

## ST LEGER HOMES OF DONCASTER LIMITED BOARD MEETING

**To be held at 2pm on Thursday 5 February 2026  
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

### AGENDA

**12:30 – 13:30 – Pre Board session on Regulatory requirements**

**13:30 – 14:00 – Lunch**

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

#### **For Approval**

<b>5</b>	Housing and Neighbourhood Management Policy	J Davies	<b>Enclosed</b>
<b>6</b>	Gypsy & Travellers / Residential Site Policy	J Davies	<b>Enclosed</b>
<b>7</b>	2026/27 Annual Development Plan (ADP) and Key Performance Indicators	C Margrave	<b>Enclosed</b>
<b>8</b>	Gender Pay Gap	H Ruane	<b>Enclosed</b>
<b>9</b>	Equality and Diversity Strategy	H Ruane	<b>Enclosed</b>

#### **For Information**

<b>10</b>	Safety and Compliance Dashboard	L Winterbottom	<b>Enclosed</b>
<b>11</b>	Annual Development Plan – Current Year	V Hunter	<b>Enclosed</b>
<b>12</b>	St Leger Homes Compliance with National Housing Federation (NHF) Code of Governance	N Feirn	<b>Enclosed</b>
<b>13</b>	Strategic Risk Register	N Feirn	<b>Enclosed</b>
<b>14</b>	Revenue Monitoring	N Feirn	<b>Enclosed</b>
<b>15</b>	Capital Monitoring	N Feirn	<b>Enclosed</b>
<b>16</b>	KPI Performance	N Feirn	<b>Enclosed</b>
<b>17</b>	Performance and Culture Framework – CORE	C Margrave	<b>Enclosed</b>
<b>18</b>	Committee briefings		
	1. Customer & Performance Committee – 13 November 2025	JDavies/PCole	<b>Minutes</b>
	2. Building Safety & Compliance Cttee - 20 November 2025	LWinterbottom/ DWilkinson	<b>Enclosed</b>
<b>19</b>	AOB		
<b>20</b>	Reflection on effectiveness of meeting		



NO	St Leger Homes of Doncaster Board - Action Log			Progress	Completed Y/N	Owner
	Month	Ref	Action			
142	Dec-25	4.2	<b><u>Director of Corporate Services Recruitment</u></b> - Members suggested that Kath Smart may be a better fit for the interview panel, with her financial background, and Phil Cole offered to stand down if required. The Chief Executive advised he would consider this.	Kath Smart as a co-opted Board Member has been invited to be involved on the Stakeholder Technical Panel	Y	CM
143	Dec-25	4.5	<b><u>Awaab's Law</u></b> - The Chair asked for a briefing note in the Building Safety Committee with compliance around Awaab's Law.	Awaabs Law and our compliance is included in the regular Asset reports to Board and BSC Cttee	Y	LW
144	Dec-25	4.20	<b><u>Rent Convergence</u></b> - The Board asked to be kept informed of the progress of a complaint around an individuals extremely high energy bill.	Board emailed on 14.1.26 by the Director of Property Services with futher detail of the case and action taken.	Y	LW
145	Dec-25	7.5	<b><u>Asset Management Strategy</u></b> - Following a brief discussion the Board asked for the baseline data around Net Zero and a note on it that no further action would be taken.	This will be revisited once more informaiton is available on Carbon Zero alongside MEES, SAP review and Decent Homes round 2. In the meantime, we will continue reporting on our progress towards it, as we do on EPC C.		LW
146	Dec-25	7.7	<b><u>Asset Management Strategy</u></b> - The Director of Housing and Customer Services agreed to discuss the communications and engagement plans for high rises outside of the meeting, and consider different forums and ways of stimulating interest.	Consideration will be given when reviewing the wider Tenant Voice Strategy work to undertake some targeted consultation with high rise tenants and include a specfic section and actions on high rise tenants in the new strategy.	Y	JD
147	Dec-25	22.2	<b><u>Board Structure</u></b> The Board requested an updated structure of membership be sent to Board members by email.	Complete.	Y	AT

148	Dec-25	22.3	<b>Association of Directors of Housing (ADoH)</b> - The Chair referred to the newly ADoH. He stated that given the Mayor had indicated she would like Doncaster to participate. Board asked what did the Service Director for Strategic Housing, Property and Safer Communities see as the benefits of St Leger Homes being involved, and what impact would she think it would have on lobbying government and helping shape the national housing agenda? This question to be sent to the Services Director for Strategic Housing for a response.	Response from CDC:- The Association of the Directors of Housing is a developing professional body aimed at raising standards in local authority housing and championing excellence in housing management and homelessness. SLHD involvement would be beneficial as there are few large, ALMO's and no representation on the board itself. The board is also very 'south' biased and several authorities will have different priorities when compared with Doncaster. Therefore, in my opinion, it is important to be involved.	Y	AT
150	Dec-25		<b>Executive Summaries</b> Members suggested that thought could be given to reviewing executive summaries at the forefront of covering reports. They were too rigid and don't give the main points that Board should be considering and giving direction on where members should be looking and things to consider for approval.	Action to be considered as part of Governance Review outcomes and action plan	Y	LGH

## Board Decision Summary

<b>Meeting:</b>	St Leger Homes Board
<b>Date of meeting:</b>	04 December 2025
<b>Chair:</b>	Dave Wilkinson
<p>The Board approved:-</p> <p><u>Agenda Item 4</u> – the appointment of Gatenby Sanderson as recruitment consultants for the post of Director of Corporate Services and the recruitment and interview process</p> <p><u>Agenda Item 5</u> – the Value for Money statement for the financial year ended 31 March 2025</p> <p><u>Agenda Item 16</u> – noted the Board Member Expense Policy and approved the minor changes</p>	
<p>The Board requested:-</p> <p><u>Agenda Item 4.2</u> – Director of Corporate Services</p> <ul style="list-style-type: none"> <li>that Kath Smart be included on the interview panel for the Director of Corporate Services post.</li> </ul> <p><u>Agenda Item 4.5</u> – Awaab's Law</p> <ul style="list-style-type: none"> <li>that a briefing note be provided for members in the Building Safety Committee around compliance with Awaab's Law</li> </ul> <p><u>Agenda Item 4.20</u> – Tenant Complaint</p> <ul style="list-style-type: none"> <li>that Board were kept informed of the progress on a tenant complaint about high energy bills</li> </ul> <p><u>Agenda Item 7.5</u> – Asset Management Plan</p> <ul style="list-style-type: none"> <li>baseline data around Net Zero and a note on it that no further action would be taken</li> </ul> <p><u>Agenda Item 7.7</u> – Asset Management Plan</p> <ul style="list-style-type: none"> <li>the Director of Housing and Customer Services consider ways of stimulating interest in high rise engagement plans</li> </ul>	
<p>The Board received:-</p> <p><u>Agenda Item 6</u> – the Consumer Standards GAP analysis action plan update progress against actions</p> <p><u>Agenda Item 7</u> – the Asset Management Action Plan and progress made to date</p> <p><u>Agenda Item 8</u> – the Environmental Strategy Action Plan update</p> <p><u>Agenda Item 9</u> – the Secure Tenancy Agreement Review update</p> <p><u>Agenda Item 10</u> - Board Briefing Note on 31 October 2025 KPI dashboard</p> <p><u>Agenda Item 11</u> – the Building Safety Governance Map</p> <p><u>Agenda Item 12</u> – the Tenant Satisfaction Perception Measures Outturn</p> <p><u>Agenda Item 13</u> – the Q2 Revenue Monitoring Report 2025/26</p> <p><u>Agenda Item 14</u> – the Q2 Capital Monitoring Report</p> <p><u>Agenda Item 15</u> – the Annual Asset and Stock Condition Report</p> <p><u>Agenda Item 17</u> – the Corporate Management Framework presentation</p> <p><u>Agenda Item 18</u> – the Respect Standard and Commitments for Tackling Stigma</p> <p><u>Agenda Item 19</u> – the Customer Service Excellence Feedback</p> <p><u>Agenda Item 20</u> – the Board Forward Plan</p> <p><u>Agenda Item</u> – Committee Minutes:</p> <p style="padding-left: 40px;">Customer and Performance Committee 18.09.25</p> <p style="padding-left: 40px;">Special Building Safety Committee 29.10.25</p> <p style="padding-left: 40px;">Audit and Risk Committee 03.11.25</p>	

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

**2.00pm on Thursday 4<sup>th</sup> December 2025**  
**Civic Office, Floor 4 - Room 410**

**Present:**

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

**Also In Attendance:**

Lee Winterbottom (Director of Property Services), Jane Davies (Director of Housing and Customer Services), Anne Tighe(minutes).

**City of Doncaster Council (CDC)**

Yvonne Fox (Service Director Place).

		Action
<b>1.</b>	<b>Apologies and Quorum</b>	
1.1	Apologies were received from Rodger Haldenby. It was noted that the meeting was quorate.  Introductions were made for the benefit of Cllr Glyn Whiting.	
<b>2.</b>	<b>Declarations of Interest by Board Members</b>	
2.1	No declarations of interest were received.	
<b>3a</b>	<b>Matters arising and action log from previous meetings</b>	
3a.1	It was noted that all actions 134-141 were completed with further comments on two items.	
3a.2	<b>Item number 6.3 – Safeguarding &amp; ASB Team</b> It was confirmed that the increase of concerns from the previous year were a national trend.	
3a.3	<b>Item number 11.9 Key Performance Information</b> The Director of Housing and Customer Services reported that compliments were measured, it was not a KPI but was reported on to the Customer and Performance Team.	

<b>3b</b>	<b>Ratification of minutes from the meeting held on 2 October 2025</b>	
3b.1	The minutes from the meeting held on 2 October 2025 were accepted as a true and accurate record.	
<b>4.</b>	<b>Chair and Chief Executive's Update</b>	
4.1	<u>Director of Corporate Services</u> The Board considered and approved: <ul style="list-style-type: none"> <li>• <b>That the Chief Executive appoint Gatenby Sanderson a recruitment consultant to commence recruiting to the vacancy created by the departure of the Director of Corporate Services.</b></li> <li>• <b>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.</b></li> <li>• <b>The interview assessment day and testing consisting of written exercise, presentation preparation, stakeholder panel, peer panel and final interview panel.</b></li> </ul>	
4.2	Members suggested that Kath Smart may be a better fit for the interview panel, with her financial background, and Phil Cole offered to stand down if required. The Chief Executive advised he would consider this.	<b>CM</b>
4.3	<u>2025 Outstanding Board Training</u> It was noted that any outstanding training modules were scheduled for early 2026.	
4.4	<u>Awaab's Law</u> The Chief Executive reminded Board that the Executive Management Team (EMT) had previously raised concerns and were still concerned about the phase in of the law, and the full scope expanding into 2027.	
4.5	The Chair asked for a briefing note in the Building Safety Committee with compliance around Awaab's Law.	<b>LW</b>
4.6	The Vice Chair referred to the implications of Awaab's Law, at what point would we need to look at staffing levels, and what was the feeling from staff around the need to absorb increased demand as this would mean an increased productivity requirement. The Chief Executive reported that the City of Doncaster Council funded the first £1m of works, then a further £0.5m as it wasn't adequate, to get a dedicated team together.	

4.8	The Director of Property Service further advised that Leadership had received a presentation this morning around Damp, Mould and Condensation (DMC) and the team were performing well, for triage and inspection, but there were challenges in delivering work. So much work was coming out of the DMC visits, the stock condition visits, and the Keeping in Touch (KIT) visits it was acknowledged that additional resources would be required. He concluded by reporting that a number of different initiatives, including a broader conversation around Artificial Intelligence (AI), and looking at stores in a different way, were being considered to create efficiencies going forward.	
4.9	Members asked if independent assurance was being sought around performance for Awaab's Law. The Head of Finance and Business Assurance advised this has already been discussed at the Audit Committee and it was on the Internal Audit work plan for discussion at the next scheduled meeting.	
4.10	<u>Tenant Celebration Event</u> The Board were pleased to note the success of the Tenant Celebration Event with approximately 160 in attendance.	
4.11	<u>Tpas Exemplar Accreditation</u> It was noted that the organisation had been awarded the Exemplar Accreditation again, and that St Leger were 1 of only 4 organisations in the Country to receive this.	
4.12	<u>EDI Dashboard</u> The Board noted the slight increase in the disclosure of data from customers.	
4.13	<u>Summary of Housing Ombudsman Complaints Investigations</u> The Board noted the Executive Summary around the housing related complaint, and the subsequent findings and recommendation of a £50 payment to the tenant in recognition of the distress and inconvenience caused by the handling of the reports of antisocial behaviour.	
4.14	A member queried if the tenant felt vulnerable and that was why he wished to install Closed Circuit Television (CCTV). It was explained that ring doorbells are CCTV, and in flats and apartments you find doors facing doors therefore it would record in someone else's flat if the door is open. We ask tenants to be reasonable about the positioning of CCTV as a lot of complaints were received around tenants being filmed. The main point to note, as further explained by the Director of Housing and Customer Services, was that it was what you did with the data is key in line with the Data Protection Act.	
4.15	<u>Property Services Away Day/Housing and Customer Services Connect Session</u>	



	The Chief Executive advised there had been positive feedback from both staff sessions.	
4.16	<u>Balby Bridge Closure Orders</u> The Board noted that the Director of Housing and Customer Services had applied for an extension of the orders to February 2026; after this date teams would evaluate the situation as at that point it couldn't be extended again.	
4.17	<u>Rent Convergence</u> The Chief Executive reported that the Mayor had approved in principle the implementation of rent convergence and if it was approved by government, following consultation, it could potentially mean an extra £34m for the organisation so really important that it happens.	
4.18	The Chair referred to the issue highlighted on a regional news channel around an individuals extremely high energy bill and it was due to inaction by St Leger Homes. The Chief Executive responded that surveying teams had already carried out thermal imaging of the properties and had identified some issues with cavity wall insulation, however this would unlikely be causing the issues the lady was suggesting.	
4.19	In response to a query around how many other tenants could potentially be affected in similar blocks, and had they been advised that it could be beneficial to change suppliers for cheaper tariffs. it was explained that only 4 people have contacted the organisation in recent months, and tenant in the low rises were in receipt of district heating which is subsidised.	
4.20	The Board asked to be kept informed of progress on the complaint.	<b>LW</b>
<b>5.</b>	<b>Value for Money Statement</b>	
5.1	The Head of Finance and Business Assurance presented the Value for Money (VFM) Statement and explained that this was 8-9 months after year end, however a lot of benchmarking with organisations took up time; benchmarking was most beneficial when done with peer groups.	
5.2	It was noted that benchmarking was positive overall with more cost and performance indicators in the upper quartiles with our peers; which signified that St Leger Homes were a low cost, mid to high performing organisation generally delivering VFM for its resources. A member asked if the St Leger Homes benchmarked against all 350 organisations within Housemark or against to those demographically similar to us rather than, for example, a London based organisation. It was confirmed that it was a peer group list with similar structures to St Leger Homes that we were compared with.	

5.3	A member commented that the document read well, and could clearly see the investments in neighbourhoods and estates. She asked for further information around assisting the Board to drilling down on sickness or homelessness.	
5.4	The Head of Finance and Business Assurance explained that there was a great deal of scrutiny around sickness and a lot of information that the organisation could benchmark against. Similarly, there was a great deal of work going into homelessness with officers carrying out deep dives to then consider different ways of working to address any issues.	
5.5	The Director of Housing and Customer Services further explained that St Leger Homes report through the Ministry of Housing, Communities and Local Government (HCLG) statistics where they could be benchmarked; this information goes to the Strategic Homelessness Board that is chaired by City of Doncaster Council (CDC)	
5.6	A Board Member queried if social value was measured. It was explained that there were some indicators that were community indicators, however benchmarking was limited as not everyone does the same recording. Even when exploring any information outside Housemark, there was limited information.	
5.7	<b>The Board approved the VFM statement for the financial year ended 31 March 2025.</b>	
<b>6.</b>	<b>Consumer Standards GAP analysis action plan</b>	
6.1	The Head of Finance and Business Assurance presented the Review of Compliance with the Regulator of Social Housing's Consumer Standards report and reported that the organisation was in a strong position. There had now been a number of inspections throughout the country and the information from this, and looking at the regulators reports, had provided details to add into the action plan. The action plan was monitored on a weekly basis by Directorates.	
6.2	The Chair asked the Service Director – Place what the CDC timeline for review was. She explained that her teams were putting together story boards and working towards dovetailing with St Leger Homes arrangements. She and the Chief Executive met monthly to scrutinise progress. The CDC Cabinet were fully aware of all ongoing work and were pleased to note that scrutiny was robust and recorded well.	
6.3	The Chair queried if there were plans to carry out another mock inspection if the inspection didn't happen within the next 2-3 quarters. The Chief Executive explained that the organisation would learn from	

	those that have already been through the process, however it could be possible that another one may be arranged.	
6.4	The Vice Chair commented that the action plan was useful, and it implies a response to an issue, however the inspection was here to stay and the terminology should be change to make it everyday business for staff.	
6.5	A member suggested that mock interviews with Board members could be useful, to observe how they convey to interviewers. The Chief Executive reported that officers were planning opening statements however this suggestion could be added.	
6.6	<b>The Board noted the update and progress against actions.</b>	
<b>7.</b>	<b>Asset Management Strategy</b>	
7.1	<p>The Director of Property Services presented the Asset Management Strategy and advised this was to update the Board on progress with the Strategy 2025-2027 and outline the next steps. The key headlines were:</p> <ul style="list-style-type: none"> <li>• Strategy approved Dec 2024, covering 7 priorities that are listed in the report: stock understanding, planned investment, energy efficiency, compliance, active asset management, financial planning, and governance.</li> <li>• Intended outcomes driven by the strategy: Full stock condition data, Decent Homes compliance, EPC C by 2030, retrofit pilots, improved asset viability assessments.</li> <li>• Year 1 plan delivery: 22 actions – 8 completed, 3 ongoing, 1 on target, 1 reopened, 9 behind schedule. Remedial actions are detailed at Appendix 1 of the report, for items that are behind. Year 2 actions are also shown.</li> <li>• Financial context: A £222m four year capital programme was previously approved and this is covered at section 9.1. Long-term estimated budget requirement of £1.08bn, up to £1.4bn incl. Net Zero and Decent Homes 2.</li> <li>• Challenges: Uncertainty around government policy changes impacting costs and timelines. Sector-wide representation has been made, which we have took part in.</li> <li>• Risks: Policy changes, affordability, ageing stock.</li> <li>• Other points: Looking to review the strategy early as it feels out of alignment given policy and regulatory changes. Also, for future reporting it was proposed to remove net zero/DH2 until there is more clarity. Any costing for these elements is</li> </ul>	

	now suggestive, and there is a cost to having the modelling carried.	
7.2	The Director of Property Services asked Board note progress against delivery of the action plan, and the remedial steps. Also asking Board to support removal of net zero/DH2 reporting until government provide more certainty.	
7.3	A member queried that if and when clarity was gained and it needed to be put back in would it not create a skew in the figures. It was explained that we would still own the property data to recalculate. Another member suggested it could be better to leave it in and include a caveat about what will take over, or a holding comment. The Chief Executive explained it was acting as a distraction, and the whole point of taking it out [Carbon Zero] was because it was called all sorts of different names.	
7.4	A member expressed concern over the suggestion due to the fact that the government may not take it out. The Director of Property Services reported that the figures were from 2021 and were already out of date; it needed to be remodelled constantly.	
7.5	Following a brief discussion the Board asked for the baseline data around Net Zero and a note on it that no further action would be taken.	<b>LW</b>
7.6	Members referred to tenant engagement in high rises and asked for more detail. The Chief Executive reported that the issues of tenant engagement in high rises were very challenging with very little uptake. Recently feedback has suggested that tenants feel safe in their home and this was why they weren't engaging. The Board noted that a recent event in Intake had 7 officers manning an event where tenants could exchange oil fryers for air fryers, and the uptake was particularly poor.	
7.7	The Director of Housing and Customer Services agreed to discuss the communications and engagement plans for high rises outside of the meeting, and consider different forums and ways of stimulating interest.	<b>JD</b>
7.8	<b>The Board noted progress made to date with the delivery of the Asset Management Action Plan.</b>	
<b>8.</b>	<b>Environmental Strategy</b>	
8.1	The Director of Property Services presented the Environmental Strategy report which was delivered to update the Board on progress with the Environmental Strategy (2025–2027) and outline next steps as follows:	

	<ul style="list-style-type: none"> <li>• Strategy approved Dec 2024, focused on 5 themes: managed properties, operations, biodiversity &amp; ecology, climate change adaptation, and raising awareness.</li> <li>• Vision for the policy: Achieve EPC 'C' and towards net zero carbon across the managed housing stock.</li> <li>• Year 1 delivery: 15 actions – 2 completed, 5 ongoing/on target, 7 behind schedule, 1 reopened. Appendix 1 details remedial actions for those items behind target. Year 2 plan was enclosed.</li> <li>• Financial context: This is covered in the report, using the same figures as those in the Asset Management Strategy.</li> <li>• Regulation outlook: Minimum Energy Efficiency Standards expected by 2030. Its likely this will be tied up with DH2 in terms of demonstrating compliance, however early indication is DH2 will not be enforced until 2035-37, so some clarity still needed.</li> <li>• Challenges: Policy uncertainty, affordability, capacity, and ageing stock.</li> <li>• Risks: Changing legislation, skilled resources, non-traditional stock.</li> </ul>	
8.2	A member referred to the 7 actions that were behind target and asked if there was there anything to be concerned about. The Director of Property Services advised he was satisfied with progress.	
8.3	Members commented on discussion around Net Zero in the previous item, and this policy says journey towards Net Zero, knowing that we can't resource it, could officers not potentially put a pause and review the Environmental Strategy. It might be better and more efficient to have the more modest Strategy that is rooted in the next 5 years of so, rather than 25 years and not knowing.	
8.4	The Board considered this and suggested pausing the Environmental Strategy to ensure it meets with objectives such as decent and warm homes and possibly more important aims. The Director of Property Services explained that the report also contains Energy Performance Certificate (EPC) ratings and through necessity if we update the Asset Management Strategy this needs to be updated.	
8.5	Members commented that anything towards making homes warmer and more efficient were majorly important and needed to be done in a shorter timescale; this was more concrete than worrying about the plant. Warmer homes were more a fuel poverty strategy and the Board should focus on things that matter for tenants over the next 5-7-10 years.	

8.6	<b>The Board noted progress made to date with the delivery of the Environmental Strategy Action Plan.</b>	
<b>9.</b>	<b>Secure Tenancy Agreement</b>	
9.1	The Director of Housing and Customer Services presented the Secure Tenancy Agreement and reported that it was a CDC agreement that the organisation managed and reviewed to then be approved by a CDC Cabinet decision. This was being brought to Board for awareness.	
9.2	A member asked for more details around renters rights and refusing pets. It was explained that through feedback from tenants who lived in high rises, that not having dogs allowed was really important for them for a number of reasons. Social landlords are allowed local schemes and policies therefore this ban on pets was covered by such schemes.	
9.3	The Board were concerned to note that only 109 responses from mailing almost 20,000 tenants, and the associated costs of circa £30,000, was quite poor. It was explained that this was the law during consultation and unfortunately it had to be repeated due to delays on progress.	
9.4	A member asked if there was a limit on the number of pets a tenant could have. It was explained that there used to be a limit of 2 dogs, however case law created a law that meant landlords could not limit pet ownership unless the number of dogs were causing a nuisance.	
9.5	The Board asked if a couple had a joint tenancy and one spouse passed away, would that be classed as a succession. It was confirmed that it used up that succession, although it was technically called a right of survivorship in such a situation. Although there was only one right of succession, it would not mean that we wouldn't allow a family to stay there, other routes could be explored, for example creating a new tenancy.	
9.5	<b>The Board received and noted the Secure Tenancy Agreement Review 2025 Update.</b>	
<b>10.</b>	<b>KPI Performance</b>	
10.1	The Head of Finance and Business Assurance presented the Board Briefing Note and asked the Board to note that, at the end of October, 16 of the 26 KPIs measured in the table at paragraph 2.3 were met or were within tolerances of target.	

10.2	A member referred to the One Repairs Board and asked for clarification if it was a project Board, and does it feed into the Building Safety Committee. She further asked if it was on track and was there a trajectory that was being monitored. The Director of Property Services responded that the One Repairs Board was created to improve communications and efficiency. The emphasis was on continuous improvement and he confirmed the action plan was fed into the Executive Management Team (EMT) meetings and the Building and Safety Committee.	
10.3	Members acknowledged there was some improvement across quarters, however something appeared stuck; responsive non-emergency repairs. How do teams look at this and deliver better service. The Director of Property Services explained that this would be looked at in depth at the next stage of repairs excellence. There was a high expectation of demand and tenants expectations of a quicker response; a high number of tenants were therefore exaggerating repair issues to increase their repairs priority and teams would be focussing on addressing this issue.	
10.4	<b>The Board received and noted the Board Briefing Note on the 31 October 2025 KPI dashboard, and commended staff on progress on the upward trajectory</b>	
<b>11.</b>	<b>Building Safety Governance Map</b>	
11.1	The Director of Property Services led on the presentation around the Building Safety Governance Map and explained a request was made at Building Safety Committee to provide Board with assurance on governance for building safety and compliance related matters.	
11.2	He explained compliance and building safety are key areas that require clear governance routes and he had produced a few slides to illustrate how information flows and the established groups and membership. The first slide shows internal (SLHD) governance flow, including tenant engagement. The latter being regulatory expectation and not an option.	
11.3	The second slide shows how this flows into CDC and the three sub groups, and up to the Core Group where the portfolio holder and senior CDC officers sit. It is then their role to take key updates into the relevant areas of CDC.	
11.2	<b>The Board received and noted the Building Safety Governance Map.</b>	
<b>12.</b>	<b>TSM Annual Update</b>	

12.1	The Director of Housing and Customer Services presented an update on the Tenant Satisfaction Perception Measures (TSMs) Outturn 25/26 and highlighted the work that has taken place since TSMs were introduced in April 2023. Overall there was a positive picture with 11 measures showing as upper quartile.	
12.2	<b>The Board received and noted the Tenant Satisfaction Perception Measures Outturn 25/26 presentation.</b>	
13.	<b>Q2 Revenue Monitoring</b>	
13.1	The Head of Finance and Business Assurance presented the Q2 Revenue Monitoring Report and drew members attention to the table at paragraph 3.2 which summarised projections to 31 March 2026. There was a £161k deficit projection in total, with further tables at paragraph 3.6 explain in more detail the background of pressures and overspend. This was being monitored closely and officers were confident this would be rectified before year end.	
13.2	Members noted that call outs seemed to increase every year and this was acknowledged as a real pressure. They asked if there were measures in place to address this. The Director of Property Services reported that more accurate information was being provided and there was also further scrutiny around costs being charged. Senior managers were also looking closely at jobs being raised during call out to ensure they were being allocated correctly.	
13.3	The Board asked for further clarification on actions to reach a break even point, and it was explained that issues and pressures were being discussed at Head of Services (HOS) meetings, EMT and Budget Holder Meetings. In response to a further question around corporate interventions, it was confirmed that managers potentially freezing/delaying recruitment for savings around salary costs.	
13.4	<b>The Board received and noted the Q2 Revenue Monitoring Report 2025/26.</b>	
14.	<b>Q2 Capital Monitoring</b>	
14.1	The Head of Finance and Business Assurance presented the Q2 Capital Monitoring Report 2025/26 and reported the 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.	
14.2	<b>The Board received and noted the Q2 Capital Monitoring Report 2025/26 and report around the variances explained within it.</b>	
15.	<b>Annual Asset and Stock Condition report</b>	



15.1	<p>The Director of Property Services presented the Annual Asset and Stock Condition Report and advised this was provided to update the Board on the stock condition surveying programme and key findings. The key Headlines were:</p> <ul style="list-style-type: none"> <li>• Survey Coverage: 89% of housing stock surveyed in last 5 years; target of 100% by Autumn 2026.</li> <li>• Investment Need: <ul style="list-style-type: none"> <li>○ £1.08bn over 30 years to maintain decency and achieve EPC C by 2030 (£54k per property).</li> <li>○ Including Net Zero Carbon: £1.476bn (£74k per property) – funding challenge acknowledged.</li> </ul> </li> <li>• Condition Findings: <ul style="list-style-type: none"> <li>○ 13% of stock non-decent (up from last year due to inclusion of catch-up investment requirements and Cat 1 hazards). The Board were asked to note that this was the current information, however members were likely to see this fluctuate. The fluctuation will be both ways. It will reduce due to completion of Cat 1 hazards and completion of component related work. It will increase as teams continue to do around 20% surveys each year.</li> <li>○ 763 Category 1 hazards identified in latest phase (mainly smoke/CO alarms).</li> </ul> </li> <li>• Energy Efficiency: <ul style="list-style-type: none"> <li>○ Savills data: 60% below EPC C; SLHD data shows 68.95% at EPC C or above, so this discrepancy is under review.</li> <li>○ £8k per property assumed for EPC C compliance; MEES likely mandatory by 2030.</li> </ul> </li> <li>• Future Investment Profile: <ul style="list-style-type: none"> <li>○ £116m needed in next 5 years for major components (kitchens, heating, roofs).</li> <li>○ £227m estimated for years 6–10.</li> </ul> </li> <li>• Risks: Policy changes, affordability, ageing stock, access.</li> <li>• Next Steps: <ul style="list-style-type: none"> <li>○ Continue surveys (4,000/year) and explore in-house capacity.</li> <li>○ Update energy efficiency cost.</li> <li>○ Work with CDC on revised investment priorities and funding options.</li> </ul> </li> </ul>	
15.2	<p>Members asked if operatives checked the stack inside roof voids when they were void. The Director of Property Services advised it</p>	

	was not standard however if it had a flue they may. He further advised managers were looking at schemes and specification for more modern materials to use going forward.	
15.3	<b>The Board noted the latest position in relation to the stock condition surveying programme and the findings arising from the surveys completed to date.</b>	
16.	<b>Board Expenses and review of policy, Attendance Register, 2024 Declarations of Interest</b>	
16.1	The Chief Executive presented the Board Members Expenses, Attendance Register and Register of Interest Record and asked the Board to note the information as an accurate record and approve the minor changes to the Board Member Expense Policy.	
16.2	<b>The Board noted the information contained within the report, agreed they were accurate records, and approved the minor changes to the Board Member Expense Policy.</b>	
17.	<b>Corporate Management Framework</b>	
17.1	The Chief Executive provided the background of the previous framework for corporate management and explained it was set around values and skills and could be difficult to quantify. He proposed to replace the 4 P's (Pride, Progress, Performance and People) with the CORE (Customer connected, Ownership, Respect and Excellence) framework, which was simpler, easier to understand and easy to apply.	
17.2	The CORE values had contributed to the newly designed check in form which contained CORE approach performance management which would embed this framework within the organisation by asking staff for examples of the behaviours during check in. The initial roll out had been well received and staff appreciated the simplicity.	
17.3	Members noted the presentation and commented it was good, simplistic and easy to understand and that it would enable management to relate to officers everyday work embedding the CORE values.	
17.4	<b>The Board noted the presentation.</b>	
18.	<b>Respect Social Housing Stigma</b>	
18.1	The Director of Housing and Customer Service led on the presentation to update Board on the Respect Standard and Commitments for Tackling Stigma. The document had been co-created with tenants; they had worked with front line staff to:	

	<ul style="list-style-type: none"> <li>challenge stigma and negative stereotypes in social housing</li> <li>embed dignity, fairness and compassion into every customer interaction</li> <li>align with the organisational CORE values and national Stop Social Stigma campaign</li> </ul>	
18.2	The Stop the Stigma campaign had been launched at the recent Tenant Celebration Event and both the event and the campaign were well received.	
18.3	<b>The Board noted the presentation and commended the work of staff that had gone into developing the Respect Standard and Commitments for Tackling Stigma.</b>	
<b>19.</b>	<b>Customer Service Excellence</b>	
19.1	The Director of Housing and Customer Services was pleased to report that the organisation was proud to have secured reaccreditation for Customer Services Excellence (CSE) for the fourteenth consecutive year.	
19.2	<b>The Board received and noted the Customer Service Excellence feedback and result, and asked that staff were commended, particularly around the increased elements of compliant plus total of +32.</b>	
<b>20.</b>	<b>Board Forward Plan</b>	
20.1	<b>The Board received and noted the Board Forward Plan.</b>	
<b>21.</b>	<b>Committee Minutes</b>	
21.1	<b>The Board received and noted the Committee Minutes.</b>	
<b>22.</b>	<b>AOB</b>	
22.1	<u>6 June 2026 Board Meeting</u> The Chair advised he had received a request to move the above meeting to Thursday 11 June 2026 as the dated clashes with National Federation of ALMOs 1 day annual conference. This was agreed.	
22.2	<u>Board Structure</u> The Board requested an updated structure of membership be sent to Board members by email.	<b>AT</b>
22.3	<u>Association of Directors of Housing (ADoH)</u> The Chair referred to the newly ADoH. He stated that given the Mayor had indicated she would like Doncaster to participate.	

	A Member asked what did the Service Director for Strategic Housing, Property and Safer Communities see as the benefits of St Leger Homes being involved, and what impact would she think it would have on lobbying government and helping shape the national housing agenda? This question to be sent to the Services Director for Strategic Housing for a response.	<b>AT</b>
<b>23.</b>	<b>Reflection on effectiveness of meeting</b>	
23.1	<u>Executive Summaries</u> Members suggested that thought could be given to reviewing executive summaries at the forefront of covering reports. They were too rigid and don't give the main points that Board should be considering and giving direction on where members should be looking and things to consider for approval.	<b>CM</b>
<b>24.</b>	<b><i>Date of next meeting – 5 February 2026</i></b>	

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date**

: 05 February 2026

**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.

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: 05 February 2026**

**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.

**5. Corporate and Governance issues**

- 5.1 Director of Corporate Services recruitment  
Recruitment continues with interviews taking place on 11 February 2026.

**6. National Issues**

- 6.1 Rent Convergence  
The government consulted on a rent convergence mechanism in summer 2025. The NFA and CWAG submitted a response to the Rent Convergence consultation. The decision was delayed at the Autumn Budget and is expected at some point in January.

After meeting with CDC they are in favour of applying Rent Convergence at the full amount, this will support the investment requirements in the coming years.

We have taken the decision not to account for any rent convergence in the 2026/27 budgets, at this late stage I think it is impractical this would be agreed and implemented.

## 6.2 Awaab's Law

The Hazards in Social Housing have been well published, predominately focused on Awaab's Law and a topic on asset management and repairs meetings agendas, two strategic meetings in September and December, and various meetings with civil servants have taken place to consult on further changes planned for later this year

MHCLG is currently undertaking research to gather the learning from the first stage of hazards and prepare for the next stage in 2026. The view from the sector is that stage two is likely to come into force towards the end of next year. We are pushing for the guidance to be published much earlier than phase one, but realistically, we don't think it will be published before summer.

## 6.3 Building Safety.

MHCLG regularly reports against the Grenfell Tower Public Inquiry recommendations. The December update is now published, this is the government's third quarterly release progress report on the Inquiry Phase 2 recommendations, showing significant movement, with five more recommendations completed and 53 still in progress.

Key updates include new rules for PEEPs (The Fire Safety (Residential Evacuation Plans) in high-rise buildings coming in April 2026, plans for a Single Construction Regulator, and ongoing work to implement standards for fire engineers, with a first annual report to Parliament due February 2026.

The aim of the Single Construction Regulator is to improve building control process for certain types of building work to existing buildings within the higher-risk building regime (recognising that the Building Safety regime has caused blockages in getting essential works completed).

The Building Safety Regulator has published guidance on staged applications and the criteria for validating, approving or rejecting applications. Government has also legislated to move the building safety functions from the Health and Safety Executive to a newly created arms-length body. MHCLG extended the government remediation funding (the Building Safety Fund and Cladding Safety Scheme) to social landlords in the Spring Spending Review. They also published a Code of Practice for the remediation of residential buildings in April 2025.

## 6.4 Transfer Slab Issue

The Building Safety Regulator (BSR) has made landlords and building owners and Managers aware of a potential structural safety issue affecting reinforced concrete buildings constructed with 'transfer slabs'.

The BSR are working with industry experts and the Ministry of Housing, Communities and Local Government (MHCLG) to better understand the extent of the risk, and how the risk can be identified and managed proportionately in existing buildings.

They are issuing this information to enable building owners to take proportionate steps to manage the safety of their buildings.

An initial review, including advice from a structural engineer has indicated the building types we manage are highly unlikely to be constructed using this method. We will of course complete this review and inform relevant committees and the board of the outcome.

#### 6.5 Electrical Safety Testing.

The Regulator for Social Housing published its decision statement on the requirements for social housing providers around electrical safety testing, and the accompanying guidance. The Regulator is currently consulting on a new TSM for electrical safety testing as part of the above-mentioned consultation (point 1.24). Subject to the consultation, the Regulator intends to introduce the TSM in – or before – June 2026, so it can be reported as part of the TSMs covering the 2026/27 year.

This measure is designed to monitor compliance with new, stricter electrical safety regulations for social housing, which align with requirements already in place for the private rented sector.

#### 6.6 Warm Homes Fund

The Government has announced its new Warm Homes Plan. The launch of the plan, support by £15 billion of investment, aims to help millions of families benefit from solar panels, batteries, heat pumps and insulation that can cut energy bills.

This will also form a plan for all types of households, with targeted interventions for those on low incomes; upgrades for social housing; new protections for renters; and a universal offer for all households to upgrade homes if and when they want to.

The fund will help lift up to one million families out of fuel poverty and tackle long term energy costs, following the government's intervention to take an average of £150 of costs off energy bills for all families this April.

A third of the £15bn public funding is allocated to schemes for low-income and fuel-poor households. This breaks down into £4.4bn of direct capital grants (such as the ongoing Warm Homes: Social Housing Fund and Local Grant), plus £600m from a new Warm Homes Fund for loans and investments to help social landlords make their retrofit programmes go further.

The remaining £10bn breaks down as follows: £2.7bn will go to the Boiler Upgrade Scheme for heat pumps, £2bn to zero and low-interest loans for consumers, £2.7bn to investments and loans in the retrofit sector, £1.5bn to devolved governments and £1.1bn to heat networks.



We will be reviewing this closely and working with partners, to see what opportunities we can realise for the councils housing stock and to assist their tenants. Furthermore helping to achieve energy efficiency requirements by 2030.

6.7 New National Homelessness and Rough Sleeping Strategy – A National Plan to End Homelessness

Aim: Make homelessness rare, brief and non-recurring

Pillars :

Universal Protection

Targeted Prevention

Preventing Crisis

Emergency Response

Recovery and Stability

Local authorities must review, align and publish local action plans to deliver on the above and have local targets for the metrics in the national strategy including; children in TA/B&B, % prevention, % relief, support needs, rough sleeping number.

6.8 Homeless Prevention, Rough Sleeping and Domestic Abuse Grant

MHCLG have changed the way homelessness grant funding is allocated. they have brought together 3 previously separate funding allocations into 1 settlement and granted amounts annually as a 3-year settlement. St Leger Homes have bid for some growth funding via CDC to improve proactive and front-end prevention work to meet the Governments and Doncaster's objectives around reducing crisis and use of temporary accommodation.

6.9 Competence and Conduct Standard

This requirement was announced as part of the Housing Green Paper 'A better deal for social housing tenants'. The Government have recently announced that it will come into force in October 2026 with a transition period. Requirements centre around levels of relevant qualification for certain officers, professionalism, values and competency frameworks.

- **Ensure staff competence:** all relevant staff must have the skills, knowledge, experience, and behaviours needed to deliver good quality housing services
- **Hold contractors to account:** providers must take steps to ensure staff employed by their service providers also meet this competence and conduct requirement
- **Adopt a written policy:** setting out how they will support learning and development, appraise performance, and address poor performance across their workforce
- **Embed a code of conduct:** adopt or develop a code for relevant staff, ensure it is understood and applied across the organisation, and keep it current
- **Enable tenant influence:** give tenants meaningful opportunities to shape and scrutinise both the competence policy and the code of conduct, and make these accessible, up to date, and fit for purpose

- **Meet qualification requirements:** ensure senior housing managers and senior housing executives hold (or are working towards) an approved housing management qualification and take steps to ensure that service providers' relevant managers do likewise.

Our L&OD team are currently developing our plans to meet the standard by October 2026 and have plans in place where there are gaps to deliver within the transition period. For providers with 1,000 homes or more the transition period is three years

## 7. Operational issues

### 7.1 2026/27 Budget Update

As with previous years, the financial position for the Council's Housing Revenue Account (HRA) and General Fund (GF) remain incredibly tight over the next four years and demand for all services continues to increase. There are pressures across a large number of budget lines and for the HRA these include, among others:

- Requirements following legislative changes, eg Awaab's Law, waste disposal, gas and electrical audit checks;
- Additional repairs arising from ongoing Stock Condition Surveys;
- Fleet vehicle replacement;
- Increasing high rise maintenance; and
- Employee Health surveillance.

As well as pressures, Budget Holders were again tasked with, and identified, cost savings and these will partially offset some pressures, but overall resources will be limited and robust budget management will again be required.

The vast majority of our income comes from the management fee we receive from the HRA which in turn is driven by rents and CPI, the latter being 3.8% in September 2025. Rents can therefore be increased by 4.8% (CPI+1%) and this improves the HRA financial position in the medium to long term.

For the management fee there is no savings target for this source of income in 2026/27, as savings in the management fee are now based on reductions in stock numbers, and there was no budgeted decrease in stock numbers for 2025/26. We are currently scrutinising all of our budgets in order to set a balanced budget for 2026/27.

We are waiting for confirmation of our management fee budgets as part of the Council's budget approval process and these will be approved by City of Doncaster Council on 26 February 2026. Approval of SLHD budgets is an agenda item for the Board meeting on 2 April 2026.

## 7.2 Repairs Excellence – Next Phase

A new action plan has been developed and approved by Executive Management Team. The preparation is underway with commencement of many of the actions during January 2026. There are several elements to this, however the primary function is meeting the Consumer Standards.

Other aims include strategies to reduce the volume of emergency and urgent jobs that impact on existing appointments, reduce complaints, improve productivity and improve satisfaction. Periodic updates on progress will be presented at Customer and Performance Committee meetings.

## 7.3 Stock Condition/Visited Property Update

By way of an update in addition to the periodic asset reports. Following completion of the 2025 stock condition programme, a review of the properties that still had not received a visit in the last 5 years was undertaken. As part of this review, an assessment of not only stock condition surveys, but also compliance and 'Keeping in Touch' visits was also considered. It is pleasing to report that there are only 15 properties that had not had a visit from either a stock condition survey, compliance or Keeping in Touch visit. The teams are now working together to arrange visits to these remaining properties.

## 7.4 Secure Tenancy Agreement

The new tenancy agreement went live on 1<sup>st</sup> February 2026 with very few issues and will provide a robust platform for managing tenancies going forward. A plan is underway to deliver comprehensive engagement and communication to tenants as part of the implementation – a video is being developed with various different chapters called 'My Tenancy'.

## 7.5 Allocations Policy

Discussions are underway with CDC regarding the review of the allocations policy on the back of the Homelessness Review and the new Government Homelessness Strategy. Board will be kept fully abreast of developments.

## 7.6 Safeguarding Update

There have been 181 safeguarding cases received in Q3 of 2025/26, which is an increase of 31% (or 58 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.

Harassment, Threats, Intimidation (including physical violence)	52
Drug Related	45
Safeguarding Adults	43
Fleeing Violence	16
Domestic Abuse	8
Safeguarding Children (General)	7

Hate Related	5
Hoarding	4
Animal Attack	1

St Leger Homes, ASB & Safeguarding Team continue to work with partners to deliver a community collaborative response to ensure we not only safeguard our customers but also our communities.

#### 7.7 EDI Update

Attached at Appendix A is the quarterly EDI dashboard for quarter 3. This report shows that we have seen a slight decrease (0.3%) in the disclosure of data from customers. There have been slight increases in customers disclosing they have mental health issues, an increase in customers from the LGBTQ+ community and an increase in customers from Minority Ethnic Backgrounds. Work continues through DataSMART Group to increase customer disclosure and explore barriers to disclosure.

There has been a decrease in colleague representation figures this quarter, influenced in part by fluctuations in the overall workforce size and lower levels of recruitment during the period. The biggest reduction was seen in applicants from diverse backgrounds, which decreased by 8.22%. The Recruitment Project Group is already progressing work to attract colleagues from a wider range of backgrounds, and further initiatives to strengthen the retention and support of these colleagues are now being developed.

#### 7.8 Homelessness Partnership Forum – 29<sup>th</sup> January 2026

CDC are delivering a Doncaster wide Homelessness Partnership Forum led by CEO, Damian Allen. Jane Davies will be presenting and will talk about the new national strategy, the local position, challenges and next steps.

### 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 3 2026



## Employees

% responses are based on employees that answered the question

### In a Minority Ethnic Group

719 of 900 chose to answer this, 26 identified as BAME in Q3

Q2 3.44%  
Q3 3.62%

### With a disability

604 of 900 chose to answer this, 31 identified with having a disability in Q3

Q2 5.25%  
Q3 5.13%

### Who Identify as LGBTQ+

667 of 900 chose to answer this, 27 were LGBTQ+ in Q3

Q2 4.04%  
Q3 4.05%

### Applicants from minority backgrounds

27 of 173 applicants for all available posts in Q3

Q2 23.82%  
Q3 15.60%

### Ethnic & LGBTQ+ Representation Target

To ensure that we are working towards being representative of the borough we work in, targets have been set to be equal to or greater than the borough average

	Ethnic		LGBTQ+	
Borough:	6.9%		2.6%	
Employees:	3.62%		4.05%	
Customers:	9.45%		1.85%	

## Customers

% Responses are based on all active customers(single and joint) at the end of Q3 23936 who answered the question

### Insight Information captured for active single and joint lead tenancies

Q2 84.8%  
Q3 84.77%

### With communication needs

Q2 1.99%  
Q3 1.98%

### From minority ethnic backgrounds

Q2 9.22%  
Q3 9.45%

### Who Identify as LGBTQ+

Q2 1.79%  
Q3 1.85%

### With mental health issues

Q2 6.52%  
Q3 6.6%

### With disabilities

Q2 19.28%  
Q3 19.15%

### Age as a %

Colleagues 55 and Above 27.13%

### Customer complaints: EDI

Protected Characteristics

1

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England.

Company Number 05564649

## **BOARD Meeting REPORT**

**Date** : 05 February 2026

**Item** : 05

**Subject** : Housing and Neighbourhood  
Management Policy

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

**Prepared by** : Jayne Hurley, Head of Housing  
Management

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

**Recommendation:** That Board approve the new new  
Housing and Neighbourhood Management Policy.



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

**Agenda Item No. 05  
Date:05 February 2026**

**1. Report Title**

**1.1 Housing and Neighbourhood Management Policy**

**2. Executive Summary**

2.1 This report presents the new Housing and Neighbourhood Management Policy for approval. The policy replaces the former Housing Management Policy and reflects significant updates resulting from:

- The Tenancy Agreement Review (2025)
- The City of Doncaster Council (CDC) Tenancy Strategy 2025
- Strengthened national consumer regulatory requirements
- Feedback from tenant engagement, complaint analysis and service reviews
- Integration of neighbourhood management functions not previously contained within the housing management framework
- Integration of the new Respect Standard aligning to the new SLHD CORE Values and the new co-created Good Neighbourhood Charter.

The new combined Policy sets out a clearer, more customer-centred approach to delivering high-quality housing and neighbourhood services.

It also places greater emphasis on prevention, early intervention, tenant responsibility, respect and community cohesion.

**3. Purpose**

3.1 To set out the new Policy and gain Board approval so the Policy can be implemented with immediate effect. The new Policy is attached at **Appendix 1**.

3.2 The Policy defines how SLHD manages its homes, estates and customer relationships, outlining the processes, behaviours and neighbourhood standards required to create safe, clean and inclusive communities.

3.3 The Policy is now structured into two clearly defined and detailed sections. The first section focuses on Housing Management, setting out SLHD's approach to tenancy management, tenancy sustainment, compliance, and the rights and responsibilities of tenants. The second section covers Neighbourhood Management, outlining how SLHD maintains safe, clean,

and well-managed estates, supports positive neighbour relations, and responds proportionately to low-level concerns such as household noise, lifestyle differences, and environmental issues. Together, these two sections provide a coherent and integrated framework that brings clarity, consistency, and improved service alignment across all areas of housing and neighbourhood related activity.

#### **4. Recommendation**

- 4.1 That the Board approve the new Housing and Neighbourhood Management Policy.

#### **5. Background**

##### **5.1 Previous Position**

Until now, SLHD operated under a standalone Housing Management Policy, which largely focused on tenancy-related requirements such as garage allocations, tenancy sustainment, tenancy changes, estate issues, anti-social behaviour, safeguarding and tenancy enforcement.

Neighbourhood management activities (e.g. grounds maintenance, communal areas, estate walks, noise expectations, community engagement) were not formally captured within a single policy framework. This created inconsistency and limited alignment with regulatory expectations.

In mid-2025, SLHD introduced separate, standalone policies for both Anti-Social Behaviour (ASB) and Safeguarding. Consequently, all references to ASB and Safeguarding were removed from the Housing Management Policy at that time.

##### **5.2 Drivers for Change**

###### **a) Tenancy Agreement Review (2025)**

CDC / SLHD completed a full review of the Secure and Introductory Tenancy Agreements in 2025.

This then required SLHD to:

- Align policy content with new and amended tenancy clauses on noise, lifestyle differences, communal areas, access requirements, pets, infestations, mobility scooters, parking, garden responsibilities, fire safety, compliance and enforcement.
- Provide clearer expectations for tenants and leaseholders regarding daily living behaviours.
- Strengthen compliance processes relating to safety, access, and tenancy conditions.

## **b) CDC Tenancy Strategy 2025**

The 2025 CDC Tenancy Strategy set out revised local authority expectations for:

- Tenancy types
- Use of secure lifetime and fixed-term tenancies
- Succession of tenancies
- Occupancy standards
- Affordability considerations
- Support for vulnerable tenants and Armed Forces Veterans

The new policy fully reflects these strategic requirements and replaces out-of-date tenancy guidance contained in the former Housing Management Policy.

## **c) National Policy and Regulatory Changes**

Recent updates to the regulatory framework, particularly the Social Housing (Regulation) Act and new Tenant Satisfaction Measures (TSM's) require landlords to strengthen:

- Transparency
- Consumer standards compliance
- Customer satisfaction
- Neighbourhood safety
- Tenant engagement
- Responsiveness to estate-based issues

This Policy integrates these requirements.

## **d) Integration of Neighbourhood Management**

The new Policy formally incorporates:

- The new co-created Good Neighbourhood Charter (detailed at appendix 4 of the new Policy)
- The new co-created Respect Standard (detailed at appendix 3 of the new Policy)
- Expectations for everyday behaviour (e.g., household noise, lifestyle differences, parking)
- Estate management responsibilities
- Grounds maintenance and arboriculture requirements
- Access, safety compliance, and communal area standards

Neighbourhood management is positioned as a core part of SLHD's responsibility and as such is now reflected within the new Policy.

## **6. Summary of Key Changes to the new policy**

- 6.1 The new Housing and Neighbourhood Management Policy sets out how SLHD will deliver its responsibilities by providing a clear, consistent, and a customer-centred framework of how it manages its homes, neighbourhoods, and communities.

The following key changes distinguish the new Policy from the former Housing Management Policy:

### **6.2 Procedural Changes**

This Policy now brings together all aspects of tenancy management and Neighbourhood Management into one unified document, replacing the former Housing Management Policy.

It provides a more comprehensive and modern customer framework by introducing clearer language and structure, making the policy more clearer to both tenants and partners.

### **6.3 Alignment to the 2025 CDC Tenancy Strategy**

The Policy now includes:

- Updated information relating to tenancy types (secure, introductory, fixed-term, licences).
- Revised rules on joint tenancies, successions, assignments, and exchanges.
- Strengthened guidance on fixed-term tenancy reviews, vulnerability considerations and renewal criteria.
- Clearer processes for ending tenancies (sole, joint, deceased, abandoned).
- Power of Attorney and Termination of Tenancy

### **6.4 Changes resulting from the Tenancy Agreement Review**

- New or strengthened Policy sections now reflect changes to the tenancy agreement:
- Expectations for everyday noise and lifestyle differences.
- Communal area regulations and fire safety requirements.
- Parking, boundary, and garden responsibilities.
- Mobility scooter storage and charging arrangements.
- Enhanced rules on pets and animal-related nuisance.
- Revised infestation management standards.
- Reinforced access obligations for compliance checks (gas, fire, electrical, asbestos).

## **6.5 Neighbourhood Management Enhancements**

The Policy introduces:

- Clear expectations for tenants under the Good Neighbourhood Charter.
- Enforcement approach to low-level issues separate from ASB.
- New decision-making matrix for noise, neighbour disputes, and lifestyle clashes.
- A strengthened estate management framework, including estate walks, mystery shopping, caretaker inspections, and environmental standards.
- Updated garage management section, including use, allocation, and enforcement rules.
- Arboriculture and grounds maintenance provisions aligned with CDC SLA agreements.

## **3.5 New Focus Areas**

- Recognition and support for Armed Forces Veterans.
- Power of Attorney and Termination of Tenancy
- Strengthening the Tenancy Sustainability model and early intervention approach.
- Establishing the Access Team to improve compliance visit entry rates.
- Enhanced enforcement framework for tenancy breaches and community safety.
- Integration of the Respect Standard to tackle stigma, support fairness and inclusion.

## **7. Procurement**

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

## **8. Value for Money (VFM) Considerations**

8.1 Delivering efficient and effective tenancy and estate management ensures Value for Money by maximising service impact, reducing avoidable costs, and supporting sustainable outcomes for tenants and neighbourhoods.

## **9. Financial Implications**

9.1 There are no financial implications within this new Policy in that no additional budget pressures are forecast.

The Policy strengthens:

- Rent collection processes
- Void turnaround standards
- Enforcement outcomes

- Neighbourhood efficiency

## **10. Legal and regulatory Implications**

10.1 The legal and regulatory implications of this policy are that it now:

- Aligns fully with the Housing Act 1985, Localism Act 2011 and the Building Safety Act 2022, ensuring compliance with key statutory duties.
- Meets City of Doncaster Council's strategic requirements and tenancy framework set out in its Tenancy Strategy 2025, supporting consistent, lawful and accountable service delivery.
- Strengthens compliance with the new consumer standards and Tenant Satisfaction Measures, ensuring the policy reflects current regulatory expectations and sector-wide best practice.

## **11. Risks and opportunities**

11.1 There are no specific risks associated with this Policy. The introduction of the revised Policy mitigates the following risks:

- Lack of alignment with tenancy agreements
- Regulatory non-compliance
- Inconsistent or uneven service delivery
- Increased complaints relating to noise, lifestyle differences, and neighbourhood disputes

The Policy also creates several positive opportunities, including:

- Strengthening community cohesion through the Policy, the Respect Standard, and the Good Neighbourhood Agreement
- Reducing ASB through earlier, proactive intervention
- Improving tenant satisfaction and performance against Tenant Satisfaction Measures
- Enhancing estate management and creating safer, better-maintained neighbourhoods
- Building trust through greater clarity, transparency, and consistency

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

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

## **13. IT Implications**

13.1 There are no IT implications associated with this Policy.

## **14. Consultation**

- 14.1 Heads of Service, Service Managers, and Legal Services, Corporate Resources, CDC have been consulted on this new Policy and positive feedback has been received.
- 14.2 Extensive consultation was undertaken in December 2025 to ensure the Housing and Neighbourhood Management Policy reflects the views, priorities, and lived experiences of tenants and customer representatives. Consultation was carried out through the One Voice Forum (OVF) and the Get Involved Group (GIG), using both a formal presentation and a structured survey.
- 14.3 **One Voice Forum (OVF)**  
The draft Policy was presented to the OVF on 18 December 2025, providing members with an opportunity to review and comment on the new combined approach to housing and neighbourhood management.

Members were invited to provide feedback on the clarity, practicality, and relevance of the policy content. The OVF session formed a key part of the policy's customer-engagement process and reinforced the importance of ensuring tenant needs and expectations are reflected in the final version.

14.4 **Get Involved Group (GIG)**

GIG members received a detailed consultation survey on 11 December 2025, along with the full draft policy.

The survey asked members to comment on:

- The clarity of tenancy types and tenancy-related processes
- How easy it is to understand expectations around ending tenancies, property condition and key return
- The clarity of rules around pets and animal ownership
- The effectiveness of the new Neighbourhood Management section, including estate walks, community engagement, and the Good Neighbourhood Charter
- Whether neighbourhood issues such as parking, communal areas, and grounds maintenance were adequately covered
- The Respect Standard and SLHD's role in addressing stigma
- How well the policy supports vulnerable tenants
- The clarity and fairness of reporting and resolution processes
- The overall readability and inclusiveness of the policy

14.5 **Key Themes from Customer Consultation**

Feedback gathered through the OVF and GIG processes informed several refinements to the Policy, including:

- Strengthening explanations of tenancy types and responsibilities

- Improving clarity around tenancy-ending processes and property condition standards
- Broadening neighbourhood-focused content, particularly in relation to household noise, communal areas, grounds maintenance, and parking
- Refining the presentation of the Respect Standard and links to tackling stigma
- Ensuring the policy is accessible and written in clear, tenant-friendly language

The consultation reinforced that tenants value visible neighbourhood management, fair and consistent enforcement, and clear communication. Their input has directly shaped the final Policy presented for approval.

Once approved, the final policy will be presented to the One Voice Forum at its meeting in March 2026 to provide feedback on the views expressed in the consultation and to demonstrate how this feedback has been used to shape the Policy.

We will also discuss how any feedback not relevant for the Policy, but equally useful, will be used in other ways.

## **15. Diversity**

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

## **16. Implementation and Communication Requirements**

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

Procedures once finalised will be made available on our intranet.

### **Implementation**

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

#### **Staff Training**

Formal training will be delivered to all Housing Management staff in early February 2026. This training will ensure staff have a clear understanding of the Policy's purpose, scope, principles, and operational requirements, including changes arising from the Tenancy Agreement Review and the



new Neighbourhood Management framework. Attendance at this training will be mandatory for all relevant employees.

### **Service Area Briefings**

To support organisation-wide understanding, Service Managers will arrange targeted briefing sessions with teams across the business, working through each Head of Service. These sessions will highlight how the Policy aligns with and affects specific service areas, ensuring that all SLHD employees, not only those in Housing Management are aware of their responsibilities and how the Policy informs day-to-day operations.

### **Communication and Awareness**

The Policy once approved will be:

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

### **Monitoring and Assurance**

Implementation will be monitored through:

- Direct oversight by the Head of Housing Management and Service Managers
- Supervision, case reviews, and quality checks
- Feedback from staff following training and briefings
- Performance indicators linked to tenancy management, neighbourhood standards, and access compliance

### **Ongoing Support**

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

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

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

## **18. Environmental Impact**

- 18.1 There are no environmental impacts related to this Policy

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

19.1 Jayne Hurley, Head of Housing Management, 01302 862592

## **20. Background Papers**

20.1 The following reports have been used in the development of this Policy:

- **Spotlight Report: Noise Complaints – Time to be Heard (October 2022)** -This is the primary Housing Ombudsman report dealing with low-level noise
- **Follow-up Evaluation Report: Spotlight on Noise Complaints – Time to be Heard (April 2024)** -This report evaluates the sector's progress since the original spotlight and focuses on the development of Neighbourhood Management Policies and reinforces the need to treat household noise separately from ASB, triage correctly, and adopt a "conversation, not confrontation" approach to neighbour disputes. Includes examples of low-level noise interventions.
- **Housing Ombudsman Guidance: Noise Expectations (Landlord Guidance)**. This guidance sets out the Ombudsman's position and expectations for handling household noise.
- **Noise Complaints – Ombudsman Learning Hub & FAQs**. This group of resources supplements the spotlight reports with practical examples and good practice.
- **Update: Spotlight Report on Noise – 2024 Sector Update**. This update includes an extended explanation of the Ombudsman's position on low-level noise.

**Appendix 1** Housing and Neighbourhood Management Policy

**Appendix 2** Equality Impact Assessment

## **Equality Analysis**

**1.Name of Officer Submitting Analysis**

Alison Alcorn

**2.Policy, Strategy or Function**

Housing and Neighbourhood Management Policy

**3.Service Area or Directorate.**

Housing Management

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

Jayne Hurley, Alison Alcorn, Jennie Daly, Karl Chapman

**5.Date of Equality Analysis.**

2025-12-01

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

It is a service policy It also has elements of:

Operational Policy – as it guides day-to-day management of tenancies and estates.

Customer-Facing Policy – since it directly affects residents' experience and engagement.

This means the EIA should consider accessibility, fairness, and inclusion in service delivery

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

This policy will affect, colleagues, tenants, partners and stakeholders

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

This will help colleagues, tenants, partners and stakeholders

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

No adverse implications have been identified.

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

Evidence for this policy includes extensive consultation with tenants and colleagues. We have co-produced the Respect Standard and the Good Neighbourhood Charter in partnership with both groups, ensuring their views shaped the final approach. Feedback was gathered through tenant panels and staff engagement sessions, and no adverse impacts were identified.

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

The policy is expected to have a positive impact on ethnic minority customers by promoting inclusion, respect, and equal access to services. Consultation with diverse tenant groups has

informed its development, and no negative implications have been identified.

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

The policy is expected to have a positive impact on disabled people by promoting accessibility, respect, and equal service provision. No adverse implications were identified during consultation, and ongoing monitoring will ensure reasonable adjustments are made where required.

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

The policy is expected to have a positive impact on older people by promoting safe, well-maintained neighbourhoods, respect, and accessible services. No adverse implications were identified during consultation, and ongoing monitoring will ensure age-related needs are met.

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

The policy is expected to have a positive impact on people who are pregnant or on maternity leave by promoting safe, well-maintained homes and inclusive services. No adverse implications were identified during consultation, and reasonable adjustments will be made where required.

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

The policy is expected to have a positive impact on LGBTQ+ customers by promoting respect, inclusion, and safe neighbourhoods. No adverse implications were identified during consultation, and measures are in place to prevent discrimination and support equality.

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

The policy is expected to have a positive impact on people of all religions and beliefs by promoting respect, inclusion, and safe neighbourhoods. No adverse implications were identified during consultation, and measures are in place to ensure cultural and religious needs are respected.

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

The policy is expected to have a positive impact on people of all genders by promoting equality, respect, and safe neighbourhoods. No adverse implications were identified during consultation, and measures are in place to address gender-specific needs where required

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

The policy is expected to have a neutral to positive impact on people regardless of relationship status. It promotes fairness and inclusion, and no adverse implications were identified during consultation.

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England.

Company Number 05564649

## **BOARD Meeting REPORT**

**Date** : 05 February 2026

**Item** : 06

**Subject** : Gypsy & Travellers / Residential Site Policy

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

**Prepared by** : Jayne Hurley, Head of Housing Management

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

**Recommendation:** That Board approve the new Gypsy & Traveller / Residential Site Policy.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 06  
Date: 05 February 2026**

**1. Report Title**

- 1.1 Gypsy & Traveller / Residential Site Policy

**2. Executive Summary**

- 2.1 This report outlines the development of a new Gypsy and Traveller/ Residential site policy, designed to ensure a consistent, fair and lawful approach to meet the accommodation needs of the Gypsy and Traveller/ residential communities.
- 2.2 The introduction of this new policy aligns with national planning policy requirements, the Equality Act 2010 and our duty to promote inclusion, community cohesion, and access to appropriate services for all residents.

It also responds to identified gaps in current service provision, growing local demand, and the need for clear framework to manage site applications, occupation and site management responsibilities.

**3. Purpose**

- 3.1 To set out the detail of the new Gypsy & Traveller / Residential Site Policy and gain Board approval so the policy can be implemented with immediate effect.

**4. Recommendation**

- 4.1 That the Board approve the new Gypsy & Traveller / Residential Site Policy.

**5. Background**

- 5.1 Local authorities have a statutory duty under the Housing Act 2004 to assess and plan for the accommodation needs of Gypsies and Travellers, this includes ensuring that sufficient and appropriate sites are identified and made available.
- 5.2 The Equality Act 2010 places a legal duty on public bodies to advance equality of opportunity and eliminate discrimination, which includes recognising and responding to the cultural needs of Gypsy and Traveller communities, who are legally recognised ethnic groups.  
The draft policy is underpinned by legislation such as:

- Mobile Homes Act 1983 (as amended)
- Housing Act 2004 (Sections 225 and 226)
- Equality Act 2010, recognising Romany Gypsies and Irish/Scottish Travellers as protected racial groups.

## **6. Our approach to towards Gypsy, Traveller & Residential sites**

- 6.1 This policy sets out how SLHD will manage 4 Gypsy and Traveller Sites and 3 Residential sites on behalf of the City of Doncaster Council (CDC).
- 6.2 The new policy sets out how we will deliver our responsibilities, and our approach has been guided by a commitment to fairness, legal compliance and evidence-based decision making. The policy has been shaped to reflect both local and national guidance, while also recognising the lived experiences of the Gypsy and Traveller communities
- 6.3 This proactive and structured approach will ensure the new policy will be both operationally practical and strategically aligned with the Council's wider objectives around housing need, inclusion and community wellbeing.

## **7. Policy Overview**

### **7.1 Site Management and Tenancy oversight**

These sites are managed under General Fund services, which means they are subject to different financial controls and reporting mechanisms than HRA-funded housing. SLHD employs two dedicated Gypsy, Traveller and Residential Site Officer who oversee tenancy management and site maintenance across several locations as detailed in the new policy.

The officers support tenants in sustaining their tenancies, enforces tenancy conditions using legal tools where necessary, and ensures that pitch allocations are conducted transparently in line with the DMBC Pitch Allocation Policy.

### **7.2 Site Maintenance and Health & Safety**

SLHD conducts regular estate walks and inspections to proactively identify and resolve health and safety issues. Sites are maintained to be clean, safe, and sustainable. Officers also complete risk assessments and make safeguarding referrals for vulnerable individuals as needed.

### **7.3 Income Management**

The policy supports effective income management, with officers working to maximise rental income and recover arrears in line with SLHD operational procedures rent is collected in accordance with SLHD's income management procedures and in line with their requirements of the mobile homes act 1983 and other relevant legislation by supporting tenants in maintaining payment plans.



7.4 Antisocial Behaviour

SLHD is committed to creating and sustaining safe, inclusive, and well managed Gypsy and Traveller residential sites. We take a balanced approach to ASB, FOCUSING ON PEREVENION, early intervention, support and enframement.

7.5 Safeguarding and Vulnerability

Officers identify vulnerable individuals and complete risk assessments, making referrals to relevant agencies where needed.

7.6 Legal and Regulatory Compliance

It reflects obligations under the Mobile Homes Act 1983, Housing Act 1985, and Equality Act 2010, ensuring that SLHD meets its statutory duties while promoting equality and inclusion

7.7 Fire Safety

Fire safety measures for Gypsy and Traveller residential sites include compliance with space standards and installation of fire breaks, ensuring safe separation between units. These requirements are fully integrated into the Health & Safety inspections we are currently undertaking to maintain compliance and protect residents.

7.8 Repairing responsibilities

The Gypsy and Traveller site plots are in our Planned programmed maintenance (PPM). SLHD have no plot responsibilities in the residential sites, only to maintain the Shower blocks and laundrette facilities on these sites. SLHD also check the electrics within the blocks every 5 years and the hook up connections annually.

7.9 Investment and Modernisation

The policy supports ongoing investment in site infrastructure to ensure that accommodation is modern, safe, and fit for purpose. This includes planned improvements to amenity blocks and site facilities.

**8. Procurement**

8.1 There are no procurement implications contained within this new policy.

**9. VFM Considerations**

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

**10. Financial Implications**

10.1 There are no financial implications within this new Policy.

**11. Legal Implications**

- 11.1 Legal implications of this policy are to adhere to legislation contained in the Equality Act 2010 as well as housing legislation including the most recent Social Housing Regulation Act 2024.

## **12. Risks**

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

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

- 13.1 There are no health, safety and compliance implications associated with this policy.

## **14. IT Implications**

- 14.1 There are no IT implications associated with this policy.

## **15. Consultation**

- 15.1 The Local Authority originally had a duty to consult with Gypsy and Traveller communities when developing a certain policy particularly related to housing and planning which was initially outlined in section 225 of the Housing Act 2004.

Section 124 revises section 8 of the Housing Act 1985, which deals with the duty of the LHA to conduct periodic reviews of housing needs and revokes sections 225 and 226 of the Housing Act 2004 (which deal with the duty of LHA's to carry out assessments of the accommodation needs of Gypsies and Travellers in their area when carrying out a review under section 8).

The duty is extended to require LHA's to consider the needs of people residing in or who may wish to reside on sites where caravans can be stationed.

The duty is to consider the needs of people, this section does not specifically say consult, which would be explicitly required. It must be noted that the courts do place a high bar to imply consultation, and we take on the burden and legal responsibilities and potential challenges if we decide to voluntarily consult.

The duty to consult is not required as the law does not provide for it to be necessary, simply to consider the needs of people.

- 15.2 As there is no statutory requirement to consult externally on the Gypsy and Traveller / Residential Policy. However, in line with our commitment to transparency and collaborative working, the draft policy has been shared with Heads of Service (HoS) for internal review and comment.

Feedback received has been constructive and has informed several refinements to the policy. Notably, HoS colleagues requested clearer

distinctions between residential site customers and gypsy and Travellers, which has now been incorporated. Additional suggestions included strengthening the safeguarding section, clarifying enforcement procedures and ensuring alignment with the allocations Policy and wider SLHD frameworks. These contributions have helped shape a more robust policy document.

## **16. Diversity**

- 16.1 The Policy ensures all customers will be treated fairly, and reasonable adjustments made to tailor our services as required for customers and vulnerable customers. This policy recognises the distinct cultural traditions, values, and lifestyles of these communities and aims to support their rights.

## **17. Communication Requirements**

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

Specific procedures once developed will also be made available on our intranet.

## **18. Equality Analysis**

- 18.1 Equality analysis has been carried out with no adverse implications. This is detailed at appendix 2.

## **19. Environmental Impact**

- 19.1 There are no environmental impacts related to this policy

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

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

## **21. Background Papers**

- 21.1 The following reports have been used in the development of this policy:

- **Gypsies and Travellers: Accommodation in England** ( August 2024) provides a detailed briefing covering housing needs, planning policy, site types, and challenges such as homelessness and access to services  
<https://researchbriefings.files.parliament.uk/documents/CBP-10070/CBP-10070.pdf>
- Policy paper Planning policy for traveller sites (Updated 12 December 2024)

<https://www.gov.uk/government/publications/planning-policy-for-traveller-sites/planning-policy-for-traveller-sites>

- Shelter England - Gypsy and Traveller sites  
[https://england.shelter.org.uk/housing\\_advice/gypsies\\_and\\_travellers/gypsies\\_and\\_travellers\\_living\\_on\\_a\\_site](https://england.shelter.org.uk/housing_advice/gypsies_and_travellers/gypsies_and_travellers_living_on_a_site)
- Shelter England – Gypsy and Traveller Sites Protection from Eviction  
[https://england.shelter.org.uk/professional\\_resources/legal/possession\\_and\\_eviction/gypsies\\_and\\_travellers\\_protection\\_from\\_eviction](https://england.shelter.org.uk/professional_resources/legal/possession_and_eviction/gypsies_and_travellers_protection_from_eviction)

Appendix 1 – Gypsy & Travellers / Residential Site Policy  
Appendix 2 - Equality Analysis



## GYPSY & TRAVELLER / RESIDENTIAL SITE POLICY

<b>POLICY TITLE:</b>	<b>Gypsy &amp; Traveller / Residential Site Policy</b>
<b>LEAD OFFICER:</b>	<b>Head of Housing Management</b>
<b>DATE APPROVED:</b>	<b>February 2026</b>
<b>APPROVED BY:</b>	SLHD Board
<b>IMPLEMENTATION DATE:</b>	February 2026
<b>DATE FOR NEXT REVIEW:</b>	February 2029
<b>ADDITIONAL GUIDANCE:</b>	
<b>ASSOCIATED CUSTOMER PUBLICATIONS:</b>	CDC Gypsy & Traveller Allocations Policy SLHD Repairs and Maintenance Policy SLHD Asset Management strategy Site rental agreements SLHD's Corporate Plan 2024-2029. Domestic Abuse Policy SLHD & CDC CDC Community Safety Strategy CDC Safeguarding Policy CDC Council's Housing Strategy CDC Council's Tenancy Strategy Equality, Diversity and Inclusion Policy Equality and Diversity Strategy SLHD's Compliments, Comments & Complaints Policy SLHD's Vulnerable Persons Policy SLHD Safeguarding Policy
<b>TEAMS AFFECTED:</b>	Housing Management Area Team, Repairs and Maintenance Team, Assets Team, Doncaster Homechoice
<b>THIS POLICY REPLACES WITH IMMEDIATE EFFECT:</b>	New policy

## 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>	February 2026
<b>Date of next review:</b>	February 2029
<b>Responsible Officer:</b>	Head of Housing Management

<b>Version Number</b>	<b>Version Date</b>	<b>Author/Group commenting</b>	<b>Summary of Changes</b>
01	January 2026	Head of Housing Management	Creation of a new policy

Page	Version	Date	Author
Page 1 of 16	1	February 2026	Jayne Hurley

## Policy Creation and Review Checklist

<b>ACTION</b>	<b>RESPONSIBLE OFFICER</b>	<b>DATE COMPLETED</b>
Review of other organisations G&T / Residential Site Policies	Head of Housing Management	June 2025
Equality Impact analysis undertaken through the intranet for all new policies / fundamental changes	Head of Housing Management	25 July 2025
Benchmarking with other organisations who have G&T and Residential sites	Area Housing Services Manager	July 2025
Consultation with CDC Legal Services	Head of Housing Management	July 2025

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



# GYPSY & TRAVELLER / RESIDENTIAL SITE POLICY

## Policy Statement

St Leger Homes of Doncaster (SLHD) is committed to delivering a fair, transparent, and inclusive management service across all Gypsy and Traveller and Residential Sites under its management responsibility. Through this policy, SLHD aims to:

- Promote safe, clean, and well-managed sites.
- Support tenancy sustainability and community cohesion.
- Ensure compliance with legal and regulatory requirements.

## 1. Introduction

1.1 This policy outlines the framework that SLHD uses to allocate pitches– The full allocations policy can be accessed via this link: [Doncaster Metropolitan Borough Council](#) It sets out how tenancies are managed, how site standards are maintained, and how residents are supported to sustain their homes and communities. The policy also describes the approach to repairs, maintenance, and any investment works, ensuring that all aspects of site management contribute to safe, secure, and well-maintained living environments.

1.2 The policy aligns with national legislation including the Mobile Homes Act 1983, Housing Act 1985, and Equality Act 2010, and delivers against the Social Housing Regulator's Neighbourhood and Community Standard. It ensures that all residents regardless of background or lifestyle receive equitable access to services, safeguarding, and tenancy support.

1.3 This policy sets out how SLHD will manage 4 Gypsy and Traveller Sites and 3 Residential sites on behalf of the City of Doncaster Council (CDC) by providing a safe environment for residents and their families by delivering:

- Effective site management – reactive and proactive site maintenance, pitch fee and utility payment management and support, issue resolution
- Advice and guidance about community support services – providing practical local information to residents, directing them to appropriate assistance, liaising with partner agencies
- Appropriate enforcement – management of unauthorised encampments on the sites, debt recovery, licence agreement breaches

Page	Version	Date	Author
Page 3 of 16	1	February 2026	Jayne Hurley



- 1.4 This policy has been developed to ensure that the services delivered are fair, consistent and accessible, and meet the needs of the Gypsy and Traveller communities and Residential site communities.

The key features cover:

- Allocation of pitches: The policy explains how SLHD will support the prioritisation of applicants to ensure that those with a recognised need are given access to register. It sets out in detail the application and eligibility process, how accommodation need is assessed, and how pitches are allocated on CDC owned and managed Gypsy and Traveller Sites. The policy does not cover processes for other types of social housing and accommodation as they are subject to the CDCs Housing allocation policy.
  - SLHD do not hold a waiting list for Residential sites. Residents can sell their homes by advertising and then inform SLHD by completing a New Bill of Sale form. There is no provision requirement in terms of voids, applications or allocations.
  - Site Management: SLHD is committed to providing fit for purpose accommodation that supports improving health and social outcomes for the Gypsy and Traveller and Residential communities. The site management element within this policy supports residents' welfare, includes how pitch fee payments are made, how repairs and maintenance are undertaken, and how to make compliments, comments and complaints.
- 1.5 This Policy must be read in conjunction with the Gypsy and Traveller Allocations Policy and supports the priorities contained in the SLHD's Corporate Plan 2024-2029. The policy also contains a definition of gypsy, traveller and nomadic travellers.
- 1.6 The Gypsy and Traveller Site Agreement and the Residential Site Agreement sets out the rights and responsibilities of both the Landlord and Tenant and ensures services are delivered within the Mobile Homes Act 1983.
- 1.7 SLHD also aims to deliver fairness and equality across all the services we deliver. A full and comprehensive Equality Impact Assessment has been undertaken for this policy.

## 2.Purpose

- 2.0 This policy is to ensure that SLHD through the Pitch Allocation implements an equitable process for offering pitches / and individual utility blocks to the Gypsy and Traveller community and pitches with shared utility blocks for Residential communities and ensures effective management of the sites.

As such SLHD / CDC are committed to:

- Eliminating unlawful discrimination and harassment and promoting equality of opportunity and fairness.

Page	Version	Date	Author
Page 4 of 16	1	February 2026	Jayne Hurley

- Complying with the requirements of all relevant legislation.
- Work in partnership and consultation with the Gypsy and Traveller and the Residential communities to promote understanding and mutual respect, considering the needs and expectations of all communities.
- Allocating CDC pitches in line with the CDC Gypsy and Traveller Allocations policy, fairly and consistently through a transparent, clear and accountable process that ensures the allocation of pitches is based on priority need.
- Ensuring sites are managed effectively and efficiently, protecting the interests of all residents.
- Continuing to work in partnership with other statutory and voluntary agencies to meet the accommodation and welfare needs of the Gypsy and Traveller community and Residential community.

## 2.2 We will deliver the above commitments by:

- Operating a banding scheme for Gypsy and Traveller pitch allocation where applicants are assessed and placed in one of four bands according to their level of need.
- Introducing an asset management approach, through which we will assess site facilities to develop a maintenance and investment plan for each site.
- Providing support, advice and signposting to pitch applicants and residents when needed.

## 3. Definitions

### 3.1 These following definitions ensure compliance with the Equality Act 2010 and are consistent with national guidance and local policy frameworks.

**Gypsy:** Defined under Section 24 of the Caravan Sites and Control of Development Act 1960 (as amended) as:

“Persons of a nomadic habit of life, whatever their race or origin.”

**Traveller:** Recognised under Section 225 of the Housing Act 2004 as:

“Persons with a cultural tradition of nomadism or of living in a caravan, and all other persons of a nomadic habit of life whatever their race or origin.”

This includes:

- Those who have ceased to travel temporarily or permanently due to educational, health, or age-related needs.
- Members of organised groups such as travelling show people or circus people, whether or not they are currently travelling.

Page	Version	Date	Author
Page 5 of 16	1	February 2026	Jayne Hurley

**Nomadic Travellers:** A broader term encompassing individuals or families who maintain a lifestyle involving movement from place to place, often for work, cultural, or familial reasons. This includes those who may no longer travel but retain a cultural identity rooted in nomadism.

#### **4. Policy Scope**

- 4.1 This policy applies to all Gypsies, Travellers, and other nomadic groups and aims to provide a structured, fair, and consistent framework for managing Gypsy and Traveller sites and Residential Sites, in recognition of cultural identity and traditional lifestyles.
- 4.2 The policy provides a clear and consistent framework for managing sites and supporting residents. Its purpose is to ensure fair pitch allocation, uphold tenancy rights, and deliver services such as repairs and safeguarding in line with legal duties.
- 4.3 It promotes equality, community inclusion, and tenancy sustainability while aligning with broader housing and safeguarding strategies. The Policy also supports compliance with national legislation including the Housing Act 2004 and Equality Act.

#### **5. Delivery areas**

##### **5.1 Tenancy and Site Management**

The policy ensures that Gypsy, Traveller, and residential sites are managed in line with SLHD's broader housing policies. This includes tenancy enforcement, rent collection, safeguarding, and site maintenance

##### **Pitch Allocation and Lettings**

It aligns with the Doncaster Council Allocations Policy, ensuring that pitch allocations are transparent, equitable, and prioritised based on need. The process mirrors social housing lettings, including eligibility checks, banding, and local connection criteria

##### **Safeguarding and Vulnerability Support**

The policy commits to identifying and supporting vulnerable tenants, taking appropriate safeguarding actions, and ensuring access to services that promote tenancy sustainability

##### **Legal and Regulatory Compliance**

It reflects obligations under the Mobile Homes Act 1983, Housing Act 1985, and Equality Act 2010, ensuring that SLHD meets its statutory duties while promoting equality and inclusion

##### **Investment and Modernisation**

The policy supports ongoing investment in site infrastructure to ensure that accommodation is modern, safe, and fit for purpose. This includes planned improvements to amenity blocks and site facilities.

##### **Resident Engagement and Community Cohesion**

Page	Version	Date	Author
Page 6 of 16	1	February 2026	Jayne Hurley

The policy encourages resident involvement in site management and promotes good relations between Gypsy and Traveller communities, Residential communities and the wider population.

## **6. Responsibilities of SLHD**

- 6.1 SLHD employees must adhere to the principles set out in this policy. Detailed procedures sit underneath this policy to ensure our workforce deliver services aligned with this policy and in an effective and consistent way.
- 6.2 The Regulator of Social Housing's Neighbourhood and Community Standard requires social housing providers to keep neighbourhoods and communal areas associated with homes clean and safe. This includes Gypsy and Traveller sites where they are part of the provider's housing stock. The standard also requires providers to publish a policy on how they will do this.
- 6.3 The Equality Act 2010 provides a legal framework to protect the rights of individuals and makes discrimination unlawful in relation to nine protected characteristics. The Act establishes a Public Sector Equality Duty (PSED) which applies to public authorities and bodies (such as registered providers) who exercise a public function such as providing, allocating and managing social housing.
- 6.4 The City of Doncaster Council (CDC) Site Agreements clearly set out our expectations and contractual obligations about how our residents should conduct themselves on sites. We will always consider these obligations when enforcement action is being contemplated by considering any vulnerabilities and safeguarding issues.
- 6.5 The overall responsibility for the effective delivery of this policy is with the Director for Housing and Customer Service and the Head of Housing Management. Financial aspects of the Gypsy and Traveller/ Residential sites are reviewed monthly in collaboration with CDC
- 6.6 The Legal Framework detailing the legislation and guidance upon which this policy is based is shown at Appendix 1.

## **7.0 SLDH approach towards the management of Gypsy and Traveller Sites**

- 7.1 There are 3 Gypsy and Traveller (G&T) sites owned by CDC and managed by SLHD in the borough:

- Lands End, Thorne
- Whitetowers, Intake
- Little Lane, Long Sandal

There is also a new age traveller site at Nursery Lane in Sprotborough.

Each site has varying number of plots as detailed below:

Lands' End - 22 plots

Page	Version	Date	Author
Page 7 of 16	1	February 2026	Jayne Hurley

Whitetowers	-	23 plots
Little Lane	-	10 plots
Nursery Lane	-	10 plots

- 7.2 Our approach is grounded in fairness, transparency, and resident support. Site management is delivered through dedicated Gypsy & Traveller Officers who provide tenancy support, enforce agreements, and liaise with partner agencies to promote safe, clean, and inclusive communities.
- 7.3 Pitch allocations follow a structured policy aligned with Doncaster Council's housing banding system, ensuring equitable access based on need. SLHD also maintains a clear lettable standard for plots, ensuring they are clean, safe, and ready for new tenants.

## 8. Our approach to Residential Sites

- 8.1 There are 3 Residential sites managed by St Leger Homes in the borough:

- Orange Croft, Tickhill
- Cowhouse Lane, Armthorpe
- Mount Pleasant, Moorends

Each site has varying number of plots as detailed below:

Orange Croft	-	34 plots
Cowhouse Lane	-	20 plots
Mount Pleasant	-	26 plots

- 8.2 In accordance with current legislation, it is not permitted to operate a formal waiting list for residential sites. Residents wishing to sell their homes may do so independently through private advertisement. Once a sale has been agreed, the seller must notify SLHD by completing a 'New Bill of Sale' form. The Gypsy and Traveller Officers will arrange for any new residents to complete a sign-up process for the plot, ensuring all legal and procedural requirements are met. There is no process in terms of voids, applications or allocations.
- 8.3 The plots do not include individual utility blocks but do include a shared utility block.
- 8.4 SLHD takes a proactive and resident-focused approach to managing residential sites, grounded in its mission to create successful, thriving, and sustainable tenancies. This is delivered through its "Support to Sustain" model, which ensures that tenants receive tailored support based on their individual needs, helping them to build confidence and stability in their homes.
- 8.5 SLHD's management approach is underpinned by a robust policy framework that aligns with legal obligations, including the Housing Act 1985, and is designed to be inclusive, fair, and transparent.

Page	Version	Date	Author
Page 8 of 16	1	February 2026	Jayne Hurley

## **9.0 Fire Safety**

- 9.1 Fire safety measures for Gypsy and Traveller residential sites include compliance with space standards and installation of fire barriers, ensuring safe separation between units. These requirements are fully integrated into the Health & Safety inspections we are currently undertaking to maintain compliance and protect residents.

## **10.0 Enforcement**

- 10.1 If a breach of licence has occurred through the identification of an issue for example, arrears in pitch fee payments, the appropriate enforcement action will be taken. This may include formal warnings, support interventions, and where necessary, escalation through the relevant court process to ensure compliance and protect the integrity of the site.

## **11.0 Equality and Diversity**

- 11.1 Romany Gypsies and Irish Travellers are recognised as ethnic groups under the race protected characteristic, against whom discrimination is unlawful under the Equality Act 2010.
- 11.2 As a public sector organisation, we follow the Public Sector Equality Duty (PSED) under the Equality Act to protect individuals from discrimination on the basis of their protected characteristics. These characteristics are age; disability; gender reassignment; marriage & civil partnerships; pregnancy & maternity; race; religion or belief; sex; and sexual orientation. As part of following the PSED, we must have due regard to:
- Eliminating discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act
  - Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it
- 11.3 This policy will demonstrate our commitment to equality and diversity by:
- Ensuring that there is an element of choice in the allocation of pitches where possible and assessing each application on the basis of individual need.
  - Providing appropriate and well-maintained accommodation to Gypsies and Travellers in Doncaster, which respects the culture and traditions of the Gypsy and Traveller communities.
  - Providing advice, support or assistance to anyone from the Gypsy and Traveller community who may have difficulty with the allocation process or other site matters due to any protected characteristic that might make it harder for them to access our service.

Page	Version	Date	Author
Page 9 of 16	1	February 2026	Jayne Hurley

## **12. Repairing responsibilities**

- 12.1 The G&T site plots are in our Planned programmed maintenance (PPM). SLHD have no plot responsibilities in the residential sites, only to maintain the Shower blocks and laundrette facilities on these sites. SLHD also check the electrics within the blocks every 5 years and the hook up connections annually.
- 12.2 Within the Caravan and sheds electrical and gas compliance is the responsibility of the residents, however SLHD would provide advice as required, regarding responsibilities of the annual gas and electric checks.

## **13. Investment on sites**

- 13.1 In line with the asset management strategy and our wider approach to managing the full portfolio of assets, each site will benefit from a stock condition survey at a minimum interval of every 5 years.
- 13.2 From these surveys, any identified investment needs will be incorporated into future investment plans. The delivery of planned investment will be subject to available capital resources. Planned investment will be focused on maintaining safety and decent homes standards to the site and any communal facilities managed by SLHD. Investment in individual caravans will remain the responsibility of the resident.

## **14. Permission Requests**

- 14.1 Residents must obtain written permission from SLHD before undertaking any structural alterations or additions to their plot or property, including but not limited to porches, decking, fencing, solar panels, or modifications to caravan bases.
- 14.2 Requests will be assessed on a case-by-case basis, considering safety, access, and site layout. SLHD reserves the right to refuse or conditionally approve requests in line with its G&T and Residential Site Policy.

## **15. Violence & Aggression towards staff**

- 15.1 SLHD operates a zero-tolerance policy towards any form of violence, aggression or abusive or offensive language towards our employees, CDC employees, ward members or contractors working on our behalf.
- 15.2 We will take swift action and use the most appropriate tools and powers. Where necessary and appropriate we will share information on potentially violent persons with partners and register on our potentially violent persons database.

## **16. Antisocial behaviour (ASB)**

- 16.1 SLHD is committed to creating and sustaining safe, inclusive, and well managed Gypsy and Traveller residential sites. We take a balanced approach to ASB, focusing on prevention, early intervention, support and enforcement.

Page	Version	Date	Author
Page 10 of 16	1	February 2026	Jayne Hurley

- All residents are made aware of their responsibilities regarding with clear explanations of what constitutes unacceptable behaviour and the consequences of breaches.
- SLHD will use preventative and early intervention measures where possible, including sign posting to support services and encouraging informal resolution where safe and appropriate.
- Where ASB occurs, we will respond in a timely, fair and consistent manner, ensuring a victim centred approach. Enforcement action will be taken where necessary, using the full range of legal and non-legal remedies available, in line with the ASB policy and relevant legislation.

## **17. Safeguarding and Vulnerability**

- 17.1 Our approach to promoting the wellbeing of children, young people, and adults at risk by safeguarding is to implement the SLHD Safeguarding Policy and this should be read in conjunction with this policy. The full definition of safeguarding is detailed at Appendix 2.
- 17.2 All staff will undertake safeguarding training, and we regularly raise awareness across SLHD to ensure that staff remain vigilant to indicators of abuse and neglect.
- 17.3 SLHD are committed to working in partnership to deliver the Doncaster safeguarding agenda. We are a key member of the Doncaster Safeguarding Board and related subgroups. The Boards ensure that there are effective arrangements in place in Doncaster to safeguard children, young people and adults from abuse. We are also members of various statutory panels and groups established to risk manage safeguarding cases, e.g., Multi Agency Risk Assessment Conference, MARAC and the Multi Agency Public Protection Arrangements Panel, MAPPA.
- 17.4 SLHD aim to minimise the potential for abuse and neglect to occur by raising awareness of abuse and its effects and inform our customers on how to keep themselves and others safe by giving appropriate advice and accessing appropriate support. We also publish articles about safeguarding for our residents across our customer media channels.
- 17.5 We highlight the role that local people play in safeguarding and encourage and support members of the community to report suspected abuse either to us or to a relevant agency. We have a single point of contact telephone number, which allows all staff and customers to report safeguarding concerns.

## **18. Complaints Process**

- 18.1 Current and former tenants have the right to make a complaint, this will be handled through SLHD's compliment, comments and complaints procedure. Stage 1 complaints can be made either via the SLHD website or in writing.

## **19. Pest Control**

- 19.1 St Leger Homes of Doncaster are committed to maintaining a safe and comfortable living environment for all residents. Timely reporting of pest-

Page	Version	Date	Author
Page 11 of 16	1	February 2026	Jayne Hurley



related issues helps us to address concerns quickly and prevent infestations, residents must report mice and rat infestations to SLHD, who will arrange CDC inspection. If lifestyle is the cause, residents may be recharged. Other infestations (e.g. cockroaches, fleas, wasps) remain tenant responsibility. St Leger homes of Doncaster hold a contract with CDC to address these issues.

## **20. Fees and Charges**

- 20.1 Proposed changes to any fees and charges will be calculated in line with the requirements and formula set out in the Mobile Home Act 1983.
- 20.2 SLHD is committed to maximising rental income and supporting residents to ensure payment of rent
- Rent is collected in accordance with SLHD's income management procedures and in line with their requirements if the mobile homes act 1983 and other relevant legislation
  - Residents are provided with clear information about their rent obligations including the process for annual rent reviews and how increases are calculated
  - Early intervention is prioritised for residents who fall into arrears, with support offered to maximise income, access benefits, and address underlying issues that may impact payment
  - Where areas persist, SLHD will take proportionate enforcement action, including the use of formal notices and legal proceeding where necessary, always considering vulnerability and support needs before progressing to enforcement

## **21. Monitoring, Compliance and Effective Implementation of the Policy**

- 21.1 We will review this Policy regularly to ensure that it is fair, consistent, and effective and will use feedback from residents' consultation, compliments, and complaints to help inform any revisions.
- 21.2 We will publish this Policy on our website as part of the implementation and make it available to anyone who requests it.
- 21.3 We will comply with the General Data Protection Regulations (Data Protection Act 2018) with regards how we collect and store personal data. We have several privacy notices, and these are published on our website as Privacy Notices. These documents explain how we look after and protect resident's personal information. The documents also outline under what circumstances we will share information without consent. Alongside this we have a number of data sharing protocols with partners outlining the information we will share and the legitimate reasons for doing so:
- Safer Doncaster Partnership Information Sharing Protocol
  - Stronger Families Information Sharing Protocol
- 21.4 SLHD monitor compliance with the policy through our weekly inspection framework, which includes checking the communal laundry room, shower areas, and conducting a general estate walk. All findings are recorded for

Page	Version	Date	Author
Page 12 of 16	1	February 2026	Jayne Hurley

monitoring purposes and for appropriate actions to be identified and completed.

## 22. Background Document/Research:

The following Research has been undertaken regarding the development of this policy:

- **Gypsies and Travellers: Accommodation in England** ( August 2024) provides a detailed briefing covering housing needs, planning policy, site types, and challenges such as homelessness and access to services <https://researchbriefings.files.parliament.uk/documents/CBP-10070/CBP-10070.pdf>
- Policy paper Planning policy for traveller sites (Updated 12 December 2024) <https://www.gov.uk/government/publications/planning-policy-for-traveller-sites/planning-policy-for-traveller-sites>
- Shelter England - Gypsy and Traveller sites [https://england.shelter.org.uk/housing\\_advice/gypsies\\_and\\_travellers/gypsies\\_and\\_travellers\\_living\\_on\\_a\\_site](https://england.shelter.org.uk/housing_advice/gypsies_and_travellers/gypsies_and_travellers_living_on_a_site)
- Shelter England – Gypsy and Traveller Sites Protection from Eviction [https://england.shelter.org.uk/professional\\_resources/legal/possession\\_and\\_eviction/gypsies\\_and\\_travellers\\_protection\\_from\\_eviction](https://england.shelter.org.uk/professional_resources/legal/possession_and_eviction/gypsies_and_travellers_protection_from_eviction)

**This policy should be read in conjunction with:**

- CDC Gypsy& Traveller Allocations Policy
- SLHD Repairs and Maintenance Policy
- SLHD Asset Management strategy
- Equality and Diversity Strategy
- SLHD's Corporate Plan 2024-2029.
- Domestic Abuse Policy SLHD & CDC
- CDC Community Safety Strategy
- CDC Safeguarding Policy
- CDC Council's Housing Strategy
- CDC Council's Tenancy Strategy
- SLHD'S Compliments, Comments and Complaints Policy
- SLHD's Vulnerable Persons Policy
- SLHD Safeguarding policy

Page	Version	Date	Author
Page 13 of 16	1	February 2026	Jayne Hurley

## List of appendices

### Appendix 1

#### Legal Framework

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

- Mobile Homes Act 1983 (as amended)
- Housing Act 2004 (sections 225 and 226)
- Equalities Act 2010
- Housing Act 1985 (section 8)
- Housing and Planning Act 2016
- Housing and Regeneration Act 2008
- Clean Neighbourhoods and Environment Act 2005
- The Homelessness Act 2002
- Human Rights Act 1998 (as amended)
- The Rehabilitation of Offenders Act 1974
- Caravan Sites and Control of Development Act 1960 (section 29)
- Gas safe and IET Wiring Regulation (BS 7671)

### Appendix 2

#### Definition of safeguarding

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

- A child is anyone under the age of eighteen
- A young person is a care leaver, a person who is 18 and over but still receiving children services. For example, a person who is a care leaver with complex needs might be supported by children services until the age of 25.
- An adult at risk (sometimes called vulnerable adult) is someone aged 18 or over who has needs for care and support. Safeguarding applies to adults at risk who are unable to protect themselves from experiencing, or at risk of experiencing, abuse as a result of their care and support needs.

Page	Version	Date	Author
Page 14 of 16	1	February 2026	Jayne Hurley

## **Equality Analysis**

### **1.Name of Officer Submitting Analysis**

Keeley Wybrant

### **2.Policy, Strategy or Function**

G&T Policy

### **3.Service Area or Directorate.**

Housing Management

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

Jayne Hurley

Keeley Wybrant

Claire Trigger

### **5.Date of Equality Analysis.**

2025-07-25

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

Gypsy& Traveller Policy this is a new policy and it's main purpose is to ensure all sites are managed well and kept clean and safe, support tenancy sustainability and ensure compliance with legal and regulatory requirements.

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

G&T Residents

Colleagues

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

G&T Residents

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

Clarification received from legal that consultation is not required - The duty is to consider the needs of people – and does not specify that consultation is required.

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

Gypsies and travellers: accommodation in England

Policy paper planning policy for traveller sites

Shelter England - Gypsy and traveller sites

Shelter England - Gypsy and traveller sites Protection from Eviction

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

Romany Gypsies and Irish Travellers are recognised as ethnic groups under the race protected characteristic, against whom discrimination is unlawful under the Equality Act 2010, they can often face social exclusion, discrimination and poorer outcomes in areas like health, education and housing.

Positives - Access to services, Cultural awareness & Improved representation

Negatives - Mistrust or lack of engagement, risk of stereotyping or generalisation.

12.26% of our customers and 2.71% of colleagues are disabled. What POSITIVE or NEGATIVE impact will there be on those customers once this policy / strategy or service is adopted?

Positive Impacts - Improved accessibility, Reduced barriers for marginalised groups & Increased awareness

Negatives - Invisibility of disability needs, Lack of reasonable adjustments

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

Positive impacts - Greater inclusion and recognition of marginalised groups, Improved outreach and communication - Negative impacts - Digital inclusion, overlooking age specific needs

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

Positive impacts - Targeted support for high need group, Improved Housing stability / Negative Impacts - Barriers to accessing services, Inadequate consideration of pregnancy needs

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

Positive impacts - Staff awareness and training, Promotes inclusion across the board / Negative impacts - Cultural tension, Lack of inclusive language or representation.

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

Positive impact - Recognition of cultural and religious practices, Promotion of respect and understanding

Negative Impacts - Assumptions about belief systems, lack of accommodation for religious practices.

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

**Positive impacts - Encourage inclusive engagement, Recognition of gender diversity**

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

**Positive impacts - Support for families and stable relationships, recognition of diverse relationships**

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2026/27
<b>Action Required:</b>	For information
<b>Item:</b>	07
<b>Prepared by:</b>	Victoria Hunter - Head of ICT & Business Transformation Nigel Feirn - Head of Finance and Business Assurance
<b>Date:</b>	05 February 2026

### 1. Purpose

- 1.1. To provide Board members with the proposed 2026/27:
  - Annual Development Plan (ADP) **Appendix A** ; and
  - Key Performance Indicators (KPIs) **Appendix B**.
- 1.2. These have been prepared following extensive review and discussion by Leadership, Senior Management Team (SMT), SLHD Board at their strategic away day in late 2025 and will be approved by the Mayor at the Mayoral meeting in February 2026.
- 1.3. The 2026/27 ADP proposes a number of key developmental activities or “actions” aligned to the strategic objectives set out in the SLHD Corporate Plan 2024 to 2029.
- 1.4. The ADP or KPIs do not include operational service developments, which are progressed through local Service Delivery Plans, or ‘business as usual’ service delivery.

### 2. Background

- 2.1. The ADP and KPIs have been developed from the new Corporate Plan 2024 to 2029, which aims to deliver our vision of “providing homes in neighbourhoods where people are proud to live” through four strategic objectives over the five-year period:
  - We want to get it right for the people that live in our homes and that work for us;
  - We take pride in what we do and want our tenants to be proud to live in a St Leger home;
  - We want to achieve the best possible individual and organisational performance; and
  - We expect progress, to get things done and change how we do things when there is a better way.
- 2.2. The Corporate Plan sets out actions or plans to be delivered over the five-year period. Each year the actions set out in the original Corporate Plan are reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes. The Annual Development Plan describes the development activity that SLHD plans to undertake in the forthcoming year to improve the services it offers.

- 2.3. Board members discussed the initial draft of the 2026/27 ADP and KPIs at the Strategic Planning Board meeting in November 2025. In the period since, the ADP actions have been amended to reflect the discussions and consultation.
- 2.4. In developing the KPIs, previous years' methodology has been applied for 2026/27, which includes developments within the sector, benchmarking and legislative changes. The Regulator's Tenant Satisfaction Measures (TSMs) were introduced from April 2023 so for 2025/26 all of the TSMs have again been incorporated into the suite of KPIs.
- 2.5. The KPIs are based on the measures of success for SLHD's four strategic objectives.
- 2.6. In summary, there will be 36 KPIs for 2026/27. It should be noted that four KPIs have more than one element to them, for example Stage 1, Stage 2 and Stages 1&2 Complaints responded to within timescale means the Complaints KPI has three measures for the one indicator. As a result, there are 43 separate measures for the 36 KPIs, comprising:
  - 22 TSMs required by Regulator for Social Housing – 10 Management Information and 12 Tenant Perception Survey measures;
  - 17 KPIs which aren't TSMs; and
  - Two KPIs are for SLHD Board only and are workforce related KPIs – employee satisfaction and employee turnover.

### **3. 2026/27 ADP**

- 3.1. The 2026/27 ADP at **Appendix A** contains 13 individual actions relating to the Corporate Plan actions/plans.
- 3.2. As with the current ADP oversight arrangements, progress will be reported to EMT quarterly, and to Board every six months.
- 3.3. Each action has a timescale and a responsible officer, and each action is referenced back to the appropriate Corporate Plan strategy.
- 3.4. It should be noted that the ADP 2025/26 continues to be monitored and following the annual review, any actions that may have slipped could be added to the ADP 2026/27 actions in **Appendix A**.

### **4. 2026/27 KPIs**

- 4.1. There are no new KPIs proposed and none removed for 2026/27, although some of the targets and tolerances have changed to reflect developments within the sector and SLHD operations over the past couple of years.
- 4.2. Discussions have been held with CDC officers about KPI targets for 2026/27 and these are listed on **Appendix B**, which details :
  - approved KPI targets for 2026/27;
  - whether changed or unchanged from 25/26 targets and relevant comments;
  - historical performance where possible including latest Q3 2025/26 position; and
  - TSM reference as appropriate.



- 4.3. The proposed KPI targets remain extremely challenging and would represent exceptional performance in the ongoing, difficult climate. They would also maintain our position of being in the upper quartiles when compared to our peers and other housing providers nationally.
- 4.4. The Internal Audit Programme for 2025/26 includes the third year of the three-year programme to undertake KPI validation work on a rolling programme, and during this time the KPI definitions and calculations have been validated. KPIs will continue to be internally audited on a rolling basis to maintain their validation.

## **5. Recommendation**

- 5.1. That Board is asked to note the ADP and suite of KPIs for 2026/27 in light of the five-year Corporate Plan.

## **6. Appendices**

- Appendix A – 2026/27 ADP
- Appendix B – 2026/27 KPIs (incorporating TSMs and Service Standards)



# **Annual Development Plan**

April 2026 to March 2027

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Providing homes in neighbourhoods where people are proud to live

# Contents

*The project titles in this contents page are links. Simply press Ctrl and click on the title to jump to that page.*

<a href="#">Introduction</a>	Page 2
<a href="#">Last year's ADP</a>	Page 3
<a href="#">Progress Summary</a>	Page 4
<a href="#">Project 1: Implementing Phase 2 of Awaab's Law</a>	Page 5
<a href="#">Project 2: Implementing Phase 3 of Awaab's Law</a>	Page 6
<a href="#">Project 3: Changing service delivery in Property Services</a>	Page 7
<a href="#">Project 4: Customer journey mapping</a>	Page 8
<a href="#">Project 5: Implement RESPECT standard</a>	Page 9
<a href="#">Project 6: Good Neighbourhood Charter rollout</a>	Page 10
<a href="#">Project 7: Embed Stop Stigma initiatives</a>	Page 11
<a href="#">Project 8: Design a data model for SLHD and implement Phase 1</a>	Page 12
<a href="#">Project 9: Review and strengthen HR policies</a>	Page 13
<a href="#">Project 10: Review and strengthen our Homeless Prevention model</a>	Page 14
<a href="#">Project 11: Review the Allocations Policy with CDC</a>	Page 15
<a href="#">Project 12: Digital roadmap</a>	Page 16
<a href="#">Project 13: Co-creation of services</a>	Page 17

## Introduction

The programmes and projects contained within this plan have been identified by SLHD's Senior Management Team as the key areas for development in 2026/27, taking into account legislative changes, sector demands and continuous business improvement.

Each project within these programmes will have workstreams responsible for applying the following principles:

- Embedding our CORE values
- Customer centric design
- Doing the basics brilliantly
- Digitisation of manual processes
- Ensuring value for money
- Getting things right first time
- Minimising the waste in processes
- Tenant influence & Co-development of services

SLHD Board will be updated on progress every six months.

SLHD has a suite of current strategies which also include development work. This work will run in parallel to the Annual Development Plan. These strategies are:

- Asset Management Strategy
- Communication Strategy
- Customer Access Strategy
- DataSMART Strategy
- Environmental Strategy
- Health & Safety Strategy
- Housing Management Strategy
- ICT Strategy
- People Strategy
- Tenant Voice Strategy
- VFM Strategy

## What we delivered in our ADP 2025/26

To be completed Q4

Progress Summary

Programme	Project	Project Sponsors	Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG
Awaab's Law	Implement Phase 2	Christine Tolson – Head of Asset Management				
	Implement Phase 3	Christine Tolson – Head of Asset Management				
Customer Excellence Journey	Changing service delivery to meet customer needs in Property Services	Mark Coogan – Head of Repairs and Maintenance				
	Customer journey mapping	Jayne Hurley – Head of Housing Management				
	Implement RESPECT standard	Jayne Hurley – Head of Housing Management				
	Good Neighbourhood Charter rollout	Jayne Hurley – Head of Housing Management				
	Implement Stop Stigma initiatives	Jayne Hurley – Head of Housing Management				
Data	Design a data model for SLHD and implement Phase 1	Vicki Hunter – Head of ICT and Business Transformation				
Developing our staff	Review and strengthen HR policies	Hannah Ruane – Head of People and Culture				
Homelessness Strategy and Partnership	Review and strengthen our Homeless Prevention model	Mark Steward – Head of Access to Homes				
	Review the allocations policy with CDC	Mark Steward – Head of Access to Homes				
Digital roadmap	Develop a digital roadmap	Vicki Hunter – Head of ICT and Business Transformation				
Tenant Engagement	Design and develop co-creation of services model	Jackie Linacre – Head of Customer Service				

Project 1: Implement Phase 2 of Awaab’s Law

Parent Programme:	Awaab’s Law
Project Justification:	Phase 1 of Awaab’s Law came into force on 27 October 2025. The focus of phase 1 was on all emergency hazards and all significant hazards relating to Damp and Mould. During 2026, phase 2 of the law will be rolled out, which will see the inclusion of further hazard themes (exact themes yet to be confirmed). In 2027, this will be expanded further to include all HHSRS hazard themes excluding overcrowding. SLHD needs to ensure that it is prepared and equipped to meet these changing legal requirements as they are rolled out.
Corporate Plan Aim(s):	<ul style="list-style-type: none"><li>Making sure our homes are safe and free from hazards.</li><li>Achieving the highest standards of building safety and compliance</li></ul>
Project Sponsors:	Christine Tolson, Head of Asset Management
Change Manager:	TBC

Project Actions

Project Phase	Action	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation			
Support and Review			

Project 2: Implement Phase 3 of Awaab’s Law

Parent Programme:	Awaab’s Law
Project Justification:	Phase 1 of Awaab’s Law came into force on 27 October 2025. The focus of phase 1 was on all emergency hazards and all significant hazards relating to Damp and Mould. During 2026, phase 2 of the law will be rolled out, which will see the inclusion of further hazard themes (exact themes yet to be confirmed). In 2027, this will be expanded further to include all HHSRS hazard themes excluding overcrowding. SLHD needs to ensure that it is prepared and equipped to meet these changing legal requirements as they are
Corporate Plan Aim(s):	<ul style="list-style-type: none"><li>Making sure our homes are safe and free from hazards.</li><li>Achieving the highest standards of building safety and compliance</li></ul>
Project Sponsors:	Christine Tolson, Head of Asset Management
Change Manager:	TBC

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation			
Support and Review			



Project 3: Changing service delivery to meet customer needs in Property Services

Parent Programme:	Customer Excellence Journey
Project Justification:	Changing needs and expectations of our customers. Like other sectors, ours can no longer get by with a Mon-Fri, 8-5 offer. Repairs wise our KPIs aren't where we need them to be despite plenty of ongoing effort.
Corporate Plan Aim(s):	To get it right for our customers and staff
Project Sponsors:	Mark Coogan: Head of Repairs and Maintenance
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation			
Support and Review			

Project 4: Customer Journey Mapping

Parent Programme:	Customer Excellence Journey
Project Justification:	In order to ensure that our customers are getting everything they need from us SLHD, we will map the journeys they take through our organisation. These maps will identify pressure and pain points, complaint triggers and many other areas where we can improve.
Corporate Plan Aim(s):	To get it right for our customers and staff
Project Sponsors:	
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation			
Support and Review			

Project 5: Implement RESPECT standard

Parent Programme:	Customer Excellence Journey
Project Justification:	Embedding respect and fairness in all interactions; aligns with consumer regulation and tenant voice. Promoting positive behaviours and community pride; co-designed with tenants for visibility and impact.
Corporate Plan Aim(s):	<ul style="list-style-type: none"><li>To get it right for our customers and staff</li><li>To help build communities, not just houses</li></ul>
Project Sponsors:	Jayne Hurley: Head of Housing Management
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation	Respect Standard - Training content to include lived experience scenarios and tenant feedback		
	Publish standard prominently on website and other appropriate customer channels		
	Q1: Develop training and link to CORE Q2: Deliver sessions; Q3: standard publish online		
Support and Review			

Project 6: Good Neighbourhood Charter rollout

Parent Programme:	Customer Excellence Journey
Project Justification:	Design must be visually appealing and accessible. Include tenant quotes and community photography.
Corporate Plan Aim(s):	To help build communities, not just houses
Project Sponsors:	Jayne Hurley – Head of Housing Management
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation	Include tenant quotes and imagery to make it relatable and impactful.		
	Link rollout to Respect Standard and anti-stigma messaging for consistency.		
	Plan community engagement activities to reinforce the Charter and encourage adoption.		
Support and Review			

Project 7: Embed Stop Stigma initiatives

Parent Programme:	Customer Excellence Journey
Project Justification:	Supporting national Stop Stigma initiative; improving perception and tenant confidence by standing up to stigma
Corporate Plan Aim(s):	To help build communities, not just houses
Project Sponsors:	Jayne Hurley: Head of Housing Management
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation	Align campaign messaging with the national Stop Social Housing Stigma initiative to ensure consistency and credibility.		
	Use tenant-led storytelling and lived experience videos to challenge stereotypes and improve public perception.		
	Integrate the campaign with the Respect Standard and Good Neighbourhood Charter for a unified approach.		
	Promote through multi-channel communication (website, social media, community events) to maximise reach. Measure impact via tenant confidence surveys and engagement metrics (views, shares, participation).		
	Transparency: Publish clear timelines and progress updates so tenants can see how their input shapes decisions.		
Support and Review			

Project 8: Design a data model for SLHD and implement Phase 1

Parent Programme:	Data
Project Justification:	SLHD currently has a vast amount of data, stored in multiple locations, taken from multiple sources and analysed by different resources. In order to become an organisation which can trust its data and use it effectively to make decisions, we must develop a model for mining, storing and analysing data robustly and consistently. Mapping against the cyclical organisation journey – including decency
Corporate Plan Aim(s):	To get it right for our customers and staff
Project Sponsors:	Vicki Hunter: Head of ICT and Business Transformation
Change Manager:	Andrew Gravill: ICT Service Manager To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation			
Support and Review			

Project 9: Review and strengthen HR policies

Parent Programme:	Developing our staff
Project Justification:	The organisation will make HR policies clearer so they are easier for managers to follow; disciplinary and grievance packs for hearing will be made succinct and will contain relevant information; and formal meetings will be held in a timely manner.
Corporate Plan Aim(s):	To get it right for our customers and staff
Project Sponsors:	Hannah Ruane: Head of People and Culture
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation			
Support and Review			

Project 10: Review and Strengthen our Homeless Prevention model

Parent Programme:	Homelessness Strategy and Partnership
Project Justification:	New Homelessness and Rough Sleeping Strategy to be approved 2026
Corporate Aim(s):	To get it right for our customers and staff
Project Sponsors:	Mark Steward: Head of Access to Homes
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including:	To start	
	Scope		
	Roles and Responsibilities		
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation			
Support and Review			



Project 11: Review the Allocation Policy with CDC

Parent Programme:	Homelessness Strategy and Partnership
Project Justification:	New Homelessness and Rough Sleeping Strategy to be approved 2026. (SLHD lead partner on Prevention.)
Corporate Plan Aim(s):	
Project Sponsors:	Mark Steward: Head of Access to Homes
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including:	To start	
	Scope		
	Roles and Responsibilities		
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation			
Support and Review			

Project 12: Develop a digital roadmap

Parent Programme:	Digital Roadmap
Project Justification:	Develop a roadmap to identify the technical functionality we need as a business and a delivery plan, with dates, as to how we will achieve that goal.
Corporate Plan Aim(s):	To get it right for our customers and staff
Project Sponsors:	Vicki Hunter: Head of ICT and Business Transformation
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including:	To start	
	Scope		
	Roles and Responsibilities		
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation	E5 upgrade		
	Compliance Management Solution		
	Customer Portal		
Support and Review			

Project 13: Design and develop co-creation of services

Parent Programme:	Tenant engagement
Project Justification:	Meeting new regulatory standards for inclusive engagement during 2026 by: <div>1. Embedding Tenant Voice: Ensuring tenants are involved from the start through workshops, surveys, and digital engagement platforms</div> <div>2. Inclusive Designing: ensuring Co-creation reflects diversity—considering accessibility, cultural needs, and vulnerable groups</div> Tenant voice is central to shaping services and meeting new regulatory standards. Embedding co-production means moving beyond consultation to genuine collaboration, where tenants and staff work together to design, deliver, and review services. Builds trust and accountability. Improves service relevance and quality. Strengthens compliance with consumer standards and the Respect Standard.
Corporate Plan Aim(s):	To get it right for our customers and staff
Project Sponsors:	Jackie Linacre: Head of Customer Service
Change Manager:	To be assigned

Project Actions

Project Phase	Task	Status	Commentary
Initialisation	Draft Project Brief including: Scope Roles and Responsibilities	To start	
Discovery	As Is process maps (if required)		
	Time and motion surveys (if required)		
	Identify pressure and pain points		
	Gather baseline data		
Design	To Be process maps		
	User stories (if required)		
Implementation			
Support and Review			



St. Leger Homes: Proposed Key Performance Indicators for 2026/27

target met	within agreed tolerance	target not met
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24/25 Peer Group Benchmarking				
2024/25 Outturn	SLHD quartile position 2024/25	Top Quartile 2024/25	Median 2024/25	Bottom Quartile 2024/25
2.76%	Quartile 2	1.90%	2.96%	3.59%
0.96%	Quartile 1	1.11%	1.84%	2.80%
27.4	Quartile 1	39.3	60.5	86.5
28.0	not available			
43%	not available			
68.0 All 58.3 Res.	Quartile 4	31.8	42.7	59.4
7.6 All 6.3 Res.	Quartile 4	4.8	7.3	10.3
75.6 All 64.6 Res	Quartile 4	36.6	50.0	69.7
99.5%	Quartile 1	92.6%	76.4%	67.3%
95.8%	Quartile 2	96.1%	78.8%	56.6%
99.1%	Quartile 1			
5.7%	Quartile 2	5.0%	5.8%	7.1%
95.3%	not available			
82.5%	Quartile 4	98.8%	95.1%	88.5%
68.7%	Quartile 4	89.9%	82.6%	75.7%
73.1%	Quartile 4			
100%	Quartile 1	100.00%	100.00%	99.88%
100%	Quartile 1	100.00%	100.00%	99.21%
100%	Quartile 1	100.00%	100.00%	100.00%

KPI Ref	TSM ref	KPIs	24/25 Outturn	25/26 Q3 YTD	25/26 Targets	26/27 Targets	26/27 Tolerances	26/27 Tolerances	Changes from 25/26 targets - comments
KPI 1		% of current rent arrears against annual debit	2.76%	3.12%	2.95%	2.95%	10%	3.25%	No change
KPI 2		Void rent loss (VRL) % of rent loss through vacant dwellings	0.96%	1.08%	0.80%	0.80%	10%	0.88%	No change. Already challenging target. Performance is upper quartile
KPI 3		Relet time for <u>standard</u> voids (days)	27.4	24.9	25.0	25.0	10%	27.5	No change. Already challenging target. Performance is upper quartile
KPI 4		Number of Nights in Hotel Accommodation	28.0	22.9	21.0	21.0	10%	23.1	No change
KPI 5		Percentage of settled accommodation at prevention stage	43%	52%	50%	52%	10%	47%	Increased
KPI 6a	CH01(a)	Number of stage one complaints per 1,000 homes: 'All' complaints and 'Residents' complaints	68.0 All 58.3 Res.	61.0 All 49.4 Res.	47.0	53.0	10%	58.3	Increased reflecting sector trends. Equates to approx 20 Stage 1 complaints per week
KPI 6b	CH01(b)	Number of stage two complaints received per 1,000 homes:	7.6 All 6.3 Res.	7.1 All 5.8 Res.	3.0	8.0	10%	8.8	Increased reflecting sector trends. Equates to approx 3 Stage 2 complaints per week
KPI 6	CH01	Number of: stage one AND stage two complaints received per 1,000 homes:	75.6 All 64.6 Res	68.1 All 55.2 Res	50.0	61.0	10%	67.1	Increased reflecting sector trends
KPI 7a	CH02(a)	% of stage 1 complaints responded to within the Housing Ombudsman's timescales.	99.5%	99.5%	95.0%	96.0%	10%	86.4%	Increased
KPI 7b	CH02(b)	% of stage 2 complaints responded to within the Housing Ombudsman's timescales.	95.8%	98.4%	95.0%	96.0%	10%	86.4%	Increased
KPI 7	CH02	% of stage one and stage two complaints responded to within the Housing Ombudsman's timescales.	99.1%	99.4%	95.0%	96.0%	10%	86.4%	Increased
KPI 8		Tenancy turnover	5.7%	4.2%	5.5%	5.5%	10%	6.1%	No change
KPI 9		Repairs completed at first visit	95.3%	96.7%	94.0%	94.0%	10%	84.6%	No change
KPI 10a	RP02	% of emergency responsive repairs completed within the landlord's target timescale.	82.5%	93.3%	95.0%	95.0%	10%	85.5%	No change
KPI 10b	RP02	% of non-emergency responsive repairs completed within the landlord's target timescale.	68.7%	67.7%	85.0%	85.0%	10%	76.5%	No change
KPI 10	RP02	% of non-emergency and emergency responsive repairs completed within landlord's target timescale.	73.1%	75.1%	88.0%	88.0%	10%	79.2%	No change
KPI 11	BS01	Gas - % of homes for which all required gas safety checks have been carried out	100%	100%	100%	100%	60/18,825 properties	99.69%	No change. Tolerances to be determined based on numbers in no access or other assurance process 60/18,825 = 0.31% / 99.69%
KPI 12	BS02	Fire - % of homes for which all required fire risk assessments have been carried out.	100%	100%	100%	100%	5/503 properties	99.01%	No change. Tolerances to be determined based on numbers in no access or other assurance process 5/503 = 0.99% / 99.01%
KPI 13	BS03	Asbestos - % of homes for which asbestos surveys or re-inspections have been carried out	100%	100%	100%	100%	4/361 properties	98.90%	No change. Tolerances to be determined based on numbers in no access or other assurance process 4/361 = 1.10% / 98.90%

St. Leger Homes: Proposed Key Performance Indicators for 2026/27

target met	within agreed tolerance	target not met
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										24/25 Peer Group Benchmarking					
KPI Ref	TSM ref	KPIs	24/25 Outturn	25/26 Q3 YTD	25/26 Targets	26/27 Targets	26/27 Tolerances	26/27 Tolerances	Changes from 25/26 targets - comments		2024/25 Outturn	SLHD quartile position 2024/25	Top Quartile 2024/25	Median 2024/25	Bottom Quartile 2024/25
KPI 14	BS04	Legionella - % of homes for which all required legionella risk assessments have been carried out.	100%	100%	100%	100%	1/71 properties	98.60%	No change. Tolerances to be determined based on numbers in no access or other assurance process 1/71 = 1.40% / 98.60%		100%	Quartile 1	100.00%	100.00%	100.00%
KPI 15	BS05	Lifts - % of homes for which all required communal passenger lift safety checks have been carried out.	100%	100%	100%	100%	1/26 properties	96.15%	No change. Tolerances to be determined based on numbers in no access or other assurance process 1/26 = 3.85% / 96.15%		100%	Quartile 1	100.00%	100.00%	100.00%
KPI 16		Electrical - Domestic properties with a satisfactory EICR up to five years old %	96.0%	99.2%	100%	100%	15/4,500 properties	99.67%	No change. Tolerances to be determined based on numbers in no access or other assurance process 15/4,500 = 0.33% / 99.67%		96.0%	Quartile 3	99.00%	96.53%	88.02%
KPI 17		Days lost through sickness per FTE	12.2	10.4	10.0	10.0	10%	11.0	No change. Aligns with CDC		12.2	Quartile 3	10.2	11.5	12.9
KPI 18		% of local expenditure - Now REVENUE ONLY	59% Revenue	58% Revenue	70%	70%	10%	63.0%	No change. Aligns with CDC		59% Revenue	not available			
KPI 19	NM01	Number of: 1. ASB cases, of which 2. ASB cases that involve hate incidents per 1,000 homes.	55.1	43.9	60	58	10%	63.8	Decreased		55.1	Quartile 3	27.7	49.0	66.8
KPI 19a	NM01	Number of 2. anti-social behaviour cases that involve hate incidents opened per 1,000 homes.	0.8	0.7	10	10	10%	11	No change		0.8	Quartile 3	0.4	0.7	1.8
KPI20		Number of tenants and residents helped into training, education or employment	113	92	100	100	10%	90	No change		113	Quartile 1			
KPI 21	TP01	Tenant satisfaction levels :% of respondents who report that they are satisfied with the overall service from their landlord.	81.0%	80.5%	81.0%	81.0%	10%	72.9%	No change. Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		81.0%	Quartile 1	76.5%	69.5%	64.4%
KPI 22		Percentage of <u>NOT</u> homes maintaining Decent Homes standard	5.5%	10.8%	3.0%	9.0%	10%	9.9%	Increased based on new Stock Condition Survey data		5.5%	Quartile 3	0.5%	2.8%	6.8%
KPI 23	TP02	Level of tenant satisfaction with property condition. % of respondents repair in the last 12 months who report that they are satisfied with the overall repairs service.	81.5%	80.0%	81.0%	81.0%	10%	72.9%	No change. Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		81.5%	Quartile 1	77.5%	71.9%	68.0%
KPI 24		Energy efficiency of properties	57.1%	annual KPI	66.5%	66.5%	10%	59.9%	No change		57.1%	not available			
KPI 25	TP03	% of respondents who have received a repair in the last 12 months who report that they are satisfied with time taken to complete most recent repair	75.6%	72.5%	75%	76%	10%	68.4%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		76%	Quartile 1	75.6%	69.0%	64.5%
KPI 26	TP04	% of respondents who report that they are satisfied that their home is well maintained	82.0%	81.2%	78%	79%	10%	71.1%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		82%	Quartile 1	75.2%	68.3%	64.5%
KPI 27	TP05	% of respondents who report that they are satisfied that their home is safe	86.3%	86.2%	83%	83%	10%	74.7%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		86%	Quartile 1	80.8%	74.0%	69.3%
KPI 28	TP06	% of respondents who report that they are satisfied that their landlord listens to tenant views and acts upon them	75.4%	76.3%	68%	72%	10%	64.8%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		75%	Quartile 1	66.5%	57.7%	52.2%
KPI 29	TP07	% of respondents who report that they are satisfied that their landlord keeps them informed about things that matter to them	81.1%	85.0%	76%	78%	10%	70.2%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		81%	Quartile 1	74.2%	69.9%	61.6%
KPI 30	TP08	% of respondents who report that they agree their landlord treats them fairly and with respect	87.7%	89.7%	83%	85%	10%	76.5%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		88%	Quartile 1	81.3%	75.0%	70.0%
KPI 31	TP09	% respondents who report making a complaint in last 12 months are satisfied with landlord's approach to complaints handling	37.3%	45.0%	41%	42%	10%	37.8%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		37%	Quartile 2	37.2%	33.0%	27.9%

St. Leger Homes: Proposed Key Performance Indicators for 2026/27

target met	within agreed tolerance	target not met
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											24/25 Peer Group Benchmarking				
KPI Ref	TSM ref	KPIs	24/25 Outturn	25/26 Q3 YTD	25/26 Targets	26/27 Targets	26/27 Tolerances	26/27 Tolerances	Changes from 25/26 targets - comments		2024/25 Outturn	SLHD quartile position 2024/25	Top Quartile 2024/25	Median 2024/25	Bottom Quartile 2024/25
KPI 32	TP10	% of respondents with communal areas who report are satisfied that landlord keeps communal areas clean and well maintained.	72.1%	75.4%	72%	73%	10%	65.7%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		72%	Quartile 1	70.0%	62.7%	57.9%
KPI 33	TP11	% of respondents who report that they are satisfied that their landlord makes a positive contribution to the neighbourhood	80.9%	77.8%	70%	73%	10%	65.7%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		77%	Quartile 1	67.4%	61.2%	55.8%
KPI 34	TP12	% of respondents who report that they are satisfied with their landlord's approach to handling anti-social behaviour	73.0%	72.3%	65%	68%	10%	61.2%	Tenant Perception TSM . Target based on Upper Quartile from benchmarking data		73%	Quartile 1	61.4%	57.9%	49.8%
Annual KPIs - St Leger		Employee satisfaction with St Leger Homes as an employer - <u>STAFF</u> survey question	91.0%	annual KPI	83%	88.0%	10.0%	79.2%	Increased. Based on staff surveys						
Annual KPIs - St Leger		Employee turnover - voluntary and involuntary	6.3%	annual KPI	15%	9.0%	10.0%	9.9%	Decreased. Based on benchmarking and performance		5.8%	Quartile 1	6.5%	10.2%	15.5%
Service standard		% of customers satisfied with condition of property.	not available	73.6%	95.0%	95%	10.0%	85.5%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		Written enquiries, complaints/ compliments within 10 working days	99.1%	99.6%	95%	95%	10.0%	85.5%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		Customers, whose ASB was closed during the quarter, satisfied with the way their anti-social behaviour complaint was handled	80.3%	86.5%	60%	60%	10.0%	54.0%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		High risk neighbour disputes, tenancy breaches or anti-social behaviour within 1-day	94.3%	95.2%	90%	90%	10.0%	81.0%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		% of policies (customer facing) that required consultation with the One Voice Forum.	100.0%	100.0%	100%	100%	10.0%	90.0%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		Repairs appointments made and kept	95.2%	94.6%	98%	98%	10.0%	88.2%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		% of customers who thought staff and contractors were polite and respectful	89.3%	90.4%	98%	98%	10.0%	88.2%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		Medium neighbour disputes, tenancy breaches or anti-social behaviour within, 3 days	86.5%	97.9%	95%	95%	10.0%	85.5%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		Referrals to our tenancy support team and undertake an assessment of need.	14.5 days	31.2 days	12 days	12 days	10.0%	13.2 days	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		% of tenants satisfied with the most recent responsive repair carried out on their property (transactional)	75.0%	77.9%	88%	88.0%	10.0%	79.2%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		% satisfied that the person they spoke to had the knowledge or information to resolve a call at the first point of contact	74.3%	78.7%	88%	88%	10.0%	79.2%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		Calls answered within 150 seconds.	83.6%	90.3%	90%	90%	10.0%	81.0%	Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		Damp and mould inspections raised during the quarter, completed in target.	n/a	tbd	tbd	tbd			Assume unchanged for 26/27. Board review approval set for August 26						
Service standard		% of complaints about broken promises	6.0%	10.0%	no target	no target			Assume unchanged for 26/27. Board review approval set for August 26						

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 05 February 2026

**Item** : 08

**Subject** : Gender Pay Gap Report 2025

**Presented by** : Hannah Ruane, Head of People and Culture

**Prepared by** : Hannah Ruane, Head of People and Culture

**Purpose** : Annual Report

**Recommendation** : Approve Gender Pay Gap Report 2025



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. 05  
Date: 05 February 2026**

## **1. Report Title**

### **1.1 Gender Pay Gap Report 2025**

## **2. Executive Summary**

### **2.1** The 2025 Gender Pay Gap Report has been prepared. The 2025 Gender Pay Gap Report has been prepared following an analysis of the gender pay figures for 2025. The report includes the mean and median, and quartile figures for the last two years.

In addition to reporting on the gender pay figures, the 2025 statement includes:

- a summary of actions we have taken in the last year; and
- future proposed actions.

St Leger Homes has continued to reduce its gender pay gap and remains below the UK national average of 6.9%. In 2025, our mean pay gap is 2.82% and the median gap is 4.50%, both showing significant improvement from 2024 (4.26% and 6.31%). The difference in mean hourly pay has narrowed by 32.4%, and the median by 25% over the past year.

Our workforce is 59% male and 41% female, with increased female representation in the upper quartile and more males in the lower quartiles. While the upper-middle quartile remains male-dominated due to trade roles, female representation here has grown by 5%.

## **3. Purpose**

### **3.1** This report is intended to provide the following:

- Provide transparency about pay differences between men and women within an organisation.
- Identify trends and disparities in pay to help address inequality.
- Comply with UK legislation (Equality Act 2010 regulations), which requires organisations with 250+ employees to publish annual gender pay gap data.
- Highlight progress and areas for improvement, supporting diversity and inclusion strategies.
- Demonstrate accountability to employees, stakeholders, and the public by showing actions taken to reduce the gap.

#### **4. Recommendation**

- 4.1 Approve Gender Pay Gap 2025 Report

#### **5. Background**

- 5.1 The Gender Pay Gap Report is produced annually and replaces the Gender Pay Gap Report 2024.

#### **6. Procurement**

- 6.1 N/A

#### **7. VFM Considerations**

- 7.1 N/A

#### **8. Financial Implications**

- 8.1 Employee Pay and Annual Pay increases in line with NJC Pay Award. Financial cost of non-compliance/Equal Pay Considerations.

#### **9. Legal Implications**

- 9.1 Meet the requirements of the Public Sector Equality Duty  
Meet our legal obligations under the Equality Act 2010  
Deliver the standards in the Social Housing Act 2023  
Meet the requirements of the Human Rights Act (1998)

#### **10. Risks**

- 10.1 Reputational risk if Gender Pay Gap increases or failure to publish in timely manner. Legal and compliance risks if breaches in legislation. Recruitment and retention impact. Diversity of Workforce and career progression at all levels could be impacted.

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

*Please state if there would be any Health, Safety and Compliance impacts from any proposals detailed in the report.....*

#### **12. IT Implications**

- 12.1 Data reporting of employees' diversity data.

#### **13. Consultation**

- 13.1 Annual Report. Factual report based on employee data. No consultation required.

**14. Diversity**

- 14.1 Representation across pay bands, the narrowing gap reflects greater female representation in senior roles. The upper-middle quartile remains male dominated due to trade roles which we continue to improve. Supports an inclusive culture i.e. Increases in flexible working and increased career progression for females.

**15. Communication Requirements**

- 15.1 Launch through internal and external communications.

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

- 16.1 N/A

**17. Environmental Impact**

- 17.1 N/A

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

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

**19. Background Papers**

- 19.1 Gender Pay Gap Report 2025



St Leger Homes  
of Doncaster

# Gender Pay Gap Report 2025

## Introduction

As we employ more than 250 employees, we must comply with Government regulations and report annually on our Gender Pay Gap. The aim of the report is to identify the gender pay gap between male and female employees. Organisations use various measures when collating the information for the report:

1. Mean Pay – The difference in the mean pay of full-pay male and female employees expressed as a percentage. The mean is the average of the 'hourly pay' for all relevant employees
2. Median Pay – The difference in the median pay of full-pay male and female employees expressed as a percentage. The median is the figure which splits the top 50% of the hourly pay figures from the bottom 50%
3. The percentage of men and women in each of four quartile pay bands. This includes the lower, lower-middle, upper-middle and upper pay quartile pay bands
4. The difference in mean and median bonus pay of men and women and the proportion of men and women who received bonus pay – St Leger Homes do not operate any performance related pay or bonus scheme and therefore have no bonus figures to publish

### Key for reading the comparison data



Figures raised  
since last year



Figures lower  
since last year

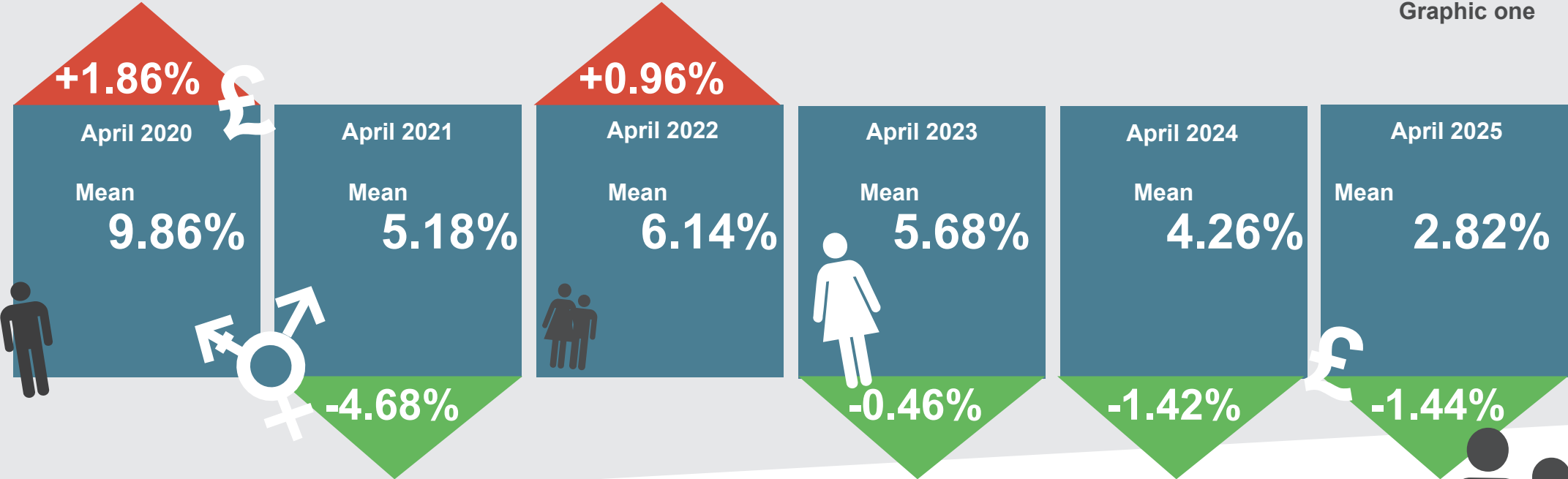


Starting point



# Mean Pay 2025

Graphic one



## Summary of numbers

The UK national pay gap for 2025 is 6.9% the figure decreasing from 2024. St Leger Homes reports a lower figure than the national figure, 4.5%. (National data provided by ONS, Gender Pay Gap in the UK, 2025)

Our figure reflects a significant decrease from the reported 2024 median gender pay difference. We are also pleased to report that there has been a reduction of 1.44% in the mean gender pay gap from 2024 to 2025.

The reduction of mean gender pay gap is attributed to an increase of females in the upper quartile and a percentage increase of males in both the lower and lower middle quartile from 2024 to 2025.

## Mean Pay Gap Difference

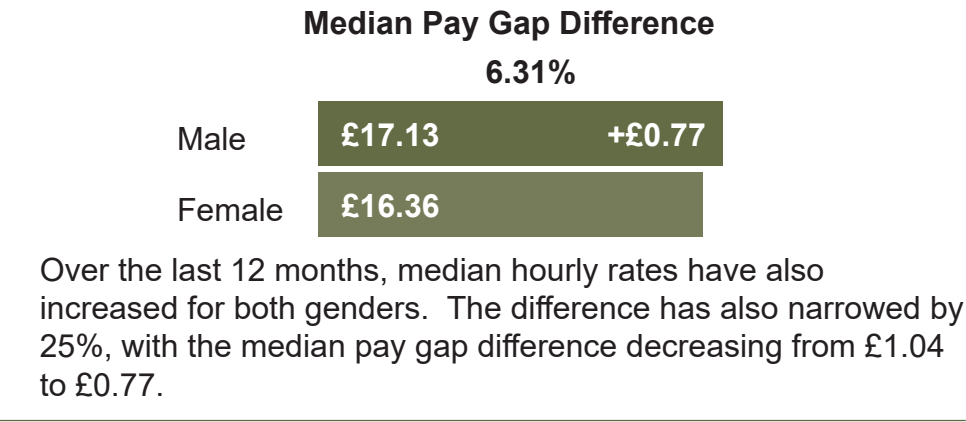
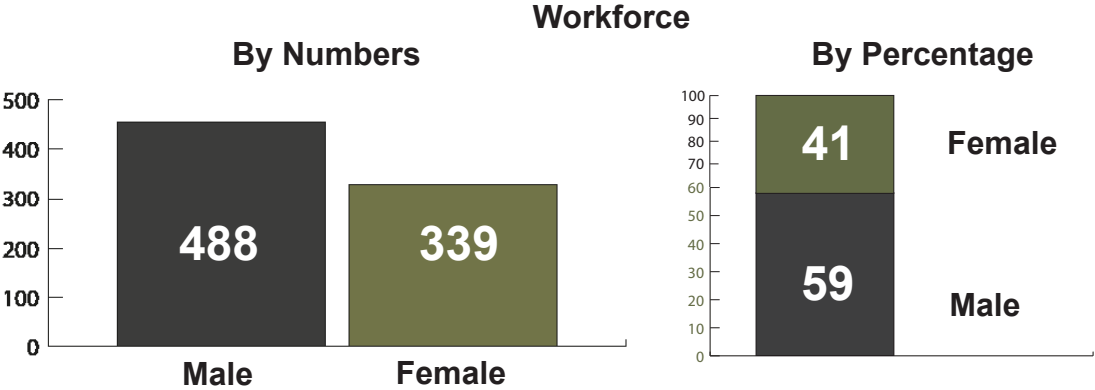
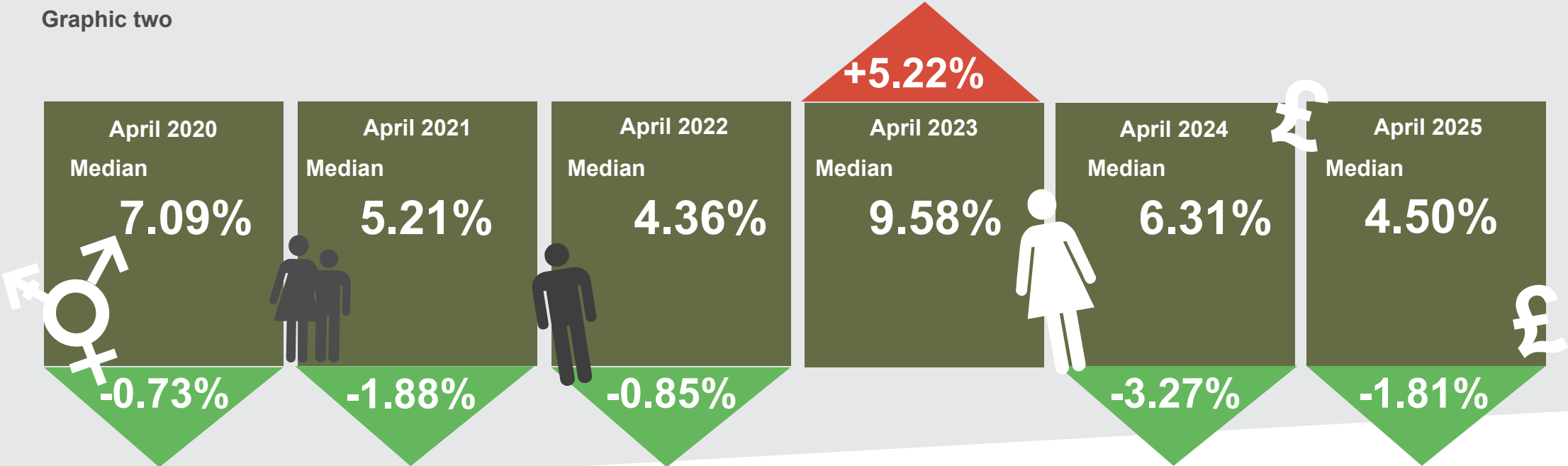
	4.26%	
Male	£17.14	+£0.48
Female	£16.66	

We have seen an increase in the mean hourly pay rates for males and females this year compared to 2024 figures. The difference between the mean hourly rate has considerably reduced between 2024 and 2025, moving from £0.70 to £0.48, a significant reduction of 32.4%.



# Median Pay 2025

Graphic two



The gender percentage split has seen a change from 2024 to 2025, with a 1% increase in females in the total workforce figures. St Leger Homes continue to operate a pay and regrading structure in line with the National Joint Council Agreed rates. Currently, this consists of 9 different pay grades and a total of 33 spinal column points. Employees progress and move through the spinal points within the grades annually. Separate to this, any apprentices have rates which are agreed nationally, and they work through these during the duration of their apprenticeship.

# Quartile Breakdown

Upper Quartile – Comprises of the largest range of pay grades, 5 to 9 and spot salaries. Roles included in this quartile – Director, Heads of Service and Team Leaders.

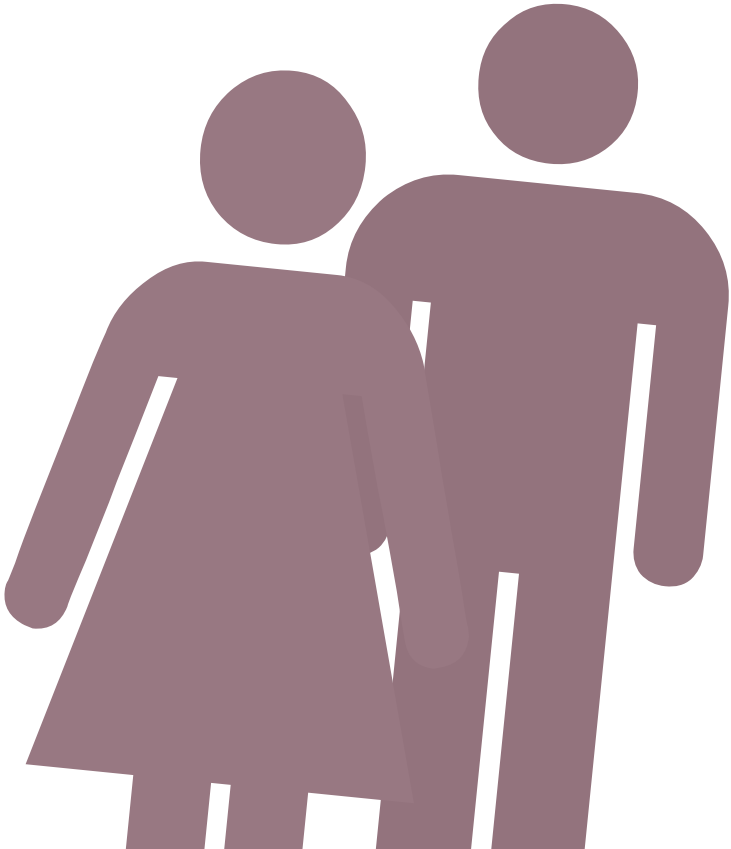
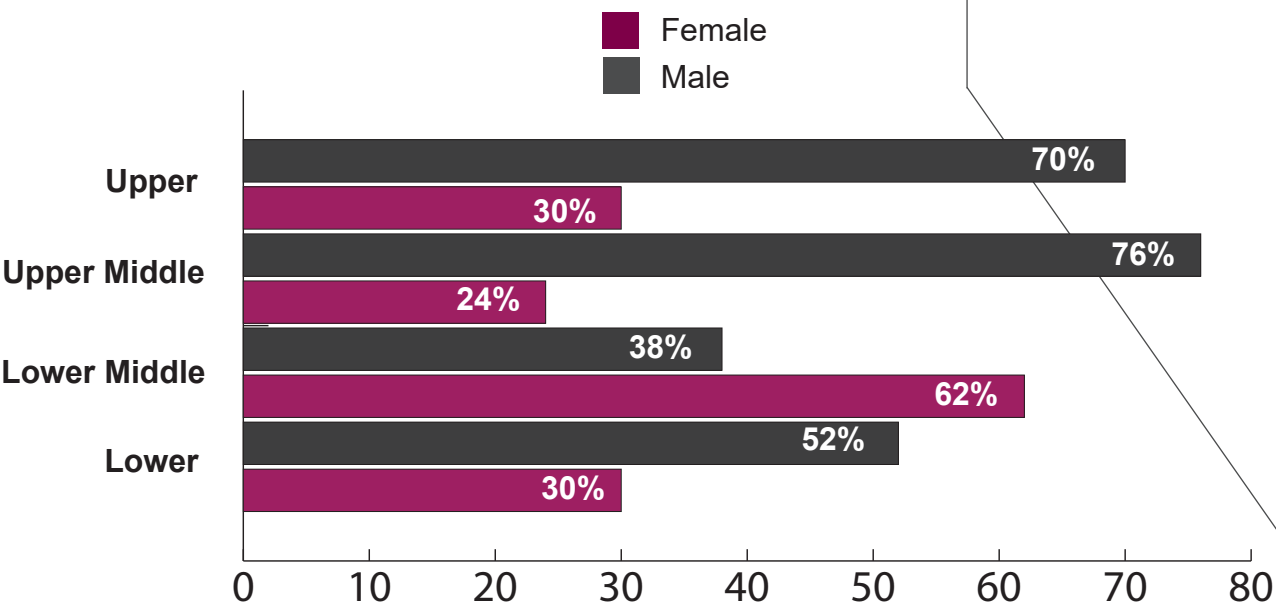
Upper Middle Quartile – Comprises of pay grade 4 and 5. Roles included in this quartile – Plasterers, Bricklayers, Joiners, Plumbers.

Lower Middle Quartile – Mainly consists of pay grades 3 and 4. Roles included in this quartile – Income Management Officers, Tenancy Support Officers, Housing Officers.

Lower Quartile – Apprentices and pay grade 2 and 3 make up this quartile. Roles included are – Customer Access Officer, Customer Service Advisors, Community Caretakers and Administrative Support.

St Leger Homes remains committed to fostering an inclusive and diverse workplace. The reduction in the gender pay gap is linked to increased female representation in the upper quartile, along with a rise in male employees within the lower and lower middle quartiles.

We recognise that female representation in the upper middle quartile remains low, largely because trades roles—most of which fall within this quartile—have fewer women employed in them. However, thanks to our ongoing efforts to address this imbalance, female representation in the upper middle quartile has increased by 5% over the past 12 months.



# What do we do to facilitate a reduction in the gender pay gap

## Addressing our Gender Pay Difference

We are pleased to report a significant narrowing of our gender pay gap this year and remain below the national average, we are confident that the actions currently underway will help us continue to make further progress.

At St Leger, we believe that achieving a healthy work–life balance is essential, and that offering flexibility helps us attract and retain the best talent. Currently, over 17% of our workforce work fewer than full time hours. We provide a range of flexible options, including flexible working, job sharing, and continued support for agile working arrangements—such as working from home or adapting standard office hours—to meet the needs of many of our employees.

We remain committed to encouraging more women into trade roles and work closely with local schools and colleges to promote these opportunities. This includes actively engaging during National Apprenticeship Week, where we highlight and share our apprenticeship programmes.

Our efforts were reflected in 2025 with 25% of successful trades' apprenticeships being female.

As part of St Leger Homes' People Strategy, we continue to deliver recruitment and selection training for line managers to embed fair and consistent practice.

Over the past year, 20 female employees have secured promotions within their service areas, and three women have been appointed to

senior management roles. We are also expanding our learning and development opportunities to support career progression for all employees.

This includes removing any barriers that may prevent individuals from considering promotional opportunities. Each year, we provide a wide range of professional development activities to ensure our workforce is supported to grow and progress in their careers.

We undertake continuous reviews of initiatives and policies to ensure progress in reducing the gap and improving equality across our organisation.





# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 05 February 2026

**Item** : 09

**Subject** : Equality, Diversity and Inclusion  
Strategy 2026-2030 and Year 1 Action  
Plan

**Presented by** : Hannah Ruane, Head of People and  
Culture

**Prepared by** : Hannah Ruane, Head of People and  
Culture

**Purpose** : Replaces current Equality Strategy

**Recommendation** : Approve EDI Strategy 2026-2030  
and Year 1 Action Plan

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 09  
Date: 05 February 2026**

**1. Report Title**

- 1.1 Equality, Diversity and Inclusion Strategy and Year 1 Action Plan

**2. Executive Summary**

- 2.1 At St Leger Homes, our purpose is clear: to get it right for the people who live in our homes, take pride in what we do, and make our customers proud to live in a St Leger home. Our commitment to Equality, Diversity, and Inclusion (EDI) is central to these priorities. We recognise that differences in power, experience, and opportunity can lead to inequity and discrimination. We are determined to address these challenges for the communities we serve and for our colleagues.

At St Leger Homes, EDI is not about compliance, it is about creating a culture where everyone feels valued and included. Our EDI strategy is designed to embed inclusion into everything we do, ensuring that all individuals can reach their full potential and access the support they need. This strategy focuses on clear actions and measurable outcomes, demonstrating the real and positive difference we will make.

By weaving EDI principles through our corporate objectives, we will become a more effective organisation for everyone delivering better homes, stronger communities, and meaningful partnerships.

**3. Purpose**

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

The action plan has been split between customers and employees. The action plan (included in background papers) accompanying this strategy focuses on customer related actions. Employee related actions will be addressed through our People Strategy and action plan. It is recognised that there will be some overlap between customer and employee focused actions.

#### **4. Recommendation**

- 4.1 Approve EDI Strategy 2026-2030 and Year 1 Action Plan.

#### **5. Background**

- 5.1 This strategy replaces our Equality Strategy 2022-2026. Each year a new action plan will be devised.

#### **6. Procurement**

- 6.1 N/A

#### **7. VFM Considerations**

- 7.1 N/A

#### **8. Financial Implications**

- 8.1 EDI Manager (post currently vacant), EDI related costs i.e. training costs, costs of not getting EDI right for our employees and customers.

#### **9. Legal Implications**

- 9.1 Meet the requirements of the Public Sector Equality Duty  
Meet our legal obligations under the Equality Act 2010  
Deliver the standards in the Social Housing Act 2023  
Meet the requirements of the Human Rights Act (1998)  
Meet our duties under the Tenant Involvement and Empowerment Standard

#### **10. Risks**

- 10.1 Reputational risk if EDI not followed.  
Legal and compliance risks if breaches in Equality legislation.  
Financial risk.  
Talent and retention challenges i.e. high turnover and difficulty recruiting diverse talent.  
Negative cultural environment where diversity and inclusion is not embraced leading to low morale and increased conflict.

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

The strategy supports the employer's legal duty to protect both physical and psychological health for example reducing risks linked to stress, bullying, harassment, and discrimination and ensuring risk assessments and safety arrangements consider the needs of all employees.

#### **12. IT Implications**

- 12.1 Data reporting of customers, employees and candidates. Improved quality and accuracy of data.

**13. Consultation**

- 13.1 Consultation for this Strategy has taken place with GIG, One Voice Forum, Disability and LGBTQ involvement Groups and Trade Unions.

**14. Diversity**

- 14.1 Diverse communities, diverse workforce, diverse talent. Inclusion in everything we do. Learning and Development increasing awareness of EDI.

**15. Communication Requirements**

- 15.1 Launch through internal and external communications.

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

- 16.1 Equality Impact Assessment completed.

**17. Environmental Impact**

- 17.1 N/A

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

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

**19. Background Papers**

- 19.1 Appendix A - EDI Strategy  
Appendix B - Year 1 Action Plan



# **Equality, Diversity and Inclusion Strategy**

## **2026-2030**

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Providing homes in neighbourhoods where people are proud to live



# Contents

**Foreword.....2**

**Why do we need an EDI Strategy? ..... 3**

**The National and Local Picture.....3**

**Previous Strategy .....4**

**Protected characteristics .....5**

**Policies and strategies that underpin The Equality, Diversity and Inclusion Strategy.....5**

**Who we are and who we serve ..... 5**

**Aims of this strategy.....6**

**How will we deliver this .....9**

**Monitoring progress ..... 10**

**Some of our successes ..... 10**

# Foreword

This Equality, Diversity and Inclusion (EDI) Strategy underpins our Fairness and Equality Statement and our organisation's values and behaviours.

It confirms our commitment to considering the diversity of our tenants and employees and provides the strategic direction for the organisation over the forthcoming years, to ensure that we turn the words in this Strategy into actions that make a real difference to the lives of our Customers and Colleagues.

We have already done some great work; however, we need to do more to ensure our organisation is more representative of the community we serve, at Board and at employee level. We also need to take every opportunity to involve our diverse customers and communities in how we deliver our services.

By openly and honestly engaging with all our customers and colleagues we will drive an improved meaningful experience in the services that we deliver to our communities. This starts at the very top of the organisation and this Strategy has been influenced and approved by our Board.

I hope, like me, you feel the Strategy is taking us not only in the right direction, but also ensuring that St Leger Homes is a truly inclusive organisation.



*C Margrave.*



## **Why do we need an EDI Strategy?**

We are committed to putting residents at the heart of everything we do providing services that are accessible, inclusive and fairly delivered for our staff, tenants and residents living in our neighbourhoods. We do this by living and delivering our organisational values which underpin our priorities at St Leger Homes.

It is important to us that we help everyone to achieve this - the people we serve, our colleagues and our communities. We understand that there are differences in power, experience and opportunity which can lead to inequity and discrimination. We are committed to doing everything we can to address this for the communities we serve and for our colleagues.

For us this is not just about being 'compliant' with our statutory duties, we know that collecting and evaluating the data that our service users give us inform a clear and proactive approach to equality, diversity and inclusion and that provides the opportunity to develop better services and support for our customers and colleagues.

To support this, we have been accredited as 'excellent' in a peer review with the Housing Diversity Network to ensure that our services have Equality, Diversity and Inclusion embedded across the board. We know that running our organisation where everyone feels valued and included will make us a more effective organisation for everyone, which in turns means we deliver better services and support.

Our overall corporate strategy sets out a range of aims and objectives to help us achieve our purpose. Our equality, diversity and inclusion strategy considers how we make sure that all of these elements are woven through everything we do and are embedded into our ways of working. This will ensure that all of us can reach our full potential, access the support that each of us needs, as well as being the best place to work and learn. We have developed this strategy to focus on the actions we will take and how we will demonstrate the positive and real difference that we will make.

## **The National and Local Picture**

Nationally, the UK places 9<sup>th</sup> out of 38 Organisation for Economic Co-operation and Development (OECD) countries in terms of high economic inequality. Structural inequality affects communities and organisations across the board with Black, Asian and Minority Ethnic (BAME) communities struggling to gain employment and 24% of BAME people owning their home compared to 56% of White people. This leaves ethnic minority groups in the lower socio-economic sphere.

People from the disabled community further find it difficult to obtain employment as organisations are slow to react to the changes in language needed in vacancies adverts that underpin the value that organisations put on employing people with disabilities (hidden or unhidden) and inclusive interview processes to ensure that people with disabilities can have an appropriate interview that allows them to excel.



## Equality, Diversity and Inclusion Strategy

Structural inequality has far-reaching effects on the lives of those that are affected by it, for example, people of ethnic minority heritage have a harder time planning for later life due to poor education, lower wages and poorer health.

Government reporting found that businesses encountered barriers to decision making around diversity and inclusion, such as a lack of diversity data and debates that were polarised. It also found those that have access to the data were not using it to make those informed decisions, leading to a miss applying of legislation.

Locally, data tells us that in Doncaster 93% of the population is white while other ethnicities making up the remaining percentage with the fastest growing community in Doncaster being the Nigerian community. All local public sector partners place high importance on equality, diversity and inclusion with several cross-agency groups functioning to ensure it is embedded into service delivery. St Leger homes is advanced in data collection, having collected around 84% of customer diversity data to help us shape services. We have around 8,700 applicants for homes of which 1,500 were of ethnic minority background, meaning around 17% of our potential customers are ethnic minority, far above the 5.9% local community makeup.

## Previous Strategy

This strategy replaces the Equality Strategy 2022-26. This strategy is aimed at both customers and colleagues as we understand that equality, diversity and inclusion is not just an outward facing issue. Our EDI strategy sets out our strategic intent and development for equality, diversity and inclusion. This new strategy has been developed through, engagement, consultation and clear alignment to our overall corporate strategy.

The below sets out how we will deliver our purpose through four strategic aims which we believe are the building blocks to delivering a successful strategy:

- Learn
- Connect
- Deliver
- Support

The national context for equality, diversity and inclusion requires us to:

- Meet the requirements of the Public Sector Equality Duty
- Meet our legal obligations under the Equality Act 2010
- Deliver the standards in the Social Housing Act 2023
- Meet the requirements of the Human Rights Act (1998)
- Meet our duties under the Tenant Involvement and Empowerment Standard

## **Protected characteristics**

There are nine protected characteristics identified within the Equality Act (2010).

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

In addition, St Leger Homes, in line with the City of Doncaster Council, has added a tenth protected characteristic for carers. This reflects our values and our shared belief that ‘families and carers matter.’

## **Policies and strategies that underpin The Equality, Diversity and Inclusion Strategy**

- Vulnerable Persons / Reasonable Adjustments Policy
- Equality Policy
- Tenant Voice Strategy
- Housing Management Strategy
- Corporate Plan
- Respect Standard
- Good Neighbour Charter
- Reasonable Adjustments Policy
- Safeguarding Policy
- Anti-Social Behaviour Policy

## **Who we are and who we serve**

St Leger Homes of Doncaster, an Arm's Length Management Organisation (ALMO) exists to provide and manage social housing on behalf of The City of Doncaster Council. We support people to reach their potential and live well in their community with independence. We are a provider of housing throughout the city; and additionally provide support services for mental health, wellbeing, homelessness, community events and community groups. We have around 900 colleagues and manage around 20,000 homes with around 23,868 customers. We also have around 8,700 potential customers bidding on homes through the Doncaster HomeChoice website. We are accountable to our customers, colleagues, board members and our shareholder (The City of Doncaster Council).

## Aims of this strategy

### 1. Learn

It is important that we understand both our customers and our colleagues to ensure that we can fully support them with the things that they need. In order to achieve this, we need our colleagues and customers to tell us about themselves. We have had some success with this - we have collected around 84.8% of customer data and 50.3% of colleague data. However, in the past there have been significant hurdles to overcome to ensure that customers and colleagues are open to divulging the information that we need.



To overcome these barriers, more work around myth busting on why we are asking for personal information aimed at both customers and colleagues needs to be undertaken alongside further training to customer facing colleagues on how and why this information is important as a valuable source in shaping and delivering the support and services that we deliver.

It is also important that we make use of prominent voices within the communities both internally and externally to ensure that misgivings around diversity data are overcome whilst also adhering to our Respect Standard.

Furthermore, learning about what services and support communities are looking to St Leger Homes to deliver is essential to shaping what we focus on. This can be done through surveys, interactive focus groups and targeted communications.

### How will we deliver this

- Delivering and promoting myth busting internally and externally
- Through internal training and awareness
- By aspiring (in partnership with our peers) to collect 95% of diversity data on our customers
- Through using community leaders such as religious leaders, community group leaders, peer groups such as Team Doncaster groups and others including the third sector to promote the benefits
- Utilising lived experience stories and campaigns
- Introducing tailored training (physical and online)
- Awareness campaigns

### 2. Connect

Connecting with both our customers and colleagues is essential to a successful delivery of services and support, both within the community and within the business. To that end, St Leger Homes aims to ensure that both customers and colleagues are at the centre of service and support design and delivery. We will aim to achieve this by ensuring that involvement and change



groups are consulted with and involved in the delivery of equality, diversity and inclusion. At every step, voices with lived experience from both the communities that we manage and the colleagues that we sit alongside will have a driving force behind service and support delivery within equality, diversity and inclusion and across corporate service delivery.

We also aim to ensure that colleagues understand the importance of connecting with the communities that we both live, work in and serve. We will do this by ensuring that as part of service delivery, policy or strategy change, our communities are involved in the design of those changes and evidence this through updated Impact Analysis.

#### How will we deliver this

- Through working groups such as Get Involved Group and One Voice Forum
- Focusing on equality analysis to ensure we understand our customers
- Through surveys and consultation
- By ensuring the involvement groups, both internally and externally are representative of the communities and are involved in decision making and service delivery.

### 3. Deliver

It is important that St Leger Homes delivers on its promises and actions the outcomes of consultations and working groups to ensure that when we ask for voices, we listen to what is said and incorporate them into actions. We aim to ensure that every service, policy, strategy or support mechanism has the needs of service users at its heart.



## Equality, Diversity and Inclusion Strategy

Designed with and by those users that access and deliver the services and support that we offer to ensure the communities that we manage are places that our customers want to and are proud live in and our colleagues are proud to work in.

We think it is important that we are judged not just by those that use the service but by our peers, which is why we consider it important that we continue to be members of the Housing Diversity Network, Minority Partnership Board, Anti Racism Steering Group and the Ethnic Culture Fusion Network.

We also consider it important that we continue to ensure that we are disability committed, this means in practice, that we continue to consider the disability community when we design and offer services or support for those with both physical and hidden disabilities, we actively look for barriers to accessing opportunity and that we that we are working closely with the housing ombudsman and our partner agencies at the NHS, South Yorkshire Police and City of Doncaster Council to share best practice.

### **How will we deliver this**

- By consulting with service users and colleagues in a variety of ways to ensure effective and meaningful outcomes for both internal and external services
- Placing greater importance on Equality Impact Assessments and the actions arising out of these
- Utilising community groups such as the lived experience groups for LGBTQ+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more), Ethnic Minority, Religion and Disability alongside Get Involved Group and One Voice Forum
- Ensuring colleagues understand how to complete Equality Impact Assessments effectively
- Ensure effective communication with our customers using diverse methods and technology – linked to our Communication Strategy and Customer Access Strategy
- working in partnership and collaboration with partners and the Voluntary Community Sector such as Voluntary Action Doncaster
- Continuing to be active leaders in the groups that we are members of whilst seeking out further opportunities to encourage best practice in both our service delivery and in our partners

#### 4. Support

We recognise that everyone that accesses our services, lives in our communities or request support from us will have varying needs.

This leads to us needing to establish equity for customers and colleagues as one process of delivery will not be suitable for every customer. It's important to us that customers and colleagues can get the best outcomes from the interactions that they have with us.



We will ensure that where possible support will be tailored to the individual by promoting a progressive workforce that understands that each person's needs may be different – even when accessing the same service – and that our colleagues can provide the support needed to get the best for both the customer and St Leger Homes.

We understand that it is not only the services that we offer that can affect our customers, but also outside influences such as mental health, wider public health determinates and local community and culture. We aim to work closely with our partners to ensure that we have robust support in place for those customers and colleagues that need it.

#### How will we deliver this

- Working with partner agencies to deliver the right support in the right way to our customers
- Re-establishing Equality groups for customers with more focus on meeting in the community
- Promoting the internal tenancy support that we deliver
- Listening and consulting with communities to gauge what support is required and tailor where required
- Ensuring teams, services and departments engage and understand the communities they are serving through regular internal communication and engagement with our workforce

## **Monitoring progress**

An action plan will be developed each year that this strategy is active to show actions due for completion, plans for how we envisage the strategy being delivered and how they link to our corporate objectives. Our People Strategy action plan will incorporate employee focused actions. We will also undertake external benchmarking against peers through memberships such as the Housing Diversity Network and look to maintain or increase our external accreditations. We will use a variety of monitoring and feedback mechanisms to achieve this such as Complaints, customer profiling, Gender Pay Gap reporting and tenant satisfaction monitoring. This will be reported to board with details of specific delivery timescales through the equality, diversity and inclusion annual report and through stories in both external and internal newsletters, on the website and intranet as well as social media. Lead officers or groups set out in the action plan will take ownership for updating their assigned actions.

## **Some of our successes**

- We have set up Equality Involvement Groups for LGBTQ+, Disabled, Ethnic and Religious Customers where we have consulted on several projects ranging from disabled toilets, dignity bathrooms for transgender customers and our current Equality Policy, Housing Management Strategy and solved various issues in the local communities.
- We have been accredited by the Housing Diversity Network after a successful peer review.
- We have led on the South Asia Heritage Month events as part of our Ethnic Culture Fusion Network (ECFN) membership alongside the City of Doncaster Council.
- We have successfully maintained our Disability Committed status.
- We have developed digital access for customers.
- We have developed a Respect Standard arising from our Stop Social Housing Stigma initiative, which has been co-created with customer representatives.

**Equality, Diversity and Inclusion Strategy**  
**Action Plan 2026-2027**

Key

Green – Continued activity

Red – Carried Forward Activity

Purple – New Activity for 2026/2027

Green – Complete or on track

Amber – Not complete as planned but still due to complete this action plan year

Outcome	Action	Headline Activities	Owner	Anticipated Completion Date	Update
<b>Strategic Aim 1. Learn</b>					
Improved diversity data quality and accuracy to help further develop service delivery	Remove myths around data disclosure and improve the knowledge we have about our diverse tenants by continuing to increase the percentage of diversity data that we hold on customers and colleagues. Diversity data disclosure is optional however, we should strive towards obtaining 100%.	<ul style="list-style-type: none"> <li>Produce a fact page on the website around data disclosure and what SLHD use the data for</li> <li>Educate customers on ensuring their data is up to date through social media campaigns, stories in HouseProud and attendance at community groups</li> <li>Ensure Colleagues have the tools and skills needed through support and training, to ensure they are effectively gathering diversity data</li> </ul>	EDI Lead	March 2027	



## Appendix 1

Learn more about the make-up of local communities, the issues that they encounter and educate them on service and support St Leger Homes offers	Engage with local community groups and community leaders to ensure valuable learning takes place on the make-up and needs of local communities	<ul style="list-style-type: none"> <li>• Meet with local community groups and community leaders to understand community issues</li> <li>• Through regular updates and meetings, ensure community groups and leaders are fully informed on what service and support SLHD is capable of delivering</li> <li>• Tailored training around EDI key areas (physical and online)</li> </ul>	EDI Lead	Feb 2027	
<b>Strategic Aim 2. Connect</b>					

## Appendix 1

<p>Increase representation of our communities across the organisation both externally and internally</p>	<p>Diversify community groups working in partnership with the Customer Involvement team, using their expertise to attract members from minority communities</p>	<ul style="list-style-type: none"> <li>Attract diverse members to existing groups where possible and create groups to cater for local communities if needed</li> <li>Include communities in working groups to ensure we take advantage of lived experience when delivering services</li> </ul>	<p>Customer Involvement / EDI Lead</p>	<p>Dec 2026</p>	
<p>Making use of lived experience in service design and delivery</p>	<p>Set up working groups</p>				
<p>Undertake surveys and consultations to better understand How service delivery and support changes affect our colleagues and communities</p>	<p>Further connect with Customers and Colleagues through surveys and consultations to understand what support is needed and how changes to service delivery affects a wider range of communities</p>	<ul style="list-style-type: none"> <li>Use surveys to better understand the communities and the services and support that they require</li> <li>Ensure that services consult with community groups and members to deliver support and service delivery</li> </ul>	<p>EDI Lead</p> <p>EDI Lead / HOS</p>	<p>August 2026</p>	

Strategic Aim 3. Deliver					
Communicating properly with our communities	Review and ensure that communication adjustments are being undertaken	<ul style="list-style-type: none"> <li>• Ensure that all customers have access to the correct communication channels</li> <li>• Continue to look for further innovative ways to deliver communications adjustments</li> <li>• ensure that services are implementing them</li> </ul>	EDI Lead	August 2026	
Promote the use of Equality Impact Assessments (EIA) to ensure proposed service changes consider minority communities	Enhance the use of Equality Impact Assessments across the organisation	<ul style="list-style-type: none"> <li>• Deliver training to officers at all levels that compile policy, strategy or service delivery changes on how to complete an EIA</li> <li>• Monitor outcomes from EIAs</li> <li>• Ensure teams are utilising EIAs in service/support design</li> </ul>	EDI Lead  HOS	Nov 2026	

Strategic Aim 4. Support					
Increase support available to communities	Ensure that communities understand the support that they can access and where they can access it	<ul style="list-style-type: none"> <li>• Work with partner agencies to ensure support is delivered consistently across agencies</li> <li>• Work with third sector to increase support to G&amp;T communities</li> </ul>	EDI Lead/ Customer Involvement Team	Jan 2027	



# ST LEGER HOMES OF DONCASTER

## Board Meeting Briefing Note

<b>Title:</b>	Safety and Compliance Dashboard – December 2025
<b>Action Required:</b>	Members of Board are asked to note the content of this report
<b>Item:</b>	10
<b>Prepared by:</b>	Carl Raybould, Health, Safety and Compliance Service Manager Jordan Rowe Electrical Compliance Officer
<b>Date:</b>	05 February 2026

### 1. Report Title

#### 1.1 Safety and Compliance Exception Report – as of 31st December 2026

### 2. Compliance Status Summary

#### 2.1 This report has been amended to reflect learnings from peer organisations inspections and Savills critical friend review with use of scorecards in appendix 1 for the main compliance areas and the recommendations from the Savills critical friend review.

#### 2.2 Where there are exceptions to full compliance in sub-level compliance areas or areas of specific interest these will be covered in the report, such as damp and mould, progress against Housing Health and Safety Rating System (HHSRS) actions. Where full compliance can be evidenced no further comment will be made within the report.

#### 2.3 Top Level Compliance

CATEGORY	COMPLIANCE	ALL PROPERTIES				Out of Compliance (December)
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	Out of Compliance (November)	
Asbestos	Asbestos Reinspections - Common Areas	100.00%	361	361	0	0
Electrical Safety	Fixed Electrical Wiring Testing - Common Areas (EICR) (5Y)	99.76%	423	422	4	1
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (10Y)	99.89%	19,834	19,812	24	22
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)	99.20%	19,834	19,675	172	159
Fire Safety	Fire Risk Assessment (FRA)	100.00%	503	503	0	0
Lifts & LOLER	Passenger Lift - LOLER Thorough Exam	100.00%	26	26	0	0
Water Hygiene	Legionella Risk Assessment	100.00%	71	71	0	0
Gas Safety	Landlord Gas Safety Record (LGSR's)	100.00%	18,833	18,833	8	0

#### 2.4 The compliance scorecards in appendix one cover the 'big six' compliance areas providing further detail from 2.3 along with remedial work / actions. This dashboard is a template that the Regulator for Social Housing has promoted as good practice, hence our adoption.

- 2.5 Where not in full compliance, attention is drawn to work being carried out to return areas to compliance with mitigations in place. Within the scorecard for December 2025 areas of focus are:
- Electrical Installation Condition Report (EICR) programmes (domestic and communal) – both 10 year and 5 year
  - Remedial actions from EICRs

- 2.6 We are now in a position where we can use the data directly from C365 to drive and report on both the EICR and Landlords Gas Safety Record (LGSR) programmes. Data is shared through a property and component sync from OpenHousing to C365. There are also validation templates now in place which read the quality of the record submitted. The change in programme numbers is detailed in appendix 1 the compliance scorecard.

### 3. Other Areas of Compliance

- 3.1 For any area not showing full compliance detailed information is provided in the comments contained in sections 3.2 to 3.17.

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (NOV)	OUT COMPLIANCE (DEC)
Asbestos	Asbestos Survey - Dwellings	68.91%	20260	13960	6415	6300
Electrical Safety	Automatic Doors & Roller Shutters	100.00%	12	12	0	0
Electrical Safety	Automatic Gates	100.00%	1	1	0	0
Electrical Safety	Caravan Site – Day Area & Site Card	78.57%	56	44	12	12
Electrical Safety	Caravan Site – Sockets	27.07%	133	36	106	97
Electrical Safety	Emergency Lights Annual	100.00%	118	118	0	0
Electrical Safety	Emergency Lights Monthly	0.85%	118	1	117	117
Electrical Safety	Lightning Conductors	60.00%	10	6	5	4
Fire Safety	Automatic Opening Vents - Servicing	100.00%	4	4	0	0
Fire Safety	Bin Chutes	93.75%	16	15	1	1
Fire Safety	Communal Fire Door Inspection	100.00%	978	978	0	0
Fire Safety	Domestic High Rise Fire Door Inspection	98.68%	682	673	7	9
Fire Safety	Domestic Low Rise Fire Door Inspection	100.00%	1741	1741	0	0
Fire Safety	Dry Riser	100.00%	10	10	0	0
Fire Safety	Fire Detection & Fire Alarm Systems-Servicing	100.00%	44	44	0	0
Fire Safety	Fire Fighting Extinguishers	67.74%	62	42	61	20
Fire Safety	Safety Checks - High Rise	100.00%	9	9	0	0
Fire Safety	Safety Checks - Specialist Housing	100.00%	3	3	0	0
Fire Safety	Sprinkler Systems - Planned Maintenance	100.00%	10	10	1	0
Gas Safety	Air Conditioning	100.00%	1	1	0	0
Gas Safety	Air Source Heat Pumps	100.00%	15	15	0	0
Gas Safety	Biomass	100.00%	169	169	0	0
Gas Safety	Commercial Boilers	100.00%	4	4	0	0
Gas Safety	District Heating	100.00%	857	857	0	0
Gas Safety	LPG	100.00%	18	18	0	0
Gas Safety	Oil	100.00%	3	3	0	0
Gas Safety	Solid Fuel - Annual Check	100.00%	60	60	0	0
Gas Safety	Unvented Systems	100.00%	37	37	0	0
Gas Safety	Ventilation	100.00%	10	10	0	0

Lifts & LOLER	Bath Lifting Operations and Lifting Equipment Regulations (LOLER) Thorough Examination	100.00%	1	1	1	0
Lifts & LOLER	Bath PPM	0.00%	1	0	1	1
Lifts & LOLER	Hoist LOLER Thorough Examination	47.22%	72	34	30	38
Lifts & LOLER	Hoist PPM	15.28%	72	11	55	61
Lifts & LOLER	Passenger Lifts Planned Preventive Maintenance (PPM)	100.00%	26	0	0	26
Lifts & LOLER	Stairlift LOLER Thorough Inspection	43.86%	554	243	306	311
Lifts & LOLER	Stairlift PPM	44.22%	554	245	306	309
Lifts & LOLER	Step Lift LOLER Thorough Examination	100.00%	3	3	2	0
Lifts & LOLER	Step Lift PPM	100.00%	3	3	2	0
Lifts & LOLER	UPS	100.00%	3	3	0	0
Lifts & LOLER	Vertical Lift LOLER Thorough Examination	31.82%	22	8	12	14
Lifts & LOLER	Vertical Lift PPM	18.18%	22	4	18	18
Roof Top Services	Fixed Edge Protection	100.00%	9	9	0	0
Water Hygiene	Cold Water Storage Tank Inspection	92.86%	14	13	0	1
Water Hygiene	Low Use Outlet Flush	0.00%	31	0	31	31
Water Hygiene	Shower Clean and Disinfections	100.00%	18	18	0	0
Water Hygiene	Water Temperature Monitoring	44.44%	72	31	40	41

### Exceptions to Other Areas of Compliance

#### 3.2 Asbestos Surveys – Domestic

Currently at 68.91%. This information is required for work activities in domestic properties that may disturb the fabric of the building and to assist SLHD to keep our homes safe for tenants living in them and staff working in them. A forensic review of asbestos data was carried out in 2021 when we started to implement C365. This resulted in a proportion of data not being taken to C365. This asbestos information is being gathered at every opportunity through new surveys, particularly on planned schemes to increase this number. This information is valid, robust data and inputting direct into C365 by the surveying contractors with quality checks being carried out by the asbestos officers prior to surveys going live in C365.

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

Currently at 78.57% - 12 out of compliance. Inspections of these are ongoing. Access to these is an issue; Internal Service Provider (ISP) have access to refer to Access Team.

#### 3.4 Gypsy & Traveler Sockets

Currently at 27.07% - 97 out of compliance. These are within facilities on individual plots which can lead to access issues. These are currently being undertaken, to which a number are waiting sign off. ISP have access to refer to Access Team.

#### 3.5 Emergency Lights Monthly

Currently at 0.85% – there is 1 in compliance, Ryedale Walk Community Centre. This is currently suspended on C365 as the center is not in use however suspended modules on C365 show as compliant. These are undertaken monthly, it is a manual process and due to the quantity of inspections and time receiving the reports, they fall out of compliance before received. A mobile solution on C365 is being discussed with the ISP. These are all in compliance.

#### 3.6 Lightning Protection

Currently at 60% - 4 out of compliance. There are 5 high rises, Methley, Hatfield, Sandbeck and Firbeck under the control of ESP as part of EWI remediation. These show as out of compliance on C365, however they have temporary lightning protection connections and we have certification confirming this. As and when these are handed back new certification will be provided and uploaded onto C365.



- 3.7 Bin Chutes  
Currently 93.75% - The 1 out of is Cusworth House, this block failed its most recent inspection, requiring a new door. The order for this has now been placed on the 10<sup>th</sup> November and has a lead time of 14 weeks, a site survey has been carried out to get the information required for the new door.
- 3.8 Domestic Fire Doors High-Rise  
Currently at 98.68% - 9 out of compliance. These are due to no access, currently in the no access procedure with Housing Management or the Access Team.
- 3.9 Fire Fighting Extinguishers  
Currently at 67.74% - 20 showing out of compliance out are in Communal Halls. An update from the Facilities Management, PO has been raised for the servicing to be carried out these are scheduled to be completed in January 2026.
- 3.10 Bath Hoists – Planned Preventative Maintenance (PPM)  
Currently at 0% - there is one bath hoist requiring PPM. Access has been an issue. Contractors have been asked to make one more attempt before referral to Access Team, evidence of this has not been provided. There are issues around contractors providing evidence of access attempts. This is being managed through contractual arrangements.
- 3.11 Hoists – Thorough Examination and Planned Preventative Maintenance (PPM)  
These are required under Lifting Operations and Lifting Equipment Regulations (LOLER) as work equipment.  
Thorough Examination at 47.22% - 38 out of compliance. Contractors are being asked to make further access attempts based on requirements from Access Team.  
PPM at 15.28% - 61 out of compliance. There are issues around contractors providing evidence of access attempts. This is being managed through contractual arrangements.
- 3.12 Stairlifts – Thorough Examination and Planned Preventative Maintenance (PPM)  
These are not strictly required under LOLER as they are not classed as work equipment. However, general duties under the Health and Safety at work etc Act 1974 we have responsibilities for our customers safety so we carry these activities out as detailed in our Policy.  
Thorough Examination at 43.86% - 311 out of compliance. Contractors are being asked to make further access attempts based on requirements from Access Team.  
PPM at 44.22% - 309 out of compliance. There are issues around contractors providing evidence of access attempts. This is being managed through contractual arrangements.
- 3.13 Vertical Lifts – Thorough Examination and Planned Preventative Maintenance (PPM)  
These are required under LOLER as work equipment.  
Thorough Examination at 31.82% - 14 out of compliance. Contractors are being asked to make further access attempts based on requirements from Access Team  
PPM at 18.18% - 18 out of compliance. There are issues around contractors providing evidence of access attempts. This is being managed through contractual arrangements.
- 3.14 Low Use Outlet Flush  
Currently at 0% - evidence is held through a digital system and is to be provided by the ISP. The mobile form is now in use, there are some implementations issues we are working with both C365 and the ISP to resolve. This is expected to be completed by end of Q4 25/26.
- 3.15 Water Temperature Monitoring  
Currently at 44.44% - evidence is held through a digital system and is to be provided by the ISP. The mobile form is now in use, there are some implementations issue we are working with both C365 and the ISP to resolve. This is expected to be completed by end of Q4 25/26.

#### **4. Occupational Health and Safety Update**

- 4.1 There were no incidents in December that required reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

#### **5. Third Party Assurances**

- 5.1 Assurances that a compliance activity is meeting its requirements are in place for some compliance areas. These are –
- Electrical – third party provides post inspection / work in progress quality checks
  - Gas – third party provided post inspection / work in progress quality checks
  - LOLER –specialist Lift Consultants provide expertise as well as quality assurance
- 5.2 The Savills mock inspection report identified this assurance should be in place for all compliance areas. Pennington Choices have been asked to carry out a health check across all areas of compliance and related data. The health check was carried out on 10th and 11th September. This involved a number of interviews with key employees and review of relevant information. The formal report has been received. On the whole the report is positive with some areas of continuing improvement identified. These have been developed into an action plan which will be shared with EMT in January then Building Safety and Compliance Committee in February.

#### **6. Damp, Mould and Condensation (DMC)**

- 6.1
- 7152 customer requests for a damp inspection have been received between 2 January 2023 and 04 January 2026, relating to 5073 properties.
  - From 05 January 2026 onwards: 110 damp appointment inspections currently booked in that are still to be attended (includes some without an appointment date).
  - Earliest inspection appointment for a tenant calling in on 05 January 2026 is currently within 10 working days in all areas and 24 hours for urgent inspections.
  - Demand for a D&M related inspections has been up and down. During Jan/Feb 2025 weekly requests were around the 60-70 mark. November and December 2025 requests were around 80-90, which is slightly higher than the averages the year before.

#### **7. HHSRS Hazards: Position statement as of the end of December 2025**

- 7.1 Phase 5 of the stock condition surveying programme is now complete. As expected, this has led to the identification of new category 1 and category 2 hazards. Further progress has been made in terms of closing off category 1 hazards during December, with 6 more hazard actions being completed since last month. All outstanding category 1 hazards are those identified from phase 3 onwards, with all hazards from earlier phases (phase 1 and 2) now closed off. Further progress with closing off category 2 hazards has also been made, with 198 closed off during December 2025. In total 204 hazards have been closed off during December 2025. This is slightly more than the 195 closed off in November and shows continued steady progress. In general terms, the reduction in the rate of closing off outstanding hazards is a combination of increasing issues around access, surveying capacity to assess works required for some hazards, awaiting the approval of the paving policy, and work still required to develop the pest control SLA with CDC.
- 7.2 At the end of December there are 223 category 1 hazards outstanding. This is a slight decrease from the previous month (where 229 category 1 hazards were outstanding). There are also 2,835 category 2 hazards outstanding. This is 198 less than the previous month. This brings number of outstanding hazards to 3,058, an overall reduction on the previous month (3,262). This equates to 90% of category 1 hazards having been resolved and 72% of category 2 hazards having been resolved, a minor improvement since last month.

- 7.3 Of the 3,058 outstanding hazards, all have been actioned. This means that the hazard has been assessed, and some form of action taken. This can include, for example, raising a repair, arranging for a detailed inspection or putting into a planned programme. This shows a continued trend of hazards being triaged more quickly once notified to us than in earlier phases of the stock condition surveying programme. Work will continue to address all hazards identified, with priority being given to the completion of the outstanding category 1 hazards. As previously reported, dedicated resources in the planned investment and damp & mould teams continue to be in place to address the outstanding hazards. However, progress has slowed over the last quarter for the reasons specified below.
- 7.4 At the current rate (of c.204 hazards being closed off per month) and based on the total number of outstanding hazards at the time of this report (3,058), it will take around 15 months to complete off all remaining outstanding hazards unless further action is taken to accelerate the programme even further. This is the third consecutive month where progress has slowed (to around the 200 hazards completed in month compared with a close rate of more than 300 per month in previous months), and urgent action is needed to regain momentum on completing the outstanding hazards. The implementation of a new paving policy and SLA for pest control during Q4 should realise positive results. However, further consideration of access challenges, particularly for outstanding category 1 hazards is now required.
- 7.5 HHSRS Category 1 Hazards ‘Tracker’ – Position as of 05 January 2026**
- 7.6 As of 05 January 2026, there were 2,280 category 1 hazards that had been identified through stock condition surveys Phase 1 to 5. A further 5 category 1 hazards have been identified since August 2024 through day-to-day repairs and planned improvement activities. This brings the cumulative total of identified category 1 hazards identified to date to 2,285
- 7.7 Of the 2,285 category 1 hazards identified, 223 were still outstanding as of 05 January 2026 compared with 229 the previous month. This is a slight decrease. The status of the outstanding category 1 hazards is shown below -

7.8

<b>Status</b>	<b>Phase 1</b>	<b>Phase 2</b>	<b>Phase 3</b>	<b>Phase 4</b>	<b>Phase 5</b>	<b>General</b>	<b>Total</b>
1. No access	-	-	2	26	125	-	<b>153</b>
2. Future Appointment	-	-	-	1	12	-	<b>13</b>
3. Legal	-	-	-	-	-	-	-
4. Gas Service	-	-	-	-	-	-	-
5. Planned Programme	-	-	9	2	5	-	<b>16</b>
6. Quality Assurance Check / Housing Mgt	-	-	-	1	6	-	<b>7</b>
7. Void Property	-	-	-	-	1	-	<b>1</b>
8. Clarification Needed	-	-	-	6	15	-	<b>21</b>
9. RTB	-	-	1	2	1	-	<b>4</b>
10. Repairs Ongoing	-	-	4	4	-	-	<b>8</b>
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>42</b>	<b>167</b>	<b>0</b>	<b>223</b>

- 7.9 **No Access / Contact / Decline.** These are where a repair appointment has been made to rectify the hazard, but SLHD has not been able to gain access.
- 7.10 **Future Appointment Date.** These are hazards where jobs have been raised and an appointment date has been made, but this date is in the future. These dates vary, again depending on both customer and trade availability.
- 7.11 **Legal.** These are cases that are currently being dealt with through a legal process and could include either an ongoing disrepair case, or the process of seeking possession of the property.
- 7.12 **Gas Service.** This is where a gas service is planned in the near future and once completed will resolve the hazard. In most cases the last gas service will have been completed prior to the stock condition survey where an issue was found. Equally, attempts will have been made previously to access the property to correct the hazard but have been unsuccessful. As the next gas service is now planned in the near future, this opportunity is being taken to resolve the hazard during the planned visit, rather than create a separate appointment or job.
- 7.13 **Planned Programme.** This mainly relates to defective smoke detection. This is a mixture of working devices that have passed their expiry date and devices that are not working or are missing (despite having been previously installed and checked). These hazards have now been placed into the 2025/26 planned smoke and heat detection programme.
- 7.14 **Quality Assurance / Housing Management.** These relate to hazards where a visit by an inspector is needed to ascertain the best way to address the hazard, or to confirm that the action taken to date has addressed the hazard, or further clarification is needed on the steps taken to address the hazard to date. It also includes issues that require the intervention of Housing Management to address tenancy related issues.
- 7.15 **Void.** These relate to properties which are now void and where the expectation is that the hazard will be removed during the voids process.
- 7.16 **Clarification Needed.** These hazards require further action or investigation to ascertain whether the hazard remains.
- 7.17 **Right To Buy (RTB).** These are hazards where the property is now under a RTB and only emergency repairs can be carried out.
- 7.18 **Repairs Ongoing.** This is where a repair has been started to address the hazard, but not yet completed.
- 7.19 **Anticipated completion times for outstanding category 1 hazards**
- 7.20 The estimated timescale for the completion of the 223 outstanding category 1 hazards is summarised below. This is best estimate based on appointments that have been booked, planned investment schemes and ongoing enquiries and clarifications. There are a large number of hazards where the estimated completion date is unknown – these mainly relate to properties where access has not been possible to remediate the identified hazard.

7.21	<b>Month</b>	<b>Phase 1</b>	<b>Phase 2</b>	<b>Phase 3</b>	<b>Phase 4</b>	<b>Phase 5</b>	<b>Other</b>	<b>Total</b>
	To be determined*	-	-	3	29	138	-	<b>170</b>
	January 2026	-	-	3	7	20	-	<b>30</b>
	February 2026	-	-	10	3	7	-	<b>20</b>
	March 2026	-	-	-	1	-	-	<b>1</b>
	April 2026	-	-	-	1	-	-	<b>1</b>
	May 2026	-	-	-	1	-	-	<b>1</b>
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>42</b>	<b>167</b>	<b>0</b>	<b>223</b>

\* These hazards are where some action has been taken, but further clarification is needed to confirm whether the hazard has been fully addressed or if further intervention is still required.

## 8. Report Author, Position, Contact Details

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## 9. Appendices

9.1 Appendix 1 – Compliance Scorecard

LANDLORD: City of Doncaster Council;				
DATE AT WHICH DATA BELOW IS CORRECT: 02.01.2026				
GAS SAFETY				
	Total Number of dwelling units owned for which gas safety checks are required	Number Of Compliant dwelling units	Number of Non-Compliant dwelling units	COMPLIANCE (%)
Domestic gas (LGSR)	19833	19833	0	100.00%
District Heating	1014	1014	0	100.00%
Commercial gas	16	16	0	100.00%
For Non-compliant dwelling units:			Number of Non-Compliant dwelling units	
Dwelling unit has been non-compliant for <3 months			0	
Dwelling unit has been non-compliant for 3-6 months			0	
Dwelling unit has been non-compliant for 6-12 months			0	
Dwelling unit has been non-compliant for >12 months			0	
Plans to return to compliance:				
Current Mitigations:				

LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 02/01/2026				
ELECTRICAL SAFETY				
	Total Number of dwelling units that require an electrical installation condition report	Number Of Compliant dwelling units	Number of Non-Compliant dwelling units	COMPLIANCE (%)
Domestic properties on a 5 Year EICR domestic testing cycle	19,834	19,675	159	99.20%
Domestic properties on a 10 Year EICR domestic testing cycle	19,834	19,812	22	99.89%
Domestic properties that require an EICR but do not have one	0	n/a	0	n/a
<b>Comments:</b> If property numbers have changed from previous month please state why. There is a property and electrical component sync set up between OpenHousing and C365, this updates C365 daily with any changes to properties and electrical component data such as acquired / sold properties. A quarterly assurance check is carried out between property numbers.				
For Non-compliant dwelling units:			Number of Non-Compliant dwelling units	
Dwelling unit has been non-compliant for <3 months			23	
Dwelling unit has been non-compliant for 3-6 months			8	
Dwelling unit has been non-compliant for 6-12 months			24	
Dwelling unit has been non-compliant for >12 months			104	
	Total Number of assets that require an electrical installation condition report	Number Of Compliant Assets	Number of Non-Compliant Assets	COMPLIANCE (%)
Communal EICRs	423	422	1	99.76%
For Non-compliant assets:			Number of Non-Compliant Assets	
Asset has been non-compliant for <3 months			0	
Asset has been non-compliant for 3-6 months			0	
Asset has been non-compliant for 6-12 months			0	
Asset has been non-compliant for >12 months			1	
For both communal and domestic				
For both communal and domestic	Overdue high risk - No. of C1 (danger to life)	Overdue medium risk - No. of actions C2 (potentially dangerous)	Overdue low risk - No. of actions C3 (improvement recommended)	
Overdue electrical remedials (< 3 month)	0	9	1,924	

Overdue electrical remedials (3-6 months)	0	8	2,433
Overdue electrical remedials (6-12 months)	0	1	5,667
Overdue electrical remedials (12+ months)	0	14	32,365
<b>Comments:</b>			
<b>Plans to return to compliance:</b>			
<b>Communal EICR Programme -</b>			
<b>Block A St Georges Court - Issues found with Contractors installation and paperwork, needs rectifying before completion of EICR.</b>			
<b>Domestic EICR Programme - 10 and 5 years</b>			
There are 159 outstanding properties, these are -			
20 - complete and awaiting EICR sign off			
3 – void addresses			
20 - are either new acquisitions (17) or due to be re-tested (3 - they have been previously tested and compliant but we cannot evidence the certificate on C365, as we now use C365 to drive the programme we need these properties to be re tested to ensure accurate data). For acquisitions we have either not been provided a certificate when acquired or properties that are currently in the process of being re-tested.			
116 - outstanding to be tested - 12 in house test and 104 back with contractors to start the 3 appointment visit. Some of these properties are in the no access procedure.			
The 22 out of compliance 10 year EICRs are incorporated into the figures of the above 17 Acquisitions, and 3 for the Domestic 5 year EICRs that require a retest due to not being able to provide evidence of a certificate and 2 of which are outstanding to be tested due to access issues.			
32 C2s are overdue (past 28 day for completion as required in our internal policy) which all are in domestic properties. These are not all the not same C2s as previously reported out of compliance. These relate to 20 individual properties. Of the 14 C2s overdue by 12+ month these relate to 9 domestic properties. The current oldest C2 is from 01/03/2023. ISP have been instructed to retest the oldest properties due to the length of time these have been outstanding			
<b>Current Mitigations:</b>			
No C1s are overdue. There have been a significant reduced number of C2s above, these are still a priority. The change in legislation requiring C2s to be completed within 28 days has been applied to New Tenancies from November 2025 and a plan is in place to maintain this for existing Tenancies from April 26.			
C3s pose no risk to the electrical installation but are improvements that could be made to bring the installation in line with current standards. SLHD will ensure that all C3 faults are analysed using its certificate software system C365. Where trends and common faults are identified, these shall be considered as part of future electrical capital upgrade programmes.			



LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 02.01.2026				
FIRE SAFETY				
	Total Number of units owned within properties that require a Fire Risk Assessment	Number Of Compliant units	Number of Non-Compliant units	COMPLIANCE (%)
Fire Risk Assessments in high risk buildings	14	14	0	100.00%
Fire Risk Assessments in non-high risk buildings	489	489	0	100.00%
Overall Fire Risk Assessments	503	503	0	100.00%
For Non-compliant units:			Number of Non-Compliant units	
Unit has been non-compliant for <3 months			0	
Unit has been non-compliant for 3-6 months			0	
Unit has been non-compliant for 6-12 months			0	
Unit has been non-compliant for >12 months			0	
<b>Comments:</b> High risk buildings include all highrises and 5 multi-occupancy supported living and sheltered accommodation properties. Type 1 fire risk assessments carried out as standard, further risk assessments carried out as required. Due to issues with FRA form and tablets Savills will be carrying out FRA's on low risk properties until these issues are resolved .				
	No. of high risk actions	No. of medium risk actions	No. of low risk actions	
Overdue FRA remedial actions (<3 months)	0	0	0	
Overdue FRA remedial actions (3-6 months)	0	0	0	
Overdue FRA remedial actions (6-12 months)	0	1	70	
Overdue FRA remedial actions (12+ months)	0	0	0	
<b>Comments:</b> We are in year 3 of the 10 year recovery plan. In total, to date, there are 192 actions in plan, a slight increase on previous month of 189, this is due to new actions from most recent FRAs. These relate to flat entrance doors and compartmentation in loft spaces and will be resolved by the contractor. 88 of these were carried over from year 2 so are classed as overdue although this has now reduced to 71. The level of risk of action is determined by the level of building e.g. level 1 high risk, level 2 medium risk, level 3 low risk				
<b>Plans to return to compliance:</b> Contractor (Openview) have been appointed as a 4 year partner for fire safety works. Contractor has assessed the works required, with a programme provided to start delivery in early Q4.  Internal highrise works - the approach to these works in highrise communals with Cusworth House being returned by Wates has been discussed with AHR as gateway 2 application will need to be made. The intent is to use AHR to support with preparation for this and the submission within this financial year, this will delay work starting but a robust specification and process will be in place.				

**Current Mitigations:**

1,644 other actions are in workplans and are on schedule to be completed in the workplan timeframe as agreed and documented previously with BS&C Committee and CDC Safety and Compliance Group. This is a reduction from previous report of 1,710. This number does fluctuate with new fire risk assessments being completed with new actions.

LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 02.01.2026				
WATER SAFETY				
	Total Number of units owned for which a legionella risk assessments is required	Number Of Compliant units	Number of Non-Compliant units	COMPLIANCE (%)
Legionella risk assessments	71	71	0	100%
For Non-compliant units:			Number of Non-Compliant units	
Unit has been non-compliant for <3 months			0	
Unit has been non-compliant for 3-6 months			0	
Unit has been non-compliant for 6-12 months			0	
Unit has been non-compliant for >12 months			0	
	Number of high risk overdue remedial actions	Number of medium risk overdue remedial actions	Number of low risk overdue remedial actions	
Overdue water safety remedial actions (< 3 months)	0	0	0	
Overdue water safety remedial actions (3-6 months)	0	0	0	
Overdue water safety remedial actions (6-12 months)	0	0	0	
Overdue water safety remedial actions (12 months+)	0	0	0	
Comments: Please include a definition of high, medium and low risks and associated target times for completion				
Plans to return to compliance: If compliance is <100% and/or there are overdue remedial actions, please provide detail on what you are doing and planning to do to reduce the number of overdue remedial actions and move to 100% compliance				
Current Mitigations: If compliance is <100% and/or there are overdue remedial actions, please provide detail on what you are doing to manage the associated risks posed to tenants in the intervening period whilst 100% compliance is attained and overdue remedial actions are completed.				

LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 02.01.2026				
ASBESTOS SAFETY				
	Total Number of units owned within properties for which an asbestos management survey or re-inspection is required	Number Of Compliant units	Number of Non-Compliant units	COMPLIANCE (%)
Asbestos re-inspections	361	361	0	100.00%
Overdue asbestos re-inspections (< 3 months)	0			
Overdue asbestos re-inspections (3-6 months)	0			
Overdue asbestos re-inspections (6-12 months)	0			
Overdue asbestos re-inspections (12+ months)	0			
Comments:				
	Number of overdue remedial actions			
Overdue remedial actions (<3 months)	0			
Overdue remedial actions (3-6 months)	0			
Overdue remedial actions (6-12 months)	0			
Overdue remedial actions (12+ months)	0			
Comments:				
Plans to return to compliance:				
Current Mitigations:				

**LANDLORD: City of Doncaster Council**

**DATE AT WHICH DATA BELOW IS CORRECT: 02.01.2026**

**LIFT SAFETY**

	Total number of units owned within properties with communal passenger lifts	Number Of Compliant units	Number of Non- Compliant units	COMPLIANCE (%)
Passenger lifts (LOLER) servicing	26	26	0	100.00%

For Non-compliant dwelling units:			Number of Non- Compliant units	
Unit has been non-compliant for <3 months			0	
Unit has been non-compliant for 3-6 months			0	
Unit has been non-compliant for 6-12 months			0	
Unit has been non-compliant for >12 months			0	

	Number of overdue remedial actions			
Overdue remedial actions (<3 months)	0			
Overdue remedial actions (3-6 months)	0			
Overdue remedial actions (6-12 months)	0			
Overdue remedial actions (12+ months)	0			

**Comments:**

**Plans to return to compliance:**

*If compliance is <100% and/or there are overdue remedial actions, please provide detail on what you are doing and planning to do to reduce the number of overdue remedial actions and move to 100% compliance*

**Current Mitigations:**

*If compliance is <100% and/or there are overdue remedial actions, please provide detail on what you are doing to manage the associated risks posed to tenants in the intervening period whilst 100% compliance is attained and overdue remedial actions are completed.*

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	Annual Development Plan (ADP) 2025/26 – Q3 Update
<b>Action Required:</b>	For information
<b>Item:</b>	11
<b>Prepared by:</b>	Victoria Hunter - Head of ICT & Business Transformation
<b>Date:</b>	05 February 2026

### 1. Purpose

- 1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2025/26. The ADP was agreed following extensive review and discussion by Leadership, Senior Management Team (SMT) and at the Board's strategic away day.
- 1.2. The 2025/26 ADP proposes a number of key developmental activities or “actions” aligned to the vision set out in the SLHD Corporate Plan 2024 to 2029.
- 1.3. The ADP does not include operational service developments, which are progressed through local Service Delivery Plans, or ‘business as usual’ service delivery.

### 2. Background

- 2.1. The ADP has been developed from the Corporate Plan 2024 to 2029.
- 2.2. The Corporate Plan 2024 to 2029 aims to deliver our vision of “providing homes in neighbourhoods where people are proud to live” through our four priority themes of People, Homes, Communities and Partnership.
- 2.3. The Corporate Plan sets out the aims to be delivered over the five-year period. Each year the aims for each theme will be reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes.
- 2.4. The ADP is agreed each year, following extensive consultation, to ensure it is in line with and delivers the aims of the Corporate Plan 2024 to 2029. Each ADP action has a timescale and a responsible officer.

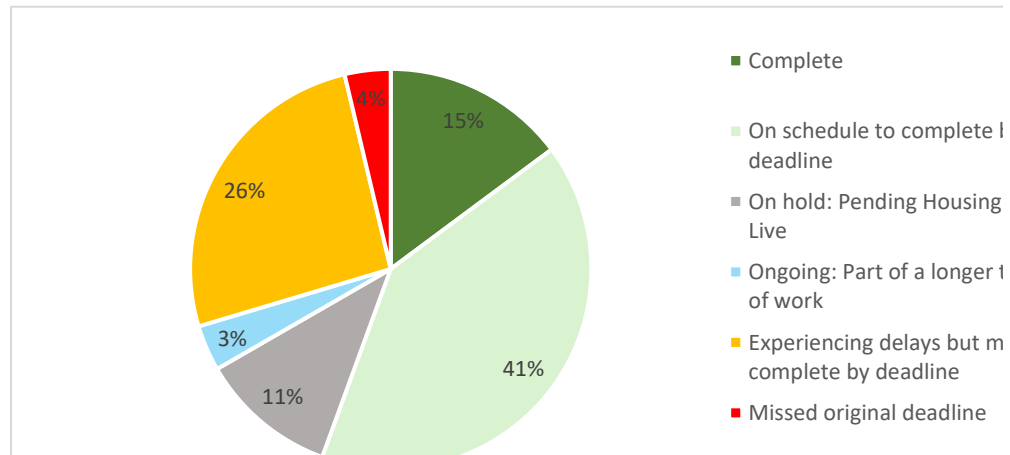
### 3. 2025/26 ADP

3.1 The 2025/26 ADP at Appendix A contains individual actions relating to the Corporate Plan aims and includes those actions brought forward from the previous year.

3.2 A member of the leadership team is assigned responsibility for each ADP action. In keeping with the current ADP oversight arrangements, progress has been reported to EMT and to Board every six months.

3.3 The current position at end of Q3 is as follows:

#### 3.3.1 Overall



#### 3.3.2 By Directorate

Directorate	Number of 2025/26 ADP Actions
Housing Services	<b>11 actions of which:</b> 3 are complete ( <i>green</i> ) 5 are in progress and on schedule ( <i>green</i> ) 1 is on hold: pending Housing One Go Live ( <i>grey</i> ) 2 are in progress and behind schedule ( <i>amber</i> )
Property Services	<b>9 actions of which:</b> 1 is complete ( <i>green</i> ) 3 are in progress and on schedule ( <i>green</i> ) 2 are on hold: pending Housing One Go Live ( <i>grey</i> ) 1 is ongoing: part of a longer term piece of work ( <i>blue</i> ) 2 are in progress and behind schedule ( <i>amber</i> )
Corporate Services	<b>6 actions of which:</b> 3 are in progress and on schedule ( <i>green</i> ) 2 are in progress and behind schedule ( <i>amber</i> ) 1 is significantly delayed ( <i>red</i> )
All Heads of Service	<b>1 action of which:</b> 1 is in progress and behind schedule ( <i>amber</i> )

### 3.4 The two actions from Housing Services which are behind schedule are:

- A1:  
Develop a Tenant Insight Model that ensures tenant data is relevant and is a key consideration in our decision-making process for service delivery and development.  
*Commentary:*  
The Tenant Insight Model continued to progress in Quarter 3, with ongoing data-mapping, governance work through the DataSMART programme, and refinement of priority datasets to ensure tenant insight becomes fully embedded in future service design and decision-making. Deadline is March 26 however may be some slippage on the timeframe.
- A6:  
Consider and implement approved options to increase the customer insight data we capture to improve the opportunities to tailor the services we provide to meet our customer needs.  
*Commentary:*  
Various options being considered, including the use of marketing campaigns, changes to working practices within the CAT (which will need to be tested to understand the impact on performance and call waits) and making use of One Housing to capture data on site.

### 3.5 The two actions from Property Services which are behind schedule are:

- C1:  
Complete delivery of the first net zero pilot project to provide whole house retrofit to 21 properties as part of Gainshare. The pilot project will be considered successful when physical works have been completed to all 21 properties.  
*Commentary:*  
Works have now been issued to our contractor to enable the works to commence in March and be completed by September as previously advised at Q2.
- C7:  
Undertake a review of the remaining High-Rise Buildings to Determine long-term viability and agree any work required.  
*Commentary:*  
The CDC has decided to refurbish the buildings at Intake rather than proceed with redevelopment. An assessment is currently underway to gather information regarding the structural stability of these buildings. It will be necessary to coordinate all required works and present them to the CDC for an investment decision.

### 3.6 The two actions from Corporate Services which are behind schedule are:

- A10:  
Review the end to end recruitment process with a focus on modernising our recruitment practises and attracting and retaining a diverse workforce, to ensure that we have in place modern and effective ways of recruiting, enabling us to continue to attract high quality talent who represent the communities in which we work into the workforce and address the succession of our aging workforce over the coming years.  
*Commentary:*  
Have started to pick this up but not moving as quickly as anticipated. Recruitment review group have started meeting again and working on action plan.



- A11:  
Deliver the first year of the 2024-2029 People Strategy Action plan which will include the actions identified as a result of the Investors in People Accreditation, to demonstrate we are continually developing our employee offer, leading, motivating and developing our people, and demonstrating high levels of colleague satisfaction and our position as an employer of choice.

*Commentary:*

Decision by EMT to not continue with IIP (largely due to cost implications). Underway with Year 2 People Strategy actions and making good progress in particular around EDI and Wellbeing offer.

The action which is significantly delayed is:

- A7:  
Implement and integrate the upgrade from OpenHousing to the web-based One Housing system. Although upgrades are typically considered routine business as usual, this upgrade involves transitioning to a new web-based version of the Housing Management System and represents a significant change with potential for service delivery improvements. The upgrade will be deemed successful and complete when all functionalities of the new system are operational, and opportunities for enhanced service delivery have been evaluated.

*Commentary:*

All User Acceptance Testing has been successfully completed. All Priority 1 issues (Critical and High) have been resolved. Go Live is scheduled for 19th January, missing the previous deadline of October 2025. This will be completed by the close of the ADP in March 2025.

3.7 The action for all Heads of Service which is behind schedule is:

- B1:  
Data Intelligence – Ensure we understand, improve, monitor and use our data/knowledge, ensuring it is accurate, up to date and secure and is driving decision making and future planning. Joint initiative across all Heads of Service to create a data driven organisation that uses data and business intelligence to inform the way it delivers its service for the betterment of the customer, assets under SLHD management, local economy and the environment.

*Commentary:*

The existing Performance Team has been moved from Finance and Business Assurance to sit within ICT & Business Transformation, forming a new central data team. Work is underway to recruit a Consultancy firm to provide a data roadmap for the next 12 months for the organisation.

An Asset Data Improvement Plan has been developed, and work has commenced on its delivery. This is a long-term plan, focusing on incremental improvements, likely to take 1-2 years to complete.

The Tenant Data workstream of the Data SMART programme is nearing completion with a Power BI dashboard showing missing core data currently under construction.

## 4. What Next

- 4.1 An end of year report will be produced for Board with a final overall position.

## 5. Recommendation

- 5.1. That Board is asked to note the ADP update.

## **6. Appendices**

- Appendix A - 2025/26 ADP

## Appendix A: 2025/26 Annual Development Plan (ADP)

Ref	Corporate Plan Theme	Corporate Plan Aim	ADP Objective 2025/26	Owner	Date	Aug Status	Aug Commentary
A1	People	To get it right for our customers and staff. <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Develop a Tenant Insight Model that ensures tenant data is relevant and is a key consideration in our decision-making process for service delivery and development.	Head of Housing Management	March 26	In progress: behind schedule	The Tenant Insight Model continued to progress in Quarter 3, with ongoing data-mapping, governance work through the DataSMART programme, and refinement of priority datasets to ensure tenant insight becomes fully embedded in future service design and decision-making. Deadline is March 26 however may be some slippage on the timeframe.
A2	People	To get it right for our customers and staff. <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Develop a 'Top 100 Customers' profile using tenant data and create a strategy to manage these more effectively. Data used will include factors such as no access issues for mandatory safety inspections, high repairs, high arrears, ASB and tenancy breaches etc.	Head of Housing Management	March 26	In progress: on schedule	An initial prototype dashboard has been developed and the demo provided by the Change Manager for the project shows it is functioning well. Additional data-feeds and indicators are currently being added, and the dataset required to automate and validate the dashboard is being built in parallel. Progress is positive and on track.
A3	People	To get it right for our customers and staff. <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Conduct a comprehensive analysis of our 'customers of the future' to identify their service delivery needs. Develop a detailed action plan to address these needs and integrate the findings into our service delivery plans. The analysis and the action plan will be completed by December 2025. Existing customer data and stakeholder input will ensure the analysis is thorough using existing data and resources within the organisation. This objective aligns with the corporate plan aim of understanding the needs and aspirations of our tenants and will help position the organisation to respond effectively to future demands by ensuring our services remain relevant and effective.	Head of Customer Services	Dec 25	Complete	

A4	People	To get it right for our customers and staff.  <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Achieve the Tenants Participation Advisory Service (TPAS) exemplar accreditation, awarded to organisations demonstrating a long-term commitment to tenant engagement, ensuring all necessary criteria and standards set by TPAS are met by working collaboratively across teams and ensuring resources are available to focus on meeting the standards and gaining accreditation by November 2025.	Head of Customer Services	Nov 25	Complete	We have been successful in achieving TPAS Exemplar status.
A5	People	Investing in our communication channels.  <i>Increasing opportunities to access our services when and how it suits you.</i>	Implement a digital access solution, by September 2025, that aligns to the Customer Access Strategy 2025 – 2029 and which provides a user-friendly online platform for accessing services that results in an increase in the number of customers accessing services digitally. Work with various departments to ensure risks are minimised and all necessary resources are available for a successful implementation.	Head of Customer Services	Nov 25	On hold: pending implementation of Housing One	On hold pending implementation of One Housing as integration is a key element of this project. Work will recommence late January 2026.
A6	People	To get it right for our customers and staff.  <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Consider and implement approved options to increase the customer insight data we capture and to improve the opportunities to tailor the services we provide to meet our customer needs.	Head of Housing Management	Oct 25	In progress: behind schedule	Various options being considered, including the use of marketing campaigns, changes to working practices within the CAT (which will need to be tested to understand the impact on performance and call waits) and making use of One Housing to capture data on site.
A7	People	Investing in our communication channels.  <i>Increasing opportunities to access our services when and how it suits you.</i>	Implement and integrate the upgrade from OpenHousing to the web based One Housing system. Although upgrades are typically considered routine business as usual, this upgrade involves transitioning to a new web-based version of the Housing Management System and represents a significant change with potential for service delivery improvements. The upgrade will be deemed successful and complete when all functionalities of the new system are operational, and opportunities for enhanced service delivery have been evaluated.	Head of ICT & Business Transformation	Oct 25	Significantly delayed	All UAT has been successfully completed. All Priority 1 issues (Critical and High) have been resolved. Go Live is scheduled for 19th January, missing the previous deadline of October 2025. This will be completed by the close of the ADP in March 2025.
A8	People	Listening, communicating and engaging effectively.  <i>Ensuring we have a courteous, compassionate and skilled workforce.</i>	Increase the mental wellbeing of the workforce through a range of innovative people interventions to support the successful achievement of the Sickness Absence KPI. Develop a plan of how this will be achieved by March 2026. The actions will be measures by KPI data, monthly sickness absence reporting and pulse survey questions.  This objective aligns with the corporate plan of listening, communicating and engaging effectively, ensuring we have a courteous, compassionate and skilled workforce.	Head of People & Culture	Mar 26	In progress: on schedule	Sickness App nearing completion. Final data being loaded, testing needs to take place and due to go to EMT early next year. Once approved, will roll out asap. September saw high levels of absence but had since reduced. In Nov 2025 sickness decreased considerably and is under target for YTD 6.64 days and within 10% tolerance of KPI for 1st time this year. Mental health is highest cause of absence, Andy's Man Club attended Property and Housing Away Days. In the process of reviewing our wellbeing offer.

A9	People	Listening, communicating and engaging effectively. <i>Ensuring we have a courteous, compassionate and skilled workforce.</i>	Develop the workforce to meet the standards set through the professionalisation agenda for housing including relevant professional qualifications to ensure that our workforce provides a high quality and professional service to all customers, further embedding our customer excellence culture and in turn meets the regulatory requirement within the sector.	Head of People & Culture	Mar 26	In progress: on schedule	Received further details on The Standard. Lots of work to do around skills, behaviours, qualifications, Code of Conduct/L&OD Policy/Recruitment/Capability Policies. CORE will help with skills and behaviours. Following recent further guidance, continuing to understand who will be in scope of framework. L&OD are working on the scope.
A10	People	Listening, communicating and engaging effectively. <i>Ensuring we have a courteous, compassionate and skilled workforce.</i>	Review the end to end recruitment process with a focus on modernising our recruitment practises and attracting and retaining a diverse workforce, to ensure that we have in place modern and effective ways of recruiting, enabling us to continue to attract high quality talent who represent the communities in which we work into the workforce and address the succession of our aging workforce over the coming years.	Head of People & Culture	Mar 26	In progress: behind schedule	Have started to pick this up but not moving as quickly as anticipated. Recruitment review group have started meeting again and working on action plan.
A11	People	Listening, communicating and engaging effectively. <i>Ensuring we have a courteous, compassionate and skilled workforce.</i>	Deliver the first year of the 2024-2029 People Strategy Action plan which will include the actions identified as a result of the Investors In People Accreditation, to demonstrate we are continually developing our employee offer, leading, motivating and developing our people, and demonstrating high levels of colleague satisfaction and our position as an employer of choice.	Head of People & Culture	Mar 26	In progress: behind schedule	Decision by EMT to not continue with IIP (largely due to cost implications). Underway with Year 2 People Strategy actions and making good progress in particular around EDI and Wellbeing offer.
A12	People	To get it right for our customers and staff. <i>Understanding the needs and aspirations of our tenants and staff and delivering for them.</i>	Repairs Excellence project continues to deliver improvements, and we look at other gains and expand on the previous programme. Out of hours review and voids will be in Phase 3. Continue the review of the service to include out of hours provision, voids service and overall performance.	Head of Repairs & Maintenance	Mar 26	In progress: on schedule	Weekly meetings now in place, either 'One Repairs' board or DRS working group. Continual tweaking to system parameters within DRS. Quickly shows benefits but demand can then saturate the capacity realised. Infosuite dashboard for Team Leaders (TLs) launched on 16/9/25. This will give TLs the tools to assess productivity. Changes to Keyfax scripts to reduce demand on electrical call outs due to be implemented w/c 22/9. Voids Excellence progressing, with an early improvement in how we apply void KPIs, with a paper due to EMT to cover this proposal due in the next 2 weeks.
A13	People	Making sure our homes are safe and free from hazards.	Develop and make available compliance documents on the customer compliance portal. Providing evidence which customers can access which demonstrates to our customers' homes are safe. The Portal will provide access to statutory documents for a resident's home so they can have some assurance that their property is safe. Helping SLH meet the requirements of the TSM and new Regulatory standards.	Head of Building Safety	Mar 26	On hold: pending implementation of Housing One	This will rollover into 2026/27 ADP as part of digital solutions and development of customer portal. C365 would be able to deliver this and that may be part of the solution behind what the customer sees in their portal
A14	People	To get it right for our customers and staff.	Deliver plan arising from the assessment against the Consumer Standards to achieve a positive Regulatory inspection from whenever the CDC (as landlord) is inspected, which could be from April 2024 onwards. An assessment against the draft Consumer Standards was reported to Board in March 2024. The gap analysis action plan will be delivered during the 24/25 financial year.	Head of Finance & Business Assurance	Mar 26	In progress: on schedule	

A15	People	Delivering services that meet their needs and aspirations.	Review Housing Register Customer Journey and Service Standard to make best use of the Housing Stock to meet the housing needs of the city.	Head of Access to Homes	Mar 26	In progress: on schedule	Action Plan recommendations to be agreed. Housing register review of non-active cases completed and register reduced by c.25%
B1	People And Homes	To get it right for our customers and staff. To provide good quality, safe homes.	Data Intelligence – Ensure we understand, improve, monitor and use our data/knowledge, ensuring it is accurate, up to date and secure and is driving decision making and future planning. Joint initiative across all Heads of Service to create a data driven organisation that uses data and business intelligence to inform the way it delivers its service for the betterment of the customer, assets under SLHD management, local economy and the environment.	All Heads of Service	Mar 26	In progress: behind schedule	The existing Performance Team has been moved from Finance and Business Assurance to sit within ICT & Business Transformation, forming a new central data team. Work is underway to recruit a Consultancy firm to provide a data roadmap for the next 12 months for the organisation. An Asset Data Improvement Plan has been developed, and work has commenced on its delivery. This is a long-term plan, focusing on incremental improvements, likely to take 1-2 years to complete. The Tenant Data workstream of the Data SMART programme is nearing completion with a Power BI dashboard showing missing core data currently under construction.
B2	People And Homes	To get it right for our customers and staff. To provide good quality, safe homes.	Review and implement the Tenancy Agreement to ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Head of Housing Management	Mar 26	In progress: on schedule	The Tenancy Agreement Review has progressed strongly during Quarter 3, building on the consultation and drafting work completed in Q2. A full line-by-line legal review has now been finalised, incorporating legislative updates and alignment with CDC policies, and the Cabinet Approval Report has been completed with options and implications clarified. Staff preparation has advanced, with the full briefing pack and training materials produced, alongside updated communications ready for the February 2026 go-live. Implementation planning has continued at pace, with dedicated weekly meetings, scripts finalised, and system and template changes underway. Overall, the project remains on track for delivery, with Q3 focused on approvals, readiness, and organisational preparation for rollout.
C1	Homes	Reducing damp mould and condensation in our homes and making them more energy efficient.	Complete delivery of the first net zero pilot project to provide whole house retrofit to 21 properties as part of Gainshare. The pilot project will be considered successful when physical works have been completed to all 21 properties.	Head of Repairs and Maintenance	Mar 26	In progress: behind schedule	Works have now been issued to our contractor to enable the works to commence in March and be completed by September as previously advised at Q2. The properties involved in the pilot are dispersed across the Doncaster area.
C2	Homes	Making sure our homes are safe and free from hazards.	Understand the impacts of the new Access Policy across the business (incl. contractors) and develop procedures to deliver and monitor outcomes to improve access to tenants' homes for essential compliance activities.	Head of Repairs and Maintenance	Mar 26	In progress: on schedule	Access team in place and awaiting the impact of this on reducing access attempts. Where possible all compliance work will be sat in C365 to aid reporting. Even more important due to onset of Awaab's Law in October and EICR requirements from November and then April next year.

C3	Homes	Delivering an efficient and effective repairs and maintenance service.	We continue with the excellence project; phase 4 will continue with voids, planned and the call out/out of hours service area from April 2025. This is with view to reducing call out costs and ensuring processes and systems for both Voids and Planned works are efficient with a view to improving productivity and best use of resources.	Head of Repairs and Maintenance	Mar 26	In progress: on schedule	DRS refresh is key to this and work continues on a weekly basis to highlight areas change/pilot, then review and keep or revert. Coupled with getting DRS in its optimum state and managing productivity via the Infosuite dashboard recently launched, we are moving forward. This leaning on adjusting DRS will be taken forward to the setup of Project Planner that will then be utilised to digitise the allocation of work for these workstreams and allow for similar productivity management by a bespoke dashboard for voids and planned.
C4	Homes	Achieving the highest standards of building safety and compliance.	Explore and develop the Tenant portal to incorporate the Property Safety Dashboard. This will give customers direct access to key safety information about their home or communal areas providing them assurance that SLHD are meeting all legal standards required.	Head of Building Safety	Mar 26	On hold: pending implementation of Housing One	This is the same action as A13. This will rollover into 2026/27 ADP as part of digital solutions and development of customer portal. C365 would be able to deliver this and that may be part of the solution behind what the customer sees in their portal
C5	Homes	Ensuring tenants are satisfied with the homes and services we provide.	<p>Review SLHD Temporary Accommodation (TA) Model including options for furnished units. To improve the quality of SLHD TA offer. By April 2025 review the TA stock profile and identify the number of core properties that are likely to be used as TA stock for the long term.</p> <p>Evaluate the feasibility of extending the Furnished Tenancy Offer by May 2025. To allow occupants of TA to rent furniture packs to help them to set up a comfortable home which prepares them for a sustainable tenancy it will also include an assessment of financial implications for SLHD &amp; CDC.</p> <p>N.B The scope is for SLHD stock only. The wider accommodation offers within the city will be part of the Homeless &amp; Rough Sleeping Strategy.</p>	Head of Access to Homes	Sept 25	Complete	Works to TA Pilot completed. HMO !7 units online Jan 2016. Overall TA continues to reduce 30% lower than Q3 2025.
C6	Homes	Making sure our homes are safe and free from hazards.	Ensure all the evidence is available and to hand to provide assurance in the event of an in-depth Assessment (IDA). Undertake preparation for an IDA using Key Lines of Enquiry. Ensuring there are suitable and sufficient Key Performance Indicators (KPIs) for each area of compliance and Building Safety.	Head of Building Safety	Nov 25	Complete	Report received action plan developed will be monitored through Building Safety & Compliance Committee (BSC)

C7	Homes	Achieving the highest standards of building safety and compliance.	Undertake a review of the remaining High-Rise Buildings to Determine long-term viability and agree any work required.	Head of Major Projects	Jan 26	In progress: behind schedule	CDC are still considering the best approach to the building's future based on the availability of funds and the level of investment needed. CDC Strategic Housing are to prepare a paper with recommendations before the end of January 2026. In the meantime, SLHD continues to gather information regarding the structural stability of these buildings and the level of investment needed to assist CDC with making an informed decision on the future of the buildings.
C8	Homes	Achieving the highest standards of building safety and compliance.	Building safety improvements to multi-occupancy buildings outside of the HR residential buildings from year 3 of the ten-year plan. Ensure compliance set against any emerging standards for all buildings of multiple occupancy where there are more than two dwellings regardless of height.	Head of Building Safety	Mar 26	Ongoing work: Year 3 of a 10 year plan	Works have all been surveyed and quoted for. A plan is being developed for delivery to start early Q4.
D1	Communities	To help build communities not just houses  <i>To work with others to deliver Doncaster's 'thriving people places and planet' ambitions.</i>	Ensure St Leger Homes contribute to the development of the Council's THRIVE model and adapt our resources and services as the model evolves.	Head of Housing Management	Mar 26	In progress: on schedule	All elements of the Thrive Model are now fully established and embedded in operational practice for Quarter 3, with locality plans, delivery structures, and tactical priorities all in place and functioning as intended. The focus now is monitoring delivery, refining local priorities, and ensuring the model continues to support early intervention, case ownership, and improved outcomes for tenants.
E1	Partnerships	Work with other social and private landlords to ensure those facing homelessness have a safe and secure home.	Review and develop a Private Rented Sector model taking account of up-to-date legislation and demand.	Head of Access to Homes	Mar 26	In progress: on schedule	Renters Rights Act enacted May 2026. Resources identified to be considered by CDC. Homelessness Board Jan 2026.



# ST LEGER HOMES OF DONCASTER

## Board Meeting Briefing Note

<b>Title:</b>	St Leger Homes Compliance with National Housing Federation (NHF) Code of Governance
<b>Action Required:</b>	Board Members note the contents of the report and accompanying Appendix and consider the updates and recommendations included.
<b>Item:</b>	12
<b>Prepared by:</b>	Lauren McLaughlin Governance Service Manager
<b>Date:</b>	05 February 2026

### 1. Background

- 1.1 Organisations and their Boards across all sectors should aim to achieve a set of standards in order to be well governed. In February 2023, Board formally adopted The National Housing Federation (NHF) Code of Governance.
- 1.2 A gap analysis and self-assessment against the NHF Code of Governance was completed and presented to Board members in February 2023, with clear evidence sought to ensure St Leger Homes complies with all sections of the code, alongside an action plan to address any gaps. This was reviewed, updated and presented to Board again in February 2024.
- 1.3 In February 2025, out of 133 sections in the code, the self-assessment showed we were:
  - Compliant in 110
  - 16 sections of the code are not applicable to us
  - Partially Compliant in 3: *Sections 3.3 (4), 3.9 (1) & (b)*
  - Not compliant in 4, 1 of which is due to be marked as compliant at the end of Q4 2025/26: *Section 3.9 (2)*.
  - For the remaining 3 that are non compliant, we can justify why we are happy they remain as No: *Sections 1.5 (4), 3.7 (3) & (5)*:
    - Section 1.5 (4) – ‘Where there is a material conflict of interest, any individual concerned withdraws from the board’s discussions and decisions on relevant matters’.
    - Section 3.7 (3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation’s best interests, their tenure may be extended up to a maximum of nine years.
    - Section 3.7 (5) These provisions concerning tenure apply to office held across all of the organisation’s boards and committees, and those of predecessor organisations, including service as a co-optee.

- 1.4 It was agreed that the self-assessment and action plan would be updated regularly and it should be formally reviewed by Board on an annual basis.

## 2. Current Position

- 2.1 A review of the code has again been undertaken by EMT and suggestions / updates have been made to the actions in the action plan that were still outstanding from the review in 2025.
- 2.2 Please see **Appendix A** which has had very little change but shows positive progress:
- **Appendix A Evidence** worksheet shows what evidence we have gathered to show compliance with each section of the code and
  - **Appendix A Action Plan** worksheet shows all sections of the code where we are partially or non-compliant showing the action required, clear owners and timescales to track progress on the journey to ensure full compliance.
- 2.3 Following the review in January 2026, please see below a table showing compliance from 2023 to compliance in 2026 for the 133 sections in the code.

Category	2023	2024	2025	2026
Compliant	94	107	108	110
Partially Compliant	13	5	4	3
Not Compliant	10	5	5	4
Not applicable	16	16	16	16

- 2.4 For the 7 sections that we are not compliant or are partially complaint in:
- Three of the four non-compliance sections are not unfavourable, they just mean the situations haven't ever arisen and therefore we cannot currently evidence to say we comply (e.g. *Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters*). Board were happy they remained and non-compliant and need reviewing again for 2026 (sections 1.5 and 3.7).
  - The other non-compliant section now has an action to ensure compliance post the external governance review that took place mid 2025.
  - Two of the three partially compliant sections now have short to medium term actions to ensure compliance post the external governance review that took place mid 2025.
  - The other partially compliant section will now coincide with current Vice Chair stepping down at 2026 AGM.
- 2.5 The two sections that has been changed to compliant are:
- Section 1.4 (2) and section 2.4 (5)

## 3. Recommendations

- 3.1 There has been very little change on Appendix A and Board are asked to confirm that:
- a) For those sections where we are not complaint or partially compliant, Board is asked to agree with the determination and make any further suggestions for actions or evidence that could be collected to gain compliance.
  - b) Reconsider the areas that we have justified as non-compliant but Board were previously happy they were non-compliant due to the justifications given (i.e. Board maximum tenure at section 3.7)

#### **4. Next Steps**

- 4.1 The action plan will be updated based on any further recommendations, approvals and suggestions from Board. The updated evidence worksheet and action plan will then be added to the Board forward plan and reviewed on an annual basis and actions will be progressed.
- 4.2 Board members are asked to suggest any evidence at any time and not wait for the annual review to submit evidence to demonstrate compliance.

#### **5. Report Author**

- 5.1 Lauren McLaughlin  
Governance Service Manager  
(862736)

Code of Governance 2020: compliance checklist							
Principle	Section of the code	Compliance	Evidence / updates	January 2024 Update	January 2025 Update	January 2026 Update	Evidence collected
and values and through these embeds within the organisation resident focus, inclusion, integrity, sustainability.	1.1 Mission: the board leads the organisation in pursuit of achieving its social purpose. The board sets the organisation's mission and values, and regularly reviews and reaffirms their relevance.						
	1.2 Resident focus: the needs and safety of the organisation's current and future residents and other customers are placed at the heart of the board's decision-making.						
	(1) There are policies, frameworks and opportunities which enable, encourage and support residents and other customers to engage with, influence and contribute to strategic decision-making.	Yes	We have Tenant Board Members We have a Tenant Voice Strategy and new Tenant Voice Model included in the strategy (on the website for visibility) TSP recommendation reports that go to P&I and TSP members attend Board as observers Service standard reviews Consultation is a header on all Board and committee reports to ensure policies and strategies or changes to services have been influenced by customer feedback (see minutes - strategies Inc. comms strategy for evidence of this to name just one) Tenant voice quarterly reports to P&I	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board has access to insight into the views and needs of the organisation's residents and other customers (including insight into their concerns and complaints) and uses this to inform decisions where appropriate.	Yes	Regular updates such as Customer Involvement quarterly report to P&I, Customer complaints, Appeals panel updates, TSP reports, TSM Survey, Transactional Surveys - all through to Board/Committee's. Board Minutes and strategic planning away days. Balanced score cards - all tenant feedback in one place - strategy and policy reviews as above -challenges about tenant voice at all committees when reviewing strategies (BSC 18.6.21 as an example)	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) There are policies in place which reflect that the safety of residents and other customers (as well as that of the workforce and the wider public) is an overriding priority, and the board receives reports annually on their operation.	Yes	Building Safety Committee (BSC) created, new policies and are signed off by board - full list of policies and strategies and updates that Board receives and approved after update report sept 22 , Anthony is an independent advisor to upskill the board. Behaviours framework, receive regular H&S reports, Board review and approve the H&S Policy. Meet 31/3/2021 - Impact of Building Safety Bill and Other Legislation as an example of evidence.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) The organisation regularly reports to its residents on how its commitments to resident focus have been delivered.	Yes	HouseProud has regular articles from TSP and outcomes from large scale consultations and launches of strategies, Tenant voice strategy launch, website pages on performance, service standards, social statement, complaints reports, social media posts, annual review, P&I reports on customer involvement.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	1.3 The board demonstrates a clear and active commitment to achieve equality of opportunity, diversity and inclusion in all of the organisation's activities, as well as in its own composition. It has policies and statements which meaningfully demonstrate this commitment, and sets priorities and objectives for the organisation to achieve.						
	(1) The board seeks regular assurance about how these commitments and objectives are being delivered in practice, and tracks progress against the priorities it has set.	Yes	Board have received EDI training We have changed the recruitment process for new members Request for new EDI dashboard discussed at Board on 3.2.2022 E&P review documents and action plan - annual EDI strategy updates and review	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The organisation annually publishes information about its work to deliver these commitments and objectives, and the progress it has made.	Yes	Board approve the annual gender pay report, the annual EDI report and our fairness statement Board review and minute E&D strategy action plan progress.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	1.4 Culture: the board regularly considers and defines the culture and behaviours that will best enable the organisation to deliver its mission and values.						
	(1) The board leads by example and promotes the culture of the organisation.	Yes	Blank copy of 2022 self assessment for appraisals that all Board members complete to score against their values and behaviours Culture report on Board meeting 3.2, Agenda Item 7 - minutes of discussion on 7.4 meeting Board away day presentation and minutes in CEO report Can evidence via observation of Board Meeting as well	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board seeks regular assurance that its desired culture and behaviours are being enacted in practice in alignment with its mission and values.	Yes	Board receive and review Complaints information, alongside this there has been an away day session and culture update documents . E&P Minutes can be used as evidence where culture is discussed on a regular basis. Board members give out some of the annual staff awards (staff Focus articles) - attend other staff events such as Q&A sessions or staff conference and Tenants choice awards. Chair of Board doing work shadowing in November/ December 2022 for CAT in Shaw Lane and visit to staff members working in CIVIC as well. New Evidence - IIP survey feedback presented to Board GAP - Do Board Members review compliments - see action plan	Remains partial. Compliments included in P&I Quarterly report however Consideration of more reporting to Board on complaints and compliments. Remains on action plan.	Remains partial. Compliments included in P&I Quarterly report however Consideration of more reporting to Board on complaints and compliments. Remains on action plan.	Changed from Partial to Compliant The Board discussed this item in Feb 25 and agreed that it should be changed to compliant with the main evidence for this being the IIP accreditation and the regular staff pulse surveys.	Completed- evidence in folder/attached
	1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct.						

Principle 1: Mission and values The board sets and actively drives the organisation's social purpose, mission, openness and accountability	1) The board adopts a formal code of conduct to which all its members adhere.	Yes	GAP - Board need a code of conduct.	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	No change to evidence	No change to evidence	Completed - evidence in folder / attached
	(2) The board has clear policies and procedures for its members to identify, declare, record and manage any actual, potential and perceived conflicts of interest.	Yes	There isn't a policy and procedure. All board members sign an acceptance of duties and responsibilities form. At meetings there is a standard 'declarations of interest' agenda item and the minutes and evidence of this is all on the website. GAP - Code of Conduct for Board members could remedy this - see action plan	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	No change to evidence	No change to evidence	Completed - evidence in folder / attached
	(3) There is a publicly available register for board and committee member declarations of interest which is reported on annually to the board	Yes	There isn't a register but it is documented at each Board Meeting and these are available on the website	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	(4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters.	No	We cant find any evidence of this happening? - <b>this is not a bad no at the moment.</b> GAP - see action plan for regular reviewing of this code and for new code of conduct.	Happy this remains as a No. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered.	Happy this remains as a No as per January 2024. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered and code of conduct has been produced and reviewed. recommendation to remove from action plan.	<b>Remains No</b>  The Board discussed this item in Feb 25. The minutes from the meeting on 06.02.2025 are evidence of this discussion and agreement at Board.	See Action plan
	(5) In case of a fundamental or ongoing material conflict, the board determines whether the person concerned should cease to be a board member.	Yes	JNightingale became a tenant so was replaced on the board - Removal from companies house emails and email from DR to JN to say thank you - the email eludes to the fact she is now a tenant	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	<b>1.6 Accountability: the board operates openly and transparently, and demonstrates accountability to key stakeholders including residents, other customers, and partner statutory bodies.</b>						
	(1) The board publishes information annually about the organisation's activities, performance and plans for future improvements which is accessible to its key stakeholders, and covers the matters referred to in this code.	Yes	ADP - developed with Board and is submitted to Board regularly and is documented in minutes on web see agenda item 10 on 3/2/22, agenda item 8 on 7/4/22 and agenda item 10 on 26/5/22. The Chair launches the annual review and does an introductory piece to the HP annual review edition	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	(2) The organisation systematically identifies and regularly communicates with its key stakeholders and receives feedback about their views. In doing so it has regard to the communication needs of the diverse groups and communities it serves.	Yes	This is about us as an organisation, not necessarily as a Board. STAR, transactional Surveys, Staff Pulse surveys - all of which are reported to Board Also send tenant newsletter in different formats and communicate with tenants in various formats at their request. Letter to everyone for board member vacancy - comms strategy and EDI review / approval and action plan updates? Customer involvement reports and TV strategy as evidenced in first section. Complaints reporting to Board and on web	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	(3) Opportunities and information are provided for residents and other customers independently to scrutinise the work of the organisation and to hold it to account, and the board reviews these arrangements regularly to ensure that they remain fit for purpose.	Yes	TSP report into P&I committee TSP attend board as observers tenant Exec board, cabinet, scrutiny, OLB, Building safety group and sub group, High rise forum, wider consultations for strategies and allocations policy - use diagram from TV strategy	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	(4) The organisation publishes clear and up-to-date information about its board members, committees, and	Yes	Website is clearly set out and up to date	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	(5) The organisation responds in a considered, open and transparent way to requests for information about its work, activities, and decisions made by the board, where it cannot provide certain information it gives clear reasons as to why this is the case.	Yes	We follow FOI and DPA requests within the set timescales. Included in annual customer focus reports to Board and now separate quarterly reporting on DP/FOI to A&R committee (was previously reported quarterly to P&I)	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	(6) The role of shareholders in the governance of the organisation is documented and understood.	Yes	Scheme of delegation to clearly sets out accountability of everyone.	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	(7) Organisations with open shareholding publish their policy for admission of shareholders.	N/A					
	1.7 Reputation and trust: the board takes into account in its actions and decisions the importance of maintaining trust in the organisation and upholding its reputation	Yes	Regularly review the risk register - in board papers and minutes. (presented 7/4, minutes 26/5 agenda item 10) Consider the organisation when looking at commercialisation options - notes from Board strategic planning day in 2020 for reputational risks alongside commercialisation report	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
Principle 2: Oversight of their delivery.	<b>2.1 Strategy, resources and plans: the board sets the organisation's overall direction and strategy in line with its charitable, community benefit or other constitutional purposes</b>						
	(1) The board sets financially sustainable plans to ensure that the organisation has the resources it needs to deliver its strategy	Yes	New VFM strategy presented Nov 2022 combined with action plan VFM statement presented Dec 22 We provide services and added value to the Council to ensure we remain as an ALMO Corporate plan that we consult on and Board are involved in development and approve it Board sets a 3 year budget and there are links into the ADP	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	(2) The board gives specific consideration in setting such plans to value for money, financial sustainability; carbon neutrality and environmental sustainability; and social sustainability.	Yes	The 30 year plan is the Council's plan and not approved by SLHD Board. SLHD Board gives consideration to these though - they are ongoing and we also contribute and feed into council strategies. Development of environmental strategy to support need for carbon neutral. Board received Asset Management linking to Council's 30 year plan - 5/8/21 strategies presented. 7/10/21 minutes of discussions	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached
	<b>2.2 Structures: organisational and governance structures support the delivery of the organisation's social purpose and strategic objectives.</b>						
	(1) Structures are designed to support effective delivery and oversight of strategy, are clearly set out, and are regularly reviewed to ensure they remain fit for purpose.	Yes	Current structure with committees was reviewed in last 4 years. - Governance arrangements are reviewed regularly to ensure it is fit for purpose. TOR are reviews and updated - see reports in folder as per below evidence	No change to evidence	No change to evidence	No change to evidence	Completed - evidence in folder/attached

is and strategies which enable the organisation to fulfil its social purpose and remain viable and sustainable, and exercises demonstrable and effective ov	(2) The board considers regularly whether the organisation's purpose could be better achieved through changes to its group, governance or staffing structures.	Yes	Current Mem and Arts and Management Agreement doesn't allow us to consider the organisations purpose however have been involved insetting the vision, mission and corporate plan. If changes are more than 10% of staff this is a shareholder decision, not a decision for Board. E&P recommended any changes to EMT structure to DMBC. Creation of new BSC Committee. Reviewed to set up separate committees, reviews compositions and functions of committees - delegated and scheme of delegation and they receive information about new structures (i.e. H&S)	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	2.3 Working with others: within the organisation's overall corporate strategy (or associated strategies and plans) there is consideration given to whether and how active cooperation, collaboration, joint working or partnership with other organisations could enable it to deliver its social purpose and strategies more effectively and economically						
	2.4 The chief executive: the organisation has a chief executive, or equivalent, with the delegated authority to oversee and manage operational delivery of the strategies set by the board.						
	(1) The responsibilities of, and delegations to, the chief executive are clearly set out.	Yes	Evidenced in the Full scheme of delegation	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The chief executive has a formal contract of employment; this and the remuneration under it are reviewed regularly, with independent advice as required.	Yes	Any changes to the CEO salary requires approval by the Council A contract of employment is in place. - The remuneration package is reviewed and approved by Employment and People Committee for the org, not CEO?	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) The chief executive's remuneration package is set at a level which is proportionate to the organisation's size, complexity, level of risk, and resources; it is also aligned with the organisation's social purpose and wider	Yes	No evidence found to say this is a yes? Was this included in any benchmarking?	No change to evidence	No change to evidence	No change to evidence	Julie to produce evidence if requested
	(4) If the chief executive's contract is to be determined, any extra contractual severance payments or benefits are approved by the board with the reasons, costs and reputational risks clearly minuted.	No	Council would need to approve this - <b>This is not a bad NO</b> , this would need to be completed by the council. Demonstrate by scheme of delegation which is saved in the folder	Remains No Board approved Removal from action plan in 2024	Remains No. Board approved Removal from action plan in 2025	Remains No. Board approved Removal from action plan in 2025	N/A
	(5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	Yes	DR due to discuss this with the Chair and to consider methodology. Proposal that CEO appraisal will be led by Chair and includes E&P Cttee. Proposal that Vice Chair will lead on Chair appraisal. Consideration being given to involve Cllr Glyn Jones as Housing Portfolio Holder. GAP - We need a report to make this a formal arrangement - see action plan	Remains partial. Methodology still needs documenting, appraisal needs to happen and outcome needs to be cited in CEO/Chairs report to Board.	Remains partial. Methodology still needs documenting, appraisal needs to happen and outcome needs to be cited in CEO/Chairs report to Board.	<b>Changed from Partial to Compliant</b> The Board discussed this item in Feb 25. Changed to Compliant - There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	Completed- evidence in folder/attached
	2.5 Workforce: the board ensures that its workforce policies and practices support the success of the organisation and reflect its values and its commitments to equality, diversity and inclusion.						
	(1) The board has access to insight into the views of staff, such that their opinions and needs are understood, and influence the board's decisions as appropriate.	Yes	Pulse survey feedback - goes to E&P. Outcomes of staff survey annually, Board are invited to staff conference Minutes of meeting showing Pulse results on 7/4 following it being presented on 3/2. People strategy updates presented 26/5. Chair 's update - meets with director and CEX. Board members attended staff Q&A sessions	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board determines a strategy for remuneration of the workforce which is aligned to the organisation's size and complexity, and to its purpose and values.	Yes	Very limited as we follow LA green book structure and the pay award is the NJC pay award. Anything that affects more than 10% of staff requires Council decision, anything under 10% of staff this is reasonable level for Board consideration. Job Evaluation - Board approved the project. Board approve the Pay Policy which includes the market supplement policy. Pay and Benefits Discussed at E&P 17.5.22 Minutes saved in folder (agenda item 8)	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) The board has policies on the safety and wellbeing of its workforce and reviews their effectiveness.	Yes	The Health, Safety and wellbeing strategy was separated in 2020 and the wellbeing priority was incorporated into the people strategy. Board approve the H&S policy and fire management policies. Board approved and received updates on the Health, Safety and Wellbeing strategy - new strategy being written for approval in 2023. Board review Pulse surveys and employee feedback - evidenced in a number of minutes saved in the folder - see minutes from BSC lots of questions asked about staff awareness and effectiveness	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	2.6 Performance: the board has demonstrable oversight of the organisation's performance.						
	(1) The board exercises active and regular oversight of delivery of strategies and plans. This includes scrutinising key operational and finance performance information, and information concerning resident insights and satisfaction.	Yes	Board receive regular updates on the ADP, monthly updates on performance, finance and H&S updates. P&I receive on TV strategy. P&I also receives Customer focus (complaints) also update on transactional and STAR tenant surveys / TSMs - each new strategy has an action pan that is reviewed by Board or relevant committee.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board has assurance that the reports it receives provide an accurate picture of performance.	Yes	We are audited and have internal audit programme. performance is are presented to every Board and quarterly to P&I for service standards Housemark complete verification on our performance and services. There is internal challenge around key issues by Head of service, EMT, Council challenge through OLB. Also external verification such as gas safe, British safety council, CSE, SHIFT, ISO 45001 - see challenge at BSC 21.7.22 "can we be assured about the numbers of properties on each programme? - gave examples of where service numbers were different from the previous committee meetings report."	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	2.7 Group structures: organisations with subsidiaries ensure that these entities support and enhance delivery of the group parent's mission.	N/A					
	(1) Where the group parent is not a registered provider, formal arrangements are in place to ensure that any registered provider subsidiaries remain compliant with their own charitable or community benefit purposes, and with regulatory requirements.	N/A					
	(2) Where a subsidiary is to be or has been established, the benefits, risks and relationship are reviewed by the board of the parent beforehand and thereafter regularly.	N/A					
	(3) The board of a parent organisation in a group structure has the responsibility and the reserve powers to direct, and if necessary, intervene in the governance of its subsidiaries.	N/A					

Principle 2: Strategy and delivery - The board sets ambitions, plans and priorities	(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.	N/A					
	(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.	N/A					
	(5) The board of the parent approved the group's plans and budgets, and holds the board of each subsidiary accountable for the delivery of its objectives.	N/A					
	(6) The board of the parent considers and determines whether and how this code should apply to each of its subsidiaries	N/A					
	(7) Where, within a group, there are people who serve on more than one board, there is guidance and documentation to set out how board members must deal with their overlapping responsibilities and any resulting conflicts of interest.	N/A					
	(8) Where there is, within a group, a single or common board which governs more than one organisation, the organisation has documented how its meetings will be conducted, serviced and minuted.	N/A					
	2.8 Joint ventures and partnerships: organisations that set up joint ventures or partnership vehicles with external counterparties ensure that these are in support of their mission and objectives.	N/A					
	(1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities	N/A					
	(1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities	N/A					
	<b>3.1 Roles and responsibilities: the statutory and governance roles and responsibilities of the board, of its individual members, office holders and of others who work to the board are clearly set out.</b>						
	(1) The board elects or appoints a chair with appropriate skills to be responsible for leading the board and ensuring its effectiveness.	Yes	Board cant appoint - Mem and Arts that it's a Mayoral appointment - Mem and Arts and Scheme of Delegation saved	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The chair of the board does not chair and is not a member of the committee responsible for audit, nor does the chair of the board chair the committee responsible for remuneration.	Yes	Board Chair also chairs E&P however E&P are not responsible for remuneration. All staff on agreed national pay structure - staff pay is delegated to Doncaster Council and EMT to do HOS, council were asked for salary approval for CEO but not Board. Delegated to EMT and anything from EMT is a council decision	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) Where there are executive board members, the board formally records and publishes policies about the role they play on the board and committees, and makes clear those matters for which they must leave the meeting, or not	Yes	Within scheme of delegation the Executive Board Member does not have voting rights and the Company Secretary ensures this.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) The roles of chair of the board and standing committees (and those of vice chair or senior independent director as applicable) are not held by an executive.	Yes	Board structure on our website - CEO as an attendee not present as a board member for some meets - evidenced in minutes saved.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(5) Executives are not members of the committees responsible for nominations, remuneration or audit.	Yes	The Chief Executive attends Employment and People Committee as an officer, not a Board Member. E&P Minutes 17.5.22 as an example shows DR as an attendee not present as a Board Member	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(6) There is a clear, documented framework setting out delegations to staff, committees and subsidiaries.	Yes	Mem and Arts, scheme of delegation and TOR's	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	<b>3.2 Functions of the board: there is a record of the essential functions and other matters which are reserved for board decision and cannot be delegated. In addition to matters set out in law, statute, regulations and in the organisation's constitution these include as a minimum:</b>						
	(1) Setting and ensuring compliance with the values, vision, mission and strategic objectives of the organisation, ensuring its long-term success;	Yes	Corporate plan Link attached. Starting consultation now for 2024 corporate plan and have evidence in the folder.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) Establishing a culture that is positive, focused on the needs of current and future residents, other customers and other key stakeholders, and embeds equality, diversity and inclusion in the organisation;	Yes	E&D training for our board, E&D section in board reports, EDI annual and quarterly reporting	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) Ensuring the organisation operates effectively, efficiently and economically;	Yes	Minutes of all meetings include performance and budgets. VFM annual statement presented Dec 22, annual review presented, social statement presented	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) Providing oversight, support, direction and constructive challenge to the organisation's chief executive and other executives;	Yes	Challenge can be evidenced through meeting minutes - sample list of queries and challenges pulled together in one document. See committee minutes with sections highlighted for challenge and questions.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(5) Appointing and, if necessary, dismissing the chief executive;	Yes	Board are involved in the appointment, interview notes for Dave or panel of people involved for Dave and roles and titles? Interview notes from Chair as evidence - also showing other board member taking lead in asking questions.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached

es that it complies with this code.	(6) Satisfying itself as to the integrity of financial information, and setting and approving each year's budget, business plan and annual accounts prior to publication;	Yes	Board receive and approve financial information, 3 yr. budgets, corporate plan, KPI's and ADP - Meeting on 26/5 all the information was presented 7/7 shown minutes they were discussed.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(7) Establishing, overseeing and regularly reviewing a framework of delegations to committees and staff;	Yes	Scheme of delegation is reviewed as and when required	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(8) Establishing and overseeing control and risk management frameworks in order to safeguard the assets, compliance and reputation of the organisation;	Yes	Board receive risk register on regular cycle - Strategic risk register on agenda 3/2/2022 minutes show it was discussed in meeting on 7/4/21	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(9) Holding to account the organisation's subsidiary boards, committees and senior staff for the exercise of any powers delegated to them.	Yes	Audit committee review and approve annual audit plan Adopting a new reporting template to sit in front of Committee minutes when submitted to Board Changes to policies are reported to Board - action plans to all strategies are regularly presented Performance reports and CEO reports and ADP progress Key decision made highlighted on each board minutes not just annually	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so.						
	(1) The organisation determines, documents and regularly reviews the board composition best suited to its needs; in the case of a group subsidiary, this may be a matter for the group parent.	Yes	The Council review our Governance and they recommend a change in the board composition. In 2013, the Council made changes to the Board to change from a 5,5,5 to a 3,3,3 and agreeing the CEO becomes a board member - both decisions made separately. This was also set out in chief exec report Regular governance training every two years (July 22) Considered composition twice in last year when vacancies arose.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board has between five and 12 members, including and co-optees and executive members.	Yes	Current structure - Evidence displayed on our website	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) Executive board members, if appointed, are in a minority on the board and in the quorum for a board meeting.	Yes	Chief exec is a board member and doesn't have a vote	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.	Partial	We have a vice chair but is this documented in their JD - No. GAP - We need a separate list of duties for the vice chair that the vice chair signs and agrees to once appointed and it is documented and evidenced they take part in the appraisal process of the chair? - See action plan	Remains partial - list of duties still needs documenting and agreeing	Remains partial - list of duties still needs documenting and agreeing	Remains partial  Vice Chair Duties Action added to Governance Review Action plan for list of duties being established for Vice Chair role. Will coincide with current Vice Chair stepping down at 2026 AGM. Appraisal of Chair, Vice Chair and CEO Arrangements in place from Jan/Feb 2026 whereby the Vice Chair will be included in the CEO and Chairman 360 degree appraisal process. The appraisal panel will include all 3 in addition to another independent Board Member for impartiality.	See Action plan
	3.4 Board election, selection and appointment: the board has a diverse membership with the collective skills and attributes needed to govern effectively.						
	(1) The board understands, states and regularly reviews the collective skills and attributes it requires to be effective.	Yes	Board appraisal process in place and evidence of skills and attributes. Training plan and forward plan also saved.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) Prospective board and committee members undergo an open and merit-based assessment process to establish their suitability. Where the organisation's constitution provides for one or more board members to be nominated by an external body, or directly elected, the organisation ensures that those coming forward have the necessary attributes and qualities, and that they are aware of the responsibilities of the role, including those of exercising independent judgement.	Yes	Application and interview process for tenant and independent Members - applications, shortlisting interview notes and scoring for recent round	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) The membership of board and committees comprises people with diverse backgrounds and attributes, having regard to the diversity of the communities the organisation serves and in line with the organisation's stated commitments to equality, diversity and inclusion.	Yes	At the AGM, we have an opportunity to consider whether we let Members stand down and recruit keeping diversity in mind when re-recruiting. Council Board Members are nominated by the Council.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) People with direct lived experience of (or particular insight into) the communities served by the organisation are meaningfully engaged in governance structures.	Yes	We have 3 tenant board members with lived in experience- all Board members receive insight into community feedback as demonstrated earlier.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(5) Shareholders who are not board members are supported and informed to play their proper constitutional role in the organisation's governance and in particular in the election of board members.	Yes	This relates to Council officers - when we make any appointments to Board members, the mem and arts require approval by the Council (Housing portfolio Holder) in OLB minutes 14.9.22	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(6) The organisation annually publishes information about the appointment of new board members, and about the diversity, skills and attributes of all the board members.	Yes	HP articles and press releases when new member are appointed Our Website contains a full biography for all Board Members so the need for an annual report is not needed. This includes skills and attributes and is updated as and when new board members are appointed.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	3.5 Committees: committees are established where the board determines that they will enable it to exercise more effective scrutiny, control or oversight of particular areas of the organisation's activity.						



d and diverse board which regularly reviews and capably manages its own performance and effectiveness, and ensu	(1) Each committee has formally recorded terms of reference approved by the board, and reports regularly to the board on its work and the exercise of any delegated authority.	Yes	All have TOR and reviewed every year. Annual report for each committee is reported to Board annually	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The membership of committees is determined on the basis of the skills, attributes and diverse characteristics which the board determines are appropriate.	Yes	Limited number of board members - Training programme in place- review composition and need for committees and diversity and attributes required - check minutes. Dave wrote a report and check CEO reports -OLB minutes 14.9.22 Board working with Housing Diversity Network to look at diversity	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	3.6 Board remuneration: organisations paying non-executive board members have an objective mechanism for setting payment levels. This will normally be the responsibility of a committee responsible for remuneration, using independent advice. Such payment is:						
	(1) Permitted by law and by the organisation's own constitution;	Yes	Yes, and reviewed by our solicitors - in Mem and arts	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) Agreed by the board as being in the best interests of the organisation;	Yes	Not agreed by Board, but approved by Shareholder In our Scheme Of Delegation / Mem and Arts	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) Aligned with the organisation's social purpose and wider reputation;	Yes	It is and recently agreed that increases are in line with pay award of staff to ensure it is in proportion and is agreed by the shareholder.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) Proportionate to the organisation's size, complexity, level of risk and resources;	Yes	We are a management company and therefore no assets. Benchmarked against other organisations and Chair.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(5) Linked to the role's responsibilities, against which performance is reviewed;	Yes	Need to review as part of reviewing E&P Committee membership? Need to consider whether all Board Members are a member of a committee meeting. rate of pay for chair and vice chair and other board members paid the same and performance discussed at annual appraisal - GAP - Review committee structures during 2023 - see action plan.	Changed to compliant - This was discussed and agreed and documented in CEO/ chairs report at Board on 7.12 meeting	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(6) Regularly reviewed, drawing on external advice as necessary;	Yes	Need to ensure this is reviewed regularly - It was reviewed in 2022/ 23 and covered in the financial statements and CEO report in next year (2023/24)	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(7) Disclosed in the organisation's annual financial statements.	Yes	Reviewed in 2022/23. GAP - will be included in next year (2022/23) financial statements and in CEO reports, see action plan	Changed to compliant - this was included in our financial statements	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	3.7 Tenure and renewal: tenure for non- executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the organisation to achieve an appropriately skilled, diverse and independent board membership.						
	(1) The board has a strategy for its own renewal which is based on an agreed statement of the skills, qualifications, diversity and other attributes required.	Yes	We do not have a strategy, but there is a process for each category standing down, however this is not linked to skills and attributes required. Regular reports from CEO medium term plans renew when opportunity arises. Ongoing set out in Mem and arts board itself only has control over 7/11 appointments. Advert for recent member was led by the need for the person standing down i.e. financial or general - No strategy but review the skills of the board annually. Culture report from CEO on Board make up	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) Where a member is at the end of a term of office and is eligible for reappointment, this is subject to considering the member's performance and skills, and the needs of the board.	Yes	Culture report from CEO on Board make up Board members standing down can re apply and compete with other board members - Steve Lyons applied again after stepping down. When a new vacancy arises the skills and gaps needed will be advertised for (i.e. next time we will be asking or someone with housing experience)	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	No	SLHD is 9. GAP - If we want to remain at 9 and not move to 6 we need to document why.	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	The minutes from the meeting on 01.02.2024 are evidence of this discussion and agreement at Board. Board are asked to review and confirm this is still the case.	Remains No  The Board discussed this item in Feb 25.  The minutes from the meeting on 06.02.2025 are evidence of this discussion and agreement at Board: Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	See action plan
	(4) A member who has left the board is not re-appointed for at least three years.	Yes	Detailed within mem and arts - saved as evidence	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached

Principle 3 :Board Effectiveness - The organisation is led by a skilled	(5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-optee.	No	Need conversation about Council board members and difference set of rules with other 'No' section above. GAP - If we want to remain at 9 need conversation about Council board members and document why.	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	The minutes from the meeting on 01.02.2024 are evidence of this discussion and agreement at Board. Board are asked to review and confirm this is still the case.	<b>Remains No</b>  The Board discussed this item in Feb 25.  The minutes from the meeting on 06.02.2025 are evidence of this discussion and agreement at Board: These provisions concerning tenure apply to office held across all of the organisation's boards and committees and those of predecessor organisations, including service as a co-optee.	See action plan
	<b>3.8 Conduct of business: the board and its committees conduct their business efficiently, and on the basis of an appropriate level and quality of information.</b>						
	(1) The board has appointed (and is responsible for the removal of) a company secretary who is accessible to all board and committee members and accountable to the board for advising on governance matters.	Yes	Director of corporate services is responsible for this post and listed on companies house. All duties of company secretary are laid out in the code of governance framework.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) Board and committee meetings are quorate.	Yes	Inc. in all minutes	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) Scheduled board and committee meetings are based on agendas and documents circulated well in advance. Decisions and the main reasons for them are recorded in	Yes	Papers are circulated 7 days in advance. There is a forward plan considered on a regular basis. All decisions are recorded.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) Urgent decisions between board meetings are taken in accordance with predetermined and formally recorded arrangements.	Yes	TOR for Board is included in there - no special Board meetings have taken place in past couple of years.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(5) Meetings are fully inclusive and accessible, with adjustments made as necessary so that all members are able to attend and participate.	Yes	Board regularly use Microsoft teams, civic is DDA compliant. TM visually impaired so given a laptop with a touch screen to enlarge font - email to test Teams function so meets could continue during Covid	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(6) Where meetings are conducted remotely, arrangements are made and support provided so that all members can fully participate and contribute.	Yes	We know we do this but is hard to evident - found some emails to make sure everyone was comfortable using teams during Covid - Convene training as well.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(7) There is a policy and procedure setting out how disputes and grievances involving members of the board can be raised and are responded to.	Yes	Attendance criteria? Duties acceptance Document? GAP - Code of Conduct for Board members could remedy this - see action plan	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	<b>3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.</b>						
	(1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their: (a) Composition, skills, experience and diversity;	Partial	Partial for this time - Requires strengthening through recruitment and appraisal process. will be ongoing and will need to consider what evidence we can produce to demonstrate compliance of the full Board and not individuals - have included the Appraisal effectiveness form - critical friend to evaluate some Board Meetings GAP - arrange a full board appraisal on how board works collectively - see action plan	Remains Partial - Still need an external governance review	Remains Partial - Still need an external governance review	<b>Remains Partial</b>  Post completion of the external governance review mid 2025, the following actions have been agreed: <u>Committee annual review</u> Additional paragraphs will be added into the Committee Annual Reports to consider effectiveness and how they include their business. Sub-paragraph will discuss composition, skills, experience and diversity. <u>Board annual review</u> Additional paragraphs will also be added into the Chief and Chairs report to October Board, specifically in relation to effectiveness of Board (aligned to Committee reports at same meeting).	See Action plan
	(b) Effectiveness in role-modelling the desired culture, values and behaviours of the organisation;	Partial	Partial for this time - Requires strengthening through recruitment and appraisal process. Will be ongoing and will need to consider what evidence we can produce to demonstrate compliance - maybe board member appraisals but not an appraisal against the whole board - critical friend to evaluate some Board Meetings. New Evidence added - The HDN DNA assessment Chair and CEO speaking at HDN and TPAS conferences on culture issues.	Remains Partial - Still need an external governance review	Remains Partial - Still need an external governance review	<b>Remains Partial</b>  Post completion of the external governance review mid 2025, the following action has been agreed: <u>Board Training</u> 3 yearly training session on "Values, Culture and Behaviours" already scheduled into training plan. Due to introduction of new Performance and Culture Framework – CORE, 2025 training session moved to mid 2026.	See Action plan
	(c) Governing instruments, delegations, regulations, standing orders, structures, systems and other formal documentation as referred to in this code;	Yes	Evidence could include minutes, Standing orders, governance framework	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached

	(d) Timing and frequency of meetings;	Yes	The Board have changed the time of the board meetings. Was virtual during Covid and hybrid moving forwards, always documented at top of each minutes - see minutes 26/5 "It was noted that should Board members wish to attend future Board meetings 'in person', meetings will take place at Civic building - Away Day around Governance also covered this - July 2022	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(e) Format of agendas, quality and scope of papers, minutes and communications;	Yes	The Board have changed the format of the reports and pushing narrative into appendices to create a more succinct report. Away Day around Governance covered this - July 2022	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(f) Effectiveness of decision-making, including how the views and needs of key stakeholders, including residents and other customers, have informed decisions;	Yes	Away Day around Governance covered this. STAR Survey, tenant surveys - need to ensure Board receive this information. Tenant Voice Strategy must take into account customer views - reported to Board will cover this GAP - new template for decisions/ actions / challenges to be produced for clarity - see action plan	Changed to compliant - all minutes now include a section to clearly show decisions made and why	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(g) Compliance with this code and legal duties.	Yes	What evidence can we produce for this? GAP -once adopted review compliance with this code on an annual basis, see action plan	Changed to compliant - review of this code at Board on 1.2.24	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) These matters are regularly and formally reviewed.	No	What evidence can we produce for this? GAP - Board appraisal of Board performance to be arranged - critical friend could facilitate - see action plan	Remains No - Still need an external governance review	Remains No - Still need an external governance review	Remains No  The Board discussed this item in Feb 25.  Following the completion of the governance review mid 2025, Board will reflection on effectiveness of each meeting as final agenda item at every Board meeting.	See action plan
	(3) All new board and committee members receive a full induction.	Yes	Legal Induction checklist that Board support officer completes and training forward plan but no formal training or induction to the organisation / structure / functions. New members have settling in months before appraisal in Jan when appointed in Oct GAP - create new induction checklist similar to employees	Changed to compliant - new handbook and induction check list completed.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) All members have an agreed programme of ongoing learning and development opportunities, including to address needs identified through the appraisal process.	Yes	Board training plan and is documented as part of appraisal process - have included the Appraisal effectiveness form	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	<b>3.10 Member appraisal: A full, rigorous and documented appraisal process for the individual members of the board and its committees, including the chairs, is carried out at least every two years.</b>						
	(1) The appraisal of the board's chair is led by a senior board member, informed by the views of all board members.	Yes	Will be picked up as part of a new process for the Chair.	No change to evidence	No change to evidence	No change to evidence	Further evidence being sought
	(2) There is an appropriate process for responding to under-performance by individual board members, and to any conduct which may breach policies or codes.	Yes	Model code of conduct, acceptance of duties form but where is a documented process of what we would do if any of these weren't followed in the acceptance of duties it says you must report this to the chair or vice chair. GAP - Code of Conduct for Board members could remedy this - see action plan	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	<b>3.11 Compliance with this code: a compliance statement is published with the annual report, with an explanation given for any non-compliance.</b>						
	(1) Where the formal constitution of an organisation conflicts with the code, the constitution takes precedence.	Yes	This is in the mem and arts	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) Where a statement of non-compliance is needed it sets out:	Yes	GAP -once adopted review compliance with this code on an annual basis, see action plan	Changed to compliant - review of this code at Board on 1.2.24	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(a) The reasons for non-compliance, and an explanation of how the relevant principle in this code is being upheld; and						
	(b) Summary plans for the achievement of compliance, if applicable.	Yes	GAP -once adopted review compliance with this code on an annual basis, see action plan	Changed to compliant - review of this code at Board on 1.2.24	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) Where an organisation has subsidiaries which have not adopted this code, the reasons for this are given.	N/A					
	4) All policies, documents and statements referred to in this code are formally recorded as appropriate and are regularly reviewed.	Yes	All are originally reviewed by Board and an annual review of all key documents is conducted and presented to EMT	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
ins robust assurance that controls are in financially viable.	<b>4.1 Audit: the board has formal and transparent arrangements ensuring that the organisation is financially viable and maintains both a sound system of internal audit and controls and an appropriate relationship with its external auditors.</b>						
	(1) The board can have confidence in the information it receives and there are robust internal controls and systems for business and control assurance in place which are reviewed annually.	Yes	Use Councils Internal Audit, and Independent external audit. This is also part of audit of financial statements included in evidence file which Board approve.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) There is a committee primarily responsible for audit, and there are arrangements for effective internal control assurance and audit functions.	Yes	Audit and Risk committee in place and evidence on our website.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) The organisation's external auditors are independent and effective, and their appointment is reviewed at least every six years.	Yes	Reviewed more regularly than 6 years but We have a service level agreement SLA following a full procurement process. Contact is for 2 yrs. +1+1.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	<b>4.2 Audit committee: a committee exercises independent scrutiny and challenge to provide the board with assurance.</b>						
	(1) The committee responsible for audit meets regularly and its minutes are available to the board.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The committee exercises oversight of the internal and external audit functions.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder. Q2 2022 IA A&R report in the folder as well. Audit committee forward plan.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) The committee annually meets with the external auditors with only non- executives present.	Yes	Twice Yearly - Execs ARE NOT present and it is minuted. Slightly different arrangements for meetings on teams. Chair of Audit, IA and EA can verify this and it is in the minutes. Chair of A&R emails all committee members to see if they want to raise anything and this is minuted.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached

Principle 4: Control and assurance - The board actively manages the risks faced by the organisation, and obtains effective, that plans and compliance obligations are being delivered, and that the organisation	(4) The chair of the committee is a member of the board and regularly reports to it.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(5) The membership of the committee includes at least one person with recent and relevant financial experience, proportionate to the size and complexity of the	Yes	Chair of A&R was a former group director of a local charity organisation (renew Leeds limited) and therefore has the proportionate skills and experience needed.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	<b>4.3 Risk: the board retains ultimate responsibility for risk management and ensures that appropriate risk management arrangements are in place.</b>						
	(1) The board may delegate the detailed scrutiny and evaluation of risk to a committee.	Yes	Scheme of Delegation	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board has a suitable risk management framework in place; it understands the organisation's risk profile and the effectiveness of key controls.	Yes	Risk management profile and framework which is externally reviewed by insurers - regular reports to Board can see reports and challenges and questions in the minutes	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) The board establishes and documents its appetite for the risks the organisation faces in pursuit of its strategy.	Yes	Risk section in financial statements/annual report section.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) The board ensures that the organisation is resilient to the risks it may face, with appropriate mitigations and a suitably comprehensive, tested and up-to-date business continuity plan.	Yes	Reviewed. Audit and Risk are responsible for reviewing annually in March - Minutes of A&R.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(5) The board includes members with skills and experience appropriate to the level and type of risks faced by the	Yes	We can stipulate the skills we required (accountant, tenants, HR etc..) adverts reflect the skills we need when recruiting	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(6) The board regularly reviews the risks the organisation faces and how they are being managed; this includes the risks associated with activities carried out by subsidiaries	Yes	Risk management profile and framework which is externally reviewed by insurers - regular reports to Board can see reports and challenges and questions in the minutes.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(7) The board regularly participates in stress-testing of its plans, to identify the risks (or combination of risks) that may pose a material threat to the viability of the business and ensure that appropriate mitigations are in place.	N/A					
	(8) The organisation's annual report includes a statement about the risk management work of the board, including its understanding of principal and emerging risks and how these are being managed or mitigated.	Yes	In the financial statements each year - includes a risk statement	No change to evidence	No change to evidence	No change to evidence	completed- evidence in folder/attached
	<b>4.4 Compliance: in line with its mission and values, the board retains ultimate responsibility for the organisation's compliance with all legal, statutory, regulatory and constitutional requirements.</b>						
	(1) The board has a robust internal control framework and has regular assurance about the effectiveness of key	Yes	Internal audit, A&R committee, accreditations, gas compliance via performance information. BSC minutes. Legal register updates and financial statements.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board has regular assurance about compliance, including those requirements relating to the health and safety of residents, other customers and employees, and to safeguarding.	Yes	Internal audit, A&R committee, accreditations, gas compliance via performance information. BSC minutes. Legal register updates - cannot find any reports on safeguarding? GAP - Do Board Members review safeguarding - see action plan	Changed to compliant - this is has now been included in the CEO/Chair's report	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) The board publishes an annual statement setting out its approach to compliance and internal control.	Yes	In the financial statement - Approved by the Board, signed by the Chair and the External Auditors. This is published on our website.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	<b>4.5 Whistleblowing and confidential concerns: there are clear and well-publicised arrangements for members of staff and others associated with the organisation to raise confidential concerns with a designated non-executive member of the board (other than the chair), where these are serious concerns and cannot appropriately be raised through the usual channels, and for these to be dealt with through proportionate and independent investigation as necessary.</b>						
	(1) The board ensures that appropriate whistleblowing policies and procedures are in place.	Yes	The organisational one is out of date, last approved 2019 was due for approval April 2022 - new date approved at EMT for review by Q4 2022. GAP - update and approve the policy - see action plan	Changed to compliant - This policy has been updated and approved in April 2023	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board (or an appropriate committee) regularly receives an account of matters raised under these policies, and actions taken in response.	Yes	A&R receive the fraud report and whistleblowing is included in this report	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) If a board member has concerns about the board or the organisation that cannot be resolved, these concerns are shared with the board and formally recorded.	Yes	No evidence this has ever happened and will be addressed in new Board code of conduct.	No change to evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached

Code of Governance: Action plan								
Principle	Section of the code	Compliance	Owner	Action	Jan 2024 Update	Jan 2025 Update	Jan 2026 Update	Date to be completed (Financial year)
	<b>1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct.</b>							
	(4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters.	No	Board	We cant find any evidence of this happening? This needs to be regularly reviewed and updated by Board If and when evidence arises	Happy this remains as a No. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered.	Happy this remains as a No as per January 2024. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered and code of conduct has been produced and reviewed. Recommendation to remove from action plan.	<b>Remains No</b>  The Board discussed this item in Feb 25. The minutes from the meeting on 06.02.2025 are evidence of this discussion and agreement at Board.	N/A
is led by a skilled and diverse board which regularly reviews and capably manages its own performance and effectiveness, and ensures that it complies with this code.	<b>3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so.</b>							
	(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.	Partial	Director of Corporate Services and Chair of the Board	We need a separate list of duties for the vice chair that the vice chair signs and agrees to once appointed.	Remains partial - list of duties still needs documenting and agreeing (for the vice chair)	Remains partial - list of duties still needs documenting and agreeing (for the vice chair)	<b>Remains partial</b>  <u>Vice Chair Duties</u> Action added to Governance Review Action plan for list of duties being established for Vice Chair role. Will coincide with current Vice Chair stepping down at 2026 AGM. <u>Appraisal of Chair, Vice Chair and CEO</u> Arrangements in place from Jan/Feb 2026 whereby the Vice Chair will be included in the CEO and Chairman 360 degree appraisal process. The appraisal panel will include all 3 in addition to another independent Board Member for impartiality.	Q4 25/26
	<b>3.7 Tenure and renewal: tenure for non- executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the organisation to achieve an appropriately skilled, diverse and independent board membership.</b>							
	(3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	No	Board and CDC	If we want to remain at 9 and not move to 6 we need to document why and ensure there is a good succession plan in place to address this. There is also no maximum term for Council board members.	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	The minutes from the meeting on 01.02.2024 are evidence of this discussion and agreement at Board. Board are asked to review and confirm this is still the case.	<b>Remains No</b>  The Board discussed this item in Feb 25.  The minutes from the meeting on 06.02.2025 are evidence of this discussion and agreement at Board: Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	N/A
	(5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-optee.	No	Board and CDC	Need conversation about Council board members and difference set of rules with other 'No' section above	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	The minutes from the meeting on 01.02.2024 are evidence of this discussion and agreement at Board. Board are asked to review and confirm this is still the case.	<b>Remains No</b>  The Board discussed this item in Feb 25.  The minutes from the meeting on 06.02.2025 are evidence of this discussion and agreement at Board: These provisions concerning tenure apply to office held across all of the organisation's boards and committees and those of predecessor organisations, including service as a co-optee.	N/A
	<b>3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.</b>							
	(1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their: (a) Composition, skills, experience and diversity;	Partial	Director of Corporate Services	Arrange a full board appraisal on how board works collectively and invite a critical friend to evaluate some Board Meetings	Remains Partial - Still need an external governance review	Remains Partial - external governance review now being arranged.	<b>Remains Partial</b>  Post completion of the external governance review mid 2025, the following actions have been agreed: <u>Committee annual review</u> Additional paragraphs will be added into the Committee Annual Reports to consider effectiveness and how they include their business. Sub-paragraph will discuss composition, skills, experience and diversity. <u>Board annual review</u> Additional paragraphs will also be added into the Chief and Chairs report to October Board, specifically in relation to effectiveness of Board (aligned to Committee reports at same meeting).	Q4 2025/26

Principle 3-Board Effectiveness - The organisation	(b) Effectiveness in role-modelling the desired culture, values and behaviours of the organisation;	Partial	Board	Invite a critical friend to evaluate some Board Meetings. What further can Board member suggest for evidence to strengthen this section?	Remains Partial - Still need an external governance review	Remains Partial - external governance review now being arranged.	<b>Remains Partial</b>  Post completion of the external governance review mid 2025, the following action has been agreed: <u>Board Training</u> 3 yearly training session on “Values, Culture and Behaviours” already scheduled into training plan. Due to introduction of new Performance and Culture Framework – CORE, 2025 training session moved to mid 2026.	Q1 2026/27
	(2) These matters are regularly and formally reviewed.	No	Director of Corporate Services	Board appraisal of Board performance to be arranged - critical friend could facilitate	Remains No - Still need an external governance review	Remains No - external governance review now being arranged.	<b>Remains No</b>  The Board discussed this item in Feb 25. Post completion of the external governance review mid 2025, Board will reflection on effectiveness of each meeting as final agenda item at every Board meeting.	Q4 2025/26

# ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England  
Company Number 05564649

## Board Meeting

# REPORT

**Date** : 05 February 2026

**Item** : 13

**Subject** : Quarter 4 2025/26 Strategic Risk review

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

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

**Purpose** : Present Board with the updated Strategic Risk Register.

**Recommendation:** Board note the updated Strategic Risk Register.

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

**Agenda Item No. 13  
Date: 05 February 2026**

**1. Report Title**

1.1. Quarter 4 (Q4) 2025/26 review of the Strategic Risk Register (SRR).

**2. Purpose**

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

**3. Recommendation**

3.1. Board note the updated SRR.

**4. Executive Summary**

4.1. The last update on the company's SRR was presented to Audit and Risk Committee in November 2025, after a full Leadership review.

4.2. Leadership reviewed the risks within the SRR again at its meeting in January and the updated register is attached.

4.3. For this Q4 update, **no new risks have been added and none removed**. There have been some minor changes to the causes, effects, assurances, controls, actions and risk ratings.

4.4. The SRR still has seven strategic risks (**Appendix A**). The table below summarises the SRR and shows Inherent, Current and Forecast Residual Risk ratings for each strategic risk:

- **Inherent** – the risk score on the assumption of no controls in place.
- **Current Residual** - the risk score considering the current controls in place.
- **Forecast Residual** - the risk score after considering the planned controls are put in place and actions are completed.

4.5. Each risk is rated on a 5 x 5 scoring matrix, comprising **likelihood** and **impact**.

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

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

4.7. The SRR and ratings as at January 2026 and comparatives from October 2025 are summarised below. The full SRR is detailed at **Appendix A**.



		January 2026			October 2025		
	Risk :	Inherent rating	Current Residual Rating	Forecast Residual Rating	Inherent rating	Current Residual Rating	Forecast Residual Rating
1	<b>Homelessness:</b> Failure to manage Homelessness issues and the subsequent demand for housing within Doncaster	16	16	12	16	16	12
2	<b>Expectations:</b> Failure to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative)	16	12	8	16	12	8
3	<b>Workforce:</b> Failure to recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient, and effective.	16	12	9	16	12	9
4	<b>Building safety:</b> Failure to manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	25	10	5	25	10	5
5	<b>Health, safety, and compliance:</b> Failure to manage corporate health, safety, and compliance risks	25	10	5	25	10	5
6	<b>Governance:</b> Failure to effectively govern and manage in an increasingly regulated climate	16	8	4	16	8	4
7	<b>Tenancy management:</b> Failure to manage the increasingly complex needs and vulnerable tenants across the city.	16	16	12	16	16	12

4.8. Leadership also felt that the start of the new financial year would be a good time to review the format of the SRR as well as the contents and whether any changes are considered necessary.

4.9. There are a number of cross cutting areas and also developments within the sector that are referenced within the register and discussions considered if these and other points raised could be reported could be improved. This will be undertaken in meetings over the next couple of months, with a 'blank sheet of paper' approach taken to build a register to compare with the current SRR and also published registers of other housing providers.

## 5. Background information

5.1. Throughout Quarter 3, Leadership considered recent activity within St Leger Homes Doncaster (SLHD), sector developments and areas to consider over the coming months and discussed these at their recent meeting.

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

5.3. The main areas receiving increasing focus or emerging as new considerations were:

- Awaab's Law came into force in October 2025 and SLHD were ready with increased planning and resources in place. SLHD also had a productive meeting with Rochdale Borough Council to hear about the work they have done in relation to this new law;
- Planning for the Open Housing upgrade to Housing One which went live in early January 2026 following slight delays in late 2025;
- One Repairs Board continuing to meet, delivering the Repairs Improvement Plan and reviewing Property Services ways of working, in particular repairs categories and increasing budget pressure from Call Out jobs;
- Voids Excellence programme looking at all aspects of voids process to improve performance;

- DataSMART board continue to consider SLHD's data arrangements and developed plans for 2026 around four workstreams : Governance, Technical, Tactical and Communications;
  - Stock condition survey work is ongoing, and this will continue to inform the Business Plan;
  - HRA 30 year Business Plan updated, presented to and approved by CDC. The BP includes a number of funding and investment scenarios which will enable CDC's long term financial planning;
  - 2026/27 Annual Development Plan (ADP) drafted;
  - 2026/27 Budget and Performance planning progressed and draft budgets and KPIs have now been produced for SLHD Board and CDC approval; and
- 5.4. Quarter 4 is expected to also be a very busy period for SLHD and includes :
- the new Tenancy Agreement goes live on 1 February;
  - approval by CDC of rent and other charges for 2026/27;
  - approval by CDC of budgets and KPIs for 2026/27;
  - embedding the HousingOne upgrade from mid January go live;
  - recruitment of a new Director of Corporate Services;
  - Implementation of new Corporate Management Framework;
  - following the successful Payroll Managers away days in March (improving sickness) and October (improving performance), another day will be held to consider a key area. The theme for this next meeting is still to be determined;
  - roll out of Phases 2 and 3 of Awaab's Law;
  - joint delivery of Homeless Prevention Partnership Forum;
  - ongoing review of HRA 30 year business plan incorporating investment backlog, stock condition data, non decency, EPC and MEES requirements;
  - planning for Conduct and Competence Standard; and
  - working closely with CDC on Homeless Prevention, Rough Sleeping, Domestic Abuse and HPG Abuse grants and related SLHD structure and new posts.
- 5.5. Preparation work for possible regulatory inspection continues. The ongoing action plan from work done to date is regularly monitored and reported to EMT and Board. Further work is now scheduled with Savills, our critical friend, who are also doing more work with CDC over the next few months. This work will include points arising from recent inspections and published judgements.
- 5.6. The 'Inspection Ready' working group established in April 2025 is meeting bi-monthly to monitor progress on all things related to this and to act as required to ensure SLHD is in the best possible position when selected.

## **6. Procurement**

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

## **7. VFM Considerations**

- 7.1. The underlying principle of risk management is to identify and manage risk in a controlled and cost-effective manner, rather than react to a situation when a risk has materialised which could incur unplanned expense.

- 7.2. VFM is achieving the optimum balance of costs and performance, and the financial reporting and performance management frameworks in place, including extensive benchmarking, ensure VFM is managed as effectively as possible.

## **8. Financial Implications**

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

## **9. Legal Implications**

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

## **10. Risks**

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

## **11. IT Implications**

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

## **12. Consultation**

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

## **13. Diversity**

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

## **14. Communication Requirements**

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

## **15. Equality Impact Assessment (new/revised Policies)**

- 15.1. Not applicable to this report.

## **16. Environmental Impact**

- 16.1. Not applicable to this report.

## **17. Report Author, Position**

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

### **Background Papers**

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

## Strategic Risk Register - Dashboard

As at January 2026

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

RISK OWNER	Head of Access to Homes As at January 2026		
FAILURE TO	1. manage the Homelessness issues and subsequent demand for housing within the city of Doncaster		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"><li>* Impact of changes to the welfare benefit system</li><li>* Reduction in turnover of Social Housing stock and impact on demand reducing early intervention opportunities.</li><li>* Unaffordable Private Rented Sector, rising market rents, freeze on local housing allowance rates and U35 single people housing cost restrictions</li><li>* Extreme Weather Events or other emergency situations</li><li>* Increases in number of rough sleepers with complex needs</li><li>* Access to ebeds at Hostels and reduction in supported accommodation</li><li>* Workforce - skills, culture, recruitment and retention</li><li>* Increase in domestic abuse, ASB and violence causing people to flee</li><li>* Cost of Living crisis and sustainability of customers accommodation</li><li>* Renters Rights Act ending no fault evictions, potential withdrawal of landlords from the market, increase in the reporting of poor standards by tenants</li><li>* Partnership working / insufficient partner engagement to address other parts of the homeless system</li><li>* Increased tenancy failure in Council tenancies and increase in presentations from the ending of NASS accommodation</li><li>* 16/17 year old protocol placement requirements</li><li>* New Government potential amendments to Homeless Reduction Act 17 to remove/amend local connection criteria.</li></ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"><li>* Increase in demand on service beyond accepted levels</li><li>* Judicial Review of Homelessness cases</li><li>* Reduction in Housing Pathways</li><li>* Increased demand for Temp Accom / hotel during transition to new supported housing model.</li><li>* Supply not meeting demand from those in greatest need</li><li>* Economic impact on City Centre and reputational damage</li><li>* Insufficient supply of housing options to meet needs. Unable to deliver statutory service leading to a reduction in prevention and increased homelessness</li><li>* Access to and affordability in the Private Rented Sector increases risk of homelessness and restricts options available to customers.</li></ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"><li>* Increased Management Fee to increase capacity.</li><li>* Journey to Excellence Project completed</li><li>* Monitoring and Flexible use of CDC stock for temp accommodation</li><li>* Annual review of Severe Weather Emergency Plan (SWEP)</li><li>* Multi agency engagement in developing a new housing support model.</li><li>* New structure providing opportunity for progression and succession planning.</li><li>* Multi agency monitoring in place through Complex Lives Alliance</li><li>* Home Options structure</li><li>* Partnership governance arrangements involving key partners from other areas of the system and ultimately governed by Homeless Board</li><li>* HPG, RSI and AFEO funding secured until 2025/26 under new transition fund.</li><li>* 2 x DA Posts until 2026, 2x Homes Option officer funded through Resettlement Grant and 2 x FTE NASS Home Options officer until 2027</li><li>* Tenancy Support to sustain tenancies and limit tenancy failure - Tenancy Support team, Income Management, Mental Health Navigators</li><li>* Director representation on Homelessnesss Board</li><li>* New Homelessness And Rough Sleeping Strategy under development.</li><li>* Service review completed by Independent Consultants</li></ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"><li>* New Performance Management framework in place to track progress through to Homelessness Board</li><li>* New Homelssness Board Prevention Sub Group Chaired by Director of Place</li><li>* Improved case management by Team Leaders</li><li>* Homelessness Board established overseeing Strategic Action Plans</li><li>* Homelessness &amp; Rough Sleeping Strategy</li><li>* Out of Hours service in place</li><li>* Staff training and development in place with performance monitoring arrangements</li><li>* Allocations Policy to be reviewed</li><li>* Tenancy Support Model with performance management to monitor and measure tenancy failure, income maximisation and successes</li><li>* Repurpose DA Safe Accommodation Funding to support victims in TA (2 x FTE)</li><li>* Long term trend in overall numbers placed in TA and Hotels combined reduced</li><li>* KPI for Average Number of Nights projected to achieve Target</li><li>* Active Caseload within officer capacity.</li><li>* 16/17 year old and care leavers protocol reviewed and split into seperate documents (MHCLG feedback) and agreed. Training plan in place.</li><li>* Performance Escalation Clinics Being Held.</li><li>* Lease of PRS Single Person Accommodation.</li><li>* Demand has plateaued with a 7% ytd decrease at the end of Q2,</li><li>* Additional resources secured from MHCLG for Q4</li><li>* Preparations being made for the Impact of the Renters Right Act to be enacted May 2026.</li><li>* Homelessness Prevention Cases Duties owed being sustained at &gt;60% which is Top quartile Performance.</li><li>* Single persons access and pathways and lease arrangements for specific CDC dwellings established</li></ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What further action is planned to treat the risk?			
Action 1	Contribute to Homelessness Review and new H & RS Strategy 2025 (lead on Prevention and Ethicacy Strands)	Head of Access to Homes	Ongoing
Action 2	Develop Thrive Model for Homelessness Households	Head of Access to Homes	Mar-26
Action 3	Implement findings from Consultants report once agreed with CDC and published	Head of Access to Homes	Mar-26
Action 4			
Action 5			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4		
Impact score x likelihood score	12		

RISK OWNER	Chief Executive As at January 2026		
FAILURE TO	2. to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, regulatory, legislative)		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Insufficient awareness of challenges and demands on services and alignment to realistic expectations</li> <li>* Insufficient awareness of current trends within the housing sector</li> <li>* Unrealistic expectations</li> <li>* Continued increases in demand for all service areas over past few years</li> <li>* Comparisons with better resourced Housing Associations and ALMOs - target budget savings for SLHD</li> <li>* Failure to react to changing demand and inability to make changes required</li> <li>* Change in national and local political leadership</li> <li>* Poor / inadequate operational performance and budgetary control</li> <li>* Failure to deliver value for money</li> <li>* Insufficient resource to meet expectations</li> <li>* Impact of new Regulatory standards and Ombudsman</li> <li>* Insufficient engagement and involvement in the Locality Framework</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Increase in complaints</li> <li>* Reduced customer (TSMs) and partner satisfaction</li> <li>* Failure to support strategic, operational and policy initiatives and reputational damage poor perception of SLHD</li> <li>* Excessive / increasing demands on time impacting on capacity for core service delivery</li> <li>* Loss of trust of Board and Council, reduction in services, and possible review of management agreement</li> <li>* Upheld complaints and increased fines which impact on budget and service delivery</li> <li>* Poor, lower quartile benchmarking performance</li> <li>* 'Worst first' and increased risk of early inspection</li> <li>* Poor customer service and inability to deliver excellence</li> <li>* High levels of employee turnover impacting on service delivery</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* Regular Mayoral and portfolio member briefings and attendance at relevant member and officer briefings</li> <li>* Councillor complaints and monitoring system in place</li> <li>* Customer and transactional satisfaction surveys including TSMs</li> <li>* Proactive extensive inclusive engagement with our customers;</li> <li>* Ward member updates by comms and area teams, and meeting attendance;</li> <li>* Meetings held in accordance with assurance framework</li> <li>* National and service specific benchmarking arrangements in place and related communications...;</li> <li>* Business Intelligence (BI) tool implemented producing real time performance information</li> <li>* Identified roles within SLHD structure that engage with the Locality Framework, and people in roles understand their responsibilities</li> <li>* Partnership meetings appropriately attended</li> <li>* Complaints improvement plan complete</li> <li>* Customer Access Strategy review</li> <li>* Spotlight reports on complaints handling Housing Ombudsman</li> <li>* Member Responsible for Complaints (Housing Portfolio Holder)</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* New 5 year M'tment Agreement and SLHD corporate plan approved from April 2024</li> <li>* Additional transactional customer surveys each year, with upper quartile customer satisfaction</li> <li>* Timely, accurate, regular budget monitoring, both capital and revenue</li> <li>* Extensive, positive benchmarking, primarily Housemark (monthly and annual), with review of Quartiles 3 and 4 indicators and actions</li> <li>* Updated Customer Involvement/Tenant Voice strategy, model and structure</li> <li>* bi-annual Councillor forums</li> <li>* 360 degree appraisals of the Chief Executive</li> <li>* Re-designed and delivered 1:1 and performance management training to all people managers</li> <li>* Tenant Satisfaction Measures (TSM) implemented from April 2023. Positive/upper quartile perception results received September 2023</li> <li>* Customer Excellence training framework in place. Rolling programme delivered to all employees. New starters now being trained.</li> <li>* Performance Management Framework in place with redesigned check-ins linking goal setting, performance and compliance</li> <li>* Increased communications to customers</li> <li>* Involvement in the review of THRIVE framework</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Meet / exceed challenging KPIs, TSMs and ADP for 2025/26	Heads of Service	March 2026
Action 2	Preparation for inspection - working jointly with CDC	EMT	Ongoing
Action 3	Review of the Communications Strategy	Head of Customer Service	April 2026
Action 4	Optimise monthly and annual benchmarking with Housemark in line with submission and reporting timetables	Head of Finance	March 2026
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4		
Impact score x likelihood score	8		

RISK OWNER	Head of People & Culture		
	As at January 2026		
FAILURE TO	3. recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> <li>* Skills shortages and ageing workforce - lack of succession planning</li> <li>* Lack of management buy in to recruitment approach (behaviours v. knowledge) and manager involvement in employee engagement / change management</li> <li>* Failure to identify the skills needed for the future (e.g. digital)</li> <li>* Failure to manage people in line with policies and procedures</li> <li>* Policies and procedures - not aligned with strategic direction</li> <li>* Inappropriate targets and lack of timely performance information or management</li> <li>* Lack of appropriate equipment and training</li> <li>* Inability to fill vacancies due to economic factors or pay market rates.</li> <li>* Reduced budgets resulting in limitations on reward packages</li> <li>* Inadequate systems</li> <li>* Lack of career progression/ development opportunities</li> <li>* High or low employee turnover leading to service delivery issues due to vacancies, difficulties in recruiting, succession planning.</li> </ul>		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> <li>* Posts unfilled, impacting on ability to deliver services to our customers</li> <li>* Reduced employee satisfaction and engagement and increased employee turnover</li> <li>* Increased sickness absence in particular stress related absence</li> <li>* Reputational and brand damage</li> <li>* Failure to comply with legislation/regulation</li> <li>* Unproductive and demotivated staff and poor culture</li> <li>* Lower quartiles benchmarking</li> <li>* Customer dissatisfaction and increase in complaints</li> <li>* Health and safety risks</li> <li>* High temporary agency spend and / or consultancy fees</li> <li>* Impact on colleagues' wellbeing from unfilled posts</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> <li>* People Strategy in place</li> <li>* Skills and Behaviours framework in place</li> <li>* Financial and Performance Management framework in place</li> <li>* FLM programme completed and ongoing for all new cohorts</li> <li>* Strategies, Policies and Procedures framework in place</li> <li>* National and local benchmarking arrangements in place</li> <li>* Market supplement available</li> <li>* Attractive Benefits package and communication of total reward statements and packages</li> <li>* Attractive advertising of vacancies selling the total package</li> <li>* Agency Framework for temporary recruitment through Service Care Solutions (preferential rates for permanent placements)</li> <li>* Succession planning in place</li> <li>* Creative advertising of vacancies utilising a variety of platforms including social media, with appropriate designs and as appropriate video content.</li> </ul>		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> <li>* Workforce planning process in place, Leadership Development completed across the business and First Line Manager program delivery complete</li> <li>* Wider range of apprenticeships across the business and career start activity</li> <li>* Regular employee surveys undertaken</li> <li>* Regular check in (personal review) meetings between employees and their line manager</li> <li>* Top quartile customer satisfaction</li> <li>* Budget monitoring and Performance Management frameworks in place</li> <li>* People strategy in place - actions completed</li> <li>* Be well at work Gold award achieved in early 2023</li> <li>* Embedded agile, remote and flexible working</li> <li>* Refreshed people performance framework, linking goal setting, performance and compliance to regular one to ones</li> <li>* Implemented new industry standard Schedule of Rates (SORs) and Infosuite;</li> <li>* Personal Development Plans for all staff in place from 2022 onwards, with central monitoring;</li> <li>* Detailed benchmarking of Trade Pay to further analyse turnover and vacancies against the market conditions</li> <li>* Professional development (sponsored study support) and Career graded roles</li> <li>* Professional membership requirements and senior colleagues part of networking and future focused industry standard groups.</li> <li>* IIP accreditation achieved November 2023 and action plan implemented</li> <li>* Development sessions delivered incorporating Lumina</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight 2=Moderate 3=Significant 4=Major 5 = Critical	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
Action 1	Targeted recruitment initiatives for hard to fill roles	Head of People & Culture	Ongoing
Action 2	Continue to benchmark as required peer group performance benchmarking specifically for trades team DLO including HouseMark peer group	Head of Repairs and Maintenance	Ongoing
Action 3	Deliver Repairs Performance Board actions across phases 4-6, Voids and Out of Hours in 2026	Head of Repairs and Maintenance	Phase 4 in plan from April 25 to March 26
Action 4	Deliver ADP action - full review of recruitment	Head of People & Culture	Mar-26
Action 5	Develop metrics for recruitment	Head of People & Culture	Mar-26
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	3		
Impact score x likelihood score	9		



RISK OWNER	Head of Building Safety		
	As at January 2026		
FAILURE TO	4. manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Failure to carry out risk assessments and deliver resultant recommendations</li> <li>* Lack of leadership, governance, scrutiny and performance monitoring of compliance with Building Safety</li> <li>* Failure to adhere to legislation and keep up to date with emerging best practice and legislative changes</li> <li>* Lack of a responsibility and accountability culture within employee roles in the organisation</li> <li>* Lack of suitably trained, sufficient and competent resources to monitor/deliver compliance</li> <li>* Failure to understand the Building Safety agenda and subsequent legislation</li> <li>* Failure to conduct, review and record specific fire strategies for each HRRBs</li> <li>* Lack of management of future works to buildings by ourselves and other contractors employed by tenants</li> <li>* Suitability of residents within HRRBS and management of the complex issues of vulnerable tenants living in HRRBs</li> <li>* Lack of engagement with tenants and residents</li> <li>* Inability to complete recommendations due to unavailability of materials or specialist labour</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Loss of life, serious physical or mental injury</li> <li>* Loss or serious damage to assets</li> <li>* Investigations and action by regulatory bodies</li> <li>* Legal action (criminal and civil)</li> <li>* Reputational damage,</li> <li>* Financial penalties</li> <li>* High risk residential buildings are deemed as unsafe and residents put at risk</li> <li>* Failure to secure Building Assurance Certificate due to absence of information within the building safety case.</li> <li>* Prohibition notice served or company prosecuted for failure to maintain safety standards</li> <li>* Properties become undesirable/difficult to let, estates have crime and ASB</li> <li>* Vulnerable tenants not receiving the support they need</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	25		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* Health, Safety &amp; Compliance framework in place, including specific policies, plans and procedures for High Rise Residential Buildings.</li> <li>* High Rise Forum established</li> <li>* Processes to ensure employees are competent (skills, knowledge, training, training, tool box talks)</li> <li>* Health, safety and compliance performance report in place. Key stakeholder scheduled reporting</li> <li>* Annual budget allocation</li> <li>* Independent surveys and audits (i.e. gas and electricity) Morgan &amp; Lambert</li> <li>* Annual fire risk assessments are carried out by nationally recognised external fire engineer/expert</li> <li>* Working Group established to monitor progress of FRA recommendations</li> <li>* Compliance team in place</li> <li>* Head of Building Safety appointed.</li> <li>* Keeping in Touch visits prioritised for tenants in high rise buildings</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* External experts appointed to provide advice on building safety and fire related issues</li> <li>* Building Safety &amp; Compliance Committee embedded</li> <li>* Internal and external audit programme</li> <li>* Self assessment compliance check against legal register</li> <li>* On site caretaker service and CCTV monitoring reports</li> <li>* Partnership working with South Yorkshire Fire and Police services</li> <li>* Fire Suppression Systems installed and operational in all high rise accommodation</li> <li>* Building Safety Team embedded within wider Team</li> <li>* External health check on 'fire' and other compliance areas to be put in place</li> <li>* Training requirements identified across the business and programme developed to support and manage building safety and compliance</li> <li>* Resident engagement strategies for each high rise building</li> <li>* Budget provision for all FRAs</li> <li>* Housing management enforcement carried out for tenants who deny access</li> <li>* BS9980 assessments carried out on identified highrise (Silverwood / Intake Blocks)</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	10		
What further action is planned to treat the risk?			
Action 1	Delivery of recommendations arising from FRAs. The Plan is to make the improvements following the remediation works to the EWI on the buildings at Balby starting with Cusworth House in 25/26. Under the new Building Safety Act Legislation a Gateway (G2) application is needed. timescales associated with G2 applications are between 8-12 weeks resulting in construction commencing post contractor appointment so delivery after April 2026.	Head of Building Safety / Head of Major Projects	Sep-26
Action 2	Complete recommendations arising from the 'fire' external health check. -Complete the render remediation scheme at Balby Bridge (which is now underway). Project completion delayed as a result of identification of absent fire cavity barriers by 10 weeks completion and site clearance now set for 01 May 2026	Head of Major Projects	May-26
Action 3			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	5		



RISK OWNER	Head of Building Safety		
	As at January 2026		
FAILURE TO	5. manage corporate health, safety and compliance risks		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> <li>* Lack of an effective health and safety management system</li> <li>* Failure to carry out suitable and sufficient risk assessments and produce safe systems of work</li> <li>* Failure to adequately follow legislatio, corporate policies, procedures and risk assessments (culture)</li> <li>* Lack of a responsibility and accountability culture within the organisation - both employees and management</li> <li>* Lack of leadership around health, safety &amp; compliance</li> <li>* Ineffective health surveillance and monitoring programmes in place</li> <li>* Lack of resources to manage health, safety and compliance</li> <li>* Lack of competent and suitably qualified staff</li> <li>* Lack of governance, scrutiny and performance monitoring of health, safety &amp; compliance</li> <li>* Failure to keep accurate compliance data, records and certification</li> <li>* Inadequate IT/data systems to capture key data and provide performance and assurance reporting</li> </ul>		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> <li>* Loss of life, serious physical or mental injury</li> <li>* Increased staff sickness</li> <li>* Increased turnover of staff</li> <li>* Reduced staff motivation and engagement</li> <li>* Legal action (criminal and civil)</li> <li>* Reputational damage</li> <li>* Financial penalties (fines)</li> <li>* Serious failings ratings from regulator following inspection</li> <li>* Investigations and action by regulatory bodies</li> <li>* Termination of management agreement</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	25		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> <li>* H&amp;S Management System framework in place - plans, policies, procedures and risk assessments</li> <li>* Compliance data management system in place (C365)</li> <li>* Suitable control measures in place from risk assessments (including safe systems of work)</li> <li>* Processes to ensure employees are competent (skills, knowledge, training, experience, training tool box talks)</li> <li>* Monitoring processes, with inspections at all levels across the organisation.</li> <li>* Audit programme in place for buildings and services.</li> <li>* Health and wellbeing promotion (incl. employee healthcare scheme)</li> <li>* Scheduled reporting processes in place to key stakeholders incl. fire risk assessment programme</li> <li>* Health, safety and compliance performance management framework in for governance</li> <li>* Building Safety Team in place and embedded</li> </ul>		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> <li>* Internal/external audit programmes</li> <li>* SLA with CDC</li> <li>* Inspection programme in place at all levels in the organisation</li> <li>* Presence of accident and incident reporting procedure</li> <li>* British Safety Council 5* award and actions implemented from this</li> <li>* Board reporting governance through Building Safety and Compliance Committee</li> <li>* ISO45001 accreditation</li> <li>* Compliance healthcheck carried out for external verification</li> <li>* Operational and core safety and compliance groups set up with CDC</li> <li>* Recommendations arising from compliance health checks delivered</li> <li>* Health surveillance programme in place</li> <li>* Implementation of Health and Safety audit action plan</li> <li>* Pennington's health check completed with action plan developed</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	10		
What further action is planned to treat the risk?			Action owner ?
Action 1	Complete action plan developed during Penningtons Healthcheck in Q2 2025/26.		Head of Building Safety
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	5		

RISK OWNER	Chief Executive		
	As at January 2026		
FAILURE TO	6. effectively govern and manage in an increasingly regulated climate		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> <li>* Failure to adhere to Regulator's new Standards and receive resulting adverse inspection</li> <li>* Failure to adhere to Financial Regulations and operate robust budget management</li> <li>* Failure to adhere to corporate policies</li> <li>* Failure to meet Housing Ombudsman guidance</li> <li>* Failure to adhere Building Safety Regulator requirements</li> <li>* Failure to operate a robust compliance framework</li> <li>* Local government social care code</li> <li>* Increase in complaints from the Ombudsman's Offices and lack of resources to deal with these effectively</li> </ul>		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> <li>* Failing to meet all Regulatory and legal requirements - adverse Regulatory Inspection</li> <li>* Unable to deliver services to required standard</li> <li>* Budget overspend, reduction in services.</li> <li>* Loss of trust of Board and Council</li> <li>* Poor financial and operational performance, customer dissatisfaction</li> <li>* Insufficient customer engagement, involvement and communications</li> <li>* Increase in complaints and failure to address them and meet HO handling code, adverse impact on budgets and services</li> <li>* Poor, lower quartile benchmarking performance</li> <li>* Adverse publicity and reputational risk/damage</li> <li>* Management agreement review by CDC</li> <li>* Financial penalties from compliance failures and increase in compensatory payments (remedies)</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> <li>* Self assessment against all standards and compliance and action plans</li> <li>* Critical friend work undertaken and detailed action plans</li> <li>* Close watching brief on local and national issues affecting the borough and sector</li> <li>* Attendance of numerous governance working groups, webinars, conferences</li> <li>* Regular attendance at Mayoral Cabinet, OSMC, member and officer briefings</li> <li>* Review of governance arrangements, work undertaken to improve accountability and 'Inspection ready' panel</li> <li>* Team Doncaster member with close working relationships with key stakeholders.</li> <li>* Timely Financial and Operational performance indicators and information.</li> <li>* Focus on VFM to drive efficiency savings and increase capacity</li> <li>* Process for collection of TSMs periodically</li> <li>* TSP and OVF groups in place - consultation on strategies and policies and TSP challenge on implementation;</li> <li>* Annual Complaint and Service Improvement Report;</li> <li>* Member Responsible for Complaints in place (Housing Portfolio Holder)</li> </ul>		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> <li>* Robust Governance and Performance Management Frameworks in place</li> <li>* Reports to Leadership, Audit &amp; Risk and Performance &amp; Improvement Committees, Board and CDC</li> <li>* Timely, accurate, regular budget monitoring, both capital and revenue</li> <li>* Increased tenant engagement resulting in enhanced oversight from tenants</li> <li>* Tenant voice strategy action plan</li> <li>* TPAS accreditation</li> <li>* Changes to complaints handling processes improving performance</li> <li>* Board training plans in place</li> <li>* Housing Management and Housing Options realignments complete in 23/24</li> <li>* NHF Code of Governance adopted by Board</li> <li>* Critical friend appointed to review governance arrangements and undertake mock inspection</li> <li>* Governance peer group developing and NFA Governance group in operation</li> <li>* Annual self assessment against HO complaints code involving TSP representatives</li> <li>* Internal Complaints Charter Video</li> <li>* Live consolidated action plan reported to Building Safety and Compliance Committee.</li> <li>* Mock inspection undertaken in 2024 and self assessment completed. Action plans in place</li> <li>* Increased Customer Resources Team to deal with increase in complaints and regulation.</li> <li>* Property/building safety/asset group' action plan developed and being implemented</li> <li>* Implementation of a development pathway to support succession planning for tenant board members and representatives</li> <li>* TPAS exemplar accreditation achieved November 2025</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	8		
What further action is planned to treat the risk?			
Action 1	Maintain close watching brief of local and national economic developments	Action owner ?	Timescale
Action 2		Leadership	On-going
Action 3			
Action 4			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	4		

RISK OWNER	Head Of Housing Management As at January 2026		
FAILURE TO	7. Manage complex needs and vulnerable tenants across the borough: Increasing complexity in tenants needs (eg. Mental Health, safeguarding, asb) requires more intensive , multi-agency responses.		
What might cause the risk to occur?  'CAUSE'	* Rising prevalence of mental health issues among tenants, including anxiety, depression, and trauma-related conditions. * Increased incidence of safeguarding concerns, such as domestic abuse, exploitation, or neglect. * Escalation in anti-social behaviour (ASB) linked to substance misuse, social isolation, or unresolved tenancy disputes. * Reduction in external support services, e.g. cuts to NHS mental health teams, social care, or police resources. * Fragmented multi-agency coordination, leading to delays or gaps in support for complex cases. * Limited staff capacity or training to manage high-risk or vulnerable tenants effectively. * Demographic shifts, such as younger or more vulnerable households entering social housing. * Impact of cost-of-living pressures, which can exacerbate mental health, safeguarding, and ASB issues. * Breakdown of external support either through non-engagement from tenants, or capacity from providers		
What are the possible consequences if the risk occurs?  'EFFECT'	* Increased pressure on frontline housing staff, higher sickness absence, and reduced service quality. * Escalation of unresolved tenant issues, resulting in tenancy breakdowns, evictions, or legal action. * Higher demand for emergency accommodation, including temporary housing and safeguarding placements. * Reputational damage due to perceived failure to support vulnerable tenants or respond to ASB effectively. * Increased complaints and scrutiny from elected members, regulators, or the Housing Ombudsman. * Failure to meet statutory duties, such as safeguarding obligations or reasonable adjustments under the Equality Act. * Strained multi-agency relationships, especially if coordination is poor or responsibilities are unclear. * Budgetary pressures, as complex cases often require more intensive, longer-term interventions		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	* Tenancy Support Model * A structured approach to identifying and supporting tenants with complex needs, ensuring early intervention and tailored support. * Tenancy Support Officers (TSOs) work closely with vulnerable tenants to help maintain their tenancies, navigate services, and manage risks. * Specialist mainstreamed roles within SLHD to support tenants experiencing mental health challenges and to liaise with health services. * Mental Health Navigators provide 1-1 support to ensuring customer is navigated to the appropriate mental health if required. * Support issues are identified through the Keeping in Touch Visits - i.e. safeguarding * Commissioned external support services * Statutory Support Services * Partnership working * Customer insight/ information data * Regular staff Check Ins * Centralised Safeguarding and ASB Team for consistency of approach to high category cases		
What are the current assurance activities around the risk?	* Performance management showing increased prevention cases. * Safeguarding flags embedded in tenant records (e.g. "don't attend unannounced") * Multi-agency working through the Thrive model and ASB Theme Group. * Sustainable Tenancy Fund and policy to support at-risk tenants. * The Housing Management Policy ( under review in line with CDC Tenancy Strategy & Amendments to tenancy agreement Oct 25) * Housing Management Strategy for early intervention, partnership working, and tailored support for vulnerable tenants. * The ASB Policy March 2025 outlines a prevention-first, victim-centred approach * The Safeguarding Policy details the safeguarding framework will ensure a coordinated, multi-agency approach to protect the vulnerable * The Vulnerable Persons Policy ensures customers who may become vulnerable at any point in their lives are able to access services * Positive internal audit reports relating to the Tenancy Agreement and the handling of ASB cases.		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Develop Multi-Agency Support Plans -strengthen collaboration with statutory and voluntary sector partners to ensure co-ordinated responses to complex cases	HOS	Feb-26
Action 2	Provide Training on Complex Needs - upskilling frontline staff to better identify, understand and respond to mental health, safeguarding and ASB related issues	HOS	Apr-26
Action 3	Allocate Resources Effectively : Review and Adjust staffing levels and caseloads, especially in Tenancy Support and ASB teams, to reflect the growing complexity of tenant needs.	HOS	May-26
Action 4	Enhance Communications with Partners and Tenants- Manage expectations and build Trust by clearly communicating service limitations and the shared responsibilities of multi-agency working - including the implementation of the Neighbourhood Charter	HOS	Mar-26
Action 5	Monitor and review workforce capacity- address risks related to staff resilience and well-being, ensuring teams are supported and sustainable under increasing demand	HOS	On going
Action 6	Embed use of insight Data- Leverage tenant vulnerability data to inform service delivery, prioritisation, and early intervention strategies, as outlined in the Vulnerable persons policy	HOS	On going
Action 7	Understand the impacts and resource requirements for Awaabs law on the DLO workforce and inspectors, interdependencies with the DMC team and systems and CDC (Funding)	HORM	On Going
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		

## Risk rating methodology

Each identified risk is assessed three times using a standard risk matrix below:-

- **INHERENT Risk** - This is the initial assessment with the assumption of no controls in place
- **CURRENT Residual Risk** - The risk score taking into account the current controls in place to mitigate the risks, thereby potentially reducing the likelihood or impact
- **FORECAST Residual Risk** - The risk score after taking into account the planned controls and actions are put in place.

The risks are assessed based on a 5 x 5 numerical traffic light scoring matrix shown below, which comprises of **likelihood** and **impact**.

		IMPACT				
		1 = Insignificant	2 = Low	3 = Medium	4 = High	5 = Very High
LIKELIHOOD	5 = Very Likely					
	4 = Likely					
	3 = Possible					
	2 = Unlikely					
	1 = Very Unlikely					

Score	LIKELIHOOD bands
5 = Very Likely	50 - 100% likely to occur within 12 months
4 = Likely	40 - 49% likely to occur within 12 months
3 = Possible	21 - 39% likely to occur within 12 months
2 = Unlikely	11 - 20% likely to occur within 12 months
1 = Very Unlikely	1 - 10% likely to occur within 12 months

		ESTIMATED IMPACT				
		1 =Slight	2 = Moderate	3 = Significant	4 = Major	5 = Critical
TYPE OF RISK	Financial / Fraud	Up to £999	Financial loss of up to £10,000	Financial loss up to £100,000	Financial loss of up to £999,000	Financial loss of £1,000,000 or above
	Legislation	No Real Impact	Limited regulatory impact Breaches of local procedures or standards	Limited regulatory consequence Breaches in regulation standards	Significant regulatory consequence Breaches in law punishable by fine only	Substantial regulatory consequence Breaches of law punishable by imprisonment
	Safety	No injuries	Injury to an employee or member of the public requiring on-site first aid	Injury to an employee or member of the public requiring medical treatment	Permanent injury to an employee or member of the public	Irreversible multiple injury or death. Major sanction by HSE and closure of a major part of the business
	Reputation	No media attention	Adverse local media attention – local newspaper report	Adverse regional media attention – televised or newspaper report	Adverse media attention – national newspaper report	Sustained negative headlines in the national press or television report
	Service Delivery	Will not impact on customer service	Unlikely to impact on customer service	Likely to impact on customer service	Very likely to impact on customer service	Certainty to impact on customer service
	Strategic	Will have a minor impact on strategic priorities	Will have a low impact on key strategic priorities	Will have an impact on key strategic priorities	Will have a major impact on key strategic priorities	Closure of major part of the business

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 05 February 2026

**Item** : 14

**Subject** : Q3 Revenue Monitoring Report  
2025/26

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

**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  
31 December 2025.

### **Recommendation:**

For Board to note the Revenue Monitoring report as at 31 December 2025 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  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 14  
Date:05 February 2026**

**1. Report title**

1.1. Quarter 3 (Q3) Revenue Monitoring Report 2025/26.

**2. Purpose**

2.1. To report actual and projected income, expenditure and variances to 31 December 2025/Quarter 3 and 2025/26, to the approved budget and related commentary.

**3. Executive Summary**

3.1. At the end of December, there are several variances to budget to note in the projected outturn to 31 March 2026. Projections include additional Management Fees totalling £890k to cover the pay award (£426k), St George's Court security (£120k), Awaab's Law additional costs (£225k), assumed efficiency savings of £80k and now also monies towards Category 1 hazard stock condition repairs (£199k).

3.2. Projections show a reduced **Surplus of £100k for HRA** activities and an improving **Surplus of £127k for General Fund (GF)** activities. Together this means a projected **Surplus of £227k for SLHD** in total, for the first time this year. The table below summarises movements in the projections over the past few months.

Projections to 31 March 2026	HRA -Surplus / Deficit £k	GF -Surplus / Deficit £k	SLHD -Surplus / Deficit £k
<b>December / Q3</b>	<b>-100</b>	<b>-127</b>	<b>-227</b>
November	212	-71	141
September / Q2	198	-37	161
August	283	73	356
July	371	77	448
June / Q1	384	77	461

3.3. **It should be noted here** that the projected outturn for the HRA activities has moved from a £212k Deficit in November to a £100k Surplus in December, but £199k of this relates to additional Management Fee approved by CDC in the month. This was requested earlier in the year specifically for additional costs already projected relating to increases in Category 1 Hazard Stock Condition Repairs.

3.4. Many budget pressures remain. Salary costs are the main overspend, with savings from low vacancy numbers not covering excess call out and overtime. Other budget areas are also projecting overspends. Variances have changed in recent months and commentary appears below as appropriate.

- 3.5. The main points to note from the above projection movements from September (Q2) to end of December (Q3) are:
- £247k of increased savings on salary costs due to vacant post levels and timing of appointments;
  - £100k of increased Call Out costs
  - £47k of increased Overtime;
  - £41k more in Materials in responsive repairs – mainly roofs and scaffolding related
  - £90k lower Supplies and Services from reduced valuation costs from RTB sales in particular which are now expected to be lower than initially projected, and acquisitions;
  - £63k more External Contractor costs from actual ‘waking watch’ costs, Fire Risk Assessments, sprinkler works, lift costs and windows replacements;
  - £40k less Capital Income from lower ad hoc roofing due to delays and capacity;
  - £70k reduced hotel costs (GF); and
  - £34k lower HB income (GF).

### Budget pressures / projected variances

#### HRA OPERATIONS

- 3.6. HRA main variances projected at end of Q3 compared to Q2 and Q1 are shown below. Heads of Service commentary appears in the report below

Budget £k	<u>HRA Variances</u>	Q3 projected variance £k	Q2 projected variance £k	Q1 projected variance £k	Comments
32,306	Salaries-core	-392	-145	326	Vacant posts, temp appointments, 2 x damp and mould staff
711	Salaries-Call Out	530	430	280	Budget £711k, Projection £1,241k
25	Salaries-Overtime	182	155	47	Overtime utilising savings from vacant posts
33,042	Salaries total	320	440	652	Total impact on salaries of the above
0	Temporary staff	107	102	45	Vacancy cover mainly Property Services
590	Utilities	-134	-132	-18	Usage and prices lower than budget
2,228	Supplies & Services	212	302	114	Balby Bridge concierge/security, skips, RTB & acquisition valuations
8,373	Materials	169	128	49	Property Services Damp and Mould impact.
1,747	External Contractors	258	195	189	Security £120k, sprinklers £58k, lifts £33k, windows £30k.
-12,852	Capital income	-19	-59	-43	Systems Administrator recharge, ad hoc roofing
-42,705	Management Fee	-864	-665	-665	Pay award, security, Awaab's Law, efficiencies, Cat 1 SCS repairs
10,167	Net Others	-149	-113	61	Minor variances on numerous budget lines.
0	Deficit	-100	198	384	

## GF OPERATIONS – Housing Options

3.7. GF main variances projected at end of Q3 compared to Q2 and Q1 are shown below. Heads of Service commentary appears in the report below

Budget £k	<u>GF Variances</u>	Q3 projected variance £k	Q2 projected variance £k	Q1 projected variance £k	Comments
2,097	Salaries-core	25	22	27	Vacant posts, temp appointments
43	Salaries-Pay award	26	26	26	Pay award - 3.2% actual vs 2% budgeted
2,140	Salaries total	51	48	53	Total impact on salaries of the above
13	Temporary staff	7	20	30	Vacant posts, agency staff cover
55	Repairs & Maintenance	90	35	35	Additional G&T site repairs
944	Premises	53	53	0	Increased TA rent costs
2,905	Supplies & Services	-693	-579	55	Addl Prevention Fund spend £59k, hotel savings -£645k
-6,291	Income	447	412	-69	CDC secondment, external funding & reduced HB £450k
234	Net Others	-82	-26	-27	Minor variances on numerous budget lines and £26k M'ment Fee.
0	Deficit	-71	-37	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 in the year to date are summarised in the tables above and, as they have been for most of the year to date, continue to be 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 60% of all expenditure 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 three years and also the number of budgeted WTE posts and vacancy factor assumed by WTE in each area for 25/26. There are currently 53.2 WTE vacant posts which is just above average for the past two years but prior to 24/25, the average was higher at around 75 WTEs.

<u>Budget 25/26</u>			<u>Vacant posts 2025/26</u>			<u>Vacant posts 2024/25</u>				<u>Vacant posts 2023/24</u>			
	<u>VF 4%</u>		<u>Q3</u>	<u>Q2</u>	<u>Q1</u>	<u>Q4</u>	<u>Q3</u>	<u>Q2</u>	<u>Q1</u>	<u>Q4</u>	<u>Q3</u>	<u>Q2</u>	<u>Q1</u>
<u>WTEs</u>	<u>Vacant</u>	<u>Directorate</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>
212.7	8.9	Housing/Customer	5.8	4.7	5.7	2.0	2.0	4.4	3.9	5.6	7.6	9.0	19.0
67.7	2.8	Corporate	5.7	4.7	4.5	3.5	3.5	3.1	2.6	2.5	4.5	5.5	5.7
97.3	4.1	Asset M'ment / Safety	8.4	8.2	8.8	3.0	3.0	2.0	10.6	8.0	7.6	9.0	11.0
445.4	18.6	Property	27.0	19.5	28.4	27.0	21.0	30.0	41.0	38.1	42.5	42.0	45.5
53.0	2.2	Home Options GF	6.3	4.3	5.0	5.0	5.0	2.0	4.5	2.5	10.0	11.0	4.0
876.1	36.6	Totals	53.2	41.4	52.4	40.5	34.5	41.5	62.6	56.7	72.2	76.5	85.2



## **Housing Management:**

- 4.4. Within Housing Management, overall budgets totalling £12m are broadly on track, with projected outturns closely aligned to the original allocations. However, a number of budgetary pressures have emerged across the service, particularly in the following areas:
- Temporary security deployment at Balby Bridge concluded in September 2025 at an unbudgeted cost of £89k;
  - Indirect employee costs continue to indicate a potential overspend on mileage within Housing Management;
  - With the creation of the new Access Team this year, more cases are likely to be referred to CDC Legal for non-compliance or access issues and may result in a budget pressure;
  - Balby Bridge Protective clothing/cleaning materials costs increased and remains as a possible budget pressure due to rough sleepers accessing the blocks;
  - People Safe devices remain a budget pressure, with 93 units purchased for over a two-year period and no dedicated budget currently in place;
  - SLAs for grounds maintenance and tree works are projected to remain on budget at year-end. However, the Legal SLA faces pressure due to additional court costs incurred for the 37 closure orders obtained;
  - Potential savings have been identified in Metro Clean SLA during the first week of January 2026 from possible overcharging by a total of £35k. This is being investigated further;
  - Treatment of infestations remains a budget pressure. To monitor costs, additional lines for area spend on infestations have been set up by finance;
  - Temporary Accommodation currently has an allocated budget of £8k, however, spend has already exceeded £9.3k, resulting in a budget pressure. A new decant policy and procedure is being developed to address this and will provide clarity on expenditure going forward;
  - G&T repairs reported year end forecast overspend is unchanged and this continues to be flagged as a general fund on going pressure; and
  - Tenancy Agreement Consultation – budget pressures existed for the original delivery of the preliminary notice but an additional pressure of £18k has emerged for the required Notice of Variation.

## **Customer Services:**

- 4.5. No major issues at this stage of the year. Any budget pressures are linked to employee expenses are related to the pay award and vacancies factor.
- 4.6. Most budgets remain broadly on track, with projected outturns closely aligned to the original allocation and at this stage there are no concerns. Indirect employee costs indicate an overspend on mileage within the Customer Involvement Team. This is being investigated to identify any different ways of working to reduce future claims.

## **Corporate Services:**

- 4.7. No major issues within this Directorate.
- 4.8. The main pressure is as reported previously, £48k 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.

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

- 4.9. With the inclusion of additional management fee (£395k), alongside significant savings on staffing (£199k) and premises related expenses (£115k), at Q3 the Asset Management department is now projecting an end of year surplus of just over £566k. This is an increased surplus from November's projection of £496k.
- 4.10. Although the financial position is positive, close monitoring of budgets continues, particularly in relation to potential risks / cost pressures that have been identified including:
- Waste / Refuse Costs. Skip usage at Shaw Lane, particularly from voids, alongside extra costs associated with waste segregation continue to result in an overspend in this area. It is likely that spend in this area will exceed current budget forecasts and has the potential to impact upon the overall forecast surplus by up to £24k;
  - 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;
  - 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 are likely to result in an overspend of at least £10k, which has not yet been factored into budget projections. This will be re-assessed at the end of January;
  - Play Areas. As per previous years, expenditure is reactive to deal with health and safety issues as they arise and costs incurred to date are already in excess of the original budget and may increase further. 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; and
  - Waking watch at St George's Court. Whilst additional management fee to fund this was provided, this continued longer than anticipated and incurred £50k in costs over and above what was expected and provided for.

### **Building Safety:**

- 4.11. Staffing – there is a part time Compliance Assistant grade 3 vacant which will now be held vacant until the end of financial year towards fire risk assessment overspend. We also have one long term sickness case but this is not currently affecting salary costs
- 4.12. The Fire Risk Assessment (FRA) projected costs are expected to be £27k over the £85k budget. We were planning to do a number of low risk FRAs inhouse but we have had some C365 technical issues which are being addressed by the software provider.
- 4.13. Morgan and Lambert (third party gas and electrical checks) came over to team management in April 2025. Spend up to end of November is £29k and is tight for the rest of the year but being managed with contractors. This contract is being robustly managed now to provide the assurance we need and will be a cost pressure raised at budget setting for 26/27.
- 4.14. Other areas of concern and close monitoring are costs relating to safety inspection, in particular for the automatic door and roller shutters.
- 4.15. Other budgets currently on track to spend with budget for this year.

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

- 4.16. The main areas to note at this stage are summarised below.
- 4.17. **Salary costs** : Salary costs have increased by £65k since November.
- **Call out** has increased by a further £100k to £1.24m, a £530k overspend on budget (including holiday pay £56k). Constant reviews and policy updates are ongoing to drive down costs mainly around Run Over Jobs (ROJ) and attend to days (A2D). This will take time so the forecast to year end has not reflected and potential savings. Further vacancy savings of £35k has helped offset some of the call out additional pressure of ROJs and demand. December costs also run into January, so our profiles take account of the additional cost pressures in December including cover with sub-contractors over the break
  - **Overtime** has increased by a further £15k to £158k, £48k over budget.
- 4.18. **Materials:** Overall £80k increase since Q2 and overspend now at £159k. This is largely due to an increase in reactive repairs predominantly for roof repairs following leaks after wet weather. This has resulted in increase for scaffolding that has been in demand more than in the summer months. There has also seen a spike in WOW materials around the number of poor concrete paths at All Saints square. A £20k reduction on planned capital works due to the ad-hoc roofing jobs delayed due to asbestos surveys according to assets, so we have reduced anticipated spend to £100k as we will be unable to deliver £140k in Q4 as we are still awaiting the list of roof replacements (see capital income).
- 4.19. **External Contractors;** a £50k increase pressure at Q3, primarily due
- £25k doors & windows from further increases in demand/jobs.
  - £10k increase number of drainage works, still underbudget by £10k in total,
  - £10k door entry systems demand in repairs/access issues,
  - £10k ad-hoc repairs increase in demand.
  - £5k saving on TV aerial maintenance.
- 4.20. **Capital Income:** Reduction on Ad-hoc roofing of £40k. Original forecast of £140k was based on planned team receiving the allocation of works in a timely manner to achieve the target with existing resource by end of March. Delays due to asbestos surveys has reduced capacity to deliver this.
- 4.21. **Risks;** (as noted at Q2, but still ongoing) Demand on repair numbers will increase in winter months and with Awaab's law coming into force, diaries are now filling up into next year with standard repairs and accommodating the 12-week timescale for Damp and Mould works (DMC) follow on works that may need an additional resource in addition to the 4 FTE's "trade assistants" we recruited that are undertaking DMC wash downs full time already.
- 4.22. The number of apprentices finishing college is higher than usual this year at 17 and not all students finish in September. We may have an issue with the number of posts held back for trades other than Gas/Electrical where we have some provision, not being sufficient for all apprentices.

4.23. Repairs and voids volumes to date with comparatives are shown below.

<u>Year To Date repairs orders – 9 months</u>	<b>Dec-25</b>	Dec-24	Dec-23	Dec-22	Dec-21	Dec-20	Dec-19
	<b>no.</b>	no.	no.	no.	no.	no.	no.
Emergency Orders	<b>15,405</b>	17,272	17,811	18,777	10,308	6,746	6,786
Urgent Orders	<b>19,890</b>	17,717	17,673	18,723	22,759	23,495	26,568
Routine Orders	<b>18,376</b>	22,201	20,902	11,059	12,033	10,646	14,177
Scheduled Orders	<b>2,563</b>	669	284	6,544	6,495	6,847	8,802
<b>Total</b>	<b>56,234</b>	57,859	56,670	55,103	51,595	47,754	56,333
<u><b>Voids</b></u>							
Terminations – <u>Year to date</u>	<b>844</b>	848	843	860	847	936	1,113
Lettings – <u>Year to date</u>	<b>819</b>	740	868	907	838	n/k	n/k
Lettable voids at month end *	<b>178</b>	188	108	118	140	199	104
Non lettable at month end	<b>6</b>	8	5	8	2	20	1
Earmarked for demolition	<b>4</b>	0	0	0	5	0	0
<b>Gross voids at month end **</b>	<b>188</b>	196	113	126	147	219	105
<i>Acquisition voids included within above numbers</i>	<b>26</b>	35	12	1	n/k	n/k	n/k

4.24. The above table reports some consistent numbers year on year for the past few years, notwithstanding the impact of Covid in 2020/21:

- Year to date repairs orders around the 56,000 level although the mix of repair types has changed;
- Termination levels have been very similar in five consecutive years for the periods to the end of December; and
- After accounting for acquisition properties, void numbers are higher in the past two years, and letting numbers are also lower than terminations in the past two years.

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

4.25. The projected 2025/26 outturn for General Fund services for is now a **Surplus of £127k**.

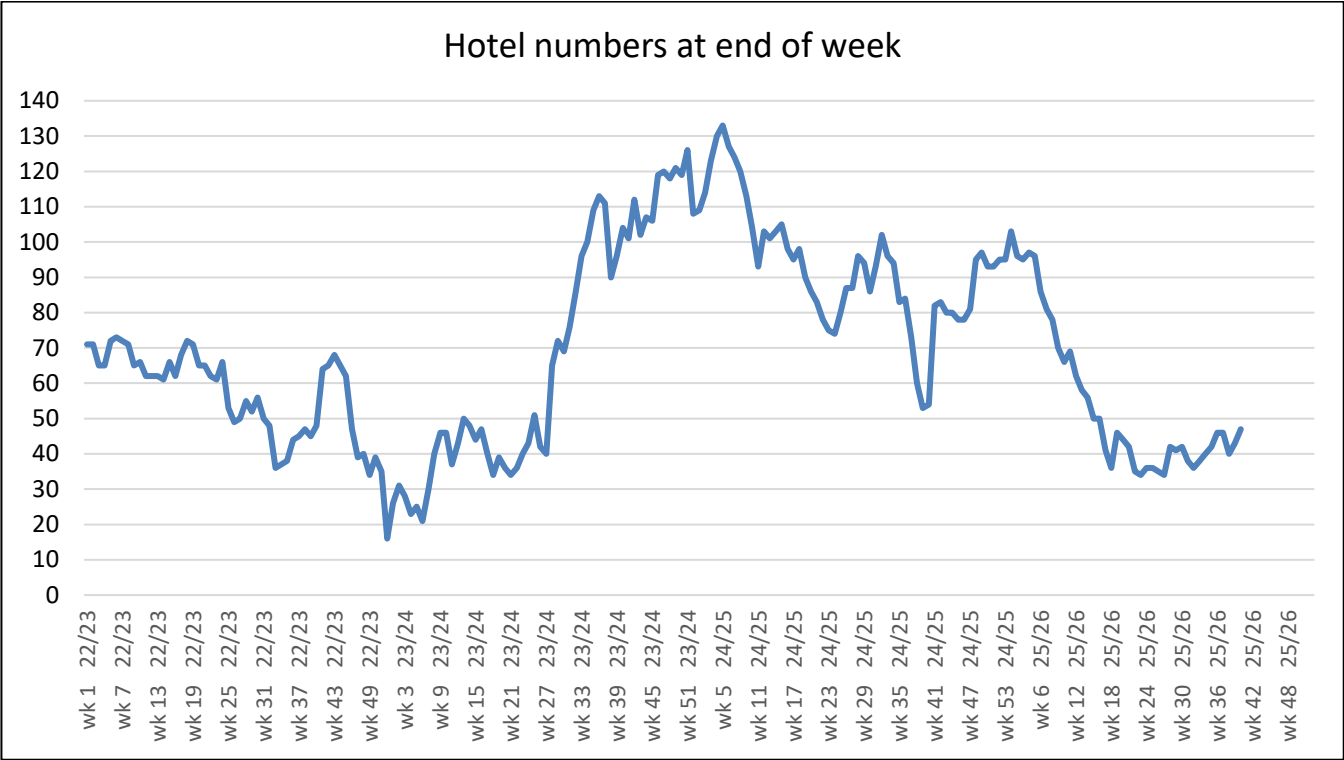
4.26. This Directorate again reports an improving position, largely as a result of reduced hotel usage and related costs. This is also reflected in improving KPI performance where the average number of nights in hotel accommodation is now meeting the target of 21 nights and the homeless prevention KPI is exceeding its 50% target percentage.

4.27. 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. G&T sites are projecting a small deficit due to increased repair costs and the Homelessness service is projecting a surplus, mainly from lower hotel costs and higher HB recovery rates.

		Projected Outturn £k	Budget £k	Projected variance £k
<b>HOUSING ADVISORY</b>	Total Expenditure	2,238	2,161	77
	Management Fee	-544	-475	-69
	Income – grants etc.	-1,686	-1,686	0
	<b>Deficit / -Surplus</b>	<b>7</b>	<b>0</b>	<b>7</b>
<b>HOMELESSNESS</b>	Total Expenditure	3,169	3,833	-664
	Income – H Benefit	-2,109	-2,625	516
	Management Fee	-1,234	-1,208	-26
	<b>Deficit / -Surplus</b>	<b>-174</b>	<b>0</b>	<b>-174</b>
<b>G&amp;T SITE</b>	Total Expenditure	255	215	40
	Income			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
	Management Fee	-82	-82	0
	<b>Deficit / -Surplus</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Deficit / -Surplus</b>		<b>-127</b>	<b>0</b>	<b>-127</b>

- 4.28. The forecast outturn position for SLHD General Fund services at Q3 for 2025/26 has improved to a surplus of £127k inclusive of the £26k additional management fee agreed for 25/26 pay award above the budgeted amount.
- 4.29. The forecast housing benefit (HB) recovery assumption for hotels has been increased from 92.5% to 95%. This assumption will continue to be reviewed in Q4 as we gain greater confidence in the continued improvement of the recovery rate. Any increase to this assumption would have a significant positive impact on the forecast outturn. This recovery rate applies to SLHD only. The CDC General Fund bears the full HB cost above the LHA limit allowed by government subsidy, although the impact of reduced hotel spend is more significant to the current CDC overspend on housing benefit.
- 4.30. In terms of risks, demand from households presenting as Homeless remains stable, but high and drivers for homelessness such as the economy, inflation and high rents vs Local Housing Allowance. This unstable environment means it would be premature to assume service pressures could not quickly change and demand for emergency accommodation increase.

4.31. The graph below shows how hotel numbers have fluctuated over the past 4 years



**Nigel Feirn**  
**Head of Finance and Business Assurance, SLHD**

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

## St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 December 2025

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2025 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
<b>Management Expenditure</b>							
Employee Expenses	35,635	26,730	27,035	305	36,186	551	2%
Premises Expenses	2,316	1,740	972	-768	2,295	-21	-1%
Transport	2,565	1,920	1,941	21	2,532	-34	-1%
Supplies & Services	6,620	4,960	4,083	-877	6,144	-476	-7%
Materials-Buildings Services	8,373	6,280	6,421	141	8,542	169	2%
Service Level Agreements	5,231	3,920	3,927	7	5,116	-115	-2%
<b>Total Management Expenditure</b>	60,741	45,550	44,379	-1,171	60,815	74	0%
<b>Maintenance Expenditure</b>							
External Maintenance Contractors (Revenue)	1,747	1,310	1,596	286	2,005	258	15%
External Maintenance Contractors (Capital)	0	0	0	0	0	0	-
<b>Total Maintenance Expenditure</b>	1,747	1,310	1,596	286	2,005	258	15%
<b>Gross Expenditure</b>	<b>62,488</b>	<b>46,860</b>	<b>45,976</b>	<b>-884</b>	<b>62,820</b>	<b>332</b>	<b>1%</b>
<b>Income</b>							
Management Fee - HRA	-42,705	-32,030	-32,029	1	-43,584	-879	2%
Management Fee - General Fund	-3,191	-2,390	-2,393	-3	-3,217	-26	1%
Recharges to Capital Schemes (In House)	-12,852	-9,640	-10,981	-1,341	-12,872	-19	0%
Other Income	-3,562	-2,670	-2,189	481	-3,218	344	-10%
Direct Charge to HRA	-178	-130	0	130	-156	22	-12%
<b>Total Income</b>	<b>-62,488</b>	<b>-46,860</b>	<b>-47,592</b>	<b>-732</b>	<b>-63,047</b>	<b>-559</b>	<b>1%</b>
<b>Surplus(-) / Deficit</b>	<b>0</b>	<b>0</b>	<b>-1,616</b>	<b>-1,616</b>	<b>-227</b>	<b>-227</b>	<b>-</b>

## St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 December 2025 - Home Options (General Fund)

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2025 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
<b>Management Expenditure</b>							
Employee Expenses	2,163	1,620	1,645	25	2,222	58	3%
Premises Expenses	1,135	850	256	-594	1,223	87	8%
Transport	0	0	0	0	0	0	-
Supplies & Services	2,913	2,180	1,491	-689	2,220	-693	-24%
Materials-Buildings Services	0	0	0	0	0	0	-
Service Level Agreements	80	60	0	-60	80	0	0%
<b>Total Management Expenditure</b>	<b>6,291</b>	<b>4,710</b>	<b>3,392</b>	<b>-1,318</b>	<b>5,744</b>	<b>-548</b>	<b>-9%</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>4,710</b>	<b>3,392</b>	<b>-1,318</b>	<b>5,744</b>	<b>-548</b>	<b>-9%</b>
<b>Income</b>							
Management Fee - HRA	0	0	0	0	0	0	-
Management Fee - General Fund	-3,191	-2,390	-2,393	-3	-3,217	-26	1%
Recharges to Capital Schemes (In House)	0	0	0	0	0	0	-
Other Income	-3,100	-2,330	-1,661	669	-2,654	447	-14%
Direct Charge to HRA	0	0	0	0	0	0	-
<b>Total Income</b>	<b>-6,291</b>	<b>-4,720</b>	<b>-4,054</b>	<b>666</b>	<b>-5,871</b>	<b>421</b>	<b>-7%</b>
<b>Surplus(-) / Deficit</b>	<b>0</b>	<b>-10</b>	<b>-662</b>	<b>-652</b>	<b>-127</b>	<b>-127</b>	<b>-</b>



# St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 December 2025 - HRA ONLY

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2025 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
<b>Management Expenditure</b>							
Employee Expenses	33,472	25,110	25,390	280	33,965	493	1%
Premises Expenses	1,181	890	716	-174	1,072	-109	-9%
Transport	2,565	1,920	1,941	21	2,532	-34	-1%
Supplies & Services	3,707	2,780	2,592	-188	3,925	217	6%
Materials-Buildings Services	8,373	6,280	6,421	141	8,542	169	2%
Service Level Agreements	5,151	3,860	3,927	67	5,036	-115	-2%
<b>Total Management Expenditure</b>	54,450	40,840	40,988	148	55,071	621	1%
<b>Maintenance Expenditure</b>							
External Maintenance Contractors (Revenue)	1,747	1,310	1,596	286	2,005	258	15%
External Maintenance Contractors (Capital)	0	0	0	0	0	0	-
<b>Total Maintenance Expenditure</b>	1,747	1,310	1,596	286	2,005	258	15%
<b>Gross Expenditure</b>	56,197	42,150	42,584	434	57,077	880	2%
<b>Income</b>							
Management Fee - HRA	-42,705	-32,030	-32,029	1	-43,584	-879	2%
Management Fee - General Fund	0	0	0	0	0	0	-
Recharges to Capital Schemes (In House)	-12,852	-9,640	-10,981	-1,341	-12,872	-19	0%
Other Income	-462	-340	-528	-188	-565	-103	22%
Direct Charge to HRA	-178	-130	0	130	-156	22	-12%
<b>Total Income</b>	-56,197	-42,140	-43,538	-1,398	-57,177	-980	2%
<b>Surplus(-) / Deficit</b>	0	10	-954	-964	-100	-100	-

**ST LEGER HOMES OF DONCASTER**  
**SLHD Board Briefing Note**

<b>Title: -</b>	Capital Monitoring Report Period ending 31 December 2025 (Period 9, 2025/26)
<b>Action Required:</b>	To update Board with the projected capital expenditure for 2025/26.
<b>Prepared by:</b>	Nigel Feirn, Head of Finance and Business Assurance
<b>Date:</b>	05 February 2026

## 1. Executive Summary

- 1.1. In relation to Capital Programme reporting, Period 6 / Quarter 2 projections were reported to CDC in October and reported a total spend of £69.43m, an underspend of £4.98m compared to the Original 25/26 Budget of £74.41m. **NB:** These Quarter 2 projections then became the Revised Budget for 25/26.
- 1.2. The projections for period 8 (November) were reported to EMT and also to CDC in December 2025. CDC use the Period 8 figures for their quarterly reporting and budgeting as it aligns more closely to their timetables. The period 8 figures projected an in-year spend on the Housing Capital Programme of £68.81m.
- 1.3. SLHD budget monitoring meetings were held as normal in January 2026 and projections revised by £306k to a lower total spend of £68.50m at the end of Quarter 3 (Q3). This is an underspend of £0.92m against the Revised Budget of £69.43m reported at Q2.
- 1.4. The Housing Capital Programme for 2025/26 is summarised at **Appendix A**, showing projected year end variances. **Appendix B** provides more detailed analysis. The table below summarises how the projections have changed in recent months:

	SLH schemes £m	CDC schemes £m	Total £m
<b>Quarter 3 / Period 9</b>	<b>49.11</b>	<b>19.39</b>	<b>68.50</b>
Period 8	49.42	19.39	68.81
Quarter 2 / Period 6 / Revised Budget	49.62	19.81	69.43
Original Budget	54.15	20.26	74.41

- 1.5. The main projection movements in period 9 to the revised budget are summarised below.

## 2. SLHD Managed Schemes

- 2.1. **(£0.086m), Appropriated Properties.** The funding earmarked for the refurbishment works on the former St Wilfrid's School caretaker's bungalow located off Valley Drive, Branton has been revised. The scope of works is yet to be finalised along with an assessment that some / all elements of the works can be delivered in house, possibly including apprentices.

- 2.2. **(£0.280m) Fire Safety Works.** Projected expenditure has reduced by £280k during December to reflect the delayed start of contractor (Openview) for low rise communals due to procurement delays. Contractors are now on site and all jobs we expect to be completed by 31<sup>st</sup> March.
- 2.3. Completion of one high rise communal upgrade (Cusworth House) was expected this year. However, plans have only just been received and Building Safety Regulator approval is required. This application will be completed during Q4 with work moving in to 26/27.
- 2.4. **(£0.105m) External Works.** This relates to work on Communal Halls and plans were finalised and approved in late 2025. This will be delivered by contractors and due to mobilisation time, will not be delivered in 25/26, leading to reduced projections.
- 2.5. **£0.165m Environmental Works.** Projected expenditure has increased by £165k during December to reflect requests for a number of schemes that SLHD were not aware of and had not budgeted / forecast for these previously (£139k). These all support other capital programmes either to be delivered in Q4 or early 26/27. Further reactive survey requests and removals are expected during Q4 and projections have therefore been increased by £165k.

### **3. CDC Managed Schemes**

- 3.1. Projected expenditure on CDC schemes is unchanged from those reported for Period 8 (November) and total £19.4m, £0.42m below the revised budget. All of this relates to adaptations for the disabled. This was a reduction at period 8 to account for possible double counting double counting from the service regarding the amount of outstanding works and to reflect revised working practices. The latest overspend has still been reported as unfunded pending funding clarification / approval.

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

	Original Estimate - Approved Programme	Revised Budget Period 6 (Qtr2)	Forecast Outturn Period 9	Variance Outturn to Revised Budget	Forecast Outturn Period 8	Change Period 8 to Period 9
	£000	£000	£000	£000	£000	£000
<b>SLHD Managed Schemes</b>						
Capital Management Delivery Fee	1,650	1,650	1,650	0	1,650	0
Void Improvements	3,880	4,260	4,260	0	4,260	0
Mechanical and Electrical Improvements	6,650	5,815	5,815	0	5,815	0
Fire Safety Works	1,500	1,410	1,130	(280)	1,410	(280)
Internal Works	5,254	3,979	3,979	0	3,979	0
External Works	21,495	17,854	17,749	(105)	17,854	(105)
Environmental Works	1,675	1,778	1,943	165	1,778	165
IT Improvements	42	51	51	0	51	0
Acquisitions	6,212	7,967	7,967	0	7,967	0
Acquisition Refurbishments	488	568	568	0	568	0
Caravan Site Improvements	4,705	4,000	4,000	0	4,000	0
Assistance Loans	-	-	-	0	-	0
Appropriated Properties	600	286	-	(286)	86	(86)
Sub-Total	<b>54,151</b>	<b>49,618</b>	<b>49,112</b>	<b>(506)</b>	<b>49,418</b>	<b>(306)</b>
<b>CDC Managed Schemes</b>						
Adaptations for the Disabled	2,719	3,719	3,300	(419)	3,300	0
Council House New Build	14,936	14,224	14,224	0	14,224	0
Acquisitions	1,512	1,771	1,771	0	1,771	0
Empty Homes Scheme	1,097	97	97	0	97	0
Sub-Total	<b>20,264</b>	<b>19,811</b>	<b>19,392</b>	<b>(419)</b>	<b>19,392</b>	<b>0</b>
<b>Overall Housing Programme Total</b>	<b>74,415</b>	<b>69,429</b>	<b>68,504</b>	<b>(925)</b>	<b>68,810</b>	<b>(306)</b>
<b>Funding</b>						
Major Repairs Reserve / Depreciation	37,861	28,148	27,842	(306)	28,148	(306)
Revenue Contribution - HRA	6,698	7,094	7,094	0	7,094	0
Usable Capital Receipts	7,543	6,124	5,924	(200)	5,924	0
Section 106	532	3,108	3,108	0	3,108	0
Prudential Borrowing	20,521	18,382	18,382	0	18,382	0
Grants	1,260	5,573	5,573	0	5,573	0
Unfunded		1,000	581	(419)	581	0
<b>Under(-) / Over Commitments</b>	<b>74,415</b>	<b>69,429</b>	<b>68,504</b>	<b>(925)</b>	<b>68,810</b>	<b>(306)</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100.000%</b>		<b>100%</b>	

Housing Capital Programme Meeting as at 31st December, 2025					9			Appendix B	
						Period 9		Period 8	Change
Programme	Scheme	Project Officer	Original Budget	Slippage / (Acceleration)	Revised Budget (Qtr2)	Forecast		Forecast	
-	-	-	£	£	£	£		£	
Capital Management Fee	Capital Management Delivery	Kevin Hanlon	1,650,000		1,650,000	1,650,000		1,650,000	0
	Total		1,650,000	0	1,650,000	1,650,000		1,650,000	0
Voids Works	Voids Works	Sharon Mannion	3,880,000	380,000	4,260,000	4,260,000		4,260,000	0
	Total		3,880,000	380,000	4,260,000	4,260,000		4,260,000	0
Mechanical & Electrical Improvements	Electrical Planned Works (Contractor)	Dave Norman	2,936,000	15,000	2,951,000	2,951,000		2,951,000	0
Mechanical & Electrical Improvements	Electrical Planned Works (Contractor)	Dean / Christine	500,000	(500,000)	0	0		0	0
External Planned Maintenance	Remedial Works to High Rise Balby	Danny Boardman	2,534,000	760,000	3,294,000	3,294,000		3,294,000	0
External Planned Maintenance	Remedial Works to High Rise (Silver )	Danny Boardman	5,000,000	(4,200,000)	800,000	800,000		800,000	0
External Planned Maintenance	External Planned (Contractor ) / Thermal ECO	Chris Eyre	7,239,000	(329,000)	6,910,000	6,910,000		6,910,000	0
External Planned Maintenance	Damp & Mould	Craig Parkin	900,000	118,000	1,018,000	1,018,000		1,018,000	0
	Total		19,109,000	(4,136,000)	14,973,000	14,973,000		14,973,000	0
Mechanical & Electrical Improvements	Heating Conversions / Upgrades	Dave Norman	2,520,000		2,520,000	2,520,000		2,520,000	0
Mechanical & Electrical Improvements	Remove Gas from High Rise Intake	Dave Norman	500,000	(500,000)	0	0		0	0
Mechanical & Electrical Improvements	Electrical Planned Works (In House)	Dave Norman	50,000		50,000	50,000		50,000	0
Mechanical & Electrical Improvements	Mechanical Planned Works	Dave Norman	144,000	55,000	199,000	199,000		199,000	0
Mechanical & Electrical Improvements	Solar Panel Invertors	Dave Norman		75,000	75,000	75,000		75,000	0
Mechanical & Electrical Improvements	CCTV Cameras	Danny Boardman		20,000	20,000	20,000		20,000	0
	Total		3,214,000	(350,000)	2,864,000	2,864,000		2,864,000	0
Internal Works	Scheduled Elemental Work	Simon Goodwin	510,000	(130,000)	380,000	410,000		380,000	30,000
Internal Works	Inhouse Internal (Reinclusions)	Simon Goodwin	780,000	0	780,000	780,000		780,000	0
Internal Works	Electrical Upgrade	Simon Goodwin	480,000		480,000	450,000		480,000	(30,000)
External Planned Maintenance	St Georges Court	Danny Boardman	2,000,000	(1,160,000)	840,000	840,000		840,000	0
External Planned Maintenance	External Planned Maintenance (In house)	Simon Goodwin	3,192,000	146,000	3,338,000	3,338,000		3,338,000	0
	Total		6,962,000	(1,144,000)	5,818,000	5,818,000		5,818,000	0
External Planned Maintenance	Communal Halls Refurbs & Conversions	Dean Leggott	105,000		105,000	0		105,000	(105,000)
Internal Works	Contractor Internal Works / Reinclusions	Dean Leggott	3,484,000	(1,145,000)	2,339,000	2,339,000		2,339,000	0
External Planned Maintenance	Contractor\External Works / Decency Funding	Chris Eyre	0	1,000,000	1,000,000	1,000,000		1,000,000	0
External Planned Maintenance	Structural Works	Dean Leggott	315,000	(36,000)	279,000	279,000		279,000	0
External Planned Maintenance	Shops & Flats	Dean Leggott	210,000	60,000	270,000	270,000		270,000	0
Environmental Works	Environmental Works	Dean Leggott	175,000	77,000	252,000	252,000		252,000	0
Environmental Works	Garage Sites Improvements	Dean Leggott	300,000	60,000	360,000	360,000		360,000	0
Environmental Works	Estate Roads and Paths	Dean Leggott	400,000	20,000	420,000	420,000		420,000	0
	Total		4,989,000	36,000	5,025,000	4,920,000		5,025,000	(105,000)
Fire Safety Works	Fire Works (Low Rise / Communal)	Laura Dougan	1,500,000	(90,000)	1,410,000	1,130,000		1,410,000	(280,000)
Environmental Works	Asbestos Removals	Laura Doogan	800,000	(54,000)	746,000	911,000		746,000	165,000
	Total		2,300,000	(144,000)	2,156,000	2,041,000		2,156,000	(115,000)
IT Improvements	IT Improvements	Victoria Hunter	42,000	9,000	51,000	51,000		51,000	0
	Total		42,000	9,000	51,000	51,000		51,000	0
Adaptations for the Disabled	Adaptations for the Disabled	CDC Claire Jackson	2,719,000	1,000,000	3,719,000	3,300,000		3,300,000	0
	Total		2,719,000	1,000,000	3,719,000	3,300,000		3,300,000	0
Appropriated Properties	Branton Bungalow	Chris Eyre		286,460	286,460	0		86,460	(86,460)
Appropriated Properties	Edlington Bungalow Conversions	Chris Eyre	600,000	(600,000)	0	0		0	0
	Total		600,000	(313,540)	286,460	0		86,460	(86,460)
Acquisitions	Acquisitions (Retained Receipts)	Dean Leggott	6,212,000	(495,000)	5,717,000	5,717,000		5,717,000	0
Acquisition Refurbishments	Acquistion Refurbishments	Dean Leggott	488,000	80,000	568,000	568,000		568,000	0
Acquisitions	Acquisitions from LAHF Grant funding (Ph 2&3)	Dean Leggott / Adam		2,250,250	2,250,250	2,250,250		2,250,250	0
Acquisitions	S106 Hungerhill South Strata	Martin Ely		225,000	225,000	225,000		225,000	0
Acquisitions	S106 Hungerhill South Keepmoat	Martin Ely		428,700	428,700	428,700		428,700	0
Acquisitions	S106 Doncaster Rd, Harlington	Martin Ely	79,000	15,440	94,440	94,440		94,440	0
Acquisitions	S106 Hatfield Lane East, (Scrapped)	Martin Ely	410,000	(410,000)	0	0		0	0
Acquisitions	S106 Hatfield Lane West, Armthorpe	Ruth Oliver	1,023,000		1,023,000	1,023,000		1,023,000	0
	Total		8,212,000	2,094,390	10,306,390	10,306,390		10,306,390	0
Council House New Build	Council House Ph2 Adwick Depot	Karen Slingsby	2,400,000	(172,300)	2,227,700	2,227,700		2,227,700	0
Council House New Build	Council House Ph2 Edlington Lane	Karen Slingsby	307,000	(76,800)	230,200	230,200		230,200	0
Council House New Build	Council House Ph2 King Edward Road	Karen Slingsby	1,593,000	375,800	1,968,800	1,968,800		1,968,800	0
Council House New Build	Council House Ph2 Moor View	Karen Slingsby	500,000	(500,000)	0	0		0	0
Council House New Build	Council House Ph2 Cedar Road	Karen Slingsby	6,860,000	308,000	7,168,000	7,168,000		7,168,000	0
Council House New Build	Council House Ph2 Goodison Boulevard	Karen Slingsby	2,676,000	(47,100)	2,628,900	2,628,900		2,628,900	0
Council House New Build	Council House Ph2 Springfield Ave	Karen Slingsby	600,000	(600,000)	0	0		0	0
	Total		14,936,000	(712,400)	14,223,600	14,223,600		14,223,600	0
Empty Home Scheme	New Empty Homes Loans	Adam Goldsmith		0	0	0		0	0
Empty Home Scheme	Edlington Royal Estate	Adam Goldsmith	1,097,000	(1,000,000)	97,000	97,000		97,000	0
	Total		1,097,000	(1,000,000)	97,000	97,000		97,000	0
Caravan Site Investment	G&T Site Investment Needs	Chris Eyre	4,705,000	(705,000)	4,000,000	4,000,000		4,000,000	0
Caravan Site Investment	Park Homes Sites	Chris Eyre			0	3,000		0	3,000
	Total		4,705,000	(705,000)	4,000,000	4,003,000		4,000,000	3,000
Grand Total	TOTAL ALL SCHEMES		74,415,000	(4,985,550)	69,429,450	68,506,990		68,810,450	(303,460)

# ST LEGER HOMES OF DONCASTER LTD

## Board Briefing Note

<b>Title:</b>	Q3 / 31 December 2025 KPI dashboard
<b>Action Required:</b>	For information
<b>Item:</b>	16
<b>Prepared by:</b>	Nigel Feirn Head of Finance and Business Assurance
<b>Date:</b>	05 February 2026

### 1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at the end of Quarter 3 (Q3) 31 December 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 December 2025;
  - B : Tenant Perception Tenant Satisfaction Measures summary for 25/26; and
  - C: Latest Housemark benchmarking in-month survey – November 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 and an property energy efficiency measure.
- 2.3. The table below summarises the KPIs with comparatives from earlier years and shows an improving performance from previous quarters, with some KPIs moving:
  - from red to amber – sickness days per WTE; and
  - from amber to green – void relet days and average nights in hotel accommodation.
- 2.4. At Q3, 21 of the 30 KPIs measured were met or were within tolerances of target.

KPIs	Q3	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)	17	13	13	15	14	14	13	9	9	8	4
Amber (within tolerance)	4	4	2	0	3	4	3	7	3	3	1
Red (not meeting target)	9	11	13	13	11	10	12	6	8	9	9
Annual / Qtly KPIs	1	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

- 2.5. This Q3 report includes the 2025/26 Tenant Perception Survey TSM results. There are twelve perception TSMs, two of which have targets, and the surveys were undertaken over a five month period between May and September 2025. **Appendix B** summarises the TSM results for 25/26 with comparatives.
- 2.6. 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>Q3 25/26 YTD performance</b>	<b>1.08%</b>	<b>WORSE THAN TARGET – RED</b>

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

	<b>Q3</b>	<b>Q2</b>	<b>Q1</b>	<b>Q4</b>	<b>Q3</b>	<b>Q2</b>	<b>Q1</b>	<b>Q4</b>	<b>Q3</b>	<b>Q2</b>	<b>Q1</b>
	<b>25/26</b>	<b>25/26</b>	<b>25/26</b>	<b>24/25</b>	<b>24/25</b>	<b>24/25</b>	<b>24/25</b>	<b>23/24</b>	<b>23/24</b>	<b>23/24</b>	<b>23/24</b>
Void rent loss YTD %	<b>1.08%</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>178</b>	172	175	205	188	169	157	102	108	79	122
Total voids	<b>188</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 December shows a small increase at 188 compared to Q2/September (182) and Q1/June (184).

The total figure of 188 consists of the following;

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

In-month performance decreased to 0.88% in December down from 1.12% in the previous month. Cumulative performance improved as a result to 1.08%, compared to the previous month's YTD KPI of 1.11%. Robust monitoring processes remain in place across all stages of the void lifecycle - from the key received to re-let.

These measures ensure effective operational planning, resource allocation, and inter-team communication, driving efficiency and reducing void rent loss.

The improving performance is a result of a reduction in terminations received in December and also resources were working in a higher number standard voids to prevent them ageing during the Christmas shut down period.

There are lots of actions ongoing on voids including looking recruit successfully into the team to increase resources.

### 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 Q3 25/26	TSM Q3 25/26	<u>'Residents' only</u>	SLHD KPI Q3 25/26	<u>All complaints</u>
Stage 1 complaints	34.8	<b>49.4</b>	<b>WORSE THAN TARGET</b>	<b>61.0</b>	<b>WORSE THAN TARGET</b>
Stage 2 complaints	2.2	<b>5.8</b>	<b>WORSE THAN TARGET</b>	<b>7.1</b>	<b>WORSE THAN TARGET</b>
Stage 1 & 2 complaints	37.0	<b>55.2</b>	<b>WORSE THAN TARGET</b>	<b>68.1</b>	<b>WORSE THAN TARGET</b>

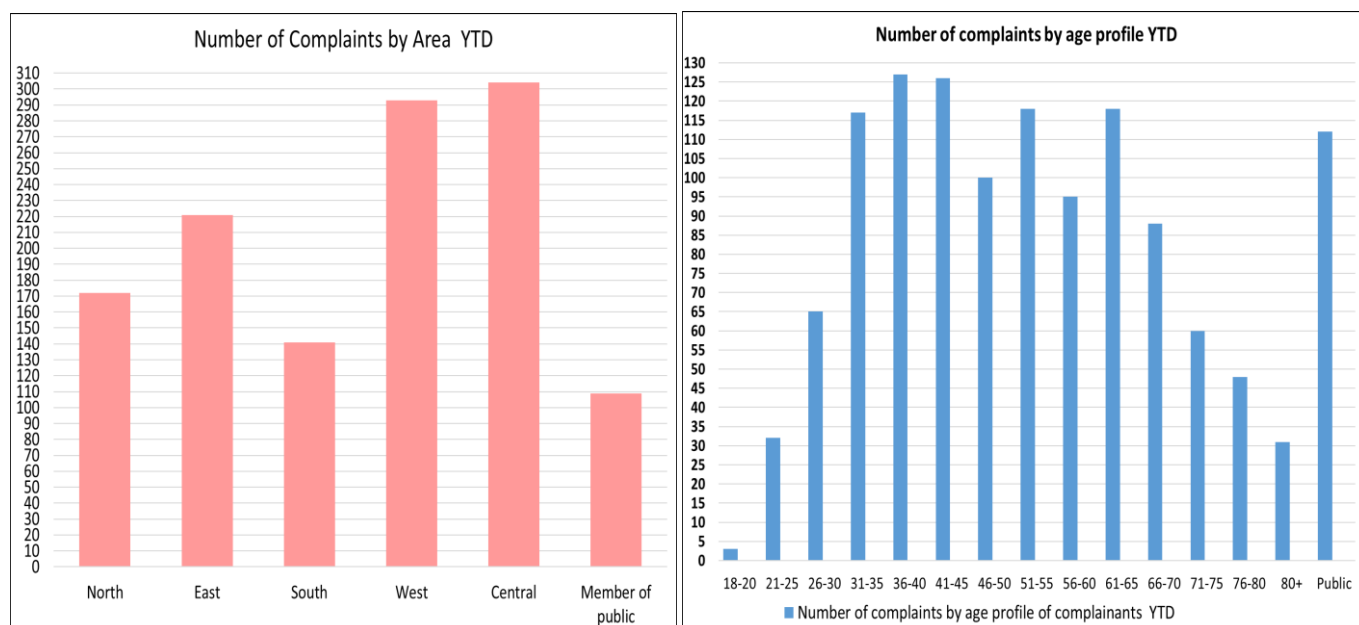
The above table shows the YTD KPI being 68.1 for stages 1 and 2 complaints. At the same point last year (24/25), the respective YTD KPI figure was lower at 57.2, and also worse than the December 2023 KPI of 47.7.

For the KPI target to have been met at end of Quarter 3, less than 750 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 Q3 YTD			All complaints Q3 YTD		
	<b>25/26</b>	24/25	23/24	<b>25/26</b>	24/25	23/24
Stage 1	<b>983</b>	771	n/k	<b>1,215</b>	1,024	888
Stage 2	<b>116</b>	101	n/k	<b>141</b>	114	62
Total	<b>1,099</b>	871	n/k	<b>1,356</b>	1,138	950

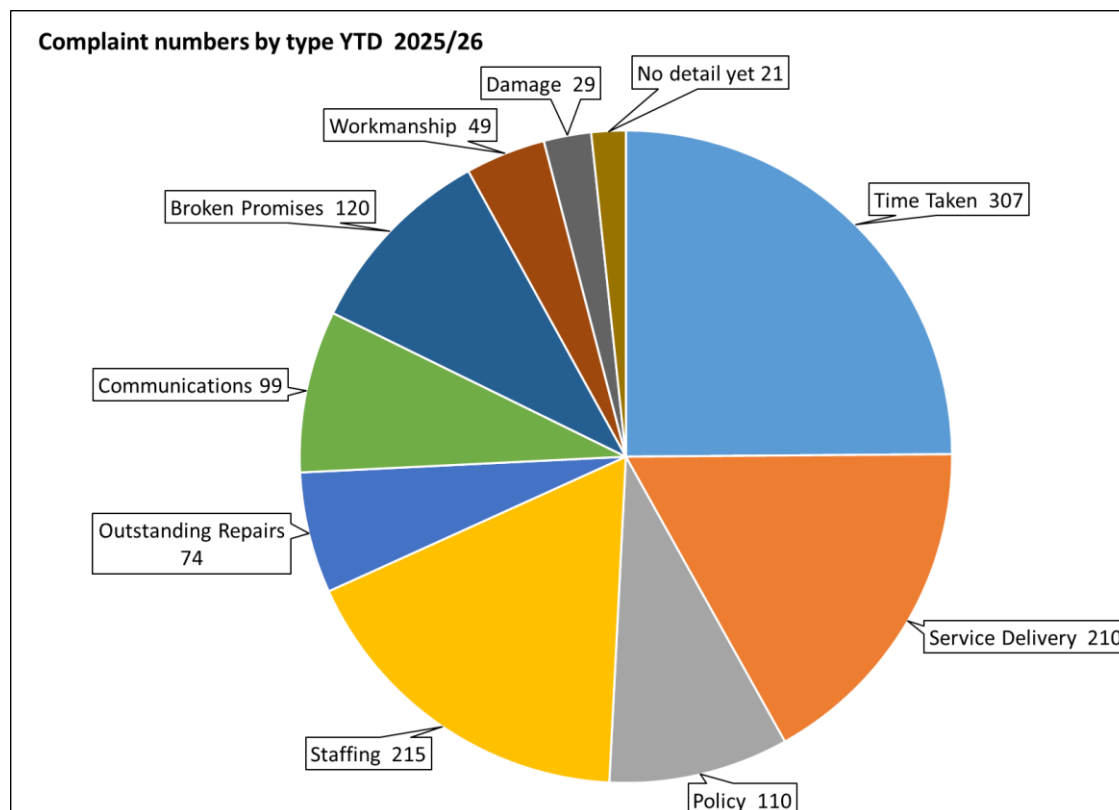
The table above shows that 25/26 is following the same trends as 24/25, with increased numbers at this stage of the year.

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





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



Customer expectations continue to be high and SLHD have implemented a number of actions over this and the previous financial year to look at all aspects of complaints.

These include awareness on how to escalate a complaint, a complaints charter, campaigns, resources, staff training, process improvements, analysis and communications all increasing.

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	Q3 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%	93.3%	WITHIN TOLERANCE	93.4%	92.0%	82.5%	80.1%	76.9%	77.9%
10b non-emergency repairs	85%	67.7%	WORSE THAN TARGET	67.7%	69.8%	68.7%	68.8%	67.2%	63.4%
10 Emergency & Non-emergency	88%	75.1%	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 up to Q2 and is within tolerance and close to target, but this has levelled off in Q3. 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.

Adding to this, the November switch of heating repairs moving from non-emergency to an emergency priority has seen a 50% increase in the number of repairs requiring completion within 24 hours, these repairs need to be planned into full calendars and it is not always possible to plan and complete all repairs within 24 hours of being raised.

Due to the increased number of emergency repairs and attend today jobs being raised there is a proportion of non-emergency repairs that have to be re-arranged to a later date, with congested calendars this date is quite often out of the repair target timescale hence performance is not improving and why the service area is receiving a high volume of complaints from dissatisfied customers.

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.

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

<b>Target</b>	<b>100.00%</b>	
<b>Q3 25/26 YTD performance</b>	<b>99.20%</b>	<b>WORSE THAN TARGET – RED</b>

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

159 properties are showing out of compliance on C365 :

- 20 properties are complete and awaiting EICR sign off;
- 3 are void properties;
- 20 are either new acquisitions (17) or due to be retested (3 have been previously tested and compliant) but the record is not available on C365 which drives the programme; and
- 116 are outstanding to be tested.

These are all in a programme to be tested with updates provided. Where access is an issue, the Access Team will be utilised to effectively gain access

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

<b>Target</b>	<b>70%</b>	
<b>Q3 25/26 YTD performance</b>	<b>58%</b>	<b>WORSE THAN TARGET – RED</b>

As in previous years, December spend was lower than previous months due to less working days. The average per month up to December was £1.5m but December spend was lower at £0.98m, and to slightly less suppliers (108).

The amount spent locally was up again at 64% so this pushed the YTD KPI up slightly to 58.1%. 91% (£0.89m) of the December spend was in Y&H, the third highest % in the YTD. This improved the YTD measure slightly to nearly 88%.

Slightly higher Local and Regional spends during December but overall very similar position to the YTD, with a small number of suppliers accounting for the majority of spend. Just 14 of the 108 suppliers receiving payment in the month accounted for three quarters (75%) of the total spend. The top five were local to Doncaster.

The main suppliers outside of Doncaster were again Bradford MBC (doors and windows), SIGD (roofing materials), TKL (skips), Fullwoods (contractor) and AHR (property consultancy) totalling £0.17m. Two thirds of the remaining 25% of suppliers - both spend and numbers - were outside of Doncaster.

December again reflected 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.

### 3.6. KPI22: % Percentage of homes not maintaining decent standard %

<b>Target</b>	<b>3.0%</b>
<b>Q3 25/26 YTD performance</b>	<b>10.8% <span style="background-color: red; color: black;">WORSE THAN TARGET – RED</span></b>

At the end of Q3, 89.2% of properties met the decent homes standard. This equates to 10.8% of properties (2,155), that were non-decent at the end of Q3.

This is a slight decrease in the number of non-decent properties from Q2 where the position then was 2,368 non-decent properties (or 11.9% of the housing stock). The main contributing factor to current non-decency levels is due to major components that are in poor condition - this is mainly chimneys and roofs.

Whilst significant investment is planned through the council's capital programme during the remainder of 2025/26 and 2026/27, current planned investment levels are insufficient to significantly reduce non-decency rates and have the potential to increase further as more stock condition surveys are completed later in 2026. The council are currently reviewing their capital investment programme post 2026/27 to explore the potential for accelerating future investment to address non-decency.

#### **Report author**

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Appendix A	KPI Dashboard ending Quarter 3 / 31 December 2025
Appendix B	TSM Perception survey results 25/26
Appendix C	November 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	Sep-25	Oct-25	Nov-25	Dec-25	Dec-25	Dec25	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%	2.89%	3.12%	3.30%	3.63%	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%	1.11%	1.08%	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	25.1	24.9	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	21.2	21.0	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%	51%	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	54.9	61.0	34.8	38.3	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	6.5	7.1	2.2	2.4	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	61.4	68.1	37.0	40.7	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%	99.6%	99.6%	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%	98.2%	98.4%	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%	99.4%	99.5%	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%	3.2%	3.7%	4.2%	4.1%	4.5%	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%	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%	93.5%	93.3%	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%	67.6%	67.7%	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%	75.0%	75.1%	88.0%	79.2%	88.0%	79.2%

Key	Meeting/better than target	Within tolerance of target 10%	Not meeting target
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KPI	St. Leger Homes Key Performance Indicator Summary 2025/26	Year end 24/25										Target	Toleran ce	Target	Toleran ce
		Mar-25	Apr-25	May25	Jun-25	Jul-25	Aug25	Sep25	Oct25	Nov25	Dec-25	Dec-25	Dec-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%	99.58%	100%	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%	100%	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%	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%	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%	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%	99.02%	99.20%	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	11.0	10.6	10.4	10	11	10	11
KPI 18	Percentage of Local Expenditure % <u>Revenue ONLY</u>	59%	66%	64%	62%	56%	57%	56%	57%	58%	58%	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	39.9	43.9	45.7	50.3	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	0.6	0.7	7.6	8.4	10.0	11.0
KPI 20	Number of residents in training, education or employment	113	Quarterly KPI		20	Quarterly KPI		71	Quarterly KPI		92	73	80.3	100	90
KPI 21	Tenant satisfaction with the overall service from the landlord %	81.0%	Annual KPI – TSM data available and reported at Q3								80.5%	81%	73%	81%	73%
KPI 22	Percentage of homes not maintaining decent standard %	5.53%	Quarterly KPI		7.51%	Quarterly KPI		11.9%	Quarterly KPI		10.8%	3%	5%	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 – TSM data available and reported at Q3								80.1%	81%	73%	81%	73%
KPI 24	Energy efficiency of properties	57.1%	Annual KPI									n/a	n/a	67%	60%

Key	Meeting/better than target	Within tolerance of target 10%	Not meeting target
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## Appendix B

	<b>TSM Perception Survey Questions - "Percentage of tenants satisfied with landlord....."</b>	<b>25/26 survey results</b>	24/25 survey results	23/24 survey results	<b>Difference 25/26 to 24/25</b>	Difference 24/25 to 23/24	<b>Better↑ or Worse↓</b>
TP01	% respondents who report that they are satisfied with the overall service from their landlord	<b>80.5%</b>	81.0%	75.6%	<b>-0.5%</b>	+5.4%	↓
TP02	% respondents who had a repair in last 12 months are satisfied with the overall repairs service	<b>80.1%</b>	81.5%	79.6%	<b>-1.4%</b>	+1.9%	↓
TP03	% respondents with a repair in last 12 months are satisfied with time taken to complete most recent repair	<b>72.5%</b>	75.6%	72.6%	<b>-3.1%</b>	+3.0%	↓
TP04	% respondents who are satisfied that their home is well maintained	<b>81.2%</b>	82.0%	75.9%	<b>-0.8%</b>	+6.1%	↓
TP05	% respondents who are satisfied that their home is safe	<b>86.2%</b>	86.3%	84.9%	<b>-0.1%</b>	+1.4%	↓
TP06	% respondents who are satisfied that their landlord listens to tenants views and acts upon them	<b>76.3%</b>	75.4%	71.6%	<b>0.9%</b>	+3.8%	↑
TP07	% respondents who are satisfied that their landlord keeps them informed about things that matter to them	<b>85.0%</b>	81.1%	79.3%	<b>3.9%</b>	+1.8%	↑
TP08	% respondents who agree their landlord treats them fairly and with respect	<b>89.7%</b>	87.7%	89.8%	<b>2.0%</b>	-2.1%	↑
TP09	% respondents making a complaint in last 12 months are satisfied with the approach to complaints handling	<b>45.0%</b>	37.3%	29.7%	<b>7.7%</b>	+7.6%	↑
TP10	% respondents who are satisfied that their landlord keeps communal areas clean and well maintained	<b>75.4%</b>	72.1%	66.5%	<b>3.3%</b>	+5.6%	↑
TP11	% respondents who are satisfied that their landlord makes a positive contribution to the neighbourhood	<b>77.8%</b>	80.9%	76.7%	<b>-3.1%</b>	+4.2%	↓
TP12	% respondents who are satisfied with their landlord's approach to handling anti-social behaviour	<b>72.3%</b>	73.0%	69.1%	<b>-0.7%</b>	+3.9%	↓

## Monthly Pulse Survey Results for November 2025 Performance

Month	Housemark pulse survey benchmarking - IN MONTH performance	Quartile 1	Median	Quartile 3	SLHD	SLHD quartile	Performance preference
Nov-25	Average re-let time in days (standard re-lets)	26.8	42.2	64.1	24.2	Q1	Lower Is Better
Nov-25	Homes with a valid gas safety certificate (%)	100%	99.96%	99.80%	99.96%	Q2	Higher Is Better
Nov-25	Responsive repairs completed per 1,000 properties	347.0	292.7	244.0	306.9	Q2	Higher Is Better
Nov-25	'True' current tenant arrears (%)	2.21%	2.92%	4.13%	2.89%	Q2	Lower Is Better
Nov-25	Stage 1 and Stage 2 complaints resolved within timescale (%)	100%	96.94%	87.2%	99.4%	Q2	Higher Is Better
Nov-25	Voluntary staff turnover (%)	0.36%	0.62%	1.26%	0.45%	Q2	Lower Is Better
Nov-25	New ASB cases reported per 1,000 properties	1.50	2.89	4.24	4.20	Q3	Lower Is Better
Nov-25	Domestic properties with EICR certificates up to five years old (%)	99.90%	99.62%	98.12%	99.13%	Q3	Higher Is Better
Nov-25	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	3.68	5.37	8.00	8.40	Q4	Lower Is Better
Nov-25	Responsive repairs completed within target timescale (%)	95.4%	90.0%	84.4%	75.2%	Q4	Higher Is Better
Nov-25	Dwellings vacant but available to let (%)	0.21%	0.54%	0.95%	1.01%	Q4	Lower Is Better
Nov-25	Working days lost to sickness absence (%)	3.4%	4.3%	4.9%	5.3%	Q4	Lower Is Better
Nov-25	Satisfaction with repairs - transactional (%)	94.7%	89.6%	82.1%			
Nov-25	Customer contact received via digital channels (%)	48.0%	34.6%	21.5%			
Nov-25	Satisfaction with the overall service their landlord provides - perception (%)	84.4%	78.1%	72.1%			



# People



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

KEY:



Performance improved compared to October 25/26



Performance worsened compared to October 25/26



Stayed the same compared to October 25/26



Key Performance Indicator



Tenant Satisfaction Measure

TSM KPI



% Tenants satisfied with the overall service from their landlord.

**80.5%**



No Target

TSM KPI



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

**99.4%**



Target 95.0%

TSM KPI



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

**76.3%**



No Target

TSM KPI



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

**85.0%**



No Target

TSM KPI



% agree their landlord treats them fairly and with respect

**89.7%**



No Target

TSM KPI



% satisfied with landlord's approach to complaints handling

**45.0%**



No Target

Number of tenants on Get Involved Group

**180**



No Target

KPI



Number of residents in training, education or employment

**92**  
Q3 25/26



Annual Target 97

TSM KPI



Number of complaints per 1,000 properties

**68.1**



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



## December 2025/26 : December Cumulative Performance

### KEY:



Performance improved compared to October 25/26



Performance worsened compared to October 25/26



Stayed the same compared to October 25/26



Key Performance Indicator



Tenant Satisfaction Measure

TSM

KPI



### Homes testing completed

Gas – 100%

Fire/smoke – 100%

Asbestos – 100%

Water – 100%

Lifts - 100%

Electric – 99.2%



100% for All properties



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

**91%**



Target 100%



KPI



% Properties **NOT** meeting decent homes standard

**10.8%**  
(Q3 25/26)



Target 3%



Damp and Mould inspections requested

**759**  
(Q3 25/26)



No Target



TSM

KPI



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

**75.1%**



Target 88%



TSM

KPI



% satisfied with the overall repairs service.

**80.1%**



No Target



TSM

KPI



% satisfied with time taken to complete most recent repair

**72.5%**



No Target



TSM

KPI



% satisfied that their home is safe

**86.2%**



No Target



Repairs transactional satisfaction survey %

**78.3%**



Target 97



# Communities



December 2025/26 : December Cumulative Performance

KEY:



# Partnerships



December 2025/26 : December Cumulative Performance

KEY:

Performance improved compared to October 25/26

Performance worsened compared to October 25/26

Stayed the same compared to October 25/26

Key Performance Indicator

Tenant Satisfaction Measure

% Properties meeting EPC Level C  
**Annual KPI**

Target - meet EPC Level C by 2030

Homelessness. Average number of nights in Hotel Accommodation  
**21.0**

Target 21

Number of tenancies sustained post support  
**99.3%**

No Target

Tenancy turnover %  
**4.2%**

Target – 3.2%

Safeguarding and Vulnerability cases received  
**682**

No Target

% of homeless cases resolved at prevention stage  
**52.0%**

Target - 50%

Number of hate crimes reported  
**13**

**Our Performance page**  
  
[www.stiegerhomes.co.uk/performance/](http://www.stiegerhomes.co.uk/performance/)



# CORPORATE MANAGEMENT FRAMEWORK – CORE

## Progress Update

*Chris Margrave*

*February 2026*



# What CORE Stands For

**Connected**

**Ownership**

**Respect**

**Excellence**

# Why this framework matters



- It defines what 'living our values' looks like for our employees in everyday actions.
- It supports consistency across teams and services, ensuring fairness and accountability.
- It helps us deliver excellent outcomes for customers and communities by focusing on behaviours that drive performance and trust.
- It provides a cultural shift towards excellence

# Embedding 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.

## **Talent and Succession**

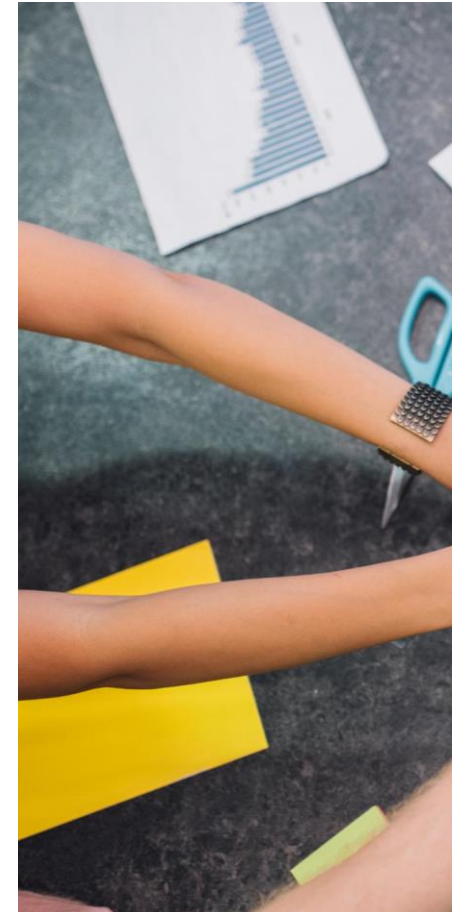
Apply the behaviours when identifying potential leaders and planning future roles. Use them to assess readiness for progression and to shape development plans for high-potential colleagues.

## **Performance and Development**

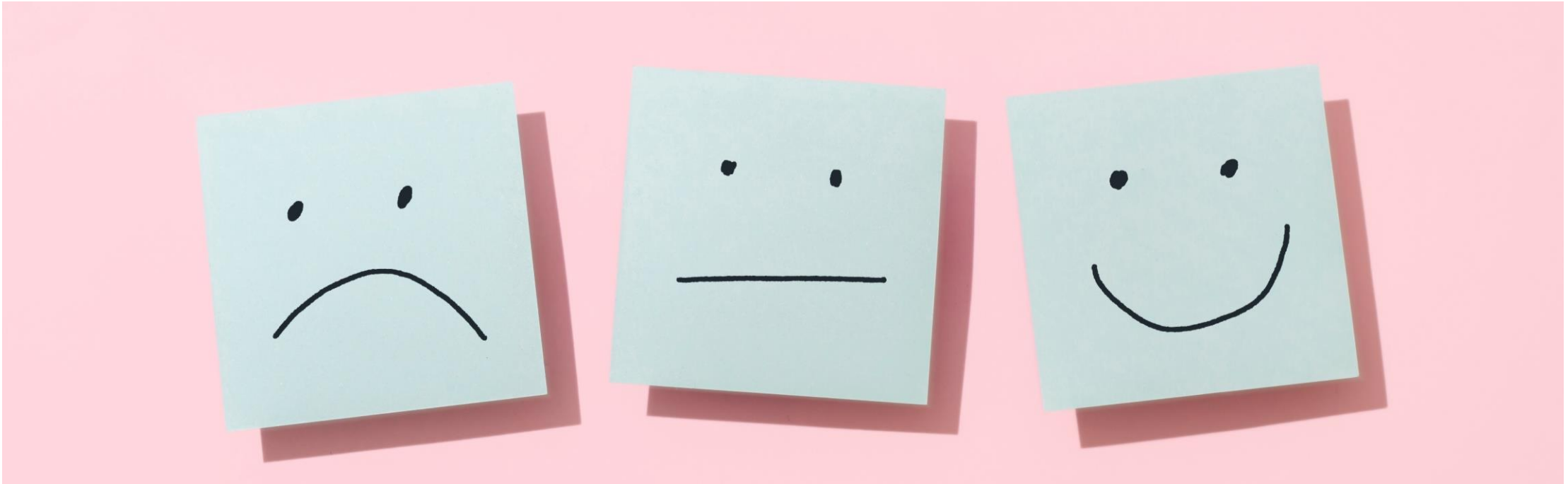
CORE values will shape a high-performing culture by setting clear expectations, celebrating excellence, and addressing performance gaps through regular, constructive reviews. This approach ensures accountability, motivates individuals, and drives continuous improvement across the organisation.

## **Recruitment and Induction**

Assess candidates against these behaviours to ensure alignment with our culture and values. Incorporate behaviours into interview questions onboarding discussions and probationary reviews.



# Positive and Negative Behaviours





# Connected

**We build strong,  
meaningful  
relationships to  
achieve shared  
success**

## **What does this mean**

We prioritise collaboration and open communication, creating trust and understanding across teams, customers, and communities.

This means sharing information responsibly, listening actively, and working together to achieve shared goals

## **Positive Behaviours (I will...):**

- I will communicate openly and honestly with colleagues and customers, sharing information appropriately to build trust.
- I will listen actively and seek understanding before acting, ensuring clarity in every interaction.
- I will collaborate across teams and with customers to achieve shared goals.
- I will adapt my communication style to suit different audiences and contexts.
- I will create opportunities for joint working and knowledge sharing to strengthen partnerships.
- I will make colleagues and customers feel valued by being positive and responsive.
- I will explain processes and timescales to customers to manage expectations.

## **Negative Behaviours (I will not...):**

- I will not share information selectively to gain advantage or create confusion.
- I will not undermine collaboration by gossiping, excluding others, or creating cliques.
- I will not ignore customer concerns or fail to follow through on commitments.
- I will not use jargon or unclear language that alienates colleagues or customers.
- I will not let personal agendas or hostility influence teamwork.

### **Positive Behaviours (I will...):**

- I will take responsibility for my actions and decisions, even when outcomes are challenging.
- I will approach challenges with a positive, can-do attitude.
- I will admit mistakes and learn from them.
- I will seek feedback and own my development.
- I will lead by example and support others to take ownership.
- I will make decisions confidently and explain them clearly.
- I will invite challenge and involve others early in decision-making.
- I will constructively manage poor performance and behaviour.

### **Negative Behaviours (I will not...):**

- I will not hide mistakes or manipulate facts to protect myself.
- I will not delay decisions to avoid responsibility or pass problems to others.
- I will not dismiss constructive feedback or refuse to adapt.
- I will not allow poor performance to continue unchecked.
- I will not prioritise personal preference over organisational priorities.

**Ownership**  
**we act with**  
**integrity,**  
**accountability, and**  
**a proactive**  
**mindset.**

### **What this means**

We take responsibility for our actions and decisions, learning from successes and setbacks. We lead with confidence and honesty, ensuring that our choices reflect organisational values and inspire trust.

# Respect

**We treat everyone fairly and create an inclusive, supportive culture.**

## **What this means**

We treat colleagues and tenants with fairness and respect, ensuring everyone feels valued and included. We champion diversity, act with integrity, and foster an environment where people feel safe to speak up and are genuinely listened to.

## **Positive Behaviours (I will...):**

- I will treat everyone fairly and with empathy, regardless of role or background.
- I will speak up against inappropriate behaviour.
- I will create an environment where different viewpoints are valued.
- I will act with integrity even when it is difficult.
- I will listen without judgment and avoid assumptions about others.
- I will anticipate areas of conflict and take action to resolve them fairly.
- I will make others feel comfortable and respected in every interaction.

## **Negative Behaviours (I will not...):**

- I will not use sarcasm, intimidation, or dismissive language to shut down contributions.
- I will not ignore concerns about fairness or equality, even when inconvenient.
- I will not allow bias or favouritism to influence decisions.
- I will not avoid addressing disrespectful behaviour because it feels uncomfortable.
- I will not exploit authority or relationships to gain advantage.

### **Positive Behaviours (I will...):**

- I will deliver work to high standards and exceed expectations.
- I will set clear goals and monitor progress.
- I will seek opportunities to innovate and improve.
- I will stay resilient and adaptable during change.
- I will celebrate successes and learn from experience.
- I will focus on outcomes and customer satisfaction.
- I will share best practice and encourage continuous improvement.
- I will present a positive and professional image of myself and the organisation.

### **Negative Behaviours (I will not...):**

- I will not accept substandard work. I will not prioritise speed or convenience over quality, even under pressure..
- I will not dismiss new ideas or improvements without explanation or consideration.
- I will not overlook mistakes or fail to learn from them.
- I will not disregard customer needs or fail to manage expectations.
- I will not ignore risks or fail to plan for challenges and contingencies.

## **Excellence**

**We strive for high standards and continuous improvement.**

### **What this means**

We strive for outstanding results by setting high standards and embracing innovation. This means focusing on quality, learning from experience, and adapting to deliver the best outcomes for colleagues and customers.

# Check Ins and Scoring of CORE

Why score?

- Celebrating and challenging performance

- Strengths and development areas

- Realistic and open and honest conversation around performance

- Measure performance against objectives

- Drive engagement and accountability

# Check In – Process

- Performance in Check ins assessed and scored by C O R E (Concerning; Occasionally; Reliable; Exceeding) – key scale explaining C O R E
- Completed as part of the check in process
- Prior to check in employee scores themselves against each value, text box to justify and give examples
- Once employee assess themselves against each CORE value, the system will provide a % score
- In check in manager will review and score against each value, system will provide a score
- Conversation between employee and manager for each value and reason for scoring

## Step 6: Connected

\* Indicates a required field  
CONNECTED

Please provide a short rationale for your rating, supported by relevant examples that link directly to the behaviours listed below. Your examples should show how these behaviours were demonstrated in day to day work.

You

Add your notes.

### CONNECTED

*We build strong, meaningful relationships with customers and colleagues to achieve shared success.*

**What does this mean:** We prioritise collaboration and open communication, creating trust and understanding across teams, customers, and communities. This means sharing information responsibly, listening actively, and working together to achieve shared goals

#### Positive Behaviours (I will....)

- I will communicate openly, honestly and without bias with colleagues and customers, sharing information appropriately to build trust.
- I will listen actively and without judgment. I will seek mutual understanding before acting, ensuring clarity in every interaction.
- I will collaborate across teams and with customers to achieve shared goals.
- I will adapt my communication style to suit different audiences and contexts.
- I will create opportunities for joint working and knowledge sharing to strengthen partnerships.
- I will make colleagues and customers feel valued by being positive and responsive.
- I will explain processes and timescales to customers to manage expectations.

#### Negative Behaviours (I will not....)

- I will not share information selectively to gain advantage or create confusion.
- I will not undermine collaboration by gossiping, excluding others, or creating cliques.
- I will not ignore customer concerns or fail to follow through on commitments.
- I will not use jargon or unclear language that alienates colleagues or customers.
- I will not let personal agendas or hostility influence teamwork.

☒ = You   ☒ = Team Leader   ☒ = Both

#### \* Please rate the Connect Behaviours

Please select the rating that best reflects how consistently the behaviours above has been demonstrated and how well the expectations have been met. Choose the option that feels like the closest match to day-to-day work: C (Concerning), O (Occasionally), R (Reliably), or E (Exceeding).

C

O

R

E

Average rating:

**i** The average ratings will be displayed once all ratings in this step have been completed by you or Team Leader.

-%

You

-%

Team Leader



< Add a comment...



Save

## Key to scale

Displays behaviour:

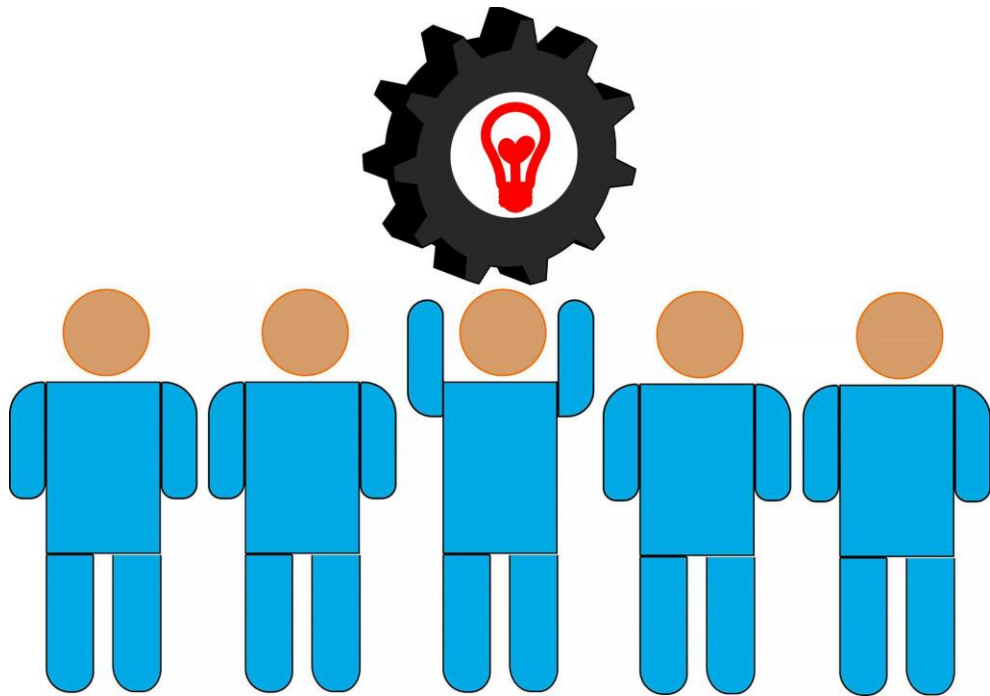
C Concerning +

O Occasionally +

R Reliably +

E Exceeding +

# Next Steps



## **CORE Group**

The group have been meeting over the last few months. One more meeting in February to provide feedback on behaviors, check ins and scoring. Trialing new check in process with areas of organisation.

## **Systems & Reporting**

Amend check in process to include CORE on My Learning (Kallidus). Ensure reporting function is working.

## **Participate in Learning & Development**

Engage in training sessions, team discussions and workshops to deepen understanding of CORE values application, behaviours and difficult conversations.

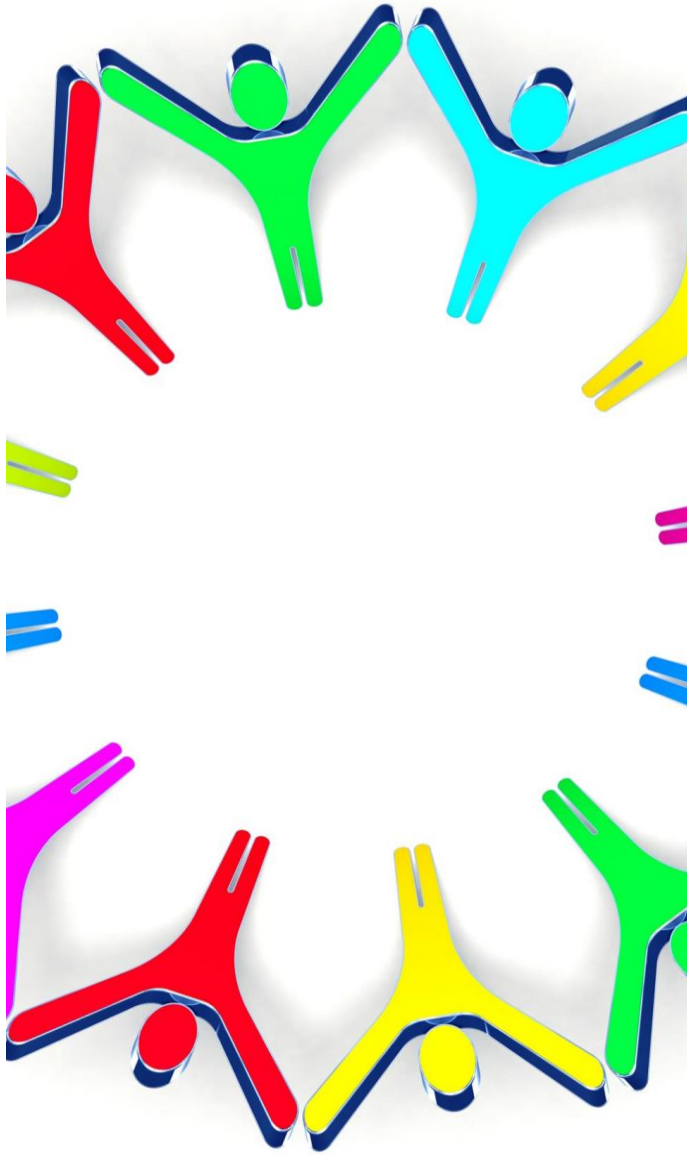
## **Communications and Branding**

Communication inside and outside organisation including consultation with Customers. Update branding.

## **Embed and Embrace CORE Values (Proposed April 2026)**

Each employee is responsible for living Connected, Ownership, Respect, and Excellence daily.





# Questions

## Governance Summary Communications Template

<b>Report from:</b>	Customer and Performance Committee	
<b>Date of meeting:</b>	13 November 2025	
<b>Report author:</b>	Phil Coles	
<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><u>1.Tenan Scrutiny Panel – Damp and Mould Review</u> Members were provided with an in depth introduction to the Damp and Mould (D&amp;M)Review, and noted the amount of work carried out the Tenant Scrutiny Panel (TSP) members during the whole process.</p> <p><u>2.Customer Focus and Service Standards Update</u> Members noted the contents of the report, and agreed it was informative and explained how SLHD officers learned from complaints which was key to improving service.</p> <p><u>3. Spotlight on Performance</u> Members noted RH would be Chair of the Complaints Panel, as well as being Complaints Champion, and requested that he influence the spotlight performance subject for each meeting going forward</p>	<p>The Chair and Committee members commended the TSP around the piece of work. They acknowledged that tenants were really worried about D&amp;M, and staff taking a step back and looking at the Policy now after feedback was good practice. Members asked for a short briefing note on progress at the next meeting to then close this item down.</p> <p>The Chair and Committee members asked that officers give thought to simplifying the statistics presented to the Committee. They noted that RH as a Tenant Board Member would Chair the Complaints Panel, as the organisation was now formalising the group as part of governance.</p>	
<b>Additional notes for communication to governance:</b>		
None.		

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

**Thursday 13th November 2025, 3:00pm**

**Present**

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

**In Attendance**

Jackie Linacre, Head of Customer Service (JL), Christine Tolson, Head of Asset Management (CT), Karl Chapman, S&ASB Manager (KC), Brian Whitmore (Co-opted Committee Member) and Anne Tighe (AT), notetaker

1. <u><b>Apologies and Quorum</b></u>	<b>ACTION</b>
1.1 No apologies were received	
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 18 September 2025</b></u>	
3.1 <b><i>From item number:- 4.5 – Repairs Excellence</i></b> LW reported that you don't normally see an increase in complaints following the implementation of Dynamic Repairs Systems (DRS), in fact it normally increases satisfaction. RH queried if there were functions in DRS that staff were not using, LW responded yes a number, however officers were using it better now and it should improve our efficiency. In response to a further query from MT, LW explained that the system was not as sophisticated as AI, however has a limited benefit of it, the algorithm could and will work well. He further confirmed that a 'tradesmen on route' will be added on to the specifications at some point in the future.	
3.2 <b><i>From item number:- 4.7 – Repairs Excellence</i></b> AT advised this was a work in progress and would be distributed shortly.	
3.3 <b><i>From item number:- 5.4 – Voids Excellence Project</i></b> MT confirmed this action was completed.	
3.4 <b><i>From item number:- 6.6 – Performance Booklet – KPI 18</i></b> Confirmed that JH had passed on members thanks and congratulations for excellent performance.	

3.5 ***From item number:- 7.6 – Tenant Satisfaction Measures***

JL confirmed this action has been completed.

3.6 ***From item number:- 9.2 – Tenancy Sustainability Update***

JD reported we don't really know how many people are likely to be in this last tranche of Universal Credit. HMRC/DWP have both parts of the jigsaw, so they will know it but don't/wont share with us. From statistics to date it should probably be just under 500 of tenants affected.

**4. Tenant Scrutiny Panel – Damp and Mould Review**

4.1 JD introduced the item and explained that MT and RH had led on this report whilst a member of the Tenant Scrutiny Panel (TSP). As there were no current TSP members involved, RH was happy to provide the background.

4.2 RH referred to the Damp and Mould Report (D&M) and explained that the TSP were contacted in Autumn of 2023 by Chris Margrave (CM), previously the Director of Property Services, and with the Awaabs Law in mind, he asked TSP to look at how the company is handling Damp & Mould Complaints, but to give the company two winters to get a system in place, and then to view how it was working. So, in January this year TSP agreed a Scoping Document, then TSP focused on delivering the review by May with recommendations.

RH met with CM as CEO in January and it was agreed that the review members could interview and talk with any section of the company, who would be involved with service delivery. He also agreed that, for the first time, TSP could speak with tenants, in their home, who had received that D&M service for their feedback.

Essentially, CM was looking for that 'Golden Thread' for customer contact.

4.3 TSP broke the review into Modules, so that they could concentrate on one element of the service at a time. They:

- clarified the Company Responsibilities.
- clarified Tenants responsibilities.
- listed the Statutory Obligations.
- listed the review methodology via the listed modules.
- TSP initially looked at the first point of contact for any D&M complaints with the Customer Access Team (CAT) Team, the Website, Facebook, LinkedIn, Leaflets & Houseproud.
- Then in turn, the Head of Asset Management, the D&M Manager, the D&M Surveyors and Repairs team.
- followed on with the D&M Performance Data, and the complaints via the Experience Service Manager.
- Finally, the TSP carried out an online Tenant Survey of the tenant's thoughts on D&M, finishing with three

appointments to visit 3 tenants in their home for their feedback on the D&M service they had received.

- 4.4 In closing remarks, RH assured members that at all stages TSP had a great response from all levels of staff, and they were fully engaged in helping the TSP deliver a meaningful review with observations and recommendations, and quite a few were from staff themselves under anonymity which had been respected. And personally, RH respected that the company have taken the time to present an action plan that was as long as the TSP report.
- 4.5 CT attended for this item responded that from an organisational D&M perspective she welcomed the review, and had made a number of changes since the team had been put together, however officers were always striving to improve services.
- 4.6 The team had looked at all feedback, not only formal recommendations but also picking out anything that sounded like a useful piece of advice, and amalgamated these into the action/response plan. Then the team had, on the back of feedback, provide actions and leads and timescales to deliver.
- 4.7 The team had then taken that information to the new membership of TSP, and they were happy with how the responses were structured and provided. The only thing the new TSP asked to be added was a progress update column and status column. Traffic lights green/amber/red. This was completed as requested and either she or her team would be going back to TSP and updating on them on a regular basis and update to Committee. She congratulated TSP for a fantastic piece of work and had given her team lots of idea to improve the services that we are providing.
- 4.8 The Chair commended the excellent piece of work and commented that the D&M response from 2023 was initially very reactive as the public were really worried. Taking a step back and looking at the Policy now after feedback was good practice. The members agreed it would be useful to have a short briefing note on progress to the next meeting would then close the item down for the Committee.
- 4.9 RH and MT agreed it was a lot of work and the biggest report that the TSP had ever done. TSP appreciated staff engagement which allowed them to do the work. TSP had expected challenge, however staff were really communicative and helpful, and any ask from TSP was no problem. TSP felt they were taken really seriously and that the tenants they interviewed were pleased they got all the information they needed.

CT/AT

## **5 Tenant Satisfaction Measures**

- 5.1 JL attended to lead on this report and reported good performance overall, particularly in reference to customer satisfaction. The Regulator has just released Tenant Satisfaction Measures (TSM)

20/25 report and JL had scrutinised and carried out some preliminary work, and the organisation appeared to be coming out quite well; out of 12 SLHD were upper quartile in 11 TSM's.

- 5.2 Members were asked to note the lowest score was the approach to complaints handling. The team have made massive improvements over previous years, and a lot of work has gone into improving results which were evident in slide 5 of the presentation. The Chair asked for an example of drilling down into the complaint's information received, and JL explained that SLHD as an organisation needed to prioritise lower satisfaction and plans to address include complaints clinics and working with Housemark to drill down in data.
- 5.3 MT asked what complains clinics were and JL reported that there could potentially be high levels of complaints in some areas of the business, she and her team would work with those areas to get underneath why there was dissatisfaction.
- 5.4 JD commented that when TSM's are scrutinised all together they could be really interesting and tell you things you need to know, and that's what the clinics are looking at in detail. Everyone has a day job and need to carry on, but it's hard to find the time to reflect when in a high paced job. LW agreed and pointed out that a high proportion of jobs we had were 'must attend today' so he was looking at bringing in technical support to the CAT who might take over the call and assist tenants.
- 5.5 JL concluded by advising that eventually there would be task and finish groups who would do an action plan that the complaints team wouldn't be delivering but would help pushing to embed change in the organisation.

## **6. Customer Focus and Service Standards update**

- 6.1 JL presented the Customer Focus and Service Standards update and reported the main focus on driving improvements and getting under the feedback reasons for dissatisfaction in particular areas of the business. She was pleased to advise that SLHD would potentially be working closely with Housemark to improve customer experience mapping, and this would be assisted by the complaints clinics data mentioned earlier in the meeting.
- 6.2 JL stated that when the team looked at complaints and the numbers we get, it was important to note that although they have increased this was a national trend. The organisation was only slightly over the median and we also continued to be in target for time taken to respond to complaints.
- 6.3 Training had been carried out to get to the root cause of complaints and most importantly learn from them, and it was also planned to include some feedback from the Complaints Tenants Panels and feed this into the Committee. The Chair commented

that he would like officers to give thought to simplifying the statistics presented to the Committee. JL

6.4 JD further explained that although there had been a Complaints Panel for quite some time, the organisation was now formalising it as part of governance. RH as a Tenant Board Member will be Chair, MT and BW and other members of OVF and TSP, so a range of tenants, will formally feedback the findings in this arena.

6.5 The Chair commented that the areas in the business with the most complaints could possibly point to systematic failures. He asked if a high number were repeats or original enquiries where they feel they haven't been answered to their satisfaction so they go to their MP for example. It was explained that enquiries from Councillors used to be logged as enquiries however they now needed to be logged as complaints. It was acknowledged that there could be duplication with tenants copying in several agencies/people.

## **7. Tenant Voice Outcomes**

7.1 JL was pleased to present the Tenant Voice Outcomes for Quarter 2 and asked members to note the increase in the Get Involved Group (GIG), and the work undertaken by the Customer Involvement Team.

7.2 Members also noted the consultation and involvement outcomes for the Quarter, along with the robust feedback demonstrating the changes in policies influenced by tenants.

7.3 JL referred to the recent Tpas Exemplar Award, which was a great accreditation and teams had received some really good feedback that would assist tenant engagement.

## **8. Performance Information**

### **8.1 KPI3 – Relet time for standards voids**

LW reported that at 25.6 outturn for September this was really close to target. Members were pleased to note this as it was a really challenging target.

### **8.2 KPI10a/b/c – Emergency Repairs**

There was a steady improvement in emergency repairs. Teams were seeing a high proportion of emergency repairs so there was a lot of work digging under the detail of why this was happening. LW reported that the CAT had scripts for particular issues and when digging down tenants were saying it was a priority job when in reality it wasn't, they just wanted an operative to visit sooner. This was not sustainable and teams were working on video technology so that tenants could show the issue. This could then evidence that although a tenant was reporting a deluge of water, it was actually a steady drip that could be easily contained, for example.

- 8.3 Throughout the present year there had been over 5,000 stock surveys with Category 1 and 2 hazards identified, which were then additional repairs. Housing Management colleagues were also completing a high number of Keeping in Touch (KIT) visits which were also generating repairs so there would be even higher numbers of repairs before year end.
- 8.4 BH gave an example of communication issues between teams when he had recently reported a repair and the Chair commented there should be an intelligence in the system to communicate effectively between them. LW agreed there were minor issues to address. He pointed out that tenants' vulnerabilities were captured on the system, however they were exaggerating their vulnerabilities to ensure same day attendance. EMT would be considering a possible recharge if tenants say it's an emergency and it wasn't as this had a huge impact on services if it was a daily occurrence.
- 8.5 Following a brief discussion around repair calls/scripts, LW offered an open invitation to members to sit with call handlers if they wished.
- 8.6 KPI 1 - % of current rent arrears against annual rent debit  
JD was pleased to report excellent performance, particularly as there were over 10,000 tenants who had moved to UC, with 3,000 of that number of the last 12 months. The latest ones merging were the most challenging cases.
- 8.7 KPI 4 – Average number of nights in hotel accommodation  
It was noted that this KPI had been driven down massively and had moved to amber for the first time in 3 years. Members asked how the individuals/families were being moved on, and JD explained they were being put in Private Rented Sector (PRS) and our own accommodation. Although this was the only KPI around homelessness that was reported to Committee, there were a whole suite reported to EMT, Housing Portfolio Holder and the Council's Homelessness Board.
- 8.8 JD advised that the team had achieved 60% positive move on's which is really good; a negative move on is leaving without telling us or they get evicted. Evictions took place quite a lot as the hotels are private business and we get individuals that are damaging the premises or causing issues for other residents.
- 8.9 The Chair asked where that put us if they're evicted. It was explained that there is such a thing as intentionally homeless and we lose our requirement to house them if they have abused staff or damaged property. It depends on what stage of homelessness they're at. If they were at the first stage of prevention or relief, we don't have to provide any more accommodation. However when they get to main duty, they get another right to accommodation so we need to accommodate. It is usually at that stage we've resolved their homelessness. Very concise records were kept at

ALL



each point, particularly if they have children as we needed to provide evidence towards decisions.

8.10 KPI 8 Tenancy Turnover

The Chair queried why this was a KPI and it was explained that the KPI's were led by Housemark, and were a measure of turnover not performance.

9. ASB Update

9.1 KC attended to lead on this item and provided an update which highlighted:

- Case volume
- Case breakdown by management area
- Tenant satisfaction of performance
- Balby Bridge Closure Orders
- Hoarding

9.2 Members were pleased to note the team's approach to hoarding and KC confirmed there was an increase however teams understood it better now than ever before. The hoarding group in particular seemed to really help tenants.

9.3 The Committee noted the high number of drug related cases and asked why the Cantley area had the highest number of cases. KC explained there was a concentration of 4-5 streets with a high number of bungalows and houses. There were significant organised crime issues, with safeguarding and vulnerability cases. There was a real mix on there and our tenants were mainly the victims in a number of cases. KC emphasised the ongoing partnership work that was addressing the problems.

9.4 The Chair asked what proportion of cases go to court processes and KC advised that the majority of cases are resolved by officers. They used any available tools and generally run about 10% of cases received annually are using legal action, but a lot of cases not at legal stage the serving of notice is taken very seriously, officers do emphasise what could potentially happen in clear messages and gives good results.

9.5 KC reported the continuing performance in Tenant Satisfaction Measures (TSM's); the organisation did aspire to be Q1, however given the deprivation and issues Doncaster faces it is understandable that we are not currently.

9.6 KC drew the Committee's attention to the Balby Bridge Closure Orders and provided the background. He further advised that the Orders would be toothless if the Police were not on board. There was excellent joint work taking place and it was key to have them on board.

9.7 Members were pleased to note the ASB app and asked why it wasn't available to all the residents in Doncaster. KC responded that we wanted an in house solution and it was a great solution for very little cost. In response to a query if it was monitored he confirmed it was and it could be shared with the Police if required. The app was locked between the officer and the tenant and created a shared depository and evidence base.

9.8 The Committee asked if a similar app could be rolled out for repairs and he confirmed it was something that could potentially be used in the future, when tenants could take a photograph of a repair and upload it.

**10. Spotlight on Performance for February Meeting**

10.1 Following a brief discussion it was agreed that the spotlight for the February 2026 Customer and Performance Committee would be Tpas recommendations on performance. The spotlight for performance at the May meeting would be decided from the Complaints Sub-Group data. RH was Chair of this group and would direct officers on the chosen subject for discussion.

AT  
RH

10.2 JD referred to the forward plan overall and suggested that the ASB update should be reported on annually in line with Tenancy Sustainability and Customer Excellence.

AT

**11. Any Other Business**

11.1 No other business was raised.

12. **Date and time of the next meeting – 19<sup>th</sup> February 2026 at 10am – Civic Meeting Room 410**

## Governance Summary Communications Template

<b>Report from:</b>	Building Safety & Compliance Committee	
<b>Date of meeting:</b>	20 November 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>1. <u>Asset report – DMC</u></b></p> <p>Members learnt of the risk assessment form developed by the DMC Team along with public health, in respect of DMC cases.</p> <p>Members requested sight of the form, which was circulated following the meeting.</p>		
<p><b>2. <u>Safety &amp; Compliance Activity update – Violence &amp; Aggression cases</u></b></p> <p>Committee sought reassurance that the company was doing enough to protect its staff, this was due to 10 violence &amp; aggression cases reported in the paper.</p> <p>Agreed a briefing note to be submitted to the next meeting with specific detail around the 10 cases to determine the severity and action taken.</p>		
<b>Additional notes for communication to governance:</b>		
None.		

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

**Thursday 20<sup>th</sup> November 2025 10am-12 noon, Civic Meeting Room 410/  
Microsoft Teams**

**Present**

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

**In Attendance**

Lee Winterbottom - Director of Property Services, Laura Dougan – Head of Building Safety, Christine Tolson – Head of Asset Management, Danny Boardman (DB), Simon Goodwin (SG), Maxine Johnson - Executive Support Officer (MJ).

**ACTION**

<b>1.</b>	<b><u>Apologies and Quorum</u></b>	
1.1	No apologies received and the meeting was quorate.	
<b>2.</b>	<b><u>Declarations of Interest by Board Members</u></b>	
2.1	There were no declarations of interest received.	
<b>3.</b>	<b><u>Minutes of the meeting held on 4 September 2025 and matters arising</u></b>	
3.1	<p>The minutes of the meeting held on 4 September 2025 were approved, with the following matters arising:</p> <p>The Chair asked if CorkSol (the product used at St Georges Crt) could be used in other properties across the housing stock ie Woodlands or the wood timber properties at Auckley.</p>	<b>CT</b>
<b>4.</b>	<b><u>Assets Performance Report – Q2</u></b>	
4.1	<p>The Head of Asset Management presented the report to provide members with an update on key activity within the Asset Management Services for Quarter 2.</p> <p>Members noted of particular importance is the progress being made in respect of the decent home standard alongside tracking of progress of any hazards identified through stock condition surveys (SCS).</p>	
4.2	<p>The Head of Asset Management was pleased to advise at the end of September 2025, 89% properties within the housing stock had received a physical stock condition survey within the last 5 financial years.</p> <p>She explained we are slightly below the planned target, mainly due to access issues. However, Savills are pleasantly surprised with how many</p>	

	<p>properties have received a SCS. She said, next year we aim to catch-up on those missed properties.</p> <p>Members noted the Head of Asset Management was meeting with Savills in December 2025 to review the programme and tackle issues such as no access.</p>	
4.3	<p>The Head of Asset Management advised of the increase in non-decent properties, at the end of Q2 the figure stood at 11.9%. She confirmed this was comparable with headline information coming out of the Savills report. What's key is the budget position being confirmed, so we can then direct resources and focus our attention on specific areas work.</p> <p>She added, positively, the number of properties non-decent due to an outstanding category 1 hazard has reduced from 341 in Q1 to 233 in Q2.</p>	
4.4	<p>She further advised of the new section added to the report 'Asset Data Improvements'. She highlighted the regulator will be interested to know how confident we are with the asset data we hold and how that drives our decision making, policy development and service delivery. Inspectors will be looking at any gaps in data we may have and how we plan to address any gaps.</p> <p>She advised of the asset data self-improvement plan which consisted of 41 identified improvement actions. Whilst it was still in its infancy, the intention was to provide a summary of progress against these actions in future asset performance updates.</p>	
4.5	<p>One member was pleased to see the SCS data, although he queried why haven't we carried out as many surveys in the past to used data?</p> <p>The Head of Asset Management explained the small number of SCS surveyors were diverted to help the organisations response to the floods and covid, in addition to the back log of repairs. We recognised we needed to address the impacts of the diversion of resources and contracted an external resource. Positively, the contractors Savills, have a degree of independence and are also able to benchmark against other organisations. She highlighted we accelerated the programme last year which brought us on-track.</p>	
4.6	<p>The same member queried, if surveys were being carried out in priority order? He commented, SCS data is key to understanding the condition of a property which supports retrofit decisions.</p> <p>The Head of Asset Management advised that the SCS data is starting to tell us a slightly different story. Last year we started to identify issues around paths, this year we have diverted budgets to focus on roofs. She explained, we are starting to use the SCS information to focus on the things that we need to make a priority.</p>	
4.7	<p>One member highlighted the high-level number of right to buy (RTB) property disposals. He queried, once a property is in the RTB process,</p>	

	<p>what is our position regarding undertaking repairs?</p> <p>Additionally, he queried City of Doncaster Council's (CDC) viewpoint regarding prioritising existing stock versus new build developments.</p> <p>It was noted that under current legislation SLHs have an obligation to carry out emergency and urgent repairs to keep the property safe. However, there is no obligation in respect of all other investment once a property was processing through the RTB process.</p> <p>The Director of Property Services confirmed that CDC are going to be carrying out a value for money review regarding investing in acquisitions versus new build. He further added, all organisations until very recently have had limited SCS data and are working to improve in this area. However, that gives us other issues in terms of non-decent stock therefore we need to warm up to the idea that the percentage of non-decent stock is likely to fluctuate over time.</p>	
4.8	<p>Another member commented, it's important that we understand what our policy is and where the priorities lie. Do we choose to carry out the plug socket items first to reduce the numbers, or concentrate on the roofs to address any significant damp and mould cases?</p> <p>The Head of Asset Management confirmed the organisation has an obligation by law to carry out the plug socket items first which fall under a cat 1 hazard within the Housing Health and Safety Rating System (HHSRS). She stated, then we usually prioritise by component failure which addresses making the property watertight ie external items. However she raised, this is often the opposite of what customers want replacing in their homes.</p> <p>She explained under HHSRS cat 1 hazards for Damp &amp; Mould are extensive black spot mould growth in the rooms tenants spend most of their time in such as bedrooms / living area. In addition, we have Awaab's Law although the technical guidance for this isn't clear. Assessments need to be person centric and are difficult to assess. The Head of Asset Management explained that her team had worked with public health to develop a risk assessment which members asked to see sight of.</p>	CT
4.9	Members noted the contents of the report.	
<b>5.</b>	<b><u>Safety &amp; Compliance Activity Report</u></b>	
5.1	<p>The Head of Building Safety presented the Safety and Compliance Exception Report as 30 September 2025.</p> <p>Members noted where full compliance is not currently being achieved, the work is identified to bring areas to compliance with mitigations in place. Within the scorecard for September 2025 areas of focus are:</p> <ul style="list-style-type: none"> <li>• EICR programmes (domestic and communal) – both 10 &amp; 5 year</li> <li>• Remedial actions from EICRs</li> </ul>	

	<ul style="list-style-type: none"> <li>• LGSRs</li> </ul>	
5.2	<p>The Head of Building Safety raised since writing the report an improving position had emerged and advised of the revised figures which gave a positive picture:</p> <ul style="list-style-type: none"> <li>• <u>Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)</u> – down to 194.</li> <li>• <u>Fixed Electrical Wiring Testing - Common Areas (EICR) (5Y)</u> – down to 5.</li> <li>• <u>Fire Risk Assessment (FRA)</u> – 1 property – the flat was let as part of a scheme with Children Services, which was empty. We decided to leave it until the property was tenanted and the FRA is being done today.</li> <li>• <u>Landlord Gas Safety Record (LGSR'S)</u> – down to 67. We have had some ICT issues which we have overcome and the certificates are now coming through.</li> </ul>	
5.3	<p><u>Other Areas of Compliance</u></p> <p>The Head of Building Safety drew members attention to Section 3 of the report saying now is the time to drill down and focus on managing performance of 'other areas of compliance' and utilising the Access Team.</p>	
5.4	<p><u>Water Hygiene</u></p> <p>One member queried the reasons for the one red indicator.</p> <p>They were drawn to section 3.17 &amp; 3.18 of the report, that gave further detail. Members noted that this indicator, although showing red, was within compliance. It was a paper trail matter, the compliance team was working with the in-house delivery teams on trailing a form which once they were happy with, would turn the indicator green.</p>	
5.5	<p><u>C365</u></p> <p>The Chair asked is there a mobile version of C365 – so that staff working out and about can update the system? Additionally, are we also retendering for C365?</p> <p>The Head of Building Safety advised as a business we are looking at all information we can provide to customers via a Tenant Portal, this is being considered as part of a company wide project.</p> <p>In terms of C365, the contract ends in June 2026 and a tender exercise will be carried out. A discussion then ensued as to the benefits realised to the company following the implementation of C365 and the positive impacts it had seen on the organisation in respect of compliance. Committee were in full support of staying with C365.</p>	
5.6	<p><u>FRA Actions</u></p> <p>Members noted that SLHs was currently in year 3 of a 10-year FRA action plan. They were advised of the progress in reducing actions, as of today there are 186 outstanding actions. The Head of Building Safety advised we are working with Openview, who have been out and done the surveys which will have budget requirements; however we will start to see the</p>	

	reduction from those actions.	
5.7	<p><u>Tree – St Georges Crt</u></p> <p>The Chair queried the position with the tree at St Georges Court which was under the protection of a Tree Preservation Order (TPO)</p> <p>The Head of Major Projects advised that a tree surgeon and arborist had been employed to review the situation, their costs were in the region of £3.5k. A further update could be provided once their findings were available.</p>	<b>DB</b>
5.8	<p><u>Occupational Health and Safety update</u></p> <p>One member referred to the table at 5.2 of the report 'Accident and incident data over rolling year' highlighting the 'Violence &amp; Aggression' figure at 10. Committee sought reassurance that the company was doing enough to protect its staff, they queried the risk level of each case low- or high-level violence/aggression?</p> <p><b>Action:</b> Health &amp; Safety Team to pull a briefing note together for the next meeting to drill down into the 10 violence &amp; aggression cases and determine the severity of each case (to make sure they are not at the high end) and action taken. Additionally, provide more information in respect of the fall from height case.</p> <p>Post meeting note – the fall from height incident was an employee who slipped and fell when getting onto the back of a vehicle tail lift. The investigation identified the employee had dropped the tail lift to the floor to access and then raised when safely on the vehicle.</p>	<b>LD</b>
5.9	<p><u>Bin Chutes</u></p> <p>One member raised concern bin chutes were out of compliance and it was noted that they had failed their inspection with the lead time of 14wks for the order.</p> <p><u>Fire Fighting Extinguishers</u></p> <p>The same member raised concern regarding the compliance percentage at 89%. It was understood that there had been an issue with the contractor.</p>	
5.10	Committee noted the contents of the report.	
6.	<u>High Rise Buildings Update</u>	
6.1	The Head of Major Projects presented the report that provided an update on the three major high rise building projects detailing progress, compliance issues and ongoing disputes related to building safety and remediation efforts.	



6.2	<p><u>Wates Balby Bridge</u></p> <p>He advised Balby Bridge was progressing well with Cusworth House already handed back. In regard to Hatfield and Methley we are hoping to have the scaffolding down prior to the Christmas break. The project is still on target for a completion date of 1 May 2026.</p> <p>He went onto say, of particular importance is the new issue with the cavities that had been found around the windows of one of the blocks. While this would not allow smoke/heat to travel through the whole building, due to the floor slabs closing off the cavity, it does leave a concern that this could lead to the transfer of smoke/heat to the neighbouring flat on the same floor.</p> <p>Additionally, it's likely that the same detail could be evident on the other four blocks.</p> <p>Members noted after initial rejection to deal with the matter, Wates have since agreed, without accepting liability, to assist in opening up and checking for cavities on the remaining blocks. The outcome of this is yet to be provided.</p> <p>Wates have confirmed we will receive their response to our challenge to their extension of time and payment requests by the end of this month.</p>	
6.3	<p><u>Intake</u></p> <p>The Head of Building Safety reminded members of the standstill agreement and 'extension of time' in place with Henry Boot which expires on 27 February 2026. This is in relation to a dispute over compliance of the cladding system on the three High Rise Buildings.</p> <p>Additionally, members noted that CDC was still considering the proposals following on from the feasibility study that they had commissioned ARUP to undertake.</p>	
6.3.1	<p>One member queried why contractors were drilling at Westminster?</p> <p>It was noted that intrusive surveys were taking place to ensure the 60-year old buildings are structurally sound and to provide assurance for the next 10 years. It was noted that future surveys were likely to be less intrusive.</p>	
6.4	<p><u>Silverwood</u></p> <p>Calling solicitors and Equans over concerns of the external walls, they have acknowledged and said thanks. ACS solicitors acting on behalf of the City of Doncaster Council will pursue this case with the contractor.</p>	
6.5	<p><u>Residual risk</u></p> <p>The Director of Property Services advised members will now see 'residual risk' added to all future reports, as requested by Kath Smart newly co-</p>	

	opted board member.	
6.5	Members noted the contents of the report.	
<b>7.</b>	<b><u>Fire Incident – 67 Shaftesbury House</u></b>	
7.1	The Head of Building Safety reported on the investigation of a fire incident at Flat 67 Shaftesbury House on 7th October 2025, detailing the timeline and key findings together with recommendations for improvement in the organisation's response to the incident.	
7.2	One member suggested, should any future incidents occur, it would be beneficial to do a 'wider' letter drop to residents of the High-Rise Residential buildings in the area to allay any fears.	
7.3	Members noted the update.	
<b>8.</b>	<b>Date of the next meeting - Thursday 12<sup>th</sup> February, 10am</b>	

### **Matters Arising from the previous minutes**

<b>Building Safety &amp; Compliance - Action Log</b>						
<b>NO</b>	<b>Month</b>	<b>Ref</b>	<b>Action</b>	<b>Progress</b>	<b>Completed Y/N</b>	<b>Owner</b>
<b>1</b>	<b>Jan-24</b>	<b>4.10</b>	<b>Safety &amp; Compliance report</b>  Next report to include plans around a more robust external audit in relation to water & fire.	Pennington Choices health check - 10&11 September 2025. Report on forward plan for February 2026.	Feb'26	LD
<b>2</b>	<b>Jan-24</b>	<b>7.2</b>	<b>Building Safety Cases</b>  DW noted Sandbeck House would be coming up to its 60 <sup>th</sup> anniversary year since being built, and asked if consideration could be given to recognising this milestone.	<u>Update 13.02.25</u> DB has spoken with Sally who is keen to progress however, currently working on 'City of Light'.  <u>Update 04.09.25</u> DB is introducing Sally to LD/GS.	In progress	LD
<b>3</b>	<b>Nov-24</b>	<b>5.4</b>	<b>Serious Untoward Incident Report – 56 Repton Rd, Skellow</b>  All jobs previously referred to the Asset Teams generic email should be retrospectively risk	<u>Update 20.11.25</u> Paving Policy to be redrafted following	February 2026	CT

			assessed and deemed either appropriate for inclusion in a future programme or prioritised to mitigate any further incidents from occurring.	Special BSC 19 Oct and submitted to Board early next year.		
4	Nov-24	5.9	<b>Serious Untoward Incident Report – 56 Repton Rd, Skellow</b> Members agreed to the recommendation at 5.2 of the report - performing inspections on unadopted paths on a cyclical programme.	<u>Update 13.02.25</u> SCS pick up those hazards within the curtilage of a property.  A piece of work needs doing to put a regime in place to inspect those hazards that are not picked up outside the curtilage of a property. Consider engaging with CDC.  <u>Update 04.09.25</u> To be picked up once the paving policy is in place which is at Board early 2026.	Pending (linked to item 3)	CT
5	Feb-25	4.8	<b>Assets Performance Report – Q3</b>  <u>Retrofit Pilot</u>  The Chair asked for a rough estimate of costs associated with each property.	<u>Update 04.09.25</u>  Work on the GainShare properties has been delayed until next financial year. Once works completed later in 2026, a visit can be arranged – anticipated Summer 2026.  March 2026 next year is the target start date.	March 2026 target start date.  Works completed later in the year.	CT
6	Feb-25	8.3	<b>Building Safety Cases -C365</b>  The Chair asked that any findings from the Pennington's review are reported to committee, which would capture C365.	<u>Update 20.11.25</u>  There have been some delays with the report. On the forward plan for February 2026.	February 2026	LD
7	May-25	4.5	<b>Non Decent Properties Plan</b>  Committee requested a plan of how we are bringing all	<u>Update 4 Sept 2025</u>  The work is budget	Budget dependent	CT

			properties back to being decent, timescales etc to give assurance.	dependent. It is becoming increasingly apparent from stock condition survey data and government consultation that we need to shift our investment focus.  CT needs to start conversations with CDC and do a 10-year forward look.		
8	Sept-25	4.5	<b>Guaranteed Access process</b>  The Chair commented as a sub-committee we would like to recommend a Guaranteed Access process is adopted by St Leger Homes (SLH) to CDC, and asked if this could be raised at the Health, Safety & Compliance Core Group.	<u>Update 20.11.25</u>  LW advised he had spoken to CDC Legal Team their thoughts are the access procedure is adequate.  Following a lengthy discussion Committee advised they were not content with this decision. They asked LW to approach CDC again and request they reconsider. Especially given the outcome of Flat 9 Hatfield House.	In progress	LW
9	Sept-25	5.2	<b>Asbestos (S&amp;C Activity report)</b>  One member queried the total compliance 20,246 figure, which seemed to exceed the number of properties managed by SLH. It was noted that this figure also included garage sites and will be data cleansed.	There is some data cleansing that needs to be done.	In progress	LD
10	Sept-25	8.5	<b>MEES – Overheating in domestic properties</b>  One member asked for further information on ‘Challenges of Overheating’ in domestic properties.	Bring to the next meeting.	February 2026	CT
11	Sept-25	10.2	<b>Pennington’s External Audit</b>			

			<p><b>– Governance Structure</b></p> <p>The Chair requested a governance process map is produced to show the golden thread of reports /information shared within SLH and with CDC. He asked that this is presented to Board in December.</p>	Going to December Board.	Complete	LW/MJ
12	Nov-25	3.1	<p><b>CorkSol</b></p> <p>The Chair asked if CorkSol (the product used at St Georges Crt) could be used in other properties across the stock ie Woodlands or the wood timber properties at Auckley.</p>		In progress	CT
13	Nov-25	4.8	<p><b>DMC Risk Assessment</b></p> <p>The Head of Asset Management explained that her team had worked with public health to develop a risk assessment which members asked to see sight of.</p>		Completed	CT
14	Nov-25	5.7	<p><b>Tree – St Georges Crt</b></p> <p>The Head of Major Projects advised that a tree surgeon and arborist had been employed to review the situation, their costs were in the region of £3.5k. A further update could be provided once their findings were available.</p>		In progress	DB
15	Nov-25	5.8	<p><b>Occupational Health &amp; Safety update</b></p> <p>Health &amp; Safety Team to pull a briefing note together for the next meeting to drill down into the 10 violence &amp; aggression cases and determine the severity of each case (to make sure they are not at the high end) and action taken. Additionally, provide more information in respect of the fall from height case. Added post meeting to minutes</p>		In progress	LD