

**ST LEGER HOMES OF DONCASTER LIMITED**  
**BOARD MEETING and STRATEGIC PLANNING SESSION**

**To be held at 13.00pm on Thursday 3 July 2025**  
**Civic Office, Floor 4 - Room 410**

## **AGENDA**

**12:00 – 12:30 – Pre Board Presentation - Infographics**

**12:30 – 13:00 - Lunch**

**13:00 – 14:30 – Board Meeting**

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

**For Approval**

- |          |  |            |                 |
|----------|--|------------|-----------------|
| <b>5</b> | Consumer Standards GAP analysis action plan      | K Hanlon   | <b>Enclosed</b> |
| <b>6</b> | Safeguarding Policy                              | J Davies   | <b>Enclosed</b> |
| <b>7</b> | Modern Slavery Statement                         | K Hanlon   | <b>Enclosed</b> |
| <b>8</b> | People Strategy update                           | K Hanlon   | <b>Enclosed</b> |
| <b>9</b> | Health and Safety Strategy – update against plan | D Boardman | <b>Enclosed</b> |

**For Information**

- |           |  |            |                 |
|-----------|--|------------|-----------------|
| <b>10</b> | Health & Safety Highlight Dashboard update         | D Boardman | <b>Enclosed</b> |
| <b>11</b> | Tenant Development/Tenant Board Member Recruitment | J Davies   | <b>Enclosed</b> |

**For Noting**

- |           |   |             |                      |
|-----------|---|-------------|----------------------|
| <b>12</b> | Void and Complaints KPIs – Assurance we have plans in place to meet 2025/26 targets | J Davies    | <b>Presentations</b> |
| <b>13</b> | Board Forward Plan  | D Wilkinson | <b>Enclosed</b>      |
| <b>14</b> | Any Other Business  | D Wilkinson |                      |
| <b>15</b> | <i>Date of next meeting – 7 August 2025</i>   |             |                      |

## Board Decision Summary

<b>Meeting:</b>	St Leger Homes Board
<b>Date of meeting:</b>	3 April 2025
<b>Chair:</b>	Dave Wilkinson
<p>The Board approved:-</p> <p><u>Agenda Item 5</u> – Budget approval for 2025/26, 2026/27, 2027/28. <u>Agenda Item 6</u> – Contract Standing Orders (revised). <u>Agenda Item 7</u> – Anti-Social Behaviour Policy (revised). <u>Agenda Item 8</u> – Unacceptable Behaviour Policy (new). <u>Agenda Item 9</u> – Housing Ombudsman Complaint Handling Code Annual Review.</p>	
<p>The Board requested:-</p> <p><u>Agenda Item 4</u> – Chair and Chief Executives update</p> <ul style="list-style-type: none"><li>• The Chair requested reassurance at the next meeting on plans being put in place to ensure voids and complaints KPIs meet target.</li><li>• The Vice Chair asked for impact assessment on how prepared SLHD was in relation to The Housing Regulator inspection</li></ul> <p><u>Agenda Item 6</u> – Revised Contract Standing Orders</p> <ul style="list-style-type: none"><li>• Requested Contractors Social Value Investment is captured on an annual basis.</li></ul> <p><u>Agenda Item 7</u> – Anti-Social Behaviour Policy</p> <ul style="list-style-type: none"><li>• Requested a workshop for Board Members to gain better understanding of tools and powers available to better manage ASB.</li></ul>	
<p>The Board received:-</p> <p><u>Agenda Item 4</u> – Chair and Chief Executives update <u>Agenda Item 10</u> – Customer Voice Strategy – annual update against action plan. <u>Agenda Item 11</u> – KPI Performance <u>Agenda Item 12</u> – Committee Minutes (BSC 13 Feb 25, C&amp;P 20 Feb 25, E&amp;P 24 Feb 25 &amp; A&amp;R 4 Nov 24)</p>	

NO	Month	Ref	Action	Progress	Completed Y/N	Owner
121	Apr-25	4.2	<b>CHIEF &amp; CHAIRS REPORT - 2025/26 Annual Development Plan and KPIs</b> - The Chair asked, for the June meeting for detail from officers on what plans are being put in place to ensure we meet these 2 targets and for reassurance that EMT are satisfied there are plans in place to back this up. The Chief Executive agreed to provide presentation and detail at the June pre-board session.	This has been organised as a pre-board presentation for June Board	Y	CM
122	Apr-25	4.6	<b>CHIEF &amp; CHAIRS REPORT</b> - The Vice Chair referred to paragraph 6.2, asking when it would be a reasonable time to have an impact assessment on how prepared SLHD is noting it is Council inspected.	Detail will be provided as part of the Consumer Standards GAP analysis action plan already scheduled for the June agenda	Y	KH
123	Apr-25	6.2	<b>CONTRACT STANDING ORDERS</b> - The Board asked if Social Value Investment can be captured on an annual basis.	detail including Environmental Prode, WOW and apprenticeships will be captured as part of the annual VFM report. Action complete.	Y	KH
124	Apr-25	7.4	ASB Policy - The Chief Executive took the opportunity to suggest that Board have a better opportunity to understand the tools and powers available to SLHD, as well as having the opportunity to share experiences and see some case studies where we do get injunctions and apply for possession.	Board workshop arranged for Thurs 24 July @ 9am	Y	JDav

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**St. Leger Homes of Doncaster Limited**

**BOARD MEETING**

**Hybrid meeting**

**12.30pm on Thursday 3rd April 2025**

**Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

**Present:**

Dave Wilkinson (Chair), Trevor Mason, Cllr Sarah Smith, Susan Jones, Barry Keable, Milcah Walusimbi, Cllr Phil Cole, Chris Margrave (Chief Executive Officer),

**Also In Attendance:**

Julie Crook (Director of Corporate Services), Kevin Hanlon (Director of Corporate Services), Jackie Linacre (Head of Customer Services), Jayne Hurley (Head of Housing Management), Leandra Graham-Hibling (Minutes).

**City of Doncaster Council (CDC)**

Adam Goldsmith (Service Manager – Place)

**Members of the Public/Observers:**

None

		Action
<b>1</b>	<b>Apologies and Quorum</b>	
1.1	Apologies received from Cllr Richard Alan Jones	
<b>2</b>	<b>Declarations of Interest by Board Members</b>	
2.1	There were no declarations of interest.	
<b>3a</b>	<b>Matters arising and action log from previous meetings</b>	
3a.1	Board noted all outstanding actions detailed had been completed.	
<b>3b</b>	<b>Ratification of minutes from the meeting held on 3 October 2024</b>	
3b.1	The minutes were agreed as an accurate record.	
<b>4.</b>	<b>Chair and Chief Executive's Update</b>	
4.1	The Chief Executive highlighted the following items in the Chair and Chief Executive's Update: 2025/26 ADP and KPIs, Board Development Pathway for new Tenant Board Members, Regulatory	

	Inspection Outcomes, Welfare system changes and an update on Awaab's Law.	
4.2	<p><u>2025/26 Annual Development Plan (ADP) and Key Performance Indicators (KPIs)</u></p> <p>The Chief Executive advised, after consultation with The Mayor and Housing Portfolio Holder there were no requested changes to the proposals that Board had previously agreed. He reminded Board of the agreement to change the following KPIs and the reasons why:-</p> <p>KPI2 Void Rent Loss – increased by 0.10% to 0.80% due to volume of work increasing and more properties requiring additional work, all impacting on performance.</p> <p>KPI3 Relet Time – Increased from 24 to 25 due to volume increasing and condition of voids worse than previously.</p> <p>It was noted that, whilst The Mayor has approved the changes, she has asked for continued focus on specific areas of voids and complaints and expects to see these within target throughout the year.</p> <p>He expanded that we have spent the last 6-9 months reviewing how tenants can access the complaints process to make this easier and ensuring we are responding to them within timescale confirming that the Ombudsman wants to see organisations welcome complaints, despite the numbers and that we as a housing provider can demonstrate we are learning from complaints and making changes.</p> <p>The Chair asked, for the June meeting for detail from officers on what plans are being put in place to ensure we meet these 2 targets and for reassurance that EMT are satisfied there are plans in place to back this up. The Chief Executive agreed to provide presentation and detail at the June pre-board session.</p> <p>The Chief Executive took the opportunity to remind Board that in relation to the 2 voids targets, they are in conflict with The Mayors priority and our Acquisitions KPI, to bring as many properties as possible back into stock. He explained these properties go through the voids process and can require much more work than a standard void, therefore impacting on performance. To alleviate this, the team are being really selective over acquisitions this financial year to ensure we are picking properties that can be turned around quickly.</p> <p>A Member asked about the £1m set aside for development and improvements in Edlington, stating there has been no change in policy? The Chief Executive responded that any acquisition that requires significant investment would have a detrimental impact on voids team, however we are also working with 2 contractors that we could consider for properties requiring more intensive work. He</p>	CM

	reminded Board this is the second time this target has been increased.	
4.3	<p><u>Update on Tenant and Independent Board Member Vacancies</u></p> <p>The Chief Executive advised we are hopeful that Karen Leroy will remain involved through our Tenant and Engagement structure.</p> <p>It was also noted that R Haldenby was hoping to be appointed as we progress through a recruitment process, in consultation with engaged tenant groups.</p> <p>The Chief Executive confirmed that the process is ongoing to appoint a new Independent Board Member.</p>	
4.4	<p><u>Board Meeting Timings</u></p> <p>Board considered the request to review the time of Board Meetings with an ask to consider whether they could be held as morning meetings. The Chief Executive explained that advice from fellow Board Members was sought through Board Member appraisal meetings and feedback is, due to work and other commitments, that the timings remain the same.</p>	
4.5	<p><u>Reputational Issues - Awards</u></p> <p>Board noted that teams across the organisation had been shortlisted for a number of awards recently and asked that best wishes and congratulations from Board are passed on to all those involved.</p>	
4.6	The Vice Chair referred to paragraph 6.2, asking when it would be a reasonable time to have an impact assessment on how prepared SLHD is, noting it is CDC that will be inspected. The Chief Executive advised we could potentially provide an update for the June Board meeting including some insight on potential. This was agreed.	<b>KH</b>
4.7	<b>Board noted the content of the report, noted the position regarding Tenant and Independent Board Members and agreed that the current timings of Board meetings remain.</b>	
5.	<b>Budget Approval</b>	
5.1	<p>The Director of Corporate Services presented SLHD budgets for 2025/26, 2026/27 and 2027/8, asking for approval of the full three years.</p> <p>She advised that the organisation is very income led with the vast majority of income coming from City of Doncaster Council (CDC) Housing Revenue Account (HRA) and the HRA is tighter than it has ever been with continued impacts including a maximum allowed rent increase of 2.7%, where we had budgeted 3% and 330 right to buy</p>	

	<p>applications being received as a result of the 2024 Government announcement when we were expecting two thirds of the amount.</p> <p>It was noted that overall, over the 4-year budget we have assumed we will have less properties in our stock, however the timing of the budget announcement made an impact.</p> <p>The Director of Corporate Services also confirmed that allowances for inflation and regulatory changes including National Insurance have been made. Looking forward she confirmed the 3-year budget had been set with changes to legislation such as the impact on Awaab's Law kept in mind.</p> <p>The Chair asked about Decent Homes 2 funding and if there were any announcements expected? The Director of Corporate Services advised that currently the decent homes standard is built into self-financing and there is a piece of work ongoing for stock retaining housing organisations to lobby the government which is ongoing.</p> <p>It was noted that in terms of energy efficiency, there are a handful of properties that won't meet the EPC C target by 2030, however there is a significant number that will not meet the net zero criteria that would require further investment</p> <p>The Director of Corporate Services advised that the General Fund continues to be under pressure including the homeless service. It was noted that demand is not letting up however hotel contracts are in place which should see less cost across hotel accommodation.</p> <p>The Chair asked if all placements were made in hotels across Doncaster? The Director of Corporate Services responded that most placements are in Doncaster, however there are times, when big events are happening in Doncaster, where we have to look at other locations, but these are for very short amounts of time and not a regular occurrence.</p> <p>A Member asked if we knew how many properties there were that did not meet EPC C, stating there may be issues for the tenants such as fuel poverty, which needs to be considered. The Director of Corporate Services confirmed these are in very small numbers and agreed to clarify this once all Stock Condition Surveys were complete.</p> <p>The Chief Executive confirmed there are a small number of properties including the small number of Swedish Timber style properties we manage which are listed buildings, and therefore are very complex to deal with, all of which will have a financial burden.</p> <p>The Chair asked if Historic England and CDC preservation officers had been engaged to assist in resolving such problems? The Chief Executive confirmed Historic England had been engaged and had</p>	
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	<p>worked up a number of plans. He ended by confirming these specific properties were grade 1 listed that included all internal fittings.</p> <p>After detailed discussions, Board agreed the need to concentrate on 99.9% of properties to ensure we can adhere to the Governments fuel poverty strategy as it includes Local Authority social housing responsibilities. The Chief Executive confirmed in relation to Decent Homes 2, reasonable conversations are taking place about what can be done and what we can achieve.</p> <p>The Vice Chair asked how does any changes impact on the management fee? The Director of Corporate Services responded with the number of properties reducing, the less income we receive therefore creating a gap in the business plan and therefore variable costs linked to property numbers. It was noted that due to RTB changes, this gap has not been implemented this year but will be implemented in future years with a requirement to ensure the overall business plan is sustainable for 30 years.</p> <p>It was noted that investment on age and type of stock is not included within the management fee. It should therefore be sustainable and will see adjustments for inflation and there is no cap.</p>	
5.2	<b>Board noted the detail and approved the SLHD three year budgets.</b>	
6.	<b>Contract Standing Orders</b>	
6.1	<p>The Director of Corporate Services presented revised contract standing orders, asking Board to approve the proposed changes due to changes to the Public Procurement Legislation specifically the Procurement Act 2023 (PA2023) and the Procurement Regulations 2024 (PR2024). She confirmed these changes will not impact on the level of service we received from CDC Procurement Team nor the contract we have with them.</p>	
6.2	<p>The Chair asked about breaches and whether they were reported to A&amp;R committee? The Director of Corporate Services confirmed they were reported to A&amp;R Committee and through Board as part of the Committee minutes. It was noted that in 2023/24 and 2024/25 there were no breaches reported, and for 2022/23, 4 breaches were received, all of which A&amp;R Committee asked to be resolved as quickly as possible.</p> <p>A Member asked about the decrease in total contract value threshold from £180k to £100k for when social value will be included as a minimum of 10% of the evaluation criteria.</p> <p>The Director of Corporate Services advised this is different for each type of contract.</p>	



	<p>The Member asked if there was a standard formula used by Local Authorities to try and extract what the social value would be?</p> <p>The Director of Corporate Services responded that there is no standard formula, however we do ask about social value spend and that contractors have a base in Doncaster and historically used to have a requirement where local contractors would employ 1 local apprentice within their organisation. It was noted that there are lots of arrangements through Efficiency North, who work with contractors and work on initiatives and work with local tenant groups and invest back into the community.</p> <p>The Chair asked if we capture this social value investment? The Director responded that we do not capture the value of investment although something we could potentially do. The Board asked if Social Value Investment can be captured on an annual basis.</p> <p>The Vice Chair asked if we can pick up issues or ideas raised by tenants that we could ask contractors to pick up as part of their social value work?</p> <p>The Chief Executive responded that we monitor a local spend KPI and ask that contractors register an office in Doncaster when working on SLHD contracts. He advised we are also looking at local contractors to support the work we are doing. He gave an example of the Environmental Pride project currently ongoing where joint funding supports local community groups to deliver sustainable projects within their communities. This project also offers relationship building between communities and contractors/suppliers who have their own social value targets and want to give back in some way. It was noted that the Environmental Pride project goes from strength to strength and something the Chief Executive continues to champion.</p>	KH
6.3	<b>Board approved the changes to the SLHD Contract Standing Orders (CSOs)</b>	
7.	<b>ASB Policy</b>	
7.1	<p>The Head of Housing Management presented the revised ASB policy for Board approval advising the proposal was to have a stand-alone policy replacing the previous arrangement where it had been incorporated into the overarching Housing Management Policy.</p> <p>It was noted this new policy will enable SLHD to carry out more robust, effective, and inclusive housing management services when dealing with cases of anti-social behaviour (ASB) with the introduction of Vulnerability Risk Assessments, Contract Contracts with complainants and increased use of tools and powers, in collaboration with partners under the Thrive model.</p>	

7.2	<p>The Vice Chair commented, in relation to the analysis and feedback on the issues raised they seemed fairly fundamental especially when it came to complainants having regular contact from the ASB team. He asked how Board can be assured that the team will improve performance by having this new policy?</p> <p>The Head of Housing Management advised of plans to deliver training on the policy, which includes managing expectations and how we can ensure we deliver on what we said we would do. Alongside this, a series of case reviews will be completed to ensure the policy and procedures are being followed. It was noted that the ASB team will continue to work with partners on cases and have some metrics and statistics available to pick up any further learning for both individuals and teams alike.</p> <p>The Head of Housing Management confirmed complaints analysis has been completed where 72 specific cases were reviewed where customers were specifically advising that we had not communicated effectively. She confirmed this feedback had been used and included this within this policy and procedures, with outcomes of satisfaction surveys supporting this.</p>	
7.3	<p>A Member asked, from a practical point of view, should a customer contact the police or SLHD first or does it matter?</p> <p>The Head of Housing Management confirmed that if the issue was of serious criminal nature, then advice will always be for the customer to contact the Police in the first instance, and with the joint collaborative approach in place, the Police would report it through to SLHD in due course, however there was no harm in also reporting through SLHD channels once the Police were advised. It was also noted that SLHD officers and SY Police hold regular communications meetings to ensure all cases are picked up and managed through a process.</p>	
7.4	<p>A Member asked about ASB complaints where there is a reoccurring theme, especially where people have to live with ASB neighbours for a long time, when in most cases the instances reported are being regarded low level issues. He continued that it is felt in the communities that there is a need for a robust policy when dealing with ASB to ensure it leads of eviction in the more serious cases, especially when taking into account the high levels of homeless cases we are having to support and manage.</p> <p>He gave a personal example of a case he is currently aware of and asked what SLHD responsibility is to the person experiencing ASB from one of our tenants? He stated he would expect swift action to evict the perpetrator and be able to bring the property back into use when it is needed so much by others in need of a home, asking if we can be more specific and clear on our no tolerance stance within the</p>	

	<p>policy and be clear on evictions to support those who are victims, and for us to not be seeming to support the perpetrator by supporting them in keeping their home.</p> <p>The Head of Housing Management responded that a variety of remedies and actions we can take are included on this revised policy, and, subject to the nature of ASB, will determine the action we take. It was noted that the policy talks about the re-possession process, and in cases that reach possession stage, we will approach Legal and apply to the Courts to take possession of the property.</p> <p>The Member asked if there were certain circumstances where we can apply for immediate eviction and take possession of the property? The Chief Executive took the opportunity to suggest that Board have a better opportunity to understand the tools and powers available to SLHD, as well as having the opportunity to share experiences and see some case studies where we do get injunctions and apply for possession.</p> <p>He went onto explain that in most cases, when we go to court for possession, the tenant is nearly always represented by some form of charitable organisation to support them in not being evicted. Also explaining that where our tools and powers are not appropriate, based on the level of ASB being reported, then we work with the Police where criminal activity is evident so that they can appropriately sanction.</p> <p>The Member asked could we not have a fast-track measure to go for an eviction?</p> <p>The Vice Chair asked for more detail of what the best we can do is, as he is aware that the Courts do tend to favour the tenant despite their behaviour? A Member also asked, how serious does the behaviour have to be, to enable SLHD to miss out some of the process and apply for immediate eviction?</p> <p>Another Member asked if we can be better managing the monitoring process and take reports of ASB more seriously and also look at strengthening up the communication to tenants causing ASB that they are endangering their tenancies due to their behaviour. She suggested that if people realise there is no punishment then they will continue to behave inappropriately. The Member continued with the Chief Executives suggestion, of holding a workshop for Board to discuss some specific cases to enable better understanding of actions taken to look for more positive outcomes.</p> <p>Board agreed with this suggestion and to hold an overview workshop to look at tools and powers available and to understand what the stages are to enforce an eviction scenario and also what is missing in our powers to be able to lobby Central Government.</p>	
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7.5	<b>After careful consideration Board approved the ASB policy subject to the workshop being held to get a better understanding of tools and powers.</b>	<b>LGH</b>
<b>8.</b>	<b>Unacceptable Behaviour Policy</b>	
8.1	<p>The Head of Customer Services presented Unacceptable Behaviour policy for Board approval. She advised the policy has been developed to address instances where a customers' behaviour has been unreasonable.</p> <p>It was noted that a sanction is already included within the current complaints policy but this new policy provides the opportunity to strengthen our approach and covers a broader range of examples of when a customer is being unreasonable and unacceptable. It also strengthens our approach based on the Housing Ombudsman complaints code.</p>	
8.2	<p>The Chair asked how prevalent is this behaviour and will the detail of cases and numbers be reported to Board?</p> <p>The Head of Customer Services advised the detail will be provided as part of the regular Service Standards report to Customer &amp; Performance Committee. Board were also notified of plans to include service delivery performance as well as complaints, as we expect there has been impact on service delivery due to a specific cohort of tenants who are regular complainers.</p> <p>The Chief Executive confirmed that teams are very good at dealing with our customers, but there are instances when we need to follow this new policy due to the nature of the behaviour of the customer.</p>	
8.3	<p>The Vice Chair asked if the actions would be the deterrent needed? The Head of Customer Services responded that we can only comment on historical instances of when we have had to manage unacceptable behaviour, and they have worked.</p>	
8.4	<b>Board approved the Unacceptable Behaviour Policy.</b>	
<b>9.</b>	<b>Housing Ombudsman Complaint Handling Code Annual Review</b>	
9.1	The Head of Customer Services presented the annual review of the statutory complaint handling code stating there is a requirement to carry out an annual self-assessment against the code to ensure compliance, advising that the review against the code was attached at Appendix A.	

	<p>It was noted that the Tenant Scrutiny Panel has been consulted along with the Member Responsible for Complaints, Board Member Milcah Walusimbi, who confirmed the review was comprehensive and the report detailed.</p> <p>The Head of Customer Services confirmed that the self assessment will be submitted to the Housing Ombudsman by June, as per requirements, although we are yet to receive any feedback from last years submission, so assume we are being considered as being compliant against the code.</p>	
9.2	<b>Board approved the Annual Review of the Statutory Complaint Handling Code Self Assessment.</b>	
10.	<b>Customer Voice Strategy – Annual update against action plan</b>	
10.1	The Head of Customers Services presented the report showing great progress against the action plan, confirming there has been a positive shift change across the organisation around tenant engagement and colleagues are approaching the team asking for tenant engagement and consultation activities.	
10.2	<p>It was noted that actions for delivery in the final year of the strategy were shown on appendix B of the 4 year action plan. This includes actions that have been carried forward from the previous year and new actions which have been identified to further improve engagement and involvement and actions due to be delivered in 25/26, either from Savill's mock inspection, Tpas exemplar status, learning from good practice, or feedback from tenants.</p> <p>It was noted that whilst updates against the actions are reported to Board on an annual basis, so Board have a strategic overview, the action plan is also review by the One Voice Forum as part of their role in monitoring and challenging delivery.</p>	
10.3	<b>Board noted the progress against the action plan, specifically the impacts on engagement detailed in paragraph 4.1.1 which shows every indicator having improved performance.</b>	
11.	<b>KPI Performance</b>	
11.1	<p>The Director of Corporate Services presented the period 11 KPI dashboard, explaining that appendix A shows performance very similar to what was reported in previous Board meetings. It was noted 41 KPIs are monitored annually, 26 of which are monitored on a quarterly basis. A number of highlights were mentioned.</p> <p><i>KPI1 - % of current rent arrears against annual debit – We are confident we have met this target which is a real achievement for the</i></p>	

	<p>team given there this is a 53 week rent year. The Director of Corporate Services reminded Board that this instance of 53 Mondays in the year where rent is required despite those on Universal Credit (UC) only receiving 52 payments throughout the year. It was noted that this happens every 5 years.</p> <p><i>KPI12 - Fire - % of homes for which all required fire risk assessments (FRA) have been carried out</i> – Teams have really worked hard to achieve this result. Currently we are reporting as amber due to 1 property, Heartswood, where fire safety work was being undertaken, and it is hoped all works will be completed in order the FRA can be undertaken and the KPI is green at year end.</p> <p><i>KPI16 – Days last through sickness per Full Time Equivalent employee</i> – This is of significant concern throughout the business as we have not met target and sickness is worse than it was last year. The Leadership Team are looking to address this deteriorating trend and have already undertaken some actions including holding a Managers Away Day to clarify roles and responsibilities and remind of the details within the policy, as well as focussing on procedures and ensuring they are followed. It was noted that there is lots of other work going on, all to try and improve performance in this area.</p> <p>The Chair asked if we are an outlier compared to others due to us having a DLO? The Director of Corporate Services responded that this can sometimes be the case, especially when comparing to those who pay trades bonuses and therefore get low level of sickness, however she confirmed that Property Services Directorate is not always the worst offending team in SLHD, with small pockets of sickness within Housing Management and Corporate Services that needs to be addressed.</p> <p><i>KPI 34 (new) – Electrical - % of domestic properties with a satisfactory EICR up to five years old</i> – Board were reminded this was a new KPI, and whilst this is currently red, we have seen marked improvement throughout the year which we are hoping continues with access still an issue for us.</p> <p>The Chair asked how concerned Executive Management Team were in changes in benefits that impact on this? The Director of Corporate Services responded there are some big changes to UC being introduced and we are slightly worried about the impacts, however we have learned, coming out of covid that people truly value the roof over their head. She explained there seems to be better understanding by customers of the risks of not paying their rent and the shortages of social housing available plus the higher rents in the private sector. This is really emphasised through the work of the Tenancy Support Team. It was noted that UC hasn't had the impact we thought it would have had by now as reflected in rent arrears performance.</p>	
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	<p>A Member asked for confirmation that when UC was first introduced Housing Benefit was paid direct to the customer and it was their responsibility to pay their rent direct to their landlord? The Director of Corporate Services confirmed this was the case, and all landlords anticipated an impact because of this new arrangement, rather than receiving Housing Benefit direct. Whilst numbers are small, due to the anticipated impact, there are a number of tenants who do not pay their rent despite receiving Housing Benefit and in these cases we have applied for an Alternative Payment Allowance (APA), which is an application to receive Housing Benefit direct. Despite this, we have seen an increase in Direct Debit applications due to a reduction in the way rent payments can be made.</p> <p>A Member asked about the 6 non-lettable voids and if this affects voids performance? The Chief Executive confirmed it does. The Member asked if these can be removed from the monitoring? The Chief Executive responded some voids are not counted including those requiring major works, explaining we are finding the condition of properties when they return to us worse than ever before mostly due to condition (cleanliness and general condition) and also due to how far away we are from Decent Homes. He explained to Board that in terms of KPI for voids relet, our performance is amber and we are in top quartile when benchmarked. It was noted that major voids and acquisitions when we first purchase them are not included, however when reviewing void rent loss performance, all properties are included.</p> <p>A Member asked if we have a policy where a property is safe to occupy with an agreement to complete work after a tenants move in? The Chief Executive advised this arrangement can be quite difficult, and repairs services are stretched at present, so not something we can offer.</p>	
11.2	<b>Board Noted performance at period 11, 28 February 2025.</b>	
12.	<b>Committee Minutes</b>	
12.1	<p>The following Committee meeting minutes were noted.</p> <ul style="list-style-type: none"> <li>• Building Safety &amp; Compliance Committee – 13<sup>th</sup> February 2025</li> <li>• Customer &amp; Performance Committee – 20<sup>th</sup> February 2025</li> <li>• Employment &amp; People Committee – 24<sup>th</sup> February 2025</li> <li>• Audit &amp; Risk Committee – 4 November 2024</li> </ul>	
13.	<b>Date of next meeting</b>	
	Thursday 5 <sup>th</sup> June 2025	

# ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England  
Company Number 05564649

## Board Meeting

# REPORT

**Date** : 03 July 2025

**Item** : 05

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

**Presented by** : Kevin Hanlon  
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. 05  
Date: 03 July 2025**

**1. Report Title**

- 1.1 Review of compliance with The Regulator of Social Housing's consumer standards.

**2. Executive Summary**

- 2.1 The new Regulatory framework for social housing came into effect on 1st April 2024. This report is an update following on from the gap analysis and action plan presented to Board in December 2024. This shows where St Leger Homes currently complies with the new consumer standards.

- 2.2 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 (C3 or C4).

- 2.3 **Appendix A** is an updated action plan which was built from our self-assessment gap analysis and combined with the recommendations from our critical friend assessment from Savills. It also contains 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 as an example).

- 2.4 We assessed that we are compliant for all the standards however we identified areas and actions where we needed to strengthen and thus marked these sections as 'partially compliant'. **Appendix A** shows the gaps and actions needed to strengthen our position.

- 2.5 As of April 2025, we have made good progress, with 9 more actions becoming completed since November 2024. **Table 2** in **section 6.3** provides a summary of actions completed and partially compliant (work in progress) since November 2024.

- 2.6 Alongside the action plan at **Appendix A**, we are continuing 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. Purpose**

- 3.1 To update Board on the gap analysis against The RSH consumer standards.

## 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 also started in April 2024.

5.3 A self-assessment / gap analysis on the four consumer standards is split into two plans:

- **Appendix A** attached, is an overarching action plan built from our original self-assessment and combined with the recommendations from our critical friend assessment from Savills and another document on consumer standards preparation from the HQN. It focuses on the service areas that St Leger Homes are responsible for, not those where CDC are responsible (such as aids and adaptations).
- Our evidence list, showing all the 256 areas that we feel we can demonstrate strong compliance and where we are gathering and storing the evidence in a central place, to give assurance against each section.

## 6. Update for May 2025.

6.1 The inspection regime began in April 2024. In the financial year 2024/25, the regulator has published **73** gradings against the consumer standards. A summary can be seen below:

**Table 1**

Apr 24 - Mar 25	For Profit	Housing Association	Local Authority	Overall
<b>C1</b>	0	16	3	<b>19</b>
<b>C2</b>	0	18	11	<b>29</b>
<b>C3</b>	0	4	19	<b>23</b>
<b>C4</b>	0	0	2	<b>2</b>

6.2 Barnsley Council was the first local authority to achieve a C1 grading in Oct 2024. The latest local authorities to receive a C1 grade are City of Westminster Council and West Lancashire Borough Council in February 2025. London Borough of Newham was graded as C4 in October 2024, followed by Castle Point Borough Council (Essex) in December 2024.

6.3 **Appendix A** is an update of the gaps presented to Board in November 2024 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.

Meetings are held on a monthly basis with the Governance Service Manager and each Director and their Heads of Service to review and update on each action.

For Appendix A, the gaps and actions needed to strengthen our position, as of May 2025, compared to November 2024 shows:

**Table 2**

	Nov-24	Evidence reviewed since Nov-24	May-25		
	Partially Compliant		Changed to Completed	Removed	Partially Compliant
Housing and Customer	20	19	12	7	<b>20</b>
Property	21	11	11	4	<b>17</b>
Cross Cutting	2	1	0	0	<b>3</b>
	43	31	23	11	<b>40</b>

- 6.4 The new Governance Service Manager has conducted a full appraisal of the action plans, cross referencing with the evidence logs and identified 31 actions on the evidence log that along with the 43 partially compliant actions as of November 2024 required further review.

Out of 74 actions assessed, the positive outcome of this review has achieved net progress to date of 23 actions now being assessed as compliant and marked as complete, with 11 actions now removed as not applicable following a detailed assessment as to their need to be on this register and their actions being under other headings.

This means that out of all 256 actions that have been assessed for compliance against the consumer standards, only 40 remain.

Where actions are completed in Appendix A we will populate with evidence as this report develops. Partially complete are rag rated on progress to completion.

These are currently partially compliant due to individual complexity of the assessment standard we are challenging ourselves in at Appendix A clearly showing the actions needed and timescales.

- 6.5 In addition to this and in line with continuous improvement, the focus now is to accelerate completing more partially compliant actions and to strengthen our assessed position.

Some of the areas that have been changed to compliant are highlighted below:

- **Tenant consultation and Communications:**

The following areas have been consulted on with our tenants:

- Consultation for the new Customer Access strategy.
- Strategy approved.
- Tenant Review Hub now set up.
- Planned investment programmes are published on the website.
- Consultation on the new Rechargeable Repairs policy.

- **Anti-Social Behaviour (ASB) Reporting:**

How we work with relevant organisations to deter and tackle ASB:

- A stand-alone ASB policy has now been approved.

Ten of the actions still outstanding for Housing Services are reliant on the update of CDC's Tenancy Strategy, due in August 2025. Discussions are progressing on the update of this strategy and meetings are being held with the council and elected members to progress.

## **7. Ongoing Monitoring and next steps**

7.1 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, every quarter
- By St Leger Homes Board, every six months

7.2 CDC have also set up an '**Inspection Ready Board**' which includes key members across the Council and St Leger Homes. This is to give assure that CDC is compliant with the standards. Terms Of Reference have been established, and the board meets monthly, the first meeting was held in May 2024. At each meeting one standard at a time is discussed in detail, showing areas of compliance and what can be provided to evidence these alongside actions being taken on those areas that need strengthening.

7.3 Savills (our critical friend) conducted a 'mock inspection' towards the end of 2024. The results of this inspection were reported to Board in early 2025.

## **8. Procurement**

8.1 There are no procurement implications arising from this report.

## **9. VFM Considerations**

9.1 There are no VFM implications arising from this report.

## **10. Financial Implications**

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

10.2 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.

## **11. Legal Implications**

- 11.1 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.

## **12. Risks**

- 12.1 If CDC do not comply with the consumer standards when inspected, The RSH could impose sanctions.
- 12.2 All gaps identified could be seen as a risk to non-compliance.

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

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

## **14. IT Implications**

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

## **15. Consultation**

- 15.1 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.

## **16. Diversity**

- 16.1 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.
- 16.2 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.

## **17. Communication Requirements**

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

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

- 18.1 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.

## **19. Environmental Impact**

19.1 There are no Environmental Impacts associated with this report.

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

20.1 Lauren McLaughlin  
Governance Service Manager 862736

## **21. Background Papers**

21.1 **Appendix A** – Consumer Standards action plan

Assessment standard		Action Required	Owner	Date of Completion	May 25 Update	1. Compliant 2. Partially	RAG	Evidence of Compliance
The Safety & Quality Standard								
1a.1.1		Ensure there is a robust and accurate programme in place to carry out SCS every 5 years, identifying those properties that haven't had a recent one and work needs to progress. (Plan / paper of how we will carry them out.) Paper / report for EMT.	HoAM	N/A	RSH aren't focused on 100% now, as long as a plan in place and can evidence the info is being used. Yes we have a plan. End mar - 68% had physical SCS in the last 5 yrs. On target to achieve 100% by 2026. CT to provide plan. Also provide the assets report and the purchase order proving commitment.	compliant		SLHD have plans to evidence the compliant rating. The assets report and the Purchase order for Savills will also demonstrate commitment to achieve 100% by 2026.
1a.1.2		HHSRS hazards identified through stock condition surveys need to be recorded appropriately. Consider if further development is required on this, working with ICT to establish requirements	HoAM / HoIBT	Q3 25/26	<b>Remain as partial.</b> The method way of recording issues coming in is via a spreadsheet. CT writing report to automate reporting side. - This will help achieve compliance. They are recorded appropriately on a spreadsheet. Link with Awaabs law and tracking hazards. <b>Date of completion changed from Q3 24/25 to Q3 25/26</b>	Partially		
1a.1.4	(CS)	HHSRS hazards identified need to be addressed in a more timely manner and the outcome recorded.	HoAM	Q1 25/26	<b>Remain as partial.</b> New hazards coming in from phase 5 are being triaged within 48 hrs. No concerns. More of a concern re the rate of closing off old hazards. In Apr 400 closed off. Still have 3/4000 hazards. Not closing off in a timely manner, due to mix of No Access and resource limitations. Everything hazard has now been triaged and actioned, ie job raised. CT will monitor in May and then CT & LW will review how this can be improved. Main hazard is DMC (cat 2). Main cat 1 hazard is smoke detectors (due to people removing them). <b>Date of completion changed from Q2 24/25 to Q1 25/26</b>	Partially		
1a.1.5		Mechanism for reporting / recording hazards identified through other means needs to be put in place.	HoAM	Q1 25/26	<b>Remain as partial.</b> Currently, while the repair will be raised to address the hazard, it won't necessarily be classed as a hazard in the system. CT/MC to introduce process where this will be recorded. <b>Date of completion changed from Q2 24/25 to Q1 25/26</b>	Partially		
1a.2	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) :							
		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 25/26	<b>Remains as Partial.</b> Newly formed Power users Project will look at top 100 and bottom 100 contacts from tenants. In addition, anew category has been established in OH, to identify repairs on the back of KIT visits.  This is linked to SCS progress. As this demonstrates progress, those that never report repairs will be picked up. <b>Date of completion changed from Q4 24/25 to Q1 25/26.</b>	Partially		
	c) Delivery of repairs, maintenance and planned improvements to stock	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 25/26	<b>Remains as partial.</b> <b>We can evidence</b> how have we shaped service provision based on SCS data, for example - slip/trip fall hazard. Can also evidence we are realigning resources based on SCS and the focus shifting onto roofs.  CT will provide the capital programme as evidence. <b>Date of completion changed from Q3 24/25 to Q1 25/26</b>	Partially		
1a.3	Are you complying with the Governance and Financial Viability Standard in relation to maintaining a thorough, accurate and up to date record of your assets and liabilities? (For housing associations under the regulation framework only but good practice for local authorities too) (CoP)	Need to check out the wording on this before we can comment - CT unsure if this is applicable - advice from EMT/finance needed	HoAM	N/A	KH update - The Governance & Financial Viability Standard is for Housing Associations. The SLHD stock are the assets on Doncaster Councils balance sheet along with borrowing liabilities so the thorough, accurate and up to date records sit with CDC. I'll mention this at my new meeting with CDC finance.	Likely N/A KH to confirm		
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	HoAM	Q4 25/26	<b>Remain as partial.</b> While we are not at 100%, it is unlikely anyone can report this, as a moving target. At end Mar 25, 5.53% classified as non decent. Worth noting that a cat 1 hazard will make a property temporarily non decent. KPI audit underway, with further assurance in place. The agreed KPI tolerance is 3.3% <b>Date of completion changed from Q3 24/25 to Q4 25/26</b> <b>Remain as is til 26/27</b>	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	Q4 25/26	<b>Remain as partial.</b> As at end Apr 25, there are 189 outstanding cat 1 hazards. <b>Date of completion changed from Q3 24/25 to Q4 25/26</b> <b>Remain as is til 26/27</b>	Partially		
1c.5	Do you ensure that you understand and comply with all applicable health and safety legal requirements, including secondary legislation (in relation to, for example, gas safety, fire safety, electrical safety, water safety, lift safety, asbestos safety, smoke alarms and carbon monoxide)? In ensuring compliance, you are expected to have regard to appropriate statutory guidance and to meet the legal requirements relating to the role of the health and safety lead. (CoP)		HoBS	N/A	Regular reports come through. Compliant - yes we understand and comply and have policies for all compliance areas. ID to provide Board report. Compliance team structure to be provided as further evidence.	compliant		Evidence provided is all 6 compliance policies (gas/electric/fire/water/lifts/asbestos). Also provided the compliance team structure.
1c.6	Do you have sufficient assurance that you meet all relevant health and safety requirements, which reflect the level of potential risk and impact on your residents? You should have a full understanding of what the data is telling you about how safe your residents are, the effectiveness of controls in place and how residents' needs are being met. (CoP)		HoBS	N/A	Compliance can be demonstrated from Board and committee reports.	compliant		Evidence provided are the relevant board and committee reports.

1c.7	As part of ensuring the wider safety of residents in the design and delivery of landlord services, do you have an effective approach to proactively identifying the risks to residents' safety and eliminating or mitigating those risks? Examples of actions you may take to ensure the safety of residents include, housing residents together appropriately when allocating shared properties, assessing the vulnerability and risk of anti-social behaviour victims in considering what action to take, and considering individual residents' safety, security and health when prioritising repairs. (CoP)		HoBS	N/A	Compliance can be demonstrated via the vulnerability register and policy.	compliant	Evidence provided is the vulnerability register and policy.
1d.3.1		a) Continue to deliver the 24/25 repairs excellence programme / action plan and ensure this is monitored and reported on	HoRM	Q1 25/26	yes - categories in policy on website... Move to compliant. Board and consultation 24. recorded in TSMs	compliant	Evidence provided is the board and consultation report 2024.
1d.3.2		b) Ongoing review and monitoring of repairs demand to ensure highest priority repairs continue to be prioritised - process needs to be documented to demonstrate we do this daily	HoRM	Q1 25/26	commencing periodic repairs reports to EMT - MC to share evidence when 1st one done. Move to compliant. Close to launching refreshed DRS. Call out. Allocated SG team to pick up cat 2 - identified resource to deal with those. Regulators dashboard.	compliant	Evidence provided will be the periodic repairs reports to EMT (WHEN IS THE NEXT ONE DUE).
1d.3.2	1d.3: Do you set timescales for the completion of repairs, maintenance and planned improvements, clearly communicate them to tenants and take appropriate steps to deliver to them? (CS)	c) Further consultation with tenants needed in terms of timescales for repairs (following conversations about urgent repairs)	HoRM	Q1 25/26	SLHD are working on removing the priorities as a separate piece of work. This action has no bearing on setting of timescales for completion of repairs.	REMOVE	
1d.3.3		d) Publicise future planned investment programmes- this years is now on the website, (https://www.stlegerhomes.co.uk/my-home/improvements-to-your-home/our-investment-programme/) need to publicise more details (i.e. address search to see what is being done and when - more tailored approach but will need support from ICT)	HoAM / HoBT	N/A	Changed to Compliant Planned investment programmes are published on the website.	Compliant	Evidence provided is the planned investment programmes published on the SLHD website.
1d.16	Do online options for your repairs service work well?		HoRM	Q1 25/26	Remain partial Final 5 tenant portal ICT enhancements still with Capita, scheduled in for 02/06. Date of completion Q1 25/26	Partially	A
1d.18	Do you learn from the complaints you receive about your repairs service in a systematic way to ensure that the service can be improved to address identified failings in your performance?		HoRM	Q1 25/26	Remain as partial Pending feedback from JL/ We are doing it - are we learning from it? Date of completion Q1 25/26	Partially	A
1d.25	Do your staff/operators 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 25/26	Remain as partial eLearning ready to launch- (needed re-doing with move to new LMS). Evidence to be provided from KIT visits. Date of completion changed from Q2 24/25 to Q1 25/26	Partially	S
1e.5	As part of your adaptations service, do you fully explain the application process to affected residents, pointing out local variations where they apply? This may take the form of, for example, you applying for an adaptation to the relevant organisation on a resident's behalf or establishing clear timescales with the relevant organisation providing the adaptation. (CoP)		N/A	N/A	N/A as it is a Council process. We do signpost the occasional cat 2 hazard - ie struggle with bath/step.	N/A	
1e.6	Are you able to apply for an adaptation on behalf of a resident where the adaptation is provided by third party? (CoP)		HoAH / HoHM	Q1 25/26	N/A as it is a Council process. We do signpost the occasional cat 2 hazard - ie struggle with bath/step.	N/A	
Summary actions							
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 25/26	Remain partial Pick up with NF We have the evidence - how do we present it? Date of completion changed from Q4 24/25 to Q1 25/26	Partially	
Sav4	Rechargeable Repairs Policy is in need of updating in line with the new 'One Repair Service'.	Update and promote new policy	HoRM	N/A	Changed to Compliant Policy approved.	Compliant	Evidence provided is the repairs policy.
Sav16	Policy content - in all policies there was little or no detail on the reconciliation of data between systems. Clear KPI measures were also missing in the (Water, Lifts, Electrical and Fire policies);	Update the policies - Remove and add to CDC on compliance strategy	HoBS	Q1 25/26	Remain partial still with CDC Due for review 25/26 Date of completion changed from Q4 24/25 to Q1 25/26	Partially	
Sav17	All policies (excluding Fire) were lacking in detail on remedial works (i.e. electrical remedials, water remedials and lift remedials) in terms of how and when these would be completed and monitored.	Update the policies - Remove and add to CDC on compliance strategy	HoBS	Q1 25/26	Remain partial still with CDC Due for review 25/26 Date of completion changed from Q4 24/25 to Q1 25/26	Partially	
Sav18	Assurance - consideration for Fire and Water safety 3rd party specialists to provide assurance measures in terms of good practice. Ensure that in all areas of landlord compliance QC/QA checks	This needs further consideration - ? budget needed for this for other areas	HoBS	Q1 25/26	Remain partial. Using Penningtons - doing health check in Q2 25/26 - LD is awaiting dates. Date of completion changed to Q2 25/26	Partially	
Sav19	Address under performance, monitoring and reporting on residential lifting equip.	Only 30% compliance, Access issues to inside peoples properties. Lee to look at contracts	HoBS	Q2 25/26	Remain partial Work ongoing. Date of completion Q2 25/26	Partially	
Sav13	Report to portfolio holder review of accuracy and integrity of data and demonstrate plans to address any gaps (Particularly safety of homes and repairs performance)	We have all the following in place Penningtons, IA reports, other 3rd parties. But we need up to date information to present to PH	DoPS	N/A	We can evidence they receive this. Also additional assurance via internal audit. Good news emails. Evidence required.	Compliant	Evidence provided is the report to the portfolio holder. Also IA reports.
Sav21	Report remedial actions from H&S or HHSRS hazards by age and severity	FRA actions main gap. Electrical remedial actions.	HoBS	Q2 25/26	Remain partial Electric is in place, need fire. Date of completion Q2 25/26	Partially	
HQN suggested actions							
H.1	For higher risk buildings, have you produced a resident engagement strategy in conjunction with your residents that ensures they are involved in the management of the building where they live?	Update the strategy and promote as an appendix to the Customer Involvement Strategy	HoBS	Q1 25/26	Pending confirmation from LD and the associated evidence.	Compliant	Evidence to be provided is the presentation taken to OVF Nov 24.
H.2	Do you know what your residents' priorities are on safety issues?	Need to do more to understand priorities and how these might change - work with Customer involvement team to define 'safety' and priorities. What is TSM? Maybe explore what voicescape can offer too help and ask a question on a survey to close this off and look at the feedback to ensure we are focusing on the right areas.	HoBS / HoCS	Q1 25/26	Remain as partial The resident engagement strategy has been consulted on with One Voice Forum but, wasn't taken to EMT and / or Board for approval. LD to get it on the forward plan and draft a report. Date of completion changed from Q1 25/26 to Q2 25/26	Partially	
H.5	Do you have a standalone policy/procedure for dealing with DMC issues which have been subject to recent review?	Have a policy in place, Document the procedures	HoAM	N/A	Changed to Compliant Policy in place and procedures documented.	Compliant	Evidence provided is the DMC policy and associated procedures.



Assessment standard		Action Required	Owner	Date of Completion	May 25 update	Compliance Rating	RAG Rating	Evidence of Compliance
The Transparency, Influence & Accountability Standard								
2b.1	Do you deliver fair access to your housing services for all residents? (CS)	Consultation for the new Customer Access strategy will commence soon and this question will be asked during this review.	HoCS	N/A	<b>Changed to Compliant</b> Consultation now complete and Customer Access Strategy now approved.	Compliant		Evidence provided is the Customer Access Strategy.
2b.5	Are your communications with and information for residents clear, accessible, relevant, timely and appropriate to their diverse needs? (CS)	Create a new group for tenants to review letters or documents being sent from us	HoCS	N/A	<b>Changed to Compliant</b> Tenant review hub now set up.	Compliant		Evidence provided is the detail around the tenant review hub and the associated comms.
2b.6	Can you ensure that your landlord services are accessible, and that the means of accessing those services is publicised to your residents?	Use clear language in communication, publicise via emails, newsletters, social media, etc, Provide regular updates on service access changes, Place visible signage in communal areas.	HoCS / HoHM	Q1 25/26	Evidenced with the Customer Access Strategy (already in files). Also can evidence the digital journey (need this for the files).	Compliant		Evidence provided is the Customer Access Strategy and the digital journey.
2b.7	Do you support residents and prospective residents to use online landlord services if necessary? (CS)	Some need more promotion such as reporting of ASB - HoHM aware and producing comms in Houseproud and working on digital plan for tenant portal	HoCS / HoHM	Q1 25/26	Customer Involvement officer (Heather Saunders) is carrying out digital training with tenants. Online services are promoted portal via Houseproud tenant magazine. Currently reviewing the use of chatbot. The recently upgraded liberty automated agent telephony solution will support chatbot. Currently implementing ASB app. Doing more fact sheets, ie contact us form.	Compliant		Evidence provided is around the tenant digital training offer and links to HouseProud.
2b.9	Do you work to identify and then remove the barriers that some residents might experience in accessing the services you provide? (CoP)	CAS? if so then can hide this line? EIA and assess the Impact Peers assessment for HDN and have recommendations to improve and plans in place to address	HoCS / EDI	Q1 25/26	Evidenced with Customer Access Strategy. Also evidenced by EDI statement - obtain from Dan Debenham. OIH holds diversity reqs of all tenants in the Person Record.	complaint		Evidence provided is the Customer Access Strategy & EDI statement.
2c.7	Where you are considering a change in landlord for one or more residents, or a significant change in your management arrangements, do you consult affected residents on your proposals at a formative stage and take those views into account in reaching a decision? The consultation must:		N/A	N/A	N/A	N/A		
	a) Be fair and accessible		N/A	N/A	N/A	N/A		
	b) Provide tenants with adequate time, information and opportunities to consider and respond		N/A	N/A	N/A	N/A		
	c) Set out actual or potential advantages and disadvantages (including costs) to tenants in the immediate and longer term		N/A	N/A	N/A	N/A		
	d) Demonstrate to affected tenants how the consultation responses have been considered in reaching a decision. (CS)		N/A	N/A	N/A	N/A		
2c.8	Where you are considering a change in landlord or a significant change in management arrangements, do you tailor your communication methods and take all reasonable steps to ensure that all affected residents have access to and can understand your proposals? This should include tenants who may experience communication barriers, have additional support needs and are unable to use online services. (CoP)		N/A	N/A	N/A	N/A		
2c.9	When considering significant changes in owner/management arrangements, have you engaged with affected residents in a meaningful and timely way? Have you made clear any potential material impacts, positive and negative, of the proposed changes, for example, any impact on rent and service charge levels, service delivery or security of tenure? Have you also set out clearly the main reasons for the changes being proposed to those affected? (CoP)		N/A	N/A		N/A		
2f.11	Do you know enough about the specific households making complaints? Does this show a match to data about house conditions? How do you use this information to improve services?	We do not do this currently. We can provide customer profile data for those who have made a formal complaints but currently do not match this with data about the asset and house conditions.	HoCS and HOAM	Q2 25/26	<b>Remain as partial.</b> The DataSMART programme will support and enable SLHD to use customer profile data to evidence this action.	Partially		
2f.12	Do complaints vary by area, stock type and/or ethnicity? If so, why? What do you do about this?	We currently do not do monitor this. Needs business support to carry out the analysis.	HoCS/HF S	Q2 25/26	<b>Remain as partial.</b> The DataSMART programme will support and enable SLHD to use customer profile data to evidence this action. We can evidence this is done by area, can do by ethnicity - but do need to do more.	Partially		
2f.22	In what ways have you consulted with your residents about the ways they want to be informed about the handling of complaints?		HoCS	Q2 25/26	<b>Remain as partial.</b> Dependent upon CDCs tenancy strategy - with cabinet Aug 25 Can partly evidence with Housing Management Policy.	Partially		
2f.24	The Ombudsman is engaging more directly with residents of social housing. Have you enabled your own residents to be involved in "Meet the Ombudsman" events and similar?		HoCS	N/A	On Complaints page of the SLHD website 'Make Things Right' campaign link. <a href="https://www.stiegerhomes.co.uk/my-home/your-feedback-matters/complaints/">https://www.stiegerhomes.co.uk/my-home/your-feedback-matters/complaints/</a> <a href="https://socialhousingcomplaints.campaign.gov.uk/">https://socialhousingcomplaints.campaign.gov.uk/</a>	Compliant		Evidence provided is link to Complaints page of the SLHD website and Make Things Right campaign.
The Neighbourhood & Community Standard								
3c.2	Do you have a policy on how you work with relevant organisations to deter and tackle ASB in the neighbourhoods where you provide social housing? (CS)	Included in the Housing Management policy but now creating a separate stand alone policy	HoHM	N/A	<b>Changed to Compliant</b> A standalone ASB policy has now been approved.	compliant		Evidence provided is the ASB policy
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	HoAIH	Q1 25/26	<b>Remain as partial.</b> Insight data is provided to OLB - gives a breakdown - just missing EDI info. Outstanding action. Disregarding the comment about more popular areas as this is subjective. Full allocations report going to board in Aug 25 Provide tenancy management report as further evidence as well. Housing Management can evidence they are looking into - flexible to secure tenancies, evictions, the data from KIT visits.	Partially		
4c.1	Do you offer tenancies or terms of occupation which are compatible with the purpose of the accommodation, the needs of individual households, the sustainability of the community, and the efficient use of their housing stock? (CS)	Write new flexible tenancies procedure and communicate	HoHM	Q2 25/26	<b>Remain as partial.</b> Housing Management can evidence they are looking into - flexible to secure tenancies, evictions, the data from KIT visits.	Partially		

4c.3	Do you publish clear and accessible policies which outline your approach to tenancy management, including interventions to sustain tenancies and prevent unnecessary evictions, and tackling tenancy fraud, and set out (CS):						
	d) 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	Q2 25/26	Remain as partial. Dependent upon CDCs tenancy strategy - with cabinet Aug 25	Partially	
	e) 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	Q2 25/26	Remain as partial. Dependent upon CDCs tenancy strategy - with cabinet Aug 25	Partially	
4c.3	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	Q2 25/26	Remain as partial. Dependent upon CDCs tenancy strategy - with cabinet Aug 25	Partially	
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	Q2 25/26	Remain as partial. Dependent upon CDCs tenancy strategy - with cabinet Aug 25	Partially	
4e Taking the lead							
4e.1	Is your board/governing body fully aware of its responsibilities driving strategy on your allocations and letting service issues?	What is the action required?	HoATH	Q2 25/26	Evidence is the allocations report that goes to board and OLB to show the board are consulted and involved.	Compliant	Evidence provided is the allocations and lettings reports.
4e.3	Does the board/governing body receive the information it needs to carry out its responsibilities on your allocations and lettings service and on tenancy management policies and practices? Is the information comprehensive, relevant and up to date?	What is the action required?	HoATH	Q2 25/26	Evidence is the allocations report that goes to board and OLB to show the board are consulted and involved.	Compliant	Evidence provided is the allocations and lettings reports.
Savills actions							
S12	The Housing Management Policy (2023) does not address the following requirements: o (e) it describes the factors which will influence a decision to renew a fixed term tenancy, but not how a decision will be taken. o (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. o (l) 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	Q2 25/26	Remain as partial. Dependent upon CDCs tenancy strategy - with cabinet Aug 25	Partially	
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	Q2 25/26	Remain as partial. Dependent upon CDCs tenancy strategy - with cabinet Aug 25	Partially	
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	Q2 25/26	Remain as partial. Dependent upon CDCs tenancy strategy - with cabinet Aug 25	Partially	
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	Q2 25/26	Remain as partial. Dependent upon CDCs tenancy strategy - with cabinet Aug 25	Partially	
S16	The Housing Management Policy and Housing Allocation Policy do 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	Q2 25/26	Remain as partial. Dependent upon CDCs tenancy strategy - with cabinet Aug 25	Partially	
S17	It is not clear from the reporting framework how poor performance of estate management services would be visible to the SLH Board or CDC. Tenant Satisfaction Measure TP10 will assist, but only if reported more than annually. Service standards reported to the P&I Committee do not include the detailed communal area service standards stated on the website – there is no communal area target in the service standards overseen by P&I Committee.	Consider how we can build PT's into Power BI and performance framework, how, who and where these are reported in line with the meeting framework / CDC assurance framework	HoHM	Q4 24/25	Remains as partial. For evidence, the Tenancy Management report. Also include Grounds Maintenance and metroclean SLAs.	Partially	
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	Q2 25/26	Remain as partial. Linked to Tenancy Strategy changes. If they are changed to 5 yrs, should be ok. Check with ICT to see what we can do within OH for better / easier reporting and management of fixed term tenancies.	Partially	
S19	The ASB section of the Housing Management Policy does not detail steps SLH will take to prevent ASB – it focuses on dealing with issues that arise.	Update the Policy	HoHM	N/A	Changed to Compliant Moved to evidence log (evidence required) Remove from here after May 25 gap analysis report done.	Compliant	Evidence provided is the ASB policy
S12	The Domestic Abuse Policy sets out a very detailed approach that is focused on person-centred prevention of harm, but this policy is not referred to in the Housing Management Policy sections on ASB or safeguarding.	Update the Policy	HoHM	N/A	Changed to Compliant Moved to evidence log (evidence required) Remove from here after May 25 gap analysis report done.	Compliant	Evidence provided is the Domestic Abuse Policy
S14	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	Q4 24/25	Remain as partial. Fact sheets to be formatted and uploaded	Partially	
HQN suggested actions							
H2 (TIA)	Do you make performance information/TSMs available for residents through new technology such as mobile apps? How will you revise these methods so that they better meet the needs of your residents?  How have you involved your residents when considering their interest in communications using new technology?	Re consider app in consultation for updated Customer Access Strategy - maybe yes or no based on what tenants tell us.	HoCS	Q4 24/25	Remain as partial on the internet - looking at app but chatbot route first.  CAS - involved tenants. Also involve tenants in comms strat	Partially	
H4 (TIA)	Do you know enough about the specific households making complaints? Does this show a match to data about house conditions? How do you use this information to improve services?	Look at how we can use this information and develop a routine report.	All HOS	Q4 25/26	Remain as partial part of DataSMART programme ICT report looks at who complained, diversity info, prop age, etc. year of build.	Partially	
H5 (TIA)	Do complaints vary by area, stock type and/or ethnicity? If so, why? What do you do about this?	Look at how we can use this information and develop a routine report	All HOS	Q4 25/26	Remain as partial part of DataSMART programme ICT report looks at who complained, diversity info, prop age, etc. year of build.	Partially	

H10 (T)	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?	Performance framework being drawn up for Access to Homes	HoATH	N/A	Changed to Compliant Now approved at by board.	Compliant	Evidence provided is the Access to homes performance framework
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Assessment standard		Action Required	Lead HOS	Date of Completion	Apr 25 update	1. Compliant 2. Partially	RAG Rating	Evidence of Compliance
The Transparency, Influence & Accountability Standard								
2b.3	Do you have the relevant information you need to understand the diverse needs of your residents, including those arising from protected characteristics, language barriers, and additional support needs? (CS)	Action plan will be put in place to plug the gaps along with a new data smart strategy and KIT visit schedule. Potential scope of utilising Voicescape to be explored	HOHM	Q3 25/26	<b>Remains Partial</b> Actions underway to address this standard under tenant data project, as part of DataSMART Strategy. <b>Date of completion changed from Q1 25/26 to Q3 25/26</b>	Partially		
2b.10	Have you explored a range of different solutions to ensure you maximise the response rate for collecting information about the characteristics of your residents? (CoP)	Implement the new data smart strategy and accompanying action plan	HOHM	Q3 25/26	<b>Remains Partial</b> Actions underway to address this standard under tenant data project, as part of DataSMART Strategy. <b>Date of completion changed from Q1 25/26 to Q3 25/26</b>	Partially		
Savills actions								
SM11	There is limited KPI information - expansion of the current KPIs to give a more balanced view of the service both in terms of delivery to customers and costs (such as proportion of emergency repairs against routine repairs, no. of cancelled repairs, cost per property/by repairs category, number of repairs per property, repairs completed on target) and improvement/remedy measures underway and in place to address shortfalls in delivery (e.g. additional trades/contractor resource) - In Housemark and VFM statement, needs something more regular and in a different way for R&M	Create a central list of what we report, who we report it to, who owns the reports and how frequently we report it	HoFaBA	Q2 25/26	<b>Remains Partial</b> Brought over from evidence log as not compliant - asked NF for update. NF discussing at EMT 29/04 as 'infographics' and other KPI measures. We can build some of these in to the powerBI dashboards.	Partially		

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England.

Company Number 05564649

## **BOARD Meeting REPORT**

**Date** : 3 July 2025

**Item** : 06

**Subject** : Safeguarding Policy

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

**Prepared by** : Karl Chapman, Safeguarding & ASB  
Service Manager

**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 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. 06  
Date: 3 July 2025**

**1. Report Title**

**1.1 Safeguarding Policy**

**2. Executive Summary**

2.1 This report proposes a new Safeguarding Policy which sets out how St Leger Homes (SLHD) of Doncaster will deal with reports of safeguarding concerns and the action we may take regarding them.

2.2 This new Safeguarding Policy is a stand-alone policy replacing our previous approach to Safeguarding which was formerly part of our overarching Housing Management Policy. This was a recommendation to separate Safeguarding from the overarching Housing Management Policy, made to us by Savills during a recent Mock Inspection of SLHD. The amended Housing Management Policy will be brought back to Board with the Safeguarding element removed and updated changes arising from the Tenancy Strategy which goes to Cabinet during August 2025.

2.3 This new policy will enable SLHD to build on existing work undertaken to care for our most vulnerable tenants in conjunction with partner agencies across the city.

**3. Purpose**

3.1 To set out the new policy and gain Board approval so the policy can be implemented with immediate effect.

**4. Recommendation**

4.1 That the Board approve the new Safeguarding Policy.

**5. Background**

5.1 Safeguarding concerns continue to be a major challenge for social housing providers, with issues related to the safety, well-being, and potential abuse or neglect of tenants, especially vulnerable individuals. These concerns can arise from various situations, including domestic abuse, financial exploitation, neglect, and even environmental hazards within the property. SLHD has a responsibility to recognize and respond to these concerns, often in collaboration with partner agencies.

- 5.2 All reports of safeguarding concerns are managed by the Safeguarding & ASB Team and are responded to within 1 business day.

## **6. Our approach to reports of safeguarding concerns**

- 6.1 The new stand-alone Safeguarding Policy sets out our responsibilities for reporting, managing and preventing safeguarding concerns within the Doncaster Safeguarding Partnership at both the strategic and operational levels.
- 6.2 We support customers through the investigation process. We ensure that an adult's wellbeing is promoted when reporting and responding to safeguarding concerns. We have regard to their views, wishes, feelings and beliefs in deciding on any action and support them to share their views with other agencies. We recognise that adults at risk can sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.
- 6.3 In child safeguarding cases we will work with the family and other agencies as appropriate to produce a holistic solution that best meets the child and/or families' needs.
- 6.4 Responsibility for safeguarding children, young people and adults at risk is shared amongst several agencies. We work with our partners to achieve our aims and the best outcomes for our affected customers.

## **7. Procurement**

- 7.1 There are no procurement implications contained within this new policy.

## **8. VFM Considerations**

- 8.1 There are no Value for Money implications within this new Policy.

## **9. Financial Implications**

- 9.1 There are no financial implications within this new Policy.

## **10. Legal Implications**

- 10.1 Legal implications of this policy are to adhere to legislation contained in the Equality Act 2010 as well as the Public Sector Equality Duty, along with the Children's Act and the Care Act.

## **11. Risks**

- 11.1 There are no specific risks associated with this policy.

## **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, Adult and Children's Social Care, South Yorkshire Police, and Legal Services, resulting in positive feedback.
- 14.2 The One Voice Forum has also been consulted on the development of this policy and an online survey was sent to the Get Involved Group (GIG).
- 14.3 This feedback has been positive with strong acknowledgement on the inclusion of the following within the new policy:
- A need to clarify what constitutes a potential safeguarding concern.
  - Clear information about who within SLHD is responsible for managing reports of safeguarding concerns.
  - Clarifying the partnership arrangement in place to tackle safeguarding concerns.
  - Explain the timescale in which reports will be responded to.
- 14.4 Once approved, the final policy will be presented to the One Voice Forum at its meeting in June 2025 to provide feedback on the views expressed in the consultation and to demonstrate how this feedback has been used to shape the policy.

We will also discuss how any feedback not relevant for the Policy, but equally useful, will be used in other ways. These include ideas on how the community can be more involved in preventing and reporting safeguarding concerns, as desire to see a campaign in House Proud and across social media around looking out for your neighbours, and a desire to see if communal halls can be utilised further to tackle social isolation in communities.

### **15. Diversity**

- 15.1 The Policy ensures all customers will be treated fairly, and reasonable adjustments made to tailor our services as required for customers and vulnerable customers.

The policy ensures that all hate crime is identified and reported and dealt with as high risk and dealt with using a zero tolerance and partnership approach.

### **16. Communication Requirements**



16.1 Once approved the policy will be available on our website and intranet for customers and staff to view. The associated procedures are available on our intranet.

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

17.1 Equality analysis has been carried out with no adverse implications.

**18. Environmental Impact**

18.1 There are no environmental impacts related to this policy

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

19.1 Karl Chapman, Safeguarding & ASB Service Manager, 01302 737092

**20. Background Papers**

20.1 None.



# POLICY DOCUMENT

## Safeguarding

<b>POLICY TITLE:</b>	<b>Safeguarding Policy</b>
<b>LEAD OFFICER:</b>	<b>Safeguarding &amp; ASB Service Manager</b>
<b>DATE APPROVED:</b>	<b>05/06/25</b>
<b>APPROVED BY:</b>	<b>Board</b>
<b>IMPLEMENTATION DATE:</b>	<b>05/06/2025</b>
<b>DATE FOR NEXT REVIEW:</b>	<b>05/06/2028</b>
<b>ADDITIONAL GUIDANCE:</b>	Housing Management Policy Housing Management Procedures Doncaster Tenancy Strategy 2018 – 21 Secure Tenancy Agreement ASB Policy CDC Safeguarding Governance
<b>ASSOCIATED CUSTOMER PUBLICATIONS:</b>	
<b>TEAMS AFFECTED:</b>	All SLHD teams
<b>THIS POLICY REPLACES WITH IMMEDIATE EFFECT:</b>	This Policy is a separation of the safeguarding function from the overarching Housing Management Policy to provide a clear, standalone policy.

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Page 1 of 14	1	March 2025	Karl Chapman

**DOCUMENT CONTROL**

**Revision History**

<b>Date of this revision:</b>	05/06/2025
<b>Date of next review:</b>	05/06/2028
<b>Responsible Officer:</b>	Safeguarding & ASB Service Manager

Version	Date	Author / Group commenting	Summary of Changes
0.1	March 2025	<b>Safeguarding &amp; ASB Service Manager</b> <b>Housing Safeguarding Partnership Manager</b>	Creation of a standalone policy that was previously incorporated in the Housing Management Policy

## Policy Creation and Review Checklist

<b>ACTION</b>	<b>RESPONSIBLE OFFICER</b>	<b>DATE COMPLETED</b>
Best practice researched (DAHA, other providers, RSH, general websites)	Housing Safeguarding Partnership Manager	April 2025
Review current practices from similar organisations	Housing Safeguarding Partnership Manager	February 2025
Review customer satisfaction / complaints data from the area the policy relates to	Housing Safeguarding Partnership Manager	February 2025
Undertake customer consultation if applicable	Safeguarding & ASB Service Manager	March 2025
Staff consultation through Trade Unions if applicable	Safeguarding & ASB Service Manager	N/A
Trade Union consultation if applicable	Safeguarding & ASB Service Manager	N/A
Other stakeholder consultation if applicable	Housing Safeguarding Partnership Manager	March 2025
Equality analysis carried out through the intranet for all new policies or fundamental changes	Housing Safeguarding Partnership Manager	April 2025



# POLICY DOCUMENT

## Safeguarding

### **Safeguarding is everyone's Business**

At St Leger Homes of Doncaster (SLHD), safeguarding is a fundamental aspect of our commitment to protecting the well-being of all individuals within our community. We believe that safeguarding is everyone's business and responsibility, and we are dedicated to creating a safe environment where abuse, harm, or neglect are not tolerated.

### **Our commitment**

- We adopt a person-centred approach, prioritising the needs, views, and wishes of individuals in our safeguarding decisions.
- We collaborate with various agencies to provide a coordinated and effective response to safeguarding concerns.
- We support individuals throughout the investigation process, promoting their well-being and considering their views, wishes, feelings, and beliefs.

### **1. Introduction**

- 1.1 Safeguarding is about protecting people from abuse, harm, or neglect. Everybody has the right to be safe no matter who they are or what their circumstances. We put the individual needs, views and wishes of the person at the centre of our safeguarding decisions.
- 1.2 This policy sets out how St Leger Homes of Doncaster (SLHD) will deal with reports of safeguarding concerns and how we will work directly and in partnership to deliver a first-class service.
- 1.3 This Policy must be read in conjunction with SLHD's Housing Management Policy, Domestic Abuse Policy, ASB Policy and Vulnerable Person's Policy, along with the Doncaster Multi-Agency Self-Neglect and/or Hoarding Policy.
- 1.4 The Secure Tenancy Agreement sets out the rights and responsibilities of both the landlord and tenant and ensures services are delivered within the Housing Act 1985.
- 1.5 We also aim to deliver fairness and equality across all the services we deliver, and a full and comprehensive Equality Impact Assessment has been undertaken for this policy.

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- 1.6 SLHD employees must adhere to the principles set out in this policy. Detailed procedures sit underneath this policy to ensure our workforce deliver services aligned with this policy and in an effective and consistent way.

## **2. Purpose**

- 2.1 The purpose of this policy is to ensure the safety and well-being of all tenants and residents, particularly adults at risk and children, within our housing communities. We are committed to preventing abuse and neglect and responding effectively to any safeguarding concerns.
- 2.2 This policy aims to:
- Outline what constitutes abuse, neglect and harm
  - Ensure we fulfil our legal obligations to report safeguarding concerns to the relevant authority
  - Support the local authority with their statutory duties relating to safeguarding
  - Ensure we recognise and consider vulnerabilities in our housing management functions
- 2.3 This Policy Will:
- Comply with all legal and regulatory requirements
  - Aim to have robust safeguarding arrangements are in place
  - Always act in the customer's best interests by making safeguarding the responsibility of all employees of SLHD

## **3. Scope**

- 3.1 This policy applies to all employees, board members, contractors, volunteers, and partners associated with St Leger Homes. It covers all types of housing provided, including general needs, temporary housing, market rented, and leasehold accommodation.
- 3.2 The policy relates to and delivers against the following:
- Secure and Introductory Tenancies
  - Homeless applicants
  - Housing register applicants
  - Private tenants with St Leger Lettings

## **4. Policy Detail**

- 4.1 We will establish clear lines of responsibility and accountability for the detection, recording and reporting of safeguarding concerns. This will include clear robust processes and timescales for sharing information with lead agencies and local safeguarding boards. We will undertake regular audits to ensure policy and procedures are followed.

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## 5. Definitions

5.1 Safeguarding means protecting a person's right to live safely, free from abuse and neglect. Working with other organisations, we safeguard customers by aiming to prevent and stop both the risk and experience of abuse and neglect. Safeguarding applies to children, young people, and adults at risk.

5.2 **Adults at Risk:** Adults who may be at risk due to age, disability, mental health, or other factors that make them susceptible to abuse or neglect.

**Children:** Individuals under the age of 18.

**Abuse:** Abuse may consist of a single act or repeated acts, be an act of neglect or an omission to act and can be intentional or unintentional.

**Neglect:** The failure to meet a child, young person, or adult at risk's basic needs. The Care & Support Statutory Guidance identifies two categories of neglect - neglect and acts of omission, and self-neglect. The Children Act includes definitions specific to child neglect.

**Harm:** Physical and/or psychological injury.

## 6. Prevention

6.1 We work to minimise the potential for abuse and neglect to occur by raising awareness of abuse and its effects and inform our customers on how to keep themselves and others safe by giving appropriate advice and accessing appropriate support. We also publish articles about safeguarding for our tenants across our customer media channels.

6.2 We highlight the role that local people play in safeguarding and encourage and support members of the community to report suspected abuse either to us or to a relevant agency.

6.3 We have a single point of contact telephone number, which allows all staff and customers to report safeguarding concerns, anonymously if preferred.

6.4 All staff undertake training, and we regularly raise awareness across SLHD to ensure that staff remain vigilant to indicators of abuse and neglect.

6.5 SLHD are committed to working in partnership to deliver the Doncaster safeguarding agenda. We are a key member of the Doncaster Safeguarding Board and related subgroups. The Boards ensure that there are effective arrangements in place in Doncaster to safeguard children, young people, and adults from abuse. We are also members of various statutory panels and groups established to risk manage safeguarding cases, such as the Multi Agency Risk Assessment Conference (MARAC), the Multi-Agency Task & Coordination Group (MATAC), the Multi Agency Public Protection Arrangements Panel (MAPPA) and the Child Exploitation Tactical Group (CETG) the Sex Work Action Group (SWAG) and we are a key partner in the delivery of safeguarding awareness week.

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- 6.6 SLHD are a Domestic Abuse Housing Alliance (DAHA) accredited provider and have Domestic Abuse Champions in teams across the company.

## **7. Safeguarding Concerns**

- 7.1 All staff are required to report any safeguarding concerns they have as soon as they arise. We report concerns on our internal reporting systems and to partners via their referral process. If we consider a criminal offence has occurred, or the customer faces an imminent risk we notify the police immediately. If we have concerns about the immediate health and wellbeing of a customer in relation to a safeguarding matter, we notify the emergency services and local authority as soon as possible using established referral pathways.
- 7.2 In addition to the abuse types defined by statutory guidance and the Children Act, we respond to any concerns around radicalisation under our safeguarding process. As a Prevent Board member we have due regard to our responsibilities under Prevent and work with our partners to counter the risk of terrorism.
- 7.3 We seek to offer customers the safest and most supportive environment in which they can report abuse. Any report or allegation of abuse will be listened to and investigated. As a responsible provider we are committed to working in partnership with agencies that have a statutory responsibility and a non-statutory involvement with children, young people and adults at risk and have embedded management tools in our safeguarding procedure to reflect this.
- 7.4 We support and cooperate with partners where there are concerns that relate to one of our customers. We respond to all local authority requests regarding safeguarding (Sometimes referred to for adults, Section 42 or for children, Section 17 or 47 enquiries) in a timely manner.

## **8. Making Safeguarding Personal**

- 8.1 We support customers through the investigation process. We ensure that an adult's wellbeing is promoted when reporting and responding to safeguarding concerns. We have regard to their views, wishes, feelings and beliefs in deciding on any action and support them to share their views with other agencies. We recognise that adults at risk can sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.
- 8.2 In child safeguarding cases we will work with the family and other agencies as appropriate to produce a holistic solution that best meets the child and/or families' needs.

## **9. Partnership Working**

- 9.1 Responsibility for safeguarding children, young people and adults at risk is shared amongst several agencies. We work with other organisations to achieve our aims and recognise our legal requirements.

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- 9.2 Local authorities have specific duties to organise and plan services to safeguard and promote the welfare of children, young people, and adults at risk. They also have expertise in handling cases of abuse, providing support and counselling to victims of abuse, and in assisting the police with any criminal investigations. It is the responsibility of local authorities to arrange advocates for any adults who would be deemed in need of this. As an Arm's Length Management Organisation (ALMO) we do not usually perform this function. We recognise the importance of co-operating with the police to help them protect, investigate, and deter abuse. We are a member of the Safeguarding Children & Adults Boards and inform them of any serious concerns.
- 9.3 We work with our partners to safeguard people at risk of radicalisation, in all its forms. If we suspect that a person is being drawn into terrorism, we make a referral to Channel, an early intervention multi-agency panel designed to assess the risk to individuals and decide whether intervention is necessary.

## **10. Consent and Capacity**

- 10.1 We always assume that an adult has the mental capacity to make decisions about their personal safety, unless we have been formally advised otherwise by an appropriate health and/or social care professional or have seen relevant documentation such as a Power of Attorney. If we suspect that an adult does not have mental capacity, we refer them to the appropriate agency for an assessment, and this may lead to a mental capacity assessment being undertaken.
- 10.2 We only accept consent to share information with other agencies if it is freely given, informed, and not inferred or provided under duress. If consent is refused, information is only shared in the following circumstances:
- There is a need to safeguard a person/people at risk
  - There is a significant risk of harm to self or others
  - The person lacks the mental capacity to make an informed decision about sharing the information
  - We suspect the person has the mental capacity to make that decision, but they may be under duress or coerced
  - We suspect a criminal offence has been or will be committed
  - St Leger Homes are implicated in the allegation
  - Some other legal provision requires it, e.g., under a Court Order.
  - Where the issue relates to a child, we do not need to seek consent to make a referral

## **11. Mental Health**

- 11.1 SLHD will always take mental health into consideration when taking any action against a tenant or when communicating with a tenant. Every attempt will be made to liaise with mental health professionals and/or support workers or refer for support if none is in existence. Where appropriate, a multi-agency case conference can be held to determine the best course of action.
- 11.2 In all cases of enforcement involving individuals affected by mental health an Equalities Assessment and/or Proportionality Assessment will be undertaken to ensure any action is fair and proportionate and complies with the Equalities Act 2010.

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## **12. Public Sector Equality Duty (PSED)**

- 12.1 The Equality Act 2010 provides a legal framework to protect the rights of individuals and makes discrimination unlawful in relation to nine protected characteristics. The Act establishes a Public Sector Equality Duty (PSED) which applies to public authorities and bodies (such as registered providers) who exercise a public function such as providing, allocating and managing social housing.
- 12.2 We are subject to PSED wherever we are considering legal action and a person with a protected characteristic is likely to be impacted by that decision. We will conduct proportionality assessments in these circumstances to demonstrate that we have considered our duties under the Equality Act 2010 and had due regard to the PSED.

## **13 Protected Characteristics**

### **13.1 Age:**

This refers to a person belonging to a particular age (e.g. 32 years old) or a range of ages (e.g. 18 to 30 years old).

### **Disability:**

Where a person has a disability if she or he has a physical or mental impairment which has substantial and long-term adverse effect on that person's ability to carry out normal day-to day activities.

### **Gender Reassignment:**

Where a person undergoes, or proposes to undergo, a process for the purpose of reassigning their sex.

### **Marriage and Civil Partnership:**

Marriage is no longer restricted to a union between a man and a woman and includes a marriage between a same sex couple.

### **Pregnancy and Maternity:**

Being pregnant or expecting a baby, maternity refers to the period after the birth. In a non – work context protection against maternity discrimination is for 26 weeks after giving birth.

### **Race:**

Race is a group of people defined by colour, nationality, ethnicity or national origins. A racial group can be made up of more than one distinct racial group, e.g. Black British.

### **Religion and Belief:**

Religion refers to any religion, including lack of religion. Beliefs refers to any religious or philosophical belief.

### **Sex (Gender):**

This refers to either male or female.

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**Sexual Orientation:**

This refers to an individual's sexual orientation/attraction towards people of the opposite sex (heterosexual), the same sex (gay or lesbian) both sexes (bisexual)

13.2 In addition, local protected characteristics have been adopted by CDC:

**Care Leavers:**

Young people with 'care experience'.

**Carers:**

Paid and unpaid carers whose main task is to care for a family member.

**14. Legal Framework**

The following acts contain legislation and guidance upon which this policy is based: -

- Protection from Harassment Act 1997
- Human Rights Act 1998
- General Data Protection Regulations 2018
- Anti-Social Behaviour, Crime and Policing Act 2014
- Environmental Protection Act 1990
- Civil Evidence Act 1995
- Housing Acts 1985, 1988, 1996, 2004
- Sexual Offences Act 2003
- Domestic Abuse Act 2021
- Crime and Disorder Act 1998
- Police and Justice Act 2006
- Police and Crime Act 2017
- Sentencing Act 2020
- Anti-social Behaviour Act 2003
- Serious Organised Crime and Police Act 2015
- Homeless Reduction Act 2018
- Equality Act 2010
- Localism Act 2011
- Deregulation Act 2015
- Housing and Planning Act 2016
- Landlord and Tenant Act 1985
- Prevention of Social Housing Fraud Act 2013
- The Social Housing (Regulation) Act 2023
- The Public Order Act 1986 (Amendment)
- The Victims and Prisoners Bill

**15. Hate Crime & Hate Incidents**

15.1 A hate crime is a prejudice-motivated criminal offence, which is perceived, by the victim or any other person to be motivated by hostility or prejudice towards someone based on their personal characteristic.

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Usually, such crimes are motivated by an offender's hatred of someone because of their:

- Race or ethnicity
- religion or belief
- sexual orientation
- disability
- gender identity
- age

A victim of hate crime does not necessarily have to belong to any of the above strands but is perceived to be by the perpetrator.

It is recognised that unacceptable behaviour, motivated by hatred in respect of any of the above equality strands, may not always be a criminal offence.

SLHD takes hate crime very seriously and works closely with partners to report, respond to and prevent hate crime.

## **16. Information Sharing and Data Protection**

SLHD is committed to respecting and protecting tenants' privacy by complying with UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

We have a number of privacy notices and these are published on our website at [Privacy Notices](#).

These documents explain how we look after and protect customer's personal information. The documents also outline under what circumstances we will share information without consent. Alongside this we have several data sharing protocols with partners outlining the information we will share and the legitimate reasons for doing so:

- Safer Doncaster Partnership Information Sharing Protocol
- Stronger Families Information Sharing Protocol

## **17 Partnership Framework**

17.1 Partnership working is key to delivering our objectives and priorities within our communities. Team Doncaster is the umbrella for three strategic theme boards (Safer Stronger, Health & Wellbeing and Fairness & Inclusion) with various multi-agency subgroups and boards below, which SLHD play an integral part: -

- Safer & Stronger Doncaster Partnership Board
- Health & Wellbeing Board
- Children & Families Strategic Board
- ASB Theme Group
- Organised Crime Group

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- Child Exploitation Tactical Group
- Sex Work Action Group
- Substance Misuse Theme Group
- Crime & Reoffending Theme Group
- PREVENT
- Thrive model
- Children & Adults Safeguarding Boards
- Early Help Strategy Group
- Stronger Families
- MARAC (Multi-Agency Risk Assessment Conference)
- MATAAC (Multi-Agency Task and Co-ordination Group)
- MAPPA (Multi-Agency Public Protection Arrangements)
- Preparing for Adulthood
- Homelessness Strategic Board
- Starting Point

## 18 Links to other policies

18.1 This policy is closely linked to the following other SLHD/CDC policies:

- CDC Tenancy Strategy
- SLHD Vulnerability Policy
- SLHD ASB Policy
- SLHD Housing Management Policy
- CDC Allocation Policy
- SLHD Equality, Diversity & Inclusion Policy
- Secure Tenancy Agreement
- Dignity At Work
- Domestic Abuse Policy
- CDC Adults Policy
- CDC Children's Policy
- 

## 19 Performance Management

- 19.1 Any reported safeguarding concerns will be responded to within 24 working hours. All reported concerns will be investigated promptly and thoroughly, with appropriate action taken to protect those involved. Information about safeguarding concerns will be shared only with relevant agencies and individuals in line with the Doncaster partnership's information sharing protocol. Regular reports are made to the SLHD Board and CDC including hate crime monitoring and the annual safeguarding report.

## 20. Feedback

SLHD welcomes feedback from our staff, customers and partners and will use comments and suggestions to help us improve services. If you have any feedback for SLHD please contact our Customer Access Team on 01302 862862 or online at [www.stlegerhomes.co.uk](http://www.stlegerhomes.co.uk).

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# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England

Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 03 July 2025

**Item** : 07

**Subject** : Modern Slavery statement 2024/25

**Presented by** : Kevin Hanlon  
Director of Corporate Services

**Prepared by** : Lauren McLaughlin  
Governance Service Manager

**Purpose** : To present Board with the St Leger Homes Modern Slavery statement for 2024/25.

### **Recommendation:**

For Board to approve the St Leger Homes Modern Slavery statement for 2024/25 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. 07  
Date: 03 July 2025**

**1.1. Report Title**

1.2. Draft Modern Slavery statement 2024/25

**2. Purpose**

2.1. To present Board with the St Leger Homes Modern Slavery statement for 2024/25, as required by the 2015 Modern Slavery Act. This is St Leger Homes' (SLHD) ninth 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 2024/25. 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 a number of 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 2024/25 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 SLHD 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. IT implications**

- 11.1. IT 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 – 2024/25 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 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
- Employee Code of Conduct
- Housing Management Policy
- Domestic Abuse (staff and tenants)
- Procurement Strategy
- Risk Management framework
- Financial Regulations
- Contract Standing Orders
- Recruitment and Selection
- Anti-Fraud, Corruption and Bribery
- People Strategy and Health and Wellbeing Policy
- Dignity at work
- Equality Strategy
- Fairness and equality statement and
- Homelessness code of guidance for local authorities
- Vulnerable Persons Policy
- Anti-Social Behaviour Policy
- Safeguarding Policy.

Further information can be found on our website [www.stlegerhomes.co.uk](http://www.stlegerhomes.co.uk)

The current Housing 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.

A new, comprehensive stand-alone Safeguarding policy is scheduled to be presented to the Board for approval on 5th June 2025, which will integrate and expand 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 support help 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 uses a large number of suppliers, and around half of these 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.

To ensure compliance with our values, behaviours and ethics, we have in place selection processes which include but is not limited to checks on economic and financial standing, convictions, and health and safety; to help ensure our suppliers and their supply chains are slavery free. All suppliers undertake due diligence as part of the quote and tender processes, and this includes declaration of any prosecutions related to Modern Slavery and Human Trafficking. For public procurement tenders, contracts let prior to 24 February 2025, suppliers completed a self-assessment Selection Questionnaire (SQ). In Section 2 'Grounds for mandatory exclusion', 2.1(a)

suppliers declared if, in the past five years if the organisation or representative with authority has been convicted anywhere in the world in relation to:

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

St Leger Homes can exclude suppliers that tick yes to declare they have been prosecuted for child labour or other forms of trafficking human beings. Offences under:

- 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, assurance is given that if the supplier is subject to Section 54 of the Modern Slavery Act 2015, that they have complied with their obligations.

On 24 February 2025, the new Procurement Act 2023 and subsequent Procurement Regulations 2024 were introduced into Public Sector procurement. The new Act builds on the previous legislation and strengthens the ability to exclude suppliers that pose risks around Modern Slavery and public bodies cannot legally contract with suppliers or associated persons, who will enable the delivery of the contract, that are debarred and are on the Cabinet Offices Debarment List.

Modern Slavery is classified in Procurement Act 2023 Schedule 6 Paragraphs 19-26 as a mandatory exclusion. The new Procurement Specific Questionnaire (PSQ) enables St Leger Homes to ask further questions on modern slavery if the contract being procured has a higher risk, this is included in Part 3 – Conditions of Participation of the PSQ, this is completed on a contract-by-contract basis.

St Leger Homes is in contact with all suppliers, stating our commitment to modern slavery, assessing their own arrangements, and amending contracts as and when they become due for renewal.

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

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

St Leger Homes' procurement services are delivered by a dedicated procurement team within the City of Doncaster Council under a Service Level Agreement and utilises public procurement compliant frameworks operated by procurement consortia.

St Leger Homes has representatives on the boards or working groups of a number of consortia and governance groups, which enables robust benchmarking and sharing of best practice.

All contracts have specific terms and conditions with specific clauses linked to modern slavery.

St Leger Homes recognises our social responsibility and where possible target contracts that are considered high risk. Contracts also include 'back-to-back' clauses whereby contractors use the same terms and conditions if any work is subcontracted down the supply chain.

Through effective contract management, St Leger Homes check explicit slavery issues when we review other areas such as price increases, performance, and equality & diversity commitments, as part of our established contract management arrangements. If any of this work identifies risks of modern slavery, this could result in termination of the supplier's contract. 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 course titled 'Ethical Procurement and Supply' and this is updated annually.

### **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 deliver structured induction and training programmes which are updated periodically. Modern slavery was 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](http://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 2025.

Signed by:



Chris Margrave  
Chief Executive  
St Leger Homes of Doncaster Limited  
June 2025



# ST LEGER HOMES OF DONCASTER

## BOARD Briefing Note

<b>Title:</b>	People Strategy 2024 – 29 End of Year 1 Strategy Achievements
<b>Action Required:</b>	<ul style="list-style-type: none"> <li>Note progress and achievements of actions for Year 1 2024 - 2029 People Strategy</li> <li>Approve Year 2 Actions</li> </ul>
<b>Item:</b>	08
<b>Prepared by:</b>	Sian Jackson, Head of People and Culture
<b>Date:</b>	3 July 2025

### 1 Background

1.1 This briefing note rounds up performance and progress at the end of the first year of our People Strategy 2024-2029 and seeks approval for Year 2 actions. The People Strategy was approved by Board in May 2024, and it was agreed that an annual progress report on the action plan would be presented to Board. An update on progress of Year 1 actions was reported to EMT and presented to Employment and People Committee in February 2025.

1.2 Our new People Strategy, implemented in April 2024, is made up of three main themes and is aligned to our Values and Corporate Plan. Our People Strategy vision is to be an employer of choice within the housing sector, attracting, retaining and developing, motivated and skilled colleagues who are committed to our values based, customer excellence culture. The three main themes are:

- **Recruit and Retain** a highly skilled and effective workforce, who choose to work for our values driven organisation to provide excellent services to our diverse customers.
- **Support and Develop** a collaborative workforce ready to meet the changing demands in the sector, enabling personal and career progression and business sustainability.
- **Engage and Celebrate** our motivated, high performing and hard-working workforce, recognising the great work that our people do.

### 2 People Strategy Action Plan 2024 - 2025 (Year 1)

2.1. The People Strategy themes outline what we will do, why we are doing this, and how we will measure this. The Year 1 action plan of the strategy contains nine plans and associated activities linked to each of the three themes. This report provides an update on progress against these plans:

- five are completed in their entirety; and

- four are ongoing with some activities carried forward to year 2.

A detailed action plan sets out the Year 1 nine plans and associated activities, along with update on progress at the end of the first year (appendix 1).

During Year 1 of the strategy there have been significant changes in the HR&OD team, including a number of recruitment exercises to fill vacancies and cover maternity, some of which are still ongoing, including recruitment for a new Head of Service to be appointed in May. This has had an impact on resources and delivery of activities in the action plan. It is envisaged that the recruitment of two Senior HR Business Partners, joining the company in June and July will ensure progress is made on the outstanding actions in Year 2 of the strategy. Despite this it is still worth noting the progress and achievements made in Year 1.

### **3. People Strategy Action Plan 2024 - 2025 (Year 2 Proposals)**

3.1 A detailed action plan sets out the proposed plans and activities to be delivered in Year 2 with current progress updates for those carried forward (appendix 2).

3.2 Board are asked to review and approve these actions or advise of any changes. Once approved specific activities for delivery of the new actions will be included in the plan to enable progress to be reported and monitored as agreed.

Appendix 1

**People Strategy Action Plan 2024/25 (Year 1 Progress)**

Plans	Activities	Progress at end of Year 1	Update
<b>Theme – Recruit and Retain</b>			
Undertaking a full review of our recruitment process, onboarding and candidate and new starter engagement	<ul style="list-style-type: none"> <li>• Scoping Activity</li> <li>• Management and Workforce Engagement</li> <li>• Process Mapping</li> <li>• Implementation Planning</li> </ul>	In progress	<p><b>Complete</b>, a project board has been established and have been meeting regularly. Scoping activity has taken place and four workstreams have been agreed and along with representatives from across the organisation who will input to these workstreams.</p> <p><b>Not yet started</b> other than colleagues involved in the workstream activities.</p> <p><b>In progress</b>, process mapping has taken place for some of the workstreams but is not yet complete for them all.</p> <p><b>In progress</b>, it is envisaged that the two workstreams ‘application process’ and ‘assessment toolkit’, will be complete by the end of June 2025.</p> <p><b>This plan will carry forward to be fully complete in Year 2.</b></p>
Facilitating robust workforce planning across our business	<ul style="list-style-type: none"> <li>• Workforce plans in place across hotspot areas:</li> </ul>	In Progress	<b>In progress</b> , due to resource issues in the HR team this activity has not been

	<ul style="list-style-type: none"> <li>• Home Options</li> <li>• Trades</li> <li>• Customer Access</li> </ul>		<p>completed in year one but we have seen some positives. We have seen a significant overall reduction in all vacancies, including most trades roles. Currently, Electrician remains as a hard to fill post. The new office-based World of Work programme has also seen us place someone in the Customer Access Team. This is a great opportunity for them to have experience of this role in preparation for future vacancies.</p> <p><b>This will carry forward to be fully complete in Year 2.</b></p>
Working hard to attract underrepresented groups into our diverse organisation	<ul style="list-style-type: none"> <li>• Achieve Disability Confident Accreditation</li> <li>• Focus on recruitment and retention through a Neurodiversity Lens</li> </ul>	In progress	<p><b>Complete</b>, we are a disability confident employer, attracting, retaining and making the most of the talents disabled people can bring to our workplace.</p> <p><b>In progress</b>, and is included in the review of our recruitment process project. Our EDI Manager is part of the recruitment project.</p> <p><b>The incomplete activities will carry forward to Year 2.</b></p>
Reviewing and develop our wellbeing offer with the aim of ensuring that the right support and intervention is available to colleagues when and where they most need it	<ul style="list-style-type: none"> <li>• Reprocure health care cash plan</li> </ul>	In progress	<p><b>Complete</b>, we completed the procurement process for the health cash plan and a decision was taken to continue with Mediacash for another year with the same wide range of support and benefits available for</p>

	<ul style="list-style-type: none"> <li>• Review mental health first aiders</li> <li>• Review and relaunch training for managers related to stress risk assessments, resilience and mental ill health</li> </ul>		<p>employees.</p> <p><b>In progress</b>, following a review, we have identified the need for additional mental health first aiders and we have identified training for these colleagues. This training has been delayed as we focused on delivering refresher mental health awareness training to managers to support them in managing sickness absence in their teams as stress, anxiety, depression is consistently one of our top three reasons for absence. This training started in March 2025.</p> <p><b>In progress</b>, the stress management procedure is under review, and training will be delivered to managers on this when it is complete. Refresher training for managers on mental health awareness has started and is ongoing.</p> <p><b>The incomplete activities will carry forward to Year 2.</b></p>
<b>Theme – Support and Develop</b>			
Focusing on the development of our leaders and future Leaders, Launching and embedding the Future Leaders Learning program	<ul style="list-style-type: none"> <li>• Design and begin to deliver Future Leaders Learning</li> </ul>	<b>Complete</b>	<p><b>Complete</b>, following a large number of colleagues applying for this programme, an assessment process took place in September 2024, and the Future Leaders programme began in November 2024. Positive feedback on this has been received. We plan to do</p>

	<ul style="list-style-type: none"> <li>• Scope leadership development vision</li> </ul>		<p>this yearly, and this will become business as usual.</p> <p><b>Complete</b>, this has been incorporated within future leader and First Line Manager training programmes. Further development with SMT has been integrated into our SMT Strategic Planning meetings.</p>
Expanding our World of Work (WoW) program providing different opportunities to tenants and residents of Doncaster	<ul style="list-style-type: none"> <li>• Agree scope and funding of an expanded WOW provision focusing on the provision of customer service and business administration skills</li> </ul>	Complete	<p><b>Complete</b>, a new office-based World of Work programme was successfully launched in October 2024. Participants completed a short college course in Business Administration/Customer Services and joined SLHD in December/January 2024, starting their 6 months work placement. We will review this at the end of programme.</p>
Leading the re procurement of the learning management system ensuring the capability for performance management	<ul style="list-style-type: none"> <li>• Define the future scope and research potential options</li> <li>• Undertake procurement</li> <li>• Implement solution</li> </ul>	Complete	<p><b>Complete</b>, the procurement process is complete and the new learning and performance management system named YourLearning from Kallidus is in place following successful implementation. Training is currently taking place for all employees and feedback received to date has been very positive.</p>
<b>Theme – Engage and Celebrate</b>			
Expanding our recognition activity beyond our annual St Leger Stars Awards, with a focus on day to day	<ul style="list-style-type: none"> <li>• Launch occasion cards</li> </ul>	Complete	<p><b>Complete</b>, occasion cards are sent to new starters, leavers and for people who retire. Following a review of this</p>

<p>recognition celebrating the demonstration of our embedded values and behaviours.</p>	<ul style="list-style-type: none"> <li>• Launch manager to employee recognition and 'Breakfast with Chris'</li> <li>• Research and agree digital option for showcasing day to day recognition e.g. SharePoint notice board / Viva</li> </ul>		<p>by EMT a decision has been taken, due to time and costs, to no longer send these.</p> <p><b>Complete</b>, several of these have successfully taken place, with managers recommending employees. We have received positive feedback on this as an engagement activity, including comments in our last pulse survey.</p> <p><b>In progress</b>, the scope of this changed at the beginning of 2025, and now forms part of the Channel Shift/Microsoft Viva Exploration project. This is a project for the Head of Communications and Customer Service.</p>
<p>Establishing visible and well utilised opportunities for our colleagues to get to know our organisation better. interact with their colleagues and be part of the St Leger Homes story.</p>	<ul style="list-style-type: none"> <li>• Implement Colleague Voice</li> <li>• Showcase our Leaders and New Starters, Movers and Achievers</li> </ul>	Complete	<p><b>Complete</b>, a number of engagement activities are now regularly taking place with employees from across the business including a number of videos covering - getting to know colleagues, leavers and new starters, questions and answers with colleagues and EMT. We share a welcome to new employees on the intranet, and we recognise and celebrate success stories, in addition to our STAR awards.</p>

Appendix 2

People Strategy Action Plan 2025/26 (Year 2)

Plans	Activities	Progress at June 2025	Update
<b>Theme – Recruit and Retain</b>			
Undertaking a full review of our Recruitment Process, Onboarding and candidate and new starter engagement	<ul style="list-style-type: none"> <li>• Management and Workforce Engagement</li> <li>• Process Mapping</li> <li>• Implementation Planning</li> </ul>	In progress	<p><b>Not yet started</b> other than colleagues involved in the workstream activities.</p> <p><b>In progress</b>, process mapping has taken place for some of the workstreams but is not yet complete for them all.</p> <p><b>In progress</b>, it is envisaged that the two workstreams 'application process' and 'assessment toolkit', will be complete by the end of June 2025.</p>
Facilitating robust workforce planning across our business	<ul style="list-style-type: none"> <li>• Workforce plans in place across hotspot areas: <ul style="list-style-type: none"> <li>• Home Options</li> <li>• Trades</li> <li>• Customer Access</li> </ul> </li> </ul>	In Progress	<p><b>In progress</b>, due to resource issues in the HR team this activity has started but not completed. Work has taken place to reduce vacancies, and we have seen a significant reduction in all vacancies, including most trades roles. Currently, Electrician remains as a hard to fill post. The new office-based WOW programme has also seen us place someone in the Customer Access Team. This is a great opportunity for them to have experience of this role in preparation for future vacancies.</p>



Working hard to attract underrepresented groups into our diverse organisation	<ul style="list-style-type: none"> <li>Focus on recruitment and retention through a Neurodiversity Lens</li> </ul>	In progress	<b>In progress</b> , and is included in the review of our recruitment process project. Our EDI Manager is part of the recruitment project.
Reviewing and develop our Wellbeing offer with the aim of ensuring that the right support and intervention is available to colleagues when and where they most need it	<ul style="list-style-type: none"> <li>Review mental health first aiders</li> <li>Review and relaunch training for managers related to stress risk assessments, resilience and mental ill health</li> </ul>	In progress	<p><b>In progress</b>, following a review, we have identified the need for additional mental health first aiders and we have identified training for these colleagues. This training has been delayed slightly as we focused on delivering refresher mental health awareness training to managers to support them in managing sickness absence in their team. Stress, anxiety, depression is consistently one of our top three reasons for absence. This training started in March 2025.</p> <p><b>In progress</b>, the stress management procedure is under review, and training will be delivered to managers on this when it is complete. Refresher training for managers on mental health awareness has started and is ongoing.</p>
<b>Theme – Support and Develop</b>			
Supporting the development of a program of learning for systems used across the organisation to enable to delivery of the Knowledge and Information Management action plan. Work with IT on system use, enabling and improvements (DRS, Open Housing, ASB App). Explore		NEW	

the use of AI inline with the Council strategy			
Implementing a learning impact evaluation framework		<b>NEW</b>	
<b>Theme – Engage and Celebrate</b>			
Driving a feedback and High Performance Culture across the organisation, where regular, constructive and helpful feedback is the norm and high performance is strived for and celebrated. Champion professionalism.		<b>NEW</b>	

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **ST LEGER HOMES OF DONCASTER BOARD**

**Date** : 3 July 2025

**Item** : 09

**Subject** : Health and Safety Strategy – To Inform Board of Progress Against Action Plan

**Presented by** : Danny Boardman  
Head of Major Projects / Building Safety

**Prepared by** : Carl Raybould  
Health, Safety and Compliance Service Manager

**Purpose** : Health and Safety Strategy Progress

### **Recommendation :**

Members of the Board are asked to consider this update on progress after the second year of Health and Safety Strategy high level action plan and approve year 3 action plan.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**To the Chair and Members of the  
BOARD of St Leger Homes of Doncaster**

**Agenda Item No. 09  
Date: 3 July 2025**

**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 running from June 2023 to March 2028. A high level action plan, initially for 2 years, was also approved.

**3 Purpose**

- 3.1 The purpose of this report is to inform Board on progress against the initial 2 year action plan and approve the third year plan.

**4 Recommendation**

- 4.1 Members of the Board are asked to consider and accept this update on the initial 2 year Health and Safety Strategy high level action plan. To approve the third year action plan.

**5 Progress Against Initial 2 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 An initial 2-year high level action plan was developed to support the sustained change required to achieve the objectives detailed in the strategy. It is now the end of those first 2 years.
- 5.3 There were 7 actions identified in the initial 2 year high level action plan. At the end of the 2 years all were completed.
- 5.4 Full update on the initial 2-year action plan is attached as appendix 1.

**6.0 Third Year High Level Action Plan**

- 6.1 An action plan for the third year has been developed and is attached as appendix 2. Supporting the objectives in the strategy the action plan

focusses on 3 projects:

- Roll out internally delivered IOSH Managing safely throughout the organisation
- Ensure robust health surveillance processes are in place where employees receive the correct training and testing
- Embed robust personal safety culture in organisation through risk assessment and roll out of e-learning across the organisation.

5.4 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.

5.5 At the end of April 2026, a new annual plan will be developed.

## **6. Procurement**

6.1 There are no direct procurement implications arising from the update against the action plan of the H&S Strategy.

## **7. VFM Considerations**

7.1 There are no direct VFM considerations however SLHD operates more efficiently and also effectively by complying with all legislative and regulatory requirements.

## **8. Financial Implications**

8.1 There are no direct financial implications from 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 2025/26 is £1.1m of which £885k relates to direct staff costs

8.2 Existing budgeted resources and provisions for training, risk assessments and current software systems are included and reviewed annually, but as a result of some actions there may be financial implications and these would need to be considered as part of separate business cases and briefing notes as required.

## **9. Legal Implications**

9.1 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.

9.2 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.

## **10. Risks**

- 10.1 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.

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

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

## **12. IT Implications**

- 12.1 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.

## **13. Consultation**

- 13.1 Consultation on the year 3 action plan was carried out with Operational Joint Consultative Committee in April 2025.

## **14. Diversity**

- 14.1 There are no diversity issues arising from the annual review.

## **15. Communication Requirements**

- 15.1 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.

## **16. Equality Analysis**

- 16.1 An Equality Analysis was completed in February 2023 for the H&S strategy and action plan. Not applicable to this update against action plan.

## **17. Environmental Impact**

- 17.1 There are no direct environmental impacts from the annual review.

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

- 18.1 Carl Raybould, Health, Safety and Compliance Manager  
Email: [carl.raybould@stlegerhomes.co.uk](mailto:carl.raybould@stlegerhomes.co.uk)

**19. Background Papers**

- 19.1 Appendix 1 – Updated Initial Year 1-2 High Level Action Plan
- 19.2 Appendix 2 – Year 3 High Level Action Plan

SLHD Health, Safety & Compliance Action Plan												
Audit Date			Last Updated: 15.04.2025									
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.	Understand and evidence our H&S culture	Opportunity to use existing staff surveys to include H&S based questions	Low	Complete	Health, Safety and Compliance Manager / HR and OD	Staff surveys already exist, including wellbeing, look for options to include H&S questions and include responses to these within the Safety and Compliance Performance report. Evidence from other sources e.g. training evaluation available to be reviewed Nov 2023- To create H&S questions for the staff survey for staff conference in 2024. H&S to have a stand. April 2024 - date revised to take look at opportunities either at Colleague Festival or next pulse survey, then review results and share with colleagues April 2025 - complete carried in pulse survey and will go in future ones	Health & Safety Strategy 2023-2025	All SLHD	31.12.2024	31.03.2025	Complete
	Challenge existing management systems to ensure fit for purpose.	Ensure that the existing management system is fit for purpose and being used to it's full potential	1. Gap analysis on existing management system 2. Road Map developed based on gap analysis	Low	Complete	Health, Safety and Compliance Manager / Health and Safety Manager	Approval routes confirmed for all H&S documents Strategy and Policy reviewed and approved GAP Analysis completed, road map identifying progress required aligned to existing actions within central action plan. April 2025 - completed by H&S advisor	Health & Safety Strategy 2023-2025	All SLHD	1.31.03.2024-complete 2. 31.03.2025		Complete
	Create a new process for the identification, assessment and recording of risk assessments	Review existing risk assessment processes to ensure that all employees are fully engaged with these, taking responsibility and ownership of their risk assessment duties.	1. Develop the risk assessments process including a generic risk assessment for employees to take guidance from when they are creating their own Risk Assessments 2. Team leaders to take more responsibility and accountability when it comes to writing their own risk assessments.	Normal	Complete	Health & Safety Manager / H&S Advisor	March 2024- dates revised to align with plans around starting to deliver IOSH Managing Safety inhouse. Procedure complete, learnings from BSC Audit to be included within procedure and rolled out through informational sessions with management teams. The process will be embedded in the future through delivery of internal IOSH Managing safety programmes By end of March 2023 Safety Culture will be implemented within the Health, Safety and Compliance Team Update August - implemented in team now looking at extending wider in business September 2023- Safety reps have access to Safety Culture and training has been offered by H&S Manager. Safety Reps to be invited to H&S Manager to discuss in depth with inspection programme	Health & Safety Strategy 2023-2025	All SLHD	1. 31.12.2023 2. 31.12.2024	1.31.12.2024 2. 31.03.2025	Complete
	Implement a robust inspection and auditing system	Involving team leaders and safety representatives in inspections utilising SafetyCulture	Opportunity to extend the implementation and use of SafetyCulture involving team leaders and safety representative	Low	Complete	Health & Safety Manager / H&S Advisor	Proactive site visits take place with ISP and ESP Recruitment to H&S Advisor role is critical to this Update Aug 23 - H&S advisor in post from July. Intranet being updated as part of project but work started on developing this for example needstick page. Inspection programme being developed	Health & Safety Strategy 2023-2025	All SLHD	31.03.2025		Complete
	Promote a good health and safety behaviour to drive culture change.	Have more of a H&S presence out on site to promote a better safety culture and explore communication routes	1. Inspection and auditing programme in place through the organisation 2. Review existing H&S communication routes i.e. intranet	Low	Complete	Health & Safety Manager / H&S Advisor	Update Aug 23 - H&S advisor in post from July. Intranet being updated as part of project but work started on developing this for example needstick page. Inspection programme being developed	Health & Safety Strategy 2023-2025	All SLHD	1. 31.03.2024 2. 31.03.2025		Complete
	Promote a good health and safety behaviour to drive culture change.	Continually examine health and safety performance, risk assessments and statistics to identify specific trends and areas for improvement.	Develop Evotix and SafetyCulture for reporting and trend data	Normal	Complete	Health & Safety Manager	Evotix allows ability create graphs and statistics of incidents trend and these are being used. SafetyCulture potentially can do similar for inspections and audits and their outcomes	Health & Safety Strategy 2023-2025	Property Services	31.12.2023		Complete
	Employees and safety representatives to be actively involved in the management of health and safety	Review and improve the way we engage safety representatives so that they are able to contribute more effectively, to the management of health and safety	Opportunity to extend the implementation and use of SafetyCulture involving team leaders and safety representative	Low	Complete	Health & Safety Manager / H&S Advisor	Future years the safety representatives will be actively involved in the risk assessment process Update Aug 23 - SafetyCulture extended to safety representatives and updated being drafted for business case to continue using September 2023- Safety reps have access to Safety Culture and training has been offered by H&S Manager. Safety Reps to be invited to on site Audits in line with inspection programme	Health & Safety Strategy 2023-2025	All SLHD	31.03.2025		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												
Year 3 Audit Date			15.04.2025									
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	In Progress	Health & Safety Manager / H&S Advisor		Health & Safety Strategy 2023-2025		31.03.2026		
	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 surveillanac can be reported on and used to inform future programmes	Normal	In Progress	Health & Safety Manager / H&S Advisor		Health & Safety Strategy 2023-2025		31.12.2025		
	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	In Progress	Health & Safety Manager / H&S Advisor		Health & Safety Strategy 2023-2025		31.12.2025		

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

## Board Meeting Briefing Note

<b>Title:</b>	Safety and Compliance Dashboard – April 2025
<b>Action Required:</b>	Members of Board are asked to note the content of this report
<b>Item:</b>	10
<b>Prepared by:</b>	Carl Raybould, Safety and Compliance Service Manager Jordan Rowe Electrical Compliance Officer
<b>Date:</b>	3 July 2025

### 1. Report Title

1.1 Safety and Compliance Exception Report – as at 30th April 2025

### 2. Compliance Status Summary

2.1 This report has been amended to reflect current compliance programmes and the recommendations from the Savills critical friend review. Where evidence is available to demonstrate full compliance in sections 2.3 and 3 no further information is provided within the report.

2.2 Where there are exceptions to full compliance or areas of specific interest, such as damp and mould, progress against Housing Health and Safety Rating System (HHSRS) actions, further details are provided within the report. The information collected is validated and then stored in our compliance software C365.

### 2.3 Top Level Compliance

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (March)	OUT COMPLIANCE (April)
Asbestos	Asbestos Reinspections - Common Areas	96.55%	377	364	0	13
Electrical Safety	Fixed Electrical Wiring Testing - Common Areas (EICR) (5Y)	99.75%	402	399	4	3
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)	97.03%	19,849	19,296	798	553
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (10Y)	100%	0	0	0	0
Fire Safety	Fire Risk Assessment (FRA)	100%	504	504	0	0
Lifts & LOLER	Passenger Lift - LOLER Thorough Exam	100%	26	26	0	0
Water Hygiene	Legionella Risk Assessment	100%	73	73	0	0
Gas Safety	Landlord Gas Safety Record (LGSR's)	100%	18,757	18,757	0	0

### 2.4 Exceptions to Top Level Compliance

## 2.5 EICR Programme – Domestic 5 year

Currently at 95.97 – 798 were carried over from 2024/25. At the end of April 2025 720 of these properties have an EICR over 5 years old. Of these;

- 168 awaiting EICR sign off which leaves 553 over 5 years old. These will be signed off by end of May to be uploaded onto C365.
- 270 are in the no access process.
- 39 have been passed back from External Service Providers (ESP), not yet in access process, awaiting tenant to make contact
- 131 awaiting certificates from voids – the process for receiving these is being reviewed
- 113 re-booking appointments through ISP or appointment has been made already (not in access process)

2.6 The outstanding 553 properties will be carried over into the 2025/26 programme with the aim to complete in Q1. Access processes are currently being reviewed as part of the newly approved Access Process.

2.7 The 2025/26 programme has fewer EICRs required due to being the anniversary of Covid; the total is 358. This will give the opportunity to target out of compliance EICRs for both communal and domestic properties and those with outstanding remedial actions. A piece of work will also be carried out to look at reprofiling the programme and bringing some forward.

2.8 Breakdown of how far overdue properties are from 720 at end of April -

	Non-compliant domestic units
Overdue by 0-3 months	73
Overdue between 3-6 months	59
Overdue between 6-12 months	126
Overdue 12+ months)	462

## 2.9 EICR Communal Program

Currently at 99.75% - 3 communal areas are out of compliance. 2 are at St Georges Court 'A' Block is having a new consumer unit fitted and an EICR will be carried out. ISP have started the EICR and will be complete by the end of May. The other is 40 St James Street office, we are currently working with the office for a suitable date due to this being a working office and the need to isolate the electricity. Planning of future tests will be improved to avoid going out of compliance.

## 2.10 Asbestos Reinspections

	Total Number of dwelling units owned within properties for which an asbestos management survey or re-inspection is required	Number Of Compliant dwelling units	Number of Non-Compliant dwelling units	COMPLIANCE (%)
Asbestos re-inspections	377	364	13	96.55%

Overdue asbestos re-inspections (< 3 months)	13
Overdue asbestos re-inspections (3-6 months)	0
Overdue asbestos re-inspections (6-12 months)	0
Overdue asbestos re-inspections (12+ months)	0

2.9 The reinspections of the 13 outstanding have been delayed due to issues with C365. This is being addressed by the C365 and the reinspections are planned to be up to date by the end of May 2025. A table top assessment of these has been carried out by the Asbestos Team with no immediate concerns.

### 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 3.15.

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (Mar)	OUT COMPLIANCE (April)
Asbestos	Asbestos Survey - Dwellings	62.87%	20258	12737	7618	7521
Electrical Safety	Annual Automatic door maintenance	0.00%	5	0	5	5
Electrical Safety	Automatic Gates	100.00%	1	1	0	0
Electrical Safety	Caravan Site – Day Area & Site Card	75.86%	58	44	15	14
Electrical Safety	Caravan Site – Sockets	64.29%	140	90	50	50
Electrical Safety	Emergency Lights Annual	98.31%	118	116	0	2
Electrical Safety	Emergency Lights Monthly	0.00%	118	0	116	118
Electrical Safety	Lightning Conductors	20.00%	10	2	6	8
Fire Safety	Automatic Opening Vents - Servicing	75.00%	4	3	0	1
Fire Safety	Bin Chutes	100.00%	17	17	0	0
Fire Safety	Communal Fire Door Inspection	100.00%	978	978	0	0
Fire Safety	Domestic High Rise Fire Door Inspection	95.75%	682	653	22	29
Fire Safety	Dry Riser	100.00%	9	9	0	0
Fire Safety	Fire Detection & Fire Alarm Systems-Servicing	100.00%	48	48	0	0
Fire Safety	Fire Fighting Extinguishers	100.00%	62	62	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	Air Conditioning	100.00%	2	2	0	0
Gas Safety	Air Source Heat Pumps	100.00%	16	16	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%	845	845	0	0
Gas Safety	LPG	100.00%	18	18	0	0
Gas Safety	Oil	100.00%	3	2	0	0
Gas Safety	Solid Fuel - Annual Check	100.00%	62	62	0	0
Gas Safety	Unvented Systems	100.00%	47	47	0	0
Gas Safety	Ventilation	100.00%	10	10	0	0
Lifts & LOLER	Passenger Lifts PPM	100.00%	26	26	0	0
Lifts & LOLER	Residential LOLER Thorough Inspection	58.28%	664	387	273	277

Lifts & LOLER	Residential PPM	39.67%	663	263	380	400
Lifts & LOLER	UPS	66.67%	3	2	0	1
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	0.00%	31	0	31	31
Water Hygiene	Shower Clean and Disinfections	100.00%	18	18	0	0
Water Hygiene	Water Temperature Monitoring	0.00%	72	0	0	72

### Exceptions to Other Areas of Compliance

#### 3.2 Asbestos Surveys – Domestic

Currently at 62.95%. 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 Automatic Door Maintenance

Currently at 0%. This is maintenance of the automatic aids that hold doors open. A data cleanse of the information has been carried confirming that only 5 doors have the automatic aids that require maintenance. A specification is required for a direct award to a contractor, working with procurement aiming to complete this by end Q1 2025/26.

#### 3.4 Emergency Lights Monthly

Currently at 0%. These are undertaken monthly. However, 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 solution to this would be a mobile form through C365 that can be uploaded from the time of inspection. However, until this is put in place a manual intervention will be carried out each month. The form in 3.14 needs completing first, aiming for this to be completed Q2 25/26.

#### 3.5 Emergency Lights Annual

Currently at 98.31%. The 2 outstanding are for St Georges Court. This is being completed by ISP and will be done w/c 19<sup>th</sup> May 2025. One of the learnings for this type of purchase in future is ensuring all compliances are added to programmes and issued to relevant ISP or ESP

#### 3.6 Gypsy & Traveller Day Area & Site Card

Currently at 75.86% - 14 out of compliance. Inspections of these are ongoing. Access to these is an issue; ISP have been reminded of using support of Housing Management Team.

#### 3.7 Gypsy & Traveler Sockets

Currently at 64.29% - 50 out of compliance. These are currently being undertaken, to which a number are waiting sign off. ISP have been reminded of using support of Housing Management Team.

#### 3.8 Domestic Fire Doors High-Rise

Currently at 96.78% - 22 out of compliance. These are due to no access, currently in the no access procedure with Housing Management.

### 3.9 Lightning Protection

Currently at 20% - 8 out of compliance. There are 5 high rises, Methley, Hatfield, Sandbeck, Cusworth and Firbeck under the control of ESP as part of EWI remediation. These show as out of compliance on C365, however they have temporary lightning protection connections and we have certification confirming this. Westminster House and Rose Hill have been tested but failed their inspection. Silverwood House was due to be inspected but was unable due to high radio waves.

### 3.10 Automatic Opening Vents–

Currently at 75%. Silverwood House is showing out of compliance. This was an error with contractor not being issued works. This was completed by contractors on 9<sup>th</sup> May 2025 and we are awaiting confirmation of the compliant inspection.

### 3.11 Lift UPS

Currently at 66.67%. There is one of compliance at Westminster House and it is planned for completion by specialist contractor by end of May 2025.

### 3.12 Residential LOLER Thorough Examination

Currently at 58.28%. Access can be difficult for these and current access processes are followed. Taking onboard feedback from Savills we will be looking at equipment held within this section splitting those strictly covered by LOLER e.g. hoists from those that still require examination and maintenance under general H&S legislation and out Policy e.g. stairlifts.

### 3.13 Residential Lift Equipment Planned Preventive Maintenance (PPM)

Currently at 39.67%. ThA new contract for PPM came into effect in January. The requirement for the contractor to live report by directly uploading maintenance reports onto C365 was part of the contract specification. This is still being implemented but it is expected once in place and working there should be an improvement in performance.

### 3.14 Low Use Outlet Flush

While this area shows as 0% on C365, we have records to show they comply. The documentation is due to become electronic as part of our digital transition. It will then be reported via C365. This will be in place by the first quarter of 2025/26.

### 3.15 Access for Compliance related activities

Access has been and continues to be an issue for a number of compliance activities. Engagement with residents and tenants takes place in different ways through leafleting properties directly, using the internet and HouseProud. Access processes are currently being reviewed as part of the newly approved Access Process along with the implementation of the new Access Team.

## 4. **Fire Risk Assessment (FRA) Action Delivery**

4.1 A 10-year programme has been developed and agreed with CDC for delivery of FRA actions. All actions have been assigned a work plan year Work plan year 1 was completed. Work plan year 2 started in April 2024. Future reporting will take into account age and severity of actions. This is planned to start from April 2025.

### 4.2 Work Plan Year 3 – 2025/26

There were 267 actions identified in work plan year 3.

<b>Work Plan Year 3 FRA Actions</b>			
Total in Work plan 3	Number at end of April 2025	Number at end of May 2025	Number at end of June 2025
267	267	TBC	TBC

- 4.3 88 actions from work plan year 2 were not completed due to procurement and EWI remediation delays, these have all been carried over to work plan year 3. The procurement exercise for getting contractor provision to support delivery of these is due to complete mid-May with aim to have contractor in place by Q2 2025/26.
- 4.4 The workplans have been reprofiled considering any higher risk actions that need addressing earlier than in the original plan. Cusworth House is also being included to start the high-rise communal upgrade programme. These will be discussed and agreed with stakeholders at CDC as part of the Building Safety Group during May 2025.

## 5. EICR Actions

- 5.1 Actions identified in EICRs are monitored through C365. The EICRs are templated to extract actions and are closed off when minor works certificates are received by the Electrical Compliance Officer.

5.2

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 electrical remedials (< 3 month)	0	16
Overdue electrical remedials (3-6 months)	0	10
Overdue electrical remedials (6-12 months)	0	20
Overdue electrical remedials (12+ months)	0	161

- 5.3 Plan to get back in compliance  
207 C2s are overdue (past 28 day for completion as required in our internal policy) which all are in domestic properties; the oldest is 10.01.2023. These relate to 115 individual properties. Of the 161 C2s overdue by 12+ month these relate to 91 domestic. These C2s have been given to ESP to complete. Whilst there has been some progress by ESP up to the end of April suitable minor works evidence needs to be provided and accepted. These properties will be accessed as a priority with aim of completing outstanding by end of Q1 2025/26. New C2s being identified are also being dealt with to avoid them falling out of date with contractors returning the EICRs with no outstanding remedials (excluding C3s).
- 5.4 Of the 207 –
- 70 are complete, awaiting suitable evidence to close (minor works certificate)
  - 37 had a planned appointment which the tenant missed and have been carded
  - 37 have appointments arranged
- 63 require appointments to be arranged

#### 5.5 Mitigation whilst out of compliance

No C1s are overdue. These, if found, are dealt with immediately on site. During 24/25 there was 1 C1 recorded. Whilst there are a number of C2s overdue the Electrical Compliance Officer and the Electrical Team have confirmed these are not considered to be serious failings with the electrical system and coding C2s can be open to interpretation by electricians. All EICRs for affected properties are being reviewed along with minor works certificates.

5.6 Actions that require further investigation (FIs) and C3s are also recorded and monitored for completion on C365. C3s can be used to inform our planned improvement programmes; an example of a C3 is consumer unit that requires changing which will go on a planned programme.

#### 6 **Asbestos Reinspections Actions**

6.1 Actions identified in the reinspections are recorded in C365. Reinspections are now being carried out inhouse and these actions have been data cleansed to clarify what requires removal/actions or including within the reinspection programme. There are currently no actions from reinspections outstanding.

<b>Actions from Reinspections</b>			
	Number at end of February 2025	Number at end of March 2025	Number at end of April 2025
Actions Total	0	0	0

#### 7. **Legionella Risk Assessments Remedials**

7.1 Remedials identified through LRAs are monitored in C365 by the Water and Lifts Compliance Officer. They are RAG rated in the LRAs, current progress is shown in the table below -

<b>LRA Remedials</b>			
Total Number	Number at end of February 2025	Number at end of March 2025	Number at end of April 2025
High	8	0	0
Medium	45	45	1
Low	0	0	0

7.2 There is 1 medium risk remedial job due for completion by the 6<sup>th</sup> May 2025. ISP have confirmed this has been completed and Compliance Officer waiting for evidence to be provided.

#### 8. **LOLER Thorough Examinations Defects**

8.1 The lower the defect number the higher the importance to remedy and provide evidence for the Insurance contractor. These can vary from anything between providing SAFed Certificates to replacing suspension ropes due to rouging.

Observations are mainly recommendations and notes for future inspections. Advice is always taken from TUV-SUD SLHDs Lift Consultants before any decisions are made.



8.2

<b>LOLER</b>			
Defect Codes	Number at end of February 2025	Number at end of March 2025	Number at end of April 2025
R30 – to be completed within 30 days	2	0	0
R60 – to be completed within 60 days	20	7	8
R180 – to be completed within 180 days	0	0	0
Observation	0	0	0

8.3 The 8 R60s are all in date and due to be completed by the 28<sup>th</sup> May 2025.

## 9. Actions from Annual Gas Safety Checks

9.1 When an at risk or immediately dangerous action is identified from the annual gas safety checks a safety notice is created against the property.

<b>LGSR Actions</b>			
Code	Number at end of February 2025	Number at end of March 2025	Number at end of April 2025
At Risk	2	0	0
Immediately Dangerous	0	1	0

## 10. Occupational Health and Safety Update

10.1 There were no RIDDORs reported for during April.

## 11. Third Party Assurances

11.1 Assurances that a compliance activity is meeting its requirements are in place for some compliance areas. These are –

- Electrical – third part provides post inspection / work in progress quality checks
- Gas – third party provided post inspection / work in progress quality checks
- LOLER –specialist Lift Consultants provide expertise as well as quality assurance

11.2 The Savills mock inspection report identified this assurance should be in place for all compliance areas. Pennington Choices have been asked to carry out a health check in Q2 2025/26 and dates are being confirmed. This will follow the same principles as the previous health check they carried out to show the compliance journey.

## 12. Damp, Mould and Condensation

12.1

- 5802 customer requests for a damp inspection have been received between 2 January 2023 and 06 May 2025, relating to 4310 properties.
- From 06 May onwards: 74 damp appointment inspections currently booked in that are still to be attended (includes some without an appointment date).
- Earliest inspection appointment for a tenant calling in on 06 May is currently 19 May 2025 in all areas.
- Demand for a D&M related inspections has been up and down. During Jan/Feb last year weekly requests were around the 60-70 mark. November and December requests were also around 60-70, which is slightly lower than the averages the year before

### 13. HHSRS Hazards: Position statement as of the end of April 2025

- 13.1 Phase 5 of the stock condition surveying programme commenced in April 2025. This has led to the identification of new category 1 and 2 hazards that are now included in reporting. Progress has been made in terms of closing off category 1 hazards during April, with **60** more hazard actions being completed since last month. All but two category 1 hazards are those identified during the 2024 and latest (2025) stock condition surveying phases. One of these 2 remaining 'older' hazards is currently scheduled to be completed in May. The second, a date is unknown, as this is subject to legal proceedings. Further progress with closing off category 2 hazards has also been made, with **252** closed off during April 2025.

In total **312** hazards have been closed off during April 2025. This is more than double the amount closed off from the previous month.

- 13.2 At the end of April there are 189 category 1 hazards outstanding. This is a slight increase from the previous month due to additional hazards being identified from the latest round of stock condition surveys. There are also 3,380 category 2 hazards outstanding. Despite new hazards being identified as part of the latest round of stock condition surveys, this number is slightly lower than the previous month. This brings number of outstanding hazards to 3,569. This equates to 88% of category 1 hazards having been resolved and 57% of category 2 hazards having been resolved.
- 13.3 Of the **3,569** outstanding hazards, all but 28 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. There are **28** hazards that still require review and for the appropriate action to be taken – these are all category 2 hazards from the latest round of stock condition surveys where notification of the hazard has only just been received in the last 12 hours. This is a significant reduction from the previous month where there were 362 hazards were still to be actioned at that point. Taking these into account, plus the recently identified hazards from the latest round of stock condition surveys, **642** hazards have been assessed and actioned during April.
- 13.4 Work will now continue to facilitate addressing all hazards identified, with priority being given to the completion of the outstanding category 1 hazards. As previously reported, dedicated resources in the planned investment and damp & mould teams continue to be in place to address the outstanding hazards. This approach has seen significant positive results during April, and it is anticipated that the combination of these actions will lead to many more hazards being closed off in the coming months.

#### 13.5 HHSRS Category 1 Hazards 'Tracker' – Position as of 01 May 2025

- 13.6 As of 01 May 2025, there were **1,558** category 1 hazards that had been identified through stock condition surveys Phase 1 to 5. A further **5** category 1 hazards have been identified since August through day-to-day repairs and planned improvement activities. This brings the cumulative total of identified category 1 hazards identified to date to **1,563**.
- 13.7 Of the **1,563** category 1 hazards identified, **189** were still outstanding as of 01 May compared with **165** the previous month. The slight increase is due to additional/new hazards being identified as part of the latest round of stock condition surveying. This masks that 60 category 1 hazards were addressed during April.

13.8	<b>Status</b>	<b>Phase 1</b>	<b>Phase 2</b>	<b>Phase 3</b>	<b>Phase 4</b>	<b>Phase 5</b>	<b>General</b>	<b>Total</b>
	1. No access	-	-	2	4	5	-	11
	2. Future Appointment	1	-	2	14	63	1	81
	3. Legal	1	-	1	-	-	-	2
	4. Gas Service	-	-	-	2	1	-	3
	5. Planned Programme	-	-	20	52	-	-	72
	6. Quality Assurance Check	-	-	1	4	-	-	5
	7. Void Property	-	-	-	4	1	-	5
	8. Clarification Needed	-	-	1	2	-	-	3
	9. RTB	-	-	1	3	-	-	4
	10. Repairs Ongoing	-	-	2	1	-	-	3
	<b>TOTAL</b>	<b>2</b>	<b>0</b>	<b>30</b>	<b>86</b>	<b>70</b>	<b>1</b>	<b>189</b>

- 13.9 **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. These cases need to now be progressed through our no access process where appropriate.
- 13.10 **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.
- 13.11 **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.
- 13.12 **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.
- 13.13 **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 hazards have now been placed into the 2025/26 planned smoke and heat detection programme with the intention for these to be completed in Q1 (hence the target date of July 2025).
- 13.14 **Quality Assurance.** These relate to hazards where either a further visit by an inspector is needed to either 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

- 13.15 **Void.** These relate to properties which are now void and where the expectation is that the hazard will be removed during the voids process.
- 13.16 **Clarification Needed.** These hazards require further action or investigation to ascertain whether the hazard remains.
- 13.17 **RTB.** These are hazards where the property is now under a RTB and only emergency repairs can be carried out.
- 13.18 **Repairs Ongoing.** This is where a repair has been started to address the hazard, but not yet completed.
- 13.19 **Anticipated completion times for outstanding category 1 hazards**
- 13.20 The estimated timescale for the completion of the **189** 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.

13.21	Month	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Other	Total
	To be determined*	1	-	4	9	6	-	20
	May 2025	1	-	4	15	22	1	43
	June 2025	-	-	1	3	7	-	11
	July 2025	-	-	21	54	35	-	110
	August 2025	-	-	-	4	-	-	4
	September 2025	-	-	-	1	-		1
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>30</b>	<b>86</b>	<b>70</b>	<b>1</b>	<b>189</b>

\* 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.

#### 14. Report Author, Position, Contact Details

- 14.1 Carl Raybould – Health, Safety and Compliance Manager  
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- 14.2 Jordan Rowe – Electrical Compliance Officer  
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# ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England  
Company Number 05564649

## EMT Meeting REPORT

**Date** : 3 July 2025

**Item** : 11

**Subject** : Tenant development pathway

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

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

**Purpose** : To inform Board of a proposal to  
implement a tenant development  
pathway.

**Recommendation:** That the content of the report and the  
development pathway be noted.

Company Number 05564649  
A Company Limited by Guarantee  
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**To the Chair and Members of the  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 11  
Date: 3 July 2025**

**1. Report Title**

- 1.1 Tenant development pathway.

**2. Executive Summary**

- 2.1 The report advises Board of a proposal to create a development pathway for members of various tenant engagement groups to succeed into other tenant roles and subsequently become a Tenant Board Member. This involves providing training, mentorship, and development opportunities to prepare them for future roles to ensure they have the necessary skills, knowledge and confidence as they progress.
- 2.2 By implementing a development pathway, we can support tenant representatives to ensure that their voices are effectively integrated into our operations, leading to better outcomes and enhanced accountability.

**3. Purpose**

- 3.1 To inform Board of a proposal to implement a tenant development pathway.

**4. Background**

4.1 Tenant Voice Model

St Leger Homes' Tenant Voice Strategy and Tenant Voice Model was approved by the Board in 2022. Since then, several actions have been implemented to ensure robust engagement and involvement of tenants in service delivery.

- 4.2 The Tenant Voice Model (attached at Appendix A) provides opportunities for supporting tenants to acquire the skills and knowledge necessary to confidently engage and provide feedback on the services we offer. The various ways in which tenants can engage with us are set out below:

- **Tenant Board Member** - The Board of St. Leger Homes consists of three Tenant Board Members. Their role is to contribute to governance and strategic oversight, representing the voice of the tenant to ensure the best possible service;
- **Get Involved Group (GIG)** – This is our overarching group. Tenants who do not wish to be part of our wider tenant engagement groups such as the Tenant Scrutiny Panel, One Voice Forum or Tenant Review Hub are members of GIG and are involved in various activities, from mystery shopping, to attending focus groups or completing quick tasks such as surveys;
- **Tenant Review Hub** – Recently re-launched, the role of this group is to review key documents and communications to ensure they are accessible and easy to understand. They do not formally meet but review communications independently;
- **Tenant Scrutiny Panel (TSP)** - The TSP meet ten times per year. The group sits separately from the One Voice Forum (OVF) with no crossover of membership. It is an independent, tenant-led group. This ensures that the TSP remains focused on its role of scrutinising services and policies independently. Meetings typically last 2 hours. As well as meeting monthly, the TSP has a Complaints Sub-Group, which meets 8 times per year to review complaints. It also, on average, carries out 2 service scrutiny reviews per year. These are carried out by, on average, five members of the TSP;
- **One Voice Forum (OVF)** - The OVF meets 8 times per year. Meetings typically last 2 hours. The Forum is a key component of the tenant engagement structure at St Leger Homes. Established in 2022, the OVF serves as a consultation forum for tenants on service, strategy and policy development.

- 4.3 The Tenant Voice Model has proven to be highly effective, and we are committed to sustaining an approach that ensures tenants continue to want to be involved and that they are supported in this. This means having a pathway that encourages tenant involvement in all our various tenant groups, potentially succeeding to a Tenant Board Member position.
- 4.4 Board succession planning will help to minimise potential disruption from unexpected departures, provides opportunities to build the Board's diversity profile and helps to address skills gaps.
- 4.5 This approach is consistent with a recent report by TPAS highlighting the need to ensure a connection between tenant engagement and involvement with governance, decision-making, and performance – in effect our tenant engagement groups and our Board. The development pathway will ensure a sustained approach for tenant representatives to directly influence how we deliver our service and our decision making.
- 4.6 The implementation of these proposal supports the delivery of the Regulator of Social Housing's consumer standards. These standards emphasise the importance of tenants being able to influence governance and decision-making. The Transparency, Influence, and Accountability Standard ensures tenants have the ability to influence decisions and hold their landlords

accountable.

## **5. Proposals**

- 5.1. Appendix B shows the proposal for a Development Pathway to support engaged tenants. The proposals will provide a suite of options for tenant development, from which to select, to support Tenant Board Members, new, existing or aspiring, to fulfil their potential. It proposes a range of support options, provided internally and externally.
- 5.2 The Development Pathway will provide the opportunity to support tenant representatives and aspiring Tenant Board Members using a number of different routes to suit their needs working with a range of providers, including the opportunity to attend externally provided training from the organisations set out below. Further information on each of the training programmes the different organisations provide is attached at Appendix C.
  - The Housing Diversity Network (HDN) provides a number of different training programmes to support new and existing Board members. The HDN's Tenant Board Member and Board Accelerator programmes equips new and existing board members with the knowledge and skills they need.
  - The HDN also provide a Trainee Board Member (2 year) course. One organisation offered this as part of an 'apprentice' board member role with a paid salary c.£2,000 and a guaranteed place on the Board. It is proposed that a similar approach is used to encourage more diversity onto the Board, potentially to encourage a young person to a future Tenant Board Member position.
  - The CIH provide a Board membership package which covers up to 12 people per package and provides access to mentoring platforms and webinar.
- 5.3 The aim is to ensure by having a suite of training options from which to choose we can support Tenant Board Members regardless of when a vacancy arises, either planned or unplanned circumstances. This will ensure a cohort of skilled and committed tenants ready to step into different groups and roles when needed.
- 5.4 Any tenant interested in being developed as a Tenant Board Member will be interviewed to ensure their commitment to and suitability for the development pathway options and the role.
- 5.5 The proposals will provide tenants with the necessary training, mentorship, and experience to progress from being members of the Get Involved Group (GIG) to a member of either the Tenant Scrutiny Panel (TSP) or One Voice Forum (OVF) to becoming Tenant Board Members, if they so wish. By doing so, we aim to create a continuous pipeline of tenant representatives across a range of groups and for Board.



- 5.6 The pathway also recognises the need to support those tenant representatives who do not aspire to be a Tenant Board Member to ensure they are skilled and effective in their group, panel or forum roles. By implementing this development pathway and focusing on succession planning, we aim to ensure that our tenant engagement model remains strong and effective and that our tenant representatives are from a diverse range of tenants.

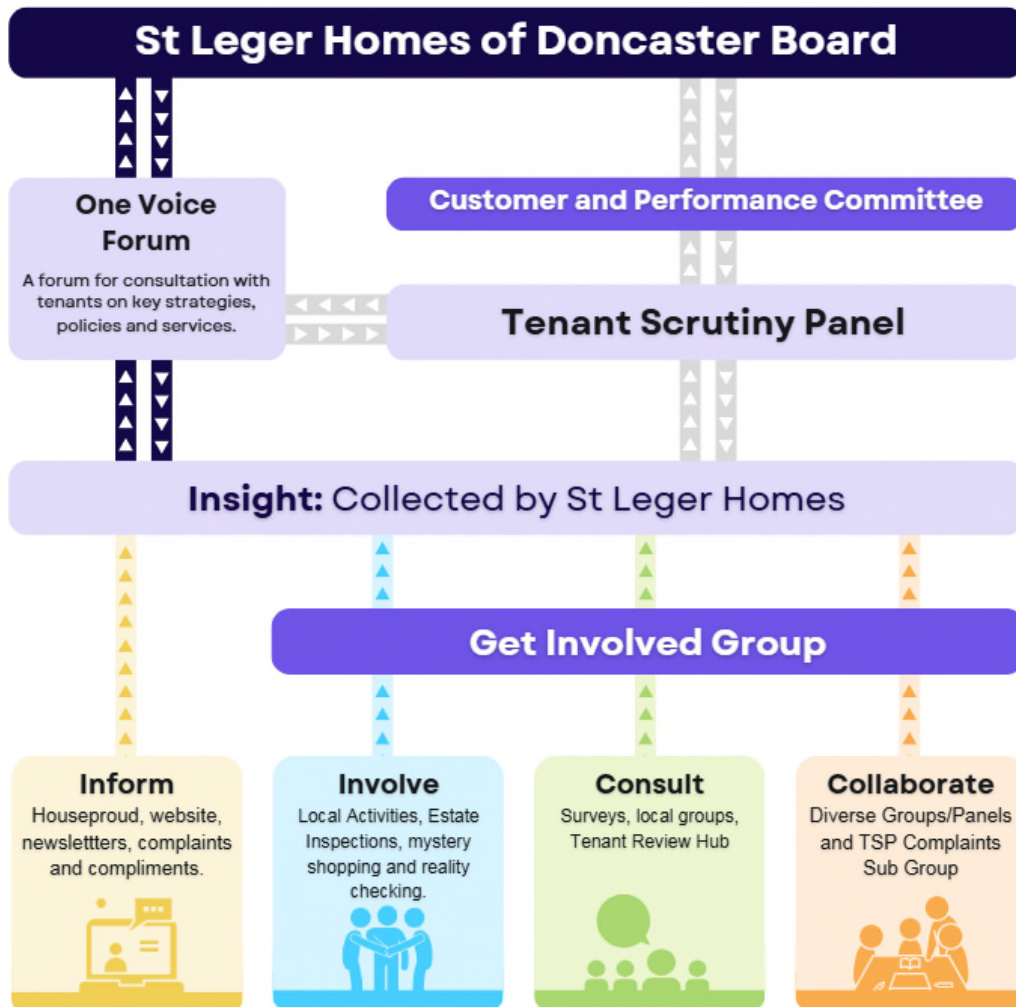
## **6. Consultation and Communication**

- 6.1 The pathway has been created with the support from the One Voice Forum and has been discussed with the Chair and Secretary of the Tenant Scrutiny Panel. All have been very supportive and welcome the proposals. Additional information on specific internal training/raising awareness sessions which could be implemented have been proposed by the Chair and Secretary of the TSP. These have been shared with the Executive Team for consideration.

## **7. Recommendation**

That the content of the report and the development pathway be noted.

## Tenant Voice Model



### Tenant Representative Development Pathway

#### Introduction

The purpose of this document is to outline the different pathways available to develop tenants who are part of various groups, panels or forums to have the skills and knowledge they require to effectively contribute to and challenge service delivery and to provide support for those who wish to be involved as Tenant Board Member. The model also includes a pathway to develop existing Tenant Board Members.

This pathway is designed to ensure that tenant representative regardless of how they are providing their feedback and how they want to be involved are well-prepared and equipped with the necessary skills and knowledge to effectively contribute to how we deliver services and our decision-making processes.

This structured pathway will help:

- Maintain the sustainability of tenant involvement by ensuring that there is a continuous pipeline of capable Tenant Board Members;
- Ensure the continued success of the organisation by bringing in experienced and skilled candidates;
- Support an increase in diversity, essential for promoting resilience and adaptability;
- Empower tenant representative to have the confidence to challenge and question to enhance overall governance and effectiveness;
- Ensure effective succession planning into the Tenant Board Member role.

#### Developing engaged tenant representatives

To ensure effective succession planning across the various tenant groups consideration has been given to all the different avenues available for recruitment onto the various tenant groups and, ultimately, the Board.

Recruitment can be external and internal depending on the opportunities at the time when various vacancies occur. This includes external recruitment and the internal movement of existing tenant representatives across various tenant groups to gain knowledge and understanding of the business and the services we provide. This will support effective challenge, support and effectiveness.

This approach will ensure that each tenant representative is adequately prepared and equipped to contribute effectively to the Panel, Forum for Board's decision-making processes.

# Development Pathways

## 1. Newly Appointed Board Members

This development pathway is based on an appointment being made 6 months prior to the incumbent tenant representative leaving the Board. This will ensure a robust induction process during the 6-month period and a thorough overview of the organisation and governance arrangements.

The development pathway will include :

- Attending three One Voice Forum meetings to shadow and learn from experienced members (unless previously been a member of OVF) ;
- Attending three Tenant Scrutiny Panel meetings to shadow and learn from experienced members (unless previously been a member of TSP)
- Shadowing at 3 Board meetings to learn from experienced members;
- Attending an externally provided Board training programme;
- Peer group support –experience tenants to mentor new Tenant Board members;
- Creation of a resource library of policies, strategies and other relevant documents for Tenants Board members to access;
- Undertaking a skills audit to identify any training needs. This can be used to support any external training;
- Induction training to understand the organisation and various service areas.

The induction will include the following elements:

- Roles and responsibilities;
- Governance, Regulation and Compliance;
- Budgets and Finance;
- Effective challenge and questioning;
- The role of the various Committee;
- Our Performance Management and decision-making cycle;
- Risk management and controls
- Opportunity to attend spotlight sessions at OVF.

Attendance at meetings as part of job shadowing will be remuneration as per the remuneration model.

## 2. Tenant Board Member Trainee - External or Internal Recruitment

Recruitment to a trainee/apprenticeship role for 2 years. This position can be recruited either from interested members of existing TSP, OVF or GIG. The organisation may also advertise this opportunity externally, particularly if wanting to attract a specific person for diversity reasons, e.g., a young person.

This will involve:

- Attendance at the Board Trainee programme for aspiring Board Members. This is a 2-year course and 100% attendance will be expected;
- Approval as a Board member following the 2-year apprenticeship;

- Attendance at 3 Board meetings to shadow without voting rights;
- Attending three One Voice Forum meetings to shadow and learn from experienced members (unless previously been a member of OVF) ;
- Attending three Tenant Scrutiny Panel meetings to shadow and learn from experienced members (unless previously been a member of TSP)
- Peer group support –experience tenants to mentor new Tenant Board members;
- Creation of a resource library of policies, strategies and other relevant documents for Tenants Board members to access;
- Skills Audit to identify any training needs which can be used to support external training;
- Induction training to understand the organisation and various service areas:
  - Roles and responsibilities;
  - Governance, Regulation and Compliance;
  - Budgets and Finance;
  - Effective challenge and questioning;
  - The role of the various Committee;
  - Our Performance Management and decision-making cycle;
  - Risk management and controls
- Opportunity to attend spotlight sessions at OVF.

### **3. Existing Tenant Board Members**

Where required the following package of support will be available:

- Attendance at an externally provided training programme for Board members;
- Attending three One Voice Forum meetings per year (unless previously been a member of the OVF);
- Attending three Tenant Scrutiny Panels per year as an associate member (unless previously been a member of the TSP);
- Peer group support –experience tenants to mentor new Tenant Board members;
- Creation of a resource library of policies, strategies and other relevant documents for Tenants Board members to access;
- Skills Audit to identify any training needs which can be used to support external training;
- Induction training to understand the organisation and various service areas or the opportunity to attend spotlight sessions at OVF.

### **4. Board and Committee Shadowing Sessions**

For any interested member of TSP or OVF to shadow at a Board or Committee meeting on a look and listen basis. Attendance at these meetings will not form part of the remuneration package.

## **5. Tenant Scrutiny Panel and One Voice Forum meetings – Shadowing Opportunities**

For any interested member of GIG who is not already a member of TSP or OVF to shadow at a meeting of their choice on a look and listen basis. Attendance at these meeting will not form part of the remuneration package.

## **6. Recruitment Open Days**

To encourage succession to the Board from existing members of the Get Involved Group, TSP or One Voice Forum a recruitment open day will take place once a year or other interested tenants. The day will also be open for any tenant who has expressed an interest in becoming a Board Member.

DRAFT

### 1. Chartered Institute of Housing – Building Better Boards Membership

#### Benefits membership

- Access to a wide range of member-exclusive events and webinars. This includes a quarterly Building Better Boards event with a 'state of the nation' session with a CIH representative
- Full access to the member exclusive CIH professional standards self-assessment tool, designed to support you in your role as a board member and a great resource to support appraisals and development programmes
- Access to our fantastic mentoring platform allows you to network with a wide range of housing professionals and board members from across the housing sector
- Bi-annual membership sessions and contact with your CIH regional/national engagement manager, designed to support members to get the most value from membership
- The offer of a CIH representative to attend your board meeting (virtual) on an annual basis (by prior arrangement)
- Full access to Housing Today as part of the membership
- Member-only access to the Knowledge Hub gives you legislative oversight, best practices, and case studies
- Regular CIH newsletters, Housing Matters, and regional newsletters
- Access to event recordings covering a wide range of topics and previous Building Better Boards events

#### How does it work?

- Membership covers up to 12 people per package
- 12-month subscription
- Instant access to all member benefits
- Induction to membership for all board members
- Annual progress review, with activity reviews on request
- Exclusive updates direct to members.

Past webinars for Board members have included, **Building Better Boards - Complaints: Knowing your role**

## **2. Housing Diversity Network – Tenant Board Member Programme**

The Programme launches in April this year.

The Tenant Board Member programme will support trainees in 5 key ways:

- An extensive series of workshops covering the role of the board, regulatory requirements, and current and emerging issues in the housing sector.
- Support for personal development as an aspiring board member. This is arranged by a HDN Associate who will liaise with the organisation throughout the programme.
- A “buddy” from within the organisation will be recruited to offer practical support along the learning journey.
- One-to-one mentoring provided by an experienced non-executive director.
- A partnership approach with the host organisation with the aim of enabling successful board membership for programme participants.

### **What can tenants expect from the programme?**

- An understanding of what is expected of a tenant board/committee member.
- Knowledge of current issues in the sector including good governance, strategic thinking and risk management practices that are aligned to the interests of tenants and residents.
- An appreciation what an ‘effective board’ looks like and understand how you should be adding tangible value to decision-making.
- More confidence and self-awareness, so that participants can develop their influencing and relationship-building skills.
- Improve participants confidence and self-awareness, as well their influence and relationship-building skills.
- An understanding of how to use personal experience in a strategic way to challenge and ask the right questions in the boardroom.

## **3. Housing Diversity Network - Board Accelerator Programme**

The HDN Board Accelerator Programme equips new and existing board members with the knowledge and skills to succeed in today’s fast-moving environment. It is designed to increase the capability and confidence of individual board members to improve the effectiveness of board and organisation.

The programme centres on practical, interactive training delivered by expert trainers with extensive board experience. It is a development programme which enhances strategic



thinking and examines both regulatory requirements and current and emerging challenges in the housing sector.

Entrants to the programme can be at any level of experience as a board member, from entrants to experienced chairs. The programme combines workshop sessions (both in person and virtual) with mentoring sessions. The Programme is specifically focussed on the needs of the board member and the sponsoring organisation.

#### **Programme Objectives:**

- Understand what it means to be a board member in the context of the demands of the housing sector.
- Keep up to date with good governance, strategic thinking and risk practices that are aligned to the interests of tenants and residents.
- Appreciate what an 'effective board' looks like and understand how you should be adding tangible value to the organisation.
- Receive insight into the tools and techniques used as part of a well-run board performance evaluation.
- Broaden participant's knowledge of the housing sector.
- Improve participants confidence and self-awareness, as well their influence and relationship-building skills.
- Improve participants ability to challenge and ask the right questions.

#### **Organisation Benefits:**

Participating organisations derive multiple benefits from the programme. The mentoring element especially develops board members who are more knowledgeable, confident, effective and more diverse in their thought and contribution. Many programme participants have taken up key positions as chairs of committees, or the board itself.

#### **Reasons to join the programme:**

- To gain confidence and understand of the governance role more thoroughly.
- To understand assurance, risk, regulation, compliance, finance, treasury, value for money, new development, board dynamics and the role more widely.
- To meet, share experiences and learning with board governance from across the sector, and gain access to on-line additional resources.
- To gain insight from speakers and mentors who are board members and senior staff, including input from the Regulator of Social Housing, National Housing Federation, National Federation of ALMOs and the Chartered Institute of Housing.

#### **The programme is suitable for:**

- Board Members who are new to governance, or new to the housing sector, who want to start making an effective contribution to the running of their organisation
- New board members who wish to rapidly get up to speed on the challenges facing the sector, how other housing associations are responding and build a network of colleagues.
- Board members who are considering becoming chairs or deputies. The programme deepens and consolidates knowledge and offers the opportunity to share experiences with sector leaders.

**The programme includes:**

- Group workshops which focus on current issues and challenges within the regulatory, social and economic environment with speakers from across the sector
- Personal development including assessing feedback from peers, strengthscope assessment and one-to-one coaching session at the start.
- Tailored one-to-one mentoring sessions with a carefully matched and trained external mentor.

Mahara Haque -Berneslai Homes

*I'm a lot more confident in my ability as a Board Member now, than I was 18 months ago when I was starting this journey. I think a massive part of that was the mentoring I had as part of the programme. My mentor was a 'rock' throughout the whole process and we still meet up, beyond the HDN programme. They've been great at helping me - by discussing issues and working through things together - they've been amazing. My Strengthscope feedback was really good and there is so much content in the programme. Overall, I've taken a lot out of the Board Accelerator Programme.*

## **Housing Diversity Network – Trainee Board Member**

The Board Trainee (or Associate) Programme is designed to attract a diverse range of talent, mostly from 'non-traditional' board backgrounds, and work with them so that they are in a position to apply for board vacancies when they occur. In essence, the programme is a two-year development scheme to create a pipeline of talent for diversity on boards.

### **The Programme**

**Four key stages:**

- Preparation with the existing board and organisation for a more diverse board
- Searching for and selection of diverse board members (particularly in terms of ethnicity, age/younger and disability)
- Inducting and mentoring these board members (or trainees)

- Retaining and ensuring good contribution of such new members

The programme draws on leading diversity practice to make a real and lasting impact on the development of diversity at Board level.

The process and support includes:

## **The Process**

### **Work with the organisation in the following areas:**

- Recruitment - from the beginning to the end of the process ensuring that we use inclusive practices and the widest possible range of advertising channels.
- Ensuring that the Board and Executive Team understands the business case for diversity and is committed to the process.
- Identifying individual needs of the new trainees using diagnostic tools and feedback.
- Providing an external mentor to each trainee to help support their personal development.
- Providing a series of (at least) monthly Board Excellence workshops for trainees to develop their skills and knowledge.
- Providing focused training including boardroom challenge, framing questions, discussing and strategic thinking.
- Further training such shadowing opportunities at Board level, mock board meeting participation, CV and interview ready skills, including support with their Board application.
- Provide Networking opportunities with HDN through our events and conference programme, as well as events with other trainees
- Throughout the process HDN's Lead Associate will set up and maintain a relationship with both the trainee and the organisation.
- A personal development plan is agreed with both the organisation and the trainee.

Many organisations have worked together to develop a regional cohort of board trainees who can network and go through the programme together.

Board Forward Plan

Board Forward Plan

	Jul-25	Aug-25	Oct-25	Dec-25	Feb-26	Apr-26	Jun-26
Pre-Board discussion item <b>(BOARD ONLY)</b>	Performance Infographics	Awaabs Law					
Minutes of the previous meeting	✓	✓	✓	✓	✓	✓	✓
Chairs / CEO Update	✓	✓	✓	✓	✓	✓	✓
KPI Performance		✓	✓	✓	✓	✓	
Committee minutes	✓	✓	✓	✓	✓	✓	✓
Capital/Revenue Monitoring		✓		✓ Q2 following A&R	✓		
Health & Safety Highlight & Dashboard Update	✓ (for 2025 only)		✓		✓		✓
Strategic Risk Register		✓ (for 2025 only)			✓		✓
6 MONTHLY ITEMS							
Annual Development Plan - Current Year			✓		✓		
Board Expenses & Attendance Register (Dec report includes new Declarations of Interest forms)		✓ (for 2025 only)		✓			✓
Board Forward Plan	✓ (for 2025 only)			✓			✓
Consumer Standards GAP analysis action plan	✓ (for 2025 only)			✓			✓
ANNUAL ITEMS							
Playing of Annual Review - need to confirm each year whether ready in Oct or Dec			✓	✓			
Financial Statements - <i><b>one item early July Board meeting</b></i>		✓					
People Strategy Update	✓ (for 2025 only)						✓
Budget Update (as part of CEO report)					✓		
Budget Approval							
ICT Strategy Update			✓			✓	
Year-end Performance		✓ (for 2025 only)					✓
Year-end Revenue and Capital Monitoring		✓ (for 2025 only)					✓
Annual Development Plan and draft KPI's – Year ahead					✓ (final sign off)		
Annual Development Plan - Year End Review		✓ (for 2025 only)					✓
Modern Slavery Statement	✓ (for 2025 only)						✓

Board Forward Plan

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	✓ (for 2025 only)						✓
Customer Voice Strategy - Annual update against action plan						✓	
Equality and Diversity Strategy - Annual update against action plan. <b>June normally but August in 2025</b>			✓ (for 2025 only)				✓
Gender Pay Gap					✓		
Safeguarding Children and Adults Annual Report			✓				
Housing Ombudsman Complaint Handling Code Annual Review						✓	
Annual complaint performance and service improvement report (then submit to Ombudsman)		✓ (for 2025 only)					✓
Governance Standard and NHF code of Governance update					✓		
Annual Asset and Stock Con report			✓				
Allocations and Mutual Exchanges Update - <b>Aug report from 2025 (then needs to go to CDC meetings)</b>		✓					
Tenancy Management report - <b>Aug report from 2025 (then needs to go to CDC meetings)</b>		✓					
Customer Access Strategy - Annual update against action plan 2025-29						✓	
AD-HOC ITEMS							
Communications Strategy and closing off year 4 of current strategy			✓				
Disrepair Policy			✓				
Cyclical Maintenance Policy			✓				
Roads and Paths Policy			✓				
Leaseholder Handbook				✓			
Tenant Development/Tenant Board Member recruitment –	✓						
No Access Policy (update following implementation)					✓		
Safeguarding Policy	✓						
Housing Management Policy				✓			
High Rise Resident Engagement Strategy		✓					
Void and Complaints KPIs – Assurance we have plans in place to meet 2025/26 targets (April Board request)	✓						