

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

**To be held at 2pm on Thursday 4 December 2025  
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

**AGENDA**

**13:00 – 14:00 – Lunch**

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

***For Approval***

|          |   |                |                        |
|----------|---|----------------|------------------------|
| <b>5</b> | Value for Money Statement                   | N Feirn        | <b><i>Enclosed</i></b> |
| <b>6</b> | Consumer Standards GAP analysis action plan | J Davies       | <b><i>Enclosed</i></b> |
| <b>7</b> | Asset Management Strategy                   | L Winterbottom | <b><i>Enclosed</i></b> |
| <b>8</b> | Environmental Strategy                      | L Winterbottom | <b><i>Enclosed</i></b> |
| <b>9</b> | Secure Tenancy Agreement                    | J Davies       | <b><i>Enclosed</i></b> |

***For Information***

|           |  |                |                        |
|-----------|--|----------------|------------------------|
| <b>10</b> | KPI Performance  | C Margrave     | <b><i>Enclosed</i></b> |
| <b>11</b> | Building Safety Governance Map   | L Winterbottom | <b><i>Enclosed</i></b> |
| <b>12</b> | TSM Annual Update  | J Davies       | <b><i>Enclosed</i></b> |
| <b>13</b> | Q2 Revenue Monitoring  | N Feirn        | <b><i>Enclosed</i></b> |
| <b>14</b> | Q2 Capital Monitoring  | N Feirn        | <b><i>Enclosed</i></b> |
| <b>15</b> | Annual Asset and Stock Condition report  | L Winterbottom | <b><i>Enclosed</i></b> |
| <b>16</b> | Board Expenses and review of policy, Attendance Register, 2024<br>Declarations of Interest | C Margrave     | <b><i>Enclosed</i></b> |
| <b>17</b> | Corporate Management Framework   | C Margrave     | <b><i>Enclosed</i></b> |
| <b>18</b> | Respect Social Housing Stigma  | J Davies       | <b><i>Enclosed</i></b> |
| <b>19</b> | Customer Service Excellence  | J Davies       | <b><i>Enclosed</i></b> |
| <b>20</b> | Board Forward Plan   | D Wilkinson    | <b><i>Enclosed</i></b> |
| <b>21</b> | Committee Minutes  |                |                        |
|           | 1. Customer & Performance Committee – 18 September 2025                                    | D Wilkinson    | <b><i>Enclosed</i></b> |
|           | 2. Special Building Safety & Compliance Cttee - 29 Oct 2025                                | D Wilkinson    | <b><i>Enclosed</i></b> |
|           | 3. Audit & Risk Committee – 4 November 2025  | T Mason        | <b><i>Enclosed</i></b> |

- 22 AOB
- 22.1 6 June Board meeting – request to move to Thursday 11 June as C Margrave clashes with NFA 1 day annual conference **Verbal**
- 23 Reflection on effectiveness of meeting
- 24 *Date of next meeting – 5 February 2026*

| NO  | St Leger Homes of Doncaster Board - Action Log |      |  |  |               |       |
|-----|--|------|--|--|---------------|-------|
|     | Month  | Ref  | Action   | Progress   | Completed Y/N | Owner |
| 134 | Oct-25   | 4.8  | <b><u>Balby Bridge Closure Order</u></b><br>One member asked, other than what we do already, what more can we do to be proactive to help us address the challenge?   | Complete. We are extending the closure orders, working closely with parnters, increasing outreach presense and increased engagement with tenants | Y             | JD    |
| 135 | Oct-25   | 4.1  | <b><u>TPAS Exemplar Status Accreditation</u></b><br>The Chair asked, on behalf of the Board, to pass on congratulations to the team for its achievements so far in the process.  |  | Y             | JD    |
| 136 | Oct-25   | 6.3  | <b><u>Safeguarding &amp; ASB Team</u></b><br>44% increase of concerns from the previous year. One member asked if that was representative across the board? The Director of Housing & Customer Services advised she would look into this.  |  |               | JD    |
| 137 | Oct-25   | 8.3  | <b><u>Acronym Guide</u></b><br>Acronym guide to be issued to new tenant Board members.   |  | Y             | MJ    |
| 138 | Oct-25   | 9.3  | <b><u>Artificial Intelligence (AI) Policy (New)</u></b><br>The Director of Corporate Services to ensure that the Recruitment & Selection policy stipulates the use of AI is not permitted. Additionally, add this statement into the AI policy and consider other Human Resource policies this could affect. | SLHD does not use AI in its Recruitment & Selection Policy   | Y             | KH    |
| 139 | Oct-25   | 9.4  | <b><u>Artificial Intelligence (AI) Policy (New)</u></b><br>Policy document - 'date for review' to be amended to 'July 2026'  | Complete   | Y             | KH    |
| 140 | Oct-25   | 11.9 | <b><u>Key Performance Information</u></b><br>Another member commented the Ombudsman is saying it wants customer feedback, however we are not reporting positive feedback. He said, it might be helpful to include compliments, satisfaction measures to give us some context and balance.                    |  |               | JD    |
| 141 | Oct-25   | 15.1 | <b><u>Access Team</u></b><br>The Chair commented in December the Access Team will have been up and running for 3 months. He asked for an update on how well the Access Team was doing, either as an update as part of the Chair and CEO report or separate report to December Board.                         | An update on implementation on the team will be included in the Chief and Chairs report in December and April                                    | Y             | JD    |

## Board Decision Summary

|  |                      |
|--|----------------------|
| <b>Meeting:</b>  | St Leger Homes Board |
| <b>Date of meeting:</b>  | 2 October 2025       |
| <b>Chair:</b>  | Dave Wilkinson       |
| <p>The Board approved:-</p> <p><u>Agenda Item 6</u> – Safeguarding Children and Adults Annual report<br/><u>Agenda Item 7</u> – Equality and Diversity Strategy – annual update against action plan<br/><u>Agenda Item 8</u> – ICT Strategy update<br/><u>Agenda Item 9</u> – Artificial Intelligence Policy</p>   |                      |
| <p>The Board requested:-</p> <p><u>Agenda Item 5</u> – Paving Policy</p> <ul style="list-style-type: none"><li>• Requested that this item is deferred until the December Board meeting, following submission to a Special BSC committee meeting on 29 October 2025.</li></ul>  |                      |
| <p>The Board received:-</p> <p><u>Agenda Item 10</u> – Health &amp; Safety Highlight &amp; Dashboard update<br/><u>Agenda Item 11</u> – KPI Performance<br/><u>Agenda Item 12</u> – Annual Development Plan update<br/><u>Agenda Item 13</u> – Committee Annual Reports:</p> <ul style="list-style-type: none"><li>➤ Building Safety and Compliance</li><li>➤ Employment and People</li><li>➤ Audit and Risk</li><li>➤ Customer and Performance</li></ul> <p><u>Agenda Item 14</u> – Committee Minutes:</p> <ul style="list-style-type: none"><li>➤ Building Safety &amp; Compliance Committee – 4.9.25</li><li>➤ Employment and People – 3.9.25</li></ul> |                      |



Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**St. Leger Homes of Doncaster Limited**

**BOARD MEETING**

**Hybrid meeting**

**2.00pm on Thursday 2<sup>nd</sup> October 2025**  
**Civic Office, Floor 4 - Room 410**

**Present:**

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

**Also In Attendance:**

Lee Winterbottom (Director of Property Services, Jane Davies (Director of Housing and Customer Services), Kevin Hanlon (Director of Corporate Services), Maxine Johnson (minutes).

**City of Doncaster Council (CDC)**

Yvonne Fox (Service Director Place).

**Members of the Public/Observers:**

Marcus Evans (DTP - David Tolson Partnerships).

|           |  | Action |
|-----------|--|--------|
| <b>1.</b> | <b>Apologies and Quorum</b>  |        |
| 1.1       | Apologies were received from, Milcah Walusimbi, Phil Cole and Cllr Kieran Lay and the meeting was quorate.           |        |
| 1.2       | The Chair welcomed Kath Smart to her first Board meeting and acknowledged the recent resignation of Cllr Kieran Lay. |        |
| 1.3       | Introductions were made for the benefit of Marcus Evans of David Tolson Partnership.                                 |        |
| <b>2.</b> | <b>Declarations of Interest by Board Members</b>   |        |
| 2.1       | None were received.  |        |
| <b>3a</b> | <b>Matters arising and action log from previous meetings</b>   |        |
| 3a.1      | Updates were noted from the action log.  |        |
| <b>3b</b> | <b>Ratification of minutes from the meeting held on 7 August 2025</b>  |        |

|           |  |  |
|-----------|--|--|
| 3b.1      | <p>The minutes of the previous meeting were agreed as a true and accurate record, subject to the following amendment:</p> <ul style="list-style-type: none"> <li>• Add Cllr Sue Farmer as present at the meeting.</li> </ul>   |  |
| <b>4.</b> | <b>Chair and Chief Executive's Update</b>  |  |
| 4.1       | The Chief Executive presented the Chief Executive and Chair's Update Report and highlighted the following:   |  |
| 4.2       | <p><u>Committee Membership</u></p> <p>The Chief Executive referred members to point 5.2 of the report that detailed Committee Membership where no concerns were raised. Board acknowledged the resignation of Cllr Lay and noted CDC would be advising of a future replacement in due course.</p>  |  |
| 4.3       | <p><u>2026 Board and Committee Meeting Dates</u></p> <p>Board noted the dates at Appendix C.</p>   |  |
| 4.4       | <p><u>2025 Outstanding Board Training</u></p> <p>Board was drawn to point 5.6 of the report and the Chief Executive explained training was paused, however now we have a full complement of board members we will continue to deliver board training, as detailed in the report.</p>   |  |
| 4.5       | <p><u>Board Terms of Reference (ToR)</u></p> <p>The Chief Executive highlighted there were no proposed changes to Board ToR, which Board confirmed they were happy to approve.</p>   |  |
| 4.6       | <p><u>National Issues</u></p> <ul style="list-style-type: none"> <li>• <u>Decent Homes 2 and Minimum Energy Standards (MEES)</u></li> </ul> <p>It was noted there are still no indication for funding arrangements.</p> <ul style="list-style-type: none"> <li>• <u>Rent Convergence</u></li> </ul> <p>It was also noted that consultation had closed and SLHs continue to work with CDC. Following the budget there may be a further update from government which could be shared with Board.</p> |  |
| 4.7       | <p><u>Corporate Management Framework</u></p> <p>The Chair asked if the early stages of the corporate management framework could be shared at the next Board Strategic Away Day. It</p>   |  |

|           |  |           |
|-----------|--|-----------|
|           | was noted that this item was on the Board forward plan for December Board.   |           |
| 4.8       | <p><u>Balby Bridge Closure Order</u></p> <p>Board was pleased to hear that the courts had recently awarded 37 close orders led by SLHs. A discussion ensued as to how the orders worked in practice and the sanctions available.</p> <p>One member asked, other than what we do already, what more can we do to be proactive to help us address the challenge?</p> | <b>JD</b> |
| 4.9       | <p><u>HMO Lease for use of Temporary Accommodation</u></p> <p>Board queried and were given assurance that the HMO was economically viable.</p>   |           |
| 4.10      | <p><u>Tpas Exemplar Status Accreditation</u></p> <p>The Chair asked, on behalf of the Board, to pass on congratulations to the team for its achievements so far in the process.</p>  | <b>JD</b> |
| 4.11      | <p>i) Board approved the Board Terms of Reference (ToR) at Appendix A, that proposed no changes.</p> <p>ii) Board approved the Committee Membership proposal as detailed at 5.2 of the report and Appendix B.</p> <p>iii) Board noted the 2026 meeting dates at Appendix C.</p>  |           |
| <b>5.</b> | <b>Paving and Driveway Policy (New)</b>  |           |
| 5.1       | Board agreed to defer the new policy until the December Board meeting, and in the meantime submit the report to Building Safety & Compliance committee for consideration.  |           |
| <b>6.</b> | <b>Safeguarding Children and Adults Annual Report 2024-25</b>  |           |
| 6.1       | The Director of Housing & Customer Services sought Board approval for the Safeguarding Children & Adults Annual Report 2024-25, highlighting collaborative safeguarding activities, compliance with statutory guidance, and commitment to protecting vulnerable individuals within the community while reflecting on achievements and future focus areas.          |           |
| 6.2       | <p>One member asked – how many repairs operatives have a Disclosure and Barring Service (DBS) check?</p> <p>The Director of Housing and Customer Service advised, we do not carry out DBS checks for repairs operatives, generally nor do other local housing providers. The law states checks should be carried out</p>   |           |

|           |   |           |
|-----------|---|-----------|
|           | <p>for staff who are going to be on their own with vulnerable adults and children in a 'caring' capacity.</p> <p>Another member confirmed, organisations must have legitimate reasons for the checks, the service is strict and must not be carried out as a 'catch all'.</p>   |           |
| 6.3       | <p>Referring to page 1 of the report, a member highlighted during 2024/25 1148 concerns were received by the Safeguarding &amp; ASB team, an increase of 44% from the previous year (796). She asked if that was representative across the board?</p> <p>The Director of Housing and Customer Services advised she would look into this.</p>  | <b>JD</b> |
| 6.4       | <p>The Chair enquired if training was mandatory?</p> <p>It was noted the ASB team, have various levels of mandatory training built into the training programme.</p>   |           |
| 6.5       | <p>The Vice Chair queried – how do we close the loop once we have made a referral and how do we see the benefit to us as an organisation?</p> <p>The Housing &amp; Customer Services Director advised, we open a case, that then records the referral, through case monitoring we will check and close the case down once resolved. The benefit to the organisation is knowing our tenants are safe and we have had a hand in doing that.</p>                             |           |
| 6.6       | Board approved the Safeguarding Children and Adults Annual Report.  |           |
| <b>7.</b> | <b>Equality Diversity &amp; Inclusion (EDI) Strategy 2022 - 26 Annual update against action plan</b>  |           |
| 7.1       | <p>The Director of Corporate Services presented the report that provided a Year 3 update on its EDI Strategy 2022-26.</p> <p>Members noted that 16 of 23 Year 3 actions have been completed with improvements in diversity data declaration rates, employee inclusivity, and customer engagement. Several initiatives continue into Year 4 to further embed EDI principles and address areas such as data collection, leadership diversity, and community engagement.</p> |           |
| 7.2       | The Chair queried, and it was confirmed - where actions were amber the dates shown were the 'revised' dates.  |           |

|           |  |           |
|-----------|--|-----------|
| 7.3       | <p>The Chair highlighted 26.35% of colleagues are age 55 and above – does that pose a risk?</p> <p>The Chief Executive explained our staff don't have to tell us when they are retiring but a vast majority do, planning through apprentices in addition to succession planning is something we actively do.</p>   |           |
| 7.4       | <p>Referring to point 2.4 of the report one member asked, in terms of collating staff data which seemed to have plateaued, what can we do differently?</p> <p>It was thought that the questions in the staff pulse survey, could be reviewed and potentially more information gathered during this process.</p> <p>The Chief Executive commented, we don't take an aggressive approach to customer data, it's almost an option. He highlighted that in organisations he had work at previously, they had taken a more proactive approach to gathering customer data.</p> |           |
| 7.5       | Board noted Year 3 end of year update, and approved Year 4 actions of the EDI strategy.  |           |
| <b>8.</b> | <b>ICT Strategy 2024 - 2029 Annual Update</b>  |           |
| 8.1       | <p>The Director of Corporate Services presented the report that provided Board with an update on the progress made against the Year 1 Action Plan and sought approval for the year 2 Action Plan.</p> <p>Members noted successful completion of seven Year 1 actions and ongoing progress on seven others. The Year 2 Action Plan focused on priorities such as the One Housing system rollout, AI integration, Microsoft 365 enhancements, cybersecurity, and business continuity to support organisational technology needs and remote working capabilities.</p>       |           |
| 8.2       | Members were referred to point 3.3 of the report that explained the importance of One Housing upgrade which had been lengthy and demanding, as well as several other projects introduced after the publication of the Year One Action Plan.  |           |
| 8.3       | Acronym guide to be issued to new tenant Board members.  | <b>MJ</b> |
| 8.4       | <p>One member asked in terms of the 7 actions carried forward – is there anything that we should be concerned about to derail the strategy?</p> <p>The Director of Corporate Services advised he had no concerns to raise to Board, some of the actions are a constant work in progress.</p>   |           |

|           |  |           |
|-----------|--|-----------|
| 8.5       | <p>Another member asked, how does SLH review the benefits of a project - to make sure it has driven out the initial benefits of the business case?</p> <p>It was noted generally projects are reviewed incrementally and assessed as they are progressed. Digital Transformation Board (DTB) oversees and monitors all digital projects to ensure there is no adverse effects on anyone work stream. Compliance 365, when it was being developed was closely monitored by Building Safety &amp; Compliance Committee. This is in addition to internal audit, who carry out project reviews before and after implementation.</p> <p>The Vice Chair summarised, Board recognise that it's a continuing journey but need to see the investment of time.</p> |           |
| 8.6       | Board noted the progress made against the ICT Action Plan for Year 1 and approved the updated ICT Action Plan for Year 2.  |           |
| <b>9.</b> | <b>Artificial Intelligence (AI) Policy (New)</b>   |           |
| 9.1       | <p>The Director of Corporate Services presented the report for approval, the purpose of which is to provide guidance on the use of AI within St Leger Homes of Doncaster (SLHD), promoting responsible and transparent use.</p> <p>The Director of Corporate Services advised the Business Transformation Service Manager and ICT Service Manager are members of CDC's AI and Robotic Process Automation (RPA) Working Group. They have collaborated with the group to develop this policy, ensuring a coordinated and consistent approach for AI use across both organisations.</p>   |           |
| 9.2       | Members noted Microsoft co-pilot is the only approved AI tool for use, and other AI tools require explicit approval before entering personal or sensitive data.  |           |
| 9.3       | <p>One member asked for assurance that AI wasn't being used in any recruitment processes: to screen candidates or within any other HR policies.</p> <p>The Director of Corporate Services to ensure that the Recruitment &amp; Selection policy stipulates the use of AI is not permitted. Additionally, add this statement into the AI policy and consider other Human Resource policies this could affect.</p>   | <b>KH</b> |
| 9.4       | Policy document – 'date for review' to be amended to 'July 2026'.  | <b>KH</b> |
| 9.5       | The Vice Chair asked what are the plans for roll-out?  |           |

|            |   |  |
|------------|---|--|
|            | The Chief Executive advised, we will use the same roll out plans as CDC at this moment in time, and make sure we take a measured approach. Our position is if CDC roll out any further plans for ai, we will follow suit, if there is a benefit.  |  |
| 9.5        | Board approved the AI Policy.   |  |
| <b>10.</b> | <b>Safety &amp; Compliance Dashboard – as at 31 August 2025</b>   |  |
| 10.1       | <p>The Director of Property Services presented the report which had been received by Building Safety &amp; Compliance committee (BSC) on 4 September 2025.</p> <p>Board was drawn to the Compliance Scorecard at appendix 1 - presented in a format that the Regulator for Social Housing (RSH) expected to see, which had been adopted as good practice.</p> <p>The Director of Property Services advised any areas that are not fully compliant tend to be manual processes, awaiting certification or access. The compliance team report with total transparency and will not show an area as compliant until the certification/report is in hand and checked.</p> |  |
| 10.2       | <p>He added access for completion of Housing Health &amp; Safety Rating System (HHSRS) work continues to be challenging. However, we have made good progress with the aged hazards, and we will shortly have the access team supporting on this. He then referred to the table at 7.21 that showed the anticipated completion month for the remain hazards.</p> <p>He reminded BSC members of the compliance health check conducted by Pennington's in September, with full details of the final report presented at BSC once available. Questions were then sought around the room.</p>  |  |
| 10.3       | <p><u>Top Level Compliance – Gas Safety</u></p> <p>One member highlighted the 270 landlord gas safety records out of compliance and sought assurance.</p> <p>It was noted 62 properties were in the legal process and 23 are new acquisitions. Additionally, 185 properties have been identified as either showing complete on OpenHousing but no LGSR or no LGSR has been provided to C365. A fix is in place to prevent this happening again and it will be monitored. Working with ICT and C365 this is expected to be rectified during September 2025.</p>  |  |
| 10.4       | The same member asked, what the current position was with regards to Stock Condition Surveys (SCS)? In terms of % completed, trajectory and optimum.  |  |

|            |   |  |
|------------|---|--|
|            | <p>The Director of Property Services advised completions are in the region of approximate 88-89%, with Savills carrying out the vast majority. Savills are pleased with the high number of completions.</p> <p>He added there is a piece of work to do for the No Access Team, to analyse the data on where the access challenges lie and getting into properties.</p> <p>The Chair highlighted we are doing up to 8 attempts in some circumstances – it must be costing us a lot of money and we have expressed our frustrations as a Board.</p>   |  |
| 10.5       | <p>The Chief Executive confirmed several campaigns had been run to encourage residents to give access. Furthermore, approval for a guaranteed access procedure had been sought from CDC which unfortunately, had not been granted.</p> <p>Members noted that to carry out an EICR test would take half a day when compared to a gas service at 45 minutes. The Director of Housing and Customer Services added there are a variety of reasons behind why tenants are not letting us in, many of which can be around vulnerability.</p>  |  |
| 10.6       | Board noted the contents of the report.   |  |
| <b>11.</b> | <b>Key Performance Information (KPI) Dashboard ended 31 August 2025, Period 5</b>   |  |
| 11.1       | The Director of Corporate Services presented the report with the following key challenges, and updated by the responsible Director:   |  |
| 11.2       | <p><u>KPI 2: Void Rent Loss &amp; KPI 3: Relet time for standard voids (days)</u></p> <p>Members noted a slight improvement on last month for both KPI 2 void rent loss and KPI 3 average days to relet, with both indicators being extremely challenging and demand led.</p> <p>Members further noted, SLHs continues to support CDC by increasing stock through acquiring properties. Due to the number and work required in to get these to the lettable standard, they affect the rent loss KPI.</p> <p>Board were made aware void excellence commenced in June and is well underway. An early win is around how SLHs measure performance. It's likely that conducting this in another way will show an improvement, while remaining true with the agreed definitions.</p> <p>Board noted nationally, the organisation's performance is still quartile 1.</p> |  |



|      |   |  |
|------|---|--|
| 11.3 | <p><u>KPI 10a, 10b and 10: Percentage of Emergency and Non-Emergency Repairs completed within target timescales</u></p> <p>Board noted demand continues to increase with a few thousand more jobs already this year. Performance on emergencies has improved, however slipped on non-emergency priorities. SLHs continue to review and make changes to the system including providing Team Leaders with live data to better manage performance. Any system changes can take several months to be realised, due to the volume of work in the system, for instance changes implemented at the start of June will only be seen in October.</p>   |  |
| 11.4 | <p><u>KPI11: % of Properties with a Valid LGSR Certificate</u></p> <p>Anticipated to hit 100% by end of the financial year.</p>   |  |
| 11.5 | <p><u>KPI 22: Percentage of homes not maintaining decent standard %</u></p> <p>Members were informed this figure will continue to fluctuate due to the volume of stock condition surveys we are undertaking. This is linked to Housing Health &amp; Safety Rating System (HHSRS) Cat 1 hazards that are reported or the condition of key components. The Cat 1 gets triaged and ordered so can be resolved relatively quickly, the condition of components not so quickly as need to be planned in. They could become being part of short/medium term capital programme. We are due to talk to CDC about the KPI as the reality is that the % will remain higher. Some local and regional context has been gathered to support the request to increase KPI tolerance.</p> |  |
| 11.6 | <p><u>KPI 4: Average number of Nights in Hotel Accommodation</u></p> <p>The Director of Customer and Housing Services advised that performance was improving month on month and increasingly moving closer to the target of 21 days. With the potential purchase of a HMO (House in Multiple Occupation) the target may soon be realised.</p> <p>She confirmed CDC are happy with our performance at the moment and costs associated with hotels is reducing.</p>   |  |
| 11.7 | <p><u>KPI 6: Stage 1 and 2 Complaints relative to the size of the landlord (per 1000 properties)</u></p> <p>It was noted that an increase in other organisations reporting of complaints was being seen, which could be linked to the Housing Ombudsman and more accurate recording. In addition to, some themes such as communication and staff attitude etc If was further noted at the payroll managers away day next week, this topic was being addressed along with a focus on performance.</p>  |  |

|            |   |    |
|------------|---|----|
|            | The Chair highlighted that new tenant Board Member Rodger Haldenby had taken the lead board member role as complaint champion with Milah Walusimbi stepping down from this role.  |    |
| 11.8       | The Chief Executive raised that we are considering next years KPIs; in respect of decency the target set in the previous year was low therefore we will be asking for a sector average. Similarly with the complaints target, we will try and agree a sector average.   |    |
| 11.9       | <p>One member asked, what do you think is the real target for complaints?</p> <p>The Director of Customer and Housing Services advised we want to reduce complaints and have a realistic target however, as of yet Executive Management Team (EMT) haven't agreed what the new target should be. The Chief Executive added, if we do agree a sector average we want to perform at quartile one.</p> <p>Another member commented the Ombudsman is saying it wants customer feedback, however we are not reporting positive feedback. He said, it might be helpful to include compliments, satisfaction measures to give us some context and balance.</p> | JD |
| 11.10      | Board noted the contents of the KPI dashboard briefing note.  |    |
| <b>12.</b> | <b>Annual Development Plan (ADP) 2025/26 – April to August update</b>   |    |
| 12.1       | The Director of Corporate Services provided an update on the 2025/26 Annual Development Plan aligned with the Corporate Plan 2024-2029, detailing progress on key developmental actions across directorates, with most actions on schedule but some behind, and outlined next steps including a year-end update to the Board in April 2026.   |    |
| 12.2       | The Director of Corporate Services highlighted the outstanding actions are being monitored by the Head of Service. The ones that relate to system developments may be delayed due to the extent of the One Housing implementation, with detailed updates shown in appendix a.   |    |
| 12.3       | Board noted the ADP update.   |    |
| <b>13.</b> | <b>Committee Annual Reports</b>   |    |
| 13.1       | <p><u>Building Safety and Compliance Committee</u></p> <p>The Chair advised at the last Committee, we received the annual report, the Terms of Reference (ToR) were also reviewed and it was</p>  |    |

|            |   |  |
|------------|---|--|
|            | <p>agreed to increase membership from 4 to 5 members to allow for succession and continuity.</p> <p>He added the range of subjects and list of reports for the last year was also listed, and this showed extensive coverage of all key areas of compliance, building safety, Health &amp; Safety and asset management, along with key topic updates.</p> <p>Committee were satisfied that it had met its objectives in terms of the ToR and is assured of the company's performance on this highly important area.</p>   |  |
| 13.2       | <p><u>Employment and People Committee</u></p> <p>The Chair recognised the work of committee as detailed in the report and thanked Susan Jones Independent Board Member who has played a pivotal role throughout.</p>  |  |
| 13.3       | <p><u>Audit and Risk Committee</u></p> <p>The Chair of the Committee referred to the work detailed in the report commenting we have real assurance in respect of internal and external audits. There are 2 recurring themes; we must get better at completing action points down and stop the reliance of ad hoc spreadsheets - but hopefully that will disappear with the implementation of One Housing.</p>   |  |
| 13.4       | <p><u>Customer and Performance Committee</u></p> <p>The Director of Housing and Customer Services advised committee continues to do lots of good work around cyclical reporting such as complaints, tenant satisfaction measurements etc. There is much more performance monitoring around grounds maintenance and cleaning service level agreements. Committee continue to monitor services around tenancy support and financial gains, now with a focus towards anti-social behaviour. In the future the intention is to bring together customer feedback in a scorecard as actions to Board.</p> |  |
| <b>14.</b> | <b>Committee Minutes</b>  |  |
| 14.1       | <ul style="list-style-type: none"> <li><u>Building Safety &amp; Compliance Committee – 4 Sept 2025</u></li> </ul> <p>The Chair commented as can be seen from the governance summary sheet, updates were provided on St Georges Crt, the compliance health check that had been commissioned and the legal register that listed the consultations, that had been brought about and the future changes in regulations. This was in addition to the assurance provided via the asset report, compliance performance and the progress with high rise.</p>  |  |

|            |   |           |
|------------|---|-----------|
|            | Board noted the minutes.  |           |
|            |   |           |
| 14.2       | <ul style="list-style-type: none"> <li><u>Employment &amp; People Committee – 3 Sept 2025</u></li> </ul> Board noted the minutes.   |           |
|            |   |           |
| <b>15.</b> | <b>Any Other Business</b>   |           |
|            |   |           |
| 15.1       | The Chair commented in December the Access Team will have been up and running for 3 months. He asked for an update on how well the Access Team was doing, either as an update as part of the Chair and CEO report or separate report to December Board. | <b>JD</b> |
|            |   |           |
| <b>16.</b> | <b><i>Date of next meeting – 4 December 2025</i></b>  |           |
|            |   |           |

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 4 December 2025

**Item** : 04

**Subject** : Chief Executive and Chair's Update Report

**Presented by** : Chris Margrave

**Prepared by** : Chris Margrave, Chief Executive

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

**Recommendation:**

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

That Board agree the appointment of consultants to undertake the recruitment exercise, approve the formation of the final recruitment panel for the interview process and approve the interview process for the appointment, as set out in the report.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 04  
Date: 4 December 2025**

**1. Report Title**

1.1 Chief Executive and Chair's Update Report

**2. Executive Summary**

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

**3. Purpose**

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

**4. Recommendations**

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

That Board agree the appointment of consultants to undertake the recruitment exercise, approve the formation of the final recruitment panel for the interview process and approve the interview process for the appointment, as set out in the report.

**5. Corporate and Governance issues**

5.1 The new Complaints Sub-Group met for the first time on 5<sup>th</sup> November 2025 and the outcomes and findings of the group will be reported to the Customer and Performance Committee (C&P) in February and highlights brought to Board as part of the C&P update.

**5.3 Director of Corporate Services**

With the departure of our Director of Corporate Services, Kevin Hanlon, Board are asked to:-

Approve the Chief Executive to appoint Gatenby Sanderson a recruitment consultant to commence recruiting to the vacancy created.

Approve the formation of a final recruitment panel consisting of The Chairman, Board Members Phil Cole, Susan Jones, Milcah Walusimbi, CDC Executive Director Debbie Hogg and CEO Chris Margrave.

Approve the interview assessment day and testing consisting of written exercise, presentation preparation, stakeholder panel, peer panel and final interview panel.

Due to the urgency of finding a suitable replacement the executive team have worked at pace to bring together a recruitment pack and it is expected final interviews will take place as early as mid-February as a result.

With the business plan and financial plan being finalised the Corporate Services Management Team will report direct to the Chief Executive in the short term. The Director of Housing & Customer Services and the Director of Property services have both offered their support to the Chief Executive in the short term until a suitable replacement is appointed.

#### 5.4 2025 Outstanding Board Training

A review of outstanding training has taken place with plans to roll these into early 2026. A number of training modules outstanding can be conducted through the internal training system and accounts for each Board Member are being set up. Once available, information will be sent out.

### 6. **National Issues**

#### 6.1 Awaab's Law

We have previously covered Awaab's law on a number of occasions and raised awareness of what this means at Board and Committee meetings.

The law has now come into force as of the 27 October 2025. This links social landlords' duties for repairs to the Housing Health and Safety Rating System (HHSRS) by mandating strict timeframes for addressing hazards. Initially, it requires social landlords to fix emergency hazards within 24 hours and investigate and repair damp and mould within 10 and 5 working days, respectively. The law is being phased in, with its scope expanding in 2026 to include more HHSRS hazards such as excess cold, fire risks and covering all remaining hazards (except overcrowding) by 2027.

We will continue to update Board and relevant Committees to inform how we are performing against the requirements, as well as plans to address the remaining hazards.

#### 6.2 Renters Rights Act

The Renter's Rights Act is now officially law after many months of deliberation in parliament and will come into force from May 2026. The new legislation is set to transform the private rented landscape in England, bringing in measures to put tenants and landlords on a level playing field. The five headline measures in the Act are:

- Section 21 abolishment – ending of no-fault evictions.

- Ending unlimited advance rent payments – will be capped to one month.
- Limits to rent increases – once a year and only to market rent.
- Ending of pet bans.
- Ending rent bidding wars – landlords not permitted to accept offers of rent over that what has been advertised.

### 6.3 Rent convergence

The issue of rent convergence has been consulted on during 2025 in preparation for the budget. I can confirm that further consultation will take place in January, but it is the intention of the government to fully implement the recommendations of rent convergence.

In February 2026, the Board will receive a specific item that both informs Board of the technical aspects of rent convergence and the potential financial benefits that this will bring. Early discussions are taking place with City of Doncaster Council over the options available for Doncaster.

## 7. **Operational issues**

### 7.1 Tenant Celebration Event

We held our annual Tenant Celebration Event on 13<sup>th</sup> November 2025 at the Eco Power Stadium, and it was a huge success! We had 160 tenants and residents at the event and some external guests – Pam Hankinson and Becci James from the National Stop Social Housing Stigma Board and Emma Gilpin from Tpas to present the Exemplar Accreditation Award. We introduced a new award this year for best garden and there were some amazing entries. There will be a communications piece in Houseproud with pictures of the winners and finalists. Huge thank you to the St Leger Homes Communication and Engagement team who ran the event and did an exceptional job!

### 7.2 Tpas Exemplar Accreditation

St Leger Homes have gained Tpas Exemplar Status until October 2027. Tpas commenced the Exemplar Assessment in July 2025, following a review of evidence, a culture survey and workshops and interviews we are pleased that we have been awarded the Exemplar Accreditation. We are 1 of only 4 organisations across the Country to achieve this. We have gained a PASS in each of the Seven National Engagement Standards. There are a number of recommendations and Good Practice areas identified.

#### Key strengths identified

- Well-resourced team.
- Dedicated tenants voices within the groups we met.
- Positive celebrations demonstrate how valued tenants are.
- Good networking by staff and tenants within the sector.
- Good activities range and strong approach to consultation.
- Transparency approaches.



- Initial work to tackle stigma.
- Partnership working and wider engagement, significant TARAs.
- Understanding of tenant's demographics.

#### Themes to develop

- Strengthen opportunities for tenant led scrutiny.
- Ensuring targeted 'lived experience' feedback sought to influence decisions, policy.
- Increase analysis of data to understand more insights, demonstrating you are noticing wider voices.
- Increase the testing of fairness and equitable outcomes of landlord services in activities including scrutiny.
- Clear objectives for activities to improve services including measures for success both across services and locally.
- Refresh and update the Tenants Voices framework and strategy through co creation and approach to influence and result.

We will soon be embarking on a full review and refresh of our Tenant Voice Strategy, and the Exemplar accreditation and recommendations will form the basis of the new strategy that is planned to come to Board in the Summer.

### 7.3 Safeguarding Update

There have been 86 safeguarding cases received in Q2 of 2025/26, which is an increase of 10% (or 9 cases) from the number of referrals which were received in the same period last year. A breakdown of the types of referrals is set out below:

|                                 |    |
|---------------------------------|----|
| Safeguarding Adults at Risk     | 46 |
| Domestic Abuse                  | 13 |
| Mental Health                   | 9  |
| Hoarding                        | 6  |
| Safeguarding Children (General) | 8  |
| Child in Need                   | 2  |
| Child Neglect                   | 2  |

St Leger Homes' ASB & Safeguarding Team have seen an increase in hoarding cases during 2024 to date. In response the team have established a forum, 'Space to Breathe'. Tenants with hoarding tendencies attend this forum to discuss with our staff and with each other their situations and to find long term solutions to manage this behaviour.

This group helps tackle the stigma, embarrassment and isolation that is often present for tenants with hoarding tendencies.

The forums are incredibly positive for those who attend, and we are seeing significant and lasting improvements in the cases we are managing.

Safeguarding Awareness Week took place over the week commencing 17<sup>th</sup> January 2025, which delivered lots of communication messages, activities and engagement – St Leger Homes were a key player in this work.

#### 7.4 EDI Update

Attached at Appendix A is the quarterly EDI dashboard for quarter 2. This report shows that we have seen a slight increase (0.1%) in the disclosure of data from customers. Work is being done through DataSMART Group to increase customer disclosure.

We have seen a further increase across the company with the number of employees identifying with a characteristic. In quarter 2, we have seen a significant increase in the number of applicants from an ethnic minority background 17.44% to 23.82% (7.62% in Q4). We have also seen an increase of employees identifying with a disability 4.19% to 5.25%. This is due to more colleagues with a disability identifying as such, alongside myth busting around diversity data during training and communications.

#### 7.5 Summary of Housing Ombudsman complaints investigations

A summary of recent Housing Complaints are detailed below.

##### **Executive Summary - 202409587**

The complaint centres on dissatisfaction with how we managed various concerns about antisocial behaviour, environmental issues, staff conduct and the overall handling of the complaint.

##### **Background**

The complainant originally contacted us about allegations of noise nuisance and drug use at a neighbouring property in September 2023. They formally complained about our handling of the ASB in March 2024. Following our response at Stage 1 and Stage 2 of our complaints procedure they complained to the Housing Ombudsman Service, who wrote to us on the 7 November 2024 to advise they were investigating the complaint. They made their decision about the complaint in October 2025.

##### **Housing Ombudsman's findings**

The Housing Ombudsman ***found Service failure*** with the handling of the resident's reports of antisocial behaviour (ASB) because we did not investigate the complainants initial report of ASB or complete a risk assessment or provide an action plan.

They ***found no maladministration*** with regard to the other allegations as they determined we took reasonable steps to investigate the resident's reports about the smell in the building, took reasonable steps to investigate the reports of smoking and to speak to the alleged perpetrator.

They also **found no maladministration** and that we had acted appropriately to remind the complainant of his obligations to abide by the appropriate legislation when using CCTV.

They determined **no maladministration** with regard to how we handled the Stage 1 and Stage 2 complaints citing that we properly investigated the allegations of poor staff conduct and provided complaint responses in line with the Housing Ombudsman's Complaints Code.

### **Actions we must take**

We have been ordered to apologise in writing to the complainant for the service failures outlined above and must pay the complainant **£50** to recognise the distress and inconvenience caused by the handling of the reports of antisocial behaviour by no later than the 18<sup>th</sup> November 2025.

A letter of apology and compensation was sent on 17 November 2025.

### **Recommendation.**

These are not binding, however on each recommendation we detail actions taken already or planned.

- The Housing Ombudsman has suggested we may benefit from inspecting the CCTV and formalising consent with the user, ensuring he is aware of his tenancy and legal obligations and the consequences of not adhering to these requirements.

We plan to coordinate with the Permissions team to review the situation. If appropriate, retrospective permission may be granted to Mr Brown, with written confirmation and clear expectations for use.

- Consider implementing a specific ASB procedure.

A standalone ASB Policy has recently been implemented.

- Contact the resident to assess the current ASB situation.

There is an open case related to noise and the state of the bin area  
The last contact from the resident was on 17th October.

A 7-day closure/contact letter was sent on 12th November, advising that the case will be closed if no further issues are reported.

- If appropriate, offer to support the complainant to raise a noise nuisance report to the environmental health or relevant noise monitoring team.

No current noise issues are being reported.

The closure letter notes that the case can be reopened if new concerns arise.

### **Learning**

An Anti-social behaviour policy was approved by Board and implemented in April 2025. This policy mandates completing a vulnerability risk assessment when an ASB report is received, assessing harm, support needs, and prioritisation. It also requires a written action plan for victims and complainants, outlining steps for both parties. Risk assessments must be kept under continuous review, and actions should be proportionate to severity and frequency.

#### 7.6 Property Services Away Day

All Property Services colleagues were invited to the away day in November, which was held over three sessions at the Eco-Power stadium. As in previous years, the away day was used as an opportunity to bring the full team together and brief colleagues by looking back over the prior period and looking forward on what is to come and new areas of focus and to set direction.

There were two main areas of focus for this session – wellbeing and performance.

In terms of wellbeing, we welcomed representatives from ‘Andy’s Man Club’ to attend and present. Andy's Man Club is a charity whose mission is to end the stigma around men's mental health and reduce male suicide by encouraging conversation, by stating "It's OK to talk".

While this may seem male centric, the charity sees plenty of engagement from female partners and family members, keen to learn how they can help support the men in the lives.

Reminders were also shared about taking part in the wellbeing survey that was running until the end of November. By participating in the survey, colleagues were able to relay what they feel works the best for them support wise.

The performance agenda item entailed our sharing of past performance and what we will be looking to do, via CORE, to instil a culture of performance in the organisation.

#### 7.7 Housing and Customer Services Connect Session (Away Day)

The first ever Connect Session for Housing and Customer Services took place on 19<sup>th</sup> November 25 at the Eco Power Stadium and was a huge success. The main areas of focus were:

- Achievements and Challenges – looking back and forward
- Connecting with each other
- Performance Management / Customer Excellence
- Resilience and wellbeing (including Andy’s Man Club session)

#### 7.8

##### Corporate Services Away Day

Corporate Services also held their first away day session on 26<sup>th</sup> November 2025 with similar areas of focus around celebrating success and achievements, key challenges and future direction and team building.

#### 7.9 Balby Bridge Closure Orders

The current closure orders, which were granted by the court on 16<sup>th</sup> September 2025 are working well and expire on 16<sup>th</sup> December. We currently have 18 ongoing enforcement actions as a result of these orders, and we are applying to the court to extend the orders for a further 3 months – this will be the final extension, and they cannot be extended further.

#### 7.10 No Access Team

The newly formed No Access Team became operational from 1<sup>st</sup> September 2025 following development of objectives, procedures and recruitment to the new roles.

So far, the focus has been to prioritise Gas, EICR and fire safety works but referrals for many other areas of work have been received. Therefore, it is apparent the scope of the team is wide.

On 1st September the new team brought across 474 gas cases and since then, a further 291 gas cases have been picked up. Of these 765 cases, there are now just 7 unresolved cases, where we are actively trying to get an appointment for access. The rest have now been completed.

In addition to gas cases, the team have received 74 no access referrals, for: 20 fire door inspections and 54 out of compliance EICR's.

Of the 20 fire door inspections: 15 have been completed, taking an average of 3.8 days from the date of being received by the Access team to the fire door inspection being completed. 4 are currently in the process of agreeing an appointment with the tenant. 1 was void and works now completed.

Of the 54 EICR's: 20 were existing cases already open with area housing or SAASB teams for access as well as either condition of property or hoarding - some are at the legal stage. 30 are with the Access Team and are currently working on them to agree appointments with the tenant and legal enforcement will commence once all support options are exhausted. 3 have been completed with an average of 8.6 days from referral to the access team to the EICR being completed.

The oldest outstanding EICR case which had been out of date since 2015 has now been completed. This involved a tenant who had suffered a significant health issue, causing her to be hospitalised and unable to return to her home due to her disabilities. The Access Officer gained permission from the tenant for the EICR to be carried out in her absence while the Officer was present. The tenant was supported, and arrangements made for an OT assessment of the tenant and a HAP application has been

completed so the tenant can be appropriately housed. This lady is happy that her situation is being resolved.

As the team gains more detailed insight into access issues, we plan to develop in the year ahead, in the following ways:

- Greater use of data to predict no access and prioritise cases
- Using the data to 'nudge' tenant behaviours
- Incentivising access
- Reviewing all letters regarding compliance and access, including those used by contractors
- Recharging costs to tenants - include in letters at earliest stage
- Legal – the use of lifetime injunctions for persistent offenders
- Communications and publicity all year round

## **8. Procurement Implications**

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

## **9. VFM Considerations**

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

## **10. Financial Implications**

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

## **11. Legal Implications**

- 11.1 Any legal implications arising from issues in this report will be detailed as part of financial reports presented in meetings.

## **12. Risks**

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

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

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

## **14. IT Implications**

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

**15. Consultation**

15.1 Undertaken as required on specific projects.

**16. Diversity**

16.1 No specific implications arising from this report

**17. Communication Requirements**

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

**18. Equality Analysis**

18.1 None required.

**19. Environmental Impact**

19.1 Not Applicable.

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

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

**21. Background Papers**

21.1 None

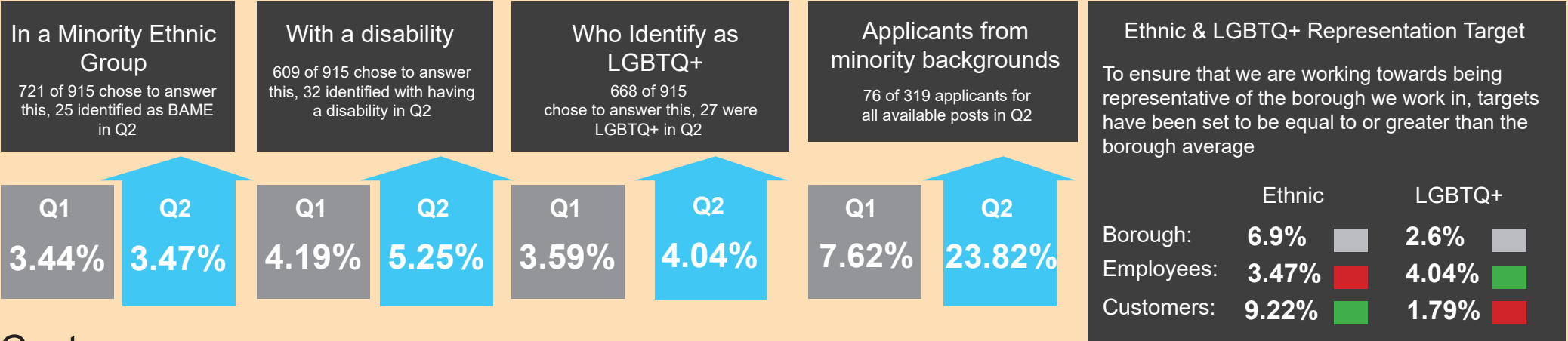
# Equality, Diversity & Inclusion Dashboard

Quarter 2 2025



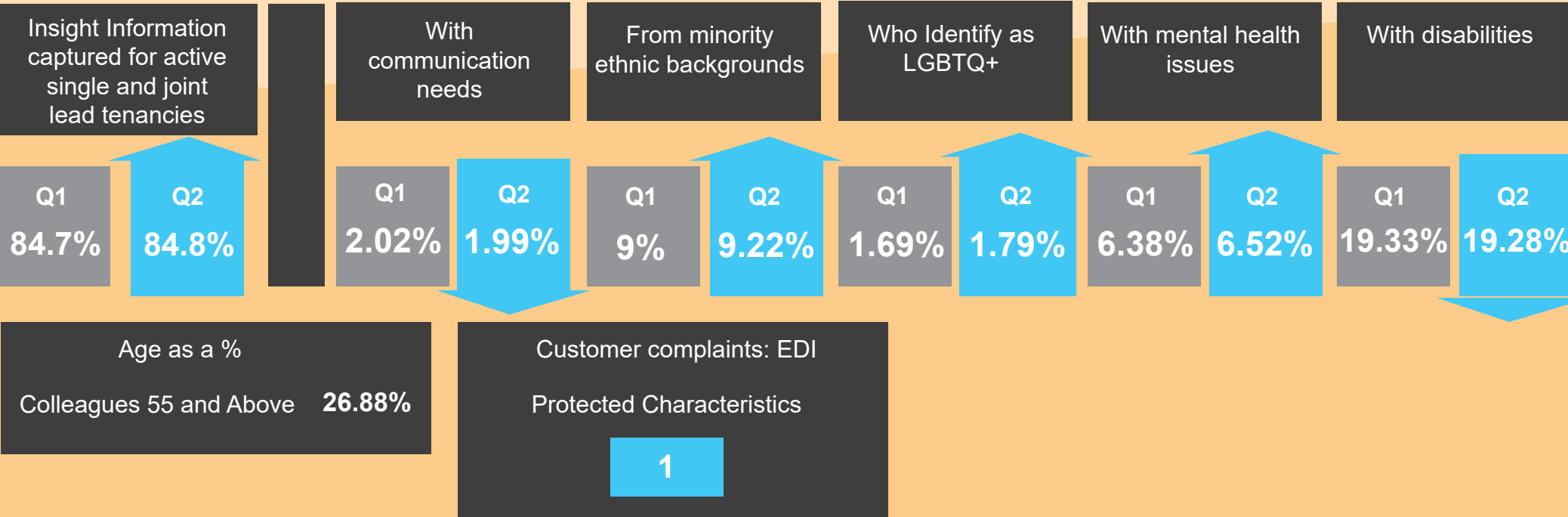
## Employees

% responses are based on employees that answered the question



## Customers

% Responses are based on all active customers(single and joint) at the end of Q1 23868 who answered the question





# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 04 December 2025

**Item** : 05

**Subject** : Value For Money (VFM) statement

**Presented by** : Nigel Feirn, Head of Finance and Business Assurance

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

**Purpose** : To present a VFM statement for the financial year ended 31 March 2025.

### **Recommendation :**

For Board to approve the VFM statement for the financial year ended 31 March 2025.

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

**Agenda Item No. 05  
Date: 04 December 2025**

**1. Report title**

- 1.1. Value For Money (VFM) statement 2024/25.

**2. Executive Summary**

- 2.1. St Leger Homes (SLHD) produces an annual statement to evidence that we are delivering VFM services. The statement for 2024/25 is attached at **Appendix A**. The statement considers costs and performance in each of our four strategic priorities within our Corporate Plan and has detailed benchmarking.
- 2.2. The statement aims to report on whether we achieved the best outcomes (performance) possible from the resources (costs) available.
- 2.3. 2024/25 again provided many significant operating challenges and we operated within a challenging budget, which included targeted CDC savings of £333k.
- 2.4. Operational performance showed a largely positive mix of Key Performance Indicators (KPIs) meeting, within tolerance of, or not meeting target, but with improving trends in some areas.
- 2.5. Benchmarking (comparing) is a key element of assessing VFM. High level VFM dashboards, plotting one performance KPI and one cost KPI for each main service area and comparing with other organisations on a 2x2 'dashboard'.
- 2.6. At a detailed level, indicators are benchmarked into performance quartiles, ie Quartile 1 is top 25% of performers, etc. Benchmarking was positive overall with more cost and performance indicators in the upper quartiles (above Median), with our peers (up to 55 ALMOs, Metropolitan Boroughs and Unitary Authorities) and also all providers nationally (up to 150 organisations).
- 2.7. The dashboards show a similar, positive picture to previous years with most service area indicators in or near the desired green quadrant. This indicates that **SLHD remains a low cost, mid to high performing organisation.**

| <u>Key</u> | <u>Service area</u>       | <u>Cost indicator</u>   | <u>Performance indicator</u>                   |
|------------|---------------------------|-------------------------|--|
| 1          | Overheads                 | CPP* Overheads          | Staff turnover %                               |
| 2          | Housing management        | CPP Housing management  | Average relet times (days)                     |
| 3          | Responsive repairs        | CPP Responsive repairs  | Appointments kept %                            |
| 4          | Void repairs and lettings | CPP Void repairs        | Void rent loss %                               |
| 5          | Building safety           | CPP Building safety     | Required gas safety checks been carried out %  |
| 6          | Major repairs             | CPP Major repairs       | Non-decent dwellings %                         |
| 7          | Customer experience       | CPP Customer experience | Stage 1 complaints responded to in timescale % |

\* CPP = Cost Per Property

**PEER GROUP VFM DASHBOARD 24/25 – an average of 26 providers**



**NATIONAL VFM DASHBOARD 24/25 - an average of around 150 providers**



- 2.8. Within the full suite of 100+ cost and performance indicators benchmarked, there are areas of good performance and also areas for improvement or further investigation, and this has commenced. An appendix to the statement lists all of cost and performance indicators benchmarked.

### **3. Purpose**

- 3.1. To present a VFM statement for the year ended 31 March 2025. (**Appendix A**)

### **4. Recommendation**

- 4.1. For Board to approve the VFM statement for the year ended 31 March 2025.

### **5. Procurement**

- 5.1. Procurement implications are considered within the body of the report

### **6. Value For Money**

- 6.1. Value for money is referenced comprehensively in the report.

### **7. Financial Implications**

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

### **8. Legal implications**

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

### **9. Risks**

- 9.1. Risk is implicit in the report. The assessment is good practice and shows areas where our costs are high in comparison or where our performance could be improved. These all have Financial, Operational and Reputational risk implications if not addressed. The Regulator has reported that a positive VFM statement is a leading indicator of good governance.

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

- 10.1. Health and Safety (H&S) implications are implicit in the report. St Leger must ensure it meets its H&S obligations and a detailed understanding of budgets and service costs and performance is essential by Budget Holders. This statement contributes to this process.

### **11. IT Implications**

- 11.1. IT implications are referenced in this report as appropriate.

### **12. Consultation**

- 12.1. No specific implications arising and references are implicit within the report where appropriate. Customer involvement and consultation were built in to the service delivery methodology.

### **13. Equality and Diversity**

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

## **14. Communication**

- 14.1. There are no communication requirements arising from this report. Registered Providers (RPs) must publish their self-assessment within six months of the financial year end, and this self-assessment will be published as required.

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

- 15.1. There is no equality analysis specific to this report.

## **16. Environmental**

- 16.1. Environmental implications are referenced in this report as appropriate in the report.

### **Report author, Position, Contact Details**

Nigel Feirn

Head of Finance and Business Assurance

### **Appendix A – VFM statement 24/25**

# ST LEGER HOMES OF DONCASTER LIMITED (SLHD)

## VALUE FOR MONEY (VFM)

### STATEMENT

#### FINANCIAL YEAR ENDED

**31 MARCH 2025 (24/25)**

***“Providing homes in neighbourhoods that people are proud to live in”***

***Our strategic objectives : ‘We will focus on the aim of...’***

- **People** - ‘getting it right for our customers and staff’.
- **Homes** - ‘providing good quality, safe homes at a rent you can afford’.
- **Communities** - ‘helping to build communities, not just houses’.
- **Partnerships** - ‘working with others to deliver Doncaster’s “thriving people, places and planet” ambitions’.

# ST LEGER HOMES OF DONCASTER LIMITED

## Contents

1. Executive Summary

2. VFM environment

### SERVICE COSTS AND PERFORMANCE – HOW DID WE DO?

3. Company costs

4. Company performance

- Key Performance Indicators (KPIs)
- Service Standards
- Tenant Satisfaction Measures (TSMs)
- 

5. Corporate Objectives - People, Homes, Communities and Partnerships.

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

### SERVICE COSTS AND PERFORMANCE – HOW DO WE COMPARE WITH OTHERS ?

6. Benchmarking

- VFM dashboards
- Cost and Performance indicator quartile summaries
- Service area costs

7. Summary

Appendix A : Benchmarking Quartiles by service area

Appendix B : Service Standards details

## 1. Executive Summary

- 1.1. In an increasingly challenging environment, VFM for St Leger Homes (SLHD) continues to be about being as economic, efficient and effective as possible.
- 1.2. We define VFM as: **“Achieving the best balance between service cost and the benefit to the customer and business”**. Essentially “getting your money’s worth”, “getting more for the same” or “the same for less”, and not necessarily about buying the cheapest.
- 1.3. This statement therefore aims to report on whether we achieved the best outcomes (performance) possible from the resources (costs) available.
- 1.4. 1 April 2024 saw the start of the new five year Corporate Plan and Management Agreement with City of Doncaster Council (CDC) and VFM is implicit throughout.

### [St.Leger Homes | Our Corporate Plan 2024-29](#)

- 1.5. The plan, which was created collaboratively with tenants and colleagues, outlines our strategic direction for the coming years
- 1.6. It is divided into four main themes – People, Homes, Communities and Partnerships.
  - **People** - getting it right for our customers and staff;
  - **Homes** - providing good quality, safe homes at a rent you can afford;
  - **Communities** - helping to build communities, not just houses; and
  - **Partnerships** - working with others to deliver Doncaster’s “thriving people, places and planet” ambitions’.
- 1.7. CDC’s strategy for Doncaster centres around their ‘Thriving people, places and planet’ mission for the city and their ‘Great 8 priorities’, listed below:
  1. Tackling Climate Change;
  2. Developing the skills to thrive in life and in work;
  3. Making Doncaster the best place to do business and create good jobs;
  4. Building opportunities for healthier, happier and longer lives for all;
  5. Creating safer, stronger, greener and cleaner communities where everyone belong;
  6. Nurturing a child and family-friendly borough;
  7. Building Transport and digital connections fit for the future; and
  8. Promoting the borough and its cultural, sporting, and heritage opportunities.
- 1.8. SLHD’s Corporate Plan and VFM work, including balanced scorecard of KPIs, service standards, extensive benchmarking and robust budget monitoring aligns with these. A considerable amount of VFM work has been undertaken to date, including publication of annual VFM statements and related communications to report on this VFM work.
- 1.9. This VFM statement provides concise summaries of achievements against corporate plan priorities with the resources available, together with the relevant performance data. It also reports how SLHD compares with other providers in the year to 31 March 2025 (24/25).
- 1.10. **For 24/25, VFM is again positive, reporting strong cost and performance management, operating within budget and the majority of KPIs meeting or within tolerances of target.**
- 1.11. **When benchmarked, SLHD remains a low cost, mid to high performing organisation when compared to our peer group and all housing providers nationally.**



## 2. VFM environment

- 2.1. Doncaster has the lowest rents within South Yorkshire and amongst the lowest nationally, which dictates our fee income and budget challenges.
- 2.2. Operational challenges again included addressing building safety, regulation, stock condition, Welfare Reform, homelessness and cost of living, among others. New considerations also emerged like Awaab's Law (damp and mould) and the results of ongoing stock condition surveys. These were all in addition to cost savings targets.
- 2.3. There were only minor changes to services in the year but there were a number of new teams introduced or realignments to work on new initiatives such as Pension Credit team, Mental Health Navigators and a No Access Team.
- 2.4. Core services were delivered fully within budgets and regularly reviewed for process improvements. The majority of challenging performance targets were met, close to target or improving.
- 2.5. **Costs** : Management fees for 24/25 only increased in relation to specific items – pay and pension, pay scale increments and specifically approved budgets. Budgets also included a CDC target saving of £333k, the third and final annual tranche in targeted £1m of savings. Robust budgetary control was achieved in the year.
- 2.6. **Performance** : A balanced scorecard KPI suite was developed for each strategic objective and agreed with CDC. Tenant Satisfaction Measures (TSMs) were again collected, following their introduction in 23/24 as part of regulatory arrangements. SLHD performed well in these, including improving in 11 out of 12 of the tenant perception satisfaction surveys (see below).
- 2.7. **Values** : The values and behaviours framework - People, Pride, Performance and Progress - is now embedded, essential for effective performance. There are four values, with two main skills linked to each value and every skill has a number of behaviours that should be in evidence at each level of the organisation.
- 2.8. **Benchmarking - how we compare with others** : A key VFM tool and done mainly through our membership of Housemark. We submit performance information each month and more comprehensive cost and performance information on annual basis. (see section 9 below).
- 2.9. We also carry out more tailored benchmarking with specific organisations, where appropriate, and this now includes groups on governance and data.
- 2.10. Cost and Performance results and how we compare with others is covered fully in the sections below. VFM work shows areas of both strong performance and improvements required. **Appendix A** details 100+ cost and performance indicators and peer benchmarking.

### 3. COMPANY COSTS

3.1. Inflationary pressures continued to be felt in 24/25. With unchanged services in the year, in real terms after accounting for inflation, costs were broadly in line with the previous year and SLHD delivered core services within budget.

3.2. The table below summarises income and expenditure levels over the past six years.

|   | 24/25        | 23/24        | 22/23        | 21/22        | 20/21        | 19/20        |
|---|--------------|--------------|--------------|--------------|--------------|--------------|
| Service area:                               | £m           | £m           | £m           | £m           | £m           | £m           |
| Housing and estate management               | 11.5         | 10.6         | 11.4         | 10.2         | 9.8          | 9.6          |
| Property services – Revenue                 | 19.7         | 17.0         | 15.7         | 15.2         | 15.0         | 13.7         |
| Property services - Capital                 | 10.2         | 12.3         | 10.6         | 8.2          | 7.3          | 9.4          |
| Asset Management                            | 6.1          | 5.4          | 6.3          | 5.0          | 4.8          | 4.5          |
| Lettings Service                            | 6.5          | 5.3          | 4.8          | 4.3          | 3.8          | 1.8          |
| Corporate Services                          | 6.5          | 6.0          | 5.7          | 5.8          | 5.4          | 5.4          |
| <b>Total expenditure</b>                    | <b>60.5</b>  | <b>56.6</b>  | <b>54.5</b>  | <b>48.7</b>  | <b>46.1</b>  | <b>44.4</b>  |
|   | £m           | £m           | £m           | £m           | £m           | £m           |
| Management Fee - Housing Revenue Account    | -40.6        | -37.0        | -35.4        | -33.1        | -31.6        | -30.1        |
| Management Fee - General Fund               | -2.8         | -2.7         | -2.7         | -2.0         | -1.8         | -1.1         |
| Income from Capital improvement works       | -13.1        | -13.8        | -12.1        | -9.7         | -8.8         | -10.9        |
| Other income - HB, UC, grants, other income | -4.0         | -3.1         | -4.3         | -3.9         | -3.9         | -2.3         |
| <b>Total income</b>                         | <b>-60.5</b> | <b>-56.6</b> | <b>-54.5</b> | <b>-48.7</b> | <b>-46.1</b> | <b>-44.4</b> |
| Employee numbers (WTEs)                     | 802          | 779          | 752          | 739          | 737          | 740          |

3.3. Benchmarking : Annual expenditure (£60.5m) is analysed into service areas to give headline Costs Per Property (see 3.4 below) and detailed costs per service (see section 6 below).

3.4. Our costs are compared with our peer group quartiles and a similar position occurs for 24/25. Seven of the nine indicators are again above Median, confirming that we remain a low cost organisation compared to our peers:

| Cost Category                  | Cost per Property |                     |              | 24/25<br>Peer<br>Quartile | 23/24<br>Peer<br>Quartile |
|--------------------------------|-------------------|---------------------|--------------|---------------------------|---------------------------|
|                                | 24/25             | 24/25               | 23/24        |                           |                           |
|                                | Outturn<br>£      | Peer<br>Median<br>£ | Outturn<br>£ |                           |                           |
| Major Works                    | 2,116             | 1,849               | 1,542        | Q3                        | Q2                        |
| Cyclical Maintenance           | 115               | 321                 | 123          | Q1                        | Q1                        |
| Responsive Repairs             | 683               | 612                 | 595          | Q3                        | Q3                        |
| Void Works                     | 264               | 278                 | 267          | Q2                        | Q3                        |
| Housing Management             | 306               | 339                 | 282          | Q1                        | Q2                        |
| Maintenance Management         | 247               | 247                 | 219          | Q2                        | Q2                        |
| Customer Experience            | 53                | 58                  | 46           | Q2                        | Q2                        |
| Estate Services                | 204               | 238                 | 200          | Q2                        | Q1                        |
| Overheads                      | 431               | 548                 | 396          | Q1                        | Q2                        |
| <b>Total Cost Per Property</b> | <b>4,419</b>      | <b>4,490</b>        | <b>3,670</b> |                           |                           |

3.5. The above table shows expenditure totals at a main service level. Within each of these are more specific service areas, and related performance measures, and **Appendix A** provides details for all of these and their quartile positions compared to our peers.

#### 4. COMPANY PERFORMANCE

##### Key Performance Indicators (KPIs)

- 4.1. 41 KPIs were set for 24/25 and the table below summarises whether or not KPIs were met, with comparatives.

| KPIs                               | 24/25 | 23/24 | 22/23 | 21/22 | 20/21 | 19/20 |
|------------------------------------|-------|-------|-------|-------|-------|-------|
| Green (meeting / exceeding target) | 17    | 9     | 6     | 7     | 8     | 10    |
| Amber (within tolerance)           | 0     | 7     | 4     | 4     | 2     | 4     |
| Red (not meeting target)           | 14    | 6     | 6     | 5     | 7     | 4     |
| No target / Data not available     | 10    | 0     | 3     | 3     | 0     | 0     |
| Total                              | 41    | 22    | 19    | 19    | 17    | 18    |

- 4.2. Although some targets were not met, some were still top quartile when benchmarked with peers. For example, 'Rent loss from voids' and 'Void relet times' both did not meet target but were top quartile within our peer group.

##### Service Standards

- 4.3. SLHD reports on Service Standards as part of its Customer Charter. The Charter was developed by working with our customers and listening to customer feedback. It is built around the four key objectives of our Corporate Plan. Tenants make clear the levels of service they expect from us and we are clear about what we need to deliver.
- 4.4. The standards are reviewed periodically and approved by EMT and Board. Performance is monitored on a quarterly basis. For 24/25, there were 12 standards measured across four themes – People, Homes, Communities and Partnerships. The measures covered the following areas:
- Respectful and helpful
  - Effective complaints handling
  - Keeping properties in good repair
  - Maintaining building safety
  - Responsible neighbourhood management
  - Informing, involving, consulting and collaborating on service delivery
- 4.5. The table below summarises our recent performance, and are detailed at **Appendix B**:

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

##### Tenant Satisfaction Measures (TSM)

- 4.6. This was the second year of the regulatory TSMs following their introduction in 23/24. There are 22 TSMs in total, comprising 10 performance measures and 12 satisfaction measures, captured by tenant perception surveys, and all were included in our suite of KPIs for the year
- 4.7. The 12 tenant satisfaction measures are summarised below, with comparatives from 23/24 and also 23/24 quartile positions following regulator publication of all providers' TSMs.

- 4.8. It is pleasing to report that 11 of the 12 measures improved in 24/25 and all but one of the 23/24 measures were above Median when compared with our peers and nationally. The Regulator is still validating 24/25 TSM data and has not yet published any reports (as at October 25).

|      | <b>TSM Perception Survey Questions -<br/>"Percentage of tenants satisfied with landlord .....</b>           | <b>24/25<br/>survey<br/>results</b> | <b>23/24<br/>survey<br/>results</b> | <b>Difference<br/>24/25 to<br/>23/24</b> | <b>23/24<br/>Peer group<br/>quartile</b> | <b>23/24<br/>National<br/>quartile</b> |
|------|---|-------------------------------------|-------------------------------------|--|--|--|
| TP01 | % respondents who report that they are satisfied with the overall service from their landlord               | 81.0%                               | 75.6%                               | +5.4%                                    | Q1                                       | Q2                                     |
| TP02 | % respondents who had a repair in last 12 months are satisfied with the overall repairs service             | 81.5%                               | 79.6%                               | +1.9%                                    | Q1                                       | Q1                                     |
| TP03 | % respondents who had a repair in the last 12 months are satisfied with time to complete most recent repair | 75.6%                               | 72.6%                               | +3.0%                                    | Q1                                       | Q2                                     |
| TP04 | % respondents who are satisfied that their home is well maintained  | 82.0%                               | 75.9%                               | +6.1%                                    | Q1                                       | Q2                                     |
| TP05 | % respondents who are satisfied that their home is safe   | 86.3%                               | 84.9%                               | +1.4%                                    | Q1                                       | Q2                                     |
| TP06 | % respondents who are satisfied that their landlord listens to tenants views and acts upon them             | 75.4%                               | 71.6%                               | +3.8%                                    | Q1                                       | Q1                                     |
| TP07 | % respondents who are satisfied that their landlord keeps them informed about things that matter to them    | 81.1%                               | 79.3%                               | +1.8%                                    | Q1                                       | Q1                                     |
| TP08 | % respondents who agree their landlord treats them fairly and with respect                                  | 87.7%                               | 89.8%                               | -2.1%                                    | Q1                                       | Q1                                     |
| TP09 | % respondents making a complaint in last 12 months are satisfied with the approach to complaints handling   | 37.3%                               | 29.7%                               | +7.6%                                    | Q2                                       | Q3                                     |
| TP10 | % respondents who are satisfied that their landlord keeps communal areas clean and well maintained          | 72.1%                               | 66.5%                               | +5.6%                                    | Q1                                       | Q2                                     |
| TP11 | % respondents who are satisfied that their landlord makes a positive contribution to the neighbourhood      | 80.9%                               | 76.7%                               | +4.2%                                    | Q1                                       | Q1                                     |
| TP12 | % respondents who are satisfied with their landlord's approach to handling anti-social behaviour            | 73.0%                               | 69.1%                               | +3.9%                                    | Q1                                       | Q1                                     |

- 4.9. We also carried out transactional surveys all year and in general these were very positive, highlighting areas of good performance and also areas where improvements were required. All surveys are used to inform our service delivery methods and respond effectively to emerging needs.

## 5. CORPORATE OBJECTIVES

- 5.1. **Objective 1 : People** Our aim is to get it right for our customers and staff. We will focus on:

- **Listening, communicating and engaging effectively, ensuring we have a courteous, compassionate and skilled workforce**
- **Investing in our communication channels; increasing opportunities to access our services when and how it suits you**
- **Doing more than providing homes; by offering you support to sustain your home and deal with the cost of living crisis**
- **Working hard to tackle homelessness. Develop a new Preventing Homelessness Strategy for 2024-29**
- **Understanding the needs and aspirations of our tenants and staff and delivering for them**

- 5.2. The table below summarises the **related KPIs** and other measures for 24/25, with comparatives and quartile positions where possible :

| KPI | KPI description   | Trend | 24/25<br>Outturn | 24/25<br>Target | 23/24<br>Outturn | 22/23<br>Outturn | 24/25<br>Quartile |
|-----|---|-------|------------------|-----------------|------------------|------------------|-------------------|
| 1   | Current rent arrears % against annual rent              | ↓     | 2.76%            | 2.95%           | 2.72%            | 2.74%            | Q2                |
| 6   | Number of stage 1 and 2 complaints per 1,000 properties | ↓     | 76               | 50              | 66               | n/a              | Q3                |
| 7   | % of Complaints responded to within timescale           | ↑     | 99.1%            | 92.3%           | 89.3%            | n/a              | Q1                |
| 8   | Number of tenancies sustained post support              | ↓     | 99.0%            | 97.3%           | 99.3%            | 96.8%            |                   |
| n/a | No of Households in B&B accommodation at month end      | ↑     | 95               | n/a             | 108              | 16               |                   |

Keys :

|                     |                       |                         |
|---------------------|-----------------------|-------------------------|
| Target met/exceeded | Within tolerance      | Target not met          |
| ↑ Improving trend   | ↓ Deteriorating trend | ↔ Unchanged performance |

## Achievements in year

- 5.3. A substantial amount of customer work was completed towards engaging with customers, understanding their needs and providing support, improving communication and access to our services and developing our workforce.
- 5.4. Capturing the views of our tenants on all aspects of our operations continued in 2024/25 with an increasing number of surveys, including regulatory TSMs and transactional surveys for a range of key services. These surveys are a vital source of information in developing our services.
- 5.5. We receive feedback from our tenants on our Equality, Diversity and Inclusion (EDI) and maintain an EDI balanced scorecard which includes information about the diversity of our customer base. This is reported quarterly and is used to inform future action planning.
- 5.6. We received external recognition with a number of people related awards during the year, most notably reaccreditation for the Government Standard for Customer Service Excellence (CSE) for the fourteenth year running. As part of this work, we delivered CSE training to all employees.
- 5.7. 2024/25 focussed on delivering the new Customer Voice (CV) strategy and embedding the One Voice Forum (OVF) to ensure that St Leger Homes is kept informed of the changing views, needs, desires and aspirations of the Doncaster community. OVF is proving successful as a platform for consulting with customers on various policies, strategies and changes to key areas of service delivery.
- 5.8. We introduced a high-rise forum and a specific resident engagement strategy for those residents of high-rise buildings in line with the requirements of the 2022 Building Safety Act.
- 5.9. We also introduced a Tenant Scrutiny Panel (TSP) sub-group to review a sample selection of complaints to support improvements in complaint handling.
- 5.10. The TSP and OVF are very active, undertaking a number of tasks and reviews each year. Both play key roles in our work on consultation, customer engagement, mystery shopping and reality checking. We also work closely with 22 Tenants and Residents Associations.
- 5.11. Our dedicated Tenancy Sustainability Team continued its work in partnership with various agencies to gain the best support for our tenants; DWP, CAB, Credit Union, HACT, Yorkshire Water and various external funding streams. The team was shortlisted for the 2025 Northern Housing Awards for the Tenancy Support service, the Pension Credit Project and the Mental Health Navigator services.

- 5.12. In 2024/25, the team received over 1,600 referrals for tenancy support and secured nearly £2.0m of financial gains for tenants, including benefits for damp and mould and Personal Independence Payments (PIP).
- 5.13. We introduced a new initiative in relation to Pension Credit (PC) and we reached out to almost 500 older tenants and assessed them for PC, securing a total of £725k of benefits.
- 5.14. Cost of Living Hubs were also introduced and the team took part in eight events in the year with partners and held 25 of our own Pension Credit/benefits/rent advice drop-in sessions.
- 5.15. The Financial Inclusion arm of the team have verified over 30,000 individual UC claims and achieved at least £4m of financial gains for tenants since its creation in 2018.
- 5.16. Our Mental Health Navigator (MHN) service continues to support tenants and have received 454 referrals. Of the tenants they directly supported, 75% reported improvement in mental health and sleep quality, almost half no longer felt isolated and the MHNs secured over £43k of financial gains - primarily disability benefit claims and grant applications.
- 5.17. We are really proud of all of this work and it is again pleasing to report that current rent arrears ended the year at 2.76%, better than the 2.95% target, and tenancy turnover and tenancy sustainability indicators were also excellent and above Median when benchmarked.
- 5.18. In addition to the excellent work with our customers, we have also worked hard in developing our workforce.
- 5.19. Staff surveys were undertaken in the year as part of the programme that commenced in 2020/21. These included assessment of employees' wellbeing and capturing thoughts for future working arrangements. The surveys again saw high levels of employee satisfaction and achieved 91% during 24/25, above target and an improvement on the 89% in 23/24.
- 5.20. Key employee related points to note for the year are summarised below.
- 5.21. Career Start Activity and Apprenticeships in 24/25 was again strong :
- since 2005, St Leger Homes have trained 209 apprentices;
  - since 2020, 97% of apprentices completing apprenticeships were offered a permanent SLHD position;
  - we supported over 113 Doncaster residents into training or employment as part of World of Work activity, exceeding our annual target; and
  - we received further external recognition for our program with an apprentice electrician winning the "advanced apprentice of the year award" at the South Yorkshire apprenticeship awards.
- 5.22. Other key employee related points to note for the year include successful and well received:
- interactive Colleague Festival attended by almost all employees;
  - five 'Breakfast with Chris' events for employees nominated by managers received recognition for their work in line with our Values;
  - annual employee St Leger 'Stars' awards; and
  - twice-yearly Q&A sessions with the Executive Management Team (EMT) were held enabling all employees to engage directly.
  - accreditation by the Housing Diversity Network (HDN) for our commitment to Equality, Diversity and Inclusion activity
  - Equally Yours Training sessions to gain further understanding.
  - EDI Dashboards to monitor how representative we are as an organisation and we use this information to improve what we do, and provide support where it is most needed
  - reduced our gender pay gap from the previous year to 4.26%; and
  - increased the number of female trades apprentices,
- 5.23. A substantial amount of work is ongoing in managing homelessness within the city and this detailed under Objective 4 below.
- 5.24. **Objective 2 : Homes - Our aim is to provide good quality, safe homes at a rent you can afford. We will focus on:**

- Ensuring tenants are satisfied with the homes and services we provide
- Delivering an efficient and effective repairs and maintenance service
- Making sure our homes are safe and free from hazards
- Reducing damp mould and condensation in our homes and making them more energy efficient
- Achieving the highest standards of building safety and compliance

5.25. The table below summarises the related KPIs for 24/25 and comparatives :

| KPI | KPI description  | Trend | 24/25<br>Outturn | 24/25<br>Target | 23/24<br>Outturn | 22/23<br>Outturn | 24/25<br>Quartile |
|-----|--|-------|------------------|-----------------|------------------|------------------|-------------------|
| 2   | Void rent loss (lettable voids) %  | ↓     | 0.96%            | 0.70%           | 0.68%            | 0.67%            | Q1                |
| 3   | Average Days to Re-let Standard Properties ytd (days)  | ↓     | 27.4             | 24.0            | 24.9             | 26.7             | Q1                |
| 9   | Number of repairs first visit complete   | ↑     | 95.3%            | 94.0%           | 95.1%            | 94.8%            |                   |
| 10  | % of Non-Emergency and Emergency responsive repairs completed within target timescale.                 | ↑     | 73.1%            | 88.0%           | 69.5%            | n/a              | Q4                |
| 11  | Gas - % of homes for which all required gas safety checks have been carried out                        | ↔     | 100%             | 100%            | 100%             | 100%             | Q1                |
| 12  | Fire - % of homes for which all required fire risk assessments have been carried out.                  | ↔     | 100%             | 100%            | 100%             | n/a              | Q1                |
| 13  | Asbestos - % of homes for which all required asbestos surveys or re-inspections carried out            | ↔     | 100%             | 100%            | 100%             | n/a              | Q1                |
| 14  | Legionella - % of homes for which all required legionella risk assessments have been carried out.      | ↔     | 100%             | 100%            | 100%             | n/a              | Q1                |
| 15  | Lifts - % of homes for which all required communal passenger lift safety checks have been carried out. | ↔     | 100%             | 100%            | 100%             | n/a              | Q1                |
| 16  | Electrical - % Domestic properties with a satisfactory EICR up to five years old                       | ↑     | 96.0%            | 100%            | 83.1%            | n/a              | Q1                |
| 21  | Percentage % of NOT homes maintaining Decent Homes standard  | ↓     | 5.5%             | 0%              | 3.1%             | 0.01%            | Q3                |

### Achievements in year

- 5.26. As in previous years, a substantial amount of work was undertaken in working towards providing good quality, safe homes.
- 5.27. Managing the CDC capital programme ensured continued investment in the housing stock. The property improvements programme totalled £47m and included external improvement schemes, environmental works, heating conversions and upgrades, estate works and structural repairs.
- 5.28. The programme of Stock Condition Surveys continued in the year and this data is informing future investment, taking in regulatory and legislative requirements or CDC and SLHD objectives. These include Decent Homes 2, Awaab's Law (October 25), Net Zero, EPC efficiency, environmental strategy among others.
- 5.29. Building safety compliance investment, including fire risk assessment remediation works was delivered in properties under our management. This focussed on specialised low risk supported living properties. The five related TSMs all achieved 100% compliance and SLHD introduced an Electrical EICR compliance KPI in year ad performance improved as the year progressed to 96%, and 100% should be achieved
- 5.30. Planned work on damp and mould (DMC) continued with the introduction of a dedicated DMC team and this accelerated in early 25/26 in preparation for Awaab's Law coming into force in October 2025.



- 5.31. We continue to carry out responsive and planned repair work and cyclical testing and servicing of heating and electrics to ensure the continued maintenance of our housing stock. We operate a 24/7 contact service. The 'One Repairs' programme continued to ensure optimum utilisation of available systems to develop an efficient and cost-effective wider repairs service. Repairs KPI and other performance increased during the year and this continued in 25/26.
- 5.32. **Objective 3 : Communities - Our aim is to help build communities not just houses. We will focus on:**
- **Increasing engagement with the diverse communities of Doncaster**
  - **Seek Tenant Participation Advisory Service exemplar status. Ensure the One Voice Forum is the conduit for effective tenant influence**
  - **Providing safer communities through tackling and reducing anti-social behaviour and crime**
  - **Providing communal halls and spaces which the community value**
  - **Support the Council to regenerate communities**

| KPI | KPI description  | Trend | 24/25<br>Outturn | 24/25<br>Target | 23/24<br>Outturn | 22/23<br>Outturn | 24/25<br>Quartile |
|-----|--|-------|------------------|-----------------|------------------|------------------|-------------------|
| 17  | % of local expenditure, ie % amount of expenditure within Doncaster area | ↔     | 59%              | 70%             | 59%              | 68%              |                   |
| 18  | Number of ASB Cases per 1,000 homes                                      | ↑     | 55.1             | 60.0            | 62.2             | n/a              | Q3                |
| 18a | Number of ASB cases that involve hate incidents opened per 1,000 homes.  | ↑     | 0.8              | 10.0            | 0.7              | n/a              | Q3                |

## Achievements in year

### KPIs

- 5.33. As with the other corporate objectives, a substantial amount of work was delivered, alongside our partners, in aiming to build strong communities.
- 5.34. Effective partnership working is essential in delivering the required services to residents of the city and our work with the DWP, CAB, Doncaster Financial Inclusion Group (FIG), Doncaster Renewal Group and Community First Credit Union, among others, plays a key role in delivering solutions to our tenants.
- 5.35. We commenced our work towards TPAS accreditation the year and it is leasing to report that this was concluded in early 2025/26 with us achieving Exemplar status.
- 5.36. We maintained strong safeguarding arrangements throughout the year. As active members of both the Adult and Children Safeguarding Boards, we continue to play a key role in strategic partnerships across Doncaster. Our involvement also extends to several other multi-agency forums, including the Health and Wellbeing Board, the Doncaster Integrated Care Partnership Board, the Multi-Agency Risk Management Arrangements Conference (MARAC), and the Domestic Abuse Housing Alliance (DAHA).
- 5.37. We continue to have a proactive approach to anti-social behaviour and we work effectively with our partners via the Doncaster Safer Partnership.
- 5.38. Multi-agency task force working is effective in combating crime and ASB and supporting victims. Wider investment on estates, to help enhance and improve neighbourhoods continued, with fencing and parking schemes delivered and improvements to garage sites as part of our environmental programme.
- 5.39. We have enhanced our offer to tenants with hoarding tendencies, by the establishment of the 'Space To Breathe' support group. Run by Safeguarding & ASB Officers, in conjunction with our Mental Health Navigators, we now provide a space in which tenants with hoarding tendencies can discuss their situations and support each other



- 5.40. SLHD joined Resolve in the year, which is the leading community safety body in the UK, with over 200 housing providers, police services and local authorities in their membership. This enables us to share good practice and keep abreast of innovations in the sector.
- 5.41. The Safeguarding & ASB service met its KPI targets and use of the available tools and powers has increased in 2024/25 compared with 2023/24, which has also helped contribute to a reduction in ASB reports made during 2024/25.
- 5.42. We continue to work closely with CDC and other partners to shape the CDC 'THRIVE' locality working model and deliver improved information flow and outcomes for our communities.
- 5.43. In 2024/2025, our area teams have delivered positive outcomes, such as:
- Tenancy Breach and ASB low level/medium cases: successfully resolved 2,643 cases;
  - Estate Inspections: a total of 349 estate inspections were completed;
  - Keeping In Touch (KIT) Visits: we conducted 3,820 Keeping In Touch (KIT) visits;
  - Action days: we have taken a proactive lead in organising and delivering a series of highly successful Action Days across our communities, going beyond traditional engagement and have tackled everything from litter picking to grounds maintenance, transforming shared spaces.
- 5.44. **Objective 4 : Our aim is to work with others to deliver Doncaster's 'thriving people places and planet' ambitions. We will focus on:**
- **Tackling climate change by working to become carbon neutral in the ways we work and how we use stock and materials**
  - **Contributing to the Borough Strategy priorities**
  - **Work with other social and private landlords to ensure those facing homelessness have a safe and secure home**

5.45. The table below summarises the related KPIs for 2024/25 and comparatives :

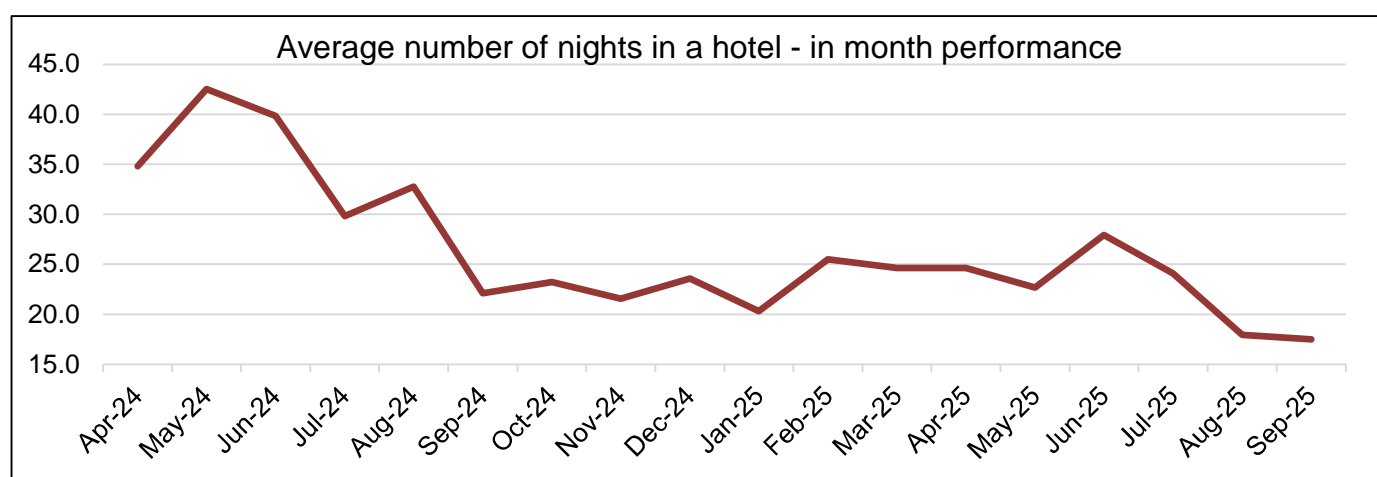
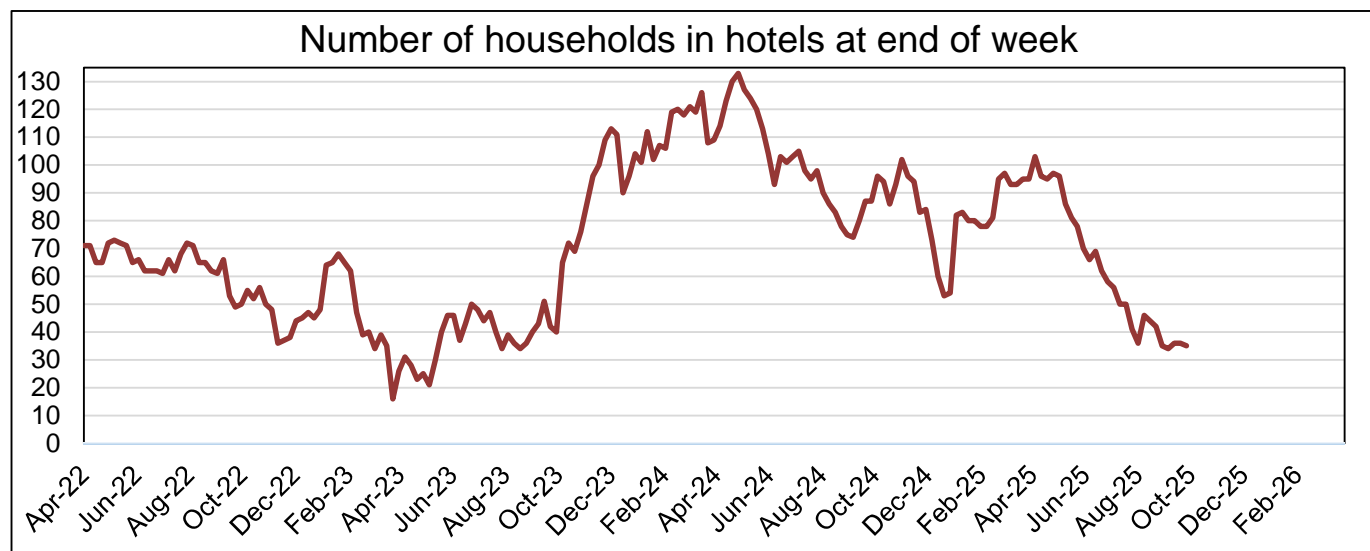
| KPI | KPI description   | Trend | 24/25<br>Outturn | 24/25<br>Target | 23/24<br>Outturn | 22/23<br>Outturn | 24/25<br>Quartile |
|-----|---|-------|------------------|-----------------|------------------|------------------|-------------------|
| 4   | Average number of nights in hotel accommodation                               |       | 28               | 21              | n/a              | n/a              |                   |
| 5   | % of settled accommodation at Prevention stage                                | ↑     | 43%              | 30%             | 32%              | n/a              |                   |
| 16  | Days lost through sickness per Full Time Equivalent employee (FTE)            | ↓     | 12.2             | 10.0            | 11.2             | 11.7             | Q3                |
| 19  | Number of tenants and residents helped into training, education or employment | ↑     | 113              | 97              | 108              | 97               |                   |
| 23  | Energy efficiency of properties   | ↓     | 57.1%            | 78%             | 70.2%            | 69.2%            | Q3                |
|     | Employee satisfaction SLHD as an employer                                     | ↑     | 91%              | 80%             | 89%              | 83%              |                   |

### Achievements in year

- 5.46. As reported in Objective 2 above, we continued our work on climate change matters with
- stock condition survey work and requirements being identified to improve thermal efficiency and achieve net zero
  - plans to replace our fleet of trades vehicles to fully electric over a phased period
- 5.47. Addressing homelessness was again one of the key priorities in Doncaster and 24/25 and the Access to Homes Service had another exceptionally busy year. We worked very closely with the Complex Lives (CL) Alliance, including CDC, NHS and Children's Services, to support vulnerable Doncaster residents.
- 5.48. There has been sustained, very high demand in general approaches for access to the housing register, housing advice and homeless applications, statutory rehousing and use of

temporary homeless accommodation as a result of the Homelessness Reduction Act 2017, demands of, humanitarian responses, cost of living impacts and Government instructions.

- 5.49. The severe weather emergency protocol (SWEP) was activated on several occasions in the year. Working with our partners, we were able to ensure a bed was available for every rough sleeper who wanted one during the severe weather.
- 5.50. The graphs below summarise the demands on the homelessness service and improvements made in year in reducing hotel numbers and average lengths of stay, which ahs continued into 25/26



- 5.51. Until 23/24, Housemark have classed Homelessness within 'Other Social Housing activities' and costs had not been separately identified. The new allocation methods introduced enable some benchmarking of costs and these are reported here for reference

|  | Cost indicator | 24/25 Quartile | 23/24 Quartile |
|--|----------------|----------------|----------------|
| Homelessness CPU                       | £269.84        | Q4             | Q4             |
| Homelessness employee CPU              | 58.56          | Q4             | Q4             |
| Homelessness non-pay CPU               | 211.28         | Q4             | Q4             |
| Homelessness employees per 1,000 units | 1.54           | Q4             | Q4             |

- 5.52. The table suggests a high cost service and reflects the very high demands. The service submits cost and performance data to the Department for Levelling Up (DLUHC) and the above continue to be reviewed alongside SLHD's and fellow providers' DLUHC data to address the national challenges.

## SERVICE COSTS AND PERFORMANCE – HOW DO WE COMPARE WITH OTHERS ?

## 6. **BENCHMARKING** – how we compare with others

- 6.1. We submit performance information to Housemark each month and more comprehensive performance information on annual basis, together with detailed financial analysis. We also carry out more tailored benchmarking with specific organisations, where appropriate, and more recently this has involved groups on governance and data.

### **HOUSEMARK**

- 6.2. 24/25 Housemark benchmarking compares SLHD to a peer group of up to 55 ALMOs, Metropolitan Boroughs, Unitary authorities and similar organisations. Some organisations don't submit information for every possible indicator (mainly cost), but on average our peer group comparisons were with over 26 organisations. Up to 150 housing providers of all types nationally submitted information.
- 6.3. At the highest level Housemark plot one key Cost indicator and one Key Performance Indicator (KPI) for the main service area and comparing with other organisations on a 2x2 'dashboard', continue to be favourable (see below).
- 6.4. At a more detailed level, indicators are benchmarked into performance quartiles, ie Quartile 1 is top 25% of performers, etc. Benchmarking was positive overall with more cost and performance indicators in the upper quartiles (above Median), with our peers and also all providers nationally.
- 6.5. All benchmarking results must consider that differences exist between housing providers – size, geography, demographic, timing, etc. - and should serve as an introduction for further investigation and detailed discussions.
- 6.6. In summary, benchmarking information for 24/25 shows that SLHD continues to be **a low cost, mid to high performing organisation**.
- 6.7. This is summarised below and further details of benchmarked cost and performance indicators are attached at **Appendix A**.

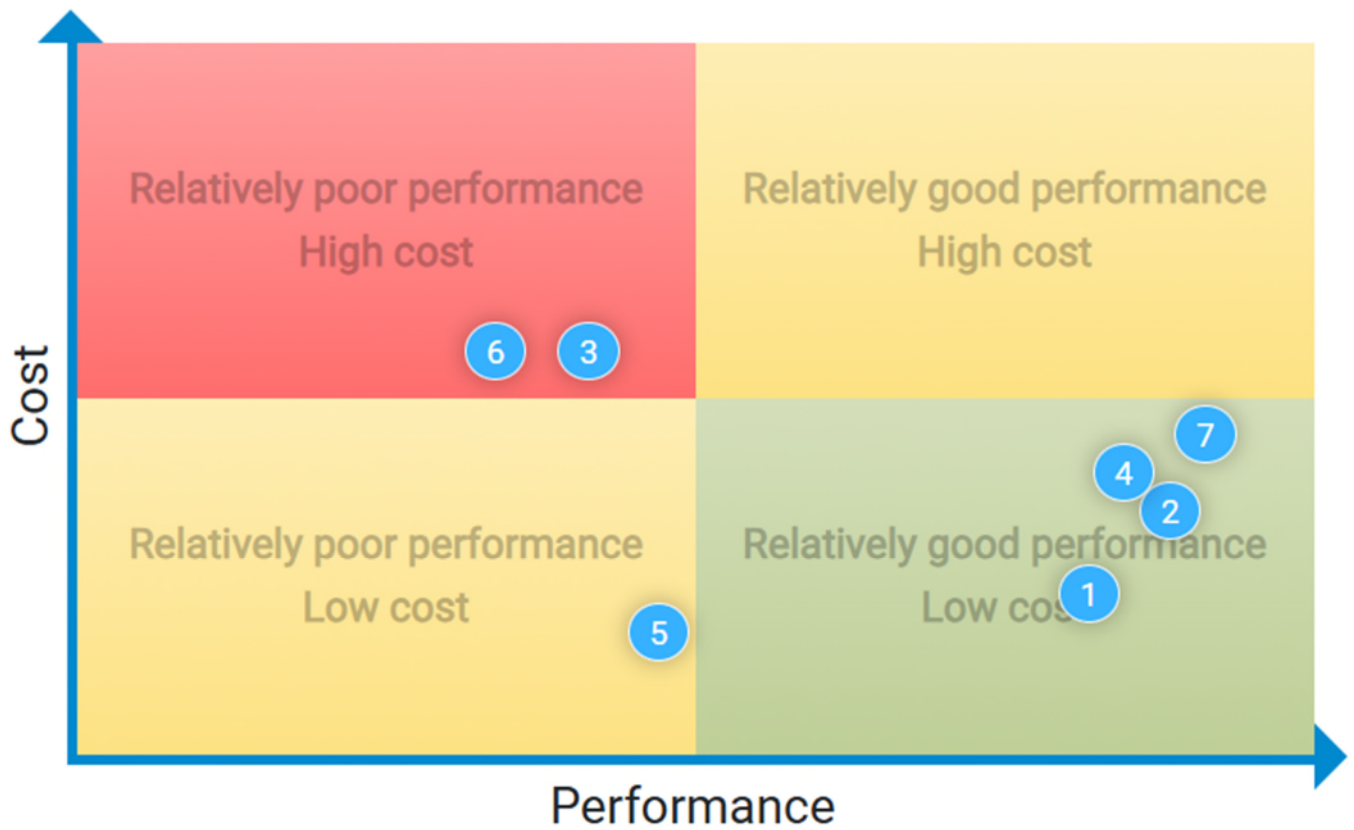
### **Housemark - VFM 'dashboards'**

- 6.8. The dashboards are again positive with our peers and nationally, with the indicators in or close to the desired green 'low cost, high performance' quadrant.

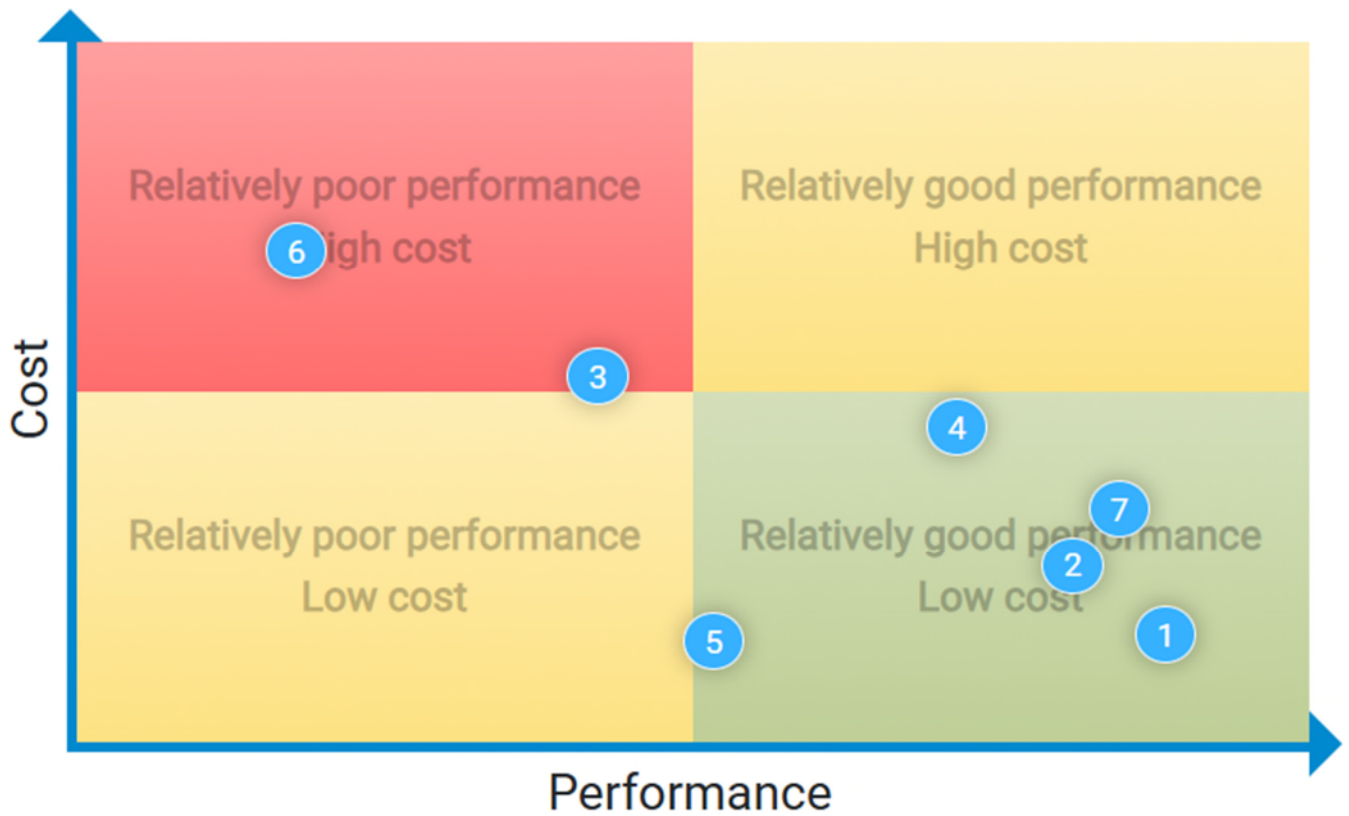
| <u>Key</u> | <u>Service area</u>       | <u>Cost indicator</u>   | <u>Performance indicator</u>                   |
|------------|---------------------------|-------------------------|--|
| 1          | Overheads                 | CPP* Overheads          | Staff turnover %                               |
| 2          | Housing management        | CPP Housing management  | Average relet times (days)                     |
| 3          | Responsive repairs        | CPP Responsive repairs  | Appointments kept %                            |
| 4          | Void repairs and lettings | CPP Void repairs        | Void rent loss %                               |
| 5          | Building safety           | CPP Building safety     | Required gas safety checks been carried out %  |
| 6          | Major repairs             | CPP Major repairs       | Non-decent dwellings %                         |
| 7          | Customer experience       | CPP Customer experience | Stage 1 complaints responded to in timescale % |

\* CPP = Cost Per Property

PEER GROUP VFM DASHBOARD 24/25 – an average of 26 providers



NATIONAL VFM DASHBOARD 24/25 - an average of around 150 providers



## **Housemark - Cost and Performance indicator quartile summaries**

- 6.9. As mentioned above, expenditure is analysed into service areas to give headline and detailed costs per service and shows that SLHD costs per property at service area level are generally upper quartile.
- 6.10. Within these service areas, costs are broken down further and alongside the related performance for those areas are benchmarked with other organisations
- 6.11. The table below shows the banding of these quartile positions for the main cost and performance indicators submitted in recent years.

| <b>COST</b>         |            |          | <b>24/25</b> |          | <b>23/24</b> |          | <b>22/23</b> |          | <b>21/22</b> |          |
|---------------------|------------|----------|--------------|----------|--------------|----------|--------------|----------|--------------|----------|
|                     | <b>no.</b> | <b>%</b> | <b>no.</b>   | <b>%</b> | <b>no.</b>   | <b>%</b> | <b>no.</b>   | <b>%</b> | <b>no.</b>   | <b>%</b> |
| Quartile 1          | <b>9</b>   | 16       | 7            | 11       | 11           | 27       | 6            | 15       |              |          |
| Quartile 2 / Median | <b>19</b>  | 34       | 20           | 33       | 13           | 31       | 17           | 43       |              |          |
| Quartile 3          | <b>14</b>  | 25       | 23           | 36       | 12           | 28       | 10           | 25       |              |          |
| Quartile 4          | <b>14</b>  | 25       | 13           | 20       | 6            | 14       | 7            | 17       |              |          |
| Totals              | <b>56</b>  | 100      | 63           | 100      | 42           | 100      | 40           | 100      |              |          |

| <b>PERFORMANCE</b>  |            |          | <b>24/25</b> |          | <b>23/24</b> |          | <b>22/23</b> |          | <b>21/22</b> |          |
|---------------------|------------|----------|--------------|----------|--------------|----------|--------------|----------|--------------|----------|
|                     | <b>no.</b> | <b>%</b> | <b>no.</b>   | <b>%</b> | <b>no.</b>   | <b>%</b> | <b>no.</b>   | <b>%</b> | <b>no.</b>   | <b>%</b> |
| Quartile 1          | <b>28</b>  | 51       | 25           | 35       | 24           | 40       | 14           | 33       |              |          |
| Quartile 2 / Median | <b>9</b>   | 16       | 25           | 35       | 12           | 20       | 14           | 33       |              |          |
| Quartile 3          | <b>14</b>  | 25       | 16           | 22       | 17           | 28       | 11           | 25       |              |          |
| Quartile 4          | <b>4</b>   | 7        | 6            | 8        | 7            | 12       | 4            | 9        |              |          |
| Totals              | <b>55</b>  | 100      | 72           | 100      | 60           | 100      | 43           | 100      |              |          |

- 6.12. The table shows a mix of cost and performance indicators in all four quartiles. Some of those in the lower cost quartiles may be a result of a policy decision, such as investment in ASB areas.
- 6.13. However, those Quartile 3 and 4 indicators – both cost and performance – that are unexpected will again be reviewed to understand why these positions were achieved and put actions in place to move us into the higher quartiles.

## **7. Summary**

- 7.1. 2024/25 was another very challenging year in which SLHD operated within budget, delivered strong KPI and other performance measures, meeting or within tolerances of targets, and performance improving in other areas. We again compared very favourably when benchmarked with our peers and also nationally.

| Performance indicator   | 24/25<br>SLHD | 23/24   | Peer<br>Quartile | Cost indicator (CPU = Cost Per Unit)                             | 24/25     | 23/24     | Peer<br>Quartile |
|---|---------------|---------|------------------|--|-----------|-----------|------------------|
| <b>Overheads</b>  |               |         |                  | <b>Overheads</b>   |           |           |                  |
| Staff turnover %  | 5.8%          | 9.3%    | Q1               | Central overheads CPU  | £108.86   | £97.96    | Q1               |
| Voluntary staff turnover %  | 5.3%          | 8.7%    | Q1               | Central overheads employees per 1,000 units                      | 0.78      | 0.77      | Q1               |
| Involuntary staff turnover %                                      | 0.5%          | 0.6%    | Q1               | ITC CPU  | £109.20   | £107.31   | Q1               |
| Average days lost to sickness per employee                        | 12.5          | 12.1    | Q3               | Overhead CPU   | £430.65   | £395.58   | Q1               |
|   |               |         |                  | Finance CPU  | £63.27    | £55.47    | Q2               |
|   |               |         |                  | Finance employees per 1,000 units                                | 0.95      | 0.85      | Q3               |
|   |               |         |                  | Overheads employees per 1,000 units                              | 3.24      | 3.00      | Q3               |
|   |               |         |                  | Premises non-pay CPU   | £76.70    | £70.47    | Q3               |
|   |               |         |                  | HR CPU   | £72.62    | £64.38    | Q4               |
|   |               |         |                  | HR employees per 1,000 units                                     | 0.87      | 0.79      | Q4               |
|   |               |         |                  | ITC employees per 1,000 units                                    | 0.64      | 0.58      | Q4               |
|   |               |         |                  | Overheads as a % of turnover                                     | 14.1%     | no data   | Q4               |
| <b>Customer experience</b>  |               |         |                  | <b>Customer experience</b>                                       |           |           |                  |
| Stage 1 complaints responded to within target time %.             | 99.5%         | 91.9%   | Q1               | Customer experience CPU  | £52.51    | £45.92    | Q2               |
| Average seconds to answer inbound calls                           | 117           | 345     | Q1               | Customer experience employees as % all social housing employe    | 3.9%      | 4.7%      | Q2               |
| Stage 2 complaints responded to within target time %.             | 95.8%         | 86.9%   | Q2               | Contact centre agent employee cost per call                      | £6.02     | £5.76     | Q3               |
| Stage 2 complaints per 1,000 properties.                          | 6.3           | 3.1     | Q2               | Customer experience employees per 1,000 units                    | 1.51      | 1.45      | Q3               |
| Stage 1 complaints per 1,000 properties.                          | 58.3          | 50.7    | Q3               |  |           |           |                  |
| Calls answered per property                                       | 8.6           | no data | Q3               |  |           |           |                  |
| <b>Housing management</b>   |               |         |                  | <b>Housing management</b>  |           |           |                  |
| Void loss %.  | 0.96%         | 0.85%   | Q1               | Housing management CPU   | £305.98   | £281.72   | Q1               |
| Evictions %.  | 0.06%         | 0.03%   | Q1               | Housing management employee CPU                                  | £284.17   | £261.31   | Q2               |
| Average re-let time (days)  | 27.4          | 24.9    | Q1               | Housing management non-pay CPU                                   | £21.81    | £20.41    | Q2               |
| Average re-let time (all re-lets).                                | 43.5          | 36.3    | Q1               | Specialist ASB employee CPU                                      | £14.88    | £8.12     | Q2               |
| Properties vacant but unavailable %.                              | 0.02%         | 0.02%   | Q1               | Specialist ASB employees per 1,000 units                         | 0.35      | 0.22      | Q2               |
| Write-offs %.   | 0.25%         | 0.18%   | Q2               | Specialist lettings employee CPU                                 | £29.43    | £26.09    | Q2               |
| Average re-let time (major works units).                          | 86.2          | 70.8    | Q2               | Specialist rent and arrears collection employee CPU              | £53.93    | £48.42    | Q2               |
| Current and former tenant arrears %.                              | 4.6%          | 4.4%    | Q2               | Specialist rent and arrears collection employees per 1,000 units | 1.40      | 1.31      | Q2               |
| Current tenant arrears %.   | 2.76%         | 2.72%   | Q2               | Specialist tenancy management employee CPU                       | £64.18    | £51.66    | Q2               |
| Tenancy turnover.   | 5.70%         | 5.63%   | Q2               | Generic housing management employee CPU                          | £109.24   | £114.07   | Q3               |
| Rent collected (including arrears b/f) %.                         | 95.0%         | 96.6%   | Q3               | Generic housing management employees per 1,000 units             | 2.89      | 3.20      | Q3               |
| Former tenant rent arrears %.                                     | 1.84%         | 1.64%   | Q3               | Housing management employees per 1,000 units                     | 7.33      | 7.26      | Q3               |
| Properties vacant and available %.                                | 1.13%         | 0.63%   | Q3               | Specialist lettings employees per 1,000 units                    | 0.76      | 0.75      | Q3               |
| ASB cases involving hate incidents per 1,000 units                | 0.8           | 0.7     | Q3               | Specialist resident involvement employee CPU                     | £12.51    | £12.95    | Q3               |
| ASB cases per 1,000 social housing units                          | 55.1          | 62.3    | Q3               | Specialist resident involvement employees per 1,000 units        | 0.31      | 0.35      | Q3               |
| Rent collected %.   | 97.32%        | 99.09%  | Q4               | Specialist tenancy management employees per 1,000 units          | 1.62      | 1.43      | Q3               |
|   |               |         |                  | Cash collection, charges and card charges non-pay CPU            | 4.83      | 4.45      | Q4               |
| <b>Routine maintenance</b>  |               |         |                  | <b>Routine maintenance</b>                                       |           |           |                  |
| Disrepair claims per 1,000 properties                             | 8.8           | 7.2     | Q2               | Maintenance CPU (HM)   | £1,061.89 | £985.45   | Q1               |
| Average days taken to complete void repairs                       | 25.9          | no data | Q2               | Average cost per void repair                                     | £4,626.00 | £4,735.55 | Q2               |
| Average number of responsive repairs per property                 | 3.8           | 3.7     | Q3               | Routine maintenance CPU (HM)                                     | £947.10   | £862.07   | Q2               |
| Emergency repairs as a % of all responsive repairs                | 31.8%         | 34.8%   | Q3               | Void works CPU   | £263.68   | £267.30   | Q2               |
| Appointments kept %   | 95.5%         | 95.3%   | Q3               | Average cost per responsive repair                               | £177.74   | £159.66   | Q3               |
| Average days taken to complete repairs                            | 37.3          | 24.3    | Q4               | Responsive repairs CPU   | £683.42   | £594.77   | Q3               |
| Emergency repairs completed within target timescale %             | 82.5%         | 81.5%   | Q4               | Responsive repairs employees per 1,000 units                     | 7.01      | 6.34      | Q3               |
| Non-emergency repairs completed within target timescale %         | 68.7%         | 62.7%   | Q4               | Maintenance employees per 1,000 units                            | 11.84     | 11.44     | Q4               |
|   |               |         |                  | Routine maintenance employees per 1,000 units                    | 9.86      | 9.46      | Q4               |
|   |               |         |                  | Void works employees per 1,000 units                             | 2.85      | 3.12      | Q4               |
| <b>Planned maintenance</b>  |               |         |                  | <b>Planned maintenance</b>                                       |           |           |                  |
| All required gas safety checks have been carried out %            | 100%          | 100.0   | Q1               | Building safety CPU  | £79.91    | £79.32    | Q1               |
| Gas safety checks completed by the anniversary date %             | 100%          | 100.0   | Q1               | Building safety non-pay CPU                                      | £8.99     | £11.51    | Q1               |
| All required fire risk assessments have been carried out %        | 100%          | 100.0   | Q1               | Surveyor employee CPU  | £12.90    | £14.30    | Q1               |
| All required asbestos surveys/inspections been carried out %      | 100%          | 100.0   | Q1               | Maintenance management employee CPU                              | £246.86   | £218.55   | Q2               |
| All required legionella risk assessments have been carried out %  | 100%          | 100.0   | Q1               | Other planned works operative employees per 1,000 units          | 0.25      | 0.24      | Q4               |
| All required passenger lift safety checks have been carried out % | 100%          | 100.0   | Q1               | Planned maintenance employees per 1,000 units                    | 1.98      | 1.98      | Q4               |
| Domestic properties with EICR up to five years old %              | 96.0          | 83.0    | Q3               | Building safety operative employee CPU                           | £70.92    | £67.81    | Q4               |
| <b>Major repairs</b>  |               |         |                  | <b>Major repairs</b>   |           |           |                  |
| Non-decent dwellings %  | 5.5%          | 3.1%    | Q3               | Building safety (management) employee CPU                        | £39.33    | £35.95    | Q2               |
| Percentage of homes that have an EPC rating of A-C                | 57.1%         | n/a     | Q3               | Major repairs CPU (HM)   | £2,116.33 | £1,541.01 | Q3               |
|   |               |         |                  | All other maintenance management employee CPU                    | £194.62   | £168.31   | Q4               |
|   |               |         |                  | Maintenance management employees per 1,000 units                 | 5.95      | 5.36      | Q4               |
|   |               |         |                  | Major repairs operative employees per 1,000 units                | 6.82      | 6.66      | Q4               |
| <b>Tenant satisfaction %</b>                                      |               |         |                  | <b>Other Costs</b>   |           |           |                  |
| TSM Perception survey - satisfaction with landlord's :            |               |         |                  | Service charge CPU (HM)  | £203.88   | £200.24   | Q2               |
| TP01 service provided %   | 81.0%         | 75.6%   | Q1               | Service charge employees per 1,000 units                         | 1.15      | 1.02      | Q3               |
| TP02 overall repairs service last 12 months %                     | 81.5%         | 79.6%   | Q1               |  |           |           |                  |
| TP03 time taken to complete most recent repair %                  | 75.6%         | 72.6%   | Q1               | Other social housing CPU (HM)                                    | £47.25    | £47.38    | Q3               |
| TP04 home is well maintained %                                    | 82.0%         | 75.9%   | Q1               | Other social housing employees per 1,000 units                   | 1.19      | 1.23      | Q3               |
| TP05 home is safe %   | 86.3%         | 84.9%   | Q1               |  |           |           |                  |
| TP06 listens to tenant views and acts upon them %                 | 75.3%         | 71.6%   | Q1               | Non-social rented CPU  | £897.67   | £501.83   | Q2               |
| TP07 keeps tenants informed about things matter to them %         | 81.1%         | 79.3%   | Q1               | Non-social rented employees per 1,000 units                      | 24.59     | 13.97     | Q2               |
| TP08 treats tenants fairly and with respect %                     | 87.7%         | 89.8%   | Q1               |  |           |           |                  |
| TP09 approach to handling complaints %                            | 37.2%         | 29.7%   | Q1               | Homelessness total CPU   | £269.84   | £219.81   | Q4               |
| TP10 communal areas clean and well-maintained %                   | 72.1%         | 66.5%   | Q1               | Homelessness Non Pay CPU   | £211.28   | £163.39   | Q4               |
| TP11 makes a positive contribution to neighbourhoods %            | 80.9%         | 76.7%   | Q1               | Homelessness employees per 1,000 units                           | 1.54      | 1.59      | Q4               |
| TP12 approach to handling anti-social behaviour %                 | 73.0%         | 69.1%   | Q1               |  |           |           |                  |

# ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England  
Company Number 05564649

## Board Meeting

# REPORT

**Date** : 04 December 2025

**Item** : 06

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

**Presented by** : Nigel Feirn, Head of Finance and Business Assurance

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

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

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

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

**Agenda Item No. 06  
Date: 04 December 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 June 2025. 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.
- 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).
- 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 beginning of November 2025, we have made very good progress, with 18 more actions completed since June 2025. **Table 2** in **section 6** provides a summary of actions completed and partially compliant since June 2025.
- 2.6. A total of 317 actions have been identified, comprising:
- 266 consumer standards actions;
  - 15 HQN actions;
  - 32 Savills recommendations; and
  - 5 recently added best practice items (learning from other inspection outcomes).
- 2.7. Of these, 15 actions (including one Savills recommendation) have been removed as not applicable.
- 2.8. This leaves an active total of 302 actions, of which 275 are now fully compliant. Only 27 actions remain partially compliant, with monthly meetings in place as we continue to work towards full compliance.



- 2.9. 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:

- 5.4. **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).

- 5.5. Our evidence list, showing all the 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 November 2025**

#### **6.1. RSH Update and the Latest Consumer Standard Gradings**

The inspection regime began on 1 April 2024. Since then, the regulator has published 148 gradings against the consumer standards, with the latest release dated 29 October 2025.

- 6.2. A summary can be seen below:

**Table 1: Gradings from 1 April 2024 – 29 October 2025.**

| Grading   | For Profit | Housing Association | Local Authority | Overall |
|-----------|------------|---------------------|-----------------|---------|
| <b>C1</b> | 0          | 29                  | <b>7</b>        | 36      |
| <b>C2</b> | 0          | 49                  | <b>21</b>       | 70      |
| <b>C3</b> | 0          | 5                   | <b>33</b>       | 38      |
| <b>C4</b> | 0          | 0                   | <b>4</b>        | 4       |
|           | 0          | 83                  | <b>65</b>       | 148     |

- 6.3. In the financial year 2024/25, the regulator published 55 gradings against the consumer standards. From April 1 2025 to 29 October 2025, a further 93 gradings against the consumer standards have taken place, with the running total now at 148.
- 6.4. Barnsley Council was the first local authority and ALMO to achieve a C1 grading in October 24, followed by City of Westminster Council and West Lancashire Borough Council in February 2025. In July 2025, the London Borough of Enfield became the fourth LA to obtain a C1.
- 6.5. In October 2025, a further 3 ALMOs were graded as C1 - Rykneld Homes (Derbyshire), Barnet Homes & Sutton Housing Partnership (London Boroughs).
- 6.6. To date, of the 7 C1s awarded to Local Authorities, 4 are ALMOs.
- 6.7. ALMOs that are currently undergoing inspection at time of writing this report are Stockport Homes and Wolverhampton Homes.
- 6.8. Since the last report to Board in June 2025, the number of LAs receiving a C2 has increased from 14 to 21.
- 6.9. A C3 grading is still the most common rating for LAs, with another 10 gradings being awarded since the last report, taking the total to 33.
- 6.10. In terms of C4s, four LAs to date :
- London Borough of Newham was graded as C4 in October 2024;
  - Castle Point Borough Council (Essex) in December 2024;
  - In August 2025, Arun District Council became the third LA to receive a C4 grading;
  - In September 25, Tandridge District Council in East Surrey received a C4 grading;
  - To date, no Housing Association has been awarded a C4.
- 6.11. 18 LAs have self-referred. One has not yet been assessed (Mid Devon City Council). The other 17 were graded as a C3.
- 6.12. Organisations are obliged to self-refer when they are non-compliant in one or more areas.
- 6.13. **Appendix B** is a breakdown of local authority gradings including self-referrals to date.

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

Table 2

|                      | Jun-25              | Action added since June-25 |  | Nov-25               |         |                     |                 |
|----------------------|---------------------|----------------------------|--|----------------------|---------|---------------------|-----------------|
|                      | Partially Compliant |                            |  | Changed to Completed | Removed | Partially Compliant | Fully Compliant |
| Housing and Customer | 20                  | 1                          |  | 8                    | 0       | 13                  | 189             |
| Property             | 17                  | 4                          |  | 10                   | 0       | 11                  | 82              |
| Cross Cutting        | 3                   | 0                          |  | 0                    | 0       | 3                   | 4               |
|                      | 40                  | 5                          |  | 18                   | 0       | 27                  | 275             |

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

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

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

6.17. As such we have added a further 5 actions to our plan, taking the number of outstanding actions to 27, to further strengthen our position and ensure continued compliance and readiness.

6.18. One was added by the Housing and Customer Services Leadership relating to ensuring arrangements are in place for tenants to have formal access to senior officers and councillors from the City of Doncaster Council.

6.19. Four were added by the Property Services Leadership:

- Addressing EICR 'C3' ratings.  
*(In EICR (Electrical Installation Condition Report) terms, a C3 code stands for Improvement Recommended. The EICR itself has not failed and still rated satisfactory).*
- Quantifying how many outstanding repairs we have and what they are.
- Implementing a 'Window Restrictors' Standard.
- Awaab's Law - what's changed for us?

6.20. The 27 remaining actions are currently partially compliant due to individual complexity of the assessment standard we are challenging ourselves in. **Appendix A** shows the actions needed and timescales.

6.21. In line with continuous improvement, the focus now is to accelerate completing the remaining partially compliant actions and to strengthen our assessed position.

6.22. It is important to note that being partially compliant in some areas is not a negative, if we can demonstrate a clear understanding of the action and a plan to fully meet compliance.

6.23. 10 of the 13 actions still outstanding for Housing Services were reliant on the update of CDCs Tenancy Strategy, that was approved in August 2025. The Tenancy Strategy now agreed with 5 year flexible tenancies means the SLHD housing Management Policy can now be updated and as such is due at Board in December 2025.

6.24. This will in turn lead to those 10 partially compliant actions being able to be marked as compliant.

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

- **Complaints and Household Make-up**
- We have developed a performance report to give us more information about the specific households making complaints.
- The report also tells us where complaints vary by area, stock type and/or ethnicity.
- We have consulted with our residents about the ways they want to be informed about the handling of complaints. We have consulted at Tenant Scrutiny Panel sub group regarding how they want to be involved in complaints. Complaints and Unreasonable policies went to OneVoice Forum for consultation. In addition to this, consultation has been undertaken with the Tenant Review Hub.
- **Performance Reporting to SLHD Board and CDC**
- It is now clear from the reporting framework how poor performance of estate management services is visible to the SLH Board and/or CDC.
- TSMs go to C&P with 2 TSMs linked to the customer charter and service standards.
- ASB reports also go to C&P.
- There is a new performance report now going to EMT, Board and CDC from the Head of Housing Management.
- In addition, the Good Neighbour Charter is now being developed to go to One Voice Forum, which includes keeping communal areas tidy.
- **HHSRS hazards**
- HHSRS hazards identified through stock condition surveys (SCS) are recorded appropriately in a secure spreadsheet.
- Hazards are identified by Savills as part of the SCS and quality assured before being sent to SLHD.
- Cat 1 and cat 2 hazards are reported to SLHD daily.
- We report remedial actions from H&S or HHSRS hazards by age and severity and have a 10 year recovery plan.

## **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 for Housing and Business, every quarter; and
- By St Leger Homes Board, every six months

7.2. CDC have also set up an **'Inspection Ready Working Group'** which includes staff from both the Council and St Leger Homes. This is to give assurance that CDC is compliant with the standards and as such the group meets every 3 weeks.

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 and the recommendations were incorporated into the action plans.

7.4. CDC are planning to commission Savills to review its assurance and oversight arrangements, alongside a proposed Cabinet briefing on social housing regulation and the Council's registered provider (RP) responsibilities.

7.5. Savills' CDC work will include SLHD

7.6. Post CDC commission, Savills and SLHD will scope a refresher a year on from the mock inspection, including

- a review of 2024 mock inspection recommendations
- Mock interviews for key RP staff from CDC.

## **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.

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

Lauren McLaughlin

Governance Service Manager 862736

Background Papers

**Appendix A** – Consumer Standards action plan

**Appendix B** – Local Authority Gradings

| Assessment standard                      |  | Action Required  | Owner             | Date of Completion | Oct 25 Update  | 1. Compliant<br>2. Partially | Evidence of Compliance                |
|--|--|--|-------------------|--------------------|--|------------------------------|---------------------------------------|
| <b>The Safety &amp; Quality Standard</b> |  |  |                   |                    |  |                              |                                       |
| <b>1a.1.2</b>                            | Have you an accurate record at an individual property level of the condition of your stock, based on a physical assessment of all homes and do you keep this up to date? (CS)                                  | 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>Move to compliant</b><br>HHSRS hazards identified through stock condition surveys (SCS) are recorded appropriately in a secure spreadsheet. Hazards are identified by Savills as part of the SCS and quality assured before being sent to SLHD. Cat 1 and cat 2 hazards are reported to SLHD daily. We report remedial actions from H&S or HHSRS hazards by age and severity and have a 10 year recovery plan.                                  | Compliant                    | The suite of monitoring spreadsheets. |
| <b>1a.1.4</b>                            |  | HHSRS hazards identified need to be addressed in a more timely manner and the outcome recorded.  | HoAM              | Q1 25/26           | <b>Move to compliant.</b><br>The spreadsheets are secure and managed in line with information security and DP.   | Compliant                    | As per cell L3                        |
| <b>1.a.1.5</b>                           |  | Mechanism for reporting / recording hazards identified through other means needs to be put in place.   | HoAM              | Q1 25/26           | <b>Move to compliant</b><br>As per 1st action - Compliant.   | Compliant                    | As per cell L3                        |
| <b>1a.2.3.1</b>                          | 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 | Q3 25/26           | <b>Remain as partial.</b><br>Savills still on site - to honour those outstanding from the prog. Completed SCS at 89% at end of Q2. Shouldn't be many properties were we haven't been into. Very small numbers remain that we haven't been into in the last 5 yrs.<br><br><b>Date of completion changed from Q2 25/26 to Q3 25/26</b>   | Partially                    |                                       |
| <b>1a.2.3.2</b>                          | 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        | Q3 25/26           | <b>Remain as partial.</b><br>See roof spend below (I9) - was going to be internal work, now external work. Made this switch on back of good data coming from Savills. We know SCS data is accurate as we are 'checking the checker'with a major Assets data project now underway. Developed an asset data improvement plan and monitored in monthly basis.<br><b>Date of completion changed from Q2 25/26 to Q3 25/26</b>                          | Partially                    |                                       |
| <b>1.b.1.4</b>                           | Does all your housing stock meet the existing Decent Homes Standard, specifically as set out in section five of those standards?<br>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.<br><br>What are we doing to put it right?   | HoAM              | Q4 25/26           | <b>Remain as partial.</b><br>We are doing more SCS - the more done, the more hazards are found. This year we have found more cat 1 hazards.<br><br>A combination of very good progress and data has meant £1m has been re-diverted to address non decent roofs. Discussions with CDC have brought forward investment from capital improvement plan. We ended Q2 @ 11.9% non decent.<br><b>Date of completion changed from Q3 24/25 to Q4 25/26</b> | Partially                    |                                       |
| <b>1b.2</b>                              | 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><br>The % is at a point in time Influenced this by amount of SCS we are doing. (inspector is interested in what the plan is for anything outstanding)<br>Closed 2,000 haz in last qtr. We have a dedicated team.<br><b>Date of completion changed from Q3 24/25 to Q4 25/26</b>   | Partially                    |                                       |



|                        |   |   |               |          |  |           |  |
|------------------------|---|---|---------------|----------|--|-----------|--|
| 1d.16                  | Do online options for your repairs service work well?   |   | HoRM          | Q4 25/26 | <p><b>Remain as partial.</b><br/>Need revised completion date<br/>Under review.<br/>Update from Business Transformation Service Manager - the repairs enhancements for tenant portal work has been put on hold, as we are more than likely going to move to the new One Housing portal (perhaps as soon as early next year) and given the fact that repairs slots are still being sorted by repairs scheduling project, it seemed to make most sense to hold off until we have the new portal.<br/><b>Date of completion changed from Q1 25/26 to Q4 25/26</b></p> | Partially |  |
| 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 | <p><b>Move to compliant</b><br/>Update on complaints to EMT quarterly and shared with HoS.</p>   | Compliant | Quarterly update reports to EMT                    |
| 1d.25                  | Do your staff/operatives see every home visit as an opportunity to identify DMC issues?   | Develop an eLearning package with a referral process at the back end so there is a process where staff can easily follow and report.  | HoAM          | Q3 25/26 | <p><b>Remain as partial.</b><br/>e-learning now available - been rolled out w/c 15/09.<br/>Comms to go out.<br/>CT to do some sense checking - does the training lead to a greater awareness and are people making referrals.<br/><b>Date of completion changed from Q2 25/26 to Q3 25/26</b></p>  | Partially |  |
| <b>Savills actions</b> |   |   |               |          |  |           |  |
| 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 | Q4 25/26 | <p><b>Remain as partial.</b><br/>For ext contractors can demonstrate, comparing with others. Internal VFM analysis. CT to liaise with Chris Eyre and compare SORs and summary and report on VFM. Can also use Housemark. Top 10 common repairs. and compare SOR's needs to be updated annually.<br/>CT to liaise with her Service Managers to progress this action.<br/><b>Date of completion changed from Q2 25/26 to Q4 25/26</b></p>  | Partially |  |
| Sav15                  | 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   | HoBS          | Q1 25/26 | <p><b>Move to compliant</b><br/>Will be in policy reviews, comments taken on board - Compliant.</p>  | Compliant | Policy review reports.<br>Consultation feedback.   |
| Sav16                  | 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. |   | HoBS          | Q1 25/26 | <p><b>Move to compliant</b><br/>Policies are all due for cyclical review in next yr/18 mths. We report this separately to SLHD/CDC, etc and view is it wouldn't be appropriate to include this level of detail in the policies themselves.</p>   | Compliant | The policies.<br>The update reports to SLHD & CDC. |
| Sav17                  | 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          | Q2 25/26 | <p><b>Remain partial.</b><br/>Penningtons review Sept 25 now complete.<br/>Add into policy - we will have a review every '5' years?<br/><b>Date of completion changed to Q2 25/26</b></p>  | Compliant | Pennington's report.                               |
| Sav18                  | 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 | <p><b>Move to compliant</b><br/>Now have 6 new categories we are reporting on (we've split lifts down)<br/>No Access Team has been set up and being recruited to to address issues identified with getting inside some tenants homes. The team sit within Housing Services under the Tenancy Sustainability service area.</p>  | Compliant | Report containing the 6 categories of lifts.       |

|   |   |  |                |          |   |                  |  |
|---|---|--|----------------|----------|---|------------------|--|
| <b>Sav19</b>  | Report remedial actions from H&S or HHSRS hazards by age and severity       | FRA actions main gap.<br>Electrical remedial actions.  | HoBS           | Q2 25/26 | <b>Move to compliant</b><br>Compliant - have a 10 year recovery plan. Compliant score cards show details.                 | <b>Compliant</b> | 10 year recovery plan.<br>Compliant scorecards.  |
| <b>HQN suggested actions</b>  |   |  |                |          |   |                  |  |
| <b>H.2</b>  | 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 /<br>HoCS | Q2 25/26 | <b>Move to compliant</b><br>Resident engagement strategy approved Aug 25.   | <b>Compliant</b> | Housemark presentation<br>Resident Engagement Strategy<br>Will be published on website |
| <b>SLHD suggested actions (best practise - learning from other inspection outcomes)</b> |   |  |                |          |   |                  |  |
| <b>SLHD1</b>  | EICRs: C3 (improvement recommended) actions outstanding, ie consumer units. | Info shared to help with budget setting.<br>Electric Policy being amended due to reg changes - how we address C1s/C2s.   | HoBS           | Q3 25/26 | Newly identified action from learning from other inspection outcomes.   | <b>Partially</b> | Amended policy<br>Reports from C365  |
| <b>SLHD2</b>  | How many outstanding repairs have we got and what are they?                 | HoRM to provide the data   | HoRM           | Q3 25/26 | Newly identified action from learning from other inspection outcomes.   | <b>Partially</b> | OH reports   |
| <b>SLHD3</b>  | Implement a Window restrictors Standard                                     | We don't have a standard - NFA best practise suggests we need one. If restrictors are missing it is rated as a cat 2.  | HoBS /<br>HoAM | Q4 25/26 | Newly identified action from learning from other inspection outcomes.<br>CT & LD to collaborate and lead on this standard | <b>Partially</b> | New standard   |
| <b>SLHD4</b>  | Awaabs Law - what's changed for us?   | Evidence of new team/policy/procedures/reports/data.   | HoAM           | Q4 25/26 | Newly identified action from learning from other inspection outcomes.   | <b>Partially</b> | Report   |

| Assessment standard                                   |   | Action Required   | Owner         | Date of Completion | Oct 25 update  | Compliance Rating | Evidence of Compliance  |
|---|---|---|---------------|--------------------|--|-------------------|---|
| The Transparency, Influence & Accountability Standard |   |   |               |                    |  |                   |   |
| 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>Move to Compliant.</b><br>New developed performance report in Qlik that includes ethnicity info, physical impairment.<br>Now a standard report.   | <b>Compliant</b>  | Performance report from the Business Intelligence Team.   |
| 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 /HFS     | Q2 25/26           | <b>Move to Compliant.</b><br>New developed performance report in Qlik includes ethnicity info, physical impairment.<br>Now a standard report.  | <b>Compliant</b>  | Performance report from the Business Intelligence Team.   |
| 2.f.22  | In what ways have you consulted with your residents about the ways they want to be informed about the handling of complaints?   | Evidence that we consult with residents.  | HoCS          | Q2 25/26           | <b>Move to Compliant.</b><br>Consult at Tenant Scrutiny Panel (TSP) - discussions re how did they want to be involved in complaints (sub group). Mins from last meeting (JL to provide)<br>Complaints and Unreasonable policies went to OVF.<br>Consultation undertaken with tenant review hub with feedback received. | <b>Compliant</b>  | Mins from last TSP meeting.<br>Mins from OVF where Complaints and Unreasonable Behaviour policies were considered.<br>Consultation undertaken with the Tenant Review Hub and the feedback received. |
| The Tenancy Standard                                  |   |   |               |                    |  |                   |   |
| 4a.12   | Do you know who is moving into your homes? Who is being allocated the new homes?<br><br>Who is being allocated the homes in more popular areas?   | Not really - only use some data reactively<br>performance framework being designed  | HoAtH         | Q2 25/26           | <b>Remain as partial.</b><br>Within tenancy standard.<br>Local lettings policy.<br>'New' means new build<br>Full allocations report going to board in Aug 25.<br>Outcome to be discussed at next meeting on 22 Sept.   | <b>Partially</b>  |   |
| 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>Move to Compliant.</b><br>Do have procedures that will be reviewed post Tenancy Strategy AUG 25<br>Flexible Tenancy Agreement and secure tenancy Agreement.   | <b>Compliant</b>  | Flexible Tenancy Agreement and secure tenancy Agreement.  |
|   | 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: (below)      |   |               |                    |  |                   |   |
| 4c.3.4  | 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           | <b>Remain as partial.</b><br>The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in December 25   | <b>Partially</b>  |   |

|                        |   |   |      |          |  |                  |  |
|------------------------|---|---|------|----------|--|------------------|--|
| 4c.3.5                 | 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 | <b>Remain as partial.</b><br>The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in December 25 | <b>Partially</b> |  |
| 4c.3.6                 | f) The way in which a resident or prospective resident may appeal against or complain about the length of fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term   | Write new flexible tenancies procedure and communicate          | HoHM | Q2 25/26 | <b>Remain as partial.</b><br>The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in December 25 | <b>Partially</b> |  |
| 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 | <b>Remain as partial.</b><br>The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in February 26 | <b>Partially</b> |  |
| <b>Savills actions</b> |   |   |      |          |  |                  |  |
| S12                    | The Housing Management Policy (2023) does not address the following requirements:<br>(e) it describes the factors which will influence a decision to renew a fixed term tenancy, but not how a decision will be taken.<br>(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.<br>(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 | <b>Remain as partial.</b><br>The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in December 25 | <b>Partially</b> |  |
| 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 | <b>Remain as partial.</b><br>The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in December 25 | <b>Partially</b> |  |
| 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 | <b>Remain as partial.</b><br>The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in December 25 | <b>Partially</b> |  |
| 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 | <b>Remain as partial.</b><br>The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in December 25 | <b>Partially</b> |  |

|                              |   |   |                |          |   |                  |   |
|------------------------------|---|---|----------------|----------|---|------------------|---|
| <b>S16</b>                   | 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 | <b>Remain as partial.</b><br>The tenancy strategy agreed with 5 year flexible tenancies means the SLHD The housing Management Policy will now be updated as is due at Board in December 25  | <b>Partially</b> |   |
| <b>S17</b>                   | 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 PI's into Power BI and performance framework, how, who and where these are reported in line with the meeting framework / CDC assurance framework  | HoHM           | Q2 25/26 | <b>Move to Compliant.</b><br>TSM go to C&P with 2 TSMs linked customer charter - service standards.<br>ASB reports, customer satisfaction also go to C&P.<br>Customer charter to be used as evidence.<br>JH advised a new report going to EMT/board/CDC.<br>Good neighbour charter now being developed, to go to OVF, would include keeping communal areas tidy.<br>Metroclean do put cards through doors when communal area has been cleaned - inviting comment if not satisfied. Metroclean SLA covers this performance also. | <b>Compliant</b> | TSM report.<br>The customer charter.<br>The service standards.<br>ASB reports.<br>Metroclean SLA. |
| <b>S18</b>                   | 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<br>/HoIBT | Q2 25/26 | <b>Remain as partial.</b><br>Pending update from ICT Service Manager.   | <b>Partially</b> |   |
| <b>S19</b>                   | 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/<br>HoHM  | Q2 25/26 | <b>Remain as partial.</b><br>Customer fact sheets all done all on intranet - need them on web. JH to confirm and send through links.<br>Evidence will be Fact sheet links (website/intranet) & video  | <b>Partially</b> |   |
| <b>S20</b>                   | Ensure arrangements are in place for tenants to have formal access to senior officers and councillors from the City of Doncaster Council.   | Build on existing arrangements to implement structured opportunities for senior officers from CDC to meet with members of the Tenant Scrutiny Panel and the One Voice Forum.<br><br>Improved communication and trust and a mechanism for tenants to engage directly with senior officers and councillors. | EMT /<br>HoCS  | Q2 25/26 | <b>Remain as partial.</b><br>Propose a 6 monthly meeting with Yvonne Fox (CDC) and Glynn Jones(portfolio holder) - with the chairs from each panel (TSP/OVF). To commence early 2026  | <b>Partially</b> |   |
| <b>HQN suggested actions</b> |   |   |                |          |   |                  |   |
| <b>H2 (TIA)</b>              | 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?<br><br>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 | <b>Move to Compliant</b><br>Customer Access Strategy heavily involved tenants. Tenants were also involved in the Comms Strategy.  | <b>Compliant</b> | Customer Access strategy.<br>Comms Strategy.  |

|                 |   |   |         |          |   |                  |   |
|-----------------|---|---|---------|----------|---|------------------|---|
| <b>H4 (TIA)</b> | 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 | <b>Move to Compliant</b><br>New developed Qlik rpt includes ethnicity info, physical impairment. Now a standard report. | <b>Compliant</b> | Performance report from the Business Intelligence Team. |
| <b>H5 (TIA)</b> | 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 | <b>Move to Compliant.</b><br>This is now done. Split by ethnicity / ward. Annual report.                                | <b>Compliant</b> | Performance report from the Business Intelligence Team. |

| Assessment standard                                   |  | Action Required  | Lead HOS | Date of Completion | Sept 25 update  | 1. Compliant<br>2. Partially | 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><br>Actions underway to address this standard under tenant data project, as part of DataSMART Strategy.<br><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><br>Actions underway to address this standard under tenant data project, as part of DataSMART Strategy.<br><b>Date of completion changed from Q1 25/26 to Q3 25/26</b>  | Partially                    |                        |
| Savills actions                                       |  |  |          |                    |   |                              |                        |
| S1  | 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   | Q3 25/26           | <b>Remains Partial</b><br>Brought over from evidence log as not compliant - asked NF for update. NF discussing at EMT 29/04 as discussing standard board key 'infographics' and other KPI measures. We can build some of these in to the powerBI dashboards.<br><b>Date of completion changed from Q2 25/26 to Q3 25/26</b> | Partially                    |                        |

| C1   | C2   | C3  | C4  | *Self Referred |
|--|--|---|---|----------------|
| <b>Barnsley Metropolitan Borough Council (ALMO)</b><br>City of Westminster Council<br>London Borough of Enfield<br>West Lancashire Borough Council<br><b>London Borough of Barnet (ALMO)</b><br><b>London Borough of Sutton (ALMO)</b><br><b>North East Derbyshire District Council (ALMO)</b> | Bolsover District Council<br>Brentwood Borough Council<br>Cambridge City Council<br>Chesterfield Borough Council<br>Crawley Borough Council<br>Dacorum Borough Council<br>East Devon District Council<br>Eastbourne Borough Council<br>Gateshead Metropolitan Borough Council<br>High Peak Borough Council<br>Lewes District Council<br>London Borough of Hillingdon<br>London Borough of Hounslow<br>London Borough of Lambeth<br>London Borough of Waltham Forest<br>Mansfield District Council<br>Medway Council<br>Melton Borough Council<br>South Holland District Council<br>Stevenage Borough Council<br>Waverley Borough Council | Ashford Borough Council*<br>Brighton and Hove City Council*<br>Bristol City Council*<br>Canterbury City Council<br>Central Bedfordshire Council<br>East Suffolk Council*<br>Guildford Borough Council*<br>Harlow District Council*<br>Ipswich Borough Council<br>Leicester City Council<br>London Borough of Brent*<br>London Borough of Hackney*<br>London Borough of Tower Hamlets<br>London Borough of Wandsworth<br>Newcastle City Council*<br>North Kesteven District Council<br>North Yorkshire Council*<br>Nottingham City Council<br>Portsmouth City Council*<br>Reading Borough Council<br>Redditch Borough Council<br>Royal Borough of Kensington and Chelsea<br>Sandwell Metropolitan Borough Council*<br>Sheffield City Council*<br>Slough Borough Council<br>South Derbyshire District Council*<br>Southampton City Council<br><b>Southend on Sea City Council (ALMO)</b><br>Southwark Council<br>Swindon Borough Council<br>Warwick District Council*<br>West Northamptonshire Council*<br>Winchester City Council* | Arun District Council<br>Castle Point Borough Council<br>London Borough of Newham<br>Tandridge District Council |                |



# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 04 December 2025

**Item** : 07

**Subject** : Asset Management Strategy  
Annual Update 2025

**Presented by** : Lee Winterbottom  
Director of Property Services

**Prepared by** : Dean Leggott  
Environmental and Sustainability  
Manager

**Purpose** : To update Board on the delivery of  
the Asset Management Strategy  
2025-27

### **Recommendation :**

To note progress made to date with the delivery of the  
Asset Management Action Plan.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 07  
Date: 04 December 2025**

**1. Report Title**

- 1.1 Asset Management Strategy – Annual Update (2025)

**2. Executive Summary**

- 2.1 Board approved the Asset Management Strategy 2025 to 2027 in December 2024. This update report provides a progress report on what has been achieved in year one of the strategy and what is planned for years two and three.
- 2.2 The review highlights progress and next steps across the 7 main themes of the strategy. For detail, the updated delivery plan is attached at appendix 1 of this report.

**3. Purpose**

- 3.1 For Board to review the delivery of the Asset Management Strategy to date.

**4. Recommendation**

- 4.1 To note progress made to date with the delivery of the Asset Management Strategy Action Plan.

**5. Background**

- 5.1 The Asset Management Strategy 2025 to 2027 outlines St Leger Homes' commitment to managing and investing in its stock efficiently, sustainability and in a timely manner. The strategy covers the following 7 key areas priorities for the business:
- Understanding our Stock
  - Effective Planned Investment
  - Focus on Energy Efficiency
  - Statutory Compliance, Cyclical Maintenance and Repairs
  - Active Asset Management
  - Financial Planning and Value for Money
  - Governance and Scrutiny
- 5.2 Our longer-term vision will see the achievement of several key outputs and outcomes that will significantly benefit our tenants. It will also ensure that the assets we manage on behalf of the City of Doncaster Council remain decent and safe and offer modern standards of accommodation and that we are able

to respond to the challenges and expectations set by changes in legislation. Some examples of the expected benefits from the delivery of the strategy are:

- 100% stock condition data for the domestic housing stock, ensuring we understand the condition of the properties we manage.
- Clear and transparent investment programmes, developed based on asset data and other intelligence, ensuring best use of resources.
- 100% of homes meeting the decent homes standard (in relation to component condition and replacement cycles).
- All properties fully compliant with statutory testing and maintenance requirements.
- A strengthened approach to managing Housing, Health and Safety Rating System (HHSRS) hazards.
- Further, significant progress towards achieving 100% of properties with an EPC C or above by 2030.
- Further roll out of energy efficiency investment, including piloting of whole house retrofit.
- Better use of active asset management to assess viability and longer-term sustainability of assets prior to investment.

## **6. Annual Review – Progress Update**

6.1 In total there are 22 actions in the Asset Management Strategy Delivery Plan (Year 1). Of these:

- 8 have been completed
- 3 are ongoing
- 1 is ongoing and on target
- 1 was completed but has been reopened
- 9 are ongoing, but are behind target

Further detail on each action including what the current position is, what has been completed, and what is still planned can be found in Appendix 1. Where actions are outstanding and behind target, remedial action to complete the outstanding action is also detailed.

6.2 Appendix 1 also includes the proposed actions and associated timescales for year 2 delivery of the asset management strategy.

6.3 Cost and uncertainty of the impact of how proposed changes to government policy will be implemented going forward is presenting the most significant challenge to the delivery plan currently. Representation on the proposed changes have been made both from SLHD and the wider sector requesting that current investment plans and expenditure is considered where works have already been delivered or designed.

## **7. Procurement**

- 7.1 There are no direct procurement related implications arising from this report. However, indirectly, the Asset Management Strategy will inform the development and delivery of significant energy efficiency and retrofit investment programmes across the housing stock. As described in the strategy, the appointment of any contractors to deliver this investment will be undertaken in accordance with all relevant statutory and internal financial regulations and rules to ensure value for money is achieved.

## **8. VFM Considerations**

- 8.1 As described in the strategy, the appointment of any contractors to deliver this investment will be undertaken in accordance with all relevant statutory and internal financial regulations and rules to ensure value for money is achieved.
- 8.2 Regular benchmarking will be undertaken to ensure that contracted works and services continue to be competitive, offer value for money and are reflective of current market rates.

## **9. Financial Implications**

- 9.1 CDC approving a four-year Housing Capital Programme in February 2025, totalling £222m across the four years.

The main priorities of the programme in 2025/26 coming out of the four year approval were:

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

In addition, a significant amount of work has been undertaken in the over the past year by SLHD, CDC and also Savills in carrying out more stock condition surveys (now 89% complete), operational and strategic priorities, updating budgets and the long term business plan. This work aligns with the actions within Asset Management Strategy Action Plan (Appendix A).

In summary, this work is currently indicating that investment of at least £1.08billion is required over the next 30 years to maintain decency, achieve EPC targets and complete catch up repairs, equating to £54k per property. Factoring in investment to achieve Net Zero targets, the likely requirements of Decent Homes 2, plus other improvements, then investment required will exceed £1.4billion (£74k per property)

The capital programme for future years will be updated as part of the budget process to reflect the revised investment requirements.

- 9.2 This budget setting process has already commenced and the 26/27 budget and longer term BP will be updated as assumptions and priorities are agreed with or set by CDC to reflect the revised investment requirements.

## **10. Legal Implications Not Required**

- 10.1 The Asset Management sets out the vision for ensuring that the properties managed by SLHD on behalf of CDC remain decent, are safe and modern, and meet all statutory requirements, including the safety and quality consumer standard.

## **11. Risks**

- 11.1 The risks that could impact on the successful delivery of this strategy are noted in detail at section 11 of the strategy document, including the proposed measures that will be taken to mitigate against them.

- 11.2 The risks identified include:

- Changing policy and legislation
- Affordability
- Capacity and resources
- Managing expectations
- Longer-term sustainability
- Aging housing stock
- Non-traditional housing stock

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

- 12.1 St Leger Homes has a duty to ensure that the properties it manages on behalf of the City of Doncaster Council complies with all relevant health, building safety and wider compliance statutory requirements. This will be delivered through our ongoing cyclical testing and maintenance regime.

## **13. IT Implications**

- 13.1 There are no direct IT implications arising from this report. However, indirectly, the use of IT technology will continue to play an integral role in the delivery of this strategy given the reliance upon various software and systems to manage asset data (such as One Housing and C365).

## **14. Consultation**

- 14.1 Not applicable

## **15. Diversity**

- 15.1 As acknowledged in the strategy, our tenants are diverse and so are their needs in relation to housing. These needs have been considered when developing this strategy and through the equality impact assessment.
- 15.2 The needs and makeup of our tenants will continue to be reviewed throughout the duration of this strategy, including adapting to any changes in relation to tenant diversity should it be needed.

## **16. Communication Requirements**

- 16.1 All positive progress made in the delivery of the action plan to date is shared across our range of media channels as appropriate. The approved Capital Programme has been shared with ward members via their quarterly update, supported using our social media channels. Reference to the programme was also in our annual review in our tenant newsletter, reflecting back on the benefits and impact the 2024/25 investment programme has made. We will also further develop the website to enable tenants to be able to find out themselves when their home is due to receive capital works in the future, but this will likely be in 2026/2027.

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

- 17.1 Not applicable

## **18. Environmental Impact**

- 18.1 The delivery of the investment in our Assets complements our environmental strategy in reducing the environmental impact by reducing the energy usage of our homes, as well as in the way works are undertaken and delivered by SLHD and its partners

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

- 19.1 Dean Leggott, Asset and Sustainability Service Manager  
Email: Dean.leggott@stlegerhomes.co.uk

## **20. Background Papers**

- 21.1 Appendix 1 – Asset Management Strategy Action Plan Progress Report

| ASSET<br>MANAGEMENT<br>PRIORITY | YEAR 1 ACTION TO BE<br>TAKEN   | AS A RESULT WE<br>WILL  | TIMESCALE | LEAD<br>OFFICER    | End of Year 1 Progress / Comments / Remedial<br>Actions  | End of Year 1<br>Status | Year 2 Action to be Taken   | Year 2<br>Target Date |
|---------------------------------|--|---|-----------|--------------------|--|-------------------------|---|-----------------------|
| Understanding our<br>Stock      | Complete 5,500 stock condition surveys.  | Bring the % of stock that has received a physical survey in the last 5 years to 92%.                            | Aug-25    | Head of Asset Mgt. | Current proportion of properties with a stock condition survey having been undertaken within 5 years is 89% as of 30 September 2025. The 2025/26 programme ended in October, and the target of 92% will not be achieved this year due to access issues. 2026/27 survey nos. will be increased to ensure original target of 100% is achieved by September 2026.   | Ongoing / Behind Target | Bring the % of stock that has received a physical survey in the last 5 years to 100%.   | Sep-26                |
|                                 | Formalise approach to capturing and utilising other data and intelligence to inform stock condition. | Be able to triangulate stock condition data by having multiple sources of intelligence.                         | Aug-25    | Head of Asset Mgt. | Referrals made to the asset team from other departments, including repairs are now formally recorded to identify themes of investment. A directory of archetypal / legacy issues is also starting to be developed. Both datasets are being used to inform future investment.   | Completed               | A formal process for utilising repairs data to be developed to inform stock condition.  | Aug-26                |
|                                 | Develop and introduce a formal data validation process.  | Have an agreed, documented process, for sense checking and validating asset data.                               | May-25    | Head of Asset Mgt. | A process for sample checking stock condition surveys carried out by Savills has been developed and has been partially implemented. Analysis of findings is currently underway and the first results report is expected in Q4 2025/26. A wider data validation process still needs to be developed, documented and implemented. This will be developed and documented as part of the assets data improvement plan. Expected completion in Q1 of 2026/27. | Ongoing / Behind Target | Complete first sample check of Savills stock condition surveys.<br><br>Develop, document and implement a wider data validation process. | Feb-26<br><br>Jun-26  |
|                                 | Complete gap analysis to identify any gaps in asset data.  | Have a clear picture of if, and where there are gaps in asset data.   | Jun-25    | Head of Asset Mgt. | Gap analysis undertaken with findings utilised to develop a dedicated asset data improvement plan  | Completed               | Deliver actions identified in the asset data improvement plan.  | Dec-26                |
|                                 | Put in place plan to fill any gaps in data identified through the gap analysis.                      | Have a clear, resourced plan of how any gaps in data will be filled.  | Sep-25    | Head of Asset Mgt. | Gap analysis undertaken with findings utilised to develop a dedicated asset data improvement plan  | Completed               | Deliver actions identified in the asset data improvement plan.  | Dec-26                |
|                                 | Production and presentation of annual 'stock condition' status report to SLHD Board.                 | Have an up-to-date picture of the condition of the stock following the surveys carried out earlier in the year. | Oct-25    | Head of Asset Mgt. | Stock condition surveys did not complete until end of October 2025, delaying the production of the 2025 annual report from Savills. The report was received in November and is now due for consideration at December Board.  | Ongoing / Behind Target | Production and presentation of the 2026 'stock condition' status report to SLHD Board.  | Oct-26                |

| ASSET<br>MANAGEMENT<br>PRIORITY | YEAR 1 ACTION TO BE<br>TAKEN   | AS A RESULT WE<br>WILL   | TIMESCALE | LEAD<br>OFFICER    | End of Year 1 Progress / Comments / Remedial<br>Actions   | End of Year 1<br>Status | Year 2 Action to be Taken  | Year 2<br>Target Date |
|---------------------------------|--|--|-----------|--------------------|---|-------------------------|--|-----------------------|
| Effective Planned<br>Investment | Review and update 30-year investment plan and affordability based on SCS data and wider business intelligence. | Understand the housing stock investment needed over the next 30-years and whether this remains affordable.     | Oct-25    | Head of Asset Mgt. | Stock condition surveys did not complete until end of October 2025, delaying the production of the 2025 annual report from Savills and data to inform and update the 30-year plan for 2025. This is currently being finalised and is expected to be completed before the end of 2025.   | Ongoing / Behind Target | Review and update 30-year investment plan and affordability based on SCS data and wider business intelligence with data from the 2026 stock condition surveys. | Oct-26                |
|                                 | Develop and publish 1 year investment plan for following year.   | Have an open and transparent detailed investment plan enabling tenants to see what is planned, when and where. | Dec-25    | Head of Asset Mgt. | Stock condition surveys did not complete until end of October 2025, with data from surveys not yet received. Findings from the surveys will need to inform the investment plan, with a shift towards addressing non-decent components. Data is expected late Q3 / early Q4 following which investment plan will be confirmed and publicised by the end of Q4.   | Ongoing / Behind Target | Develop and publish 1 year investment plan for 2026/27.<br><br>Develop and publish 1 year investment plan for 2027/28.   | Mar-26<br><br>Dec-26  |
|                                 | Develop indicative 4 and 10 year investment plan.  | Have an indicative longer-term investment plan to assist with financial and resource planning.                 | Dec-25    | Head of Asset Mgt. | Stock condition surveys did not complete until end of October 2025, with data from surveys not yet received. Findings from the surveys will need to inform the investment plan, with a shift towards addressing non-decent components. Early analysis is indicating a need to shift investment focus to addressing non-decency components. Data is expected late Q3 / early Q4 following which longer-term investment plan will be confirmed and publicised by the end of Q1 2026/27. | Ongoing / Behind Target | Develop indicative 4 and 10 year investment plan reflecting the latest SCS data and increase in non-decency rates.   | Jun-26                |
|                                 |  |  |           |                    | Review undertaken, proposed strategy developed and plan presented to EMT for consideration, which was supported.<br><br>However, following the recent government consultations on EPC reform and Minimum Energy   |                         |  |                       |



| ASSET MANAGEMENT PRIORITY  | YEAR 1 ACTION TO BE TAKEN   | AS A RESULT WE WILL  | TIMESCALE | LEAD OFFICER               | End of Year 1 Progress / Comments / Remedial Actions  | End of Year 1 Status    | Year 2 Action to be Taken   | Year 2 Target Date |
|----------------------------|---|--|-----------|----------------------------|---|-------------------------|---|--------------------|
| Focus on Energy Efficiency | Develop and commence delivery of wider energy efficiency investment programme to achieve EPC C across all stock by 2030.              | Be actively carrying out energy efficiency investment, and increasing the number of properties meeting EPC C.                        | Jul-25    | Head of Asset Mgt.         | Efficiency Standards (MEES) for social landlords, it is clear that the strategy developed is not in line with the government proposals for both and would likely, if the legislation changes are made in line with proposals, render our planned strategy ineffective in achieving EPC C for all properties.<br><br>A response was issued to consultation by St Leger in September and we are expecting further government response and guidance by early 2026. To maintain momentum and avoid delays, a briefing is being prepared for EMT. The briefing will include a proposal to secure external support to develop a dedicated energy efficiency investment strategy during Q4 that will meet the proposed new requirements. | Reopened                | Develop a proposed revised energy performance strategy to target borderline properties that aligns with anticipated MEES and EPC reform outcomes, ensuring delivery plans remain on track and compliant with emerging standards | Mar-26             |
|                            | Complete delivery of Gainshare deep retrofit to 21 pilot properties across the City.  | Have successfully piloted whole house retrofit to 21 properties across the city utilising external funding opportunities.            | Dec-25    | Env. & Sustainability Mgr. | Monitoring equipment is installed in all properties and monitoring is ongoing along with tenant surveys and engagement. A contractor is in place and works are being planned currently to be delivered from March 2026 onwards. Original programme has been slightly delayed to ensure all properties are monitored prior to works for sufficient period of time following a number of tenants exiting the scheme.  | Ongoing / Behind Target | Complete delivery of Gainshare deep retrofit to 21 pilot properties across the City.  | Sep-26             |
|                            | Complete feasibility study of installation of low carbon heating to 3 High Rise Blocks.   | Know what options are available and feasible to remove the gas supply and introduce low carbon heating, and at what indicative cost. | Feb-25    | Env. & Sustainability Mgr. | Feasibility concluded and presented to EMT and other relevant stakeholders. Proposals are now being considered as part of a wider review of our high rise properties across the managed estate.   | Completed               | N/A   | N/A                |
|                            | Explore additional retrofit approaches and technologies to achieve EPC C across all stock and support the journey to Net Zero Carbon. | Better understand the range of technologies available to improve energy efficiency and move towards carbon neutrality.               | Dec-25    | Env. & Sustainability Mgr. | Initial work has commenced but has been stalled with proposed changes to MEES and additional changes to EPC. Reduced staffing capacity due to staff vacancies has also impacted. In conjunction with work on achieving MEES, it is proposed to secure external support to devise a new energy efficiency strategy and approach to NZC.  | Ongoing / Behind Target | Review specifications in line with proposed EPC reform and MEES requirements to ensure long-term compliance and value.  | 26-Jun             |
|                            | Review resident engagement strategy for all high-rise buildings.  | Have an approved and endorsed resident engagement strategy for all nine high rise buildings.   | Mar-25    | Head of Major Projects     | This was considered and approved by Board in August 2025.   | Completed               | N/A   | N/A                |

| ASSET MANAGEMENT PRIORITY                              | YEAR 1 ACTION TO BE TAKEN  | AS A RESULT WE WILL   | TIMESCALE | LEAD OFFICER                  | End of Year 1 Progress / Comments / Remedial Actions   | End of Year 1 Status  | Year 2 Action to be Taken  | Year 2 Target Date |
|--|--|---|-----------|-------------------------------|--|-----------------------|--|--------------------|
| Statutory Compliance, Cyclical Maintenance and Repairs | Prepare and submit Building Safety Case Reports for 5 x High Rise Residential Building.                        | Have building assurance certificates for these 5 buildings.   | Apr-25    | Head of Major Projects        | All 5 building safety cases requested by the Building Safety Regulator have been submitted. Feedback is awaited.   | Completed             | Prepare and submit Building Safety Case Reports for 2 x High Rise Residential Building.                  | Dec-26             |
|  | Address hazards identified during Stock Condition Surveys.   | Ensured that hazards identified have been addressed in a timely manner, ensuring tenants homes are safe.                                  | Nov-25    | Head of Asset Mgt.            | Hazards continue to be triaged immediately upon receipt and repairs arranged accordingly. At the end of Q2, 89% of all cat 1 hazards and 69% of all cat 2 hazards had been completed. Prioritisation of remediating outstanding hazards to continue with the aim being to close down all existing category 1 hazards by the end of the financial year, and existing category 2 hazards by end of Q2 2026/27. | Ongoing               | Ensured that hazards identified have been addressed in a timely manner, ensuring tenants homes are safe. | Ongoing            |
|  | Continue Delivery of the Repairs Excellence Programme (Voids).   | Have made further improvements to the delivery of our wider repairs and maintenance service.  | Dec-25    | Head of Repairs & Maintenance | Voids Excellence review commenced in June. As is mapping has been completed. New way of working in line with EICRs is being piloted. Key improvement actions (data, surveying and performance management) are being prioritised.   | Ongoing               | Continue delivery of the voids excellence programme.   | Dec-26             |
| Active Asset Management                                | Update Active Asset Management system (SHAPE), present findings and agree year 1 'option appraisal' programme. | Have a clear understanding of which assets are performing well and which are not, and a plan for reviewing the poorer performance assets. | Oct-25    | Head of Asset Mgt.            | Decision taken not to continue with Asset Modelling at this time.  | Completed             | N/A  | N/A                |
|  | Continue delivery of Acquisitions Programme.   | Added to the housing stock to help meet ongoing housing need.   | Ongoing   | Asset & Sustainability Mgr.   | 54 Properties valued at £6,796,120 purchased January to September 2025.  | Ongoing and on target | Purchase programme aligned to spend and needs of Housing Waiting list                                    | Ongoing            |
| Value for Money  | Complete annual review of component costs as part of stock condition survey report.                            | Understand how our component costs compare with that of other housing providers.  | Sep-25    | Commercial Mgr.               | Component cost review completed and updated information provided to Savills as part of the development of the stock condition survey report.   | Completed             | Complete annual review of component costs as part of stock condition survey report.                      | Sep-26             |
|  | Complete annual cycle of reporting as outlined in Appendix 3.  | Have assurance that our approach to asset management is transparent and well scrutinised and governed                                     | Dec-25    | Head of Asset Mgt.            | All reports have been submitted on schedule barring the Asset Modelling report (where a decision was taken to not continue with this). The annual stock report is scheduled for consideration at December board.   | Ongoing               | Complete annual cycle of reporting as outlined in Appendix 3.  | Dec-26             |

| ASSET<br>MANAGEMENT<br>PRIORITY | YEAR 1 ACTION TO BE<br>TAKEN   | AS A RESULT WE<br>WILL  | TIMESCALE | LEAD<br>OFFICER                   | End of Year 1 Progress / Comments / Remedial<br>Actions  | End of Year 1<br>Status    | Year 2 Action to be Taken  | Year 2<br>Target Date |
|---------------------------------|--|---|-----------|-----------------------------------|--|----------------------------|--|-----------------------|
| Governance and<br>Scrutiny      |  | governed.   |           |                                   |  |                            |  |                       |
|                                 | Provide annual update on<br>strategy progress to One<br>Voice Forum. | Be able to<br>demonstrate<br>accountability to our<br>tenants for progress<br>against the strategy. | Dec-25    | Asset &<br>Sustainability<br>Mgr. | Update scheduled for January 2026 meeting<br>following consideration first by Board in December<br>2025. | Ongoing / Behind<br>Target | Provide 2025 annual update on<br>strategy progress to One Voice<br>Forum.<br><br>Provide 2026 annual update on<br>strategy progress to One Voice<br>Forum. | Jan-26<br><br>Dec-26  |

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 04 December 2025

**Item** : 08

**Subject** : Environmental Strategy  
Annual Update 2025

**Presented by** : Lee Winterbottom  
Director of Property Services

**Prepared by** : Lee Hunter  
Environmental and Sustainability  
Manager

**Purpose** : To update Board on the delivery of  
the Environmental Strategy 2025-27

### **Recommendation :**

To note progress made to date with the delivery of the  
Environmental Strategy Action Plan.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 08  
Date: 04 December 2025**

**1. Report Title**

- 1.1 Environmental Strategy – Annual Update (2025)

**2. Executive Summary**

- 2.1 Board approved the Environmental Strategy 2025 to 2027 in December 2024. This update provides a progress report on what has been achieved in year one of the strategy and what is planned for years two and three.

The review highlights progress and next steps across the 5 main themes of the strategy. For detail, the updated delivery plan is attached at appendix 1 of this report.

**3. Purpose**

- 3.1 For Board to review the delivery of the Environmental Strategy to date.

**4. Recommendation**

- 4.1 To note progress made to date with the delivery of the Environmental Strategy Action Plan.

**5. Background**

- 5.1 The Environmental Strategy 2025 to 2027 outlines St Leger Homes' commitment to environmental sustainability. The strategy covers the following areas of the business:

- Managed Properties
- Operations
- Biodiversity and Ecology
- Climate Change Adaptation
- Raising Awareness

- 5.2 Our longer-term vision is to achieve net zero carbon across the managed housing stock. The strategy contains the plans for the preparation for that journey.

## **6. Annual Review – Progress Update**

6.1 In total there are 15 actions in the Environmental Strategy Delivery Plan. Of these:

- 2 are completed
- 5 are ongoing, and on target
- 7 are ongoing, but behind target
- 1 was completed, but has been reopened

Further detail on each action including what the current position is, what has been completed, and what is still planned can be found in Appendix 1. Where actions are ongoing but behind the original target date, proposed remedial actions to ensure their completion is also included. Actions for year 2 of the strategy are also noted in Appendix 1.

## **7. Procurement**

7.1 There are no direct procurement related implications arising from this report. However, indirectly, the Environmental Strategy will inform the development and delivery of significant energy efficiency and retrofit investment programmes across the housing stock. As described in the strategy, the appointment of any contractors to deliver this investment will be undertaken in accordance with all relevant statutory and internal financial regulations and rules to ensure value for money is achieved.

## **8. VFM Considerations**

8.1 As described in the strategy, the appointment of any contractors to deliver this investment will be undertaken in accordance with all relevant statutory and internal financial regulations and rules to ensure value for money is achieved.

8.2 Regular benchmarking will be undertaken to ensure that contracted works and services continue to be competitive, offer value for money and are reflective of current market rates.

## **9. Financial Implications**

9.1 The Plan at Appendix 1 contains a number of actions involving Stock Condition Surveys, EPC energy efficiency, component replacement, PV Solar works, EWI and heating systems replacement, among others.

9.2 All of these will have investment or cost implications and these are all considered in the current 25/26 budget and also the ongoing planning work for the 26/27 budget and longer term (30 year) business plan.

9.3 The current Stock Condition Surveys (89% complete) together with catch up repairs, Net Zero targets and the upcoming Decent Homes 2 new standard indicates that investment in CDC stock will total around £1.4 billion over the next 30 years.

- 9.4 CDC approved a four-year Housing Capital Programme in February 2025, totalling £222m and this included works on efficiency, energy and external improvements within the wider programme. This is currently being updated for the 26/27 budget with the latest SCS data.
- 9.5 The capital programme budget setting process for future years has already commenced and the 2026/27 budget and longer-term BP will be updated as assumptions and priorities are agreed with or set by CDC to reflect the revised investment requirements.

## **10. Legal Implications**

- 10.1 The Minimum Energy Efficiency Standards (MEES) are expected to become a regulatory requirement for social housing from April 2030, with compliance likely forming part of the revised Decent Homes Standard. While MEES will not be legally enforced during the current strategy period, our approach must anticipate these changes. This means aligning investment and retrofit programmes with emerging MEES metrics, which may include fabric efficiency, heating system performance, and smart readiness. Failure to prepare could result in non-compliance risks and increased future costs.

## **11. Risks**

- 11.1 The risks that could impact on the successful delivery of this strategy are noted in detail at section 11 of the strategy document, including the proposed measures that will be taken to mitigate against them.
- 11.2 The risks identified include:
- Changing policy and legislation
  - Affordability
  - Capacity and resources
  - Managing expectations
  - Longer-term sustainability
  - Aging housing stock
  - Non-traditional housing stock

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

- 12.1 St Leger Homes has a duty to ensure that the properties it manages on behalf of the City of Doncaster Council complies with all relevant health, building safety and wider compliance statutory requirements. This will be delivered through our ongoing cyclical testing and maintenance regime.

## **13. IT Implications**

- 13.1 There are no direct IT implications arising from this report. However, indirectly, the use of IT technology will continue to play an integral role in the

delivery of this strategy given the reliance upon various software and systems to manage asset data (such as One Housing and Parity).

**14. Consultation**

14.1 Not applicable

**15. Diversity**

15.1 As acknowledged in the strategy, our tenants are diverse and so are their needs in relation to housing. These needs have been considered when developing this strategy and through the equality impact assessment.

15.2 The needs and makeup of our tenants will continue to be reviewed throughout the duration of this strategy, including adapting to any changes in relation to tenant diversity should it be needed.

**16. Communication Requirements**

16.1 All positive progress made in the delivery of the action plan to date will be shared across our range of media channels as appropriate.

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

17.1 Not applicable

**18. Environmental Impact**

18.1 The delivery of the strategy reduces the environmental impact of the work undertaken by SLHL.

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

19.1 Lee Hunter, Environmental and Sustainability Manager  
Email: [lee.hunter@stlegerhomes.co.uk](mailto:lee.hunter@stlegerhomes.co.uk)

**20. Background Papers**

21.1 Appendix 1 – Environmental Strategy Year 1 Action Plan Progress Report



| Environmental Strategy<br>PRIORITY | YEAR 1 ACTION TO BE TAKEN  | AS A RESULT WE WILL  | TIMESCALE | LEAD OFFICER               | END OF YEAR 1 PROGRESS / COMMENTS  | END OF YEAR 1 STATUS    | YEAR 2 ACTION TO BE TAKEN  | YEAR 2 TARGET DATE |
|------------------------------------|--|--|-----------|----------------------------|--|-------------------------|--|--------------------|
| Managed Properties                 | Develop a plan for the high proportion of borderline C properties that may require very minor intervention to achieve a C rating.  | Have a delivery plan in place for achieving EPC C rating for borderline C rated properties.  | Apr-25    | Env. & Sustainability Mgr. | <p>Review undertaken, proposed strategy developed and plan presented to EMT for consideration, which was supported.</p> <p>However, following the recent government consultations on EPC reform and Minimum Energy Efficiency Standards (MEES) for social landlords, it is clear that the strategy developed is not in line with the government proposals for both and would likely, if the legislation changes are made in line with proposals, render our planned strategy ineffective in achieving EPC C for all properties.</p> <p>A response was issued to consultation by St Leger in September and we are expecting further government response and guidance by early 2026. To maintain momentum and avoid delays, a briefing is being prepared for EMT. This will support informed decision-making by outlining the likely changes to how energy performance in social housing will be assessed, and the anticipated minimum standards. The aim is to use this briefing as a basis for revising the strategy to ensure it remains fit for purpose and supports the goal of achieving EPC C across the housing stock. Additional external support will also be sought to develop a property by property energy efficiency investment plan to be completed by the end of 2025/26 Q4.</p> | Re-opened               | On receipt of the further Government guidance develop a proposed revised energy performance strategy to target borderline properties that aligns with anticipated MEES and EPC reform outcomes, ensuring delivery plans remain on track and compliant with emerging standards  | Mar-26             |
| Managed Properties                 | <p>Formalise the monitoring and target setting of supplementary metrics which offer greater visibility of our performance in improving energy performance of our stock to ensure we capture the impact of outlying properties on overall performance and quantify our actual impacts.</p> <ul style="list-style-type: none"> <li>- Average EPC rating across stock</li> <li>- Number of properties D or below</li> <li>- Total number of SAP points gained in period.</li> <li>- CO2 emissions / kWh consumption reductions (per SAP estimates)</li> </ul> | Report quarterly on new performance indicators to provide greater visibility on our overall performance relating to energy efficiency and overall impact of our housing stock.   | Apr-25    | Env. & Sustainability Mgr. | Additional metrics have been recorded and compiled based on rdsAP data, however due the introduction of a new version of SAP recently, reporting will commence in Q4 2025/26 to ensure parity with recorded data and metrics. An updated action to reflect this has been included in the year 2 action plan.   | Ongoing / Not on Target | <p>Along with the latest updated EPC data from the 25/26 Stock condition data due late 2025, include enhanced quarterly reporting based on additional performance indicators.</p> <p>Review possible additional reporting requirements inline with changes proposed through MEES and EPC reform.</p>   | Feb-26             |
| Managed Properties                 | Review the specification for replacement building elements that have an impact on energy performance and ultimately SAP score as well as water consumption, including boilers, windows, doors, toilets, taps, showers.   | Have a clear understanding of the suitability of our current building element specifications in the context of achieving our long term energy performance targets and have recommendations for improvements where necessary.   | Dec-25    | Head of Asset Mgt.         | Initial work has commenced but has been stalled with proposed changes to MEES and additional changes to EPC. Reduced staffing capacity due to staff vacancies has also impacted. Existing workloads will be re-prioritised to create capacity for the review of specifications in the first half of 2026. An updated action to reflect this has been included in the year 2 action plan.   | Ongoing / Not on Target | Review specifications in line with proposed EPC reform and MEES requirements to ensure long-term compliance and value when information received from Government early 2026.  | Jun-26             |
| Managed Properties                 | Undertake monitoring and survey mix of properties across various types and demographics to better understand the real-life use and performance of our properties to complement, corroborate or disprove SAP data and assumptions and gain a better understanding of the real impact of our properties while identify limiting factors prior to large scale roll out new technologies.  | Have plan in place for the commencement of monitoring of properties to understand real life energy performance of our housing stock.   | Dec-25    | Env. & Sustainability Mgr. | <p>Action ongoing, but will not be complete by December 2025 as targeted. Surveys and data collection undertaken on properties receiving recent energy efficiency works undertaken; we will continue this practice as standard going forward.</p> <p>Specifications and proposals for energy efficiency monitoring systems are currently under review.</p> <p>Discussions with third party energy efficiency and building performance monitoring providers are ongoing to determine suitability and feasibility for implementation.</p> <p>Monitoring ongoing on Gainshare deep retrofit properties.</p> <p>See year 2 action and revised target date.</p>   | Ongoing / Not on Target | Roll out further monitoring across a representative mix of property types. Collect both <b>qualitative data</b> (e.g. tenant surveys, comfort feedback, usability insights) and <b>quantitative data</b> (e.g. energy bills, occupancy patterns, heating usage) to build a fuller picture of real-life performance and inform future retrofit decisions. | Apr-26             |
| Managed Properties                 | Complete 5,500 stock condition surveys.  | Bring the % of stock that has received a physical survey in the last 5 years to 92%.   | Aug-25    | Head of Asset Mgt.         | Current proportion of properties with a stock condition survey having been undertaken within 5 years is 89% as of 30 September 2025. Target for the year will not be achieved due to access issues. Additional properties will be included in the 2026 surveying programme to bring the programme back on track to achieve 100% by September 2026. An updated action to reflect this has been included in the year 2 action plan.  | Ongoing / Not on Target | Bring the % of stock that has received a physical survey in the last 5 years to 100 %. This remains a challenging target and will require the unput and support of the no access team and joint working alongside other colleagues to maximise access as with other issues at such homes.  | Sep-26             |
| Managed Properties                 | Deliver Gainshare deep-retrofit project across 21 properties across the borough; monitoring commenced 2024 with delivery of the works through 2025 and monitoring and reporting to conclude by year end 2026.  | Have 21 properties having received deep retrofit energy improvement measures allowing us to monitor real life performance of dwellings pre and post works and having a better understanding of the practical implications of delivering these works for consideration when rolling out at scale. | Dec-25    | Env. & Sustainability Mgr. | Monitoring equipment is installed in all properties and monitoring is ongoing along with tenant surveys and engagement. Works are being planned currently to be delivered from March 2026 with expected physical completion by September 2026. Original programme has been slightly delayed to ensure all properties are monitored prior to works for sufficient period of time following a number of tenants exiting the scheme. Contractor is in place and work is already ongoing to ensure works can start in Spring in line with the revised timescale for delivery.  | Ongoing / Not on Target | Deliver retrofit works to 21 pilot properties, and continue monitoring. The front end delays are now overcome and progress in the delivery should continue as planned  | Sep-26             |

| Environmental Strategy<br>PRIORITY | YEAR 1 ACTION TO BE TAKEN  | AS A RESULT WE WILL   | TIMESCALE | LEAD OFFICER                  | END OF YEAR 1 PROGRESS / COMMENTS   | END OF YEAR 1 STATUS    | YEAR 2 ACTION TO BE TAKEN   | YEAR 2 TARGET DATE    |
|------------------------------------|--|---|-----------|-------------------------------|---|-------------------------|---|-----------------------|
| Managed Properties                 | Programme and commenced delivery of retrofit measures to 519 properties utilising SHDF Wave 3 funding including fabric improvements and renewables. Works to encompass   | Have identified properties to receive works in year one of the strategy; planned and delivered works.   | Dec-25    | Head of Asset Mgt.            | Target amended to account for reduced number of properties due to UK wide oversubscription of SHDF Wave 3 funding. The final bid submitted by CoDC was scaled back significantly, with 321 properties earmarked to receive CWI, loft, Windows and Solar removed from the bid. Timescales for funding awards were also significantly delayed, though funding is now in place.<br><br>To date approximately 340 measures have been completed in year 1 to 170 properties.<br><br>To mitigate the impact of reduced funding, we are actively exploring additional funding sources and delivery models to replace properties omitted from SHDF Wave 3. This includes ongoing engagement with companies such as Octopus and Sero to assess energy service models, and collaboration with other social housing providers to understand how they have navigated similar challenges. EMT will be briefed on potential options by Q1 2026. | Ongoing / Not on Target | Deliver identified retrofit works to end of strategy period.  | Until end of strategy |
|                                    | - External wall insulation and associated works at Woodlands model Village.<br><br>- Building fabric improvements and installation of Solar PV at selected properties in Conisborough, Denaby Main, Edlington, Cantley and Bentley.  |   |           |                               | Continuing challenges in securing approval from Historic England have led to the Woodlands Model Village energy efficiency works being pushed back to commence in year 2 of the strategy at the earliest.<br>We will continue to engage Historic England and local planning teams and explore all technically feasible solutions to expedite an acceptable and affordable combination of improvement measures.<br><br>When strategy was written it was envisaged we would be able to deliver works at latter part of this year however due to the ongoing challenges faced the timescale remains uncertain at this time.  |                         | Options paper to be taken forward to discuss the various obstacles in installing external wall insulation and associated works at Woodlands model Village in late 2025, to allow decisions on way forward.  | Until end of strategy |
| Managed Properties                 | Conclude feasibility study of the replacement of heating systems at the 3 high rise blocks at Intake (Westminster House, Shaftsbury House and Lonsdale House) looking at all practical solutions for new low carbon heating systems and arrive at a concept design which along with delivery costs and associated risks. | Concluded feasibility and concept design to be inform future decisions on heating replacement.  | Jun-25    | Env. & Sustainability Mgr.    | Feasibility concluded and presented to EMT and other relevant stakeholders.<br><br>Proposals are now being considered as part of a wider review of our high rise properties across the managed estate.  | Complete                | N/A   | N/A                   |
| Managed Properties                 | Create a risk register for retrofit measures which will quantify level of risk associated with each and mitigations that can be put in place and ultimate feasibility, identifying scenarios where measures are and are not suitable.  | Have a risk register in place for continuous use through the strategy period, to understand the feasibility of energy performance improvement measures.   | Apr-25    | Env. & Sustainability Mgr.    | Comprehensive review of identified energy efficiency measures undertaken taking into account broad factors including suitability for EPC C and net zero targets, impact on energy bills to tenant, cost and return on investment, maintenance implications and lifecycle considerations to arrive at an overall feasibility for each. This was used to shape the proposed strategy for achieving EPC C and feeds into long term net zero planning.  | Complete                | - Review against proposed EPC reform and MEES requirements.<br>- Continue to review measures, accounting for changes in costs and new technologies and materials coming to market.  | May-26                |
| Managed Properties                 | Review the voids and acquisitions processes to determine opportunities to improve energy efficiency in newly purchased dwellings in order to reduce future disruption to tenants and minimise retrofit costs once properties are in use.   | Have determined opportunities to improve energy efficiency in newly purchased dwellings in order to reduce future disruption to tenants and minimise retrofit costs once properties are in use. | Dec-25    | Director of Property Services | Action ongoing, due end of December; we are on track to achieve this target.<br><br>Void and acquisition property data relating to overall numbers, property types, asset component characteristics, geographical distribution throughout Doncaster is ongoing to identify trends and cost effective and efficient opportunities to improve energy efficiency amongst these properties.<br><br>Year 2 action developed to take to next stage of delivery.   | Ongoing / On target     | Propose and gain approval for the action plan, work with delivery teams to implement agreed measures based on Year 1 findings, and record void and acquisition energy efficiency performance with quarterly reporting.  | May-26                |
| Operations                         | Review fleet and business mileage and action plan to reduce impacts.   | Understand opportunities and have plan in place to reduce the impact from our fleet and business mileage related emissions.   | Dec-25    | Env. & Sustainability Mgr.    | Action ongoing, due end of December; we are on track to achieve this target.<br><br>CoDC are continuing to work on the planning and delivery of electrification of ST Leger vehicle fleet. Alongside this, we are collecting fleet usage and emissions data and gathering evidence on potential opportunities, with the aim of issuing an initial report on findings and options by the end of 2025 to inform next steps.<br><br>Year 2 action developed to take to next stage of delivery.   | Ongoing / On target     | Implement the fleet and mileage reduction action plan by working with Doncaster Council on fleet electrification and with St Leger operational teams to deliver mileage reduction measures, set emissions reduction targets, and monitor and report progress quarterly. | Jun-26                |

| Environmental Strategy<br>PRIORITY | YEAR 1 ACTION TO BE TAKEN  | AS A RESULT WE WILL  | TIMESCALE | LEAD OFFICER                    | END OF YEAR 1 PROGRESS / COMMENTS   | END OF YEAR 1 STATUS    | YEAR 2 ACTION TO BE TAKEN   | YEAR 2 TARGET DATE |
|------------------------------------|--|--|-----------|---------------------------------|---|-------------------------|---|--------------------|
| Operations                         | Conduct a comprehensive waste audit to identify all waste streams across the business, both inhouse and via our supply chain partners. Based on the findings, we will implement an action plan and target setting.   | Have waste audit completed, targets set, action plan in place and implemented.   | Oct-25    | Env. & Sustainability Mgr.      | Work has commenced however we are past our target due date - amended target financial year end.<br><br>As additional waste management streams have been introduced including food, planning is ongoing. We will deliver this action by systematically auditing internal and supply chain waste streams, engaging relevant stakeholders to capture accurate data, and using these insights to develop a targeted, measurable action plan into year 2 of the strategy.      | Ongoing / Not on Target | Implement the waste audit findings by applying agreed actions across all identified waste streams, set measurable targets for waste reduction, reuse, recycling, and diversion from landfill, work with delivery teams and supply chain partners, link actions to wider council-led circular economy initiatives, and monitor and report progress annually. | Apr-26             |
| Operations                         | Review of the voids process will be undertaken with aim of reducing the amount of waste St Leger must dispose of from house clearances.  | Have reviewed the voids process and identified opportunities to reduce waste.  | Nov-25    | Head of Repairs and Maintenance | Action on going, expected to be completed by due date.<br><br>To be concluded as part of waste audit above. Discussion is ongoing with CoDC to determine opportunities to tie in with their wider circular economy initiatives with a view to improve our waste diversion and reduction rates.<br><br>The conclusion of this work will see the formation of an action plan to be delivered in year 2.   | Ongoing / On target     | Implement the waste reduction action plan, work with relevant delivery teams to apply agreed changes to the voids process, set targets for waste reduction, reuse and recycling, link up with wider council-led circular economy initiatives, and monitor and report performance quarterly.   | Apr-26             |
| Operations                         | We will build on our previous strategy by clearly defining sustainability aspirations for goods and services procured to support and deliver SLHD's operations. This comprehensive review will consider factors such as packaging waste, delivery methods, certifications and standards, disposal considerations, and local sourcing. We will review current performance against these aspirations and set targets for improvements. | Have gained greater understanding of the impact of our supply chain and purchasing choices.                                      | Dec-25    | Env. & Sustainability Mgr.      | Action on going, expected to be completed by due date.<br><br>To date, we have been collecting data on completed works, purchased goods, materials supply chain spend, and reviewing the environmental accreditations and performance of our suppliers. We aim to complete an initial appraisal of these findings by the end of 2025 to inform next steps and shape the supplier engagement programme.<br><br>The findings of this work will feed into our year 2 action. | Ongoing / On target     | Use findings to Embed sustainability criteria into procurement habits. Begin supplier engagement programme to improve performance.  | May-26             |
| Biodiversity                       | Develop strategy to reach the target of 19% protected green space by 2043.   | Programme in place to improve biodiversity to 19% of land total by 2043 including tree planting in partnership with the Council. | Dec-25    | Env. & Sustainability Mgr.      | Action on going, expected to be completed by due date.<br><br>To date, we have been collating current and historic biodiversity data across St Leger-managed land and linking this work with Doncaster Council's wider Biodiversity Duty action planning to ensure alignment with borough-wide targets.<br><br>The conclusion of this work will see the formation of an action plan to be delivered in year 2.  | Ongoing / On target     | Implement the biodiversity action plan by working with Doncaster Council and partners, continue data analysis, align actions with the Council's Biodiversity Duty initiatives, set interim targets for protected green space and tree planting, and monitor and report progress annually.   |                    |

#### Additional Actions to be Introduced in Year 2

| ENVIRONMENTAL<br>STRATEGY PRIORITY | ACTION TO BE TAKEN  | AS A RESULT WE WILL  | TIMESCALE | LEAD OFFICER               |
|------------------------------------|---|--|-----------|----------------------------|
| Managed Properties                 | Review all tenant communications and interactions relating to environmental content and energy efficiency to identify gaps and opportunities for improvement. | Have a clear understanding of how we currently engage tenants on energy efficiency and develop recommendations for improved messaging and education. | Jul-26    | Env. & Sustainability Mgr. |
| Managed Properties                 | Assess smart readiness feasibility across stock and identify practical measures to improve compliance with MEEs smart readiness metrics.                      | Understand where our stock falls short on smart readiness and develop a plan for feasible upgrades.  | Aug-26    | Env. & Sustainability Mgr. |



# Secure Tenancy Agreement Review 2025

## SLHD Board Meeting – 04 December 2025

*St Leger Homes - Providing homes in neighbourhoods where people are proud to live*

People

Homes

Communities

Partnership

# The Secure Tenancy Agreement



- ✓ A legal contract between City of Doncaster Council (CDC) & tenants of Housing Revenue Account (HRA) properties, managed by St Leger Homes of Doncaster (SLHD)
- ✓ Ensures effective tenancy management, supports community cohesion, and meets legislative requirements

## **Why It Matters:**

- ✓ Promotes community cohesion
- ✓ Ensures legal compliance and safe homes
- ✓ Supports tenant and landlord accountability

# Main Key features

## Security of Tenure:

- Tenants have long-term stability and protection from eviction, provided they comply with the agreement.

## Rights Included:

- Right to occupy the property as a home
- Right to repairs and maintenance
- Right to succession (passing tenancy to eligible family members)

## Responsibilities:

- Pay rent and charges on time
- Maintain the property and communal areas
- Allow access for safety checks
- Respect neighbours and avoid anti-social behaviour

# Why review the secure Tenancy Agreement?



The Secure Tenancy Agreement was last reviewed in 2016, & a variation implemented in 2017



We carried out consultation with tenants on proposed changes to the tenancy agreement during 2024, but this was paused to allow for alignment with updates to the Council's Tenancy Strategy



This pause gave us the opportunity to identify any additional changes required to reflect current policy and practice

People

Homes

Communities

Partnership

# Why review the secure Tenancy Agreement?



To bring it up to date with new legislation (e.g. Fire Safety Act, Awaab's Law)



To reflect changes in housing practice and how we operate as an organisation



To ensure it is fit for purpose and protects both tenants and the organisation



To include all tenants' rights and responsibilities clearly

People

Homes

Communities

Partnership



# Consultation Overview



## Key Points:

### Timeline:

- ✓ Started in 2024, paused for Tenancy Strategy review
- ✓ Resumed in 2025 after strategy alignment

### Approach:

- ✓ Wide and robust consultation to meet legislative requirements
- ✓ Inclusive process ensuring tenant voices are heard
- ✓ Developed a Consultation, Approval & Implementation Plan

People

Homes

Communities

Partnership

# Stage 1–Initial Consultation (2024)



## What We Did:

Broad consultation via online surveys and Tenant & Resident Associations (TARAs)

Asked tenants about priorities for tenant obligations and landlord obligations

69 responses received (low response rate despite efforts)

## Tenant Priorities – Responsibilities:

Keep properties and gardens tidy, Avoid ASB / abusive behaviour, Report repairs promptly, Allow access for essential works, Pets not causing nuisance, Pay rent

# Stage 1 – Initial Consultation (2024)



## **Tenant Priorities – Landlord Responsibilities:**

- ✓Timely repairs
- ✓Resolve ASB
- ✓Safety works & property improvements
- ✓Keep tenants informed
- ✓Money advice & tenancy support
- ✓Address damp and mould
- ✓Help with domestic abuse

## **Key Message:**

**Tenants want stricter enforcement and prioritise repairs and ASB resolution.**

# Stage 2 – Detailed Consultation (2025)



## Who We Consulted:

Tenants (TARAs, One Voice Forum, Focus Groups, Website)

SLHD workforce

CDC partners & wider statutory services

Ward Members

Legal Services

People

Homes

Communities

Partnership

# What Tenants Said...



- **Responsibilities:** ASB, pay rent, property/garden upkeep, report repairs, control dogs
- **Landlord duties:** ASB, repairs, damp/mould, safety, communication
- **Simplify and shorten** the agreement
- **Strengthen enforcement**
- **Tougher stance on no access, ASB, abuse to staff**
- **Clear rules** on pets, dangerous dogs, and building safety

# Consultation Process



2024  
Initial  
Consultation



FEEDBACK OBTAINED & PAUSED DUE TO  
REVIEW OF COUNCILS TENANCY STRATEGY



PRELIMINARY NOTICES POSTED TO  
ALL TENANTS ON 17–18 JULY 2025



4-WEEK CONSULTATION PERIOD:  
21 JULY – 18 AUGUST 2025



FEEDBACK OBTAINED

People

Homes

Communities

Partnership

# Preliminary Notice Feedback



## Responses received:

- **109 individual responses (2024)**
- **22 individual responses (2025)**

## Feedback Themes:

- ✓ More info on recharging tenants
- ✓ Clarity on CCTV and ring doorbells (Data Protection)
- ✓ Define ASB clearly
- ✓ Stronger language on enforcement
- ✓ Tougher stance on dogs in flats and communal areas

# Some key changes to the secure Tenancy Agreement



## Updated Legal Compliance



## **Incorporates** new legislation including:

**Building Safety Act 2022**

Fire Safety Act 2021

**Fire Safety England Regulations 2022**

**Domestic Abuse Act 2021**

**Data Protection Act 2018**

**Prevention of Social Housing Fraud Act 2013**

People

Homes

Communities

Partnership



# Some key changes to the Tenancy Agreement....

## New Sections Introduced include:

- ✓ **Introducing in the agreement Types of Tenancy-** introductory, secure, flexible
- ✓ **Tenant Voice:** Consolidated clauses to promote involvement, consultation, and transparency. Aligns with SLHD's Tenant Voice Strategy.
- ✓ **No Access:** New enforcement framework for persistent refusal of access, linked to legal remedies and recharge policies.
- ✓ **High Risk Buildings**
- ✓ **New build**
- ✓ **Disrepair claims** and the need go through our own procedure before we accept a claim
- ✓ **Data Collection**

# Some key changes to the Tenancy Agreement....

- **Revised Clauses:**
- **Succession of Tenancies** – clearer rules and alignment with legislation
- **Ending Tenancies** – updated process and notice requirements
- **Alignment with New Policies:**
  - Repairs and Maintenance Policy
  - Rechargeable Works Policy
- **Administrative Updates:**
  - Correct office addresses

## **Removed Clauses:**

- Clauses that no longer apply
- Clauses better covered by referencing policies rather than duplicating content

# Some key changes to the Tenancy Agreement...



- **Subletting:** Strengthened clauses to clarify legal rights and prevent unauthorised occupancy.
- **Access:** Tenants must allow access for safety checks and repairs with refusal may lead to legal action / recharges.
- **Loft Areas:** Lofts are not to be used for storage due to safety risks.
- **Pest Control:** Tenants must report mice and rat infestations to SLHD, who will arrange CDC inspection. If lifestyle is the cause, tenants may be recharged. Other infestations (e.g. cockroaches, fleas, wasps) remain tenant responsibility.

# Some key changes to the Tenancy Agreement...



- **CCTV & Ring Doorbells** Clarification on CCTV and doorbell cameras, ensuring compliance with Data Protection laws.
- **ASB & Hate Crime** Strengthened clauses on antisocial behaviour, harassment, and hate crime, including social media conduct.
- **Ending Tenancies** – move to Sunday terminations and review methods
- **Pets / Dogs** – Dangerous Dogs Act
- **CDC Tenancy Strategy Review** –reviewed and approved by Cabinet on **13th August 2025**- changes incorporated

# Succession

## Current Succession Rules Summary

- Any family member living in the property for 12 months before the tenant's death can automatically succeed if:
  - ✓ No previous succession has occurred
  - ✓ No spouse or civil partner resides in the property

## Succession Change Summary

Continue current arrangement but extend qualifying period for family members from 12 months to 5 years.

Conditions remain:

- ✓ No previous succession
- ✓ No spouse or civil partner residing in the property

## Legislation

- ✓ Succession of Tenancies is set down in the Housing Act 1985
- ✓ Localism Act 2011 in England significantly changed succession rights for Secure council tenancies created after April 1, 2012

## Why Change?

Reduces risk of family members moving in solely to gain succession rights.



# Flexible Tenancies - summary



## Background:

- Secure tenancies on a fixed term introduced under the Localism Act 2011.
- Currently have **94 flexible tenancies**.
- Same core terms as secure tenancies but with some differences; tenants will receive a separate agreement to maintain status.

## Key Amendments:

- **Existing Tenancies:**
  - Legal update to the forfeiture clause following recent case law on ending flexible tenancies (advised by Legal Services).
- **New Tenancies:**
  - Fixed term will now be **5 years** (previously linked to youngest child's 19th birthday).
  - Change aligns with Council's Tenancy Strategy
  - Tenancies reviewed 12 months before end date; renewal depends on occupancy matching property size.

# Governance Arrangements



All Feedback and Tenancy changes were reviewed through our internal meetings process- including:



EMT, SLHD Board, CDC Regeneration and Housing Scrutiny Panel & CDC Cabinet



**CDC Cabinet Approval:** Revised Secure Tenancy agreement approved at CDC Cabinet on 8 October 2025

People

Homes

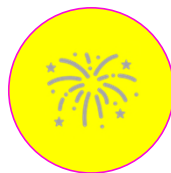
Communities

Partnership

# Implementation Plan



Updated agreement now with our legal department.



Notice of Variation: to be issued to all tenants in November 2025.



This will be by letter in the post; hard copies available on request.



Website Updates: Tracked changes version of the TA & a Clean version of the new TA.



Houseproud article



Revised TA effective from on 1 January 2026

People

Homes

Communities

Partnership



# Implementation Plan



No requirement to sign a new agreement

Developing a video around the tenancy agreement-  
"This is my Tenancy"

Summary document for tenants – Your Tenancy  
Agreement Explained

Awareness Training for tenants and staff-  
"understanding your tenancy agreement"

People

Homes

Communities

Partnership

# Questions & Discussion



People

Pride

Performance

Progress



**Thank you**

Contact Details:

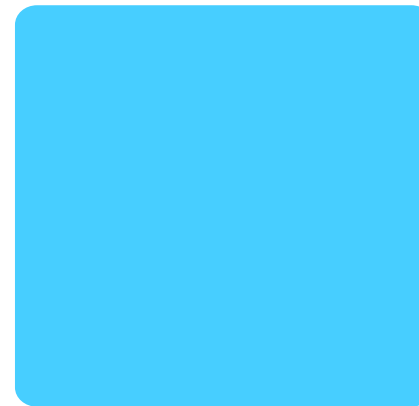
Jane Davies,

Director of Housing & Customer  
Services

[Jane.davies@stlegerhomes.co.uk](mailto:Jane.davies@stlegerhomes.co.uk)

Jayne Hurley, Head of Housing  
Management

[Jayne.hurley@stlegerhomes.co.uk](mailto:Jayne.hurley@stlegerhomes.co.uk)



People

Pride

Performance

Progress

# ST LEGER HOMES OF DONCASTER LTD

## Board Briefing Note

|                         |   |
|-------------------------|---|
| <b>Title:</b>           | 31 October 2025 KPI dashboard                         |
| <b>Action Required:</b> | For information                                       |
| <b>Item:</b>            | 11  |
| <b>Prepared by:</b>     | Nigel Feirn<br>Head of Finance and Business Assurance |
| <b>Date:</b>            | 04 December 2025                                      |

### 1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at the end of October 2025 and brief commentary for those KPIs where the target is not being met.
- 1.2. Appendices are attached as follows:
  - A: KPI dashboard 31 October 2025; and
  - B: Latest Housemark benchmarking in-month survey – September 2025

### 2. Executive summary

- 2.1. 41 KPIs were agreed with City of Doncaster Council (CDC) for the 2025/26 (25/26) financial year, including the Regulatory Tenant Satisfaction Measures (TSM). **Appendix A** details each KPI measured at end of October, with comparatives.
- 2.2. Of the 41 KPIs, 15 are measured either quarterly (2) or annually (13). The annual KPIs are the customer satisfaction TSMs from perception surveys throughout the year.
- 2.3. The table below summarises the KPIs with comparatives from earlier years. At the end of October, 16 of the 26 KPIs measured were met or were within tolerances of target.

| KPIs                     | Oct   | Q2    | Q1    | Q4    | Q3    | Q2    | Q1    | Q4    | Q3    | Q2    | Q1    |
|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                          | 25/26 | 25/26 | 25/26 | 24/25 | 24/25 | 24/25 | 24/25 | 23/24 | 23/24 | 23/24 | 23/24 |
| Green (meeting target)   | 11    | 13    | 13    | 15    | 14    | 14    | 13    | 9     | 9     | 8     | 4     |
| Amber (within tolerance) | 5     | 4     | 2     | 0     | 3     | 4     | 3     | 7     | 3     | 3     | 1     |
| Red (not meeting target) | 10    | 11    | 13    | 13    | 11    | 10    | 12    | 6     | 8     | 9     | 9     |
| Annual / Qtly KPIs       | 5     | 3     | 3     | 3     | 3     | 3     | 3     | -     | 2     | 2     | 4     |
| Annual TSMs no targets   | 10    | 10    | 10    | 10    | 10    | 10    | 10    | -     | -     | -     | -     |
| Total                    | 41    | 41    | 41    | 41    | 41    | 41    | 41    | 22    | 22    | 22    | 18    |

- 2.4. Tolerances which determine the amber status are consistent with CDC measures where possible. The report below details those KPIs that are outside of agreed tolerances and targets are not being met.

### 3. KPI commentary

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

|                                  |              |                                |
|----------------------------------|--------------|--------------------------------|
| <b>Target</b>                    | <b>0.80%</b> |                                |
| <b>Oct 25/26 YTD performance</b> | <b>1.11%</b> | <b>WORSE THAN TARGET – RED</b> |

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

|                          | <b>Oct<br/>25/26</b> | Q2<br>25/26 | Q1<br>25/26 | Q4<br>24/25 | Q3<br>24/25 | Q2<br>24/25 | Q1<br>24/25 | Q4<br>23/24 | Q3<br>23/24 | Q2<br>23/24 | Q1<br>23/24 |
|--------------------------|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Void rent loss YTD %     | <b>1.11%</b>         | 1.11%       | 1.20%       | 0.91%       | 0.90%       | 0.85%       | 0.82%       | 0.68%       | 0.68%       | 0.70%       | 0.73%       |
| Target %                 | <b>0.80%</b>         | 0.80%       | 0.80%       | 0.70%       | 0.70%       | 0.70%       | 0.70%       | 0.50%       | 0.50%       | 0.50%       | 0.50%       |
| <u>Lettable voids*</u>   | <b>176</b>           | 172         | 175         | 205         | 188         | 169         | 157         | 102         | 108         | 79          | 122         |
| Total voids              | <b>186</b>           | 182         | 184         | 211         | 196         | 176         | 162         | 125         | 113         | 98          | 132         |
| <i>Acquisition voids</i> | <b>26</b>            | 31          | 41          | 48          | 35          | 29          | 30          | 17          | 12          | 15          | 10          |

The number of voids held at the end of October shows a small increase at 186 compared to Q2/September (182) and Q1/June (184)

The total figure of 186 consists of the following;

- 150 general voids.
- 26 acquisitions; and
- 10 non-lettable voids, 4 of which are awaiting demolition.

In-month (October) void rent loss (VRL) performance at 1.10% was worse than September's lowest monthly performance this year of 0.88%. This caused the YTD KPI to stall at 1.11% after a period of improvement.

The main reasons for the KPI target not being met continue to be an increase in the number of voids which require major works, in particularly replacement kitchens and an increase in the number that require substantial work in gardens to meet the HHSRS requirements, which are labour intense. As a result, this can delay repair work commencing in void properties.

Recent recruitment has increased capacity within the Empty Homes team and in addition to this, we have assistance from Contractors to manage workloads. Both should improve the KPI. Robust monitoring is mandatory. The Void Excellence programme is now well underway and continues to identify opportunities to streamline workflows, reduce delays and improve performance.

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

SLHD measure all complaints received, regardless of who the complainant is, whereas the TSM reports complaints from 'residents' who are tenants and leaseholders only.

The table below therefore reports both the TSM KPI for residents and the SLHD indicator for all complaints to show the differences and to also indicate how they compare to target.

|                        | KPI target<br>Oct 25/26 | <b>TSM</b><br><b>Oct 25/26</b> | <u>'Residents' only</u>  | <b>SLHD KPI</b><br><b>Oct 25/26</b> | <u>All complaints</u>    |
|------------------------|-------------------------|--------------------------------|--------------------------|-------------------------------------|--------------------------|
| Stage 1 complaints     | 27.3                    | <b>38.0</b>                    | <b>WORSE THAN TARGET</b> | <b>47.5</b>                         | <b>WORSE THAN TARGET</b> |
| Stage 2 complaints     | 1.7                     | <b>4.7</b>                     | <b>WORSE THAN TARGET</b> | <b>5.4</b>                          | <b>WORSE THAN TARGET</b> |
| Stage 1 & 2 complaints | 29.0                    | <b>42.7</b>                    | <b>WORSE THAN TARGET</b> | <b>52.9</b>                         | <b>WORSE THAN TARGET</b> |

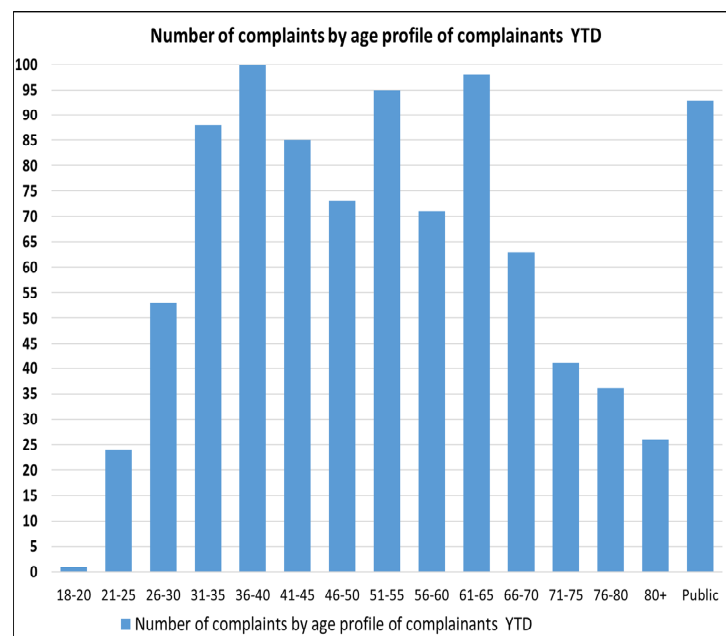
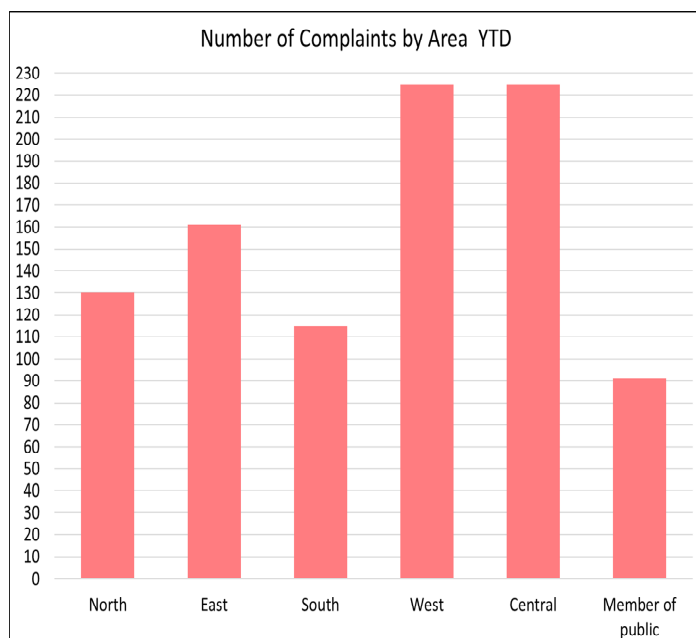
The above table shows the YTD KPI being 52.9 for stages 1 and 2 complaints. At the same point last year (24/25), the respective YTD KPI figure was lower at 46.8, and also worse than the October 2023 KPI of 38.1.

For the KPI target to have been met at end of October, less than 580 complaints should have been received. The table below summarises the numbers received, with comparatives where possible, and shows increased numbers this year for both Stage 1 and 2 type complaints.

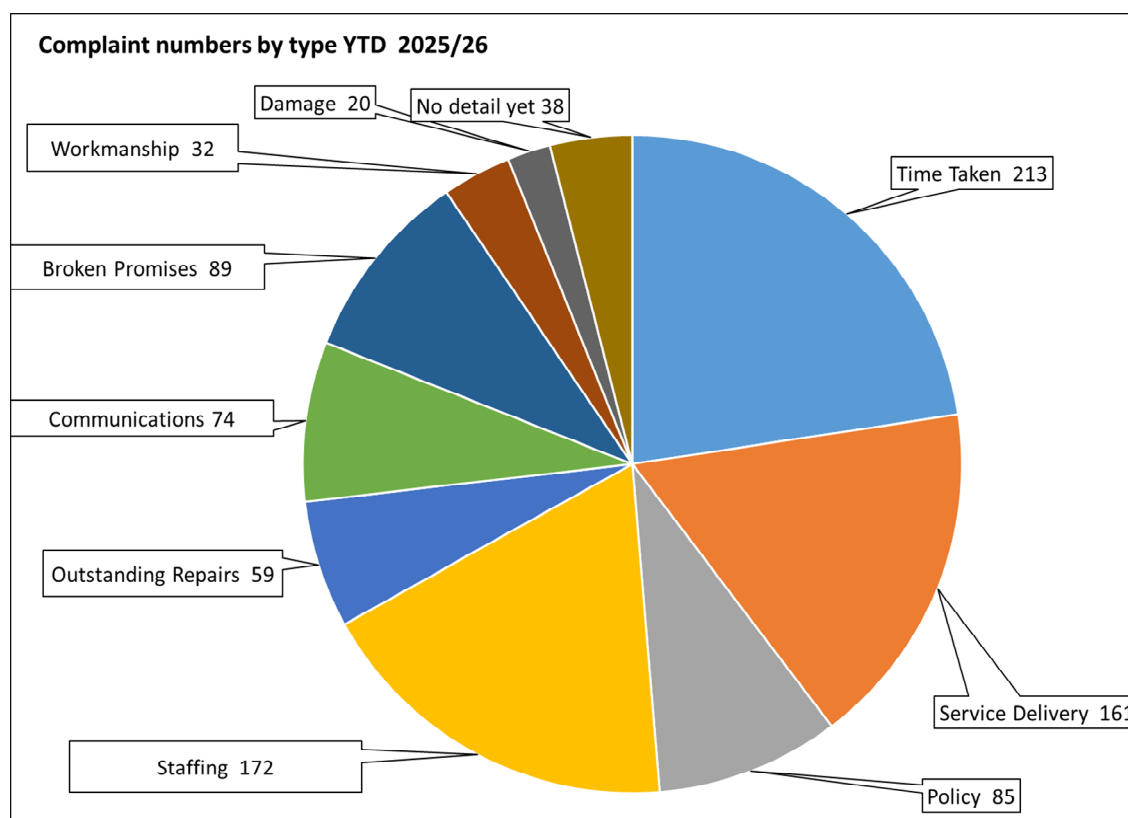
|         | Residents only Oct YTD |       |       | All complaints Oct YTD |       |       |
|---------|------------------------|-------|-------|------------------------|-------|-------|
|         | <b>25/26</b>           | 24/25 | 23/24 | <b>25/26</b>           | 24/25 | 23/24 |
| Stage 1 | <b>757</b>             | 614   | n/k   | <b>945</b>             | 834   | 721   |
| Stage 2 | <b>94</b>              | 78    | n/k   | <b>108</b>             | 97    | 39    |
| Total   | <b>851</b>             | 692   | n/k   | <b>1,053</b>           | 931   | 760   |

The table above shows that 25/26 is following the same trends as 24/25, with slightly increased numbers at this stage of the year.

We continue to analyse all complaints in detail to identify causes and solutions, and to improve processes and the charts below show some demographics of 25/26 complaints.



The main categories for complaints, in order, continue to be about time taken, service delivery, policy, staffing, outstanding repairs and communications, as summarised in the pie chart below.



SLHD have implemented a number of actions over the past 18 months – awareness on how to escalate a complaint, a complaints charter, campaigns, resources, analysis, communications all increasing. This work is continuing and in embedding these actions we would hope to see the benefits of this work emerge.

### 3.3. KPI 10a, 10b and 10: Percentage of Emergency and Non-Emergency Repairs completed within target timescales.

| Completed within timescale:  | Target | OCTOBER 25/26 YTD |                   | Q2 25/26 | Q1 25/26 | Q4 24/25 | Q3 24/25 | Q2 24/25 | Q1 24/25 |
|------------------------------|--------|-------------------|-------------------|----------|----------|----------|----------|----------|----------|
| 10a Emergency repairs        | 95%    | 93.6%             | WITHIN TOLERANCE  | 93.4%    | 92.0%    | 82.5%    | 80.1%    | 76.9%    | 77.9%    |
| 10b non-emergency repairs    | 85%    | 67.9%             | WORSE THAN TARGET | 67.7%    | 69.8%    | 68.7%    | 68.8%    | 67.2%    | 63.4%    |
| 10 Emergency & Non-emergency | 88%    | 74.9%             | WORSE THAN TARGET | 74.9%    | 76.6%    | 73.1%    | 72.4%    | 70.2%    | 68.2%    |

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

- Emergency Repairs – 2 hours and 24 hours: and
- Non-Emergency Repairs – 5 working days and 20 working days.

The table shows steady improvement with Emergency repairs which is within tolerance and increasingly close to target. However non-emergency repairs has stabilised and is largely unchanged for a while now and remains below target.

Resource availability continues to present challenges when planning workloads with some trades seeing long wait times for the next available appointment, in particular for Joiners, Roofers and Plasterers.

The above issues together with increased demand compared to previous years combine to keep the KPI below target.

The One Repairs Board is working on a number of actions which will improve performance during 25/26. Numerous process changes and setting changes within scheduling software have been made in recent months.

The service has been adversely impacted by sickness, leavers, software changes, productivity and high demand, among others, but the repairs service is receiving considerable focus and actions, and performance should improve. However, demand is expected to increase further with the ongoing stock condition surveys completing and also Awaab's Law came into force in October 2025. The planed actions also incorporate these.

### 3.4. KPI11: % of Properties with a Valid LGSR Certificate

|                                  |                |                                |
|----------------------------------|----------------|--------------------------------|
| <b>Target</b>                    | <b>100.00%</b> |                                |
| <b>Oct 25/26 YTD performance</b> | <b>99.47%</b>  | <b>WORSE THAN TARGET – RED</b> |

At the end of October there were 79 properties showing as out of compliance.

Of the 79 properties :

- seven have now been completed;
- 12 properties are out of compliance with internal meters and no means of legally accessing without a warrant. These are with the No Access Team;
- 28 have been identified as showing complete on OpenHousing (OH) but no LGSR has been provided to C365 (Compliance system) yet;
- one anniversary date is wrong on C365, the property is still in compliance;
- one is a property that has now completed the right to buy process and has come off programme; and
- 30 are new acquisitions. These will be capped but appear out of compliance due to the timing of the component going onto OpenHousing.

There is a robust access process for gas that is being followed, with a dedicated access officer leading on this. Issues with LGSRs being received from OH to C365 have been identified and fix is imminent. The outstanding number of LGSRs is reducing and further work is required between C365 and ICT.

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

|                                  |                |                                |
|----------------------------------|----------------|--------------------------------|
| <b>Target</b>                    | <b>100.00%</b> |                                |
| <b>Oct 25/26 YTD performance</b> | <b>98.95%</b>  | <b>WORSE THAN TARGET – RED</b> |

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

There were 209 domestic properties showing as out of compliance on C365 at the end of October.



Of the 209 properties :

- 29 properties are complete and awaiting EICR sign off
- 24 are void properties
- 20 are either new acquisitions (16) or due to be retested (4 have been previously tested and compliant but the record is not available on C365 which drives the programme).
- 136 are outstanding to be tested - 30 are in house and 106 with contractors to start the 3 appointment process

These are all on a programme to be tested. Where access is an issue the no access team will be utilised to effectively gain access

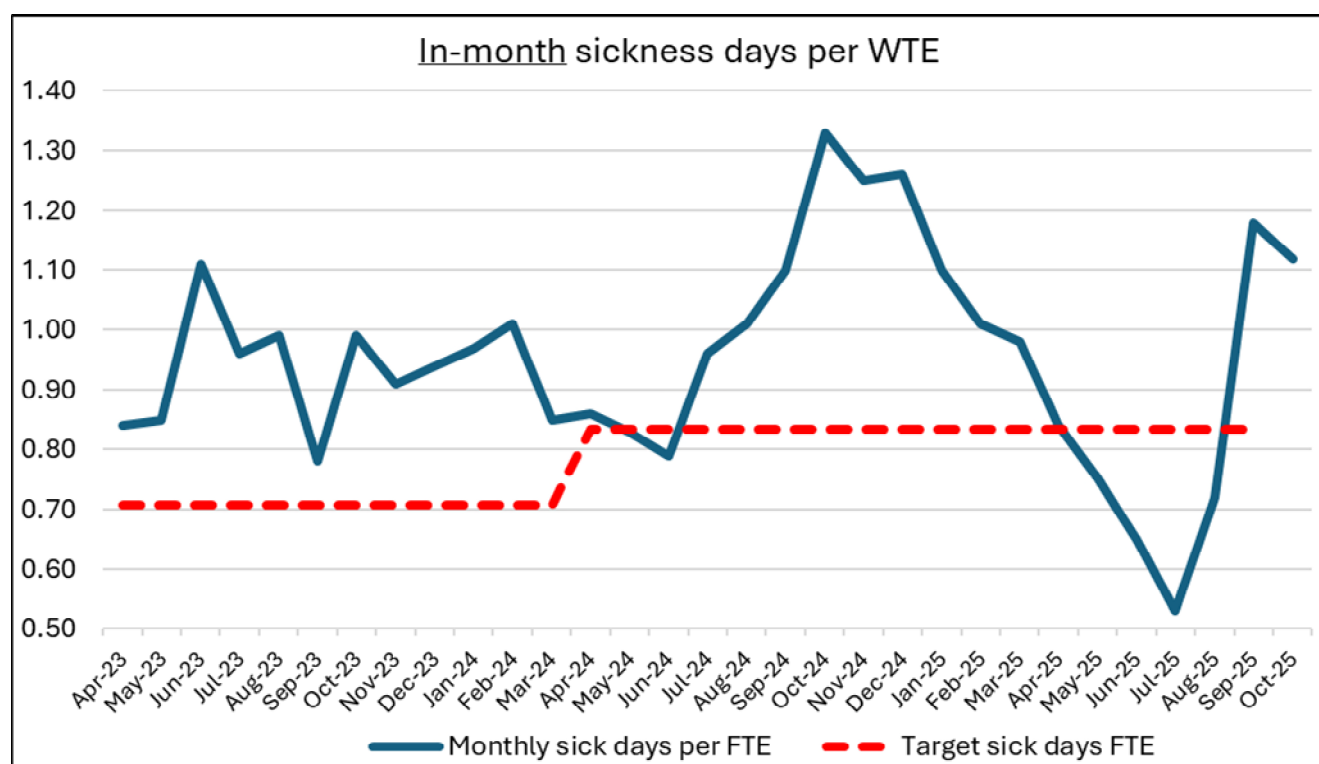
### 3.6. KPI17: Number of Days Lost to Sickness per Full Time Equivalent (FTE)

**Target** **10.0**

**Oct 25/26 YTD performance**

**11.1**

**WORSE THAN TARGET – RED**



The KPI calculation is based on sick days in the last twelve months and the number of Full Time Equivalent (FTE) employees. As can be seen from the graph, this October calculation will include sickness data from November 2024 onwards and had been showing an improving position until September 2025.

On a monthly basis, sickness levels had been on or below target since April 2025, but September saw a large increase to 1.18 sickness days per FTE. This was below in-month levels for October, November and December 2024 but is above the in-month target of 0.83 days per FTE.

October saw 1.12 days absence per FTE, a slight decrease from September's 1.19 days per FTE. So the YTD KPI has reduced slightly to 11.1 and is now very close to tolerance levels.

October was also lower than the absence per FTE reported at the same time last year (1.33 days). Actual sick days for October (1025 days) are slightly less than September (1031 days) but still nearly double the actual sick days in August (596 days).

This brings the 25/26 YTD sickness per FTE to 5.82 days per FTE over a target of 5.83 days.

October saw increases in sickness days across Corporate Services and Housing and Customer Services and a decrease in Property Services. Corporate Services are the only directorate still within target (0.83) for the seventh month of the new financial year.

Housing Management Team Central, Customer Access Service, Housing Management Team East, Access to Homes and Commercial & Warehouse are the top five teams with the highest rates of absence in October.

There are a further 5 teams all above monthly target for October, ten in total, but this is better than the 19 teams that were over target during September

We have seen a slight decrease in the number of long term cases (0.54 days per FTE from 0.55 days), and a decrease in short term cases (0.58 days per FTE from 0.63 days).

For the first time in several months Stress, Anxiety and Depression is now the highest cause of all absence at 26%, up from September's 25% and a big increase from August's 17%. MusculoSkeletal (MSK) is now the second highest cause of absence which decreased slightly in October to 25% (28% in September). Back and Shoulder remains the third highest cause of absence and remains stable at 14% in September. Infection has decreased slightly making in the fourth highest reason for absence.

Although absence remains high, there has been a slight decrease in absence for October. The volume of absence review meetings continues to remain high and we continue to remind employees of support available to them through Medicash. Stress, anxiety and depression is now the highest cause of absence overtaking MSK.

Andy's Man club recently attended the Property Services away day and we continue to look for ways to support employees' mental health.

The wellbeing survey is live to all employees and we hope to use responses and feedback from the survey to further support employees to remain at work. Infection/virus has also increased but that is expected at this time of year. IT are continuing to develop an absence app which will allow managers and HR to monitor absence more effectively, app development nearly complete.

### 3.7. KPI18: % of Local Revenue Expenditure

|                                  |            |                                |
|----------------------------------|------------|--------------------------------|
| <b>Target</b>                    | <b>70%</b> |                                |
| <b>Oct 25/26 YTD performance</b> | <b>57%</b> | <b>WORSE THAN TARGET – RED</b> |

October was the largest monthly spend in the year to date with £1.78m paid to 145 suppliers. The highest amount was also paid locally at £1.05m and in month KPI is up on previous months to 59% which in turn took the YTD KPI up slightly to 57% - but still below the 70% target.

Yorkshire & Humber spend was also up on previous months and YTD spend in the region increased slightly to 88%.

Very similar trends to September and the YTD in general. Just 22 out of 145 suppliers accounted for 80% of the total spend so the KPI is again influenced by a small number of suppliers. Twelve of these were within Doncaster.

The four main suppliers outside of Doncaster were again Bradford MBC (doors and windows), SIGD (roofing materials), TKL (skips) and Fullwoods (contractor) totalling £0.35m. Two thirds of the remaining 20% of suppliers - both spend and numbers - were outside of Doncaster

Just ten of the top 22 suppliers paid were not local to Doncaster and yet accounted for nearly £0.5m of cashflow and 27% of all Revenue spend in the month. This reflects how just a few larger suppliers not being local can adversely impact the KPI.

SLHD and CDC will continue to target using Doncaster based suppliers wherever possible, but this isn't always possible where specialist services are required or if volumes and demand are not deliverable by local suppliers.

#### **Report author**

Nigel Feirn

Appendix A KPI Dashboard ending 31 October 2025

Appendix B September Housemark monthly pulse surveys

| KPI     | St. Leger Homes Key Performance Indicator Summary 2025/26                | Year end 24/25 |        |       |        |        |       |       |       | Target | Tolerance | Target   | Tolerance |
|---------|--|----------------|--------|-------|--------|--------|-------|-------|-------|--------|-----------|----------|-----------|
|         |  | Mar-25         | Apr-25 | May25 | Jun-25 | Jul-25 | Aug25 | Sep25 | Oct25 | Oct-25 | Oct-25    | Year end | Year end  |
| KPI 1   | % of current rent arrears against annual rent debit                      | 2.76%          | 2.66%  | 2.82% | 2.78%  | 2.83%  | 2.94% | 2.88% | 2.96% | 3.20%  | 3.52%     | 2.95%    | 3.25%     |
| KPI 2   | Void rent loss % of rent lost through homes being void (empty)           | 0.96%          | 1.30%  | 1.33% | 1.20%  | 1.17%  | 1.16% | 1.11% | 1.11% | 0.80%  | 0.88%     | 0.80%    | 0.88%     |
| KPI 3   | Relet time for <u>STANDARD</u> voids (days). i.e. no MAJOR repairs       | 27.4           | 24.8   | 26.6  | 27.6   | 27.1   | 26.7  | 25.6  | 25.2  | 25.0   | 27.5      | 25.0     | 27.5      |
| KPI 4   | Average number of Nights in Hotel Accommodation                          | 24.0           | 24.6   | 23.6  | 24.9   | 24.7   | 23.6  | 22.9  | 22.1  | 21.0   | 23.1      | 21.0     | 23.1      |
| KPI 5   | Percentage of settled accommodation at prevention stage                  | 43%            | 55%    | 52%   | 51%    | 51%    | 51%   | 52%   | 52%   | 50%    | 55%       | 50%      | 55%       |
| KPI 6a  | Number of Stage 1 complaints per 1,000 homes:                            | 68.0           | 7.2    | 13.5  | 19.9   | 27.9   | 34.1  | 40.2  | 47.5  | 27.3   | 25.9      | 47.0     | 51.7      |
| KPI 6b  | Number of Stage 2 complaints received per 1,000 homes:                   | 7.6            | 0.7    | 1.3   | 2.5    | 3.5    | 4.2   | 4.6   | 5.4   | 1.7    | 1.7       | 3.0      | 3.3       |
| KPI 6   | Number of: Stage 1 and 2 complaints received per 1,000 homes:            | 75.6           | 7.9    | 14.8  | 22.4   | 31.3   | 38.3  | 44.8  | 52.9  | 29.0   | 27.5      | 50.0     | 55.0      |
| KPI 7a  | % of Stage 1 complaints responded to within Ombudsman timescales.        | 99.5%          | 100%   | 99.3% | 97.6%  | 97.6%  | 99.3% | 99.5% | 99.5% | 95.0%  | 85.5%     | 95.0%    | 85.5%     |
| KPI 7b  | % of Stage 2 complaints responded to within Ombudsman timescales.        | 95.8%          | 100%   | 100%  | 100%   | 100%   | 98.5% | 97.8% | 98.9% | 95.0%  | 85.5%     | 95.0%    | 85.5%     |
| KPI 7   | % of Stages 1 and 2 complaints responded to within timescales.           | 99.1%          | 100%   | 99.4% | 97.8%  | 98.4%  | 99.3% | 99.4% | 99.4% | 95.0%  | 85.5%     | 95.0%    | 85.5%     |
| KPI 8   | Tenancy turnover %   | n/a            | 0.4%   | 0.9%  | 1.4%   | 1.9%   | 2.3%  | 2.7%  | 3.21% | 3.2%   | 3.5%      | 5.5%     | 6.1%      |
| KPI 9   | % of repairs completed at first visit                                    | 95.3%          | 96.0%  | 95.9% | 96.5%  | 96.5%  | 96.6% | 96.6% | 96.7% | 94.0%  | 84.6%     | 94.0%    | 84.6%     |
| KPI 10a | % of emergency responsive repairs completed within target timescale.     | 82.5%          | 88.4%  | 90.5% | 92.0%  | 92.6%  | 93.1% | 93.4% | 93.6% | 95.0%  | 85.5%     | 95.0%    | 85.5%     |
| KPI 10b | % of non-emergency responsive repairs completed within target timescale. | 68.7%          | 67.5%  | 69.9% | 69.8%  | 68.7%  | 67.9% | 67.7% | 67.9% | 85.0%  | 76.5%     | 85.0%    | 76.5%     |
| KPI 10  | % of non-emergency and emergency repairs completed within timescale.     | 73.1%          | 74.2%  | 76.5% | 76.6%  | 75.8%  | 75.2% | 74.9% | 74.9% | 88.0%  | 79.2%     | 88.0%    | 79.2%     |

|     |                            |                                |                    |
|-----|----------------------------|--------------------------------|--------------------|
| Key | Meeting/better than target | Within tolerance of target 10% | Not meeting target |
|-----|----------------------------|--------------------------------|--------------------|

| KPI     | St. Leger Homes Key Performance Indicator Summary 2025/26   | Year end 24/25 |             |             |        |             |             |        |             | Target | Tolerance | Target   | Tolerance |
|---------|---|----------------|-------------|-------------|--------|-------------|-------------|--------|-------------|--------|-----------|----------|-----------|
|         |   | Mar-25         | Apr-25      | May25       | Jun-25 | Jul-25      | Aug25       | Sep25  | Oct25       | Oct-25 | Oct-25    | Year end | Year end  |
| KPI 11  | Gas: % of properties with a valid gas servicing certificate   | 100%           | 100%        | 99.23%      | 99.75% | 99.77%      | 98.56%      | 99.23% | 99.47%      | 100%   | 99.85%    | 100%     | 99.85%    |
| KPI 12  | Fire: % homes all risk assessments have been carried out (New)  | 100%           | 100%        | 100%        | 100%   | 100%        | 99.80%      | 99.80% | 99.80%      | 100%   | 98.96%    | 100%     | 98.96%    |
| KPI 13  | Asbestos: % homes surveys or re-inspections completed (New)   | 100%           | 96.55%      | 99.70%      | 99.22% | 98.07%      | 100%        | 100%   | 100%        | 100%   | 98.96%    | 100%     | 98.96%    |
| KPI 14  | Legionella: % homes where all assessments completed (New)   | 100%           | 100%        | 100%        | 100%   | 100%        | 100%        | 100%   | 100%        | 100%   | 98.96%    | 100%     | 98.96%    |
| KPI 15  | Lifts: % homes all communal lifts safety checks completed (New)   | 100%           | 100%        | 100%        | 100%   | 100%        | 100%        | 100%   | 100%        | 100%   | 98.63%    | 100%     | 98.63%    |
| KPI 16  | Electrical - % Domestic properties with valid EICR < 5 years old  | 96.0%          | 97.21%      | 97.78%      | 98.24% | 97.98%      | 98.06%      | 98.50% | 98.95%      | 100%   | 99.85%    | 100%     | 99.85%    |
| KPI 17  | Days lost through sickness per FTE (annualised)   | 12.2           | 12.4        | 12.2        | 12.1   | 11.8        | 11.5        | 11.1   | 11.1        | 10     | 11        | 10       | 11        |
| KPI 18  | Percentage of Local Expenditure % <u>Revenue ONLY</u>   | 59%            | 66%         | 64%         | 62%    | 56%         | 57%         | 56%    | 57%         | 70%    | 63%       | 70%      | 63%       |
| KPI 19  | No. of ASB Cases per 1,000 properties   | 55.1           | 5.4         | 10.2        | 16.5   | 22.5        | 27.5        | 31.7   | 36.0        | 38.5   | 31.1      | 60.0     | 66.0      |
| KPI 19a | No. of ASB Cases that involve hate crimes per 1,000 properties  | 0.8            | 0.00        | 0.00        | 0.05   | 0.05        | 0.40        | 0.4    | 0.5         | 6.4    | 5.2       | 10.0     | 11.0      |
| KPI 20  | Number of residents in training, education or employment  | 113            | Quarter KPI | Quarter KPI | 20     | Quarter KPI | Quarter KPI | 71     | Quarter KPI | n/a    | n/a       | 100      | 90        |
| KPI 21  | Tenant satisfaction with the overall service from the landlord %  | 81.0%          | Annual KPI  |             |        |             |             |        |             |        |           | 81%      | 73%       |
| KPI 22  | Percentage of homes not maintaining decent standard %   | 5.53%          | Quarter KPI | Quarter KPI | 7.51%  | Quarter KPI | Quarter KPI | 11.9%  | Quarter KPI | n/a    | n/a       | 3%       | 5%        |
| KPI 23  | Tenant satisfaction with property condition (repair in the last 12 months and satisfied with the overall repairs service) % | 81.5%          | Annual KPI  |             |        |             |             |        |             |        |           | 81%      | 735       |
| KPI 24  | Energy efficiency of properties   | 57.1%          | Annual KPI  |             |        |             |             |        |             |        |           | 67%      | 60%       |

|     |                            |                                |                    |
|-----|----------------------------|--------------------------------|--------------------|
| Key | Meeting/better than target | Within tolerance of target 10% | Not meeting target |
|-----|----------------------------|--------------------------------|--------------------|

## Monthly Pulse Survey Results for September 2025 Performance

| Month  | Housemark pulse survey benchmarking - IN MONTH performance           | Quartile 1 | Median | Quartile 3 | SLHD    | SLHD quartile | Performance preference |
|--------|--|------------|--------|------------|---------|---------------|------------------------|
| Sep-25 | Average re-let time in days (standard re-lets)                       | 32.17      | 44.33  | 69.75      | 25.64   | Q1            | Lower is better        |
| Sep-25 | Voluntary staff turnover (%)   | 0.48%      | 0.85%  | 1.40%      | 0.23%   | Q1            | Lower is better        |
| Sep-25 | Stage 1 and Stage 2 complaints resolved within timescale (%)         | 100%       | 97.07% | 81.15%     | 99.44%  | Q2            | Higher is better       |
| Sep-25 | Responsive repairs completed per 1,000 properties                    | 335.80     | 287.73 | 237.47     | 301.86  | Q2            | Higher is better       |
| Sep-25 | New ASB cases reported per 1,000 properties                          | 1.7        | 3.1    | 5.2        | 4.2     | Q3            | Lower is better        |
| Sep-25 | Stage 1 and Stage 2 complaints received per 1,000 properties         | 3.7        | 5.1    | 7.5        | 6.6     | Q3            | Lower is better        |
| Sep-25 | Domestic properties with EICR certificates up to five years old (%)  | 99.90%     | 99.57% | 97.69%     | 98.5%   | Q3            | Higher is better       |
| Sep-25 | 'True' current tenant arrears (%)                                    | 2.05%      | 2.81%  | 4.10%      | 2.88%   | Q3            | Lower is better        |
| Sep-25 | Dwellings vacant but available to let (%)                            | 0.24%      | 0.57%  | 0.92%      | 0.89%   | Q3            | Lower is better        |
| Sep-25 | Homes with a valid gas safety certificate (%)                        | 100.00%    | 99.97% | 99.80%     | 99.23%  | Q4            | Higher is better       |
| Sep-25 | Responsive repairs completed within target timescale (%)             | 95.11%     | 89.36% | 83.59%     | 72.96%  | Q4            | Higher is better       |
| Sep-25 | Working days lost to sickness absence (%)                            | 2.86%      | 3.68%  | 4.66%      | 6.52%   | Q4            | Lower is better        |
| Sep-25 | Satisfaction with repairs - transactional (%)                        | 93.7       | 90.0   | 84.0       | No Data |               | Higher is better       |
| Sep-25 | Customer contact received via digital channels (%)                   | 48.9       | 35.0   | 22.7       | No Data |               | Higher is better       |
| Sep-25 | Satisfaction with overall service landlord provides - perception (%) | 82.6       | 76.2   | 71.2       | No Data |               | Higher is better       |

# People

October 2025/26 : October Cumulative Performance  
(year to date)



## KEY:



Performance improved compared to August 25/26



Performance worsened compared to August 25/26



Stayed the same compared to August 25/26



Key Performance Indicator



Tenant Satisfaction Measure

TSM KPI



% Tenants satisfied with the overall service from their landlord.

**80%**



No Target

TSM KPI



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

**99.4%**



Target 95.0%

TSM KPI



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

**76%**



No Target

TSM KPI



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

**85%**



No Target

TSM KPI



% agree their landlord treats them fairly and with respect

**90%**



No Target

TSM KPI



% satisfied with landlord's approach to complaints handling

**45%**



No Target

Number of tenants on Get Involved Group

**281**



No Target

KPI



Number of residents in training, education or employment

**71**  
Q2 25/26



Annual Target 97

TSM KPI



Number of complaints per 1,000 properties

**52.9**



[www.stlegerhomes.co.uk/performance/](http://www.stlegerhomes.co.uk/performance/)



# Homes

October 2025/26 : October Cumulative Performance



## KEY:



Performance improved compared to August 25/26



Performance worsened compared to August 25/26



Stayed the same compared to August 25/26



Key Performance Indicator



Tenant Satisfaction Measure

TSM

KPI



Homes testing completed

Gas – 99.5%

Fire/smoke – 99.8%

Asbestos – 100%

Water – 100%

Lifts - 100%

Electric – 99.0%



100% for All properties



% of properties that have had a stock condition survey in last five years

89%



Target 100%



KPI



% Properties **NOT** meeting decent homes standard

11.9%  
(Q2 25/26)



Target 3%



Damp and Mould inspections requested

736  
(Q2 25/26)



No Target



TSM

KPI



% of non-emergency and emergency repairs completed within target times

74.9%



Target 88%



TSM

KPI



% satisfied with the overall repairs service.

80%



No Target



TSM

KPI



% satisfied with time taken to complete most recent repair

72%



No Target



TSM

KPI



% satisfied that their home is safe

86%



No Target



Repairs transactional satisfaction survey %

77%



Target 97



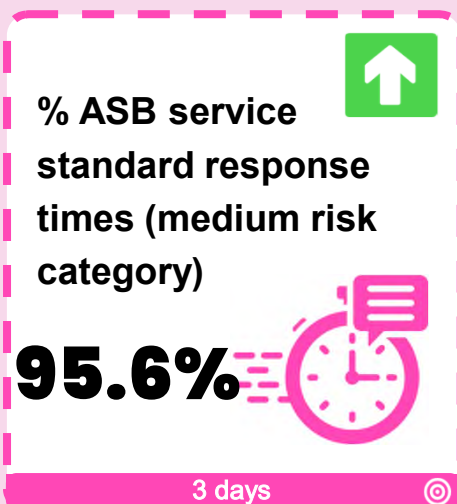
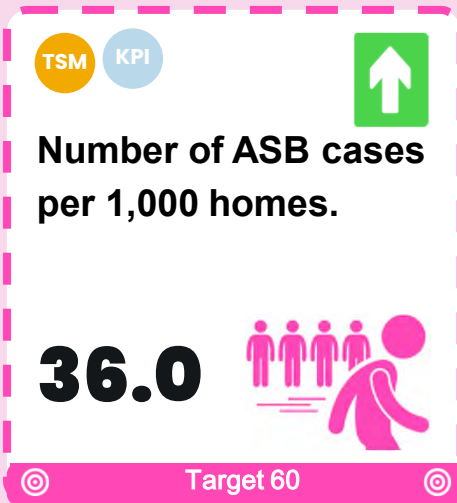


# Communities

October 2025/26 : October Cumulative Performance



## KEY:



# Partnerships

October 2025/26 : October Cumulative Performance



## KEY:



Performance improved compared to August 25/26



Performance worsened compared to August 25/26



Stayed the same compared to August 25/26



Key Performance Indicator



Tenant Satisfaction Measure

KPI

% Properties meeting EPC Level C

**Annual KPI**



Target - meet EPC Level C by 2030

KPI

Homelessness. Average number of nights in Hotel Accommodation

**22.1**



Target 21

KPI

Number of tenancies sustained post support

**99.4%**



No Target

KPI

Tenancy turnover %

**3.2%**



Target - 3.2%



Safeguarding and Vulnerability cases received

**88**



No Target

KPI

% of homeless cases resolved at prevention stage

**52.0%**



Target - 50%

TSM

KPI



Number of hate crimes reported

**10**



Our Performance page



[www.stlegerhomes.co.uk/performance/](http://www.stlegerhomes.co.uk/performance/)

# Summary Information



**Brief details on the above measures and their reasons**

## **Date**

### **People**

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

### **Homes**

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

### **Communities**

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

### **Partnerships**

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

# Summary



## Year End Q4 24/25 : Q4 Cumulative Performance

**KEY:**

A 3x3 grid of dashed boxes. Each box has a thick orange border. At the bottom of each column, there is a solid orange bar with two white circular markers. The top row of boxes is empty. The middle row of boxes is empty. The bottom row of boxes is empty.



# Building Safety Governance Map

04 December 2025



*St Leger Homes - Providing homes in neighbourhoods where people are proud to live*

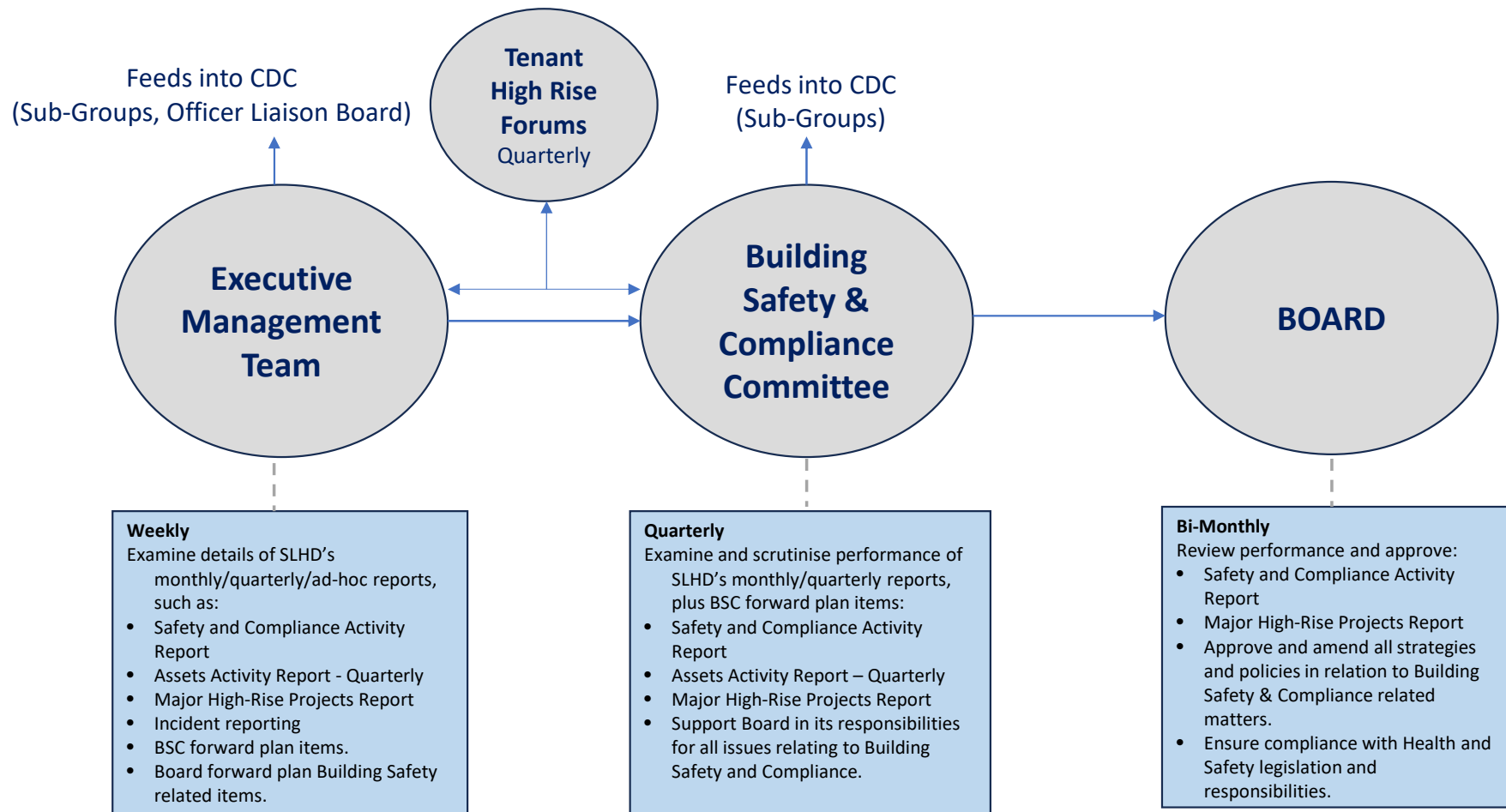
People

Pride

Performance

Progress

# SLHD Internal BSC Governance Structure



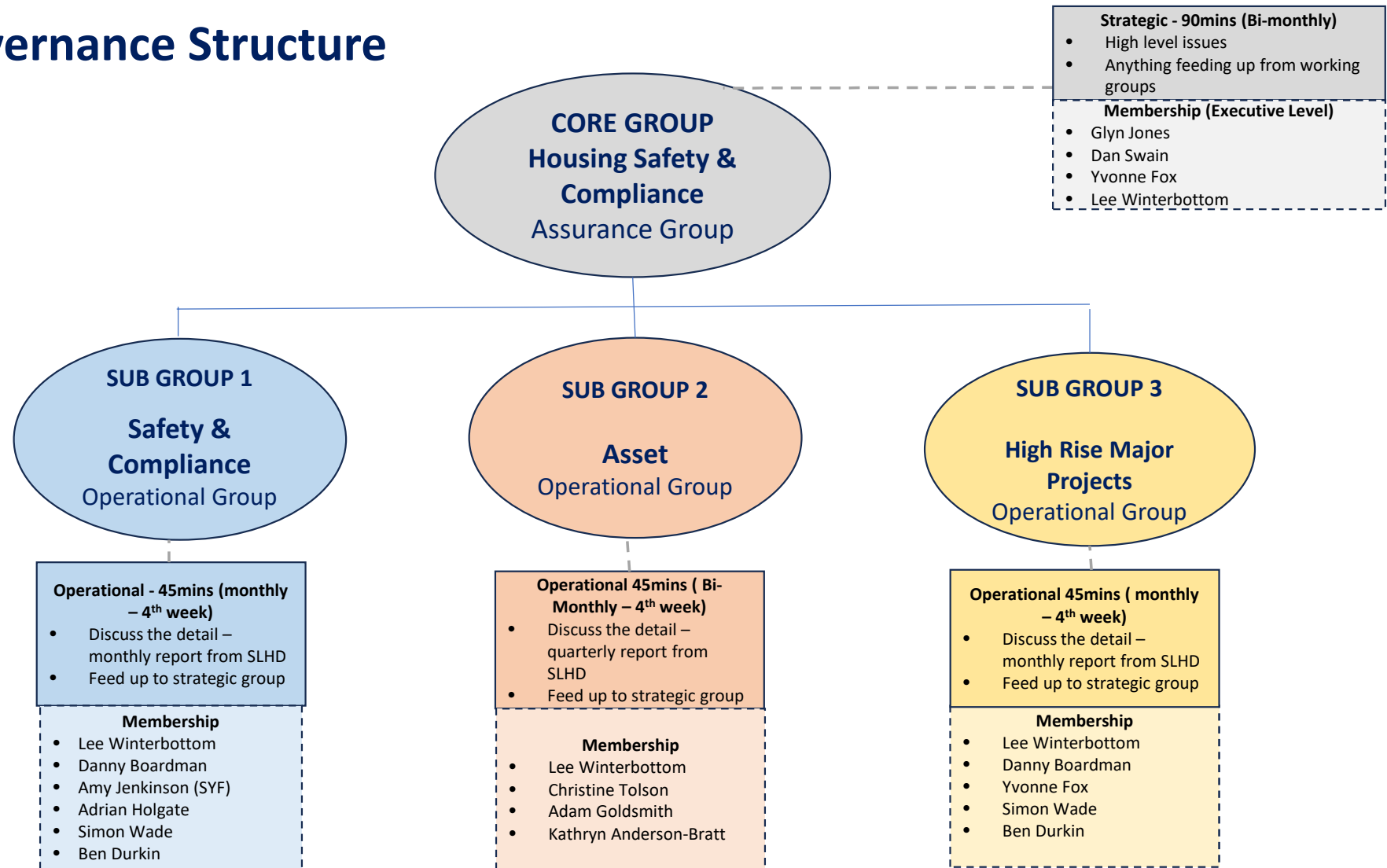
People

Pride

Performance

Progress

# CDC Governance Structure



People

Pride

Performance

Progress



# Tenant Satisfaction Perception Measures

**Outturn 25/26**



*Presented by Jackie Linacre, Head of Customer Services*

People

Homes

Communities

Partnership



# Background To TSMs

---

Introduced April 2023 by the Regulator of Social Housing;

---

22 measures;

---

12 focused on customer satisfaction – perception measures – **our focus today**;

---

25/26 surveys commenced May 2025 – completed September 2025;

---

Representative of our customer base - 1,014 responses;

---

Telephone survey by external company;

---

Results tracked monthly;

---

Results published every year, setting out our methodology;

---

Results shared with the One Voice Forum and the Tenant Scrutiny Panel;

---

Results for 25/26 will be reported to the Regulator in June 2026 and published by the Regulator in November 2026

---

The regulator use TSMs and other feedback, to understand whether we are meeting their consumer standards.

# Executive Summary

- Shows our outturn performance 25/26 as well as, in brackets, the difference in SLHD's performance compared to 24/25;
- It compares SLHD's 25/26 outturn figures against national TSM performance figures 24/25 produced by the Regulator for all landlords with 1000+ homes;
- The median value shown is the value for the landlord in the middle of the distribution for each TSM and is unaffected by extreme values.
- Lower quartile figures are the lowest scores, and Upper quartile figures, the best performing;
- **11 TSMs are Upper Quartile when comparing SLHD's 25/26 Outturn to 24/25 Outturn figures all registered landlords (360) with 1,000+ properties;**
- LCRA stands for Low-Cost Rental Accommodation

# OVERALL SATISFACTION (TP01)

| 24/25 ALL LCRA QUARTILE POSITION                          | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 65%            |
| Median  | 72%            |
| Upper Quartile  | 79%            |
| St Leger Homes 25/26 with difference to 24/25 in brackets | 80% (-1%)      |

### Commentary:

- Within Quartile 1 performance, demonstrating sector-leading performance;
- This result reflects strong tenant approval.

### Actions:

- Continue to monitor satisfaction trends and maintain high standards and to track dissatisfaction with complaint data for emerging patterns;
- Share best practices internally and externally;
- Use tenant feedback to identify any emerging issues early.

# SATISFACTION WITH REPAIRS (TP02)

| 24/25 ALL LCRA<br>QUARTILE POSITION                             | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 67%            |
| Median  | 74%            |
| Upper Quartile  | 80%%           |
| St Leger Homes 25/26 with<br>difference to 24/25 in<br>brackets | 80% (-1%)      |

## Commentary:

- Within Quartile 1 performance;
- Indicates customers are very satisfied generally with repairs.

## Further Actions:

- Maintain investment in responsive repairs;
- Regularly review contractor performance;
- Continue to communicate repair timelines clearly to tenants;
- Implement actions from the Repairs Excellence Board

# TIME TO COMPLETE REPAIR (TP03)

| 24/25 ALL LCRA QUARTILE POSITION                          | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 63%            |
| Median  | 70%            |
| Upper Quartile  | 77%%           |
| St Leger Homes 25/26 with difference to 24/25 in brackets | 72% (-4%)      |

## Commentary:

- Below Quartile 1 performance quartile, but within the median;
- Suggests that while tenants are generally happy with repair completion times, there are opportunities to further streamline processes and reach the top benchmark;
- Reasons for dissatisfaction with time taken include,: Extended delays from reporting, repairs rescheduled, and time waiting for none urgent repairs.

## Further actions:

- Continue with actions identified by the repairs excellence project board to improve timescales;
- Gather tenant feedback experience mapping using Heartbeat technology to identify where we over or underperform against customer expectations.

# SATISFACTION HOME IS WELL MAINTAINED (TP04)

| 24/25 ALL LCRA QUARTILE POSITION                          | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 66%            |
| Median  | 72%            |
| Upper Quartile  | 78%            |
| St Leger Homes 25/26 with difference to 24/25 in brackets | 81% (-1%)      |

## Commentary:

- Within Quartile 1 performance;
- Reflects a strong commitment to property upkeep and responsiveness to tenant feedback.

## Actions:

- Continue proactive maintenance programmes;
- Share maintenance schedules with tenants;
- Use tenant surveys to identify areas for further improvement.

# SATISFACTION HOME IS SAFE (TP05)

| 24/25 ALL LCRA<br>QUARTILE POSITION                             | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 72%            |
| Median  | 78%            |
| Upper Quartile  | 83%            |
| St Leger Homes 25/26 with<br>difference to 24/25 in<br>brackets | 86% (Same)     |

## Commentary:

- Within Quartile 1 performance;
- Demonstrates effective safety protocols and regular inspections, ensuring tenants feel secure in their homes.

## Actions:

- Maintain regular safety audits and inspections;
- Communicate safety initiatives to tenants;
- Encourage tenants to report safety concerns promptly;
- Implement portal access to safety certificates.

# LISTEN & ACT ON VIEWS (TP06)

| 24/25 ALL LCRA<br>QUARTILE POSITION                             | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 54%            |
| Median  | 62%            |
| Upper Quartile  | 69%            |
| St Leger Homes 25/26 with<br>difference to 24/25 in<br>brackets | 76% (+1%)      |

## Commentary:

- Significantly within Quartile 1 performance; Demonstrates strong engagement and responsiveness, fostering trust and collaboration between tenants and the organisation, evidenced by recent Tpas Exemplar accreditation.

## Further Actions:

- Continue regular tenant forums and feedback sessions;
- Encourage greater tenant participation on tenant groups;
- Actively communicate how tenant feedback is used;
- Review Tenant Voice Strategy and consider recommendations from Tpas Exemplar Accreditation



# KEEP TENANTS INFORMED (TP07)

| 24/25 ALL LCRA<br>QUARTILE POSITION                             | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 66%            |
| Median  | 72%            |
| Upper Quartile  | 77%            |
| St Leger Homes 25/26 with<br>difference to 24/25 in<br>brackets | 85% (+4%)      |

## Commentary:

- Significantly within Quartile 1 performance;
- Reflects excellent communication practices and transparency, ensuring tenants feel included in decisions affecting their homes;

## Further Actions:

- Continue to maintain regular updates via multiple channels;
- Use plain language and accessible formats;
- Invite feedback on communication effectiveness to inform review of the Communication Strategy.

# TREAT FAIRLY & WITH RESPECT (TP08)

| 24/25 ALL LCRA<br>QUARTILE POSITION                             | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 73%            |
| Median  | 78%            |
| Upper Quartile  | 84%            |
| St Leger Homes 25/26 with<br>difference to 24/25 in<br>brackets | 90% (+2%)      |

## Commentary:

- Performance is outstanding, well within Quartile 1 performance;
- Reflects strong organisational values and positive staff-tenant interactions.

## Further Actions:

- Continue staff training on equality and respect;
- Celebrate positive feedback and share success stories;
- Monitor for any emerging issues and address promptly;

# COMPLAINTS HANDLING (TP09)

| 24/25 ALL LCRA<br>QUARTILE POSITION                             | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 30%            |
| Median  | 36%            |
| Upper Quartile  | 42%            |
| St Leger Homes 25/26<br>with difference to 24/25 in<br>brackets | 45% (+8)       |

## Commentary:

- Within Quartile 1 performance;
- Large improvements compared to 24/25;
- SLHD Complaints per 1,000 properties 58.

## Further Actions:

- Continue to focus on complaint quality and learning;
- Implement Complaint Clinics – piloting in Housing;
- Report Complaint Subgroup feedback into Customer and Performance Committee Report on Customer Feedback

|   | Lower | Median | Upper |
|---|-------|--------|-------|
| Stage complaints one<br>(per 1,000 homes) | 34.3  | 53.5   | 72.2  |

# COMMUNAL AREAS CLEAN (TP10)

| 24/25 ALL LCRA<br>QUARTILE POSITION                             | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 61%            |
| Median  | 67%            |
| Upper Quartile  | 73%            |
| St Leger Homes 25/26 with<br>difference to 24/25 in<br>brackets | 75% (+3)       |

## Commentary:

- Within Quartile 1 performance and good improvement compared to 24/25;
- Demonstrates effective cleaning and maintenance strategies.

## Further Actions:

- Maintain regular cleaning schedules;
- Continue to review tenant feedback on communal areas;
- Address any recurring issues promptly.

# POSITIVE CONTRIBUTION TO NEIGHBOURHOOD (TP11)

Commentary:

| 24/25 ALL LCRA QUARTILE POSITION                          | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 58%            |
| Median  | 65%            |
| Upper Quartile  | 72%            |
| St Leger Homes 25/26 with difference to 24/25 in brackets | 78% (-3%)      |

- Within Quartile I1 performance; ;
- Reflects a strong commitment to community development and engagement.

**Further Actions:**

- Continue supporting community initiatives;
- Encourage tenant involvement in neighbourhood projects;
- Share stories of positive impact.

# ASB HANDLING (TP12)

| 24/25 ALL LCRA QUARTILE POSITION                          | PERCENTAGE (%) |
|---|----------------|
| Lower Quartile  | 55%            |
| Median  | 60%            |
| Upper Quartile  | 66%            |
| St Leger Homes 25/26 with difference to 24/25 in brackets | 72% (-1)       |

## Commentary:

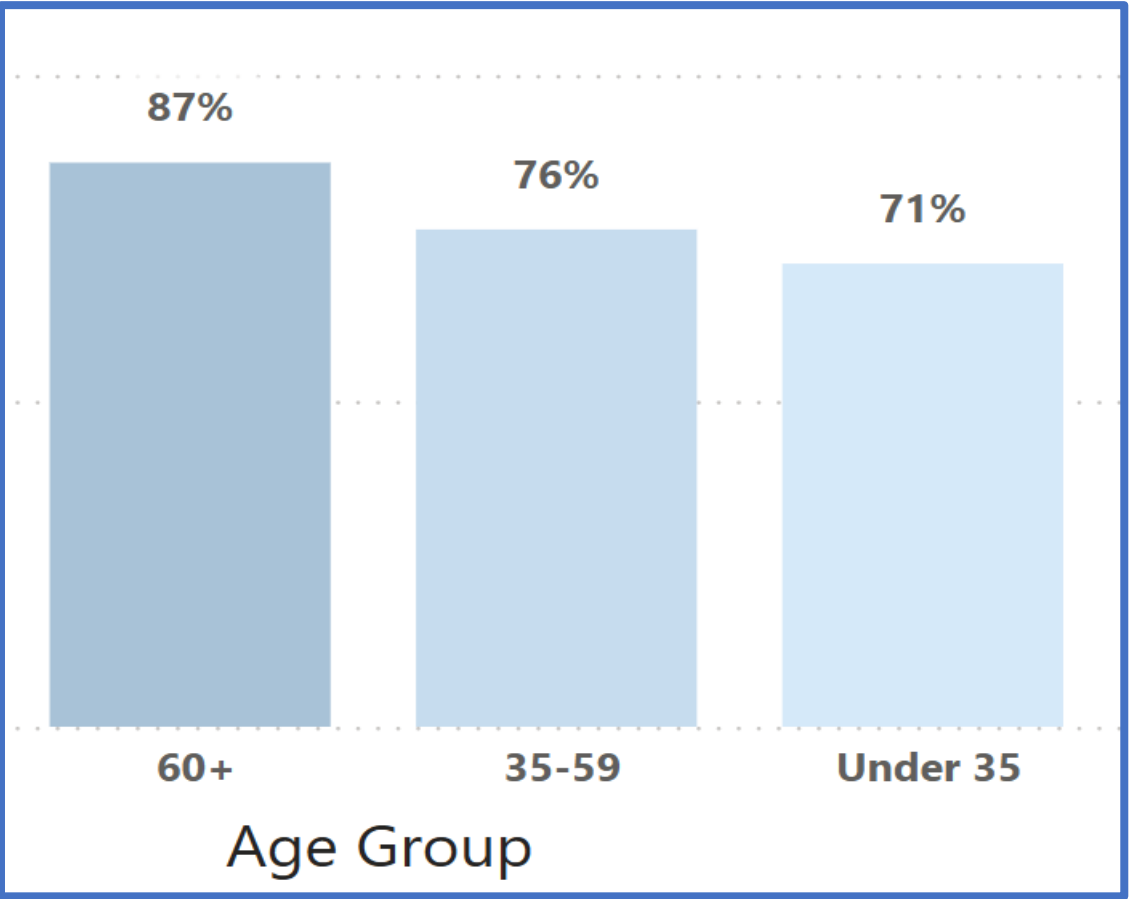
- Significantly within Quartile 1 performance;
- Indicates effective management of anti-social behaviour, timely responses, and clear communication;
- 55.1 ASB cases per 1,000 properties in 24/25

## Further Actions:

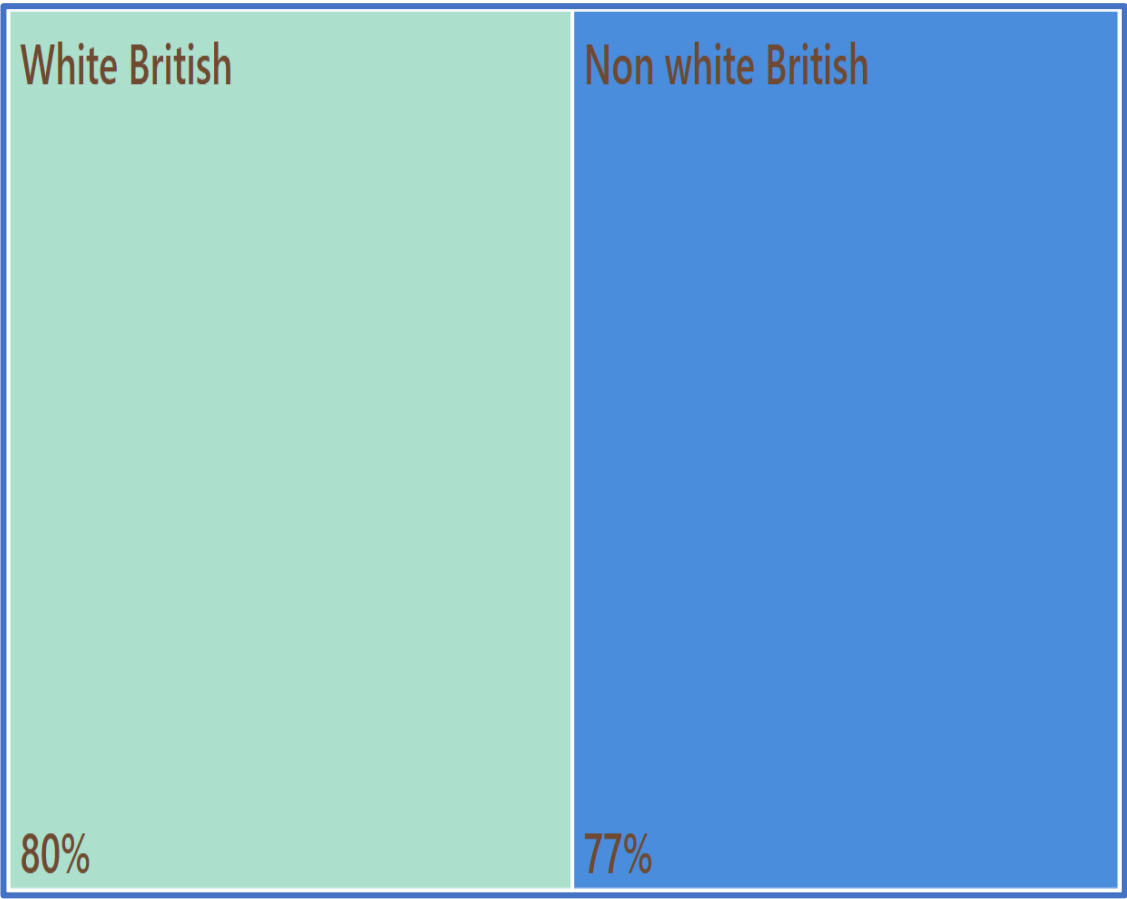
- Continue to maintain robust ASB reporting and response systems;
- Communicate ASB outcomes to tenants;

| Measure   | Lower quartile | Landlord median | Upper quartile |
|---|----------------|-----------------|----------------|
| NM01 Anti-social behaviour cases relative to the size of the landlord (per 1,000 homes) | 22.4           | 36.0            | 57.6           |

# Overall Satisfaction by Age



# Overall Satisfaction by Ethnicity



**Action: To understand reasons for reduced satisfaction for Under 35s**

# Action Learning from 24/25 TSMs and feedback

- Introduced regular check and challenge meetings across our Property and Housing and Customer Services Directorates to improve understanding of cross cutting service areas;
- Changed mould washes following feedback from customers;
- Worked closely with our Tenant Scrutiny Panel to review our approach to dealing with damp and mould and to review our policy;
- Reviewed our ASB policy learning from complaints;
- Introduced new Vulnerable Person's and Unacceptable behaviour policies following best practice recommendations in various Housing Ombudsman Spotlight reports;
- Goodwill and Compensation policy;
- Included a full spread spotlight article on repairs to better inform tenants about the service provided. The outcome anticipated is an improvement in satisfaction.
- Launched an internal Complaints Charter to raise awareness across all employees about the importance of good complaint handling in line with the Housing Ombudsman's Complaint Code.



# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 04 December 2025

**Item** : 13

**Subject** : Q2 Revenue Monitoring Report  
2025/26

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

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

**Purpose** : To inform Board of the projected  
revenue income and expenditure for  
2025/26 and the actual and committed  
income and expenditure to date as at  
30 September 2025.

### **Recommendation:**

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

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

**Agenda Item No. 13  
Date: 04 December 2025**

**1. Report title**

- 1.1. Quarter 2 (Q2) Revenue Monitoring Report 2025/26.

**2. Purpose**

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

**3. Executive Summary**

- 3.1. At the end of Q2 / September, there are several variances to budget to note in the projected outturn to 31 March 2026. The projections now include additional Management Fees totalling £691k to cover the pay award (£426k), St George's Court security (£120k), Awaab's Law additional costs (£225k) and assumed efficiency savings of £80k.
- 3.2. With the additional management fee included, projections show a **Deficit of £198k for HRA activities** and a small **Surplus of £37k for General Fund** activities, and a **Deficit of £161k for SLHD** in total. The table below summarises 25/26 projections to date.

| Projections to 31 March 2026 | HRA<br>-Surplus /<br>Deficit<br>£k | GF<br>-Surplus /<br>Deficit<br>£k | SLHD<br>-Surplus /<br>Deficit<br>£k |
|------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| <b>September / Q2</b>        | <b>198</b>                         | <b>-37</b>                        | <b>161</b>                          |
| August                       | 283                                | 73                                | 356                                 |
| July                         | 371                                | 77                                | 448                                 |
| June / Q1                    | 384                                | 77                                | 461                                 |

- 3.3. The small HRA deficit projected needs to reduce by year end. Salary costs are the main cost pressure and overspend, with low vacancy numbers meaning any savings are not covering increasing call out and overtime costs. Other budget areas are projecting overspends that are not being offset by savings elsewhere. All are monitored closely.
- 3.4. Although in total the changes are small overall, there are material changes on some budget lines. Commentary appears below as appropriate
- 3.5. The main points to note from the above projection movements during Q2 from Q1 are:
- Savings on salary costs due to vacant post levels and timing of future appointments;
  - Overtime being utilised in August and September funded by known vacant post savings (+£83k);
  - Call out volumes not reducing therefore additional costs projected (+£150k);
  - Skips - increase in usage across all services. High demand and larger jobs especially on void kitchens and garden clearances; and

- Materials – increase in numbers from Savill surveys for CO alarms and also gas repairs and thermostat replacements as boilers start to be used before winter.

## Budget pressures / projected variances

### HRA OPERATIONS

- 3.6. HRA main variances projected at Q2 are shown below with Q1 comparatives. Heads of Service commentary appears in the report below

| Budget<br>£k   | <u>HRA Variances</u>     | Q2<br>projected<br>variance<br>£k | Q1<br>projected<br>variance<br>£k | Comments   |
|----------------|--------------------------|-----------------------------------|-----------------------------------|--|
| <b>32,306</b>  | <i>Salaries-core</i>     | <b>-145</b>                       | 326                               | Vacant posts, temp appointments, 2 x damp and mould staff  |
| <b>711</b>     | <i>Salaries-Call Out</i> | <b>430</b>                        | 280                               | Budget £711k, Projection £1,141k                           |
| <b>25</b>      | <i>Salaries-Overtime</i> | <b>155</b>                        | 47                                | Overtime utilising savings from vacant posts               |
| <b>33,042</b>  | Salaries total           | <b>440</b>                        | 652                               | Total impact on salaries of the above                      |
| <b>0</b>       | Temporary staff          | <b>102</b>                        | 45                                | Vacancy cover mainly Property Services                     |
| <b>590</b>     | Utilities                | <b>-132</b>                       | -18                               | Usage and prices lower than budget                         |
| <b>2,228</b>   | Supplies & Services      | <b>302</b>                        | 114                               | Primarily Balby Bridge concierge/security and skips        |
| <b>8,373</b>   | Materials                | <b>128</b>                        | 49                                | Property Services Damp and Mould impact.                   |
| <b>1,747</b>   | External Contractors     | <b>195</b>                        | 189                               | Security £120k, sprinklers £58k, lifts £33k, windows £30k. |
| <b>-12,852</b> | Capital income           | <b>-59</b>                        | -43                               | Systems Administrator recharge to capital works.           |
| <b>-42,705</b> | Management Fee           | <b>-665</b>                       | -665                              | Pay award, security, Awaab's Law, efficiencies             |
| <b>10,167</b>  | Net Others               | <b>-103</b>                       | 61                                | Minor variances on numerous budget lines.                  |
| <b>0</b>       | <b>Deficit</b>           | <b>198</b>                        | 384                               |  |

### GF OPERATIONS – Housing Options

- 3.7. GF main variances projected at Q2 are shown below with Q1 comparatives. Heads of Service commentary appears in the report below

| Budget<br>£k  | <u>HRA Variances</u>      | Q2<br>projected<br>variance<br>£k | Q1<br>projected<br>variance<br>£k | Comments  |
|---------------|---------------------------|-----------------------------------|-----------------------------------|---|
| <b>2,097</b>  | <i>Salaries-core</i>      | <b>22</b>                         | 27                                | Vacant posts, temp appointments                       |
| <b>43</b>     | <i>Salaries-Pay award</i> | <b>26</b>                         | 26                                | Pay award - 3.2% actual vs 2% budgeted                |
| <b>2,140</b>  | Salaries total            | <b>48</b>                         | 53                                | Total impact on salaries of the above                 |
| <b>13</b>     | Temporary staff           | <b>20</b>                         | 30                                | Vacant posts, agency staff cover                      |
| <b>55</b>     | Repairs & Maintenance     | <b>35</b>                         | 35                                | Additional G&T site repairs                           |
| <b>944</b>    | Premises                  | <b>53</b>                         | 0                                 | Increased TA rent costs                               |
| <b>2,905</b>  | Supplies & Services       | <b>-579</b>                       | 55                                | Addl Prevention Fund spend £59k, hotel savings -£595k |
| <b>-6,291</b> | Income                    | <b>412</b>                        | -69                               | CDC secondment, external funding & reduced HB £480k   |
| <b>234</b>    | Net Others                | <b>-26</b>                        | -27                               | Minor variances on numerous budget lines.             |
| <b>0</b>      | <b>Deficit</b>            | <b>-37</b>                        | 77                                |   |

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

##### SLHD overall

- 4.1. The main budget pressures at this stage are summarised in the tables above and are mainly around repairs call out costs within staff costs, security at Balby Bridge and St George's Court, sprinkler maintenance and damp and mould (Awaab's Law).
- 4.2. Staff costs account for over half of total budgets and the staffing levels assumes a Vacancy Factor (VF) of 4% / circa 35 Whole Time Equivalents (WTEs).
- 4.3. The table below summarises vacant WTEs over the past two and a half years and also the number of budgeted WTE posts and vacancy factor assumed by WTE in each area for 25/26. There are currently 41.4 WTE vacant posts, close to assumed budget levels,

| <b>Budget 25/26</b> |               |                       | <b>Vacant posts 2025/26</b> |                 | <b>Vacant posts 2024/25</b> |                 |                 |                 | <b>Vacant posts 2023/24</b> |                 |                 |                 |
|---------------------|---------------|-----------------------|-----------------------------|-----------------|-----------------------------|-----------------|-----------------|-----------------|-----------------------------|-----------------|-----------------|-----------------|
|                     | <b>VF 4%</b>  |                       | <b>Q2 25/26</b>             | <b>Q1 25/26</b> | <b>Q4 24/25</b>             | <b>Q3 24/25</b> | <b>Q2 24/25</b> | <b>Q1 24/25</b> | <b>Q4 23/24</b>             | <b>Q3 23/24</b> | <b>Q2 23/24</b> | <b>Q1 23/24</b> |
| <b>WTEs</b>         | <b>Vacant</b> | <b>Directorate</b>    | <b>WTE</b>                  | <b>WTE</b>      | <b>WTE</b>                  | <b>WTE</b>      | <b>WTE</b>      | <b>WTE</b>      | <b>WTE</b>                  | <b>WTE</b>      | <b>WTE</b>      | <b>WTE</b>      |
| <b>212.7</b>        | <b>8.9</b>    | Housing/Customer      | <b>4.7</b>                  | 5.7             | 2.0                         | 2.0             | 4.4             | 3.9             | 5.6                         | 7.6             | 9.0             | 19.0            |
| <b>67.7</b>         | <b>2.8</b>    | Corporate             | <b>4.7</b>                  | 4.5             | 3.5                         | 3.5             | 3.1             | 2.6             | 2.5                         | 4.5             | 5.5             | 5.7             |
| <b>97.3</b>         | <b>4.1</b>    | Asset M'ment / Safety | <b>8.2</b>                  | 8.8             | 3.0                         | 3.0             | 2.0             | 10.6            | 8.0                         | 7.6             | 9.0             | 11.0            |
| <b>445.4</b>        | <b>18.6</b>   | Property              | <b>19.5</b>                 | 28.4            | 27.0                        | 21.0            | 30.0            | 41.0            | 38.1                        | 42.5            | 42.0            | 45.5            |
| <b>53.0</b>         | <b>2.2</b>    | Home Options GF       | <b>4.3</b>                  | 5.0             | 5.0                         | 5.0             | 2.0             | 4.5             | 2.5                         | 10.0            | 11.0            | 4.0             |
| <b>876.1</b>        | <b>36.6</b>   | Totals                | <b>41.4</b>                 | 52.4            | 40.5                        | 34.5            | 41.5            | 62.6            | 56.7                        | 72.2            | 76.5            | 85.2            |

##### Housing Management:

- 4.4. The majority of budgets remain broadly on track at this stage, with outturn projections largely consistent with the original allocations.
- 4.5. However, several budget pressures have emerged within Housing Management, particularly in the following areas:
- Temporary security deployment at Balby Bridge ended in September. This was an unexpected and unbudgeted expenditure of £90k during the period on site. The decision to remove security was made considering the ongoing CCTV upgrades along with the 37 Open Spaces Closure Court Orders obtained for Balby Bridge;
  - Balby Bridge protective clothing/cleaning materials costs are a budget pressure but we are hoping this will reduce significantly now the court orders are in place and less unauthorised access to the blocks will be made;
  - People Safe Devices continues to be a budget pressure with the purchase of 93 devices for over a 2-year period;
  - SLAs are projected to be on budget at year end for grounds maintenance, trees and metro clean. However, the legal SLA, additional court costs have been incurred for the 37 closure orders obtained in court (£9k);
  - it is highly likely that more cases will be referred to the new Access Team through to CDC Legal for non-compliance / access issues which will also be a potential risk to budget;
  - Infestations (treatment of) remains a budget pressure and is being monitored closely;

- Decants and temporary accommodation budgets are also receiving higher than normal activity;
- G&T repairs report an overspend and this continues to be flagged as a general fund pressure, as well as water utility costs at the G&T White Towers site, although refunds are being sought here for possible overcharging; and
- Consultation required on the new Tenancy Agreement mean unbudgeted costs of £20k are a pressure.

#### **Customer Services:**

- 4.6. No major issues at this stage of the year.

#### **Corporate Services:**

- 4.7. No major issues at the halfway stage and on the whole, everything within this directorate remains on track, although there is a £48k pressure in HR with health surveillance costs where the budget is only £14k. There is a backlog of surveillance costs that need to be carried out to comply with H&S and will lead to a budget overspend. Translation services are also experiencing higher than expected demand (within Home Options) so there may be a pressure here as the year progresses.

#### **Property Services - Asset Management Services:**

- 4.8. Following approval of additional management fee for Awaab's Law costs and the pay award, alongside significant savings on staffing and utilities (£170k), the Asset Management department is now projecting a surplus of just under £339k. This is a significant swing from earlier projections which showed overspends.
- 4.9. Despite the revised projection of a surplus by the end of the financial year, close monitoring of budgets continues, particularly in relation to potential risks / cost pressures that have been identified, as summarised below.
- 4.10. Waste / Refuse Costs. Skip usage at Shaw Lane and extra costs associated with waste segregation continue to result in an overspend in this area.
- 4.11. Shaw Lane rental costs. The rent review for Shaw Lane is now complete and final agreed costs are higher than anticipated /budgeted but reflect the market rate for commercial premises.
- 4.12. Shaw Lane repair costs. Essential repairs and maintenance costs are likely to exceed budgets, and savings in other areas of accommodation expenditure have been identified to offset these essential works.
- 4.13. Disrepair. Whilst incoming case numbers have steadied and spend is currently within budget, legacy claims are still in the process of being dealt with, and a number of these are expected to progress to litigation stage and therefore have the potential to incur significant costs.
- 4.14. Play Areas. As per previous years, expenditure is reactive to deal with health and safety issues as they arise. Consideration still needs to be given to either decommissioning play areas or carrying out planned capital investment in future years to mitigate against this risk going forward.

### **Building Safety:**

- 4.15. Staffing – We have successfully recruited to two vacant posts (one from resignation and one as a result of major projects backfill). The Building Safety Assistant is full-time permanent and is an internal move and the Compliance Assistant is a one year fixed term contract. There are other ongoing minor changes with maternity cover ending and flexible working arrangements being finalised.
- 4.16. The Fire Risk Assessment (FRA) projection is likely to come in just under budget. The new contract with Savills officially started on 1st April but contractual documents are still awaited. We are starting to do a number of low risk FRAs in-house.
- 4.17. The third-party assurance contract with Morgan & Lambert is being robustly managed to provide the operational and budget control required and will be a cost pressure to consider at budget setting for 2026/27.
- 4.18. One budget pressure being monitored – both cost and delivery - is the spend for the automatic door and roller shutter inspections.
- 4.19. Other budgets are currently on track to spend broadly in line with budget for this financial year.

### **Property Services - Building Services:**

- 4.20. The main areas to note at this stage are summarised below.
- 4.21. **Employee Expenses** : Call out projections have increased by a further £100k to £1,141k and is now projecting reporting a **£430k (60%) overspend**. Continuous analysis of 'run-over jobs' (ROJs) and increasing numbers and what is charged to call out is being carried out, also reviewing productivity within the service area to ensure efficiencies are delivered. A piece of work through the repairs board is underway to determine demand and appropriate resources as ROJs continue.
- 4.22. However, further vacancy savings of £136k have been realised this month as vacant posts are taking longer to recruit to and new vacancies that have arisen.
- 4.23. Overtime has increased by £55k mainly in the planned service area to ensure capital income targets are met, this is funded and covered by existing vacancy savings.
- 4.24. Agency cost projections have increased by £50k as four temporary R&M admin staff have been extended to the end of March 2026 to support the admin functions and additional work for no access. This is funded by existing trade vacancies in the electrical M&E team.
- 4.25. **Materials:** A further increase of £39k in the forecasts, comprising
  - £19k on WOW schemes as grab rails are being fitted inhouse and not by an external contractor, reducing contractor spend;
  - £20k pressure on M&E revenue works relating to Electrical and District heating for unforeseen repairs.
- 4.26. **External Contractors:** A further £34k pressure has been identified at Q2, £30k on ad hoc responsive works such as shower repairs as we have seen a spike in replacements,

specialist toilets and environmental, pest and hygiene clearances. A further £20k is required on revenue doors and windows due to high level of demand from customers, these are capitalised where possible. Planned revenue contractors, however, sees a £19k saving in relation to grab rails being carried out inhouse as noted above.

4.27. **Supplies & Services** : Skip budgets across all services continue to be under pressure as it was in 2024/25. Increase usage of skips for larger jobs such as void kitchens and garden clearances have been apparent. Budgets were adjusted for inflation, but a review on skip budgets for 2026/27 will need completing if trends continue, or it will become a cost pressure.

4.28. **Risks:** Demand on repair numbers will increase in winter months and with Awaab's law coming into force, diaries are now filling up into December with standard repairs and accommodating the 12 week timescale for damp and mould (DMC) works may need an additional resource in addition to the 4 FTE 'trade assistants' we recruited that are undertaking DMC wash downs full time already.

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

| Year to date repairs <b>orders</b> – 6 months | Sep-25        | Sep-24 | Sep-23 | Sep-22 | Sep-21 | Sep-20 | Sep-19 |
|---|---------------|--------|--------|--------|--------|--------|--------|
|   | no.           | no.    | no.    | no.    | no.    | no.    | no.    |
| Emergency Orders                              | <b>9,606</b>  | 10,642 | 10,199 | 10,406 | 4,169  | 4,447  | 4,399  |
| Urgent Orders                                 | <b>13,163</b> | 11,199 | 11,099 | 11,987 | 15,544 | 14,123 | 16,432 |
| Routine Orders                                | <b>12,994</b> | 13,537 | 14,269 | 7,178  | 8,086  | 5,829  | 9,038  |
| Scheduled Orders                              | <b>847</b>    | 147    | 456    | 5,938  | 3,799  | 4,171  | 5,844  |
| Total   | <b>36,610</b> | 35,525 | 36,023 | 35,509 | 31,598 | 28,570 | 35,713 |
| <b>Voids</b>                                  |               |        |        |        |        |        |        |
| Terminations – <u>Year to date</u>            | <b>538</b>    | 564    | 574    | 547    | 572    | 594    | 776    |
| Lettings – <u>Year to date</u>                | <b>550</b>    | 505    | 620    | 623    | 552    | n/k    | n/k    |
| Lettable voids <u>at month end</u> *          | <b>172</b>    | 169    | 79     | 91     | 159    | 178    | 92     |
| Non lettable <u>at month end</u>              | <b>6</b>      | 7      | 19     | 12     | 5      | 4      | 2      |
| Earmarked for demolition                      | <b>4</b>      | 0      | 0      | 8      | 5      | 0      | 0      |
| Gross voids <u>at month end</u>               | <b>182</b>    | 176    | 98     | 111    | 169    | 182    | 94     |

### **General Fund - Housing Options:**

4.30. The projected 2025/26 outturn for SLHD General Fund services for is a Surplus of £37k.

4.31. There are four main service areas within the Directorate and the table below has been added to summarise projected and budget income and expenditure for each area.

|                         |                           | Projected<br>Outturn<br>£k | Budget<br>£k | Projected<br>variance<br>£k |
|-------------------------|---------------------------|----------------------------|--------------|-----------------------------|
| <b>HOUSING ADVISORY</b> | Total Expenditure         | 2,245                      | 2,161        | 84                          |
|                         | Management Fee            | -1,686                     | -1,686       | 0                           |
|                         | Income – grants etc.      | -544                       | -475         | -69                         |
|                         | <b>Deficit / -Surplus</b> | <b>14</b>                  | <b>0</b>     | <b>14</b>                   |

|                     |                           |            |          |            |
|---------------------|---------------------------|------------|----------|------------|
| <b>HOMELESSNESS</b> | Total Expenditure         | 3,285      | 3,833    | -547       |
|                     | Income – H Benefit        | -2,143     | -2,625   | 481        |
|                     | Management Fee            | -1,234     | -1,208   | -26        |
|                     | <b>Deficit / -Surplus</b> | <b>-92</b> | <b>0</b> | <b>-92</b> |
| <b>G&amp;T SITE</b> | Total Expenditure         | 255        | 215      | 40         |
|                     | Income                    | 0          | 0        | 0          |
|                     | Management Fee            | -215       | -215     | 0          |
|                     | <b>Deficit / -Surplus</b> | <b>40</b>  | <b>0</b> | <b>40</b>  |
| <b>CARAVAN SITE</b> | Total Expenditure         | 82         | 82       | 0          |
|                     | Income                    | 0          | 0        | 0          |
|                     | Management Fee            | -82        | -82      | 0          |
|                     | <b>Deficit / -Surplus</b> | <b>0</b>   | <b>0</b> | <b>0</b>   |
| <b>DIRECTORATE</b>  | <b>Deficit / -Surplus</b> | <b>-37</b> | <b>0</b> | <b>-37</b> |

- 4.32. Taking each area above in order, the main variances are
- Housing advisory – projecting £14k deficit. Expenditure £84k over budget which is mainly staff cost related but the majority of this is offset with additional grant funding (e.g. AFEO)
  - Homelessness – now projecting a £92k saving. Expenditure is projecting to be £547k under budget with reduced hotel and TA usage (see below). Income is also down being the reduced Housing Benefit levels from this lower expenditure
  - G&T sites – projecting £40k deficit. Expenditure £40k over budget most which is due to higher than anticipated repair costs at a number of sites
  - Caravan sites – projections are currently in line with budget
- 4.33. Projected hotel costs have been reduced at the end of Q2 to just over £1.4m, based on lower average occupancy for the year at 57 per night compared to the budgeted average of 70 per night. Room costs are also slightly lower meaning a £645k lower spend than the £2.08m budgeted.
- 4.34. Temporary Accommodation rent costs of £815k are projecting to be slightly higher than the £750k budgeted.
- 4.35. Housing Benefit recovery is currently performing well and ~90% recovery is projected for the year, broadly in line with budgeted recovery rates.
- 4.36. The prevention fund spend should result in reduced hotel spend as service users are diverted to private rented accommodation, although we haven't yet reported a saving on hotels, which should see should the current falling trend in numbers continue and will be reviewed at the end of Q2
- 4.37. Risks: Demand from households presenting as homeless remains stable, but high and drivers for homelessness such as the economy, inflation, High rents vs Local Housing Allowance, an unstable world means it would be premature to assume service pressures could not quickly change and demand for emergency accommodation increase.

## 5. Recommendation

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



6. **Procurement implications**

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

7. **VFM implications**

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

8. **Financial implications**

8.1. Financial implications are detailed in the body of the report

9. **Risks**

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

10. **Health, Safety & Compliance Implications**

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

11. **ICT implications**

11.1. ICT implications are referenced in this report as appropriate.

12. **Consultation**

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

13. **Diversity**

13.1. There are no diversity issues arising from this report

14. **Communication requirements**

14.1. There are no communication issues arising from this report.

15. **Equality analysis**

15.1. There are no equality issues arising from this report

16. **Environmental impact**

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

17. **Report author**

Nigel Feirn  
Head of Finance and Business Assurance, SLHD

Appendices A,B,C attached as Revenue summaries for SLHD, HRA and General Fund.

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

|  | Income/Expenditure for the year |                         |   |                           | Projected<br>Outturn at year<br>end | Projected Variance<br>at year end |               |
|--|---------------------------------|-------------------------|---|---------------------------|-------------------------------------|-----------------------------------|---------------|
|  | Original Budget<br>£'000        | Budget to Date<br>£'000 | Actuals as at 30<br>September 2025<br>£'000 | Variance to Date<br>£'000 | Estimates<br>£'000                  | Variance<br>£'000                 | Variance<br>% |
| Management Expenditure                     |                                 |                         |   |                           |                                     |                                   |               |
| Employee Expenses                          | 35,635                          | 17,820                  | 17,847                                      | 27                        | 36,342                              | 707                               | 2%            |
| Premises Expenses                          | 2,316                           | 1,160                   | 662   | -498                      | 2,294                               | -22                               | -1%           |
| Transport                                  | 2,565                           | 1,280                   | 1,251                                       | -29                       | 2,521                               | -44                               | -2%           |
| Supplies & Services                        | 6,620                           | 3,310                   | 2,951                                       | -359                      | 6,332                               | -287                              | -4%           |
| Materials-Buildings Services               | 8,373                           | 4,190                   | 4,047                                       | -143                      | 8,501                               | 128                               | 2%            |
| Service Level Agreements                   | 5,231                           | 2,620                   | 3,015                                       | 395                       | 5,166                               | -66                               | -1%           |
| Total Management Expenditure               | 60,741                          | 30,380                  | 29,774                                      | -606                      | 61,157                              | 416                               | 1%            |
| Maintenance Expenditure                    |                                 |                         |   |                           |                                     |                                   |               |
| External Maintenance Contractors (Revenue) | 1,747                           | 870                     | 1,070                                       | 200                       | 1,943                               | 195                               | 11%           |
| External Maintenance Contractors (Capital) | 0                               | 0                       | 0   | 0                         | 0                                   | 0                                 | -             |
| Total Maintenance Expenditure              | 1,747                           | 870                     | 1,070                                       | 200                       | 1,943                               | 195                               | 11%           |
| Gross Expenditure                          | 62,488                          | 31,250                  | 30,844                                      | -406                      | 63,099                              | 611                               | 1%            |
| Income                                     |                                 |                         |   |                           |                                     |                                   |               |
| Management Fee - HRA                       | -42,705                         | -21,350                 | -21,353                                     | -3                        | -43,385                             | -680                              | 2%            |
| Management Fee - General Fund              | -3,191                          | -1,600                  | -1,596                                      | 4                         | -3,217                              | -26                               | 1%            |
| Recharges to Capital Schemes (In House)    | -12,852                         | -6,430                  | -7,449                                      | -1,019                    | -12,912                             | -59                               | 0%            |
| Other Income                               | -3,562                          | -1,780                  | -800  | 980                       | -3,268                              | 294                               | -8%           |
| Direct Charge to HRA                       | -178                            | -90                     | 0   | 90                        | -156                                | 22                                | -12%          |
| Total Income                               | -62,488                         | -31,250                 | -31,196                                     | 54                        | -62,938                             | -450                              | 1%            |
| Surplus(-) / Deficit                       | 0                               | 0                       | -352  | -352                      | 161                                 | 161                               | -             |

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

|  | Income/Expenditure for the year |                         |   |                           | Projected Outturn at year end | Projected Variance at year end |               |
|--|---------------------------------|-------------------------|---|---------------------------|-------------------------------|--------------------------------|---------------|
|  | Original Budget<br>£'000        | Budget to Date<br>£'000 | Actuals as at 30<br>September 2025<br>£'000 | Variance to Date<br>£'000 | Estimates<br>£'000            | Variance<br>£'000              | Variance<br>% |
| <b>Management Expenditure</b>              |                                 |                         |   |                           |                               |                                |               |
| Employee Expenses                          | 2,163                           | 1,080                   | 1,103                                       | 23                        | 2,231                         | 68                             | 3%            |
| Premises Expenses                          | 1,135                           | 570                     | 183   | -387                      | 1,223                         | 87                             | 8%            |
| Transport                                  | 0                               | 0                       | 0   | 0                         | 0                             | 0                              | -             |
| Supplies & Services                        | 2,913                           | 1,460                   | 1,120                                       | -340                      | 2,334                         | -579                           | -20%          |
| Materials-Buildings Services               | 0                               | 0                       | 0   | 0                         | 0                             | 0                              | -             |
| Service Level Agreements                   | 80                              | 40                      | 0   | -40                       | 80                            | 0                              | 0%            |
| <b>Total Management Expenditure</b>        | <b>6,291</b>                    | <b>3,150</b>            | <b>2,406</b>                                | <b>-744</b>               | <b>5,868</b>                  | <b>-424</b>                    | <b>-7%</b>    |
| <b>Maintenance Expenditure</b>             |                                 |                         |   |                           |                               |                                |               |
| External Maintenance Contractors (Revenue) | 0                               | 0                       | 0   | 0                         | 0                             | 0                              | -             |
| <b>Total Maintenance Expenditure</b>       | <b>0</b>                        | <b>0</b>                | <b>0</b>                                    | <b>0</b>                  | <b>0</b>                      | <b>0</b>                       | <b>-</b>      |
| <b>Gross Expenditure</b>                   | <b>6,291</b>                    | <b>3,150</b>            | <b>2,406</b>                                | <b>-744</b>               | <b>5,868</b>                  | <b>-424</b>                    | <b>-7%</b>    |
| <b>Income</b>                              |                                 |                         |   |                           |                               |                                |               |
| Management Fee - HRA                       | 0                               | 0                       | 0   | 0                         | 0                             | 0                              | -             |
| Management Fee - General Fund              | -3,191                          | -1,600                  | -1,596                                      | 4                         | -3,217                        | -26                            | 1%            |
| Recharges to Capital Schemes (In House)    | 0                               | 0                       | 0   | 0                         | 0                             | 0                              | -             |
| Other Income                               | -3,100                          | -1,550                  | -243  | 1,307                     | -2,688                        | 412                            | -13%          |
| Direct Charge to HRA                       | 0                               | 0                       | 0   | 0                         | 0                             | 0                              | -             |
| <b>Total Income</b>                        | <b>-6,291</b>                   | <b>-3,150</b>           | <b>-1,839</b>                               | <b>1,311</b>              | <b>-5,905</b>                 | <b>386</b>                     | <b>-6%</b>    |
| <b>Surplus(-) / Deficit</b>                | <b>0</b>                        | <b>0</b>                | <b>568</b>                                  | <b>568</b>                | <b>-37</b>                    | <b>-37</b>                     | <b>-</b>      |

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

|  | Income/Expenditure for the year |                         |   |                           | Projected Outturn at year end | Projected Variance at year end |               |
|--|---------------------------------|-------------------------|---|---------------------------|-------------------------------|--------------------------------|---------------|
|  | Original Budget<br>£'000        | Budget to Date<br>£'000 | Actuals as at 30<br>September 2025<br>£'000 | Variance to Date<br>£'000 | Estimates<br>£'000            | Variance<br>£'000              | Variance<br>% |
| <b>Management Expenditure</b>              |                                 |                         |   |                           |                               |                                |               |
| Employee Expenses                          | 33,472                          | 16,740                  | 16,744                                      | 4                         | 34,110                        | 639                            | 2%            |
| Premises Expenses                          | 1,181                           | 590                     | 479   | -111                      | 1,071                         | -109                           | -9%           |
| Transport                                  | 2,565                           | 1,280                   | 1,251                                       | -29                       | 2,521                         | -44                            | -2%           |
| Supplies & Services                        | 3,707                           | 1,850                   | 1,831                                       | -19                       | 3,998                         | 291                            | 8%            |
| Materials-Buildings Services               | 8,373                           | 4,190                   | 4,047                                       | -143                      | 8,501                         | 128                            | 2%            |
| Service Level Agreements                   | 5,151                           | 2,580                   | 3,015                                       | 435                       | 5,086                         | -66                            | -1%           |
| <b>Total Management Expenditure</b>        | 54,450                          | 27,230                  | 27,367                                      | 137                       | 55,288                        | 839                            | 2%            |
| <b>Maintenance Expenditure</b>             |                                 |                         |   |                           |                               |                                |               |
| External Maintenance Contractors (Revenue) | 1,747                           | 870                     | 1,070                                       | 200                       | 1,943                         | 195                            | 11%           |
| External Maintenance Contractors (Capital) | 0                               | 0                       | 0   | 0                         | 0                             | 0                              | -             |
| <b>Total Maintenance Expenditure</b>       | 1,747                           | 870                     | 1,070                                       | 200                       | 1,943                         | 195                            | 11%           |
| <b>Gross Expenditure</b>                   | 56,197                          | 28,100                  | 28,438                                      | 338                       | 57,231                        | 1,035                          | 2%            |
| <b>Income</b>                              |                                 |                         |   |                           |                               |                                |               |
| Management Fee - HRA                       | -42,705                         | -21,350                 | -21,353                                     | -3                        | -43,385                       | -680                           | 2%            |
| Management Fee - General Fund              | 0                               | 0                       | 0   | 0                         | 0                             | 0                              | -             |
| Recharges to Capital Schemes (In House)    | -12,852                         | -6,430                  | -7,449                                      | -1,019                    | -12,912                       | -59                            | 0%            |
| Other Income                               | -462                            | -230                    | -556  | -326                      | -580                          | -118                           | 26%           |
| Direct Charge to HRA                       | -178                            | -90                     | 0   | 90                        | -156                          | 22                             | -12%          |
| <b>Total Income</b>                        | -56,197                         | -28,100                 | -29,358                                     | -1,258                    | -57,033                       | -836                           | 1%            |
| <b>Surplus(-) / Deficit</b>                | 0                               | 0                       | -920  | -920                      | 198                           | 199                            | -             |

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 04 December 2025

**Item** : 14

**Subject** : Quarter 2 (Q2) Capital Monitoring Report 2025/26

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

**Prepared by** : David Henderson  
Management Accountant

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

### **Recommendation:**

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

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 14  
Date: 04 December 2025**

**1. Report Title**

- 1.1 Quarter 2 (Q2) Capital Monitoring Report 2025/26 as at 30th September 2025.

**2. Executive Summary**

- 2.1 The reported projections at Q2 show the planned, in-year spend on the Housing Capital Programme would be £69.43m, an under-spend variance of £7.25m against the £76.68m revised budget. The variances is principally down to: coming off gas in high rise buildings needs a separate plan and VfM consideration (air source heat v gas) and the budget will not be spent; Silverwood works on RIBA (Royal Institute of British Architects) 2-4 this year only with revised capital budget in 2026/27; St Georges Court revised spending and budget in 2026/27 with only roofing, External Wall Insulation (EWI) and fire alarm work this year and some Gypsy and Traveller slippage of budget to next year. CDC managed schemes are set out in section 7 with slippage on some new build schemes and a large budget overspend on adaptations that we are investigating to ensure this is managed within budgets.

**3. Purpose**

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

**4. Recommendation**

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

**5. Background**

- 5.1 The Housing Capital Programme for 2025/26, for which SLHD has overall financial management is summarised at **Appendix A**. The projected in year spend of £69.43m is an under-spend of £7.25m from the budgeted spend of £76.68m.
- 5.2 Further analysis of the Housing Capital Programme can be found at **Appendices B and C**: -
1. **Appendix B**. Public Sector Housing Capital Programme.
  2. **Appendix C**. Private Sector Housing Capital Programme.

- 5.3 SLHD manage the finances for the whole of the housing capital programme.
- 5.4 The Council approved a four-year Housing Capital Programme on 27th February 2025, totalling £222m across the four years.

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

- Council House Build Programme (CDC program) - £16.9m.
- Council House Acquisitions - £6.2m
- Council House Improvement and Maintenance Programme.
- Fire Safety Improvements - £1.5m
- Electrical Works - £6.7m
- External Planned Maintenance Including Thermal, Energy Efficiency and High Rise Works - £21.5m
- Residential Site Improvements - £4.7m

## **6. Expenditure Variances**

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

### **SLHD Managed Schemes**

- 6.2 The element of the capital programme managed by SLHD is forecast to outturn at £50.27m against the revised budget of £55.90m, an under-spend of £5.63m.

- 6.3 (£0.67m, 11% under budget), Mechanical and Electrical Improvements

(£0.50m) Electrical Planned Works Contractor

The funding earmarked for door entry SIM card replacements has been slipped into next year to support a new contractor rolling out a 3–4-year programme of works.

(£0.25m) Remove Gas from High Rise

The remaining balance of approved funding £4m (£500k 2025/26, £500k 2026/27 and £3m 2027/28) in respect of the removal of gas from the high rise building at Intake has been slipped into next year pending options appraisals being carried out regarding use of this funding.

£0.06m Mechanical Planned Works

The additional costs associated with Heat Network Efficiency Scheme installations on the Balby Bridge network are partly offset by a slippage of the planned works to the Heat Station 3 location until early summer, to limit the inconvenience on the affected tenants.

£0.02m CCTV

Additional funding is required to address the outstanding repairs to the CCTV installations and infrastructure at the Balby Bridge locations.



6.4 (£1.00m, 20% under budget), Internal Works

The latest stock condition survey data has identified a need for investment on the windows/doors and roofing elements of the stock. The funding earmarked for Contractor Internal Works Reinclusions will fund the virement to the external works budgets, subject to formal CDC approval.

6.5 (£1.86m, 9% under budget), External Works

(£1.70m) Remedial Works to High Rise (Silverwood House / Intake)

The anticipated in year spend has been revised pending the outcome of further RIBA (Royal Institute of British Architects) design work being undertaken to provide more detailed project costs for full building safety works for Silverwood House. It is anticipated that no works will be carried out and that only these survey/design works costs will be incurred in year c£800k. The original budget £10m over 2 years (£5m 2025/26 and £5m 2026/27) has risen to £13.3m following full surveying cost analysis by AHR will be subject to CDC approvals in 2026/27 budget.

(£1.16m) St Georges Court Refurbishment

It is anticipated that only the roofing and EWI works to block A and fire alarm installation will be delivered this year c£800k and the balance of funding will be slipped. Following surveys carried out on the 4 June 2025 further recommended works to St Georges Court estimated at £5.8m (versa £4m original budget over 2 years – 2025/26 and 2026/27) have been identified but these works will be subject to additional approval before by CDC in 2026/27 budget approvals before commencement.

£1.00m Contractor External Works / Decency Funding

The latest stock condition survey data has identified a need for investment on the windows/doors and roofing elements of the stock. The funding earmarked for Internal Works will fund the virement subject to formal CDC approval. (See 6.4)

6.6 (£1.45m, 27% under budget), Caravan Site Improvements

Works have started on site at White Towers in late May; however the original completion date has been delayed by 8 weeks. The forecast has been reduced to £4m based on the latest programme (Rev D), and the funding has been slipped to 2026/27 to fund the remaining works.

6.7 (£0.01m, 100% under budget), Assistance Loans

The likelihood of any spend against the funding earmarked for New Homes Loans is minimal pending the product being finalised / publicised.

6.8 (£0.60m, 68% under budget), Appropriated Properties

The funding earmarked for the refurbishment of the existing bungalows on Princes Crescent, Edlington has been slipped pending CDC finalising the regeneration strategy for the surrounding area.

## 7. CDC Managed Schemes

7.1 The element of the capital programme managed by CDC is forecast to outturn at £19.16m against a revised budget of £20.78m, an under-spend of £1.62m.

7.2 £1.00m, 37% over budget, Adaptations for the Disabled

The forecast has been increased to reflect to an increased demand for the service and referrals passed on from the occupational therapists. Work is ongoing to understand why the demand has increased. The overspend is reported as unfunded pending funding approval.

7.3 (£1.62m, 10% under budget), Council House New Build

As a result of legal issues, the opportunity to acquire 11 new homes from a private housebuilder through a S106 Planning Agreement at Hatfield Lane East, Armthorpe fell through and is no longer going ahead.

7.4 (£1.00m, 91% under budget), Empty Homes Schemes

The balance of funding earmarked for the regeneration of the Royal Estate, Edlington has been slipped pending CDC finalising the regeneration strategy for the area.

## 8. Future Plans / Work in Progress

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

8.2 Acquisitions.

The programme includes funding of £22.57m for acquisitions to deliver 180 properties across the four-year period (2025/26 - 2028/29), funded from rent increases and retained right to buy receipts. Proposed number for 2025/26 is 46 properties. The current position is detailed below.

| 2025/26 Cumulative position  | W/e 3 <sup>rd</sup> October |
|--|-----------------------------|
| Number of properties completed to date                               | 24                          |
| Purchase price of properties completed                               | £3.16m                      |
| Number of properties in legal process (offer submitted and accepted) | 27                          |
| Purchase price of properties in legal process                        | £3.18m                      |
| Number of property offers submitted but awaiting feedback/decision   | 0                           |
| Number of properties awaiting valuation                              | 0                           |
| Number of properties with viewings booked                            | 0                           |

## **9. Procurement**

- 9.1 All the work delivered through the CDC capital programme were procured in line with the requirements of CDC's financial procedure rules and contract standing orders.
- 9.2 Delivery of the projected programme for 2025/26 will be subject to the availability of St leger homes employees, building materials and contractors as the whole sector is experiencing issues post Covid.

## **10. VFM Considerations**

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

## **11. Financial Implications**

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

## **12. Legal Implications**

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

## **13. Risks**

- 13.1 Risk implications are implicit in the report. CDC's Capital Programme budget for Housing was £74.42m to deliver several priorities, primarily building new affordable homes and improving and maintaining existing housing stock.
- 13.2 Other noteworthy risks which will potentially have a financial impact are;
- CDC new build program and adaptations overspending
  - Inflation
  - Changes to regulations and standards and
  - Ongoing investigations / works to the render on high rise blocks.

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

- 14.1 Not applicable.

## **15. IT Implications**

- 15.1 Not applicable.

## **16. Consultation**

- 16.1 All Budget holders and EMT.

## **17. Diversity**

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

**18. Communication Requirements**

18.1 There are no communication requirements arising from this report.

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

19.1 Not Applicable

**20. Environmental Impact**

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

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

21.1 David Henderson  
Management Accountant 01302 737987

**22. Background Papers**

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

## Summary of Housing Capital Programme 2025/26 as at 30 September 2025

|  | Original<br>Estimate -<br>Approved<br>Programme<br>£000 | Revised<br>Budget Qtr1<br>£000 | Forecast<br>Outturn<br>£000 | Variance<br>Outturn to<br>Revised Budget<br>£000 |
|--|---|--------------------------------|-----------------------------|--|
| <b>SLHD Managed Schemes</b>            |   |                                |                             |  |
| Capital Management Delivery Fee        | 1,650   | 1,650                          | 1,650                       | 0  |
| Void Improvements                      | 3,880   | 4,260                          | 4,260                       | 0  |
| Mechanical and Electrical Improvements | 6,650   | 6,490                          | 5,815                       | (675)  |
| Fire Safety Works                      | 1,500   | 1,410                          | 1,410                       | 0  |
| Internal Works                         | 5,254   | 4,979                          | 3,979                       | (1,000)  |
| External Works                         | 21,495  | 19,714                         | 17,854                      | (1,860)  |
| Environmental Works                    | 1,675   | 1,778                          | 1,778                       | 0  |
| IT Improvements                        | 42  | 51                             | 51                          | 0  |
| Acquisitions                           | 6,212   | 8,656                          | 8,621                       | (35)   |
| Acquisition Refurbishments             | 488   | 568                            | 568                         | 0  |
| Caravan Site Improvements              | 4,705   | 5,451                          | 4,000                       | (1,451)  |
| Assistance Loans                       | -   | 11                             | -                           | (11)   |
| Appropriated Properties                | 600   | 886                            | 286                         | (600)  |
| Sub-Total                              | <b>54,151</b>   | <b>55,904</b>                  | <b>50,272</b>               | <b>(5,632)</b>                                   |
|  |   |                                |                             |  |
| <b>CDC Managed Schemes</b>             |   |                                |                             |  |
| Adaptations for the Disabled           | 2,719   | 2,719                          | 3,719                       | 1,000  |
| Council House New Build                | 16,448  | 16,964                         | 15,341                      | (1,623)  |
| Empty Homes Scheme                     | 1,097   | 1,097                          | 97                          | (1,000)  |
| Sub-Total                              | <b>20,264</b>   | <b>20,780</b>                  | <b>19,157</b>               | <b>(1,623)</b>                                   |
|  |   |                                |                             |  |
| <b>Overall Housing Programme Total</b> | <b>74,415</b>   | <b>76,684</b>                  | <b>69,429</b>               | <b>(7,255)</b>                                   |
| <b>Funding</b>                         |   |                                |                             |  |
| Major Repairs Reserve / Depreciation   | 37,861  | 36,180                         | 28,148                      | (8,032)  |
| Revenue Contribution - HRA             | 6,698   | 6,743                          | 7,094                       | 351  |
| Usable Capital Receipts                | 7,543   | 8,586                          | 6,124                       | (2,462)  |
| Section 106                            | 532   | 3,092                          | 3,108                       | 16   |
| Prudential Borrowing                   | 20,521  | 20,082                         | 18,382                      | (1,700)  |
| Grants                                 | 1,260   | 2,001                          | 5,573                       | 3,572  |
| Unfunded                               |   |                                | 1,000                       | 1,000  |
| <b>Under(-) / Over Commitments</b>     | <b>74,415</b>   | <b>76,684</b>                  | <b>69,429</b>               | <b>(7,255)</b>                                   |
| <b>Percentage Funded</b>               | <b>100%</b>   | <b>100%</b>                    | <b>100%</b>                 |  |

## Summary of Housing Capital Programme 2025/26 as at 30 September 2025

|  | Original<br>Estimate -<br>Approved<br>Programme | Revised<br>Budget Qtr1 | Forecast<br>Outturn | Variance<br>Outturn to<br>Revised<br>Budget |
|--|---|------------------------|---------------------|---|
|  | £000  | £000                   | £000                | £000  |
| <b>SLHD Managed Schemes</b>            |   |                        |                     |   |
| Capital Management Delivery Fee        | 1,650   | 1,650                  | 1,650               | 0   |
| Void Improvements                      | 3,880   | 4,260                  | 4,260               | 0   |
| Mechanical and Electrical Improvements | 6,650   | 6,490                  | 5,815               | (675)                                       |
| Fire Safety Works                      | 1,500   | 1,410                  | 1,410               | 0   |
| Internal Works                         | 5,254   | 4,979                  | 3,979               | (1,000)                                     |
| External Works                         | 21,495  | 19,714                 | 17,854              | (1,860)                                     |
| Environmental Works                    | 1,675   | 1,778                  | 1,778               | 0   |
| IT Improvements                        | 42  | 51                     | 51                  | 0   |
| Acquisitions                           | 6,212   | 8,656                  | 8,621               | (35)  |
| Acquisition Refurbishment              | 488   | 568                    | 568                 | 0   |
| Appropriated Properties                | 600   | 886                    | 286                 | (600)                                       |
| <b>Sub-Total</b>                       | <b>49,446</b>                                   | <b>50,442</b>          | <b>46,272</b>       | <b>(4,170)</b>                              |
|  |   |                        |                     |   |
| <b>DMBC Managed Schemes</b>            |   |                        |                     |   |
| Adaptations for the Disabled           | 2,719   | 2,719                  | 3,719               | 1,000                                       |
| Council House New Build                | 16,448  | 16,964                 | 15,341              | (1,623)                                     |
| <b>Sub-Total</b>                       | <b>19,167</b>                                   | <b>19,683</b>          | <b>19,060</b>       | <b>(623)</b>                                |
|  |   |                        |                     |   |
| <b>Overall Housing Programme Total</b> | <b>68,613</b>                                   | <b>70,125</b>          | <b>65,332</b>       | <b>(4,793)</b>                              |
| <b>Funding</b>                         |   |                        |                     |   |
| Major Repairs Reserve / Depreciation   | 37,861  | 36,180                 | 28,148              | (8,032)                                     |
| Revenue Contribution - HRA             | 6,698   | 6,743                  | 7,094               | 351   |
| Usable Capital Receipts                | 1,741   | 2,027                  | 2,027               | 0   |
| Section 106                            | 532   | 3,092                  | 3,108               | 16  |
| Prudential Borrowing                   | 20,521  | 20,082                 | 18,382              | (1,700)                                     |
| Grants                                 | 1,260   | 2,001                  | 5,573               | 3,572                                       |
| Unfunded                               |   |                        | 1,000               | 1,000                                       |
| <b>Under(-) / Over Commitments</b>     | <b>68,613</b>                                   | <b>70,125</b>          | <b>65,332</b>       | <b>(4,793)</b>                              |
| <b>Percentage Funded</b>               | <b>100%</b>                                     | <b>100%</b>            | <b>100%</b>         |   |

## Summary of Housing Capital Programme 2025/26 as at 30 September 2025

|  | Original<br>Estimate -<br>Approved<br>Programme<br>£000 | Revised<br>Budget Qtr1<br><br>£000 | Forecast<br>Outturn<br><br>£000 | Variance<br>Outturn to<br>Revised<br>Budget<br>£000 |
|--|---|------------------------------------|---------------------------------|---|
| <b>SLHD Managed Schemes</b>            |   |                                    |                                 |   |
| Caravan Site Improvements              | 4,705   | 5,451                              | 4,000                           | (1,451)   |
| Assistance Loans                       | 0   | 11                                 | 0                               | (11)  |
| <b>Sub-Total</b>                       | <b>4,705</b>  | <b>5,462</b>                       | <b>4,000</b>                    | <b>(1,462)</b>                                      |
|  |   |                                    |                                 |   |
| <b>DMBC Managed Schemes</b>            |   |                                    |                                 |   |
| Empty Homes Scheme                     | 1,097   | 1,097                              | 97                              | (1,000)   |
| <b>Sub-Total</b>                       | <b>1,097</b>  | <b>1,097</b>                       | <b>97</b>                       | <b>(1,000)</b>                                      |
|  |   |                                    |                                 |   |
| <b>Overall Housing Programme Total</b> | <b>5,802</b>  | <b>6,559</b>                       | <b>4,097</b>                    | <b>(2,462)</b>                                      |
| <b>Funding</b>                         |   |                                    |                                 |   |
| Usable Capital Receipts                | 5,802   | 6,559                              | 4,097                           | (2,462)   |
| <b>Under(-) / Over Commitments</b>     | <b>5,802</b>  | <b>6,559</b>                       | <b>4,097</b>                    | <b>(2,462)</b>                                      |
| <b>Percentage Funded</b>               | <b>100%</b>   | <b>100%</b>                        | <b>100%</b>                     |   |

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 04 December 2025

**Item** : 15

**Subject** : Stock Condition Annual Update (2025)

**Presented by** : Lee Winterbottom  
Director of Property Services

**Prepared by** : Christine Tolson  
Head of Asset Management

**Purpose** : To present Board with an update on the stock condition surveying programme and the outcomes and information arising from the condition surveys carried out to date.

### **Recommendation:**

Board is asked to note the latest position in relation to the stock condition surveying programme and the findings arising from the surveys completed to date.



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. 15  
Date: 04 December 2025**

**1. Report Title**

1.1 Stock Condition Annual Update (2025)

**2. Executive Summary**

2.1 On behalf of City of Doncaster Council (CDC), SLHD continues to coordinate an ongoing stock condition surveying programme. As of 30 September 2025, 89% of the housing stock had received a physical stock condition survey in the last 5 years. The cost of the surveys is paid for by CDC from their Housing Revenue Account, with budget provision of £980,000 made in 2025/26.

2.2 Following the latest round of stock condition surveys, to maintain decency and achieve EPC C by 2030, it is forecast that c.£1.08 billion of investment will be required across the housing portfolio over the next 30 years. This is based on:

- Component renewal to meet the current decent homes standard, however this could change given recent consultation for what will be decent homes 2.
- Includes an indicative allowance to bring all properties below EPC C up to this standard by 2030 based on current SAP methodology.
- 'Catch up' investment.

It does not include:

- Administration costs, revenue costs, management costs or professional fees.
- Provision for communal complex Mechanical & Electrical (M&E) component upgrades.
- Structural or building safety costs.
- Net Zero Carbon Investment.
- Other types of investment over and above component replacements, currently funded through the capital programme (for example adaptations, communal halls, garages and shop investment, acquisitions, new build, etc).

2.3 If investment to achieve the ambition of net zero carbon is also included (based on estimated costs in 2024), the forecast investment need increases significantly to at least £1.476 billion, although this is based on data from 2021, and therefore costs are likely to be even higher. It has been previously acknowledged that this level of investment associated with achieving net zero carbon will be extremely challenging without changes to the current funding regime.

2.4 Excluding category 1 Housing Health and Safety Rating System (HHSRS) hazards and based purely on the latest round of stock condition surveys, 13% of the housing stock was

found to be non-decent. This is a significant swing from the previous year where non-decency levels were reported to be under 1%. The inclusion of 'catch up' investment is a driving factor as these were not included in previous reports. This is consistent with in-house monitoring and findings which including category 1 hazards and all data available, the non-decency rate as at the end of Q2 (30 September 2025) was 11.9%.

- 2.5 Based solely on the properties surveyed by Savills in earlier rounds of stock condition surveying, approximately 60% of the housing stock currently has an EPC below C (and therefore 40% above). However, 57% of those properties below EPC C are within 5 SAP points of achieving this rating. This figure does not include the latest round of surveys as Savills are currently unable to process RdSAP 10 data. This figure differs significantly from our own data which indicates 68.95% of the housing stock is at EPC C or above. Further exploration into the inconsistency in findings is required and will be undertaken during Q4 2025/26.
- 2.6 The inclusion of 'catch-up' investment, alongside notional provision of £8k per property to bring those below EPC C up to this standard by 2030 has resulted in a sharp increase in identified investment need within the first 5 years of the business plan. The increase in investment need had been anticipated and discussions already commenced with the council on opportunities to bring forward planned investment, particularly to deal with non-decent components.
- 2.7 Given recent proposed changes in relation to measuring energy efficiency and the proposed introduction of Minimum Energy Efficiency Standards, a further piece of work, ideally supported by external expertise, is required to assess the detailed scope of works required to bring all properties up to EPC C. Any investment needs as far as possible to be 'future proofed' against proposed changes, acknowledging that the full detail behind these changes is currently unclear.

### **3. Purpose**

- 3.1 The purpose of this report is to present Board with an update on the stock condition surveying programme and the outcomes and information arising from the condition surveys carried out to date.

### **4. Recommendation**

- 4.1 Board is asked to note the latest position in relation to the stock condition surveying programme and the findings arising from the surveys completed to date.

### **5. Background**

#### **5.1 Purpose of the stock condition surveying programme**

As part of the current Asset Management Strategy, the aim is that every domestic property within the housing revenue account portfolio receives a physical full stock condition survey every five years as a minimum.

- 5.2 By carrying out a minimum of five-yearly full stock condition surveys, the ongoing condition of each property can be assessed. In turn this ensures that any HHSRS hazards can be identified, and appropriate arrangements made for these to be rectified, ensuring

that tenants can continue to live in homes that are safe and free from significant hazards.

- 5.3 Five-yearly surveying also assists in monitoring how individual major property components (such as kitchens, bathrooms, boilers, roofs, walls, windows etc) are performing in comparison with minimum expected lifespans. It also enables an assessment to be made to ensure that the housing stock continues to meet the decent homes standard. This information can then be used to inform future investment programmes and assist with mid to long term investment and financial planning to ensure properties continue to meet decency.
- 5.4 Historically, most of the stock condition surveys were carried out by SLHD in-house surveyors. However, since late 2021, due to in-house capacity issues and conflicting priorities, most stock condition surveys have been carried out by Savills on behalf of SLHD/CDC. In addition, due to the requirements within the Safety and Quality Consumer Standard and the Regulators steer, the programme to conduct surveys has now been expedited.
- 5.5 To supplement the information captured through the formal stock condition surveying programme, condition data is also captured through other, every day, interactions with customers and the housing stock. This is covered in more detail at section 6.9.

## 6. Stock Condition Surveying Programme

### 6.1 Current Position

As of 30 September 2025, 89% of the housing stock (17,667 properties) had received a physical stock condition survey in the last 5 years. Since late 2021, Savills have completed 16,695 surveys, the small remainder have been completed in house. The overall picture, year by year, is noted below.

| Number of Years Old   | Financial Year of Survey | Inhouse    | Savills       | Number of Surveys Completed | Percentage Completed |
|---|--------------------------|------------|---------------|-----------------------------|----------------------|
| 1   | 2025/26*                 | 124        | 4,703         | 4,827                       | 24%                  |
| 2   | 2024/25                  | 91         | 4,075         | 4,166                       | 21%                  |
| 3   | 2023/24                  | 46         | 2,009         | 2,055                       | 10%                  |
| 4   | 2022/23                  | 122        | 2,838         | 2,960                       | 15%                  |
| 5   | 2021/22                  | 589        | 3,070         | 3,659                       | 18%                  |
| <b>Total Surveyed in Last 5 Years</b>                       |                          | <b>972</b> | <b>16,695</b> | <b>17,667</b>               | <b>89%</b>           |
| <b>Total More than 5 years old at end of Financial Year</b> |                          |            |               | <b>2,239</b>                | <b>11%</b>           |
| <b>Total Number of Properties</b>                           |                          |            |               | <b>19,906</b>               |                      |

\*As of 30 September 2025.

Please also note that the overall stock number will change regularly as properties are sold, demolished, or acquired. This means that the stock number used in this report may change slightly from section to section,

*based on the date when the information was captured for that part of the report.*

## 6.2 Future Stock Condition Surveying Programme

Plans are in place to continue to complete a minimum of 4,000 full stock condition surveys per year via an external provider. This strategy will mean that SLHD will expect to achieve 100% of properties having received a physical stock condition survey within 5 years by late summer/ early Autumn 2026. This is based on the following, and takes into account properties that have already received a survey, but will subsequently fall out of the five yearly cycle (and will need to be revisited) as part of the ongoing programme:

| <b>Financial Year</b> | <b>Opening balance of completed surveys within last 5 financial years as of 1 April (A)</b> | <b>No. of properties now falling outside of the 5 years (B)</b> | <b>Planned no. of new surveys to be completed (C)</b> | <b>No. of surveys now with a survey within 5 years (A-B+C)</b> | <b>% of stock with a SCS in the previous 5 years (based on current stock levels)</b> |
|-----------------------|---|---|---|--|--|
| 2025/26               | 13,498  | 677   | 5,500   | 18,321 (e)   | 92%  |
| 2026/27               | 18,321  | 3,663   | 5,248   | 19,906 (e)   | 100%   |
| 2027/28*              | 19,906  | 2,964   | 2,964   | 19,906 (e)   | 100%   |
| 2028/29               | 19,906  | 2,060   | 2,060   | 19,906 (e)   | 100%   |
| 2029/30               | 19,906  | 4,134   | 4,134   | 19,906 (e)   | 100%   |

(e) estimated number completed

- 6.3 The above table assumes one physical visit to each property every 5 years. More regular surveys may be required for some properties; this requires further consideration. Any increase in frequency of surveys to a proportion of properties would mean it would take longer to reach 100% if the planned rate of 4,000 per year is maintained.
- 6.4 Moving forward, where possible, SLHD will seek to accelerate the stock condition surveying programme by utilising in-house resources to carry out surveys in addition to those carried out by an external provider. The anticipated main route to achieving this will be through surveys of void properties and it is hoped that this can be introduced by 2026/2027, although this has proven challenging to implement to date, due to demand on the voids service.
- 6.5 Access rates for stock condition surveys carried out by Savills is calculated by taking the number of surveys completed and dividing this by the number of physical door knocks made. Across the whole of the current phase of surveys, which have been ongoing since April, using the methodology described above, the average access rate stands at 38.5%. On a week-to-week basis, access rates vary considerably, ranging from 69.96% to as low as 16.57%. Higher access rates were generally achieved during the earlier stages of the current surveying programme. Other housing providers report similar issues, and therefore the problem is not unique to St Leger Homes but is an ongoing concern. The no-access process for stock condition surveys was reviewed for phase 5. To date, no properties have been handed back to St Leger Homes having exhausted the access procedure, but this stage will be reached shortly. For future phases, the access procedure will need to be further reviewed to align with protocols of the newly established no access

team. Where ongoing no-access occurs in future, SLHD will need to satisfy itself that there are no customer vulnerabilities that may be contributing to this, and appropriate action taken to support the tenant and to secure access should this be the case. Cross-referencing with customer profile data, rent information, repairs history and compliance related access will be helpful in determining this.

#### 6.6 Data Accuracy and Validation

Surveys conducted by Savills are subject to their own rigorous data validation process. This includes c.5% of properties being reinspected in addition to desk-top based electronic data validation to assess for any anomalies. As part of the assets data improvement plan, additional re-inspections of properties surveyed by Savills have also been carried out by SLHD. The findings are currently being analysed and the once available will be reported in the quarterly asset's performance update. SLHD also conduct their own data validation upon receipt of HHSRS and survey data. This process will be formally documented by June 2026 and is included as a specific action in the Asset Management Strategy Action Plan.

6.7 Given most of the recent surveys have been completed externally by Savills, this provides further assurance that the stock condition data, which drives future investment and financial planning, is robust, accurate and can be relied upon.

6.8 As SLHD seeks to increase the number of surveys it completes in-house moving forward (as mentioned at 6.4), it will also be necessary to introduce a data validation process similar to that employed by Savills. Consideration will need to be given as to whether this will be undertaken internally or externally. The current thought process is that this will be completed internally but by a separate person/team. This will be finalised prior to the rolling out of further in-house surveying.

#### 6.9 Supplementary Condition Information

Whilst stock condition surveys form the core of our ongoing assessment and understanding of property condition, they are not the sole mechanism for gathering this information. In between programmed stock condition surveys other information, gathered through day-to-day interactions and delivery of services, such as damp and mould inspections, responsive repairs, cyclical maintenance (e.g. gas and electrical servicing programmes), 'Keep In Touch' visits and customer feedback (complaints, disrepair claims, compliments and enquiries), also forms an integral part of gathering property condition data.

6.10 Currently this information is mainly fed back individually via email to a central inbox managed by the Assets Team, and through discussions at various meetings across the business. This relies upon a manual process to collate and analyse this data to subsequently inform future investment. A central repository for 'referrals to assets' has been introduced in 2025 and investigations are continuing to explore how to streamline and if possible, automate this process further, including the potential use of Artificial Intelligence (AI) software, to enable the analysis and interpretation of this data to become more efficient and consistent.

## **7. Stock Condition Survey Findings (to date)**

- 7.1 Attached at Appendix 1 is the main part of the report prepared by Savills that captures the findings to date from the 16,000+ stock condition surveys they have completed. Appendices from the Savills report relating to operational detail such as schedule of rates have been deliberately omitted, enabling Board to focus on the key strategic messages falling out of the surveying programme. Please note that the Savills report does not include the additional data relating to surveys completed in house. In the 2025 report, a cost for achieving net zero carbon has been omitted due to the age of the previous data. However, it has already been acknowledged that it will not be possible to achieve net Zero Carbon without changes to the current funding regime. Therefore, the key information to note from Savills report are the costs and implications associated with component replacement costs, maintaining decency and implications of the proposed roll out of Minimum Energy Efficiency Standards. In summary, the key points to note are as follows:

### General Condition and identification of hazards

- 7.2 Savills noted that the projected profile of spend for capital works is typical for an organisation which invested in internal capital component replacements to meet the decent homes target deadlines.
- 7.3 Excluding any properties where category 1 hazards were identified, 13% of the properties surveyed failed the decent homes standard. This is comparable with the information SLHD hold directly.
- 7.4 In the most recent round of stock condition surveys (phase 5 only), 763 category 1 hazards had been identified up to 31 October 2025. This equates to approximately 14% of the properties surveyed. This is slightly less than the 18% rate of surveys carried out in 2024.
- 7.5 The largest proportion of the 763 category 1 hazards (89%) are because of non-compliance with The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022. Despite both smoke and carbon monoxides alarms having been previously fitted and subsequently verified during gas servicing programmes, the stock condition surveys found that these had been removed or were defective and, in most instances, this had not been reported to SLHD. Savills advise that based on their experience, this is typical across other housing providers.

### Future Investment

- 7.6 During the original decent homes programme, focus was predominantly on upgrading bathrooms, kitchens, windows, doors and heating. Limited numbers of properties benefitted from other external works, such as new roofs. Given the time that has elapsed since the first properties received decent homes improvement works, alongside expected lifecycle replacement dates and minimal roof replacement schemes originally, there will need to be a significant increase in investment for major component replacements going forward. This is evidenced in the increase in the number of non-decent properties being identified through the stock condition surveying programme, as highlighted earlier in this report.
- 7.7 In the next 5 years, for major component replacements alone, including any 'catch up' investment, it is estimated that investment totalling £116m will be required. This includes

£38.3m for kitchens, £24m for heating, £4.5m for bathrooms, £20.4m for roofs and rainwater goods and £5.1m for windows and doors. The remaining balance will cover issues such as electrics, soil and vent pipes, wall finishes, boundaries, paths and communal areas. Without significant levels of investment, non-decency rates will continue to increase. Mid to longer term, this increased investment will be crucial in reducing reactive repairs.

- 7.8 In years 6-10, higher levels of investment will need to continue, with an estimated investment need in the region of £227m. This again is based on major component upgrades only and is based on current decency standards. Any significant changes to decency requirements have the potential to impact upon investment needed even further.
- 7.9 Historically, limited investment has been made in relation to the upgrading of external areas, such as boundary walls and fencing. Previous environmental investment focused on the installation of new fencing (where there was none), rather than replacement of existing boundary treatments. Taking this into account, there is an increased investment need for these types of improvements.
- 7.10 Similarly, there has been limited historic investment in the improvement of paths and other paved areas within the curtilage of properties. This is reflected in the number of category 2 'falls on a level' hazards that have been identified during the stock condition survey programme to date. The culmination of this is the need for more investment for these types of work also.
- 7.11 As outlined in the energy efficiency section below, in order to achieve EPC C across the stock by 2030, and meet the anticipated Minimum Energy Efficiency Standard (MEES), there will need to be a shift in investment from a sole focus on solid wall properties (and the installation of external wall insulation), to include the remainder of the housing stock and the delivery of other energy efficiency measures such as cavity wall insulation upgrades, loft insulation top-ups and energy efficient lighting, alongside further pilots exploring whole house retrofit and low carbon heating. A notional sum of £8,000 per property has been utilised for forecasting purposes as this is the average cost of achieving this across the sector to achieve EPC C. A detailed energy efficiency investment plan on an individual property basis will need to be developed.
- 7.12 The forecast profile of investment need over the next 30 years is uneven and is therefore potentially unrealistic in terms of both cash flow and availability of internal and contractor resources to deliver these improvements. Consequently, it is inevitable that some degree of 'smoothing' will be required. Additionally, affordability of investment will become a greater consideration, particularly given that the investment costs identified in the Savills report do not cover complex M&E, building safety, net zero carbon, or other priorities and ambitions such as new build, acquisitions and investment in other assets such as communal halls, shops and garage sites.

#### Energy Efficiency and Net Zero Carbon

- 7.13 When carrying out the stock condition surveys, Savills also completed an Energy Performance Certificate (EPC) for selected properties (those with older or no existing EPC). Based purely on the properties surveyed by Savills, this identified 7,385 properties with an EPC below C. This equates to approximately 60% of the stock surveyed by Savills. This does not include properties surveyed during the latest phased due to issues

with processing RdSAP 10 data following recent changes. Typical levels in other housing providers are closer to 30% below EPC C. However, 4,174 of the 7,385 properties are within 5 sap points of EPC C, (5 points is also the margin of error on SAP). Based on advice from Savills, provision of £8,000 per property has been included in the 30 year plan data to bring these up to EPC C.

- 7.14 In addition to utilising EPC information, SLHD also directly monitor SAP performance through the use of an IT system called Parity. It is this information that is currently used to report against the KPI. Parity uses asset component data to estimate the SAP rating for each property rather than a physical assessment that is undertaken when carrying out an EPC (which can be subjective and based on assumptions made by the surveyor). This enables an estimated SAP rating to be calculated for all properties and not just those that have received an EPC. As of 30 September 2025, data extracted from the Parity system shows that 68.95% of properties within the housing stock meet EPC C or above. Given the information is gathered using a different methodology, it is inevitable that the performance reporting from Parity will differ from actual EPCs. However, given the significant difference in data from Parity and Savills, this requires further review and investigation. This will be undertaken during Q4 2025/26.
- 7.15 Recent government consultations on Minimum Energy Efficiency Standards (MEES) and EPC reform introduce new strategic considerations. If enacted as proposed, MEES would formally mandate EPC C for social housing by 2030, in line with our current targets, but under a revised scoring methodology that differs significantly from current SAP-based assessments.
- 7.16 In line with the approved Environmental Strategy, the planned way forward was to continue with a fabric first approach for the 'hard to treat' properties. This would be complemented by low level enhancements, mainly removal of secondary heating, to the remainder of the stock to ensure all properties met EPC C as a minimum. Following the proposed announce changes to SAP scoring and the introduction of MEES, the previous strategy of low-level interventions for the remainder of the stock will no longer be feasible and alternate solutions will need to be developed as outlined in section 7.11.
- 7.17 Investment Cost  
The forecast costs for maintaining decency over the next 30 years and bringing all properties to EPC C is £1.08 billion. Items included and excluded are outlined in the executive summary section of this report. This equates to a cost of £54k per property. If investment to achieve the ambition of net zero carbon is also included, the forecast investment need increases significantly to at least £1.476 billion, although this is based on data from 2021, and therefore costs are likely to be even higher. This equates to £74k per property. It has been previously acknowledged that this level of investment associated with achieving net zero carbon will be virtually impossible without changes to the current funding regime. These figures are in line with Savills benchmarking against other housing providers.
- Decent Homes 2
- 7.18 On 2 July 2025, the Government published its long-awaited consultation on the proposed changes to the new decent home standard. This consultation closed on 12 September 2025 with SLHD having submitted a response. The key proposed changes set out in the consultation were:



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

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

- 7.19 There is no confirmed timescale of when the Government will respond to the consultation feedback and confirm the details of the new standard. However, expectations are that this will be at some point in early 2026. In the meantime, SLHD's immediate focus needs to be on putting in place a robust investment plan to deal with the properties already identified as having non-decent components, whilst also considering longer-term investment planning needs that take into account the proposed changes. The investment plan for non-decent components can only be developed once available investment budgets are confirmed.

## **8. Next Steps**

- 8.1 The Savills report confirms that the volume of surveys is sufficient to enable the production of robust business plan.
- 8.2 Over the past 12-18 months a picture has been emerging indicating a need to shift investment focus and accelerate investment in major component replacement. This shift has already started to be implemented with additional funding being made available within the 10-year capital programme for accelerating roof replacements and path upgrades. Budget provision has also been made for energy efficiency works, albeit with a focus on a fabric first approach to hard to treat properties. This approach now needs to be expanded.
- 8.3 As already noted, the stock condition surveys have confirmed expectations that investment in major component upgrades needs to be increased and accelerated. Whilst the existing capital programme already made provision for some of this, further consideration now needs to be given to significantly increasing this planned investment. Failure to invest will continue to negatively impact on non-decency levels. Given the demand on repairs, links with damp and mould, and impact on energy efficiency, any acceleration of investment improvements could only provide positive outcomes for customers and service delivery. However, affordability of the required investment is going

to become increasingly challenging, and it is likely that difficult decisions are going to need to be made in terms of prioritising this investment.

- 8.4 In the 2024 report, a general 20% uplift was applied to the costings Savills previously produced in relation to net zero carbon to give an indicative cost at 2024 rates. In 2025, given the length of time since the original net zero carbon works was undertaken it was not seen as feasible to try and forecast the costs at today's rates. Savills have therefore suggested that the earlier work they completed on net zero carbon be revisited and properly updated. This work will also support the identification of investment to achieve EPC C across the housing stock. Given the proposed introduction of MEES by 2030, this work needs to be completed as soon as possible in order to guide investment.
- 8.5 The overall costs of maintaining decency over 30 years remain on par with previous forecasting. However, the timing of suggested investment has altered significantly to reflect 'catch up' capital works which have now been included in years 1-5. Additionally, significant additional resources have also been included in the forecasts to ensure compliance with the proposed MEES standard by 2030.
- 8.6 As noted earlier, the costs of achieving net zero carbon have not been included in this 2025 update due to the time that has lapsed since the detailed cost exercise was undertaken. However, even at the 2024 cost estimate, which is expected will have increased further since then, it was acknowledged that achieving this investment would be virtually impossible without changes to the current funding regime. This will require further consideration by the Council.
- 8.7 The programme of stock condition surveys will continue as planned. Primarily this will be through surveys carried out by an external provider, with the next round expected to commence in April 2026 through to August/September 2026. Additionally, as previously noted, work to increase the number of surveys carried out in house will also continue, with the aim to carry out stock condition surveys whilst properties are void. As noted in this report, wider condition data gathered through day-to-day business interactions will also continue to be gathered and steps taken to formalise and evidence how this data also informs investment decisions.

## **9. Procurement**

- 9.1 The appointment of an external contractor to carry out stock condition surveys has been undertaken in accordance with relevant financial and procurement rules, leading to a compliant contract being in place.
- 9.2 In terms of investment delivery, where possible improvement works are carried out by SLHD's in-house workforce. Where this is not possible, works are contracted out to suitable contractors through a compliant route to market, in-keeping with internal financial and procurement rules, ensuring best value by the use of market tested rates.

## **10. VFM Considerations**

- 10.1 The advantage of stock condition surveys being carried out by an independent organisation is that the external provider has access to a large number of surveyors and can therefore easily meet the minimum target of 4,000 surveys per annum, thus ensuring that the planned programme of stock condition surveys is delivered.
- 10.2 The use of an external provider also provides a degree of independence, which in conjunction with the data validation process they adopt, provides assurance in terms of data integrity and quality. As a national provider of surveys, they can also offer insight and benchmarking against other providers, which would not be possible if surveys were completed solely in-house.
- 10.3 SLHD is taking steps to increase the number of surveys carried out in house, including working towards the completion of stock condition surveys whilst properties are void. SLHD is also investing in Building Surveyor Apprenticeships as part of its long-term plan to enhance in-house surveying capacity and expertise.

## **11. Financial Implications**

- 11.1 Financial Implications are detailed in the report above. In summary, investment of at least £1.08billion is required over the next 30 years to maintain decency, achieve EPC targets and complete catch up repairs, equating to £54k per property. Factoring in investment to achieve Net Zero targets, the likely requirements of Decent Homes 2, plus other improvements, then investment required will exceed £1.4billion (£74k per property).

The Council have increasingly considered capital investment requirements in the last few years, most recently with:

- approving a 10-year capital programme in February 2024.
- approving a four-year Housing Capital Programme in February 2025, totalling £222m across the four years.

The main priorities of the programme in 2025/26 coming out of the four-year approval were:

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

The capital programme for future years will be updated as part of the budget process to reflect the revised investment requirements.

- 11.2 Running alongside the SCS work, SLHD has been working with Savills in updating the 30 year HRA Business Plan (BP) and this was concluded in October 2025. The BP contains SCS data and a number of assumptions and scenarios which are currently being

appraised by CDC.

- 11.3 The capital programme budget setting process for future years has already commenced and the 2026/27 budget and longer-term BP will be updated as assumptions and priorities are agreed with or set by CDC to reflect the revised investment requirements.

## **12. Legal Implications**

- 12.1 SLHD and City of Doncaster Council have a duty to ensure that the housing stock is safe and complies with all relevant health, safety and compliance legislation. There is also a requirement to ensure that all properties within the housing portfolio meet the Government's Decent Homes standard. In the most serious of cases failure to comply with health, safety and compliance legislation could lead to prosecution. Additionally, failure to provide safe and decent housing could lead to the requirement to self-report to the Housing Regulator and for the Council to receive an unfavourable judgement following a statutory inspection.

## **13. Risks**

- 13.1 It is expected that landlords have up to date stock condition information based on physical inspections of properties within the portfolio. Failure to achieve this would mean that the consumer standards for social housing are not met.
- 13.2 Without adequate and up to date stock condition information, landlords cannot be certain that the homes they provide remain decent and free from significant hazards. It can also lead to poor financial and investment planning decisions.
- 13.3 City of Doncaster Council and SLHD continue to work together to mitigate against these risks through facilitating an ongoing stock condition surveying programme, as outlined in this report, and then utilising this information to inform future investment planning and financial decision-making. To date 89% of the stock has received a physical stock condition survey in the last 5 years and there is a robust plan in place to achieve 100%. Savills have confirmed that the volume of surveys completed to date is sufficient to enable the production of a robust business plan.

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

- 14.1 During each stock condition survey, a light touch HHSRS assessment is undertaken. This identifies any severe (category 1) or moderate/slight (category 2) hazards. These are usually reported back to SLHD on a daily basis and action is immediately taken to assess the incoming notifications and take appropriate action to remediate the hazard. Progress of these hazards is continually monitored and reported. Failure to address the identified hazards in a reasonable timescale increases the risk to tenants and could lead to potential harm.

## **15. IT Implications**

- 15.1 Component data arising from stock condition surveys is currently stored in Open Housing. Whilst this system adequately meets needs, there are improvements that could be made. This is in terms of both functionality and data quality. To address this, an asset data

improvement plan has been developed and is currently being delivered. Progress on delivering this action plan is provided as part of the quarterly assets performance report.

## **16. Consultation**

- 16.1 Within the quarterly Assets Performance Report, updates have been provided to SLHD Building Safety Committee and CDC on the general progress of the stock condition surveying programme. This report is the second formal report into the findings arising from the stock condition surveys and will now be discussed with CDC. This report will continue to be updated and reported annually following each round of stock condition surveys.
- 16.2 Further ongoing discussions are now required with CDC in relation to the findings to date and direction provided to SLHD in relation to the specific points and suggestions made throughout this report.

## **17. Diversity**

- 17.1 The light touch HHSRS assessment carried out as part of the stock condition surveys do take into account the impact of hazards on the most vulnerable groups. In turn this will impact on the hazard rating given, meaning that hazards that might have a significant impact on certain groups, for example elderly or children under 5, are taken into account when allocating a risk rating.

## **18. Communication Requirements**

- 18.1 The stock condition summary report produced by Savills will be shared with CDC. This will ensure full awareness of current stock condition and challenges around longer-term investment affordability. It will also facilitate a further discussion around future investment priorities.
- 18.2 Any changes to the planned investment programme following consideration of the findings, will also need to be publicised and shared with customers as appropriate.

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

- 19.1 Not applicable for this report.

## **20. Environmental Impact**

- 20.1 There are no direct environmental implications arising from the stock condition surveying programme, although future investment, particularly around energy efficiency improvements should have a positive impact on the environment by reducing energy demand across the housing stock.

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

- 21.1 Christine Tolson  
Head of Asset Management  
[Christine.tolson@stlegerhomes.co.uk](mailto:Christine.tolson@stlegerhomes.co.uk)

## **22. Background Papers**

### **22.1 Appendix 1 – Savills Stock Condition Report September 2025 (Part Report)**

# St Leger Homes

---

## Stock Condition Survey Report

---

**November 2025**

**Prepared For:**



St. Leger Homes  
Civic Office  
Waterdale  
Doncaster  
DN1 3BU

**Prepared By:**



Savills (UK) Limited  
33 Margaret Street  
London  
W1G 0JD

# St Leger Homes

## Stock Condition Survey

### CONTENTS

|     |                                 |    |
|-----|---------------------------------|----|
| 1.0 | EXECUTIVE SUMMARY .....         | 1  |
| 2.0 | INTRODUCTION .....              | 4  |
| 3.0 | METHODOLOGY .....               | 5  |
| 3.1 | The Survey Team .....           | 5  |
| 3.2 | Quality Control .....           | 5  |
| 3.3 | Validation of Data.....         | 5  |
| 4.0 | REPAIR CATEGORIES.....          | 6  |
| 4.1 | Programme Renewals .....        | 6  |
| 4.2 | Contingency Major Repairs ..... | 7  |
| 5.0 | LEVELS OF PRICING .....         | 8  |
| 6.0 | DETAILED COSTS.....             | 9  |
| 7.0 | ENERGY ASSESSMENT .....         | 10 |
| 8.0 | DECENT HOMES ASSESSMENT .....   | 12 |
| 9.0 | LIMITATIONS OF SURVEY .....     | 17 |

### APPENDICES

|            |                                   |
|------------|-----------------------------------|
| Appendix 1 | Summary of 30 Year Costs          |
| Appendix 2 | Major Works Elemental Costs       |
| Appendix 3 | Schedule of Rates and Life Cycles |
| Appendix 5 | Limitations of Survey             |



---

## 1.0 EXECUTIVE SUMMARY

---

- 1.1 St Leger Homes is an Arms Length Management Organisation, or 'ALMO', created by Doncaster Council in 2005. St Leger Homes delivered a £300 million decent homes programme, involving internal and exterior improvements, which we understand was completed in 2015. Since then, it has continued to maintain the properties to meet the Government's Decent Homes Standard.
- 1.2 St Leger appointed Savills in 2021 to carry out annual stock condition survey, with the ambition of achieving 100% access over 5 years. The purpose of the survey is to assess the future capex repairs and maintenance liabilities along with energy surveys to model the energy performance of the stock.
- 1.3 In accordance with these instructions, we have undertaken a stock condition survey of your housing stock, the main objectives of the exercise were:
- a. To provide accurate and statistically reliable information concerning repairs and maintenance, as well as improvement costs forecast over a 30 year term;
  - b. To collect, validate and report upon attribute and condition information about the stock, for the purpose of improving existing records and future maintenance planning;
  - c. To establish a methodology upon which further surveys may be undertaken in the future to supplement this survey exercise;
  - d. To provide accessible, reliable and easily maintainable planning data for future repairs, maintenance and improvement programmes;
  - e. To assess the properties in accordance with the Decent Homes Standard;
  - f. Assess the energy performance of the housing portfolio;
- 1.4 The total stock which has been the subject of our assessment, is the core stock as at October 2025 of 19,907 properties and, to date, we have surveyed 16,643 (84%) dwellings. This volume of surveys is sufficient to enable the production of robust business plan information and detailed investment plans. In addition, St Leger's surveyors have carried out a small number of surveys

in-house, but this data has not been included in this report. We understand that the combined access rate equates to 89%, surveyed within the last 5 years.

- 1.5 The surveying work started in November 2021 with the current phase finishing on September 24<sup>th</sup> 2025. The last round of surveys completed included 5,024 inspections. All survey data has been loaded onto our computer system and has been analysed in order to produce the results contained within this report.
- 1.6 The findings of the survey demonstrate that previous investment programs, particularly following the formation of the ALMO, have included the replacement of bathrooms, kitchens, boilers, rewiring, windows and doors. Due to the life expectancy of these components they will need to be replaced in the short to medium term. The profile of spend for capital works is typical for an organisation which invested in internal capital component replacements, to meet the Decent Homes target deadlines. Due to the life cycle of the components, they are now coming up for replacement. Kitchens and heating are a particular example.
- 1.7 The external fabric has not been a priority and limited work has been undertaken in this regard. The average age of a property in the housing portfolio is approximately 60 to 70 years. We have modelled a 30 year forecast and, at the end of this period, the average age of the housing portfolio will be over 90 to 100 years old. It is therefore inevitable that greater expenditure will be required to the fabric and external areas.
- 1.8 The work identified as part of the stock condition survey has been priced by means of a schedule of rates. The rates we have adopted reflect those which St Leger are currently experiencing. It should be noted that we have seen a considerable increase in costs for repairs and maintenance and as a result, these costs are impacting on the affordability of the business plan. These costs increases are being experienced by all housing providers and the wider construction sector.
- 1.9 In terms of life cycles, we have applied industry standard life cycles in our calculations.
- 1.10 Whilst Decent Homes 2 as not been published it is widely expected that a minimum SAP target of SAP C (69) by 2030 is expected. We have included at section 7 of this report the assumptions

---

we have made in arriving at the cost of achieving this standard by 2030 in the cost tables at **Appendix 1**.

- 1.11 We have assessed the properties against the Government's Decent Homes Standard (DHS) and have calculated that 13% of the properties fail the standard. We identified a number of Category 1 hazards (see section 8.2) which were reported at the time of the survey. We understand that these are in the process, or have been remedied, and have therefore been excluded from the above DHS calculation.
  
- 1.12 A summary of our 30 year costs to keep the properties at the Decent Homes Standard is at **Appendix 2** of this report. The total cost over the 30 years is circa £1,079 billion which is in line with our benchmark. As part of the latest updates on costs we have aged previous phases of surveys to align with the current year. As a result of this, there has been an increase in capex costs in the first five year to just over £116m. We have also allowed to bring all properties up to a minimum SAP C score by 2030 and a contingency which increases the first five years spend to just over £222m.
  
- 1.13 All figures quoted in this report reflect today's price base and make no allowance for future inflation. They also exclude any allowance for administration costs, revenue costs, management costs or professional fees. It should be noted that we have not allowed for communal M&E, structural or any building safety costs which will need to be factored in to the business plan. They do however allow for preliminaries. The costs assume the retention of 19,907 properties for the complete 30 year profile. Any adjustments in relation to right to buys, inflation etc., need to be made in the Business Plan.
  
- 1.14 We have divided the costs into five year bands over the next 30 years. The profile of expenditure for the capital programme is in line with expectation at this stage of the organisation's development. Our costs are based on raw survey data and inevitably, result in a very uneven profile of expenditure.

---

## 2.0 INTRODUCTION

---

- 2.1 In 2021 St Leger appointed Savills to carry an annual stock condition survey, with the ambition of achieving 100% access over 5 years. To date, we have attempted to survey 100% of the stock with an overall access rate of 84% of the properties. We understand St Leger have carried out a number of additional surveys internally and the overall access rate is 89% surveyed in the last 5 years.
- 2.2 The Regulator of Social Housing has stated that for those properties that have not had a survey, the Housing Provider must satisfy themselves that there are not any vulnerability issues in those properties. This can be achieved by looking at the repairs history, rents, difficult to gain access for gas or electrical inspections are helpful in this regard. We understand that for those properties we have been unable to access St Leger are also looking at alternative options for accessing these properties.
- 2.2 We worked with St Leger Homes to obtain the information we required, such as address lists, location plans, details of construction types, etc. An address list of properties was provided by St Leger Homes and great reliance has therefore been placed upon the contents. The core housing stock totals 19,907 properties.
- 2.3 The primary purpose of the Stock Condition Survey has been to assess the cost of the work required to maintain the properties to the current Decent Homes Standard, over the next 30 years.
- 2.4 A summary of all costs is included at **Appendix 1**, an elemental cost break down for capital works is included at **Appendix 2**.

---

## 3.0 METHODOLOGY

---

### 3.1 The Survey Team

3.1.1 The Savills team specialising in planned maintenance and stock condition surveys undertook the survey. The team of surveyors, all of whom are Chartered Surveyors, or staff of similar standing, have extensive experience in mass survey projects and were fully briefed on the requirements of the survey before any inspections were carried out on site. The survey team was based locally whilst the onsite inspections were carried out.

### 3.2 Quality Control

3.2.1 Prior to survey commencement, we agreed the data to collect. The information was gathered on handhelds and entered into our computer database for it to be validated.

3.2.2 In addition to a comprehensive briefing of all surveyors prior to commencing the inspections, debriefing meetings were held with all surveyors at the end of each day to enable queries to be dealt with immediately. Spot checks were also made on site of completed surveys, to check compliance with the agreed methodology.

### 3.3 Validation of Data

3.3.1 Typically, 5% of properties are re-inspected as part of the quality control exercise. Once the data from site has been signed off, the data is loaded onto our computer database and extensive validation is undertaken electronically to check for anomalies and inconsistencies. Checking the accuracy and quality of source data before using, importing or otherwise processing data is a critical part of the process.

---

## 4.0 REPAIR CATEGORIES

---

### 4.1 Programme Renewals

- 4.1.1 These are defined as “the provision, which should be adequate to cover the periodic overhaul/ refurbishment / renewal of the building components and landlords’ fixtures and fittings, to keep the property in accordance with the Decent Homes Standard.
- 4.1.2 All building elements have a natural life expectancy, at the end of which they have to be replaced.
- 4.1.3 Our surveyors used their professional judgement to establish when a building component requires replacement and inserted the appropriate year on the survey form. For older building components or those which we believed to have a limited remaining life, our assessment was based on the condition as found on site during our survey. For newer components the standard life cycles were recorded by the surveyor.
- 4.1.4 We have only recorded those items that will require renewal within the next 30 years and those items falling outside that period have not been subject to a replacement cost within our report.
- 4.1.5 The findings from the survey broadly support that components are lasting in line with their life cycle. The profile of spend is similar to that of an organisation that has had the benefit of additional investment via an ALMO.
- 4.1.6 It should be noted that we have not allowed communal M&E, structural works or any building safety costs which will need to be factored in to the business plan.

---

## 4.2 Contingency Major Repairs

4.2.1 Contingency major repairs are defined as repairs of a kind, which cannot be specifically foreseen and may arise from latent defects in construction. We have allowed a provision of 5% on catch-up repairs, improvements and programmed renewals over the 30-year period.

4.2.2 The allowance is specifically in respect of unforeseen work that has not been identified elsewhere in the survey but, from both our experience and that of St Leger, can be predicted as likely to occur. Examples include, but are not limited to, cavity wall tie failure, uninsured subsidence/settlement, general structural defects, drainage failure and latent defects in construction.

---

## 5.0 LEVELS OF PRICING

---

- 5.1 The work recorded as part of the Stock Condition Survey has been priced using a Schedule of Rates, a copy of which is included at **Appendix 3**. The rates we have adopted reflect those which St Leger are currently experiencing. It should be noted that we have seen a considerable increase in costs for repairs and maintenance and, as a result, these costs are impacting on the affordability of the business plan. It is normal for business planning purposes to reprofile the costs.



---

## 6.0 DETAILED COSTS

---

- 6.1 A summary of our 30 year cost projections is included at **Appendix 1** of this report, which is based on a stock total of 19,907 properties and the retention of these properties for the next 30 years. Adjustments will need to be made in the Business Plan in respect of Right to Buys over the period. Our costs reflect today's price base and do not include any provision for future inflation. All costs are exclusive of Professional Fees, VAT, Management and Administration costs, Leaseholders, revenue and are based on today's prices. It should be noted that we have not allowed communal M&E, structural works or any building safety costs which will need to be factored in to the business plan. Costs are inclusive of preliminaries.
- 6.2 A summary of our 30 year costs to keep the properties at the Decent Homes Standard is at **Appendix 1 & 2** of this report. The total cost per property over the 30 years is £54k per property which, is in line with our benchmark. We have also allowed to bring all properties up to a minimum SAP C score by 2030 and a contingency which increases the first five years spend to just over £222m.

---

## 7.0 ENERGY ASSESSMENT

---

- 7.1 Savills completed an energy survey in accordance with the BRE publication, The Government's Standard Assessment Procedure for Energy Rating of Dwellings. Standard Assessment Procedure (SAP) was developed by the Building Research Establishment (BRE) for the former Department of the Environment in 1992, as a tool to help deliver its energy efficiency policies. The SAP methodology is based on the BRE Domestic Energy Model (BREDEM), which provides a framework for calculating the energy consumption of dwellings.
- 7.2 In 1994 SAP was cited in Part L of the Building Regulations as a means of assessing dwelling performance. RdSAP was introduced in 2005 as a lower cost method of assessing the energy performance of existing dwellings. SAP, RdSAP and BREDEM are used to underpin the delivery of a number of key energy and environmental policy initiatives including zero carbon homes.
- 7.3 RdSAP works by assessing how much energy a dwelling will consume, when delivering a defined level of comfort and service provision. The assessment is based on standardised assumptions for occupancy and behaviour. This enables a like-for-like comparison of dwelling performance. Related factors, such as fuel costs and emissions of carbon dioxide (CO<sub>2</sub>), can be determined from the assessment.
- 7.4 RdSAP quantifies a dwelling's performance in terms of: energy use per unit floor area, a fuel-cost-based energy efficiency rating (the SAP Rating) and emissions of CO<sub>2</sub> (the Environmental Impact Rating). These indicators of performance are based on estimates of annual energy consumption for the provision of space heating, domestic hot water, lighting and ventilation. Other SAP outputs include an estimate of appliance energy use, the potential for overheating in the summer and the resultant cooling load. The SAP rating is based on a scale of 0 to 100, 0 being very inefficient and 100 would be a positive contributor.

- 7.5 We set out below a summary of the RdSAP results by score and banding, these scores based on the previous phases of surveys but, exclude the current phase as we are currently unable to process RdSAP10 data.

| SAP Score | Number of Properties | Banding |
|-----------|----------------------|---------|
| 92+       | 10                   | SAP A   |
| 81 to 91  | 184                  | SAP B   |
| 69 to 80  | 4,602                | SAP C   |
| 55 to 68  | 6,992                | SAP D   |
| 39 to 54  | 381                  | SAP E   |
| 21 to 38  | 7                    | SAP F   |
| 1 to 20   | 5                    | SAP G   |

- 7.6 St Leger Homes has set a target to achieve a minimum SAP C for every property by 2030. The current number of properties below a SAP C is 7,385 which equates to approximately 60%. By comparison, the sector average is circa 30% and therefore, this is high in the context of the sector. However, there are 4,174 properties (57%) that are within 5 SAP points of a SAP C and therefore, minimal investment may be needed to bring these properties up to a SAP C. We would recommend a separate piece of work is commissioned to look at the costs and timings of the work required to achieve SAP C for all properties by 2030.
- 7.7 For the purposes of including an allowance in the costs profiles for the business plan we have allowed an average cost per property of £8k that are below a SAP C for 60% of the stock which equates to £95.5m in the first 5 years.
- 7.8 We understand that the results from our exercise has produced a higher level of properties below SAP C from the data held by St Leger. We would recommend that the discrepancies are explored further to understand the reason for the differences.

## 8.0 DECENT HOMES ASSESSMENT

- 8.1 As part of our survey we have made an assessment of the level of non-decency in the housing stock. A summary of which is set out in the tables below. Please note that these figures are a combination of all phase and cloned for the no access properties. These figures also exclude any Housing Health and Safety Rating System Category 1 fails, as these were reported at the time of the inspection and we understand the repairs are in the process of being carried out.

Number of properties failing the standard

|                                 | Count  |
|---------------------------------|--------|
| Number of Dwelling Failures     | 2,547  |
| Number of Dwellings left Decent | 17,360 |
| Total Number of Dwellings       | 19,907 |
| Percentage of Failures          | 13%    |

Number of components failing the standard.

|                   |                            | Count |
|-------------------|----------------------------|-------|
| Key Component     | Boiler                     | 775   |
|                   | Chimneys                   | 434   |
|                   | External Doors             | 90    |
|                   | External Wall Finishes     | 262   |
|                   | Roof Covering              | 27    |
|                   | Windows                    | 197   |
|                   | Wiring                     | 116   |
|                   | Total                      | 1,901 |
| Non-Key Component | Bathroom                   | 125   |
|                   | Central Heating System     | 0     |
|                   | Kitchen                    | 643   |
|                   | Total                      | 768   |
| Modern Facilities | Bathroom Over 30 Years Old | 125   |
|                   | Kitchen Inadequate Space   | 0     |
|                   | Kitchen Over 20 Years Old  | 643   |
|                   | Total                      | 768   |
| Thermal Comfort   | Inefficient Heating        | 20    |
|                   | Total                      | 20    |
| Total             |                            | 3,457 |

8.2 A decent home, as described by Central Government, is one which is wind and weather tight, warm and has modern facilities. In order for a social landlord to achieve this aim any individual dwelling must meet the following criteria:

**a) Housing Health and Safety Rating System**

This was introduced in 2006 and sets a minimum standard for housing. As discussed, in general terms the Housing Health and Safety Rating System (HHSRS) provides a way that hazards can be assessed. There are 29 in total. If a hazard is a serious and immediate risk to a person's health and safety, this is known as a Category 1 hazard. If a hazard is less serious or less urgent, this is known as a Category 2 hazard. From our survey a Category 1 hazard is classed as 'Severe' and a Category 2 hazard can be classed as 'Moderate' or 'Slight'.

The HHSRS is designed for Environmental Health Officers as a method of calculation and used as evidence to enforce measures against private sector landlords. When the HHSRS was first issued and included as Criterion A within the Decent Homes Standard, this caused many problems, as to do a full scoring calculation on all 29 hazards had massive cost and time implications. The DETR, which is one of the many previous incarnations of DLUHC, produced a guidance note that introduced the indicative method for stock condition surveys and has been used ever since.

The table below shows how the two relate to each other and in relation to Decent Homes. A failure would be deemed as serious under the indicative method, or in excess of 1,000 using the full scoring method.

| Full HHSRS Scoring |             | Category Classification | Indicative Method | Decent Homes |
|--------------------|-------------|-------------------------|-------------------|--------------|
| A                  | 5000+       | Category 1              | Severe            | Fail         |
| B                  | 2,000-4,999 |                         |                   |              |
| C                  | 1,000-1,999 |                         |                   |              |
| D                  | 500-999     | Category 2              | Moderate          | Pass         |
| E                  | 200-499     | Category 2              | Slight            | Pass         |

We set out below a summary of the HHSRS survey finding from the last phase of surveys. As noted at the beginning of the section, these have not been included in the decent homes figures, as the hazards were reported at the time of the inspection and we understand the repairs have been commissioned.

| Hazard                      | Slight       | Moderate   | Severe     | Total        |
|-----------------------------|--------------|------------|------------|--------------|
| Damp/mould                  | 709          | 396        | 0          | 1,105        |
| Falls on level              | 185          | 1          | 0          | 186          |
| Carbon monoxide - Detectors | 130          | 1          | 243        | 374          |
| Fire - Detectros            | 1            | 15         | 437        | 453          |
| Structural failure          | 159          | 71         | 3          | 233          |
| Water supply                | 5            | 0          | 0          | 5            |
| Fire - NOT Detector Related | 43           | 2          | 0          | 45           |
| Carbon monoxide             | 0            | 0          | 3          | 3            |
| Hygiene/pests/refuse        | 39           | 5          | 0          | 44           |
| Excessive cold              | 143          | 6          | 0          | 149          |
| Hot surfaces                | 44           | 2          | 0          | 46           |
| Electric hazards            | 19           | 191        | 77         | 287          |
| Sanitation/drainage         | 54           | 6          | 0          | 60           |
| Falls between levels        | 24           | 5          | 0          | 29           |
| Falls from bath             | 15           | 0          | 0          | 15           |
| Entry by intruders          | 50           | 4          | 0          | 54           |
| Ergonomics                  | 59           | 25         | 0          | 84           |
| Excessive heat              | 2            | 0          | 0          | 2            |
| Falls on stairs/steps       | 92           | 11         | 0          | 103          |
| Uncombusted fuel            | 0            | 1          | 0          | 1            |
| Asbestos                    | 16           | 1          | 0          | 17           |
| Overcrowding                | 7            | 0          | 0          | 7            |
| Inadequate lighting         | 2            | 0          | 0          | 2            |
| Explosion                   | 1            | 0          | 0          | 1            |
| <b>Total</b>                | <b>1,799</b> | <b>743</b> | <b>763</b> | <b>3,305</b> |

Whilst we have not included Category 1 hazards as a Decent Homes fail, there were 763 Cat 1's, of these, 680 (89%) are because of non-compliance with The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022, which come into force on 1<sup>st</sup> October 2022. The Legislation states that, all relevant landlords must:

1. Ensure at least one smoke alarm is equipped on each storey of their home, where there is a room used as living accommodation. This has been a legal requirement in the private rented sector since 2015.

- 
2. Ensure a carbon monoxide alarm is installed in any room used as living accommodation which contains a fixed combustion appliance (excluding gas cookers).
  3. Ensure smoke alarms and carbon monoxide alarms are repaired or replaced once informed and found that they are faulty.

The requirements are enforced by local authorities, who can impose a fine of up to £5,000 where a landlord fails to comply with a remedial notice.

Based on our experience with working with other Housing Providers, this is a common theme and typical of what we see for other housing providers. The failure rate is higher than in previous rounds of stock condition surveys due to the Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022, if you are in breach of the regulation then you do not meet the Government regulatory Decent Homes standard.

The Key point here is to ensure that those that are identified are rectified, and we would also recommend that the specification for the annual gas servicing / electrical testing program is reviewed to ensure this check is carried out, particularly for those properties we have not inspected.

**b) It is a reasonable state of repair**

Dwellings that fail this criteria are those elements such as roofs, rewires, boilers etc that are **old** (i.e. their age exceeds their life cycle) **and in poor condition** (i.e. identified by the surveyor as needing replacement or a major repair).

The elements listed within this criteria are sub-divided into two sections, namely key components and non-key components. Failure of a single key component will fail the dwelling completely, whereas the non-key components require two or more failures to make the property non-decent.

**c) It has reasonably modern facilities and services**

The guidance lists six points of failure and any individual dwelling must fail on three or more items to be deemed as non-decent.

**d) It provides a reasonable degree of thermal comfort**

This criterion requires dwellings to have both effective insulation and efficient heating. A number of tenants have been offered central heating but have refused the work, which is a common problem for organisations trying to achieve decent homes compliance.

8.3 The Decent Homes Standard has been under review for several years. In the Social Housing White Paper, published in November 2020, the Government committed to review the Decent Homes Standard, and in their 2022 Levelling Up White Paper they went further, committing to halve the number of non-decent rented homes by 2030.

8.4 There have been multiple previous rounds of the review. In 2021, the Government gathered feedback on whether the current standard is suitable for the social housing sector and where it may need to be updated to set modernised minimum quality standards. In 2022 it consulted on applying the Decent Homes Standard to the private rented sector.

8.5 In July 2025 the Government issued consultation on the proposed Decent Homes 2 standard however, this has yet to be formally issued. When the Ministry of Housing Communities and Local Government (MHCLG) formally issue the new Decent Homes 2 standard this will need to be reviewed to see if there are any additional financial implications for St Leger.



---

## 9.0 LIMITATIONS OF SURVEY

---

- 9.1 The inspections and report are subject to the limitations set out at **Appendix 5**. These do not go beyond those of normal surveying practice.

## APPENDIX 1

### SUMMARY OF 30 YEAR COSTS

| Programmed Renewals           |                     |                     |                     |                     |                     |                     |                       |
|-------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|
| Element                       | Years 1 to 5        | Years 6 to 10       | Years 11 to 15      | Years 16 to 20      | Years 21 to 25      | Years 26 to 30      | Total                 |
| Programme renewals            | £116,479,930        | £227,021,765        | £208,968,736        | £130,308,819        | £107,400,382        | £142,527,847        | £932,707,481          |
| SAP C                         | £95,553,600         | £0                  | £0                  | £0                  | £0                  | £0                  | £95,553,600           |
| Contingent Major Repairs @ 5% | £10,601,677         | £11,351,088         | £10,448,437         | £6,515,441          | £5,370,019          | £7,126,392          | £51,413,054           |
| <b>Total</b>                  | <b>£222,635,207</b> | <b>£238,372,853</b> | <b>£219,417,173</b> | <b>£136,824,260</b> | <b>£112,770,401</b> | <b>£149,654,240</b> | <b>£1,079,674,135</b> |

All costs are exclusive of Professional Fees, VAT, management and administration costs and are based on today's prices. Costs are inclusive of preliminaries.

|                                     |         |
|-------------------------------------|---------|
| Total number of tenanted properties | 19,907  |
| Average cost per property           | £54,236 |
| Price date                          | Nov-25  |

## APPENDIX 4

### LIMITATIONS OF SURVEY

## LIMITATIONS OF SURVEY

- 1 Repairs and replacements have been costed on a "like for like" replacement basis, with improvements and contingency works dealt with as a separate exercise where they do not clearly form part of the repair process. In the event of remedial works requiring vacation of the property, no allowance has been made in the costings for such relocation.
- 2 Savills have not undertaken structural surveys of the properties and have not inspected woodwork or other parts of the structure, which were covered, unexposed or inaccessible. It is therefore not possible to report that such parts are free from defects.
- 3 Inspections have not been made of flues, ducts, voids or any similarly enclosed areas, access to which was not readily available at the time of our inspection and we are therefore unable to report that such areas remain free from defect.
- 4 No specific inspection or specialist testing has been undertaken to establish whether high alumina cement concrete, calcium chloride additives, woodwall slab permanent formwork construction, asbestos or other deleterious materials are present within the construction.
- 5 No samples have been taken nor any analysis made of the sulphate content of the load bearing sub-soil adjacent to the foundations.
- 6 No testing of electrical, mechanical, water, drainage, air conditioning, lifts or other services have been undertaken by Savills.
- 7 Savills have not made any formal enquiries in respect of existing user rights, town planning and road widening, legal interests, fire certificates, effluent agreements, party wall agreements, prescriptive rights, easements, wayleaves, statutory consents or contaminated land.
- 8 Our total aggregate liability to you in connection with the performance of the Stock Condition Survey or otherwise (howsoever it arises and whether under this letter or agreement collateral to this) shall in no circumstances exceed £5m. For the avoidance of doubt, we shall not be liable for any indirect loss, including but not limited to loss of: profit, business, contracts, revenues or anticipated savings or any special, indirect or consequential damage of any nature whatsoever.
- 9 We have not included in our calculations any costs or fees incurred which might arise from the application of the Party Wall Act 1996.
10. Savills has endeavoured to categorise all Housing Health and Safety Rating System (HHSRS) hazards, to enable the customer to prioritise these effectively however, it remains for each customer to review the assessment outcomes and to determine the most appropriate timescale for completion of the remedial actions so as to ensure legal compliance.

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

|                         |  |
|-------------------------|--|
| <b>Title:</b>           | Board Members Expenses, Attendance Register and Register of Interest Record  |
| <b>Action Required:</b> | Board are asked to note the information as an accurate record and approve minor changes to the Board Member Expense Policy |
| <b>Item:</b>            | 16   |
| <b>Prepared by:</b>     | Chris Margrave, Chief Executive  |
| <b>Date:</b>            | 04 December 2025   |

### 1. Summary

- 1.1 The Governance Assurance Framework directs that details of attendance and expenses claimed are brought to the Board on a regular basis. Any concerns regarding the level of attendance by members of the Board and Committees and expenses claimed are discussed with the Chair, outside of Board Meetings.

### 2. Background

- 2.1 The Governance Assurance Framework was reviewed by Board in July 2019. The Framework directs that Board and Committee Members are required to register their attendance at both formal and informal meetings and training sessions. It further directs that a report should be compiled and presented six monthly, which includes information on the expenses claimed in attending such meetings and events.

### 3. VFM Considerations

- 3.1 From October 2011 both Tenant and Independent Board Members have an Agreement for Services. Board Members nominated from the Council receive no remuneration directly from the company as membership of SLHD Board is regarded as part of their Council duties.
- 3.2 In addition to Board and Committee meetings, attendance at training when appropriate ensures that Board Members have the level of skills and experience required to consider the information presented and make decisions. A copy of the attendance registers can be found at Appendix A.
- 3.3 A Board strategic planning meeting took place on 6 November 2025.

### 4. Financial Implications

- 4.1 For the financial year 2025/2026 a budget of £35,120.00 was included within the overall budget. Expenditure to date is £10,071.80 and the projected outturn remains at £35,120.00

### 5. Declarations of Interest

- 5.1 It is deemed best practice under the National Housing Federation Code of Governance to regularly review and publish the declarations of interest for Board Members. We will report

these on an annual basis and they are attached at Appendix B. Board Members are reminded that they should notify us of any changes as soon as possible.

## **6. Legal Implications**

6.1 The Articles of Association requires that Board Members sign the statement of Board Members Obligations. Section 16 states the obligations of Board Members to be:

- an obligation to read Board papers and to attend meetings, training sessions and other relevant events; it also states:-

6.2 • Disqualification and Removal of Board Members (section 25) – A person shall be ineligible for appointment to the Board and if already appointed shall immediately cease to be a Board Member if the relevant individual:

- Shall for more than three consecutive meetings have been absent without permission of the Board from meetings of the Board held during that period and the Board resolves that their office be vacated; or
- In any period of 12 months, they shall have been absent (without the permission of the Board Members) from at least 50% of the meetings of Board Members held during that period and the Board Members resolve that their office be vacated.

6.3 The Board are asked to consider that if any Board Member falls under Section 16 any recommendations for actions by the Board are then further considered by the Chair, who will take whatever actions he considers appropriate and report these to a later meeting.

## **7. Board Member's Code of Conduct**

7.1 The Board Member's Code of Conduct was reviewed and approved in December 2023 and was based on the template document from the National Housing Federation (NHF). All new Board Members are provided with a copy of the code and are asked to sign to confirm that they have read it.

## **8. Board Members Expenses Policy**

8.1 The Board Member expenses policy has been reviewed, minor changes have been made since the last review in 2022.

Board Members are asked to approve this policy.

Board Members are also asked to familiarise themselves with the Board Members Expenses Policy to ensure that all claims are made within the remit of the Policy. The Policy is attached at Appendix C.

## **9. Risk**

9.1 Failure to adhere to the Company's regulations could expose St Leger Homes to a lack of strategic leadership and for the decision making process to be compromised by a lower standard of scrutiny and challenge.

## **10. Background Papers**

10.1 Appendix A – Board and Committee Member Attendance Records  
Appendix B - Declaration of Interests  
Appendix C –Board Member Expenses Policy

## Main Board Attendance Record

|                       | 05-Jun-25 | 03-Jul-25 | 07-Aug-25 | 02-Oct-25 | Total meetings<br>attended | Total meetings<br>held | %   |
|-----------------------|-----------|-----------|-----------|-----------|----------------------------|------------------------|-----|
| BOARD MEMBER          |           |           |           |           |                            |                        |     |
| Dave Wilkinson, Chair | Cancelled | 1         | 1         | 1         | 3                          | 3                      | 100 |
| Chris Margrave        |           | 1         | 1         | 1         | 3                          | 3                      | 100 |
| Susan Jones           |           | 1         | 1         | 1         | 3                          | 3                      | 100 |
| Milcah Walusimbi      |           | 1         | 1         | A         | 2                          | 3                      | 67  |
| Trevor Mason          |           | 1         | 1         | 1         | 3                          | 3                      | 100 |
| Barry Keable          |           | 1         | A         |           | 1                          | 2                      | 50  |
| Keiran Lay            |           | 1         | 1         |           | 2                          | 2                      | 100 |
| Steve Cox             |           | 1         | 1         | 1         | 3                          | 3                      | 100 |
| Sue Farmer            |           |           | 1         | 1         | 2                          | 2                      | 100 |
| Phil Cole             |           |           |           | A         | 0                          | 1                      | 0   |
| Maureen Tennison      |           |           |           | 1         | 1                          | 1                      | 100 |
| Rodger Haldenby       |           |           |           | 1         | 1                          | 1                      | 100 |
| Glyn Whiting          |           |           |           |           | 0                          | 0                      | 0   |

### KEY

Apologies Received  
Attendance  
Not applicable

|   |
|---|
| A |
| 1 |
|   |



## Audit & Risk Committee Attendance Record

|                     | 07-Jul-25 | 03-Nov-25 | Total meetings<br>attended | Total meetings<br>held | %   |
|---------------------|-----------|-----------|----------------------------|------------------------|-----|
| <b>Board Member</b> |           |           |                            |                        |     |
| Trevor Mason, Chair | 1         | 1         | 2                          | 2                      | 100 |
| Susan Jones         | 1         | A         | 1                          | 2                      | 50  |
| Milcah Walusimbi    | 1         | A         | 1                          | 2                      | 50  |
| Steve Cox           |           | A         | 0                          | 1                      | 0   |
| Rodger Haldeby      |           | 1         | 1                          | 1                      | 100 |
| Kath Smart          |           | 1         | 1                          | 1                      | 100 |

### KEY

Apologies Received

A

Attendance

1

Not applicable

## Customers & Performance Committee Attendance Record

|                     | 18-Sep-25 | 13-Nov-25 | Total meetings<br>attended | Total meetings<br>held | %   |
|---------------------|-----------|-----------|----------------------------|------------------------|-----|
| <b>BOARD MEMBER</b> |           |           |                            |                        |     |
| Milcah Walusimbi    | A         |           | 0                          | 1                      | 0   |
| Dave Wilkinson      | 1         |           | 1                          | 1                      | 100 |
| Maureen Tennison    | 1         | 1         | 2                          | 2                      | 100 |
| Phil Cole           | 1         | 1         | 2                          | 2                      | 100 |
| Keiran Lay          | A         |           | 0                          | 1                      | 0   |
| Rodger Haldenby     |           | 1         | 1                          | 1                      | 100 |
| Glyn Whiting        |           |           | 0                          | 0                      | 0   |

### KEY

Apologies Received

A

Attendance

1

Not applicable



Building Safety and Compliance Committee Attendance Record

| BOARD MEMBER          | 04-Sep-25 | 29-10-2025<br>(Special<br>Committee) | 20-Nov-25 | Total meetings<br>attended | Total meetings<br>held | %   |
|-----------------------|-----------|--------------------------------------|-----------|----------------------------|------------------------|-----|
| Dave Wilkinson, Chair | 1         | 1                                    | 1         | 3                          | 3                      | 100 |
| Phil Cole             |           | 1                                    | 1         | 2                          | 2                      | 100 |
| Trevor Mason          | 1         | 1                                    | 1         | 3                          | 3                      | 100 |
| Barry Keable          | 1         |                                      |           | 1                          | 1                      | 100 |
| Steve Cox             | 1         | 1                                    | 1         | 3                          | 3                      | 100 |
| Rodger Haldenby       |           | 1                                    | 1         | 2                          | 2                      | 100 |

KEY

Apologies Received  
Attendance  
Not applicable

|   |
|---|
| A |
| 1 |
|   |

## Employment & People Committee Attendance Record

| BOARD MEMBER          | 24-Feb-25 | 03-Sep-25 | Total meetings<br>attended | Total meetings<br>held | %   |
|-----------------------|-----------|-----------|----------------------------|------------------------|-----|
| Dave Wilkinson, Chair | 1         | 1         | 2                          | 2                      | 100 |
| Chris Margrave        | 1         | 1         | 2                          | 2                      | 100 |
| Susan Jones           | 1         | 1         | 2                          | 2                      | 100 |
| Milcah Walusimbi      | 1         | 1         | 2                          | 2                      | 100 |
| Sue Farmer            |           | A         | 0                          | 1                      | 0   |

### KEY

Apologies Received

A

Attendance

1

Not applicable

Board Training Records

|                        | Board Stock Tour | Role of a Board member | Total meetings attended | Total meetings held | %   |
|------------------------|------------------|------------------------|-------------------------|---------------------|-----|
| BOARD MEMBER           | 24.04.25         | 06.11.25               |                         |                     |     |
| David Wilkinson, Chair | 0                | 1                      | 1                       | 1                   | 100 |
| Chris Margrave         | 0                | 1                      | 1                       | 1                   | 100 |
| Phil Cole              | 0                | 1                      | 1                       | 1                   | 100 |
| Richard Allan Jones    | 0                |                        | 0                       | 1                   | 0   |
| Susan Jones            | 0                | 1                      | 1                       | 1                   | 100 |
| Trevor Mason           | 0                | 1                      | 1                       | 1                   | 100 |
| Milcah Walusimbi       | 1                | 1                      | 2                       | 2                   | 100 |
| Barry Keable           | 0                |                        | 0                       | 1                   | 0   |
| Sarah Smith            | 0                |                        | 0                       | 1                   | 0   |
| Karen Leroy            | 0                |                        | 0                       | 1                   | 0   |
| Steve Cox              |                  | 1                      | 1                       | 1                   | 100 |
| Sue Farmer             |                  | 1                      | 1                       | 1                   | 100 |
| Phil Cole              |                  | 1                      | 1                       | 1                   | 100 |
| Rodger Haldenby        |                  | 1                      | 1                       | 1                   | 100 |
| Maureen Tennison       |                  | 1                      | 1                       | 1                   | 100 |
| Kath Smart             |                  | 1                      | 1                       | 1                   | 100 |
| Glyn Whiting           |                  |                        | 0                       | 0                   | 0   |

|   |                              |
|---|------------------------------|
| 1 | Complete                     |
| 1 | Complete via video recording |
| × | Not attending                |
|   | Not required                 |
|   | Not applicable               |

## Board Strategic Planning Attendance Record

|                       | Nov-25 | Total meetings<br>attended | Total meetings<br>held | %   |
|-----------------------|--------|----------------------------|------------------------|-----|
| <b>BOARD MEMBER</b>   |        |                            |                        |     |
| Dave Wilkinson, Chair | 1      | 1                          | 1                      | 100 |
| Chris Margrave        | 1      | 1                          | 1                      | 100 |
| Susan Jones           | 1      | 1                          | 1                      | 100 |
| Milcah Walusimbi      | 1      | 1                          | 1                      | 100 |
| Trevor Mason          | 1      | 1                          | 1                      | 100 |
| Sue Farmer            | 1      | 1                          | 1                      | 100 |
| Steve Cox             | 1      | 1                          | 1                      | 100 |
| Phil Cole             | 1      | 1                          | 1                      | 100 |
| Rodger Haldenby       | 1      | 1                          | 1                      | 100 |
| Maureen Tennison      | 1      | 1                          | 1                      | 100 |
| Kath Smart            | 1      | 1                          | 1                      | 100 |
| Glyn Whiting          |        | 0                          | 0                      | 0   |

### KEY

Apologies Received

Attendance

Not applicable

|   |
|---|
| A |
| 1 |
|   |

## St Leger Homes of Doncaster Limited

### Register of Board Members' Interests Revised following 2025 AGM

| Name             | Category | Interest  | Date Interest Arose                  | Date Interest Ceased | Date of Retirement |
|------------------|----------|---|--------------------------------------|----------------------|--------------------|
| Dave Wilkinson   | IBM      | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |                                      |                      |                    |
| Roger Haldenby   | TBM      | <ul style="list-style-type: none"> <li>Tenant of DMBC owned property</li> </ul>   | 18.08.1996                           |                      |                    |
| Maureen Tennison | TBM      | <ul style="list-style-type: none"> <li>Tenant of DMBC owned property</li> <li>Edlington Community Organisation (Trustee / Volunteer)</li> <li>Friends of Martinwells Lake (Committee Member)</li> <li>Edlington Royal TARA (Committee member / Treasurer)</li> <li>Edlington Community Organisation – Small Grants</li> </ul> | On incorporation                     |                      |                    |
| Milcah Walusimbi | TBM      | <ul style="list-style-type: none"> <li>Tenant of DMBC owned property</li> <li>Employee of City of Doncaster Council</li> </ul>  | 14.12.2010<br>27.02.23               |                      |                    |
| Trevor Mason     | IBM      | <ul style="list-style-type: none"> <li>N/A</li> </ul>   |                                      |                      |                    |
| Susan Jones      | IBM      | <ul style="list-style-type: none"> <li>Owner - Jones Management Solutions Ltd</li> <li>BSJ Corporate Services Limited</li> </ul>  | 06.04.19<br>September 2025           |                      |                    |
| Phil Cole        | IBM      | <ul style="list-style-type: none"> <li>Councillor of Doncaster Metropolitan Borough Council</li> <li>Volunteer at Friends of Martinwells Lake</li> <li>Warmsworth Parish Council</li> </ul>   | 2021<br><br>2010<br>2021             | June 2025            |                    |
| Steve Cox        | CBM      | <ul style="list-style-type: none"> <li>Councillor of Doncaster Metropolitan Borough Council</li> <li>Shape House (Doncaster) LTD</li> <li>HKJ Properties</li> </ul>   | 2015<br><br>19.06.2025<br>09.05.2018 |                      |                    |

|                    |                 |  |  |          |          |
|--------------------|-----------------|--|--|----------|----------|
|                    |                 | <ul style="list-style-type: none"> <li>Intake Community CTO</li> </ul>   | 03.06.2025                                   |          |          |
| Sue Farmer         | CBM             | <ul style="list-style-type: none"> <li>Councillor of Doncaster Metropolitan Borough Council</li> <li>BP Care LTD</li> <li>Star Fox Delivery Service LTD</li> <li>2 Sisters are Tenants of DMBC owned Properties</li> </ul>   | 2021<br>11.05.2010<br>29.07.2017             |          |          |
| Glyn Whiting       | CBM             | <ul style="list-style-type: none"> <li>Councillor of Doncaster Metropolitan Borough Council</li> </ul>   | June 2025                                    |          |          |
| Chris Margrave     | Chief Executive | <ul style="list-style-type: none"> <li>Chief Executive of St Leger Homes of Doncaster</li> <li>Non-Executive Director of St Leger Homes of Doncaster</li> </ul>  | 06.05.24<br>06.05.24                         |          |          |
| Kath Smart         | Co-opted BM     | <ul style="list-style-type: none"> <li>NED – Doncaster &amp; Bassetlaw NHS Foundation Trust</li> <li>NED – H Communities LTD (Bradford)</li> <li>NED – Acis Group (due to end 29/09/2025)</li> <li>Independant Trust Associate Manager (Mental Health) for RDASH – on a seasonal basis</li> </ul>  | 21.08.2025<br>18.09.2025<br>25.09.2017       | 25.09.25 |          |
| Retired / Resigned |                 |  |  |          |          |
| Barry Keable       | TBM             | <ul style="list-style-type: none"> <li>Tenant of City of Doncaster Council</li> </ul>  | 20.02.17                                     |          | 16.09.25 |
| Karen Leroy        | TBM             | <ul style="list-style-type: none"> <li>Tenant of DMBC owned property</li> </ul>  | 28.09.2012                                   |          | April 25 |
| Sarah Smith        | CBM             | <ul style="list-style-type: none"> <li>Councillor of Doncaster Metropolitan Borough Council</li> <li>Artist at Sarah Smizz – Sole Trader</li> <li>Lecturer at Sheffield Hallam University</li> <li>Researcher at Sheffield Hallam University</li> <li>Contract with East Yorkshire Riding Council</li> <li>Contract with British Museum</li> </ul> | 2021<br>2015<br>2012<br>2016<br>2018<br>2024 |          | June 25  |



|                     |     |  |   |            |            |
|---------------------|-----|--|---|------------|------------|
|                     |     | <ul style="list-style-type: none"> <li>• Tenant of DMBC owned property</li> <li>• Volunteer at Woodland Library</li> <li>• Volunteer at Camp Get Together</li> </ul>   | 2005<br>2022<br>2022  |            |            |
| Keiran Lay          | CBM | <ul style="list-style-type: none"> <li>• Councillor of Doncaster Metropolitan Borough Council</li> <li>• Sister is a Tenant of a DMBC owned Property</li> <li>• Member of Travis Educational Foundation</li> </ul> | May 2025  |            | October 25 |
| Richard Allan Jones | CBM | <ul style="list-style-type: none"> <li>• Councillor of Doncaster Metropolitan Borough Council</li> <li>• Finningley Parish Council</li> </ul>  | May 2014 (although had previously been a councillor before that he missed a year)<br><br>May 2023 | April 2024 | June 25    |
| Stuart Booth        | IBM | <ul style="list-style-type: none"> <li>• Employee of Paystream Max Ltd</li> </ul>  | 17.10.22  |            | 16.01.25   |



## **POLICY DOCUMENT**

### **Expenses for Board Members**

|  |  |
|--|--|
| <b>POLICY TITLE:</b>                               | <b>Expenses for Board Members</b>                              |
| <b>LEAD OFFICER:</b>                               | <b>Chris Margrave</b>  |
| <b>DATE APPROVED:</b>                              | <b>December 2025</b>   |
| <b>APPROVED BY:</b>                                | <b>Board</b>   |
| <b>IMPLEMENTATION DATE:</b>                        | <b>Immediate</b>   |
| <b>DATE FOR NEXT REVIEW:</b>                       | <b>December 2029</b>   |
| <b>ADDITIONAL GUIDANCE:</b>                        | <b>Board Member Code of Conduct, SLHD Governance Framework</b> |
| <b>ASSOCIATED CUSTOMER PUBLICATIONS:</b>           | <b>N/A</b>   |
| <b>TEAMS AFFECTED:</b>                             | <b>SLHD Board Members</b>                                      |
| <b>THIS POLICY REPLACES WITH IMMEDIATE EFFECT:</b> | <b>December 2025</b>   |

# DOCUMENT CONTROL

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

## Revision History

|                               |                                |
|-------------------------------|--------------------------------|
| <b>Date of this revision:</b> | December 2025                  |
| <b>Date of next review:</b>   | December 2029                  |
| <b>Responsible Officer:</b>   | Director of Corporate Services |

| <b>Version Number</b> | <b>Version Date</b> | <b>Author/Group commenting</b> | <b>Summary of Changes</b> |
|-----------------------|---------------------|--------------------------------|---------------------------|
|                       |                     |                                |                           |
|                       |                     |                                |                           |

|             |         |               |                |
|-------------|---------|---------------|----------------|
| Page        | Version | Date          | Author         |
| Page 1 of 8 | 5.0     | December 2025 | Chris Margrave |
| File Path   |         |               |                |

## Policy Creation and Review Checklist

| Action  | Responsible Officer        | Date Completed                               |
|---|----------------------------|--|
| Best practice researched (Housemark, HQN, Audit Commission, general websites) | Governance Service Manager | Moderate research carried out December 2025  |
| Review current practices from similar organisations                           | Governance Service Manager | Moderate research carried out September 2025 |
| Review customer satisfaction data from the area the policy relates to         |                            | N/A  |
| Review Customer complaints from the area the policy relates to                |                            | N/A  |
| Undertake customer consultation if applicable                                 |                            | N/A  |
| Staff consultation if applicable  |                            | N/A  |
| Trade Union consultation if applicable  |                            | N/A  |
| Stakeholder consultation if applicable  |                            | N/A  |
| Equality Analysis   |                            |  |

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

|             |         |               |                |
|-------------|---------|---------------|----------------|
| Page        | Version | Date          | Author         |
| Page 2 of 8 | 5.0     | December 2025 | Chris Margrave |
| File Path   |         |               |                |



# POLICY DOCUMENT

## Expenses for Board Members

### 1. Introduction

- 1.1 As set out in ALMO Guidance published in October 2004, Ministers agreed that ALMOs should be given the same opportunities as Registered Social Landlords to pay their Board Members. The decision was made to pay St Leger Homes of Doncaster (SLHD) Board Members.
- 1.2 In addition to this pay Board Members may claim reimbursement from SLHD for wholly necessary and reasonable out-of-pocket expenses to meet the costs they incur in carrying out their approved SLHD duties. These include representing SLHD at board and committee meetings, training events and conferences etc.

No member should be disadvantaged financially when attending SLHD business and reimbursement will be made providing arrangements are made in line with this policy.

### 2. Purpose

- 2.1 The purpose of the policy is to provide guidance to Board members on their entitlement to claim wholly necessary and reasonable expenses, and the principles and rules adopted to ensure that members are reimbursed fairly and consistently.

### 3. Scope

- 3.1 This policy applies to Board Members only and sets out the expenses and amounts that may be reimbursed in connection with their approved duties.

### 4. Responsibilities

- 4.1 SLHD respects the integrity of each Board Member and expects expense claims to be made honestly and accurately. The responsibility lies with the claimant to seek authorisation prior to incurring any cost that is not explicitly allowable under this policy.

| Page        | Version | Date          | Author         |
|-------------|---------|---------------|----------------|
| Page 3 of 8 | 5.0     | December 2025 | Chris Margrave |
| File Path   |         |               |                |

## 5. Policy

### 5.1 Approved Duties

- 5.1.1 The definition of company 'approved duties' for the purposes of this policy is Board Meetings, Meetings of Committees established by the Board, Ad-hoc meetings arranged by the Board, training events, or any other duty a member is invited to perform by SLHD, or by a body/organisation to which the Member has been appointed to or nominated for by SLHD.

Duties which are not covered would include attendance at meetings of political groups or meetings with constituents or tenants etc.

It should be noted however that certain conditions and exclusions apply and the responsibility lies with the claimant to seek authorisation prior to incurring any cost that is not explicitly allowable under this policy.

### 5.2 General Rules and Principles

- 5.2.1
- Claims can only be made where expenditure is wholly necessary and actually incurred for the purpose of attending SLHD approved duties.
  - All claims must be reasonable. Any expenditure above the reasonable is strictly a private matter and will be recovered from the Board Member. See section 5.3 for the principles of reasonableness.
  - Attendance at external training events, seminars and conferences should be agreed by the Chair of the Board or Chief Executive.
  - Wherever possible, payment should be made directly to a company by SLHD. Where direct payment is not possible, the cost will be reimbursed subject to compliance with the points above.
  - Members attending any meeting on behalf of their employing organisations where an expenses policy is in place will be ineligible to apply.
  - All claims must be submitted to the Executive Support Team on the approved claim form and be authorised by the Head of Service - Finance and Business Assurance or the Director of Corporate Services for Board Members or Director of Corporate Services or the Chief Executive for the Chair of the Board.
    - Claim forms not completed properly; including items outside the scope of the policy or those not properly authorised will not be paid and will be returned to the claimant for correction.
  - All claim forms must be supported by the original receipt/invoice. Claims cannot be reimbursed without supporting original invoices or receipts.

| Page        | Version | Date          | Author         |
|-------------|---------|---------------|----------------|
| Page 4 of 8 | 5.0     | December 2025 | Chris Margrave |
| File Path   |         |               |                |

- Expense claims for alcoholic drinks are not permitted.
- All expenses included in this policy will be made to the claimant's bank account through payroll. Expense claims must not be paid through petty cash.
- Claims must be submitted within three months (every quarter year) of the expenditure occurring.
- Records of all claims made will be kept on file for audit purposes by the Executive Support Team.

Any attempt to falsify an expenses claim will be considered to be fraudulent and appropriate action will be taken against the claimant. Where, with reasonable care, the authorising signatory should have recognised the fraudulent nature of the claim then action may also be considered in relation to this failure.

### **5.3 Reasonableness**

- 5.3.1 All expenditure incurred by SLHD, particularly in respect of hotel accommodation and meals must be reasonable. Reasonableness should be judged by the Board Member against the particular circumstances.
- 5.3.2 A test for reasonableness is to ask how the expenditure of public monies in these circumstances would be viewed on external scrutiny.

### **5.4 Expenses Authorised for Reimbursement**

- 5.4.1 Reimbursement is available for the following expenses providing the costs are incurred whilst travelling to or attending approved duties:

- Car Travel Rates
- Car Park Charges
- Public Transport – train /bus/taxi journeys
- Meals
- Childcare Costs
- Dependent Care
- Hotel Accommodation

#### **5.4.2 Car Travel**

When claiming for car travel the claimant must hold a current, full driving licence and the vehicle must have appropriate 'business use' insurance cover. The claimant and vehicle must comply with all the other requirements for use on public roads.

- Mileage claims will be reimbursed for the full distance travelled based on the basis of £0.45 per mile for the first 10,000 miles and £0.25 thereafter.

| Page        | Version | Date          | Author         |
|-------------|---------|---------------|----------------|
| Page 5 of 8 | 5.0     | December 2025 | Chris Margrave |
| File Path   |         |               |                |

- Mileage should be claimed as business use and as such is not taxable.
- Representatives are encouraged to car share whenever possible. In this instance the claim can only be made by the individual who has incurred these expenses (i.e. the driver).
- In order to comply with Inland Revenue tax regulations all VAT fuel receipts must be retained. It is the claimant's responsibility to retain VAT fuel receipts for a period of 6 financial years (April – March) plus the current year. Receipts may be required for inspection by HMRC.

#### 5.4.3 Car Parking

- Charges will be reimbursed at the actual cost of parking, subject to submission of receipts with the completed claim form. Parking fines cannot be claimed.

#### 5.4.4 Train / Bus Journeys / Taxi

- Expenses will be reimbursed for the full amount subject to the submission of the ticket / receipt with the claim form.
- As far as possible, rail tickets should be arranged in advance via the Executive Support Team. This is to ensure advantage is taken of advance purchase tickets and other reductions.
- All rail travel will be by standard class. If first class tickets are purchased, any reimbursement will be for standard class travel only.
- SLHD will meet the cost of a taxi reasonably incurred for safety reasons or where the venue is of such location that no public transport is available, or it would be inefficient to use public transport. Special consideration will be made for Members with mobility problems. A taxi account with has been established should Members require this facility.

#### 5.4.5 Meals

When it is necessary to take a meal whilst attending company business, limits set out in the employee Mileage and Expense policy should be observed (inclusive of drinks):

- Claims for meals should be supported by the appropriate receipts, and will be reimbursed for the amount actually paid, up to a maximum of the limits shown above. If no receipt is provided, then the claim will be disallowed.
- Expense claims for alcoholic drinks are not permitted.

|             |         |               |                |
|-------------|---------|---------------|----------------|
| Page        | Version | Date          | Author         |
| Page 6 of 8 | 5.0     | December 2025 | Chris Margrave |
| File Path   |         |               |                |



#### 5.4.6 Childcare

- Childcare costs will be reimbursed providing a registered childcare provider has undertaken the care of the child.
- Invoices from the carer must be provided which show registration details, the hourly rate and the number of hours provided.
- Reimbursement can only be made if the childcare is outside of normal childcare arrangements and as a result of attendance at company approved duties.

#### 5.4.7 Dependent Care

- The actual cost of dependent care will be reimbursed providing a registered carer has been used.
- Receipts must be provided for reimbursement and must show details of registered carer status.
- Reimbursement can only be made if the care is outside of normal care arrangements and as a result of attendance at company approved duties.

#### 5.4.8 Accommodation

- Where it is wholly necessary SLHD will meet the cost of suitable overnight accommodation needed to enable Board Members to carry out their approved duties.
- As far as possible, bookings should be made in advance via the Executive Support Team. This is to ensure advantage is taken of advance bookings and other reductions.
- If bookings cannot be made in advance hotel accommodation costs must be reasonable (see paragraph 5.3)

#### 5.4.9 Other Support

- Consideration may be given to other forms of assistance if required.
- Requests should be made directly to the Chair and the responsibility lies with the claimant to seek authorisation prior to incurring any cost that is not explicitly allowable under this policy.

### 5.5 **Tax and Benefit Implications**

5.5.1 Individual Board Members (not SLHD) are responsible for the notification of eligible income, including equipment, in tax and welfare benefit calculations to HMRC. Board Members, particularly those in receipt of benefits are

| Page        | Version | Date          | Author         |
|-------------|---------|---------------|----------------|
| Page 7 of 8 | 5.0     | December 2025 | Chris Margrave |
| File Path   |         |               |                |

encouraged to seek specialist advice on their individual circumstances from Inland Revenue.

## **6. Monitoring and Review**

- 6.1 All claims made will be recorded by the Executive Support Team and kept on file for audit purposes. The expenses policy will be formally reviewed every three years, whilst subsistence allowances will be increased in line any increases agreed for staff members. A review of the policy may be done sooner should there be a specific need to do so.
- 6.2 Expenses claimed by Board members will be reported to Board twice per year. .

## **7. Performance Standards**

- 7.1 N/A

## **8. Partnership issues**

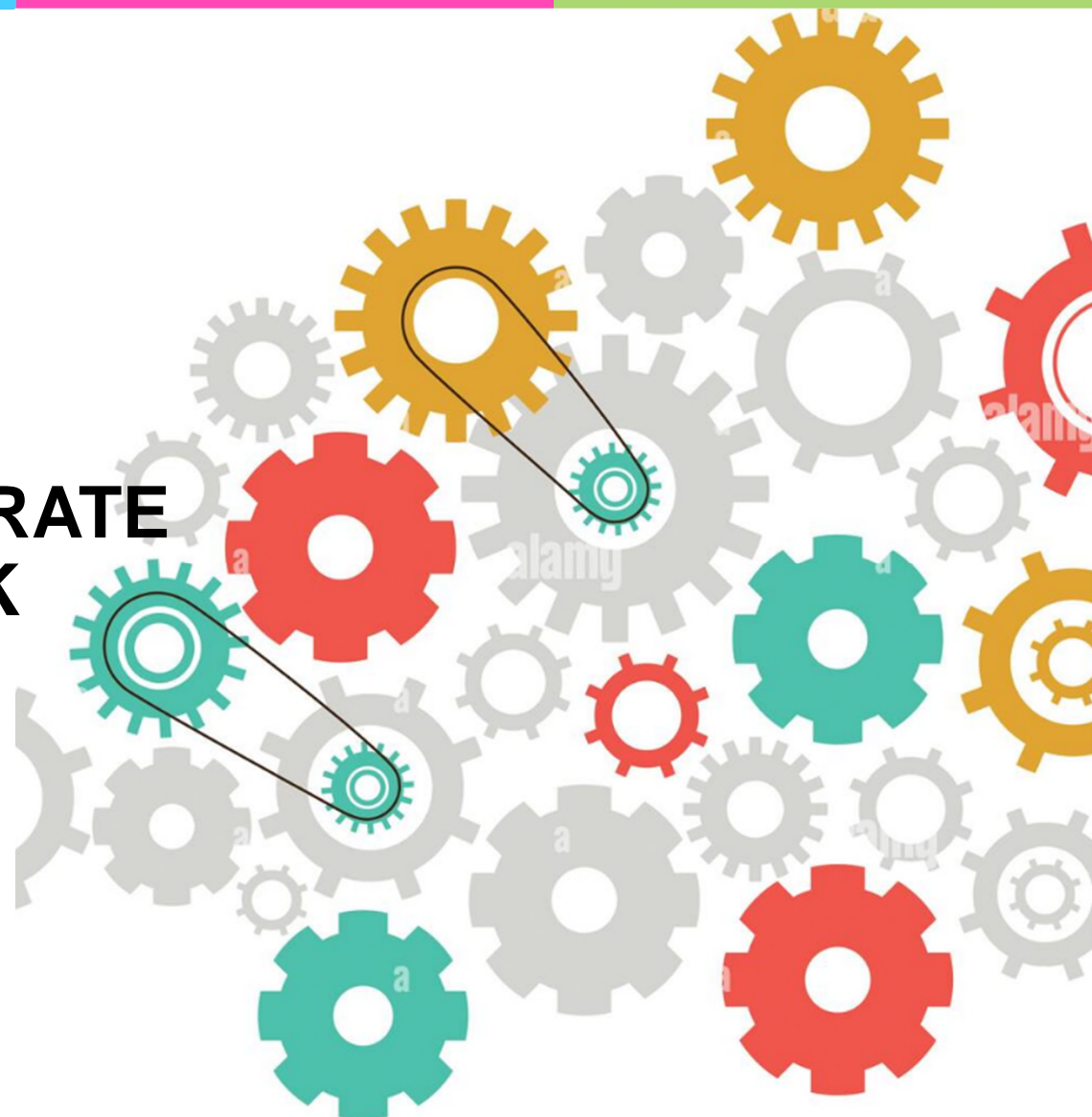
- 8.1 N/A

| Page        | Version | Date          | Author         |
|-------------|---------|---------------|----------------|
| Page 8 of 8 | 5.0     | December 2025 | Chris Margrave |
| File Path   |         |               |                |



# ST LEGER HOMES – CORPORATE MANAGEMENT FRAMEWORK

*Chris Margrave – 4 December 2025*



People

Homes

Communities

Partnership



Our Values are principles that determine our priorities in the way we deal with our customers, our communities and our colleagues



Formally introduced in 2024 with our behaviours framework, and aligned to CIH professional standards



Our framework sets expectations for the behaviours that will help us push through the changes we need to meet future challenges and growth



The framework is built around our Values - there are 2 main SKILLS linked to each Value. Every SKILL is made up of 4 or 5 behaviours



People

Homes

Communities

Partnership

# Corporate management Framework



People

Homes

Communities

Partnership

# Introduction

## Corporate Management Framework

Replaces 4 P's (Pride Progress, Performance and People). Our new values form the foundation of our culture guiding every decision and interaction in St Leger Homes.

## The CORE Framework

Simple

Easy to understand

Easy to apply

## Practical Application

Skills and behaviours will complement and strengthen our CORE values. These will guide every interaction, every day, creating a workplace that thrives on collaboration, accountability, respect, and excellence—driving high performance and success.



People

Homes

Communities

Partnership



# What CORE Stands For

**Customer Connected**

**Ownership**

**Respect**

**Excellence**





# Why CORE?

## Strategic Alignment

CORE values align with ADP's, SDP's and guide daily operational and strategic direction.

## Employee Engagement

Embedding CORE values enhances employee motivation, collaboration, and retention by fostering connection and purpose.

## Customer Trust

CORE values improve customer relationships by building trust, respect, and loyalty through consistent actions.

## Performance

CORE values will shape a high-performing culture by setting clear expectations, celebrating excellence, and addressing performance gaps through regular, constructive reviews. This approach ensures accountability, motivates individuals, and drives continuous improvement across the organisation.



# Embedding CORE

## **Recruitment and Onboarding**

Assess candidates for skills and cultural alignment to embed CORE values from day one.

## **Performance Management – Check Ins/Reviews**

Evaluate and reward behaviors reflecting CORE principles to encourage continuous development.

## **Learning and Development**

Aligned with CORE values by linking learning outcomes directly to them. This approach ensures that every development initiative reinforces our culture and drives continuous improvement across the organisation.

## **Recognition and Role Modeling**

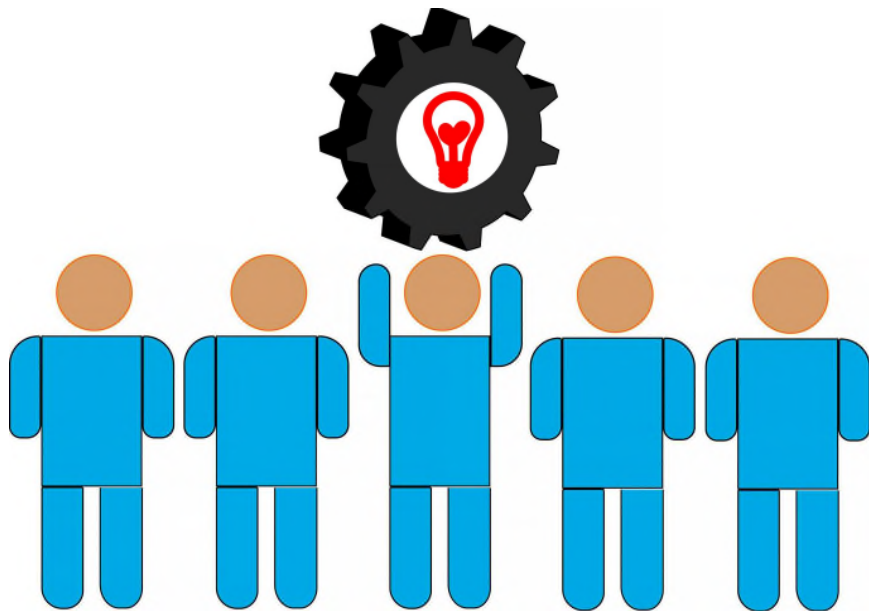
Highlight employees who exemplify CORE values to set standards and inspire others. CORE underpins expectation of managers.

## **Leadership and Culture Building (Management Standards)**

Leaders model CORE behaviors and foster an environment where values are lived daily.



# Next Steps



## CORE Group

The group will continue to meet and feedback to you. Next steps – consider skills, values, management standards, design new check in process and branding. Watch this space!

## Embed and Embrace CORE Values (April 2026)

Each employee is responsible for living Customer Connected, Ownership, Respect, and Excellence daily.

## Share and Inspire

Sharing stories of CORE values in action helps build a culture of recognition and inspiration.

## Participate in Learning

Engage in training sessions, team discussions and workshops to deepen understanding of CORE values application.

# Questions



People

Homes

Communities

Partnership



# **Respect Standard & Commitments Tackling Stigma Tenant Co-Creation**

**Promoting understanding and inclusivity through respect**

**SLHD Board Meeting – 04 December 2025**

*St Leger Homes - Providing homes in neighbourhoods where people are proud to live*

People

Homes

Communities

Partnership

# Background – why we need a Respect Standard



National Stop Social Housing Stigma Campaign

A Better Deal for Social Housing report

Co-creation of the standard

Empowerment and Engagement

Collaboration between staff and tenants

Increase in complaints about staff attitude

Demonstrate our commitment to tackling stigma and being a beacon for respect and dignity



People

Homes

Communities

Partnership

# Purpose of Respect Standard & Commitments



## Purpose



Embed dignity, fairness, & compassion into every customer interaction.



Challenge stigma and negative stereotypes in social housing.



Align with our organisational CORE values and national Stop Social Housing Stigma campaign.

People

Homes

Communities

Partnership

# Why We Need a Respect Standard & Commitments

## What It Aims to Do

- Define what respect means for colleagues, customers, & partners.
- Set clear expectations for behaviour & service delivery.
- Drive culture change through training, communication, & recognition.
- Tackle stigma faced by social housing tenants, enhancing their confidence & wellbeing

## Importance of Co-Creation

- Combines professional insight & lived experience for authenticity.
- Builds trust and ownership across staff & customers.
- Ensures actions are meaningful, inclusive, & practical.

People

Homes

Communities

Partnership

# Origins of the Respect Standard



People

Homes

Communities

Partnership



# The Respect Standard



## Our Definition ....

*Respect means treating every individual customer, colleague, or partner – with dignity, fairness and compassion, regardless of their background, housing status, or personal circumstances.*

People

Homes

Communities

Partnership



# Our Commitments

Listening actively and without judgement.  
Communicating clearly, kindly, & without bias.  
Valued lived experience and recognising the impact of stigma .  
Ensuring consistency & transparency in service delivery.  
Upholding the right of every person to feel safe, heard & valued.

People

Homes

Communities

Partnership



# Organisational commitments

Create a sense of belonging for all communities.

To develop a progressive and diverse workforce, in a workplace free from discrimination and harassment.

To engage customers effectively, encourage and Promote good relations and advance equality in our local communities.

To understand our customers, support their needs and sign post as appropriate.

To ensure the organisation is a leader in inclusion and fairness

People

Homes

Communities

Partnership

# The Connection Between Stigma & Respect-Impact and Strategic Importance



## Addressing Stigma through Respect

- ✓ Respect combats stigma by setting clear expectations on fair & equal treatment in all interactions.

## Strategic Cultural Change

- ✓ The Respect Standard will be embedded into our new CORE values
- ✓ Embedding respect enhances customer experience & promotes equality, driving cultural transformation.



People

Homes

Communities

Partnership

# The Connection Between Stigma & Respect-Impact and Strategic Importance



## Enhancing Reputation and Compliance

- ✓ Respect strengthens compliance with equality standards & improves organisational reputation as inclusive.

## Compassionate and Effective Services

- ✓ Linking respect to stigma reduction fosters empathy & transparency, ensuring compassionate service delivery.



People

Homes

Communities

Partnership

# Embedding the Respect Standard



## Visibility of Standard & Commitments

Respect standards to be displayed prominently in offices & digital platforms to reinforce importance.

## Training and Development

Training programs to be developed to integrate respect & anti-stigma principles for staff, contractors, and partners.

## Policy Integration

Respect & Commitments to be embedded into recruitment, service standards, policies and procedures, & performance frameworks aligned with corporate objectives.

People

Homes

Communities

Partnership

# Embedding the Respect Standard



## Media / Spotlight Campaigns

Linking to initiatives - Standing Up to Stigma Day and our lived experience video campaign.

## Respect & Stigma Champions

We will introduce Respect & Stigma Champions across the organisation to lead by example, promote respect, & challenge negative stereotypes.

## Monitoring and Feedback

Continuous adaptation through feedback loops with customer forums & staff groups strengthens the approach.

People

Homes

Communities

Partnership

# Questions & Discussion



People

Pride

Performance

Progress





**Thank you**

Contact Details:

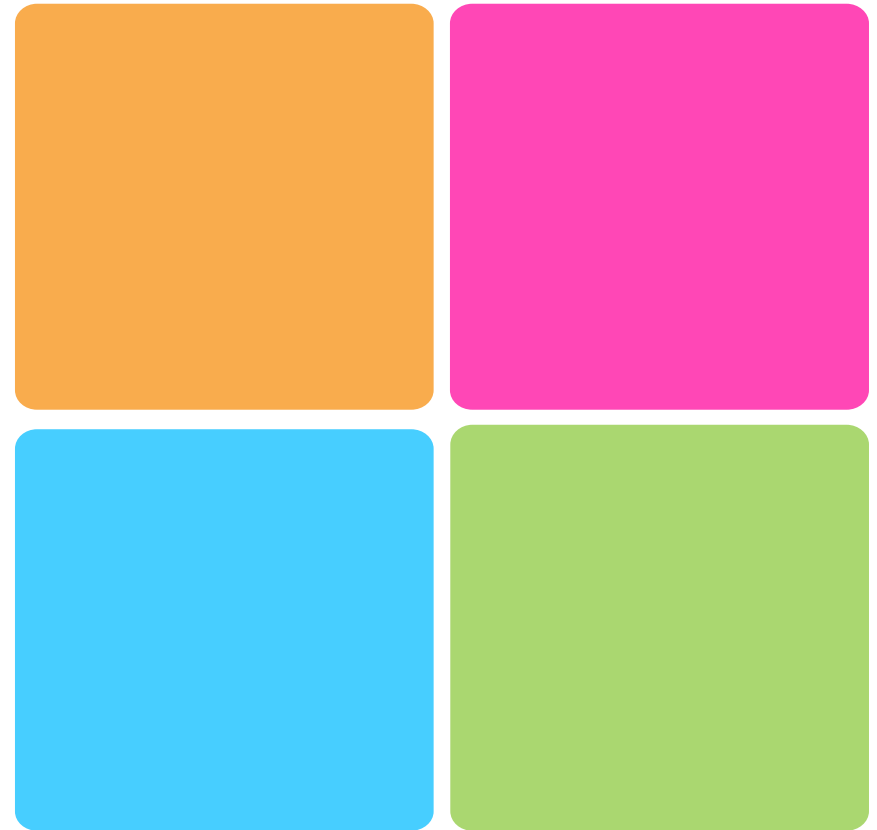
Jane Davies,

Director of Housing & Customer  
Services

[Jane.davies@stlegerhomes.co.uk](mailto:Jane.davies@stlegerhomes.co.uk)

Jayne Hurley, Head of Housing  
Management

[Jayne.hurley@stlegerhomes.co.uk](mailto:Jayne.hurley@stlegerhomes.co.uk)



People

Pride

Performance

Progress

**ST LEGER HOMES OF DONCASTER  
BOARD BRIEFING NOTE**

|                          |   |
|--------------------------|---|
| <b>Title:-</b>           | Customer Service Excellence Accreditation   |
| <b>Action Required :</b> | Board are asked to note the feedback and result following the recent Customer Service Excellence Accreditation Assessment |
| <b>Item No:</b>          | 19  |
| <b>Prepared by:</b>      | Nicky Harvey, Customer Experience Service Manager   |
| <b>Date:</b>             | 04 December 2025  |

**1. Background**

- 1.1 We are proud to have secured reaccreditation for Customer Service Excellence (CSE) for the fourteenth consecutive year. Placing customers at the heart of everything we do remains our priority, and we are delighted that the independent assessment undertaken in September 2025 recognised this commitment.
- 1.2 The CSE standard is assessed on a rolling three-year cycle, covering 57 elements across five main criteria, the full list of questions is provided in Appendix A:
- Customer Insight
  - The Culture of the Organisation
  - Information and Access
  - Delivery
  - Timeliness and Quality of Service
- 1.3 Each year, an independent assessor reviews a third of these elements (19). In this review, 13 out of the 19 elements were rated in the highest category, bringing our total to 32 'Compliance Plus' elements out of 57. The remaining 25 elements are all rated as 'Compliant', with no 'Partial Compliant' elements.

**2. Assessment Process**

- 2.1 The assessment took place on site at Shaw Lane Depot and the process included meetings and visits with internal staff, company managers, and external partners. This year, our external partner meeting was with NHS nurses who work closely with our Damp and Mould Team. Two members of our One Voice Forum participated, and the assessment also included a visit to a tenant's home. In total we submitted over 100 pieces of evidence to support our accreditation.

**3. Assessors Report and Feedback**

- 3.1 The assessor's feedback this year was very positive, congratulating us for maintaining Customer Service Excellence accreditation for fourteen years and described this as an 'excellent achievement.' We were fully compliant in all aspects of the standard, with an impressive total of 32 Compliance Plus

elements. Key highlights from the assessment include:

## **Customer Insight**

- The Tenant Voice Strategy and Action Plan continues to promote increased tenant engagement levels. In addition to the impressive and long-standing Tenant Scrutiny Panel (TSP), the One Voice Forum (OVF) and Get Involved Group (GIG) are growing in numbers.
- 11 of the 12 Tenant Satisfaction Measures (TSMs) introduced by the Regulator of Social Housing in 2023 have improved this year, with overall satisfaction increasing by 5% to 81%. 75% say that tenants' views are listened to and acted upon (up 3%).
- The Tenant Sustainability Team is highly regarded, with 99% of customers still in their tenancies six months after support ended.

## **Culture of the Organisation**

- There is strong corporate commitment to putting the customer at the heart of service delivery, with a clear emphasis on team working and the use of customer insight to improve service delivery.
- Staff feel valued and empowered to participate in the customer focused culture of the service and help customers. Staff pulse surveys are used to assess wellbeing.

## **Information and Access**

- High quality verbal published, and web-based information is produced. The quarterly colourful 'HouseProud' magazine is delivered to all households, with content strongly influenced by tenants and satisfying the various CSE elements that require information to be published to customers.
- Partnership arrangements and wider community activities are outstanding. There are very strong partnership arrangements with other providers particularly City of Doncaster Council.

## **Service Delivery**

- SLHD has challenging standards and sound monitoring procedures for its main services that are used to raise standards and effect continuous improvement.
- SLHD is a low cost, high performing organisation when benchmarked against its peers. The repairs service continues to improve, with 81% of TSM respondents satisfied overall with the repair carried out (up 1%), and 76% satisfied with the waiting time to get their most recent repair done (up 3%). 82% of customers thought their home was well maintained (up 6%).

## **Timeliness and Quality**

- St Leger Homes has clear and measurable standards and monitoring procedures in relation to timeliness and quality of customer service, which are well presented in the Customer Charter and on the Service Standards page on the web site, meriting continued Compliance Plus.

#### **4. Assessor's Recommendations and Ongoing Delivery**

4.1 The assessor did not identify any mandatory improvements but encouraged ongoing focus in several key areas to maintain to further enhance service quality. These areas are:

4.1.1 **Raise satisfaction with complaints handling**

Evidence submitted includes a robust complaints process, annual complaints and service improvement report, and new complaints training for Investigating Officers to improve early resolution and communication which will commence early November 25.

4.1.2 **Continue striving for ambitious satisfaction benchmarks**

Regular monitoring through Tenant Satisfaction Measures (TSMs), action plans, and benchmarking data are supplied to track progress and drive improvement.

4.1.3 **Expand and enhance digital access and self-service options**

The Customer Access Strategy, new website, and self-service tenant portal (My Access) demonstrate ongoing investment and expansion in digital channels.

4.1.4 **Re-introduce Mystery Shopping to monitor service quality**

The report references plans to re-introduce Mystery Shopping and describes tenant-led programmes for service quality assessment.

4.1.5 **Maintain benchmarking and learn from best practice**

Evidence of benchmarking activities, sector memberships, and adopting of best practice was included through the report.

4.1.6 **Keep improving customer journeys through feedback**

Examples of customer journey mapping, feedback-driven changes, and service improvements were provided, especially in repairs and complaints handling.

4.1.7 **Support ongoing staff training and empowerment.**

Evidence was provided which details staff training programmes, empowerment initiatives, and recognition schemes to support a customer-focused culture.

#### **4.2 Summary of Findings**

4.2.1 The evidence submitted demonstrates that all the assessor's recommendations are already being addresses, and we remain committed to building on these strengths to further enhance service quality and customer satisfaction.

4.2.2 During this visit, the assessor observed that Repairs & Maintenance (R&M) represent a significant aspect of our service deliver and has indicated an intention to focus more closely on this area during next year's assessment. This reflects both the importance of R&M to the business and the limited evidence submitted for this area in this year's accreditation process.

4.2.3 To streamline the evidence-gather process for further accreditation, I intend to introduce a dedicated channel where all Head of Service and Senior Managers can upload relevant evidence throughout the year. This approach is designed to make the process more effective and less burdensome, ensuring that

comprehensive evidence is readily available when required.

4.3 The full independent CSE report is attached as Appendix B.

## **5 Communication**

5.1 Press release and internal and external communication have been issued to announce this achievement.

---

| CSE Standard Element |                                 |  |
|----------------------|---------------------------------|--|
| 1.1.2                | Customer Insight                | Customer Identification  |
| 1.2.2                |                                 | Engagement and Consultation  |
| 1.3.2                |                                 | Customer Satisfaction  |
| 1.3.5                |                                 | Customer Satisfaction  |
| 2.1.2                | The Culture of the Organisation | Leadership, Policy and Culture <sup>1</sup>                          |
| 2.1.5                |                                 | Leadership, Policy and Culture                                       |
| 2.2.2                |                                 | Staff Professionalism and Attitude.                                  |
| 2.2.5                |                                 | Staff Professionalism and Attitude.                                  |
| 3.1.2                | Information and Access          | Range of Information   |
| 3.2.2                |                                 | Quality of Information   |
| 3.3.2                |                                 | Access   |
| 3.4.2                |                                 | Co-operative working with other providers, partners and communities. |
| 4.1.2                | Delivery                        | Delivery Standards   |

|       |                                   |                                |
|-------|-----------------------------------|--------------------------------|
| 4.2.2 |                                   | Achieved Delivery and Outcomes |
| 4.3.2 |                                   | Deal effectively with problems |
| 4.3.5 |                                   | Deal effectively with problems |
| 5.2.1 | Timeliness and Quality of Service | Timely Outcomes                |
| 5.2.5 |                                   | Timely Outcomes                |
| 5.3.2 |                                   | Achieved Timely Delivery       |



| Criteria  |
|---|
| 1.1.2: We have developed customer insight about our customer groups to better understand their needs and preferences.   |
| 1.2.2: We have made the consultation of customers integral to continually improving our service and we advise customers of the results and action taken.                                |
| 1.3.2: We analyse and publicise satisfaction levels for the full range of customers for all main areas of our service and we have improved services as a result.                        |
| 1.3.5: We have made positive changes to services as a result of analysing customer experience, including improved customer journeys.  |
| 2.1.2: We use customer insight to inform policy and strategy and to prioritise service improvement activity.  |
| 2.1.5: We protect customers' privacy both in face-to-face discussions and in the transfer and storage of customer information.  |
| 2.2.2: Our staff are polite and friendly to customers and have an understanding of customer needs.  |
| 2.2.5: We value the contribution our staff make to delivering customer focused services, and leaders, managers and staff demonstrate these behaviours.                                  |
| 3.1.2: Where there is a charge for services, we tell our customers how much they will have to pay.  |
| 3.2.2: We take reasonable steps to make sure our customers have received and understood the information we provide.   |
| 3.3.2: We evaluate how customers interact with the organisation through access channels and we use this information to identify possible service improvements, and offer better choices |
| 3.4.2: We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of service.                           |
| 4.1.2: We monitor and meet our standards, key departmental and performance targets, and we tell our customers about our performance.  |

4.2.2: We can demonstrate that we deliver the service we promised to individual customers and that outcomes are positive for the majority of our customers.

4.3.2: We have an easy to use complaints procedure, which includes a commitment to deal with problems fully and solve them wherever possible within a reasonable time limit.

4.3.5: We regularly review and improve our complaints procedure, taking account of the views of customers, complainants and staff.

5.2.1: We advise our customers and potential customers about our promises on timeliness and quality of customer service.

5.2.5: We respond to initial enquiries promptly, if there is a delay we advise the customer and take action to rectify the problem.

5.3.2: We are meeting our current standards for timeliness and quality of customer service and we publicise our performance against these standards.



Assessment Report  
Customer Service Excellence

## **St Leger Homes of Doncaster Ltd**

Successful  
29 September 2025

## Assessment Summary

### Overview

|                         |            |
|-------------------------|------------|
| Overall Self-assessment | Strong     |
| Overall outcome         | Successful |

#### RP2 2025

St Leger Homes of Doncaster (SLHD) is an Arm's Length Management Organisation (ALMO) wholly owned by the City of Doncaster Council. The ALMO was set up in 2005, following a consensus decision made by tenants at that time. As the largest social housing provider in the City, SLHD is responsible for the management of approximately 20,000 council homes. The current Management Agreement with the Council, for a rolling five years, took effect from 2024. SLHD is celebrating its 20-year anniversary this year.

Despite the challenges of the last year, including rising cost of living and inflation, SLHD continues to provide excellent customer service, with a high level of customer satisfaction (an improved 81% in the latest Tenant Satisfaction Measures (TSMs) results). Rent levels continue to be the lowest in South Yorkshire.

The level of tenant engagement has pleasingly increased over the last year. The Tenant Development Pathway is being implemented to encourage more customers to get involved. The Tenant Scrutiny Panel has carried out reviews on Recharges in relation to Empty Homes and the Volunteer Rewards and Incentives Scheme. There are now 16 members of the One Voice Forum and 280 members of the Get Involved Group (GIG). The Board continues to include three tenants. 14 Tenants and Residents' Associations (TARAs) have been supported. 350 Estate Walks were carried out, identifying issues such as fly tipping and garage sites needing attention.

Over 8,000 of the new Keeping in Touch (KIT) home visits were completed in 2024-2025. The highly regarded Tenancy Sustainability Team supported 1,641 people, securing over £700,000 in benefits payments.

The number of backlogged repairs has now reduced to zero, with 95.3% completed at the first visit. The dedicated Damp, Mould and Condensation team supported 2,500 customers in 2024-2025 alone and the dedicated Safeguarding and Anti-social Behaviour team resolved 1,075 cases. Transactional satisfaction surveys continue to be carried out via VoiceScape, an automated telephony service.

SLHD is to be congratulated for maintaining accreditation to the Customer Service Excellence Standard for fourteen years, which is an excellent achievement. St Leger Homes is fully compliant in all aspects of the Standard, with an impressive total of 32 Compliance Plus elements.

The Assessor is very pleased to recommend that St Leger Homes of Doncaster Ltd continues to be accredited to the Customer Service Excellence Standard.

### 1: Customer Insight

|                             |            |
|-----------------------------|------------|
| Criterion 1 self-assessment | Strong     |
| Criterion 1 outcome         | Successful |

**RP2 2025**

Criterion One is about Customer Insight. This Criterion is fully compliant, with an impressive ten elements meriting Compliance Plus (1.1.1, 1.1.2, 1.1.3, 1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 1.3.4 and 1.3.5).

The Tenant Voice Strategy (and Action Plan) continues to promote increased tenant engagement levels. In addition to the impressive and long-standing Tenant Scrutiny Panel, the One Voice Forum and Get Involved Group (GIG) are growing in numbers. The Board continues to include three tenants.

11 of the 12 Tenant Satisfaction Measures (TSMs) introduced by the Regulator of Social Housing in 2023 have improved this year, with overall satisfaction increasing by 5% to 81%. 75% say that tenants' views are listened to and acted upon (up 3%). Additionally, transactional surveys are carried out via VoiceScape, an automated telephony service, sent immediately after a transaction, such as a repair or boiler replacement.

The new Keeping in Touch (KIT) home visits are proving successful. The Tenancy Sustainability Team is highly regarded, with 99% of customers still in their tenancies six months after support ended.

SLHD is justifiably proud to have achieved Tpas Landlord Accreditation for excellent tenant engagement.

**2: The Culture of the Organisation**

|                             |            |
|-----------------------------|------------|
| Criterion 2 self-assessment | Strong     |
| Criterion 2 outcome         | Successful |

**RP2 2025**

Criterion Two is about the Culture of the organisation, which is very much a strength of SLHD. This Criterion is fully compliant, with an impressive eight elements meriting Compliance Plus (2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6, 2.2.2, 2.2.4 and 2.2.5).

There is strong corporate commitment to putting the customer at the heart of service delivery, with a clear emphasis on team working and the use of customer insight to improve service delivery. There have been three new appointments to the Executive Management Team since last year. Work is underway to upgrade and improve the integrated housing management system (Capita One Housing).

The Corporate Plan 2024-2029 has four main themes – People, Homes, Communities and Partnerships. The Communications Strategy 2022-2026 aims to improve communication with all stakeholders.

Customer insight is used to inform policy and strategy as shown by the Fire Management Plan, drawn up to help tenants feel safe in their home, and the Vulnerable Persons Policy, drawn up to deal with the specific needs of vulnerable customers.

Staff feel valued and empowered to participate in the customer focused culture of the Service and help customers. Staff pulse surveys are used to assess wellbeing.

**3: Information and Access**

|                             |            |
|-----------------------------|------------|
| Criterion 3 self-assessment | Strong     |
| Criterion 3 outcome         | Successful |

**RP2 2025**

Criterion Three is about Information and Access. This Criterion is fully compliant, with an impressive nine elements meriting Compliance Plus (3.1.1, 3.2.1, 3.2.2, 3.2.3, 3.3.1, 3.3.2, 3.4.1, 3.4.2 and 3.4.3).

High quality verbal, published and web-based information is produced. The quarterly colourful 'HouseProud' magazine is delivered to all households, with content strongly influenced by tenants and satisfying the various CSE elements that require information to be published to customers. The web site continues to widen access to services, and the use of social media is becoming more popular. The visual (video) presentation of the Annual Review 2024-2025 on the web site is commended. 81% of respondents to the latest TSM survey said that SLHD keeps tenants informed about things that matter to them (up 2%).

The Customer Access Strategy 2025-2029 was drawn up following extensive consultation with tenants and aims to offer multiple access channels, both digital and traditional, while promoting digital self-service where appropriate.

Partnership arrangements and wider community activities are outstanding. There are very strong partnership arrangements with other providers particularly City of Doncaster Council.

**4: Delivery**

|                             |            |
|-----------------------------|------------|
| Criterion 4 self-assessment | Strong     |
| Criterion 4 outcome         | Successful |

**RP2 2025**

Criterion Four is about Service Delivery. This Criterion is fully compliant, with four elements meriting Compliance Plus (4.2.2, 4.2.3, 4.2.4 and 4.3.4).

SLHD has challenging standards and sound monitoring procedures for its main services that are used to raise standards and effect continuous improvement. The Tenant Scrutiny Panel is well established, regularly scrutinising standards and reporting recommendations to the Board. The majority of performance standards are being met for most of the time. Details are published on the web site.

SLHD consults and involves people in a wide range of ways, learning from best practice and benchmarking performance against similar organisations. Benchmarking is carried out through membership of HouseMark and the National Federation of ALMOs (NFA). SLHD is a low cost, high performing organisation when benchmarked against its peers. The repairs service continues to improve, with 81% of TSM respondents satisfied overall with the repair carried out (up 1%), and 76% satisfied with the waiting time to get their most recent repair done (up 3%). 82% of customers thought their home was well maintained (up 6%).

SLHD has Domestic Abuse Housing Alliance (DAHA) accreditation.

**5: Timeliness and Quality of Service**

|                             |            |
|-----------------------------|------------|
| Criterion 5 self-assessment | Strong     |
| Criterion 5 outcome         | Successful |

## RP2 2025

Criterion Five is about the Timeliness and Quality of Service Delivery. This Criterion is fully compliant, with one element meriting Compliance Plus (5.2.1).

St Leger Homes has clear and measurable standards and monitoring procedures in relation to timeliness and quality of customer service, which are well presented in the Customer Charter and on the Service Standards page on the web site, meriting continued Compliance Plus (5.2.1).

The Customer Relations Team deals with written enquiries, complaints and compliments, including those from Councillors. The Customer Access Team (CAT) deals with first point of contact telephone and email (e-form) enquiries. Initial responses to email and personal callers are prompt, with procedures in place to deal with any delays if they arise.

A range of monitoring tools is used to monitor performance against standards for timeliness and quality of customer service, including Customer Satisfaction Survey results, email and call monitoring forms and reports and meetings with tenants. There are plans to re-introduce Mystery Shopping.

## 1: Customer Insight

### 1.1: Customer Identification

#### 1.1.1: We have an in-depth understanding of the characteristics of our current and potential customer groups based on recent and reliable information.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### Active Evidence

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>1.1.1: Keeping in touch visits</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

Staff members conduct Keeping in Touch (KIT) visits to assess tenant occupancy, identify any concerns, vulnerabilities, or special needs and to evaluate the condition of the property.

|   |                      |     |
|---|----------------------|-----|
| <b>1.1.1 a): Customer Profile Information</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

We collect customer profile data through various means to ensure we gather relevant and up-to-date information and update our CRM system.

|                                |                      |     |
|--------------------------------|----------------------|-----|
| <b>1.1.1 b): EDI Dashboard</b> | Assessor Acceptance: | Yes |
|--------------------------------|----------------------|-----|

The EDI Dashboard Q1 July 2024 updated is a snapshot of the regular dashboard that is shared with EMT and Board.

|   |                      |     |
|---|----------------------|-----|
| <b>1.1.1 c): EDI Annual Report Web Link</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Equality & Diversity Annual Report demonstrates that we take the time to understand the diversity to our customers and colleagues and how representative this is of the area in which we operate. It goes further to set out the action we have and will take.

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>1.1.1 d): Evidence Explanation</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

This evidence explains the EDI Annual Report & The EDI Dashboard.



---

**1.1.1.1: We have an in-depth understanding of the characteristics of our current**

RP1 2024 You have an in-depth understanding of the characteristics of your current customer groups. Detailed information is held on the profiles and characteristics of all main customer groups, as evidenced by the Equality, Diversity and Inclusion Annual Report 2023 and the Dashboard 2024-2025.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**1.1.1.2: and potential customer groups**

RP1 2024 You have a sound understanding of the characteristics of potential customer groups in the areas you serve. These groups include those who are looking for a home, neighbours of St. Leger residents and the general public where they are affected by St. Leger's activities.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**1.1.1.3: based on recent and reliable information.**

RP1 2024 You have based your customer segments on recent and reliable information. Customer Profiling data is kept up-to-date on your integrated Housing Management CRM system, meriting continued Compliance Plus, which is the result of combining different IT systems into one, so that staff work more effectively, reducing the time spent looking at different systems, in many cases providing 'one view' of the customer. Data is updated as information is captured from face-to-face contacts, through the Customer Access Centre and from various general and topic-specific surveys. Keeping in Touch (KIT) home visits, as observed on the visit, enable Housing Officers to check customer data, assess tenant occupancy, identify any concerns, vulnerabilities, or special needs and evaluate the condition of the property.

RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

### 1.1.2: We have developed customer insight about our customer groups to better understand their needs and preferences.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>1.1.2 f: Pension Credit Campaign</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

We respond proactively to external changes to support our tenants. When Winter Fuel payments were restricted, we launched a Pension Credit campaign to ensure our tenants continued to receive the help they need.

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>1.1.2 g: Tenant Voice Outcomes</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

The Tenant Voice Outcomes Report for Quarter 3 of 2024/25 highlights the positive outcomes achieved for tenant groups and customers.

|                                  |                      |     |
|----------------------------------|----------------------|-----|
| <b>1.1.2 h: Customer Insight</b> | Assessor Acceptance: | Yes |
|----------------------------------|----------------------|-----|

Customer insight is used to tailor services via profile data, preferences, and complaints analysis. This supports personalised deliver and ensures fair access, aligning with the Equality, Diversity and Inclusion policy.

|                                    |                      |     |
|------------------------------------|----------------------|-----|
| <b>1.1.2 i: Cost of Living Hub</b> | Assessor Acceptance: | Yes |
|------------------------------------|----------------------|-----|

We enhance our understanding of customer needs by developing insights through collaborating with partners at our Cost-of-Living Hubs.

|                                 |                      |     |
|---------------------------------|----------------------|-----|
| <b>1.1.2 j: You Said We Did</b> | Assessor Acceptance: | Yes |
|---------------------------------|----------------------|-----|

The document You Said We Did explains how tenant feedback is shared and acted upon in the 'You Said, We Did' section of the Houseproud magazine, with examples from recent editions.

|   |                      |     |
|---|----------------------|-----|
| <b>1.1.2 k: Customer Feedback and Service Standards</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

This document summarises service improvements, learning, and outcomes from customer feedback, also reported to the Customer and Performance Committee.

---

**1.1.2.1: We have developed customer insight about our customer groups**

RP2 2025 You continue to gain more insight about your tenants through an increasingly wide range of mechanisms. The Tenant Voice Strategy (and Action Plan) continues to promote increased tenant engagement levels. The Tenant Development Pathway is being implemented to encourage even more customers to get involved. In addition to the impressive and long-standing Tenant Scrutiny Panel, the One Voice Forum (16 members) and Get Involved Group (GIG) (280 members) are growing in numbers. The Board continues to include three tenants. During 2024-2025, 14 Tenants and Residents' Associations (TARAs) have been supported by staff on local community issues. 350 Estate Walks were carried out, identifying issues such as fly tipping and garage sites needing attention. Over 8,000 of the new Keeping in Touch (KIT) home visits were completed in 2024-2025. You also carry out a range of surveys, including the Tenant Satisfaction Measures (TSM) Surveys required by the Regulator of Social Housing.

Evidence Value: Fully Met

**1.1.2.2: to better understand their needs and preferences.**

RP2 2025 You have extensive evidence to show that you have improved your service and developed appropriate action plans as a result of the understanding you have gained about your customers' needs. An excellent example is the work of the dedicated and highly regarded Tenancy Sustainability Team, who help those who need support with budgeting and financial assistance, as observed during the visit. When Winter Fuel payments were restricted last year, you launched a Pension Credit Campaign, proactively contacting over 500 tenants to check if they were already claiming Pension Credit and offering to do an eligibility assessment and help people to make a claim, where appropriate. This Campaign was very successful, resulting in SLHD being shortlisted for the Northern Housing Awards 2025 for this work. Compliance Plus is retained.

Evidence Value: Fully Met

### 1.1.3: We make particular efforts to identify hard to reach and disadvantaged groups and individuals and have developed our services in response to their specific needs.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### Active Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>1.1.3.: EDI Dashboard &amp; Involvement group</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The document attached is a high level summary of the work we have been doing with some of our hard to reach or disadvantaged groups and what we have done to help those groups. It includes a summary of each group, how we deliver our services and photos (where applicable).

|   |                      |     |
|---|----------------------|-----|
| <b>1.1.3.a: Gypsy and Traveller Site Improvement Consultation</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Summary of Feedback and Actions Taken: Gypsy and Traveller Site Improvements Consultation  
Attached is a summary of the feedback received during the consultation process, with an overview of the actions we were able to implement as well as the ones we couldn't, along with the reasons why.

|   |                      |     |
|---|----------------------|-----|
| <b>1.1.3.b: Allocations Policy Review</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

We extensively reviewed the Allocations Policy, consulting stakeholders and customers directly. We prioritised inclusivity for hard-to-reach groups. See attached files for details of the extensive consultation.

|  |                      |     |
|--|----------------------|-----|
| <b>1.1.3.c: Furnished Tenancies Presentation</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

We are working with the City of Doncaster council on a Furnished Tenancies scheme, to enhance affordability, mitigate the risk of high-interest debt and precarious borrowing, and alleviate furniture poverty. This initiative ensures tenants have a more affordable and comfortable start in their homes.

|  |                      |     |
|--|----------------------|-----|
| <b>1.1.3.d: World of Work Scheme (WOW)</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Our World of Work (WOW) scheme demonstrates that we make effort to identify our disadvantaged customers and specifically develop training and employment opportunities to support their pathway to employment.

|   |                      |     |
|---|----------------------|-----|
| <b>1.1.3.e: Mental Health Navigator</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Funding was granted for 2 Mental Health Navigator roles, a joint effort proposed by SLHD, working with Doncaster Council, and NHS to bridge the gap between mental health and housing. The attached document provides performance details since September 2022. Positive outcomes observed.

---

**1.1.3.1: We make particular efforts to identify hard to reach**

RP3 2023 You have made strenuous efforts to identify hard to reach groups and individuals, including those in rent arrears, those displaying anti-social behaviour, travellers and the homeless.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**1.1.3.2: and disadvantaged groups and individuals**

RP3 2023 You have made great efforts to identify disadvantaged groups and individuals, including those with learning difficulties. You produce a quarterly Equality, Diversity and Inclusion Dashboard of both tenants and employees to identify particular groups on the basis of ethnicity, disability, sexual orientation, mental health issues and communication needs, to help ensure that you do not discriminate in any way. 91.8% of the tenants are white, with 2.5% Asian and 2.3% from Black and Mixed Ethnic Groups. One fifth have a disability.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**1.1.3.3: and have developed our services in response to their specific needs.**

RP3 2023 You develop services in response to specific needs.

In response to homelessness, the award winning 'Complex Lives Alliance' joint partnership is continuing to identify and support people off the streets. Intensive efforts continue to reduce the number of households in bed and breakfast accommodation, particularly families.

A new shared tenancy scheme for Care Leavers matches groups of two young people together and provides them with a furnished home where they can make a start on living independently.

The Tenant Sustainability Team provides tremendous support, reducing arrears by over £157,000 in 2021-2022.

Funding has been provided for two extra Mental Health Navigators.

SLHD's World of Work (WOW) scheme provides training for the long-term unemployed on benefits.

SLHD is working with the Council on a Furnished Tenancies scheme, to enhance affordability, mitigate the risk of high-interest debt and precarious borrowing, and alleviate furniture poverty.

RP2 2025 C+ is retained.

Evidence Value: Fully Met

## 1.2: Engagement and Consultation

### 1.2.1: We have a strategy for engaging and involving customers using a range of methods appropriate to the needs of identified customer groups.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### Active Evidence

|                                   |                      |     |
|-----------------------------------|----------------------|-----|
| <b>1.2.1: HouseProud Articles</b> | Assessor Acceptance: | Yes |
|-----------------------------------|----------------------|-----|

We use various methods to engage and involve our customers. Below are a few highlights from our Houseproud magazines, which are sent to our tenants quarterly.

|   |                      |     |
|---|----------------------|-----|
| <b>1.2.1 a: Customer Involvement Team</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

We have a dedicated team of Customer Involvement Officers whose role is to help build engage with and involve tenants in a range of different ways.

|  |                      |     |
|--|----------------------|-----|
| <b>1.2.1 b: Tenants Voice Strategy</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Our Tenant Voice Strategy sets out our commitments, plans and ways in which tenants can provide input and have greater influence over the way in which decisions are taken about their homes and the services provided to them.

|   |                      |     |
|---|----------------------|-----|
| <b>1.2.1 c: Performance &amp; Improvement Committee</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached is a Briefing Note we provide each quarter to update the Committee on the various actions undertaken to support the engagement and involvement of our tenants.

|   |                      |     |
|---|----------------------|-----|
| <b>1.2.1 d: Tenant Voice Strategy Action Plan</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The action plan attached evidences that we are committed to expanding tenant involvement and to ensure they influence decisions.

|  |                      |     |
|--|----------------------|-----|
| <b>1.2.1 e: Briefing Note - Progress against TVS action plan</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

A briefing note to Board with progress against Tenant Voice Strategy Action Plan.

---

**1.2.1.1: We have a strategy for engaging and involving customers**

RP1 2024 The Tenant Voice Strategy 2022-2026 (and Action Plan) focuses on the principles of Inform, Involve, Consult and Co-create. There is a dedicated Customer Involvement Team to help nurture relationships with tenants who want to be involved and to ensure a positive culture of involving tenants across all services.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**1.2.1.2: using a range of methods**

RP1 2024 A wide range of methods is used to involve customers, well presented visually on the Tenant Voice Model. There are formal and informal meetings, focus groups and Panels, including the Tenant Scrutiny Panel, the One Voice Forum, Building Safety Forums, the Get Involved Group (GIG) and Tenants and Residents Associations (TARAs). Surveys include the Regulator of Social Housing's Tenant Satisfaction Measures (TSM) Survey and Transactional surveys carried out via VoiceScape. Additionally, there are various local events and activities, including Estate Walks.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**1.2.1.3: appropriate to the needs of identified customer groups.**

RP1 2024 Methods of consultation vary according to the needs of the identified customer group. The range of engagement practices is impressive, meriting continued Compliance Plus, varying from large scale engagement on major issues through to individual discussions. There are face to face focus groups, as well as surveys and events. One example is the Editorial Panel consisting of around 45 members, who are consulted on letters, communications and publications intended for tenants, to ensure they are accessible, jargon-free and understandable. In most cases, documents can be sent online and comments, responses and recommended changes passed back in the same way or by telephone. Research has shown that engagement via traditional methods is reducing, which has led to a wider range of engagement methods, taking into account factors such as new technologies, social media, the self-service agenda and the 24-hour culture.

RP2 2025 Compliance Plus is retained.

Evidence Value: Fully Met

**1.2.2: We have made the consultation of customers integral to continually improving our service and we advise customers of the results and action taken.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

**New Evidence**

|   |                      |     |
|---|----------------------|-----|
| <b>1.2.2. a: Uniform Consultation - One Voice Forum</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please find attached a detailed presentation outlining the proposed new uniform, shared during the One Voice Forum meeting as part of our ongoing consultation process to gather feedback and ensure voices are reflected in final decisions.

|                                  |                      |     |
|----------------------------------|----------------------|-----|
| <b>1.2.2.b: Space to Breathe</b> | Assessor Acceptance: | Yes |
|----------------------------------|----------------------|-----|

The Safeguarding & ASB Team has seen an increase in complex hoarding cases involving vulnerable tenants. To address this, they introduced the "Space to Breathe" support group in March 2025.

|                                    |                      |     |
|------------------------------------|----------------------|-----|
| <b>1.2.2.C: Consultation Model</b> | Assessor Acceptance: | Yes |
|------------------------------------|----------------------|-----|

Please see attached our Tenant Voice Model, this explains how we have made consultation of customers integral to continually improving our services.

|  |                      |     |
|--|----------------------|-----|
| <b>1.2.2.d: Board Briefing Note - Tenant voice Strategy Pt 1</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Please see Part 1 which is a Board Briefing Note on our Tenant Voice Strategy, the final-year update on Tenant Voice Strategy: 92% of actions completed, strong tenant engagement, progress toward Tpas accreditation, and service improvements driven by tenant input.

|   |                      |     |
|---|----------------------|-----|
| <b>1.2.2.e: Tenant Voice Strategy Actions - Pt 2 of 2</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please see attached the Actions which form Part 2 of 2 of the Tenant Voice Strategy - The attached outlines Year 4 actions to enhance tenant engagement, aiming for TPAS accreditation, inclusive involvement, and improved communication and service transparency.

|                                  |                      |     |
|----------------------------------|----------------------|-----|
| <b>1.2.2.f: You Said, We Did</b> | Assessor Acceptance: | Yes |
|----------------------------------|----------------------|-----|

See attached snippets from our 'You Said, We Did' page which links to published customer feedback responses featured in Houseproud magazine and on the our website.



---

**1.2.2.1: We have made the consultation of customers integral to continually improving our service**

RP2 2025 You have made consultation of customers integral to continually improving your service, meriting continued Compliance Plus. The range of engagement activities is impressive. The well-established Tenant Scrutiny Panel carries out robust investigations into issues relating to service standards and delivery, with each scrutiny review and recommendations being presented to the Customer and Performance Committee. Recent reviews include Recharges in relation to Empty Homes, the Volunteer Rewards and Incentives Scheme and the Damp, Mould and Condensation Policy.

The One Voice Forum enables tenants to help shape services and policies, ensuring they meet the needs of customers.

The Get Involved Group (GIG) is the core group of tenants who have agreed to volunteer and have their say on housing policies or make a difference to where they live by setting up or joining their local TARA (Tenant and Residents Association) or Tenant Club. GIG volunteers can be involved as much as they wish.

Evidence Value: Fully Met

**1.2.2.2: and we advise customers of the results and action taken.**

RP2 2025 You publicise the results of consultation by means of the HouseProud magazine, the Annual Review, the web site, residents' meetings, letters and meeting minutes. You use regular customer conversations to feedback on an individual level.

Evidence Value: Fully Met

**1.2.3: We regularly review our strategies and opportunities for consulting and engaging with customers to ensure that the methods used are effective and provide reliable and representative results.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

**Active Evidence**

|   |                      |     |
|---|----------------------|-----|
| <b>1.2.3.: Tenant Participation Advisory Service (TPAS)</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please see attached evidence of SLHD being awarded TPAS accreditation for excellent tenant engagement. The accreditation demonstrates that we not only regularly review opportunities for involving and engaging with our customers, but that we hold that up to external challenge and scrutiny.

|                            |                      |     |
|----------------------------|----------------------|-----|
| <b>1.2.3.a: Voicescape</b> | Assessor Acceptance: | Yes |
|----------------------------|----------------------|-----|

Example and background information is shown to demonstrate where we have changed the way in which we consult with our customers to ensure we continue to get reliable and representative results.

|  |                      |     |
|--|----------------------|-----|
| <b>1.2.3.b: One Voice Strategy Action Plan</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached is our approved Tenant Voice Strategy action plan, which includes assigned actions, monthly reviews by Customer Service and Engagement managers, and oversight by Leadership and Board. Measures and outcomes track action effectiveness.

|   |                      |     |
|---|----------------------|-----|
| <b>1.2.3.c: Communications Strategy</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Board-approved Communications Strategy (2022-2026) replaces existing strategy. Informed by internal/external reviews, it emphasises digital communication, stakeholder engagement, and transparency. Monitored by Executive Management Team and Performance Committee for action delivery and outcomes

|   |                      |     |
|---|----------------------|-----|
| <b>1.2.3.d: Complaint Handling Code</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached is The Housing Ombudsman's Complaint Handling Code, The code was introduced in 2021 and revised in 2022. We are required by the Housing Ombudsman to do a yearly self-assessment against the code to demonstrate compliance. We are fully compliant with the Code.

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>1.2.3.e: Tenant Voice Strategy</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

The Tenant Voice Strategy is vital for tenant engagement and consultation. It sets the cultural tone throughout our organization, championed by the Executive Management Team and backed by our Engagement and Communications Team.

---

**1.2.3.1: We regularly review our strategies and opportunities for consulting**

RP3 2023 Your rigorous self-assessment procedures enable you to review regularly your strategies for consulting customers. A significant development this year has been the introduction of the Tenant Voice Strategy (and Action Plan), which sets out the methods used to consult and engage with customers, using a range of options focused on the principles of Inform, Involve, Consult and Co-create. In addition to the existing impressive Tenants and Residents' Involvement (Scrutiny) Panel (TRIP), a new One Voice Forum and Get Involved Group (GIG) have been set up, providing valuable feedback alongside a wide range of pre-existing engagement activities. Young People's Voice is targeted at those below 25 years. Already well established groups, including the High Rise Forum, Tenants and Residents' Associations (TARAs) and Clubs, the Editorial Panel, Consultation events and Focus Groups continue, as well as Surveys, Mystery Shopping, Reality Checking and Estate Walks.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

**1.2.3.2: and engaging with customers to ensure that the methods used are effective and provide reliable and representative results.**

RP3 2023 You regularly engage with customers, through a wide range of mechanisms, to ensure that the methods you use provide reliable and representative results. You use the annual STAR Customer Satisfaction Survey as well as Transactional Service Surveys. Following the Grenfell Tower tragedy in 2017, a High-Rise Forum was launched. A Complaints Appeal Panel has been set up. Research has shown you that engagement via traditional methods is reducing, which has led you to introduce the new Tenant Voice Strategy, using a wider range of engagement methods, taking into account factors such as new technologies, the self-service agenda and the 24-hour culture. A new way to consult people is via a new telephone system called VoiceScape, which uses recorded messages to stay in touch with tenants and gather satisfaction data, for instance, on repairs. Compliance Plus is retained.

RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

### 1.3: Customer Satisfaction

#### 1.3.1: We use reliable and accurate methods to measure customer satisfaction on a regular basis.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>1.3.1 a: Tenant Satisfaction Measures (TSM) Proposal</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

We collect customer satisfaction data annually between May and September, as required by the Regulator of Social Housing's 2023 TSMs, using an independent external organisation to ensure compliance and robustness, with results audited by the City of Doncaster Council's internal auditors.

|   |                      |     |
|---|----------------------|-----|
| <b>1.3.1 b: Voicesape Transactional Surveys</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

In addition to yearly perception surveys, we conduct transactional surveys via an automated telephony service, sent immediately after a transaction. This ensures timely and accurate feedback while the experience is fresh in the customer's mind. These surveys are conducted independently.

#### 1.3.1.1: We use reliable and accurate methods to measure customer satisfaction on a regular basis.

RP1 2024 Reliable and accurate methods are used to measure customer satisfaction on a regular basis, addressing the full range of potential customer concerns across the range of services provided. The STAR survey and Net Promoter Score are no longer used to measure customer satisfaction. Instead, in 2023, the Regulator of Social Housing introduced the requirement to collect customer feedback on 12 Tenant Satisfaction Measures (TSMs). This data is collected annually between May and September, using an independent organisation to ensure compliance and robustness, with results audited by the City of Doncaster Council's internal auditors. In addition to these annual perception surveys, VoiceScape Transactional surveys are carried out independently via an automated telephony service, sent immediately after a transaction, such as a responsive repair or boiler replacement, ensuring timely and accurate feedback while the experience is fresh in the customer's mind. C+

RP2 2025 C+ retained.

Evidence Value: Fully Met

### 1.3.2: We analyse and publicise satisfaction levels for the full range of customers for all main areas of our service and we have improved services as a result.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>1.3.2: Tenant Satisfaction Measures</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

This document outlines how tenant satisfaction data is published and used to drive service improvements, showing year-on-year progress and top quartile performance.

|   |                      |     |
|---|----------------------|-----|
| <b>1.3.2.a: Publicising Performance - Website</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please find attached our Web page which publicises our performance. This page shares updates on Service Standards, Customer Satisfaction and our organisational performance.

|                               |                      |     |
|-------------------------------|----------------------|-----|
| <b>1.3.2.c: Annual Review</b> | Assessor Acceptance: | Yes |
|-------------------------------|----------------------|-----|

The attached document explains how we analyse and publish customer satisfaction data across services, using it to improve performance and share results via the Annual Review in the Houseproud magazine.

|  |                      |     |
|--|----------------------|-----|
| <b>1.3.2.d: Annual Complaint and Service Improvement Report.</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The Annual Complaint and Service Improvement Report reviews complaints received, response performance, service improvements made, and learning actions taken by St Leger Homes during 2024-2025 to enhance customer satisfaction and compliance.

#### 1.3.2.1: We analyse and publicise satisfaction levels for the full range of customers

RP2 2025 You analyse and publicise satisfaction levels by means of the annual Tenant Satisfaction Measures (TSMs) survey required by the Regulator of Social Housing and by means of the Transactional Surveys carried out via VoiceScape, an automated telephony service, sent immediately after a transaction, such as a repair or boiler replacement. Satisfaction Survey results are published in the tenant magazine, HouseProud, the Annual Review and on the web site.

Evidence Value: Fully Met

#### 1.3.2.2: for all main areas of our service

RP2 2025 You analyse and publicise satisfaction levels for all main areas of your service. In addition to the annual Tenant Satisfaction Measures (TSMs) survey and the Transactional Surveys, you publish the results of many other surveys relating to equality and diversity, anti-social behaviour and new tenancy in the tenant magazine, HouseProud, the Annual Review and on the web site.

Evidence Value: Fully Met

#### 1.3.2.3: and we have improved services as a result.

RP2 2025 You improve services as a result of feedback. The HouseProud magazine, delivered to every household, and also available on the web site, publicises the many changes you have made as a result of feedback, often in a 'You said, We did' format. For example, following tenants' requests to make improvements to their home, the Customers Own Improvement Policy was introduced to give customers more autonomy to improve their surroundings. The new Environmental Strategy 2025-2026, in response to feedback, has a wider range of energy efficiency works, including replacing some windows in a small number of properties, as well as installing solar panels. Compliance Plus is retained.

Evidence Value: Fully Met

**1.3.3: We include in our measurement of satisfaction specific questions relating to key areas including those on delivery, timeliness, information, access, and the quality of customer service, as well as specific questions which are informed by customer insight.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

#### **Active Evidence**

|   |                      |     |
|---|----------------------|-----|
| <b>1.3.3.: Transactional Satisfaction Surveys</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

In 2023, we're expanding feedback collection by collaborating with Voicescape. In addition to Tenant Satisfaction Measures survey, real-time transactional surveys on core services will be conducted, replacing the previous biannual frequency.

|   |                      |     |
|---|----------------------|-----|
| <b>1.3.3.a: Repairs Satisfaction Survey</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached document shows how we use Voicescape to measure customer satisfaction against our Repairs section.

|  |                      |     |
|--|----------------------|-----|
| <b>1.3.3.b: Tenant Satisfaction Measures</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached are the questions we are currently asking a representative sample of our tenants to measure satisfaction with the services we provide. The survey is carried out by an independent company and runs from May to September 2023.

|                             |                      |     |
|-----------------------------|----------------------|-----|
| <b>1.3.3.c: STAR Survey</b> | Assessor Acceptance: | Yes |
|-----------------------------|----------------------|-----|

Attached is the last STAR survey results. This year we are measuring satisfaction using tenant satisfaction measures set by the regulator of social housing following feedback from a wide range of tenants, from a number of housing organisations. We ask additional questions to the STAR survey.

---

**1.3.3.1: We include in our measurement of satisfaction specific questions relating to key areas including those on delivery, timeliness, information, access, and the quality of customer service,**

RP3 2023 You have a wide range of meetings with customers and comprehensive satisfaction surveys that include specific questions relating to delivery, timeliness, information, access and the quality of customer service. Prior to 2023, you have used the STAR Customer Satisfaction Survey, as well as Transactional Service Surveys.

Following consultation, from 1st April 2023, all registered providers of social housing are now required by the Regulator of Social Housing (RSH) to collect and publish a range of comparable information on areas such as repairs, safety checks and complaints. These new Tenant Satisfaction Measures (TSMs) are part of the Regulator's wider programme of work to develop proactive consumer regulation of the social housing sector. You are using an independent company to ask a sample of tenants these TSM questions from May to September 2023, at which point results will be collated. In addition, VoiceScape is asking transactional survey questions.

RP2 2025 Not reviewed

Evidence Value: Fully Met

**1.3.3.2: as well as specific questions which are informed by customer insight.**

RP3 2023 You have a wide range of meetings with customers and detailed comprehensive satisfaction surveys that include specific questions which are informed by customer insight. Prior to 2023, you have used the comprehensive STAR Customer Satisfaction Survey, as well as Transactional Service Surveys. In 2023, in addition to Tenant Satisfaction Measures surveys, as described above, you are currently in the process of working with VoiceScape to ask a number of transactional survey questions in real time about a number of core services, beginning with repairs. These are planned to cover Housing Management, Home Choice, Asset Services - External Contractor Repairs, Customer Services – Customer Access Team and Complaints.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

### 1.3.4: We set challenging and stretching targets for customer satisfaction and our levels are improving.

Applicant Self Assessment: Satisfactory  
 Compliance to Standard: Compliance Plus

#### Active Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>1.3.4 a: Tenant Perception Survey Results</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The attached tenant perception survey show how we compare nationally and to peer groups.

|   |                      |     |
|---|----------------------|-----|
| <b>1.3.4 b: Customer Satisfaction Targets</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

We use the Tenant Satisfaction Measure (TSM) from the Regulator of Social Housing to gauge overall tenant satisfaction and benchmark our performance. We set targets, especially for satisfaction with our repairs service, which is crucial for our customers.

#### 1.3.4.1: We set challenging and stretching targets for customer satisfaction

RP1 2024 Historically, your target has always been to be in the top quartile (as measured by HouseMark) across all customer satisfaction indicators. With the introduction of the Tenant Satisfaction Measures (TSMs) - Tenant Perception Survey required by the Regulator of Social Housing, you have also set a target to achieve 85% for overall tenant satisfaction in 2024-2025 and 83% for tenant satisfaction with the overall repairs service. Currently (2023-2024), you are achieving 75.6% and 79.6% respectively.  
 RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### 1.3.4.2: and our levels are improving.

RP1 2024 Satisfaction levels overall in the Housing sector have been decreasing nationally over the past few years. However, you have seen improving levels of satisfaction, together with good performance when benchmarking against others. The year end 2023-2024 HouseMark position statement shows that you are in Quartile 1 (top Quartile) for 11 of the 12 TSM satisfaction measures when compared with your peers. When you compare nationally, you are in Quartile 1 for six satisfaction measures, Quartile 2 for five and Quartile 3 for just one measure (satisfaction with complaints handling).

The latest 2024-2025 TSM feedback, which continues until September 2025, shows further improvement for 9 out of the 12 TSMs, with overall satisfaction rising from 75.6% at year-end 2023-2024 to 83% currently in 2024-2025 and satisfaction with repairs rising from 79.6% at year-end 2023-2024 to 83% currently in 2024-2025. Compliance Plus is retained.

RP2 2025 Compliance Plus is retained.

Evidence Value: Fully Met



### 1.3.5: We have made positive changes to services as a result of analysing customer experience, including improved customer journeys.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>1.3.5.: New Tenant Text Messages</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached document outlines supportive text messages sent to new tenants, guiding them on rent payments, account access, benefit claims, and where to seek help if needed.

|   |                      |     |
|---|----------------------|-----|
| <b>1.3.5.a: Annual Complaint and Service Improvement Report</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please find the Annual Complaint and Service Improvement Report, this report summarises complaint data, response performance and service improvements made in 2024/25, showing compliance with the Housing Ombudsman's standards.

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>1.3.5.b: Keys In - Power App</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

The attached document describes how we have introduced a Microsoft Power App into our working practices, the app streamlines tenancy terminations by guiding staff through key return steps to improve accuracy and efficiency.

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>1.3.5.c: Repairs Text Message</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

We have made a positive change to our Repairs service, for both the customers and the company. attached document outlines how we use text messages to improve the customer journey.

|   |                      |     |
|---|----------------------|-----|
| <b>1.3.5.d: Pension Credit Campaign</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

St Leger Homes launched a proactive Pension Credit campaign to help older tenants apply for benefits that not only increase income but also provide access to essential winter support and other related benefits, resulting in 139 successful claims, earning recognition at the Northern Housing Awards 25

|  |                      |     |
|--|----------------------|-----|
| <b>1.3.5.e: Mental Health Navigator &amp; Smoke Free Officer</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Please see attached the EMT report presenting a proposal for a 12-month Public Health-funded role to help tenants quit smoking, improve health outcomes, and reduce inequalities with potential for extended funding.

---

**1.3.5.1: We have made positive changes to services as a result of analysing customer experience,**

RP2 2025 You have made positive changes to services as a result of analysing customer experience, well exemplified in service improvement plans. Through sharing learning from customers and staff, you continue to enhance the work of the excellent Tenant Sustainability Team, well exemplified in the proactive Pension Credit Campaign to help older tenants apply for benefits that not only increased their income but also provided access to essential winter support and other related benefits. Through external funding sources, a Mental Health Navigator service has been provided for over two years, supporting many people at critical times in their life. You have also partnered this year with Public Health and now provide a Smokefree service to staff and tenants, supporting people who want to stop smoking. Compliance Plus is retained.

Evidence Value:

Fully Met

**1.3.5.2: including improved customer journeys.**

RP2 2025 You demonstrate a clear commitment to making things easier for customers through customer journey mapping. Extensive work continues on using feedback to improve the repairs journey and the process for dealing with anti-social behaviour. For the repairs journey, instead of unannounced visits, you now call ahead using the tenant's preferred number and send a series of helpful text messages: one confirming the appointment, another 24 hours before as a reminder, and a final message when you are on the way. This ensures tenants are informed and prepared, while also reducing unnecessary travel and missed appointments. Similarly, New Tenant Welcome Text Messages are used to help new tenants manage rent payments and tenancy accounts effectively, preferably online, where they can also report repairs. Housing Officers offer introductory visits for support.

Evidence Value:

Fully Met

## 2: The Culture of the Organisation

### 2.1: Leadership, Policy and Culture

**2.1.1: There is corporate commitment to putting the customer at the heart of service delivery and leaders in our organisation actively support this and advocate for customers.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### Active Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>2.1.1: EMT advocating for customers</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

St Leger Homes' Corporate Plan for 2024-2028 outlines strategic objectives and actions across four themes: People, Partnerships, Homes, and Communities. The plan focuses on prioritizing customer satisfaction, involving employees and partners, and ensuring tenants are central to service delivery.

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>2.1.1 a: Corporate Plan Video</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

This video is too large to share, I will share with assessor on prior to the visit and on the day if required.

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.1 b: Awards and Accreditations</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

This document shows the awards we have received 2022 - to date.

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.1 c: Internal Complaints Charter Video</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

This video is too large to share, I will share with assessor on prior to the visit and on the day if required.

|  |                      |     |
|--|----------------------|-----|
| <b>2.1.1 d: Board briefing note update on Communication Strategy</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The report updates the Committee on the progress made in implementing Year 3 actions of the Communications Strategy 2022-2026 and outlines the planned actions for Year 4.

|                                |                      |     |
|--------------------------------|----------------------|-----|
| <b>2.1.1 e: Corporate Plan</b> | Assessor Acceptance: | Yes |
|--------------------------------|----------------------|-----|

Our Equality, Diversity, and Inclusion Strategy 2022-2026 ensures customers can access necessary information through various channels. A key objective is to understand and support customer needs.

---

**2.1.1.1: There is corporate commitment to putting the customer at the heart of service delivery**

RP1 2024 There is strong corporate commitment to putting the customer at the heart of service delivery, well recognised and appreciated by staff, as shown in key documents such as the five-year Corporate Plan 2024-2029, the Equality, Diversity, and Inclusion (EDI) Strategy 2022-2026 and the Communications Strategy 2022-2026. The Corporate Plan sets out key priorities, grouped into four themes; People, Homes, Communities and Partnerships. The aim of the People theme is to ensure that you get things right for the customers. One of the key objectives in the EDI Strategy is 'To understand our customers and support their needs.'

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

**2.1.1.2: and leaders in our organisation actively support this and advocate for customers.**

RP1 2024 There is strong corporate leadership. The new Chief Executive appointed in May 2024, is committed to ensuring tenants' views and needs remain at the heart of service delivery. Across the organisation, from leaders, managers and front-line staff, the commitment to the delivery of customer focussed services was clear and consistently well explained. The recent Colleague Festival, held in July 2024, led by the Executive Management Team and attended by all employees, included a presentation video on the Corporate Plan so that employees could see how they contribute to its delivery. The video was introduced by the Chief Executive who talked to all employees about the importance of putting customers at the heart of the organisation. SLHD has a tradition of winning an impressive number of awards, including an AICO Community Award in April 2024 for Resident Engagement, recognising the building safety work and quality of life improvements carried out for tenants.

RP2 2025 C+ retained.

Evidence Value:

Fully Met

### 2.1.2: We use customer insight to inform policy and strategy and to prioritise service improvement activity.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

|                               |                      |     |
|-------------------------------|----------------------|-----|
| <b>2.1.2.: Corporate Plan</b> | Assessor Acceptance: | Yes |
|-------------------------------|----------------------|-----|

Please find attached a web link for our corporate plan, which prioritises safe, energy-efficient homes, enhances customer satisfaction, and community strength through focused themes of People, Homes, Communities, and collaborate working to support Doncaster's wider social priorities.

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.2.a: One Voice Forum Meeting</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached document shows how tenant feedback gathered through the One Voice Forum directly informs service improvement, policy update, and strategic planning, demonstrating clear use of customer insight to drive change.

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.2.b: Unreasonable Behaviour Policy</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Customer insight informed the development of the Unreasonable Behaviour Policy. Before approval, we consulted with tenants to ensure the policy was fair, balanced, and aligned with their perspectives.

|                                  |                      |     |
|----------------------------------|----------------------|-----|
| <b>2.1.2.c: No Access Policy</b> | Assessor Acceptance: | Yes |
|----------------------------------|----------------------|-----|

The No Access Policy was introduced using customer insight and complaints data to address safety risks when tenants deny access for essential checks. It prioritises service improvement by formalising procedures and communication to ensure legal, safe and effective access.

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.2.d: Vulnerable Persons Policy</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please see how we use customer insights to shape policies and strategies so services meet real needs, especially for vulnerable people. This helps us target improvements, make fair decisions, and deliver support that's timely, personalised, and effective.

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.2.e: Mental Health Navigator</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please see the news article about the service provided by our Mental Health Navigators. You can also refer to document 1.1.2 for a detailed report on their work.

---

**2.1.2.1: We use customer insight to inform policy and strategy**

RP2 2025 Customer insight is used extensively to inform policy and strategy, as shown in the Corporate Plan 2024–2029 which focuses on delivering safe, energy-efficient homes, improving customer satisfaction, and strengthening communities, through the four focussed themes of People, Homes, Communities, and Partnerships. Customer insight and complaints data is used to shape policies, including the No Access Policy and the Vulnerable Persons Policy. Extensive work continues to be done around the impact on the tenants of rising cost of living and inflation. The Tenant Sustainability Team does tremendous work in supporting tenants with benefits claims and advice, helping tenants develop financial capability and skills to manage their money.

Evidence Value: Fully Met

**2.1.2.2: and to prioritise service improvement activity.**

RP2 2025 Customer insight is used extensively to prioritise service improvement activity. The Tenant Scrutiny Panel continues to identify priority areas for scrutiny projects and plays a key role in consultation, customer engagement and reality checking. Similarly, the One Voice Forum, now with 16 members, brings together tenants and officers to discuss various topics impacting housing services, including performance, risk management, consumer standards, tenant development, and tenant engagement. The Forum is consulted on service improvements, which this year include the Unacceptable Behaviour Policy. Compliance Plus is retained.

Evidence Value: Fully Met

### 2.1.3: We have policies and procedures which support the right of all customers to expect excellent levels of service.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.3.: Complaints Handling Code</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached is The Housing Ombudsman's Complaint Handling Code, The code was introduced in 2021 and revised in 2022. We are required by the Housing Ombudsman to do a yearly self-assessment against the code to demonstrate compliance. We are fully compliant with the Code. (also in 1.2.3.d)

|  |                      |     |
|--|----------------------|-----|
| <b>2.1.3.a: Skills &amp; Behaviour Framework</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The Skills and Behaviour framework was created to recruit, retain, reward, and manage employees. Setting our customer focus behaviours required of colleagues and supports the fact that we have policies and procedures in place to support the right of customers to expect excellent service.

|  |                      |     |
|--|----------------------|-----|
| <b>2.1.3.b: Customer Excellence Training - AKD</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The Customer Excellence Program evidences how SLHD have taken steps to embed the policies and procedures within the organisations and train and develop the workforce to deliver customer excellence and as a result excellent service levels to our customers. Jun 5th, 527 employees attended the training.

|                                   |                      |     |
|-----------------------------------|----------------------|-----|
| <b>2.1.3.c: Complaints Policy</b> | Assessor Acceptance: | Yes |
|-----------------------------------|----------------------|-----|

Attached is our Compliments, Comments and Complaints policy, which explains what is expected.

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.3.d: Tenant &amp; Resident Involvement Panel</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached document shows how our Tenant & Resident Involvement Panel are one procedure and mechanism we use to underpin the right of all customers to expect excellent levels of service.

|                                |                      |     |
|--------------------------------|----------------------|-----|
| <b>2.1.3.e: Corporate Plan</b> | Assessor Acceptance: | Yes |
|--------------------------------|----------------------|-----|

Please see the web link to our corporate plan. It serves as the foundation for our comprehensive alignment of strategies, policies and procedures throughout the organisation, forming a cohesive framework.

#### 2.1.3.1: We have policies and procedures which support the right of all customers to expect excellent levels of service.

RP3 2023 You have a Customer Charter and Service Standards and a comprehensive Equality, Diversity and Inclusion Policy, all of which must include customer consultation. The Equality, Diversity and Inclusion Dashboard, published quarterly, is commended as a high-level summary of the work you have been doing with some of the hard to reach or disadvantaged groups and how you are helping those groups. The organisational culture of fairness is encapsulated in your FEEL values (Fairness, Excellence, Empowerment and Local). The Skills and Behaviour framework was created to recruit, retain, reward, and manage employees, clearly setting out the customer focus behaviours required of colleagues. Compliance Plus continues to be retained for the policies and procedures in place to support the right of all customers to expect excellent levels of service. RP1 2024 and RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

**2.1.4: We ensure that all customers and customer groups are treated fairly and this is confirmed by feedback and the measurement of customer experience.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

**Active Evidence**

**2.1.4.: Tenant Scrutiny Panel (TSP) Complaints Sub Group** Assessor Acceptance: Yes

Please find an explanation about our TSP Complaints Sub Group - The group concentrates on the Complaints Code and examines a selection of resolved complaints to verify they were managed correctly.

**2.1.4.a: TSP Complaints group working together** Assessor Acceptance: Yes

Please find attached an email between one of the panel members and our Head of Service to improve the process.

**2.1.4.b: Fair access survey question & extract from Board Report** Assessor Acceptance: Yes

Extract from Board Report shows we ask an additional question to our customers than what is expected in the TSM's about fairness related to accessing our services, the feedback so far.

**2.1.4.1: We ensure that all customers and customer groups are treated fairly**

RP1 2024 Discussions during the assessment confirmed that staff ensure everyone is treated fairly and sensitively. There is an Equality, Diversity and Inclusion Strategy 2022-2026, a Fairness and Equality Statement and an Equality, Diversity and Inclusion Annual Fairness Report. Great care is taken to make sure that policies are implemented in ways which are fair to all.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**2.1.4.2: and this is confirmed by feedback and the measurement of customer experience.**

RP1 2024 One of the 12 questions on the Regulator of Social Housing's Tenant Satisfaction Measures (TSMs) – Tenant Perception Survey asks whether the landlord treats tenants fairly and with respect. Results for the 2023-2024 survey show that 89.8% of tenants agree, which is a top quartile position when compared with both the peer group and nationally.

RP2 2025 Not reviewed.

Evidence Value: Fully Met



### 2.1.5: We protect customers' privacy both in face-to-face discussions and in the transfer and storage of customer information.

Applicant Self Assessment: Strong  
Compliance to Standard: Compliance Plus

#### New Evidence

|                                   |                      |     |
|-----------------------------------|----------------------|-----|
| <b>2.1.5.: GDPR and much more</b> | Assessor Acceptance: | Yes |
|-----------------------------------|----------------------|-----|

The attached shows multiple channels of checks to ensure our staff stay up to date.

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.5.a: Annual Internal Audit Plans</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached outlines yearly training to ensure staff protect customer data in all formats.

|  |                      |     |
|--|----------------------|-----|
| <b>2.1.5.b: Cyber Security Quick Guide</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The Cyber Security Quick Check Guide outlines secure practices like two-factor authentication, encryption, and verified sharing to protect customer data in digital and face to face interactions.

|  |                      |     |
|--|----------------------|-----|
| <b>2.1.5.c: Customer Access Team Payment Privacy</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached talks about how we have introduced new Chip & Pin machines on the Customer Access desks in the Civic Building and privacy checks on call recordings.

|                                   |                      |     |
|-----------------------------------|----------------------|-----|
| <b>2.1.5.d: Encrypting Emails</b> | Assessor Acceptance: | Yes |
|-----------------------------------|----------------------|-----|

Attached are examples of reminders are sent out to remind staff to encrypt emails when sharing customers data.

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.5.e: Data Protection - Website</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please see attached which outlines how we protect data under GDPR, including rights, privacy notices, and oversight by the Council's Data Protection Officer.

#### 2.1.5.1: We protect customers' privacy both in face-to-face discussions

RP2 2025 You protect customers' privacy in face-to-face discussions. The majority of the face-to-face contact with your customers is in the home. However, you have private interview rooms available adjacent to reception and enquiry desks in local offices and in the Civic Centre, should the need arise, and staff are fully trained in dealing with confidential issues.

Evidence Value: Fully Met

#### 2.1.5.2: and in the transfer and storage of customer information.

RP2 2025 You protect customers' privacy in the transfer and storage of customer information. SLHD is fully compliant with the requirements of GDPR (General Data Protection Regulation). The comprehensive Annual Internal Audit Plans ensure staff protect customer data in all formats, with regular and structured training on fraud, money laundering, and GDPR compliance. The Cyber Security Quick Check Guide for staff outlines secure practices such as two-factor authentication, encryption, and verified sharing to protect customer data in digital and face to face interactions. New Chip and Pin machines have been introduced on the Customer Access desks in the Civic Centre to give customers the option of making payments in person with greater privacy and security. In addition, daily checks on a sample of recorded phone calls are carried out to confirm that, when a payment is taken over the telephone, the recording is paused during the transaction. Compliance Plus is retained.

Evidence Value: Fully Met

### 2.1.6: We empower and encourage all employees to actively promote and participate in the customer focused culture of our organisation.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>2.1.6.: Compliments &amp; Customer Culture</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Example attached of where we focus on and encourage staff to participate in a customer focused culture, including their role and impact on customer service excellence and the required behaviours we expect all employees to demonstrate. We received 223 compliments in 22/23, and 47 from Apr to Jun 23.

|  |                      |     |
|--|----------------------|-----|
| <b>2.1.6.a: Customer Excellence Training</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

This training demonstrates that we make colleagues aware of our customer focused culture, train them against it and actively involve them in taking ownership in and participating in this culture.

|  |                      |     |
|--|----------------------|-----|
| <b>2.1.6.b: Chartered Institute of Housing (CIH) Partnership</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

By offering paid for CIH memberships and linking to the industry professionalisation agenda we are clearly demonstrating our encouragement for colleagues to actively participate in our customer focused culture.

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>2.1.6.c: EMT Updates - Various</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

Copy of an email sent to all employees from EMT, encouraging and empowering staff to actively support and engage in fostering a customer-focused culture.

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>2.1.6.d: Pulse Survey Results</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

This extract from the results of our most recent pulse survey which is run twice yearly demonstrates that we encourage colleagues to think about and report back on our performance of customer service and actively participate in this culture by providing ideas for future action.

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>2.1.6.e: St Leger Star Awards</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

Our star awards clearly recognise colleagues who have gone above and beyond with an explicit category of customer experience champion, evidencing how we encourage our colleagues to actively promote and participate our customer focused culture.

---

**2.1.6.1: We empower and encourage all employees to actively promote**

RP3 2023 You empower and encourage all staff to actively promote the customer focused culture by means of the annual Staff Conference, staff working groups, team meetings, staff induction and training sessions, regular one-to-ones, the Staff Focus magazine, the staff intranet and the various reward and recognition policies. Customer Excellence training for all staff, delivered by an external provider, was launched at the Colleague Festival in December 2022 and is due to end in July 2023, with the aim of getting employees “excited about customer excellence.” This training encourages staff to own the customer experience, and during the sessions they make at least one pledge of something they will do going forward, that can make a difference to customers’ experience. The St Leger Star Awards recognise colleagues who have gone ‘the extra mile’ for customers. Compliance Plus is retained.

RP1 2024 and RP2 2025 Although not formally reviewed, Compliance Plus is retained.

Evidence Value: Fully Met

**2.1.6.2: and participate in the customer focused culture of our organisation.**

RP3 2023 Discussions on the visit with both staff and residents confirm that staff feel empowered to participate in the customer focused culture of the Service and help customers, and this is recognised and much appreciated by tenants. 78% of respondents to the Pulse Survey in March 2023 felt that they have sufficient opportunity to get their voice heard. The Colleague Festival in December 2022 had a headline theme of ‘Everybody Counts’ which ran through all the presentations, culminating each day with the presentation of STAR awards to staff who demonstrated that they had gone over and above to provide excellent customer service.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

## 2.2: Staff Professionalism and Attitude

### 2.2.1: We can demonstrate our commitment to developing and delivering customer focused services through our recruitment, training and development policies for staff.

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliant

#### Active Evidence

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>2.2.1.: Evidence explanation</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

This evidence is the explanation for the People Strategy, Skills Behaviour, and Behaviour Framework which are attached in the sections below.

|                                 |                      |     |
|---------------------------------|----------------------|-----|
| <b>2.2.1.a: People Strategy</b> | Assessor Acceptance: | Yes |
|---------------------------------|----------------------|-----|

Our People Strategy 2024-29 aims to make us an employer of choice by fostering a values-driven culture and delivering high-quality services. Key activities include embedding our values, enhancing our customer-focused culture, and developing staff to meet professional standards.

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>2.2.1.b: SLHD Skills Behaviour</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

In early 2023, we launched the SLHD Skills and Behaviour Framework, based on our core Values, to guide HOW we work and WHAT we do, ensuring excellent service for tenants and customers. This document is too big to upload, I will send it ahead of the meeting, and show in the meeting if needed.

|  |                      |     |
|--|----------------------|-----|
| <b>2.2.1.c: SLHD behaviour framework</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached is our Behaviour Framework document, as above; In early 2023, we launched the SLHD Skills and Behaviour Framework, based on our core Values, to guide HOW we work and WHAT we do, ensuring excellent service for tenants and customers.

|  |                      |     |
|--|----------------------|-----|
| <b>2.2.1.d: Engagement Toolkit Explanation</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

This piece of evidence explains the why we created an Engagement Toolkit, it is an easy-to-use, eight-point plan guiding effective tenant and resident engagement. It helps you plan properly, identify goals, and achieve them for optimal engagement outcomes.

|   |                      |     |
|---|----------------------|-----|
| <b>2.2.1.e: Engagement Toolkit document</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Find attached the Engagement Toolkit; The Engagement Toolkit, it is an easy-to-use, eight-point plan guiding effective tenant and resident engagement. It helps you plan properly, identify goals, and achieve them for optimal engagement outcomes.

---

**2.2.1.1: We can demonstrate our commitment to developing and delivering customer focused services through our recruitment,**

RP1 2024 You demonstrate your commitment to delivering customer focused services through your recruitment policy. The People Strategy 2024-2029 sets out the ambition to be an employer of choice for colleagues who will join your values driven culture and provide high quality services to customers. Job Descriptions include commitment to the customer focus. Interview questions highlight the need for customer service skills.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

**2.2.1.2: training and development policies for staff.**

RP1 2024 You demonstrate your commitment to delivering customer focused services through your staff training on customer care. The Skills and Behaviour framework was created in 2023 to recruit, retain, reward, and manage employees, setting out the customer focus behaviours required of colleagues. The Customer Excellence Training Programme motivates and empowers staff to take ownership for creating an excellent customer experience, requiring all staff to make a customer pledge which will be monitored through the performance management system. An Engagement Toolkit has been produced for staff as an easy-to-use, eight-point plan that provides a useful guide on the best and most effective ways to engage with tenants and residents. The Customer Involvement Team is also available to give staff support when creating and delivering activities.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

### 2.2.2: Our staff are polite and friendly to customers and have an understanding of customer needs.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>2.2.2.: HACT Fuel Fund 2024-25</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

We joined the national HACT Fuel Fund to support tenants in energy debt, offering up to 6 energy top-up vouchers worth nearly £300. Providing vital help during the cost of living crisis.

|   |                      |     |
|---|----------------------|-----|
| <b>2.2.2.a: Tackling Social Stigma Action Plan &amp; Terms of Reference</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please see attached the terms of reference and action plan, which explains how a working group was formed to reduce social housing stigma through action planning, awareness training, storytelling, and campaign tools, aiming to embed respect and improve customer satisfaction.

|  |                      |     |
|--|----------------------|-----|
| <b>2.2.2.b: Mystery Shopping Guide</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The mystery shopping guide outlines a tenant-led programme launching in September 2025, where involved customers assess staff interactions and provide feedback on politeness, helpfulness, and service quality, ensuring staff meet customer expectations.

|  |                      |     |
|--|----------------------|-----|
| <b>2.2.2.c: Customer Excellence Staff Training</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Please see the Customer Excellence training slides, showing how all staff are trained to be polite, friendly, and responsive to customer needs through empathy, listening, communications skills, and personal accountability. Embedding these values into daily service.

|  |                      |     |
|--|----------------------|-----|
| <b>2.2.2.d: Accessibility of HouseProud magazine</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

We ensure our HouseProud magazine is accessible by offering alternative formats to meet the needs of all our customers.

|   |                      |     |
|---|----------------------|-----|
| <b>2.2.2.e: Pension Credit Campaign</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached document shows staff are polite, friendly, and understand customer needs by proactively contacting over 500 older tenants about Pension Credit, offering assistance and help with claims. Leading to 139 successful claims and over £724,000 in support.

#### 2.2.2.1: Our staff are polite and friendly to customers

RP2 2025 Staff are polite and friendly, demonstrating great passion, enthusiasm and commitment, which is very much appreciated by tenants. The Customer Excellence staff training is particularly impressive. This desire to 'go the extra mile' for customers merits continued Compliance Plus.

Evidence Value: Fully Met

#### 2.2.2.2: and have an understanding of customer needs.

RP2 2025 It was very well demonstrated during the assessment that staff have an impressive understanding of customer needs, which is again very much appreciated by tenants. A particularly interesting example is the work being done by the Tackling Stigma in Social Housing Working Group, which was formed to reduce social housing stigma through action planning, awareness training, storytelling, and campaign tools, aiming to embed respect and improve customer satisfaction. Additionally, SLHD has joined the national (charity) HACT Fuel Fund to support tenants in energy debt, offering up to six energy top-up vouchers worth nearly £300, thus providing vital help during the cost of living crisis. The most recent Tenant Satisfaction Measures (TSM) survey found that 75% of respondents said that you listen to tenants' views and act on them (up 3% on the previous year). This again merits continued Compliance Plus.

Evidence Value: Fully Met

### 2.2.3: We prioritise customer focus at all levels of our organisation and evaluate individual and team commitment through the performance management system.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

#### Active Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>2.2.3.: Home Option Journey to Excellence</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Please find the attached document for a detailed explanation of the Journey to Excellence program, including its origin and rationale. The document also highlights the program's positive impact, such as achieving the lowest number of households in B&B accommodation by the end of the financial year.

|   |                      |     |
|---|----------------------|-----|
| <b>2.2.3.b: Check-ins &amp; Personal Delivery Plans</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

All employees are required to have a minimum of quarterly check-ins with their line manager, to discuss KPIs, local and team objectives which either have a direct or indirect link to customer service. PDPs are obligatory, with 100% completion rate for two consecutive years. More description attached

|   |                      |     |
|---|----------------------|-----|
| <b>2.2.3.a: Values &amp; Behaviours</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Starting in April 2022, we initiated a comprehensive review of our behaviours, involving all employees. The initial step was a focus group with EMT to determine the key skills and competencies that align with St. Leger Homes' Values, Strategy, and Business Objectives.

|   |                      |     |
|---|----------------------|-----|
| <b>2.2.3.c: Tenant Voice Strategy Action Plan</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please find attached our Tenant Voice Strategy Action Plan. The document contains a comprehensive explanation of the plan and its components.

|   |                      |     |
|---|----------------------|-----|
| <b>2.2.3.d: Customer Excellence Training -AKD</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Customer Excellence Training – AKD – this training was delivered to all levels of the organisation and will be a mandatory piece of learning going forward. All colleagues are required to make a customer pledge which will be monitored through our 1:1 check in conversations to assess performance.

|   |                      |     |
|---|----------------------|-----|
| <b>2.2.3.e: Sponsored Study Programme</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Is available at a minimum of 3 intervals each year and all colleagues across the organisation are incited to apply for sponsored study to further their development. This is invested in heavily on an annual basis and in the application process colleagues are required to articulate. Document attached.

**2.2.3.1: We prioritise customer focus at all levels of our organisation**

RP3 2023 You prioritise customer focus at all levels of the organisation, as shown in key documents, such as the Corporate Plan 2019-2024, the Tenant Voice Strategy and the Communications Strategy 2022-2026. The Staff Focus magazine includes compliments and specific customer stories.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**2.2.3.2: and evaluate individual and team commitment through the performance management system.**

RP3 2023 You evaluate both individual and team commitment to the customer focus through the staff performance management system. All staff meet at least quarterly with their line manager, for a 'check-in', to discuss Key Performance Indicators (KPIs), local and team objectives which all have a direct or indirect link to customer service. In 2021, in addition to regular check-in conversations, Personal Development Plans (PDP's) were introduced, to be completed annually, to identify any learning and development objectives for employees to help meet wider objectives in the organisation. Personal Development Plans (PDPs) are obligatory, with 100% completion rate for two consecutive years.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met



#### **2.2.4: We can demonstrate how customer-facing staffs' insight and experience is incorporated into internal processes, policy development and service planning.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

##### **Active Evidence**

##### **2.2.4.: Complaints MS Power App**

Assessor Acceptance:

Yes

Customer complaints increased due to changes in the Housing Ombudsman's Code. SLHD publicizes complaint methods widely. A focus group developed a Microsoft Power App to automate the complaints process, reducing manual tasks and allowing Customer Relations Officers to focus on other duties.

##### **2.2.4.a: Housing Visits**

Assessor Acceptance:

Yes

This document explains how the housing visits were improved with the help from front line staff.

##### **2.2.4.b: Keys in process**

Assessor Acceptance:

Yes

This document explains how the keys in process was improved with the help from front line staff.

#### **2.2.4.1: We can demonstrate how customer-facing staffs' insight and experience is incorporated into internal processes, policy development and service planning.**

RP1 2024 You can demonstrate that customer-facing staff's insight and experience are incorporated into internal processes, policy development and service planning by means of the way staff are encouraged to give their views, through the annual Staff Conference, regular meetings, projects, consultations, and the quarterly performance management 'check-ins'. One good example relates to staff response to the increase in customer complaints, due to changes in the Housing Ombudsman's Code, which now defines a complaint as any expression of dissatisfaction, regardless of how it is made. Due to the increase in workload, a staff focus group mapped out the entire complaints procedure from start to finish, and collaborated with colleagues to develop a Microsoft Power App to automate the complaints process, reducing the number of manual steps required to handle a complaint, thus allowing the Customer Relations Officers (CROs) more time to focus on other important duties.

RP2 2025 C+ is retained.

Evidence Value:

Fully Met

### 2.2.5: We value the contribution our staff make to delivering customer focused services, and leaders, managers and staff demonstrate these behaviours.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>2.2.5.: Spotlight Newsletter</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

Please find attached a summary of our Spotlight Newsletter which celebrates staff contributions, announces STAR awards nominations, updates on policy and intranet, it promotes upcoming events and invites staff to share stories.

|   |                      |     |
|---|----------------------|-----|
| <b>2.2.5.a: Agile Performance Management - Check-in's and Your Learning</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The document Agile Performance Management - Check-in's and Your Learning outlines how regular check-ins, feedback, and development planning helps staff align with organisational goals and consistently deliver customer-focused services.

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>2.2.5.b: Behaviour Framework</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

The document 2.2.5 Behaviour Framework - USED defines St Leger Homes' behavioural standards across Pride, People, Progress, and Performance, guiding staff at all levels to consistently demonstrate customer-focused, accountable, and collaborative behaviours

|                                  |                      |     |
|----------------------------------|----------------------|-----|
| <b>2.2.5.c: Skills Behaviour</b> | Assessor Acceptance: | Yes |
|----------------------------------|----------------------|-----|

Please see attached our Skills Behaviour framework which defines how staff, managers, and leaders should act to deliver excellent customer-focused services. It is embedded in recruitment, performance, and development, promoting integrity, collaboration, and care across all levels.

|  |                      |     |
|--|----------------------|-----|
| <b>2.2.5.d: Written explanation and videos</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

This document explains how we promote a customer-focused culture through our People Strategy, Skills and Behaviour Framework, staff recognition events, and development plans all aligned with our core values: People, Pride, Performance, and Progress.

#### 2.2.5.1: We value the contribution our staff make to delivering customer focused services,

RP2 2025 You value the contribution staff make to delivering customer focused services. Compliments are recorded and well publicised, both internally and to tenants. Individuals are regularly nominated for recognition and awards. Staff are able to nominate and vote for St Leger STAR Awards across six categories, with presentations and further congratulations being given at the Staff Conference. Wide publicity is given in recognition of staff achievements, for instance, when SLHD won the Employer of the Year: Partnerships trophy at the Doncaster College Student Celebration Awards 2025, for your work in offering invaluable apprenticeship opportunities, mentoring, and real-world insight for students. Compliance Plus is retained.

Evidence Value: Fully Met

#### 2.2.5.2: and leaders, managers and staff demonstrate these behaviours.

RP2 2025 The customer focused culture is strongly embedded at all levels of the organisation, as confirmed through discussions during the visit. The intranet, the weekly Staff Spotlight newsletter and the Staff Conference demonstrate the focus on customer service.

Evidence Value: Fully Met

### 3: Information and Access

#### 3.1: Range of Information

**3.1.1: We make information about the full range of services we provide available to our customers and potential customers, including how and when people can contact us, how our services are run and who is in charge.**

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliance Plus

#### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>3.1.1.a: Examples of information we share.</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Evidence explains the full range of our website.

|  |                      |     |
|--|----------------------|-----|
| <b>3.1.1.: Leadership Team Website</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

I was unable to upload this document, I will share prior to the visit and show on the day if required. Evidence we share who our Leadership Team are, and what service areas they manage.

**3.1.1.1: We make information about the full range of services we provide available to our customers and potential customers,**

RP1 2024 You have a wide range of information, including the new web site, the New Tenants leaflet and sign-up pack, the Annual Review, the colourful and attractive HouseProud magazine issued to every household, extensive service information leaflets, posters and display boards. The Customer Access Team deals with telephone enquiries and emails. Customers can also visit or telephone the City of Doncaster Council Civic Office one-stop-shop. You continue to encourage people to make more use of digital technology. The new web site, launched in October 2023, was created with the full involvement of a selection of tenant representatives, who were involved in the initial discovery sessions looking at scoping the replacement site, together with the design and content. Compliance Plus is retained.

RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

**3.1.1.2: including how and when people can contact us,**

RP1 2024 You tell people how and when they can contact you through the new web site, the New Tenants leaflet and sign-up pack, the HouseProud magazine, information leaflets, posters and display boards. Verbal information is given via the Customer Access Team.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**3.1.1.3: how our services are run and who is in charge.**

RP1 2024 Full details of how the Service is run and who is in charge is made available through a variety of means, including the new web site and the HouseProud magazine. The appointment of the new Chief Executive was well publicised on the web site, on social media, in HouseProud and letters, as well as in press releases that are published in the local Doncaster Free Press to inform tenants of changes. The new web site sets out photographs and details of all members of the Board and the Executive Management Team.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

### 3.1.2: Where there is a charge for services, we tell our customers how much they will have to pay.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

#### New Evidence

|                                    |                      |     |
|------------------------------------|----------------------|-----|
| <b>3.1.2.: SLHD Garden Service</b> | Assessor Acceptance: | Yes |
|------------------------------------|----------------------|-----|

The attached explains how we ensure tenants are informed about garden maintenance charges. It confirms that costs are communicated clearly and in advance, with details available online.

|  |                      |     |
|--|----------------------|-----|
| <b>3.1.2.a: Rent Consultation Presentation</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The attached outlines how we involved tenants in discussions about proposed budgets and rent charges. This was presented at the One Voice Forum, it reflects a transparent approach to informing customers about service costs and inviting their feedback.

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>3.1.2.b: Leaseholder Charges</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

Please find attached the Leaseholder Charges, which explains how we inform Leaseholders about service charges. It confirms that charges are communicated clearly online and through personalised letters.

|   |                      |     |
|---|----------------------|-----|
| <b>3.1.2.c: District Heating Charge Letters</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached explains how we inform tenants about changes to heating charges through direct letters, ensuring clarity, transparency, and advance notice.

#### 3.1.2.1: Where there is a charge for services, we tell our customers how much they will have to pay.

RP2 2025 You tell customers how much they will have to pay through individual Tenancy Agreements, rent statements and rent increase letters. Leaseholders are informed about service charges and other potential costs. Tenants requesting the Garden Service are sent a letter explaining the charges for the services on offer. The One Voice Forum was given a Rent Consultation presentation in January 2025 and invited to share their views, ensuring transparency and inclusion in financial decisions. It is noteworthy that Doncaster has the lowest rents within South Yorkshire.

Evidence Value: Fully Met

### 3.2: Quality of Information

#### 3.2.1: We provide our customers with the information they need in ways which meet their needs and preferences, using a variety of appropriate channels.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

##### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>3.2.1.: Customers preferred method of contact on our CRM system.</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached are screenshots from our Customer Relationship Management (CRM) system, documenting our customers' preferred methods of contact.

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>3.2.1.a: Social media channels</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

Evidence demonstrates that we utilise social media to promote news stories and share other important information, serving as one of our key channels of contact with our customers.

|  |                      |     |
|--|----------------------|-----|
| <b>3.2.1.b: Communications Strategy Link</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Please find attached a link to our Communications Strategy which is on our website.

|   |                      |     |
|---|----------------------|-----|
| <b>3.2.1.c: Equality and Diversity Strategy</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The evidence would not upload, I will share the Equality & Diversity Strategy and evidence of screen shots of profile information on Open Housing.

#### 3.2.1.1: We provide our customers with the information they need in ways which meet their needs and preferences,

RP1 2024 The Communications Strategy 2022-2026 sets out the methods used to communicate with customers. You provide information in a range of ways, including on the new web site, via the Customer Access Team, via the CDC Civic Office one-stop-shop, in paper format, on home visits and in a choice of languages and other formats, including Braille. The pandemic encouraged more customers to switch to online services and make use of social media, although most customers still prefer to use the telephone. One of the 12 questions on the Regulator of Social Housing's Tenant Satisfaction Measures (TSMs) – Tenant Perception Survey, asks whether their landlord keeps them informed about things that matter to them, with 79.3% responding positively in the 2023-2024 survey, which is a top quartile position when compared with both the peer group and nationally.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### 3.2.1.2: using a variety of appropriate channels.

RP1 2024 You provide information using a variety of appropriate channels, including the new web site, social media, on the telephone, via letters and emails, on home visits, and via many meetings with residents' groups. The colourful and attractive HouseProud magazine, delivered to all tenants, continues to merit Compliance Plus for the quality of its content and coverage of issues of concern to tenants.

RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

### 3.2.2: We take reasonable steps to make sure our customers have received and understood the information we provide.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

#### 3.2.2.: SQL Reports - Customer profile information

Assessor Acceptance:

Yes

We track customer communication preferences and run reports before sending publications to ensure accessibility, offering formats like large print, braille, or dyslexia-friendly versions, so customers receive and understand the information we provide.

#### 3.2.2.a: One Voice Forum Forward Plan

Assessor Acceptance:

Yes

The One Voice Forum (OVF) Forward Plan shows that customers are informed in advance about upcoming strategies and policies through the OVF forward plan, helping ensure they receive and understand key information.

#### 3.2.2.b: HouseProud in alternative formats

Assessor Acceptance:

Yes

The attached shows how we offer our Houseproud magazine in alternative formats, to ensure customers receive and understand information by offering Houseproud magazine in large print and audio formats, tailored to demand, supporting around 400 and 30 tenants respectively.

#### 3.2.2.c: Facebook Page

Assessor Acceptance:

Yes

Please see attached example which shows we use Facebook to share updates and key information with customers, helping ensure it's received and understood through a widely used, accessible platform with a growing follower base.

#### 3.2.2.d: Tenant Review Hub

Assessor Acceptance:

Yes

The Digital Tenant Review Hub helps ensure customers understand our communications by involving tenants in reviewing and improving letters, leaflets, and web content, making them clearer and more accessible for all.

### 3.2.2.1: We take reasonable steps to make sure our customers have received

RP2 2025 You have clear and detailed tenancy sign up procedures to ensure full information is given to tenants. The easy-to-read quarterly HouseProud magazine is delivered to all households. Where major works are in progress, tenants are fully informed in advance and are given regular updates as work progresses. 81% of respondents to the latest Tenant Satisfaction Measures (TSM) survey said that they were kept informed about things that matter to them (up 2% on the last survey). Compliance Plus is retained.

Evidence Value:

Fully Met

### 3.2.2.2: and understood the information we provide.

RP2 2025 You use a wide range of meetings, including one to one meetings with Housing Officers, and various tenants' groups, as well as a range of forums, consultations and surveys, to test that customers understand information. The Digital Tenant Review Hub enables tenants to provide feedback on publications. Before sending out publications, SQL (Structured Query Language) reports are run to identify customers who require formats such as large print, braille, or dyslexia-friendly versions, ensuring accessibility for all. The HouseProud magazine is available in alternative formats, including large print and audio formats, tailored to demand, supporting around 400 and 30 tenants respectively. Facebook is increasingly being used to share updates and key information with customers, helping to ensure there are received and understood through a widely used, accessible platform with a growing follower base.

Evidence Value:

Fully Met

### 3.2.3: We have improved the range, content and quality of verbal, published and web based information we provide to ensure it is relevant and meets the needs of customers.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### Active Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>3.2.3.: Review of website to improve communications</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached is the scoping document for the review of our website and internal communication platform. This showcases SLHD's dedication to enhancing the customer and employee experience, aligning with our Customer Access Strategy for improved service accessibility.

|                                  |                      |     |
|----------------------------------|----------------------|-----|
| <b>3.2.3.a: My Access Portal</b> | Assessor Acceptance: | Yes |
|----------------------------------|----------------------|-----|

The document attached explains what and how our customers can use 'My Access' on-line reporting tool. We publicise on a regular basis across many channel to reach our customers.

|  |                      |     |
|--|----------------------|-----|
| <b>3.2.3.b: Repairs Excellence Project</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Our repairs excellence video was produced to ensure that customer could better understand, in a friendly format, the changes we made to our repairs service in January 2023. Video attached.

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>3.2.3.c: Annual Review Video</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

To enhance the Annual Review, we replaced hard copies with a video featuring our Chief Executive and tenants, making it more engaging for customers. We also include a 4-page pull-out in HouseProud magazine and showcased the video at our Tenant Awards Celebration.

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>3.2.3.d: Guide to Fire Doors</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

The attached fire door leaflet was produced in conjunction with our tenants. To support our H&S procedures for customers living in high rise accommodation. Our aim was to make this visually appealing so that customers would read the document. This also shows an email trail of our tenants involvement

|  |                      |     |
|--|----------------------|-----|
| <b>3.2.3.e: Advice and Information on Damp, Mould and Condensation</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

We have recently introduced a Damp, Mould and Condensation (DMC) team. Attached is a document and weblink to advice and information we have publicised on our website to help and educate our customers to understand DMC.

**3.2.3.1: We have improved the range, content and quality of verbal,**

RP3 2023 You have improved the range, content and quality of verbal information. The Customer Access Team is now well established and has a key role in providing verbal information to the many customers who contact the organisation by telephone, well observed on the visit. More use is being made of videos, such as the Repairs Excellence video, on the web site, on YouTube and via social media. The Annual Review is well presented on the web site in a video format. An audio CD of the tenant magazine 'HouseProud' is available to be sent out to customers who are visually impaired.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

**3.2.3.2: published**

RP3 2023 You continue to improve the range, content and quality of printed information. The Tenants' Editorial Panel, with 45 members, helps ensure that letters, communications and publications are accessible, jargon-free and understandable. Your high-quality published information continues to merit Compliance Plus, including the colourful 'HouseProud' magazine, with the most recent edition in July 2023 being an excellent special issue celebrating the 'Tenant Voice'. The 'Guide to Fire Doors' leaflet, produced in conjunction with tenants, is a good example of the high-quality printed information you produce. This leaflet was written for customers living in high rise accommodation, with great care taken to make this visually appealing so that customers would read it. You also signpost tenants to other information, including that produced by the Council. You have branding guidelines and a letter writing guide for style, font, plain English and easy-to-read format.

RP2 2025 C+ retained.

Evidence Value:

Fully Met

**3.2.3.3: and web based information we provide to ensure it is relevant and meets the needs of customers.**

RP3 2023 As part of the Customer Access Strategy 2020 – 2024, SLHD is currently reviewing its web site to ensure that it is more engaging for customers and will support improved access to services digitally. As part of this process, a data cleansing exercise is being carried out. Tenant representatives have been fully involved in the procurement process, working through a customer journey mapping exercise to indicate where improvements could be made, what they expect a web site to look like and what information it should contain. The web site currently has a useful 'My Access' Portal, which is an on-line reporting tool for customers, fully integrated with your One Housing system. Currently tenants can access their rent account, make payments, report and view a history of repairs they have reported. There will shortly be enhanced functionality within the Portal which will provide customers with the ability to book repairs appointments online and to change them.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met



**3.2.4: We can demonstrate that information we provide to our customers is accurate and complete, and that when this is not the case we advise customers when they will receive the information they requested.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

**Active Evidence**

|  |                      |     |
|--|----------------------|-----|
| <b>3.2.4.a: Customer Holding Response Letter</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached is evidence showing the use of a holding response letter when we are unable to fully address a customer's complaint. The letter provides an explanation to the customer while indicating that a comprehensive response will follow.

|                                 |                      |     |
|---------------------------------|----------------------|-----|
| <b>3.2.4.: Covid 19 Q&amp;A</b> | Assessor Acceptance: | Yes |
|---------------------------------|----------------------|-----|

We published a Q&A on our website for our tenants during Covid to advise about changes to our normal service provision, following Government advice on restrictions.

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>3.2.4.b: Gas Servicing Letter</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

Evidence of a letter sent to customers during Covid 19 to advise on different ways of working during the pandemic for their gas service.

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>3.2.4.c: Customer Information</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

Information published on our website to advise of a change in service delivery during bank holiday closures. Setting out what services would be provided and when full service would be resumed.

|  |                      |     |
|--|----------------------|-----|
| <b>3.2.4.d: Covid 19 Tier 3 - Letter</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The attached letter that went out during Covid to ensure tenants were kept up to date on service provision. We didn't send one out at the first stage because Doncaster Council sent one out on our behalf to all the community including our tenants.

|   |                      |     |
|---|----------------------|-----|
| <b>3.2.4.e: Information message - Telephone Queue</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached message was put on front of the telephony management queue to advise customers of the changes to service delivery during Covid.

---

**3.2.4.1: We can demonstrate that information we provide to our customers is accurate and complete,**

RP3 2023 In the STAR Survey and other service specific Customer Satisfaction Surveys, you ask customers how satisfied they are with the information you give to them, with positive results. When customers contact the Customer Access Team, they are given appointments or appropriate responses immediately, well observed on the visit.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

**3.2.4.2: and that when this is not the case we advise customers when they will receive the information they requested.**

RP3 2023 When this is not the case, you advise customers when they will receive the information they requested, in line with your Service Standards. Tenant Liaison Officers ensure regular personal contact throughout large scale works. During the pandemic, tenants were kept well informed through a variety of means, including a Q&A section on the web site to advise about changes to normal service provision, following Government advice on restrictions. When Doncaster went into Tier 3 Covid restrictions, a letter was sent to all tenants to keep them up-to-date with service delivery. Similarly, appropriate messages were put on the front of the telephony management queue to advise customers of the changes to service delivery during Covid.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

### 3.3: Access

#### 3.3.1: We make our services easily accessible to all customers through provision of a range of alternative channels.

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliance Plus

#### Active Evidence

|                            |                      |     |
|----------------------------|----------------------|-----|
| <b>3.3.1.: Estate Walk</b> | Assessor Acceptance: | Yes |
|----------------------------|----------------------|-----|

Attached is detailed information about our estate walks, highlighting their productivity and necessity for our communities.

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>3.3.1.a: Website and Contact</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

Our new website, launched in October 2023, was co-created with tenant representatives. It details contact methods, services, and our management team. The site offers various contact options and information for both tenants and non-tenants, including job applications and homelessness advice.

|  |                      |     |
|--|----------------------|-----|
| <b>3.3.1.b: Customer Access Strategy and Access channels</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Our Customer Access Strategy 2020-2024 aims to improve customer experience, simplify interactions, increase digital and self-service use, and better understand customer needs. It offers multiple access points for services, ensuring customers can choose their preferred channel.

|  |                      |     |
|--|----------------------|-----|
| <b>3.3.1.c: Customer Access Strategy</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached is our Customer Access Strategy.

#### 3.3.1.1: We make our services easily accessible to all customers through provision of a range of alternative channels.

RP1 2024 Ease of access was fully confirmed on the visit. The Customer Access Strategy 2020-2024, currently under review, offers a range of access points. People can contact you via the Tenant Liaison Officer or Housing Officer, by telephone, web site, on-line Contact Us form, letter, email or personal visit to the Civic Office one-stop-shop. There is also an office at Balby Bridge, with good reception facilities and a digital hub. Estate Inspections, which residents are invited to join, are regularly conducted. Every effort is made to communicate with people with special needs, in different ways, for instance, through the web site, which incorporates a ReachDeck tool bar which can be turned on or off to support customers with accessible needs. The toolbar provides, reading, speech and translation support. The use of more digital communication methods continues to be encouraged, including Facebook. 'My Access' is the self-service tenant portal online service. RP2 2025 C+ is retained.

Evidence Value: Fully Met

### 3.3.2: We evaluate how customers interact with the organisation through access channels and we use this information to identify possible service improvements, and offer better choices

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>3.3.2.: Customer Access Strategy</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

See attached the Customer Access Strategy, Board Report, and a presentation presented to One Voice Forum. Showing how we evaluate how customers use access channels through surveys and consultation, using feedback to improve services, expand digital options, and offer more inclusive, personal choices

|   |                      |     |
|---|----------------------|-----|
| <b>3.3.2.a: Media Monitoring Report</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached document outlines our July media activity, it covers the Tenancy Agreement review and Cost-of-Living Hubs promotion, highlights top-performing web pages and social media posts, and shows strong public engagement.

|  |                      |     |
|--|----------------------|-----|
| <b>3.3.2.b: Mystery Shopping Guide</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

St Leger Homes' Mystery Shopping programme invites Get Involved Group members to assess service quality via briefed scenarios and feedback forms. Participants receive training, expenses, and voucher points, helping improve customer service and gain new skills.

|                             |                      |     |
|-----------------------------|----------------------|-----|
| <b>3.3.2.c: Latest News</b> | Assessor Acceptance: | Yes |
|-----------------------------|----------------------|-----|

Please find a link to our Latest News web page, which shares updates on services and initiatives, helping customers engage via digital channels. This interaction informs service improvements and expands choices, aligning with the criterion on evaluating access and enhancing customer experience.

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>3.3.2.d: Facebook Statistics</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

Please find attached a document which shares a link to our Facebook page and highlights follower growth from July 2022 to August 2025, showing how the platform is used to inform and engage customers.

---

**3.3.2.1: We evaluate how customers interact with the organisation through access channels**

RP2 2025 You evaluate how customers interact with the Service through access channels. The majority of tenants still prefer to contact you by telephone, although over 60% can and do use the internet. Regular Media Monitoring Reports are presented to the Board, highlighting performance metrics for the web site and social media. The most visited web pages are usually the Homepage, Doncaster HomeChoice, and My Access Find a Home, indicating, not surprisingly, strong interest in finding a home. Facebook statistics are monitored, showing an increase in followers.

Evidence Value: Fully Met

**3.3.2.2: and we use this information to identify possible service improvements,**

RP2 2025 You use access channel information to identify possible service improvements. The Customer Access Team (CAT) continues to deal with first point of contact enquiries, including by telephone, email (e-forms) and in person at your reception points. The Customer Access Strategy aims to improve the overall customer experience by offering multiple access channels, digital and traditional, while promoting digital self-service where appropriate. Digital hubs are provided in some office locations so that tenants can get free access to the internet. 'My Access' is the self-service tenant portal online service for customers to view their current or previous rent accounts, pay rents and request a repair, request a refund, edit existing contact details, add new contact details and set preferred contact method. The web site also provides contact information about a range of services provided to non-tenants, including applying for jobs, the World of Work Academy and homelessness advice.

Evidence Value: Fully Met

**3.3.2.3: and offer better choices**

RP2 2025 You use access channel information to offer better choices to customers. The Customer Access Strategy is offering a wider choice of access channels to customers, including Facebook. Plans for the future include increased use of Artificial Intelligence – both web and phone based – which could be Chatbots, Mobile Apps and / or AI powered messaging. Compliance Plus is retained.

Evidence Value: Fully Met

### 3.3.3: We ensure that where customers can visit our premises in person facilities are as clean and comfortable as possible.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

#### Active Evidence

#### 3.3.3.: Civic Building Reception

Assessor Acceptance:

Yes

Pictures attached of our reception points at The Civic Building. Showing they are clean and comfortable. Working together with Doncaster Council staff who provide floor walking to support customers. The building is also easily accessible for all.

#### 3.3.3.a: Communal Halls

Assessor Acceptance:

Yes

We offer clean and comfortable communal halls used by tenant groups like mums & tots, B:Friend, and TARAs for meetings, workshops, and activities. These spaces also serve as venues for community meetings with stakeholders like SYP and DMBC. (See pictures of just three of our 40 communal halls).

#### 3.3.3.b: Cost of Living Hub

Assessor Acceptance:

Yes

We also work in partnership with other agencies to help our customers. A cost of living hub has been set up in Mexborough to support our tenant and the wider community. Offering a clean, safe and supportive space to go for guidance.

#### 3.3.3.1: We ensure that where customers can visit our premises in person facilities are as clean and comfortable as possible.

RP3 2023 Your premises are clean and comfortable. All your offices have easy access, providing ramps, telephones, comfortable reception points and where possible, digital hub facilities. You have a cleaning contract for all the offices which is reviewed on an annual basis. Your previous main office, St. Leger Court on White Rose Way, has now been vacated. The main office is now located on the fourth floor of the City of Doncaster Council Civic Office, which is modern and closer to the City Centre. The public have access to the ground floor, which has a very attractive and welcoming open plan layout, with one-stop-shop enquiry desks for a range of council services - you staff two desks to respond to customer queries. (No rent is paid over the counter). The Civic Office has disabled car parking, lifts, wheelchair access, disabled toilets and facilities for the hearing and visually impaired. You also offer appointments at locations convenient for your tenants.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

### 3.4: Co-operative working with other providers, partners and communities

#### 3.4.1: We have made arrangements with other providers and partners to offer and supply co-ordinated services, and these arrangements have demonstrable benefits for our customers

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

##### Active Evidence

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>3.4.1.: Local Solutions Group</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

Evidence of our collaboration with other services across Doncaster highlights our commitment to improving lives and neighbourhoods.

|  |                      |     |
|--|----------------------|-----|
| <b>3.4.1.a: Multi Agency Area Improvement Plan</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

We are actively collaborating with colleagues from South Yorkshire Police (SYP) and the City of Doncaster Council (CDC) to support regenerative efforts in Highfields and Edlington. All agencies meet monthly to discuss various topics. The attached shows the agenda of one meeting.

|  |                      |     |
|--|----------------------|-----|
| <b>3.4.1.b: Tenant Sustainability Team</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Evidence to show St Leger Homes collaborates with DWP and CAB to efficiently support tenants, referring them to the best-suited services for debt relief and benefits advice, ensuring optimal use of limited resources.

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>3.4.1.c: Civic Reception SLA</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

This Service Level Agreement (SLA) outlines the partnership between St Leger Homes and the City of Doncaster Council for Customer Services, detailing roles, service specifications, standards, monitoring, and annual fees, all aimed at improving the customer experience.

|   |                      |     |
|---|----------------------|-----|
| <b>3.4.1.d: The Civic Reception Summary</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Description to support the Civic Reception & ARC SLAs.

|  |                      |     |
|--|----------------------|-----|
| <b>3.4.1.e: Alarm Receiving Centre (ARC) SLA</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached is the SLA for ARC, above in 3.4.1d is the summary for it.

---

**3.4.1.1: We have made arrangements with other providers and partners to offer and supply co-ordinated services,**

RP1 2024 Your partnership arrangements are very impressive and merit continued Compliance Plus. You have very strong partnership arrangements with other providers, particularly with City of Doncaster Council, the Department for Work and Pensions (DWP), South Yorkshire Police, Contractors, Community and Voluntary Sector partners. The partners the Assessor met on the visit spoke very positively about your working relationships and the very high-quality service you provide for customers.

RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

**3.4.1.2: and these arrangements have demonstrable benefits for our customers**

RP1 2024 It was confirmed on the visit that customers benefit from joint working arrangements. Multi Agency Area Improvement Plans are in place to support regeneration within challenging areas of the City. Across the City, monthly Local Solutions Group (LSG) meetings are held, where partners from the Police, Stronger Communities, Enforcement and, if necessary, social care, discuss specific tenants and place-based issues. SLHD Tenancy Sustainability teams work closely with partners from DWP and the Citizens' Advice Bureau (CAB) to support tenants, referring them to the best-suited services for debt relief and benefits advice, ensuring optimal use of limited resources. In 2023-2024, tenants were helped to achieve £982,251 financial gains (average of £1,853 per tenant) and 530 tenants were helped to access more benefits or claim a charitable grant. The award-winning World of Work (WOW) Programme gives opportunities to tenants impacted by unemployment.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met



### 3.4.2: We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of service.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

|                               |                      |     |
|-------------------------------|----------------------|-----|
| <b>3.4.2.: Domestic Abuse</b> | Assessor Acceptance: | Yes |
|-------------------------------|----------------------|-----|

The attached - Domestic Abuse HM outlines St Leger Homes' trauma-informed, multi-agency approach to supporting domestic abuse survivors, including safe housing, staff training, and compliance with the Domestic Abuse Act and DAHA standard.

|   |                      |     |
|---|----------------------|-----|
| <b>3.4.2.a: Working with Aspire and CDC</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached file: Working with aspire and CDC describes joint efforts with Aspire and City of Doncaster Council to address anti-social behaviour through Community Impact Surveys, estate visits, and leaflet drops to reassure and inform tenant.

|   |                      |     |
|---|----------------------|-----|
| <b>3.4.2.b: Community Impact Surveys with CDC</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The file attached - Community Impact Surveys with CDC, describes joint efforts with City of Doncaster Council to address anti-social behaviour through surveys, estate visits, and leaflet drops, ensuring tenants feel supported and service accountability is clear.

|                                   |                      |     |
|-----------------------------------|----------------------|-----|
| <b>3.4.2.d: Tenancy Agreement</b> | Assessor Acceptance: | Yes |
|-----------------------------------|----------------------|-----|

The attached Tenancy Agreement Consultation details a review of the Secure Tenancy Agreement, updated to reflect new legislation and local challenges. It involved consultation with tenants and partners to clarify responsibilities and ensure service quality.

|                               |                      |     |
|-------------------------------|----------------------|-----|
| <b>3.4.2.c.: Thrive Model</b> | Assessor Acceptance: | Yes |
|-------------------------------|----------------------|-----|

The attached outlines Doncaster's Thrive Model, local teams led by executive and service directors coordinate services across neighbourhoods. It promotes integrated support, community leadership, and data-driven improvements.

#### 3.4.2.1: We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of service.

RP2 2025 A wide range of formal and informal arrangements ensure effective consultation and information exchange, including contractual agreements, service level agreements, joint working protocols and regular meetings, particularly with City of Doncaster Council (CDC), who are your landlord. Housing Officers and members of the Customer Involvement Team have worked closely with CDC's City Centre Team and Aspire (Drug and Alcohol Service) to address anti-social behaviour. You meet regularly with partners in CDC, South Yorkshire Police and Primary Care as part of the Thrive Model, which is about neighbourhood renewal, with a strong focus on prevention and a community centred approach. Similarly, there is a trauma-informed, multi-agency approach to supporting domestic abuse survivors. A recent partnership with NHS Paediatric Respiratory Services has led to children with asthma living in homes with damp being flagged up for prompt remedial action from the Damp and Mould Team. C+ retained.

Evidence Value: Fully Met

### 3.4.3: We interact within wider communities and we can demonstrate the ways in which we support those communities.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### Active Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>3.4.3.: Support for Community Initiatives</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Examples attached are some of the various wider community initiatives that we support by publicising on Facebook.

|  |                      |     |
|--|----------------------|-----|
| <b>3.4.3.a: Support from the Customer Involvement Team</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The attached document goes into detail to what our Customer Involvement Team do to support our customers and the wider community.

|   |                      |     |
|---|----------------------|-----|
| <b>3.4.3.b: Supporting the Clinically Extremely Vulnerable (CEV) community of Doncaster</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached doc explains how SLHD worked collaboratively with partners during the early stages of the Covid 19 pandemic. Providing a prescription delivery service for vulnerable people across Doncaster. And providing an outbound call service to all CEV in Doncaster, ensuring no one was without support

|                                    |                      |     |
|------------------------------------|----------------------|-----|
| <b>3.4.3.c: Cost of Living Hub</b> | Assessor Acceptance: | Yes |
|------------------------------------|----------------------|-----|

(See 3.3.3.b for evidence) - Example of where we have worked with partners to support wider communities and our tenants through supporting the implementation of Cost of Living Hubs. Advertised on our website, on Facebook and in our Tenant Magazine.

|                                    |                      |     |
|------------------------------------|----------------------|-----|
| <b>3.4.3.d: SLHD and Foodbanks</b> | Assessor Acceptance: | Yes |
|------------------------------------|----------------------|-----|

Descriptive evidence and links to our website showing how we work extensively with local foodbanks issuing referral vouchers, actively fundraising events. And in the last five years raising £5,500 for foodbanks.

|   |                      |     |
|---|----------------------|-----|
| <b>3.4.3.e: Selection of how we interact within communities</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached are just a few of the ways we interact within and support our wider communities.

#### 3.4.3.1: We interact within wider communities and we can demonstrate the ways in which we support those communities.

RP3 2023 You support the wider communities in many outstanding ways that merit continued Compliance Plus. The latest annual Social Statement 2021-2022 details a variety of activities, including staff donations of £10,961 to local foodbanks. In the same year, St Leger Homes supported 39 apprenticeships / student placements to improve employment prospects for the future. 71 people signed up to the World of Work scheme and 23 were supported into employment. The Tenancy Sustainability Team achieved £472,333 financial gains for tenants and 566 households were prevented from becoming homeless. 336 community groups used your Communal Halls across the City, offering a variety of activities for users. Also, very impressively, SLHD achieved a Gold Award in the SHIFT (Sustainable Homes Index for Tomorrow) accreditation scheme.

RP1 2024 and RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

## 4: Delivery

### 4.1: Delivery standards

#### 4.1.1: We have challenging standards for our main services, which take account of our responsibility for delivering national and statutory standards and targets.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

#### Active Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>4.1.1.: Housing Ombudsman Self-Assessment</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Landlords must annually self-assess against the Housing Ombudsman Complaints Code. This year, changes required policy amendments. The self-assessment was reviewed by the Tenant Scrutiny Committee, EMT, and Board. In April 2024, a new Complaint Handling Code was published.

|   |                      |     |
|---|----------------------|-----|
| <b>4.1.1.a: Performance explanation</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

This document complements the Performance Summary & Dashboard provided below, explaining their details.

|  |                      |     |
|--|----------------------|-----|
| <b>4.1.1.b: Detailed Performance Summary</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached is the performance booklet for quarter 4 in 23/24, these booklets are produced each quarter.

|   |                      |     |
|---|----------------------|-----|
| <b>4.1.1.c: Performance dashboard 23/24</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

KPI data for year 23/24.

|   |                      |     |
|---|----------------------|-----|
| <b>4.1.1.d: Performance Dashboard 24/25</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

KPI data for year 24/25.

#### 4.1.1.1: We have challenging standards for our main services,

RP1 2024 You have a wide range of challenging standards and performance indicators that include financial, technical, operational, service and administrative standards. The Tenant Scrutiny Panel has carried out a number of reviews which have fed into the raising of standards.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### 4.1.1.2: which take account of our responsibility for delivering national and statutory standards and targets.

RP1 2024 You use a comprehensive range of national and statutory standards and performance indicators to provide a basis for service measurement. The Regulator of Social Housing sets regulatory standards that define the outcomes that landlords must deliver using powers under the Housing and Regeneration Act 2008. SLHD is not bound by the Regulator of Social Housing Regulatory Framework, but nevertheless continues to recognise it as best practice and follows its guidance in producing the annual Value for Money (VFM) Statement, which is a requirement within the Regulatory Framework. The detailed 2023 annual VFM Statement is again positive, with SLHD delivering more for less, whilst demands on services have increased, with strong cost and performance management and positive benchmarking. St Leger remains a low cost, high performing organisation.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### 4.1.2: We monitor and meet our standards, key departmental and performance targets, and we tell our customers about our performance.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

##### New Evidence

|                                  |                      |     |
|----------------------------------|----------------------|-----|
| <b>4.1.2.: Service Standards</b> | Assessor Acceptance: | Yes |
|----------------------------------|----------------------|-----|

The attached document summarises how we track and report performance against service standards. Highlighting quarterly results in areas like repairs, ASB, and complaints, using colour-coded ratings and tenant feedback to guide improvements.

|   |                      |     |
|---|----------------------|-----|
| <b>4.1.2.a: Key Performance Indicators (KPIs)</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please find attached the KPI data for 2024/25. Colour coded results show progress against targets, helping us act quickly and share updates with customers to stay transparent and accountable.

|  |                      |     |
|--|----------------------|-----|
| <b>4.1.2.b: Customer and Performance Committee Presentation.</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The attached presentation outlines how we've delivered against service standards and department targets. This report is presented to EMT, Board and Customer and Performance Committee, and publicised for our tenants.

|  |                      |     |
|--|----------------------|-----|
| <b>4.1.2.c: Complaints Performance</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The attached performance document highlights how we've handled complaints using clear visuals. It shows volumes, response rates, and outcomes, helping customers to see how feedback drives service improvements.

|                               |                      |     |
|-------------------------------|----------------------|-----|
| <b>4.1.2.d: Annual Review</b> | Assessor Acceptance: | Yes |
|-------------------------------|----------------------|-----|

Please see the annual review, it outlines how we share performance updates with customers through the Annual Review and HouseProud magazine. Highlighting achievements, targets, and service improvements.

##### 4.1.2.1: We monitor and meet our standards, key departmental and performance targets,

RP2 2025 Rigorous and comprehensive quality assurance systems are well established. You monitor and meet the majority of your standards and performance targets. Improvements in ASB handling and repairs are noted. Despite financial constraints, the most recent Tenant Satisfaction Measure (TSM) survey found that satisfaction with repairs over the last 12 months rose by 1% to 81%. Satisfaction with the time taken to complete the most recent repair in the last 12 months rose by 3% to 76%. 82% thought their home was well maintained (up 6%) and 86% thought their home was safe (up 1%). In 2024-2025, 95.3% of repairs were completed at the first visit. You also continue to win external recognition, as shown in your Tpas accreditation.

Evidence Value: Fully Met

##### 4.1.2.2: and we tell our customers about our performance.

RP2 2025 You publish performance data in the HouseProud magazine, in the Annual Review and on the web site. Performance against service standards and targets is presented to the Executive Management Team, the Board and the Customer and Performance Committee, with the report publicised to tenants. Councillors receive regular updates on what is happening in their local area.

Evidence Value: Fully Met

#### 4.1.3: We consult and involve customers, citizens, partners and staff on the setting, reviewing and raising of our local standards.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

##### Active Evidence

|                                |                      |     |
|--------------------------------|----------------------|-----|
| <b>4.1.3.: One Voice Forum</b> | Assessor Acceptance: | Yes |
|--------------------------------|----------------------|-----|

The One Voice Forum, led by tenants, is an engagement platform for service delivery and policy changes. It gathers every 6 weeks to discuss agendas, review previous meetings, share updates, and seek tenant input to shape services. See attached agenda.

|  |                      |     |
|--|----------------------|-----|
| <b>4.1.3.a: Equality, Diversity and Inclusion Strategy</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

This demonstrates how we know our customers and the diversity of our different groups which influences our service delivery and activity on a local and individual level. The involvement groups demonstrates how we have brought together customers to hear their voice on future policy or local issues.

|   |                      |     |
|---|----------------------|-----|
| <b>4.1.3.b: Communications Strategy</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

(See 1.2.3) The Communications Strategy (2022-2026) replaces existing strategy. Informed by internal/external reviews, it emphasises digital communication, stakeholder engagement, and transparency. Monitored by Executive Management Team and Performance Committee for action delivery and outcomes.

|  |                      |     |
|--|----------------------|-----|
| <b>4.1.3.c: Customer Excellence Training AKD</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Working with an external organisation - AKD, we designed Customer Excellence training, which is essential for all employees in the organisation. Engagement with key stakeholders took place to design this learning programme. Including employees, customers and senior managers. More detail attached.

|   |                      |     |
|---|----------------------|-----|
| <b>4.1.3.d: Customer Charter and Service Standards Review</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Internal employees, GIG, and One Voice Forum were consulted on the review, and their feedback played a crucial role in shaping the final document, due to go to board in August 23.

|                                    |                      |     |
|------------------------------------|----------------------|-----|
| <b>4.1.3.e: Repairs Excellence</b> | Assessor Acceptance: | Yes |
|------------------------------------|----------------------|-----|

We consulted both internally and externally on the change to our service deliver which helped inform our final service delivery model. (YouTube link attached).

#### 4.1.3.1: We consult and involve customers, citizens, partners and staff on the setting, reviewing and raising of our local standards.

RP3 2023 You use feedback from customers, partners and staff to set, review and raise standards. You consult widely using a range of meetings and feedback from surveys. The Tenants and Residents' Involvement (Scrutiny) Panel (TRIP) have carried out a number of reviews which have fed into the raising of standards. The new One Voice Forum, led by tenants, is an engagement platform for service delivery and policy changes, meeting every six weeks to discuss agendas, review previous meetings, share updates, and seek tenant input to shape services.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

## 4.2: Achieved Delivery and Outcomes

### 4.2.1: We agree with our customers at the outset what they can expect from the service we provide.

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliant

#### Active Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>4.2.1.a: Customer Access Strategy</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached is the presentation to One Voice Forum on the Customer Access Strategy.

|   |                      |     |
|---|----------------------|-----|
| <b>4.2.1.b: Customer Charter and Service Standard Reviews</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached is the Customer Charter and Service Standards Review, consultation held with GiG (Getting Involved Group) and TSP (Tenant Scrutiny Panel).

|   |                      |     |
|---|----------------------|-----|
| <b>4.2.1.c: Consultation with customers</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

This evidences that we consult with customers on strategies and standards.

#### 4.2.1.1: We agree with our customers at the outset what they can expect from the service we provide.

RP1 2024 The organisation has comprehensive mechanisms in place to ensure customer understanding and agreement as to what they can expect from the relevant service. Initially, you provide customers at sign-up with the New Tenant leaflet and sign-up pack, setting out new tenancy information. Follow up visits are made to check understanding and deal with any queries. Callers to the housing repair service are given full information about the service that will be provided and timescales for attendance. Customers are kept well informed about any changes to services.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### **4.2.2: We can demonstrate that we deliver the service we promised to individual customers and that outcomes are positive for the majority of our customers.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

##### **New Evidence**

|   |                      |     |
|---|----------------------|-----|
| <b>4.2.2.: Tenant Satisfaction Measures</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached document shows how we share satisfaction results online, track service standards, and use feedback to drive improvements and achieve top performance.

|  |                      |     |
|--|----------------------|-----|
| <b>4.2.2.a: Tenancy Sustainability Key Achievements.</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Please see attached document which highlights how we supported tenants with over £1.6M in financial gains, 1,641 referrals, and award-nominated services to help sustain tenancies. The achievements show we deliver tailored support, with 75% reporting improved wellbeing.

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>4.2.2.b: Tenant Voice Outcomes</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

The Tenant Voice Outcomes report shows we deliver on promises by reporting positive results from tenant engagement activities. Outcomes shares with the Customer and Performance Committee confirm benefits for most customers.

|                                  |                      |     |
|----------------------------------|----------------------|-----|
| <b>4.2.2.c: You Said, We Did</b> | Assessor Acceptance: | Yes |
|----------------------------------|----------------------|-----|

Please find attached a link to our web page to show how by actively involving customers in consultations and transparently reporting back shows we listen, act on feedback, and deliver improvements that reflect the customers needs.

#### **4.2.2.1: We can demonstrate that we deliver the service we promised to individual customers**

RP2 2025 You deliver the service you promised to individual customers, as shown by your performance figures and feedback from surveys.

Evidence Value: Fully Met

#### **4.2.2.2: and that outcomes are positive for the majority of our customers.**

RP2 2025 Outcomes are positive for the majority of customers, as shown by discussions with tenants on the visit, survey results, performance data and the many awards and accreditations that you have received. In 2024-2025, the Tenancy Sustainability Team provided tailored support to tenants, with 1,641 referrals, over £1.6m in financial gains and award-nominated services to help sustain tenancies. 75% of tenants reported improved wellbeing. Compliance Plus is retained.

Evidence Value: Fully Met

#### 4.2.3: We can demonstrate that we benchmark our performance against that of similar or complementary organisations and have used that information to improve our service.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

##### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>4.2.3.b: Benchmarking - Universal Credit &amp; Arrears</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

We benchmark with peers across the region to compare different factors, including performance, analysing differences and adopting best practices when necessary. We hosted the benchmarking meetings and shared our approach to how we deal with UC, supporting tenants claiming UC for the first time.

|                                     |                      |     |
|-------------------------------------|----------------------|-----|
| <b>4.2.3.c: Furnished Tenancies</b> | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

The Proposed Furnished Tenancies Scheme for the City of Doncaster Council will be administered by St Leger Homes of Doncaster. To alleviate furniture poverty, promotes tenant comfort, and enables longer, successful tenancies amidst high living costs.

|   |                      |     |
|---|----------------------|-----|
| <b>4.2.3.e: Benchmarking - National Federation of ALMOs</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Example attached is the agenda from NFA data management group. Where we meet at least quarterly comparing and sharing best practice in preparation for regulatory inspection.

|   |                      |     |
|---|----------------------|-----|
| <b>4.2.3.d: Employee Performance Benchmarking NHF Group</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Head of HR/OD chaired HR networking group (20+ Housing Associations/ALMOs in Yorkshire and Humber). Benchmarking employee turnover/satisfaction sets targets, informs People Strategy action plan for increased productivity and customer satisfaction. (See attached documents for more detail).

|   |                      |     |
|---|----------------------|-----|
| <b>4.2.3.a: Benchmarking with other organisations</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

SLHD constantly benchmarks with other organisation to learn from best practice. The evidence that has been provided give an example of this.



**4.2.3.1: We can demonstrate that we benchmark our performance against that of similar or complementary organisations**

RP3 2023 Your benchmarking of performance against similar organisations merits continued Compliance Plus. You benchmark through your membership of HouseMark and the National Federation of ALMOs (NFA). Your membership of Tpas, England's leading Tenant Engagement experts, also gives you access to valuable comparative information. In comparison with other ALMOs, you are a 'Low cost, High performing' provider. You have recently benchmarked with peers in relation to the delivery of a white goods service to tenants, and also on IT projects and on how you use the Housing Management System module, Contact Manager, to see if this could be better used to benefit customers.

RP1 2024 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

**4.2.3.2: and have used that information to improve our service.**

RP3 2023 You use benchmarking information to monitor and improve your service. You also carry out more tailored benchmarking with specific organisations, where appropriate, which involves visiting or being visited by them to review systems and processes to improve performance. You hosted a benchmarking meeting with the Northern Regional Benchmarking Group to compare data and performance on Universal Credit, Direct Debit, and Voids and Allocations.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**4.2.4: We have developed and learned from best practice identified within and outside our organisation, and we publish our examples externally where appropriate.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

**Active Evidence**

**4.2.4.d: Compliant Handling Code - Published** Assessor Acceptance: Yes

We have attached a snippet highlighting key areas of The Housing Ombudsman's new complaint handling code, which has been published on our website. Please refer to the attached document for further details.

**4.2.4.: Benchmarking to learn from best practice.** Assessor Acceptance: Yes

SLHD constantly benchmarks with other organisation to learn from best practice. The evidence that has been provided give an example of this. (Also provided in 4.2.3).

**4.2.4.a: SHIFT Sustainability Report** Assessor Acceptance: Yes

The SHIFT assessment has helped our commitment to improving St. Leger's sustainability performance, as demonstrated by achieving SHIFT gold . The report has helped us to improve and monitor progress in areas such as waste recycling and resident engagement. (Report attached).

**4.2.4.b: TPAS Accreditation** Assessor Acceptance: Yes

We have become one of only 20 organisations in the country to be accredited by national tenant engagement experts TPAS. We received the accreditation for the work we do to involve tenants in decision-making and ensuring that tenants' voices are heard at all times.

**4.2.4.c: Damp & Mould Self Assessment & Action Plan** Assessor Acceptance: Yes

Attached is our self assessment and action plan following the ombudsman's recommendations for best practice.

---

**4.2.4.1: We have developed and learned from best practice identified within**

RP3 2023 You have many examples of best practice identified within your organisation, as a result of meetings and staff suggestions.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**4.2.4.2: and outside our organisation,**

RP3 2023 You learn from examples of best practice identified outside your organisation, for instance as a result of your benchmarking work and partnership activities.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**4.2.4.3: and we publish our examples externally where appropriate.**

RP3 2023 You publish examples of best practice. You use NFA publications, the web site and the HouseProud magazine to publish best practice, including the many awards you have won. SLHD is justifiably proud to be one of only 20 organisations to have achieved Tpas Landlord Accreditation for excellent tenant engagement. You have also been named Large Employer of the Year at the South Yorkshire Apprenticeship Awards. You have achieved SHIFT accreditation; 95% of waste was diverted away from landfill and recycled. Compliance Plus is retained.

RP1 2024 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

### 4.3: Deal effectively with problems

**4.3.1: We identify any dips in performance against our standards and explain these to customers, together with action we are taking to put things right and prevent further recurrence.**

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliant

#### Active Evidence

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>4.3.1.: Telephone disruptions</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

We publicise when we have longer delays on the telephone queue.

|   |                      |     |
|---|----------------------|-----|
| <b>4.3.1.a: Demand on services in CAT</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Evidence shows that we identified a dip in the Customer Access Team (CAT) performance. By adjusting the working hours in CAT, the performance has improved.

|                                   |                      |     |
|-----------------------------------|----------------------|-----|
| <b>4.3.1.b: You said, we did.</b> | Assessor Acceptance: | Yes |
|-----------------------------------|----------------------|-----|

We inform customers how their feedback has influenced our services and policies.

---

**4.3.1.1: We identify any dips in performance against our standards**

RP1 2024 Your robust self-assessment procedures and monitoring of a wide range of performance indicators enable you to identify dips in performance, for instance in relation to repairs, rent collection levels, the availability of appointments and extreme weather.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**4.3.1.2: and explain these to customers,**

RP1 2024 You use the new web site, the HouseProud magazine, letters, telephone calls and messages, posters, display boards and a wide range of meetings such as those with the many tenants' groups to explain dips in performance to customers. You regularly explain the effects of Welfare Reform, Government legislation and the challenging economic climate, and the implications for the tenants. You add a voice message to the front of your single number telephone line, if appropriate, for instance, when there are IT problems, resulting in longer call wait times or limited services, also informing customers how they can self-serve online if they prefer not to hold in a queue. In extreme weather conditions, you advise customers to log non-urgent issues via the tenant portal or to call back once the weather has subsided. These messages can be added to the call queue at any time by using a mobile telephone.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**4.3.1.3: together with action we are taking to put things right and prevent further recurrence.**

RP1 2024 You explain remedial action to customers by means of the web site, the HouseProud magazine, on social media, in letters, telephone calls, posters, display boards and through a range of meetings with the customers, including one-to-one meetings. You explain the action you are taking to put things right, including the effort you are putting into helping customers with the effects of the challenging economic climate, Welfare Reform and Universal Credit. The Tenancy Sustainability Team provides excellent support to tenants who are struggling to pay their rents. You also publish a helpful 'You said – We did' section on your web site. The Customer Access Team experienced a dip in performance due to unexpected peaks in call volumes. Service hours were 8am to 7pm, but data showed very few callers after 5pm. You collaborated with the Council so that now, calls after 5pm are answered by CDC Alarm Receiving Centre staff, so you now have more staff at peak times.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### **4.3.2: We have an easy to use complaints procedure, which includes a commitment to deal with problems fully and solve them wherever possible within a reasonable time limit.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

##### **New Evidence**

#### **4.3.2.: Publicising how to make a complaint.**

Assessor Acceptance:

Yes

Please see the attached document showing how easy we make it for our customers to raise a complaint. We view complaints not as a negative, but as a valuable opportunity to improve our service.

#### **4.3.2.b: Complaints Power App**

Assessor Acceptance:

Yes

Please see an overview of our Complaints Power App we use to manage complaints. It helps us track more easily, stay on top of deadlines, and respond faster. Making the process smoother for staff and more consistent for customers.

#### **4.3.2.a: Complaints Process**

Assessor Acceptance:

Yes

Please find attached an overview of our two-stage complaints process, how we handle complaints fairly and transparently, in line with the Housing Ombudsman's Complaints Code. Showing our commitment to resolving issues properly and keeping customers informed.

#### **4.3.2.c: Annual Complaints and Service Improvement Report 2024/25**

Assessor Acceptance:

Yes

Please see attached our latest annual report, showing how we've handled complaints in 2024/25, what we've learned, and the service improvements we've made. It includes performance data, Ombudsman feedback, and actions we are taking to improve.

#### **4.3.2.d: Self Assessment 2025 - Housing Ombudsman's Complaints Code**

Assessor Acceptance:

Yes

Attached is our latest Self Assessment against the Housing Ombudsman's Complaints Code. The self assessment is a yearly review that checks we are following the Complaints Handling Code. We must complete it to show we are handling complaints fairly, transparently, and in line with national standards.

#### **4.3.2.1: We have an easy to use complaints procedure,**

RP2 2025 You have an easy to use Complaints Policy, which is promoted on the web site and in the HouseProud magazine. Complaints may be made by telephone, online, by letter, face-to-face or through a representative.

Evidence Value:

Fully Met

#### **4.3.2.2: which includes a commitment to deal with problems fully**

RP2 2025 The Complaints Procedure includes a commitment to providing excellent customer service and ensuring customers are heard. The aim is to resolve issues as soon as the customer makes a complaint.

Evidence Value:

Fully Met

#### **4.3.2.3: and solve them wherever possible within a reasonable time limit.**

RP2 2025 There is a two-stage complaints process, with clear time scales. At Stage 1, complaints are acknowledged within five working days and investigated within ten working days, with updates provided throughout. If more time is needed, the customer is informed, and a full response is given via their preferred contact method. If the customer remains dissatisfied, Stage 2 allows for a review by a Head of Service, with a response aimed within twenty working days from acknowledgement. Complainants who are still not satisfied with the outcome of their complaint are advised that it is their right to make a formal complaint to the Housing Ombudsman.

Evidence Value:

Fully Met

### 4.3.3: We give staff training and guidance to handle complaints and to investigate them objectively, and we can demonstrate that we empower staff to put things right.

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliant

#### Active Evidence

|                                    |                      |     |
|------------------------------------|----------------------|-----|
| <b>4.3.3.: Complaints Training</b> | Assessor Acceptance: | Yes |
|------------------------------------|----------------------|-----|

In 2021 we conducted comprehensive complaints training for all Complaints Investigation Officers. The training, conducted over Teams due to the pandemic, was attended by officers from all areas of the business. They shared actions they would take to enhance their ability to handle received complaints

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>4.3.3.b: Appeal Panel Training</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

Attached are the training materials provided to our Tenant Appeal Panel members. This panel, consisting of tenant representatives and a service manager, ensures impartial judgment when hearing appeals, prioritising fairness for the complainant.

|  |                      |     |
|--|----------------------|-----|
| <b>4.3.3.c: Customer Excellence Training - AKD</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

This training demonstrates that we make colleagues aware of our customer focused culture, train them against it and actively involve them in taking ownership in and participating in this culture.

|   |                      |     |
|---|----------------------|-----|
| <b>4.3.3.d: Complaints Performance - EMT messages</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached shows a message that has been sent from EMT to all SLHD employees, highlighting the improved performance, and also emphasising the message that communication and keeping customer informed is key.

#### 4.3.3.1: We give staff training and guidance to handle complaints

RP3 2023 Staff training covers complaints handling and customer care. In 2021 you provided comprehensive complaints training for all Complaints Investigation Officers. This training, conducted over Teams due to the pandemic, was attended by officers from all areas of the business, who shared actions they would take to enhance their ability to handle complaints effectively. The Tenant Appeals Panel, which includes tenant representatives and a service manager, also receives training to ensure impartial judgments are made when hearing appeals, prioritising fairness for the complainant.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### 4.3.3.2: and to investigate them objectively,

RP3 2023 You give staff training and guidance to investigate complaints objectively.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### 4.3.3.3: and we can demonstrate that we empower staff to put things right.

RP3 2023 Staff feel empowered to put things right and this was confirmed on the visit. One of your four core FEEL values is Empowerment.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### 4.3.4: We learn from any mistakes we make by identifying patterns in formal and informal complaints and comments from customers and use this information to improve services and publicise action taken.

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliance Plus

##### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>4.3.4.: Evidence of service improvement.</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The Q4 23/24 Complaints Presentation details received complaints and service improvements, demonstrating our commitment to feedback. This report is submitted quarterly to the CDCs Performance and Improvement Committee.

|  |                      |     |
|--|----------------------|-----|
| <b>4.3.4.a: Q4 Complaints Presentation</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Evidence attached show the complaints presentation which shows all 23/24 performance.

|                                   |                      |     |
|-----------------------------------|----------------------|-----|
| <b>4.3.4.b: You said, we did.</b> | Assessor Acceptance: | Yes |
|-----------------------------------|----------------------|-----|

The same as in 4.3.1 this shows our commitment to learning from our mistakes. And how their feedback it has influenced our services and policies.

##### 4.3.4.1: We learn from any mistakes we make by identifying patterns in formal

RP1 2024 You log and analyse formal complaints. The quality of the quarterly complaints presentation that is given to the Executive Team, the Scrutiny Panel and the Board continues to merit Compliance Plus. This presentation is also available on the web site for tenants to see. Complaints are analysed by source and cause, with relevant commentary and planned service improvements detailed.

RP2 2025 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

##### 4.3.4.2: and informal complaints and comments from customers

RP1 2024 You log and analyse informal complaints. Staff are empowered to sort problems out 'on the spot' where possible, but will report upon any areas of concern, if further action is required.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

##### 4.3.4.3: and use this information to improve services and publicise action taken.

RP1 2024 Complaints analysis identifies subject areas for customer journey mapping. A sub group of the Tenant Scrutiny Panel has been set up to look at a sample of complaints on a quarterly basis and then feedback recommended improvement actions. You do use the learning from complaints to improve services, and publicise the action taken. You publish a helpful 'You said – We did' section on your web site and in HouseProud.

RP2 2025 Not reviewed.

Evidence Value: Fully Met



#### 4.3.5: We regularly review and improve our complaints procedure, taking account of the views of customers, complainants and staff.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

##### New Evidence

|  |                      |     |
|--|----------------------|-----|
| <b>4.3.5.: Housing Ombudsman Self Assessment</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

We must complete and publish the self-assessment annually to meet the Housing Ombudsman's (HO) Complaints Code. It is reviewed by our Tenants Scrutiny Panel, Complaints Champion who is also a Board Member, and Executive Management Team before submission to the HO.

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>4.3.5.a: Complaints Power App</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

We have implemented a Microsoft Power App (See attached) which streamlines the process, we have made and continue to make changes following feedback from staff.

|  |                      |     |
|--|----------------------|-----|
| <b>4.3.5.b: Tenant Scrutiny Panel - Complaints Sub Group</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The Tenant Scrutiny Panel Complaints Sub-Group reviews a sample of complaints quarterly, ensuring our process is fair, policy-complaint, and informed by tenant feedback. Their findings help us improve how we handle complaints and reflect customer and staff views.

|  |                      |     |
|--|----------------------|-----|
| <b>4.3.5.c.: Member Responsible for Complaints (MRC)</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The MRC promotes a positive complaints culture, reviews data and performance, and ensures residents are heard. At SLHD, our MRC is also a Tenant Board Member.

|                                       |                      |     |
|---------------------------------------|----------------------|-----|
| <b>4.3.5.d: Complaints Procedures</b> | Assessor Acceptance: | Yes |
|---------------------------------------|----------------------|-----|

Please see attached our Stage 1 and Stage 2 complaints procedures, which demonstrate that we review them regularly.

##### 4.3.5.1: We regularly review and improve our complaints procedure,

RP2 2025 You regularly review your complaints procedure. The Housing Ombudsman's Complaints Code requires that you complete and publish an annual self-assessment, which is reviewed by the Tenant Scrutiny Panel, the Complaints Champion (who is also a Tenant Board Member) and the Executive Management Team before submission to the Housing Ombudsman. The Complaints Champion, has the statutory role of the Member Responsible for Complaints (MRC), required by the Housing Ombudsman, responsible for fostering a positive complaints culture.

Evidence Value: Fully Met

##### 4.3.5.2: taking account of the views of customers, complainants and staff.

RP2 2025 You consult staff, tenant Board members and members of the Tenant Scrutiny Panel about changes to the Complaints Procedure. As part of their review process, the Tenant Scrutiny Panel Complaints Sub-Group reviews a sample of complaints quarterly, ensuring the process is fair, policy-complaint, and informed by tenant feedback. Their findings help to improve the handling of complaints and reflect customer and staff views.

Evidence Value: Fully Met

**4.3.6: We ensure that the outcome of the complaint process for customers (whose complaint is upheld) is satisfactory for them.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

**Active Evidence**

**4.3.6.b: Corrective Action Examples**

Assessor Acceptance:

Yes

Our complaints process involves the investigating officer reaching out to all complainants to explain the corrective actions taken. Subsequently, the customer relations team handles the communication and sends out the response letter to the complainant.

**4.3.6.: Complaint Letter**

Assessor Acceptance:

Yes

Please find attached the document containing the contact information provided at the end of all our complaint response letters. This information is meant to assist the complainant in reaching out to us if they remain dissatisfied with the response received.

**4.3.6.a: Tenant Appeal Panel**

Assessor Acceptance:

Yes

(See 4.3.3) Shows we have a tenant appeal panel in place for anyone not satisfied with their complaint response. This panel consists of tenant representatives and a service manager which ensures impartial judgment when hearing appeals, prioritising fairness for the complainant.

**4.3.6.1: We ensure that the outcome of the complaint process for customers (whose complaint is upheld) is satisfactory for them.**

RP3 2023 You ensure that the outcome of the complaints process for customers (whose complaint is upheld) is satisfactory for them. You have a Tenant Appeals Panel, consisting of tenant representatives and a service manager, for tenants to appeal to if they feel that their complaint has not had a satisfactory outcome. Tenant Panel members independently investigate these complaints where the tenant complainant is dissatisfied with the outcome. This procedure is working well.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

## 5: Timeliness and Quality of Service

### 5.1: Standards for Timeliness and Quality

**5.1.1: We set appropriate and measurable standards for the timeliness of response for all forms of customer contact including phone calls, letters, e-communications and personal callers.**

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliant

#### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>5.1.1.: Customer Charter and Standards</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Our Customer Charter, developed with tenant feedback, focuses on People, Homes, Communities, and Partnerships. It outlines our service promises and the standards to measure them, reviewed quarterly by our Performance and Improvement Committee.

|  |                      |     |
|--|----------------------|-----|
| <b>5.1.1.a: Customer Service Standards</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Attached is a copy of our Service Standards.

**5.1.1.1: We set appropriate and measurable standards for the timeliness of response for all forms of customer contact including phone calls, letters, e-communications and personal callers.**

RP1 2024 You have a range of appropriate and measurable standards for the timeliness of response for all forms of customer contact, including telephone calls (90% responded to in 150 seconds), letters (95% responded to in ten working days), e-communications (95% responded to the same day), social media (95% responded to within the same working day) and personal callers (within 10 minutes). Discussions during the visit on the telephone response rate revealed that this standard is considered challenging because of staffing issues and constraints. The telephone response rate has improved recently to 95% responded to in 150 seconds, but there remains scope for further improvement.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**5.1.2: We set comprehensive standards for all aspects of the quality of customer service to be expected in all dealings with our organisation.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

**Active Evidence**

**5.1.2.a: Customer Excellence Delivery** Assessor Acceptance: Yes

Customer Excellence Training at St. Leger Homes is essential for all employees, using SLHD Customer Excellence Slides. Delivered in a classroom with an interactive board game, it links to Values, Skills, Behaviours, CIH Standards, and includes key info on the Charter for Social Housing and TSMs.

**5.1.2.b: Customer Service Standards** Assessor Acceptance: Yes

Evidence of our Customer Service Standards.

**5.1.2.c: Customer Charter and Standards** Assessor Acceptance: Yes

Our Customer Charter, developed with tenant feedback, focuses on People, Homes, Communities, and Partnerships. It outlines our service promises and the standards to measure them, reviewed quarterly by our Performance and Improvement Committee to ensure they matter to our customers.

**5.1.2.d: Internal Complaints Charter Video** Assessor Acceptance: Yes

The Internal Complaints Charter video, approved by EMT and launched at Directorate Leadership meetings, outlines best practices for handling complaints. It aligns with the Housing Ombudsman's Complaints Code and our self-assessment, reinforcing a positive complaints culture across the organisation.

**5.1.2.e: Alarm Receiving Centre (ARC) SLA** Assessor Acceptance: Yes

Our SLA with ARC outlines the standards we expect their staff to meet, ensuring they provide the same high level of customer service that we do.

**5.1.2.f: Complaints Training** Assessor Acceptance: Yes

All Complaint Investigating Officers, Service Managers, Heads of Service, and above receive this training. This ensures everyone handling complaints understands the expectations and the standard of service required when investigating a complaint.

**5.1.2.1: We set comprehensive standards for all aspects of the quality of customer service to be expected in all dealings with our organisation.**

RP1 2024 You set standards for all aspects of the quality of customer service that are well presented in the Customer Charter. Your Service Standards include quality standards, such as expectations of the way staff respond and present themselves, including being helpful, respectful, polite, friendly and professional. You promise to treat the tenant as an individual with respect and dignity.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

## 5.2: Timely Outcomes

### 5.2.1: We advise our customers and potential customers about our promises on timeliness and quality of customer service.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

#### New Evidence

|                                 |                      |     |
|---------------------------------|----------------------|-----|
| <b>5.2.1.: Customer Charter</b> | Assessor Acceptance: | Yes |
|---------------------------------|----------------------|-----|

Our Customer Charter sets out what customers can expect from us. It explains our service standards, including how quickly we'll respond and the quality we aim to deliver. It helps us keep our promises clear and ensures customers know what to expect from our service.

|   |                      |     |
|---|----------------------|-----|
| <b>5.2.1.a: KPI &amp; TSM Presentation to OVF</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please find attached a presentation on KPIs and TSMs, presented to One Voice Forum to show how we are performing against service standards.

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>5.2.1.b: Antisocial Behaviour</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

Please see attached our Antisocial Behaviour Policy and a link to our website where customers can find a range of information regarding our approach.

|                                 |                      |     |
|---------------------------------|----------------------|-----|
| <b>5.2.1.c: Contacting SLHD</b> | Assessor Acceptance: | Yes |
|---------------------------------|----------------------|-----|

Please find attached the methods outlining our promises on timeliness and quality of customer services for both current customers and potential customers.

#### 5.2.1.1: We advise our customers and potential customers about our promises on timeliness and quality of customer service.

RP2 2025 St Leger Homes has clear and measurable standards and monitoring procedures in relation to timeliness and quality of customer service, which are well presented in the Customer Charter and on the Service Standards page on the web site, meriting continued Compliance Plus.

Evidence Value: Fully Met

**5.2.2: We identify individual customer needs at the first point of contact with us and ensure that an appropriate person who can address the reason for contact deals with the customer.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

**Active Evidence**

|   |                      |     |
|---|----------------------|-----|
| <b>5.2.2.: Identifying customer needs for further support</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached are examples where Customer Access Officers in the Customer Access Team referred customers on for further support, which was identified at first point of contact. In our transactional survey in 2022, 88% happy we resolved at first point. 91% were satisfied got through to the right person.

|  |                      |     |
|--|----------------------|-----|
| <b>5.2.2.a: Open Housing - The One Project (TOP)</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Open Housing (TOP) was implemented Oct 21. This enables seamless access to customer needs and requirements for all SLHD staff, from the CAT to repair operatives. This unified CRM system facilitates service adaptation to meet customer needs effectively. (Available to see onsite if required)

|   |                      |     |
|---|----------------------|-----|
| <b>5.2.2.b: Examples of Alerts and Warnings</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The provided examples demonstrate how customers' special needs or requirements are easily identified by anyone interacting with them.

**5.2.2.1: We identify individual customer needs at the first point of contact with us**

RP3 2023 You identify individual need at the first point of contact. New tenants have a one-to-one sign-up meeting and are given helpful information packs, as well as contact details. Following tenant feedback that they wanted a single contact number, you set up the Customer Access Team (CAT) which is now well established as the first point of contact for customers. People who telephone you or call in at area offices have their needs addressed by well trained staff, supported by the IT system that holds information on every property and tenant, well observed on the visit. The STAR Survey 2022 found that 90.1% of tenants were satisfied that the person they spoke to on the telephone at the first point of contact had the knowledge or information to resolve their call.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**5.2.2.2: and ensure that an appropriate person who can address the reason for contact deals with the customer.**

RP3 2023 You ensure that an appropriate person who can address the reason for the contact deals with the customer. The STAR survey 2022 found that 83.23% of tenants who had made contact were 'satisfied' with staff's ability to deal with their query quickly and efficiently. 83.35% of tenants are satisfied that St Leger Homes is easy to deal with. 79.9% are satisfied with the final outcome of their query.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**5.2.3: We promptly share customer information with colleagues and partners within our organisation whenever appropriate and can demonstrate how this has reduced unnecessary contact for customers.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

**Active Evidence**

**5.2.3.d: Damp, Mould & Condensation Team** Assessor Acceptance: Yes

The introduction of the DMC team allows us to assist customers who report DMC within their property by providing additional help, guidance, and support. (See attached list).

**5.2.3.e: Safer Stronger Doncaster Partnership Theme Group** Assessor Acceptance: Yes

The attached document shows performance against key themes, such as domestic abuse, organised crime, substance misuse, general ASB (Anti-Social Behaviour) and re-offending data. As we are proactively working with partners in targeting the issues, reducing calls from customers from wider communities.

**5.2.3.: Repairs Excellence Consultation** Assessor Acceptance: Yes

Written explanation of the Repairs Excellence process. This allows customers to know exactly how the process works, reducing the need for unnecessary contact.

**5.2.3.a: Sharing Information to Contractors** Assessor Acceptance: Yes

Sharing customer information with stakeholders empowers them to engage with customers on a personal level, leading to tailored interactions that address their needs. This proactive approach aims to minimise the necessity for customers to contact SLHD repeatedly.

**5.2.3.b: Complaints Procedure for the Customer Relations Team (CRT)** Assessor Acceptance: Yes

Our CRT contacts customers for complaints, compliments, or inquiries, obtaining all necessary facts and agreeing on outcomes in one interaction. This minimises the need for further customer contact.

**5.2.3.c: The One Project (TOP)** Assessor Acceptance: Yes

The TOP was established to implement a single Customer Relations Management (CRM) solution for SLHD, to have a single view of our customer, to have a one team approach, and to enhance customer service and satisfaction.

---

**5.2.3.1: We promptly share customer information with colleagues and partners within our organisation whenever appropriate**

RP3 2023 You promptly share customer information with colleagues internally by means of the Housing Management system that holds information on every property and tenant. You share customer information with partners by means of meetings and data sharing agreements, as with contractors, who need to know if tenants have any particular needs that should be taken into account before work begins.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met

**5.2.3.2: and can demonstrate how this has reduced unnecessary contact for customers.**

RP3 2023 You can demonstrate that you reduce unnecessary contact for customers. For instance, you have introduced a Damp, Mould and Condensation (DMC) Team to assist customers who report DMC within their property by providing additional help, guidance, and support. You work proactively with partners on the 'Safer Stronger Doncaster' Partnership Theme Group on issues such as domestic abuse, organised crime, substance misuse, general ASB (Anti-Social Behaviour) and re-offending, thus reducing calls from customers from wider communities.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value:

Fully Met



**5.2.4: Where service is not completed at the first point of contact we discuss with the customer the next steps and indicate the likely overall time to achieve outcomes.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

**Active Evidence**

|  |                      |     |
|--|----------------------|-----|
| <b>5.2.4.: Complaint Update Response</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Example attached where we advise customers and keep them updated where a service is not completed at the first point of contact.

|  |                      |     |
|--|----------------------|-----|
| <b>5.2.4.c: Complaint Acknowledgement Letter</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

We send an acknowledgment letter after discussing the complaint with the complainant to understand it fully and identify their desired outcome. The letter informs them of our expected timeframes.

|   |                      |     |
|---|----------------------|-----|
| <b>5.2.4.a: Planner Materials Order Forms</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Attached are examples of planners ordering materials for operatives after a repair visit when the initial completion was not possible. Planners arrange for materials to be stocked and coordinate a new appointment that is convenient for the customer.

|   |                      |     |
|---|----------------------|-----|
| <b>5.2.4.b: Tenant Liaison Officers (TLO)</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The provided evidence shows our process of brokering an appointment and subsequently conducting a comprehensive introduction with our TLO (Tenancy Liaison Officer) before commencing the work.

**5.2.4.1: Where service is not completed at the first point of contact we discuss with the customer the next steps**

RP3 2023 Where service is not completed at the first point of contact, you discuss with the customer the next steps. The aim is always to get things right first time.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**5.2.4.2: and indicate the likely overall time to achieve outcomes.**

RP3 2023 Where service is not completed at the first point of contact, you indicate the likely overall time to achieve outcomes. For instance, you keep tenants informed about the timelines for repairs and home improvement work. The Tenancy Liaison Officer (TLO) has an important role in keeping tenants regularly informed about timelines for larger scale works in the home.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**5.2.5: We respond to initial enquiries promptly, if there is a delay we advise the customer and take action to rectify the problem.**

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

**New Evidence**

|   |                      |     |
|---|----------------------|-----|
| <b>5.2.5.: Telephony Management Information/Updates</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please see examples of how we use instant call queue messages to notify customers of delays, such as during training, outages, or emergencies. This ensures prompt communication and action when delays occur.

|  |                      |     |
|--|----------------------|-----|
| <b>5.2.5.a: Bank Holiday Closure Announcements</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Please find attached screen shots and web link that shows how we inform customers of service changes on our website and social media, helping manage expectations and reduce delays.

|  |                      |     |
|--|----------------------|-----|
| <b>5.2.5.b: Customer Relations Team Letter Templates</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Please see some examples of letter templates we use to inform customers of response times and notify them of delays for comments, complaints and enquiries.

|  |                      |     |
|--|----------------------|-----|
| <b>5.2.5.c: Automated Out of Hours Reply</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

See attached example of when customers message SLHD outside working hours, they get an instant reply with opening times and a 24/7 emergency number, keeping them informed and supported during delays.

**5.2.5.1: We respond to initial enquiries promptly,**

RP2 2025 You respond to initial enquiries promptly and in line with your service standards.

Evidence Value: Fully Met

**5.2.5.2: if there is a delay we advise the customer and take action to rectify the problem.**

RP2 2025 You notify customers of any delay and take action to rectify problems. Customers call one number to access the Customer Access Team. Instant call queue messages are used to notify customers of delays, such as during training, outages, or emergencies. This ensures prompt communication and action when delays occur. Any messages posted on social media or on email outside normal office hours receive an automated out of hours response, telling them when you will get back to them. Emergency information, with who to contact, is given on the web site, for instance, in relation to online repairs requests being unavailable or extreme weather conditions. Bank Holiday closure announcements are posted on the web site and social media, helping manage expectations and reduce delay.

Evidence Value: Fully Met

### 5.3: Achieved Timely Delivery

#### 5.3.1: We monitor our performance against standards for timeliness and quality of customer service and we take action if problems are identified.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

#### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>5.3.1.: CAT Improvement plan explanation</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

This piece of evidence explains the reason why an improvement plan was required in the Customer Access Team (CAT), shown in the 5.1.3.a.

|                                      |                      |     |
|--------------------------------------|----------------------|-----|
| <b>5.1.3.a: CAT Improvement Plan</b> | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

In 2023, SLHD's Customer Access Team faced poor call handling, affecting wait times. We implemented a CAT Improvement Plan with 31 actions to enhance call management and resource use. As of August 24, performance improved to 95%, surpassing our 90% target for answering calls within 150 seconds.

|   |                      |     |
|---|----------------------|-----|
| <b>5.3.1.b: KPI briefing note for Board</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

KPI performance for Q4 presented to Board in a briefing note.

|  |                      |     |
|--|----------------------|-----|
| <b>5.3.1e: Explanation for 5.3.1.c &amp; 5.3.1.d</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

This evidence explains the data behind both 23/24 & 24/25 to date Performance Dashboards.

|   |                      |     |
|---|----------------------|-----|
| <b>5.3.1.c: 23/24 Performance Dashboard</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

23/24 KPI data shows, with some markers in red, like complaints received. The Housing Ombudsman sees high complaints as a sign of good accessibility. Effective complaint handling and continuous improvement are emphasised. Despite red markers for void rent loss and relet times, we rank top quartile.

|   |                      |     |
|---|----------------------|-----|
| <b>5.3.1.d: 24.25 Performance Dashboard</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

24/25 KPI data to date.

---

**5.3.1.1: We monitor our performance against standards for timeliness**

RP1 2024 You use a range of monitoring tools to monitor your performance against standards for timeliness, including detailed call and email monitoring reports and feedback from tenants. A minimum of five calls to the Customer Access Team is listened to each day to monitor performance. The 2022 STAR Customer Satisfaction Survey found that 83.2% were satisfied with staff's ability to deal with their query quickly and efficiently. Performance monitoring of timeliness standards is reported to management meetings on a regular basis.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**5.3.1.2: and quality of customer service**

RP1 2024 You monitor your performance against standards for quality of customer service by means of surveys and feedback from tenants' meetings. A minimum of five calls to the Customer Access Team is listened to each day to monitor quality of customer service. The 2022 STAR Customer Satisfaction Survey found that 92.2% of customers think that St Leger Homes has friendly and approachable staff and 79.9% were satisfied with the outcome of their query.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

**5.3.1.3: and we take action if problems are identified.**

RP1 2024 The ethos of the organisation is to take action if problems are identified. Action taken is reported in HouseProud and in press releases. The Customer Access Team (CAT) is the first point of contact for SLHD, but, in 2023, experienced poor call handling performance, which impacted call wait times for the customers. As a result, a CAT Improvement Plan was produced, with 31 improvement actions aimed at improving call management, optimising resource use and reducing the number of interactions. Encouraging progress is being made, exemplified by the fact that in August 2024, 95% of calls were answered within 150 seconds (against a target of 90%).

RP2 2025 Not reviewed.

Evidence Value: Fully Met

### 5.3.2: We are meeting our current standards for timeliness and quality of customer service and we publicise our performance against these standards.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

#### New Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>5.3.2.: Anti-social Behaviour Response Times</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Please see document which explains our ASB policy, which sets out clear response timeframes and shares service standards online.

|  |                      |     |
|--|----------------------|-----|
| <b>5.3.2.a.: Facebook Customer Access Strategy</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

See the attached document, which shows how we publicly seek feedback on our Customer Access Strategy through our social media page.

|   |                      |     |
|---|----------------------|-----|
| <b>5.3.2.b: Annual Complaint and Service Improvement Report</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached document outlines our performance in handling complaints and demonstrates how we meet our standards for timeliness and quality of customer service.

|   |                      |     |
|---|----------------------|-----|
| <b>5.3.2.c: Complaints Performance Visual</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The attached infographic shows that we met complaint response targets and published performance data for transparency.

#### 5.3.2.1: We are meeting our current standards for timeliness

RP2 2025 You are generally meeting your standards for timeliness. You are planning to re-introduce Mystery Shopping.

Evidence Value: Fully Met

#### 5.3.2.2: and quality of customer service

RP2 2025 You are meeting your standards for quality of customer service, well demonstrated in the results of the many surveys you carry out. You are planning to re-introduce Mystery Shopping.

Evidence Value: Fully Met

#### 5.3.2.3: and we publicise our performance against these standards.

RP2 2025 You publicise performance against standards for timeliness and quality of customer service in the HouseProud magazine and on the web site.

Evidence Value: Fully Met

### 5.3.3: Our performance in relation to timeliness and quality of service compares well with that of similar organisations.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

#### Active Evidence

|   |                      |     |
|---|----------------------|-----|
| <b>5.3.3.a: Value For Money Statement</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Our Value for Money Statement evidences our KPIs and Service Standards. And how we benchmark our performance against other metropolitan boroughs and authorities. (Extract attached).

|   |                      |     |
|---|----------------------|-----|
| <b>5.3.3.b: Further benchmarking evidence</b> | Assessor Acceptance: | Yes |
|---|----------------------|-----|

See 4.2.3 and 4.2.4 for more evidence where we benchmark against other organisations.

|  |                      |     |
|--|----------------------|-----|
| <b>5.3.3.: Performance comparisons</b> | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The latest performance results show how we compare against our peers.

#### 5.3.3.1: Our performance in relation to timeliness

RP3 2023 Your performance on timeliness compares well with similar organisations. The STAR Survey 2022 found that 92.08% of tenants thought that their most recent call was answered within a reasonable timescale.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

#### 5.3.3.2: and quality of service compares well with that of similar organisations.

RP3 2023 Your performance on quality of service compares well with similar organisations. The Core benchmarking HouseMark report rates you as a 'Low cost, High performing' organisation. Your STAR Survey results are consistently in the top two quartiles. Your Net Promoter Score is 46.4%, which is very good, compared with a sector average of 30%.

RP1 2024 Not reviewed.

RP2 2025 Not reviewed.

Evidence Value: Fully Met

Board Forward Plan

Board Forward Plan

|   | Feb-26   | Apr-26  | Jun-26   | Jul-26  | Aug-26 | Oct-26 | Dec-26             |
|---|--|---|--|---|--------|--------|--------------------|
| Pre-Board discussion item <b>(BOARD ONLY)</b>   | Regulatory Requirements (from 2025 Appraisals) | Housing & Customer Services Overview - Good customer service and performance management / Financial | Property - Procurement/ Contracting/Maintenance/Asset Management and Investment - from 2025 Appraisals | Corporate Services Overview - HR/ICT / employment creation initiatives - from 2025 Appraisals |        |        |                    |
| Minutes of the previous meeting   | ✓  | ✓   | ✓  | ✓   | ✓      | ✓      | ✓                  |
| Chairs / CEO Update   | ✓  | ✓   | ✓  | ✓   | ✓      | ✓      | ✓                  |
| KPI Performance   | ✓  | ✓   |  |   | ✓      | ✓      | ✓                  |
| Committee minutes   | ✓  | ✓   | ✓  | ✓   | ✓      | ✓      |                    |
| Reflection on effectiveness of meeting  | ✓  | ✓   | ✓  | ✓   | ✓      | ✓      | ✓                  |
| Capital/Revenue Monitoring  | ✓  |   |  |   | ✓      |        | ✓ Q2 following A&R |
| Safety and Compliance Dashboard   | ✓  |   | ✓  |   |        | ✓      |                    |
| Strategic Risk Register   | ✓  |   | ✓  |   |        |        |                    |
| 6 MONTHLY ITEMS   |  |   |  |   |        |        |                    |
| Annual Development Plan - Current Year  | ✓  |   |  |   |        | ✓      |                    |
| Board Expenses & Attendance Register (Dec report includes new Declarations of Interest forms) |  |   | ✓  |   |        |        | ✓                  |
| Board Forward Plan  |  |   | ✓  |   |        |        | ✓                  |
| Consumer Standards GAP analysis action plan   |  |   | ✓  |   |        |        | ✓                  |
| ANNUAL ITEMS  |  |   |  |   |        |        |                    |
| Playing of Annual Review - need to confirm each year whether ready in Oct or Dec              |  |   |  |   |        | ✓      | ✓                  |
| Financial Statements - <b>one item early July Board meeting</b>                               |  |   |  | ✓   |        |        |                    |
| People Strategy Update  |  |   | ✓  |   |        |        |                    |
| Budget Update (as part of CEO report)   | ✓  |   |  |   |        |        |                    |
| Budget Approval   |  | ✓   |  |   |        |        |                    |
| ICT Strategy Update   |  | ✓   |  |   |        | ✓      |                    |
| Year-end Performance  |  |   | ✓  |   |        |        |                    |
| Year-end Revenue and Capital Monitoring   |  |   | ✓  |   |        |        |                    |
| Annual Development Plan and draft KPI's – Year ahead  | ✓ (draft)                                      | ✓ (final sign off)  |  |   |        |        |                    |

## Board Forward Plan

|  |   |   |   |  |   |   |   |
|--|---|---|---|--|---|---|---|
| Annual Development Plan - Year End Review  |   |   | ✓ |  |   |   |   |
| Modern Slavery Statement   |   |   | ✓ |  |   |   |   |
| Value for Money Statement  |   |   |   |  |   |   | ✓ |
| Committee Annual Reports   |   |   |   |  |   | ✓ |   |
| Board TOR Review (inc in CEO Report)   |   |   |   |  |   | ✓ |   |
| Asset Management Strategy - update against plan  |   |   |   |  |   |   | ✓ |
| Environmental Strategy - update against plan   |   |   |   |  |   |   | ✓ |
| Health and Safety Strategy - Update against plan   |   |   | ✓ |  |   |   |   |
| Customer Voice Strategy - Annual update against action plan  |   | ✓ |   |  |   |   |   |
| Equality and Diversity Strategy - Annual update against action plan.                                     |   |   | ✓ |  |   |   |   |
| Gender Pay Gap   | ✓ |   |   |  |   |   |   |
| Safeguarding Children and Adults Annual Report   |   |   |   |  |   | ✓ |   |
| TSM Annual report  |   |   |   |  |   |   | ✓ |
| Housing Ombudsman Complaint Handling Code Annual Review  |   | ✓ |   |  |   |   |   |
| Annual complaint performance and service improvement report (then submit to CDC/Ombudsman)               |   |   | ✓ |  |   |   |   |
| Governance Standard and NHF code of Governance update  | ✓ |   |   |  |   |   |   |
| Annual Asset and Stock Con report  |   |   |   |  |   |   | ✓ |
| Allocations and Mutual Exchanges Update - <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                                     |   | ✓ |   |  |   |   |   |
| Confirmation of new year meeting schedules (as part of Chief & Chair report)                             |   |   |   |  |   | ✓ |   |
| <b>AD-HOC ITEMS</b>  |   |   |   |  |   |   |   |
| Communications Strategy and closing off year 4 of current strategy                                       |   |   |   |  |   |   |   |
| Cyclical Maintenance Policy  | ✓ |   |   |  |   |   |   |
| Leaseholder Handbook   |   | ✓ |   |  |   |   |   |
| No Access policy (Guaranteed Access)   |   | ✓ |   |  |   |   |   |
| Housing Management Policy  | ✓ |   |   |  |   |   |   |
| Paving Policy  |   |   |   |  |   |   |   |
| Equality and Diversity Strategy  | ✓ |   |   |  |   |   |   |
| Secure Tenancy Agreement   |   |   |   |  |   |   |   |
| Corporate Governance Framework   |   |   |   |  | ✓ |   |   |
| GRT Policy   | ✓ |   |   |  |   |   |   |
| Corporate Management Framework   | ✓ |   |   |  |   |   |   |
| Respect Social Housing Stigma  |   |   |   |  |   |   |   |
| Uniform Policy   | ✓ |   |   |  |   |   |   |
| Business Plan  | ✓ |   |   |  |   |   |   |
| Homeless Update  | ✓ |   |   |  |   |   |   |
| Building Safety Governance Map   |   |   |   |  |   |   |   |



## Governance Summary Communications

|  |  |  |
|--|--|--|
| <b>Report from:</b>  | Customer and Performance Committee   |  |
| <b>Date of meeting:</b>  | 18 September 2025  |  |
| <b>Report author:</b>  | Stuart Booth   |  |
| <b>Summary of key items discussed at the meeting, (if possible, keep these to the top three):</b>  | <b>Decisions made and actions agreed (if possible, keep these to the top three):</b>   |  |
| <u>1.Voids Excellence Project</u><br>Members were advised on the progress and challenges around the Voids Excellence Project, including jobs that were multi-trade and complex in size and scale. The Chair and members commended current void turnaround and that staff were keen to get tenants homed as soon as possible.   | A Tenant Board Member indicated particular interest in a void in her area and would welcome a discussion on this. The Head of Service confirmed she would arrange this outside of the meeting. |  |
| <u>2.Performance Information – Key Performance Indicator 4</u><br>It was noted that there was always room for improvement around the average number of nights in hotel accommodation. New and innovative ways of addressing this had been considered and work was now ongoing with leasing 18 units in a House of Multiple Occupancy (HMO), leased and managed by St Leger Lettings. |  |  |
| <u>3. Tenant Satisfaction Measures</u><br>The Committee queried if the actions to improve satisfaction was time lined with dates so members could see progress.  | The Head of Services stated she would discuss with colleagues to provide for their areas of the business to allow members to scrutinise effectively.   |  |
| <b>Additional notes for communication to governance:</b>   |  |  |
| None.  |  |  |

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

**Thursday 18th September 2025, 3:00pm**

**Present**

Dave Wilkinson (DW) (Chair), Phil Cole (PC), Mo Tennison (MT)

**In Attendance**

Jackie Linacre, Head of Customer Service (JL), Danny Boardman, Head of Building Safety (DB), Jayne Hurley, Head of Housing Management (JH) and Anne Tighe (AT), notetaker

| 1. <u><b>Apologies and Quorum</b></u>   | <b>ACTION</b> |
|---|---------------|
| 1.1 Milcah Walusimbi (MW), Jane Davies (JD) Director of Housing and Customer Services, Lee Winterbottom, Director of Property Services (LW),  |               |
| 2. <u><b>Declarations of Interest by Committee Members</b></u>  |               |
| 2.1 No declarations of interest were received.  |               |
| 3. <u><b>Minutes of the meeting held on 15 May 2025</b></u>   |               |
| 3.1 <b><i>From item number:- 6.2 – Spotlight – Tenants Own Improvement Policy</i></b>   |               |
| DB confirmed the timescale from phone to acknowledgement was 24 hours and a visit would be arranged to property within 28 days.   |               |
| 3.2 <b><i>From item number:- 7.3 Repairs Excellence</i></b>   |               |
| Members noted the update to Board on Awaab's Law had been completed.  |               |
| 3.3 <b><i>From item number:- 9.3/9.4/9.5 – ASB Update</i></b>   |               |
| It was noted that three articles around cuckooing, hoarding and ASB Case Study were on the forward plan for HouseProud.   |               |
| 3.4 <b><i>From item number:- 10.1 – Spotlight on Performance – September Meeting</i></b>  |               |
| Members noted that the spotlight session for October was Damp, Mould and Condensation.  |               |
| 4. <u><b>Repairs Excellence</b></u>   |               |
| 4.1 DB presented the Repairs Excellence update and highlighted the desired outcomes including: <ul style="list-style-type: none"><li>• Positive tenant journey throughout the repairs process</li></ul> |               |

|          |  |    |
|----------|--|----|
|          | <ul style="list-style-type: none"> <li>• Improved tenant satisfaction</li> <li>• Reduction in repairs related complaints, for example 'waiting for jobs'</li> </ul>  |    |
| 4.2      | He concluded the presentation highlighting the development of a 'repairs pledge' to answer common complaint themes, for tenants and staff to measure against.  |    |
| 4.3      | MT asked if operators were involved at all in shaping the project. DB responded that the planner would have local knowledge, however if there was reduced interaction this would save time.  |    |
| 4.4      | PC queried if DRS would direct operatives to different jobs that had been on their worklist originally and if was confirmed that the system could re-prioritise jobs. MT expressed concern that this could potentially mean that another tenant booked in for repair would not be attended if an operative was moved to another job. It was explained that the team would make contact with the tenants affected, however the key thing was that the system would make real efficiencies and improves productivity. The DRS has been widely used in other organisations and makes best use of operative's time. Any issues during the go-live period would be monitored closely. |    |
| 4.5      | MT asked if other authorities that used DRS had increased complaints after it was implemented. DB responded that he did not have the information to hand however would report back at the next meeting.  | DB |
| 4.6      | MT queries if tenants had been informed of the new way of working and it was confirmed that an article had been included in HouseProud and reminders would be sent periodically. In response to a further query around operatives being informed and if they were happy with it, DB explained that the majority of operatives accepted the new way of working, with a small cohort who pushed back on change in working practices; this was healthy challenge however it had been pointed out that the new system would increase productivity.   |    |
| 4.7      | The Committee requested an acronym list and it was agreed that this would be provided.   | AT |
| <b>5</b> | <b><u>Spotlight on Performance – Voids Excellence Project</u></b>  |    |
| 5.1      | DB attended to lead on the presentation around Voids Excellence Project, and highlighted the following: <ul style="list-style-type: none"> <li>• Challenges, including jobs that are multi-trade and complex in size and scale</li> <li>• Dynamic Rescheduling System (DRS) Health checks and actions from them</li> <li>• Tenant Satisfaction had increased</li> </ul>  |    |

- Next steps – including larger jobs process being designed and staff needed to deal with these differently

5.2 DB concluded his presentation by pointing out the desired project outcomes, including improving relet times and reducing void rent loss.

5.3 PC commented that 27 days void rent was more than acceptable and would not criticise; he asked at what stage would the property be counted as void. DB explained it was counted as a void as soon as keys were received and teams were keen to get tenants homed as soon as possible, particularly noting the high numbers of homeless presentations to the Home Options services. A quick turnaround for bungalows, for example, could open up a 3-4 bed house to tenants who wished to downsize to a bungalow.

5.4 MT raised an issue of a void property in her locality and JH advised the query could be better addressed outside of the meeting.

JH

## 6. Performance Information

### 6.1 KPI 2 - % of current rent arrears against annual rent debit

Members were asked to note the cumulative performance of a 1.17% improvement when comparing to the previous month.

### 6.2 KPI 4 - average number of nights in hotel accommodation

JH reported this KPI was showing as red and not hitting target for emergency accommodation. However recent performance was showing a slight improvement, with average nights in July slowly going the right way. In response to a query about families, JH explained that the teams put families immediately into hotels, however strived to arrange temporary accommodation as soon as possible; there were only 46 households in hotels at month end, down from 63 the previous month.

It was acknowledged that there was always room for improvement and there was an action plan to increase performance and improve turnover in hotels. There were some challenges with longer placements, particularly with households with no children, however work was ongoing with leasing 18 units in a House of Multiple Occupancy (HMO), leased and managed by SLL.

### 6.3 KPI 6 – complaints data

The Committee noted the significant increase in complaints and that teams were continuing to analyse complaints to ensure they were complaints and not service requests.

### 6.4 KPI 10a/b - % of emergency responsive repairs completed in timescale

DB reported 261 orders raised following Stock Condition Surveys (SCS) and a further 807 orders raised following Damp, Mould and Condensation (DMC) Surveys, these were unplanned jobs

coming in and the teams were monitoring closely. In response to a query around emergency/non-emergency repairs the difference was explained.

6.5 KPI 15 - % of dwellings properties with valid electrical test

Members noted there were 401 properties out of compliance with the new 5 year compliance; 101 of those have had the EICR done but just need the certificates, with 164 no access process being applied therefore now down to 258. The Chair commented that 50% of SLHD inspections were done by a private company and they were paid even though we'd made appointments, for no access.

In response to a query about warrants, it was explained there was a massive backlog in getting them through courts, however if there was an external meter SLHD could cap the gas which would in many cases cause tenants to make contact and arrange an appointment.

6.6 KPI 18 – number of ASB cases per 1,000 properties

JH provided an update around this KPI, and although the KPI was in green she reported on a recent case. On Tuesday 16 September the team went to Doncaster Magistrates and managed to secure a closure order for a large number of areas in the Balby Bridge estate. There were 37 closure orders obtained, which was totally unique. They were innovative orders and very specific. Unauthorised people can't go in certain areas and the team have an enforcement plan in place. The partnership work with different agencies was working well. The Committee were pleased to note this and asked that congratulations were fed back to the teams involved.

JH

7. Tenant Satisfaction Measures

7.1 JL attended the meeting and gave a brief overview of the history of Tenant Satisfaction Measures (TSMs) and advised this was the third year of reporting. She pointed out that satisfaction is currently based on 602 responses. When all surveys are concluded over 1,000 responses will have been received which will ensure representativeness and will meet regulatory requirements

7.2 There was a significant increase in satisfaction during May-July 25, in relation to handling complaints and keeping tenants informed. When we compare this year's data against the early indicative data, we were in the top performing Quartile 1 for all TSMs, except one linked to repairs. Teams are using the data to see how we can influence performance to give better customer experiences.

7.3 The Chair referred to the range of issues cited for satisfaction and asked if the complaints were linked to a particular cohort of staff. JL explained that, for example repairs analysis on

complains about repairs, the analysis could highlight particular cohorts of staff. However, for TSMs, these were perception surveys and therefore this data is not collected. She further advised that when attending the National Federation of Almo (NFA) Complaints Group, there was agreement that repairs is a driver for overall satisfaction, understandable given it is an important service for customers and the undertakes a large number of transactions.

- 7.4 PC commented it was interesting to delve into figures and try to look at the breakdown for different age groups, however was concerned about ethnic communities; talking about representatives in terms of statistics could make it look much worse than it was. JL explained that from a customer service point of view we may need to take into account cultural needs therefore it was important to have conversations with ethnic groups.
- 7.5 PC asked if this was an annual survey and it was confirmed it was up to each organisation. SLHD carry out monthly between May and September so performance can be tracked. The need to receive over 1,000 responses is set by the Regulator.
- 7.6 DB queried if the actions to improve satisfaction was time lined with dates so the Committee could see progress. JL stated she would discuss with colleagues to provide for their areas of the business.
- 7.7 MT referred to the large differences in satisfaction between tenants under 35 and tenants over 60 years of age and asked what the organisation could do to improve this. JL responded that this could potentially be addressed through focus groups to dig under this to see what the teams could do to shift margins.

JL

## **8. Customer Feedback**

- 8.1 JL presented the Service Standard Report for Q1 25/26 and advised overall the report was positive with outturn largely in target; those not in target there were details included on teams were addressing any issues.
- 8.2 It was noted that broken promises had increased, almost doubled, and therefore corporate messages had been sent out to remind staff of the importance of this. The complaints team continued to work with all areas of the business, particularly focussing on those upheld as we need to know why they complained as it may impact on policy going forward.
- 8.3 JL reported that the organisation was bound by the complaints code set out by the Ombudsman, that sets out what we have to log as formal complaints. Complaints have increased nationally. We used to log councillor enquiries as enquiries, but now if it is clear it is related to dissatisfaction, we must log it as a

complaint to ensure compliance with the Housing Ombudsman's Code.

- 8.4 JL concluded the presentation by stating the organisation continued to exceed targets for responding to complaints. It was also pleasing to note the recent determinations of no maladministration from the Ombudsman's Office
- 8.5 The Chair expressed concern around setting realistic targets, particularly around complaints which the Ombudsman was directing/setting targets for, and asked if discussion had been held with the Housing Portfolio Holder. JL confirmed she had discussed the issue with the Director of Housing and Customer Services. She agreed nationally complaints levels have gone up, something which the Housing Ombudsman's Office has also experienced.
- 8.6 The Chair requested a 1 page briefing note, which should include averages for other ALMOs so members could look at their targets and then consider having discussions with the Housing Portfolio Holder.
- 8.7 PC asked at what point does a complaint become a complaint. It was explained that whenever the customer contacts us about it, the team would record it on the systems, and the clock starts ticking as soon as it's logged.

## **9. Tenancy Sustainability Update**

- 9.1 JH provided narrative around the Tenancy Sustainability presentation and pulled out some key headlines around tenant arrears, universal credit and housing benefit, and including the following:
- Universal credit (UC) – the roll out was nearly complete and the current cohort is for legacy benefit claimants. The last notices of change will be going out in September/October 2025
  - Tenancy support outcomes – including information around the waiting list and the achievements so far in this financial year which totalled £532,481
- 9.2 PC asked how many people were affected by the last phase of UC. JH advised she did not have the information to hand and would provide an update at the next meeting.
- 9.3 Committee members were pleased to note the outcomes and that the Damp, Mould and Condensation (DMC) visit were resulting in referrals to the team who could provide a good support package.
- 9.4 MT referred to the Mental Health Navigator Service and asked if the officers were going into communities. JH advised they were only available to SLHD tenants and were through a referral list.

**JH**

PC asked where the referrals were coming in from and JH explained mainly through the tenancy support team route but sometimes from the NHS also. JH was also looking at different projects with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) looking at support and any opportunities for partnership working.

9.5 JH provided the background on Furnished Tenancies and members asked if tenant were effectively renting goods until the end of their tenancy, and this was confirmed.

9.6 The Committee were pleased to note the information around the 'UC Bot' and the ease of use and effectiveness of the automation.

## **10. Tenant Voice Outcomes**

10.1 JL led on the Tenant Voice Outcomes presentation and was pleased to report that the team has come on in leaps and bounds; the re-alignment a couple of years ago had worked really well with noticeable improvements.

10.2 The Committee were asked to note the You Said/We Did content demonstrating the impact of work undertaken and outcomes.

10.3 SLHD were currently in the process of being assessed for Tpas Exemplar status and the team were quietly confident this would be retained; this was testament to the hard work of teams during consultations.

10.4 Members asked what GIG were and JL explained it was a group (called the Get Involved Group) of tenants who have said they want to be involved, but in a way that suits them. Either sitting on the One Voice Forum (OVF), Tenant Scrutiny Panel (TSP), or just involved in mystery shopping, or consultation through email. The group is made up of a diverse groups of tenants.

## **11. Committee Annual Report**

11.1 The Committee noted and approved the Customer and Performance Annual Report.

## **12. Any Other Business**

12.1 No other business was raised.

13. **Date of the next meeting – 13<sup>th</sup> November 2025 at 3:00pm – Civic Meeting Room 410**



## Governance Summary Communications Template

|   |  |  |
|---|--|--|
| <b>Report from:</b>   | Special Building Safety & Compliance Committee                                       |  |
| <b>Date of meeting:</b>   | 29 October 2025  |  |
| <b>Report author:</b>   | Dave Wilkinson   |  |
| <b>Summary of key items discussed at the meeting, (if possible, keep these to the top three):</b>   | <b>Decisions made and actions agreed (if possible, keep these to the top three):</b> |  |
| <p><b><u>Paving &amp; Driveway Policy</u></b></p> <p>Committee received a new Paving and Driveway Policy aimed at clarifying repair responsibilities, hazard definitions, and inspection processes for paving and driveways, recommending policy approval to ensure consistent hazard management, long-term cost savings, and legal protection while addressing concerns raised by tenant representatives and aligning with existing standards and specifications.</p> <p>Committee suggested amendments to the policy and submission to Board in early 2026.</p> |  |  |
| <b>Additional notes for communication to governance:</b>  |  |  |

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

**Wednesday 29th October 2025 at 4pm, ms teams**

**Present**

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

**In Attendance**

Lee Winterbottom - Director of Property Services, Christine Tolson – Head of Asset Management, Anne Tighe - Executive Support Officer.

**ACTION**

- |           |   |
|-----------|---|
| <b>1.</b> | <b>Apologies and Quorum</b>   |
| 1.1       | No apologies were received, and it was noted that the meeting was quorate.  |
| <b>2.</b> | <b>Declarations of Interest by Board Members</b>  |
| 2.1       | No declarations of interest were received.  |
| <b>3.</b> | <b>Minutes and Matters arising from previous meeting held on 20<sup>th</sup> February 2023</b>  |
| 3.1       | The minutes of the meeting held on 20 <sup>th</sup> February 2023 were agreed as a true and accurate record.  |
| <b>4.</b> | <b>Paving &amp; Driveway Policy</b>   |
| 4.1       | LW introduced the Paving and Driveway Policy and the reason for arranging a Special Building Safety & Compliance Committee Meeting. TM further advised that during the pre-Board meeting with the CEO and Board Chair, he had several questions which were too detailed for Board, therefore it was decided to remove the item from the agenda and that this meeting be arranged to give further scrutiny.  |
| 4.2       | TM reported his concerns that the discussion with One Voice Forum (OVF) had fed back quite a strong view that what we were setting out to in the Policy would upset tenants and queried why therefore have we changed specifications in the Policy. He pointed out that being a lay person, why would the business change the specification knowing how strongly tenants would feel about it. A further issue he was concerned about was the apparent lack of real information on how much paving is being taken on by existing tenants, he was worried about quantification, leading on to the financial obligations, if we want to reduce spending or any other reason. He also raised a concern about vicarious liability, if the tenants carried out their own paving, we'd be liable as we would |

have to inspect and approve it.

- 4.3 CT responded to the first part of the question, around where tenants are carrying out own paving installation. She stated you could say this about any improvement a tenant makes in their own home; they may do lots of different things including replacing kitchen/bathrooms for example. The way the process is managed presently is that there was a Customer Own Improvement Policy that went through Board, which contained a whole list of improvements tenants don't have to ask for permission to carry out.
- 4.4 TM queried if these were all written and logged on records. CT explained that there were some things tenants don't have to approach us and tell us about. This was deliberate as it wouldn't be feasible for all customers to do so and the organisation to put process in place that would administer everything. There were lots of different things that customers want to do, and it was not reasonable and practicable to ask for everything to have permission. When the Customer Own Improvement Policy was written officers tried to put in as much 'power' for the customer, and reasonable leeway for customers to get on and make improvements to their homes. For other jobs, permission was not required per se, for example CCTV, but it would be helpful if we were informed but tenants don't need permission. The other issues covered was that the tenant has to speak to us before they carried out work such as fencing on communal open plan gardens, as this type of application has an impact on ground maintenance. Driveways and dropped kerbs need approval, so trying to demonstrate a set policy and process that tells customers what they can do without getting in touch.
- 4.5 In response to a further query around patios, CT advised she would check if tenants needed to request permission and report back on this. This was confirmed during the meeting through the Teams chat, that tenants did have to request permission for patios.
- 4.6 TM referred to potential health and safety issues, of tenants possibly tripping on paving; he pointed out that the Committee needed to be clear on what were the principles of different groups doing different things in policies. SC agreed and asked about decking, once it was installed it needed to be maintained and when it was wet became very slippery.
- 4.7 CT advised that the Customer Own Improvement Policy had different levels of risk based approach, some from a health and safety perspective. For example fencing on communal areas is a risk around enclosing another neighbours garden and prevents garden maintenance. Some need low level planning implications need looking at for some improvements.
- 4.8 CT referred to the earlier question around decking, and advised she needed to double check on installation of these as they can't impact on dampproof course. Different building regulations, for example guard rails, she was reasonably confident that's what tenants needed permission for. Once installed the improvement becomes their responsibility and it's stressed in the Policy that it was the responsibility

of the tenant to maintain and ensure it's safe to walk on.

- 4.9 TM stated house by house, are we clear, if something is done in policy, that paving needs approval or not. Can we quantify how much paving exists and what's approved and not approved, and if we have the responsibility for the health and safety of tenants.
- 4.10 CT explained that if a customer applied through the proper process then we would have this on file and a record of whether we've agreed or rejected that request. If it's required a post inspection would be carried out then we would also have on record and a letter sent to tenant. Provided a customer has agreed and adhered to tenancy agreement we would have that record. The risk for us is if a customer has carried out improvement without adhering to the process. Usually we would pick this up during the cyclical inspection programme, or colleagues in Keeping in Touch (KIT) visits and observed, and potentially if a property became void. Both these processes and day to day contact with customers was a safety net of sorts.
- 4.11 CT drew members attention back to the first questions around why would we do something that OVF didn't like, and weren't comfortable with, and explained that this is because we are mindful that tenants don't like us removing such things as paving to a washing line. There were two reasons for it and was up to Board to support or not, but she needed to point out that:
- 1 – when building new build properties, they don't come with a path going to washing line post or paths under windows. For new build the specification is deemed as acceptable to not have them, but she needed to give comparison.
- 2 – future investment planning and affordability. Although we've planned extremely well as an organisation, there's a lot of large cost issues coming towards us in the future, Decent Homes 2 and Awaab's Law, both of which had significant obligations and financial implications.
- 3 - The Government was not clear on what the new energy model will be and journey to net zero carbon, both which may change strategy.
- All this was important, and we may need to look at this Policy very commercially and challenge ourselves on what is affordable. We are now testing this, meaning installation of just main path to house, but not extra paving around properties.
- 4.12 From CT's point of view, she explained, she was trying to strike a balance between keeping customers safe, and that we need to spend money wisely, or should we be saving for new roofs and doors for example. She appreciated she was being provocative, and it may not be wholly palatable, but this would be the first of many conversations on spending limited resources.
- 4.13 RH responded he understood what CT is saying, and the costs of repairs and extra paving, and mindful if it's a hazard and someone falls.

|      |  |    |
|------|--|----|
|      | It's a bit of a mind game, depending on actual case by case basis, and he understood having to save money when it's possible, however he still had concerns.   |    |
| 4.14 | DW commented that he would feel more comfortable if there was leeway around 20mm rule for slabs, and the pathway to washing lines. He would like to see if we left ourselves some discretion if it was deemed necessary by a professional that a path to washing line, for example, was needed; the Policy was too black and white with little room to manoeuvre to take into account exceptional circumstances.   |    |
| 4.15 | LW pointed out that CT had introduced a reduced trip hazard height from 25mm to 20mm for paving. He went on to provide a short summary of current conversations with the Council around financial requirement for future maintenance and investment needs and discussed the rent convergence matter and how this could support future funding if the council accepted. He agreed with DW's proposal that pathways, for example, could be covered off by an adaptation, and this would need a route and finance to cover this.                            |    |
| 4.16 | CT stated she was happy to put something in there that could potentially give some leeway. However, pointed out that the need to strike the balance to provide clear cut guidance for officers. The problem we have at the moment is they don't have that, and we need consistency on this. She would try and build in some flexibility, but not to the point of opening the floodgates.   | CT |
| 4.17 | TM stated he was aware that we do carry out adaptations at the moment, but we need to be more sensitive. CT agreed that if something is advised from adaptations point of view it should be agreed. It was just a fine balance for staff taking on board where there are genuine vulnerabilities and balancing this with the relevance of what's being asked from us. We can't let it become custom and practice to progress every request.  |    |
| 4.18 | RH pointed out that inspectors that go out needed to be mindful of adaptations and they should react accordingly. CT explained that if something needs any adaptations we signpost to the Councils adaptations team; they are professional Occupational Therapists and people that are experienced and can make that assessment. When something is already in situ, for example if the tenant says the path isn't safe, we need something in Policy that is rigid otherwise we'll go back to what's been happening before and inconsistency in approach. |    |
| 4.19 | TM suggested that CT make it more explicit in the Policy, the costs of increases in new legislation and the point of why then the organisation needed to look at each case very carefully; it should be more explicit that implicit.   | CT |
| 4.20 | PC reported that he provided training for the Civil Service and they needed to consider what would be the worst case scenario of doing nothing; he then referred to Awaab's Law and pointed out it was obvious that organisations could not consider doing nothing. This Policy under  |    |

consideration was trying to cover every scenario and talked about high levels of tenants own work that they've already done, he thought when it was unauthorised we should have a Policy of what we do about it. He gave an example of paving the whole garden, do we have a Policy in place to resolve.

- 4.21 CT explained that where we come across improvements that have been done outside the process, we go from starting point of engaging with the tenant, and potentially putting in a retrospective application, where we find out that's happened we take that stance. There have been occasions when we've not given permission and have had to advise customers that they have to resolve. If the tenant refuses to do this then it becomes a breach of tenancy, however she was not aware of anything like that getting to court stage. Her officers do work with housing management colleagues.
- 4.22 PC agreed that approach seems sensible and stated as long as it's safe then why are we bothered. This would seem to him, not 'do nothing', but what if we did the absolute minimum; if someone put in a new bathroom/kitchen there could be loads wrong with that. Does the organisation help them with this. His point is that we are concerned it's safe. CT stated yes, it was predominantly about safety, but also on the impact on other tenants/services i.e enclosed gardens, and other factors.
- 4.23 CT highlighted the driver behind developing the Policy. She explained that when starting the stock condition surveying programme, Savills report highlighted Cat 1 and Cat 2 issues, and one of the Cat 1 and Cat 2 hazards are falls on a level. From memory, from all stock condition surveys carried out to date, we've got over 500 Cat 2 hazards that relate to falls on a level, that means we need to go out and do something to address these hazards. What's really difficult in the absence of a framework or benchmark, is sending surveyors and being really clear to what extent we will or will not undertake repairs, particularly as path repairs could cost £5-10k. The reason for doing this piece of work on the Policy, is to give people on the ground the ability to judge against Policy, at what point do we intervene and what works are we willing to do. This is important to staff as they need a clear line, we need consistency. Taking into consideration vulnerability, she needed to take members back to that. The need to give officers a fighting chance of explaining to customers in a fair, clear and consistent way.
- 4.24 LW further advised the problems of dealing with legacy issues and gave examples of void properties. People have created so many issues in gardens, and it was costing a huge amount of money sorting this out, picking up legacies. Part of what we're doing with this Policy is to put a marker down for bad installation and problematic issues in the future.
- 4.25 RH reported his issue was driveway in voids and tenants who did this work. If you go on estate walk, tenants can rip out fences and garden and create parking with no dropped kerb. He asked would the car port be levelled and grassed and new fencing put in if it was it was highly likely a tenant will do it again. Loads of tenants were doing this.

|      |   |    |
|------|---|----|
| 4.26 | CT suggested that the organisation could look at a commercial assessment as fences weren't cheap. If the driveway was ok, would it be cheaper to install a dropped kerb; she could include wording around this. Members agreed they could live with flexibility rather than being black and white, but cautioned safety was paramount.  | CT |
| 4.27 | RH queried if anything that was being discussed at this meeting been reflected in the Tenancy Agreement (TA) or would any of these discussions impact on it. CT explained that there had been changes in the TA around permissions so there was updated provision around this.  |    |
| 4.28 | TM queried if we've allowed a tenant to install paving, do we have a contingent liability as overall manager of the property, have we fully checked responsibility. CT advised she would need to get legal advice and feed back to members.   | CT |
| 4.29 | SC commented he agreed with PC, if something was already done and it's cheaper to make safe that should be the default option, one size doesn't fit all. If there was a droppage in path for a washing line, a lot of the properties, which may have elderly tenants property, would it be cheaper to repair than remove. It's social housing, housing for people. It needs to be financially viable, if it's able to make more sustainable, but it doesn't fit everything.   |    |
| 4.30 | PC referred to RH's earlier comments around making a change to the front garden for parking, and that replacing could cost a lot more. He stated that every change should be responsibility of the tenant, but if they leave then if they leave then we inherit it then we should maintain. We should accept the status quo, we shouldn't accept high costs/health and safety. We should be as permissive as possible as tenants want to improve their home, and they should be able to as long as it's safe, and we'll accept it if we inherit it.   |    |
| 4.31 | CT proposed that we could add something in the new policy about making a commercial decision. It starts off by saying if acceptable condition, but as before, making decision about if it's unsafe. The key takeaway for her, was around commercial decisions. She cautioned that we need to make a decision about life cycle costs as well, it might be £50 to do today but could be continuous therefore we need to put something in to give guidance for a starting point and then change for individual needs and commercial decision. She suggested that before going back to Board, she would share the amended Policy with members their comments. |    |
| 4.32 | PC requested that we also apply this to paths under windows and paths to washing lines. We should look at minimum commercial costs and note the lifestyle costs.  |    |
| 5.   | <b>AOB</b>  |    |
| 5.1  | Fire Incident at 67 Shaftesbury House was deferred due to time constraints. Detail will be provided to committee and board members at   |    |

a later point, however it should be noted that there is no residual risk.

**6. Date and Time of Next Meeting**

6.1 Thursday 20<sup>th</sup> November 2025, 10am

DRAFT



## Governance Summary Communications Template

|  |  |  |  |
|--|--|--|--|
| <b>Report from:</b>  | Audit & Risk Committee   |  |  |
| <b>Date of meeting:</b>  | 3 November 2025  |  |  |
| <b>Report author:</b>  | Trevor Mason   |  |  |
| <b>Summary of key items discussed at the meeting, (if possible, keep these to the top three):</b>  | <b>Decisions made and actions agreed (if possible, keep these to the top three):</b>   |  |  |
| <p><b><i>From Agenda Item – 7.2 Updates on Internal Audit Reports presented to 19 May Meeting - Repairs and Maintenance</i></b></p> <p>The Director of Corporate Services reported that he had spoken to The Head of Repairs and Maintenance with regards to the questions raised at the last meeting with regards “Attend Today” appointments.</p> <p>It was noted that there were no specific targets and these fluctuate day to day, obviously at a financial cost.</p> <p>The Director of Housing &amp; Customer Services reported that we had done a lot of work around this and the ones that we process as “attend today” were absolutely necessary. It was noted that to alleviate this we would need to we need to create more available appointments and reduce the waiting times for repairs.</p> | <p>The Director of Corporate Services reported that benchmarking hadn’t been undertaken as of yet, however a further update would be provided once this information was available, therefore it was agreed to leave this item on the agenda.</p> |  |  |
| <p><b><u>Private Landlord Internal Audit Recommendations</u></b></p> <p>The Chair reported on the background of this report and there were some concerns around the cost of this service as opposed to the value.</p>  | <p>It was agreed that the Director of Housing &amp; Customer Services provide an updated report to Board at the end of the financial year (April 2026 meeting).</p>  |  |  |
| <p><b><u>KPI 22 – Homes that do not meet the Decent Homes Standard</u></b></p> <p>A further member also expressed her concerns as to the timeliness of Surveys being received from Savills.</p>  | <p>The Head of Finance and Business Assurance agreed to update Members on this issue asap.</p>   |  |  |
| <b>Additional notes for communication to governance:</b>   |  |  |  |
| None.  |  |  |  |

**St. Leger Homes of Doncaster Limited**

**AUDIT & RISK COMMITTEE MEETING**

**Monday 3<sup>rd</sup> November 2025**

**Present**

Trevor Mason (Chair) (TM) and Phil Cole (PC)

**In Attendance**

Kevin Hanlon - Director of Corporate Services (KH) - PART, Nigel Feirn - Head of Finance and Business Assurance (NF), Lauren McLaughlin – Governance Service Manager (LMc), Julie Lyon - Head of Internal Audit (JL), Shauna Brady – Executive Assistant (minutes) (SB), Kath Smart – Co-opted Board Member (KS) and Jane Davies - Director of Housing & Customer Services (JD) items 1-4

|     | <b><u>Apologies and Quorum</u></b>   | <b>ACTION</b> |
|-----|--|---------------|
| 1.  |  |               |
| 1.1 | <p>Susan Jones (SJ), Cllr S Cox (SC) and Milcah Walusimbi (MW)</p> <p>The Chair thanked PC (Independent Board Member) for standing in, unfortunately the meeting was still not quorate therefore any decisions taken would be ratified at the next meeting.</p> <p>Introductions were made.</p>  |               |
| 2.  | <b><u>Declarations of interest by Board members</u></b>  |               |
| 2.1 | No declarations were received.   |               |
| 3.  | <b><u>Previous minutes and matters arising – 7<sup>th</sup> July 2025</u></b>  |               |
| 3.1 | The minutes of the meeting held on 7 July 2025 were agreed as a correct record, subject to ratification at the next meeting.   |               |
| 3.2 | <p><b><i>From Agenda Item – 5.3 - Housing Rents Internal Audit Report</i></b></p> <p>The Director of Housing &amp; Customer Services updated on the recent changes reflecting that going forward only a partner or spouse could succeed the tenancy of a deceased tenant, unlike the previous arrangements where succession could be passed to another member of the family, provided there has been no succession in the past.</p> <p>The Localism Act had changed this, removing the rights of other family members, although we have a local arrangement in place where any family member who has lived in the property for the 5 years prior would be able to take the tenancy, checks permitting.</p> |               |

- The Director of Housing & Customer services confirmed that no-one would be made homeless as a result of the changes.
- 3.3 A member queried had the Mayor been involved in this update? The Director of Housing & Customer services confirmed that the report had been considered at Cabinet and subsequently approved.
- 3.4 ***From Agenda Item – 6.2 Monitoring of the AI programme and outstanding audit actions*** – The Director of Corporate Services reported that the report now depicts both low and medium actions to provide a clearer, overall picture.
- 3.5 ***From Agenda Item – 7.1 – Private Landlord Service*** – It was noted that a presentation would be provided as the next item on the agenda by the Director of Housing & Customer services.
- 3.6 ***From Agenda Item – 7.2 Updates on Internal Audit Reports presented to 19 May Meeting - Repairs and Maintenance***  
 The Director of Corporate Services reported that he had spoken to the Head of Repairs and Maintenance with regards to the questions raised at the last meeting with regards “attend today” appointments.  
  
 It was noted that there were no specific targets and these fluctuate day to day, obviously at a financial cost.  
  
 The Director of Housing & Customer Services reported that we had done a lot of work around this and the ones that we process as “attend today” were absolutely necessary. It was noted that to alleviate this we would need to we need to create more available appointments and reduce the waiting times for repairs.  
  
 The Director of Corporate Services reported that benchmarking hadn’t been undertaken as of yet, however a further update would be provided once this information was available, therefore it was agreed to leave this item on the agenda.
- 3.7 ***From Agenda Item – 8.2 – Update from the Data Protection Officer (DPO)*** - The Governance Service Manager reported that the steady rise in DP enquiries was simply due to people being more aware of their rights.
- 3.8 ***From Agenda Item – 13.2 – Committee Annual Report*** - The Director of Corporate Services reported that the report had been submitted to the October Board meeting.
- 3.9 ***From Agenda item 15.1 – Effectiveness of Audit Committees*** - It was noted that this item was for consideration later on the agenda.
- 3.10 ***From Agenda item 17.1 Acquisitions*** - The Internal Audit Manager reported that work around this review was ongoing and would be brought here in due course.

KH/SB

|           |   |
|-----------|---|
| <b>4.</b> | <b><u>Private Landlord Internal Audit Recommendations</u></b>   |
| 4.1       | The Chair reported on the background of this report and there were some concerns around the cost of this service as opposed to the value.   |
| 4.2       | The Director of Housing & Customer Services reported that this was a service that has moved from being a part of Housing Management, then Asset Management and was now within the Housing Options service as part of the Journey to Excellence Programme in 2022.   |
| 4.3       | <p>The team was split into several parts managing:</p> <ul style="list-style-type: none"> <li>• Single persons pathway</li> <li>• St Leger Lettings</li> <li>• Private Rented Sector</li> </ul>   |
| 4.4       | The Director of Housing & Customer Services reported that we had just commenced a Guaranteed rental service and this would be funded by the Homeless Prevention Grant.  |
| 4.5       | <p>A member queried if the Landlord set the required rent?</p> <p>The Director of Housing &amp; Customer Services reported that when the scheme was first set up it was to combat the numerous empty properties across the borough and at this point, we could insist on local HA rent allowance. This ruling no longer existed therefore Landlords were free to set their own rent, although we try to advise to stick to local Housing Allowance wherever possible.</p> |
| 4.6       | The Director of Housing & Customer Services reported that the Council had purchased 55 flats at St George's Court and St Leger Lettings had managed these on behalf of the previous owner so this had an impact.  |
| 4.7       | <p>A member queried when the Council made the purchase?</p> <p>The Director of Housing &amp; Customer Services responded that the sale went through around April 2024 and at this point in time the service was breaking even.</p>  |
| 4.8       | <p>A member reported that the average rent seemed to be around £125 per week which was low value resulting in us losing out on income too, therefore not sustainable?</p> <p>The Director of Housing &amp; Customer Services reported that there was a wide gulf between the Local Housing Allowance and Market Rent. As we are social lettings agency, we try to keep things affordable and obviously this limited income into the business.</p>                         |
| 4.9       | The Chair agreed with the sentiment of it being an important service that is offered although it was unsustainable going forward in its current state. The option to increase the Management Fee would in effect drive us out of the market, therefore this wasn't a good idea.   |

|      |   |    |
|------|---|----|
| 4.10 | It was suggested that the Homeless Prevention Grant should be picking up these losses and this should be addressed during a review of Homlessness provision.  |    |
| 4.11 | The Director of Housing & Customer Services agreed that this was a worthwhile and valuable service although it was clear it was not moving in the right direction.  |    |
| 4.12 | <p>A member queried how confident were we that the demand was out there and also would this be focussed on individuals that had gone through the homeless pathway?</p> <p>The Director of Housing &amp; Customer Services reported that we needed to do much more marketing, however we were limited by our resources as due to reducing our costs there was only 1.5 FTE staff allocated. The demand was there for rental properties at affordable rates so we will need to plan to build our portfolio whilst leaving the management fee unchanged.</p> |    |
| 4.13 | <p>A member queried what the Management Fee rates were with typical Estate Agents in the Private Sector?</p> <p>The Director of Housing &amp; Customer Services reported that it was hard to give an exact figure as different levels are charged by the private sector based on their level of service. We had previously offered different costs for different levels of service which had complicated the process so we reverted to having one set fee.</p>  |    |
| 4.14 | <p>A member queried how many landlords have we in total?</p> <p>The Director of Housing &amp; Customer Services reported that we had 123 properties so around similar figures as we tend to deal with "accidental landlords" with just one property as opposed to people with large portfolios.</p>   |    |
| 4.15 | The Chair suggested that this report should be considered by the main Board due its important nature and to drill down how we grow and develop this area and if there was the political will for this service.  |    |
| 4.16 | The Director of Housing & Customer Services reported that we are considering the management of a HMO (house in multiple occupation) , which would generate £12,500pa income.  |    |
| 4.17 | It was agreed that the Director of Housing & Customer Services provide an updated report to Board at the end of the financial year (April 2026 meeting).  | JD |
| 4.18 | The Director of Housing & Customer Services was thanked for her informative presentation.   |    |
| 5.   | <b><u>Monitoring of Internal Audit Recommendations</u></b>  |    |
| 5.1  | The Head of Finance and Business Assurance presented the covering report for the above item and highlighted that the 2024/25  |    |

audit programme consisted of 105 planned audit days (including five contingency days) and covered:

- eight risk-based service area audits,
- regulatory work on Key Performance Indicator verification.
- annual training and analytics work;
- planning, monitoring and advisory work; and
- follow up work to previous audits.

The 2025/26 audit programme consisted of 81 planned audit days (including 5 contingency days) and covered:

- six risk-based service area audits,
- regulatory work on Key Performance Indicator verification.
- annual training and analytics work;
- planning, monitoring and advisory work; and
- follow up work to previous audits.

5.2 The Head of Finance and Business Assurance highlighted that Appendix C detailed all outstanding risk recommendations including Medium and Low risk actions, there were no High risk recommendations to report so it was a good position to be in.

We were also reporting Low risk recommendations for reference.

5.4 The Chair commented that this was a very positive report as we did have some long standing items, so the assumption was that these had now been resolved?  
The Head of Finance and Business Assurance confirmed that this was the case and the longest standing ones currently are concerning RTB and are in his area.

5.5 A member sought clarification as to the reasons behind the reduction in Audit days and would this satisfy the requirements of the business?

The Head of Finance and Business Assurance reported that this was due to budget pressures and considering what we had done previously so we were confident with the reduction in the number of days.

The Internal Audit Manager agreed, commenting that a thorough exercise had been undertaken and days planned accordingly.

5.6 A member queried with regards to outstanding recommendations are we made aware of delays and repeated delays?  
The Head of Finance and Business Assurance reported that yes all deadlines that had been missed/extended are depicted in Appendix C and are trackable.

5.7 A member suggested that it would be useful if she could have sight of the Risk Management Framework?  
The Head of Finance and Business Assurance reported that we had

|     |  |    |
|-----|--|----|
|     | a Risk Management Framework and this was on the Agenda for the March meeting for the year ahead, however he would discuss this further following the meeting.  | NF |
| 5.8 | <p>A member queried what the yellow was referring to as he was more familiar with RAG rated documents?</p> <p>The Head of Finance and Business Assurance reported that these are ones that are underway and a key would be added to future reports.</p>  | NF |
| 5.9 | <b>The Audit and Risk Committee noted the Internal Audit Programme Report.</b>   |    |
| 6.  | <b><u>Internal Audit Reports</u></b>   |    |
|     | <b><u>KPI Validation</u></b>   |    |
| 6.1 | <b><u>KPI 03 - Relet time for standard voids (days) Audit Report 2025/26</u></b>   |    |
| 6.2 | The Internal Audit Manager reported that this KPI measured the time taken to relet a 'standard' void property, i.e. one that does not require 'major' repair after it has been vacated. Specifically, it tracks the duration from when a tenant leaves to when the property is prepared, advertised, allocated, and a new tenancy is signed. St Leger Homes typically manages between 1,200 and 1,400 terminations and relets every year and this KPI provided valuable insight into the efficiency of void turnaround processes, the effectiveness of the lettings function, and the overall performance of asset management. |    |
| 6.3 | It was noted that the that KPI now presented a true and fair reflection of Performance, following the amendment of the Qlik (performance reporting software) script.   |    |
| 6.4 | <p>A member requested some narrative on the information detailed at the bottom of Page 7 of the report.</p> <p>The Internal Audit Manager reported that we had to remind staff to ensure that documentation was available to support and evidence activities as part of the audit trail.</p>   |    |
| 6.5 | <b>The Committee received the report and noted the recommendations.</b>  |    |
| 6.6 | <b><u>KPI-04 Number of Nights on Hotel Accommodation (Homelessness)</u></b>  |    |
| 6.7 | The Internal Audit Manager reported that this report represents the results of an audit on St Leger Homes KPI 04 - Number of Nights in Hotel Accommodation. This was a St Leger Homes KPI and was not part of the Regulator of Social Housing Tenant Satisfaction  |    |

Measures or Housemark benchmarking. This review was carried out for the 2025/26 financial year.

6.8 It was noted that the Audit concluded that the KPI remained a true and fair reflection of performance.

6.9 **The Committee received the report and noted the recommendations.**

6.10 **KPI 8 - Tenancy Turnover**

6.11 This report represented the results of an audit on St Leger Homes KPI 08 Tenancy Turnover Percentage. This was a newly introduced KPI, proposed by St Leger Homes and approved by the City of Doncaster Council for inclusion in the 2025/26 financial year and was in line with the HouseMark definition.

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

6.13 **The Committee received the report and noted the recommendations.**

6.14 **KPI 20 Number of tenants and residents helped into training education or employment 2025/26**

6.15 The Internal Audit Manager reported that the opinion was that the number of tenants and residents helped into training, education or employment was stated accurately in accordance with the agreed definition but currently does not represent a true and fair reflection of performance due to the omitted individuals.

6.16 It was noted that this information would be added to the next reporting schedule and one of the medium actions had been implemented.

6.17 A member sought clarification regarding the WOW data?  
It was noted that there had been a discrepancy between the data base and the spreadsheet. It had been agreed that a reconciliation process should be in place.

6.18 The Internal Audit Manager reported that this was a KPI that was not required but was a good one to have. The Head of Finance and Business Assurance reported that a spreadsheet should be sufficient to manage the small numbers involved.

6.19 **The Committee received the report and noted the recommendations.**



|      |   |    |
|------|---|----|
| 6.20 | <b><u>KPI 22 – Homes that do not meet the Decent Homes Standard</u></b>   |    |
| 6.21 | the Internal Audit Manager reported that we use Saviils to undertake the majority of stock condition surveys with only a small amount undertaken in house.  |    |
| 6.22 | There was some delays in receiving the information from Savills due to the format of the information received.  |    |
| 6.23 | It was noted that the findings were that the proportion of the homes not meeting the Decent Homes Standard has been calculated accurately and fairly stated in accordance with the agreed definition.   |    |
| 6.24 | It was noted that 7 actions had been agreed, one was due on 31 October and the one due in September had been implemented.   |    |
| 6.25 | A member queried progress on the action depicted on page 16 of the report “Stock Condition Surveys to be received on a regular basis” due for completion on 31 December 2025?<br>The Internal Audit Manager responded that she was unsure of the current position, however this would be updated shortly. The we can update on this as it was due in December.<br><br>The Head of Finance and Business Assurance reported that we could review this at the next Audit & Risk Committee meeting to ensure it had been implemented. | NF |
| 6.26 | A member commented that this would be a risk for us and it needed to be 100% fairly quickly. Could Savills not upload their data live?<br>The Governance Manager reported that we are now at 90% Stock Condition Surveys, therefore we had implemented what was agreed.   |    |
| 6.27 | A further member also expressed her concerns as to the timeliness of Surveys being received from Savills.<br>The Head of Finance and Business Assurance agreed to update Members on this issue asap.  | NF |
| 6.28 | <b>The Committee received the report and noted the recommendations.</b>   |    |
| 6.29 | <b><u>Stores Audit Report 2025/26</u></b>   |    |
| 6.30 | The Internal Audit Manager reported that we were able to give Substantial Assurance that St Leger Homes Stores process effectively support SLHD service delivery.   |    |
| 6.31 | It was noted that Stock arrangements were sufficient to meet Customer needs and appropriate measures were in place to ensure that stock is not lost due to theft or error.  |    |

|      |  |       |
|------|--|-------|
| 6.32 | <b>The Committee received the report and noted the recommendations.</b>  |       |
| 6.33 | <b><u>Complaints Handling Report</u></b>   |       |
| 6.34 | The Internal Audit Manager reported that we were able to provide Substantial Assurance that the complaints handling processes at St Leger Homes were functioning adequately and that the business objectives are likely to be met.   |       |
| 6.35 | <b>The Committee received the report and noted the recommendations.</b>  |       |
| 6.36 | <b><u>Open Housing Report – Decision Required</u></b>  |       |
| 6.37 | The Director of Corporate Services reported that this was a request to move this audit to the next year (26/27) due to the ongoing upgrades in the area.   |       |
| 6.38 | A member queried what would the spare allocated days be used for? It was noted that target rent calculations would be looked at in place of the days allocated to this. This was an additional piece of work to look back at the last 10/15 years to ensure that rents had been set correctly. |       |
| 6.39 | A member commented that it was always prudent to spend any additional days in Stores as this was a large risk to the business.   |       |
| 6.40 | It was agreed that the Open Housing report be moved to the 26/27 Audit Plan.   | JL/NF |
| 6.41 | It was noted that as Awaab's Law had come into effect this may be a good area to audit next year.  | JL    |
| 7.   | <b><u>Strategic Risk Register (Quarter 3)</u></b>  |       |
| 7.1  | The Director of Corporate Services presented the updated Strategic Risk Register.  |       |
| 7.2  | It was noted that Leadership had undertaken another detailed review in October 2025 and no new risks had been added and none removed.  |       |
| 7.3  | The risk register still had seven strategic risks as depicted in Appendix A.   |       |
| 7.4  | A member asked why the Risk around homelessness appeared to be falling?<br>It was noted that the KPI tells us that the number of people in hotels was reducing.  |       |
| 7.5  | <b>The Committee noted the updated Strategic Risk Register.</b>  |       |

## 8. **Capital Monitoring**

- 8.1 The Director of Corporate Services presented the Capital Monitoring Report and it was reported that the projected in year spend of £69.43m was an under-spend of £7.25m from the budgeted spend of £76.68m.
- 8.2 The Director of Corporate Services reported that the Capital programme was very large this year and SLHD manage the finances for the whole of the Capital Programme.
- 8.3 The Director of Corporate Services reported that we had an internal Capital Monitoring meeting every month to monitor this with staff with Budget responsibilities to provide updates or any required adjustments.
- 8.4 It was noted that 90% of works should be delivered in year, with the remaining 10% rolled in to next year.
- 8.5 Disabled adaptations was overspent by 1million and had been overspent historically, meetings had been arranged with colleagues at CDC to try and bottom this out and get this budget under control.
- 8.6 The Chair reported that he has a question around RTB applications which had shot up, does 100% of receipts to come into the HRA? The Head of Finance and Business Assurance reported that they are Council properties, therefore 100% goes back to the Council although we have to complete capital receipts for the Government. This was then reinvested into the capital programme.
- 8.7 A member queried if there were any penalties for an underspend? The Director of Corporate Services responded that there wasn't it rolled forward into the next year.
- 8.8 Was there any other schemes to spend the Capital on instead of rolling forward?  
The Director of Corporate Services reported that we reconcile the budget every month and we reprofile accordingly to try and balance.
- 8.9 A member queried if there were delays in spend does this lead to higher risk within the organisation?  
No we are constantly monitoring in various meetings alongside CDC to ensure that we are not leaving ourselves open to risk.
- 8.10 A member commented that he was more concerned with unidentified and unexpected risk seg the high rise works?  
The Director of Corporate Services reported Danny Boardman (Head of Special Projects) provides a report feeding any issues to EMT and he also attends regular meetings with Colleagues at the Council.

|      |  |       |
|------|--|-------|
| 8.11 | The Chair queried where was the contingency budget?<br>The Director of Corporate Services reported that for example Silverwood House comes in at £13m instead of £10m. He feeds this in with a Cat 1 report and we build this in when we set the budgets.  |       |
| 8.12 | The Director of Corporate Services reported that the Committee could request that Lee Winterbottom (Director of Property Services) attend a future meeting if required.  | TM/SB |
| 8.13 | <b>The Committee received and acknowledged the Capital Monitoring Report and the projected outturn for the financial year 2025/26.</b>   |       |
| 9.   | <b><u>Revenue Monitoring</u></b>   |       |
| 9.1  | The Director of Corporate Services presented the Quarter 2 Revenue Monitoring Report 2025/26.  |       |
| 9.2  | It was noted that at the end of Q2 / September, there were several variances to the budget to note in the projected outturn to 31 March 2026. The projections now included additional Management Fees totalling £691k to cover the pay award (£426k), St George's Court security (£120k), Awaab's Law additional costs (£225k) and assumed efficiency savings of £80k. |       |
| 9.3  | With the additional management fee included, projections showed a Deficit of £198k for HRA activities and a small Surplus of £37k for General Fund activities, and a Deficit of £161k for SLHD in total.   |       |
| 9.4  | The Chair reported that he had concerns around overtime working and call out?<br>The Director of Corporate Services agreed with this sentiment and suggested that Lee Winterbottom (Director of Property Services) be invited to the next meeting to address these concerns.   | KH/SB |
| 9.5  | <b>The Committee received and noted the Revenue Monitoring Report as at 30 September 2025 and the projected outturn for the financial year 2025/26.</b>  |       |
| 10.  | <b><u>Update from Data Protection Officer (DPO)</u></b>  |       |
| 10.1 | The Governance Service Manager provided the Committee with a presentation to update members on Data Protection (DP) and Freedom of Information (FOI); the first slide was a summary of the number with the other slides giving more details.   |       |
| 10.2 | The Governance Service Manger reported that performance with regards to FOI requests continued to be impressive with 100% being responded to in time.  |       |
| 10.3 | It was noted that there had been 15 recent data breaches, all human error although thankfully none were reportable to the ICO.   |       |

- 10.4 It was noted that there was plenty of activity within the Business Transformation team to look at more automated systems to take the focus away from human interactions.
- 10.5 **The Committee noted the DP and FOI update for Q2 2025/26.**
- 11. Fraud Register & Related Activities**
- 11.1 The Director of Corporate Services presented the Fraud Register and Related Activities report.
- 11.2 It was noted that since the last meeting, one new instance of fraud had been raised for formal investigation.
- 11.3 An investigation was commissioned in August after a colleague had raised concerns that a company vehicle was being extensively used under 'inappropriate use of company vehicle and time'. This has led to two individuals being investigated, one resigned and the other was awaiting the outcome of the investigation.
- 11.4 A member reported that this area was very high risk, although a manageable one as we should know where vehicles are at any point.
- 11.5 The Head of Finance and Business Assurance reported that we will look at this going forward as we should be able to highlight any exceptions. It was noted that we had also raised this at the recent Managers Away Day.
- 11.6 The Head of Finance and Business Assurance reported that RTB continued to be a challenging area due to the volume of applications. There was a plan to deal with this although this would take time to embed and Customers were not happy to wait.
- 11.3 The Chair reported that with regards to RTB we are managing this and it was important to note that everyone was in the same boat across the County.
- 11.4 The Committee received and noted the contents of the Fraud Register and Related Activities briefing note.**
- 12. Forward Plan**
- 12.1 The Chair reported that he would discuss further with the Director of Corporate Services to build additional items into the Forward Plan eg Awaab's law.
- 12.2 Audit Committee expressed a desire to have input to the Internal Audit Plan for future years and the Head of Finance and Business Assurance reported that he could provide a 6/7 years summary and the three IA plan for 26/27 onwards and circulate it to Committee. It

**TM/KH**

**NF**

was agreed that this would be done after the three year plan had been reviewed by Leadership in early January.

12.3 **The Committee received and noted the Audit and Risk Committee Forward Plan.**

13. **Any other business**

13.1 **CDC IA Undertake/facilitate effectiveness review of Audit and Risk Committee**

13.2 The Internal Audit Manager reported that she had been preparing for the review and had commenced collating documents etc. It was hoped that this could be incorporated into the report that would be considered at the July Committee meeting.

13.3 It was agreed that the Internal Audit Manager discuss this further with the Governance Service Manager prior to forwarding the plan onto the Director of Corporate Services.

JL/LMc

14. **Date and time of the next meeting – 9 March 2026 @11:00am**