to complete recommendations due to unavailability of materials or specialist labour * Lack of competent and suitably qualified staff * Lack of governance, scrutiny and performance monitoring of occupational health& safety, property compliance and Building Safety * Failure to keep accurate compliance data, records and certification to provide performance and assurance reporting 		
What are the possible consequences if the risk occurs? 'EFFECT'	<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 and financial impact including unbudgeted spend for regulatory body involvement * Serious failings ratings from regulator following inspection * Investigations and action by regulatory bodies e.g HSE, BSR * High risk residential buildings are deemed as unsafe and residents put at risk * Failure to secure Building Assessment 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 * Poor KPI performance and possible termination of management agreement 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5 = Very Likely		
	5		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	5 = Critical		
	5		
Impact score x likelihood score	25		
What existing processes / controls are in place to manage the risk?	<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) * Effective management of compliance inspections and remedial actions - by exception reporting in place * Suitable control measures in place from risk assessments (including safe systems of work) including regular reviews by teams responsible for these * 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 * Occupational health& safety, property compliance and Building Safety teams in place and embedded * Resident Engagement Strategy in place for each HRB including formal (Forum) and informal engagement methods and activities * BAC given for Silverwood House - sets framework for all other building safety case reports and information required * Fire risk assessment programme in place with ability to deliver low risk buildings internally * Access Team supporting access for compliance activities * Triage process for HHSRS and Awabs law works * Ongoing programme of SCS 		
What are the current assurance activities around the risk? ie control documents, governing committees, etc.	<ul style="list-style-type: none"> * Internal/external audit / verifications programmes e.g Morgan and Lambert, Penningtons with actions implemented from these * External experts appointed to provide advice and support on critical areas such as building safety and fire safety * Inspection programme in place * Presence of accident and incident reporting procedure * British Safety Council 5* award and ISO 45001 accreditation with actions implemented from this * Operational and core safety and compliance groups set up with CDC * Health surveillance programme in place * Partnership working with South Yorkshire Fire and Police services * Fire Suppression Systems installed and operational in all HRBs * Governance framework - reports and committees -Board, Building Safety and Compliance Committee, Audit and Risk, CDC Groups, OVF, TSP, etc * Performance Management framework - KPIs, TSMs and related reporting to governing committees and groups 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3 = Possible		
	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	5 = Critical		
	5		
Impact score x likelihood score	15		
What further action is planned to treat the risk?			
Action 1	Collate survey information to support Building Safety Case Reports in 5 buildings (Cusworth, Firbeck, Sandbeck, Methley, Hatfield) for consistency of same quality / detailed information the other 4 buildings have. Proposal received from AHR	Head of Building Safety	Mar-27
Action 2	Complete and keep up to date building safety case reports for all 9 HRBs	Head of Building Safety	Mar-27
Action 3	Complete the render remediation scheme at Balby Bridge (which is now underway). Project completion delayed as a result of identification of absent fire cavity barriers by 10 weeks completion and site clearance now set for 01 May 2026	Head of Major Projects	Jun-26
Action 4	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. Under the new Building Safety Act Legislation a Gateway (G2) application is needed. timescales associated with G2 applications are between 8-12 weeks resulting in construction commencing post contractor appointment so delivery after April 2026.	Head of Building Safety / Head of Major Projects	Sep-26
Action 5	Delivery of in-house compliance activities to ensure SLHD compliance	Head of Repairs and Maintenance	ongoing
Action 6			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1 = Very Unlikely		
	1		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	5 = Critical		
Action 7			5
Impact score x likelihood score	5		

RISK OWNER	Head Of Customer Services		
	As at April 2026		
FAILURE TO	4. Customers - deliver a customer focused experience due to incomplete knowledge of our customers and their aspirations and expectations		
Risk Appetite	Averse		
Risk Approach	Treat - take further action to reduce likelihood of occurrence or impact		
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 meet Housing Ombudsman Complaints Code and guidance * Local government social care code not adhered to * Insufficient customer engagement, involvement and communications 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Increase in complaints from the Ombudsman's Offices and lack of resources to deal with these effectively * Unable to deliver services to required standard * Loss of trust of Board and Council, Management Agreement review by CDC * Poor financial and operational performance, customer dissatisfaction * Poorer outcomes for customers resulting in lack of trust and confidence and leading to an Increase in complaints and dissatisfaction. * Adverse publicity and reputational risk/damage * Financial penalties from compliance failures and increase in compensatory payments (remedies) 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5 = Very Likely		
	5		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major		
	4		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * DataSMART project actions to collate all relevant customer data * Tenant consultation/involvement - Scrutiny Panel, One Voice Forum, TARAs, GIG, Focus Groups and Customer Surveys. * Partnership working with Doncaster stakeholders - CDC, NHS, Emergency Services, etc. * Numerous Customer related strategies and policies - Housing Management, Customer Access, Tenant Voice, Complaints, Safeguarding, ASB, Vulnerable Persons * Customer Service Excellence Accreditation sought annually * TSMs undertaken annually; * Transactional Surveys; 		
What are the current assurance activities around the risk? ie control documents, governing committees, etc.	<ul style="list-style-type: none"> * Governance framework - reports and committees include Building Safety, C&P, Audit and Risk, CDC, OVF, TSP, Internal Audit * Performance Management framework - KPIs, TSMs, CORE and related reporting to governing committees, positive benchmarking * External accreditation - Customer Service Excellence * External Mock inspection undertaken by Savills * Positive internal audit reports - Tenancy Agreement, Complaints, handling of ASB cases. Complaints analysis- KIT visits 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3 = Possible		
	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	3 = Significant		
	3		
Impact score x likelihood score	9		
What further action is planned to treat the risk?			
Action 1	Implement and embed the Repairs Charter across the whole of the Repairs and Maintenance Service	Head of Repairs and Maintenance	Mar-27
Action 2	Implement customer experience training for all trade staff	Head Of Customer Services	TBD (in early discussions with training provider)
Action 3	Carry out end to end customer journey mapping across responsive repairs and maintenance and produce actions report.	Head Of Customer Services	Aug-26
Action 4	Implement complaint clinics, commencing in repairs and maintenance, across the organisation	Head Of Customer Services	Sep-26
Action 5			
Action 6			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3 = Possible		
	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	2 = Moderate		
Action 7			2
Impact score x likelihood score	6		

RISK OWNER	Head of Asset Management		
	As at April 2026		
FAILURE TO	5. Decent homes - provide homes and neighbourhoods that meet regulatory, legislative and strategic standards		
Risk Appetite	Averse		
Risk Approach	Treat - take further action to reduce likelihood of occurrence or impact		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * High customer expectations and poor stock condition * Economic climate impacting on tenants ability to pay rent and SLHD to deliver excellent services * Inadequate budgetary provision to meet identified investment need including addressing backlog * Increasing cost of investment * In-house / contractor capacity to meet investment demand * Competing investment priorities * Lack of joined-up long-term strategic planning * Tenant decline / no access 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Poor KPIs - decency, EPC performance, voids, tenancy turnover, building safety compliance, repairs * Loss of life, serious physical or mental injury * Legal action (criminal and civil) * Reputational damage and financial penalties (fines) * Serious failings ratings from regulator following inspection * Investigations and action by regulatory bodies * Termination of management agreement * Increased customer complaints and dissatisfaction 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5 = Very Likely		
	5		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major		
	4		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Stock Condition survey programme (91% complete at end of Q4 2025/26) * Financial planning - Medium term budgets and 30 year HRA business plan * Process in place for addressing hazards identified through SCS * Ongoing repairs and capital investment programmes * Asset Data Improvement Plan 		
What are the current assurance activities around the risk? ie control documents, governing committees, etc.	<ul style="list-style-type: none"> * Governance framework - reports and committees include Building Safety, C&P, Audit and Risk, CDC, OVF, TSP, Internal Audit * Performance Management framework - KPIs, TSMs and related reporting to governing committees * HHSRS and Awaab's Law triage and reporting * Decent Homes KPI audit 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely		
	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	3 = Significant		
	3		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			Action owner ?
Action 1	Review and refine 1 and 4 year investment plan	Head of Asset Management	31.10.26
Action 2	Conclude discussions with CDC on increasing planned investment budgets from 2027/28 onwards	Director of Corporate Services	TBC
Action 3	Continue delivery of Asset Data Improvement Plan	Head of Asset Management	Ongoing
Action 4	Continue delivery of Repairs and Voids Improvement Plans	Head of Repairs and Maintenance	Ongoing
Action 5			
Action 6			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely		
	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	2 = Moderate		
Action 7			2
Impact score x likelihood score	8		

RISK OWNER	Head of People & Culture		
	As at April 2026		
FAILURE TO	6. People - recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.		
Risk Appetite	Minimalist		
Risk Approach	Treat - take further action to reduce likelihood of occurrence or impact		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Skills shortages, ageing workforce failure to identify skills needed for future - lack of succession planning * Lack of management buy in/adherence to HR policies including recruitment (behaviours v. knowledge) * 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 * Lack of career progression / development opportunities * Strike action 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Posts unfilled, impacting on ability to deliver services to our customers and impact on colleagues' wellbeing * Reduced employee satisfaction and engagement and increased employee turnover * Increased sickness absence in particular stress related absence * Failure to comply with legislation/regulation, reputational damage * Unproductive and demotivated staff and poor culture * Customer dissatisfaction and increase in complaints * Health and safety risks * High temporary agency spend and / or consultancy fees 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5 = Very Likely		
	5		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major		
	4		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * People Strategy, Values and Behaviours framework and Financial and Performance Management framework in place (check ins, PDPs, etc.) * FLM and employee training programme * Market supplement available * Attractive Benefits package and communication of total reward statements and packages * Agency Framework for temporary recruitment through Service Care Solutions (preferential rates) * Succession planning in place * Creative advertising of vacancies utilising a variety of platforms including social media * Check ins to include assessment against CORE value and behaviours - identify concerning behaviours/poor performance * Policies and Procedures 		
What are the current assurance activities around the risk? ie control documents, governing committees, etc.	<ul style="list-style-type: none"> * Governance framework - reports and committees include Building Safety, C&P, Audit and Risk, CDC, OVF, TSP, Internal Audit * Performance Management framework - KPIs, TSMs, CORE and related reporting to governing committees, positive benchmarking * CORE and Check ins recorded with feedback where required 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely		
	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	3 = Significant		
	3		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
	Action owner ?	Timescale	
Action 1	Trade workforce planning- ensure apprentice overlap with aging workforce annually for September intake	Head of Repairs and Maintenance	Sep-26
Action 2	Deliver People Strategy and Actions	Head of People & Culture	Mar-27
Action 3	Sucessfully embed CORE	Head of People & Culture	Mar-27
Action 4			
Action 5			
Action 6			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely		
	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	2 = Moderate		
Action 7			2
Impact score x likelihood score	8		

RISK OWNER	Head of Access to Homes		
	As at April 2026		
FAILURE TO	7. Housing - meeting housing need across the city.		
Risk Appetite	Minimalist		
Risk Approach	Treat - take further action to reduce likelihood of occurrence or impact		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Impact of changes to the welfare benefit system * Unaffordable Private Rented Sector, rising market rents, local housing allowance rates and housing cost restrictions * Inadequate and poorly managed acquisitions and development programme * Poor management of the housing register and not making best use of existing stock * Insufficient resources within HRA and Capital Programme to enable stock growth 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Increased use and cost of temporary accommodation * Failure to meet statutory homelessness duties * Financial pressure on HRA / Council budgets. * Increased homelessness and use of temporary accommodation. * Failure to meet statutory, regulatory and consumer standards with reputational damage and regulatory challenge. * Increased complaints, Ombudsman findings and reputational damage. 		
Medium	4 = Likely		
	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major		
	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Robust policies and strategies, e.g Allocations, Local Lettings Policies * Acquisitions and New Build Budgets and programme. * Gateway for Supported Housing Providers * SHIP Function to ensure appropriate use of stock to meet the need for Supported Housing. * Innovative approaches to make use of existing stock to meet specific needs such as DA, Care leavers. * Registered Providers active development programmes through planning gain. * SLL (Social Lettings Agency) Financial support and incentives to access the Private Rented Sector (PRS) * Flexible tenancies and incentives to downsize to support best use of Social Housing Stock. 		
What are the current assurance activities around the risk? ie control documents, governing committees, etc.	<ul style="list-style-type: none"> * Governance framework involving close working with CDC on short medium and long term financials * Extensive 30 year Business Plan updated regularly to identify funding capacity * Management and Board oversight via performance reporting and assurance. * Strong links with Strategic Housing at Director Level and strong partnership working. * OLB CDC * Insight Reports * KPI and PI targets, with Regional & National Benchmarking 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3 = Possible		
	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major		
	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Strengthen early identification and management of housing needs	Head Of Housing Management	Mar-27
Action 2	Strengthen partnership assurance	Director of Corporate Services	Mar-27
Action 3			
Action 4			
Action 5			
Action 6			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3 = Possible		
	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	3 = Significant		
Action 7			3
Impact score x likelihood score	9		

RISK OWNER	Head of ICT and Business Transformation		
	As at April 2026		
FAILURE TO	8. ICT - make optimum use of ICT for tenants and employees to maximise digital access and operational capabilities		
Risk Appetite	Minimalist		
Risk Approach	Treat - take further action to reduce likelihood of occurrence or impact		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * SILO working leading to incorrect or non-use of corporate systems * Procurement of ICT systems outside of the governance framework i.e., Digital Transformation Board * Inefficient or out of date processes * Large system estate without effective integration * Insufficient employee training * System outages * System breaches as a result of Cyber crime or Malware 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Not making best use of resources - poor productivity and low output * Data security risks and possible breaches - reputational risk and regulatory challenge * Ineffective processes, leading to poor quality data * Reduction in system performance due to incorrect usage and practices 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5 = Very Likely		
	5		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major		
	4		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * ICT strategy, ADP and KPIs * Tenant Engagement strategy * Employee training programme * Digital Transformation Board and extensive forward work plan * Systems Trainer role 		
What are the current assurance activities around the risk? ie control documents, governing committees, etc.	<ul style="list-style-type: none"> * Governance framework - reports and committees include Building Safety, C&P, Audit and Risk, CDC, OVF, TSP, Internal Audit * Performance Management framework - KPIs, TSMs and related reporting to governing committees * External accreditation - CSE, etc. * Monthly liaison with CDC ICT, including monitoring of system performance * Re-design of ICT Support Hub procedure to ensure calls are triaged and completed in order of urgency * Linkage of ICT Support Hub calls into Digital Transformation Board work programme to eliminate SILO working 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely		
	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	3 = Significant		
	3		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
Action 1	Ongoing governance of Digital Transformation Board	Head of ICT and Bus. Trans	Ongoing
Action 2	Ongoing liaison with CDC ICT	Head of ICT and Bus. Trans	Ongoing
Action 3	Cyber Security training for staff	Head of ICT and Bus. Trans	Ongoing
Action 4			
Action 5			
Action 6			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4 = Likely		
	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	2 = Moderate		
Action 7			2
Impact score x likelihood score	8		

RISK OWNER	Head of Access to Homes		
	As at April 2026		
FAILURE TO	9. Housing - managing increasing and increasingly complex housing needs across the borough, including homelessness, temporary accommodation pressures, and support for vulnerable households.		
Risk Appetite	Minimalist		
Risk Approach	Treat - take further action to reduce likelihood of occurrence or impact		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Rising levels of tenant vulnerability and complexity of need beyond traditional housing management * Reliance on timely information, partner capacity and customer engagement to manage risk effectively. * Challenges in achieving consistent escalation, intervention and resolution across complex cases. * Impact of changes to the welfare benefit system 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Increased tenancy failure, homelessness and use of temporary accommodation. * Heightened safeguarding and safety risks for vulnerable residents. * Failure to meet statutory, regulatory and consumer standards with reputational damage and regulatory challenge. * Increased complaints, Ombudsman findings and reputational damage. * Financial and resource pressure arising from reactive service delivery. 		
Medium	4 = Likely		
	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major		
	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Robust policies and strategies, e.g Allocations, Local Lettings Policies * Gateway for Supported Housing Providers * SHIP Function to ensure appropriate use of stock to meet the need for Supported Housing. * SLL (Social Lettings Agency) Financial support and incentives to access the Private Rented Sector (PRS) * Established tenancy and neighbourhood management, safeguarding and enforcement frameworks. * Multi agency partnership arrangements and escalation routes - strong collaborative working with regional stakeholders. * Early identification of vulnerability and risk * Balance between support and enforcement. * Evidence that learning and systemic improvement are embedded. 		
What are the current assurance activities around the risk? ie control documents, governing committees, etc.	<ul style="list-style-type: none"> * Management and Board oversight via performance reporting and assurance. * Strong links with Strategic Housing at Director Level. * Homelessness Board * Homelessness Prevention Group * OLB CDC * Insight Reports * MHCLG data returns * KPI and PI targets, with Regional & National Benchmarking 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3 = Possible		
	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4 = Major		
	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
	Action owner ?	Timescale	
Action 1	Strengthen early identification and management of complex needs	Head Of Housing Management	Mar-27
Action 2	Strengthen partnership assurance	Head Of Housing Management	Mar-27
Action 3	Embed learning and assurance at Board level	Chief Executive	Mar-27
Action 4			
Action 5			
Action 6			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3 = Possible		
	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	3 = Significant		
Action 7	3		
Impact score x likelihood score	9		

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board Meeting

REPORT

Date : 11 June 2026

Item : 08

Subject : Modern Slavery statement 2025/26

Presented by : Steve Slater
Director of Corporate Services

Prepared by : Lauren McLaughlin
Governance Service Manager

Purpose : To present Board with the St Leger Homes Modern Slavery statement for 2025/26.

Recommendation:

For Board to approve the St Leger Homes Modern Slavery statement for 2025/26 for publication.

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. 08
Date: 11 June 2026**

1.1. Report Title

1.2. Draft Modern Slavery statement 2025/26

2. Purpose

2.1. To present Board with the St Leger Homes Modern Slavery statement for 2025/26, as required by the 2015 Modern Slavery Act. This is St Leger Homes' (SLHD) tenth Modern Slavery statement and is attached at **Appendix A**.

3. Executive Summary

3.1. Under the 2015 Modern Slavery Act ('the 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.

3.2. The format and content of our earlier statements are still considered fit for purpose. There have been no major developments in the year to consider.

3.3. The May 2022 Board report included details of the June 2021 Modern Slavery (Amendment) Bill tabled in the House of Lords. After consultation, Government promised new measures to toughen up the requirements under the Act.

3.4. There are only minor changes required in updating the SLHD statement for 2025/26. The statement must be approved by the Board or equivalent management body, signed by a director or equivalent and have a link to it on our website.

3.5. In summary, SLHD undertake a number of activities to mitigate the risk of modern slavery and already complies with the requirements of the Act, as summarised in the statement at **Appendix A**. SLHD complies with the current Act and also all the recommendations in the 2021 Amendment Bill.

4. Background information

4.1. The Act specifically states that the statement must include 'the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business'.

4.2. When the Act refers to 'ensure', this does not mean that the organisation must guarantee that the entire supply chain is slavery free. Instead, it means an organisation must set out the steps it has taken in relation to any part of the supply chain (that is, it should capture all the actions it has taken).

- 4.3. The Act became law in 2015 to address modern slavery and human trafficking.
- 4.4. Modern slavery statements can also bring several business benefits including:
- protecting and enhancing an organisation's reputation and brand;
 - protecting and growing the organisation's customer base as more consumers seek out businesses with higher ethical standards; and
 - greater staff retention and loyalty based on values and respect.
- 4.5. The six reporting areas that were in the guidance and which are now mandatory, which SLHD already complies with, are:
1. structure, its business and its supply chains;
 2. policies in relation to slavery and human trafficking;
 3. due diligence processes in relation to slavery and human trafficking in its business and supply chains;
 4. parts of the business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk;
 5. effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate; and
 6. training about slavery and human trafficking available to its staff.
- 4.6. As part of the Modern Slavery Act 2015, if all of the following criteria apply, and they do for SLHD, then companies are legally required to publish statements:
- it is a 'body corporate' or a partnership, wherever incorporated or formed
 - it carries on a business, or part of a business, in the UK
 - it supplies goods or services
 - it has an annual turnover of £36 million or more
- 4.7. Other key points to note in the Act, which SLHD already ensures compliance with, are:
- Companies must state why any of the six headings are not applicable;
 - reference to the modern slavery statement must now be made in a company's annual report in their financial statements;
 - tougher monitoring and compliance enforcement will result;
 - a named, designated Board Member is responsible and personally accountable. For SLHD this is the Chief Executive;
 - failure to fulfil reporting requirements should be an offence under the Company Directors Disqualification Act 1986; and
 - Companies are required to consider the entirety of their supply chain.

5. Recommendation

- 5.1. Board approves the updated 2025/26 Modern Slavery statement at **Appendix A**.

6. Procurement

- 6.1. The Act requires appropriate procurement procedures to be in place to prevent modern slavery occurring within SLHD and its suppliers. These procedures are in place and are explicitly referred to in the statement.

7. Value For Money

7.1. Although not directly applicable here, Value for Money is achieved through appropriate procurement (see above), performance and contract management activities.

8. Financial Implications

8.1. There are two financial implication strands - procurement and potential penalties for non-compliance. SLHD controls direct expenditure of around £60m per annum, and has payroll costs of around £30m, and robust financial regulations and contract standing orders are in place.

8.2. Penalties for non-compliance carry with them financial and reputational risk.

9. Legal Implications

9.1. Legal implications are referred to above through non-compliance with the disclosure duty of the Act.

10. Risks

10.1. There are a number of risks arising from failing to prevent modern slavery. These include:

- reputational - including the push from regulators for greater corporate transparency on human rights;
- legal - including the risk of litigation, complaints to the Organisation for Economic Co-operation and Development (OECD) and breaching ethical procurement terms;
- financial - reflecting investor and customer sensitivities and increasing demands for CSR performance data as part of tendering processes;
- operational - arising from labour disputes and disruption to supply chains.

10.2. Although penalties are (currently) limited, they will be increasing and St Leger Homes is a prominent employer in the Doncaster area, so there is increasing financial and reputational risk here which is easily mitigated with a robust statement and appropriate policies and procedures.

11. ICT implications

11.1. Any ICT implications are referenced as appropriate.

12. Consultation

12.1. No specific implications arising, and references are implicit within the report where appropriate. Customer involvement is built into the procurement process.

13. Diversity

13.1. Diversity issues are referenced as appropriate in the statement.

14. Communication requirements

14.1. The main communication requirement arising from this report is the publication of the statement on the SLHD website, and in its annual report within the financial statements.

15. Equality Impact Assessments (New/Revised Policies)

15.1. Not applicable.

16. Environmental impact

16.1. Environmental impact is referenced as appropriate.

17. Report Author, position and contact details

Lauren McLaughlin
Governance Service Manager
862736

Appendix A – 2025/26 Modern Slavery statement

St Leger Homes of Doncaster Limited: Modern Slavery statement 2025/26

Introduction

This statement sets out St Leger Homes of Doncaster Ltd.'s (St Leger Homes) activities, to ensure there is no slavery or human trafficking in our operations. This statement relates to the financial year 1 April 2025 to 31 March 2026.

Company statement

Modern slavery 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 are also committed to ensuring there is transparency in St Leger Homes and in our approach to tackling modern slavery throughout our supply chains, and we expect the same high standards from all our contractors, suppliers and business partners.

Company structure, activities and supply chains

St Leger Homes is an Arm's Length Management Organisation (ALMO) managing the City of Doncaster Council's (CDC) homes and other assets. We provide homes in neighbourhoods where people are proud to live and provide our customers with the highest standards of service.

St Leger employs over 800 people in a wide range of service areas including housing management and support, property repairs, improvements and technical services, HR, Finance and ICT.

St Leger Homes provides day to day housing management and property repairs services, and, on behalf of CDC in delivering their capital programme, home and estate improvements.

Risk areas

St Leger Homes operates a wide number of activities in delivering housing management and property maintenance services. These services require many employees and contractors and some of the products and services we procure may be considered as of risk in terms of modern slavery. Therefore, there are several risk

areas to consider. The main areas identified as where the greatest risks exist are in procurement and our vulnerable tenants.

St Leger Homes operate a risk management framework to mitigate all strategic and operational risks and the policies and procedures, the due diligence and the training, all referred to below, mitigates these risks.

Company policies and procedures

We have an extensive framework of policies, strategies and procedures that are reviewed and updated periodically and monitored to ensure best practice is adopted. Notable strategies, policies and procedures, among others, which consider our approach to preventing slavery and human trafficking in our operations include:

- Whistleblowing Policy
- Employee Code of Conduct Policy
- Housing and Neighbourhood Management Policy
- Domestic Abuse (staff, tenants & residents) Policies
- Procurement Strategy
- Risk Management framework
- Financial Regulations
- Contract Standing Orders
- Recruitment and Selection Policy
- Anti-Fraud, Corruption and Bribery Policy
- People Strategy and Health and Wellbeing Policy
- Dignity at work Policy
- Equality, Diversity & Inclusion Strategy
- Fairness and equality statement
- Homelessness code of guidance for local authorities
- Customer Support & Accessibility Policy (was the Vulnerable Persons Policy)
- Anti-Social Behaviour Policy
- Safeguarding Policy

Further information can be found on our website www.stlegerhomes.co.uk

The current Housing and Neighbourhood Management policy includes explicit guidance for staff on how to identify safeguarding issues, such as modern slavery, as a form of abuse affecting vulnerable individuals. It also details the procedures for responding to and escalating any concerns.

The Safeguarding policy that was introduced in June 2025, has integrated and expanded upon the existing guidelines.

Due diligence

St Leger Homes undertakes extensive due diligence on tenants, employees, and suppliers as part of everyday operations.

Tenants

Robust tenancy verification checks are in place for new tenants, plus further verification visits on some estates. Our Tenancy Agreement includes reference to the Modern Slavery Act 2015. We undertake operational activities that help to mitigate risk. These include:

- programmed tenancy audits of our properties
- financial inclusion / welfare reform support delivered by a dedicated tenancy support team
- we have neighbourhood management, local offices and patch workers resulting in our officers knowing many tenants
- housing management services delivered locally from local offices or from tenants' homes, to ensure visibility and rapport with tenants
- Keeping in Touch (KiT) visits for all tenants on 3yr rolling programme
- strong working relationships with our tenants via several different groups (Tenant Scrutiny Panel, One Voice Forum, Tenants and Residents Associations and other involved groups) and activities as part of our customer involvement model
- guidance on spotting and reporting fraud
- community caretaker services reporting any illegal or unusual practices
- tenancy sign up procedures covers the clauses in the updated Tenancy Agreement
- periodic estate walks / inspections where we might notice anything indicating modern slavery, and tenants can attend and often report issues
- tenancy verification visits on some estates
- mystery shopping
- tenant representation on the board
- direct links between our in-house repairs and maintenance teams and estates teams to report any concerns
- review and legal work on properties sold under Right to Buy legislation.
- workforce training
- safeguarding referral pathways.

Supply chain

Annually, St Leger Homes engages with a wide range of suppliers, with approximately half contracted on a regular basis. A number of these will not be subject to the provisions of the Act but we believe the Act's ethos and requirements are valid irrespective of the size of our suppliers.

A number of these suppliers fall outside the scope of the Modern Slavery Act 2015; however, we apply the principles, ethos and expectations of the Act across our entire supply chain, regardless of supplier size or statutory obligation.

To ensure compliance with our values, behaviours and ethics, St Leger Homes operates robust supplier selection and due-diligence processes. These include but are not limited to checks on economic and financial standing, convictions, and health and safety compliance; to mitigate the risk of modern slavery and human trafficking within our supply chains.

All suppliers undertake due diligence as part of the quotation and tendering processes. This includes declarations confirming whether they or their supply chains have been subject to any investigations or prosecutions relating to Modern Slavery and Human Trafficking. For public procurement tenders and for contracts awarded prior to 24 February 2025, suppliers were required to complete a self-assessment Selection Questionnaire (SQ). In Section 2 'Grounds for Mandatory Exclusion', 2.1(a) suppliers declared whether, within the past five years, the organisation or any person with decision-making authority has been convicted anywhere in the world in relation to:

- participation in a criminal organisation.
- corruption
- fraud
- terrorism
- money laundering or terrorist financing
- child labour or other forms of human trafficking.

St Leger Homes reserves the right to exclude suppliers who declare convictions relating to child labour or human trafficking. These offences include:

- Section 4 of the Asylum and Immigration Act 2004
- Section 59A of the sexual Offences Act 2003
- Section 71 of the Coroners and Justice Act 2006
- Sections 49, 50 and 51 of the Drug Trafficking Act 1994
- Section 2 or Section 4 of the Modern Slavery Act 2015.

In Section 7 of the SQ, suppliers provided assurance that, where applicable under Section 54 of the Modern Slavery Act 2015, they had complied with their statutory obligations.

On 24 February 2025, the new Procurement Act 2023 and subsequent Procurement Regulations 2024 came into force for public sector procurement in England. The legislation strengthens the ability of St Leger to exclude suppliers that pose risks relating to Modern Slavery. Public bodies are prohibited from awarding contracts to suppliers or associated persons involved in contract delivery, where they are listed on the Cabinet Office Debarment List.

Modern Slavery is classified as a mandatory exclusion ground under Schedule 6 Paragraphs 19-26 of the Procurement Act 2023.

The new Procurement Specific Questionnaire (PSQ) allows St Leger Homes to request enhanced information where a contract is deemed higher risk. Additional modern slavery questions are included within Part 3 – Conditions of Participation and are applied on a contract-by-contract basis following risk assessment.

St Leger Homes actively engages with suppliers to communicate our commitment to preventing modern slavery, assess their internal arrangements, and update contractual provisions as contracts are renewed or re-let.

St Leger Homes has a Supplier Code of Conduct, and this refers to Human Rights and Employment Law including the Modern Slavery Act 2015, setting clear expectations of suppliers and their subsequent supply chains.

Our Financial Regulations, Contract Standing Orders and Procurement Strategy ensure that we operate in a legal, ethical, transparent and inclusive manner, while achieving value for money.

Procurement Services for St Leger Homes are delivered through a dedicated procurement team within the City of Doncaster Council, operating under a Service Level Agreement and making use of compliant public-sector procurement frameworks operated by recognised procurement consortia.

St Leger Homes is represented on the boards or working groups of several consortia and governance groups, enabling benchmarking, continuous improvement and the sharing of best practice in ethical procurement.

All contracts have specific terms and conditions with explicit clauses addressing modern slavery and the right to terminate for non-compliance.

St Leger Homes recognises our social responsibility and where appropriate, identifies and applies enhanced scrutiny to contracts assessed as higher risk for modern slavery. Contracts also include 'back-to-back' provisions whereby contractors use the same terms and conditions if any work is subcontracted down the supply chain.

Through effective contract management, St Leger Homes monitors potential indicators of modern slavery when reviewing pricing, performance, and equality & diversity commitments. Where risks are identified, this could result in remedial actions up to and including contract termination, and any credible concerns will be reported to the National Crime Agency's helpline as appropriate.

All procurement staff have undertaken the Chartered Institute of Procurement and Supply's (CIPS) online training titled 'Ethical Procurement and Supply' which is refreshed annually to maintain awareness.

Employees

Our recruitment and selection policy contains relevant requirements in terms of checking of eligibility (Right to Work checks that meet Home Office guidance) to work in the UK and carrying out of necessary checks such as Disclosure and Barring Service (DBS) on relevant employees. References are requested on all employees, and this includes asking referees for any concerns about the applicant working with vulnerable people or children. St Leger Homes has a contract in place with a temporary staff framework to ensure core services are maintained if employee posts become vacant. The framework has been procured in accordance with all supplier contract award requirements.

Key performance indicators (KPIs)

St Leger Homes operates an extensive performance management framework, with a balance scorecard of KPIs and additional Management Indicators (MIs) that form part of our overall governance arrangements. Our KPIs and MIs are reviewed annually and comprise measures relating to tenants and residents of the city, including homelessness, our employees and the assets under our management. Underneath all of these are operational processes to ensure city residents receive the highest levels

of service and support in safe, secure accommodation from trained staff and contractors.

Training

St Leger homes delivers structured induction and training programmes which are updated periodically. Modern slavery is increasingly referenced in all appropriate training during the year.

Training delivered that referenced modern slavery included:

- all new employees undergo a corporate induction, receiving an Employee Code of Conduct which they must sign to confirm receipt, and have a safeguarding session
- guidance is published in our employee newsletter and posted on our intranet
- safeguarding training is delivered to all new starters and refreshed every three years, and this now includes specific elements on modern slavery
- corporate induction and local induction processes, which include a buddying system where appropriate
- recruitment and selection training are provided to managers and includes right to work checks and the importance of pre-employment checks
- equality and diversity e-learning, including modern slavery. All employees are required to complete this mandatory training
- fraud, money laundering and Data Protection

The St Leger Homes intranet is updated with developments in modern slavery and has links to the main government website (www.gov.uk) for employees to be able to access training resources, videos, leaflets and other related information. For apprentices, the Employee Code of Conduct is emphasised, and the roles of trade unions and first contact officers should they ever see or feel anything that makes them uncomfortable or that something is not right. Completion of all mandatory training is monitored through the online learning management system. In addition, a briefing providing background information and advice for staff on what to do if they suspect that slavery, human trafficking, etc takes place and St Leger Homes also provide guidance on the selection of suppliers, which is routinely published in our employee newsletters and posted on our intranet.

Signing

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and is St Leger Homes modern slavery and human trafficking statement for the financial year ending 31 March 2026.

Signed by:

Chris Margrave
Chief Executive of St Leger Homes of Doncaster Limited
June 2026

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title: -	Equality Diversity and Inclusion (EDI) Strategy 2022 - 26 Year 4 End of Year Update
Agenda Item:-	09
Action Required:	<ul style="list-style-type: none"> • Board to note progress to date • Board to approve outstanding actions to carry into Year 1 action plan of EDI Strategy 2026 – 2030 (approved by Board in February 2026)
Prepared by:	Hannah Ruane, Head of People and Culture
Date:	11 June 2026

1 **Background**

- 1.1 This briefing note provides an update of the fourth year and year to date actions of the 4-year EDI Strategy (2022 – 26).
- 1.2 The 2022 – 26 strategy sets out 5 overarching objectives and several key measures in addition to a range of expected outcomes of the implemented of the actions.
- 1.3 Of the 7 measures of success 4 of these have been met and 3 are outside target. 2 of these relate to diversity declaration rates for both colleagues and customers, which have seen a slight decline over the past year. The new EDI Strategy and Year 1 Action Plan prioritise increasing awareness of the importance of diversity declarations and providing clarity on why this information is requested. Vacancies at senior management level have been limited, resulting in static representation of ethnic minority colleagues at this level.
- 1.4 Of the 23 actions within the action plan for year 4 of the strategy
- 15 of the original actions have been completed and must be maintained
 - 8 actions remain in progress, of which:
 - 4 are already incorporated into the new strategy action plan; and
 - The remaining 4 actions will be carried forward and included in the 2026–2030 strategy action plan.

2 **Key Measures of Success**

- 2.2 The table below sets out the key measures of success and progress to date with further commentary where appropriate. These measures will continue to be tracked through the life of the strategy.

The progress in the key success measures table is in many cases determined by reviewing the data from the most recent dashboard data, in this case Q4

(2025/26) (Appendix 2).

Key

Green – Compete or on track

Amber – Not complete as planned

Red – Not complete/delayed

2.3

Key Success Measure	Year 1	Year 2	Year 3	Year 4	Comments
Customers					
Decrease in percentage of complaints related to EDI;					Although only a small number of EDI complaints (two) in Q4 2025/26 directly related to discrimination, there were additional customer complaints with EDI-related themes that have not previously been recorded under this category. Work will be undertaken with Customer Services to improve categorisation, identify emerging trends, and monitor complaint volumes more effectively.
An increase in the number of diverse people making use of social housing					There has been a minor percentage increase in groups identifying from all diversity groups measured over the last 4 years of the strategy. 2025 saw an increase of 0.15% (8.82% overall figure) from 2024 of those from a minority background making use of social housing.
An increase in diversity data declaration rates					At the end of Q4 2025/2026 diversity data from customers stood at 84.89% This percentage decreased from 90.41% in Q4 2024/2025.
Employees					
An increase in diversity data declaration rates					There has been a minor increase from 2024 (50.24%) to 2025 (50.34%).
Percentage increase in the number of diverse employees in senior positions;					There has been no change between 2024 and 2025 of those in senior management positions from ethnic minorities.
Increase in the number of diverse					In Q4 2025/2026 there was an increase in all percentage across the three groups,

employees across, ethnic minority, people with disabilities, and LGBT+ groups.					ethnically diverse, LGBTQ+ and those with a disability for employees and applicants as shown in the EDI Dashboard (appendix 2).
A culture where all individuals are happy and comfortable expressing their individuality and can bring their 'whole self' to work;					This measure is assessed annually through the pulse survey. Results were 79% in 2023, and in October 2023 the Board agreed a target of 80%. This target was exceeded in March 2024 (84%) and again in May 2025 (89%). Although the figure reduced slightly to 85% in November 2025, performance remains strong overall and continues to exceed the agreed target.

2.4.1 **An Increase in diversity data declaration rates (Customer and Employees).**

The decline in customer declaration data is a key area of focus, as a consistent downward trend has been identified. This is likely to be linked to EDI data not being consistently collected at the point of sign-up. At present, it is unclear whether this reflects customers choosing not to disclose information or limitations in how these questions are being asked. Addressing this issue is a core priority within the new EDI Strategy, with actions aimed at encouraging and supporting both customers and employees to provide EDI data, while improving understanding of why this information is important.

Employee declaration rates have increased over the past three years although have recently reduced. Further progress is required to ensure that the majority of employees are confidently sharing their data. Diversity data is now automatically collected at the application stage via the recruitment portal, with candidates required to actively select 'prefer not to say' rather than bypassing the question.

3 **EDI Action Plan Year 4 2025 – 2026**

A detailed action plan sets out the 23 actions and associated activities-delivered in year 4 of the strategy along with updates of progress to date (appendix 1).

During Year 4 of the strategy, the EDI Manager left the organisation. This change resulted in some actions not being fully completed. However, with a new HR Advisor joining in June, who will lead on employee-focused EDI, and a new role being created within Customer Services to strengthen customer-focused EDI, the organisation will be well-positioned to regain momentum and renew its focus in both areas.

Of the 23 actions within the action plan for year 4 of the strategy

- 15 of the original actions have been completed and must be maintained
- 8 actions remain in progress, of which:

- 4 are already incorporated into the new strategy action plan; and
- The remaining 4 actions will be carried forward and included in the 2026–2030 strategy action plan.

4 **Looking Forward**

4.1 This brings to a close our 2022-2026 EDI strategy and accompanying action plan. The new EDI Strategy 2026 - 2030 sets out our strategic intent and development for equality, diversity, and inclusion. This new strategy has been developed through, engagement, consultation and clear alignment to our overall corporate plan. An action plan will be developed each year that this strategy is active to show actions due for completion, plans for how we envisage the strategy being delivered and how they link to our corporate objectives.

Going forward, EDI responsibilities will be embedded across key services: customer-focused EDI will sit within Customer Services, while colleague EDI will form part of the HR Advisor remit, supported by the Senior HR Business Partner and Head of Service. This approach ensures EDI remains closely aligned to both customer experience and workforce priorities. Maintaining a joined-up focus between customer and colleague EDI is essential, and collaborative ways of working will be established once new post-holders are in place to ensure consistency, shared learning, and effective delivery across the organisation.

Of the remaining 8 outstanding actions, it is proposed that the 4 actions outstanding (which are not currently covered in the new action plan) are carried forward into the year 1 action plan of the new strategy.

4.2 EMT and Board are asked to note progress of the Year 4 Action Plan and approve the carry forward of the remaining outstanding actions.

5. **Appendices**

5.1 Appendix 1 – Year 4 action plan
Appendix 2 - Q4 (2025/26) dashboard

Appendix 1

Equality, Diversity and Inclusion Strategy
Action Plan 2025-26 (End of Year 4)

Key
Green – Complete
Amber – Not complete as planned

Outcome	Action	Headline Activities	Owner	Progress at end of Year 4	Update
Commitment 1. Understand tenants and support their needs					
Increase in diversity data declaration rates	Carried forward - Improve the knowledge we have about our diverse tenants by making it easier for people to record and update their relevant personal information.	<ul style="list-style-type: none"> Consider the use of One Housing to update tenants' details by visiting staff. 	Head of Customer Services	Ongoing. Action is incorporated in new EDI Strategy Year 1 Action Plan	On Track - Kit visits in place, and diversity information is being collected as part of this process. A project group linked to the implementation of the Data Smart Strategy, approved by Board is reviewing the data we collect and how we can keep this updated using technology. This links to the action below to use Voicescape for customers to update this information digitally. The ability to update this information by customer's themselves is also available via our tenant portal and we will be undertaken publicity via Facebook and January's edition of HouseProud also raised awareness.

	<p>Continued activity from Year 1, 2 and 3 - Carry out a number of promotional and engagement campaigns to increase the level of employee and customer data we hold.</p>	<ul style="list-style-type: none"> • Continue to implement communications plan looking at innovative ways of increasing engagement through the use of social media and video. • Continue to explore ability to make this mandatory in Open Housing. 	<p>Equality, Diversity and Inclusion (EDI) Manager</p>	<p>Complete</p>	<p>Complete but ongoing priority in new strategy and action plan - Stories on Involvement Groups and Celebration events such as Black History Month include explanations on why it's good to inform us about diversity data.</p> <p>Complete but ongoing priority in new strategy and action plan – The Data Cleanse Project is progressing, with actions in place to improve the accuracy of tenant data. Mandatory training will be rolled out to all frontline colleagues on effective data capture, including the importance of recording Equality, Diversity and Inclusion (EDI) information correctly. Enhancements have also been made within MHR to require colleagues to select a data option rather than leaving fields blank. This approach has been mirrored within the Housing application form to support more complete and consistent data collection.</p>
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	<p>Carried forward from 2022/23 - Investigate use of Voicescape to increase the level of diversity data we hold on to our tenants and to keep this up to date</p>	<ul style="list-style-type: none"> • Go Live with targeted calls. • Review impact. 	<p>Head of Customer Services</p>	<p>In progress. Carry forward into new action plan.</p>	<p>Delayed but underway - Draft scripts have been developed and shared with Voicescape for review. Voicescape will assess how their system's functionality can be utilised to collect outstanding diversity information from customers who have not yet submitted their data. Additionally, a report has been compiled detailing, by tenant, the specific data gaps. Once Voicescape has evaluated this approach, we plan to directly engage these customers to obtain the required updates, enabling us to upload the information into One Housing. Completion is dependant on functionality within the Voicescape system.</p>
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	<p>New Strategy Action for 2024/25 As part of the HDN recommendations, we (HDN) recommend more EDI training for staff who undertake the diversity surveys and guidance on completing the form with customers.</p>	<ul style="list-style-type: none"> An internal training programme will be devised to upskill colleagues in the importance of completing the forms correctly, why they are completed and overcoming service users desire not to answer questions. 	<p>EDI Manager</p>	<p>Complete</p>	<p>Complete - As part of the data cleanse project training on the importance of collecting the data and upskilling to those officers that do on how to push back against 'I don't want to answer that' answers with the options of Prefer Not to Say instead are being formulated by the group. Mandatory training is being developed for all frontline colleagues on the capture of tenant data, with a specific focus on the importance of capturing and accurately recording Equality, Diversity and Inclusion (EDI) information.</p> <p>Complete - Officers now complete KIT visits and were having instruction on how important the data was to collect.</p>
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<p>Better understanding of who is not accessing our services due to diversity issues to make access easier</p>	<p>Carried forward from 2022/23 - Review our customer diversity data down to person level and cross match with service requests to identify and engage with tenants who are not accessing our core services.</p>	<ul style="list-style-type: none"> • Scoping exercise between Customer, EDI and Performance Teams. • Implement reporting. • Analyse and produce report identifying learning opportunities for improvements in service delivery. 	<p>EDI Manager</p>	<p>Ongoing. Action is incorporated in new EDI Strategy Year 1 Action Plan</p>	<p>Ongoing – as part of the Tenant Data project, it identified missing core customer data (EDI data was part of this). Only 43% of EDI data was logged. As a result, we are implementing mandatory training for front line colleagues on data collection. The Power User project identified the top 100 customers contacting us and we are undergoing identifying the bottom 100 customer who least contact us. Colleagues plan to go out to those customers and as part of that will collect customer data. Once higher percentage of EDI data is recorded, we could consider doing an overlay of service request data with EDI data to identify any trends within customer groups contacting us less for certain services.</p>
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Commitment 2. To ensure the organisation is a leader in inclusion and fairness.

<p>Improved diversity in management and leadership roles</p>	<p>Continued activity from Year 1 and 2 - Develop a coordinated internal campaign of activity, involving employee representatives to engage the workforce, cement our commitment, raise awareness and education on all areas of equality, diversity and inclusion, including the visible celebration of diversity, linking this to a similar program of external campaigns</p> <p>AND</p> <p>Celebrate our diverse employees and cultures through a series of internal events</p>	<ul style="list-style-type: none"> • Implement diversity calendar and coordinated plan of internal and external activity and communication. • In line with the HDN recommendation, provide optional additional training for managers and colleagues on key aspects of diversity in line with the activity of the calendar. 	<p>EDI Manager</p>	<p>Complete</p>	<p>Complete but ongoing - Campaigns Celebrated and acknowledged since Oct:</p> <ul style="list-style-type: none"> • Black History Month • Ramadan • International Women’s Day • LGBTQ History Month <p>Ramadan/Eid is now written and managed by Comms and Muslim Colleagues</p> <p>Black History Month articles shared.</p> <p>LGBTQ History Month further promotes the acceptance of the community and reminds colleagues of the journey they have had to take. It also reflects on other communities that are not as far along.</p>
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<p>An organisation that is more representative of our tenant community</p>	<p>Continued activity from Year 2 - Consider appropriate development activity to break barriers for colleagues from more diverse backgrounds to access leadership roles</p>	<ul style="list-style-type: none"> • Explore opportunities to work alongside partners such as HDN and WIC to consider appropriate development strategies. • Review the impact of the future managers / leader's application and promotion in attracting applicants from our underrepresented groups. 	<p>Head of People and Culture</p>	<p>Complete</p>	<p>Complete but ongoing – Board development session with Housing Diversity Network (HDN) met in late 2024. Renewed membership of HDN. Continue to promote Housing Diversity Network Staff Mentoring Programme (for up to 5 colleagues) and applications open soon for this years programme.</p> <p>Complete but ongoing – Assessment Centre for the internal future leaders' programme continues to take place. In Oct 2025, for the first time since starting the programme, 2 cohorts of future leaders were selected. New programme due to start Sept 2026. Focus on colleagues from all areas of the organisation with a particular focus of those from underrepresented groups.</p>
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Commitment 3. Engage Customers Effectively, foster good relations and advance equality in local communities

<p>Better understanding of how the way in which we deliver our services impacts on tenants with protected characteristics so that we can deliver services to better meet the needs of our tenants</p>	<p>Continued activity from Year 3 - Establish local connections with a range of diverse groups to ensure improved communication and engagement: disability, ethnic minority, sexual orientation and older persons groups</p>	<ul style="list-style-type: none"> • Continue to work alongside partnership and diversity groups that can support local connections. • Embed and grow involvement and engagement with the newly established tenant diversity networks . 	<p>EDI Manager</p>	<p>Complete</p>	<p>Complete but ongoing - Connections with the Bishop of Doncaster, RDASH, NHS and SYP/ SYFR alongside Nigerian and Chinese Community groups have been made to increase engagement. We are also members of the Team Doncaster Anti Racism Group, Board Members of the Minority Partnership Board and Members of the HDN.</p> <p>Complete but ongoing – Established Involvement groups are changing – Customer involvement is taking more of a lead role in managing these groups or better establishing existing groups.</p>
<p>Better understanding of who is not accessing our services due to diversity issues to make access easier</p>	<p>Carried forward from 2022/23 - Carry out a series of end-to-end mystery shopping exercises/journey mapping exercises involving tenants from our diverse community.</p>	<p>Building on the activity from year 2.</p> <ul style="list-style-type: none"> • Create scenarios and scripts for journeys. • Analyse results and identify improvements in processes. 	<p>Head of Customer Services</p>	<p>Complete</p>	<p>Complete- This was completed last year, with new mystery shopping scenarios developed and tested with a tenant representative and covering a range of customer access channels. Training was provided to all tenants who expressed an interest in participating. However, uptake in delivering the shopping exercises has been lower than anticipated, limiting the insights we can draw. We are working with the relevant tenants to understand what additional support is needed to increase participation</p>

Commitment 4. Fulfil safeguarding responsibilities to the highest standards

<p>Staff will feel confident about raising concerns, will be well trained and knowledgeable, and will be effective in supporting those in need of our services.</p>	<p>Continued activity from Year 1, 2 and 3- Continue to deliver our rolling programme of safeguarding training for staff and partners</p>	<ul style="list-style-type: none"> • Implement training programme, increasing the compliance levels. 	<p>Head of People and Culture / Head of Housing Management</p>	<p>Complete</p>	<p>Complete but compliance training ongoing - Training continues to be delivered to all new starters and at regular refresher periods. Compliance as at 31/01/2026 is 92% which remains high and managers continue to monitor compliance in check ins.</p>
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<p>Provide earlier and targeted support to tenants with mental health</p>	<p>Continued activity - Improve our approach to mental health</p>	<ul style="list-style-type: none"> • Continue to deliver a training programme for front line staff on identifying and support tenants with mental health issues. • Continue to develop front line managers in the management of employee’s mental health concerns and; • Ensure annual wellbeing activity continues to have a focus on the mental health. • Deliver a review of mental health first aiders and first contact officers. 	<p>Head of People and Culture</p>	<p>Ongoing. Action is incorporated in new EDI Strategy Year 1 Action Plan</p>	<p>Complete – Mental Health Awareness refresher training for managers began in April 2025. This included managers who had not done this training in the past 2 years and all new line managers.</p> <p>On track – engagement with wellbeing champions ongoing. November 2025 pulse survey question asks colleagues awareness of the support available - 89% of respondents confirmed they know how to access support internally. Continue to focus the translation of this within community.</p> <p>On track – proposal being considered for wellbeing champions and the HR team plus a small group of line managers to undertake the detailed mental health training. Two mental health navigators work within the community who focus on customer support.</p>
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Commitment 5. To develop a progressive and diverse workforce, in a workplace free from discrimination and harassment

<p>To ensure all employees are aware of and kept up to date on diversity issues. A more inclusive culture that embraces different perspectives measured by satisfaction scores from the Pulse Survey.</p>	<p>Carried forward from 2022/23 - Review the Equality and Diversity Training delivered to all employees ensuring that it is sufficient to meet our accreditation levels (for example Disability Confident Level 2) and implement a minimum 2 yearly refresher period</p>	<ul style="list-style-type: none"> • Achieve 100% completion on Equality, Diversity and Inclusion (EDI) training. • Ensure all line managers have received a face-to-face EDI training session. • Consider the introduction of BSL Level 1 training for all customer facing colleagues and BSL Level 2 for a dedicated cohort of champion colleagues. 	<p>Head of People and Culture</p>	<p>Partially Complete – 100% EDI training compliance to carry forward into new action plan.</p>	<p>On track – EDI compliance learning is now at 90%. Face to face sessions are available for all colleagues to aid attendance and completion and increase impact. EDI module also available on YourLearning. November’s Pulse survey saw 75% of respondents were happy and comfortable talking about their background and culture at work. 85% agreed that they could express their individuality and bring their whole self to work.</p> <p>Complete but ongoing - Sessions are being planned in to ensure this is happening for both managers and for colleagues that have not been caught on welcome days.</p> <p>Complete - BSL is currently being addressed using interpreters with a view to globalise this offer through technology (Video Sign) there is now a BSL interpreter in the One Stop Shop negating the need to train individual colleagues. Some colleagues that work directly with deaf colleagues are being trained to further allow those disabled colleagues to communicate with team members.</p>
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<p>Increase in the number of diverse employees across, ethnic minority, people with disabilities, and LGBT+ groups</p>	<p>Carried forward from 2022/23 – Undertake a full review of external and internal recruitment process, to ensure that it is accessible and promotes inclusion and diversity, Including, introducing diversity to our interview panels, working with external agencies to expand our diverse candidate base and reviewing job descriptions to ensure they are written in a way which encourages applications from diverse backgrounds.</p>	<ul style="list-style-type: none"> • Review existing internal processes. • Review application, advertising, shortlisting and interview methods. • Consider Job description template and wording. • Consider recruitment language and consider use of decoder. • Consider alternative methods of recruiting and selection. 	<p>Head of People and Culture</p>	<p>Ongoing. Action is incorporated in new EDI Strategy Year 1 Action Plan and Year 3 People Strategy Action Plan</p>	<p>To Progress – Recruitment Overhaul Project established, two board meetings to date, 2 workstreams ‘process/systems’ and ‘selection’ and a range of action in place which will consider and address the actions set out.</p>
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<p>Increase in % of BAME employees in senior management positions.</p>	<p>Continued activity from Year 1 and 2-Review development routes across the organisation ensuring that they are accessible and representative of our diverse workforce.</p>	<p>See activity for action above “Consider appropriate development activity to break barriers for colleagues from more diverse backgrounds to access leadership roles”</p>	<p>NA</p>	<p>Complete</p>	<p>Ongoing - There is no significant change:</p> <table border="1" data-bbox="1467 188 2056 518"> <thead> <tr> <th data-bbox="1467 188 1617 263">Ethnic Origin</th> <th data-bbox="1617 188 1713 263">2022</th> <th data-bbox="1713 188 1809 263">2023</th> <th data-bbox="1809 188 1883 263">2024</th> <th data-bbox="1883 188 1957 263">2025</th> <th data-bbox="1957 188 2056 263">2026</th> </tr> </thead> <tbody> <tr> <td data-bbox="1467 263 1617 370">Asian British - Pakistani</td> <td data-bbox="1617 263 1713 370">0%</td> <td data-bbox="1713 263 1809 370">3%</td> <td data-bbox="1809 263 1883 370">3%</td> <td data-bbox="1883 263 1957 370">3%</td> <td data-bbox="1957 263 2056 370">3%</td> </tr> <tr> <td data-bbox="1467 370 1617 445">Not disclosed</td> <td data-bbox="1617 370 1713 445">21%</td> <td data-bbox="1713 370 1809 445">17%</td> <td data-bbox="1809 370 1883 445">20%</td> <td data-bbox="1883 370 1957 445">22%</td> <td data-bbox="1957 370 2056 445">22%</td> </tr> <tr> <td data-bbox="1467 445 1617 518">White British</td> <td data-bbox="1617 445 1713 518">79%</td> <td data-bbox="1713 445 1809 518">80%</td> <td data-bbox="1809 445 1883 518">77%</td> <td data-bbox="1883 445 1957 518">75%</td> <td data-bbox="1957 445 2056 518">77%</td> </tr> </tbody> </table>	Ethnic Origin	2022	2023	2024	2025	2026	Asian British - Pakistani	0%	3%	3%	3%	3%	Not disclosed	21%	17%	20%	22%	22%	White British	79%	80%	77%	75%	77%
Ethnic Origin	2022	2023	2024	2025	2026																								
Asian British - Pakistani	0%	3%	3%	3%	3%																								
Not disclosed	21%	17%	20%	22%	22%																								
White British	79%	80%	77%	75%	77%																								
<p>Reduction in incidents of discrimination and opportunities for diverse employees to feed into decision making around service delivery and employee support.</p>	<p>Continued activity from Year 1 and 2 - Implement a framework for employee networks and establish a number of diversity networks across the organisation to cultivate inclusion.</p>	<ul style="list-style-type: none"> • Support the groups to become self-managed and directed. • Establish Exec sponsorship in a listening and observing capacity. • Increase membership and profile of the groups. • Demonstrate a success and value. 	<p>EDI Manager</p>	<p>Complete</p>	<p>Complete – Customer Groups are changing; Customer Involvement is taking more of a lead on managing those groups that are customer facing alongside existing diverse groups the number of groups and the volume of members in each are set out below. The colleague groups are significantly more active and well-established membership. To date groups have been involved in activity such as EDI policy development, office conduct (tidy spaces), Pride and Disability Bathrooms.</p> <p><u>Colleague Groups:</u> Disability – 8 members Ethnicity – 3 members LGBTQ+ - 2 members</p> <p><u>Customer Groups:</u> Disability - 6 members Ethnicity – 2 members LGBTQ+ - 1 members</p>																								

Improved awareness and consideration of equality, diversity and inclusion across the organisation.	New Strategy Action for 2024/25 Review the Disability confident Accreditation	<ul style="list-style-type: none"> • Evaluate the scheme and consider the benefit of accreditation. • Consider reaccreditation at a more advanced level. • Achieve accreditation is appropriate. 	EDI Manager / Head of People and Culture	Complete	Complete – We have renewed our accreditation at the current level.
Housing Diversity Network Accreditation Outstanding Actions					
	New Strategy Action for 2024/25 Create a dedicated EDI Policy (which deals more readily with the ‘diversity and inclusion’ as well as equality) to ensure a more robust procedural approach to matters relating to EDI. Perhaps consider implementing or drawing from HDN’s own EDI Policy Template.	<ul style="list-style-type: none"> • Develop the draft policy. • Undertake consultation via unions, customers, diversity networks. • Seek Board Approval. • Implement, communicate and embed the policy. 	EDI Manager / Head of People and Culture	Complete	Complete – Policy completed and publicised on intranet and intranet.

	<p>New Strategy Action for 2024/25 Provide staff with specific training on how to carry out Equality Impact Assessments (EIA) alongside the current written guidance- this will help to ensure the process remains robust and consistent.</p>	<ul style="list-style-type: none"> • Develop and deliver a short face to face course with quick reference sheet for managers in-house to upskill EIA completion. • Link into Business Governance to be further aware of what policy / strategy is being produced or updated in the rolling 12 months and proactively prompt for the EIA to be filled in with support from the EDI Manager. 	<p>EDI Manager</p>	<p>Partially complete – outstanding EIA training to carry forward into new action plan.</p>	<p>Delayed – Quick reference guide has been developed and is on the intranet for colleagues to access. The focus needs to be on rolling this out. EDI Manager left – looking to pick this up again when new EDI role in place.</p> <p>Complete – Reports and policies have an EIA section on front sheet and the report should immediately follow.</p>
	<p>New Strategy Action for 2024/25 Obtain feedback on training to ensure it is of high quality, relevant, and fit for purpose</p>	<ul style="list-style-type: none"> • Align the quality of the e learning with the face-to-face sessions • Validate the impact of this learning 	<p>EDI Manager</p>	<p>Complete</p>	<p>Completed - Changes made to E-Learning – Additional changes around Vulnerabilities and pronouns have been added in. Feedback requests after each session of Equally Yours. Work continues to align eLearning and Equally Yours.</p>

	<p>New Strategy Action for 2024/25 Introduce a formal method to improve key organisational communication, such as monthly team briefs, which would ensure that all staff receive the key information regardless of their line manager.</p>	<ul style="list-style-type: none"> The comms strategy already includes an action around team briefings 		<p>Complete</p>	<p>Complete - Discussions have commenced with EMT regarding the implementation of a team brief process throughout the organisation to ensure key messages are cascaded across the business to all employees and the message understood. New Spotlight news is now functional.</p>
	<p>New Strategy Action for 2024/25 Pre-empt accessibility issues for online communications by making large print versions of documents readily available to download as standard.</p>	<ul style="list-style-type: none"> Consider making large print versions automatically available rather than the need to download Translate commonly used documents into the more frequently used languages and have these readily available 	<p>EDI Manager</p> <p>Comms Team</p>	<p>Complete</p>	<p>Complete - Large print facilities and the ability to translate documents is already available via our website using Reachdeck.</p> <p>We will fulfil these actions on request and put a note on the Accessibility section of website to ensure customers are aware of this.</p>

New Strategy Action for 2024/25 We recommended that the website is reviewed from the perspective of good practice in communication, particularly for the visually impaired, and that existing accessibility features such as the read-aloud facility are better signposted for users.

- Whilst the website does include an accessibility page that advises customers of the various tools available, we don't tell them how. In the short term this can be made clearer on the website with further signposting in hard copy publications.
- In the review of the internet in the coming months this will be further reviewed to make navigation as clear as possible. Browsealoud has been kept on the website as the icon and service is universally known. Further pages are being designed to accommodate more detail on the options that are on offer including Google Lens and

EDI Manager

Comms Team

Complete

Complete - The accessibility page of the website is updated to advise on how to access documents using the various accessibility tools.

The source for publications on the website is various service areas of the business. Contact will be made with each relevant area to update any downloadable publications to include a note that how the format can be changed to meet individuals' requirements.

Complete - Initial work on keeping Browsealoud on front screens has been completed, working with comms the accessibility page now has its own place on the menu structure containing information on formats and translations. Further work to enhance this page is planned

	<p>New Strategy Action for 2024/25 Continuation of the work around how best to support Gypsy, Roma and Traveller communities.</p>	<ul style="list-style-type: none"> • Connections made with Traveller Trust who are a national Charity based in York, Traveller Trust. Consulting with G&T leaders will be done once the GT team advise that they have people who will speak to us. • Roll out digital information to bring G&T services to same access level as other communities 	<p>EDI Manager/ GT Team</p>	<p>In progress. Carry forward into new action plan.</p>	<p>Ongoing - Contact has been made with the G&T team at Doncaster Council with a view to bringing together SLH, CDC and the Traveller Trust to look at how we can better support and consult with the community that we manage and the incoming and outgoing communities.</p> <p>Ongoing – Information on HomeChoice and details on renting are a priority to this work.</p>
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ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England.
Company Number 05564649

BOARD Meeting REPORT

Date : 11 June 2026

Item : 11

Subject : Customer Support & Accessibility
Policy

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

Prepared by : Jayne Hurley, Head of Housing
Management

Purpose : To set out the new Policy and gain
Board approval so the Policy can be
implemented with immediate effect.

Recommendation: That Board approve the new
Customer Support & Accessibility Policy

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 No.11
Date:11 June 2026**

1. Report Title

1.1 Customer Support & Accessibility Policy

2. Executive Summary

2.1 This report presents the new Customer Support & Accessibility Policy for approval. The policy replaces the former Vulnerable Customers Policy and reflects significant updates resulting from changes in legislation, regulatory expectations, sector best practice, and learning from customer feedback and complaints.

2.2 The new policy adopts a dual-focus approach, bringing together support for vulnerable customers and the provision of reasonable adjustments within a single, coherent framework. This ensures that vulnerability and accessibility are addressed consistently and proportionately across all services, in line with the Equality Act 2010 and the Housing Ombudsman's Complaint Handling Code.

2.3 The policy recognises that vulnerability may be temporary, fluctuating or long-term, and that reasonable adjustments are essential to ensuring customers can access services fairly, safely and without detriment. It provides clearer standards, transparency in decision-making, and stronger protections for customers, while improving organisational assurance and defensibility.

2.4 Approval of this policy will strengthen St Leger Homes' approach to customer support, accessibility and inclusion, and ensure compliance with legal, regulatory and strategic requirements.

3. Purpose

3.1 To set out the new Customer Support & Accessibility Policy and seek Board approval so that the policy can be implemented with immediate effect. The new policy is attached at Appendix 1.

3.2 The policy defines how St Leger Homes of Doncaster (SLHD) identifies, supports and responds to customers who may experience vulnerability, disability, or barriers to accessing services, and how the organisation will ensure fair, equitable and consistent service delivery across all housing services.

- 3.3 The policy is now structured into two clearly defined and detailed sections. The first section focuses on customer support and vulnerability, setting out SLHD's approach to identifying vulnerability, providing appropriate support, and ensuring customers are able to sustain their tenancy and access services safely and with dignity.

The second section focuses on reasonable adjustments, setting out how SLHD will meet its duties under the Equality Act 2010 by adapting services, processes and, where appropriate, homes, to remove barriers and ensure customers are not placed at a disadvantage when accessing housing services.

4. Recommendation

- 4.1 That the Board approve the new Customer Support and Accessibility Policy.

5. Background and Rationale

- 5.1 The Customer Support & Accessibility Policy has been developed to strengthen St Leger Homes' framework for supporting customers who experience vulnerability, disability, or barriers to accessing housing services.
- 5.2 The policy fully replaces the former Vulnerable Persons Policy, which, while effective at the time of implementation, no longer adequately reflected developments in legislation, regulatory expectations, or sector best practice. In particular, the previous policy did not explicitly set out St Leger Homes' approach to reasonable adjustments, despite the organisation's duties under the Equality Act 2010.
- 5.3 Learning arising from customer feedback, complaints, Ombudsman guidance and internal service reviews has highlighted the need for a clearer, more transparent and more consistent approach to customer support and accessibility. There has also been an increasing recognition that vulnerability should not be viewed as a fixed status, but as something that may be temporary, fluctuating or long-term, and that services must respond flexibly and proportionately.
- 5.4 The new policy has therefore been developed to:
- Strengthen organisational compliance with legal and regulatory requirements
 - Embed reasonable adjustments as a core element of service delivery
 - Provide clearer standards and consistency across housing services
 - Support equitable access, dignity, and inclusion for all customers
 - Reduce the risk of maladministration through improved clarity, record-keeping and decision-making

6. Summary of Key Policy Enhancements

6.1 The Customer Support & Accessibility Policy introduces several key improvements:

- It fully replaces the Vulnerable Persons Policy with a broader, more inclusive framework
- It incorporates a dedicated and clearly defined section on Reasonable Adjustments, setting out how adjustments are identified, assessed, approved, recorded and reviewed
- It provides clearer definitions and thresholds to support consistent application
- It strengthens transparency and accountability in decision-making
- It clarifies routes for challenge, appeal and complaint
- It aligns operational practice with statutory duties and regulatory expectations

Together, these changes provide a more robust, defensible and customer-focused policy framework.

7. Policy Structure and Overview

7.1 The Customer Support & Accessibility Policy is structured into two clearly defined sections to ensure clarity, consistency and transparency in how St Leger Homes supports customers and removes barriers to accessing services.

7.2 Together, these sections provide a comprehensive framework that recognises individual circumstances, promotes inclusion and ensures services are delivered fairly and proportionately.

Section 1 – Customer Support and Vulnerability

Section 1 sets out St Leger Homes' approach to identifying, supporting and responding to customers who may be vulnerable at different points in their tenancy.

This section:

- Explains how vulnerability is defined and recognised, acknowledging that vulnerability may be temporary, fluctuating or long-term
- Sets out the organisation's responsibilities for responding to vulnerability in a proactive, consistent and dignified way
- Describes how vulnerability information will be appropriately recorded, reviewed and used to inform service delivery
- Outlines how customer support, tenancy sustainability, safeguarding and referrals to specialist services are managed
- Establishes expectations for staff when considering vulnerability alongside tenancy management, repairs, income recovery, anti-social behaviour and enforcement

- Reinforces the requirement for proportionate, informed decision-making that takes account of individual circumstances

The focus of this section is to ensure customers who may need additional support are identified early and are able to access services safely, fairly and without disadvantage, while maintaining clear tenancy responsibilities and safeguarding standards.

Section 2 – Reasonable Adjustments

Section 2 focuses on reasonable adjustments, setting out how St Leger Homes meets its legal duties under the Equality Act 2010 to ensure disabled customers, or those with long-term health conditions, can access services on an equitable basis. This section:

- Defines what constitutes a reasonable adjustment and the types of barriers it is intended to address (physical, procedural and communication-based)
- Sets out how customers can request reasonable adjustments and how requests will be assessed
- Explains the criteria used to make decisions, including effectiveness, practicality, cost, risk and proportionality
- Clarifies the process for agreeing, implementing, recording and reviewing adjustments
- Provides transparency around circumstances where an adjustment cannot be agreed and the routes for appeal or complaint
- Reinforces accountability, record-keeping and clear communication with customers

This section ensures a consistent, transparent and defensible approach to reasonable adjustments, reducing the risk of inequality, complaint escalation or maladministration.

8. Consultation and Engagement

8.1 Extensive consultation has informed the development of this policy. Engagement has taken place with customers, frontline services and specialist teams to ensure that the policy is both practical and reflective of lived experience. In particular:

- The Our Voice Forum (OVF) and the Get Involved group were actively involved throughout the development process
- Customer feedback directly informed both the structure and content of the policy
- The Our Voice Forum formally named the policy, reinforcing customer ownership and accessibility and demonstrating meaningful co-production in practice

8.2 This approach supports the Regulator of Social Housing's expectations around tenant involvement and empowerment and provides assurance that

the policy has been shaped through genuine engagement rather than consultation in isolation.

9. Strategic and Regulatory Alignment

9.1 The policy aligns with, and supports delivery of:

- The St Leger Homes Corporate Plan
- The Equality, Diversity and Inclusion Strategy
- The Customer Access Strategy
- The Housing Ombudsman's Complaint Handling Code
- The Regulator of Social Housing's Consumer Standards, particularly Tenant Involvement and Empowerment

It also strengthens the organisation's approach to safeguarding, tenancy sustainability, complaints handling and service accessibility.

10. Procurement

10.1 There are no procurement implications contained within this new Policy.

11. Value for Money (VFM) Considerations

11.1 There are no value for money implications within this new Policy.

12. Financial Implications

12.1 There are no immediate additional budget implications arising directly from the approval of the Customer Support & Accessibility Policy. The policy primarily formalises and strengthens existing practice by providing clearer standards, governance and consistency in how customer support and reasonable adjustments are identified and delivered.

12.2 There may be some indirect resource implications associated with implementation, including staff training, additional officer time to assess and record vulnerability or reasonable adjustments, and the delivery of proportionate support. These pressures are expected to be managed within existing budgets and service capacity. Training requirements can be prioritised and met through the organisation's £285k annual training budget, which is allocated flexibly throughout the year based on operational need. More broadly, the policy will be delivered within the context of existing Housing Management staffing resources, with staff costs totalling approximately £8.8m, and established ICT provision, where overall budgets exceed £1.5m across the organisation. As most methods of service access and reasonable adjustments are already in place, any additional requirements are expected to be capable of being met within these existing frameworks or through modest marginal increases where necessary.

12.3 In the longer term, the policy is expected to support better use of resources by reducing complaint escalation, avoiding maladministration findings, and

supporting earlier intervention and tenancy sustainability, thereby mitigating potential financial and legal risk to the organisation.

13. Legal and regulatory Implications

- 13.1 The Customer Support & Accessibility Policy strengthens St Leger Homes' compliance with its legal and regulatory obligations and provides a clearer, more defensible framework for service delivery.

The policy supports compliance with the Equality Act 2010, particularly the duty to make reasonable adjustments to ensure disabled customers are not placed at a disadvantage when accessing housing services. By clearly setting out how adjustments are identified, assessed and recorded, the policy reduces the risk of discrimination and ensures consistent application.

It also aligns with wider legal duties relating to safeguarding, mental capacity and data protection, including the Mental Capacity Act 2005 and the Data Protection Act 2018, by clarifying how vulnerability and accessibility information is managed lawfully and proportionately.

From a regulatory perspective, the policy supports compliance with the Regulator of Social Housing's Consumer Standards, particularly the Tenant Involvement and Empowerment Standard, and reflects learning from the Housing Ombudsman's Complaint Handling Code and related Spotlight reports.

Overall, the policy strengthens organisational assurance, reduces the risk of maladministration, and supports fair, transparent and accessible service delivery.

14. Risks and opportunities

14.1 Risks

Implementation risk: There is a risk of inconsistent application across services if staff are not appropriately trained or if supporting procedures are not embedded effectively.

Capacity and resource risk: Increased identification of vulnerability and reasonable adjustments may place additional demand on services if not managed proportionately.

Compliance risk if not implemented: Failure to implement the policy effectively could increase the risk of non-compliance with the Equality Act 2010 and adverse findings from the Housing Ombudsman.

Data and record-keeping risk: Inaccurate or inconsistent recording of vulnerability or reasonable adjustments could undermine decision-making and organisational assurance.

Opportunities

14.2 **Improved customer outcomes:** The policy provides an opportunity to deliver more inclusive, supportive and accessible services, particularly for customers with additional needs.

Reduced complaints and escalation: Clear standards and decision-making processes should reduce misunderstandings, complaints and Ombudsman referrals.

Stronger regulatory assurance: The policy strengthens compliance with regulatory standards and demonstrates proactive learning from sector guidance.

Cultural and service improvement: Embedding vulnerability awareness and reasonable adjustments promotes a more empathetic, consistent and customer-focused service culture.

Enhanced tenant trust and engagement: Co-production with customers, including OVF, supports transparency, confidence and trust in decision-making.

12. Health, Safety & Compliance Implication

12.1 There are no health, safety and compliance implications associated with this Policy.

13. IT Implications

13.1 There are no IT implications associated with this Policy.

14. Consultation

14.1 Heads of Service, Service Managers, and Legal Services, Corporate Resources, CDC have been consulted on this new Policy and positive feedback has been received.

14.2 One Voice Forum

Extensive consultation was undertaken with the Our Voice Forum, including engagement in October 2025 in relation to reasonable adjustments, further discussion in December 2025 on the development of a combined policy, and additional consultation in April 2026 to share the draft policy for final comment.

14.3 Get Involved Group (GIG)

As part of the development of the Customer Support & Accessibility Policy, a draft version of the policy was shared with the Get Involved group in April 2026 to gather customer feedback and insight.

Overall, feedback from the Get Involved group was positive and constructive. Participants welcomed the organisation's move towards a clearer, more transparent policy that better recognises individual circumstances, and the different barriers customers may face when accessing services.

14.4 Key themes emerging from the customer consultation included:

- Support for a broader approach that goes beyond a narrow definition of vulnerability and recognises that needs can change over time
- Strong endorsement of explicitly including reasonable adjustments within the policy, rather than addressing these informally or inconsistently
- Positive feedback on the policy's focus on fairness, dignity and respect in customer interactions
- Recognition of the importance of clearer communication, transparency and consistency in how support decisions are made
- Reassurance that having a single, clear policy improves understanding for both customers and staff
- Feedback from the Get Involved group helped inform refinements to the policy, particularly in relation to clarity of language, accessibility, and how customers can request support or reasonable adjustments.

This input has strengthened the final policy and ensured it better reflects customer expectations and lived experience.

The consultation process provided assurance that the policy is aligned with customer priorities and supports SLHD's commitment to meaningful engagement and co-production.

15. Diversity

- 15.1 This policy ensures that all customers are treated fairly and equitably, with appropriate reasonable adjustments made to tailor services to individual needs, including those of vulnerable customers.

16. Implementation and Communication Requirements

- 16.1 Once approved the Policy will be available on our website and intranet for customers and staff to review.

Procedures once finalised will be made available on our intranet.

Implementation

Successful implementation of the Customer Support and Accessibility Policy requires clear communication, comprehensive staff training, and consistent adoption across all service areas. SLHD will take the following steps to ensure the policy is fully embedded in operational practice:

Staff Training

Formal training will be delivered to all relevant staff during June/ July 2026 . This training will ensure staff have a clear understanding of the Policy's purpose, scope, principles, and operational requirements.

Service Area Briefings

To support organisation-wide understanding, Service Managers will arrange targeted briefing sessions with teams across the business, working through each Head of Service. These sessions will highlight how the Policy aligns with and affects specific service areas, ensuring that all SLHD employees, are aware of their responsibilities and how the Policy informs day-to-day operations.

Communication and Awareness

The Policy once approved will be:

- Published on the SLHD intranet and shared via internal communication channels.
- Circulated to all relevant staff with a summary of key changes.
- Embedded into day-to-day practice through team meetings, manager briefings, and ongoing staff support to ensure consistent understanding and application.
- Briefing sessions to be held with external partners.

Monitoring and Review

The Customer Support & Accessibility Policy will be monitored to ensure it is effective, consistently applied, and continues to meet legal, regulatory and customer expectations.

Monitoring will take place through:

- Analysis of complaints, appeals and Ombudsman outcomes, with a particular focus on cases involving vulnerability, accessibility or reasonable adjustments
- Review of Tenant Satisfaction Measures and relevant customer feedback, including transactional surveys
- Oversight of reasonable adjustment requests, including decision-making, timescales and outcomes

- Performance reporting through existing governance arrangements, including management assurance and reporting to Board
- Ongoing review of Equality, Diversity and Inclusion data, alongside learning from safeguarding activity and tenancy sustainability cases

The policy will be formally reviewed every three years, or sooner where required due to changes in legislation, regulation, Ombudsman guidance or learning from service delivery.

This approach provides ongoing assurance that the policy remains fair, compliant and effective, and supports continuous improvement in customer support and accessibility.

Ongoing Support

Service Managers will provide continued guidance to staff as needed, particularly during the initial transition period, to ensure consistent and confident application of the Policy.

17. Equality Analysis (new/revised Policies)

- 17.1 Equality analysis in the form of an Equality Impact Assessment (EIA) has been carried out with no adverse implications, and shows the Policy strengthens dignity, fairness, and inclusion. The EIA is detailed at **appendix 2**.

18. Environmental Impact

- 18.1 There are no environmental impacts related to this Policy

19. Report Author, Position, Contact Details

- 19.1 Jayne Hurley, Head of Housing Management, 01302 862592

20. Background Papers

- 20.1 The development of the Customer Support & Accessibility Policy has been informed by a range of internal and external research, statutory guidance and best-practice documentation, including:

Legal and Statutory Framework

- Equality Act 2010 – duty to eliminate discrimination and make reasonable adjustments
- Mental Capacity Act 2005 – supporting customers who may lack capacity
- Care Act 2014 – safeguarding and support for adults with care and support needs
- Human Rights Act 1998

Regulatory Guidance

Regulator of Social Housing – Consumer Standards, particularly:

Tenant Involvement and Empowerment Standard

Housing Ombudsman Complaint Handling Code

Housing Ombudsman Spotlight Reports, including:

- On the record: Spotlight on Knowledge and Information Management (May 2023)
- Attitudes, Respect and Rights (January 2024)

Strategic and Corporate Documents

- St Leger Homes Corporate Plan 2024–2029
- Equality, Diversity and Inclusion Strategy
- Customer Access Strategy
- DataSMART Strategy
- City of Doncaster Council Tenancy Strategy 2025
- CDC Allocations Policy
- CDC Housing Strategy

Appendix 1 Customer Support and Accessibility Policy

Appendix 2 Equality Impact Assessment



Customer Support & Accessibility Policy:

Help when you need it.

POLICY TITLE:	Customer Support & Accessibility Policy
LEAD OFFICER:	Head of Housing Management
DATE APPROVED:	11 June 2026
APPROVED BY:	SLHD Board
IMPLEMENTATION DATE:	11 June 2026
DATE FOR NEXT REVIEW:	11 June 2029
ADDITIONAL GUIDANCE:	
ASSOCIATED CUSTOMER PUBLICATIONS:	Equality, Diversity and Inclusion Strategy Secure Tenancy Agreement Corporate Plan 2024-2028 Equality and Diversity Strategy CDC Allocations Policy Customer Access Strategy CDC Tenancy Strategy 2025 ASB Policy Safeguarding Policy Housing and Neighbourhood Management Policy Compliments, Comments and Complaints Policy Repairs and Maintenance Policy Rechargeable Works Policy Ad-Hoc Fencing Policy Damp and Mould Policy Communications Strategy Fire Management Policy Data Smart Strategy ICT Strategy Domestic Abuse Policy
TEAMS AFFECTED:	All Employees, Contractors, Board Members and St Leger Homes Customers

THIS POLICY REPLACES WITH IMMEDIATE EFFECT:	N/A
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DOCUMENT CONTROL

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

Revision History

Date of this revision:	New Policy – entirely replaces the previous Vulnerable Persons Policy
Date of next review:	June 2029
Responsible Officer:	Head of Housing Management

Version Number	Version Date	Author/Group commenting	Summary of Changes
01	February 2026	Head of Housing Management	New Policy - Replaces the Vulnerable Persons Policy and now incorporates Reasonable Adjustments

Page	Version	Date	Author
Page 1 of 17	1	March 2026	Jayne Hurley

Policy Creation and Review Checklist

ACTION	RESPONSIBLE OFFICER	DATE COMPLETED
Best practice researched (HouseMark, HQN, NFA, RSH, general websites)	Head of Housing Management	February 2026
Review current practices from similar organisations (NFA)	Head of Housing Management	February 2026
Review customer satisfaction / complaints data from the area the policy relates to	Head of Housing Management	January 2026
Undertake customer consultation if applicable	Head of Housing Management	April 2026
Staff consultation through Trade Unions if applicable	Head of Housing Management	N/A
Other stakeholder consultation if applicable	Head of Housing Management	N/A
Equality analysis carried out through the intranet for all new policies or fundamental changes	Head of Housing Management/EDI Manager	February 2026

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

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Customer Support and Accessibility Policy:

Help when you Need it.

Customer Support and accessibility

At St Leger Homes of Doncaster (SLHD), we are committed to ensuring every customer can access our services easily, safely and with confidence. Creating successful, thriving and sustainable tenancies begins with providing the right support at the right time and removing barriers that may prevent customers from fully engaging with us.

We believe that Customer Support and Accessibility is everyone's responsibility. By working closely with our tenants, colleagues, and partners, we create inclusive neighbourhoods where people feel welcomed, respected and able to thrive. Our approach is proactive and customer-centred, focusing on understanding individual needs, addressing issues early, and adapting our services so that every tenant is able to participate fully.

Our aim is to ensure that all customers regardless of background, circumstance, disability or support needs receive a fair, positive and equitable experience in their home.

Introduction

This policy sets out St Leger Homes' approach to supporting both vulnerable and disabled customers and ensuring reasonable adjustments are provided so that tenants can access our services fairly, safely and without disadvantage. It explains how we identify vulnerability, how we respond, and the standards we apply when adapting our services to meet individual needs.

The policy aims to:

- Clearly define how SLHD identifies and supports vulnerable customers
- Set out our responsibilities for providing reasonable adjustments in line with the Equality Act 2010
- Ensure consistent, fair and transparent decision-making across all housing services
- Promote dignity, independence and inclusion for all tenants
- Strengthen compliance with regulatory standards, including the Housing Ombudsman's Complaint Handling Code and the Regulator of Social Housing's consumer standards

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The policy is structured into two core sections that set out our responsibilities and standards of practice.

1. **Vulnerable Persons** – *detailing how we identify, assess and respond to vulnerability, and the support mechanisms and safeguarding pathways we put in place to ensure customers receive safe, fair and appropriate access to our services.*
2. **Reasonable Adjustments** – *outlining how we adapt and tailor our services, processes and physical environments to meet individual needs, remove barriers to access, and ensure customers are not placed at a disadvantage.*

SECTION 1: VULNERABLE CUSTOMERS

- 1.1 This part of the policy outlines our commitment to supporting vulnerable customers to access our services and supports the priorities contained in St Leger Homes' Corporate Plan 2024-2029.
- 1.2 We recognise that customers can become vulnerable at various points in their life and at such times, we may need to consider reasonable adjustments to how we usually deliver our services, ensuring equitable and appropriate access.
- 1.3 This might also include providing direct support to customers or referring them to specialist agencies to ensure the best help is received when they need it. We will ensure consistency to our customers by equipping staff with training and information, so they effectively identify and respond to customers' needs.
- 1.4 This policy focuses on customers who may be vulnerable but have the mental capacity to make their own decisions. Where this is not the case, we will collaborate with their appointed representative or statutory agencies.

2 Purpose and Scope

- 2.1 This policy applies to all Employees, Contractors, Board Members and St Leger Homes Customers.

2.2 Definition of Customer

For the purposes of this Policy, the term Customer is used in the broadest sense and includes tenants, leaseholders, housing applicants, members of the public who engage with us regarding land or property-related matters (such as boundaries, unadopted roads, septic tanks, or land purchases), and anyone accessing our services through homeless provision or properties managed by St Leger Lettings. This definition ensures that all individuals who interact with St Leger Homes are recognised within the scope of this Policy.

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3. Defining Vulnerability and the Legal Framework

3.1 We are committed to meeting our obligations and duties under the Equality Act 2010 including the Public Sector Equality Duty and to promoting equal opportunities in the provision of our services, as well as protecting people with 'protected characteristics' from unlawful discrimination, harassment and victimisation.

We ensure that these duties are understood throughout the organisation and that we take account of individual needs and make reasonable adjustments where appropriate in the services we provide.

Our approach to carrying out these responsibilities are fully set out in St Leger Homes' Equality Diversity and Inclusion Policy.

3.2 Protected characteristics under the Equality Act across our customer base are:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

As an Arm's Length Management Organisation (ALMO) of City of Doncaster Council (CDC), we support the additional protected characteristics of care leavers and carers, and we have adopted these leavers as a defined group with protected characteristics.

3.3 It is important to note that we do not define customers as vulnerable solely by virtue of their protected characteristics. However, we will give due regard to these characteristics for example, when developing strategies, policies, procedures or services, to avoid inadvertent discrimination.

3.4 This definition is separate from the assessment of priority need within the Homelessness Assessment, which is defined in homeless legislation.

3.5 We also recognise that some customers may be vulnerable for reasons outside the scope of these. This policy defines vulnerability and outlines our response in such circumstances.

3.6 The Social Housing Regulator's Tenant Involvement & Empowerment standard mandates us to treat all tenants with fairness and respect, demonstrating an understanding of tenants' diverse needs, including those with additional support requirements.

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3.7 Defining Vulnerable Customers

We define 'vulnerable' as customers who possess protected characteristics which may make them vulnerable or those who are experiencing exceptional life events, making it difficult to manage their day-to-day affairs without additional help. This can be a permanent or temporary state.

As mentioned previously, a protected characteristic, does not automatically assume a person is vulnerable.

Exceptional life events or other circumstances that may render people vulnerable, whether for a short period or longer-term, includes:

- those experiencing and survivors of domestic abuse.
- people who have substance misuse issues.
- people experiencing poor physical or mental health.
- those who are or have recently been homeless or living in temporary accommodation.
- people experiencing severe financial hardship or financial abuse.
- people neglecting their health and wellbeing.
- care leavers.
- ex-service personnel.
- being a victim of crime.
- recent hospital discharge following long-term stay.
- People experiencing bereavement
- refugees or asylum seekers,

4. Key objectives

4.1 Our primary objective is to ensure that vulnerable customers can access and receive our services without hindrance. To achieve this, we will:

- Record customer contact information regarding identified vulnerabilities and use interactions with customers to check and verify these where necessary.
- Use customer and tenant insight data including vulnerabilities in our strategic and operational decision-making.
- Assist vulnerable customers in accessing our services and direct them to additional support when needed.

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- Ensure our staff are trained and knowledgeable in how to identify and take account of vulnerabilities when delivering all our services.
- Refer cases requiring short-term support or assessment to our Tenancy Sustainability teams for Tenancy or Mental Health support.
- Refer to statutory services or other specialist support as required.
- Make safeguarding referrals or raise concerns as appropriate. All safeguarding concerns must be raised in line with the organisation's Safeguarding Policy, which sets out roles, responsibilities and reporting arrangements in detail.

We will follow a clear referral and escalation process when concerns about a customer's vulnerability, safety or ability to manage their tenancy are identified. Referrals to Tenancy Sustainability, Mental Health Support or Safeguarding teams will be made where specific thresholds are met, including indicators of serious risk, welfare concerns, self-neglect, domestic abuse, escalating vulnerability, or when a customer repeatedly struggles to engage with services. Any referral that relates to safeguarding, risk of harm or immediate welfare concerns is mandatory and must be made without delay. All decisions, actions and reasons for referrals must be recorded on the customer's housing record, including the timescales for action and any follow-up required, ensuring clear accountability and continuity of support.

4.2 We will give consideration to known vulnerabilities in terms of how we deliver services to individuals for all of our services, but particularly in relation to the following:

4.2.1 Repairs, maintenance and home improvements

We will take account of any known vulnerabilities when arranging repairs or home improvements with regards access, appointments and repair priorities. We will also use customer and tenant insight data with regards known vulnerabilities to inform improvement programmes.

When assessing repairs that fall within the scope of Awaab's Law, we will take full account of any known tenant vulnerabilities to ensure an appropriate and proportionate response. Vulnerability factors will be considered alongside our established risk-assessment matrices, which are designed for each hazard type, to ensure that works are prioritised based on both the potential severity of harm and the tenant's individual circumstances. This approach ensures that those at greater risk receive timely interventions that protect their health, safety, and wellbeing.

4.2.2 Income management and rent payments.

We will use insight data to improve financial resilience for vulnerable customers and will adhere to a pre-action protocol in managing non-payment of rent, so that legal enforcement is used only as a last resort when other efforts have failed.

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We will carry out a proportionality assessment when considering legal enforcement options for rent arrears, giving due regard to an individual's protected characteristics and any known vulnerabilities to consider if the tenants behaviour is related to their disability or vulnerability and if alternative sanctions or solution can be used. Tenants will be offered tenancy support prior to any legal enforcement being considered.

4.2.3 Tenancy management and enforcement

We will carry out a proportionality assessment when considering legal enforcement options, giving due regard to an individual's protected characteristics and any known vulnerabilities.

4.3 We commit to using customer data and customer interactions across the organisation, as an opportunity to:

4.3.1 Identifying Vulnerability - St Leger Homes staff are trained to recognise a range of behaviours and circumstances that may indicate a tenant is vulnerable or at risk of becoming vulnerable. These include anti-social behaviour linked to mental health issues, repeated failure to respond to correspondence, hoarding, multiple repairs arising from damage, property or self-neglect, and difficulties in meeting tenancy conditions such as rent payments. The organisation also recognises that repeated or persistent contact from a tenant can be an important indicator of underlying vulnerability. While this is addressed within a separate policy, such patterns of contact may reflect distress, confusion, or unmet support needs, and should therefore prompt a structured and empathetic response at an early stage rather than immediate escalation to persistent contact procedures. This approach ensures that early signs of vulnerability are identified consistently and that appropriate support is offered at the earliest opportunity.

4.3.2 Recording Vulnerability – as well as the customer's equality and diversity information, we will document any known vulnerabilities, communication needs/preferences and access requirements, along with the contact details of any authorised representatives, on our housing management system.

Safeguarding concerns will be addressed in line with our Safeguarding procedures, ensuring relevant statutory agencies are notified.

5. Tenants Lacking Capacity

5.1 In accordance with the Mental Capacity Act 2005, we will liaise with legally authorised representatives, including those holding lasting power of attorney, deputyship orders, appointees from the Department of Work and Pensions, as well as statutory and independent mental capacity advocates.

Our approach to supporting vulnerable customers is rooted in dignity, fairness and proactive intervention. We recognise that vulnerability can be temporary, fluctuating or long-term, and we are committed to responding with empathy, consistency and professionalism. By equipping our staff with the right tools,

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maintaining accurate insight data, and working closely with partners and support services, we will ensure that every customer receives the help they need at the right time.

Our commitment is to remove barriers, promote independence, and provide a service that enables all customers to feel safe, respected and able to sustain their home.

SECTION 2 REASONABLE ADJUSTMENTS

2 Reasonable Adjustments

- 2.1 St Leger Homes is committed to ensuring customers, particularly those with disabilities or long-term health conditions, can access our services fairly and without disadvantage. We make reasonable adjustments in line with the Equality Act 2010 to promote dignity, independence and inclusion.
- 2.2 We recognise that barriers can be physical, procedural or related to communication, and we will work with customers to remove or reduce these wherever reasonably possible. While SLHD has always provided adjustments on a case-by-case basis, this policy sets out a more consistent and transparent approach.

Our aims are to:

- Ensure reasonable adjustments are identified and applied consistently
 - Make our services accessible, fair and respectful
 - Support staff to respond to individual needs promptly and appropriately
 - Provide clear guidance on how customers can request adjustments
 - Strengthen our commitment to inclusion, safeguarding and tenancy sustainability
- 2.3 This section applies to anyone using our services, tenants, applicants, household members, visitors, staff and contractors and supports our wider framework, including Tenancy Sustainability initiatives.

We will consider reasonable adjustments to our services to meet the needs and circumstances of vulnerable individuals to ensure the best experience of our services and help them to sustain their tenancy.

Reasonable adjustments are changes that remove barriers for disabled people accessing housing services. This policy includes both service-specific adjustments that change how we deliver our services, and property-based adjustments that involve physical or environmental changes to a home.

Examples may include:

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Service Specific adjustments

- Tenancy support team to offer short-term intensive support with tenancy related or low-level mental health issues, alongside robust safeguarding referral processes.
- Allowing more time for a customer to answer the door when visiting.
- Arranging joint visits with support workers or representatives.
- Considering how a request for a repair will impact on a vulnerable person when prioritising repairs.
- Flexibility in tenancy terms or rent payment methods
- Escalating remedial processes for damp and mould reports involving vulnerable tenants.
- Providing in-person or telephone explanations of letters
- Offering support to perpetrators of anti-social behaviour before enforcement.
- Where appropriate, seeking civil remedies or injunctions rather than eviction, for vulnerable individuals.
- Providing welfare benefits and money advice for vulnerable tenants in rent arrears.
- Providing practical or financial support for tasks customers cannot manage themselves, such as moving furniture for repairs, arranging day-room access during disruption, or supporting removals for transfers or downsizing
- Use of British Sign Language (BSL) interpreters or translation services
- Adjustments to appointment times or locations
- Alternative formats for communication (e.g. Braille, Easy Read, audio)

This list is not exhaustive.

Property based reasonable adjustments

- Physical changes to the home, such as ramps, handrails, widened doorways or level-access entries.
- Installing grab rails, stair rails or additional bannisters to support mobility.
- Fitting stairlifts, step-lifts or through-floor lifts where appropriate.
- Adapting bathrooms (e.g., walk-in showers, wet rooms, raised toilets).

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- Lowering kitchen worktops or widening kitchen layouts for wheelchair accessibility.
- Improving lighting, switches or sockets for better visibility and reach.
- Installing visual or vibrating alert systems for customers with hearing impairments.
- Providing door entry adaptations such as intercoms, video doorbells or accessible door handles.

This list is not exhaustive.

2.4 When considering any request for a reasonable adjustment, St Leger Homes will also assess wider risk factors, including any relevant health and safety requirements, safeguarding concerns, and compliance obligations such as Fire Safety regulations, Damp and Mould guidance, and learning from severe maladministration findings. These risk indicators will be reviewed alongside practicality, cost and impact to ensure that adjustments remain safe, lawful and proportionate. Where risks are identified, appropriate mitigations or alternative adjustments will be explored to protect both the customer and the organisation. Once a disability is known, St Leger Homes has a responsibility to proactively consider and put in place reasonable adjustments, where appropriate, without requiring a request from the individual.

2.5 Aids and Adaptations Provision

Aids and adaptations are not provided by St Leger Homes. All adaptations are delivered by City of Doncaster Council (CDC) following an appropriate referral and assessment process. St Leger Homes' role is to identify potential needs, make referrals where required, and support tenants through the assessment process, but responsibility for funding, approving, and completing adaptations rests with CDC.

3.0 Legal, Regulatory and strategic Framework

Legal requirements

This section of the policy is grounded in the legal obligations set out in the Equality Act 2010, which requires service providers to make reasonable adjustments to ensure that disabled individuals are not placed at a disadvantage compared to non-disabled individuals.

Our approach to carrying out these responsibilities are fully set out in St Leger Homes' Equality Diversity and Inclusion Policy.

3.1.1 The Equality Act 2010 does not define what is 'reasonable', but guidance from the Equality and Human Rights Commission suggests considering:

- The effectiveness of the adjustment.
- The practicality of implementation.

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- The cost and available resources.
- The impact on service delivery.

3.2 This policy is also underpinned by:

- Human Rights Act 1998
- Care Act 2014
- St Leger Homes' Equality, Diversity & Inclusion Strategy
- Doncaster Council's Housing Strategy

Regulatory Requirements

3.3 The policy aligns with several regulatory frameworks:

- Consumer Standards set by the Regulator of Social Housing, which require fair and accessible service delivery
- Housing Ombudsman's Complaint Handling Code, which encourages proactive and inclusive service responses and learning from complaints involving accessibility.
- The Social Housing Regulator's Tenant Involvement & Empowerment standard mandates us to treat all tenants with fairness and respect, demonstrating an understanding of tenants' diverse needs, including those with additional support requirements.

Strategic Framework

3.4 This Policy supports the strategic priorities outlined in the St Leger Homes Corporate Plan 2024–2029, particularly around inclusion, dignity, and independence. It complements related policies such as:

- The Vulnerable Persons Policy, which outlines support for customers experiencing vulnerability and the need for tailored service delivery.
- The Customer Access Strategy, which promotes equitable access to services for all customers.
- The Equality, Diversity and Inclusion Strategy, which reinforces the organisation's commitment to eliminating discrimination and promoting equal opportunities.

4.Requesting a reasonable adjustment

4.1 Customers can request adjustments in the following ways:

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- In person, by phone, email, or via the website
- Through a support worker, advocate, or family member

Requests should include:

- A description of the barrier or difficulty
- The type of adjustment being sought
- Supporting evidence (e.g. medical or occupational health reports), if available

4.2. Assessment and Decision-Making

When considering a reasonable adjustment, it must be relevant to the service being provided and proportionate to the tenant's needs. Adjustments should address barriers linked to a disability or health condition that impact access to housing services.

4.3 Each request will be considered individually, based on:

- The nature of the disability or condition
- The effectiveness of the proposed adjustment
- Cost and practicality
- Impact on other tenants or services
- St Leger Homes will aim to respond within 15 working days. If an adjustment cannot be made, we will explain why and explore alternative solutions.

4.4 Refusing a Request for a Reasonable Adjustment

There may be limited circumstances where St Leger Homes cannot agree to a requested reasonable adjustment. In such cases, we will apply a consistent, transparent decision-making process to ensure fairness and compliance with the Equality Act 2010 and Housing Ombudsman guidance.

4.5 Refusal of a Reasonable Adjustment

St Leger Homes will usually only refuse a request for a reasonable adjustment where one or more of the following criteria apply:

- The adjustment is not effective in addressing the barrier identified.
- The adjustment is not practically deliverable, for example due to building constraints or health and safety risks.
- The cost is disproportionate to the level of need, taking into account available resources and the impact on services.

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- The request is unrelated to the customer’s disability or condition and therefore does not meet the legal test for a reasonable adjustment.
- The adjustment would adversely impact other customers, services, or statutory responsibilities.

Where a request is refused, St Leger Homes will:

- Record the decision and the reasons for refusal clearly on the customer’s housing record.
- Provide the customer with a written explanation, outlining the rationale and evidence used.
- Offer alternative adjustments or solutions, where possible, to ensure the customer can still access services without disadvantage.
- Inform the customer of their right to appeal, and how to do so, including who will review the appeal and the relevant timescales as detailed in section 7 of this policy, Appeals and Complaints.

5. Implementation

5.1 Once the reasonable adjustment has been agreed:

- Adjustments will be implemented promptly
- Tenants will be kept informed throughout the process
- Contractors and staff will be briefed on any relevant requirements

6. Appeals and Complaints

6.1 If a customer disagrees with a decision:

- They may appeal within 28 days
- Complaints will be handled under the St Leger Homes Complaints Policy
- Independent advocacy support will be offered where appropriate

Appeals will be reviewed by a senior officer who was not involved in the original decision, and a written outcome will be provided within 10 working days to ensure independence, fairness and transparency.

7. How We Use and Share Customer Information

7.1 St Leger Homes will ensure that customer consent for sharing vulnerability-related information is obtained, recorded and stored appropriately, unless a safeguarding or legal obligation requires information to

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be shared without consent. Consent will be gained explicitly and documented on the customer's housing record, including what information can be shared and with whom. Where concerns relate to safety, exploitation, abuse or serious risk, information may be shared with statutory agencies without consent, in line with safeguarding legislation and applicable GDPR exemptions. Any information shared will be limited to what is necessary, relevant and proportionate for the stated purpose. In all cases, customers will be informed about how their data is used, the legal basis for sharing, and their rights under data protection laws.

8. Ownership and Responsibilities

8.1 The ownership and responsibility of managing the implementation and relevance of this policy will remain with the Head of Housing Management. However, the application of the policy will apply to all Service areas as feature of our service offer.

9. Procedures

9.1 Procedures developed to support this Policy will consider recommendations contained in two Ombudsman's Spotlight Reports 'On the record: Spotlight on Knowledge and Information management' and 'Attitudes, rights and respect' to:

- Ensure the customer insight data we hold is accurate, appropriate, regularly reviewed and used in operational service delivery and strategic decision-making.
- Ensure relevant staff are appropriately trained to recognise and respond positively to the needs of vulnerable customers.
- Ensure each policy review captures how it can accommodate vulnerability needs.
- Explore the potential for using insight data. For example, in extreme weather conditions or as part of our business continuity planning process.
- Promote a culture of empathy, dignity and respect in all interactions with tenants and customers recognising that vulnerability is not always visible and may be temporary, fluctuating or permanent.
- Ensure timely and compassionate responses to requests for reasonable adjustments, with clear communication and accountability throughout the process.
- Embed inclusive practices that reflect the diverse needs of tenants, including those with disabilities, long-term health conditions, or those experiencing exceptional life events.
- Strengthen record-keeping and decision-making transparency, ensuring that all requests and outcomes are documented and reviewed regularly.

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10. Monitoring, Compliance and Effective Implementation of the Policy

- 10.1 We will review this Policy regularly to ensure that it is fair, consistent, and effective and will use feedback from customer consultation, compliments and complaints to help inform any revisions.
- 10.2 We will publish this Policy on our website as part of the implementation and make it available to anyone who requests it.
- 10.3 We will comply with the UK General Data Protection Regulation (UKGDPR) and the Data Protection Act 2018 (DPA 2018) with regards how we collect and store personal data.
- 10.4 All staff will receive training on disability awareness and reasonable adjustments. Managers will ensure frontline teams understand how to identify and respond to adjustment needs.
- 10.5 We will continue to build a strong organisational culture in line with our CORE values of accountability and good data practice by ensuring all staff are trained in accurate record-keeping, clear decision-making, complaint learning and KIM responsibilities.

11. Performance

- 11.1 To ensure strong governance and consistent service quality, we will introduce clear measurable standards for the Customer Support and Accessibility process. This will include defined KPIs, regular monitoring of response and fulfilment times, and routine quality checks on decision-making and record-keeping. Performance against these standards will be reviewed through existing oversight arrangements, enabling us to identify learning, improve consistency and ensure that reasonable adjustments are delivered fairly, promptly and transparent
- 11.2 We will also monitor this policy in the following ways.
 - Annual EDI report to Board
 - Annual reasonable adjustments report to Board
 - Analysis of complaints
 - Analysis of Tenant Satisfaction Measures
 - Analysis of Tenant Satisfaction Transactional Surveys
 - Analysis of other customer feedback

12. Background Document/Research:

The Housing Ombudsman provides a spotlight report “On the record: Spotlight on Knowledge and Information management, May 2023. This report summarises the Housing Ombudsman’s spotlight findings on weaknesses in knowledge and information management across the sector and sets out the improvements organisations should make. Recommended improvements include better recording of customer information, clearer and more accessible case records, stronger data-sharing and storage systems, consistent logging of vulnerabilities, improved staff training on record-keeping, and stronger

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governance to ensure accurate, timely and reliable information across services.

The Housing Ombudsman provides a Spotlight report 23 January 2024, on Attitudes, Respect and Rights which examines what "vulnerability" means in social housing and how landlords can better serve vulnerable residents, which is closely linked to the requirement for reasonable adjustments under the Equality Act 2010. While there isn't a separate, dedicated Spotlight report on the broader concept of "reasonable adjustments" specifically, the Ombudsman's overall learning from wider order reports and publications does emphasise the need for landlords to make reasonable adjustments for residents with disabilities, as detailed in their Complaint Handling Code.

Equality Act 2010: guidance - GOV.UK (www.gov.uk)

Tenant Involvement and Empowerment Standard - GOV.UK (www.gov.uk)

This policy should be read in conjunction with:

- Equality, Diversity and Inclusion Strategy
- Secure Tenancy Agreement
- Corporate Plan 2024-2028
- Equality and Diversity Strategy
- CDC Allocations Policy
- Customer Access Strategy
- CDC Tenancy Strategy
- Housing and Neighbourhood Management Policy
- ASB Policy
- Safeguarding Policy
- Compliments, Comments and Complaints Policy
- Repairs and Maintenance Policy
- Rechargeable Works Policy
- Fencing Policy
- Damp and Mould Policy
- Communications Strategy
- Fire Management Policy
- Data Smart Strategy
- ICT Strategy
- Domestic Abuse Policy

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Equality Analysis

1.Name of Officer Submitting Analysis

Judith Laidlaw-Magee

2.Policy, Strategy or Function

Customer Support Accessibility Policy

3.Service Area or Directorate.

Housing Management

4.Who is the Lead Manager & others involved in analysis

Jayne Hurley , Judith Laidlaw-Magee

5.Date of Equality Analysis.

2026-03-19

6.What type of policy, service or function is this and what is its main purpose?

This is a corporate policy that sets out St Leger Homes' approach to supporting vulnerable and disabled customers and ensuring reasonable adjustments are provided. Its main purpose is to make sure all customers can access services fairly, safely and without disadvantage by identifying vulnerability, responding appropriately, and adapting services to meet individual needs in line with the Equality Act 2010 and regulatory standards.

7.Who will this policy, service or function affect? Colleagues, Tenants and/or individual

This policy affects a wide range of people across St Leger Homes. It applies to all colleagues, contractors and Board Members, as well as all customers, including tenants, leaseholders, housing applicants, homeless households, and members of the public who engage with SLHD about land or property matters. It particularly impacts individuals who may be vulnerable, disabled, or experiencing significant life events, ensuring they receive fair, safe and accessible services.

8.Who is this policy, service or function intended to help/benefit?

This policy is intended to support and benefit all St Leger Homes customers, particularly those who are vulnerable, disabled, or experiencing significant life events that may affect their ability to manage their tenancy or access services. It also benefits colleagues, by providing clear guidance on identifying vulnerability, making reasonable adjustments, and ensuring fair, consistent and inclusive service delivery. The overall aim is to ensure every customer can engage with SLHD safely, confidently and without disadvantage.

9.Please provide the details and key findings from any consultations that have been carried out with staff, customers, stakeholders, partners or other interested parties

Development of this policy has been informed by ongoing engagement with staff, customers, partners and safeguarding agencies through day-to-day service delivery, customer insight data, complaints learning, and regulatory requirements. Feedback consistently highlighted the need for clearer processes for identifying vulnerability, more consistent use of reasonable adjustments, and

improved support pathways for customers experiencing complex or changing needs. Staff input emphasised the importance of training and clear referral routes, while customer feedback reinforced the need for accessible, fair and responsive services. These insights shaped the policy's focus on early identification, consistent decision-making, and strengthened safeguarding and support mechanisms.

10. List below any evidence, data or sources of information you have used to help you assess impact on any communities, groups and individuals

The assessment is informed by a range of evidence drawn from the development and operation of the Customer Support and Accessibility Policy. This includes customer insight data, records of identified vulnerabilities, learning from complaints, safeguarding referrals, and feedback from frontline staff. It also draws on statutory and regulatory frameworks such as the Equality Act 2010, the Public Sector Equality Duty, the Housing Ombudsman's Complaint Handling Code, the Regulator of Social Housing's consumer standards, and SLHD's Equality, Diversity and Inclusion Policy. Together, these sources help identify how different groups may be affected and ensure the policy promotes fair, accessible and inclusive service delivery

11. With over 10% of our customers and 3.28% of colleagues being from an Ethnic Minority, How does this policy / strategy or service affect those customers in a POSITIVE or NEGATIVE way?

This policy has a positive impact on customers and colleagues from Ethnic Minority backgrounds. It promotes fair, inclusive and equitable access to services by ensuring that individual needs are identified early and that reasonable adjustments are made where required. The policy reinforces SLHD's commitment to eliminating discrimination, supporting people who may face additional barriers, and using customer insight data — including ethnicity — to shape service delivery. By focusing on dignity, respect and tailored support, the policy helps reduce inequalities and ensures that Ethnic Minority customers and colleagues receive consistent, fair treatment. No negative impacts have been identified

12. 26% of our customers and 2.71% of colleagues are disabled. What POSITIVE or NEGATIVE impact will there be on those customers once this policy / strategy or service is adopted?

This policy has a strong positive impact on disabled customers and colleagues. It is specifically designed to ensure that people with disabilities can access services fairly, safely and without disadvantage. The policy requires staff to identify disability-related needs, record them accurately, and make reasonable adjustments to communication, appointments, repairs and service delivery. It also ensures that disabled customers receive tailored support through specialist teams where needed, and that vulnerability is considered when prioritising repairs, including under Awaab's Law. No negative impacts have been identified, as the policy actively removes barriers and promotes inclusion, independence and equitable treatment.

13. Both our Customers 70.86% and our colleagues 27% are - in the majority - older, and we know that this can affect a number of things including potential health, communication requirements and disability. How does your Policy, strategy or service improvement impact people who are older in a POSITIVE or NEGATIVE way?

This policy has a positive impact on older customers and colleagues. With a large proportion of SLHD customers and staff being older, the policy directly supports their needs by recognising that age can affect health, communication, mobility and vulnerability. It ensures that any age-related needs are identified early, recorded, and considered when delivering services, arranging repairs, or

making reasonable adjustments. The focus on tailored support, accessible communication and safeguarding helps reduce barriers and ensures older people receive fair, safe and appropriate access to services. No negative impacts have been identified

14. Whilst it is difficult to establish how many of our customers or colleagues are pregnant or on maternity, it is a protected characteristic and as such needs some thought around as to how this policy, strategy or service improvement will affect those people protected by the Equality Act. Thinking of - but not limited to - things such as entitled benefits, maternity leave, physical and digital access to services, mental health and overall health and support - How does this Policy, Strategy or Service improvement impact those users in a POSITIVE or NEGATIVE way?

This policy has a positive impact on customers and colleagues who are pregnant or on maternity. It ensures that individual needs are identified early and that reasonable adjustments are made to support health, wellbeing and access to services. The policy's focus on vulnerability, safeguarding and tailored support means that pregnancy-related needs — such as changes in mobility, communication requirements, mental health, or temporary additional support — are recognised and responded to appropriately. It also helps ensure that those entitled to specific support or benefits can be signposted effectively. No negative impacts have been identified, as the policy strengthens fair treatment and removes barriers for those protected under the Equality Act.

15. The LGBTQ community make up around 1.4% of our customers and 2.57% of colleagues. With such a small number of service users, it makes that community much easier to over look, how have you ensured they have been included and what if any POSITIVE or NEGATIVE impacts will affect them in this policy / strategy or service?

This policy has a positive impact on LGBTQ+ customers and colleagues. Although they represent a small proportion of the overall customer and workforce population, the policy ensures they are not overlooked by embedding fairness, respect and inclusion into all service delivery. By focusing on individual needs, removing barriers to access, and preventing discrimination, the policy supports LGBTQ+ people who may face additional vulnerabilities such as isolation, stigma or mental health challenges. Staff training, consistent decision-making and a commitment to dignity and respect help ensure LGBTQ+ customers receive equitable treatment. No negative impacts have been identified

16. Religion can play an important part in peoples daily lives, what, if any, POSITIVE or NEGATIVE impacts arise for those customers that are members of that community from this policy / strategy or service?

This policy has a positive impact on customers and colleagues of all faiths. It promotes fairness, respect and inclusion by ensuring that individual needs — including those linked to religion or belief — are recognised and considered when delivering services. The focus on understanding personal circumstances, removing barriers and making reasonable adjustments means that people with religious requirements (such as specific communication needs, cultural practices, or times when they may be more vulnerable) are supported appropriately. The policy's commitment to dignity, respect and equitable access helps ensure that no one is disadvantaged because of their faith. No negative impacts have been identified

17. Thinking about Gender, does this Policy Strategy or Service Improvement affect one Gender more disproportionately than another - for example does this change affect only Men negatively or does this only affect people on the path to gender re-assignment?

This policy does not disproportionately disadvantage any gender. It has a positive impact on all genders, including people undergoing or having undergone gender reassignment, because it focuses on identifying individual needs, removing barriers and ensuring fair, respectful and inclusive access to services. The policy explicitly commits to preventing discrimination linked to protected characteristics and requires staff to consider vulnerability and personal circumstances rather than making assumptions based on gender. No negative impacts have been identified, as the policy strengthens equitable treatment and supports anyone who may be vulnerable or require reasonable adjustments.

18. With relationships playing a huge part in our lives, Marriage and Civil Partnership as a protected characteristic is more important than ever. Given that the vast majority of people in the borough are in a relationship, how does this strategy, policy or service improvement POSITIVELY or NEGATIVELY affect those people that are either married or in a Civil Partnership?

This policy has a positive impact on people who are married or in a civil partnership. It promotes fairness, respect and equal access to services for all customers, regardless of relationship status. The policy focuses on understanding individual needs and vulnerabilities, which may include circumstances linked to family life, caring responsibilities or changes in household stability. By ensuring consistent decision-making, safeguarding pathways and reasonable adjustments, the policy supports households in managing their tenancy and accessing services without disadvantage. No negative impacts have been identified

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England.
Company Number 05564649

BOARD Meeting REPORT

Date : 11 June 2026

Item : 12

Subject : Decant (Adverse Incidents: Fire, Flood, Emergency Repairs, Damp & Mould, Structural Failure) Policy

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

Prepared by : Jayne Hurley, Head of Housing Management

Purpose : To set out the new Policy and gain Board approval so the Policy can be implemented with immediate effect.

Recommendation: That Board approve the new Decant (Adverse Incidents: Fire, Flood, Emergency Repairs, Damp & Mould, Structural Failure) Policy

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 No. 12
Date:11 June 2026**

1. Report Title

1.1 Decant (Adverse Incidents: Fire, Flood, Emergency Repairs, Damp & Mould, Structural Failure) Policy

2. Executive Summary

2.1 This report presents the new Decant Policy (Adverse Incidents: Fire, Flood, Emergency Repairs, Damp & Mould, Structural Failure) for approval.

The policy establishes a clear and consistent framework for managing situations where a tenant's home becomes unsafe or uninhabitable and a temporary or permanent move is required.

The policy sets out clear decision-making processes, communication standards, tenant rights, accommodation requirements and financial arrangements, while ensuring appropriate consideration of vulnerability and reasonable adjustments. It aligns with legal and regulatory requirements and reflects learning from complaints, adverse incidents and Housing Ombudsman guidance.

Approval of the policy will strengthen governance, improve customer experience during decants, and support fair, transparent and defensible decision-making.

3. Purpose

3.1 To set out the new Decant (Adverse Incidents: Fire, Flood, Emergency Repairs, Damp & Mould, Structural Failure) Policy, strengthened to reflect Awaab's Law requirements and seek Board approval so that the policy can be implemented with immediate effect. The new policy is attached at Appendix 1.

3.2 The policy defines how St Leger Homes of Doncaster (SLHD) will manage situations where a tenant's home becomes unsafe or uninhabitable and a temporary or permanent move is required. It sets out a clear, consistent and transparent framework for decision-making, tenant support, communication, accommodation standards and financial arrangements, ensuring tenant safety, fairness and regulatory compliance throughout the decant process.

4. Recommendation

- 4.1 That the Board approve the new Decant (Adverse Incidents: Fire, Flood, Emergency Repairs, Damp & Mould, Structural Failure) Policy.

5. Background and Rationale

- 5.1 St Leger Homes of Doncaster (SLHD) has developed a new Decant Policy to provide a clear, consistent and transparent framework for managing situations where a tenant's home becomes unsafe or uninhabitable and a temporary or permanent move is required.
- 5.2 Decants can arise as a result of serious adverse incidents, including fire, flood, structural failure, serious damp and mould, or major works that cannot safely be carried out with the tenant in occupation. Managing these situations effectively is critical to safeguarding tenant safety, maintaining trust, meeting legal obligations, and ensuring regulatory compliance.

Learning from adverse incidents, Housing Ombudsman determinations, complaints, and sector guidance has highlighted the need for a more robust, documented and customer-focused approach. In particular, Ombudsman findings consistently emphasise the importance of:

- Clear and timely communication
- Transparent decision-making and record-keeping
- Appropriate consideration of vulnerability and reasonable adjustments
- Fair and consistent application of compensation and financial support

This policy has therefore been developed to strengthen organisational assurance, ensure consistency across services, and provide clarity for tenants and staff about what to expect during a decant.

6. Policy Overview

- 6.1 The Decant Policy sets out SLHD's approach to managing both temporary and permanent decants, ensuring that tenants are supported, treated fairly, and kept safe when a move from their home is necessary.

The policy:

- Defines when a decant may be required and the evidence thresholds that trigger a decision
- Establishes a clear decision-making and escalation framework
- Sets out timescales, communication standards and accountability
- Protects tenants' rights, including security of tenure during temporary decants
- Provides clarity on rent liability, financial support, and disturbance payments

- Embeds support for vulnerable tenants and the use of reasonable adjustments
- Aligns with statutory, regulatory and best-practice requirements

6.2 Decanting is explicitly positioned as a last resort, used only where a property cannot be safely occupied or where essential works cannot reasonably be carried out with the tenant remaining in their home.

7 Key Features and Protections

7.1 The Decant Policy introduces a number of important features designed to strengthen tenant safety, improve clarity and ensure consistent decision-making when a decant is required.

Key features of the policy include:

- Clear thresholds for decant decisions, setting out the circumstances and evidence required to confirm that a property is unsafe or uninhabitable
- A documented and transparent decision-making process, with clear escalation routes and senior oversight for complex or high-risk cases
- Defined roles and responsibilities across Housing Management, Property Services and support teams to ensure coordinated delivery
- Minimum communication standards, including the appointment of a Single Point of Contact and clear timescales for updates
- Protection of tenancy rights, including security of tenure during temporary decants and clarity around the right to return
- Clear standards for suitable alternative accommodation, taking account of household size, vulnerability, medical needs and location
- Transparent arrangements for rent and council liability, disturbance payments and home loss payments (for permanent decants only), aligned to legislation and SLHD policy
- Explicit consideration of vulnerability and reasonable adjustments, ensuring tailored support for tenants who may need additional assistance
- Stronger requirements for record-keeping, audit trails and learning, supporting organisational assurance and compliance

Together, these measures ensure that decants are managed fairly, proportionately and consistently, while minimising disruption to tenants and reducing the risk of complaint escalation or maladministration.

8 Policy Framework

8.1 The introduction of this policy provides the following framework:

- A single, corporate framework for all decant situations arising from adverse incidents.
- Clear distinctions between emergency, temporary and permanent decants

- Defined roles and responsibilities across Housing Management, Property Services and support teams
- Standardised communication requirements, including a Single Point of Contact (SPOC) for tenants
- Greater transparency around suitability of alternative accommodation and tenants' rights to challenge decisions
- Consistent application of financial support, aligned to legislation and SLHD compensation policies
- Stronger governance, audit trails and learning mechanisms

These enhancements reduce the risk of inconsistency, complaint escalation and maladministration.

8. Consultation and Engagement

8.1 Extensive consultation has informed the development of this policy. Engagement has taken place with customers, frontline services and specialist teams to ensure that the policy is both practical and reflective of lived experience. In particular:

- The One Voice Forum (OVF) and the Get Involved group were actively involved throughout the development process
- Customer feedback directly informed both the structure and content of the policy

This approach supports the Regulator of Social Housing's expectations around tenant involvement and empowerment and provides assurance that the policy has been shaped through genuine engagement rather than consultation in isolation.

9. Strategic and Regulatory Alignment

9.1 The policy aligns with, and supports delivery of:

- The St Leger Homes Corporate Plan
- The Equality, Diversity and Inclusion Strategy
- The Customer Access Strategy
- The Housing Ombudsman's Complaint Handling Code
- The Regulator of Social Housing's Consumer Standards, particularly Tenant Involvement and Empowerment

It also strengthens the organisation's approach to safeguarding, tenancy sustainability, complaints handling and service accessibility.

10. Procurement

10.1 There are no procurement implications contained within this new Policy.

11. Value for Money (VFM) Considerations

11.1 There are no value for money implications within this new Policy.

12. Financial Implications

12.1 There are no immediate additional budget implications arising from approval of the policy.

12.2 While decants can result in costs associated with temporary accommodation, removals, storage and compensation, these costs already arise from statutory obligations and operational necessity. The policy provides clear financial governance, approval routes and controls, supporting better financial planning and risk management.

12.3 In the longer term, improved clarity and consistency are expected to reduce complaint escalation, legal challenge and unplanned expenditure.

13. Legal and regulatory Implications

13.1 The policy supports compliance with key legislation and regulatory requirements, including:

- Housing Act 1985
- Housing Act 2004 and the Housing Health and Safety Rating System (HHSRS)
- The Social Housing (Regulation) Act 2023
- Homes (Fitness for Human Habitation) Act 2018
- Landlord and Tenant Act 1985
- Land Compensation Act 1973
- Equality Act 2010
- Regulator of Social Housing Consumer Standards
- Housing Ombudsman Complaint Handling Code

By providing clearer processes and documented decision-making, the policy reduces legal and regulatory risk and strengthens organisational assurance.

14. Risks and opportunities

14.1 Risks

- Inconsistent application if procedures and training are not embedded effectively
- Increased service demand in complex decant cases involving vulnerability

Opportunities

- Improved tenant safety, experience and trust
- Reduced complaints and Ombudsman escalation
- Stronger regulatory compliance and governance
- Clearer coordination across services during adverse incidents

12. Health, Safety & Compliance Implication

12.1 There are no health, safety and compliance implications associated with this Policy.

13. IT Implications

13.1 There are no IT implications associated with this Policy.

14. Consultation

14.1 Heads of Service, Service Managers, and Legal Services, Corporate Resources, CDC have been consulted on this new Policy and positive feedback has been received.

14.2 One Voice Forum

Extensive consultation was undertaken with the One Voice Forum, in April 2026.

14.3 Get Involved Group

As part of the development of the Decant Policy, a feedback questionnaire was shared with the Get Involved Group in April 2026 to gather customer feedback and insight.

Overall, feedback from the Get Involved Group was positive and constructive. Participants welcomed the organisation's move towards a decant policy which they felt supports individuals and the barriers customers may face when decanting.

Key themes emerging from all the customer consultation included:

- The importance of clear, timely and accessible communication, particularly at the outset of the process
- A need for greater transparency around decision-making, including why a decision has been made and what happens next
- Strong emphasis on appropriate support for vulnerable customers, including recognition that needs may change over time
- Clarity around rights, expectations and timescales, so customers understand what to expect throughout the process
- Reassurance around fairness and consistency, including how decisions are applied across households

- 14.4 This input has strengthened the final policy and ensured it better reflects customer expectations and lived experience.
- 14.5 The consultation process provided assurance that the policy is aligned with customer priorities and supports SLHD's commitment to meaningful engagement and co-production.

15 Implementation and Communication Requirements

- 15.1 Once approved the Policy will be available on our website and intranet for customers and staff to review.

Procedures once finalised will be made available on our intranet.

Implementation

Successful implementation of the Decant Policy requires clear communication, comprehensive staff training, and consistent adoption across all service areas. SLHD will take the following steps to ensure the policy is fully embedded in operational practice:

Staff Training

Formal training will be delivered to all relevant staff during June/ July 2026. This training will ensure staff have a clear understanding of the Policy's purpose, scope, principles, and operational requirements.

Service Area Briefings

To support organisation-wide understanding, Service Managers will arrange targeted briefing sessions with teams across the business, working through each Head of Service. These sessions will highlight how the Policy aligns with and affects specific service areas, ensuring that all SLHD employees, are aware of their responsibilities and how the Policy informs day-to-day operations.

Communication and Awareness

The Policy once approved will be:

- Published on the SLHD intranet and shared via internal communication channels.
- Circulated to all relevant staff with a summary of key changes.
- Briefing sessions to be held with external partners.

Monitoring and Review

The Decant Policy will be monitored to ensure it is effective, consistently applied, and continues to meet legal, regulatory and customer expectations.

Monitoring will take place through:

Implementation and effectiveness of the policy will be monitored through:

- Review of decant cases, duration and outcomes
- Complaint and Ombudsman analysis
- Financial monitoring of decant-related expenditure
- Learning from adverse incidents and case reviews

Reporting will be provided to EMT and Board as appropriate. The policy will be formally reviewed every three years or sooner if required.

This approach provides ongoing assurance that the policy remains fair, compliant and effective, and supports continuous improvement in customer support and accessibility.

Ongoing Support

Service Managers will provide continued guidance to staff as needed, particularly during the initial transition period, to ensure consistent and confident application of the Policy.

16. Equality Analysis

- 16.1 Equality analysis in the form of an Equality Impact Assessment (EIA) has been carried out with no adverse implications, and shows the Policy strengthens dignity, fairness, and inclusion.

The EIA is detailed at **Appendix 2**.

17. Environmental Impact

- 17.1 There are no environmental impacts related to this Policy

18. Report Author, Position, Contact Details

- 18.1 Jayne Hurley, Head of Housing Management, 01302 862592

19. Background Papers

- 19.1 The development of the Decant Policy has been informed by a combination of legislative requirements, regulatory guidance, sector best practice and organisational learning, alongside customer insight and operational experience.

**Key sources that have informed the policy include:
Legislation and Statutory Guidance**

- Housing Act 1985 and Landlord and Tenant Act 1985, setting out landlord responsibilities and tenant rights
- Housing Act 2004 and the Housing Health and Safety Rating System (HHSRS), informing decisions on habitability and risk
- Homes (Fitness for Human Habitation) Act 2018, reinforcing standards for safe and habitable housing
- Equality Act 2010, particularly duties relating to vulnerability, disability and reasonable adjustments
- Relevant fire safety, building safety and health and safety legislation

Regulatory and Ombudsman Guidance

- Regulator of Social Housing Consumer Standards, particularly the Safety and Quality and Tenant Involvement and Empowerment Standards
- Housing Ombudsman Complaint Handling Code
- Housing Ombudsman learning and determinations, including themes arising from adverse incident cases
- Housing Ombudsman Spotlight Report Attitudes, Respect and Rights (January 2024), highlighting expectations around vulnerability, communication and fairness

Sector Best Practice

- Review of guidance and emerging practice across the social housing sector
- Benchmarking against approaches used by comparable organisations managing emergency and planned decants
- Consideration of learning from national incidents relating to damp and mould, fire safety and building failure

Organisational Learning and Customer Insight

- Internal review of previous decant cases, adverse incidents and near-miss events
- Learning from complaints, appeals and feedback from tenants who have experienced the decant process
- Insight gathered through customer consultation, including feedback on communication, support, decision-making and financial clarity

This combined evidence base has shaped a policy that is legally compliant, regulator-ready and customer-focused, ensuring that decant decisions are transparent, proportionate and centred on tenant safety, dignity and fairness.

Appendix 1 Decant Policy

Appendix 2 Equality Impact Assessment



Decant Policy (Adverse Incidents: Fire, Flood, Emergency Repairs, Damp & Mould, Structural Failure)

POLICY TITLE:	Decant Policy (Adverse Incidents: Fire, Flood, Emergency Repairs, Damp & Mould, Structural Failure)
LEAD OFFICER:	Head of Housing Management
DATE APPROVED:	11 June 2026
APPROVED BY:	SLHD Board
IMPLEMENTATION DATE:	11 June 2026
DATE FOR NEXT REVIEW:	11 June 2029
ADDITIONAL GUIDANCE:	
ASSOCIATED CUSTOMER PUBLICATIONS:	Equality, Diversity and Inclusion Policy Customer Support and Accessibility Policy Secure Tenancy Agreement Corporate Plan 2024-2028 Equality and Diversity Strategy CDC Allocations Policy Customer Access Strategy Secure Tenancy Strategy Housing and Neighbourhood Management Policy Safeguarding Policy ASB Policy Compliments, Comments and Complaints Policy Compensation and Goodwill Policy Repairs and Maintenance Policy Rechargeable Works Policy Damp and Mould Policy Communications Strategy Customer Access Strategy Fire Management Policy ICT Strategy Domestic Abuse Policy
TEAMS AFFECTED:	All Employees, Contractors, Board Members and St Leger Homes Tenants and Customers
THIS POLICY REPLACES WITH IMMEDIATE EFFECT:	N/A

DOCUMENT CONTROL

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

Revision History

Date of this revision:	New Policy
Date of next review:	June 2029
Responsible Officer:	Head of Housing Management

Version Number	Version Date	Author/Group commenting	Summary of Changes
01	March 2026	Head of Housing Management	New Policy

Policy Creation and Review Checklist

ACTION	RESPONSIBLE OFFICER	DATE COMPLETED
Best practice researched (House Mark, HQN, NFA, RSH, general websites)	Head of Housing Management	Feb 2026
Review current practices from similar organisations (NFA)	Head of Housing Management	Feb 2026
Undertake customer consultation if applicable	Head of Housing Management	April 2026
Staff consultation through Trade Unions if applicable	Head of Housing Management	N/A
Trade Union consultation if applicable	Head of Housing Management	N/A
Other stakeholder consultation if applicable	Head of Housing Management	N/A
Equality analysis carried out through the intranet for all new policies or fundamental changes	Head of Housing Management/EDI Manager	April 2026

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

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Decant Policy (Adverse Incidents: Fire, Flood, Emergency Repairs, Damp & Mould, Structural Failure)

1. Introduction

- 1.1.1 St Leger Homes of Doncaster (SLHD) is committed to ensuring that all tenants live in a safe, healthy and habitable home. In some circumstances such as fire, flood, structural failure, serious damp and mould, or major works it may become necessary to temporarily move a household from their home due to a property being temporarily unfit for habitation. This process is known as a **decant**.
- 1.1.2 SLHD recognises that moving can be difficult. We are committed to making decanting as easy as possible and will keep tenants informed at every stage of the decant process. We will support tenants throughout the decant process to ensure that disruption is kept to a minimum and they can return to their home in a timely manner. We will try as far as possible, taking into account availability of alternative accommodation, to decant to suitable locations and property types and will always take into account the needs of the customer and their family.
- 1.1.3 This policy provides a clear, consistent framework for when and how decants will occur, ensuring safety, fairness, transparency, dignity, and regulatory compliance.

2 Purpose

2.1 The purpose of this policy is to:

- Ensure that tenants fully understand the reasons for a decant, the support available, and what to expect throughout the process.
- Protect tenants' safety by establishing a clear decision-making process for determining when a home is unfit for habitation.
- Ensure tenants are moved safely and efficiently to suitable temporary or permanent accommodation.
- Define roles and responsibilities across SLHD teams.
- Provide clear communication standards and timescales for updates to tenants.
- Ensure compliance with legal and regulatory requirements (Housing Act 1985, Housing Act 2004 / HHSRS, Homes (Fitness for Human Habitation) Act 2018, Equality Act 2010, Fire Safety regulations, Housing Ombudsman Code).
- Ensure fair and consistent application of compensation, disturbance payments and support.

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- Embed lessons learned from the Regulator of Social Housing, Housing Ombudsman determinations and internal adverse incident reviews.

3 Scope

3.1 The scope of this policy covers all situations in which SLHD is required to decant a tenant temporarily, to enable essential safety works, major repairs or compliance activity where continued occupation would be unsafe or impractical. It details the requirement for tenants to be kept updated throughout the decant process and compensating tenants for ‘reasonable expenses’ associated with moving. The policy also includes the process and policy to determine when and how temporary decants can become permanent.

3.2 This policy applies to:

- All SLHD-managed homes and council tenancies (secure, introductory, flexible, licence holders).
- All incidents where a property becomes dangerous, uninhabitable, or unsuitable for occupation for example due to:
 - Fire
 - Flood / water ingress
 - Structural failure
 - Loss of essential facilities
 - Emergency Repairs including serious damp & mould
 - Contamination
 - Major repairs / intrusive or unsafe works
 - Enforcement or statutory requirements (including emergency services and building control)
 - Planned demolition or regeneration

This list is not exhaustive.

4. Definitions

4.1 Decant

A decant is a legally managed temporary move from a tenant’s home because it is unsafe to remain or because major works are required that cannot be completed with the tenant in occupation.

In legal and regulatory terms, a decant occurs when a landlord must provide “suitable alternative accommodation” under its obligations to:

- Comply with the Regulator of Social Housing’s Safety and Quality Standard.
- Ensure the property is fit for human habitation under the Homes (Fitness for Human Habitation) Act 2018

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- Meet duties under the Landlord and Tenant Act 1985 and protect tenants from serious hazards identified under the Housing Health and Safety Rating System (HHSRS).
- Meet compliance with the Hazards in Social Housing (Prescribed Requirements) (England) Regulations 2025 (known as Awaab’s Law) under the Social Housing (Regulation) Act 2023.

This policy refers to ‘suitable alternative accommodation’; however, detailed criteria for suitability, the assessment process, and the circumstances in which tenants may challenge a suitability decision will be set out clearly within the accompanying procedures.

4.2 Types of Move due to adverse incidents

a) Emergency Decant (Unplanned):

Immediate move required to protect life, health, or safety due to risks such as:

- Fire, flood, explosion or major leak
- Structural failure or collapse
- Emergency repairs including serious damp, mould or environmental hazard
- Contamination (e.g. asbestos, sewage, chemical hazard)

b) Temporary Decant (Planned or Unplanned):

Short-term move while repairs, works or investigations are carried out and that cannot be carried out with the tenant in occupation.

The tenant will return to their home once it is safe and works are complete.

c) Permanent move: Direct Match or Management Let

Where the home cannot be safely or reasonably restored (e.g., demolition, long-term structural issues). Or where a temporary move is not deemed appropriate for the household due to personal circumstances and/or vulnerability.

Permanent rehousing follows the Housing Allocation Policy, which allows Direct Match or Management Let allocations under certain circumstances

Legally, during a decant the landlord must ensure:

- the alternative accommodation is suitable,
- tenants’ rights (including security of tenure) are protected during temporary decants,
- relevant compensation is paid (e.g. disturbance or home loss payments), and
- the move is handled with clear communication, fairness, respect and appropriate support.

NB Compensation is not awarded for all decants and will only be awarded through either home loss legislation, or under St Leger Homes Compensation and Goodwill Policy.

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5. Principals of decanting

5.1 Our approach to decanting is guided by a set of core principles designed to ensure that every decision is fair, transparent and centred on tenant safety and wellbeing. These principles underpin how we assess, plan and deliver decants, ensuring consistency and dignity for all households involved. These include:

- **Safety First:** Homes must be safe and meet SLHD and statutory standards.
- **Fairness & Dignity:** Tenants treated with respect; decisions evidence-based and transparent.
- **Consistency:** Clear processes followed across all teams.
- **Proportionality:** Decisions consider vulnerability, medical needs, caring responsibilities, equality requirements and household composition.
- **Communication:** Single Point of Contact to provide timely, clear updates in accessible formats with customers and all parties involved in the decant.
- **Support:** Welfare and tenancy sustainability needs assessed and supported.
- **Financial Fairness:** Appropriate compensation and disturbance allowances provided.
- **Record Keeping:** Accurate documentation and audit trails maintained.

6. Rent Liability During Temporary Decants

6.1 During a temporary decant, tenants remain responsible for paying rent on the lower of the two rents. SLHD will cover the cost of the additional rent (e.g., hotel, serviced accommodation or temporary SLHD property) where required. Tenants will not be subject to dual rent liability.

6.2 If an insurance claim is made to recover temporary accommodation costs, this does not affect the tenant's liability for rent on their permanent tenancy. Where insurance does not cover the full cost of the temporary accommodation, SLHD will not seek to recover any shortfall from the tenant.

6.3 Rent liability arrangements will always be confirmed in writing within the Written Move Plan to ensure full clarity and avoid confusion.

6.4 If tenants' source their own temporary accommodation, such as with family or friends, rent on their tenancy will NOT be payable whilst it is not fit for habitation.

6.5 Once the property is deemed fit to return to, and the tenant has been given reasonable notice to return, rent liability will immediately become payable.

6.6 If a tenant is relocated to an alternative St Leger Homes property under a temporary tenancy agreement, and either unreasonably delays or refuses to return once the property is deemed fit to return, rent will be charged on both the original tenancy and the temporary tenancy, imposing dual liability.

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7. Our Commitment to Tenants

7.1 Our aim is to make the decant process as smooth, transparent and respectful as possible, minimising disruption while safeguarding tenant wellbeing and maintaining safe homes.

During any decant, SLHD will:

- Provide clear, timely, accessible communication about:
 - the need for decanting
 - timescales involved
 - available options
 - support available
- Ensure all tenants receive suitable alternative accommodation based on household size, medical needs, vulnerability, and other relevant circumstances
- Protect tenants' rights to security of tenure during temporary decants
- Provide appropriate financial compensation, in line with legal requirements
- Offer support with removals and storage where required
- Compensate tenants for 'reasonable expenses' associated with decanting.
- Provide a named officer as a single point of contact throughout the process e.g. Housing Officer
- Work closely with Housing Options and partners (Adult/Children's Services, contractors) to coordinate the decant effectively.

8. Legislation and related policies

8.1 This policy should be read with the following documents (as identified in SLHD corporate policy suite):

- Housing Act 1985
- The Social Housing (Regulation) Act 2023
- Housing Act 2004 & HHSRS
- Homes (Fitness for Human Habitation) Act 2018
- Landlord and Tenant Act 1985
- Land Compensation Act 1973
- Equality Act 2010
- Regulatory Standards (RSH)
- Housing Ombudsman Complaint Handling Code
- SLHD Repairs & Maintenance Policy
- SLHD Damp and Mould Policy
- SLHD Fire Safety Management Policy
- SLHD No Access Policy
- SLHD Compensation & Goodwill Policy
- SLHD Housing & Neighbourhood Management Policy
- Secure Tenancy Agreement
- Housing Allocation Policy
- SLHD Customer Support and Accessibility Policy

9. Roles and Responsibilities

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9.1 The roles and responsibilities of the teams involved in delivering the decant process are detailed in the table below.

Role	Responsibilities
Director of Housing & Customer Services Director of Property Services	Strategic oversight, approval of complex/exceptional decisions
Head of Housing Management (Policy Owner)	Policy implementation & compliance; escalations
Service Manager – Housing Management (Incident Lead)	Lead operational decision-making, manage case, coordinate teams
Repairs Surveyor / Building Surveyor (Technical Lead)	Inspections, safety assessments, HHSRS, works specification, QA checks
Fire & Building Safety Team	Fire risk, building safety advice, liaison with enforcement bodies
Housing Officer	Single Point of Contact (SPOC) Sourcing temporary and permanent accommodation
Tenancy Sustainability Team	Support needs, welfare, financial assessments
Safeguarding & ASB Team	Risk assessments, multi-agency liaison, vulnerable cases
Customer Access / Communications	Letters, updates, communication planning
Business Support	Removals, storage, logistics, documentation
Finance	Approvals for compensation, disturbance and home loss payments

10. Decant Process

10.1 Step 1: Incident Triage (within 4 hours)

- Make safe, evacuate if needed.
- Log incident and appoint Incident Lead.
- Capture vulnerabilities and safeguarding concerns.
- Initial communication to tenant.

10.2 Step 2: Inspection & Habitability Decision (within 24 hours)

- Surveyor conducts inspection and HHSRS assessment.
- Decision on whether decant is necessary.
- Written decision provided to tenant.

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10.3 Step 3: Accommodation & Move (within 48 hours of decision/ 24 hours for emergency hazards under Awaab's Law)

- Single Point of Contact (SPOC) Housing Officer identified and customer advised
- Temporary accommodation identified via Housing Officer
- Removals, storage, utilities, pets' arrangements coordinated.
- Disturbance payment eligibility assessed.
- Written Move Plan issued (Form detailed at Appendix 1)

10.4 Step 4: Repairs & Works Management

- Works ordered, monitored and updated regularly.
- Weekly updates to SPOC to provide to tenant
- Quality assurance inspection on completion.

10.5 Step 5: Returning Home or Permanent Rehousing

- Return move arranged or:
- Permanent rehousing initiated (if required).
- Home loss and disturbance compensation applied as appropriate.

10.6 Step 6: Closure & Learning

- Case reviewed and closed by Incident Lead.
- Lessons learned to be analysed as appropriate and shared with EMT/Board.

11. Ending a Temporary Decant and Returning Home

11.1 Once works are completed, SLHD will conduct a quality assurance inspection and confirm the return-home date in writing where appropriate, giving tenants reasonable notice where possible.

11.2 Tenants are expected to vacate hotel or temporary accommodation on the agreed date. SLHD will arrange removals, and reconnection of utilities as required.

11.3 If a tenant refuses to return to their repaired home without a valid reason (e.g., medical or safety reasons supported by evidence), SLHD will review the case and if necessary, will take legal action. Legal action will always be a last resort and St Leger Homes will do everything possible to negate the need for this. As per paragraph 6.6, tenants will become liable for rental on both properties in these circumstances.

11.4 Where a tenant is vulnerable or requires additional support in the decant process or support to return home, reasonable adjustments will be made and documented as part of the decant Move Plan and or the decant return-home plan.

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12. Communication standards

12.1 The following communication standards set out the minimum expectations for how and when we will communicate with tenants during a decant.

- Initial acknowledgement: within 4 hours
- Inspection decision: within 24 hours of inspection
- Identification of Single Point of Contact (SPOC) Housing Officer
- Written Move Plan: within 24 hours of decant decision
- Weekly updates: minimum standard
- Return home confirmation: within 24 hours of works sign off
- Accessible formats: available on request

*** If a problem is identified as an emergency under Awaab's Law, we will speed up how quickly it is dealt with.*

13. Accommodation standards during decant

13.1 When a decant is required, we will consider all suitable temporary accommodation options available to us, including the following:

- Hotel and Airbnb accommodation which simply means booked, short-term accommodation provided through Airbnb or similar providers, used to ensure a tenant is safely housed during works or emergencies.
- SLHD property – if unfurnished, we will assist with moving tenants belongings from permanent home, where possible
- SLHD Temporary Accommodation unit – furnished to basic standard

13.2 Where tenants choose to stay temporarily with family or friends, this will be treated as an approved form of temporary accommodation, subject to an assessment of suitability. Tenants may still be eligible for agreed disturbance payments and applicable allowances, and the arrangements will be confirmed in writing. SLHD will record the suitability check and ensure tenants understand what support and reimbursement they can access.”

13.3 Alongside this, we will communicate with tenants in line with the following standards:

Temporary accommodation must:

- Be suitable for household size, mobility, medical and cultural needs.
- Consider proximity to schools, carers, employment and support networks.
- Meet safety standards and allow reasonable occupation.

14.0 Health, Safety and Welfare Checks During Decant Accommodation

14.1 SLHD recognises that hotel or emergency accommodation can create additional risks for certain tenants, including children, older adults, disabled tenants, and those with heightened support needs.

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- 14.2 A welfare assessment will be carried out at the point of decant to identify whether welfare checks are required during the temporary stay.
- 14.3 Where required, SLHD will implement a welfare-check plan that may include:
- Regular phone or in-person check-ins
 - Additional visits for families with young children
 - Support from Tenancy Sustainability, Safeguarding or partner agencies
 - Liaison with hotel/accommodation providers to ensure safety and accessibility
- 14.4 Any safeguarding concerns identified during the decant period will be escalated immediately in line with SLHD safeguarding procedures.

15. Disturbance Payments

- 15.1 These are intended to compensate tenants for 'reasonable expenses' associated with moving. Where applicable, SLHD will provide Disturbance payments which can include:
- Reasonable removal costs
 - Disconnection and reconnection of appliances
 - In cases where there is no pre-payment meter, we will assess utilities on a case by case basis.
 - Council Tax will continue to be covered on the main tenancy while the customer is out of the property during the decant period.
 - Re-direction of mail
 - The provision of carpets and curtains in temporary accommodation, where items are not reusable and where appropriate.
 - Storage of furniture and effects if in temporary accommodation such as hotel accommodation
 - Where the tenant is decanted into accommodation without cooking facilities i.e. Hotel accommodation then a meal allowance will be provided for each of the household members.
 - Where the tenant is decanted into accommodation with a no pets policy, in exceptional circumstances assistance may be provided towards the costs of temporary boarding of pets into kennels/ catteries.

16. Home loss Payment

- 16.1 This is for permanent decants only which is a statutory fixed sum paid in recognition of the personal upset and distress caused by displacement. SLHD makes no commitment to provide payments for displacement beyond the statutory requirement. A person cannot be regarded as permanently displaced if there is an intention to return to their original home on completion of the works.

Home loss payment will be paid following deductions of:

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- Any rent arrears against the property (including former tenant arrears)
- Any court costs regarding the tenancy
- Any garage rent arrears owed by the tenant
- Any Council Tax arrears in respect of the property
- Any re-charges in relation to property damage, caused either deliberately or through neglect.

16.2 For tenants who receive Housing Benefit and/or Council Tax Support, any Home Loss payments that they receive will be counted as capital for the purpose of these benefits. It is the legal responsibility of tenants to advise the City of Doncaster Council's Tax and Benefits Team as soon as they receive any Home Loss payment. Similarly, any Home Loss Payment may affect entitlement to Universal Credit, and the onus rests with Council Tenants to inform the Department of Work and Pensions/Local Jobcentre Plus that they have received this payment.

16.3 SLHD makes payments in accordance with the Home Loss Payments (Prescribed Amounts) (England) Regulations (2023). These regulations are updated annually and will be checked before any payment is agreed. For this reason, the level of statutory payments is not set out within this document as it is likely that these amounts will change during the lifespan of this policy.

16.4 All financial aspects of a decant, including disturbance payments, home loss payments, storage costs and temporary accommodation charges, will be managed through SLHD's established financial controls. This includes formal authorisation of payments, monitoring of expenditure against budget, and processes to prevent fraud or error. All costs will be recorded, verified and subject to internal audit and EMT/Board assurance.

17. Tenant responsibilities

17.1 Tenants remain responsible for personal contents insurance and payment of the rent on the lower of the two rents.

Rent will be covered on one of the other properties by SLHD and in some circumstances due to the nature of the decant may be covered through insurance.

Tenants are expected to:

- Pay Council Tax on the temporary property
- Pay utilities on the temporary property
- Co-operate with inspections, surveys, and contractor appointments
- Pack belongings where they are able to do so
- Provide accurate information about their needs
- Keep SLHD updated about any changes in household circumstances

Support will be offered to vulnerable tenants.

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18. Supporting Vulnerable Tenants and Making Reasonable Adjustments

18.1 SLHD is committed to ensuring that all tenants, including those with vulnerabilities or additional needs, are supported appropriately throughout the decant process. In line with the Equality Act 2010 and the Housing Ombudsman's Attitudes, Respect and Rights report, we will identify, record and implement reasonable adjustments to remove barriers and ensure tenants can fully understand, participate in, and manage the decant process.

18.2 Identifying Vulnerability and Additional Needs

SLHD will proactively identify potential vulnerabilities that may impact a tenant's ability to engage with the decant process, including (but not limited to):

- disability, long-term health conditions or mental ill-health
- sensory impairments or communication needs
- learning disabilities, cognitive impairment or diminished capacity
- literacy, language or cultural factors
- domestic abuse, safeguarding or exploitation risks
- severe financial hardship or social isolation

Housing Officers and partner services will record any known or emerging vulnerabilities at the earliest stage and update these throughout the decant process.

18.3 Reasonable Adjustments

Where vulnerabilities or additional needs are identified, SLHD will implement reasonable adjustments to ensure tenants are not disadvantaged in line with the Customer Support and Accessibility Policy. These may include:

- providing information in accessible formats (easy read, large print, translated materials)
- additional time and support for decision-making
- face-to-face meetings instead of written communication
- involving advocates, carers or support workers
- arranging alternative viewing methods (e.g., video walk-throughs)
- offering enhanced welfare checks during hotel or emergency accommodation stays
- providing practical support with packing, removals or storage where a tenant cannot reasonably do this themselves

18.4 Recording and Reviewing Adjustments

All agreed adjustments will be documented on the tenant's case record and reflected in the Written Move Plan. Adjustments will be reviewed regularly, particularly if circumstances change, to ensure they remain appropriate and effective.

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18.5 Link to Safeguarding

Where a tenant's vulnerability indicates potential risk of harm, staff must follow SLHD safeguarding procedures. Any concerns about a tenant's safety, exploitation, mental capacity or wellbeing will be escalated promptly to the Safeguarding & ASB Team for assessment. Multi-agency working will be coordinated where required (e.g., Adult Social Care, Children's Services, Health professionals).

Decision-Making and Oversight

All decisions involving vulnerable tenants will be taken with careful consideration of risk, dignity and proportionality. Cases involving significant vulnerability, escalating risk or complex needs may be escalated to the Service Manager or Head of Service for oversight.

19. Decision Criteria

19.1 A decant will be authorised when:

- A property is **unsafe** or **uninhabitable**.
- Staying would pose risk due to **health hazards** (damp & mould, contamination, electrical, fire).
- Works required cannot be completed safely while occupied.
- Emergency services or statutory authorities require temporary removal.
- The property is subject to long-term structural instability, demolition or regeneration.

20. Complaints and Appeals

20.1 In the event of a dispute about a decant decision or the suitability of alternative accommodation, SLHD will follow a clear internal escalation route, Team Leader → Service Manager → Head of Service, before progressing to the formal complaints process. This provides an opportunity for an operational review and early resolution in line with best practice.

20.2 We are committed to providing clear routes for tenants to raise formal complaints or appeal decisions. The following section outlines how concerns will be handled and escalated.

A tenant who remains dissatisfied may:

- Appeal a decant decision or suitability of accommodation.
- Use SLHD's Complaints Policy and Housing Ombudsman processes.
- Receive clear reasons for decisions and any appeal outcomes.

21. Data Protection

21.1 All personal information will be managed in accordance with:

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- Data Protection Act 2018
- UK GDPR
- SLHD Information Governance policies

Temporary accommodation locations will always be treated as confidential.

22. Governance and reporting

22.1 SLHD will report to EMT and Board:

- Number and type of decants
- Duration
- Costs
- Lessons learned
- Themes arising from complaints, Ombudsman findings, and adverse incidents

23. POLICY IMPLEMENTATION & TRAINING

- Training for all staff involved in decant processes.
- With regular refresher training.
- Lessons learned incorporated into continuous improvement plans.

24. Equality impact assessment

24.1 A full EIA has been completed. A full Equality Impact Assessment (EIA) has been completed for this policy, following SLHD's equality analysis process. The assessment considered the potential impact on all protected characteristics under the Equality Act 2010, and reviewed available evidence, tenant feedback, complaints data, and the outcomes of consultation with staff, partners and tenant groups. The analysis also examined whether any groups could be disproportionately affected, whether additional support or reasonable adjustments would be needed, and whether the policy could unintentionally create barriers for tenants with specific needs.

24.2 The EIA found no negative or discriminatory impacts for any protected group. It confirms that no tenants would be disadvantaged by the implementation of this policy and that the policy is fair, inclusive and accessible. The assessment also noted that the policy strengthens clarity, transparency and consistency for tenants, and supports SLHD's commitments to equality, good practice and legal compliance.

25. Ownership and Responsibilities

25.1 The ownership and responsibility of managing the implementation and relevance of this policy will remain with the Head of Housing Management. However, the application of the policy will apply to all Service areas as feature of our service offer.

26. Procedures

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26.1 Procedures developed to support this Policy will consider recommendations contained in The Housing Ombudsman’s Spotlight Report on ‘*Attitudes, rights and respect*’. Our approach will embed inclusive practices that reflect the diverse needs of tenants, including those with disabilities, long-term health conditions, or those experiencing significant life events. We will also strengthen transparency by maintaining robust records of all requests and decisions, with regular review to ensure fairness and consistency.

27. Commitment to Ongoing Improvement

27.1 This policy sets out SLHD’s clear and consistent approach to managing all decant situations, ensuring that tenants are supported, treated fairly, and kept safe when a move from their home is necessary. Decanting will always be a last resort, used only when a property cannot be safely occupied or when essential works cannot be carried out with tenants in place.

27.2 Through this policy, SLHD commits to providing suitable alternative accommodation, clear communication, appropriate compensation, and tailored support particularly for vulnerable households. The policy also reflects learning from Housing Ombudsman determinations and feedback from tenants who have experienced the decant process, ensuring continual improvement in how we deliver this service.

27.3 SLHD will continue to monitor the impact of this policy, review its effectiveness, and ensure it remains compliant with legislation, regulatory standards, and best practice. Our aim is to make the decant process as smooth, transparent and respectful as possible, minimising disruption while safeguarding tenant wellbeing and maintaining safe, high-quality homes.

27.4 Analysis of Tenant Satisfaction Measures

As a learning organisation, we will continually monitor the quality of the decant service we provide, using analysis of Tenant Satisfaction Measures, transactional survey feedback and wider customer insight to identify improvements and ensure the service remains fair, consistent and responsive to tenant needs.

How we’ll collect and triangulate insight

- Tenant Perception Measures (TP01–TP12): We will tag decanted households (where possible) to compare their satisfaction against the wider SLHD baseline and identify any gaps needing action.
- Management Information Measures: We will review complaint timeliness and resolution (MI-based TSMs) for decant cases to check process reliability and right-first-time outcomes.
- Transactional surveys and “You Said, We Did”: Short, post-decant surveys and qualitative feedback will be mapped to the TSM themes to

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capture specific service improvements (e.g., removals, storage, communication cadence).

28. Background Document/Research:

- The Housing Ombudsman provides a Spotlight report 23 January 2024, on *Attitudes, Respect and Rights* which examines what "vulnerability" means in social housing and how landlords can better serve vulnerable residents, which is closely linked to the requirement for reasonable adjustments under the Equality Act 2010. While there isn't a separate, dedicated Spotlight report on the broader concept of decanting customers specifically, the Ombudsman's overall learning from wider order reports and publications does emphasise the need for landlords to make reasonable adjustments for residents with disabilities, as detailed in their Complaint Handling Code.
- Learning from Housing Ombudsman determinations, alongside feedback from tenants who have been decanted, highlights the importance of clear communication, timely updates, accurate record-keeping, consistent decision-making, and ensuring that tenants fully understand the reasons for a decant, the support available, and what to expect throughout the process. These findings reinforce the need for early engagement, stronger coordination across teams, and a more customer-focused approach that prevents avoidable anxiety, delays, and dissatisfaction.
- Equality Act 2010: guidance - GOV.UK (www.gov.uk)
- Tenant Involvement and Empowerment Standard - GOV.UK (www.gov.uk)

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Appendix 1

WRITTEN MOVE PLAN (DECANT) – TEMPLATE FORM

This Written Move Plan must be completed for every decant (temporary or permanent).

A copy must be provided to the tenant and saved to the tenancy record.

1. Tenant & Household Details

Tenant Name(s): _____

Address of Affected Property: _____

Contact Number(s): _____

Email Address: _____

Household Members (including ages & vulnerabilities/needs):

Name Age Relationship Additional needs (medical, accessibility, safeguarding)

2. Reason for Decant

Type of Decant Required (tick):

Temporary decant

Emergency decant

Reason for Decant (summary):

(e.g. fire, flood, disrepair, major works, safety concern, structural issues)

Evidence/Assessment Completed:

(e.g. survey report, HHSRS, fire report, contractor assessment)

3. Works Required / Timescales

Works Needed to the Property:

Estimated Start Date of Works: _____

Estimated Completion Date: _____

Expected Date Tenant Can Return (for temporary decants):

4. Temporary / Alternative Accommodation

Option(s) Offered to Tenant:

SLHD property

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- B&B
- Hotel
- Private sector leased property
- Other (please specify) _____

Address of Temporary Accommodation (if known):

Why this accommodation is suitable (household size, medical needs, location, accessibility):

Type of Tenancy/Agreement for Temporary Accommodation:

5. Removals, Storage & Belongings

Support Offered:

- Removals arranged
- Storage arranged
- Tenant choosing to self-move

Details of Arrangements:

Furniture or Equipment Supplied (if any):

6. Financial Support & Compensation

Eligible Payments (where applicable):

- Home Loss Payment (permanent decant)
- Disturbance Payment (reasonable expenses)
- Goodwill/Discretionary Payment
- Travel/meal allowances (if applicable)
- Other (specify): _____

Details of Agreed Payments / Reimbursements:

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7. Tenant Rights & Key Information (discussed and confirmed)

- Security of tenure protected during temporary decant
- Rent liability explained (including responsibilities for two properties if applicable)
- How to report repairs while decanted
- How works/progress updates will be communicated
- Support available from SLHD and partners (Housing Options, Adult/Children’s Services)
- Complaint routes explained

(Officer to ensure this section is explained clearly.)

8. Single Point of Contact

Named Officer: _____

Role: _____

Phone: _____

Email: _____

9. Communication Plan

How often will updates be provided?

- Weekly
- Fortnightly
- Monthly
- Other: _____

Method(s):

- Phone
- Email
- Text
- Home visit
- Other: _____

10. Tenant Agreement / Comments

Tenant Comments or Questions:

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Tenant Confirmation:

I confirm that the information above has been discussed with me and I have received a copy of this Written Move Plan.

Tenant Signature: _____ Date: _____

Officer Signature: _____ Date: _____

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Equality Analysis

1.Name of Officer Submitting Analysis

Jayne Hurley

2.Policy, Strategy or Function

Decant Policy

3.Service Area or Directorate.

Housing Management

4.Who is the Lead Manager & others involved in analysis

Jayne Hurley , Claire Trigger

5.Date of Equality Analysis.

2026-04-23

6.What type of policy, service or function is this and what is its main purpose?

This is a housing management policy. Its main purpose is to set out a clear, fair and consistent framework for managing decants, ensuring tenants are supported to temporarily move from their home where it is necessary due to property condition, repair works, health and safety risks, regeneration or other exceptional circumstances. The policy aims to minimise disruption, safeguard residents' wellbeing, and ensure legal, regulatory and equality duties are met while enabling essential works or actions to proceed.

7.Who will this policy, service or function affect? Colleagues, Tenants and/or individual

This policy will primarily affect tenants, including secure, flexible and fixed-term (introductory) tenants, who may need to move temporarily due to property condition, major repairs, health and safety risks, regeneration or other exceptional circumstances.

It will also affect colleagues, particularly those working in Housing Management, Property Services, Customer Services, Neighbourhood teams, and supporting services such as Legal and Finance, who are responsible for assessing the need for decants, supporting residents through the process, and implementing the policy.

In addition, the policy may have a particular impact on individual groups, including residents with disabilities, older people, households with children, people with health or mental health needs, and those requiring reasonable adjustments, as they may need additional support during the decant process. The policy seeks to ensure these impacts are identified and addressed in a fair, proportionate and lawful way.

8.Who is this policy, service or function intended to help/benefit?

This policy is intended to benefit tenants by ensuring they are supported, treated fairly and consistently, and kept safe when a temporary move from their home is necessary. It aims to minimise disruption, reduce anxiety, and ensure appropriate support and reasonable adjustments are in place throughout the decant process.

The policy also benefits colleagues by providing a clear, consistent framework for decision-making

and practice, enabling them to manage decants lawfully, proportionately and in line with regulatory expectations.

More broadly, the policy supports the organisation by ensuring compliance with legal, regulatory and equality duties, reducing risk, and promoting transparent, customer-focused service delivery.

9. Please provide the details and key findings from any consultations that have been carried out with staff, customers, stakeholders, partners or other interested parties

Consultation has been undertaken with customers and internal colleagues to inform the development of the Decant Policy and ensure it is clear, fair, and focused on tenant safety and wellbeing. The draft policy and its key principles were consulted on with customers through the Our Voice Forum (OVF) as part of the scheduled policy consultation programme in April 2026.

Customers were engaged using plain-English materials that explained what a decant is, when it might be required, and the differences between emergency, temporary and permanent moves.

Key themes from customer feedback included:

Strong support for safety being the primary reason for any decant decision

The importance of clear communication, particularly around what will happen, timescales, and what to expect

The value of having a single named officer as a point of contact throughout the process

The need for transparency around rent, costs, compensation and support

Recognition that permanent moves should be a last resort only

Customers responded positively to the principles underpinning the policy, particularly fairness, dignity, and tailored support for vulnerable households.

In addition, consultation questions were developed for the Get Involved Group to test understanding, fairness, and support arrangements, ensuring feedback could be gathered from tenants with a range of experiences and perspectives.

The policy has been informed by internal learning from previous decant cases, including findings from Housing Ombudsman determinations, which highlighted the need for clearer records, stronger decision-making frameworks, and better communication with residents. This learning directly shaped the policy's emphasis on clarity, consistency, and proportionality.

Internal engagement with housing management and customer-facing teams has focused on ensuring the policy is operationally practical, sets out clear roles and responsibilities, and supports colleagues to act lawfully and consistently. Best practice research and learning from other social housing providers also informed policy development.

Consultation confirmed strong support for a formal Decant Policy that prioritises tenant safety, provides clarity and reassurance, and ensures appropriate support for households who may be particularly impacted by having to move from their home.

10. List below any evidence, data or sources of information you have used to help you assess impact on any communities, groups and individuals

Evidence used to assess the impact of the Decant Policy includes customer feedback from consultation with the Our Voice Forum (OVF) and engagement materials developed for the Get Involved Group, which provided insight into tenants' experiences, priorities and concerns around

safety, communication, fairness and support. The assessment also draws on learning from Housing Ombudsman determinations and complaint outcomes, highlighting the impact of unclear decision-making and communication on residents, particularly vulnerable households. This qualitative insight is complemented by internal operational learning and management information from previous decant cases, best practice research from the social housing sector, and consideration of existing corporate policies, including the Equality, Diversity and Inclusion Policy and the new draft Customer Support and Accessibility Policy, to understand potential impacts on different communities, groups and individuals and the need for reasonable adjustments.

11. With over 10% of our customers and 3.28% of colleagues being from an Ethnic Minority, How does this policy / strategy or service affect those customers in a POSITIVE or NEGATIVE way?

Positive way

12. 26% of our customers and 2.71% of colleagues are disabled. What POSITIVE or NEGATIVE impact will there be on those customers once this policy / strategy or service is adopted?

Positive way

13. Both our Customers 70.86% and our colleagues 27% are - in the majority - older, and we know that this can affect a number of things including potential health, communication requirements and disability. How does your Policy, strategy or service improvement impact people who are older in a POSITIVE or NEGATIVE way?

Positive way

14. Whilst it is difficult to establish how many of our customers or colleagues are pregnant or on maternity, it is a protected characteristic and as such needs some thought around as to how this policy, strategy or service improvement will affect those people protected by the Equality Act. Thinking of - but not limited to - things such as entitled benefits, maternity leave, physical and digital access to services, mental health and overall health and support - How does this Policy, Strategy or Service improvement impact those users in a POSITIVE or NEGATIVE way?

Positive way

15. The LGBTQ community make up around 1.4% of our customers and 2.57% of colleagues. With such a small number of service users, it makes that community much easier to over look, how have you ensured they have been included and what if any POSITIVE or NEGATIVE impacts will affect them in this policy / strategy or service?

Positive way

16. Religion can play an important part in peoples daily lives, what, if any, POSITIVE or NEGATIVE impacts arise for those customers that are members of that community from this policy / strategy or service?

Positive way

17. Thinking about Gender, does this Policy Strategy or Service Improvement affect one Gender more disproportionately than another - for example does this change affect only Men negatively or does this only affect people on the path to gender re-assignment?

Positive way

18. With relationships playing a huge part in our lives, Marriage and Civil Partnership as a protected characteristic is more important than ever. Given that the vast majority of people in the borough are in a relationship, how does this strategy, policy or service improvement POSITIVELY or NEGATIVELY affect those people that are either married or in a Civil Partnership?

Positively

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	Safety and Compliance Dashboard – April 2026
Action Required:	Members of Board are asked to note the content of this report
Item:	13
Prepared by:	Carl Raybould, Health, Safety and Compliance Service Manager Jordan Rowe Electrical Compliance Officer
Date:	11 June 2026

1. Report Title

1.1 Safety and Compliance Exception Report – as of 30th April 2026

2. Compliance Status Summary

2.1 This report has been amended to reflect the most recent mock inspection from Savills. Damp and mould is now included in top level compliance and is now part of the compliance scorecard in appendix 1. This creates the 'big seven' compliance areas.

2.2 Where there are exceptions to full compliance in sub-level compliance areas or areas of specific interest these will be covered in the report, such as progress against Housing Health and Safety Rating System (HHSRS) actions. Where full compliance can be evidenced no further comment will be made within the report.

2.3 Top Level Compliance

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	Out of Compliance (March)	Out of Compliance (April)
Asbestos	Asbestos Reinspections - Common Areas (Frequency based on risk)	100.00%	361	361	0	0
Electrical Safety	Fixed Electrical Wiring Testing - Common Areas (EICR) (5Y)	100.00%	423	423	0	0
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)	99.74%	19,813	19,762	95	51
Fire Safety	Fire Risk Assessment (FRA) (Frequency based on risk)	100.00%	503	503	0	0
Lifts & LOLER	Passenger Lift - LOLER Thorough Exam (6-monthly)	100.00%	26	26	0	0
Water Hygiene	Legionella Risk Assessment (Frequency based on risk)	100.00%	71	71	0	0
Gas Safety	Landlord Gas Safety Record (LGSR's) (Annually)	99.68%	18,804	18,744	0	60
Damp and Mould	Number of damp and mould inspections completed in timescale	87.93%	290	174	-	21

2.4 The compliance scorecards in appendix one cover the 'big seven' compliance areas providing further detail from 2.3 along with remedial work / actions. This dashboard is a template that the Regulator for Social Housing has promoted as good practice, hence our adoption.

- 2.5 Where not in full compliance, attention is drawn to work being carried out to return areas to compliance with mitigations in place. Within the scorecard for April 2026 areas of focus are:
- Electrical Installation Condition Report (EICR) programmes (domestic and communal) – 5 year
 - Landlords Gas Safety Record (LGSR) gas servicing programme
 - Remedial actions from EICRs and FRAs
- 2.6 Compliance against the requirements of Awaab’s Law is now reported in the compliance scorecard. SLHD adopts a robust and proactive approach by assessing all reports of damp and mould against the Awaab’s Law Damp and Mould Matrix that has been developed. Wherever possible, SLHD aims to complete repairs within Awaab’s Law timescales regardless, as this reflects our commitment to safeguarding residents and, morally, is the right thing to do. This is over and above the requirements of Awaab’s Law effectively keeping SLHD in compliance.

3. Other Areas of Compliance

- 3.1 For any area not showing full compliance detailed information is provided in the comments contained in sections 3.2 to 3.17.

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (March)	OUT COMPLIANCE (April)
Electrical Safety	Automatic Doors & Roller Shutters	100.00%	12	12	0	0
Electrical Safety	Automatic Gates	100.00%	1	1	0	0
Electrical Safety	Emergency Lights Annual	100.00%	118	118	0	0
Fire Safety	Automatic Opening Vents – Servicing	100.00%	4	4	0	0
Fire Safety	Bin Chutes	100.00%	16	16	0	0
Fire Safety	Communal Fire Door Inspection	100.00%	978	978	179	0
Fire Safety	Domestic Low Rise Fire Door Inspection	100.00%	1741	1741	0	0
Fire Safety	Dry Riser	100.00%	10	10	0	0
Fire Safety	Fire Detection & Fire Alarm Systems-Servicing	100.00%	44	44	0	0
Fire Safety	Fire Fighting Extinguishers	100.00%	61	61	0	0
Fire Safety	Safety Checks - High Rise	100.00%	9	9	0	0
Fire Safety	Safety Checks - Specialist Housing	100.00%	3	3	0	0
Fire Safety	Sprinkler Systems - Planned Maintenance	100.00%	10	10	0	0
Gas Safety	Biomass	100.00%	169	169	0	0
Gas Safety	Commercial Boilers	100.00%	4	4	0	0
Gas Safety	District Heating	100.00%	857	857	0	0
Gas Safety	LPG	100.00%	16	16	0	0
Gas Safety	Oil	100.00%	3	3	0	0
Gas Safety	Unvented Systems	100.00%	37	37	0	0
Gas Safety	Ventilation	100.00%	10	10	0	0
Lifts & LOLER	Passenger Lifts Planned Preventive Maintenance (PPM)	100.00%	26	26	0	0
Lifts & LOLER	Step Lift LOLER Thorough Examination	100.00%	2	2	0	0
Lifts & LOLER	Step Lift PPM	100.00%	2	2	0	0
Lifts & LOLER	UPS	100.00%	3	3	0	0
Roof Top Services	Fixed Edge Protection	100.00%	9	9	0	0
Water Hygiene	Cold Water Storage Tank Inspection	100.00%	14	14	0	0
Water Hygiene	Low Use Outlet Flush	100.00%	31	31	31	0
Water Hygiene	Shower Clean and Disinfections	100.00%	18	18	0	0

Exceptions to Other Areas of Compliance

3.2

Asbestos	Asbestos Survey – Dwellings	71.28%	20254	14437	5908	5817
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Currently at 71.28%. This information is required for work activities in domestic properties that may disturb the fabric of the building and to assist SLHD to keep our homes safe for tenants living in them and staff working in them. A forensic review of asbestos data was carried out in 2021 when we started to implement C365. This resulted in a proportion of data not being taken to C365. This asbestos information is being gathered at every opportunity through new surveys, particularly on planned schemes to increase this number. This information is valid, robust data and inputting direct into C365 by the surveying contractors with quality checks being carried out by the asbestos officers prior to surveys going live in C365.

3.3

Electrical Safety	Caravan Site – Day Area & Site Card	93.33%	60	56	15	4
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Gypsy & Traveller Day Area & Site Card

Currently at 93.33% - 4 out of compliance. Inspections of these are ongoing and / or are awaiting sign off. The Electrical Compliance Officer is now starting to receive the Certification from Contractors for the new modular units for the plots, which are being checked and uploaded to C365.

3.4

Electrical Safety	Caravan Site – Sockets	72.26%	137	99	80	38
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Gypsy & Traveler Sockets

Currently at 72.26% - 38 out of compliance. Inspections of these are ongoing and / or are awaiting sign off. The Electrical Compliance Officer is now starting to receive the Certification from Contractors for the new modular units for the plots, which are being checked and uploaded to C365.

3.5

Electrical Safety	Emergency Lights Monthly	0.85%	118	1	117	117
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Emergency Lights Monthly

Currently at 0.85% – there is 1 in compliance, Ryedale Walk Community Centre. This is currently suspended on C365 as the center is not in use however suspended modules on C365 show as compliant. These are undertaken monthly, it is a manual process and due to the quantity of inspections and time receiving the reports, they fall out of compliance before received. A mobile solution on C365 is being discussed with the ISP. These are all in compliance.

3.6

Electrical Safety	Lightning Conductors	63.64%	11	7	4	4
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Lightning Protection

Currently at 63.64% - 4 out of compliance. There are 4 high rises, Methley, Hatfield, Sandbeck and Firbeck under the control of ESP as part of external wall system remediation. These show as out of compliance on C365, however they have temporary lightning protection connections and we have certification confirming this. As and when these are handed back new certification will be provided and uploaded onto C365. We anticipate these to be with us within the next few weeks due to the scaffolding being removed from the High-rise buildings.

3.7

Fire Safety	Domestic High Rise Fire Door Inspection	87.68%	682	598	72	84
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Domestic Fire Doors High-Rise

Currently at 87.68% - 84 out of compliance. 51 of these are due to a system error with C365, which is currently under review for being resolved. 26 are currently no access and with the Housing Team to help with gaining access to the properties. 7 failed to be sent to the hand held device, these are scheduled to be completed by week ending 15/05/2026. Mitigations are in place, during the weekly Building Safety Inspections all doors, including dwelling door exteriors are visually inspected for signs of obvious damage and reported upon within the inspection form. Repairs or replacements are undertaken as required.

3.8	Gas Safety	Air Conditioning	0.00%	2	0	0	2
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Air Conditioning

Currently at 0% - 2 out of compliance, both of these are in offices. An order has been placed with City of Doncaster Council (CDC) for these to be completed.

3.9	Gas Safety	Solid Fuel - Annual Check	98.28%	58	57	0	1
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Solid Fuel

Currently at 98.28% - 1 out of compliance. This property recently had a missed appointment to complete the Service, another appointment is being made.

3.10	Lifts & LOLER	Hoist LOLER Thorough Examination	50.82%	61	31	35	30
	Lifts & LOLER	Hoist PPM	37.10%	62	23	27	39

Hoists – Thorough Examination and Planned Preventative Maintenance (PPM)

These are required under Lifting Operations and Lifting Equipment Regulations (LOLER) as work equipment.

Thorough Examination at 50.82% - 24 out of compliance. This contract is part of a larger one with the City of Doncaster Council (CDC). A change to the contract meeting the needs for SLHD has been in place since the 1st March 2026, progress is starting to be seen in reducing numbers out of compliance.

PPM at 37.10% - 39 out of compliance. There are issues around contractors providing evidence of access attempts. This is being managed through contractual arrangements.

3.11	Lifts & LOLER	Stairlift LOLER Thorough Inspection	71.50%	607	434	378	173
	Lifts & LOLER	Stairlift PPM	64.58%	607	392	218	215

Stairlifts – Thorough Examination and Planned Preventative Maintenance (PPM)

These are not strictly required under LOLER as they are not classed as work equipment. However, general duties under the Health and Safety at work etc Act 1974 we have responsibilities for our customers safety so we carry these activities out as detailed in our Policy.

Thorough Examination at 71.50% - 173 out of compliance. A change to the contract meeting the needs for SLHD has been in place since the 1st March 2026, progress is starting to be seen in reducing numbers out of compliance.

PPM at 64.58% - 215 out of compliance. There are issues around contractors providing evidence of access attempts. This is being managed through contractual arrangements.

3.12	Lifts & LOLER	Vertical Lift LOLER Thorough Examination	58.33%	24	15	17	9
	Lifts & LOLER	Vertical Lift PPM	50.00%	24	12	13	12

Vertical Lifts – Thorough Examination and Planned Preventative Maintenance (PPM)

These are required under LOLER as work equipment.

Thorough Examination at 58.33% - 9 out of compliance. This contract is part of a larger one with the CDC. A change to the contract meeting the needs for SLHD has been in place since the 1st March 2026, progress is starting to be seen in reducing numbers out of compliance.

PPM at 50.00% - 12 out of compliance. There are issues around contractors providing evidence of access attempts. This is being managed through contractual arrangements.

3.13	Water Hygiene	Water Temperature Monitoring	70.83%	72	51	33	21
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Water Temperature Monitoring

Currently at 70.83% - 21 out of compliance. A mobile form has been developed through C365. This allows the automatic updating of performance information through to C365. This is now live but there are issues with forms being received. Evidence is available through Mechanical Team.

4. Occupational Health and Safety Update

4.1 There were no incidents in April that required reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

5. Third Party Assurances

5.1 Assurances that a compliance activity is meeting its requirements are in place for some compliance areas. These are –

- Electrical – third party provides post inspection / work in progress quality checks
- Gas – third party provided post inspection / work in progress quality checks, which SLHD were recently ranked Number 1 out of 70+ contractors by the Gas Auditor.
- LOLER – specialist Lift Consultants provide expertise as well as quality assurance

5.2 EMT received and accepted the action plan following the Pennington Choices Health check. This was shared with the Building Safety and Compliance Committee in February. Committee asked for an update to be provided on progress at every other committee meeting.

6. Access Update

6.1 The Access Team continues to support access for compliance areas. The team have been focused on access for EICRs and remedial works but the restart of the gas servicing in February has increased workloads.

6.2 As the teams becomes established it is clear that there can be complex issues requiring joint working across teams at SLHD using tools such as welfare checks, joint visits and tailored engagement.

6.3 Success for the team include the completion of 101 EICRs and remedial works and 25 fire doors accessed for safety checks, Current work includes –

- 58 EICRs / remedial works
- 4 fire doors
- 3 stock condition properties
- 320 gas cases progressing through stages of the access process. Not all of these have hit stage 4 of the access process when they are past their anniversary date.

6 EICRs are now progressing through the legal process.

7. Damp, Mould and Condensation (DMC)

7.1 Performance measures on DMC are detailed within the compliance scorecard at appendix 1.

7.2 Between 2 January 2023 and 30 April 2026, a total of 9,692 customer requests for damp inspections were received, relating to 6,653 individual properties.

7.3 Demand for damp and mould inspections in April 2026 was slightly lower than the same period in the previous year (April 2025: 289 requests; Q4 2025/26: 274 requests). Of the 274 inspection requests, 63 were proactive inspections raised following stock condition surveys.

7.4 As of 31 March 2026, there are 156 damp inspection appointments outstanding, including some cases where an appointment date has yet to be confirmed. This figure includes approximately 45 inspections affected by access difficulties. Where contact and access are straightforward, the current waiting time for an inspection is 6–7 working days.

7.5 The team has the capacity to complete up to 100 inspections per week; therefore, all outstanding inspections are expected to be delivered within legislative timescales, subject to access being provided.

8. HHSRS Hazards: Position statement as of the end of April 2026

8.1 Phase 6 of the stock condition surveying programme commenced at the end of February and is expected to run until at c. July 2026. It is anticipated that in the coming months this will lead to an increase in both category 1 and category 2 hazards as new issues are identified, for example in April, 309 new category 1 and 2 hazards were identified. Further progress has been made in terms of closing off category 1 hazards during April, with 43 more hazard actions being completed since last month. All outstanding category 1 hazards are those identified from phase 3 onwards, with all hazards from earlier phases (phase 1 and 2) now closed off.

Further progress with closing off category 2 hazards has also been made, with 109 closed off during April 2026. In total 152 hazards have been closed off during April 2026. This is less than the 257 closed off in March. Ongoing issues impacting on close down rates include refusal of some works by tenants, surveying capacity to assess works required for some hazards, team capacity to review hazard tracker and complete follow-on actions, awaiting the approval of the paving policy, and work still required to finalise the pest control SLA with CDC.

8.2 At the end of April there are 245 category 1 hazards outstanding. This is a slight increase from the previous month (where 234 category 1 hazards were outstanding) and was expected due to the commencement of phase 6 of the SCS programme. There are also 3,225 category 2 hazards outstanding. This is 146 more than the previous month, following the start of Phase 6 of SCS.

8.3 This brings number of outstanding hazards to 3,470, an increase on the previous month (3,313). This equates to 90% of category 1 hazards having been resolved and 71% of category 2 hazards having been resolved, the same position as last month. Of the 3,470 outstanding hazards, all but 63 have been actioned. This means that the hazard has been assessed, and some form of action taken. This can include, for example, raising a repair, arranging for a detailed inspection or putting into a planned programme. This shows a continued trend of hazards being triaged more quickly once notified to us than in earlier phases of the stock condition surveying programme.

8.4 Work will continue to address all hazards identified, with priority being given to the completion of the outstanding category 1 hazards.

At the current rate (of c.152 hazards being closed off per month) and based on the total number of outstanding hazards at the time of this report (3,470), it will take around 23 months to complete off all remaining outstanding hazards, a worsening position since last month. A report considering risk appetite for some of the outstanding hazards is due to be considered by EMT during Q1. In addition, referrals to the no access team have also started to be made and the Pest Control SLA and associated processes are nearing implementation. These mitigations should help acceleration of closing down a proportion of the outstanding hazards.

8.5 HHSRS Category 1 Hazards 'Tracker' – Position as of 30 April 2026

8.6 245 category one were still outstanding as of 30 April 2026 compared with 234 the previous month. This is a slight increase directly as a result of the ongoing SCS programme. The status of these are shown below:

8.7	Status	Phase 3 (Jan-Mar 24)	Phase 4 (Apr-Jul 24)	Phase 5 (Apr-Oct 25)	Phase 6 (Feb 26 – Ongoing)	Total
	1. No access	-	8	91	22	121
	2. Future Appointment	-	-	6	55	61
	3. Legal	-	-	-	-	-
	4. Gas Service	-	-	1	-	1
	5. Planned Programme	-	-	5	-	5
	6. Quality Assurance Check / Housing Mgt	-	-	7	-	7
	7. Void Property	1	1	4	-	6
	8. Clarification Needed	4	21	11	2	38
	9. RTB	-	2	1	-	3
	10. Repairs Ongoing	-	3	-	-	3
	TOTAL	5	35	126	79	245

- 8.8 **No Access / Contact / Decline.** These are where a repair appointment has been made to rectify the hazard, but SLHD has not been able to gain access
- 8.9 **Future Appointment Date.** These are hazards where jobs have been raised and an appointment date has been made, but this date is in the future. These dates vary, again depending on both customer and trade availability.
- 8.10 **Legal.** These are cases that are currently being dealt with through a legal process and could include either an ongoing disrepair case, or the process of seeking possession of the property.
- 8.11 **Gas Service.** This is where a gas service is planned in the near future and once completed will resolve the hazard. In most cases the last gas service will have been completed prior to the stock condition survey where an issue was found. Equally, attempts will have been made previously to access the property to correct the hazard but have been unsuccessful. As the next gas service is now planned in the near future, this opportunity is being taken to resolve the hazard during the planned visit, rather than create a separate appointment or job.
- 8.12 **Planned Programme.** This mainly relates to defective smoke detection. This is a mixture of working devices that have passed their expiry date and devices that are not working or are missing (despite having been previously installed and checked). These have been issued to the in-house team for inclusion in their upgrade programme.
- 8.13 **Quality Assurance / Housing Management.** These relate to hazards where a visit by an inspector is needed to ascertain the best way to address the hazard, or to confirm that the action taken to date has addressed the hazard, or further clarification is needed on the steps taken to address the hazard to date. It also includes issues that require the intervention of Housing Management to address tenancy related issues.

- 8.14 **Void.** These relate to properties which are now void and where the expectation is that the hazard will be removed during the voids process.
- 8.15 **Clarification Needed.** These hazards require further action or investigation to ascertain whether the hazard remains.
- 8.16 **Right To Buy (RTB).** These are hazards where the property is now under a RTB and only emergency repairs can be carried out.
- 8.17 **Repairs Ongoing.** This is where a repair has been started to address the hazard, but not yet completed.

8.18 **Anticipated completion times for outstanding category 1 hazards**

8.19 The estimated timescale for the completion of the **245** outstanding category 1 hazards is summarised below. This is best estimate based on appointments that have been booked, planned investment schemes and ongoing enquiries and clarifications. There are a large number of hazards where the estimated completion date is unknown – these mainly relate to properties where access has not been possible to remediate the identified hazard. More work is now needed to address the no access issues, working alongside the recently created no access team.

Month	Phase 3 Jan-Mar 24	Phase 4 Apr-Jul 24	Phase 5 Apr-Oct 25	Phase 6 Feb 26 - ongoing	Total
To be determined*	1	11	103	20	135
May 2026	-	3	17	18	38
June 2026	4	21	5	37	67
July 2026	-	-	1	1	2
August 2026	-	-	-	3	3
Total	5	35	126	79	245

* These hazards are where some action has been taken, but further clarification is needed to confirm whether the hazard has been fully addressed or if further intervention is still required.

9. Report Author, Position, Contact Details

- 9.1 Carl Raybould – Health, Safety and Compliance Service Manager
Carl.Raybould@stlegerhomes.co.uk
- 9.2 Jordan Rowe – Electrical Compliance Officer
jordan.rowe@stlegerhomes.co.uk

10. Appendices

- 10.1 Appendix 1 – Compliance Scorecard

LANDLORD: City of Doncaster Council;

DATE AT WHICH DATA BELOW IS CORRECT: 01.05.2026

GAS SAFETY

	Total Number of dwelling units owned for which gas safety checks are required	Number Of Compliant dwelling units	Number of Non-Compliant dwelling units	COMPLIANCE (%)
Domestic gas (LGSR)	18804	18744	60	99.68%
District Heating	1014	1014	0	100.00%
Commercial gas	16	16	0	100.00%

For Non-compliant dwelling units:		Number of Non-Compliant dwelling units	
Dwelling unit has been non-compliant for <3 months		60	
Dwelling unit has been non-compliant for 3-6 months		0	
Dwelling unit has been non-compliant for 6-12 months		0	
Dwelling unit has been non-compliant for >12 months		0	

Plans to return to compliance:

April is the first month where properties will start to show out of compliance due to the MOT style servicing programme. The breakdown of properties out of compliance is shown below.

- 47 out of compliance and with the Access Team,
- 9 LGSR's are due to quality issues and are being replanned by the planning team,
- 1 LGSR on paper awaiting record.
- 2 voids properties awaiting to be capped off,
- 1 appointment that has been booked in for after its anniversary (customer led),

Current Mitigations:

There is an established access process for gas that is being followed.

LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 01-05-2026				
ELECTRICAL SAFETY				
	Total Number of dwelling units that require an electrical installation condition report	Number Of Compliant dwelling units	Number of Non-Compliant dwelling units	COMPLIANCE (%)
Domestic properties on a 5 Year EICR domestic testing cycle	19,813	19,762	51	99.74%
Domestic properties on a 10 Year EICR domestic testing cycle	19,813	19,811	2	99.99%
Domestic properties that require an EICR but do not have one	0	n/a	0	n/a
Comments: If property numbers have changed from previous month please state why. There is a property and electrical component sync set up between OpenHousing and C365, this updates C365 daily with any changes to properties and electrical component data such as acquired / sold properties. A quarterly assurance check is carried out between property numbers.				
For Non-compliant dwelling units:			Number of Non-Compliant dwelling units	
Dwelling unit has been non-compliant for <3 months			16	
Dwelling unit has been non-compliant for 3-6 months			3	
Dwelling unit has been non-compliant for 6-12 months			0	
Dwelling unit has been non-compliant for >12 months			32	
	Total Number of assets that require an electrical installation condition report	Number Of Compliant Assets	Number of Non-Compliant Assets	COMPLIANCE (%)
Communal EICRs	423	423	0	100.00%
For Non-compliant assets:			Number of Non-Compliant Assets	
Asset has been non-compliant for <3 months			0	
Asset has been non-compliant for 3-6 months			0	
Asset has been non-compliant for 6-12 months			0	
Asset has been non-compliant for >12 months			0	
For both communal and domestic				
For both communal and domestic	Overdue high risk - No. of C1 (danger to life)	Overdue medium risk - No. of actions C2 (potentially dangerous)	Overdue low risk - No. of actions C3 (improvement recommended)	
Overdue electrical remedials (< 3 month)	0	1	1,471	

Overdue electrical remedials (3-6 months)	0	7	2,617
Overdue electrical remedials (6-12 months)	0	10	5,001
Overdue electrical remedials (12+ months)	0	17	38,090

Comments:
The EICR programme has been smoothed. The ISP have confirmed that they require 1,000 EICRs each quarter (4,000 a year), below is a current breakdown as of of the programme of the smoothed programme:

2026–27: 3,966 EICRs due
2027–28: 3,966 EICRs due
2028–29: 3,966 EICRs due
2029–30: 3,967 EICRs due

Our objective is to bring future EICRs forward where possible to reduce the peak volumes and return to a stable, manageable annual testing level. It is important to note that rebalancing the EICR programme requires full support from the No Access Team. This may include gaining access to properties that currently have an in-date EICR but need to be brought forward to support programme smoothing.

It is worth noting that the figures may alter depending on the amount of Void properties in the programmed years. The programme for each year will be revisited and altered accordingly.

Plans to return to compliance:

Domestic EICR Programme - 10 and 5 years
There are 51 outstanding properties, these are -

4 - complete and awaiting EICR sign off
3 - acquisitions - we have either not been provided a certificate when acquired or properties that are currently in the process of being re-tested
44 - outstanding to be tested - 37 in house test and 7 back with contractors to start the 3 appointment visit. Some of these properties are in the no access procedure (34).

The 2 out of compliance 10 year EICRs are incorporated into the figures of the above and are Acquisitions.

Remedials
35 C2s are overdue (past 28 day for completion as required in our internal policy) which all are in domestic properties. These are not all the not same C2s as previously reported out of compliance. These relate to 12 individual properties. Of the 17 C2s overdue by 12+ month these relate to 9 domestic properties. The current oldest C2 is from 02/04/2024. ISP have been instructed to retest the oldest properties due to the length of time these have been outstanding

Current Mitigations:

No C1s are overdue. There have been a significant reduced number of C2s above, these are still a priority. The change in legislation requiring C2s to be completed within 28 days has been applied to New Tenancies and a plan is in place to maintain this for existing Tenancies.

C3s pose no risk to the electrical installation but are improvements that could be made to bring the installation in line with current standards. SLHD will ensure that all C3 faults are analysed using its certificate software system C365. Where trends and common faults are identified, these shall be considered as part of future electrical capital upgrade programmes.

LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 19.02.2026				
FIRE SAFETY				
	Total Number of units owned within properties that require a Fire Risk Assessment	Number Of Compliant units	Number of Non-Compliant units	COMPLIANCE (%)
Fire Risk Assessments in high risk buildings	14	14	2	100.00%
Fire Risk Assessments in non-high risk buildings	489	489	0	100.00%
Overall Fire Risk Assessments	503	503	0	100.00%
For Non-compliant units:			Number of Non-Compliant units	
Unit has been non-compliant for <3 months			0	
Unit has been non-compliant for 3-6 months			0	
Unit has been non-compliant for 6-12 months			0	
Unit has been non-compliant for >12 months			0	
Comments: High risk buildings include all highrises and 5 multi-occupancy supported living and sheltered accommodation properties. Type 1 fire risk assessments carried out as standard, further risk assessments carried out as required. Due to issues with FRA form and tablets Savills will be carrying out FRA's on low risk properties until these issues are resolved .				
	No. of high risk actions	No. of medium risk actions	No. of low risk actions	
Overdue FRA remedial actions (<3 months)	1	22	119	
Overdue FRA remedial actions (3-6 months)	0	0	0	
Overdue FRA remedial actions (6-12 months)	0	0	0	
Overdue FRA remedial actions (12+ months)	0	1	0	
Comments: We are at the start of workplan year 4 of the 10 year recovery plan. As of 30th April 2026 there are 398 actions in plan. This includes 143 actions carried from workplan year 3. The above table shows actions that overdue (out of workplan tolerance) so now includes the 143 actions. The level of risk of action is determined by the level of building e.g. level 1 high risk, level 2 medium risk, level 3 low risk. The 1 high risk actions relates to Cusworth House. 64 actions have been completed but we are awaiting evidence. 22 of the medium risk and 42 of the low risk actions have been completed and we are awaiting certification. The remaining 79 actions are in progress with Openview. Quote has been accepted, work order provided with the aim for completion by end of Q1. The risk to this is door orders via ISG. The remaining 255 actions in workplan year 4 are being quoted for by Openview for delivery before end 31.03.27. Work on Cusworth House has been delayed due to gateway requirements in place that were not required when the plan was first developed, this requires a new, different approach to managing these communal upgrades in highrise buildings.				

Plans to return to compliance:

It was a disappointing start to the new contract with Openview. However, this is a 4 year contract and we want to work proactively with them as a partner. To support progress and ensure timely completion regular minuted contract meetings are in place and expectations have been clearly reset with them over performance requirements. These meetings will monitor performance, address emerging issues, and provide assurance that actions remain on track. This is being closely monitored.

A specification has been developed for internal highrise communal upgrades. We have commissioned AHR to support us with the process of gateway 2 applications and securing a contractor for these works.

Future workplans have been reprofiled to smooth the plan out starting with year 4. The risk assessment supporting the plan has been reviewed and a report confirming changes and rationale will be presented to EMT in May along with other stakeholder groups and committees. The plan remains risk based and all actions have been reviewed

Current Mitigations:

There are currently 1,507 actions included within workplans, all of which remain on schedule for completion within the agreed timeframes as previously documented with the BS&C Committee and the CDC Safety and Compliance Group. Please note that this figure may fluctuate as new fire risk assessments are completed and additional actions are identified

LANDLORD: City of Doncaster Council

DATE AT WHICH DATA BELOW IS CORRECT: 02.03.2026

WATER SAFETY

	Total Number of units owned for which a legionella risk assessments is required	Number Of Compliant units	Number of Non-Compliant units	COMPLIANCE (%)
Legionella risk assessments	71	71	0	100%
For Non-compliant units:			Number of Non-Compliant units	
Unit has been non-compliant for <3 months			0	
Unit has been non-compliant for 3-6 months			0	
Unit has been non-compliant for 6-12 months			0	
Unit has been non-compliant for >12 months			0	
	Number of high risk overdue remedial actions	Number of medium risk overdue remedial actions	Number of low risk overdue remedial actions	
Overdue water safety remedial actions (< 3 months)	0	0	0	
Overdue water safety remedial actions (3-6 months)	0	0	0	
Overdue water safety remedial actions (6-12 months)	0	0	0	
Overdue water safety remedial actions (12 months+)	0	0	0	

Comments: Please include a definition of high, medium and low risks and associated target times for completion

Plans to return to compliance:

If compliance is <100% and/or there are overdue remedial actions, please provide detail on what you are doing and planning to do to reduce the number of overdue remedial actions and move to 100% compliance

Current Mitigations:

If compliance is <100% and/or there are overdue remedial actions, please provide detail on what you are doing to manage the associated risks posed to tenants in the intervening period whilst 100% compliance is attained and overdue remedial actions are completed.

LANDLORD: City of Doncaster Council

DATE AT WHICH DATA BELOW IS CORRECT: 07.04.2026

ASBESTOS SAFETY

	Total Number of units owned within properties for which an asbestos management survey or re-inspection is required	Number Of Compliant units	Number of Non-Compliant units	COMPLIANCE (%)
Asbestos re-inspections	361	361	0	100.00%
Overdue asbestos re-inspections (< 3 months)	0			
Overdue asbestos re-inspections (3-6 months)	0			
Overdue asbestos re-inspections (6-12 months)	0			
Overdue asbestos re-inspections (12+ months)	0			

Comments:

	Number of overdue remedial actions	
Overdue remedial actions (<3 months)	0	
Overdue remedial actions (3-6 months)	0	
Overdue remedial actions (6-12 months)	0	
Overdue remedial actions (12+ months)	0	

Comments:

Current Mitigations:

From the number of communal/non-domestic properties identified in C365, only 361 fall under Regulation 4 Control Asbestos Regulations 2012. The remainder fall out of Regulation 4 as they either have no internal communal areas as required under Regulation 4 or have had an asbestos management survey carried out and no asbestos has been identified. The one site out of compliance has been surveyed today (06/05/26). The delay was due to the Lucion surveyor having his van stole whilst on site at another property

LANDLORD: City of Doncaster Council

DATE AT WHICH DATA BELOW IS CORRECT: 02.03.2026

LIFT SAFETY

	Total number of units owned within properties with communal passenger lifts	Number Of Compliant units	Number of Non-Compliant units	COMPLIANCE (%)
Passenger lifts (LOLER) servicing	26	26	0	100.00%

For Non-compliant dwelling units:			Number of Non-Compliant units	
Unit has been non-compliant for <3 months			0	
Unit has been non-compliant for 3-6 months			0	
Unit has been non-compliant for 6-12 months			0	
Unit has been non-compliant for >12 months			0	

	Number of overdue remedial actions			
Overdue remedial actions (<3 months)	0			
Overdue remedial actions (3-6 months)	0			
Overdue remedial actions (6-12 months)	0			
Overdue remedial actions (12+ months)	0			

Comments:

Plans to return to compliance:

If compliance is <100% and/or there are overdue remedial actions, please provide detail on what you are doing and planning to do to reduce the number of overdue remedial actions and move to 100% compliance

Current Mitigations:

If compliance is <100% and/or there are overdue remedial actions, please provide detail on what you are doing to manage the associated risks posed to tenants in the intervening period whilst 100% compliance is attained and overdue remedial actions are completed.

Workstream		D&M inspection Reports
DAMP AND MOULD	Number of DM inspections raised	290
	Number of DM inspections completed	174
	% of DM completed inspections within timescale	87.93%
	Number of DM Inspections to complete still within timescale	95
	Number of DM Inspections to complete Overdue	21
		Repairs following DM Inspection
	Number of 24-hour response jobs raised (emergency)	1
	Number of 5-day response jobs raised (significant)	58
	Number of 12 week jobs raised (preventative)	105
	% of 24-hour response jobs completed within timescale (emergency)	100%
	% of 5-day response jobs completed within timescale (significant)	80.00%
	% of 12 week jobs completed within timescale (preventative)	* - N/A
	Comments: Data from 1st April 2026. * Timescale not elapsed to be able to report on this KPI, will be reported on from July Report.	

Notes:

Awaab's Law sets out that, for a hazard to fall within its repair requirements, it must meet all of the following criteria:

- a) The hazard forms part of a building or land for which the social landlord is responsible.
- b) It arises from defects, disrepair, or a lack of maintenance.
- c) It is within the landlord's control to remedy.
- d) It is not damage resulting from a breach of tenancy by the tenant.
- e) It constitutes a significant or emergency hazard.

Where no defect with the property is identified, the case would fall outside the scope of Awaab's Law. However, SLHD adopts a robust and proactive approach by assessing all reports of damp and mould against the Awaab's Law Damp and Mould Matrix. Wherever possible, SLHD aims to complete repairs within Awaab's Law timescales regardless, as this reflects our commitment to safeguarding residents and, morally, is the right thing to do.

Plans to return to compliance:

Actual performance exceeds reported performance, which is largely impacted by tenant-led actions. Reporting on access issues is currently challenging; however, this will improve following the implementation of the Housing One compliance module later this year. In the interim, all failed contact or access attempts are recorded within the case management system and can be provided on a case-by-case basis. Further development of reporting mechanisms is required to better capture and present this distinction at a high level.

Current Mitigations:

Under Awaab's Law, social landlords are not in breach of the strict repair timeframes if they fail to gain access, provided they can demonstrate they have taken all "reasonable steps" to comply.

Inspections

Access for inspections continues to be problematic. While the waiting time for an inspection has never exceeded 10 days, inspectors often spend a significant amount of time triaging cases and attempting to arrange access.

The team operates a three fixed-appointment approach in line with No Access Team procedures. If access is not gained, there is currently no option to seek an injunction. After three unsuccessful attempts, the case is closed by formal letter, inviting the tenant to restart the process. A referral is also made to Housing Officers for a KIT visit.

Repairs

A random sample of repair jobs that were not completed within the five-day target indicated that delays were mainly due to follow-on works under the same job ticket or access difficulties.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

ST LEGER HOMES OF DONCASTER BOARD

Date : 11 June 2026

Item : 14

Subject : Health and Safety Strategy – To
Inform Board of Progress Against
Action Plan

Presented by : Lee Winterbottom
Director of Property Services

Prepared by : Carl Raybould
Health, Safety and Compliance
Service Manager
Amy Davis
Health and Safety Manager

Purpose : Health and Safety Strategy Progress

Recommendation :

Members of the Board are asked to consider this update on progress against the Year 3 Health and Safety Strategy high level action plan and approve the Year 4 high level action plan.

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

**Agenda Item No. 14
Date: 11 June 2026**

1 Report Title

1.1 Health and Safety Strategy 2023-2028 – Progress against Action Plan

2 Executive Summary

2.1 In June 2023, the Board of St Leger Homes of Doncaster (SLHD) approved a new Health and Safety (H&S) Strategy covering June 2023 to March 2028. A high level action plan (initially for two years) was also approved.

2.2 In 2025, the Board approved an action plan for Year 3 of the Health and Safety Strategy.

3 Purpose

3.1 The purpose of this report is to inform the Board on progress against the Year 3 high level action plan and seek approval of the Year 4 high level action plan.

4 Recommendation

4.1 Members of the Board are asked to consider this update on progress against the Year 3 Health and Safety Strategy high level action plan and approve the Year 4 high level action plan.

5 Progress Against the third Year High Level Action Plan

5.1 The H&S Strategy 2023-2028 links through to the H&S Policy and is a wider part of the H&S Management system that SLHD operates. The strategy details our approach to managing H&S within SLHD. The strategy runs over 5 years giving more opportunity for sustained changes to the H&S culture at SLHD.

5.2 In 2025 a third year high level action plan was developed to support the sustained change required to achieve the objectives detailed in the strategy.

5.3 There were 3 actions identified in the third year high level action plan. At the end of the third year all were completed.

5.4 Full update on the third year action plan is attached as appendix 1.

6 Fourth Year High Level Action Plan

6.1 An action plan for the fourth year has been developed and is attached as appendix 2. Supporting the objectives in the strategy the action plan focusses on 5 projects. Findings from the recent British Safety Council Audit have been considered in developing the year 4 high level action plan. Particularly around mental wellbeing and psychosocial risks.

- Management and control of vibration
- Strengthen health and wellbeing provision tying in the HSE 'Working Minds' campaign
- Develop and roll out a mobile-first 'Dynamic Risk Assessment' (DRA) tool
- Conduct a comprehensive audit of occupational lung disease controls
- Continue to develop engagement initiatives to increase worker participation in safety decisions and improve the recording of near misses.

6.2 The actions are included on the Consolidated Action Plan. Progress on this plan is reported through the Safety and Compliance Performance Report which is reported to Building Safety and Compliance Committee, Board and stakeholder groups within the City of Doncaster Council.

6.3 At the end of April 2027, a new annual plan will be developed.

7 Procurement

7.1 There are no direct procurement implications arising from the update against the action plan of the H&S Strategy.

8. VFM Considerations

8.1 There are no direct VFM considerations however SLHD operates more efficiently and also effectively by complying with all legislative and regulatory requirements.

9. Financial Implications

9.1 There are no direct financial implications from reviewing the H&S Strategy and action plan. The H&S team realignment is in place and budgeted for. The service area budget comprises 15 WTEs in the Health and Safety Team and a Building Safety Compliance of 5 WTEs. The annual budget for 2026/27 is £1.1m of which £844k (77%) relates to direct staff costs.

9.2 Existing budgeted resources and provisions for training, risk assessments and current software systems are included and reviewed annually, However, as a result of some actions there may be financial implications and these would need to be considered through separate business cases and briefing notes as required.

10. Legal Implications

- 10.1 SLHD has a number of legal obligations in relation to health and safety. These are set out in full in the company's health, safety compliance legal register, however, the key piece of applicable legislation is the Health and Safety at Work etc. Act 1974.
- 10.2 Having a robust strategy in place enables SLHD to fulfil its obligations under these requirements by setting out exactly how it will manage H&S. This update against the action plan demonstrates how SLHD are delivering this.

11. Risks

- 11.1 SLHD maintains risk registers and Health and Safety is explicit and implicit in both. 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. Without a robust and up to date strategy with actions in place, there is potential for SLHD to fail to meet its obligations.

12. Health, Safety & Compliance Implications

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

13. IT Implications

- 13.1 SLHD will continue to consider the effectiveness of current systems and IT solutions in place particularly in relation to the recording of site and wider safety inspections.

14. Consultation

- 14.1 Consultation on the Year 4 high level action plan was carried out with the Operational Joint Consultative Committee on 5th May 2026.

15. Diversity

- 15.1 There are no diversity issues arising from the annual review.

16. Communication Requirements

- 16.1 On approval the new strategy will be shared within SLHD using team briefs, Staff Focus and the intranet. It will also be shared on the internet.

17. Equality Analysis

17.1 An Equality Analysis was completed in February 2023 for the H&S strategy and action plan. Not applicable to this update against action plan.

18. Environmental Impact

18.1 There are no direct environmental impacts from the annual review.

19. Report Author, Position, Contact Details

19.1 Carl Raybould, Health, Safety and Compliance Manager
Email: carl.raybould@stlegerhomes.co.uk

20. Background Papers

20.1 Appendix 1 – Updated third Year High Level Action Plan

20.2 Appendix 2 – Year 4 High Level Action Plan

SLHD Health, Safety & Compliance Action Plan												
Year 3 Audit Date		27.04.2026										
ID	ISSUE	RECOMMENDATION	SLHD -ACTION	PRIORITY	STATUS	OWNER	UPDATE / COMMENTS	AREA SPECIFIC ACTION PLAN	SERVICE	DUE DATE	REVISED DUE DATE	ON TIME?
	Promote a good health and safety behaviour to drive culture change.	Roll out internally delivered IOSH Managing safely throughout the organisation	IOSH Managing 'Train the Trainer' successfully completed by H&S Team Working with L&OD team to confirm training plan for 25/26 Develop IOSH Managing Safely course to be delivered	Low	Complete	Health & Safety Manager / H&S Advisor	Update April 2026 Successfully delivered pilot session Q4 25/26 - plan in place for future delivery	Health & Safety Strategy 2023-2025		31.03.2026		Complete
	Create a new process for the identification, assessment and recording of risk assessments	Ensure robust health surveillance processes are in place where employees receive the correct training and testing	Working with HR Team identifying employees / job roles where this is required Provision in place through CDC Trends / findings from surveillance can be reported on and used to inform future programmes	Normal	Complete	Health & Safety Manager / H&S Advisor	Update April 2026 Health surveillance programme in place	Health & Safety Strategy 2023-2025		31.12.2025		Complete
	Promote a good health and safety behaviour to drive culture change.	Embed robust personal safety culture in organisation through risk assessment and roll out of e-learning across the organisation.	eLearning rolled out and accessible through YourLearning Working with teams to ensure robust risk assessments in place including all relevant control measures as required with support from existing procedure and guidance Testing of PeopleSafe both use of devices and escalation processes	Low	Complete	Health & Safety Manager / H&S Advisor	Update April 2026 eLearning in place and a review of face to face training carried out. Procedure and guidance reviewed along with successful increase in numbers taking up PeopleSafe	Health & Safety Strategy 2023-2025		31.12.2025		Complete

Priority Rating

- High To be completed within 3-6 months
- Normal To be completed within 6-12 months
- Low To be completed in 12+ months

SLHD Health, Safety & Compliance Action Plan- Action Plan to inform board of progress against the action plan.

Audit Date: Last Updated: 27.04.2026

ID	ISSUE	RECOMMENDATION	SLHD -ACTION	PRIORITY	STATUS	OWNER	UPDATE / COMMENTS	AREA SPECIFIC ACTION PLAN	SERVICE	DUE DATE	REVISED DUE DATE	ON TIME?
	Promote a good health and safety behaviour to drive culture change.	Strengthen health and wellbeing provision tying in the HSE 'Working Minds' campaign	Review existing stress risk assessment process aligning with HSE 'Working Minds' initiative and launch an internal campaign supporting this	Low	Not Started	Health and Safety Manager/ Health and Safety Advisor / HR Wellbeing Lead		Health & Safety Strategy 2023-2028	All SLHD	30.04.2027		
	Challenge existing management systems to ensure fit for purpose.	Ongoing opportunities are being explored to secure vibration personal monitoring devices to support the measurement of individual exposure levels. Implementing this capability would strengthen the organisation's ability to monitor, manage, and control vibration-related risks.	The H&S team are working with Repairs and Maintenance to implement a new monitoring system call REACTECH.	High	In Progress	Health and Safety Manager/Planner of Maintenance Service Manager	Update April 2026 - Initial meeting held with alternative supplier to see what else is on the market. A meeting scheduled with REACTECH and planned maintenance to then identify which equipment is better suited for SLHD	Health & Safety Strategy 2023-2028	All SLHD	31.10.26		
	Create a new process for the identification, assessment and recording of risk assessments	Develop and roll out a mobile-first 'Dynamic Risk Assessment' (DRA) tool	Utilising existing opportunities within TotalMobile this will allow employees to complete a 30-second safety check for hazards (e.g., aggressive pets, restricted access, or hazardous substances) before starting any job.	Low	Not Started	Health and Safety Manager/ Health and Safety Advisor		Health & Safety Strategy 2023-2028	All SLHD	30.04.2027		
	Challenge existing management systems to ensure fit for purpose.	Conduct a comprehensive audit of occupational lung disease controls—specifically for silica dust and asbestos during maintenance work—to ensure face-fit testing and local exhaust ventilation (LEV) are consistently applied.	Conduct audits on active maintenance and void properties where high-dust activities are taking place. Physically verify that the Local Exhaust Ventilation (LEV) (e.g., M-class or H-class vacuums) are not only present with a current test sticker and are in use. Ensure all operatives have a face fit test for the masks they are using. Review the asbestos register access log for those specific jobs to confirm the operative consulted the property's asbestos record on their mobile device before disturbing the fabric of the building.	High	Not Started	Health and Safety Manager/ Health and Safety Advisor		Health & Safety Strategy 2023-2028	All SLHD	30.09.2026		
	Promote a good health and safety behaviour to drive culture change.	Continue to develop engagement initiatives to increase worker participation in safety decisions and improve the recording of near misses.	Internal campaigns and promotions around near miss and incident reporting Develop engagement initiative around 'safety conversations' for line managers to use around recognising positive safe behaviours and identifying barriers.	Normal	In Progress	Health and Safety Manager/ Health and Safety Advisor	Update April 2026 - Regular drop in sessions held for staff to ask questions about EVOTIX and how to report near miss or incidents. Proactive attendance at team meetings	Health & Safety Strategy 2023-2028	All SLHD	30.10.26		

Priority Rating

High To be completed within 3-6 months

Normal To be completed within 6-12 months

Low To be completed in 12+ months

ST LEGER HOMES OF DONCASTER LTD

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Board

REPORT

Date : 11 June 2026

Item : 15

Subject : Capital Monitoring Outturn Report
2025/26

Presented by : Steve Slater
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

Purpose : To inform Board of the capital
expenditure for the financial year
2025/26.

Recommendation :

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

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

**Agenda Item No. 15
Date: 11 June 2026**

1. Report Title

1.1 Capital Monitoring Outturn Report 2025/26.

2. Executive Summary

2.1 The reported figures at period 12 show the Housing Capital Programme out turned at £58.82m, an underspend of £9.99m against the £68.81m revised budget approved at Quarter 3 and £15.60m below the original budget of £74.42m.

2.2 Proposed carry forward requests totalling £10.53m have been summarised in Appendix A, representing the ongoing scheme commitments into 2026/27.

3. Purpose

3.1 To inform Board of the actual capital expenditure for 2025/26.

4. Recommendation

4.1 Board is asked to acknowledge the Capital Monitoring Report and the year-end 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**.

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 27th February 2025, totalling £222m across the four years.

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

- Council House Build Programme (CDC program)
- 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 are summarised below.

SLHD Managed Schemes

- 6.2 The element of the capital programme managed by SLHD out turned at £40.47m, an underspend of £8.95m against the £49.42m revised budget approved at Q3.

- 6.3 (£0.61m), 44% under the budgeted £1.41m, Fire Safety Works
Procurement issues delayed the start of the contractor OpenView commencing works on the low-rise communal blocks despite initially assurances that all work required would be completed by 31st March 2026. The project was later split into 2 phases; Phase 1 is now forecast to be completed mid-April and Phase 2 will then commence. In addition, the anticipated completion of one high-rise communal upgrade (Cusworth House) has been delayed pending approval from the Building Safety Regulator through the gateways.

- 6.4 (£1.99m), 51% under the budgeted £3.98m, Internal Works
(£1.99m), Contractor Internal Works / Reinclusions.
Following 20 years since decency, funding for the major programme of works identified in recent stock condition surveys was significantly underspent pending the delivery of a fully worked up programme.

- 6.5 (£5.45m), 31% under the budgeted £17.85m, External Works
(£2.38m) Remedial Works to High Rise Balby
The contractor Wates requested an extension of time (EoT) in relation to the ongoing dispute, now estimated to be in the region of £4.3m. CDC/SLHD continue to robustly defend this and are optimistic of a lesser settlement, however despite several promises from Wates, the EoT was not received in

year. The instructed works element (specifically relating to prelims and access hire equipment) of the above estimate is also being disputed.

(£0.71m) Remedial Works to High Rise Silverwood

Only surveys and works to RIBA2-4 (Royal Institute of British Architects) were undertaken in year to provide more detailed project costs for full building safety works for Silverwood House (in line with ODR approval). Any further construction costs are subject to further approval.

(£1.58m) External Planned (Contractor) / Thermal ECO

The EWI Stainforth & Thorne scheme programmes were re-profiled to achieve the required number of completions by year end for SHDF funding & assist the contractor in finalising surveys & designs. This involved moving EWI properties to the end of the programme and bringing forward properties with quicker timescales for completion and lower value works. This also means that EWI work will be completed during the warmer months, mitigating any potential delays due to inclement weather. In addition, a betterment on agreed and forecast final accounts for both Wates and SBS programmes contributed to the underspend.

(£0.62m) St George's Court

Only the roofing and fire alarm installation elements of the planned works were delivered this year with the EWI works to block A being slipped. The further recommended works on the site, estimated at £5.8m will be subject to additional approval before commencement.

6.6 (£0.27m), 16% under the budgeted £1.78m, Environmental Works

(£0.14m) Environmental Works

Some of the planned fencing works were cancelled following investigations into the cost of removing adjacent trees deeming the scheme not financially viable.

£0.12m Garage Sites

The overspend was due to a combination of works carried out on a historic leased land site at Hyde Park that were written off and overspending against two garage sites due to unforeseen structural related costs.

(£0.31m) Estate Roads and Paths

The underspend was because of funding in respect of slurry seal works, outside the curtilage of house being held back pending the new path policy being approved.

£0.06m Asbestos Removal

The small overspend resulted from an increase in the demand for surveys in the last quarter of the year. This is a reactive budget line which is difficult to accurately forecast.

6.7 (£1.44m), 19% under the budgeted £7.97m, Acquisitions

(£0.09m) Acquisitions (Retained Receipts)

The spend against this line can be variable due to the availability and value of the properties on the market in year.

(£1.35m) Acquisitions from LAHF Grant funding

The underspend was due to 5 of the budgeted 8 properties forecast to be acquired under the LAHF Phase 3 additional grant funding scheme, slipping into 2026/27 due to lack of availability.

6.8 £1.85m, 326% over the budgeted £0.57m, Acquisition Refurbishments

The in-year costs included the refurbishment of a number of properties acquired in the latter part of 2024/25 circa £400k. In addition, the costs of refurbishment of a large proportion of the properties far exceeded the budget provision. This was partly down to having to use external contractors as the in-house team didn't have the capacity. More recently the properties acquired are being selected based on a low refurbishment requirement.

6.9 (£0.85m), 22% under budgeted £4.00m, Caravan Sites

The underspend was due to a combination of an existing tenant refusing to relocate plots on a temporary basis and delays with manufacturer/supplier resulted in the units originally forecast in year now expected to be delivered in April.

CDC Managed Schemes

7.1 The element of the capital programme managed by CDC out turned at £18.35m, an underspend of £1.04m against the £19.39m revised budget approved at Q3.

7.2 £0.48m, 15% over the budgeted £3.30m, Adaptations for the Disabled

Spend continued to be high due to a combination of historic orders and a push to clear orders due to data migration to Mosaic. New processes and practice changes will provide additional challenge for high-cost adaptations and extensions which should reduce costs going forward. Close monitoring of spend going forward is required to manage workflow and get a picture of ongoing spend patterns.

7.3 (£1.41m), 10% under the budgeted £14.22m, Council House New Build

(£0.48m) Adwick Depot

The start on site date didn't commence until January 2026 due to a delay in discharging planning conditions specifically around acquiring Biodiversity Nett Gains Credits.

(£0.11m) Edlington Lane

The scheme completed in May 2025. The underspend represents the level of retention from the contractor Willmott Dixon which will be paid May 2026 (12 months following completion).

(£0.16m) King Edward Road

The scheme completed in September 2025. The underspend represents the level of retention from the contractor Willmott Dixon which will be paid September 2026 (12 months following completion).

£0.10m Gattison Lane

The overspend relates to a contribution in respect of the acquisition of land at Tordale School, Rossington, a proposed site of the next phase of the CHNB (Council House New Build) programme.

(£0.76m) Cedar Road & Goodison Boulevard schemes

The scheme completions have been delayed due to legal issues relating to Northern Power Grid substation leases / Yorkshire Water connections.

The schemes are forecast to be completed in 2026/27.

8. Future Plans / Work in Progress

8.1 The Council approved a four-year Housing Capital Programme on 26th February 2026, totalling £223m across the four years. Full details are provided at Appendix D.

The main priorities of the programme in 2026/27 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 £19.60m for acquisitions to deliver 143 properties across the four-year period 2025/26 - 2028/29, (48 of which were budgeted to be acquired in 2025/26).

The outturn position is detailed below:

2025/26 Outturn Position	As at 31/3/26
Number of properties completed to date	50
Purchase price of properties completed	£6.35m
Number of properties in legal process (offer submitted and accepted)	14
Purchase price of properties in legal process	£2.14m
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 2026/27 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
 - 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 (2025/26-2028/29) budget report 27 February 2025
Capital Programme (2026/27-2029/30) budget report 26 February 2026

Summary of Housing Capital Programme 2025/26 as at 31 March 2026

	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	1,650	1,650	1,650	0
Void Improvements	3,880	4,260	4,185	(75)
Mechanical and Electrical Improvements	6,650	5,815	5,818	3
Fire Safety Works	1,500	1,410	798	(612)
Internal Works	5,254	3,979	1,980	(1,999)
External Works	21,495	17,854	12,402	(5,452)
Environmental Works	1,675	1,778	1,504	(274)
IT Improvements	42	51	49	(2)
Acquisitions	6,212	7,967	6,524	(1,443)
Acquisition Refurbishments	488	568	2,416	1,848
Caravan Site Improvements	4,705	4,000	3,146	(854)
Assistance Loans	-	-	-	0
Appropriated Properties	600	86	-	(86)
Sub-Total	54,151	49,418	40,472	(8,946)
CDC Managed Schemes				
Adaptations for the Disabled	2,719	3,300	3,776	476
Council House New Build	14,936	14,224	12,812	(1,412)
Acquisitions	1,512	1,771	1,677	(94)
Empty Homes Scheme	1,097	97	79	(18)
Sub-Total	20,264	19,392	18,344	(1,048)
Overall Housing Programme Total	74,415	68,810	58,816	(9,994)
Funding				
Major Repairs Reserve / Depreciation	37,861	28,148	22,019	(6,129)
Revenue Contribution - HRA	6,698	7,094	7,018	(76)
Usable Capital Receipts	7,543	5,924	6,682	758
Section 106	532	3,108	1,495	(1,613)
Prudential Borrowing	20,521	18,382	13,815	(4,567)
Grants	1,260	5,573	7,787	2,214
Unfunded		581	-	(581)
Under(-) / Over Commitments	74,415	68,810	58,816	(9,994)
Percentage Funded	100%	100%	100%	100%

Summary of Housing Capital Programme 2025/26 as at 31 March 2026

Appendix B

	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	1,650	1,650	1,650	0
Void Improvements	3,880	4,260	4,185	(75)
Mechanical and Electrical Improvements	6,650	5,815	5,818	3
Fire Safety Works	1,500	1,410	798	(612)
Internal Works	5,254	3,979	1,980	(1,999)
External Works	21,495	17,854	12,402	(5,452)
Environmental Works	1,675	1,778	1,504	(274)
IT Improvements	42	51	49	(2)
Acquisitions	6,212	7,967	6,524	(1,443)
Acquisition Refurbishment	488	568	2,416	1,848
Appropriated Properties	600	86	0	(86)
Sub-Total	49,446	45,418	37,326	(8,092)
DMBC Managed Schemes				
Adaptations for the Disabled	2,719	3,300	3,776	476
Council House New Build	14,936	14,224	12,812	(1,412)
Acquisitions	1,512	1,771	1,677	(94)
Sub-Total	19,167	19,295	18,265	(1,030)
Overall Housing Programme Total	68,613	64,713	55,591	(9,122)
Funding				
Major Repairs Reserve / Depreciation	37,861	28,148	22,019	(6,129)
Revenue Contribution - HRA	6,698	7,094	7,018	(76)
Usable Capital Receipts	1,741	1,827	3,457	1,630
Section 106	532	3,108	1,495	(1,613)
Prudential Borrowing	20,521	18,382	13,815	(4,567)
Grants	1,260	5,573	7,787	2,214
Unfunded		581	0	(581)
Under(-) / Over Commitments	68,613	64,713	55,591	(9,122)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2025/26 as at 31 March 2026

Appendix C

	Original Estimate - Approved Programme	Revised Budget (Approved Qtr3)	Actual Outturn	Variance Outturn to Revised Budget
	£000	£000	£000	£000
SLHD Managed Schemes				
Caravan Site Improvements	4,705	4,000	3,146	(854)
Assistance Loans	0	0	0	0
Sub-Total	4,705	4,000	3,146	(854)
DMBC Managed Schemes				
Empty Homes Scheme	1,097	97	79	(18)
Sub-Total	1,097	97	79	(18)
Overall Housing Programme Total	5,802	4,097	3,225	(872)
Funding				
Usable Capital Receipts	5,802	4,097	3,225	(872)
Under(-) / Over Commitments	5,802	4,097	3,225	(872)
Percentage Funded	100%	100%	100%	

Public Sector Housing Capital Programme	Annual Budget £000s 2026/27	Annual Budget £000s 2027/28	Annual Budget £000s 2028/29	Annual Budget £000s 2029/30	Annual Budget £000s Total 4 years
Management Fee	1,650	1,650	1,650	1,650	6,600
Voids Capital Works	3,880	3,400	3,400	3,400	14,080
Mechanical & Electrical					
Heating Conversions/Upgrades	5,197	2,520	2,520	2,520	12,757
Electrical Planned Works	3,789	275	360	1,660	6,084
Mechanical Planned Works	184	144	144	144	616
Internal Works					
Internal Works	2,654	1,854	1,854	1,854	8,216
Planned works following 20 years since decent homes work	3,925	3,575	3,650	3,200	14,350
St Georges Court	5,800				5,800
External Works					
External Planned Maintenance including Thermal & Energy Ef	9,987	11,192	11,992	11,192	44,363
High Rise Investment	5,400	7,400	4,500		17,300
Structural	315	315	315	315	1,260
Fire safety works	1,500	1,500	1,815	1,815	6,630
Shops/flats	210	210	210	210	840
Communal Halls	550	105	105	105	865
Environmental Works					
Environmental / Fencing Programme	175	175	175	175	700
Asbestos Surveys & Removal	800	750	750	750	3,050
Garage Site Improvements	300	300	300	300	1,200
Estate Roads & Paths	200	200	200	200	800
IT Systems/Investment	50	50	50		150
Acquisitions	7,680	7,680	5,686		21,046
Appropriated Properties/Conversions	600				600
Council House Building Programme (Uncommitted)	17,000	31,733			48,733
Private Sector Housing Capital Programme					
Edlington Royal Estate	1,011				1,011
Residential Site Investment	3,351	400	400	400	4,551
Housing Investment				1,000	1,000
Adaptations for the Disabled	2,611	2,669	2,727	2,787	10,794
Grand Total	78,819	78,097	42,803	33,677	233,396
Housing Programme	76,208	75,428	40,076	30,890	222,602
Adults Programme	2,611	2,669	2,727	2,787	10,794

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

- Date** : 11 June 2026
- Item** : 16
- Subject** : Revenue Monitoring Outturn Report
2025/26
- Presented by** : Steve Slater
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 2026
- Recommendation** : For Board to acknowledge the
Revenue Outturn Report for the
financial year 2025/26.

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

**Agenda Item No. 16
Date: 11 June 2026**

1. Report title

1.1. Revenue Outturn report 2025/26

2. Executive Summary

2.1. SLHD report an **Overall Net Surplus of £979k**, comprising a £496k Surplus on Housing Revenue Account (HRA) and £483k Surplus on General Fund (GF) operations. Management Fees were received in the year for specific initiatives (see below) and the table also shows comparatives from earlier periods to show how the projected year end position has changed throughout 2025/26 :

Actual / Projections to 31 March 2026	HRA -Surplus / Deficit £k	GF -Surplus / Deficit £k	SLHD -Surplus / Deficit £k
March / Q4 Actual	-496	-483	-979
December / Q3	-100	-127	-227
September / Q2	198	-37	161
June / Q1	384	77	461

2.2. The Surpluses will be repaid to the HRA and the GF.

2.3. The table shows earlier projected deficits slowly moving towards surplus positions as the year progressed. This is a result of robust budget management and action, plus additional Management Fees totalling £905k for known changes to budget.

2.4. There have been a number of movements within the projections during Quarter 4 that together have contributed to the larger than anticipated surplus positions and these are detailed within the report below.

2.5. In summary, the main movements from projections to actual during Quarter 4 were as follows (details appear later in the report):

- HRA - lower salary, overtime, callout, ICT, utilities, training and legal costs plus higher capital income than projected; and
- GF - lower salary costs, lower homelessness related costs (hotels, prevention fund, equipment)

2.6. Salary costs are the main overspend comprising low vacancy numbers savings not covering excess call out and overtime. Other budget areas are also reported a mix of over and underspends. Commentary appears below as appropriate.

3. Purpose

3.1. To inform Board of actual income and expenditure for the year ended 31 March 2026.

4. Recommendation

4.1. For Board to acknowledge the Revenue Outturn Report for the financial year ended.

5. Background

5.1. Budgeted income for 2025/26 was £62,488k. Actual income out-turned at £64,210k, an increase of £1,722k. This increase comprises management fee changes to budget and variances on capital and other income, the latter largely related to funding temporary accommodation and homelessness:

	HRA £k	GF £k	Total £k
Budgeted income	-56,197	-6,291	-62,488
<u>Variances :</u>			
Management Fee – additional income (see below)	-879	-26	-905
Capital income – additional works income	-187	0	-187
Housing Benefit / Grants / Other income	-102	451	349
(-) Surplus to be repaid	-496	-483	-979
Actual income	-57,861	-6,349	-64,210

5.2. The additional Management Fees totalled £905k, comprising:

Additional Management Fees	HRA £k	GF £k	SLHD £k
Pay Award adjustment *	400	26	426
St George's Court security	120	-	120
Awaab's Law	225	-	225
Furnished Tenancy Officer	15	-	15
Cat 1 Repairs	199	-	199
Efficiency Savings	-80	-	-80
Totals	879	26	905

* The budget assumed a pay award of 2% but the actual award was higher at 3.2%, resulting in increased management fees totalling £426k.

Budget pressures and variances

HRA OPERATIONS

5.3. This table below shows the main HRA variances at year end compared to Q3, Q2 and Q1 projections, and therefore movements over the year, compared to the actual outturn.

Budget £k	<u>HRA Variances</u>	Q4 actual variance £k	Q3 projected variance £k	Q2 projected variance £k	Q1 projected variance £k	Comments
32,306	Salaries-core	-484	-392	-145	326	Vacant posts, temp appointments, 2 x damp and mould staff
711	Salaries-Call Out	489	530	430	280	Budget £711k, Actual £1,200k
25	Salaries-Overtime	172	182	155	47	Overtime utilising savings from vacant posts
33,042	Salaries total	177	320	440	652	Total impact on salaries of the above
0	Temporary staff	106	107	102	45	Vacancy cover mainly Property Services
590	Utilities	-186	-134	-132	-18	Usage and prices lower than budget
2,228	Supplies & Services	252	212	302	114	Balby Bridge concierge/security, skips, RTB & acquisition valuations
8,373	Materials	206	169	128	49	Property Services Damp and Mould impact.
5,151	SLAs	-172	-64	-65	-36	Numerous but mainly ICT (£71k) and Metroclean (£49k)
1,747	External Contractors	309	258	195	189	Security £120k, sprinklers £58k, lifts £33k, windows £30k.
-12,852	Capital income	-187	-19	-59	-43	Systems Administrator recharge, ad hoc roofing
-42,705	Management Fee	-879	-864	-665	-665	Pay award, security, Awaab's Law, efficiencies, Cat 1 SCS repairs
4,426	Net Others	-122	-85	-48	96	Minor variances on numerous budget lines.
0	-Surplus / Deficit	-496	-100	198	384	

5.4. In summary HRA operations have moved from a projected **Surplus of £100k** at Q3 to an actual **Outturn Surplus of £496k**. Good financial monitoring has been applied by budget holders throughout the year and there are movements in many budget lines. There were movements across many budget lines in Q4 contributing to this change and the main ones to note were:

- £140k - increased capital income totalling across most workstreams;
- £37k - increased materials costs, some due to increased capital income above;
- £83k - core salaries savings arising from longer periods vacant for several posts and timing of recruitment;
- £40k - callout costs lower than projected (and also £40k lower than March 2025);
- £10k - overtime lower than originally anticipated;
- £52k - utilities from lower prices and usage as the year progressed and also higher credits received than expected;
- £25k - RTB valuations lower than anticipated
- £43k – lower ICT hardware and software costs due to delivery issues from suppliers, timing of projects and supplier availability;
- £43k - lower training costs due to timing of planned deliveries;
- £51k – higher Contractor costs – primarily doors windows, sprinklers, security lifts; and
- £40k - Supplies and Services – mainly Balby Bridge security and skip usage

GF OPERATIONS – Housing Options

- 5.5. This table below shows the main GF variances at year end compared to Q3, Q2 and Q1 projections, and therefore movements over the year compared to the actual outturn.
- 5.6. In summary GF operations have improved steadily from a projected **Deficit of £77k** at Q1 to an actual **Outturn Surplus of £483k**. The main contributor to this change is the lower than anticipated use of hotels as the year progressed. Numbers in hotels averaged 75 per night up to end of July 2025, but then fell significantly and averaged 42 for the remainder of the year, generating much lower costs. Housing Benefit (HB) income also fell as a result, but it should also be noted that HB recovery against costs has been high all year. This can be seen below.

Budget	<u>GF Variances</u>	Q4 actual variance	Q3 projected variance	Q2 projected variance	Q1 projected variance	Comments
£k		£k	£k	£k	£k	
2,097	Salaries-core	-10	25	22	27	Vacant posts, temp appointments
43	Salaries-Pay award	26	26	26	26	Pay award - 3.2% actual vs 2% budgeted
2,140	Salaries total	16	51	48	53	Total impact on salaries of the above
13	Temporary staff	-6	7	20	30	Vacant posts, agency staff cover
55	Repairs & Maintenance	50	90	35	35	Additional G&T site repairs
944	Premises	-129	53	53	0	TA rent costs
2,905	Supplies & Services	-894	-693	-579	55	Addl Prevention Fund spend £59k, hotel savings - £645k, winter plan, equipment
-6,291	Income	571	447	412	-69	CDC secondment, additional funding £123k & reduced HB £450k
234	Net Others	-91	-82	-26	-27	Minor variances on numerous budget lines and £26k M'ment Fee.
0	-Surplus / Deficit	-483	-127	-37	77	

6. Budget performance and main operational pressures, issues and actions by Directorate

- 6.1. The main budget pressures throughout the year have consistently been around staff costs, in particular repairs call out costs, together with security at Balby Bridge and St George's Court, sprinkler maintenance and damp and mould (Awaab's Law).
- 6.2. Staffing levels assumes a Vacancy Factor (VF) of 4% / circa 35 Whole Time Equivalent (WTEs). There are currently 53.1 WTE vacant posts, just above average for the past two years. Prior to 24/25, the average was higher at around 75 WTEs. (see below)

Budget 25/26			Vacant posts 2025/26				Vacant posts 2024/25				Vacant posts 2023/24			
	VF 4%		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
WTEs	Vacant	Directorate	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
212.7	8.9	Housing/Customer	4.0	5.8	4.7	5.7	2.0	2.0	4.4	3.9	5.6	7.6	9.0	19.0
67.7	2.8	Corporate	7.1	5.7	4.7	4.5	3.5	3.5	3.1	2.6	2.5	4.5	5.5	5.7
97.3	4.1	Asset M'ment / Safety	7.8	8.4	8.2	8.8	3.0	3.0	2.0	10.6	8.0	7.6	9.0	11.0
445.4	18.6	Property	27.5	27.0	19.5	28.4	27.0	21.0	30.0	41.0	38.1	42.5	42.0	45.5
53.0	2.2	Home Options GF	6.7	6.3	4.3	5.0	5.0	5.0	2.0	4.5	2.5	10.0	11.0	4.0
876.1	36.6	Totals	53.1	53.2	41.4	52.4	40.5	34.5	41.5	62.6	56.7	72.2	76.5	85.2

6.3. The table below summarises the Actual and Projected Outturns by Directorate for the four quarters to show the movements and reasons.

	Q4	Q3	Q2	Q1
Projected -Surplus / Deficit	Actual	Projections	Projections	Projections
	£k	£k	£k	£k
Housing and Customer	-141	-5	92	187
Corporate	-334	-169	-104	-69
Property	568	604	534	373
Asset	-590	-530	-324	-107
HRA operations	-496	-100	198	384
GF Housing Options	-483	-127	-37	77
SLHD total	-979	-227	161	461

6.4. Summary comments appear below and more detailed commentary for each Directorate appears at Appendix A.

6.5. The main areas of focus and pressures within **Housing** have been around successful delivery of a new Tenancy agreement, increased tenant engagement and communication, security at Balby Bridge and St George's Court, a new Access Team and managing legal costs relating to all actions taken.

6.6. **Assets and Building Safety** challenges have mainly been related to building safety compliance, stock condition surveys, Awaab's Law, disrepair costs and increased waste disposal legislation.

6.7. **Property Services:** Demand on the repairs service continued to be high with volumes consistent with recent years. Void levels have also been high, largely a result of high levels of acquisitions over the past two years.

6.8. Repairs volumes with comparatives are shown below. The table summarises the number of repairs **completed** by category for the past five years (which excludes the following job types - no access, aborted, public building, private landlord). Repairs orders per year are also summarised in the table.

<u>Repairs COMPLETIONS -</u> year ended 31st	March 26	March 25	March 24	March 23	March 22
	no.	no.	no.	no.	no.
Emergency Orders	22,024	24,146	25,834	27,313	18,083
Urgent Orders	24,707	24,308	23,715	24,438	27,128
Routine Orders	22,482	27,255	22,719	14,675	15,470
Scheduled Orders	2,090	2,759	2,842	6,584	11,295
Total	71,303	78,468	75,110	73,010	71,976
<u>Repairs ORDERS (Totals)</u>	75,208	78,559	76,798	78,574	76,558

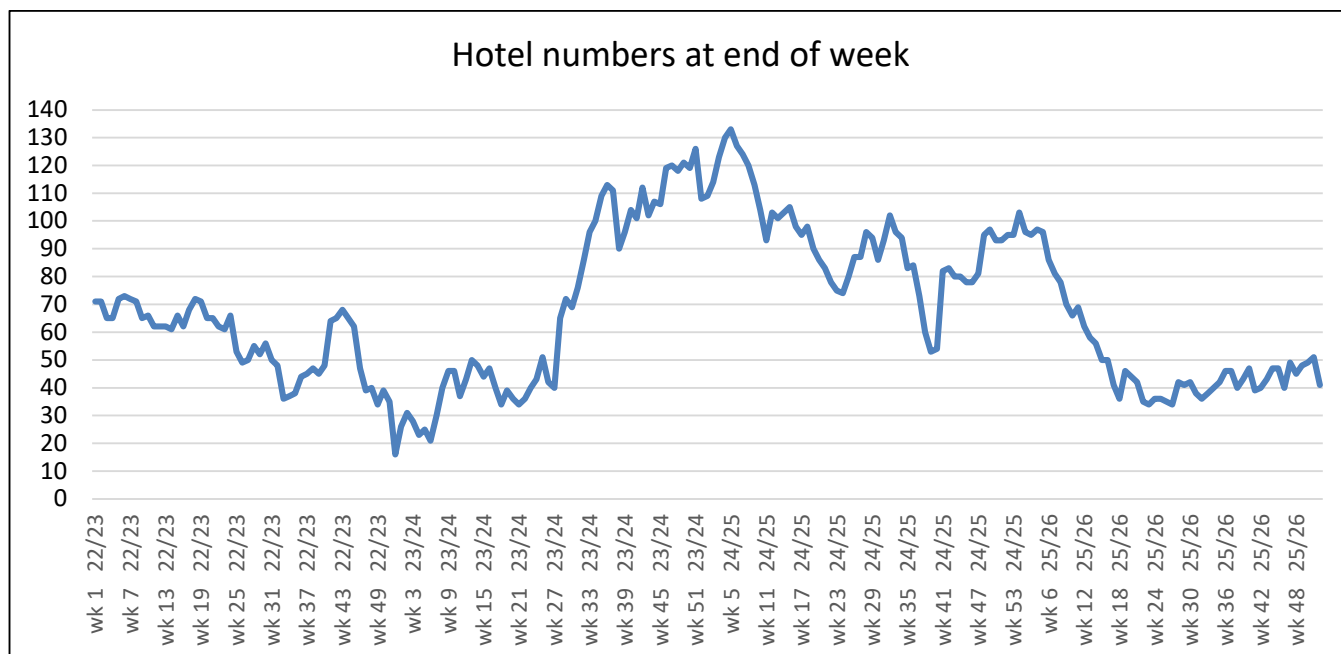
- 6.9. Voids activity in the past couple of years has been higher, being a mix of lower lettings compared to terminations, and acquisition numbers being higher in the past two years. The table below shows the number of voids at the end of each year, and lettings and terminations in the year.

<u>Voids</u>	March 26	March 25	March 24	March 23	March 22
	no.	no.	no.	no.	no.
Terminations – in year	1,098	1,156	1,121	1,193	1,172
Lettings – in year	1,065	1,017	1,109	1,222	1,138
Lettable voids <u>at month end</u>	225	216	112	126	165
Non lettable <u>at month end</u>	4	6	13	7	5
Earmarked for demolition	4	0	0	0	8
Gross voids <u>at month end</u> *	233	222	125	133	178

* includes acquisitions and new build. At end of March 26 there were 25 buyback voids and 12 new builds.

- 6.10. The above tables report some consistent numbers year on year for the past few years:
- repairs orders per year are around the 70,000-75,000 level although the mix of repair types has changed;
 - after accounting for acquisition properties, void numbers are higher in the past two years;
 - termination levels have been very similar in five consecutive years at around 23 per week; and
 - letting numbers are also lower than terminations in the past two years.
- 6.11. Further details behind the main variances and pressures for each Directorate during the year are attached at Appendix A.
- 6.12. **General Fund:** Demand on services also remained very high throughout 25/26 but strong performance resulted in reduced hotel usage and Temporary Accommodation for the majority of the year. This, together with good recovery levels (>90%) of Housing Benefit against costs, all of which contributed to a year end Surplus compared to budget.

6.13. The graph below shows how hotel numbers have fluctuated over the past 4 years:



7. Procurement implications

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

8. VFM implications

8.1. 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.

9. Financial implications

9.1. Financial implications are detailed in the body of the report

10. Risks

10.1. Financial and Operational risks have been reported throughout the year, some of which may recur in 2026/27.

11. Health, Safety & Compliance Implications

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

12. ICT implications

12.1. ICT implications are referenced in this report as appropriate.

13. Consultation

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

14. Diversity

14.1. There are no diversity issues arising from this report

15. Communication requirements

15.1. There are no communication issues arising from this report.

16. Equality analysis

16.1. There are no equality issues arising from this report

17. Environmental impact

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

Nigel Feirn

Head of Finance and Business Assurance, SLHD

Appendix A – detailed Directorate commentary

Appendices 1 to 7 budget summaries by Directorate for SLHD

Housing and Customer Services

17.2. The table at 6.3 above shows a **Surplus of £141k** on budgets totalling £12m for Housing and Customer Services. Please see **Appendix 2**

Housing Management:

17.3. Overall Housing Management budgets have been broadly on track in the year. The main pressures have been:

- temporary security deployment at Balby Bridge;
- indirect employee costs overspend on mileage;
- the new Access Team referring more cases to CDC Legal;
- increased Balby Bridge Protective clothing/cleaning materials costs due to rough sleepers accessing the blocks;
- 'People Safe' devices and no dedicated budget currently in place;
- the Legal SLA faced pressure due to court costs incurred for closure orders;
- treatment of infestations;
- temporary Accommodation from decants;
- G&T repairs; and
- new Tenancy Agreement consultation and implementation.

Customer Services:

17.4. No major issues during the year. Budget pressures are linked to employee expenses and related to the pay award and vacancies factor.

17.5. Most budgets have been broadly on track.

Corporate Services:

17.6. The table at 6.3 above shows a **Surplus of £334k** on budgets totalling £6.9m for Corporate Services. Please see **Appendix 3**

17.7. No major issues within this Directorate. The main pressures have been small overspend on employee costs (£47k) but these are offset by savings in:

- Supplies and Services (£209k) from numerous budget lines including professional fees and consultancy; and
- SLAs (£77k) all of which is ICT related.

Property Services - Asset Management Services:

17.8. The table at 6.3 above shows a **Surplus of £590k** on budgets totalling £7.2m for Asset Management Services. Please see **Appendix 4**

17.9. This surplus is a result of several main budget lines, as summarised below:

- Salary cost savings of £222k from vacant posts in the year and difficulties recruiting;
- Additional management fee of £394k in relation to Awaab's Law
- Utility costs being £190k lower than budget due to lower usage, reducing costs and recent credits;

- The main overspend category is in Supplies and Services in a number of budget lines
 - Waste / Refuse Costs. Skip usage at Shaw Lane, particularly from voids, alongside extra costs associated with waste segregation.
 - Shaw Lane repair costs. Essential repairs and maintenance costs exceeding budgets
 - Disrepair. Incoming case numbers have steadied and spend monitored closely, but likely to come in £50k over budget
 - Play Areas. As in previous years, expenditure is reactive to deal with health and safety issues as they arise and costs incurred to date are already in excess of the original budget; and
 - 'Waking watch' at St George's Court. Whilst additional management fee to fund this was provided, this continued longer than anticipated and incurred £50k in costs over and above what was expected and provided for.

Building Safety:

- 17.10. Building Safety costs are broadly in line with budget, but some small under and overspends
- Staffing – some saving from vacant posts and timing of recruitment;
 - Fire Risk Assessment (FRA) costs £40k over the £85k budget; and
 - The Morgan and Lambert third party gas and electrical checks came over to team management in April 2025. Spend was slightly over budget.
- 17.11. Other areas of concern and close monitoring are costs relating to safety inspection, in particular for the automatic door and roller shutters.
- 17.12. Other budgets were on track for the year.

Property Services - Building Services:

- 17.13. Property Services out-turned a **Deficit of £568k** on budgets totalling £31.2m for Property Services. Please see **Appendix 5**
- 17.14. The main areas to note are summarised below and are as previously reported throughout the year to date.
- 17.15. **Salary costs** : Salary costs were a total of £277k over budget:
- **Call out** has been the key pressure all year and nearly £500k (70%) over budget (including holiday pay £56k). Constant reviews and policy updates are ongoing to drive down costs mainly around Run Over Jobs (ROJ) and attend to days (A2D).
 - **Overtime** also a budget pressure at £170k over budget
 - **Temporary staff** £107k to cover for vacant posts
- 17.16. **Materials:** Actual costs were £170k over budget but some of this relates to additional capital income. Largely due to an increase in reactive repairs predominantly for roof repairs following leaks after wet weather. This has also resulted in increased spend for scaffolding. There has also been a spike in WOW materials around the number of poor concrete paths at All Saints square.
- 17.17. **External Contractors;** £333k (30%) over budget, primarily due to remedial works on sprinkler systems, EICR testing, stairlifts, doors & windows from further increases in demand/jobs, increased number of drainage works jobs, door entry systems demand in repairs/access issues and general ad-hoc repairs increased demand.

General Fund - Housing Options:

- 17.18. An **Outturn Surplus of £483k** on budgets totalling £6.3m for General Fund operations. Please see **Appendix 6**.
- 17.19. This improved steadily throughout the year and is largely a result of reduced and sustained lower hotel, in particular, and temporary accommodation rental costs.
- 17.20. It is pleasing to report hotel numbers have averaged 41 per night since July 2025 having been above 70 up to that point, and were also much lower than budget.
- 17.21. Homelessness costs have reduced from several budget lines, including:
- TA rental costs were £66k (9%) under budget and contributed to lower cleaning costs and council tax compared to budget
 - Hotel costs totalled £1,275k, some £802k (38%) below budget; and
 - Winter Plan costs were £33k lower than budget.
- 17.22. Employee costs were almost exactly the £2.163m budget.
- 17.23. In terms of risks, demand from households presenting as homeless remains stable, but high and drivers for homelessness such as the economy, inflation and high rents vs Local Housing Allowance. This unstable environment means it would be premature to assume service pressures could not quickly change and demand for emergency accommodation increase.

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2026

	Income/Expenditure for the year	Actual Outturn at year end	Actual Variance at year end	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	35,635	35,949	314	1%
Premises Expenses	2,316	2,126	-190	-8%
Transport	2,565	2,552	-14	-1%
Supplies & Services	6,620	5,930	-690	-10%
Materials-Buildings Services	8,373	8,579	206	2%
Service Level Agreements	5,231	5,056	-175	-3%
Total Management Expenditure	60,741	60,192	-549	-1%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	1,747	2,056	309	18%
External Maintenance Contractors (Capital)	0	0	0	-
Total Maintenance Expenditure	1,747	2,056	309	18%
Gross Expenditure	62,488	62,248	-240	0%
Income				
Management Fee - HRA	-42,705	-43,584	-879	2%
Management Fee - General Fund	-3,191	-3,337	-146	5%
Recharges to Capital Schemes (In House)	-12,852	-13,039	-187	1%
Other Income	-3,562	-3,111	451	-13%
Direct Charge to HRA	-178	-156	22	-12%
Total Income	-62,488	-63,227	-739	1%
Surplus(-) / Deficit	0	-979	-979	-

**St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2026 -
Home Options (General Fund)**

	Income/Expenditure for the year	Actual Outturn at year end	Actual Variance at year end	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	2,163	2,169	6	0%
Premises Expenses	1,135	1,111	-24	-2%
Transport	0	0	0	-
Supplies & Services	2,913	2,019	-893	-31%
Materials-Buildings Services	0	0	0	-
Service Level Agreements	80	84	4	5%
Total Management Expenditure	6,291	5,383	-908	-14%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	0	0	0	-
Total Maintenance Expenditure	0	0	0	-
Gross Expenditure	6,291	5,383	-908	-14%
Income				
Management Fee - HRA	0	0	0	-
Management Fee - General Fund	-3,191	-3,337	-146	5%
Recharges to Capital Schemes (In House)	0	0	0	-
Other Income	-3,100	-2,529	571	-18%
Direct Charge to HRA	0	0	0	-
Total Income	-6,291	-5,866	425	-7%
Surplus(-) / Deficit	0	-483	-483	-

**St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2026 -
HRA ONLY**

	Income/Expenditure for the year	Actual Outturn at year end	Actual Variance at year end	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	33,472	33,780	309	1%
Premises Expenses	1,181	1,015	-166	-14%
Transport	2,565	2,552	-13	-1%
Supplies & Services	3,707	3,911	204	6%
Materials-Buildings Services	8,373	8,579	206	2%
Service Level Agreements	5,151	4,972	-179	-3%
Total Management Expenditure	54,450	54,810	360	1%
Maintenance Expenditure			0	
External Maintenance Contractors (Revenue)	1,747	2,056	309	18%
External Maintenance Contractors (Capital)	0	0	0	-
Total Maintenance Expenditure	1,747	2,056	309	18%
Gross Expenditure	56,197	56,866	669	1%
Income				
Management Fee - HRA	-42,705	-43,584	-879	2%
Management Fee - General Fund	0	0	0	-
Recharges to Capital Schemes (In House)	-12,852	-13,039	-187	1%
Other Income	-462	-582	-120	26%
Direct Charge to HRA	-178	-156	22	-12%
Total Income	-56,197	-57,361	-1,164	2%
Surplus(-) / Deficit	0	-495	-495	-

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Quarter 4 / Year ended 31 March 2026 KPI dashboard
Action Required:	For information
Item:	17
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	11 June 2026

1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at 31 March 2026 financial year end and brief commentary for the KPIs where their targets are not being met.
- 1.2. Appendices are attached as follows:
 - A: KPI dashboard as at 31 March 26 2026;
 - B: Latest Housemark benchmarking in-month survey–February and January 2026

2. Executive summary

- 2.1. 41 KPIs were agreed with City of Doncaster Council (CDC) for the 2025/26 (25/26) financial year, including the Regulatory Tenant Satisfaction Measures (TSM). **Appendix A** details each KPI measured at end of March, with comparatives.
- 2.2. Of the 41 KPIs, 15 are measured either quarterly (2) or annually (13). The annual KPIs are the customer satisfaction TSMs from perception surveys throughout the year and a property energy efficiency measure. 10 satisfaction survey TSMs do not have targets for 2025/26.
- 2.3. The table below summarises the KPIs with comparatives from earlier years and shows an improving performance from previous period ends. At the end of the financial year 2025/26, **22 of the 31 KPIs measured were met or were within tolerances of target.**

KPIs	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
	25/26	25/26	25/26	25/26	24/25	24/25	24/25	24/25	23/24	23/24	23/24	23/24
Green (meeting target)	17	17	13	13	17	14	14	13	9	9	8	4
Amber (within tolerance)	5	4	4	2	0	3	4	3	7	3	3	1
Red (not meeting target)	9	9	11	13	14	11	10	12	6	8	9	9
Annual / Qtly KPIs	-	1	3	3	-	3	3	3	-	2	2	4
Annual TSMs no targets	10	10	10	10	10	10	10	10	-	-	-	-
Total	41	41	41	41	41	41	41	41	22	22	22	18

- 2.4. In addition to the above, two further annual, employee related KPIs were set by SLHD's Board. These are shown below with comparatives :

	23/24 Outturn	24/25 Outturn	25/26 Outturn	25/26 Target
Employee satisfaction with SLHD as an employer %	89%	91%	90%	83%
Employee turnover %	9.3%	6.0%	7.5% tbc	15%

2.5. Tolerances which determine the amber status are consistent with CDC measures where possible. This report comments on those KPIs that are outside of agreed tolerances and targets are not being met.

3. KPI commentary

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

Target 0.80%
Mar 26 Year end performance 1.00% WORSE THAN TARGET – RED

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

	Q4 25/26	Q3 25/26	Q2 25/26	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 %	1.00%	1.08%	1.11%	1.20%	0.91%	0.90%	0.85%	0.82%	0.68%	0.68%	0.70%	0.73%
Target %	0.80%	0.80%	0.80%	0.80%	0.70%	0.70%	0.70%	0.70%	0.50%	0.50%	0.50%	0.50%
Lettable voids*	225	178	172	175	205	188	169	157	102	108	79	122
Total voids	233	188	182	184	211	196	176	162	125	113	98	132
Acquisition voids	37	26	31	41	48	35	29	30	17	12	15	10

* includes acquisitions

NB : It should be noted again here that the VRL figure at the March 26 year end has been restated to exclude the repair period between purchase and repair end dates for acquisition properties. This is an accepted practice for CORE housing returns but differs to Housemark calculations which includes void rent periods on all properties.

This CORE method has been adopted due to a high number of acquisitions in the past year that have required substantial repair work before being available to let.

The figure is restated from February onwards only – it would be extremely difficult to restate earlier KPIs – and **the KPI is now reported as 1.00%. Without this adjustment, the KPI would have been 1.12%**, reflecting the impact of acquisitions.

At end of March, void properties increased to 233 from 225 at end of February and 188 at end of December. The current void position comprises of:

- 188 lettable voids;
- 25 buy-back properties;
- 12 new builds;
- 4 awaiting demolition; and
- 4 non lettable voids.

Year end performance shows a marginal decline when compared to the previous year, with VRL at 1.00% against 0.91%. The Voids Excellence project continues to look at all aspects of the voids process, generating improvement actions, and robust monitoring processes remain in place at every stage of the void lifecycle - from key receipt to re-let.

These controls support effective operational planning, resource, allocation and seamless inter-team communication. Collectively, they continue to drive efficiencies and help minimise void rent loss.

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

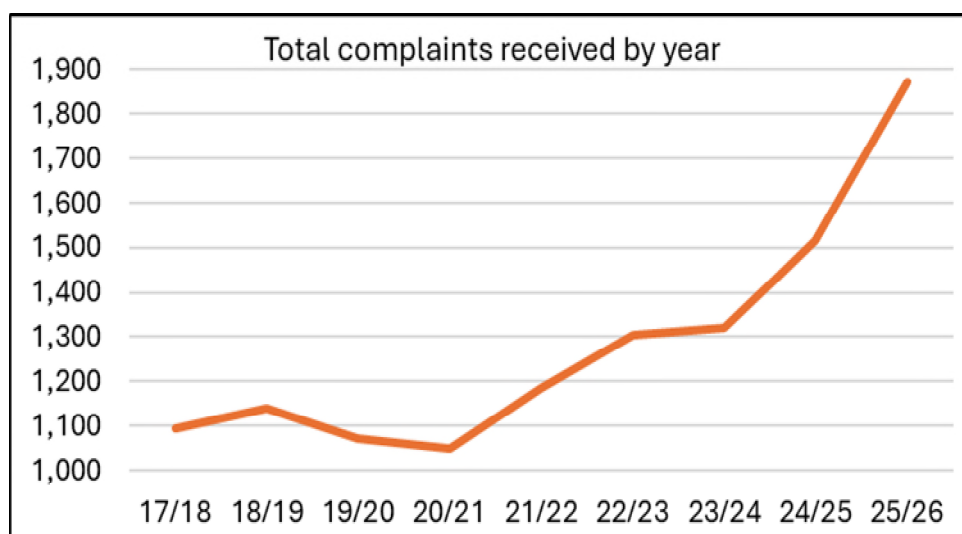
SLHD measure all complaints received, regardless of who the complainant is, whereas the TSM reports complaints from 'residents' (tenants and leaseholders only). The table below reports both the TSM for residents and the SLHD KPI for all complaints.

	KPI target	TSM	'Residents' only	SLHD KPI		<i>SLHD</i>	<i>SLHD</i>
	Mar 26 25/26	Mar 26 25/26		Mar 26 25/26	All complaints	Mar 25 24/25	Mar 24 23/24
Stage 1	42.3	75.7	WORSE THAN TARGET	83.9	WORSE THAN TARGET	68.0	56.1
Stage 2	2.7	8.2	WORSE THAN TARGET	9.4	WORSE THAN TARGET	7.6	4.9
Stage 1 & 2	45.0	83.5	WORSE THAN TARGET	93.3	WORSE THAN TARGET	75.6	61.0

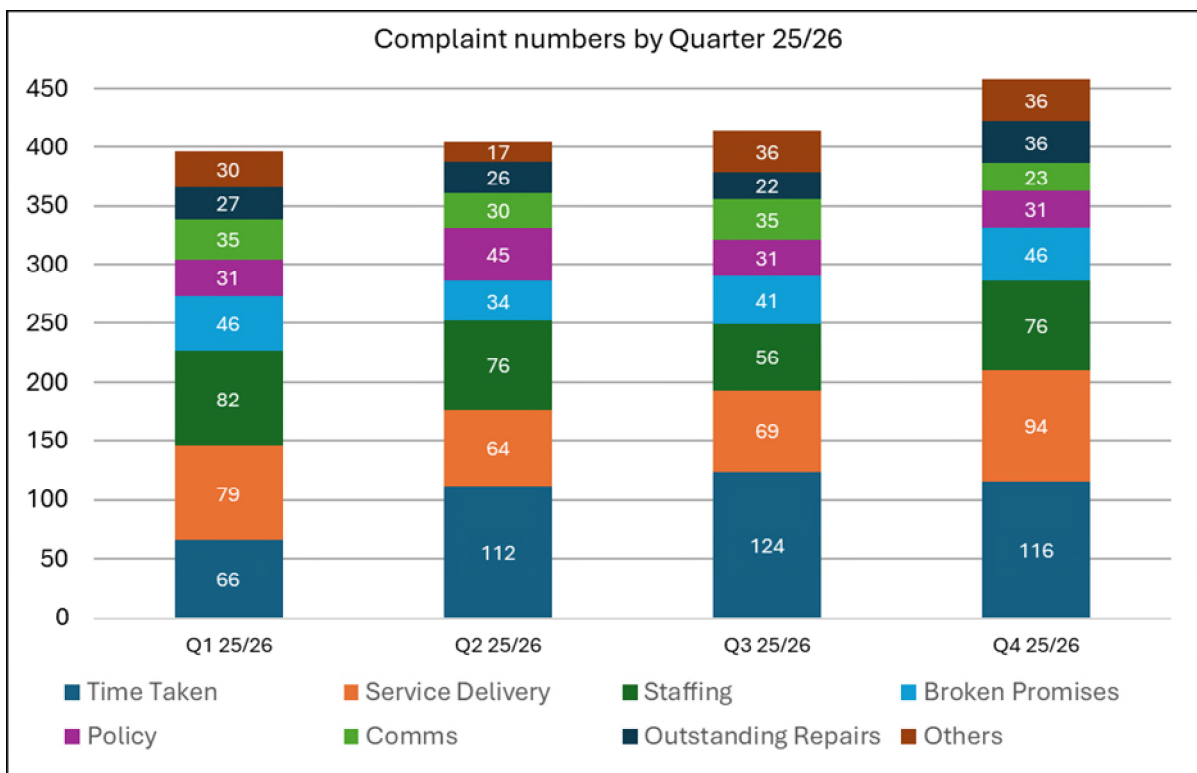
For the KPI target to have been met, less than 1,000 complaints should have been received. The table below summarises the numbers received for the past three years.

	Residents only 25/26 YTD			All complaints 25/26 YTD		
	25/26	24/25	23/24	25/26	24/25	23/24
Stage 1	1,506	1,154	1,007	1,670	1,354	1,215
Stage 2	164	122	61	187	152	105
Total	1,670	1,276	1,068	1,857	1,506	1,320

Volumes from earlier years shows similar trends. SLHD averaged 21 complaints per week in 17/18 to 20/21, before increasing to 36 per week on average this 25/26 year.



We continue to analyse all complaints in detail to identify causes and solutions, and to improve processes, including by age profile of complainants, by ward, property type and complaint type. The chart below shows Stage 1 complaint volumes and types by quarter for 25/26.



The data and charts show the main categories for complaints, in order, continue to be about time taken, service delivery, and staffing – these three account for over half of all complaints in the past two years – followed by delays in progressing repairs, inconsistencies in service outcomes, and issues with communication and staff interactions.

In terms of outcomes for all complaints in both 25/26 and 24/25, typically around three-quarters of both Stage 1 and 2 complaints are not upheld.

This is also the case for the three main themes – time taken, service delivery and staffing – where the numbers not upheld were 68% and 74% respectively for 25/26 and 24/25.

Customer expectations continue to be high and SLHD have implemented a number of actions over the past two years to look at all aspects of complaints.

We are addressing all of this through strengthening repairs processes, improving the scheduling and planning functions, and carrying out enhanced root-cause analysis to understand the underlying causes. This includes work undertaken by the PowerUsers project which looks at tenants and properties that have the highest number of ‘contacts’ with SLHD, e.g phone calls, repairs, complaints, etc.

We have delivered additional complaint-handling training, improved communication with tenants on how to make a complaint, introduced a complaints charter, and continue to support scrutiny through the Tenant Scrutiny Panel subgroup.

In line with the Housing Ombudsman’s Complaint Handling Code, we do not view complaints as a negative indicator but as essential insight to drive improvements.

3.3. KPI 10a, 10b and 10: Percentage of Emergency and Non-Emergency Repairs completed within target timescales.

Completed in timescale:	Target	Q4 25/26		Q3 25/26	Q2 25/26	Q1 25/26	Q4 24/25	Q3 24/25	Q2 24/25	Q1 24/25
10a Emergency	95%	92.2%	WITHIN TOLERANCE	93.3%	93.4%	92.0%	82.5%	80.1%	76.9%	77.9%
10b Non-emergency	85%	67.6%	WORSE THAN TARGET	67.7%	67.7%	69.8%	68.7%	68.8%	67.2%	63.4%
10 Emergency & Non-emergency	88%	75.3%	WORSE THAN TARGET	75.1%	74.9%	76.6%	73.1%	72.4%	70.2%	68.2%

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

- Emergency Repairs – 2 hours and 24 hours: and
- Non-Emergency Repairs – 5 working days and 20 working days.

In summary, performance for emergency repairs was within tolerance of target all year and non-emergency repairs did not meet target. Both types were generally consistent all year but were also higher than last year.

Looking at ‘in-quarter’ performance shows the following :

	Emergency	Non Emergency
Q1	92.0%	76.7%
Q2	95.2%	72.9%
Q3	93.1%	75.7%
Q4	89.8%	75.9%

Further analysis by repairs team shows that for emergency repairs, neither the gas (77.5%) nor responsive (83.0%) teams were close to reaching the 95% target.

Further analysis also shows a clear definition in performance between Summer and Winter Right To Repair legislative timescales, with performance for May to October being 94.7% and November to April being 90.5%.

A number of actions are being taken to improve performance, including moving the 2027/28 gas servicing programme forward which should increase resource for gas repairs next year.

An additional temporary Team Leader has been appointed to the Planning and Admin Team and some structure changes are to be undertaken to reduce the number of FTEs being managed.

Moving forward a key priority for each of the Team Leaders will be to shadow and coach Planners, run reports to look for failings, correct poor practice and share across teams.

The One Repairs Board continues to look at all areas to action improvements. Numerous process changes and setting changes within scheduling software have been made in recent months.

There is also a much wider project commencing, led by the Director of Property Services, to reduce reliance on reactive repairs by strengthening planned, asset-led intervention, using data to prevent failure rather than respond to it. This will involve teams from voids, assets and repairs and mean a fundamental change in the way of working and ultimately improve a number of property related KPIs.

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

Target	100.00%	
Mar 26 Year end performance	99.71%	WORSE THAN TARGET – RED

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

There are now just 58 Domestic outstanding properties, down from 95 at the end of February and 159 at the end of Q3, so strong progress has been made towards meeting target. These comprise :

- 9 - complete and awaiting EICR sign off
- 1 – void
- 5 - either new acquisitions (3) or due to be re-tested (2)
- 43 - outstanding to be tested - 13 are to be done by the in-house team and 30 back with contractors for appointment.

The remaining 58 properties are all being worked on intensively with close working arrangements ongoing between the Access and Compliance Teams, and weekly updates being provided to EMT on progress and next steps.

3.5. KPI18: % of Local Revenue Expenditure

Target	70%	
Mar 26 Year end performance	58%	WORSE THAN TARGET – RED

The final month of the year was consistent with all of the previous months of 25/26, with usual levels of outputs : ~150 suppliers receiving payments totalling ~£1.5m and around 75% of total spend was with just 15 suppliers.

A slightly lower proportion of the spend (55%) was local to Doncaster so this reduced the KPI to 58% for the year, below the 70% target.

Regional Yorkshire & Humberside (Y&H) spend was also similar to the rest of the year with 83% of the total Revenue spend being within Y&H, just below the average of 87% for the full year.

The main suppliers outside of Doncaster again included Bradford MBC (doors and windows), SIGD (roofing materials) and TKL (skips), Fullwoods (contractor).

Throughout 25/26, a few larger suppliers not being local has adversely impacted the KPI. SLHD and CDC will continue to target using Doncaster based suppliers where they can but this isn't always possible where specialist services are required or if volumes and demand are not deliverable by local suppliers.

3.6. KPI 22 : Percentage of homes not maintaining decent standard %

Target	3.0%	
Mar 26 Year end performance	7.8%	WORSE THAN TARGET – RED

At the end of March 2026, 92.25% of properties met the decent homes standard. This equates to 7.75% of properties (1,544) being non-decent at the end of the financial year

This is a decrease in the number of non-decent properties from Q3 where the position then was 2,155 non-decent properties (10.82%).

We receive details from Savills of the non-decency elements within each property and the latest data shows the following summary of reasons for the 1,544 non decent properties :

Reason for Non-decency	Properties
Cat 1 hazard	227
M&E	72
Externals (Walls, Roof, Chimney, Cills, Doors, Windows, Insulation etc)	450
More than one component	93
Other (Data / D&M)	702
Total	1,544

Extensive analysis and investigations have been undertaken during Q4 to understand the reasons for non-decency, specifically focusing initially on where roofs and chimneys had been cited as the reason. This identified the incorrect classification of some roofs and chimneys as being in poor condition (non-decent) following stock condition survey (SCS) but not requiring investment for 9+ years. These properties should have been classed as fair (decent) given the remaining expected lifespan.

This has now been corrected in agreement with Savills. Whilst significant investment is planned through the council's capital programme during 2026/27, current planned investment levels are insufficient to address all current non-decent properties. The council are currently reviewing their capital investment programme from 2027/28 onwards to explore the potential for accelerating future investment to address non-decency.

All of the above detail enables SLHD to plan the required remedial works accordingly to meet decency at the earliest opportunity whilst optimising use of available budgets, e.g. in the table above, Cat1 hazards (227) and 'Other' (Data/D&M) related items (702) accounts for more than half of the total non-decent and therefore works could be prioritised here.

The drop to 7.8% from double figures during 2025/26 already shows the effect of the surveys ending and SLHD catching up on the hazards identified.

The KPI target for 26/27 recognises the impact of the ongoing SCS programme and this new target has been approved at 9.0%, so this latest non-decency figure would mean the target is being met as we start the new year.

Report author

Nigel Feirn

- Appendix A KPI Dashboard year ending 31 March 2026
- Appendix B February and January 2026 Housemark 'in-month' pulse surveys

St. Leger Homes Key Performance Indicator Summary March 2025/26 – MONTHLY KPIs

Appendix A

KPI	St. Leger Homes Key Performance Indicator Summary 2025/26	Year end 24/25													Target	Tolerance
		Mar-25	Apr-25	May25	Jun-25	Jul-25	Aug25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Year end	Year end
1	% of current rent arrears against annual rent debit	2.76%	2.66%	2.82%	2.78%	2.83%	2.94%	2.88%	2.96%	2.89%	3.12%	3.09%	3.01%	2.85%	2.95%	3.25%
2	Void rent loss % of rent lost through homes being void (empty)	0.96%	1.30%	1.33%	1.20%	1.17%	1.16%	1.11%	1.11%	1.11%	1.08%	1.10%	1.00%	1.00%	0.80%	0.88%
3	Relet time for <u>STANDARD</u> voids (days). i.e. no MAJOR repairs	27.4	24.8	26.6	27.6	27.1	26.7	25.6	25.2	25.1	24.9	25.5	25.5	25.7	25.0	27.5
4	Average number of Nights in Hotel Accommodation	24.0	24.6	23.6	24.9	24.7	23.6	22.9	22.1	21.2	21.0	20.6	20.4	20.4	21.0	23.1
5	Percentage of settled accommodation at prevention stage	43%	55%	52%	51%	51%	51%	52%	52%	51%	52%	52%	52%	53%	50%	55%
6a	Number of Stage 1 complaints per 1,000 homes:	68.0	7.2	13.5	19.9	27.9	34.1	40.2	47.5	54.9	61.0	67.8	75.0	83.9	47.0	51.7
6b	Number of Stage 2 complaints received per 1,000 homes:	7.6	0.7	1.3	2.5	3.5	4.2	4.6	5.4	6.5	7.1	7.5	8.4	9.4	3.0	3.3
6	Number of: Stage 1 and 2 complaints received per 1,000 homes:	75.6	7.9	14.8	22.4	31.3	38.3	44.8	52.9	61.4	68.1	75.3	83.4	93.3	50.0	55.0
7a	% of Stage 1 complaints responded to within Ombudsman timescales.	99.5%	100%	99.3%	97.6%	97.6%	99.3%	99.5%	99.5%	99.6%	99.6%	99.7%	99.7%	99.7%	95.0%	85.5%
7b	% of Stage 2 complaints responded to within Ombudsman timescales.	95.8%	100%	100%	100%	100%	98.5%	97.8%	98.9%	98.2%	98.4%	98.6%	97.8%	97.6%	95.0%	85.5%
7	% of Stages 1 and 2 complaints responded to within timescales.	99.1%	100%	99.4%	97.8%	98.4%	99.3%	99.4%	99.4%	99.4%	99.5%	99.6%	99.5%	99.5%	95.0%	85.5%
8	Tenancy turnover %	n/a	0.4%	0.9%	1.4%	1.9%	2.3%	2.7%	3.2%	3.7%	4.2%	4.6%	5.0%	5.5%	5.5%	6.1%
9	% of repairs completed at first visit	95.3%	96.0%	95.9%	96.5%	96.5%	96.6%	96.6%	96.7%	96.6%	96.7%	96.8%	96.8%	96.9%	94.0%	84.6%
10a	% of emergency responsive repairs completed within target timescale.	82.5%	88.4%	90.5%	92.0%	92.6%	93.1%	93.4%	93.6%	93.5%	93.3%	93.4%	93.1%	92.2%	95.0%	85.5%
10b	% of non-emergency responsive repairs completed within target timescale.	68.7%	67.5%	69.9%	69.8%	68.7%	67.9%	67.7%	67.9%	67.6%	67.7%	68.0%	67.8%	67.6%	85.0%	76.5%
10	% of non-emergency and emergency repairs completed within timescale.	73.1%	74.2%	76.5%	76.6%	75.8%	75.2%	74.9%	74.9%	75.0%	75.1%	75.7%	75.7%	75.3%	88.0%	79.2%

KPI	St. Leger Homes Key Performance Indicator Summary 2025/26	Year end 24/25													Target	Tolerance
		Mar-25	Apr-25	May25	Jun-25	Jul-25	Aug25	Sep25	Oct25	Nov25	Dec-25	Jan-26	Feb-26	Mar-26	Year end	Year end
11	Gas: % of properties with a valid gas servicing certificate	100%	100%	99.23%	99.75%	99.77%	98.56%	99.23%	99.47%	99.58%	100%	100%	100%	100%	100%	99.85%
12	Fire: % homes all risk assessments have been carried out (New)	100%	100%	100%	100%	100%	99.8%	99.8%	99.8%	100%	100%	100%	100%	100%	100%	98.96%
13	Asbestos: % homes surveys or re-inspections completed (New)	100%	96.55%	99.70%	99.22%	98.07%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.96%
14	Legionella: % homes where all assessments completed (New)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.96%
15	Lifts: % homes all communal lifts safety checks completed (New)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.63%
16	Electrical - % Domestic properties with valid EICR < 5 years old	96.0%	97.21%	97.78%	98.24%	97.98%	98.06%	98.5%	98.95%	99.02%	99.20%	99.42%	99.52%	99.71%	100%	99.85%
17	Days lost through sickness per FTE (annualised)	12.2	12.4	12.2	12.1	11.8	11.5	11.1	11.0	10.6	10.4	10.4	10.5	10.7	10	11
18	Percentage of Local Expenditure % Revenue ONLY	59%	66%	64%	62%	56%	57%	56%	57%	58%	58%	58%	58%	58%	70%	63%
19	No. of ASB Cases per 1,000 properties	55.1	5.0	9.6	15.8	21.6	26.4	30.2	34.4	38.0	40.4	42.9	45.5	54.4	60.0	66.0
19a	No. of ASB Cases that involve hate crimes per 1,000 properties	0.8	0.00	0.00	0.05	0.05	0.40	0.4	0.5	0.6	0.7	0.7	0.8	0.8	10.0	11.0
20	Number of residents in training, education or employment	113	Quarterly KPI		20	Quarterly KPI		71	Quarterly KPI		92	Quarterly KPI		117	100	90
21	Tenant satisfaction with overall service from the landlord %	81.0%	Annual KPI – TSM data available and reported at Q3								80.5%			80.5%	81%	73%
22	Percentage of homes not maintaining decent standard %	5.53%	Quarterly KPI		7.51%	Quarterly KPI		11.9%	Quarterly KPI		10.8%	Quarterly KPI		7.8%	3%	5%
23	Tenant satisfaction with property condition (repair in last 12 months and satisfied with the overall repairs service) %	81.5%	Annual KPI – TSM data available and reported at Q3								80.1%			80.1%	81%	73%
24	Energy efficiency of properties	57.1%	Annual KPI											70.9%	67%	60%

Key	Meeting target	Close to / within tolerance of target	Not meeting target
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Monthly Housemark Pulse Survey results and benchmarking - IN MONTH performance

Month	Housemark pulse survey benchmarking - IN MONTH performance	Quartile 1	Median	Quartile 3	SLHD	SLHD quartile	Performance preference
Feb-26	Homes with a valid gas safety certificate (%)	100%	99.97%	99.83%	100.00%	Q1	Higher Is Better
Feb-26	Average re-let time in days (standard re-lets)	29.67	51.87	79.29	25.74	Q1	Lower Is Better
Feb-26	Voluntary staff turnover (%)	0.26%	0.68%	1.10%	0.47%	Q2	Lower Is Better
Feb-26	Stage 1 and Stage 2 complaints resolved within timescale (%)	100%	97.80%	87.80%	99.50%	Q2	Higher Is Better
Feb-26	New ASB cases reported per 1,000 properties	1.52	3.08	4.64	2.60	Q2	Lower Is Better
Feb-26	Domestic properties with EICR certificates up to five years old (%)	99.90%	99.51%	97.93%	99.52%	Q2	Higher Is Better
Feb-26	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	3.89	6.23	9.17	8.10	Q3	Lower Is Better
Feb-26	Responsive repairs completed per 1,000 properties	348.37	302.04	250.58	285.80	Q3	Higher Is Better
Feb-26	True' current tenant arrears (%)	2.04%	2.70%	3.945	3.01%	Q3	Lower Is Better
Feb-26	Dwellings vacant but available to let (%)	0.22%	0.60%	1.06%	0.97%	Q3	Lower Is Better
Feb-26	Responsive repairs completed within target timescale (%)	94.18%	88.00%	81.61%	74.73%	Q4	Higher Is Better
Feb-26	Working days lost to sickness absence (%)	3.10%	4.10%	4.86%	6.77%	Q4	Lower Is Better
Feb-26	Satisfaction with repairs - transactional (%)	94.00%	88.00%	83.30%	No data		
Feb-26	Customer contact received via digital channels (%)	48.54%	37.90%	25.37%	No data		
Feb-26	Satisfaction with the overall service their landlord provides - perception (%)	84.20%	78.64%	70.70%	No data		
Jan-26	Homes with a valid gas safety certificate (%)	100%	99.94%	99.78%	100%	Q1	Higher Is Better
Jan-26	Average re-let time in days (standard re-lets)	33.58	48.85	72.65	34.67	Q2	Lower Is Better
Jan-26	Voluntary staff turnover (%)	0.49%	0.81%	1.15%	0.59%	Q2	Lower Is Better
Jan-26	Stage 1 and Stage 2 complaints resolved within timescale (%)	100%	97.00%	83.33%	99.3%	Q2	Higher Is Better
Jan-26	New ASB cases reported per 1,000 properties	1.47	2.7	4.53	3.3	Q3	Lower Is Better
Jan-26	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	4.4	6.16	8.86	7.2	Q3	Lower Is Better
Jan-26	Domestic properties with EICR certificates up to five years old (%)	99.91%	99.5%	97.97%	99.42%	Q3	Higher Is Better
Jan-26	Responsive repairs completed per 1,000 properties	383.73	326.88	262.26	315.82	Q3	Higher Is Better
Jan-26	True' current tenant arrears (%)	1.97%	2.71%	3.88%	3.09%	Q3	Lower Is Better
Jan-26	Dwellings vacant but available to let (%)	0.27%	0.57%	1.03%	1.01%	Q3	Lower Is Better
Jan-26	Responsive repairs completed within target timescale (%)	94.01%	88.5%	81.39%	80.33%	Q4	Higher Is Better
Jan-26	Working days lost to sickness absence (%)	3.09%	3.93%	4.79%	5.46%	Q4	Lower Is Better

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan (ADP) 2025/26 – Year End Update
Action Required:	For information
Item:	18
Prepared by:	Victoria Hunter - Head of ICT & Business Transformation
Date:	11 June 2026

1. Purpose

- 1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2025/26. 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 2025/26 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. 2025/26 ADP

- 3.1 The 2025/26 ADP at Appendix A contains individual actions relating to the Corporate Plan aims and includes those actions brought forward from the previous year.
- 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 The current position at year end is as follows:

3.3.1 Overall

The 2025/26 ADP was extremely ambitious and discussions at Leadership over the course of the year have focussed on ensuring the 2026/27 ADP is more streamlined and achievable.

Whilst some actions from the 2025/26 ADP have not been completed in their entirety within the year, many had already been re-designed and included within the 2026/27 ADP. These actions have been identified in the commentary below.

It should also be noted that delivery of actions A5 and A13 was dependent on resolution of the MRI contract. With those matters now progressing, work on both actions is scheduled to commence towards the end of Summer 2026.

3.3.2 By Directorate

Directorate	Number of 2025/26 ADP Actions
Housing Services	10 actions of which: 7 are complete (<i>green</i>) 3 are incomplete and to carry forward and add to 2026/27 (<i>amber</i>)
Property Services	9 actions of which: 5 are complete (<i>green</i>) 2 have already been re-designed and are part of 26/27 (<i>grey</i>) 2 are incomplete and to carry forward and add to 2026/27 (<i>amber</i>)
Corporate Services	6 actions of which: 3 are complete (<i>green</i>) 3 are incomplete and to carry forward and add to 2026/27 (<i>amber</i>)
All Heads of Service	1 action of which: 1 has already been re-designed and is part of 2026/27 (<i>grey</i>)

3.4 The three actions from Housing Services which are incomplete and to be carried forward and added to 2026/27 are:

- A1:
In Quarter 4, the Tenant Insight Model was established, including development of a tenant insight dashboard and governance through the DataSMART Board. Work has progressed from options identification into early implementation and testing, with agreed approaches now being applied to increase customer insight and better understand operational impact. Ongoing implementation and embedding will continue into 2026/27.
- A5:
Implement a digital access solution, by September 2025, that aligns to the Customer Access Strategy 2025 – 2029 and which provides a user-friendly online platform for accessing services that results in an increase in the number of customers accessing services digitally. Work with various departments to ensure risks are minimised and all necessary resources are available for a successful implementation.
Commentary:

We have been working with MRI to implement a new tenant portal which is dependent on moving into a cloud-based model of Housing One. We anticipate therefore that work on implementation of the tenant portal should begin towards the end of Summer 2026.

- E1:
Review and develop a Private Rented Sector model taking account of up-to-date legislation and demand.
Commentary:
Carried Forward to 2025/26 Renter Rights Act enacted 1 May 2026. Additional x 2 PRS officers added to establishment (12 months).

3.5 The four actions from Property Services which are incomplete or have been re-designed are:

Incomplete and to be added to the 26/27 ADP

A13:
Develop and make available compliance documents on the customer compliance portal. Providing evidence which customers can access which demonstrates that our customers' homes are safe. 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.

Commentary:
This will rollover into 2026/27 ADP as part of digital solutions and development of the customer portal. C365 would be able to deliver this and that may be part of the solution behind what the customer sees in their portal.

- C1:
Complete delivery of the first net zero pilot project to provide whole house retrofit to 21 properties as part of Gainshare. The pilot project will be considered successful when physical works have been completed to all 21 properties.
Commentary:
Retrofit (PAS2035) assessments are underway, but works have yet to start on site. Delays due to some participants withdrawing from the scheme, although plan was

always for works to be undertaken during 2026/27. Earliest anticipated start on site date is late Q1 with completion of physical works expected during the latter part of the 2026/27 financial year.

Have been redesigned and already form part of the 26/27 ADP

- A12:
Repairs Excellence project continues into 26/27 to deliver further service improvements, and we look at other gains and expand on the previous programme. Out of hours review and voids will be in Phase 3. Continue the review of the service to include out of hours provision, voids service and overall performance.
Commentary:
The governance of the One Repairs Board continues, and the actions are combined with the DRS working group as most of these issues overlap. Infosuite has helped improve productivity, but next steps are to collate the data from H1, Trackers and DRS/Infosuite to provide the full picture of productivity as this is currently a manual process. Team leaders monitor diaries weekly to ensure trades are productive as DRS is automating the scheduling function across the city. As below in C3, Q1 in 26/27 will agree the structure for the service to support team leaders with larger teams of 30+ trades, limit A2D jobs and agree the repairs priorities, which may result in some changes to the Repairs Policy.
This work has been redesigned and is identified within Project 3: Changing Service Delivery in Property Services within the 26/27 ADP.
 - C3:
Delivering an efficient and effective repairs and maintenance service.
Commentary:
The Repairs Excellence and Voids Excellence projects continue into 26/27 with planned future phases of the project, Gas servicing and boiler installs are also included in these phases, to understand the change in the no access process and our performance and productivity to deliver our compliance. Since the last update at Q3 we have now introduced trade teams to align with trade team leaders, so team leaders manage a single trade. We have also seen positive improvements with the availability of diary space for appointment slots and since some DRS upgrades, we have seen 2 person jobs become automated. Next steps include a structure review and firming up the out of hours service following feedback from a number of landlords on how we can reduce costs.
This work has been redesigned and is identified within Project 3: Changing Service Delivery in Property Services within the 26/27 ADP.
- 3.6 The three actions from Corporate Services which are incomplete and are to be carried forward and added to 2026/27 are:
- A9:
Develop the workforce to meet the standards set through the professionalisation agenda for housing including relevant professional qualifications to 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.
Commentary:
Started working on Conduct and Competence Standard and currently creating a project plan of actions required. This will be a long-term ADP due to the amount of work, nature of work and ongoing professionalisation of the housing sector. Position statement detailing roles in scope and training plan currently being prepared for EMT.

- A10:
Review the end to end recruitment process with a focus on modernising our recruitment practices and attracting and retaining a diverse workforce, to 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.
Commentary:
Not had the anticipated progress required due to lack of resource in team. This will be carried into Year 3 of the People Strategy and remains a strategic priority. Work is already underway, including development of the recruitment policy. Clear actions have been established within the project group, with a strengthened focus on embedding EDI within recruitment practices.

- A14:
Deliver plan arising from the assessment against the Consumer Standards to achieve a positive Regulatory inspection from whenever CDC (as landlord) is inspected, which could be as early as this calendar year. 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. A revised assessment will come to Board in June 2026 and will reflect a very strong overall position.

Commentary:
Carried forward from 24/25. Good progress continues on all actions. Leadership review gap analysis action plan and update reports presented regularly to Board. Follow on mock inspection work underway (March 26) with Savills, St Leger's critical friend, with main focus on CDC. Close watching brief of sector developments and outcomes continues. Propose carry forward into 26/27 until mock inspection is concluded and final few actions on gap analysis are completed. Both should be done Q2 26/27 at the latest.

3.7 The action for all Heads of Service which had already been re-designed as part of the 2026/27 ADP is:

- B1:
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. Joint initiative across all Heads of Service 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.

Commentary:
The DataSMART Board has been relaunched with new membership and a new Terms of Reference, focussing on ensuring our data is stored in the correct location and is accurate. 3C Data consultants have been engaged and will begin work with the organisation in May to undertake a Data Maturity Assessment, resulting in a roadmap for SLHD's data journey.

Work continues to progress the improvements and actions identified in the asset data improvement plan. Whilst no further actions have been completed during Q4, extensive work has been undertaken in relation to decent homes data, leading to an improvement to the decency KPI.

4.0 Recommendation

4.1 That Board note the content of this report.

5.0 Appendices

- Appendix A - 2025/26 ADP

Appendix A: 2025/26 Annual Development Plan (ADP)

Ref	Corporate Plan Theme	Corporate Plan Aim	ADP Objective 2025/26	Owner	Date	Year End Status	Year End Commentary
A1	People	To get it right for our customers and staff. <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Develop and implement a Tenant Insight Model, including enhancing the customer insight data we capture, to ensure tenant data is relevant, drives decision-making, and enables services to be tailored to meet customer needs.	Head of Housing Management	March 26	March 2026 (Model complete), implementation ongoing into 2026/27	In Quarter 4, the Tenant Insight Model was established, including development of a tenant insight dashboard and governance through the DataSMART Board. Work has progressed from options identification into early implementation and testing, with agreed approaches now being applied to increase customer insight and better understand operational impact. Ongoing implementation and embedding will continue into 2026/27.
A2	People	To get it right for our customers and staff. <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Develop a 'Top 100 Customers' profile using tenant data and create a strategy to manage these more effectively. Data used will include factors such as no access issues for mandatory safety inspections, high repairs, high arrears, ASB and tenancy breaches etc.	Head of Housing Management	March 26	Complete	Building on Quarter 3 progress, the tenant insight dashboard has continued to be developed and refined following the successful prototype. The dashboard is functioning effectively, and activity in Quarter 4 has focused on strengthening robustness, assurance, and practical application.
A3	People	To get it right for our customers and staff. <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Conduct a comprehensive analysis of our 'customers of the future' to identify their service delivery needs. Develop a detailed action plan to address these needs and integrate the findings into our service delivery plans. The analysis and the action plan will be completed by December 2025. Existing customer data and stakeholder input will ensure the analysis is thorough using existing data and resources within the organisation. This objective aligns with the corporate plan aim of understanding the needs and aspirations of our tenants and will help position the organisation to respond effectively to future demands by ensuring our services remain relevant and effective.	Head of Customer Services	Dec 25	Complete	An analysis of our customers of the future was undertaken by Leadership and Service Managers as part of an away day exercise. Some of the key impacts identified were an increase in customers who may need additional support due to an ageing population, rising customer expectations and as social housing may become a more mainstream tenure option leading to a demand for better quality homes and services. To address this, a number of actions have taken place, including the implementation of the Stop the Stigma campaign, training for frontline staff on customer excellence, use of technology to support customers to access services digitally, the introduction of Repairs Visiting Charter, the introduction of a Customer Accessibility and Support Policy and reviewed Tenant Voice and Communication Strategies ensuring transparency of service delivery and customer involvement.

A4	People	To get it right for our customers and staff. <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Achieve the Tenants Participation Advisory Service (TPAS) exemplar accreditation, awarded to organisations demonstrating a long-term commitment to tenant engagement, ensuring all necessary criteria and standards set by TPAS are met by working collaboratively across teams and ensuring resources are available to focus on meeting the standards and gaining accreditation by November 2025.	Head of Customer Services	Nov 25	Complete	We have been successful in achieving TPAS Exemplar status, 1 of only 4 housing organisations to achieve this accreditation. The recommendations from the report have been incorporated into the Tenant Voice Strategy 2026 to 2030 to be delivered as actions over the 4 year lifespan of the strategy.
A5	People	Investing in our communication channels. <i>Increasing opportunities to access our services when and how it suits you.</i>	Implement a digital access solution, by September 2025, that aligns to the Customer Access Strategy 2025 – 2029 and which provides a user-friendly online platform for accessing services that results in an increase in the number of customers accessing services digitally. Work with various departments to ensure risks are minimised and all necessary resources are available for a successful implementation.	Head of Customer Services	Nov 25	To carry forward to 26/27	MRI have an exciting new tenant portal which will be implemented as soon as we move on the SaaS model. Work on implementation of the tenant portal should begin towards the end of Summer 2026
A7	People	Investing in our communication channels. <i>Increasing opportunities to access our services when and how it suits you.</i>	Implement and integrate the upgrade from OpenHousing to the web based One Housing system. Although upgrades are typically considered routine business as usual, this upgrade involves transitioning to a new web-based version of the Housing Management System and represents a significant change with potential for service delivery improvements. The upgrade will be deemed successful and complete when all functionalities of the new system are operational, and opportunities for enhanced service delivery have been evaluated.	Head of ICT & Business Transformation	Oct 25	Complete	Housing One went Live on 19 th January 2026 with the majority of services experiencing a successful transition. Significant issues exist for the Access to Homes service, particularly in Allocations. Manual workarounds are in place with a fix scheduled by MRI to be deployed in May.
A8	People	Listening, communicating and engaging effectively. <i>Ensuring we have a courteous, compassionate and skilled workforce.</i>	Increase the mental wellbeing of the workforce through a range of innovative people interventions to support the successful achievement of the Sickness Absence KPI. Develop a plan of how this will be achieved by March 2026. The actions will be measures by KPI data, monthly sickness absence reporting and pulse survey questions. This objective aligns with the corporate plan of listening, communicating and engaging effectively, ensuring we have a courteous, compassionate and skilled workforce.	Head of People & Culture	Mar 26	Complete	End of year sickness absence days lost per FTE was 10.83, within the 10% tolerance of the 10-day KPI target and an improvement on last year. However, sickness levels have recently begun to increase, indicating that further work is needed to reduce absence. 10 new Wellbeing Champions have been recruited and are actively supporting the delivery of wellbeing initiatives across the organisation, including the Step Count Challenge and Wellbeing Wednesdays. On 1 May, a new financial wellbeing platform will launch, including the option to sign up for Shared Cost Additional Voluntary Contributions (AVCs). These initiatives aim to support colleague health & wellbeing and help reduce absence. The rollout of the new sickness app has been delayed due to reporting issues but once launched it will provide managers with improved visibility of absence within their areas and enable the EMT to identify high-level absence hotspots. Although this ADP is marked as completed - it is a continuous developing picture and will remain an HR priority.
A9	People	Listening, communicating and engaging effectively. <i>Ensuring we have a courteous, compassionate and skilled workforce.</i>	Develop the workforce to meet the standards set through the professionalisation agenda for housing including relevant professional qualifications to 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.	Head of People & Culture	Mar 26	To carry forward to 26/27	Started working on Conduct and Competence Standard and currently creating a project plan of actions required. This will be a long-term ADP due to the amount of work, nature of work and ongoing professionalisation of the housing sector. Position statement detailing roles in scope and training plan currently being prepared for EMT.

A10	People	Listening, communicating and engaging effectively. <i>Ensuring we have a courteous, compassionate and skilled workforce.</i>	Review the end to end recruitment process with a focus on modernising our recruitment practises and attracting and retaining a diverse workforce, to 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.	Head of People & Culture	Mar 26	To carry forward to 26/27	Not had the anticipated progress required due to lack of resource in team. This will be carried into Year 3 of the People Strategy and remains a strategic priority. Work is already underway, including development of the recruitment policy. Clear actions have been established within the project group, with a strengthened focus on embedding EDI within recruitment practices.
A11	People	Listening, communicating and engaging effectively. <i>Ensuring we have a courteous, compassionate and skilled workforce.</i>	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, to 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.	Head of People & Culture	Mar 26	Complete	IIP no longer reported. Due to resource within the team, we will be carrying forward 4 actions into year 3 of the People Strategy.
A12	People	To get it right for our customers and staff. <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	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. Continue the review of the service to include out of hours provision, voids service and overall performance.	Head of Repairs & Maintenance	Mar 26	Already re-designed for 26/27 ADP	The governance of the One Repairs Board continues into 26/27 with future phases, and the actions are combined with the DRS working group as most of these issues overlap. Infosuite has helped improve productivity, but next steps are to collate the data from H1, Trackers and DRS/Infosuite to provide the full picture of productivity as this is currently a manual process. Team leaders monitor diaries weekly to ensure trades are productive as DRS is automating the scheduling function across the city. As below in C3, Q1 in 26/27 will agree the structure for the service to support team leaders with larger teams of 30+ trades, limit A2D jobs and agree the repairs priorities, which may result in some changes to the Repairs Policy.
A13	People	Making sure our homes are safe and free from hazards.	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. 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.	Head of Building Safety	Mar 26	To carry forward to 26/27	This will rollover into 2026/27 ADP as part of digital solutions and development of customer portal. C365 would be able to deliver this and that may be part of the solution behind what the customer sees in their portal
A14	People	To get it right for our customers and staff.	Deliver plan arising from the assessment against the Consumer Standards to 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.	Head of Finance & Business Assurance	Mar 26	To carry forward to 26/27	Carried forward from 24/25. Good progress continues on all actions. Leadership review gap analysis action plan and update reports presented regularly to Board. Follow on mock inspection work underway (March 26) with Savills, St Leger's critical friend, with main focus on CDC. Close watching brief of sector developments and outcomes continues. Propose carry forward into 26/27 until mock inspection is concluded and final few actions on gap analysis are completed. Both should be done Q2 26/27 at the latest.
A15	People	Delivering services that meet their needs and aspirations.	Review Housing Register Customer Journey and Service Standard to make best use of the Housing Stock to meet the housing needs of the city.	Head of Access to Homes	Mar 26	Complete	Completed however wish to revisit to explore opportunities to utilise Voicescape software to automate some high-volume transaction activity. Included in separate Voicescape project 2026/27

B1	People And Homes	To get it right for our customers and staff. To provide good quality, safe homes.	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. Joint initiative across all Heads of Service 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.	All Heads of Service	Mar 26	Already re-designed for 26/27 ADP	The DataSMART Board has been relaunched with new membership and a new Terms of Reference, focussing on ensuring our data is stored in the correct location and is accurate. 3C Data consultants have been engaged and will begin work with the organisation in May to undertake a Data Maturity Assessment, resulting in a roadmap for SLHD's data journey. Work continues to progress the improvements and actions identified in the asset data improvement plan. Whilst no further actions have been completed during Q4, extensive work has been undertaken in relation to decent homes data, leading to an improvement to the decency KPI.
B2	People And Homes	To get it right for our customers and staff. To provide good quality, safe homes.	Review and implement the Tenancy Agreement to ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Head of Housing Management	Mar 26	Complete	In Quarter 4, the revised Tenancy Agreement (TA) has been fully implemented, ensuring clearer provisions are in place regarding access for services, maintenance, and welfare checks. Training and awareness sessions have taken place with relevant teams to support understanding of the updated Tenancy Agreement and its practical application, particularly in relation to access, safeguarding, and tenancy management. Some early issues have been identified with legacy correspondence, for example within Housing One letters, which are being addressed to ensure alignment with the new Tenancy Agreement wording. Despite this, the new TA is now embedded and in use, providing a stronger and more consistent framework for managing access related issues going forward.
C1	Homes	Reducing damp mould and condensation in our homes and making them more energy efficient.	Complete delivery of the first net zero pilot project to provide whole house retrofit to 21 properties as part of Gainshare. The pilot project will be considered successful when physical works have been completed to all 21 properties.	Head of Asset Management	Mar 26	To carry forward to 26/27	Retrofit (PAS2035) assessments are underway, but works have yet to start on site. Delays due to some participants withdrawing from the scheme, although plan was always for works to be undertaken during 2026/27. Earliest anticipated start on site date is late Q1 with completion of physical works expected during the latter part of the 2026/27 financial year.
C2	Homes	Making sure our homes are safe and free from hazards.	Understand the impacts of the new Access Policy across the business (incl. contractors) and develop procedures to deliver and monitor outcomes to improve access to tenants' homes for essential compliance activities.	Head of Repairs and Maintenance	Mar 26	Complete	No access team now well embedded, reporting to EMT weekly on EICR No Access. The team continues to pull together all no access cases from across the business working with Housing, Property Services and the ASB team. Flags on properties with no access for EICR's are now in place to suspend non urgent repairs until we get access for the compliance activity.

C3	Homes	Delivering an efficient and effective repairs and maintenance service.	We continue with the excellence project; phase 4 will continue with voids, planned and the call out/out of hours service area from April 2025. This is with view to reducing call out costs and ensuring processes and systems for both Voids and Planned works are efficient with a view to improving productivity and best use of resources.	Head of Repairs and Maintenance	Mar 26	Already re-designed for 26/27 ADP	The Repairs Excellence and Voids Excellence projects continue into 26/27 with new phases Since the last update at Q3 we have now introduced trade teams to align with trade team leaders, so team leaders manage a single trade. We have also seen positive improvements with the availability of diary space for appointment slots and since some DRS upgrades, we have seen 2 person jobs become automated. Next steps include a structure review and firming up the out of hours service following feedback from a number of landlords on how we can reduce costs.
C4	Homes	Achieving the highest standards of building safety and compliance.	Explore and develop the Tenant portal to incorporate the Property Safety Dashboard. This will give customers direct access to key safety information about their home or communal areas providing them assurance that SLHD are meeting all legal standards required.	Head of Building Safety	Mar 26	Complete	This is the same action as A13. This will rollover into 2026/27 ADP as part of digital solutions and development of customer portal. C365 would be able to deliver this and that may be part of the solution behind what the customer sees in their portal
C5	Homes	Ensuring tenants are satisfied with the homes and services we provide.	Review SLHD Temporary Accommodation (TA) Model including options for furnished units. To improve the quality of SLHD TA offer. By April 2025 review the TA stock profile and identify the number of core properties that are likely to be used as TA stock for the long term. Evaluate the feasibility of extending the Furnished Tenancy Offer by May 2025. To allow occupants of TA to rent furniture packs to help them to set up a comfortable home which prepares them for a sustainable tenancy it will also include an assessment of financial implications for SLHD & CDC. N.B The scope is for SLHD stock only. The wider accommodation offers within the city will be part of the Homeless & Rough Sleeping Strategy.	Head of Access to Homes	Sept 25	Complete	Works to TA Pilot completed. HMO 17 units online Jan 2016. Overall, TA continues to reduce 30% lower than Q3 2025.
C6	Homes	Making sure our homes are safe and free from hazards.	Ensure all the evidence is available and to hand to provide assurance in the event of an inspection by the Regulator of Social Housing. Undertake preparation for an inspection with Compliance Healthcheck. Ensuring there are suitable and sufficient Key Performance Indicators (KPIs) for each area of compliance and Building Safety.	Head of Building Safety	Nov 25	Complete	Report received action plan developed will be monitored through Building Safety & Compliance Committee (BSC)

C7	Homes	Achieving the highest standards of building safety and compliance.	Undertake a review of the remaining High-Rise Buildings to Determine long-term viability and agree any work required.	Head of Major Projects	May 26	Complete	Papers were prepared and presented to CDC in early May 2026 with recommendations which will help CDC develop a strategy for the management of the HRBs in Doncaster.
C8	Homes	Achieving the highest standards of building safety and compliance.	Building safety improvements to multi-occupancy buildings outside of the HR residential buildings from year 3 of the ten-year plan. Ensure compliance set against any emerging standards for all buildings of multiple occupancy where there are more than two dwellings regardless of height. (Year 3 of 10)	Head of Building Safety	Mar 26	Complete	This is part of a recovery plan (over 10 years) and we have just completed year 3 moving into year 4. The programme has been reprofiled considering delays with procurement of contracting partner and remediation at Balby Bridge.
D1	Communities	To help build communities not just houses <i>To work with others to deliver Doncaster's 'thriving people places and planet' ambitions.</i>	Ensure St Leger Homes contribute to the development of the Council's THRIVE model and adapt our resources and services as the model evolves.	Head of Housing Management	Mar 26	Complete	In Quarter 4, the Thrive Model is fully embedded across services and business-as-usual activity. The model is now operating consistently within operational practice, with locality plans, delivery structures, and tactical priorities firmly established and routinely applied.
E1	Partnerships	Work with other social and private landlords to ensure those facing homelessness have a safe and secure home.	Review and develop a Private Rented Sector model taking account of up-to-date legislation and demand.	Head of Access to Homes	Mar 26	To carry forward to 26/27	Carried Forward to 2026/27 Renter Rights Act enacted 1 May 2026. Additional x 2 PRS officers added to establishment (12 months)

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 11 June 2026

Item : 19

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.

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

**Agenda Item No. 19
Date: 11 June 2026**

1. Report Title

1.1 Housing Allocation and Mutual Exchange Annual Insight Report 2025/6

2. Executive Summary

2.1 As part of the revised reporting to the City of Doncaster Council (CDC), this is the Access to Homes Housing Allocations and Mutual Exchange insight report for 2025/6, delivered by the SLHD 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 as of 01/04/2026 and 2025/26 annual outturn 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. The properties let include new builds and acquisitions in addition to relets. Registered provider accommodation advertised and let is listed separately.

2.3 **Headline data confirms**

- Single people remain the largest applicant group at 43% of the housing register
- Demand continues to outstrip supply for family and single person general needs housing.
- 80% of properties were let to applicants in the highest housing need in the Platinum and Gold Bands in comparison to 75% in 2024/5 and 68% in 2023/2, reflecting the changing housing market and escalation of need due to limited ability to house lower priority cases
- Turnover of council owned family houses remains c 400 per year post 2019/20
- 40% of properties were allocated to applicants aged 50 and over (all property types)

2.4 EDI information has been included on the population of Doncaster, profile of the Housing Register as at 01/04/2026 and the applicants housed within the 2025/6 financial year.

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 This report is part of the reporting framework agreed with the council to formalise the insight data 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 In 2025/26 we completed a review of the Housing Register which included:

- Applicants who had not placed a bid on properties advertised within the last 6 months
- Platinum Statutory Homeless applicants
- Gold Homeless applicants in Prevention or relief stages

This review reduced the number of applicants on the Housing Register by over 2,500 applications this has reduced the housing register by almost 20% from when last reported.

- 6.2 Applicant type remains consistent with the previous year, with single people representing the largest group of applicants Band distribution also remains consistent with the exception of the Gold Band which has increased as a percentage of the register from 16.3% to 18%. Bronze remains the largest group of applicants by band, with no or low housing need.

- 6.3 **Table A Housing Register by Priority Band & Household Type**
See Appendix A

6.4 Age profile of single households by Age and Band

Band/Age range	Up to 39	40-49	50-59	60+
Platinum	73	19	27	71
Gold	251	47	69	250
Silver	135	61	84	133
Bronze	776	213	217	268
General	3	1	12	88
Transfer	41	44	76	183
Total	1279	385	485	993
Percentage by age	41	12	15	32

7. Bidding Activity

7.1 Bidding activity and transfer list: 59% of applicants placed at least one bid during 2025/26 with bidding proportionate to the level of housing need by band. Just over 50% of transfer applicants placed a bid, although rehousing prospects, with the exception of age designated accommodation, is limited. The review has had a positive impact in removing applicants who are not actively bidding, who did not respond.

Among care leavers in the Gold band, 62.34% participated in bidding and as the majority are rehoused through a direct nomination to a shared accommodation model and direct match agreement outside of the bidding process, this is not of concern as regular meetings are held with CDC Children's Services.

7.2 Bidding Activity by Priority Band

Band	No. on Housing Register	Bidding during 2025/26	% of band bidding
Platinum	342	248	72.5%
Gold	1314	903	68.7%
Silver	1195	752	62.9%
Bronze	3476	1924	55.4%
General	206	75	36.4%
Transfer	754	383	50.8%
Total	7287	4285	

7.3 Care Leavers Bidding Activity

No. of Care leavers in Gold band	No. Bidding	% Bidding
154	96	62.34%

7.4 In addition to 6-weekly review meeting with CDC Children’s services, we have now arranged a 4-weekly meeting with the Leaving Care Team Manager to review bidding activity and engagement.

7.5 Lettings by Property Type

2025/26	Property Type					
	House	Bungalow	Flat	Maisonette	Bedsit	Total
No. of properties	418	401	293	17	2	1131

The proportion of property types relet remains consistent with the previous year, there has been a 20% increase in the number of houses let in comparison to 2024/5, this increase is welcome given current demand for this type of accommodation and is attributable to both acquisitions and the downsizing incentive scheme supporting tenants who need support to move into smaller more sustainable accommodation. Flats include age designated and general needs properties and there was a 10% increase in the number available to let.

7.5 Lettings by Management Area

Area	House	Bungalow	Flat	Maisonette	Bedsit	Total
Central	112	97	106	12	2	329
North	100	80	72	2	0	254
East	93	83	39	0	0	215
South-West	113	141	76	3	0	333
Total	418	401	293	17	2	1131

The proportion of lettings by area is consistent with the previous year.: A total of 1131 council properties were let in 2025/6, including new builds and acquisitions and are mainly houses 418 and bungalows 401. Geographically,

the Southwest and Central areas had the highest number of lettings (333, 329), This is consistent with previous activity.

7.6 **Total number of new SLHD lettings by Band**

2025/26	Band						
	Platinum	Gold	Silver	Bronze	Transfer	General	Total
No. of properties	403	502	76	110	3	37	1131

Properties were predominantly allocated to applicants in the highest housing need. There has been a 5% increase of allocations to applicants in a priority band of Platinum and Gold in comparison to 2024/5, which indicates that the percentage of applicants in housing need has increased. 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 **Equality, Diversity and Inclusion**

8.1 **Doncaster Profile**

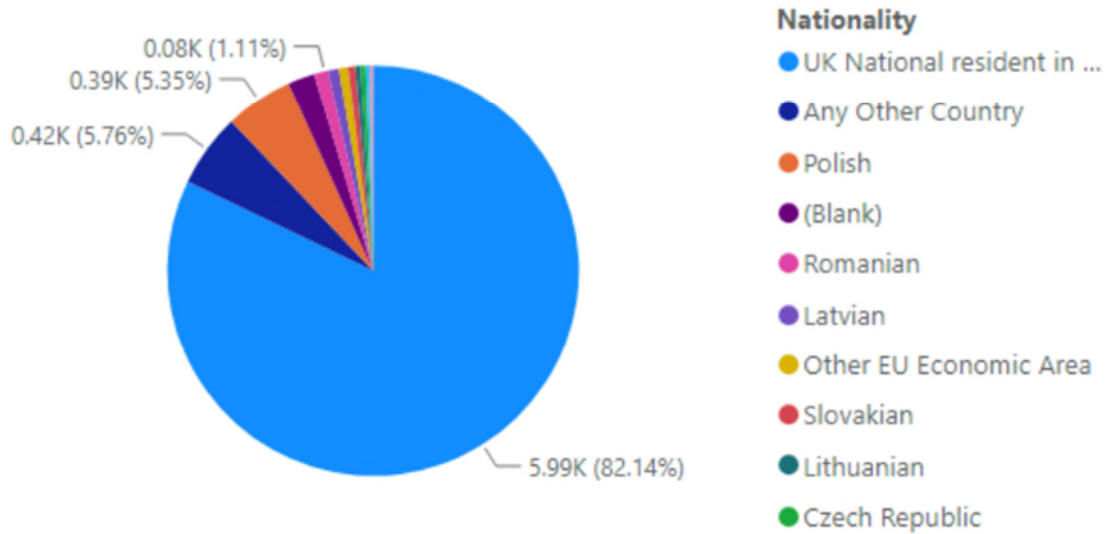
The 2021 Census information confirms the latest known data regarding profile information and confirms that Doncaster previously had 7%, non-Uk households with an additional 1% of mixed households.

8.2 **2025/6 Active Housing Register Profile**

The information below shows the nationality of applicants on the register. Many of the settled status EU residents also have a local connection with Doncaster of over 3 years. 82.4% of the register were UK Nationals with 5.76% remaining nationalities outside of the EU.

Number Of Applicants

BY NATIONALITY

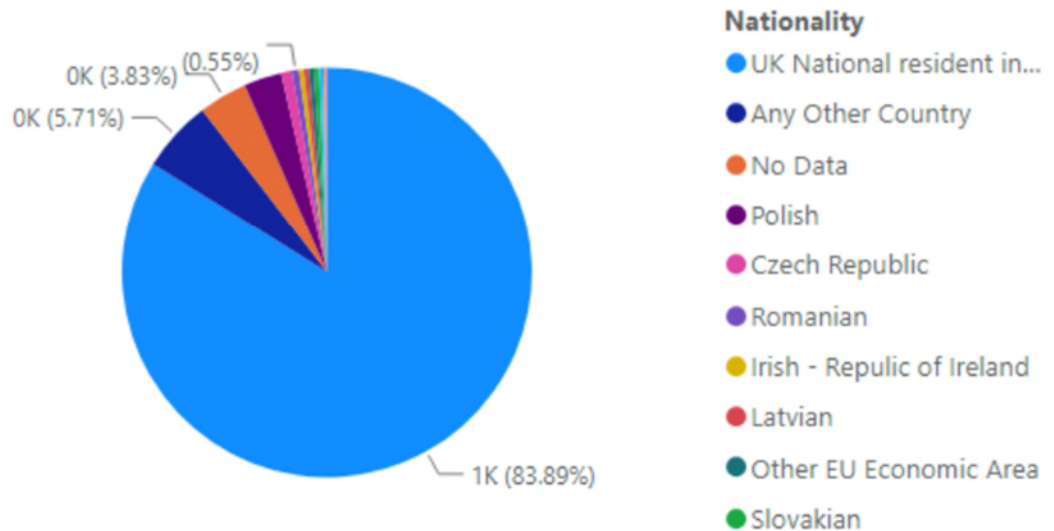


8.3 2025/6 Housed Profile

83.89% of housed applicants were UK Nationals with 5.71% of the remaining nationalities outside of the EU. This is based on the CORE information collected at sign up. This data is consistent with the application profile.

Sum of TenancyCounter

BY NATIONALITY



9 Mutual Exchanges

9.1 Legally we have 42 days to make a decision on any applications in accordance with the Housing Act 1985

9.2 In 2025/6 we completed 112 exchanges and achieved a 100% approval rate within 42 days. During this period, we received 300 applications and 184 were closed, withdrawn or refused. The number of exchanges completed show a small increase on the previous year. 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.

10 Downsizing Policy

10.1	Total number of Downsizing Cases identified to date	47
	Number of tenants moved through the Downsizing Fund	19
	No of 4 Bedroomed Houses released back to St Leger	2
	No of 3 Bedroomed Houses released back to St Leger	12
	No of 2 Bedroomed Houses released back to St Leger	5
	Currently waiting for a Direct Match through the Downsizing Fund	28
	No of 4 Bedroomed Houses waiting for a match through Downsizing Fund	5
	No of 3 Bedroomed Houses waiting for a match through Downsizing Fund	20
	No of 2 Bedroomed Houses waiting for a match through Downsizing Fund	3

10.2 We implemented 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. To date this has released an additional 19 family houses to relet. These properties are being allocated to homeless families, including to those in temporary accommodation. This scheme is specifically to provide practical support and/or an incentive to known tenants who are not necessarily on the Housing Register for a transfer. We are currently evaluating the impact of this and will inform the Director of Housing and Customer Services, so that additional information can be included in the report to CDC.

11.0 Registered provider properties advertised

11.1

Area	House	Bungalow	Flat	Maisonette	Bedsit	Total
Central	70	5	25	0	0	100
North	23	7	8	0	0	38
East	43	9	15	0	0	67
South West	60	8	13	0	0	81
Total	196	29	61	0	0	286

These properties are in addition to the properties allocated above; there has been several new build developments across Doncaster where 100% of the properties have been advertised and let to applicants on the Housing register. We are currently collecting the nomination outturn information and can share the outcome below which will be updated once we receive final information from three remaining providers.

11.2 Registered providers properties allocated

Property type	Number allocated Total 251
2 bed houses	103
3 bed houses	89
4 bed houses	7
1 bed bungalows	6
2 bed bungalows	5
1 bed flats	33
2 bed flats	7
1 bed maisonette	1

Of the interim return above

Returns will not match the numbers of properties advertised above as confirms the number of properties that were ready to let and signed up within the period. Of the interim return 38% (95) of the properties were allocated to applicants in homeless categories.

12. Procurement

12.1 No Issues arising from this report.

13. VFM Considerations

13.1 Making best use of the Housing Stock

14. Financial Implications

14.1 No Issues arising from this report .

15. Legal Implications

15.1 No Issues arising from this report.

16. Risks

16.1 No new risks arising from this report.

17. Health, Safety & Compliance Implication

17.1 No Issues arising from this report .

18. IT Implications

18.1 No Issues arising from this report

19. Consultation

19.1 No Issues arising from this report

20. Diversity

20.1 No Issues arising from this report

21. Communication Requirements

21.1 No Issues arising from this report

22. Equality Analysis (new/revised Policies)

22.1 No Issues arising from this report

23. Environmental Impact

23.1 No Issues arising from this report

23. Report Author, Position, Contact Details

23.1 Andrea Jarratt SLHD Access and Allocations Service Manager

24. Background Papers

24.1 Board report

2025/26

No of applicants on Housing Register by Band and Household Type:

Household /Band	Single Applicant	Couple	2 Adults	3 Adults	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	190	32	9	0	0	42	32	20	8	9	342	4.68%
Gold	617	136	11	4	0	232	140	85	49	40	1314	18.04%
Silver	413	70	4	2	5	250	208	159	59	25	1195	16.4%
Bronze	1474	230	23	7	3	875	544	226	71	23	3476	47.7%
General	104	47	3	1	1	19	23	7	1	0	206	2.83%
Transfer	344	76	10	2	0	121	118	59	20	4	754	10.35%
Total	3142	591	60	16	9	1539	1065	556	208	101	7287	
% Of Total Register	43.17%	8.1%	0.81%	0.21%	0.12%	21.12%	14.61%	7.63%	2.85%	1.38%		100%

ST LEGER HOMES OF DONCASTER LTD

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BOARD Meeting REPORT

Date : 11 June 2026

Item : 20

Subject : Tenancy & Estate Management Report

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

Prepared by : Jayne Hurley, Head of Housing Management

Purpose : To provide the Board with an updated Quarter 4 / year-end position across Tenancy & Estate Management, highlighting headline performance, key developments, exceptions, and priorities for 2026/27.

Recommendation:

The Board is asked to:

- Note the updated year-end performance position for Tenancy & Estate Management (Q4 2025/26), including key achievements and areas requiring continued focus.
- Recognise progress against TSMs and service standards, and the improvement trajectory in key areas (including communal cleaning and ASB response standards).
- Endorse the 2026/27 priorities set out, including delivery plans for KIT completion, Access improvements and reporting enhancements.

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

**Agenda Item No.20
Date: 11 June 2026**

1.0 Report Title

- 1.1 Tenancy & Estate Management – Follow-on Update (Q4 / Year End 2025/26)

2. Executive Summary

- 2.1 This report provides the Board with a Quarter 4 and year-end update for 2025/26 on Tenancy and Estate Management. Overall performance has remained stable or improving across most service areas, despite increasing demand and case complexity.
- 2.2 Key developments include the successful implementation of the revised Tenancy Agreement, continued strong safeguarding and ASB performance, improving estate standards, and the positive impact of the Access Team in strengthening safety compliance.
- 2.3 Tenancy sustainment and financial inclusion activity continues to deliver strong outcomes for tenants, while income collection has remained broadly stable.
- 2.4 The report also highlights areas requiring continued focus, particularly the completion of Year 3 2026/27 of the KIT programme, managing complex tenant need, and strengthening data and performance reporting. Priorities for 2026/27 are focused on consolidation, completion of outstanding activity, and embedding service improvements to maintain assurance and performance.

3.0 Purpose

- 3.1 The purpose of the report is to provide the Board with an update on Quarter 4 and year-end performance for 2025/26 across Tenancy and Estate Management.
- 3.2 The report sets out the headline performance position, highlighting where delivery has remained resilient, where emerging pressures or exceptions continue to require management attention, and how services have performed against key measures.
- 3.3 It also provides assurance that delivery has been prioritised around tenant safety, tenancy sustainment and risk management, and identifies the key priority actions and focus areas for 2026/27 to maintain momentum, complete outstanding activity and strengthen performance reporting.

4.0 Recommendation

4.1 The Board is asked to:

- Note the updated year-end performance position for Tenancy & Estate Management (Q4 2025/26), including key achievements and areas requiring continued focus.
- Recognise progress against TSMs and service standards, and the improvement trajectory in key areas (including communal cleaning and ASB response standards).
- Endorse the 2026/27 priorities set out, including delivery plans for KIT completion, Access improvements and reporting enhancements.

5.0 Overview of Housing Management (HM) Service Areas

5.1 The Housing Management Service is responsible for the end-to-end management of tenancies, estates and neighbourhoods, with a core focus on safety, sustainment and early intervention. The service operates through the following key areas:

- **Tenancy Management** – tenancy sign-ups (introductory, secure and flexible), introductory tenancy visits, tenancy progression and extensions, Keeping in touch (KIT) visits, and management of tenancy breaches and enforcement action.
- **Estate Management** – estate walks across all risk categories, communal area inspections, grounds maintenance oversight (including the Garden Service), and communal cleaning monitoring.
- **Tenancy Sustainability & Support** – tenancy support casework, financial inclusion and income maximisation, cost-of-living support, Mental Health Navigators, damp and mould support, and the furnished tenancy scheme.
- **Income Management** – rent collection, arrears management, Universal Credit support, early intervention and automation activity to improve efficiency and customer outcomes.
- **Safeguarding & Anti-Social Behaviour (ASB)** – management of high-risk ASB and safeguarding cases, multi-agency working, enforcement activity, hoarding interventions (including Space to Breathe Customer Group), and use of digital reporting tools.
- **Access Team (cross-cutting)** – improving access to homes for gas, electrical, fire and wider compliance checks, reducing no-access cases, and supporting legal and safety assurance.

6.0 Housing Management Headline position (Q4 / Year End)

6.1 The Quarter 4 and year-end position for 2025/26 confirms that Housing Management has delivered a stable and resilient performance across core services, despite increasing demand and case complexity. During the year, the service has delivered on a number of key priorities, including:

- **Revised Tenancy Agreement implemented** 1 February 2026 with rollout reported as successful.
- **ASB / Safeguarding:** Year-end service standard for responding to ASB reports within 1 working day reported at 91.99%; case complexity increasing and some cases taking longer than 6 months due to complexity/partner dependency and court delays.
- **Access Team:** Since going live 1 September 2025, the team cleared almost all inherited gas backlog (758 of 765 cases resolved) and strengthened access coordination across compliance workstreams; Access Hub Power App development underway (go-live date TBC).
- **Estate standards:** 2025/26 estate walks and communal inspection programmes completed; communal cleaning completion reported as improving (Q4 shows 99% completed).
- **Tenancy support:** Continued strong financial inclusion outcomes (year total £1,387,882 gains; PIP gains £319,399; damp & mould support delivered to 137 tenants).
- **Income:** Year-end arrears reported at 2.84% of debit (stable overall, with mid-band arrears requiring focus); automation proposals continue to develop.

7.0 Key updates since the last Board report Feb 2026

7.1 What has changed in Q4

- **Medium-risk ASB** response performance: Q4 achieved 97.83% against the 3-working-day target; cumulative 2025/26 performance 96.21% (first time target achieved since realignment in 2024).
- **Grounds maintenance:** all required cuts achieved for 2025/26; improved coordination with area teams to resolve estate issues.
- **Estate walk programme:** 2026/27 programme created and shared to optimise attendance and visibility. To increase customer engagement at estate walkabouts, we are introducing a programme of social media updates that clearly communicate outcomes. This will follow a simple and consistent format, for example: “We walked at xx scheme...”, “We

found...”, and “We are doing...”, helping residents to see what issues were identified and what action is being taken as a result.

- **Communal cleaning:** performance reported as improving; Q4 completion referenced at 99%.

The Tenant Satisfaction Measure (TSM) for communal area cleanliness shows that 72.1% of tenants were satisfied that SLHD keeps communal areas clean and well maintained in 2024/25.

This represents a 5% improvement on the previous year, which can be directly linked to the tenant scrutiny process undertaken by The Tenant Scrutiny Panel (TSP) and the service improvements implemented.

Latest data for this TSM for 2025/26 indicates a further increase in satisfaction to 75.4%, representing an additional 3.3% improvement.

- **Access:** improved compliance access performance and reduced duplication through multi-team alignment.

8.0 Quarter 4 Performance Comparison

8.1 The table at **Appendix 1** presents Quarter 4 performance alongside results from Quarters 1, 2 and 3, providing a clear view of year-to-date performance against key measures and targets.

8.2 It highlights where performance has strengthened over the year and identifies areas that continue to require focused management attention.

8.3 Strong performance is evident in arrears collection, tenancy support outcomes, and the management of medium and high-level ASB cases.

8.4 Performance relating to Keeping in Touch (KIT) visits remains an area for improvement; however, recovery actions are in place to address this, including targeted delivery activity.

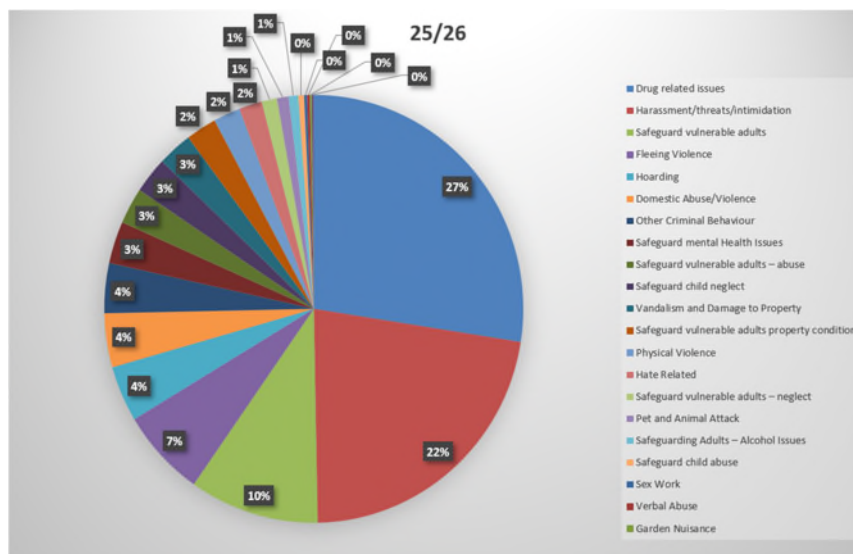
8.5 Overall, the quarter-by-quarter comparison demonstrates the direction of travel across the year and reflects the impact of ongoing improvement actions.

8.6 **Appendix 2** sets out the Key Performance Indicators (KPIs) for the service. Of the Housing Management KPIs (KPI 1, KPI 8, KPI 9 and KPI 19a), all are within target, with the exception of KPI 8, which remains under close monitoring.

9. Performance Summary S&ASB Team and case trends

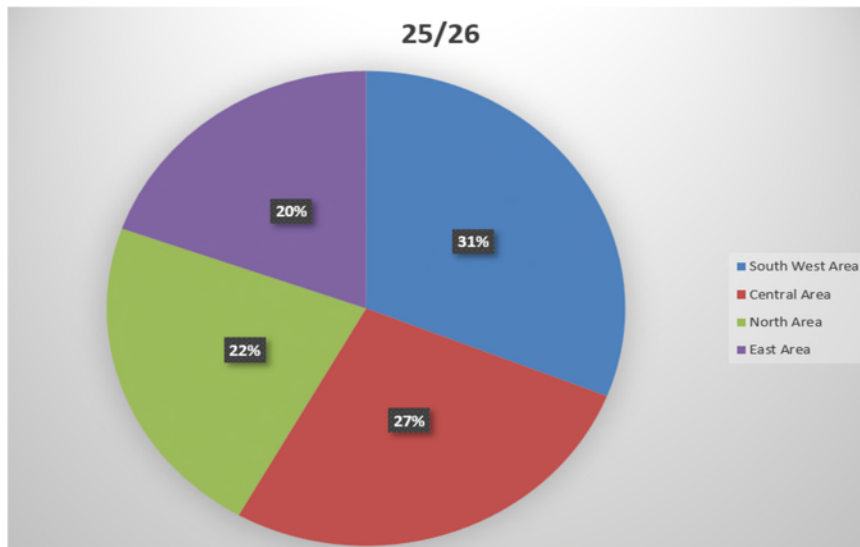
- 9.1 During the reporting period, safeguarding and anti-social behaviour (ASB) demand remained evenly distributed across the city, with no specific geographic hotspots identified.
- 9.2 The Safeguarding and ASB (S&ASB) Team continues to manage a complex and varied caseload, with the most common issues relating to harassment, threats and intimidation, drug-related activity, safeguarding of vulnerable adults, individuals fleeing violence, and hoarding.
- 9.3 The ASB App is now fully embedded, providing tenants with a digital route to report concerns and submit evidence. Uptake continues to be strong, with over 1,400 pieces of evidence uploaded since the app launched in August 2025.
- 9.4 Performance against the ASB response service standard remains strong, with 91.99% of ASB reports responded to within one working day at year end, and performance has consistently remained above the required standard since the team was established.

9.5 Case Breakdown by Category:



Drug-related incidents and harassment, threats and intimidation continue to account for the largest proportion of cases. However, their share has reduced (49% compared to 57%), indicating a shift in the overall case mix while remaining a significant community safety pressure. Hoarding cases increased notably during 2025/26 and have driven targeted service development, including the expansion of the Space to Breathe support group, additional staff training, and a more structured and supportive approach to managing these cases.

9.6 Case Breakdown by Management Area:

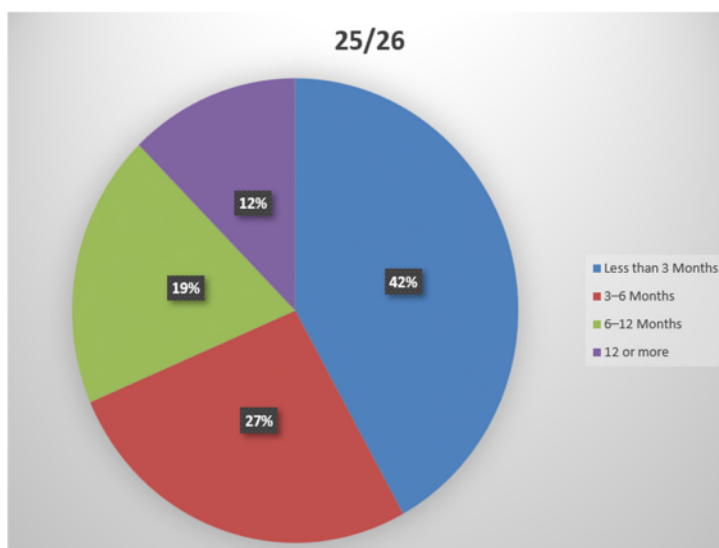


Case volumes remain highest in the Central and South management areas, reflecting the higher concentration of SLHD stock within larger communities such as Balby, Cantley, Conisbrough, Denaby and Mexborough.

As expected, case volumes across the Central and South areas are comparable, as are those in the North and East, reflecting stock distribution rather than disproportionate demand.

Overall, issues continue to be evenly distributed across the borough, with no single management area experiencing a disproportionate level of any specific type of case.

9.7 Case Timescales to Resolution:



Most cases continue to be resolved within six months of the initial report. However, there has been an increase in the number of cases taking longer than six months to conclude.

This reflects a rise in the complexity of cases, often involving vulnerable individuals and issues that require sustained intervention and multi-agency working, which can extend resolution times. This is particularly evident in safeguarding cases, where proportionate and coordinated responses are essential.

Resolution times have also been affected by national delays within the court system, including limited availability of hearing dates, as well as procedural challenges where defendants seek to delay or prolong legal processes.

Some performance case outcomes also remain dependent on external partners and systems (e.g. courts, health, police), which continue to influence resolution times for complex cases.

10 Tenant Satisfaction Measures (TSMs) – Updated Position and Relevance to Housing Management

10.1 A number of Tenant Satisfaction Measures directly relate to Housing Management activity, reflecting tenant experience of neighbourhood management, estate standards, anti-social behaviour and day-to-day contact with the service.

The latest TSM data included in the report confirms that TP10 – Communal Areas continues to show improvement. Satisfaction for communal areas is reported at 75.4% for 2025/26, representing a +3.3-percentage point increase compared to 2024/25 (72.1%).

This reflects strengthened estate oversight, improved communal cleaning performance and earlier intervention where issues are identified.

In addition to TP10, the following TSMs are also materially influenced by Housing Management activity:

- Anti-Social Behaviour handling – linked to safeguarding, ASB investigation, enforcement and victim support.
- Contribution to neighbourhoods – linked to estate management, tenancy enforcement, visibility and cleanliness.
- Treating tenants with fairness and respect – linked to officer engagement, tenancy management and case handling.

- Keeping tenants informed and ease of contact – linked to communication quality and follow-through.
- Complaint handling – influenced by responsiveness, ownership and resolution of tenancy and neighbourhood issues.

The Quarter 4 TSM narrative reflects steady overall performance across these measures. However, it also highlights ongoing pressure in neighbourhood-related measures, ASB and ease of contact, driven by increased demand and case complexity. These areas continue to present opportunities to strengthen visibility, consistency and follow-through, which are reflected in the forward priorities for 2026/27.

Customer Insight and Learning

Customer feedback and insight gathered through Tenant Satisfaction Measures (TSMs), complaints learning, service standards monitoring and digital reporting tools indicates that residents are seeing improvements in estate standards, communal cleaning and responses to anti-social behaviour.

This is reflected in improved satisfaction with communal areas and consistently strong performance against ASB response standards.

Residents value visible action, timely responses and clear follow-through, particularly where issues affect safety, neighbourhood conditions or ongoing ASB.

The increased use of the ASB App, including the submission of supporting evidence, demonstrates growing confidence in digital reporting routes and a preference for accessible, flexible ways to engage with the service.

Feedback and performance data also highlight areas where residents expect further improvement, particularly around ease of contact, ongoing communication and follow-up on complex cases, including access and compliance matters. These insights directly inform the service priorities for 2026/27, including strengthening tenant engagement, improving consistency of communication, and enhancing accountability and visibility across Housing Management services.

Detailed TSM scores for all measures are set out in **Appendix 3** of the report, and performance will continue to be monitored alongside service improvement activity.

11 Service Standards – Housing Management (with supporting figures)

- 11.1 Service Standards provide assurance on the reliability and consistency of Housing Management delivery. Core standards relate to estate inspections, tenant engagement, complaint handling, access and data accuracy.
- 11.2 Performance against these standards remains generally consistent. Estate inspections and estate walks were delivered in line with the 2025/26 programme, and communal cleaning performance remained strong, with 99% of scheduled cleans completed by Quarter 4.
- 11.3 Safeguarding and ASB response standards continue to perform well, with 91.99% of ASB reports responded to within one working day at year end, reflecting reliable frontline delivery despite increased case complexity. The standards highlight areas requiring continued focus, particularly around appointment keeping, access and follow-up, where no-access and missed appointments remain prevalent, often linked to vulnerable households and compliance cases. Further improvement is also required to strengthen data accuracy and consistency to support performance reporting and targeted intervention.
- 11.4 Overall, Service Standards confirm that Housing Management is delivering a steady and resilient service, while clearly identifying opportunities to improve consistency, customer experience and outcome-focused delivery into 2026/27.

The table below provides a snapshot of key Housing Management service standards for 25/26, including headline performance and direction of travel.

Service Standard Area	Headline Position / Figure	Direction of Travel
Estate inspections / estate walks	2025/26 programme completed in full	● Stable
Communal cleaning	99% of scheduled cleans completed by Quarter 4	● Improving
ASB response standard	91.99% of ASB reports responded to within 1 working day (year-end position)	● Stable

12 Priorities for 2026/27 (summary)

12.1 Q4 confirms the following forward priorities:

- **Tenancy & Estate Management:** Finalise and roll out the “This is My Tenancy” video to support clearer tenant understanding at sign-up and via the SLHD external website; introduce a post-clean customer survey for communal cleaning; and continue to strengthen

delivery and reporting for Year 3 of the KIT programme. Business Transformation is working jointly with Housing Management to review and improve the KIT process and also the viewing, sign-up and new tenant visit journey, with a focus on streamlining processes, improving data capture and supporting more consistent customer experience.

- **Tenancy Support:** Maintain the hubs and drop-in approach to provide accessible, early support for tenants; continue targeted cost-of-living and benefit maximisation work to mitigate financial risk and support tenancy sustainment; and complete the remaining ESA to Universal Credit migration cases, ensuring affected tenants receive appropriate advice, support and follow-up to prevent arrears or tenancy failure.
- **Income:** Intensify targeted interventions for higher arrears bands, supported by continued development of RentSense automation and patch redesign work. Automation will reduce manual processing by streamlining early-stage arrears actions, prompting timely officer intervention only where needed, and freeing capacity to focus on complex and high-risk cases.
- **Court of Protection (COP) cases,** continue to monitor the impact of where tenants lack capacity to manage their financial affairs. These cases require additional officer time and specialist handling, and work will continue to ensure appropriate safeguards are in place, arrears are managed proportionately, and support pathways are aligned with legal requirements.
- **Access & Compliance:** Continue development of the Access Team and progress implementation of the Access Hub Power App (go-live date to be confirmed). Expand coordinated approaches to no-access cases and strengthen cross-compliance access reporting. Business Transformation identified to work jointly with Housing Management on detailed process mapping and data overlay, bringing together information on repeat non-access cases, outstanding safety compliance, tenancy concerns and access refusals. This will enable clearer identification of repeat or high-risk cases, support more targeted intervention, and improve prioritisation, assurance and decision-making where enforcement or escalation is required.
- **Safeguarding and Anti-Social Behaviour:** Prepare for implementation of the Crime and Policing Bill once enacted, continue to promote use of the ASB App, embed mediatory approaches where appropriate, and increase visibility and communication of safeguarding and ASB activity.

13.0 Forward look

- 13.1 Looking ahead, the report sets out clear and focused priorities for 2026/27, aimed at consolidating progress and strengthening service delivery.

These include improving tenant engagement, completing Year 3 of the Keeping in Touch (KIT) programme, progressing automation within Income Management to improve efficiency and capacity, embedding the improvements delivered through the Access Team, and continuing to strengthen performance reporting and assurance.

Collectively, these actions are intended to maintain service resilience, address remaining pressures and ensure Housing Management is well-placed to deliver consistent, safe and outcome-focused services in the year ahead.

Overall, the report provides assurance that Housing Management controls are operating effectively, statutory compliance is being maintained, and risks are understood and managed.

14.0 Value for Money (VfM) Considerations

- 14.1 The report highlights several areas where Housing Management activity is delivering positive Value for Money through efficiency, prevention and improved use of existing resources.

Key VfM considerations include: the use of preventative and early-intervention activity to reduce escalation into costly enforcement or legal action; better alignment of officer activity to minimise duplication and maximise time spent on high-value work; the impact of the Access Team in reducing repeat visits and clearing historic no-access cases, improving safety compliance and avoiding prolonged non-compliance; continued development of automation within Income Management to reduce manual processing and focus capacity on higher-risk arrears cases; and strong financial inclusion outcomes that support tenancy sustainment and reduce longer-term costs associated with arrears, evictions and repeat support needs.

15.0 Financial Implications

- 15.1 There are no direct financial implications arising from this report. Activity is being delivered within existing resources, with a continued focus on efficiency and cost avoidance through early intervention and improved process design.

16.0 Legal Implications

- 16.1 There are no new legal implications arising from this report. All activity is delivered within the existing legal and regulatory framework for social housing and tenancy management.

The report confirms continued compliance with statutory duties relating to tenancy management, property standards, safeguarding and tenant engagement.

The revised Tenancy Agreement, implemented during February 2026, has strengthened clarity around rights, responsibilities and access, supporting proportionate and defensible decision-making.

Safeguarding and anti-social behaviour activity continues to be delivered in line with statutory requirements and multi-agency protocols, and work to improve access for safety compliance supports ongoing compliance with health and safety legislation and reduces legal risk associated with non-compliance

17.0 Risks

- 17.1 The report identifies no new or unmanaged risks; however, it highlights a number of known and ongoing risks associated with service delivery that require continued management attention.

These risks align with wider organisational and regulatory risks relating to tenant safety, compliance and customer experience.

The primary risks relate to increasing demand and case complexity, particularly in safeguarding, ASB and tenancy support, which may impact resolution times.

There is also a continued risk associated with no-access and outstanding KIT activity, which could affect compliance and assurance if recovery actions are not sustained. These risks are recognised and are being actively managed through targeted mitigation and service improvement activity.

18.0 Health, Safety & Compliance Implications

- 18.1 The report confirms continued compliance with health and safety and regulatory requirements, including property inspections, safeguarding activity and access for gas, electrical and fire safety checks.

Improvements delivered through the Access Team provide increased assurance and reduce risks associated with prolonged non-compliance.

19.0 IT Implications

- 19.1 There are no immediate IT implications arising from this report, with services continuing to operate through existing systems and platforms.

Planned digital improvements, including Income Management automation and the Access Hub Power App, are being progressed through existing Business Transformation and ICT programmes.

20.0 Equality, Diversity and Inclusion implications

20.1 There are no equality or diversity implications arising from this report.

Activity is delivered in line with the Equality Act 2010 and SLHD’s EDI framework, with inclusive, needs-led approaches supporting fair and equitable outcomes for tenants.

21. Environmental impact

21.1 There are no environmental impacts arising from this report. The activity relates to existing service delivery and does not introduce any changes with environmental consequence.

22. Report Author, Position and Contact Details

22.1 Jayne Hurley, Head of Housing Management 01302 862592

Jayne.hurley@stledgerhomes.co.uk

List of Appendices

Appendix	Description
Appendix 1	Quarter 4 performance alongside results from Quarters 1, 2 and 3, providing a clear view of year-to-date performance against key measures and targets.
Appendix 2	Key Performance Indicators (KPIs) for the Housing Management service.
Appendix 3	Tenant Satisfaction Measure (TSM) scores for all measures.

Appendices

Appendix 1 - Quarter 4 performance alongside results from Quarters 1, 2 and 3, providing a clear view of year to date performance against key measures and targets.

Service Area	Metric	2024/25 Full Year	Q1, Q2 & Q3 25/26	Q4 25/26	2025/26 Full Year	Direction of Travel
All Service Areas	Notice of Seeking Possession (NOSP)	45	35	3	38	○ N/A
All Service Areas	Notice to Quit (NTQ)	45	44	21	65	○ N/A
All Service Areas	Notice of Demotion (NOD)	8	6	0	6	○ N/A
All Service Areas	Notice of Possession Proceedings (NOPP)	9	4	0	4	○ N/A
All Service Areas	Notice of Extension (NOE)	14	2	0	2	○ N/A
Tenancy Management	RAG-rated existing tenancies	<i>Data not available</i>	Red 1,083 / Amber 3,208 / Green 8,456 (12,747)	Red 1,097 / Amber 3,279 / Green 8,635 (13,011)	Red 1,092 / Amber 3,267 / Green 8,729 (13,101)	○ N/A
Tenancy Management	New tenancies signed	975	875	239	1114	○ N/A
Tenancy Management	Introductory tenancy visits completed	992	717	144	863	● Stable
Tenancy Management	Flexible tenancies granted	14	17	3	20	○ N/A

Tenancy Management	Introductory tenancies made secure	932	427	197	624	○ N/A
Tenancy Management	Introductory tenancies extended	14	4	0	4	○ N/A
Tenancy Management	Keeping in Touch (KIT) visits completed	5,756	N/A	N/A	3793 Total completed for Yr 2	● Declining
Tenancy Management	Low/Medium breaches – Reported	2,659	2596	641	3237	● Improving
Tenancy Management	Low/Medium breaches – Closed	2,666	2554	633	3187	● Improving
Estate Management	Estate walks – High risk	350 (all priority walks)	126	15	141	● Stable
Estate Management	Estate walks – Medium risk	—	45	47	92	● Stable
Estate Management	Estate walks – Low risk	—	96	39	135	● Stable
Estate Management	Communal area inspections	1,512	1,134	378	1,512	● Stable
Estate Management	Communal cleaning by Metro clean	97.75% completed	98% completed	99% completed	98.% completed	● Improving
Estate Management	Open plan grounds cuts (13 target)	12	13	1	14	● Improving
Estate Management	Garden Service activity	369 customers; 6/6 cuts; 206 hedges; 159 shrub	426 customers (56 new); 4/6 cuts	421 customers; 371 winter visits; 137 shrub beds;	404 customers; 6 new, 151 Full service	● Stable

		beds; 5 sites		11 G&T sites	253 Summer	
Tenancy Support	Referrals (active/closed)	1641	968	296	1264	○ N/A
Tenancy Support	Financial gains achieved	£1,695,910	£1,099,194	£288,688	£1,387,882	○ N/A
Tenancy Support	PIP gains	£205,809 (43 claimants)	£272,271 (38 claimants)	£47,128 (9 Claimants)	£319,399 (47 tenants)	○ N/A
Tenancy Support	Damp & mould	166 tenants; ~£19,000 gains	83 tenants; £3034 gains	54 tenants; £4255 gains	137 tenants £7289 gains	○ N/A
Tenancy Support	Pension Credit awards	£724,135 139 awards	£64,524 11 awards	£11,726 4 awards	£76,250 15 awards	○ N/A
Tenancy Support	Cost of Living events/drop-ins	8 events; 25 drop-ins	36 event; weekly 49 civic drop-ins	12 events; weekly Civic drop-ins, 20 drop ins	12 events COL, 69 drop-ins	● Improving
Tenancy Support	HACT energy vouchers	726 vouchers (£35,574)	373 vouchers (£18,277)	170 vouchers (£8,330)	543 vouchers (£26,607)	○ N/A
Tenancy Support	Furnished Tenancies	205 enquiries; 87 packs	434 enquiries; 164 packs	146 enquiries; 59 packs	581 enquiries; 223 packs	● Improving
Tenancy Support (MH Navigator)	Referrals/outcomes/gains	170 referrals; 55 Queries 75% improved MH £46,327	89 referrals; 92 Queries : 71.59% improved MH; £46,327 gains	73 referrals; 49 Queries 71.59% improved MH; £46,327 gains	162 referrals; 141 Queries 71.59% improved MH £48,523	○ N/A

Income Management	Rent collected	£90M	£23m	£23.5m	£113.2m	Decreasing
Income Management	Arrears (% of debit)	2.76%	2.78%	3.12%	2.84%	Decreasing
Income Management	Arrears cases – total	7,505	7,583	9,840	8064	Decreasing
Income Management	< £500 cases	6,152	6,128	8,230	6,704	Decreasing
Income Management	≥ £500 cases	913	993	1,094	1,353	● Increasing
Income Management	≥ £1,000 cases	359	358	390	474	● Increasing
Income Management	≥ £2,000 cases	55	78	85	120	● Increasing
Income Management	≥ £3,000 cases	26	26*	41	32	Decreasing
Income Management	Evictions	13	12	3	15	● Increasing
Income Management	Notice of Seeking Possession (NOSP)	796	821	175	996	● Increasing
Income Management	Notice of Possession Proceedings (NOPP)	16	4	5	6	Decreasing
Income Management	Notice of Extension (NOE)	24	34	5	39	● Increasing

Appendix 2 – KPI Table

KPI	St. Leger Homes Key Performance Indicator Summary 2025/26	Year end 24/25													Target	Tolerance
		Mar-25	Apr-25	May25	Jun-25	Jul-25	Aug25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Year end	Year end
1	% of current rent arrears against annual rent debit	2.76%	2.66%	2.82%	2.78%	2.83%	2.94%	2.88%	2.96%	2.89%	3.12%	3.09%	3.01%	2.85%	2.95%	3.25%
2	Void rent loss % of rent lost through homes being void	0.96%	1.30%	1.33%	1.20%	1.17%	1.16%	1.11%	1.11%	1.11%	1.08%	1.10%	1.00%	1.00%	0.80%	0.88%
3	Relet time for STANDARD voids (days), i.e. no MAJOR repairs	27.4	24.8	26.6	27.6	27.1	26.7	25.6	25.2	25.1	24.9	25.5	25.5	25.7	25.0	27.5
4	Average number of Nights in Hotel Accommodation	24.0	24.6	23.6	24.9	24.7	23.6	22.9	22.1	21.2	21.0	20.6	20.4	20.4	21.0	23.1
5	Percentage of settled accommodation at prevention stage	43%	55%	52%	51%	51%	51%	52%	52%	51%	52%	52%	52%	53%	50%	55%
6a	Number of Stage 1 complaints per 1,000 homes:	68.0	7.2	13.5	19.9	27.9	34.1	40.2	47.5	54.9	61.0	67.8	75.0	83.9	47.0	51.7
6b	Number of Stage 2 complaints received per 1,000 homes:	7.6	0.7	1.3	2.5	3.5	4.2	4.6	5.4	6.5	7.1	7.5	8.4	9.4	3.0	3.3
6	Number of Stage 1 and 2 complaints received per 1,000 homes:	75.6	7.9	14.8	22.4	31.3	38.3	44.8	52.9	61.4	68.1	75.3	83.4	93.	50.0	55.0
7a	% of Stage 1 complaints responded to within Ombudsman timescales.	99.5%	100%	99.3%	97.6%	97.6%	99.3%	99.5%	99.5%	99.6%	99.6%	99.7%	99.7%	99.7%	95.0%	85.5%
7b	% of Stage 2 complaints responded to within Ombudsman timescales.	95.8%	100%	100%	100%	100%	98.5%	97.8%	98.9%	98.2%	98.4%	98.6%	97.8%	97.6%	95.0%	85.5%
7	% of Stages 1 and 2 complaints responded to within timescales.	99.1%	100%	99.4%	97.8%	98.4%	99.3%	99.4%	99.4%	99.4%	99.5%	99.6%	99.5%	99.5%	95.0%	85.5%
8	Tenancy turnover %	n/a	0.4%	0.9%	1.4%	1.9%	2.3%	2.7%	3.2%	3.7%	4.2%	4.6%	5.0%	5.5%	5.5%	6.1%
9	% of repairs completed at first visit	95.3%	96.0%	95.9%	96.5%	96.5%	96.6%	96.6%	96.7%	96.6%	96.7%	96.8%	96.8%	96.9%	94.0%	84.6%
10a	% of emergency responsive repairs completed within target timescale.	82.5%	88.4%	90.5%	92.0%	92.6%	93.1%	93.4%	93.6%	93.5%	93.3%	93.4%	93.1%	92.2%	95.0%	85.5%
10b	% of non-emergency responsive repairs completed within target timescale.	68.7%	67.5%	69.9%	69.8%	68.7%	67.9%	67.7%	67.9%	67.6%	67.7%	68.0%	67.8%	67.6%	85.0%	76.5%
10	% of non-emergency and emergency repairs completed within timescale.	73.1%	74.2%	76.5%	76.6%	75.8%	75.2%	74.9%	74.9%	75.0%	75.1%	75.7%	75.7%	75.3%	88.0%	79.2%

KPI	St. Leger Homes Key Performance Indicator Summary 2025/26	Year end 24/25													Target	Tolerance	
		Mar-25	Apr-25	May25	Jun-25	Jul-25	Aug25	Sep25	Oct25	Nov25	Dec-25	Jan-26	Feb-26	Mar-26	Year end	Year end	
11	Gas: % of properties with a valid gas servicing certificate	100%	100%	99.23%	99.75%	99.77%	98.56%	99.23%	99.47%	99.58%	100%	100%	100%	100%	100%	99.85%	
12	Fire: % homes all risk assessments have been carried out (New)	100%	100%	100%	100%	100%	99.8%	99.8%	99.8%	100%	100%	100%	100%	100%	100%	98.96%	
13	Asbestos: % homes surveys or re-inspections completed (New)	100%	96.55%	99.70%	99.22%	98.07%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.96%	
14	Legionella: % homes where all assessments completed (New)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.96%	
15	Lifts: % homes all communal lifts safety checks completed (New)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.63%	
16	Electrical - % Domestic properties with valid EICR < 5 years old	96.0%	97.21%	97.78%	98.24%	97.98%	98.06%	98.5%	98.95%	99.02%	99.20%	99.42%	99.52%	99.71%	100%	99.85%	
17	Days lost through sickness per FTE (annualised)	12.2	12.4	12.2	12.1	11.8	11.5	11.1	11.0	10.6	10.4	10.4	10.5	10.7	10	11	
18	Percentage of Local Expenditure % Revenue ONLY	59%	66%	64%	62%	56%	57%	56%	57%	58%	58%	58%	58%	58%	70%	63%	
19	No. of ASB Cases per 1,000 properties	55.1	5.0	9.6	15.8	21.6	26.4	30.2	34.4	38.0	40.4	42.9	45.5	54.4	60.0	66.0	
19a	No. of ASB Cases that involve hate crimes per 1,000 properties	0.8	0.00	0.00	0.05	0.05	0.40	0.4	0.5	0.6	0.7	0.7	0.8	0.8	10.0	11.0	
20	Number of residents in training, education or employment	113	Quarterly KPI		20	Quarterly KPI		71	Quarterly KPI		92	Quarterly KPI		117	100	90	
21	Tenant satisfaction with overall service from the landlord %	81.0%	Annual KPI – TSM data available and reported at Q3								80.5%	80.5%	81%	73%			
22	Percentage of homes not maintaining decent standard %	5.53%	Quarterly KPI		7.51%	Quarterly KPI		11.9%	Quarterly KPI		10.8%	Quarterly KPI		7.8%	3%	5%	
23	Tenant satisfaction with property condition (repair in last 12 months and satisfied with the overall repairs service) %	81.5%	Annual KPI – TSM data available and reported at Q3								80.1%	80.1%	81%	73%			
24	Energy efficiency of properties	57.1%	Annual KPI												70.9%	67%	60%

Key	Meeting target	Close to / within tolerance of target	Not meeting target
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Appendix 3 -Tenant Satisfaction Measures (TSMs) and Service Standards

	Tenant Satisfaction Measures (TSMs)	25/26	24/25	23/24	Change 25/26 to 24/25	Better ↑ Worse ↓
CH01	Number of stage one complaints made by tenants in the relevant stock type during the reporting year per 1,000 homes. (Residents only)	75.7	58.0	50.7	17.7	↓
CH01	Number of stage two complaints made by tenants in the relevant stock type during the reporting year per 1,000 homes. (Residents only)	8.2	6.1	3.1	2.1	↓
CH02	Proportion of stage one complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.	99.7%	99.5%	91.9%	0.2%	↑
CH02	Proportion of stage two complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.	97.6%	95.8%	86.9%	1.8%	↑
CH02	Proportion of stage one and stage two complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.	99.5%	99.1%	89.3%	0.4%	↑
NM01 (pt1)	Number of anti-social behaviour cases opened per 1,000 homes.	54.4	55.1	62.2	0.7	↑
NM01 (pt2)	Number of anti-social behaviour cases that involve hate incidents opened per 1,000 homes.	0.8	0.8	0.7	0.0	Same
RP01	Proportion of homes that do not meet the Decent Homes Standard.	7.78%	5.53%	3.05%	2.25%	↓
RP02 (pt1)	Proportion of non-emergency responsive repairs completed within the landlord's target timescale.	67.6%	68.7%	62.8%	-1.1%	↓
RP02 (pt2)	Proportion of emergency responsive repairs completed within the landlord's target timescale.	92.2%	82.5%	81.5%	9.7%	↑
RP02	Proportion of emergency and non emergency responsive repairs completed within the landlord's target timescale.	75.3%	73.1%	69.5%	0.4%	↑
BS01	Proportion of homes for which all required gas safety checks have been carried out.	100%	100%	100%	0%	same
BS02	Proportion of homes for which all required fire risk assessments have been carried out.	100%	100%	100%	0%	same
BS03	Proportion of homes for which all required asbestos management surveys or re-inspections have been carried out.	100%	100%	100%	0%	same
BS04	Proportion of homes for which all required legionella risk assessments have been carried out.	100%	100%	100%	0%	same
BS05	Proportion of homes for which all required communal passenger lift safety checks have been carried out.	100%	100%	100%	0%	same

	TSM Perception Survey Questions - "Percentage of tenants satisfied with landlord....."	25/26	24/25	23/24	Change 25/26 to 24/25	Better ↑ Worse ↓
TP01	Overall Satisfaction	80.5%	81.0%	75.6%	-0.5%	↓
TP02	Satisfaction with repairs last 12 months	80.1%	81.5%	79.6%	-1.4%	↓
TP03	Time taken to complete most recent repair in last 12 months	72.5%	75.6%	72.6%	-3.1%	↓
TP04	Home is well maintained	81.2%	82.0%	75.9%	-0.8%	↓
TP05	Home is safe	86.2%	86.3%	84.9%	-0.1%	↓
TP06	Listens to tenants views and acts on them	76.3%	75.4%	71.6%	0.9%	↑
TP07	Keeps tenants informed about things that matter to them	85.0%	81.1%	79.3%	3.9%	↑
TP08	Treats fairly and with respect	89.7%	87.7%	89.8%	2.0%	↑
TP09	Approach to handling complaints in last 12 months	45.0%	37.3%	29.7%	7.7%	↑
TP10	Keeps communal areas clean and well maintained	75.4%	72.1%	66.5%	3.3%	↑
TP11	Positive contribution to neighbourhoods	77.8%	80.9%	76.7%	-3.1%	↓
TP12	Approach to handling ASB	72.3%	73.0%	69.1%	-0.7%	↓

Service standards

<p>95% of Medium Risk ASB reports responded to within 3 working days.</p>	<p>Q4 Cumulative 86.52% Q4 94.12%</p>	<p>Q1 93.86%</p>	<p>Q2 Cumulative 94.14% Q2 97.89%</p>	<p>Q3 Cumulative 94.98% Q3 94.32%</p>	<p>Q4 Cumulative 96.21% Q4 97.83%</p>
<p>90% of High Risk ASB reports responded to within 1 working day.</p>	<p>Q4 cumulative 94.34%</p>	<p>Q1 92.97%</p>	<p>Q2 Cumulative 95.19% Q2 97.89%</p>	<p>Q3 Cumulative 92.40% Q3 91.40%</p>	<p>Q4 Cumulative 91.99% Q4 91%</p>
<p>60% of customers, whose ASB was closed during the quarter, satisfied with the way their anti-social behaviour complaint was handled. (Measured by transactional surveys on close of ASB cases)</p>	<p>Q4 Cumulative 80.25% Q3 83%</p>	<p>Q1 91%</p>	<p>Q2 86.5%</p>	<p>Q3 Cumulative 86.23% Q3 81.3%</p>	<p>Q4 Cumulative 85.45% Q4 83%</p>

ST LEGER HOMES OF DONCASTER LTD

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BOARD Meeting REPORT

Date : 11 June 2026

Item : 21

Subject : Keeping In Touch (KIT) visit Programme
Evaluation

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

Prepared by : Jayne Hurley, Head of Housing
Management

Purpose : To provide the Board with an update on
the delivery of the Keeping in Touch (KIT)
visit programme, including performance to
date, outcomes achieved, any emerging
issues, and planned improvements.

Recommendation:

The Board is asked to:

- I. Note the progress achieved to date in delivering the Keeping in Touch (KIT) visit programme and the outcomes secured;
- II. Note the emerging delivery challenges and reporting constraints identified; and
- III. Endorse the proposed actions to strengthen delivery, including approval to extend the programme from three to four years to support sustainable delivery.

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 No. 21
Date: 11 June 2026**

1. Report Title

1.1 Keeping In Touch (KIT) visit Programme Evaluation

2 Executive summary

- 2.1 This report provides an update on delivery of the Keeping in Touch (KIT) visit programme and progress made to date in the first two years. The programme continues to deliver positive outcomes, including earlier identification of repair issues, vulnerabilities and support needs, improved data accuracy, and strengthened tenant engagement.

Learning from KIT visits has been actively embedded into service improvement, including enhancements to visit questions and checks for emerging risks such as damp and mould.

Delivery has also highlighted challenges, including access issues for a small cohort of properties, increasing levels of follow-on casework once issues are identified, and competing operational priorities within Housing Management. These risks are being actively managed.

Year 3 will focus on attempting to complete the remaining visits through a structured and targeted approach, including continued use of focused delivery days, clear allocation of outstanding visits across teams, and a formal no-access process. Work with Business Transformation and ICT is underway to strengthen data capture and reporting from 2026/27, providing improved assurance and insight going forward.

Delivery experience to date indicates that extending the programme from three to four years may be necessary to ensure a more realistic and sustainable delivery model, enabling the service to maintain quality engagement with tenants while fully addressing the issues identified through visits.

3. Purpose

- 3.1 To provide assurance to the Board on progress achieved to date and to identify any emerging issues from the delivery of the Keeping in Touch (KIT) visit programme.

4 Recommendations

4.1 The Board is asked to:

- I. Note the progress achieved to date in delivering the Keeping in Touch (KIT) visit programme and the outcomes secured.
- II. Note the emerging delivery challenges and reporting constraints identified; and
- III. Endorse the proposed actions to strengthen delivery, including approval to extend the programme from three to four years to support sustainable delivery.

5. Background and Rationale for KIT visits

- 5.1 A rolling three-year Keeping in Touch (KIT) programme was developed and introduced during 2024, with approximately 6,500 tenants to be visited each year. This approach was based on the size of the housing stock and agreed to ensure full coverage in a sustainable way, balancing meaningful tenant engagement with available operational capacity.
- 5.2 The primary purpose of the KIT visit programme is to make contact with tenants, including those we may not otherwise engage with on a regular basis, to check on their wellbeing. The visits also provide an opportunity to periodically verify tenancy and household information held on our systems and to assess the condition of the property.
- 5.3 During the visit, officers identify any repair or housing management issues and explore any vulnerabilities or support needs. The overarching objective is to build engagement with tenants, ensuring issues are identified early and appropriate support or intervention can be put in place.
- 5.4 Following a trial across two management areas in January 2024, the full Keeping in Touch (KIT) programme commenced at the start of the 2024/25 financial year in April 2024 and is now in its third year of operation.

6 Performance against the KIT programme

- 6.1 During Year 1 of the programme (2024/25), a total of 5,759 KIT visits were completed. This figure includes visits undertaken during the initial trial period.
- 6.2 During Year 2 of the programme (2025/26), it was identified in December 2025 that 3,314 KIT visits had been completed, leaving approximately 3,186 visits to be delivered by the end of March 2026.
- 6.3 To support delivery against this target, additional “Hit the KIT” days were introduced across Housing Management teams from 28 January 2026, with activity taking place each Wednesday for a total of eight focussed delivery days.

- 6.4 “Hit the KIT” days are dedicated delivery days introduced to increase the pace of Keeping in Touch (KIT) visits and support achievement of programme targets.

Outcomes from these days have included increased completion of property inspections, identification of repair and support needs, updates to tenancy and contact details, referrals for additional support, and early identification of tenant vulnerabilities.

- 6.5 Between January and March 2026, a further 479 KIT visits were completed. In total, 3,793 KIT visits were delivered during 2025/26.

Based on the three-year programme design to visit approximately 19,500 tenancies in total, 9,552 KIT visits have been completed across Years 1 and 2. This leaves 9,948 KIT visits to be delivered in Year 3, which is an ambitious target.

- 6.6 To support delivery, all Housing Management teams have been set clear and proportionate targets, ensuring collective ownership of the remaining visits.

It should be recognised that access challenges persist for a small number of customers, often linked to known vulnerabilities or wider tenancy issues. In these cases, the agreed access procedure will continue to be followed to ensure all reasonable steps are taken to gain access and engage with every property.

- 6.7 Delivery experience to date indicates that the original three-year timeframe may not be sustainable; extending the programme to four years will support a more realistic delivery model, maintain quality engagement, and enable effective follow-through on identified issues.

In recognition of these delivery challenges, and as set out in Section 8, approval is being sought to extend the programme from three to four years to ensure a more sustainable and deliverable approach.

7. Impact and Outcomes achieved (summary Indicators)

7.1 The KIT visits delivered to date have produced strong outcomes, making a meaningful difference for tenants while strengthening the service offer. The programme has enabled earlier identification of repair issues, vulnerabilities and support needs, improved the accuracy of tenancy and household data, and increased opportunities for preventative intervention.

7.2 Learning from the programme has been actively used to refine and improve the approach. This has included strengthening the visit framework by adding additional questions to capture emerging risks and priorities, such as explicit checks for damp and mould, and improving consistency in how issues are identified and recorded. This continuous learning approach ensures the programme not only delivers individual tenant benefits but also informs wider service improvement and organisational learning.

7.3 The table below outlines some of the outcomes we have achieved across year 1 (2024/2025) and year 2 (2025/2026):

Activity / Outcome	Number
Property inspections conducted	9,552
Support requests identified	6,408
Repair requests raised	3,114
Occupant/contact detail updates completed	2,987
Discussions held about contents insurance	1,860
Vulnerability or potential vulnerability indicators flagged	831
Information disclosures recorded	7,186
Additional occupants added to tenancies	391
Dog contracts issued	501
Referrals made to the Customer Involvement Team	2,927

The evidence gathered so far from KIT visits highlights measurable improvements in service delivery and customer outcomes, including:

7.4 Benefits to Tenants

- Earlier access to essential repairs
- Faster support for vulnerable tenants
- Reduced escalation of ASB and neighbour disputes
- Improved property condition and safety
- Stronger relationships with Housing Management teams

Benefits to the Organisation

- Reduced risk of statutory non-compliance (Consumer Standards)
- More accurate tenancy records and reduced data gaps
- Reduction in unplanned emergency work due to early detection

Better insight into emerging issues at estate level

- Improved visibility of hidden vulnerabilities
- Greater understanding of tenancy sustainability indicators (arrears, enforcement, turnover)

8. Emerging Risks and Delivery Challenges

- 8.1 Delivery of the Keeping in Touch (KIT) programme has highlighted a number of emerging risks that require active management to ensure the programme remains sustainable and effective. A key challenge relates to access, particularly for a small cohort of properties where tenants are difficult to reach or repeatedly unavailable. In many cases, these customers are already known to services and may have complex needs or vulnerabilities, requiring a proportionate and sensitive approach. Repeated no-access attempts increase officer time and delay completion of visits, creating pressure on overall programme delivery.
- 8.2 The programme has also identified a growing number of cases requiring intensive follow-up and management. KIT visits frequently surface issues such as safeguarding concerns, complex vulnerabilities, tenancy breaches, property condition issues or significant repair needs. While this represents a positive outcome in terms of early identification and prevention, it also generates substantial follow-on work, which reduces available capacity to complete further proactive visits.
- 8.3 Competing priorities within Housing Management continue to impact delivery. Core activities such as tenancy sign-ups and viewings (critical to minimising void rent loss), enforcement and tenancy breach work, safeguarding interventions, and unplanned reactive activity must take precedence. In addition, planned work such as estate inspections, community action days and partnership initiatives places further demands on officer capacity throughout the year.
- 8.4 The time taken to complete KIT visits also varies significantly depending on the issues identified. Although visits are fully digitalised via Total Mobile, some visits are brief, while others require extended engagement, multiple referrals and follow-up actions. This variability means delivery cannot always be forecast consistently and requires services to respond flexibly and proportionately.
- 8.5 Finally, unsuccessful visits, including aborted appointments and no-access cases, reduce productive capacity and require repeat attempts, adding further pressure to delivery plans.
- 8.6 The original programme was designed to be delivered over a three-year period; however, delivery experience to date demonstrates that this timeframe is increasingly challenging to achieve in a sustainable and meaningful way.

The volume of follow-on activity generated through KIT visits particularly in relation to repairs, vulnerabilities, safeguarding and tenancy management has required significant officer time and resource, reducing capacity to complete the planned number of proactive visits. In addition, access constraints, varying visit complexity, and competing operational priorities have impacted overall delivery pace. Extending the programme to four years will provide a more deliverable and proportionate approach, enabling services to maintain quality engagement with tenants, ensure identified issues are appropriately resolved, and maximise the preventative benefits and outcomes of the programme.

Collectively, these factors demonstrate that the current three-year model may not be sustainable and support the proposal to extend the programme to four years.

Mitigating Actions

To address these risks, a formal No Access procedure is being implemented for KIT visits to ensure a consistent and customer-focused approach. This includes multiple visit attempts at different times and days, proactive contact via letter, telephone and text, clear communication about the purpose and benefits of the visit, and structured escalation to Team Leaders and Service Managers where access remains an issue. Joint visits and enhanced oversight will be used where appropriate.

This approach ensures access issues are managed proportionately, supportively and consistently, while maintaining momentum and safeguarding the overall delivery of the KIT programme.

9. Plans for Year 3 and Improvement Actions

- 9.1 Delivery of the KIT programme in Year 3 will focus on maintaining momentum while embedding improvements identified through learning to date. Targeted “Let’s Hit KIT” days will continue across Housing Management teams, with activity varied to maximise customer reach. Progress will be monitored monthly to maintain oversight and pace.
- 9.2 All visiting officers have been allocated defined targets/ lists of outstanding KIT visits, with teams expected to maximise opportunities to complete visits when already engaging with tenants as part of other housing management activity. This approach supports efficiency and helps reduce abortive visits.
- 9.3 In parallel, work is underway with Business Transformation and ICT to review the KIT visit process and reporting arrangements. Current system limitations mean that some data – such as time per visit, success rates, prevention outcomes and improvements in data quality – cannot yet be accurately quantified. Enhancements are planned to enable more robust reporting and insight from 2026/27, strengthening performance management and assurance.

10 Consultation and Engagement

- 10.1 Consultation and engagement were undertaken at the outset of the Keeping in Touch (KIT) programme to inform its design, purpose and delivery approach. Ongoing engagement has continued throughout implementation to ensure learning from delivery is reflected in service improvement.
- 10.2 More recently, the programme was presented to the Tenant Scrutiny Panel (TSP) in April 2026, as part of their scrutiny exercise of the service. This has provided an opportunity for tenant oversight, challenge and assurance, and ensures that the tenant voice continues to inform the ongoing development and delivery of the KIT programme.

11.0 Strategic and Regulatory Alignment

- 11.1 The Keeping in Touch (KIT) programme is aligned with and supports a range of wider corporate strategies and service improvement priorities, including the Tenancy Sustainment Strategy, Customer Engagement and Service Improvement activity, and the Damp and Mould inspection regime. It also complements ongoing Repairs Transformation work, the introduction of the new Tenancy Agreement in February 2026, and the organisation's approach to stigma reduction through earlier and more proactive engagement with tenants.
- 11.2 By embedding regular, meaningful contact with tenants, the programme supports early intervention, preventative action and improved visibility of risk, in line with regulatory expectations. This approach aligns with the Regulator of Social Housing's focus on tenant involvement, empowerment and transparency, and provides assurance that service development has been shaped through ongoing engagement and insight from delivery, rather than consultation in isolation.

12. Financial implications

- 12.1 There are no direct additional financial implications arising from this report. The Keeping in Touch (KIT) visit programme is delivered using existing Housing Management resources and is embedded within business-as-usual activity.
- 12.2 Value for money is supported by aligning KIT visits with existing operational visits where possible, reducing duplication and maximising officer time already spent in neighbourhoods and properties. Early identification of issues through KIT visits also supports preventative intervention, which has the potential to reduce future costs associated with escalated tenancy issues, reactive interventions and enforcement activity.

13. Legal and regulatory Implications

The Keeping in Touch (KIT) visit programme has no adverse legal or regulatory implications and provides added assurance of compliance with the Regulator of Social Housing's Consumer Standards. The programme supports early identification of risks relating to property condition, damp and mould, safeguarding and tenancy sustainment, while providing a clear and proportionate audit trail of tenant engagement and attempts to gain access where required. Information gathered is managed in line with data protection requirements, and the structured approach to engagement and no-access supports decision-making where escalation is necessary.

14. Health, Safety & Compliance Implication

14.1 There are no health, safety and compliance implications associated with the KIT programme.

15 IT implications

15.1 There are no immediate IT cost implications arising from the Keeping in Touch (KIT) programme. KIT visits are currently supported through existing digital systems, including Total Mobile and core housing management platforms. However, delivery has highlighted limitations in current reporting capability, particularly in evidencing effort, access outcomes and preventative impact. As a result, the programme is now linked to wider Business Transformation and ICT work, with a full review underway to strengthen data capture, reporting and insight from 2026/27, supporting improved operational oversight, assurance and value-for-money reporting.

16 Diversity

16.1 The Keeping in Touch (KIT) programme supports equality and inclusion by reaching tenants who may otherwise have limited engagement with services, improving the accuracy of equality and household data, and enabling tailored, proportionate responses to individual needs in line with the organisation's Equality, Diversity and Inclusion approach

17. Report Author, Position, Contact Details

17.1 Jayne Hurley, Head of Housing Management, 01302 862592

18. Background papers

18.1 Strategic and Corporate Documents Aligned to KIT

The KIT programme is embedded within, and directly supports, a range of existing strategic and corporate priorities, including:

- Tenancy Sustainment Strategy – supporting early intervention and prevention of tenancy failure

- Customer Engagement and Service Improvement work – strengthening regular, meaningful contact with tenants
- Damp and Mould inspection regime – embedding proactive checks into routine engagement
- Repairs Transformation Programme – improving identification and routing of repair issues
- New Tenancy Agreement (February 2026) – reinforcing expectations around engagement and access
- Equality, Diversity and Inclusion Strategy – improving reach to harder-to-engage tenants and the accuracy of equality and household data
- Stigma Reduction and Early Engagement approach – ensuring contact is supportive, preventative and non-enforcement led

Statutory Framework

The Keeping in Touch (KIT) programme operates within the established statutory framework governing social housing landlords and supports the organisation’s statutory duties rather than introducing new legal requirements.

Key elements of the statutory framework include:

- Housing Acts (including Housing Act 1985 and Housing Act 2004)

These place duties on landlords in relation to tenancy management, property condition, housing standards and tenant engagement. KIT visits support compliance by enabling regular inspection of properties, early identification of hazards and tenancy issues, and proactive tenancy management.

- Landlord and Tenant Act 1985

Requires landlords to keep properties in repair and to address defects affecting health and safety. KIT visits support early identification of disrepair and property condition issues, including damp and mould.

- Regulatory Reform (Fire Safety) Order 2005 and wider health and safety legislation

While not fire safety inspections, KIT visits support early visibility of issues that may impact safety and enable appropriate referrals to specialist teams.

- Equality Act 2010

Requires services to be accessible and delivered in a non-discriminatory way. KIT visits help identify individual needs, vulnerabilities and reasonable adjustments, supporting equitable service delivery.

- Data Protection legislation (UK GDPR and Data Protection Act 2018)

Information gathered through KIT visits is processed lawfully for housing management, safeguarding and support purposes, in line with existing information governance arrangements.

- Regulator of Social Housing (RSH) Consumer Standards

The programme supports statutory regulatory expectations around tenant engagement, property condition, safety, tenancy sustainment and transparency by evidencing proactive and proportionate engagement with tenants.

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:	22
Prepared by:	Steve Slater, Director of Corporate Services
Date:	11 June 2026

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 and will be updated through May to ensure Committee attendance is recorded.

4. Financial Implications

- 4.1 For the Financial Year 2025/26 a Budget of £35,120 was included within the overall Budget.

Details are below:

Nominal	Budget 25/26	Outturn 25/26	Variance
RENTS	300.00	-	-300.00
CONTRACT HIRE	130.00	-	-130.00
CAR ALLOWANCES	800.00	-	-800.00
CLOTHES/UNIFORM/LAUNDRY	130.00	-	-130.00
ADVERTISING COSTS	2,900.00	-	-2,900.00
OTHER SERVICES	25,870.00	27,323.06	1,453.06
SUBSISTENCE/CONFERENCE EXP	4,790.00	3,885.50	-904.50
VOLUNTEER EXPENSES	200.00	28.00	-172.00
	35,120.00	31,236.56	-3,883.44

The Outturn was £31,236.56. This was an underspend of £3,883.44, 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.

7. Background Papers

7.1 Appendix A – Board and Committee Member Attendance Records

Main Board Attendance Record

BOARD MEMBER	04-Dec-25	05-Feb-26	02-Apr-26	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	1	3	3	100
Chris Margrave	1	1	1	3	3	100
Susan Jones	1	1	1	3	3	100
Milcah Walusimbi	1	1	1	3	3	100
Trevor Mason	1	1	1	3	3	100
Steve Cox	1	1	A	2	3	67
Sue Farmer	1	1	1	3	3	100
Phil Cole	1	1	1	3	3	100
Maureen Tennison	1	1	1	3	3	100
Rodger Haldenby	A	1	1	2	3	67
Glyn Whiting	1	1	1	3	3	100

KEY

Apologies Received

A

Attendance

1

Not applicable

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Audit & Risk Committee Attendance Record

	09-Mar-26	Total meetings attended	Total meetings held	%
Board Member				
Trevor Mason, Chair	1	1	1	100
Susan Jones	1	1	1	100
Milcah Walusimbi	1	1	1	100
Steve Cox	1	1	1	100
Kath Smart	1	1	1	100

KEY

Apologies Received
 Attendance
 Not applicable

A
1

Customers & Performance Committee Attendance Record

	19-Feb-26	28-May-26	Total meetings attended	Total meetings held	%
BOARD MEMBER					
Maureen Tennison	1	1	2	2	100
Phil Cole	1	1	2	2	100
Rodger Haldenby	1	1	2	2	100
Glyn Whiting	1	1	2	2	100

KEY

Apologies Received
 Attendance
 Not applicable

A
1

Building Safety and Compliance Committee Attendance Record

BOARD MEMBER	12-Feb-26	13-May-26	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	2	2	100
Phil Cole	1	1	2	2	100
Trevor Mason	1	1	2	2	100
Steve Cox	1		1	1	100
Rodger Haldenby	1	1	2	2	100

KEY

Apologies Received	A
Attendance	1
Not applicable	

Employment & People Committee Attendance Record

BOARD MEMBER	30-Mar-26	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	1	100
Chris Margrave	1	1	1	100
Susan Jones	1	1	1	100
Milcah Walusimbi	1	1	1	100
Sue Farmer	1	1	1	100

KEY

Apologies Received

A

Attendance

1

Not applicable

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Board Training Records

		Risk Managemnt	YOURlearning - Bullying & Harrassment eLearning	YOURlearning - Equality, Diversity & Inclusion eLearning	YOURlearning - Cyber Security and phising elearning	YOURlearning - GDPR Learning	Total meetings attended	Total meetings held	%
BOARD MEMBER	05.03.26								
David Wilkinson, Chair	1	1	1	1	1	1	5	5	100
Chris Margrave	1*	1	1	1	1	1	5	5	100
Susan Jones	1	1	1	1	1	1	5	5	100
Trevor Mason	1	1	1	1	1	1	5	5	100
Milcah Walusimbi	1	1	1	1	1	1	5	5	100
Steve Cox	1	0				0	1	3	33
Sue Farmer	1	1	1	1	1	1	5	5	100
Phil Cole	1	1	1	1	1	1	5	5	100
Rodger Haldenby	1	1	1	1	1	1	5	5	100
Maureen Tennison	1	1	1	1	1	1	5	5	100
Glyn Whiting	1	1				1	3	3	100

1	Complete
1*	Complete via video recording
x	Not attending
	Not required
	Completed as mandatory training as a cllr through CDC
	Not applicable

Board Forward Plan

Board Forward Plan

	Aug-26	Oct-26	Dec-26	Feb-27	Apr-27	Jun-27	Aug-27
Pre-Board discussion item (BOARD ONLY)	Board Training - Performance / KPI's / Benchmarking	Training - Values, Culture and Behaviours (to strengthen NHF Code of Governance)	Corporate Services Overview - HR/ICT / employment creation initiatives - from 2025 Appraisals	(from April 26 Board) Digital Portal Presentation around launch			
Minutes of the previous meeting	✓	✓	✓	✓	✓	✓	✓
Chairs / CEO Update	✓	✓	✓	✓	✓	✓	✓
KPI Performance	✓	✓	✓	✓	✓		
Committee minutes	✓	✓		✓	✓	✓	✓
Reflection on effectiveness of meeting	✓	✓	✓	✓	✓	✓	✓
Capital/Revenue Monitoring	✓		✓ Q2 following A&R	✓			✓
Safety and Compliance Dashboard		✓		✓		✓	
Strategic Risk Register				✓		✓	
6 MONTHLY ITEMS							
Annual Development Plan - Current Year		✓		✓			
Board Expenses & Attendance Register (Dec report includes new Declarations of Interest forms)			✓			✓	
Board Forward Plan			✓			✓	
Consumer Standards GAP analysis action plan			✓			✓	
ANNUAL ITEMS							
Playing of Annual Review - need to confirm each year whether ready in Oct or Dec		✓	✓				
Financial Statements	✓						✓
People Strategy Update						✓	
Review of Board Effectiveness, assessment of business conducted and review of composition, skills, experience and diversity (as part of CEO report)		✓					
Budget Update (as part of CEO report)				✓			
Budget Approval					✓		
ICT Strategy Update		✓					
Year-end Performance						✓	

Board Forward Plan

Year-end Revenue and Capital Monitoring						✓	
Annual Development Plan and draft KPI's – Year ahead				✓			
Annual Development Plan - Year End Review						✓	
Modern Slavery Statement						✓	
Value for Money Statement			✓				
Committee Annual Reports		✓					
Board TOR Review (inc in CEO Report)		✓					
Asset Management Strategy - update against plan			✓				
Environmental Strategy - update against plan			✓				
Health and Safety Strategy - Update against plan						✓	
Customer Voice Strategy - Annual update against action plan					✓		
Equality and Diversity Strategy - Annual update against action plan.						✓	
Gender Pay Gap				✓			
Safeguarding Children and Adults Annual Report		✓					
TSM Annual report			✓				
Housing Ombudsman Complaint Handling Code Annual Review					✓		
Annual complaint performance and service improvement report (then submit to CDC/Ombudsman)	✓						✓
Governance Standard and NHF code of Governance update				✓			
Annual Asset and Stock Con report			✓				
Allocations and Mutual Exchanges Update - June for annual, December for 6monthly (then needs to go to CDC meetings)			✓			✓	
Tenancy Management report - June for annual, December for 6monthly (then needs to go to CDC meetings)			✓			✓	
Customer Access Strategy - Annual update against action plan 2025-29					✓		
Confirmation of new year meeting schedules (as part of Chief & Chair report)		✓					
AD-HOC ITEMS							
Cyclical Maintenance Policy	✓						
Leaseholder Handbook			✓				
Corporate Governance Framework	✓						
Damp Mould & Condensation policy	✓						
Customer Charter and Service Standards	✓						
Customer Support & Accessibility Policy							
Decant Policy							
MEES & DH2 (slide deck)	✓						
Family Leave Policy	✓						
Drug and Alcohol Policy	✓ ?						
Pensions Discretion Policy	✓ ?						
Learning & Organisational Development Policy	✓ ?						

Board Forward Plan

Employee Code of Conduct	✓ ?						
KIT Visit evaluation							
One Repairs	✓						

