ST LEGER HOMES OF DONCASTER LIMITED
BOARD MEETING

To be held at 14.00pm on Thursday 2nd October 2025
Civic Office, Floor 4 - Room 410

AGENDA

12:30 – 1:30 – Pre Board Presentations on Artificial Intelligence
1.30-2.00 – Lunch with playing of Annual Review Videos

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

For Approval

5	Paving Policy	L Winterbottom	*Enclosed*
6	Safeguarding Children and Adults Annual Report	J Davies	*Enclosed*
7	Equality and Diversity Strategy - Annual update against action plan	K Hanlon	*Enclosed*
8	ICT Strategy Update	K Hanlon	*Enclosed*
9	Artificial Intelligence Policy	K Hanlon	*Enclosed*

For Information

10	Health & Safety Highlight & Dashboard Update	L Winterbottom	*Enclosed*
11	KPI Performance	K Hanlon	*Enclosed*
12	Annual Development Plan Update	K Hanlon	*Enclosed*

Reports for noting only

13	Committee Annual Reports		*Enclosed*

- Building Safety and Compliance Committee
- Employment and People Committee
- Audit and Risk Committee
- Customer and Performance Committee

Committee Information for noting only

14	Committee Minutes		

- Building Safety & Compliance Committee – 4 Sept 2025
- Employment & People Committee – 3 Sept 2025

15	Any Other Business	D Wilkinson	
16	*Date of next meeting – 4 December 2025*		

NO	Month	Ref	Action	Progress	Completed Y/N	Owner
127	Jul-25	8.6	People Strategy 2024-29, Year 1 Achievements - Another member suggested the use of the GCHQ (Government Communications Headquarters) model, targeting dyslexic and neurodiverse people in recruitment and retention. It was suggested that this was something that could be considered by our new Head of People & Culture who would be starting soon with the organisation.	Now new Head of People & Culture is in post, we consider these in oue recruitment and HR policies already	Y	KH
128	Aug-25	5.4	Financial Statements - The Board acknowledged the excellent work of the team for such a clean audit and asked that this be fed back by senior management.	Complete	Y	KH
129	Aug-25	6.4	High Rise Resident Engagement Strategy - following a discussion around holding meetings on alternating days and times it was agreed this would be explored, including evening events also.			LW
130	Aug-25	6.5	High Rise Resident Engagement Strategy - The Board suggested that the Tenant Sustainability Team could be involved in the meetings to give advice as this could be a draw for attendance. Members of the Housing Management Team from each area could also be involved to bring things to life. It was agreed to consider this.			LW/JD
131	Aug-25	6.7	High Rise Resident Engagement Strategy - it was agreed that community groups with good atttendance could be approached to see if they would be interested in forming a TARA. Also consider inviting SYP to make it more worthwhile to attend.			LW
132	Aug-25	7.2	Strategic Risk Register - the Chief Executive and Director of Corporate Services agreed to consider the proposal of Board oversight of the Operational Risk Register.	EMT agreed to committing to reviewing the reporting process for operational risk registers.	Y	CM/KH
133	Aug-25	8.4	Revenue Monitoring - a member asked who monitored the cameras at Balby Bridge and this was responded to; in response to a futher question around insurance for damage and repair, the information was not available and would be provided at the October Board Meeting.	CDC do not insure CCTV.	Y	KH

St Leger Homes of Doncaster Board - Action Log

Company Number 05564649
A Company Limited by Guarantee
Registered in England

St. Leger Homes of Doncaster Limited
BOARD MEETING
Hybrid meeting

2.00pm on Thursday 7th August 2025
Civic Office, Floor 4 - Room 410

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

Also In Attendance:
Kevin Hanlon (Director of Corporate Services), Jane Davies (Director of Housing and Customer Services), Lee Winterbottom (Director of Property Services), Anne Tighe (minutes).

City of Doncaster Council (CDC)
Yvonne Fox (Service Director Place).

Members of the Public/Observers:

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

		Action
1.	**Apologies and Quorum**	
1.1	Apologies were received from Barry Keable.	
2.	**Declarations of Interest by Board Members**	
2.1	None were received.	
3a	**Matters arising and action log from previous meetings**	
3a.1	Updates were noted from the action log, with only No 127 outstanding as new Head of People and Culture start date of 11 August 2025 noted.	
3b	**Ratification of minutes from the meeting held on 3 July 2025**	
3b.1	The minutes of the previous meeting were agreed as a true and accurate record.	
4.	**Chair and Chief Executive's Update**	

4.1	The Chief Executive presented the Chief Executive and Chair's Update Report and highlighted the following: Tenant Board Member (TBM) Recruitment Update The TBM recruitment had been completed and he was pleased to congratulate and welcome Mo Tennison and Rodger Haldenby to the Board from the Annual General Meeting (AGM) in September 2025. A third applicant, Brian Whitmore, has been invited to join the tenant development pathway to gain the skills necessary to apply in the future. Brian has also been approached to be a co-opted member of the Customer and Performance Committee as part of that development work and has accepted the position.	
4.2	Board Buddy Arrangements Board members noted the suggestion to re-instate a Board buddy programme and the suggested proposals, and the additional proposal of appointing a Board Co-opted member Kath Smart.	
4.2.1	**The Board considered and approved the proposals in the Board Buddy Arrangements and Board Co-opted member.**	
4.3	Committee Membership The Board noted the review of membership of the Committee Structure and the Appendix A detailing this; agreement had already been reached, although there was a current vacancy for the Customer and Performance Improvement Chair role and conversations were being held about this.	
4.4	Annual Effectiveness reviews of Audit & Risk Committee (A&R) The Chief Executive explained the need to support continuous improvement with best practice and explained the process for the Annual Effectiveness reviews of A&R Committee.	
4.4.1	**The Board considered and approved that A&R Committee adopt the effectiveness review.**	
4.5	**National Issues** Decent Homes Standard Consultation. Consultation closes on the 10 September 2025. As the proposed changes to the standard takes away component failure dates and it would now be based on condition, the business plan may change. The Chair referred to window locks and advised the organisation was planning to install these in entire stock other than bungalows or ground floor flats.	
4.6	The wall finish will be minimum requirement so costs associated with that will be significant. £230m was required/allocated for decency, not considering wall finish or floor finish.	

4.7	**Personal Emergency Evacuation Plans (PEEPS)** The Chief Executive explained that the premises information would give emergency services an understanding of tenants in the building. In response to a further question if PEEPS were provided in all properties or just high rise, it was explained that current regulations were 18 meters or above, however if medium rises were included in revised regulation, then significant investment would be required.	
4.8	**Electrical Safety Testing** The Chief Executive reminded Board members of work over the last 4 years on Electrical Installation Conditions Report (EICR) trying to align the electrical programme; this year was the lowest number for a number of years. 4,500 were completed last year and teams were working hard to obtain entry into the remaining properties. An Access Team has been set up to get underneath the issues for compliance works.	
4.9	**Rent Convergence Consultation** Members noted that the business would like to focus on rent convergence as an opportunity to converge rents to the same amount. This means that the Council will have an opportunity to increase rents and also to add £1-£2 per week for a maximum of 10 years and at their discretion. The Government is offering this and, as there may not be funding for Decent Homes 2, was certainly an opportunity to align rents. The Director of Corporate Services added that St Leger social rent is £90, however average target rent is £96. It was important to note that rents were different for all tenants so some were paying more than others.	
4.10	The Vice Chair referred to the Decent Homes Standard and the £235m total cost, and asked what financial modelling the Director of Corporate Services could do that we have shared with Council about rent convergence. The Director of Corporate Services explained that Savills had been commissioned in October 2024 and all financial models had been completed except for some minor figures. A meeting had been arranged for 8 August 2025 to go through these and business planning. The cost should be £230m over a 10 year spend. Once the model is agreed a report by Savills would be presented to SLHD and the Council to inform planning. That would give the information to discuss budgets set for the next 4 years.	
4.11	The Board pointed out that it was possible there were some properties that would not be financially viable to keep updating and asked if the organisation had a figure for this. The Director of Property Services responded that stock survey information and Savills survey would be used to give the business information to make informed decisions.	

4.	**Operational Issues** Pay Award The Board noted that the Joint Negotiating Committee (NJC) pay increase 2025/26 of 3.2% was now agreed for Local Authorities. This was an additional pressure that was provided through the management agreement.	
5.	**Financial Statements**	
5.1	The Director of Corporate Services presented the Financial Statements of the Company and Letter of Representation for the year ended 31 March 2025 for approval by the Board and Auditors' Management letter for noting by the Board.	
5.2	Members were asked to note that St Leger Homes made a surplus outturn of £26k against a budget of £58.481m.	
5.3	The Board were pleased to note the overall pension position is high surplus and reflects a £60m surplus for St Leger Homes. Councillor Cox referred to the pension deficit only a few years earlier and asked the Director of Corporate Services if he predicted further increases with investments going forward. The Director of Corporate Services responded he was not qualified in the subject of pensions and could only confirm the good position that South Yorkshire Pension Fund was in at the present time.	
5.4	The Board acknowledged the excellent work of the team for such a clean audit and asked that this be fed back by senior management.	**KH**
5.5	**The Board considered and approved the Financial Statements Letter of Representation and noted the contents of the Auditors' Management Letter for the year ended 31 March 2025**	
6.	**High Rise Resident Engagement Strategy**	
6.1	The Director of Property Services led on a presentation of the highlights of the High Rise Resident Engagement Strategy (RES).	
6.2	He explained that RESs were a requirement under the Building Safety Act, was for higher risk in scope buildings and should not be generics. RESs should be refreshed every 2 years or reviewed after any significant building alteration, for example a new fire alarm.	
6.3	St Leger Homes have developed and are using the RES following using a variety of communication and engagement tools such as the Building Safety Forum, drop in sessions and living in high rise leaflet. The RES was also taken to the One Voice Forum for comment. It	

	was then submitted to the Building Safety Regulator as part of the building safety case application.	
6.4	The Chair asked how successful the drop in sessions were and the Director of Property Services admitted it could be better, his teams were looking at methods to incentivise tenants attendance. A Tenant Board member queried if attendance was relating to times they were being held. Following a brief discussion it was agreed that alternating days and times, and the inclusion of evening events should be considered. In response to a question about information on the St Leger Homes Internet site, it was confirmed that information around high rises and fire safety were included.	**LW**
6.5	The Board suggested that the Tenant Sustainability Team could be involved in the meetings to give advice as this could be a draw for attendance. Members of the Housing Management Team from each areas could also be involved to bring things to life. It was agreed to consider this.	**LW/JD**
6.6	The Chair invited the observers to contribute to the discussion and they agreed that Intake high rises had approximately 10 regular tenants attending, however town centre attendance could vary. High Rise Safety could be a dry subject, and it was suggested that a meeting could be held with a Tenant and Residents (TARA) Meeting immediately following. The Director of Housing and Customer Services explained that high rise TARAs had folded since Covid; usually TARAs are formed when tenants wanted to sort issues out.	
6.7	The Board considered the idea of incentives further, but agreed it needs to be meaningful, to get tenants involved in different ways and to generate interest. The Chief Executive pointed out that the THRIVE – Hyper Local model was like this and commented that this seems to be what was being discussed. Members agreed and suggested community groups with good attendance, that weren't TARAs, could be approached to see if they were interested, or partner agencies such as SYP could also be invited to make it more worthwhile to attend.	**LW**
6.8	**The Board considered and approved the Resident Engagement Strategy.**	
7.	**Strategic Risk Register**	
7.1	The Director of Corporate Services presented the Quarter 2 2025/26 Strategic Risk Review and drew members attention to the Risk Table on page 2, which included the inherent/current/residual rating for risk in the business. It was noted that tenancy management was a new risk due to the increase in Anti-Social Behaviour (ASB) and risks related to that.	

7.2	The Vice Chair asked if there was also an Operational Risk Register at Executive Management Team (EMT) level as Board level oversight could be useful. Following a brief discussion it was agreed that the Chief Executive and Director of Corporate Services could consider this proposal, however at the Audit and Risk Committee.	**CM/ KH**
7.3	**The Board noted and approved the updated Strategic Risk Register.**	
8.	**Revenue Monitoring**	
8.1	The Director of Corporate Services presented Quarter 2025/26 Revenue Monitoring Report and drew members attention to the projected deficits of £384k and £77k respectively for Housing Revenue Account (HRA) and General Fund (GF) totalling £461k. He asked members to note the significant impact of St George's Court Security and Awaab's Law.	
8.2	The tables summarising the main variances projected at Quarter 1 for HRA and GF operations were highlighted, along with the additional management fees for the £400k Pay Award.	
8.3	A member asked whose idea it was to purchase St George's Court and it was explained it was a joint CDC/SLHD decision; the building had previously been run by a Housing Association. It was further explained that it was acknowledged prior to purchase that investment would be required and the updating to bring up to current specifications took priority.	
8.4	A member asked who monitored the cameras at Balby Bridge and it was explained it was a Service Level Agreement (SLA) with the Council. In response to a further question around insurance for damage and repair, the Director of Corporate Services advised he did not have that knowledge to hand and would advise at the next meeting.	**KH**
8.5	The Chief Executive pointed out that there was a risk associated with putting new cameras up and removing security, however the cost of security was already running over budget and so we needed to let the cameras do their job.	
8.6	The Director of Corporate Services concluded by advising that the Asset Management projected budget pressure of a £273k overspend was mainly due to the £225k preparation for the roll out of Awaab's Law. It was hoped that additional management fee from the Council would be secured to offset the costs.	

8.7	The Chair referred to increase in year to date of routine to urgent call out appointments appeared to be very high. The Director of Corporate Services explained that since the halting of scheduled repairs management have seen a spike in urgent and emergency repairs and his teams were doing work to combat that.	
8.10	**The Board received and noted the Revenue Monitoring Report as at 30 June 2025 and the projected outturn for the financial year 2025/26.**	
9.	**Capital Monitoring**	
9.1	The Director of Corporate Services presented the Q1 Capital Monitoring Report 2025/26 and reported the Housing Capital Programme would be £76.68m, a variance of £3.77m against the £80.45m revised budget. He asked the Board to note that it was anticipated that the remedial works to high rise, Silverwood House/Intake, would not be carried out and that £2.5m would be taken out and put into year after next budget.	
9.2	Members were further advised that the budgeted spend on council house new builds in both Moor View and Springfield Lane would not be going ahead so they come out of the Capital Programme.	
9.3	**The Board received and acknowledged the Capital Monitoring Report and the projected outturn for the financial year 2025/26.**	
10.	**KPI Performance**	
10.1	The Director of Corporate Services presented KPI Performance for Quarter 1 and highlighted: • KPI 2 – Void rent loss – a detailed presentation was later in the agenda • KPI 10 – percentage of emergency and non-emergency repairs completed within target timescales – there was positive movement from back of repairs excellence • KPI 13 – Asbestos – percentage of homes surveys or re-inspections completed – a slight dip in performance however this would be improving going forward • KPI 16 – EICR – as reported previously this KPI should improve through a thorough review with the recently recruited to 'no access team' • KPI 22 – percentage of homes not maintaining decent standard – this would fluctuate for the rest of this year into next year. Savills were picking up non-decent and within 24 hours they were being addressed and booked in. It was important to note that when having components having signs of degrade meant the property could be classed as non-decent	

10.2	Members were asked to note that the structure for the Mechanical and Electrical team was being reviewed due to the retirement of a service manager.	
10.3	The Director of Housing and Customer Services provided an update on the following: • KPI 4 - Average number of nights in hotel accommodation – reminded members that hotels use were an emergency last resort for homeless that we can't accommodate immediately into a tenancy. 24.9 average days, however families with children average is 16 nights. For single people it was really challenging to find affordable accommodation. The overall average was down from an average of 50 nights last year. In comparison to the number at the time of writing the report 65 households, the number of households in hotels was • KPI 6 – Stage 1 and 2 complaints relative to the size of the landlord – this would be presented in detail later in the agenda as a presentation	
10.4	The Vice Chair asked if the contract arrangements for hotels had made a difference. The Director of Housing and Customer Services explained to the Board that a procurement framework had been progressed with contracts for hotels in Doncaster where we have a certain amount of rooms booked. It saved staff time as they didn't have to ring around for availability, however we did have to pay for empty rooms; numbers were remaining for now then hopefully reduced in the future.	
10.5	A member referred to 'guest houses' that had been used in the 1980's for homeless people and the fact that Houses of Multiple Occupancy (HMO) were now being used frequently and expressed concern over this. It was explained that St Leger Homes were looking to run an HMO, however it had a very high specification.	
10.6	The Chief Executive referred to KPI 17 – Number of days lost to sickness per full time equivalent and advised that the organisation needed to align with the Council's methodology for better comparison as it could be confusing.	
10.4	**The Board received and noted the Quarter 1 KPI dashboard.**	
11.	**Annual complaint performance and service improvement report**	
11.1	The Director of Housing and Customer Services gave a presentation summarising the Annual Complaint Performance and Service Improvement Report. She highlighted the challenges, and pointed out that we make it easy for customers to complain, and that was a	

	good thing. As touched on previously in the meeting, there was a marked increase in customers expectations for repairs to be carried out a lot sooner, however if they were dissatisfied with the service this was to be treated as a complaint.	
11.2	A member asked if the regulator differentiated between upheld and not upheld complaints and this was confirmed.	
11.3	A member asked if a customer rang and wanted a repair carried out, were they given a date, and this was confirmed and that satisfaction levels were high at 90%+. However, it was further explained that if the appointment was made, then the operative was off sick/on leave, then the appointment had to be re-arranged that could be very frustrating for tenants.	
11.4	A member asked if compliments were received and it was confirmed they were, and all Directors personally acknowledged them with staff. They were also highlighted at the Customer and Performance Committee.	
11.5	A member queried who was termed as a customer, tenants or someone on the housing register. The Director of Housing and Customer Services stated they were recorded separately and in different ways to the regulator, however the Housing Ombudsman only deals with complaints from tenants.	
11.6	**The Board received and noted the Annual Complaint and Service Improvement Report**	
12.	**Allocations and Mutual Exchanges Update**	
12.1	The Director of Housing and Customer Services provided a presentation on Housing Allocations and Mutual Exchanges Insight Report. The following were highlighted: • Housing demand in Doncaster – has increased reflecting growing pressure on housing resources • Register Band Distribution • Lettings by property type and management area – with, geographically, the central area had the highest number of lettings • Lettings by band – mainly Platinum and Gold housing were successful in gaining a tenancy therefore allocated to applicants in the highest housing need	
12.2	Members asked where the bedsits referred to in the report were located and it was confirmed they were Milton Court, Balby.	

12.3	**The Board received and noted the update on the Housing Register, Allocations and Mutual Exchanges.**	
13.	**Tenancy Management report**	
13.1	The Director of Housing and Customer Services provided a presentation that highlighted the Tenancy and Estate Management Report. The key developments were highlighted as follows: • Tenancy and Estate Management Services • Access Team Launch – improving compliance access rates • Keeping in Touch (KIT) visits – 6,905 visits completed since January 2024 • Tenancy Support and Income Management - £273,740 financial gains in Quarter 1, and contributed to the collection of £23m rent in Quarter 1 respectively • Safeguarding & ASB and Partnership Working	
13.2	The Vice Chair asked if all no access issues were referred to the new team. It was confirmed that we needed to evidence 3 failed visits to take a case to court. Therefore, how quickly and effectively that staff resources can be used to try and get access was key to successful contact.	
13.5	A member referred to KIT visits and stated they can highlight problems and asked are there enough resources to address the problems. The Director of Housing and Customer Services responded that initially teams were highlighting more repairs, however now they were business as usual. Going forward she was confident that the teams would have enough resources; KIT visits were working well.	
13.6	**The Board:** i) **Noted the performance across Tenancy and Estate Management service areas for 2024/25 (including April 2025 year-to-date), as outlined in the report.** ii) **Endorsed the continued use of the Tenancy Sustainability Model to guide service delivery and early intervention** iii) **Supported the ongoing development of the Access team and requested a future update once performance data becomes available.**	
14.	**Void and Complaints KPIs – Assurance we have plans in place to meet 2025/26 targets**	
14.1	The Director of Property Services led on the presentation and highlighted:	

	• Performance 2024/25 – explained that voids can be hard to predict as the majority come to us due to death, when we have a tenant who gives notice we can plan better • KPI 3 measured standard voids, however KPI 2 – void rent loss included standard/major/acquired properties • Trends/context – condition coming back had been an issue with a large number of high cost i.e.£25k, voids, however we are seeing an early indicator for void recharges with some tenants leaving properties in a better state • Mitigation and assurance – a summary of mitigation actions were provided	
14.2	The Director of Corporate Services added that the volume of repairs were increasing and continuing to do so. If efficiencies were realised staff could go back to work on acquisitions and major voids.	
14.3	Following a brief discussion about training and apprenticeships for trades, a member queried if contractors could take on apprentices also to encourage young residents of Doncaster. The Chief Executive responded that when Decent Homes 2 was rolled out that would be part of the procurement arrangements as potentially they could get through 3 tranches of apprenticeships through that.	
14.4	**The Board were pleased to note the mitigation and assurance around Voids and Complaints KPI's.**	
15.	**Year-end Revenue Monitoring**	
15.1	**The Board received and acknowledged the Revenue Outturn Report for the financial year 2024/25.**	
16.	**Year-end Capital Monitoring**	
16.1	**The Board received and acknowledged the Capital Monitoring Report and the outturn for the financial year 2024/25.**	
17.	**Year-end KPI Performance**	
17.1	**The Board received and noted the KPI Dashboard for the financial year ended 31 March 2025.**	
18.	**Annual Development Plan(ADP) – Year End Review**	
18.1	**The Board received and noted the ADP 2024/25 Year End Review.**	
19.	**Board Expenses and Attendance Register**	
19.1	**The Board received and noted the Board Members Expenses and Attendance Register as an accurate record.**	

20.	**Committee Minutes**	
20.1	• Customer & Performance Committee (C&P) – it was noted that the chair was a temporary chair. Members asked for tenant voice and were advised it's not due to be filled until April 2026 were the Board happy to wait until then. The Director of Housing and Customer Services confirmed she would be welcoming the new Chair to C&P and would be in touch with the dates	
20.2	• Audit & Risk Committee – 19 May 2025 – noted	
20.3	• Audit & Risk Committee – 7 July 2025 – noted	
20.4	• Building Safety & Compliance Committee – 22 May 2025 - noted	
20.5	**The Board**	
21.	**Any Other Business**	
21.1	No other business was raised.	
22.	***Date of the next meeting – 2nd October 2025***	

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 02 October 2025

Item : 05

Subject : Paving and Driveway Policy

Presented by : Lee Winterbottom
Director of Property Services

Prepared by : Craig Parkin
Damp, Mould and Disrepair Manager

Purpose : To present the new Paving and
Driveway policy for Board approval

Recommendation :
Board is asked to consider and approve the new policy.

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To the Chair and Members of the   **Agenda Item No. 05**
ST LEGER HOMES OF DONCASTER BOARD   **Date: 02 October 2025**

1.   Report Title

1.1   Paving and Driveway Policy

2.   Executive Summary

2.1   Whilst repairs and renewals to paving and driveways are broadly captured under wider overarching policies, for example repairs and maintenance policy and the asset management strategy, there is a lack of defined clarity regarding repair responsibility and hazard assessment for these items.

The aim of the new policy is to provide clear guidance on:

- How and when we will inspect paving within the curtilage of properties.
- What we will categorise as a defect or hazard following an inspection.
- What we will and will not do when a defect or hazard has been identified.

It is expected that the adoption of this policy will provide a long-term cost saving to the business by removing future repairing obligations. More importantly it will ensure there is a consistent approach to identifying and rectifying paving and driveway hazards and defects.

3.   Purpose

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

4.   Recommendation

4.1   It is recommended that Board approve the new policy.

It should be noted that One Voice Forum (OVF) members opposed some aspects of the policy and these are detailed in paragraph 18.

5.   Background

5.2   Defects to paving and driveways can be a defined hazard under the Housing, Health and Safety Rating System (HHSRS) Hazard 20 – Fall on a level surface, but there are no documented criteria of what does or doesn't constitute as a hazard leading to inconsistency in our current approach. In 2026, Hazard 20 – Falls on a Level Surface will be captured under phase 2

of Awaab's Law.

5.3 Across the city, there are high volumes of unauthorised paving and/ or driveway installations undertaken by tenants, or previous tenants. With no real evidence of who carried out the installation, we are often left with accepting responsibility for repair, especially when the paving appears to be older than the existing tenancy.

5.4 Our current offering in terms of repair, exceeds any new build specification, by aligning our approach going forward with the current new build specification, there is potential for a financial saving which in turn will allow investment where there is a more urgent need.

6. The Policy

6.1 Our overall approach isn't going to change in that SLHD will continue to maintain paving and driveways. This policy is intended to refine the current process, reinforce our decision making and help apply consistency. Repair rather than replacement will be the standard response and we will not install a new path where one does not already exist.

6.2 One area of importance is how we tackle non-standard paving or driveways. In line with the current customer own improvement process, it is suggested that when appropriate permissions have been granted for a tenant to install additional paving or driveways, the repairing and maintenance obligation will rest with them. This will include ensuring any hazards identified in line with this policy are remedied.

6.3 Non-standard installations carried out by prior tenants will be assessed at void stage. Those in good condition will be retained and SLHD will take on the repairing obligation in line with this policy. Any in poor or hazardous condition will be repaired or removed prior to let.

7. The Policy - Definition of a hazard

7.1 While there isn't a specific legal height for a trip hazard, many local authorities consider a defect on public highways to be a potential hazard if it is at least 1 inch (2.5 cm) in height or depth.

7.2 The Housing Health and Safety Rating System (HHSRS), under Hazard 20 - Falls on a level surface states that surface variations of 20mm to paths increase the likelihood of a trip (this lowers to 5mm for internal floors).

7.3 It is being proposed in our approach that we adopt the adopt HHSRS definition of 20mm for identification of a hazard.

8. The Policy - Change in Specification

8.1 Currently, when renewing a paving we generally renew in concrete to the following areas:

- All access and egress routes inclusive of any outbuildings built as part of the original construction.
- Around the perimeter of the property (including external communal areas to bungalows and flats).
- Drying Areas (communal only)
- In front of windows
- Up to line posts

8.2   The omission of paving in front of windows and for line posts is being suggested in this new policy, it is estimated this will save around 9-12 Linear Metres of paving per renewal on certain property archetypes. Paving is not provided to these areas as part of most new build specifications.

9.   The Policy - Voids

9.1   The new approach accepts that non-standard paving, patio or driveway can be left in situ along as it is free from defects at the time of relet and it has been installed to the correct standards (i.e. with a suitable installed dropped kerb for driveways). However, if this becomes defective at a future date, this will be considered under this policy and may lead to areas of paving being removed rather than repaired or replaced.

9.2   Any defective non-standard paving, patio or driveways should be repaired or removed and soil/seeded in all instances, or removed where a driveway is installed but there is an absence of a dropped kerb. For any driveways that are removed, the policy states that any installed driveway gate should be replaced with a fence/wall.

10.   The Policy - Shared Driveway (Contributary Costs)

10.1   As an organisation we do not routinely pursue contributary costs for shared driveways against a private homeowner. This is because it's often a complicated, drawn out and contentious process which would likely delay the repair or renewal for our tenant.

10.2   It is suggested that going forward, we do pursue contributary costs for shared driveway repairs / renewals in accordance with the title of the property, we shouldn't be completing private works free of charge just because it impacts our tenant, however the costs associated with recuperating the money needs to be considered and it is suggested any repair value less than £100 is waivered.

11.   Procurement

11.1   Whilst there are no direct procurement implications, a proportion of works would fall to external contractors, any additional works created by the adoption of this approach (namely, removal of unauthorised / poor paving at void stage), will fall within current contractual spend limits.

12.   VFM Considerations

12.1   Short-term cost savings are not expected, it is likely that money saved from the change in specification will be offset by additional works created by removing non-standard paving in poor condition.

12.2   In removing future repair obligations, there will be a long-term cost saving, money saved could be reinvested into other services evidencing future VFM benefits for the organisation.

13.   Financial Implications (provided by S. Andrews)

13.1   For improvement and renewal works on pathways and driveways there is an environmental scheme in the 2025/26 Housing capital programme for unadopted roads and paths of £420k. Whilst the majority of this scheme will be contractor works on roads there is provision for paths/driveways within this budget.

13.2   For revenue repairs and alterations, the majority of the works are carried out by inhouse teams, mainly the World of Work Team. The budgets are held within the management fee for labour and materials.

13.3   Any contribution costs noted in section 10 will benefit the company and will offset some of the repair costs although time/costs from existing resources would be required to administer the recovery of such costs.

14.   Legal Implications

14.1   The policy is designed to strengthen our legal position when challenge is brought to the organisation through Housing Disrepair claims or Personal Injury Claims.

15.   Risks

15.1   Additional work generated at void stage to renew defective paving and / or remove non-standard paving has the potential to impact void turnaround time. It is maintained that it is still the right thing to do as it removes any hazard for the new tenancy and any potential litigation risk for the organisation.

15.2   Removal of non-standard paving, patios or driveways, that later become defective, particularly when it was in situ at the start of the tenancy, could be a driver for complaints.

15.3   One Voice Forum have highlighted their concerns to the proposed changes in our approach to no longer replace paving to the washing line post and under windows. This view is likely to be shared by other tenants and may also be a driver for future complaints. However, with demand on resources being the highest it has ever been, there is a need for difficult investment decisions to be made to ensure SLHD can meet all of its repairing

obligations and maintain decent homes standards.

16. Health, Safety & Compliance Implication

16.1 This policy is designed to improve the health and safety for our tenants by clearly defining what would be considered a hazard, and what actions should be taken if a hazard is identified.

16.2 Works of this nature are already undertaken, as such, Repairs and Maintenance Teams/Contractors already have the necessary RAMS in place.

17. IT Implications

17.1 There are no IT implications associated with this policy.

18. Consultation

18.1 On 7th July 2025, The Damp, Mould and Disrepair manager met with One Voice Forum (OVF) to present the proposed policy. The policy was met with some opposition of which is detailed below.

18.2 Definition of a hazard

One Voice Forum partially agreed with the proposal but expressed a need for an expansion to consider the personal needs of the individual. It was generally thought that 20mm was too high for somebody with mobility issues.

Whilst OVF members concerns are understood, public highways are used by everyone and as mentioned, this is often defined as 25mm. The inclusion of such a statement could be misapplied, leading us to repairing / replacing high volumes of paving where surface variations are less than 20mm. Sticking to the HHSRS definition would likely give us the greatest legal protection.

18.3 Change in Specification

One Voice Forum was not agreeable to this suggestion, it was said that:

- Many residing in SLHD properties, especially in OAP estates, regularly make use of the garden path to the washing line.
- Paving should be provided in front of all windows for a stable and level surface for maintenance and cleaning purposes.

Paving is however not provided in these areas as part of our new build specification.

18.4 One Voice Forum were supportive of changing contributary costs from private homeowners in accordance with the title of the property.

19.   Diversity

19.1   The approach ensures all customers will be treated fairly and consistently.

19.2   The policy does not lay out specific adjustments for vulnerable individuals as it is aligned with the hazard definition within the Housing Health and Safety Rating System (HHSRS).

19.3   Local adjustments can be considered on a case-by-case basis as and when required.

20.   Communication Requirements

20.1   Once approved a summary of the policy will be made available on our website and intranet for customers and staff to view. The policy will need communicating throughout SLHD so any required procedural changes can be implemented.

21.   Equality Analysis (new/revised Policies)

21.1   Equality analysis has been carried out with no adverse implications

22.   Environmental Impact

22.1   The reduction of concrete installed through the removal of non-standard paving and the change in specification will aid the natural drainage of stormwater.

23.   Report Author, Position, Contact Details

23.1   Craig Parkin - Damp, Mould and Disrepair Manager
        Email: craig.parkin@stlegerhomes.co.uk
        Tel: 07795646439

24.   Background Papers

24.1   Appendix 1 – Paving and Driveway Policy
        Appendix 2 – Equality Analysis

POLICY DOCUMENT
Paving and Driveway Policy

POLICY TITLE:	Paving and Driveway Policy
LEAD OFFICER:	Craig Parkin
DATE APPROVED:	02 October 2025
APPROVED BY:	SLHD Board
IMPLEMENTATION DATE:	November 2025
DATE FOR NEXT REVIEW:	November 2028
ADDITIONAL GUIDANCE:	Not applicable
ASSOCIATED CUSTOMER PUBLICATIONS:	Repairs and Maintenance Policy Customer Own Improvement Policy Tenancy Agreement Vulnerable Persons Policy
TEAMS AFFECTED:	Assets, Repairs and Maintenance, Voids, Housing Management
THIS POLICY REPLACES WITH IMMEDIATE EFFECT:	N/A New Policy

DOCUMENT CONTROL

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

Revision History

Date of this revision:	September 2025
Date of next review:	November 2028
Responsible Officer:	Assets and Environmental Service Manager

Version Number	Version Date	Author/Group commenting	Summary of Changes
1.0	July 2025	One Voice Forum	No changes made, but OVF raised concerns regarding washing line paths and under window paths.
1.0	September 2025	Heads of Service	No changes made.
1.0	September 2025	EMT	Minor tweaks made to clarify related policies and teams affected, and impact on communal areas.
1.0	September 2025	SLHD Board	For consideration and approval

Policy Creation and Review Checklist

ACTION	RESPONSIBLE OFFICER	DATE COMPLETED
Best practice researched (HouseMark, HQN, NFA, RSH, general websites)	Damp, Mould & Disrepair Manager	June 2025
Review current practices from similar organisations (NFA)	N/A	N/A
Review customer satisfaction / complaints data from the area the policy relates to	Damp, Mould & Disrepair Manager	June 2025
Undertake customer consultation if applicable	Damp, Mould & Disrepair Manager	July 2025
Staff consultation through Trade Unions if applicable	N/A	N/A
Trade Union consultation if applicable	N/A	N/A
Other stakeholder consultation if applicable	Damp, Mould & Disrepair Manager	September 2025
Equality analysis carried out through the intranet for all new policies or fundamental changes	Damp, Mould & Disrepair Manager	September 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.**

POLICY DOCUMENT
Paving and Driveway Policy

1.   Introduction / Background

St Leger Homes of Doncaster (SLHD) will provide an efficient, responsive and tenant orientated repair and maintenance service to tenants, residents, leaseholders and other service users. We acknowledge that the provision of a value for money repairs and maintenance service, that is both responsive and also planned in respect of ensuring the longevity of the housing stock, with the highest possible technical competence, is one of our highest priorities. We have responsibility to protect the value of the housing stock and to ensure that the promises and obligations made to our tenants in respect of their homes are honoured.

The success of this policy is determined through the application of SLHD's mission statement and values, which drive our organisation forward:

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

We expect Progress, to get things done and change how we do things when there is a better way

2.   Purpose

The purpose if this policy is to provide clear direction on:

- How and when we will inspect paving within the curtilage of the properties we manage.
- What we will categorise as a defect or hazard following an inspection.
- What we will and will not do when a defect or hazard has been identified.

3.   Scope

This policy applies to all paving and driveways within the curtilage of a property, inclusive of external common areas, no matter what the construction method or material. The policy does not cover any areas outside of the curtilage of the property irrespective of responsibility.

SLHD **will** Maintain:

- Footpaths, patios, driveways, refuse/drying areas or any other paved area within the curtilage of a property that have been installed by SLHD/CDC.
- Footpaths, patios, driveways, refuse/drying areas or any other paved area within the curtilage of a property that were in situ when the tenant(s) signed for the property.

SLHD **will not** Maintain:

- Footpaths, patios, drying areas, driveways, decking or any other paved areas within the curtilage of a property that have not been installed by SLHD/CDC. This includes items installed by the tenant even when appropriate permissions have been granted.

4.   Responsibilities

SLHD

- To proactively inspect paving as determined through relevant policies and procedures. This will normally be in the form of 5-yearly Stock Condition Surveys.
- To inspect paving on an ad-hoc basis following a customer-led report of an issue.
- To inspect paving as part of the voids process.
- To record/report any issues identified during the course of Keeping In Touch visits.
- To record inspection findings, and recommended actions (including noting when inspection finds no repairs are required).
- To follow up on reports of hazards or defects following stock condition surveys.
- To carry out repairs to remediate or remove hazards or defects in accordance with relevant policies and procedures.
- To re-let a property that is free from hazardous paving.

Tenants

- To report any hazards or defects through the normal repairs reporting process.
- Not to interfere with or cause deliberate or wilful damage to paved areas.
- Not to install additional paved areas without appropriate permissions.

5.   Defined Defects/Hazards

<u>Defects & Hazards</u>

- A defect or hazard will be determined where:
    - There is a loss of material from part or all of the surfacing layers creating a sharp-edged hole or void of greater than 20mm depth.
    - The differential between 2 adjoining paving slabs is greater than 20mm depth.
    - Standing water on concrete or paving, whereby:
        - The standing water is causing further defects to the property i.e. damp.
        - There is a persistent issue at access points under 'normal' weather conditions.

<u>Non-defects</u>

- A defect or hazard will not be determined where:
    - There is a loss of material from part or all of the surfacing layers creating a sharp-edged hole or void of less than 20mm depth.
    - The differential between 2 adjoining paving slabs is less than 20mm depth.
    - There are cracks in concrete of less than 20mm width or 20mm depth.
    - Standing water on concrete or paving caused by extreme weather events or that doesn't meet the criteria listed under 'defects & hazards'.
    - It is aesthetical in nature i.e. spalling, minor cracks or spilled paint.

6.   Policy

SLHD will aim to inspect all paving within the scope of this policy every 5 years as part of a stock condition surveys. The survey will consider the current condition and prospective life expectancy of the paving. Following a stock condition survey, only paving considered a hazard will be responded to as a responsive repair, any repairs will fall under the standard repairs and maintenance policy. Any paving categorised as not being a hazard, but coming to the end of its expected life, will be noted for potential future investment programmes by the Asset Management Team.

Ad-hoc inspections will be attended to by Repairs and Maintenance surveyors upon the receipt of any report of defective paving that is defined within the scope of this policy. These inspections will follow the same assessment criteria and outcomes as paving assessed as part of a stock condition survey, i.e. only identified hazards will be attended to on a responsive basis.

Where a defect or hazard is identified, the following remedial measures will be applied:

- Repair rather than replacement will be the standard response and approach.

- SLHD will not install a new path where one does not already exist.
- Where a patch repair is not possible full replacement will only be provided for:
  - Main path to and from the front and back door. This is defined as from the front gate to the front door, around the perimeter of the property to the rear door, and then if applicable, up to the rear gate.
  - To any outbuildings installed as part of the original construction of the property.
  - Drying areas (communal blocks only)
  - Refuse storage unless a suitable location already exists
  - Other areas will only be considered for replacement where the property is adapted and where failure to do so would hinder ingress and egress from the property.
- Where a repair cannot be affected for a patio area, non-communal drying area, any other path (not ingress or egress), these will not be replaced and instead the area will be removed and soil/seeded or gravelled.
- Driveways will not be repaired or replaced unless there is a correctly/officially installed dropped kerb and the driveway has been approved through the permissions process.
- Paving will not be replaced up to washing line posts or in front of windows unless part of the ingress or egress route.
- Where a previous adaptation has been completed, such as a ramp, that has become beyond economical repair and is no longer required due to change in circumstances (i.e. change of tenancy), SLHD reserve the right to return the access and egress to its original form.
- Where practicable:
  - Any replacement path will be installed at a minimum width of 900mm.
  - Any replacement driveway will be installed at a minimum width of 3000mm for a single driveway.
  - Paving or Driveways should not be installed directly against a property and a Splash Strip or French Drain should be installed between the finished surface and the property wall.
  - Any replacement path or driveway must be installed with 150mm height clearance to any Damp Proof Course (DPC).
- All driveways over 5m2 must run water away from the public highway.
- Movement joints should be installed where required to prevent stress cracking.
- Where defects to a path are a result of root heave. SLHD reserve the right to relocate the path if it is feasible to do so. If a path cannot be relocated SLHD will engage with City of Doncaster Council's tree services. Limitations may apply if a Tree Protection Order (TPO) is in place.

Acquisitions, Voids and Re-lets

When a property is purchased or becomes vacant a surveyor will inspect the condition of the paving in-line with the criteria outlined in this policy and any defects identified will be repaired prior to re-let.

If non-standard paving and/or patio area is in situ that has been installed by a previous tenant or owner, it will be left in situ only if it is in reasonable condition and free from defects as highlighted in this policy. If any defect is identified, repairs will not be made, instead the non-standard paving and/or patio area will be removed and soil/seeded.

If a non-standard driveway is in situ that has been installed by a previous tenant or owner, it will be removed and soil/seeded in all instances where there is an absence of a dropped kerb, any installed driveway gate will be removed and replaced with a fence/wall where appropriate to do so.

If a non-standard driveway is in situ that has been installed by a previous tenant or owner and a dropped kerb has been correctly installed, the property will be let with a driveway free from defects as highlighted in this policy with a suitable driveway gate where appropriate.

Any reports of defects by the new tenant will be investigated by the voids team within the first 28 days of tenancy. Any reports of defects outside this period will fall in-line with the Paving and Repairs and Maintenance Policy.

Shared Driveways

Where repairs and/or replacements are required to a driveway shared with privately owned property, maintenance contributions or responsibility should be in accordance with title of the property.

Contributary costs will not be pursued for any repair costing less than £100.

6.   Monitoring, Compliance and Effectiveness

Adherence to this policy will be undertaken through a variety of means, including but not limited to feedback from tenants, employees, monitoring of performance against targets, mystery shopping and monitoring and analysis of complaints and compliments.

Development and review of this policy will take place at specific periods considering consultation with tenants.

7.   Performance Standards

There are no Key Performance Indicators (KPI's) relating to this policy. This policy is written to support the Repairs and Maintenance, Voids and Asset Management Team, each with their own KPI's which SLHD measure and report upon.

8.   Partnership Issues

In delivering this policy SLHD will work in partnership with City of Doncaster Council.

Equality Analysis

1.Name of Officer Submitting Analysis

Craig Parkin

2.Policy, Strategy or Function

Paving and Driveway Policy

3.Service Area or Directorate.

Property Services - Asset Management

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

Craig Parkin and Christine Tolson

5.Date of Equality Analysis.

2025-09-11

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

To provide guidance on how we will respond to reports of defective paving or driveways within the curtilage of a property.

- How and when we will inspect paving.

- What we will categorise as a defect or hazard following an inspection.

- What we will and will not do when a defect or hazard has been identified.

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

Primarily tenants, in reality little is changing operationally but the policy is underpinning procedures.

Employees will be affected through the application of the policy.

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

All, to set out clear guidelines and expectations on how we will deal with reports of hazards and defects to defective paving. Laid out in policy will set expectations and improve the quality of communication with customers.

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

One Voice Forum
Feedback from OVF raised concerns about 20mm being an excessive criteria to qualify as a hazard, this is however inline with the Health and Safety Rating System (HHSRS) and betterment to policies for public highways in a lot of authorities (25mm), public highways are used by all. Concerns are raised in the report for EMT / Board's consideration.

Feedback from OVF raised concern about the change in specification, through the exclusion of paving in front of windows and the line post and felt there should be a stable surface in both instances, this however exceeds our new build offering. Concerns are raised in the report for EMT / Board's consideration.

Employees have been involved with the development of this policy. The policy has been shared with property services SMT for comment and it has been presented and Property Services meeting

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

Local Authority policies on highways
HHSRS
Building Regulations
Consultation with employees.
Consultation with OVF.

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

Positive - clearly sets out standards on how a hazard will be defined and responded to.

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 - clearly sets out standards on how a hazard will be defined and responded to.

However the definition of 20mm for a trip hazard may be considered high for someone with a disability. The policy ha however been devised inline with HHSRS and exceeds policies for many public highway policies which are used by all.

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 - clearly sets out standards on how a hazard will be defined and responded to. However the definition of 20mm for a trip hazard may be considered high for elderly. The policy ha however been devised inline with HHSRS and exceeds policies for many public highway policies which are used by all.

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 - clearly sets out standards on how a hazard will be defined and responded to.

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 - clearly sets out standards on how a hazard will be defined and responded to.

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 - clearly sets out standards on how a hazard will be defined and responded to.

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

No

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 - clearly sets out standards on how a hazard will be defined and responded to.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date	:	02 October 2025
Item	:	06
Subject:	:	Safeguarding Children & Adults Annual Report 2024-25
Presented by	:	Jayne Hurley Head of Housing
Prepared by	:	Julie Jablonski Housing Safeguarding Partnership Manager
Purpose	:	The purpose of this report is for Board to approve the SLHD Safeguarding Children & Adults Report 2024-25.

Recommendation:

Board is requested to approve the SLHD Safeguarding Children and Adults Annual report for 2024–25.

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To the Chair and Members of the   **Agenda Item No. 06**
ST LEGER HOMES OF DONCASTER BOARD   **Date: 02 October 2025**

1.   Report Title

1.1   Safeguarding Children & Adults Annual Report 2024-25

2.   Executive Summary

2.1   The SLHD Safeguarding Children & Adults Annual report 2024-25 provides information on safeguarding activity and demonstrates successful outcomes using a collaborative community approach.

3.   Purpose

3.1   The purpose of this report is for Board to formally accept and approve the Safeguarding Children & Adults Annual report for 2024-25. The annual report also provides an opportunity to reflect on where we need to focus our efforts in the year ahead and recognise our achievements from the previous year in preventing harm and safeguarding our employees, tenants, their families and communities.

4.   Recommendation

4.1   It is recommended that Board approve the contents of the SLHD Safeguarding Children & Adults Report for 2024-25.

5.   Background

5.1   Board will be aware of the safeguarding responsibilities for SLHD and the current arrangements in place for identifying safeguarding issues within the organisation and the community. St Leger Homes is represented on the Doncaster Safeguarding Children's Board (DSCB) and Doncaster Safeguarding Adults Board (DSAB) and adheres to the set of standards developed by both Boards for agencies and organisations to embed in practice and to provide assurance in relation to safeguarding practices.

5.2   St Leger Homes has adopted and adheres to the safeguarding polices used by the strategic partnership as well as relevant legislation when delivering services.

       The Safeguarding Children & Adults Report (appendix 1) details our safeguarding commitment along with a breakdown of safeguarding activities

both strategic and operational. Also included are relevant case studies required to complete the annual self-evaluation of safeguarding activities under a framework of performance indicators. These self-evaluations together with audit meetings between Board members and agency leads help fulfil the DSAB and DSCB statutory duty to safeguard children and adults. In addition, the report demonstrates our commitment and improved intelligence around this complex area of involvement and engagement and how we are making a difference to lives and outcomes for adults, children and families.

6.   Procurement

6.1   No requirements arising from the approval of this report.

7.   VFM Considerations

7.1   Supporting people in need to access the right kind of support to reduce risk and promote wellbeing and is a worthwhile investment in service delivery.

8.   Financial Implications

8.1   There are no financial implications arising from the approval of this

9.   Legal Requirements

9.1   The requirement of all agencies to safeguard and promote the wellbeing of children and adults is reflected in the statutory guidance Working Together to Safeguard Children 2023 and the Care Act 2014.

10.   Risks

10.1   Failure to meet our safeguarding requirements would result in poor practice and inability to show compliance in the DSCB and DSAB protocol of which St Leger Homes is a main stakeholder.

11.   IT Implications

11.1   There are no IT implications

12.   Legal Implications

12.1   The requirements for all agencies to safeguarding and promote the wellbeing of children & adults is reflected in the statutory guidance Working Together to Safeguard Children 2023 and the Care Act 2014

13.   Consultation

13.1   Partners have been consulted in producing this report, compiling figures and demonstrating outcomes.

14. **Diversity & Fairness**

14.1 This report contributes to achieving sustainable social, economic and environmental improvements for Doncaster and demonstrates, in action St Homes core values of putting people first, ensuring fairness and equality in service delivery and becoming a better employer.

15. **Communication Requirements**

15.1 The Safeguarding Children & Adults Report will be placed on our website and published in the Staff Focus/Houseproud newsletter.

16. **Equality Analysis**

16.1 N/A

17. **Environmental Impact**

17.1 There is no environmental impact

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

18.1 Julie Jablonski, Housing Safeguarding Partnership Manager, 07818276496

19. **Background Papers**.

19.1 Appendix 1 – SLHD Safeguarding Report 2024-25

St Leger Homes of Doncaster

Safeguarding Children & Adults Annual Report 2024 - 25

Introduction

This is St Leger Homes Safeguarding annual report for 2024/25. We produce this report to demonstrate our commitment, celebrate successes and communicate our priorities for next year.

This report summarises the number of safeguarding concerns raised across the organisation and our contribution to the delivery of Doncaster's Safeguarding Boards core functions, strategic priorities, and work streams during 2024/25.

Our Commitment

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

Safeguarding Activity

The ASB & Safeguarding Team manage the single point of contact for all employees to report any concerns they have seen, heard or received from residents or other professionals they may come across whilst carrying out their day-to-day duties. This process has greatly supported the prevention of abuse and reduced risk. On receipt of a report a case is opened and a courtesy visit is arranged to the person identified as a concern and through engagement, support services are identified, offered and arranged to meet the individual's needs at an early stage.

During 2024/25 1148 concerns were received by the Safeguarding & ASB team, an increase of 44% from the previous year (796). The chart below shows how this breaks down by category. Safeguarding due to drug related activity accounted for the most significant number of safeguarding concerns raised followed by harassment, threats, intimidation.
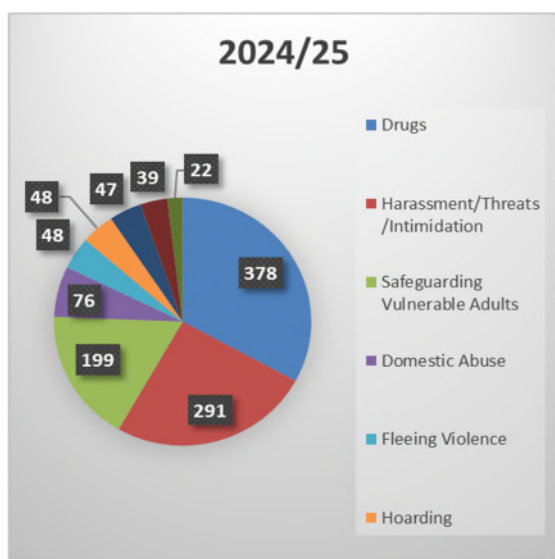
Category	Count
Drugs	378
Harassment/Threats/Intimidation	291
Safeguarding Vulnerable Adults	199
Domestic Abuse	76
Fleeing Violence	48
Hoarding	48
Safeguarding Mental Health Issues	47
Safeguarding Children	39
Hate Related	22
	1148

Training

Safeguarding Children & Adults training is mandatory for all staff members and requires completing on a three yearly basis. We send reminders to colleagues six months, three months and one week prior to their refresher date. At the end of the year 98.5% of employees had completed their training.

We also provided training opportunities for employees about tenant sustainability, domestic abuse, county lines, hoarding and dementia awareness.

In addition to our internal training offer, external specialist training opportunities for employees on a range of topics; Mental Health, Neglect, Prevent, Hate Crime, Domestic Abuse was, dependent on role, available.

Communication

Safeguarding and Domestic Abuse awareness is included in our communication calendar and various Safeguarding Children & Adults and Domestic Abuse awareness messages have been released on our communication platforms during 2024/25 to raise awareness on topics such as Neglect, Domestic Abuse, Stalking, Violence Against Women & Girls (VAWAG). This helps keep safeguarding concerns at the forefront of staff's minds and enables customers to continually see SLHD care about safeguarding issues and helps with ease of reporting.

Our Collaborative Approach

As with most things, prevention is better than cure, so having a joint, proactive approach to preventing abuse and reducing risk makes good sense both in terms of the human and operational costs. St Leger Homes continues to invest in the Doncaster Partnership Community Collaborative approach to address safeguarding concerns to provide timely, targeted support and interventions. The aim of this way of working is:

- resolve issues through prevention and early intervention.
- increase resilience by supporting well-resourced communities, households, and individuals.
- reduce demand by understanding and responding to the root cause of need.
- enable people to access support to stay out of intervention services.

Partnership Business

As a member of the Doncaster Safeguarding Boards, St Leger Homes have contributed to the delivery of the Boards core functions, strategic priorities and work streams identified through 24-25. Each year the Boards publish an Annual Report (appendix 2) setting out its work and achievements over the last 12 months.

St Leger Homes is also a member of various subgroups established by the Boards to complete the work streams. During 24-25 we have contributed to the strategic and operational development of Doncaster's response to Making Safeguarding Personal,

Hoarding and Self Neglect, Safeguarding Adult Reviews, Ending Violence Against Women and Young Girls and the review on Domestic Abuse services.

As well as being a member of the Boards and subgroups, St Leger Homes sits on various task and finish groups and panels established, as and when required to manage and complete specific pieces of work, e.g., Safeguarding Adults Review Strategy, Resolving Professional Differences Protocol, MARAC Steering Group, Domestic Homicide Reviews and the support and delivery of local initiatives that promotes safeguarding and domestic abuse.

Domestic Abuse

Tackling domestic abuse requires a coordinated community response, St Leger Homes together with all statutory agencies, residents, survivors, community and faith groups, business and educational establishments create this whole system and societal response to the prevention of domestic abuse and local communities that does not accept domestic abuse as normal.

During 2025 St Leger Homes has been involved in delivering various initiatives and events including providing more safe specialist accommodation for victims in Doncaster in partnership with the Independent Domestic Abuse Services (IDAS) and securing funding to deliver comfort packs to victims of domestic abuse accessing temporary accommodation.

St Leger Homes is a core member of the Doncaster Partnership Multi Agency Risk Assessment Conference (MARAC). The MARAC is a fortnightly risk management meeting where professionals share information on high-risk cases of domestic violence and abuse and put in place a risk management plan. The housing needs of the victim and family are a fundamental part of the MARAC process.

959 cases were heard at these MARAC meeting. This is a 9.5% decrease in cases heard the previous year. 521 were linked to St Leger Homes tenancies which represents 52% of all cases (some were c/o addresses for victims and not where the violence/abuse occurred).

Accommodation for Victims of Domestic Abuse

Having a safe place to live is a fundamental need that many of us take for granted. Victims of domestic abuse often must flee their home, community, and support networks to find safety for themselves and their family.

In 2024/25, 343 people approached St. Leger Homes fleeing domestic abuse and were supported to look at their housing options and ensure they had a safe place to live.

In addition, 14 families were supported to remain safely in their own home because of the Sanctuary Scheme a range of measures that contribute to increase safety, security, and well-being of victims of domestic abuse. St Leger Homes manage and arrange sanctuary work in liaison with the victim on behalf of the partnership.

Hate Crime Reporting Centres

A number of hate crime reporting centres are spread across the city and offer an alternative reporting service for victims, should they wish to report at a location other

than the police station. St Leger Homes operates one of these centres from our St James Street Office.

During 2024/25, hate crime incidents reported to the Council and the third-party reporting centres decreased by 9.00% from the previous year. This decrease does not reflect the upward trajectory of police-recorded hate crime during the same period. The table below indicates the latest available reporting figures:

	2023 - 2024	2024 – 2025	% Change
Hate Crime	48	37	-9.00%

From those reported incidents it has traditionally been the case that the strand of hate crime receiving the most reports is that of racially aggravated crime and the area of highest activity has been the central area, with some crimes or incidents having a link to the night-time economy.

Of the 37 reported hate crimes, 12 of these related to SLHD tenancies and were managed by the Safeguarding & ASB Team in conjunction with partners at SYP.

Prevent Board

Prevent is a part of the UK's counter-terrorism strategy, CONTEST. Prevent helps to protect society from terrorism by supporting people who are at risk of radicalisation and offering them appropriate interventions.

St Leger Homes is a member of the Doncaster Prevent Board which is established to deliver the responsibilities outlined within the Prevent Duty Guidance, including the Channel Duty. The Board is held quarterly and is data restricted.

Safeguarding Initiatives 2024-25

St Leger Homes supported Doncaster's safeguarding partnership initiatives and campaigns both strategically and operationally. Below is a list of some of the initiatives delivered:

Safeguarding Week – 18-22 November

Safeguarding week is a national annual event, delivered by safeguarding partnerships throughout the UK. The purpose of the week is to raise awareness of safeguarding. The core theme of the week in 2024 centred around 'Working in Partnership'.

In Doncaster, throughout the calendar week various events and activities, including a launch event, awareness sessions, drop ins and workshops on key themes such as trauma informed approach, self-neglect and personalisation were held and attended by professionals and members of the public.

White Ribbon Campaign Against Domestic Abuse

White Ribbon Day (WRD) is observed on the 25 November each year and is the largest global initiative to end male violence against women. WRD 2024 focused on the theme "It starts with men", emphasising the importance of engaging men as allies in challenging harmful attitudes and behaviours to prevent violence against women and girls.

The Doncaster partnership observed the day by holding a candlelit vigil outside the Mansion House. The vigil featured poetry and speeches from community members and survivors before a minute's silence, observed to remember female victims of violence, as well as those left behind.

The Domestic and Sexual Abuse Practitioner Forum

This one-day practitioner forum was an opportunity for all frontline practitioners involved with children, young people and families to meet the Partnership, find out, discuss and share ideas on working practice, barriers and hear from guest speakers who shared valuable insights into various current topics, including holding abusers to account and supporting children who are experiencing domestic abuse.

Welcome Comfort Scheme

St Leger Homes was successful in securing a grant from the local community safety partnership to deliver comfort packs to victims of domestic abuse accessing emergency accommodation, many of whom fleeing abusive situations with nothing more than the clothes on their backs. To maximise this funding St Leger Homes teamed up with YWCA Green Gables who sourced items for the packs at a reduced cost. The items in the comfort packs range from toiletries, basic personal items, and toys.

The scheme became operational in January 2025 and as of the 31st March 2025 14 had been distributed.

Safeguarding Stakeholder Event

A stakeholder event took place in 2024 where board members met with community groups to discuss the work of the boards and priorities. The event held workshops on the following areas:

- Current priorities of the boards?
- Are these the Priorities we should be focused on?
- What is worrying you?

Space To Breathe

In response to an increase in hoarding cases being dealt with by the S&ASB Team, we have established a support group to enable tenants with hoarding tendencies to discuss with our staff and each other their situations and give the forum for them to find long term ways forward to tackle this behaviour.

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

The initial group meetings have been incredibly positive for those who have attended, with attendance increasing at consecutive meetings.

Group members are finding solace and even new friendships there and generating a new sense of optimism that they will be able to manage their hoarding tendencies better going forward through a realisation that they are not alone in what they are experiencing.

We are seeing significant and lasting improvements in the cases we are managing with those who have attended the group.

Review of St Leger Homes Safeguarding Policy

During 2024 we reviewed our safeguarding policy that now includes the following statement:

Safeguarding is everyone's Business

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

Our commitment:

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

Cases Studies

Case 1

Mr A, who lives alone and has health issues, was hospitalised after a fall and struggled with daily tasks. With his consent, we raised a safeguarding concern with Adult Social Care. Mr A received temporary care support, which helped until he recovered. We checked in weekly and provided Adult Social Care's contact details for future needs.

Case 2

Miss C, previously rehoused due to domestic abuse, reported a new threat that the perpetrator had found out where she had moved to and was planning to burn her new property down. Police confirmed an ongoing investigation. She was moved to

emergency accommodation out of area, referred for housing support, and awarded platinum banding. She continues to receive support from domestic abuse services.

Case 3

SLHD Trades found a tenant distressed in the stairwells. During a visit, she disclosed serious incidents involving her ex-partner, who was in police custody, including an attempt to throw her from a balcony and a knife threat. She was assessed as high risk at MARAC and requested a move. She also shared struggles with substance misuse and mental health and was offered referrals to Aspire and mental health services.

The S&ASB Officer worked with her IDVA (Independent Domestic Violence Advocate) and secured a safe relocation before the ex-partner's release.

Case 4

Miss O, unable to access emergency hotel accommodation due to having three young children, two of which have complex needs, sought help after her partner was arrested for domestic abuse. We provided safety measures at her home and arranged police tagging. She has since relocated with her children and received tenancy support to assist with the move and transport of specialist equipment.

Our focus and challenges for 2025/26 include: -

➢ Continue to build on the THRIVE model to safeguard children and adults and continue to be a key partner in delivering the vision for Doncaster.
➢ To remain visible and influential through effective engagement with other multi-agency partnerships, partner agencies, frontline practitioners, adults, young people, and children.
➢ Maintain our commitment to improve the quality of safeguarding and support for children, young people and families through partnership and influence.
➢ Ensure that early intervention and support remains a priority to prevent the escalation of problems and issues our customers face.
➢ Improving and strengthening our Safeguarding Service through training, communication, and awareness.
➢ Continue to deliver the rolling programme of safeguarding and domestic abuse training that is in line with the Care Act 2014, Working Together to Safeguard Children 2023 and the Domestic Abuse Act 2021.

ST LEGER HOMES OF DONCASTER
Board Meeting Briefing Note

Title: -	Equality Diversity and Inclusion (EDI) Strategy 2022 - 26 Year 3 End of Year Update
Action Required:	• Board to note progress to date • Board to approve Year 4 actions
Prepared by:	Hannah Ruane, Head of People and Culture Dan Debenham, EDI Manager
Date:	02 October 2025

1   **Background**

1.1   This briefing note provides an update of the third year (was due March 2025) and year to date actions of the 4-year EDI Strategy (2022 – 26).

1.2   The strategy sets out our 5 overarching objectives and several key measures in addition to a range of expected outcomes of the implemented of the actions.

1.3   Of the 7 measures of success 4 of these are on track and must be maintained and 3 are due to be completed.

1.4   Of the 23 actions within the action plan for year 3 of the strategy
        • 16 of the original actions have been completed and must be maintained
        • 7 are underway or due to commence (some of which have been delayed) and will continue into year 4 of the strategy.

2   **Key Measures of Success**

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

        The progress in the key success measures table is in many cases determined by reviewing the data from the most recent dashboard data, in this case Q4 (2024/25) (Appendix 2).

Key
Green – Compete or on track
Amber – Not complete as planned but still due to complete this action plan year
Red – Not complete/delayed

2.3

Key Success Measure	Year 1	Year 2	Year 3	Comments
Customers				
Decrease in percentage of complaints related to EDI;	Amber	Green	Green	We have seen a reduction in complaints related to EDI. 1 complaint in the last 3 months of 2024, 0 complaints in the first 3 months of 2025.
An increase in the number of diverse people making use of social housing	Green	Green	Green	There has been a minor percentage increase in groups identifying from all diversity groups measured over the last 3 years of the strategy. 2025 saw an increase of 0.15% (8.82% overall figure) from 2024 of those from a minority background making use of social housing.
An increase in diversity data declaration rates	Amber	Red	Amber	Percentage increase from 88.5% at the start of the strategy to 86.42% after year 1 and 85.5% after year 2 and 90.4% at the end of year 3 (March 2025).
Employees				
An increase in diversity data declaration rates	Amber	Amber	Amber	There has been a minor decrease from 2024 (50.24%) to 2025 (50.34%).
Percentage increase in the number of diverse employees in senior positions;	Green	Amber	Amber	There has been no change between 2024 and 2025 of those in senior management positions from ethnic minorities. Refer to action plan for up-to-date figures.
Increase in the number of diverse employees across, ethnic minority, people with disabilities, and LGBT+ groups.	Green	Green	Green	Increase in all percentage across the three groups, ethnically diverse, LGBTQ+ and those with a disability for employees and applicants as shown in the EDI Dashboard (appendix 2).
A culture where all individuals are happy and comfortable expressing their individuality and can bring their 'whole self' to work;	Amber	Green	Green	Measured annually through the pulse survey. 2023 was 79%. Board agreed a target of 80% in October 2023. March 2024 (84%) and May 2025 (89%) saw us exceed this target

2.4   Continued focus on the below.

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

The dip in customer declaration data is an area of particular focus for the coming 12 months. This area has seen a consistent decline. This is most likely due to data not being collected upon sign up. At this stage we are unclear if this is due to the fact that customers are actively choosing not to answer the questions or if we are not asking these questions in detail. Action to address this will feature in the year 4 action plan to grow customer confidence in the reason for asking for this data as well as confidence and knowledge for our front-line teams in asking for this data upon sign up.

Employee declaration rates have seen an increase over the last 3 years but still have a way to go to ensure that the vast majority of employees are divulging data. Employee data is now automatically collected on application through the portal and prospective candidates must actively choose 'prefer not to say' rather than skipping this question. It is therefore likely that more new starters are actively choosing not to answer the questions. We are a disability confident employer and have included diversity data benefits in EDI training to all new employees to further increase the confidence of the workforce in sharing this data for their benefit.

3   **EDI Action Plan Year 2 2024 – 2025 and YTD**

A detailed action plan sets out the 23 actions and associated activities delivered in year 3 and YTD of the strategy along with updates of progress to date (appendix 1).

- 16 of the original actions have been completed and must be maintained
- 7 are underway or due to commence (some of which have been delayed) and will continue into year 4 of the strategy.

4   **Looking Forward**

4.1   As we enter year 4 of the EDI strategy, we have achieved some great success both in terms of measures of success and action implemented. The existing action plan will scope remaining actions for year 4 and continue our progress of embedding EDI in our culture. The action plan also incorporates actions from the Housing Diversity Network (HDN) recommendations following our accreditation in May 2023.

4.2   EMT and Board are asked to note progress to date and approve the ongoing actions going into year 4 of the strategy.

5.   **Appendices**

5.1   Appendix 1 – Year 3 action plan
           Appendix 2 - Q4 (2024/25) dashboard

Appendix 1

<u>**Equality, Diversity and Inclusion Strategy**</u>
<u>**Action Plan 2024-25 (End of Year 3 and YTD)**</u>

Key
<mark>Green</mark> – Compete or on track
<mark>Amber</mark> – Not complete as planned but still due to complete this action plan year

Outcome	Action	Headline Activities	Owner	Anticipated Completion Date	Update September 2025
Commitment 1. Understand tenants and support their needs					
Increase in diversity data declaration rates	Carried forward from 2022/23 - Improve the knowledge we have about our diverse tenants by making it easier for people to record and update their relevant personal information.	• Consider the use of One Housing to update tenants' details by visiting staff.	Head of Customer Services	December 2025	**On Track** - Kit visit have commenced, and diversity information is being collected as part of this process. A project group linked to the implementation of the Data Smart Strategy, recently approved by Board is reviewing the data we collect and how we can keep this updated using technology. This links to the action below to use Voicescape for customers to update this information digitally. The ability to update this information by customer's themselves is also available via our tenant portal and we will be undertaken publicity via Facebook and Houseproud to raise awareness of this (January edition of HouseProud.)

Continued activity from Year 1 and 2 - Carry out a number of promotional and engagement campaigns to increase the level of employee and customer data we hold.	• Continue to implement communications plan looking at innovative ways of increasing engagement through the use of social media and video. • Continue to explore ability to make this mandatory in Open Housing.	Equality, Diversity and Inclusion (EDI) Manager	1/4ly intervals throughout 2024/25 September 2025	**On track** - Stories on Involvement Groups and Celebration events such as Black History Month include explanations on why it's good to inform us about diversity data. **Ongoing** – The Data Cleanse Project is moving forwards with actions to ensure that data held on tenants is accurate. Prefer not to say has been added as an option within MHR where colleagues must fill in a data option rather than leaving a blank. This option has been requested for the Application form for Housing also. Training to colleagues who collect customer data is also planned
Carried forward from 2022/23 - Investigate use of Voicescape to increase the level of diversity data we hold on to our tenants and to keep this up to date	• Go Live with targeted calls. • Review impact.	Head of Customer Services	July 2025 Revised to December 2025	**Delayed but underway** - We are currently working with Voicescape who are in the final stages of producing feedback which we can use to target customers who have not provided specific areas of customer profile information. Completion date and go live anticipated to be early December following testing.

	New Strategy Action for 2024/25 As part of the HDN recommendations, we (HDN) recommend more EDI training for staff who undertake the diversity surveys and guidance on completing the form with customers.	• An internal training programme will be devised to upskill colleagues in the importance of completing the forms correctly, why they are completed and overcoming service users desire not to answer questions.	EDI Manager	December 2025	**Ongoing** - As part of the data cleanse project training on the importance of collecting the data and upskilling to those officers that do on how to push back against 'I don't want to answer that' answers with the options of Prefer Not to Say instead are being formulated by the group.

Better understanding of who is not accessing our services due to diversity issues to make access easier	Carried forward from 2022/23 - Review our customer diversity data down to person level and cross match with service requests to identify and engage with tenants who are not accessing our core services.	• Scoping exercise between Customer, EDI and Performance Teams. • Implement reporting. • Analyse and produce report identifying learning opportunities for improvements in service delivery.	EDI Manager	October 2025	**Not Started –** waiting for Tenant Data Project to complete
Commitment 2. To ensure the organisation is a leader in inclusion and fairness.					

| Improved diversity in management and leadership roles | Continued activity from Year 1 and 2 - Develop a coordinated internal campaign of activity, involving employee representatives to engage the workforce, cement our commitment, raise awareness and education on all areas of equality, diversity and inclusion, including the visible celebration of diversity, linking this to a similar program of external campaigns

AND

Celebrate our diverse employees and cultures through a series of internal events | • Implement diversity calendar and coordinated plan of internal and external activity and communication.
• In line with the HDN recommendation, provide optional additional training for managers and colleagues on key aspects of diversity in line with the activity of the calendar. | EDI Manager | Regularly throughout 2024/25 | **On track** - Campaigns Celebrated and acknowledged since Oct:

• Black History Month
• Ramadan
• International Women's Day
• LGBTQ History Month

With an impact of:

Ramadan/Eid is now written and managed by Comms and Muslim Colleagues

Raising awareness of Black History and the struggle that the Black community still goes through in 2025

LGBTQ History Month further promotes the acceptance of the community and reminds colleagues of the journey they have had to take. It also reflects on other communities that are not as far along. |

An organisation that is more representative of our tenant community	Continued activity from Year 2 - Consider appropriate development activity to break barriers for colleagues from more diverse backgrounds to access leadership roles	• Explore opportunities to work alongside partners such as HDN and WIC to consider appropriate development strategies. • Review the impact of the future mangers / leader's application and promotion in attracting applicants from our underrepresented groups.	Head of People and Culture	March 2025 October 2025	**Ontrack** – Board development session with HDN met in late 2024. WIC membership continues **Ontrack** – Assessment Centre for the internal future leaders' program due to take place in Oct 2025. Focus on disability representation. In 2024 the application process attracted an equal gender balance and a very small number of colleagues in other under represented groups other than disability of which there were no applicants. 13 successful candidates were identified at assessment and this cohort retains a 50/50 gender balance, a lower age demographic, and representation from the LGBTQ+ community and ethnic minority group. (we have 3 successful colleagues whose diversity detailed remain undisclosed).
Commitment 3. Engage Customers Effectively, foster good relations and advance equality in local communities					

Better understanding of how the way in which we deliver our services impacts on tenants with protected characteristics so that we can deliver services to better meet the needs of our tenants	Continued activity from Year 2 - Establish local connections with a range of diverse groups to ensure improved communication and engagement: disability, ethnic minority, sexual orientation and older persons groups	• Continue to work alongside partnership and diversity groups that can support local connections. • Embed and grow involvement and engagement with the newly established tenant diversity networks .	EDI Manager	December 2025 October 2025	**Ongoing** - Connections with the Bishop of Doncaster, RDASH, NHS and SYP/ SYFR alongside Nigerian and Chinese Community groups have been made to increase engagement. We are also members of the Team Doncaster Anti Racism Group, Board Members of the Minority Partnership Board and Members of the ECFN and the HDN **Ongoing** – Established Involvement groups are changing – Customer involvement is taking more of a lead role in managing these groups or better establishing existing groups.
Better understanding of who is not accessing our services due to diversity issues to make access easier	Carried forward from 2022/23 - Carry out a series of end-to-end mystery shopping exercises/journey mapping exercises involving tenants from our diverse community.	Building on the activity from year 2. • Create scenarios and scripts for journeys. • Analyse results and identify improvements in processes.	Head of Customer Services	Revised to January 2026	**Delayed but underway** - We are currently working with the Tenant Scrutiny Panel to review the existing mystery shopping processes and are extending this from what is currently phone contact to include other key contact points such as face to face, web, estate walks and emails. The scripts have been completed, and a meeting has taken place with the relevant TSP representative to complete this process following their review. This will slip to January 2026.
Commitment 4. Fulfil safeguarding responsibilities to the highest standards					

| Staff will feel confident about raising concerns, will be well trained and knowledgeable, and will be effective in supporting those in need of our services. | Continued activity from Year 1 and 2 - Continue to deliver our rolling programme of safeguarding training for staff and partners | • Implement training programme, increasing the compliance levels. | Head of People and Culture / Head of Housing Management | Review October 2025 | **On track** - Training continues to be delivered to all new starters and at regular refresher periods. Compliance as at 01/09/2025 is 94% which remains high. |

| Provide earlier and targeted support to tenants with mental health | Continued activity from Year 1 and 2 - Improve our approach to mental health | • Continue to deliver a training programme for front line staff on identifying and support tenants with mental health issues.

• Continue to develop front line managers in the management of employee's mental health concerns and;

• Ensure annual wellbeing activity continues to have a focus on the mental health.

• Deliver a review of mental health first aiders and first contact officers. | Head of People and Culture | Review October 2025

December 2025 | **On track** - Discussion are ongoing with the provider with the aim of restarting this learning.

Complete – Mental Health Awareness refresher training for managers began in April 2025. This included managers who had not done this training in the past 2 years and all new line managers.

On track – engagement with wellbeing champions ongoing. May 2025 pulse survey question asks colleagues awareness of the support available - 86% of respondents confirmed they know how to access support.

On track – proposal being considered for wellbeing champions and the HR team plus a small group of line managers to undertake the detailed training, this will be accompanied by a role profile and ongoing support. |

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Commitment 5. To develop a progressive and diverse workforce, in a workplace free from discrimination and harassment					
To ensure all employees are aware of and kept up to date on diversity issues. A more inclusive culture that embraces different perspectives measured by satisfaction scores from the Pulse Survey.	Carried forward from 2022/23 - Review the Equality and Diversity Training delivered to all employees ensuring that it is sufficient to meet our accreditation levels (for example Disability Confident Level 2) and implement a minimum 2 yearly refresher period	• Achieve 100% completion on Equality, Diversity and Inclusion (EDI) training. • Ensure all line managers have received a face-to-face EDI training session. • Consider the introduction of BSL Level 1 training for all customer facing colleagues and BSL Level 2 for a dedicated cohort of champion colleagues.	Head of People and Culture	Review December 2025	**On track** – EDI compliance learning is now at 90%. Face to face sessions is now available for all colleagues to aid attendance and completion and increase impact. May's Pulse survey saw 77% of respondents were happy and comfortable talking about their background and culture at work (5% increase). 89% agreed that they could express their individuality and bring their whole self to work (2% increase) **On track** - Sessions are being planned in to ensure this is happening for both managers and for colleagues that have not been caught on welcome days. **On track** - BSL is currently being addressed using interpreters with a view to globalise this offer through technology (Video Sign) there is now a BSL interpreter in the One Stop Shop negating the need to train individual colleagues. Some colleagues that work directly with deaf colleagues are being training to further allow those disabled colleagues to communicate with team members.

Increase in the number of diverse employees across, ethnic minority, people with disabilities, and LGBT+ groups	Carried forward from 2022/23 – Undertake a full review of external and internal recruitment process, to ensure that it is accessible and promotes inclusion and diversity, Including, introducing diversity to our interview panels, working with external agencies to expand our diverse candidate base and reviewing job descriptions to ensure they are written in a way which encourages applications from diverse backgrounds.	• Review existing internal processes. • Review application, advertising, shortlisting and interview methods. • Consider Job description template and wording. • Consider recruitment language and consider use of decoder. • Consider alternative methods of recruiting and selection.	Head of People and Culture	January 2026	**To Progress** – Recruitment Overhaul Project established, two board meetings to date, 2 workstreams 'process/systems' and 'selection' and a range of action in place which will consider and address the actions set out.

| Increase in % of BAME employees in senior management positions. | Continued activity from Year 1 and 2-Review development routes across the organisation ensuring that they are accessible and representative of our diverse workforce. | See activity for action above "Consider appropriate development activity to break barriers for colleagues from more diverse backgrounds to access leadership roles" | NA | | **Ongoing** - There is no significant change: |

Ethnic Origin	2022	2023	2024	2025
Asian British - Pakistani	0%	3%	3%	3%
Not disclosed	21%	17%	20%	22%
White British	79%	80%	77%	75%

| Reduction in incidents of discrimination and opportunities for diverse employees to feed into decision making around service delivery and employee support. | Continued activity from Year 1 and 2 - Implement a framework for employee networks and establish a number of diversity networks across the organisation to cultivate inclusion. | • Support the groups to become self-managed and directed.
• Establish Exec sponsorship in a listening and observing capacity.
• Increase membership and profile of the groups.
• Demonstrate a success and value. | EDI Manager

October 2025 | **On track** – Customer Groups are changing; Customer Involvement is taking more of a lead on managing those groups that are customer facing alongside existing diverse groups the number of groups and the volume of members in each are set out below. The colleague groups are significantly more active and well-established membership. To date groups have been involved in activity such as EDI policy development, office conduct (tidy spaces), Pride and Disability Bathrooms.
Colleague Groups:
Disability – 8 members
Ethnicity – 3 members
LGBTQ+ - 2 members
Customer Groups:
Disability - 6 members
Ethnicity – 2 members
LGBTQ+ - 1 members |

Improved awareness and consideration of equality, diversity and inclusion across the organisation.	New Strategy Action for 2024/25 Review the Disability confident Accreditation	• Evaluate the scheme and consider the benefit of accreditation. • Consider reaccreditation at a more advanced level. • Achieve accreditation is appropriate.	EDI Manager / Head of People and Culture	February 2025	**Complete** – We have renewed our accreditation at the current level.
Housing Diversity Network Accreditation Outstanding Actions					
	New Strategy Action for 2024/25 Create a dedicated EDI Policy (which deals more readily with the 'diversity and inclusion' as well as equality) to ensure a more robust procedural approach to matters relating to EDI. Perhaps consider implementing or drawing from HDN's own EDI Policy Template.	• Develop the draft policy. • Undertake consultation via unions, customers, diversity networks. • Seek Board Approval. • Implement, communicate and embed the policy.	EDI Manager / Head of People and Culture	September 2024	**Complete** – Policy drafted, consulted upon, based on the HDN model version, agreed at board and publicised on intranet, internet and Houseproud.

			EDI Manager	December 2025	**Delayed** – Quick reference guide has been developed and is on the intranet for colleagues to access. The focus needs to be on rolling this out and the face-to-face training options.
	New Strategy Action for 2024/25 Provide staff with specific training on how to carry out Equality Impact Assessments alongside the current written guidance- this will help to ensure the process remains robust and consistent.	• Develop and deliver a short face to face course with quick reference sheet for managers in-house to upskill EIA completion. • Link into Business Governance to be further aware of what policy / strategy is being produced or updated in the rolling 12 months and proactively prompt for the EIA to be filled in with support from the EDI Manager.			**On track** – Discussion at board training that EDI comments should be validated by the Manager in EMT / Board reports. EMT to ensure that this is the case going forward. EDI Manager now has access to policy and strategy review list to ensure EIAs are proactively being considered.
	New Strategy Action for 2024/25 Obtain feedback on training to ensure it is of high quality, relevant, and fit for purpose	• Align the quality of the e learning with the face-to-face sessions • Validate the impact of this learning	EDI Manager	June 2024 November 2025	**Completed** - Changes made to E-Learning – Additional changes around Vulnerabilities have been added in **Not Started** and delayed – planned for completion in Q3

New Strategy Action for 2024/25 Introduce a formal method to improve key organisational communication, such as monthly team briefs, which would ensure that all staff receive the key information regardless of their line manager.	• The comms strategy already includes an action around team briefings		January 2025	**Complete** - Discussions have commenced with EMT regarding the implementation of a team brief process throughout the organisation to ensure key messages are cascaded across the business to all employees and the message understood. New Spotlight news is now functional
New Strategy Action for 2024/25 Pre-empt accessibility issues for online communications by making large print versions of documents readily available to download as standard.	• Consider making large print versions automatically available rather than the need to download • Translate commonly used documents into the more frequently used languages and have these readily available	EDI Manager Comms Team	September 2024	**Complete** - Large print facilities and the ability to translate documents is already available via our website using Reachdeck. We will fulfil these actions on request and put a note on the Accessibility section of website to ensure customers are aware of this.

	New Strategy Action for 2024/25 We recommended that the website is reviewed from the perspective of good practice in communication, particularly for the visually impaired, and that existing accessibility features such as the read-aloud facility are better signposted for users.	• Whilst the website does include an accessibility page that advises customers of the various tools available, we don't tell them how. In the short term this can be made clearer on the website with further signposting in hard copy publications.	EDI Manager	November 2024	**Complete** - The accessibility page of the website will be updated to advise on how to access documents using the various accessibility tools. The source for publications on the website is various service areas of the business. Contact will be made with each relevant area to update any downloadable publications to include a note that how the format can be changed to meet individuals' requirements
		• In the review of the internet in the coming months this will be further reviewed to make navigation as clear as possible. Browsealoud has been kept on the website as the icon and service is universally known. Further pages are being designed to accommodate more detail on the options that are on offer including Google Lens and	Comms Team	September 2025	**Complete -** Initial work on keeping Browsealoud on front screens has been completed, working with comms the accessibility page now has its own place on the menu structure containing information on formats and translations. Further work to enhance this page is planned

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	New Strategy Action for 2024/25 Continuation of the work around how best to support Gypsy, Roma and Traveller communities.	• Connections made with Traveller Trust who are a national Charity based in York, Traveller Trust. Consulting with G&T leaders will be done once the GT team advise that they have people who will speak to us. • Roll out digital information to bring G&T services to same access level as other communities	EDI Manager/ GT Team	November 2025	**Ongoing** - Contact has been made with the G&T team at Doncaster Council with a view to bringing together SLH, CDC and the Traveller Trust to look at how we can better support and consult with the community that we manage and the incoming and outgoing communities. Information on HomeChoice and details on renting are a priority to this work.

Equality, Diversity & Inclusion Dashboard

Quarter 4 2024/25

St. Leger Homes

Employees

% responses are based on employees that answered the question

In a Minority Ethnic Group	With a disability	Who Identify as LGBTQ+	Applicants from minority backgrounds
697 of 899 chose to answer this, 24 identified as BAME in Q4	620 of 899 chose to answer this, 26 identified with having a disability in Q4	641 of 899 chose to answer this, 23 were LGBTQ+ in Q4	26 of 341 applicants for all available posts in Q4
Q3 3.46% — Q4 3.44%	Q3 4.40% — Q4 4.19%	Q3 3.62% — Q4 3.59%	Q3 9.89% — Q4 7.62%

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:	3.44%	🟥	3.59%	🟩
Customers:	8.82%	🟩	1.58%	🟥

Tenants

% Responses are based on all active tenants (single and joint) at the end of Q4 23638 who answered the question

Insight Information captured for active single and joint lead tenancies	With communication needs	From minority ethnic backgrounds	Who Identify as LGBTQ+	With mental health issues	With disabilities
Q3 87.3% — Q4 90.41%	Q3 2.02% — Q4 2.03%	Q3 8.67% — Q4 8.82%	Q3 1.5% — Q4 1.58%	Q3 5.95% — Q4 6.16%	Q3 19.31% — Q4 19.35%

Age as a %

Colleagues 55 and Above   **26.35%**

Tenant complaints: EDI

Protected Characteristics

1
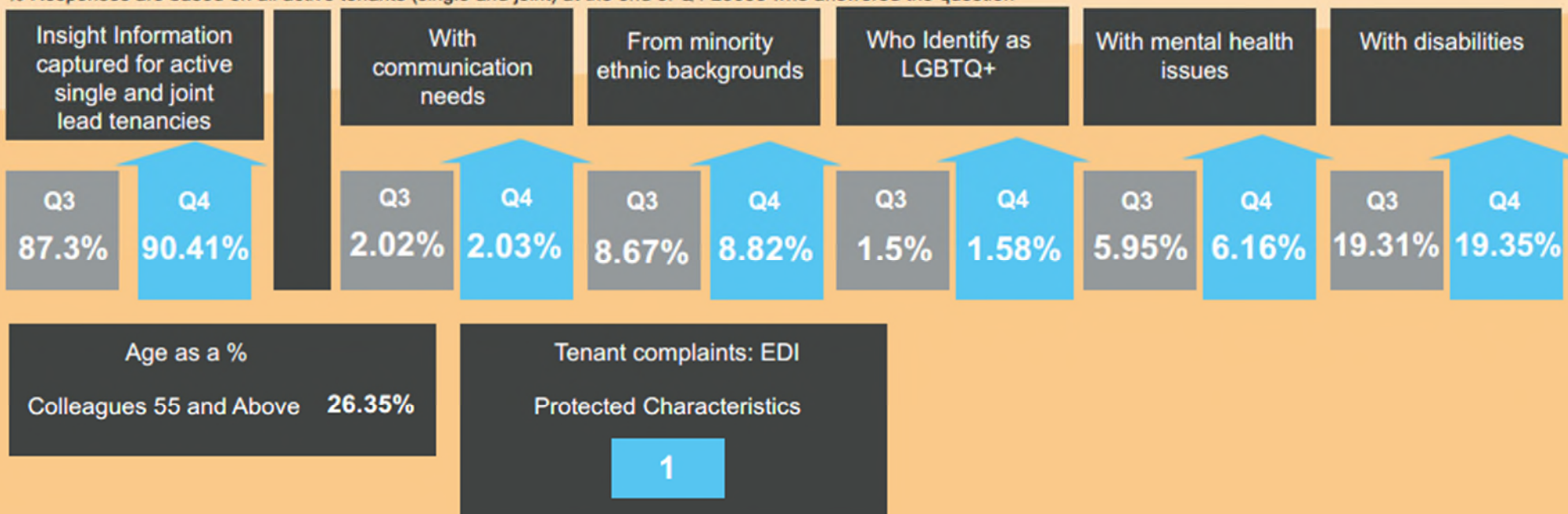
ST LEGER HOMES OF DONCASTER
Board Meeting Briefing Note

Title:	ICT Strategy 2024-2029 - Annual Update
Action Required:	Note Progress/Plans against ICT Year 1 Action Plan and approve the Year 2 Action Plan
Item:	08
Prepared by:	Andrew Gravill – ICT Service Manager
Date:	02 October 2025

1.   Report Title

1.1   Information, Communication and Technology (ICT) Strategy 2024 – 2029 update for Board.

2.   Background

2.1   The ICT Strategy 2024 – 2029, along with the Year One Action Plan, was approved by Board in September 2024. The Strategy supports the embedding of new, emerging technologies within the organisation as well as improvements to existing technology. This new strategy includes the commitment to develop a suite of innovative and value-for-money in-house solutions where possible, to meet the needs of the organisation.

2.2   The ICT Strategy sets out the 'technical' strategic direction for the organisation and, as a back-office service, is intended for internal staff and departments. The ICT Strategy is reviewed annually, and ICT believe the current version of the ICT Strategy is still relevant to the strategic vision of the organisation.

2.3   This briefing note is intended to provide the Board with an update on the progress made against the Year 1 Action Plan and seek approval for the Year 2 Action Plan.

3.   Progress Made (Year 1 Action Plan)

Actions Completed	7
Actions to carry forward to Year 2 Action Plan	7

3.1   The ICT Action Plan is renewed annually; the Year 1 Action Plan was produced in September 2024. This Action Plan contained fourteen actions, all significant in size, spread across four key themes of the ICT Strategy. Details on the progress can be found in Appendix A.

3.2   Of the Actions planned in Year 1, seven actions were successfully completed on target within the year and the remaining seven will carry forward onto the Year 2 action plan.

3.3   It should be noted that the One Housing upgrade has required most of the ICT resource during this period. The project has been lengthy and demanding and has included significant key actions such as creating brand new servers and significantly, a migration of

the existing OpenHousing system from a SQL to Progress environment in March 2025 as a key pre-requisite to the eventual upgrade to Housing One.

ICT were also involved in several projects and initiatives that were introduced after the publication of the Year One Action Plan. Examples of these projects are:
- Enhanced the use of the Dynamic Resource Scheduling (DRS) system by following recommendations from a health check and making significant changes to system configuration and processes.
- System upgrades to major ICT systems - OpenHousing, DRS and Keyfax.
- Rollout of Windows 11 across the organisation.
- Cyber Security – Phishing email campaign

3.4   In addition to the tasks reflected in the ICT Action Plan, ICT have continued to work towards the key aims of the ICT Strategy by ensuring the operational 'business as usual' tasks are completed in a timely fashion and to a high standard.

3.5   In summary, progress against the Action Plan was good with significant progress made on most of the actions, while still reacting to the operational needs of the business. Some actions are ongoing and will be carried forward to the successive Action Plan.

4.   Plans for next period (Year 2 Action Plan)

4.1   The proposed ICT Action Plan for the next period, with twelve actions split across four key themes, can be found at Appendix B.

4.2   The four key themes remain from the Year 1 Action Plan as ICT continue to focus on the ICT Strategy priorities. It should be noted that any operational and ongoing developments will not be featured in the Year 2 Action Plan, as these are considered business as usual.

4.3   Successful go-live of One Housing, continuing the rollout of AI and enhancing the use of Microsoft 365 (by developing internal processes to provide automation) continue to be the primary priorities and feature highly on the Action Plan.

4.4   When new modules and solutions are implemented in line with the Action Plan, it is recognised that ICT will still be required to help embed, resolve issues, administer, and support the post-go live activities.

4.5   Similarly, ICT will continue to support and drive the strategy to enable staff to work remotely and in an agile way using Microsoft 365 and the underlying infrastructure technologies.

4.6   ICT's contribution to strategies across the organisation, such as the Customer Access Strategy (CAS), along with supporting the Annual Development Plan/Service Delivery Plans and the Forward Work Plan will contribute to the goal of ensuring modern, innovative, and appropriate technology being implemented and utilised.

4.7   Alongside the Action Plan, ICT will continue to focus resources on Cyber Security and Business Continuity. These threats and risks are constantly evolving, and ICT is key in ensuring the environment is protected with any attacks and outages being addressed quickly and effectively.

5.   Conclusion

5.1   The Board is asked to note the progress made against the ICT Action Plan for Year 1 and approve the updated ICT Action Plan for Year 2.

Appendix A - ICT Action Plan. Year 1 Review: Sept 24 – Sept 25

Ref	Action	Update	Status
1	**To deliver excellent services to Customers, with emphasis on self-service through online services:**		
1.1	One Housing Upgrade – upgrade the existing Housing Management System (Open Housing) to a new, redesigned, web-based version	This project, throughout the 12-month period, was a huge demand on ICT resources. In preparation for going live with Housing One (scheduled for 18th October) a huge number of pre-requisites have had to be completed, including the migration of the entire OpenHousing system from a SQL environment to a Progress one. This task alone resulted in months of prep-work, training and planning, and the migration was completed in March 2025, along with an upgrade to OpenHousing version 18. Immediately after, the attention turned solely to the upgrade to Housing One, which again resulted in a great amount of technical preparation, including again the creation of new servers, along with the setup of Single Sign On. Intensive UAT has been completed with the entire organisation, split across two phases which saw over 200+ calls logged with the SLHD IT Team. Go-live scheduled for 20th October.	Carry forward to Year 2 Action Plan
1.2	Deliver ICT developments within the Housing Services Journey to Excellence project	This project has been concluded; however, ICT did work with the Housing Services to deliver other actions, including the roll out of mobile working and electronic signatures.	Complete
1.3	Enhance mobile working for front-facing services	A significant roll out of mobile working has been completed across Housing Services which has resulted in the following visits being fully processed on TotalMobile and automatically updated within the Housing Management System (OpenHousing): • Keeping in Touch visits • Estate Walks • Pre-Transfer visit • Intro Tenancy Visit • Post Tenancy Visit • Communal Area Checklist • Home Visit Report 9-month visit • 1.4ASB Management/Visits • Garden Maintenance Visits To further enhance mobile working, ICT have refreshed over 200 mobile devices during the period, ensuring that staff are using reliable and modern devices/technology.	Complete

1.4	Channel Shift – provide a full online service for Tenants to interact with SLHD with an emphasis on self-service – Linked to the Customer Access Strategy	Market review completed, including online chat bot that integrates with OpenHousing. Implementation of any changes or the new Tenant Portal from MRI (linked to Housing One) is on hold pending outcome of the future of the Housing Management System.	Carry forward to Year 2 Action Plan
2.0	**To support change and be an enabler to deliver efficient and effective services:**		
2.1	Identify technologies to improve internal staff communication	Alongside the exploration of Microsoft Viva Suite (action below), further research took place with ICT, Communications and the HR/OD team. Following this research, we have committed to using the GovDelivery system for sending out newsletters, whilst continuing to improve the way we use existing communication solutions such as Email, Teams and the SLHD Intranet. ICT have ensured that all non-office-based staff can access the communication solutions via their mobile devices.	Complete
2.2	Deliver ICT developments within the Voids Excellence project	This action is on hold whilst ICT await further instructions from the project board.	Carry forward to Year 2 Action Plan
2.3	Explore the utilisation of the Microsoft Viva Suite for internal employee engagement	ICT worked with a user group, including the Communications Team and other stakeholders, to review the use of Microsoft Viva Suite within the organisation. After extensive testing across various use cases, it was determined that whilst the solution won't be implemented at this stage.	Complete
2.4	Introduce the use of Artificial Intelligence (AI) into the organisation to enhance business processes	ICT have worked closely with the Business Transformation Team and attended working groups with CDC, to plan, prepare and introduce AI into the organisation. Microsoft CoPilot has been enabled within SLHD, and the free version can be accessed by all users. SLHD currently have 40 licenses in the organisation and these licenses allow for AI to be used seamlessly within all Microsoft Office products, for example, the use of AI within Excel to provide instant analysis of data. Significantly, SLHD have developed an AI Policy, in line with CDC. This policy is awaiting approval but will be the gateway to enabling further rollout across the organisation.	Complete

2.5	Replace manual and repetitive tasks with bespoke systems designed in Microsoft 365 to provide automation	Throughout the year ICT have built bespoke systems and processes using complex technologies under the Microsoft 365 umbrella (PowerApps, Power Automate, Lists, Forms) with the aim of eliminating the use of spreadsheets, whilst automating manual and repetitive tasks. Systems and automated processes that have been developed, or still in development during this period include: • Managing Stage 2 Complaints • Decoration Vouchers database • Insurance Management • Automated interface with YourLearning to manage user accounts • Managing Asbestos Requests • Sickness Monitoring/Tracker Further automation has been provided via the introduction of a UC Bot, which integrates with OpenHousing and verifies a UC check in seconds, replacing what was a slow, manual process which was resource intensive.	Carry forward to Year 2 Action Plan
3.0	**Robust governance arrangements and compliance with Information Management and security in place:**		
3.1	In line with Data SMART, enable and support the Information Asset Owners to identify and cleanse datasets	Information Asset Owners have been identified using the Information Asset Register (IAR) and are reviewed on an annual basis. Data cleansing is an extremely large task and has commenced as part of the Data SMART project, including a review and changes within OpenHousing related to data held against tenants.	Carry forward to Year 2 Action Plan
3.2	Ensure best use of technology to maintain data accuracy via automatic validation, reports and auditing	This action has been picked up as part of the Data SMART project and further actions will follow in Year 2. These actions will include ICT support the board in reviewing how and where the data is stored, increasing the use of Power BI and providing suggestions for best practice going forward, such as the introduction of a Data Warehouse and a Data Engineer role.	Carry forward to Year 2 Action Plan
4.0	**To support a workforce in being ICT confident and skilled, ensuring they have the solutions and equipment to provide excellent services:**		
4.1	To host regular User Groups, enabling staff to share best practices, seek advice, raise concerns and collaborate with ICT	User Groups have been ongoing in various formats and ICT will be looking to plan more of these groups following the upgrade to Housing One. Significant improvements have been made to the ongoing communication to these groups, including the creation of Teams Channels, the sharing of useful information and presentations.	Carry forward to Year 2 Action Plan
4.2	To create a User Guide portfolio by identifying gaps and working with Subject Matter Experts to create & maintain the guides	ICT have added new resources to the SLHD intranet and have used the opportunity of the upgrade to OneHousing to refresh all guides. These have been formally produced by the Systems Trainer and have been uploaded to YourLearning for staff to access.	Complete

4.3	To work with L&OD and Business Transformation Team to identify training needs and support the delivery of training across the Organisation specific to ICT	ICT have worked closely with the Systems Trainer and provided details on what systems/modules each post holder in SLHD would require access to, which will assist with ensuring staff get the training they need. During this period ICT have also supported the migration of Learning Management Systems from FLO to YourLearning which offers greater enhancements and functionality for users.	Complete

Ref No	Action	Date
1.0	**To deliver excellent services to Customers, with emphasis on self-service through online services:**	
1.1	One Housing – finalise the implementation of the One Housing system, review use of all the modules across the organisation and begin planning for the end of contract	September 2026
1.2	Support the Customer Access Strategy to enable customers to self-serve through various communication channels by enhancing existing technologies and, where appropriate, implementing new technologies	September 2026
2.0	**To support change and be an enabler to deliver efficient and effective services:**	
2.1	Deliver ICT developments in line with the One Repairs project board, with focus on improving the DRS system and the subsequent reporting that comes with it via Infosuite	March 2026
2.2	Deliver ICT developments within the Voids Excellence project	March 2026
2.3	Continue the roll out of Artificial Intelligence (AI) across the organisation, with a focus on customer-facing service areas	September 2026
2.4	Replace manual and repetitive tasks with bespoke systems designed in Microsoft 365 to provide automation	Ongoing
2.5	Adapt to the demands of the organisation by working closely with the Business Transformation team to deliver innovative solutions within projects on the Forward Work Plan of the Digital Transformation Board	Ongoing
3.0	**Robust governance arrangements and compliance with Information Management and security in place:**	
3.1	In line with DataSMART, enable and support the Information Asset Owners to identify and cleanse datasets	Ongoing
3.2	Ensure best use of technology to maintain data accuracy via automatic validation, reports and auditing	Ongoing
3.3	Assist with a full review of letter and form creation – ensuring staff are using the correct technology to produce letters or forms and that security arrangements are in place to avoid data breaches	September 2026
4.0	**To support a workforce in being ICT confident and skilled, ensuring they have the solutions and equipment to provide excellent services:**	
4.1	To host regular User Groups, enabling staff to share best practices, seek advice, raise concerns and collaborate with ICT	Ongoing

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date   :   02 October 2025

Item   :   09

Subject   :   Artificial Intelligence (AI) Policy

Presented by   :   Kevin Hanlon
                          Director of Corporate Services

Prepared by   :   Rebecca Rowbottom
                          Business Transformation Service
                          Manager

Purpose   :   To provide guidance on the use of AI
                          within St Leger Homes of Doncaster
                          (SLHD), promoting responsible and
                          transparent use.

**Recommendation: The Board to approve the new
                  SLHD AI Policy.**

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To the Chair and Members of the   Agenda Item No. 09
ST LEGER HOMES OF DONCASTER BOARD   Date: 2 October 2025

1.   Report Title

1.1   Artificial Intelligence Policy Covering Report*

        * *This covering report was generated using Microsoft Copilot AI to summarise Policy content. The content has been quality assured by the author.*

2.   Executive Summary

2.1   This document outlines the policy for responsible and transparent use of Artificial Intelligence (AI) tools within St Leger Homes of Doncaster (SLHD), supplementing existing data protection and ICT policies. It establishes roles, approved tools, compliance requirements, and ethical considerations for AI use in the organisation.

2.2   The policy applies to all AI tools used at SLHD, including those provided by SLHD and accessed online. Microsoft Copilot is the only approved AI tool for use, and other AI tools require explicit approval before entering personal or sensitive data. This applies to all users and devices used for work purposes.

2.3   Users must comply with laws, regulations, and internal policies, ensuring transparency and accountability for AI-generated outputs. The policy stresses caution regarding AI biases, accuracy, human oversight, and environmental impact, emphasising that AI should support but not replace professional judgment or significant decision-making.

2.4   AI use must not compromise privacy or data security, requiring a Data Protection Impact Assessment (DPIA) for processing personal data. The policy is developed collaboratively with City of Doncaster Council and will be reviewed quarterly to stay current, with breaches addressed through appropriate measures. Training and resources will be provided to support responsible authorised AI use.

3.   Purpose

3.1   The policy aims to provide guidance on the use of AI within SLHD, promoting responsible, approved and transparent use.

3.2   It supplements existing policies such as the Data Protection Policy and the ICT Acceptable Usage Policy.

3.3   This policy applies to all AI tools used within SLHD, including those provided by SLHD and those accessed via the internet and highlights the potential benefits and risks associated with these AI tools.

3.4   It covers all users who have access to these tools for work purposes, whether on corporate or personal devices.

4.   Recommendation

4.1   It is recommended that Board approve the SLHD AI Policy so it can be shared with colleagues as soon as possible.

5.   Background

5.1   SLHD acknowledges the growing influence of AI technology in various sectors, including the public sector.

5.2   The Business Transformation Service Manager and ICT Service Manager are members of City of Doncaster Council's (CDC) AI and RPA Working Group. They have collaborated with the group to develop this policy, ensuring a coordinated and consistent approach for AI use across both organisations.

6.   Roles and Responsibilities

6.1   Key roles and teams involved in AI policy development and use include:
- Senior Information Risk Owner (SIRO)
- Head of ICT and Business Transformation
- Line Managers
- Governance Service Manager
- SLHD ICT Team
- Caldicott Guardian within City of Doncaster Council

7.   Policy

7.1   **Use of AI tools**: Microsoft Copilot is approved for use within SLHD. Other AI tools must not be used for entering personal, SLHD data or sensitive information without explicit approval.

7.2   **Compliance**: Users must comply with relevant laws, regulations, and policies, ensuring responsible and ethical use of AI.

7.3   **Transparency and Accountability**: Users must be transparent about AI use and maintain accountability for AI-generated outputs.

7.4   **Training and Resources:** SLHD will provide training and resources to support the responsible use of AI.

8.   Data Protection

8.1   Users must ensure that AI tools do not compromise privacy or data security. The use of AI for processing personal data requires a Data Protection Impact Assessment (DPIA) and adherence to data protection laws.

9.   Ethical use of AI

9.1   The policy emphasises caution in using AI, considering potential biases, accuracy, human oversight, currency, and environmental impact.

9.2   AI can provide valuable support while still incorporating users' professional judgment and expertise. However, users will not rely on AI to replace decision making or rely on it to make decisions that could have a significant impact on people.

10.   Procurement

10.1   There are no procurement issues directly related to the development of the AI policy.

11.   VFM Considerations

11.1   Return on investment and value for money will be monitored and reported once the policy is approved and AI is rolled out further across the business.

12.   Financial Implications

12.1   There are no financial implications directly linked to the AI Policy; however, the rollout of the policy will ultimately increase the business' awareness of AI and their appetite to purchase more Copilot licenses and other AI systems. Any spend on AI technology during 2025/26 Financial Year must be managed within ICT's annual licenses budget. Any proposed spend for next Financial Year must be accounted for as part of the budget setting process for 26/27.

13.   Legal Implications

13.1   There are no Legal implications directly related to the development of the AI policy.

14.   Risks

14.1   To do nothing and not develop a policy around AI would mean that SLHD risks falling behind CDC and other organisations who are already policy-ready and utilising AI throughout their businesses.

14.2   To not have a policy with guidelines on how AI should be used, puts SLHD at higher risk of unethical decision making and data protection issues.

15.   Health, Safety & Compliance Implications

15.1   There are no Health, Safety & Compliance issues directly related to the development of the AI policy.

16.   IT Implications

16.1   ICT resource will be required in rolling out Copilot licenses out across the business. ICT Team to work closely with Business Transformation and business areas in exploring any future AI technologies.

16.2   Before procuring additional systems for AI, the business must first consider AI capabilities within SLHD's current suite of ICT systems.

16.3   In addition to the AI Policy, users of AI must also adhere to the ICT Acceptable Use Policy.

17.   Consultation

17.1   The policy was developed in consultation with City of Doncaster Council (CDC).

18.   Diversity

18.1   There are no Diversity issues directly related to the development of the AI policy. However, the Equality Impact Assessment captures the need to critically assess AI-generated data and use professional judgement when decision making, as the population groups that AI technology is trained on may not fully reflect the diversity of communities in Doncaster.

19.   Communication Requirements

19.1   SLHD are working with the Council (CDC) to develop some joined up communications to launch the AI policy, once approved.

20.   Equality Analysis (new/revised Policies)

20.1   Please see appendix B.

21.   Environmental Impact

21.1   Use of AI requires energy to run. Therefore, it should only be used when relevant, appropriate, and proportionate, where it is the most suitable and sustainable option.

22.   Report Author, Position, Contact Details

22.1   Rebecca Rowbottom
Business Transformation Service Manager
rebecca.rowbottom@stlegerhomes.co.uk

POLICY DOCUMENT

POLICY TITLE:	**Artificial Intelligence Policy**
LEAD OFFICER:	**Business Transformation Service Manager**
DATE APPROVED:	
APPROVED BY:	
IMPLEMENTATION DATE:	**October 2025**
DATE FOR NEXT REVIEW:	
ADDITIONAL GUIDANCE:	
ASSOCIATED CUSTOMER PUBLICATIONS:	
TEAMS AFFECTED:	**All service teams**
THIS POLICY REPLACES WITH IMMEDIATE EFFECT:	**N/A**

DOCUMENT CONTROL

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

Revision History

Date of this revision:	June 2025
Date of next review:	EMT July 2025 (October Board Approvals)
Responsible Officer:	Business Transformation Service Manager

Version Number	Version Date	Author/Group commenting	Summary of Changes
1.0	June 2025	Business Transformation Service Manager	Initial release

Policy Creation and Review Checklist

ACTION	RESPONSIBLE OFFICER	DATE COMPLETED
Best practice researched (HouseMark, HQN, NFA, RSH, general websites)	Business Transformation Service Manager	June 2025
Review current practices from similar organisations (NFA)	Business Transformation Service Manager	June 2025
Review customer satisfaction / complaints data from the area the policy relates to	N/A	N/A
Undertake customer consultation if applicable	N/A	N/A
Staff consultation through Trade Unions if applicable	N/A	N/A
Trade Union consultation if applicable	N/A	N/A
Other stakeholder consultation if applicable	N/A	N/A
Equality analysis carried out through the intranet for all new policies or fundamental changes	Business Transformation Service Manager	June 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.**

POLICY DOCUMENT
Artificial Intelligence Policy

1. Introduction / Background

St Leger Homes of Doncaster (SLHD) recognises that Artificial Intelligence (AI) technology is widely used in commercial and everyday applications and its use and influence is anticipated to grow exponentially, impacting almost all industries and job sectors including the public sector, particularly with the development of Generative AI.

AI is typically used by specialists to complete a specific task; however Generative AI has become a widely used tool that is more accessible to all. Generative AI is a rapidly evolving and increasingly freely available technology which can generate new writing, audio, codes, images, and video simulations. Whilst this offers opportunities for SLHD, our tenants and customers, in enhancing effectiveness, decision-making and service delivery, it also increases risk.

There are many Generative AI tools that are widely available, including Chat GPT, Google Gemini, and Microsoft Copilot. As with any other IT related technology, SLHD needs to ensure that the use of AI, particularly Generative AI, is managed in a manner which will not be detrimental to the safety, integrity, and reputation of SLHD.

Only AI approved by SLHD (Doncaster Council) should be used by staff for work processes ensuring data protection and privacy.

If used well, AI has the potential to make organisations more efficient, effective, and innovative. By combining the benefits of AI technology with professionals' expertise, experience, and professional judgment, users understand that they can create a collaborative and effective service that maximises the benefits of both human and AI capabilities. However, AI also raises significant risks for the rights and freedoms of individuals, as well as compliance challenges for organisations.

SLHD recognises that this is a rapidly developing area and, like many other organisations, continually reviews and adapts practice to changes in technology. The SLHD ICT Strategy includes an acknowledgement and commitment to exploring the opportunities offered by AI technology. This policy will be regularly reviewed in line with Doncaster Council policies, to ensure that it remains relevant and applicable in practice during this time of rapid change.

2.   Purpose

The purpose of this policy is to provide guidance and advice on the use of AI and make users aware of the controls and methods SLHD has put in place to manage this. SLHD recognises that it is important to provide this to support a culture of responsible AI use and to encourage users to be transparent about its use. Users are expected to comply with the policy to ensure that AI tools are used appropriately. This policy is supplementary to existing policies and guidance and should be read in conjunction with these. Relevant items include the Data Protection Policy and the ICT Acceptable Usage Policy. Users must be aware that AI tools provide results based on network access, therefore any folder they have access to will be shown in results. Users should request to remove access to any files they no longer need. Users must ensure they respect people's privacy in accordance with data protection laws for example, AI must not be used to find personal or sensitive information about individuals that is not within the remit of your usual role.

3.   Scope

This policy applies to the use and configuration of all AI tools and includes those that have been approved and provided by SLHD as part of general IT tools available to staff (such as Microsoft Copilot), other AI tools, which may be available for free or on a subscription basis and directly accessed by users via the internet or procured by SLHD for a specific use. The policy applies when using corporate owned devices and personal devices for SLHD business. The policy covers all users, as defined in the glossary, who have access to these tools.

4.   Ownership and Responsibilities

There are a number of roles, and teams in SLHD that form key contributors to AI policy, development and use:

- The Senior Information Risk Owner (SIRO) is the overall owner of risk within the organisation and is accountable for ensuring that sensitive information is properly handled within the organisation.
- The Head of ICT and Business Transformation acts as a lead for the business regarding the use of technology.
- Monitoring staff use of approved AI will, in the first instance, fall to line managers. This will include communicating, promoting, and regulating AI use along with providing or arranging training where necessary.
- The Governance Service Manager is responsible for providing advice on data protection obligations in relation to AI use.
- SLHD ICT Team will provide technical support and guidance on the operation of AI.
- The Caldicott Guardian within City of Doncaster Council is a significant role in any ethical decisions around the use of AI and acts as the 'conscience' of SLHD.

There are a number of Governance Groups, that will play a role in shaping AI policy:
- Senior Information Risk Owners Board provides strategic guidance to the SIRO.
- Digital Transformation Board
- Technology Governance Board

- Any temporary governance arrangements for the development of AI use at an enterprise level such as Programme and Project Management.

5.   Policy

Use of AI tools

Microsoft Copilot has been assessed and approved for use within SLHD. Copilot is a digital assistant to support users to undertake their work. **Users must not use any other AI tool,** such as Gemini or Chat GPT, with SLHD data, when entering personal data or private information, including information that has intellectual property implications or contains commercially sensitive information, such as contracts to ensure any data entered remains within the tenancy owned by SLHD. This also allows SLHD to have control and oversight of the use of Generative AI by users, which is key to effective governance. If Copilot is not suitable for the task, users should consult with their line manager who will escalate to the ICT Team for further advice.

Users are permitted to explore and utilise Copilot to assist in their work, subject to the restrictions in this and related SLHD policies. This should not include use of personal or confidential data unless this has been explicitly authorised. Examples of such tasks may include suggesting improvements to documents, meeting transcription, report writing, data analysis, summarisation of large or specialist documents, translation, drafting of communications materials, content creation, managing workflows and reviewing materials for accessibility.

All users will comply with applicable laws, regulations, policies, and guidelines including intellectual property, copyright, data protection and other relevant areas. There will be no unauthorised use of copyrighted material or creation of content that infringes on the intellectual property of others. Users will prioritise the safeguarding of people and will not knowingly use any AI technology that puts their safety or privacy at risk. Users will not allow or cause intellectual property to be entered into Generative AI models without appropriate consent or exemption to copyright.

All users will recognise that the technology is rapidly evolving and will be committed to adapting ways of working as necessary in line with this policy. Users will be transparent and accountable about the use of AI technology so that people understand where and how AI is used and who is responsible. Any feedback or questions about the use of AI will be considered and responded to appropriately, in line with SLHD policy and processes.

Key documents such as Privacy Notices are required to be updated where AI is used to maintain transparency for data subjects, and users should contact the Governance Service Manager to make these updates.

By adhering to this policy, users understand and support SLHD's aim to foster a responsible and inclusive environment for the use of AI by upholding privacy, fairness, ethical use, and transparency for the benefit of all involved.

AI can provide valuable support while still incorporating users' professional judgment and expertise. **Users will not rely on AI to replace decision making or rely on it to make decisions that could have a significant impact on people.**

AI tools will be used responsibly, ensuring they complement user's professional judgement and expertise, without replacing it. Users remain professionally responsible and accountable for the quality and content of any output generated by AI, however generated, or used, and users should rely on their expertise to ensure that they review and tailor any AI output. In many cases, the outputs of an AI system are not intended to be treated as wholly factual information. Instead, they are intended to represent a statistically informed guess as to something which may be true now or in the future. To avoid misinterpretation as factual, you should ensure that your records indicate that they are statistically informed guesses rather than facts. You are also required to keep a record of where AI has been used to support decisions. This should include whether an individual requested human intervention, expressed any views, contested the decision, and whether you changed the decision as a result.

The notetaking function in Copilot should not be used in a meeting without making all participants aware before the meeting starts. If a participant objects to the use of AI notetaking, the meeting organiser should take into account the nature of their objection and, if their concerns cannot be overcome, consider whether it is proportionate to continue the meeting without the use of AI. Although it is difficult to control the actions of external attendees at meetings which you organise, you should let attendees know upfront that they should not use other AI notetakers and as the meeting organiser you will take responsibility for the taking and distribution of notes.

Training and resources to support with the rollout of AI will be developed and shared by SLHD. Professional development opportunities, and other training and support focused on AI tools will be planned as part of user personal development plans on an as-needed basis.

Users are to monitor any AI system on an ongoing basis and track its performance throughout its deployment. If mistakes are identified, you need to take immediate steps to understand and rectify the underlying issues and, if necessary, suspend the use of the automated system and raise this to the ICT Team and Governance Service Manager.

Data Protection implications of using AI

Users should be aware that any information input into a Generative AI tool, which is not Copilot, may not be private or secure. Use of AI tools which require entering personal data or private information (including information that has intellectual property implications or contains commercially sensitive information, such as contracts) is not permitted, users must only use SLHD's Copilot tool, unless ICT Team and Governance Service Manager approval has been sought.

Users who wish to utilise AI tools in a systematic way must consider if the potential new use is likely to be a data processing or profiling activity for which a Data Protection Impact Assessment (DPIA) is required. Where the use of AI is likely to result in a high risk to individual's rights and freedoms it will be a legal requirement to complete a DPIA.

The deployment of an AI system to process personal data needs to be driven by evidence that there is a problem, and a reasoned argument that AI is a sensible solution to that problem, not by the mere availability of the technology.

Users should be aware that it is not always easy to recognise when AI tools are processing personal data and they should not presume that no processing is taking place. It is important that the ICT team and Governance Service Manager are involved in AI projects from the earliest stages to ensure they can identify and address any risks early in the AI lifecycle. To assist the Governance Service Manager during the assessment of the data protection aspects of this use of AI they will require the following:

- What alternatives (both AI and non-AI) are there to the planned processing and what justification is there in choosing this method
- A clear indication whether AI processing and automated decisions may produce effects on individuals.
- Consideration of individual and allocative harms for example, where the harm results from a decision to decline a service to a particular person and/or representational harms for example, selecting groups of service users for different provision results in gender or racial bias.
- How the use of the AI tool is proportionate and fair by assessing the benefits against the risks to the rights and freedoms to individuals and/or whether it is possible to put safeguards in place.
- An analysis of any bias or inaccuracy of algorithms which may result in detriment to individuals.
- If the use of AI replaces human intervention, a comparison of the human and algorithmic accuracy, in order to justify the use of the AI tool.
- If automated decisions are made, how individuals will be informed about this and how they can challenge those decisions. This is included on our privacy notices which will need updating if AI is introduced.
- Relevant variation or margins of error in the performance of the system, which may affect the fairness of the processing including statistical accuracy and describe if/when there is human involvement in the decision-making process.

There are specific provisions in data protection law covering individuals' rights where processing involves solely automated individual decision-making, including profiling, with legal or similarly significant effects. These provisions cover information provided proactively about the processing and individuals' rights in relation to a decision made about them. We must tell people whose data we are processing that we are doing so for automated decision-making and give them meaningful information about the logic involved, as well as the significance and the envisaged consequences" of the processing for them. We must also tell them about this if they submit a subject access request.

In addition, data protection requires us to implement suitable safeguards when processing personal data to make solely automated decisions that have a legal or similarly significant impact on individuals. These safeguards include the right for individuals to obtain human intervention; express their point of view; contest the decision made about them; and obtain an explanation about the logic of the decision.

Ethical use of AI

The use of AI systems, in particular Generative AI, will be carried out with caution and an awareness of their limitations. Users should be mindful of the following considerations:

Bias – data and information generated by AI will reflect any inherent biases in the data set used to produce it. This could include content which may be discriminatory based on factors such as race, gender, or socioeconomic background. Users must ensure they follow the requirements of the Equality Act 2010 as set out in SLHD's Equality Impact Assessment Guidance. Particular care must be taken where AI could be used for profiling purposes, for example, identifying the most suitable candidate characteristics for a particular job role.

Accuracy – information may be inaccurate when generated, so any content should be fact-checked. Tools may provide highly plausible and coherent results but may still contain errors.

Human oversight – a lack of human intervention may result in AI outputs going unchecked. Humans should ensure that outputs align with societal values, and users should be aware that Generative AI lacks flexibility, human understanding, and compassion.

Currency – some AI models only collate data prior to a certain date so content generated may not reflect the most recent information.

Environmental issues – use of AI requires energy to run. Therefore, it should only be used when relevant, appropriate, and proportionate, where it is the most suitable and sustainable option.

If you are replacing traditional decision-making systems with AI, you should consider running both concurrently, for a period. You should investigate any significant difference in the type of decisions, (e.g. loan acceptance or rejection) for different protected groups between the two systems, and any differences in how the AI system was predicted to perform, and how it does in practice.

Breaches of Policy

Breaches of this policy and/or security incidents can be defined as events which could have, or have resulted in, loss or damage to SLHD's assets, or an event which is in breach of the SLHD's security procedures and policies.

All SLHD employees, elected Members, partner agencies, contractors, volunteers, and vendors have a responsibility to report security incidents and breaches of this policy as quickly as possible through SLHD's Incident Reporting Procedure. This obligation also extends to any external organisation contracted to support or access any of SLHD's Information Systems.

SLHD will take appropriate measures to remedy any breach of the policy and its associated procedures and guidelines through the relevant frameworks in place. In the case of an individual then the matter may be dealt with under the disciplinary process.

Glossary of terms

Artificial Intelligence (AI) is an umbrella term for a range of algorithm-based technologies and approaches that often attempt to mimic human thought to solve complex tasks, these may include, visual perception, speech recognition, decision making, and translation between languages.

Generative AI is a form of AI which produces new content such as images, text, or computer code. It works by using large quantities of data, often harvested from the internet, to train a model in the underlying patterns and structures of that data. After many rounds of training, sometimes involving machines only, sometimes involving humans, the model can generate new content. When a user provides a prompt or input, the AI evaluates the likelihood of various possible responses based on what it has learned from its training data. It then selects and presents the response that has the highest probability of being the right fit for the given prompt. That prompt and response then may be fed back into the model to provide further training.

Users - all employees, agency staff, elected members, contractors, volunteers, apprenticeships, student/work experience placements and partner agencies

6.   Monitoring, Compliance and Effectiveness

This document has been adapted from City of Doncaster Council's (CDC) AI Policy and is owned by the Senior Information Risk Owners Group and forms part of the Council's Policies and as such, must be fully complied with.

Due to the rapidly changing landscape of AI, this policy will be reviewed quarterly alongside CDC and is next due for review in September 2025. All significant amendments will be subject to approval by CDC's Leadership Team and SLHD's Executive Management Team.

Equality Analysis

1.Name of Officer Submitting Analysis

Rebecca Rowbottom

2.Policy, Strategy or Function

Artificial Intelligence (AI) Policy

3.Service Area or Directorate.

Corporate Services

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

Rebecca Rowbottom

5.Date of Equality Analysis.

2025-06-27

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

The purpose of this policy is to provide guidance and advice on the use of AI and make users aware of the controls and methods SLHD has put in place to manage this.

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

The roll out of AI across the business will impact colleagues, customers and tenants.

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

Current and future users of Artificial Intelligence within the business, to ensure the way we work with customers and tenants is ethical and in line with law, policies and procedures.

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 consultations.

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

N/A - however this policy was developed in consultation with CDC and mirrors their policy.

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?

A positive impact is that AI technology makes organisations more efficient, effective, and innovative. The policy also reinforces that users will not rely on AI to replace decision making or rely on it to make decisions that could have a significant impact on people. Colleagues are asked to use professional judgement.

A negative impact would be seen on those communities with a lower socio-economic impact where they may not be able to take advantage of or access the AI services offered. Mitigations

include an omnichannel approach which will allow all tenants to interact with SLHD without the need of new technologies. Also, access to ICT is available via the Civic Office One Stop Shop.

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?

A positive impact is that AI technology makes organisations more efficient, effective, and innovative. The policy also reinforces that users will not rely on AI to replace decision making or rely on it to make decisions that could have a significant impact on people. Colleagues are asked to use professional judgement.

The disabled community may encounter barriers to using AI such visual or hearing impairments and learning disabilities and fear of technology. Mitigations include an omnichannel approach which will allow all tenants to interact with SLHD without the need of new technologies. We also keep a record of customers preferred communication preferences so we can continue to interact with customers in the best way to meet their needs.
For colleagues with disabilities, we would provide tailored training and support in using any AI tools.

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?

A positive impact is that AI technology makes organisations more efficient, effective, and innovative. The policy also reinforces that users will not rely on AI to replace decision making or rely on it to make decisions that could have a significant impact on people. Colleagues are asked to use professional judgement. Age can have an impact on technology usage and access to technology as a whole, one impact could be a misunderstanding on how to use it, how it is used or the ability to use it. To mitigate this an omnichannel approach will be used which will allow all tenants to interact with SLHD without the need of new technologies. Also, access to ICT is available via the Civic Office One Stop Shop, with member of staff on hand to show customers how to use certain technologies. For older staff we would provide tailored training and support in using any AI tools.

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?

Not a factor in AI usage.

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?

AI systems are only as fair as the data they're trained on. If LGBTQ+ identities are underrepresented or misrepresented in training datasets, the resulting models may misclassify or ignore LGBTQ+ users, fail to recognise diverse family structures or pronoun preferences or reinforce stereotypes in service delivery. We will mitigate this by reinforcing that AI is a tool for supporting decision making and not for making decisions, colleagues are asked to use professional judgement.

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?

Not a factor in AI usage.

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

Not a factor in AI usage.

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?

Not a factor in AI usage.

ST LEGER HOMES OF DONCASTER
Board Meeting Briefing Note

Title:	Safety and Compliance Dashboard – August 2025
Action Required:	Members of Board are asked to note the content of this report
Item:	10
Prepared by:	Carl Raybould, Health, Safety and Compliance Service Manager Jordan Rowe Electrical Compliance Officer
Date:	02 October 2025

1. Report Title

1.1 Safety and Compliance Exception Report – as at 31st August 2025

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 <u>Top Level Compliance</u>

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (July)	Out of Compliance (August)
Asbestos	Asbestos Reinspections - Common Areas	100.00%	361	361	7	0
Electrical Safety	Fixed Electrical Wiring Testing - Common Areas (EICR) (5Y)	99.75%	402	401	1	1
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (10Y)	99.75%	19,829	19,779	49	50
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)	98.06%	19,829	19,445	401	384
Fire Safety	Fire Risk Assessment (FRA)	99.80%	512	511	0	1
Lifts & LOLER	Passenger Lift - LOLER Thorough Exam	100.00%	26	26	0	0
Water Hygiene	Legionella Risk Assessment	100.00%	73	73	0	0
Gas Safety	Landlord Gas Safety Record (LGSR's)	95.56%	18,806	18,536	44	270

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 August 2025 areas of focus are:

- EICR programme – both 10 year and 5 year
- Remedial actions from EICRs
- LGSRs

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 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. It should be noted that the outstanding number of LGSRs is expected to reduce significantly now that issue with receiving LGSRs has been identified and fixed.

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 3.16

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (Jul)	OUT COMPLIANCE (Aug)
Asbestos	Asbestos Survey - Dwellings	66.41%	20257	13453	6975	6804
Electrical Safety	Automatic Doors & Roller Shutters	100.00%	12	12	0	0
Electrical Safety	Automatic Gates	0.00%	1	0	1	1
Electrical Safety	Caravan Site – Day Area & Site Card	78.57%	56	44	12	12
Electrical Safety	Caravan Site – Sockets	12.12%	132	16	115	116
Electrical Safety	Emergency Lights Annual	100.00%	118	118	0	0
Electrical Safety	Emergency Lights Monthly	0.85%	118	1	118	117
Electrical Safety	Lightning Conductors	50.00%	10	5	5	5
Fire Safety	Automatic Opening Vents - Servicing	100.00%	4	4	0	0
Fire Safety	Bin Chutes	70.59%	17	12	5	5
Fire Safety	Communal Fire Door Inspection	92.94%	978	909	0	69
Fire Safety	Domestic High Rise Fire Door Inspection	94.43%	682	644	37	38
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%	46	46	0	0
Fire Safety	Fire Fighting Extinguishers	100.00%	62	62	0	0
Fire Safety	Safety Checks - High Rise	100.00%	9	9	0	0
Fire Safety	Safety Checks - Specialist Housing	100.00%	3	3	0	0
Fire Safety	Sprinkler Systems - Planned Maintenance	100.00%	10	10	0	0
Gas Safety	Air Conditioning	100.00%	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%	66	66	0	0
Gas Safety	Unvented Systems	100.00%	37	37	0	0
Gas Safety	Ventilation	80.00%	10	8	0	2
Lifts & LOLER	Passenger Lifts PPM	100.00%	26	26	0	0

Lifts & LOLER	Residential LOLER Thorough Inspection	40.75%	656	235	387	421
Lifts & LOLER	Residential PPM	42.11%	656	275	378	381
Lifts & LOLER	UPS	100.00%	3	3	0	0
Roof Top Services	Fixed Edge Protection	100.00%	9	9	0	0
Water Hygiene	Cold Water Storage Tank Inspection	100.00%	14	14	0	0
Water Hygiene	Low Use Outlet Flush	0.00%	31	0	31	31
Water Hygiene	Shower Clean and Disinfections	100.00%	18	18	0	0
Water Hygiene	Water Temperature Monitoring	0.00%	72	0	72	72

Exceptions to Other Areas of Compliance

3.2 Asbestos Surveys – Domestic
Currently at 66.42%. This information is required for work activities in domestic properties that may disturb the fabric of the building and to assist SLHD to keep our homes safe for tenants living in them and staff working in them. A forensic review of asbestos data was carried out in 2021 when we started to implement C365. This resulted in a proportion of data not being taken to C365. This asbestos information is being gathered at every opportunity through new surveys, particularly on planned schemes to increase this number. This information is valid, robust data and inputting direct into C365 by the surveying contractors with quality checks being carried out by the asbestos officers prior to surveys going live in C365.

3.3 Automatic Gates
Currently at 0% - 1 out of compliance. This is the carpark entrance at Shaw Lane. The Facilities Management Officer has stated this was completed in July, and we are awaiting certification. This has been chased at the end of August and escalated.

3.4 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; ISP have access to refer to Access Team.

3.5 Gypsy & Traveler Sockets
Currently at 15.91% - 111 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.

3.6 Emergency Lights Monthly
Currently at 0.85% – there is 1 in compliance, Ryedale Walk Community Centre. This is currently suspended on C365 as the centre is not in use however suspended modules on C365 show as compliant. These are undertaken monthly. However, it is a manual process and due to the quantity of inspections and time receiving the reports, they fall out of compliance before received. A solution to this would be a mobile form through C365 that can be uploaded from the time of inspection, we are working with C365 on a solution. However, until this is put in place a manual intervention will be carried out each month.

3.7 Lightning Protection
Currently at 50% - 5 out of compliance. There are 5 high rises, Methley, Hatfield, Sandbeck, Cusworth and Firbeck under the control of ESP as part of EWI remediation. These show as out of compliance on C365, however they have temporary lightning protection connections and we have certification confirming this.

3.8 Bin Chutes
Currently 70.59% - The 5 out of compliance have failed their most recent inspection, and we are currently awaiting the repairs to be carried out. The order is being raised on 8th August 2025 to get works completed as soon as possible. An engineer attended the sites to take measurements for manufacturing on 15th August, the current lead time is 14 weeks, and will be in touch in advance of installations to book in.

3.9 <u>Domestic Fire Doors High-Rise</u>
Currently at 94.43% - 38 out of compliance. These are due to no access, currently in the no access procedure with Housing Management.

3.10 <u>Domestic Fire Doors High-Rise</u>
Currently at 94.43% - 38 out of compliance. These are due to no access, currently in the no access procedure with Housing Management.

3.11 <u>Communal Fire Doors</u>
Currently at 92.94% - 69 out of compliance. This is due to C365 not sending the inspection forms to surveyors. This has been resolved and all are aimed to be completed w/c 15th September.

3.12 <u>Ventilation</u>
Currently at 80% - 2 showing out of compliance. While showing out of compliance, the checks have been carried but we are awaiting the records from the contractor. These have been requested to be returned as a priority.

3.13 <u>Residential Lift Equipment LOLER Thorough Examination</u>
Currently at 40.75%. We currently have a process where appointment letters are sent, and contact gained through telephone calls however we do still experience some situations where our engineers are refused access from tenants. C365 are separating all modules to gain a clearer picture of compliance. The Compliance Officer is currently uploading files into all separate folders in sharefile to increase to % of compliance in all modules. This will be presented in the next performance report.

3.14 <u>Residential Lift Equipment Planned Preventive Maintenance (PPM)</u>
Currently at 42.11%. We currently have a process where appointment letters are sent, and contact gained through telephone calls however we do still experience some situations where our engineers are refused access from tenants. C365 are separating all modules to gain a clearer picture of compliance. The Compliance Officer is currently uploading files into all separate folders in sharefile to increase to % of compliance in all modules. This will be presented in the next performance report.

3.15 <u>Low Use Outlet Flush</u>
Currently at 0% - evidence is held through a digital system and is to be provided by the ISP. An electronic form is working and ready to upload this information direct to C365. Discussions ongoing to provide suitable assurance to Compliance Team and agree best format of reporting.

3.16 <u>Water Temperature Monitoring</u>
Currently at 0% - evidence is held through a digital system and is to be provided by the ISP. An electronic form is working and ready to upload this information direct to C365. Discussions ongoing to provide suitable assurance to Compliance Team and agree best format of reporting.

4. Occupational Health and Safety Update

4.1 There was one RIDDOR incident reported in August by SLHD. It involved an employee who reported an injury at work that resulted in them being unable to carry out their normal duties for more than 7 days. This was a manual handling related injury involving a stores driver.

4.2   A bath was being carried upstairs, suitable lifting aides were available, and the driver reported an injury to their back the next day. The employee was already being supported in activities as part of a risk assessment review following a previous injury. Line Management have carried out reviews of risk assessments both general and for specific employees. Aides are available. Occupational Health support is being sought for this employee on their return to work. The Head of Building Safety determined a serious untoward incident report is not required.

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

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 checks is being carried 10th-11th September 2025. This will follow the same principles as the previous health check they carried out to show the compliance journey. The Compliance Team have been working, with other teams, to prepare for this and provided and an update report to the September Building Safety and Compliance Committee.

6.   Damp, Mould and Condensation

6.1
- 6304 customer requests for a damp inspection have been received between 2 January 2023 and 31 August 2025, relating to 4594 properties.
- From 1st September onwards: 94 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 01 September is currently 15 September 2025 in all areas.
- Demand for a D&M related inspections has been up and down. During Jan/Feb last year weekly requests were around the 60-70 mark. November and December requests were also around 60-70, which is slightly lower than the averages the year before.

7.   HHSRS Hazards: Position statement as of 1st September 2025

7.1   Phase 5 of the stock condition surveying programme is now well underway. 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 August, with 169 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 306 closed off during August 2025. In total 475 hazards have been closed off during August 2025. This is less than the 617 closed off in July, recognising fewer resources during the summer holiday period, but still demonstrates the continued significant progress being made in addressing outstanding hazards.

7.2   At the end of August there are 264 category 1 hazards outstanding. This is a decrease from the previous month (where 348 category 1 hazards were outstanding). This is despite there being 85 new category 1 hazards identified through the latest round of stock condition surveys during August. There are also 3,370 category 2 hazards outstanding. This is 1 less than the previous month despite 305 new category 2 hazards being identified as part of the latest round of stock condition surveys since last month.

7.3 This brings number of outstanding hazards to 3,634, an overall reduction on the previous month. This equates to 88% of category 1 hazards having been resolved and 65% of category 2 hazards having been resolved, both an improvement since last month. Of the 3,634 outstanding hazards, all but 58 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.

7.4 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. This approach has continued to see positive results during August, and it is anticipated that the combination of these actions will lead to many more hazards being closed off in the coming months. At the current rate (of c.475 hazards being closed off per month) and based on the total number of outstanding hazards at the time of this report (3,634), it will take around 7-8 months to complete off all remaining outstanding hazards unless further action is taken to accelerate the programme even further. This estimated timescale does not take into account any further hazards identified as phase 5 of the surveying programme continues.

7.5 HHSRS Category 1 Hazards 'Tracker' – Position as of 1st September 2025

7.6 As of 1st September 2025, there were 2,143 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 2,148.

7.7 Of the 2,148 category 1 hazards identified, 264 were still outstanding as of 01 September compared with 348 the previous month. This is a positive reduction, despite the identification of new category 1 hazards during August following further stock condition surveys.

7.8

Status	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	General	Total
1. No access	-	-	-	2	80	-	**82**
2. Future Appointment	-	-	-	3	70	1	**74**
3. Legal	-	-	-	-	-	-	**-**
4. Gas Service	-	-	-	2	2	-	**4**
5. Planned Programme	-	-	13	30	15	-	**58**
6. Quality Assurance Check	-	-	-	1	3	-	**4**
7. Void Property	-	-	1	1	6	-	**8**
8. Clarification Needed	-	-	1	2	16	-	**19**
9. RTB	-	-	1	1	1	-	**3**
10. Repairs Ongoing	-	-	5	7	-	-	**12**
TOTAL	**0**	**0**	**21**	**49**	**193**	**1**	**264**

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.** These relate to hazards where either a further visit by an inspector is needed to either ascertain the best way to address the hazard, or to confirm that the action taken to date has addressed the hazard, or further clarification is needed on the steps taken to address the hazard to date

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 **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 264 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.

	Month	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Other	Total
7.21	To be determined*	-	-	2	4	105	-	**111**
	September 2025	-	-	15	40	85	1	**141**
	October 2025	-	-	2	1	1	-	**4**
	November 2025	-	-	2	3	1	-	**6**
	December 2025	-	-	-	1	-	-	**1**
	January 2026	-	-	-	-	1	-	**1**
	Total	**0**	**0**	**21**	**49**	**193**	**1**	**264**

* 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

8.1 Carl Raybould – Health, Safety and Compliance Service Manager
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8.2 Jordan Rowe – Electrical Compliance Officer
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9. Appendices

9.1 Appendix 1 – Compliance Scorecard

LANDLORD: City of Doncaster Council;				
DATE AT WHICH DATA BELOW IS CORRECT: 09 /09/2025				
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)	18806	18536	270	98.56%
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			146	
Dwelling unit has been non-compliant for 3-6 months			101	
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:

270 are showing out of compliance on C365. of these -

23 are new acquisitions (these are not inlcuded in the non-compliant dwelling units section). These will be capped but appear out of compliance due to timing of component going on OpenHousing and the form used to record this.

62 properties are out of compliance with internal meters and no means of access legally without a warrant or permission from the tenant. The number has been quantified with the access officer but no property breakdown provided. This is expected by end of w/c 8th September 2025.

185 have been identified as either showing complete on OpenHousing but no LGSR or no LGSR has been provided to C365. A fix is in place to prevent this happening again and it will be monitored. Working with ICT and C365 this is expected to be rectified during September 2025.

Current Mitigations:

There is a robust access process for gas that is being followed, with a dedicated access officer leading on this. Issues with LGSRs being received from SLHD to C365 have been identfied. A fix is in place and will be monitored. The outstanding number of LGSRs is expected to reduce significantly.

LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 01/09/2025				
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	19,829	19,445	384	98.06%
Domestic properties on a 10 Year EICR domestic testing cycle	19,829	19,779	50	99.75%
Domestic properties that require an EICR but do not have one	0	n/a	0	n/a

Comments: If property numbers have changed from previous month please state why. There is a property and electrical component sync set up between OpenHousing and C365, this updates C365 daily with any changes to properties and electrical component data such as acquired / sold properties. A quarterly assurance check is carried out between property numbers.

For Non-compliant dwelling units:		Number of Non-Compliant dwelling units	
Dwelling unit has been non-compliant for <3 months		36	
Dwelling unit has been non-compliant for 3-6 months		9	
Dwelling unit has been non-compliant for 6-12 months		73	
Dwelling unit has been non-compliant for >12 months		266	

	Total Number of assets that require an electrical installation condition report	Number Of Compliant Assets	Number of Non-Compliant Assets	COMPLIANCE (%)
Communal EICRs	402	401	1	99.75%

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		1	
Asset has been non-compliant for >12 months		0	

For both communal and domestic				
For both communal and domestic	Overdue high risk - No. of C1 (danger to life)	Overdue medium risk - No. of actions C2 (potentially dangerous)	Overdue low risk - No. of actions C3 (improvement recommended)	
Overdue electrical remedials (< 3 month)	0	5	1,057	
Overdue electrical remedials (3-6 months)	0	1	2,191	

Overdue electrical remedials (6-12 months)	0	1	5,044
Overdue electrical remedials (12+ months)	0	58	29,524

Comments:

Plans to return to compliance:
EICR Programme Communal - the 1 out of compliance which is 40 St. James Street Office, and is currently completed but are awaitning sign off from the ISP.

There are 384 outstanding properties -
101 - complete and awaiting EICR sign off
191 - outstanding to be tested
42 - void
50 - are either new acquisitions (32) or due to be re-tested (18 - 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.

65 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 34 individual properties. Of the 58 C2s overdue by 12+ month these relate to 30 domestic properties. The current oldest C2 is from 26/01/2023. These C2s have been given to ESP to complete. The aim was to complete these by the end of Q1 25/26, and whilst these are still a priority access still remains an issue as well as new C2s moving out of compliance.

Current Mitigations:

No C1s are overdue. Whilst there are a number of C2s overdue the Electrical Compliance Officer and the Electrical Team have confirmed these are not considered to be serious failings with the electrical system and coding C2s can be open to interpretation by electricians. All EICRs for affected properties are being reviewed along with minor works certificates.

LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 01/09/2025				
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	468	467	1	99.79%
Overall Fire Risk Assessments	**482**	**481**	**1**	**99.79%**
For Non-compliant units:			**Number of Non-Compliant units**	
Unit has been non-compliant for <3 months			0	
Unit has been non-compliant for 3-6 months			0	
Unit has been non-compliant for 6-12 months			0	
Unit has been non-compliant for >12 months			0	

Comments: High risk buildings include all highrises and 5 multi-occupancy supported living and sheltered accommodation properties. Type 1 fire risk assessments carried out as standard, further risk assessments carried out as required. FRA out of compliance is a void childrens services property once this is tenanted a FRA will be carried out, this has been agreed with Savills.

	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**	**6**	**76**	
Overdue FRA remedial actions (6-12 months)	**0**	**0**	**0**	
Overdue FRA remedial actions (12+ months)	0	0	0	

Comments: These actions are from year 3 of the 10 year recovery plan. In total there are 200 actions in plan. 88 of those were carried over from year so are classed as overdue although this has now reduced to 76. 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

Plans to return to compliance:
Contractor appointed as a 4 year partner for fire safety works. Working with procurement and legal team to get contract in place to get started as soon as possible.

Current Mitigations:
1,765 actions are in workplans and are on schedule to be completed in the workplan timeframe as agreed and documented with BS&C Committee and CDC Safety and Compliance Group.

LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 01/09/2025				
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	73	73	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: 01/09/2025				
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:

Plans to return to compliance: The number of communal re-inspections have dropped from 362 to 361. This is due to Thorne Housing Office, Bridge Street, Thorne, DN8 5QH not now under SLHD management.

Current Mitigations:

LANDLORD: City of Doncaster Council				
DATE AT WHICH DATA BELOW IS CORRECT: 01/09/2025				
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		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 LTD
Board Meeting Briefing Note

Title:	Period 5 ended 31 August 2025 KPI dashboard
Action Required:	For information
Item:	11
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	02 October 2025

1.   Purpose

1.1. To provide Board members with the KPI dashboard as at the end of period 5: 31 August 2025 and brief commentary for those KPIs where their target are not being met.

1.2. Appendices are attached as follows:
- A: KPI dashboard 31 August 2025; and
- B: Latest Housemark benchmarking monthly survey - July.

2.   Executive summary

2.1. 41 KPIs were agreed with City of Doncaster Council (CDC) at the start of the 2025/26 financial year, comprising the Tenant Satisfaction Measures (TSM) that are required by the Regulator for Social Housing, plus other SLHD operational KPIs. **Appendix A** details each KPI measured at end of August, with comparatives.

2.2. Of the 41 KPIs, fifteen are measured quarterly (2) or annually (13). The annual KPIs are the customer satisfaction TSMs undertake through tenant perception surveys throughout the year.

2.3. The table below summarises the KPIs with comparatives from earlier years. At the end of August, 15 of the 26 KPIs being measured at month end were met or were within agreed tolerances of target.

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

3. KPI commentary

3.1. <u>KPI 2: Void rent loss (lettable voids)</u>

Target   **0.80%**
August 25/26 YTD performance **1.16%**   **WORSE THAN TARGET – RED**

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

	Aug 25/26	Q1 25/26	Q4 24/25	Q3 24/25	Q2 24/25	Q1 24/25	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24
Void rent loss YTD %	**1.16%**	1.20%	0.91%	0.90%	0.85%	0.82%	0.68%	0.68%	0.70%	0.73%
Target %	**0.80%**	0.80%	0.70%	0.70%	0.70%	0.70%	0.50%	0.50%	0.50%	0.50%
<u>Lettable</u> voids*	**184**	175	205	188	169	157	102	108	79	122
Total voids	**195**	184	211	196	176	162	125	113	98	132
Acquisition voids	***35***	*41*	*48*	*35*	*29*	*30*	*17*	*12*	*15*	*10*

The number of voids held at the end of August shows an increase at 195 compared to July's 179 and June's 184.

The total figure of 195 consists of the following;
- 149 general voids.
- 30 acquisitions.
- 5 new build properties; and
- 11 non-lettable voids.

In-month (August) void rent loss (VRL) performance shows a slight decline at 1.15% when compared July, but cumulative KPI performance shows a small improvement at 1.16%.

The main reasons for the KPI target not being met are an increasing number of voids requiring major work, in particularly replacement kitchens, and the high levels of acquisitions in the past 18 months.

At the end of August, 48 voids required replacement kitchens. Work required in gardens to meet the HHSRS requirement can be labour intense, and as a result this can delay repair work in void properties.

Additional resource will help performance with three WOW operatives and a bricklayer will be commencing work in September on the 15/9/25. A joiner should also be starting soon, and overtime is being worked, funded by savings from vacant posts to date. The Voids Excellence project has commenced to review the whole process and identify any improvements that can be implemented to streamline the process and improve performance.

3.2. <u>KPI4: Average number of nights in hotel accommodation</u>

Target   **21 days**
August 25/26 YTD performance **23.6 days**   **WORSE THAN TARGET – RED**

Although still not meeting target, further improvements have been seen in August.

All household types reduced to 17.9 from 24.1 during August, the lowest on record and within KPI target.

Families reduced to 9.9 from 12.1 nights, and Singles and Couples decreased to 22.8 from 32.3 nights during August.

The KPI reduced as a result and is now reporting 23.6 and close to tolerance.

Hotel placements remain at similar levels in August with combined Hotel and Temporary Accommodation (TA) of 174 households but is 29% fewer than at the end of August last year.

The number of households in hotels at month end was 40, down from 46 at the end of the previous month and 37 (48%) fewer than this time last year.

This positive direction of travel is also an outcome of an increase in Homeless Prevention. We are continually working to prevent homelessness, however the number of households requiring Emergency Accommodation remains high. Escalation triggers are now lowered for families at 21 days and singles and couples at 42 days.

We are aiming to be in the best position at the end of Q2 that we have been for over four years both in terms of hotel occupancy, length of safety and total Numbers in TA and Hotels combined.

At the end of Quarter 2 25/26 we anticipate being able to revise Budget outturn projections positively.

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

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

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

	KPI target Aug 25/26	TSM Aug 25/26	'Residents' only	SLHD KPI Aug 25/26	All complaints
Stage 1 complaints	11.3	17.6	WORSE THAN TARGET	34.1	WORSE THAN TARGET
Stage 2 complaints	0.7	1.8	WORSE THAN TARGET	4.2	WORSE THAN TARGET
Stage 1 & 2 complaints	12.0	19.4	WORSE THAN TARGET	38.3	WORSE THAN TARGET

The above table shows the YTD KPI being 38.3 for both stages of complaints. After five months of 2024/25, the respective YTD KPI figure was lower at 34.6, and in turn was worse than the five-month figure of 26.5 in 2023/24.

For the KPI target to have been met after five months, less than 400 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 Aug YTD			All complaints Aug YTD		
	25/26	24/25	23/24	**25/26**	24/25	23/24
Stage 1	**601**	504	n/k	**678**	618	497
Stage 2	**72**	54	n/k	**83**	70	30
Total	**673**	558	n/k	**761**	688	527

2025/26 has continued in the same vein as 2024/25, with slightly increased numbers at this stage and the main categories for complaints, in order, are about time taken, service delivery, policy, staffing, outstanding repairs and communications.

Complaint numbers by type YTD 2025/26

- Time Taken 134
- Service Delivery 118
- Policy 66
- Staffing 128
- Outstanding Repairs 50
- Communications 52
- Broken Promises 71
- Workmanship 26
- Damage 14
- No detail yet 34
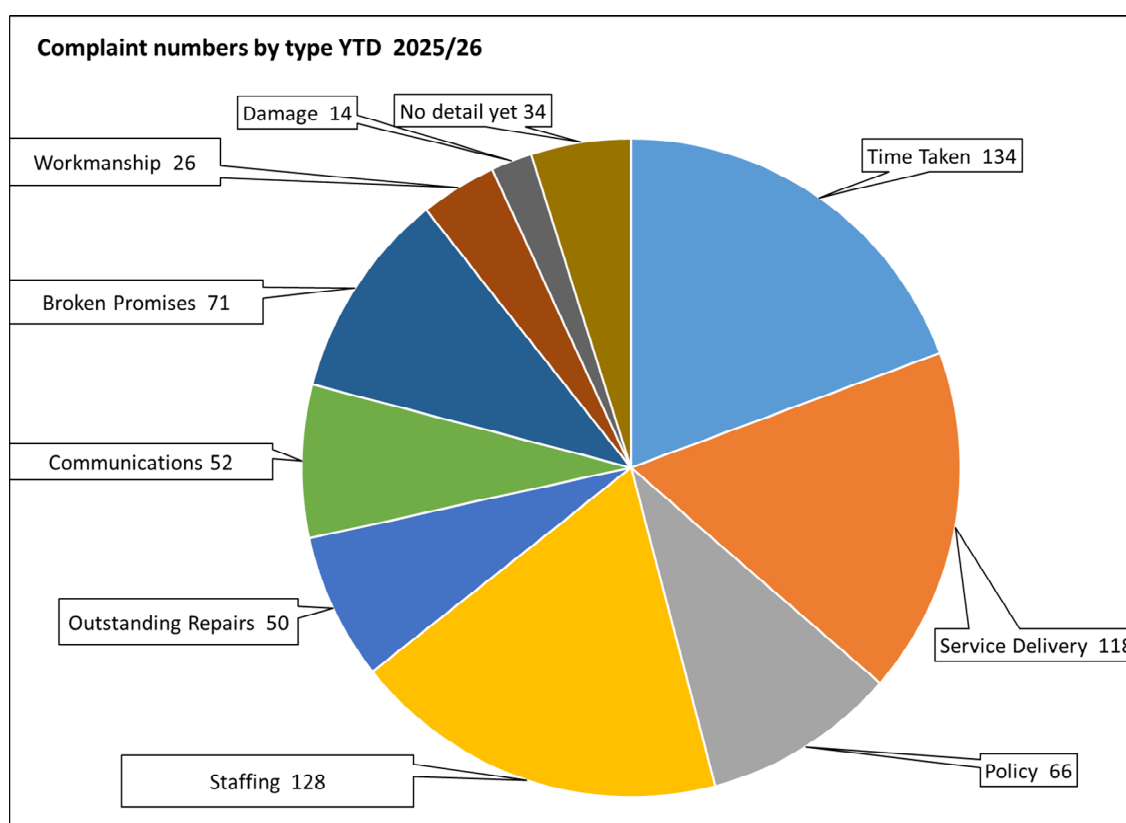
August saw a decrease in the number of stage 1 and 2 complaints compared to July and this is consistent with 2024, but volumes overall are still higher.

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

We continue to analyse all complaints in detail to identify causes and solutions, and to improve processes.

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

Completed within timescale:	Target	Aug 25/26 YTD		Q1 25/26	Q4 24/25	Q3 24/25	Q2 24/25	Q1 24/25
10a Emergency repairs	95%	93.1%	WITHIN TOLERANCE	92.0%	82.5%	80.1%	76.9%	77.9%
10b non-emergency repairs	85%	67.9%	WORSE THAN TARGET	69.8%	68.7%	68.8%	67.2%	63.4%
10 Emergency & Non-emergencies	88%	75.2%	WORSE THAN TARGET	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.

We continue to see increased demand compared to previous years. The table shows steady improvement with Emergency repairs; however non-emergency repairs has stabilised and remains below target.

The One Repairs Board is working on a number of actions which will improve performance during 2025/26. Numerous process changes and setting changes within scheduling software have been made in recent months.

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

3.5. KPI11: % of Properties with a Valid LGSR Certificate

Target   **100.00%**
August 25/26 YTD performance   98.56%   WORSE THAN TARGET – RED

At the end of August, there were 270 properties now out of compliance and no means of access legally without a warrant or permission from the tenant.

These properties comprise a variety of reasons, the main ones being including awaiting a court date for a warrant for the right of access, have appointments made, are in the no access process and will form the next batch of court applications or are void. The above total also includes 23 recent acquisitions with arrangements being made to service these, plus a number of properties where the work was completed just before end of August, but actual certificates have not yet been finalised until early September.

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

Target   **100.00%**
August 25/26 YTD performance   98.06%   WORSE THAN TARGET – RED

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

Communal – 100% now in compliance.

Domestic - There are 384 outstanding that were carried over from the 24/25 programme, comprising:
- 42 voids.

- 50 acquisitions.
- 101 complete and awaiting EICT to be signed off.
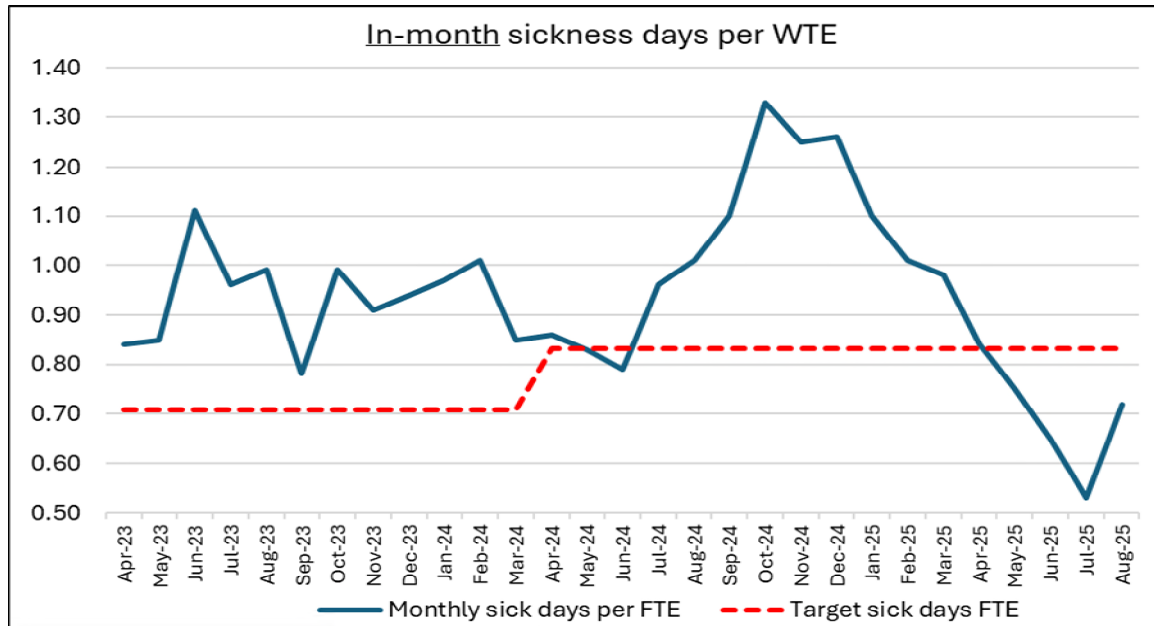- 191 are outstanding to be tested.

These are all on programme to be tested. Where access is an issue the access team will be utilised to effectively gain access

3.7. <u>KPI17: Number of Days Lost to Sickness per Full Time Equivalent (FTE)</u>

Target   **10.0**
August 25/26 YTD performance   **11.5**   <mark>**WORSE THAN TARGET – RED**</mark>

The KPI calculation is based on sick days in the last twelve months and the number of Full Time Equivalent (FTE) employees. As can be seen from the graph, this calculation at August 2025/26 will include sickness data from September 2024 onwards which was very high compared to current levels. On a monthly basis, sickness levels have been on or below target since April 2025 and if this continues then the year end target will be met.

August saw 0.71 days absence per FTE, an increase from July's 0.54 but still well below the monthly target of 0.83 days. Although absence has increased in August after two months of continuous reduction, absence is still lower than it was in April and May. Overall, this is still a positive reduction compared to our performance this time last year at 1.01 days.

This brings the YTD sickness per FTE to 3.49 days per FTE over a target of 4.17 days.

The early year end projection is 11.49 days per FTE against a target of 10 days per FTE, or using the CDC calculation method, 11.48 days per FTE.

This month we have seen a reduction in sickness days across Corporate Services but increases in Housing and Customer Services and Property Services, but all three directorates are still within target (0.83) for the fifth month of the new financial year.

We have seen a slight decrease in the number of long-term cases (0.27 days per FTE from 0.30 days), and an increase in short term cases (0.45 days per FTE from 0.24 days).

In order, the main causes of absence are:
1. Musculoskeletal (MSK) remains the highest of all absence at 29.8%.
2. Stress, anxiety and depression are now the second highest at 17.3%.
3. Back and Shoulder has increased to 16.1% in August.

When analysing stress, depression and anxiety further, work related stress makes up the lowest proportion of the four elements within this category.

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

MSK remains the highest reason for absence since April, and we will continue to work with managers in our absence clinics and deep dive discussions to explore further what we can do to reduce this.

We continue to remind employees of therapies available through Medicash. IT are continuing to develop an absence app which will allow managers and HR to monitor absence more effectively.

3.8. KPI18: % of Local Revenue Expenditure

Target **70%**
August 25/26 YTD performance **57%** **WORSE THAN TARGET – RED**

Total Revenue spend fell in August to £1.3m from July's £2.11m and was also low compared to previous months. However, the monthly local proportion increased to 58% from the lowest level in July (46%) and this had a slightly positive impact on the YTD KPI, now reporting 57% of Revenue spend was local in the five months of 25/26 so far, but still below target. Spend within Y&H increased again thanks to 92% being in Y&H in August, taking the YTD measure to 87%.

The KPI is again influenced by a small number of suppliers some of which are not based in Doncaster. 131 suppliers received payment in August, yet just 19 suppliers accounted 80% of the total Revenue spend. 12 of the 19 were Doncaster based resulting in the above positive impact on the KPI.

With the large majority of Revenue spend being with a few suppliers, it only takes one or two to be not local and the KPI is adversely impacted.

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

Report author
Nigel Feirn
Appendix A   KPI Dashboard Period 5 ending 31 August 2025
Appendix B   July Housemark monthly pulse surveys

St. Leger Homes Key Performance Indicator Summary August 2025/26 – MONTHLY KPIs Appendix   A

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	Aug-25	Aug-25	Year end	Year end
KPI 1	% of current rent arrears against annual rent debit	2.76%	2.66%	2.82%	2.78%	2.83%	2.94%	3.15%	3.47%	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%	0.80%	0.88%	0.80%	0.88%
KPI 3	Relet time for STANDARD voids (days). i.e. no MAJOR repairs	27.4	26.1	26.6	27.6	27.1	26.7	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	21.0	23.1	21.0	23.1
KPI 5	Percentage of settled accommodation at prevention stage	43%	55%	52%	51%	51%	51%	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	18.8	20.7	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	1.2	1.3	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	20.0	22.0	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%	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%	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%	95.0%	85.5%	95.0%	85.5%
KPI 8	Tenancy turnover %	n/a	0.4%	0.9%	1.4%	1.9%	2.3%	2.3%	2.5%	5.5%	6.1%
KPI 9	% of repairs completed at first visit	95.3%	96.0%	95.9%	96.5%	96.5%	96.6%	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%	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%	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%	88.0%	79.2%	88.0%	79.2%

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

KPI	St. Leger Homes Key Performance Indicator Summary 2025/26	Year end 24/25						Target	Tolerance	Target	Tolerance
		Mar-25	Apr-25	May25	Jun-25	Jul-25	Aug25	Aug-25	Aug-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%	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%	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%	98.96%	100%	98.96%
KPI 14	Legionella: % homes where all assessments completed (New)	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%	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%	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	10	11	10	11
KPI 18	Percentage of Local Expenditure % Revenue ONLY	59%	66%	64%	62%	56%	57%	70%	63%	70%	63%
KPI 19	No. of ASB Cases per 1,000 properties	55.1	5.4	10.2	16.5	22.5	27.5	28.3	31.1	60.0	66.0
KPI 19a	No. of ASB Cases that involve hate crimes per 1,000 properties	0.8	0.00	0.00	0.05	0.05	0.40	4.7	5.2	10.0	11.0
KPI 20	Number of residents in training, education or employment	113	Quarter KPI	Quarter KPI	20	Quarter KPI	Quarter KPI	n/a	n/a	100	90
KPI 21	Tenant satisfaction with the overall service from the landlord %	81.0%	Annual KPI	Annual KPI	Annual KPI	Annual KPI	Annual KPI	n/a	n/a	81%	73%
KPI 22	Percentage of homes not maintaining decent standard %	5.53%	Quarter KPI	Quarter KPI	7.51%	Quarter KPI	Quarter KPI	n/a	n/a	3%	5%
KPI 23	Tenant satisfaction with property condition (repair in the last 12 months and satisfied with the overall repairs service) %	81.5%	Annual KPI	Annual KPI	Annual KPI	Annual KPI	Annual KPI	n/a	n/a	81%	735
KPI 24	Energy efficiency of properties	57.1%	Annual KPI	Annual KPI	Annual KPI	Annual KPI	Annual KPI	n/a	n/a	67%	60%

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

Monthly Pulse Survey Results for July 2025 Performance

Month	Housemark pulse survey benchmarking - IN MONTH performance	Quartile 1	Median	Quartile 3	SLHD	SLHD quartile	Performance preference
Jul-25	Average re-let time in days (standard re-lets)	30.11	45.80	72.83	**26.23**	**Q1**	Lower is better
Jul-25	Voluntary staff turnover (%)	0.28	0.69	1.00	**0.11**	**Q1**	Lower is better
Jul-25	Responsive repairs completed per 1,000 properties	314.59	273.22	218.55	**282.81**	**Q2**	Higher is better
Jul-25	Stage 1 and Stage 2 complaints resolved within timescale (%)	100.00%	96.77%	87.80%	**99.43%**	**Q2**	Higher is better
Jul-25	'True' current tenant arrears (%)	2.02%	2.97%	4.00%	**2.81%**	**Q2**	Lower is better
Jul-25	Working days lost to sickness absence (%)	2.71%	3.62%	4.48%	**2.88%**	**Q2**	Lower is better
Jul-25	Homes with a valid gas safety certificate (%)	100.00%	99.96%	99.77%	**99.77%**	**Q3**	Higher is better
Jul-25	Dwellings vacant but available to let (%)	0.24%	0.51%	0.95%	**0.88%**	**Q3**	Lower is better
Jul-25	New ASB cases reported per 1,000 properties	2.45	4.42	7.12	**6.00**	**Q3**	Lower is better
Jul-25	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	3.74	5.41	7.65	**8.90**	**Q4**	Lower is better
Jul-25	Domestic properties with EICR certificates up to five years old (%)	99.92%	99.67%	98.20%	**97.98%**	**Q4**	Higher is better
Jul-25	Responsive repairs completed within target timescale (%)	94.27%	89.67%	82.54%	**73.32%**	**Q4**	Higher is better
Jul-25	Satisfaction with repairs - transactional (%)	94.57%	89.00%	84.75%	**no data**		Higher is better
Jul-25	Customer contact received via digital channels (%)	82.80%	76.10%	70.29%	**no data**		Higher is better
Jul-25	Satisfaction with the overall service their landlord provides - perception (%)	51.25%	37.86%	24.27%	**no data**		Higher is better

People

August 2025/26 : August Cumulative Performance (year to date

St.Leger Homes OF DONCASTER

TSM KPI ↓

% Tenants satisfied with the overall service from their landlord.

81%

No Target

TSM KPI ↑

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

99.3%

Target 92.3%

TSM KPI ←

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

77%

No Target

TSM KPI ↑

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

86%

No Target

TSM KPI ↓

% agree their landlord treats them fairly and with respect

91%

No Target

TSM KPI ↑

% satisfied with landlord's approach to complaints handling

43%

No Target

↑

Number of tenants on Get Involved Group

281

No Target

KPI ↓

Number of residents in training, education or employment

Quarterly KPI

Target 97

TSM KPI ↓

Number of complaints per 1,000 properties

38.3

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Homes

August 2025/26 : August Cumulative Performance

St. Leger Homes OF DONCASTER

KEY:

- ⬆ Performance improved compared to Q1 25/26
- ⬇ Performance worsened compared to Q1 25/26
- ⬅ Stayed the same compared to Q1 25/26
- **KPI** Key Performance Indicator
- **TSM** Tenant Satisfaction Measure

TSM **KPI** ⬇

Homes testing completed

Gas – 98.56%

Fire/smoke – 99.80%

Asbestos – 100%

Water – 100%

Lifts - 100%

Electric – 98.06%

◎ 100% for All properties ◎

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

Quarterly KPI

◎ Target 92.3% ◎

KPI

% Properties NOT meeting decent homes standard

Quarterly KPI

◎ All properties meet standard ◎

Damp and Mould inspections requested

Quarterly KPI

◎ No Target ◎

TSM **KPI** ⬇

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

75.2%

◎ Target 88% ◎

TSM **KPI** ⬇

% satisfied with the overall repairs service.

81%

◎ No Target ◎

TSM **KPI** ⬆

% satisfied with time taken to complete most recent repair

74%

◎ No Target ◎

TSM **KPI** ⬇

% satisfied that their home is safe

86%

◎ No Target ◎

⬇

Repairs transactional satisfaction survey %

77%

◎ Target 97 ◎

Communities

August 2025/26 : August Cumulative Performance

St.Leger Homes OF DONCASTER

KEY:

⬆ Performance improved compared to Q1 25/26

⬇ Performance worsened compared to Q1 25/26

⬅ Stayed the same compared to Q1 25/26

KPI Key Performance Indicator

TSM Tenant Satisfaction Measure

TSM **KPI** ⬅

Number of ASB cases per 1,000 homes.

27.5

60.0

TSM **KPI** ⬇

% satisfied with their landlord's approach to handling ASB

72%

No Target

TSM **KPI** ⬇

% satisfied landlord makes a positive contribution to the neighbourhood

78%

No Target

KPI ⬆

Time taken to relet an empty home (calendar days)

26.7

Target 25

⬆

Number on housing register

8,873

No Target

⬇

ASB transactional satisfaction survey %

82%

No Target

⬇

% ASB service standard response times (medium risk category)

92.5%

3 days

⬇

Number of Keep In Touch 'KIT' visits completed

1,616

1,000?? per year

Our Performance page

www.stlegerhomes.co.uk/performance/

Partnerships

August 2025/26 : August Cumulative Performance

St. Leger Homes OF DONCASTER

KEY:

⬆ Performance improved compared to Q1 25/26	⬇ Performance worsened compared to Q1 25/26	⬅ Stayed the same compared to Q1 25/26	KPI Key Performance Indicator	TSM Tenant Satisfaction Measure

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KPI

% Properties meeting EPC Level C

Annual KPI

◎ Target - meet EPC Level C by 2030 ◎

KPI ⬆

Homelessness. Average number of nights in Hotel Accommodation

23.6

◎ Target 21 ◎

KPI ⬆

Number of tenancies sustained post support

99.5%

◎ No Target ◎

KPI ⬇

Tenancy turnover %

2.3%

◎ No Target ◎

KPI ⬇

Safeguarding and Vulnerability cases received

69

◎ No Target ◎

KPI ⬅

% of homeless cases resolved at prevention stage

51.0%

◎ Target - 30% ◎

TSM **KPI** ⬇

Number of hate crimes reported

7

Our Performance page

www.stlegerhomes.co.uk/performance/

ST LEGER HOMES OF DONCASTER
Board Briefing Note

Title:	Annual Development Plan (ADP) 2025/26 – April to August Update
Action Required:	For information
Item:	12
Prepared by:	Victoria Hunter - Head of ICT & Business Transformation
Date:	2 October 2025

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 August is as follows:

Directorate	Number of 2025/26 ADP Actions
Housing Services	**11 actions of which:** **1 is complete** 7 are in progress and on schedule *(green)* 3 are in progress and behind schedule *(amber)*
Property Services	**9 actions of which:** 5 are in progress and on schedule *(green)* 4 are in progress and behind schedule *(amber)*
Corporate Services	**6 actions of which:** 4 are in progress and on schedule *(green)* 2 are in progress and behind schedule *(amber)*
All Heads of Service	**1 action of which:** 1 is in progress and behind schedule *(amber)*

3.4   The three actions from Housing Services which are behind schedule are:

o   A5:
   Implement a digital access solution, by September 2025, that aligns to the Customer Access Strategy 2025 – 2029 and which provides a user-friendly online platform for accessing services that results in an increase in the number of customers accessing services digitally. Work with various departments to ensure risks are minimised and all necessary resources are available for a successful implementation.

o   A6:
   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.

o   C5:
   Review SLHD Temporary Accommodation (TA) Model including options for furnished units. To improve the quality of SLHD TA offer.
   By April 2025 review the TA stock profile and identify the number of core properties that are likely to be used as TA stock for the long term.
   Evaluate the feasibility of extending the Furnished Tenancy Offer by May 2025.To allow occupants of TA to rent furniture packs to help them to set up a comfortable home which prepares them for a sustainable tenancy it will also include an assessment of financial implications for SLHD & CDC.
   N.B The scope is for SLHD stock only. The wider accommodation offers within the city will be part of the Homeless & Rough Sleeping Strategy.

3.5   The four actions from Property Services which are behind schedule are:

o   A13:
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.

o   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.

o   C4:
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.

o   C8:
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.

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

o   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.

o   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.

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

o   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.

4.   What Next

4.1   A year end update will be brought to Board in April.

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. *Understanding the needs and aspirations of our tenants and staff and delivering for them.*	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: on schedule	The development of the Tenant Insight Model is progressing. The model is being designed to ensure tenant data is both relevant and central to decision-making across service delivery and development. Initial scoping has been carried out with data mapping and governance discussions taking place through the Data SMART strategy and related meetings such as the Tenant & Customer Data Meetings. The model aims to improve how tenant needs and aspirations are understood, using real-time data to inform service design and operational priorities.
A2	People	To get it right for our customers and staff. *Understanding the needs and aspirations of our tenants and staff and delivering for them.*	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	Work is progressing well on the development of the 'Top 100 Customers' profile as part of the 2025–26 ADP priorities. The initiative is currently on schedule and aims to use tenant data to identify customers who may require more intensive support or intervention. Data indicators being collated include no-access issues for mandatory safety inspections, high volumes of repairs, significant rent arrears, anti-social behaviour, and tenancy breaches. Intelligence is being drawn from across the organisation to build a comprehensive profile, which will inform a targeted strategy to manage these tenancies more effectively. This approach supports the wider corporate objective of delivering responsive, data-informed services and aligns with the commitment to understand and meet the needs of tenants and staff.
A3	People	To get it right for our customers and staff. *Understanding the needs and aspirations of our tenants and staff and delivering for them.*	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	Will commence initial discussions with OVF, TARAs and GIGS in October/November and diverse groups. Feedback will be analysed with a view to merging with our Customer Access Action Plan.

A4	People	To get it right for our customers and staff. *Understanding the needs and aspirations of our tenants and staff and delivering for them.*	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	In progress: on schedule	Self-Assessment and Reality Checking by TPAS completed. Awaiting final report and outcome which should be given by mid-October 2025.
A5	People	Investing in our communication channels. *Increasing opportunities to access our services when and how it suits you.*	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	In progress: behind schedule	Commenced work with CDC and NetCall our telephony providers to implement a digital access solution following a recent upgrade by CDC of the telephony management system to Converse. Initial meeting with NetCall 29th September to discuss functionality and next stages.
A6	People	To get it right for our customers and staff. *Understanding the needs and aspirations of our tenants and staff and delivering for them.*	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 Customer Services	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. *Increasing opportunities to access our services when and how it suits you.*	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	In progress: on schedule	User Acceptance Testing - Phase 2 is almost complete, with all issues raised already being resolved internally by ICT or handed over to MRI to be resolved. Online familiarisation sessions are being completed by users at the moment. The project is on track to Go Live on 20th October.
A8	People	Listening, communicating and engaging effectively. *Ensuring we have a courteous, compassionate and skilled workforce.*	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 reviewed by EMT. Final changes being made and due back to EMT in Oct/Nov. Absence continued to reduce but increased slightly in Aug. Absences rates still below target. Mental Health Awareness refresher training ongoing.

A9	People	Listening, communicating and engaging effectively. *Ensuring we have a courteous, compassionate and skilled workforce.*	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	The Standard will be implemented from October 2026 with 3-year transition period. Need to agree a framework as to who falls in scope.
A10	People	Listening, communicating and engaging effectively. *Ensuring we have a courteous, compassionate and skilled workforce.*	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	2024/2025 due to start. Delayed due to changes in team. Due to start imminently.
A11	People	Listening, communicating and engaging effectively. *Ensuring we have a courteous, compassionate and skilled workforce.*	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	Not all actions from Year 1 have been delivered. Making good progress on nearly all actions. Recruitment process review has not yet started.
A12	People	To get it right for our customers and staff. *Understanding the needs and aspirations of our tenants and staff and delivering for them.*	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 week commencing 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	In progress: behind schedule	This relies on the implementation of Housing One and the procurement of a new compliance management system (late 2025/26). It is a requirement of the new specification but unlikely to be rolled out fully until that procurement exercise completed.
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	Carried forward from 24/25. Good progress being made on all actions, as evidenced in an update report presented to Board in July. Follow on mock inspection work is planned with Savills, St Leger's critical friend, later in 2025 (meetings arranged from early October onwards) to ensure continued momentum and increasing compliance.

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	Business transformation 'As is' completed and 'To be' process mapping Completed.
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	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. The challenge for the organisation is to ensure that data is being pulled from the same, reliable source and that it takes minimal time and effort. Research and discussions are taking place around how this can be delivered for SLHD.
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 review and implementation of the Tenancy Agreement (TA) is progressing well and remains on track for Cabinet approval in October 2025. The revised TA incorporates strengthened clauses to address access for statutory safety inspections and maintenance, including provisions for no-access scenarios and enforcement pathways such as injunctions and warrants where necessary. These updates reflect recent legislative changes including the Fire Safety Act 2021 and Awaab's Law (Hazards in Social Housing Regulations 2025), which come into force in October 2025. The updated agreement has been shared with Heads of Service to assess operational impacts, and a full list of proposed changes has been documented. A 4-week tenant consultation period ran from 21 July to 18 August 2025, supported by targeted communications and feedback mechanisms.
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	Pre-works monitoring is well underway; however, physical retrofit works will now commence in March 2026 to allow further pre-works monitoring to take place. This means physical completion of retrofit works is now not expected until September 2026.
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	In progress: behind schedule	This relies on the implementation of Housing One and the procurement of a new compliance management system (late 2025/26). It is a requirement of the new specification but unlikely to be rolled out fully until that procurement exercise completed.
C5	Homes	Ensuring tenants are satisfied with the homes and services we provide.	Review SLHD Temporary Accommodation (TA) Model including options for furnished units. To improve the quality of SLHD TA offer. By April 2025 review the TA stock profile and identify the number of core properties that are likely to be used as TA stock for the long term. Evaluate the feasibility of extending the Furnished Tenancy Offer by May 2025.To allow occupants of TA to rent furniture packs to help them to set up a comfortable home which prepares them for a sustainable tenancy it will also include an assessment of financial implications for SLHD & CDC. N.B The scope is for SLHD stock only. The wider accommodation offers within the city will be part of the Homeless & Rough Sleeping Strategy.	Head of Access to Homes	Sept 25	In progress: behind schedule	Furniture Packs delivered directly to TA from Suppliers. Long term TA Units being refurbished to include floor and window coverings and decoration throughout will be completed by end of Sept. TA units Reduced by 25% from peak demand. HMO procured (leased) to provide 18 additional bed spaces reducing Hotel Numbers and reliance on SLHD stock for single people.
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	In progress: on schedule	Health check completed in September 2025, awaiting report.

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: on schedule	The current thinking is that Doncaster Council will continue to invest in six of the nine High Rise Buildings. Feasibility studies are being conducted for Intake by ARUP on behalf of the Strategic Housing and requests for timelines have been requested.
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	In progress: behind schedule	There have been delays in contractor appointment and getting the contract signed. This has delayed start date in Q2. Informal discussions have taken place with contractor to allow for a smooth start when contract signed
D1	Communities	To help build communities not just houses *To work with others to deliver Doncaster's 'thriving people places and planet' ambitions.*	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	St Leger Homes continues to play an active and strategic role in supporting the development and rollout of the Council's THRIVE model. As of August 2025, the model has progressed beyond the pilot phase in the North area and has been fully implemented across all localities. Staff from St Leger Homes remain closely involved as key delivery partners, contributing to the model's evolution through operational insight and service alignment. This includes adapting locality-based working practices and resource planning in collaboration with Team Doncaster as part of a broader Housing Management Review. The THRIVE model's emphasis on integrated, place-based support aligns with St Leger's corporate priorities around community regeneration, tenant engagement, and tackling complex needs.
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 reform Bill expected to be enacted in Q4. All staff have received an overview of implications as Part of 2 Day mandatory Homelessness training on legal requirements held in Sept 25.

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BOARD

REPORT

Date : 02 October 2025

Item : 13A.1

Subject : Building Safety and Compliance Committee Annual Report

Presented by : Dave Wilkinson
Chair of the Board

Prepared by : Laura Dougan
Head of Building Safety

Purpose : To provide an annual overview of the activities undertaken by the Building Safety and Compliance Committee and give assurance to Board that the Committee has fulfilled its Terms of Reference.

Recommendation:

That the Building Safety and Compliance Committee comment and contribute to the Annual Report prior to the Board on 2 October 2025.

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To the Chair and Members of the　　　　**Agenda Item No. 13A.1**
ST LEGER HOMES OF DONCASTER BOARD　**Date: 02 October 2025**

1.　Purpose of the Report

1.1　To provide an annual overview of the activities undertaken by the Building Safety and Compliance Committee (BSC Committee) and give assurance to Board that the Committee has fulfilled its Terms of Reference (ToR).

2.　Recommendation

2.1　That Board note the 2025 Building Safety and Compliance Committee Annual Report and that Building Safety and Compliance Committee have reviewed the Terms of Reference and agree they have been fulfilled.

3.　Introduction

3.1　The BSC Committee is accountable to the Board for the fulfilment of the responsibilities delegated to it as set out in the Committee's ToR. The ToR requires that BSC Committee will provide the Board with an Annual Report summarising its conclusions from the work undertaken during the year. The current ToR are attached at **Appendix A.**

4.　Meetings and Attendance

4.1　Since the Board's AGM in September 2024, the BSC Committee has met on four occasions:

- 21 November 2024
- 13 February 2025
- 22 May 2025
- 4 September 2025

4.2　The ToR for the BSC Committee states that the Committee will comprise of at least four members as follows:

- The Chair of the Board;
- And the committee will be deemed to be quorate when 3 members are present, from at least 2 different categories.

The ToR have been amended to increase committee membership from four to five, to ensure continuity of membership following recent Board and Committee changes and agreement at August Board. Quoracy will remain the same.

4.3   The current members of the Committee are as follows:

Member	Constituent Group
Dave Wilkinson	Chair of the Board & Chair of Committee
Trevor Mason	Independent Member
Barry Keeble	Tenant Member

4.4   Attendance at the meetings has been as follows:

	21 Nov 2024	13 Feb 2025	22 May 2025	4 Sept 2025
Dave Wilkinson	✓	✓	✓	✓
Phil Cole	✓	✓		
Trevor Mason	A	A	✓	✓
Barry Keeble			✓	✓
Karen Leroy	✓	✓		
Steve Cox				✓

4.5   The Director of Property Services and Head of Building Safety have attended all meetings.

4.6   The Committee has been quorate on the four occasions it has met since the previous annual report. The agenda and papers have all been circulated 7 days prior to the meeting and all minutes have been reported to the next Board meeting following the Committee.

5.   Work of the Committee

5.1   During the year the BSC Committee has considered a range of subjects: -

- Safety and Compliance Activity report
- Fire Risk Assessment 10 Year Plan update
- Health, Safety & Compliance Legal Register update
- Electrical Compliance Internal Audit report
- Annual report on 5-year programme of Electrical testing/rewire
- British Safety Council & ISO45001 Audit
- External Audit (Pennington Choices) preparedness
- Adverse Incidents
- Assets Performance report
    - Awaab's Law
    - Damp, Mould & Condensation
    - HHSRS (Housing Health & Safety Rating System Hazards)
    - Decent Homes status
    - Stock numbers, Stock Condition Surveys
    - Disrepair
    - Energy Efficiency
- High Rise Buildings update
- Grenfell Findings

- Building Safety Cases
- Committee Annual report
- Building Safety Forum minutes

6. Safety and Compliance Activity report

6.1   Committee has received four reports during the year which provide an update on all areas of compliance, occupational and building safety and compliance performance. Currently reporting where there are exceptions to full compliance or areas of particular interest.

The report has been amended to reflect learnings from peer organisations, inspections and Savills critical friend review. With the use of scorecards as an appendix for the main compliance areas and the recommendations from the Savills critical friend review.

Committee has a responsibility to consider reports to present to Board, which reflect an accurate appraisal in respect of the company's performance regarding statutory and regulatory standards.

6.2   Electrical Installation Condition Report (EICR) Programme - Domestics 5 year

Members continue to closely monitor progress of the 798 properties that were carried over from the 2024-25 programme. Of these cases 401 remained outstanding at the end of July, with 164 of those in the no access procedure. Once the No Access Team is fully established members are expecting to see a noticeable reduction in the numbers.

6.3   (8.2) Compliance Assurance

As part of its TOR Committee are to ensure external independent scrutiny and advice in respect of compliance issues is available, and sufficient to enable Committee to effectively analyse building safety performance.

This report gives third party assurances in respect of electrical, gas and LOLER. With the Savills mock inspection report identifying that third party assurance should be in place for all areas of compliance.

7. Pennington's External Audit of Compliance

7.1   Again, as part of its TOR regarding external independent scrutiny and advice in respect of compliance issues. Committee were pleased to receive this report which advised a compliance health check was being undertaken by Pennington Choices with a focus on governance and assurance around compliance activities; with specific emphasis on the 'big 6' compliance areas on 10th & 11th September 2025. A further report including recommendations will be submitted after the health check for review.

During this item, the Chair requested that a governance process map is produced to demonstrate the golden thread of reports/information shared within SLH and with CDC. He asked that this is presented to Board in December 2025.

8. Asset Performance report

8.1 Committee has received four reports during the year which provide an update on Asset Management activity. The report summarises the status of key areas of performance and issues affecting the service in relation to stock numbers, condition surveys, decent homes standard, Housing Health and Safety Rating System Hazards (HHSRS), disrepair, damp & mould and energy efficiency.

8.2 Of particular importance to members has been the progress being made in respect of the decent home standard alongside tracking of progress of any hazards identified through stock condition surveys.

Members have been made aware of the expected changes to the decent homes standard. Additionally, in quarter 2 of the decision to accelerate the stock condition surveying programme. Based on the programme and subject to securing access to all properties, 100% of properties should have received a stock condition survey in the last 5 years by summer 2026.

8.3 Awaabs Law

During the year Committee have closely monitored reporting of Damp & Mould inspection requests, noting the growing complexities of cases and changes to processes, in anticipation of the introduction of Awaab's Law in October 2025.

9. Major Projects Team

9.1. High Rise Residential Building update

Initially part of the Safety & Compliance report, this item now features as a regular separate standing item on the BSC forward plan.

Members have continued to receive up to date information during the year in relation to the 3 major projects at Balby Bridge (in collaboration with Wates), Intake (in collaboration with Henry Boots) and Silverwood House (in collaboration with Keepmoat).

Committee have had oversight of these incredibly challenging projects, scrutinising the legal aspects to ensure Building Safety Regulations and laws are applied as well as monitoring of fairness during negotiations.

Committee have also closely monitored the sharing of information with City of Doncaster Council (CDC) to ensure they are kept up to date, as well as ensuring tenants have been sensitively informed and within a timely

manner.

9.2   St Georges Court

Members were pleased to receive a detailed briefing note at its September meeting, to keep them informed of the scope of works and investment plans for the 2 buildings that were purchased with 55 residential dwellings. A site visit was requested by Committee to see the work undertaken first-hand.

10.   Building Safety Cases

10.1   At its meeting in February 2025 Committee were advised that 5 building safety cases have been requested and submitted to the Building Safety Regulator (BSR). It was noted only a relatively small percentage of local authorities have received such a request. So far, no local authority in the immediate area have received a Building Assurance Certificate. The BSR have given notice that a further 2 building safety cases will be requested between July 2025 and April 2026. On average it is taking around 12 months for Building Assurance Certificate to be issued.

10.2   To provide further scrutiny members requested that any findings from the Pennington's review are reported back to Committee which will include a review of C365, where key building safety information and relevant drawings are recorded. Therefore ensuring external independent advice is closely monitored to effectively analyse building safety performance, as per Committees TOR.

11.   Building Safety Forum Minutes

11.1   Members receive the Building Safety Forum minutes and have reviewed the following minutes since the previous annual report:

- 25 July 2024
- 7 November 2024
- 30 January 2025
- 24 April 2025
- 31 July 2025

12.   Adverse Incidents

12.1   During the year Committee receive adverse incident reports following any incidents which involve properties managed by SLH or relate to employees, contractors, residents or members of the public. The report includes identification of root causes, actions taken or required to prevent a recurrence.

Since the previous annual report the following incidents have been reviewed by members:

- 56 Repton Road, Skellow
- 15 Sandbeck House
- 17 Dryden Road, Mexborough

12.2   Committee also receive an Adverse Incidents Look Back annual report to capture all incidents during the previous year.

13.   Joint British Safety Council Five Star and ISO45001 Audit

13.1   Committee were pleased to receive the briefing note which explained SLH had been awarded the maximum Five Star Safety Audit rating for the fourteenth successive year.

Additionally, following assessment against the standard, it was confirmed that the ISO 45001 certification could continue.

14.   Fire Risk Assessment 10 Year Plan

14.1   Members received a reprofiled 10-year plan noting the main reasons for the year 2 reprofile were due to delays with the High-Rise remediation project at Balby Bridge, in addition to procurement issues around external service providers. They were made aware the rationale behind the plan which included the development of a robust risk assessment to mitigate risks, enabling the organisation to respond to new legislation or adverse incident.

At its February meeting members considered the mitigation measures put in place and were given assurance.

15.   Health Safety & Compliance Legal Register

15.1   At its meeting in September 2025 members were made aware that there have been no significant changes since the previous update in September 2024. However, were informed of the important forthcoming regulations and consultations that will impact the organisation:

- Awaab's Law
- 5 Year Mandatory Electrical Inspection and Testing
- Reformed Decent Homes Standard
- Minimum Energy Efficiency Standards (MEES)
- Residential Personal Emergency Evacuation Plans (RPEEPs)

Committee requested a briefing note regarding the 'Challenges of Overheating' in domestic properties following a discussion around MEES.

16.   <u>Conclusion</u>

16.1   As a result of its work during the year, the Building Safety & Compliance Committee believes it has met its responsibilities contained within the Committee TOR and is satisfied in respect of the company's performance

regarding statutory and regulatory standards.

17.   Report Author, Position, Contact Details

17.1   Laura Dougan
        Head of Building Safety– 01302 862956

18.   Background Papers/Appendices

18.1   Appendix A – Committee Terms of Reference

St. Leger Homes of Doncaster

Terms of Reference

Building Safety and Compliance Committee

1.   Constitution and Remit

1.1   The Building Safety and Compliance Committee is constituted as a Committee of the Board to support the Board in its responsibilities for all issues relating to building safety and compliance with statutory regulations in relation to the six compliance areas of asbestos, fire, water, electricity, gas and lifts.

2.   Authority

2.1   The Committee is authorised by the Board to review or investigate any activity within its terms of reference.

2.2   The Committee is authorised by the Board to require such additional assurance reviews or remedial action as it deems appropriate.

3.   Membership

3.1   The Committee will comprise of five members.

3.2   The Chair of the Board shall be the Chair of the Committee.

3.3   Appointments to the Committee shall be for a period of one year and shall be at the first Board Meeting following the AGM.

3.4   The Lead Executive Director will be the Director of Property Services.

3.5   The Executive Support Officer to the Director of Property Services will be the Secretary to the Committee.

4.   Quorum

4.1   The Committee will be deemed to be quorate when three members are present, from at least two different categories.

5.   Meetings

5.1   The Committee will meet on at least four occasions during a year with opportunities to meet informally with the Director of Property Services or Chief Executive when required.

5.2   The Committee may request other officers to attend meetings to assist with its discussions on any particular matter.

5.3   Board Members who are not members of the Committee shall have the right of attendance.

5.4   Meetings may be held by telephone or video conference if necessary.

6.   Agendas and Minutes

6.1   Committee meeting agendas and reports will be sent to all members seven days before each meeting together with draft minutes of the previous meeting.

7.   Reporting

7.1   The minutes from each meeting will be presented for information at the next Board meeting.

7.2   The Committee will provide the Board with an Annual Report, timed to support the AGM, summarising its conclusions from the work it has done during the year.

8.   Responsibilities

8.1   The responsibilities of the Committee are cross referenced to the Decision Making Framework – Summary of Decision Making Delegations which is set out in the Scheme of Delegation.

Reference 19 - Approve policy changes

a. Implement all agreed building safety and compliance policies and recommend to The Board any major policy changes.
b. Ensure all policies required for regulatory building safety purposes are developed and reviewed in a timely manner presented for the consideration of the Board.

8.2 Compliance Assurance

    a. Ensures external independent scrutiny and advice in respect of compliance issues is available to this Committee and The Board sufficient to enable the Committee to effectively analyse building safety performance. Request and consider reports on building safety and compliance sufficient to present to The Board an accurate appraisal in respect of the company's performance regarding statutory and regulatory standards.

    b. Reviews the Building Safety Case for all buildings which require a safety case prior to submission to the Council.

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BOARD

REPORT

Date	:	02 October 2025
Item	:	13B.1
Subject	:	Employment and People Committee Annual Report
Presented by	:	Dave Wilkinson Chair of the Board
Prepared by	:	Chris Margrave Chief Executive
Purpose	:	To provide an annual overview of the activities undertaken by the Employment & People Committee and give assurance to Board that the Committee has fulfilled its Terms of Reference.

Recommendation:

That Board note the 2025 Employment and People Committee Annual Report and that Employment and People Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

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To the Chair and Members of the   **Agenda Item No. 13B.1**
ST LEGER HOMES OF DONCASTER BOARD   **Date: 02 October 2025**

1.   Purpose of the Report

1.1   To provide an annual overview of the activities undertaken by the Employment and People Committee (E&P Committee) and give assurance to Board that the Committee has fulfilled its Terms of Reference, which are attached at Appendix A.

2.   Recommendation

2.1   That Board note the 2025 Employment & People Committee Annual Report and that Employment and People Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

3.   Introduction

3.1   The E&P Committee is accountable to the Board for the fulfilment of the responsibilities delegated to it as set out in the Committee's Terms of Reference. The Terms of Reference requires that E&P Committee will provide the Board with an Annual Report summarising its conclusions from the work undertaken during the year. The current Terms of Reference are attached at Appendix A, these have been updated to reflect the changes to Committee membership.

3.2   Board are asked to note Board agreed in August 2025 that the Employee and People Committee would meet twice a year with a Commitment to Board that there would be a renewed focus. A review of Committee as completed in January 2025 where agreement was gained that the Committee would oversee regular updates on Pulse Survey, updates on the People Strategy, an annual position statement on resources and vacancies and an annual learning and performance report. Committee would continue to oversee the outcome of the annual appraisal of the Chief Executive Officer.

4.   Meetings and Attendance

4.1   The E&P Committee has met twice since the Board AGM in September 2024. This meetings were held on 24 February 2025 and 3 September 2025.

4.2   The Terms of Reference for the E&P Committee is enclosed as Appendix A for Members to review and ensure it is still relevant and that the Committee has fulfilled its duty.

4.3   The Members of the Committee are as follows:

Dave Wilkinson	Board Chairman & Chair of Committee
Chris Margrave	Chief Executive
Phil Cole / Sue Farmer	Council Member
Susan Jones	Independent Member
Milcah Walusimbi	Tenant Member

4.4   Attendance at the meetings has been as follows:

	24 February 2025	3 September 2025
Dave Wilkinson	✓	✓
Phil Cole	*x*	N/A
Sue Farmer	N/A	*x*
Susan Jones	✓	✓
Milcah Walusimbi	✓	✓
Chris Margrave (Incoming CEO)	✓	✓

4.5   The Committee meetings were quorate on both occasions. The agenda and papers were circulated 7 days prior to the meeting and all minutes have been reported to the next Board meeting following the Committee.

The Head of People & Culture was also present at the 3 September meeting.

4.6   Of the 7 specific responsibilities delegated to the Committee detailed within the Terms of Reference, Committee exacted Reference 24 and 25 25 - Chief Exec recruitment and Directors recruitment and successfully appointed a new Director of Corporate Services who commenced in post on 3 March 2025.

5.   Work of the Committee

5.1   In the meeting of the Committee on 24 February 2025, Members considered the following reports:-
- An update on progress of the People Strategy.
- Reviewed statistics from the October 2024 Pulse Survey.
- Considered the Q3 Vacancy position and agreed any future report would be by exception.
- Reviewed the Annual Appraisal of the CEO.

5.3   In the meeting of the Committee on 3 September 2025, Members considered the following reports:-
- Reviewed statistics from the March 2025 Pulse Survey.
- Reviewed the Annual Appraisal of the CEO.

6.   Impact on Key Strategic Objectives

6.1   SLHD aims to be an employer of choice. Actions in relation to, and impacting on, our employees are handled sensitively and appropriately. E&P Committee plays a key role in ensuring that this is the case.

7.   Diversity

7.1   Executive Management Team and Board continue to monitor diversity of the Board and look to increase diversity wherever possible.

Ás part of our Board recruitment vacancies since the AGM in 2023 to date, we have actively tried to encourage applications that are reflective of the diverse communities we serve.

8.   Report Author, Position, Contact Details

8.1   Chris Margrave
        Chief Executive
        01302 862700

17.   Background Papers/Appendices
17.1   Appendix A – Committee Terms of reference

St. Leger Homes of Doncaster

St. Leger Homes of Doncaster

Terms of Reference

Employment and People Committee

1.   Constitution and Remit

1.1   The Employment and People Committee is constituted as a Committee of the Board to support the Board in its responsibilities for issues of overall grading structure and key terms and conditions of employment for staff within the overall budgetary allocation for Management and Staffing.

2.   Authority

2.1   The Committee is authorised by the Board to review or investigate any activity within its terms of reference.

2.2   The Committee is authorised by the Board to require such additional assurance reviews or remedial action as it deems appropriate.

3.   Membership

The Committee will comprise of four members.

3.1   The Chair of the Board shall be the Chair of the Committee.

3.2   Appointments to the Committee shall be for a period of one year and shall be at the first Board Meeting following the AGM.

3.3   The Lead Executive Director will be the Chief Executive.

3.4   The PA to the Chief Executive will be the Secretary to the Committee.

4.   Quorum

4.1   The Committee will be deemed to be quorate when three members are present, from at least two different categories.

5. Meetings

5.1 The Committee will meet on at least two occasions during a year with opportunities to meet informally with the Chief Executive when required.

5.2 The Committee may request other officers to attend meetings to assist with its discussions on any particular matter.

5.3 Board Members who are not members of the Committee shall have the right of attendance.

5.4 Meetings may be held by telephone or video conference if necessary.

6. Agendas and Minutes

6.1 Committee meeting agendas and reports will be sent to all members seven days before each meeting together with draft minutes of the previous meeting.

7. Reporting

7.1 The minutes from each meeting will be presented for information at the next Board meeting.

7.2 The Committee will provide the Board with an Annual Report, timed to support the AGM, summarising its conclusions from the work it has done during the year.

8. Responsibilities

8.1 The responsibilities of the Committee are cross referenced to the Decision Making Framework – Summary of Decision Making Delegations which is set out in the Scheme of Delegation.

Reference 8 - Pay and Grading Review
a. Approve the overall grading structure and key terms and conditions of employment for staff within the overall budgetary allocation for Management and Staffing.
b. Consider and determine the overall pay and grading review for the Company's staff.
c. Consider any remuneration related issues as requested by the Chief Executive.

Reference 13 - Management Agreement
d. Act as an arbiter in Disputes Resolution as outlined in Stage 2 of the Disputes Resolution procedure.

Reference 14 - Probity – Code of Conduct
e. Support the Chair of the Board in addressing issues of conduct of Board Members.

<u>Reference 19 - Approve policy changes</u>
f.   Implement all staffing related policies and agree major policy changes.
g. Determine remuneration policies for the company, including relocation packages.

<u>Reference 23 - Significant restructures or changes to staff terms & conditions</u>
h. Consider any major staffing restructures.
i.   Note any leavers from the organisation who have left by redundancy or with a compromise agreement.

<u>Reference 24 and 25 - Chief Exec recruitment and Directors recruitment</u>
j.   Undertake the recruitment and selection of Executive Management Team Members, including the Chief Executive.

<u>Reference 26 - Chief Exec and Executive Management Team (EMT) remuneration</u>
k. Consider pay of Chief Executive and Executive Management Team annually and make recommendations to the Board.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

BOARD MEETING

Date	:	02 October 2025
Item	:	13C.1
Subject	:	Audit & Risk Committee Annual Report
Presented by	:	Trevor Mason Chair of the Audit & Risk Committee
Prepared by	:	Trevor Mason Chair of the Audit & Risk Committee
Purpose	:	To provide an annual overview of the activities undertaken by the Audit & Risk Committee and give assurance to Board that the Committee has fulfilled its Terms of Reference.

Recommendation:

That Board note the annual report of the Audit & Risk Committee, and that the Committee have reviewed the terms of reference and agree that they have been fulfilled.

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**To the Chair and Members of the   Agenda Item No: 13C.1
ST LEGER HOMES OF DONCASTER BOARD Date: 02 October 2025**

1.   Report Title

1.1   Audit & Risk Committee Annual Report.

2.   Purpose

2.1   To provide an annual overview of the activities undertaken by the Audit &
       Risk Committee and give assurance to Board that the Committee has
       fulfilled its Terms of Reference.

3.   Recommendation

3.1   That Board note the annual report of the Audit & Risk Committee, and that
       the Committee have reviewed the terms of reference and agree that they
       have been fulfilled.

4.   Introduction

4.1   The Audit & Risk Committee is accountable to the Board for the fulfilment of
       the responsibilities delegated to it as set out in the Committee's Terms of
       Reference. The Terms of Reference requires that Audit & Risk Committee
       provide the Board with an Annual Report summarising its conclusions from
       the work undertaken during the year.

5.   Meetings and Attendance

5.1   The Audit & Risk Committee has met on four occasions:

        ▪ 4 November 2024
        ▪ 10 March 2025
        ▪ 19 May 2025
        ▪ 07 July 2025

5.2   The Terms of Reference for the Audit & Risk Committee states that the
       Committee will comprise of four members and is quorate with three
       attendees from two different categories.

5.3   Following appointment of new Board Members, the current membership of
       the Audit & Risk Committee are as follows:

Member	Constituent Group
Trevor Mason	Independent (Chair)
Susan Jones	Independent

| Steve Cox | Councillor |
| Rodger Haldenby | Tenant |

Changes to Membership through 2025 were due to the resignations of Karen Leroy and to the retirement of Richard Allan Jones.

In addition, Kath Smart, our Co-opted Member has also become a Member of this Committee.

5.4 Attendance at the meetings has been as follows for 2024/25 (May 2025 was an additional meeting):

	4 November 2024	10 March 2025	19 May 2025	07 July 2025
Trevor Mason	✓	✓	✓	✓
Richard Allan Jones (Retired)	✓	x		
Milcah Walusimbi			✓	✓
Susan Jones		✓	✓	✓
Karen Leroy (Resigned)	✓	✓		

5.5 The Director of Corporate Services has attended all meetings, as have Internal Audit. Richard Graham – Audit Director at Beever & Struthers, the external auditors for the company attended the meetings in March to present the External Audit strategy and in July to present the financial statements.

6. Work of the Audit & Risk Committee

6.1 During the year the Audit & Risk Committee carried out work in relation to the following areas:

- Internal Audit
- External Audit
- Risk Management
- Statutory Financial Statements
- Fraud
- Financial Information
- Procurement Update
- Supplies & Logistics Update
- Gifts and Hospitality Register
- Pensions and exit payments
- Data Protection and Freedom of Information

7. Internal Audit

7.1 Internal audit services are provided through an SLA by DMBC. The annual audit plan is developed jointly between SLHD and Internal Audit and is approved by Audit & Risk Committee at its March meetings. The plan is reviewed on a continual basis to allow some flexibility so that areas identified

as an increased risk can be included in the plan at short notice. Audit & Risk Committee has monitored progress against audit work contained in the agreed plan over the year.

7.2   The 2025/26 Audit Programme covers a three-year cycle from 2024 till 2027 as updated each year. The Internal Auditors Strategy and Charter is presented to the Committee annually the most recent to the March 2025 meeting. The number of audit days for 2025/26 is 81 days and covers creditors, payroll, governance, stores and open housing system audits, alongside 2 half days for audit training and KPI metric checks.

7.3   An additional committee was held in May 2025 to review outstanding internal audit reports from the 2024/25 program.

7.4   Audit & Risk Committee had the following audits undertaken in the year the majority where reports came to Committees in 2024/25 however those highlighted below * came to a one-off May 2025 Committee due to them being completed just after year end:

- Housing rents (Substantial Assurance)
- Creditors function (Substantial Assurance)
- *Payroll (Substantial Assurance) additional payroll payments (Partial Assurance)
- Homelessness hotel turnaround arrangements (Partial Assurance)
- Repairs and maintenance (Partial Assurance)
- Private landlord services (Partial Assurance)
- Anti-Fraud and corruption training complete
- Anti-Monetary laundering checks complete
- Governance arrangements – electrical testing and kpi verification (adequate procedures)

7.5   The Committee also received a number of audit reports in 2024/25 which were undertaken to give assurance to the Council that the calculation of performance information is accurate. The programme for these audits has been decided by the Council, the audit opinion for all of these was the same "fairly stated and represents a true and fair view of performance" and where appropriate they were all calculated in line with the definition:

- KPI 12-15 - Building Safety
- KPI 11 - Gas Safety
- KPI 9 - Percentage of repairs completed at first visit
- KPI 10 - Percentage of repairs completed in timescale

7.6   Audit & Risk Committee has monitored the implementation of Internal Audit's recommendations and challenged managers where there has been a lack of progress. In April 2024 there was one recommendation outstanding from previous year's audits. During the 24/25 Financial Year seven recommendations were added and five were implemented, leaving three outstanding at the end of March 2025. In concluding the 2024/25 Internal

Audit programme, a further 12 recommendations were added at the May 2025 meeting and action is ongoing on all of these, some of which are already complete. A full update on all recommendations will be reported separately at the July 2025 meeting.

7.7 At the Audit & Risk Committee meeting in July the internal audit service proposed that an effectiveness review of the Audit & Risk Committee in undertaken. This arrangement will help assess how well the Committee is fulfilling its responsibilities. Board are asked to approve adoption of the approach as part of the Chief and Chairs report for this Board meeting.

8. External Audit

8.1 Beever and Struthers were re-appointed as external auditors at the AGM in September 2024 for a further financial year (a waiver of contract standing orders was completed for this contract extension).

Following a full procurement exercise during this Summer, Beever & Struthers have been reappointed for a further term of up to four years.

8.2 Specific tasks carried out by Audit & Risk Committee in relation to external audit are set out below:

- Received and approved the External Audit Strategy and
- Received the Financial Statements, Audit Statement and Management Letter and made recommendations to the Board.

9. Risk Management

9.1 There are regular updates to the Risk Register, most of these are reported directly to the Board and one is reported to the Audit & Risk Committee. Risk management training was delivered to the whole Board in 2024/25 and will be delivered again during 2025/26.

10. Statutory Financial Statements

10.1 The Audit & Risk Committee receive a presentation of the draft Financial Statements, Management Letter and Letter of Representation from Beever and Struthers, External Auditors. These documents are examined in detail by the Audit & Risk Committee prior to submission to the Board for approval.

11. Fraud

11.1 Instances of fraud or potential fraud and any associated investigation and follow up actions are reported to Audit & Risk Committee at each meeting through the fraud register. The number of cases of fraud is in the Committee fraud report.

11.2 The 2025/26 Audit Plan has provision for two half-day fraud training sessions.

12. Q4 Financial Information

12.1 The Audit & Risk Committee reviewed the financial information for the period ending 30 September 2024 at its meeting in November prior to this information being submitted to Board in December 2024. When quarterly financial reporting was agreed by the Board, this approach was taken to ensure that financial information is scrutinised as soon as possible after the quarter end.

13. Procurement Update

13.1 An update report was received by the Committee in July 2025. The Committee were pleased to note this has been yet another positive year for SLHD in regard to procurement compliance. The Committee also noted there had been no procurement breaches during the year and also all outstanding historical breaches were now resolved.

14. Supplies & Logistics Update

14.1 The Audit & Risk Committee received an annual report on supplies and logistics activity in July 2025.

15. Gifts and Hospitality Register

15.1 Included in the Terms of Reference for the Committee is a responsibility to review the Gifts and Hospitality Register. The annual report was received in July 2025, and there were no areas of concern.

16. Data Protection and Freedom of Information (FOI) and Governance in relation to RSH standards

16.1 The Committee have received reports at each meeting giving details of all data protection and freedom of information requests and response times and also an overview of all reported breaches. The Committee noted whilst the number of requests have steadily increased response times were met in 2024/25.

17. Exit Payments and Pension Discretions

17.1 The Committee received the annual report on exit payments and pension discretions in July 2025.

18. Other Responsibilities

18.1 The Audit & Risk Committee also has responsibility to review revisions and activity in relation to the Business Continuity Plan and the Emergency Plan and these will come to the Committee in 2025/26.

19. Conclusion

19.1 As a result of its work during the year, the Audit & Risk Committee is not aware of any reason to believe that the Company does not have in place an overall system of internal control and risk management that are both adequate and effective. The Committee is also satisfied that internal and external audit arrangements are working effectively and comply with the requisite standards.

19.2 Going forward, the Audit & Risk Committee shall continue to monitor management's progress in the following key areas:

- Timely implementation of actions agreed in response to audit recommendations.
- Procurement breaches and
- Identifying, documenting and responding to instances of fraud.

19.3 The Committee summarised that its work had made a positive difference to the organisation and felt that their challenge had contributed to improvements in a number of areas, most notably outstanding audit actions, procurement breaches, van checks and responses to FOI and DP queries.

20. Report Author, Position, Contact Details

20.1 Trevor Mason
Chair of the Audit & Risk Committee

21. Background Papers

21.1 There are no background papers.

St. Leger Homes of Doncaster

Terms of Reference

Audit and Risk Committee

1. Constitution and Remit

1.1 The Audit and Risk Committee is constituted as a Committee of the Board to support the Board in its responsibilities for issues of risk control and governance by reviewing the comprehensiveness of assurances in meeting Board needs.

2. Authority

2.1 The Committee is authorised by the Board to review or investigate any activity within its terms of reference.

2.2 The Committee is authorised by the Board to require such additional assurance reviews or remedial action as it deems appropriate.

3. Membership

a. The Committee will comprise of four members.

3.1 The Chair of the Committee shall be appointed by the Board on the recommendation of the Board Chair.

3.2 Appointments to the Committee shall be for a period of one year and reviewed at the first Board meeting following the AGM.

3.3 The Lead Executive Director will be the Director of Corporate Services.

3.4 The Executive Support Officer will be the Secretary to the Committee.

4. Quorum

4.1   The Committee will be deemed to be quorate when three members are present, from at least two different categories..

5.   Meetings

5.1   The Committee will meet at least three times per year.

5.2   Additional meetings may be called by the Board, or the Board Chair acting on behalf of the Board or by the Committee Chair.

5.3   Audit and Risk Committee meetings will normally be attended by the Director of Corporate Services and the Internal Audit Manager.

5.4   A representative of External Audit will attend two meetings per year.

5.5   The Committee may request other officers to attend meetings to assist with its discussions on any particular matter.

5.6   Board Members who are not members of the Committee shall have the right of attendance.

5.7   Meetings may be held by telephone or video conference if necessary.

6.   Agendas and Minutes

6.1   Committee meeting agendas and reports will be sent to all members seven days before each meeting together with draft minutes of the previous meeting.

7.   Reporting

7.1   The minutes from each meeting will be presented for information at the next Board meeting.

7.2   The Committee will provide the Board with an Annual Report, timed to support the AGM, summarising its conclusions from the work it has done during the year.

8.   Responsibilities

8.1   The responsibilities of the Committee are cross referenced to the Decision Making Framework – Summary of Decision Making Delegations which is set out in the Scheme of Delegation.

Reference 6 – Annual Company accounts
a.   Ensure that financial stewardship is maintained at the highest level.
b.   Review the annual financial statements before submission to the Board.

Reference 7 – Audits & Audit Reports
c.   Ensure that management response to issues identified by any audit activity is adequate.

d.   Monitor and review progress against improvement plans emanating from Audit Inspections or Reviews.
e.   Through the annual external audit process alert the Board to any serious under performance or danger to financial security with proposals to rectify.
f.   Advise the Board on the appointment of internal and external auditors.
g.   Set the internal and external audit framework and monitor practice.
h.   Approve the Internal Audit Plan on an annual basis.

<u>Reference 11 - Standing Orders and Financial Regulations</u>
i.   Reviewing financial policies and recommending to Board.

<u>Reference 14 - Probity – Code of Conduct</u>
j.   Advise on anti-fraud policies, whistle-blowing processes and arrangements for special investigations.
k.   Review the gifts and hospitality register.

<u>Reference 16 - Scheme of Delegation - Monitor use of delegated powers</u>
l.   Advise on issues relating to the corporate governance requirements for the Company.

<u>Reference 19 - Review policy changes</u>
m.   Review policy changes
n.   Receive reports of Pensions Discretion Policy decisions and Flexible Retirement requests and outcomes for staff, and have the decision making role in respect of requests from the Leadership Team.
o.   Note any pensions related decisions in accordance with approved policies.

<u>Reference 30 - Risk (Strategic, Operational, Fraud) and Governance</u>
p.   Review strategic and operational risk management.
q.   Review revisions of the Business Continuity plans.
r.   Review revisions of the Emergency Plan.
s.   Review of the Fraud Risk Register.

9.   **Access**

9.1   Representatives of Internal and External Audit will have free and confidential access to the Chair of the Committee.

9.2   Committee members have free and confidential access to both internal and external audit.

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BOARD

REPORT

Date : 02 October 2025

Item : 13D.1

Subject : Customer and Performance Committee Annual Report

Presented by : Dave Wilkinson
Interim Chair of the Performance &
Improvement Committee

Prepared by : Jane Davies
Director of Housing and Customer Services

Purpose : To provide an annual overview of the activities undertaken by the Customer and Performance Committee and give assurance to Board that the Committee has fulfilled its Terms of Reference.

Recommendation:

That Board note the 2025 Customer and Performance Committee Annual Report, and that Customer and Performance Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

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To the Chair and Members of the   **Agenda Item No: 13D.1**
ST LEGER HOMES OF DONCASTER BOARD   **Date: 02 October 2025**

1.   Report Title

1.1   Customer and Performance Committee Annual Report

2.   Purpose

2.1   To provide an annual overview of the activities undertaken by the Customer and Performance Committee (C&P Committee) and give assurance to Board that the Committee has fulfilled its Terms of Reference (TORs), which are attached at Appendix A.

3.   Recommendation

3.1   That Board note the 2025 Customer and Performance Committee Annual Report, and that Customer and Performance Committee have reviewed the TORs and agree that they have been fulfilled.

4.   Introduction

4.1   The C&P Committee is accountable to the Board for the fulfilment of the responsibilities delegated to it as set out in the Committee's TORs. The TORs requires that C&P Committee will provide the Board with an Annual Report summarising its conclusions from the work undertaken during the year. The current TORs are attached at Appendix A.

5.   Meetings and Attendance

5.1   Since the Boards AGM in September 2024, the Committee has met on four occasions:
- 14 November 2024
- 20 February 2025
- 15 May 2025
- 18 September 2025

5.2   The Terms of Reference for the C&P Committee states that the Committee will comprise of four members, as follows:
- Two Tenant Directors
- One Independent Director
- One DMBC nominated Director
- One co-opted Member.

5.3   The members of the Committee are/were as follows:

Milcah Walusimbi   Tenant Member
Barry Keable   Tenant Member
Stuart Booth   Independent Member (Chair)
Sarah Smith   Council Member
Dave Wilkinson   Independent Member (Interim Chair)
Keiran Lay   Council Member
Brian Whitmore   Co-opted Member

5.4   Attendance at the meetings has been as follows:

	14 Nov 24	20 Feb 25	15 May 25	18 Sep 25
Milcah Walusimbi	✓	x	✓	TBC
Barry Keable	✓	x	✓	
Stuart Booth	✓	N/A	N/A	
Sarah Smith	x	x	N/A	
Karen Leroy*	✓	✓	N/A	
Dave Wilkinson	N/A	✓	✓	✓
Phil Cole				✓
Keiran Lay				x
Mo Tennison				✓
Brian Whitmore (co-opted member)				

Substitution

5.5   A Director has been present at each of the meetings, together with the Head of Estate Management, Head of Customer Services, and ASB and Safeguarding Manager who have attended Committee meetings relevant to their specific area of work.

On the occasions where Committee have received Tenant and Resident Involvement Panel (TRIP) review reports, members of TRIP have attended to present their reports and findings.

5.6   The Committee has been quorate for 3 of the 4 occasions it has met. The agenda and papers have all been circulated 7 days prior to the meeting and all minutes have been reported to the next Board meeting following the Committee.

6.   Work of the Committee

6.1   During the year, the Committee carried out work in relation to the following areas:
- Tenancy Sustainability
- Performance Spotlight –Grounds Maintenance Service Level Agreement (SLA), Tenants Own Improvements Policy (Permissions), Voids Excellence Project
- Tenant Voice Outcomes,
- Customer Focus Update
- Anti-Social Behaviour

- Service Standards
- Quarterly Performance
- Repairs Excellence
- Repairs Backlog
- Tenant Scrutiny Panel Report (TSP) – Tenant Rewards and Incentives
- Keeping in Touch Visits (KIT)
- Transactional Survey
- Tenant Voice Outcomes
- Tenant Satisfaction Measures

6.2   This report will highlight some of the issues covered by the Committee.

6.3   Of the 2 specific responsibilities delegated to the Committee detailed within the Terms of Reference, they have enacted both of these delegations as follows:-

Reference 3 - Annual Development Plan
Committee have received and reviewed the Company's performance information on a regular basis covering all key areas of service delivery and have scrutinised and monitored specific areas that require particular improvement.

Committee received regular updates in relation to complaints, compliments and service standards, noting current performance but also made suggestions on where improvements are needed.

Committee work very closely with TSP and received reports considering areas of change that improve performance in terms of delivery of service to our customers.

Reference 19 – Review significant policy changes
Committee have not been asked to review any significant policy changes in the last year.

7.   Key Messages/Issues

7.1   Performance Spotlight
As referred to in the 2023 Annual Report, the Executive Management Team (EMT) agreed it would be useful for members to request, and be updated on, performance in any Directorate which they were particularly interested in. The Committee considered this and requested detailed information around the Grounds Maintenance SLA, Tenants Own Improvements Policy (Permissions), and Voids Excellence Project.

- Grounds Maintenance– members scrutinised the SLA which was at a cost of £1.3m and noted that following review the SLA was more transparent and had accurate costs going forward. Members commented that there could be lessons learned on drilling down on

SLA's and were also pleased to note that tenants were advised how they could report any issues in their area to management

- Tenants Own Improvements Policy (Permissions) – members were aware of the review of the Policy and had requested the next steps following implementation of it. A presentation was provided by the Director of Property Services and highlighted the main focus was addressing the backlog of permissions.
- Voids Excellence Project – a presentation was provided which highlighted the desired project outcomes including improved tenant satisfaction, a reduction in costs associated with the out of hours repairs service, and effective and efficient repairs workforce planning and management using Info Suite and Dynamic Resource Scheduling (DRS).

7.2   Tenant Scrutiny Panel (TSP) – Tenants Rewards and Incentives
Members of the TSP attended to present the Tenant Remuneration Package and were pleased to advise that the package directly linked into the Development Pathway; the Tenant Development Pathway would be put forward to Board to approve in the July Board Meeting. This would ensure that current TSP and One Voice Forum (OVF) members would receive appropriate background information on the business, in addition to the relevant training.

7.3   Repairs Backlog
The Committee were pleased to note that the repairs backlog had reduced from 6,500 down to 142 jobs remaining. They noted the ongoing challenges to reduce the number completely, which were plastering work resources, superseded work, no access and data/housekeeping.

7.4   Repairs Excellence Project
Following on from the Repair Backlog update which was completely cleared, the Repairs Excellence Project was concentrating on delivering an effective and efficient repairs through working force planning and management. Members were advised that diary conditions were improving, despite extra demand. The teams would now concentrated on the next steps, which would include evaluating shifts and rotas to meet demand of new laws/reduce out of hours costs.

7.5   Quarterly Performance
The Committee continues to receive detailed performance information at each meeting and raises any concerns about individual performance indicators.

7.6   This report has highlighted a few key items brought to the Committee this past year.

8.   Financial Implications

8.1   Not Applicable.

9. Legal Implications

9.1 Not Applicable.

10. Value for Money

10.1 Not Applicable.

11. Consultation

11.1 Not Applicable.

12. IT Implications

12.1 Not Applicable.

13. Diversity

13.1 Not Applicable.

14. Communications

14.1 Not Applicable

15. Environmental Impact

15.1 Not Applicable

16. Social Impact

16.1 Not Applicable

17. Report Author, Position, Contact Details

17.1 Dave Wilkinson
Interim Chair of Customer and Performance Committee

18. Background Papers / Appendices

18.1 Appendix A – Committee Terms of Reference

St. Leger Homes
OF DONCASTER

St. Leger Homes of Doncaster

Terms of Reference

Customer and Performance Committee

1. Constitution and Remit

1.1 The Customer and Performance Committee is constituted as a Committee of the Board to oversee the quality assurance activities and processes so that the Company fulfils its commitment as a customer-focused organisation and to meet the Management Agreement.

2. Authority

2.1 The Committee is authorised by the Board to review or investigate any activity within its terms of reference and to seek the information it requires to inform its assessment on the quality of services being provided by the Company.

3. Membership

3.1 The Committee will comprise of four members. In addition to this, there will be a co-opted tenant from One Voice Forum as a Co-opted Member as part of the tenant development pathway.

3.2 The Chair of the Committee shall be appointed by the Board on the recommendation of the Board Chair.

3.3 Appointments to the Committee shall be for a period of one year and reviewed at the first Board meeting following the AGM.

3.4 Through the Tenant Development Pathway, a tenant will be co-opted onto the Customer and Performance Committee.

3.5 The Lead Executive Director will be the Director of Housing Services.

3.6 The Executive Support Officer will be the Secretary to the Committee.

4.   Quorum

4.1   The Committee will be deemed to be quorate when three members are present, from at least two different categories. This does not include the Co-optee.

5.   Meetings

5.1   The Committee will meet at least four times per year at a frequency to be determined by the Committee and with the agreement of the Board.

5.2   Committee meetings will be supported by the Housing Services and Property Services Directorates; however, the Committee may request other officers to attend meetings to assist with its discussions on any particular matter.

5.3   Board Members who are not members of the Committee shall have the right of attendance.

5.4   Meetings may be held by telephone or video conference if necessary.

6.   Agendas and Minutes

6.1   Committee meeting agendas and reports will be sent to all members seven days before each meeting together with draft minutes of the previous meeting.

7.   Reporting

7.1   The minutes from each meeting will be presented for information at the next Board meeting.

7.2   The Committee will provide the Board with an Annual Report, timed to support the AGM, summarising its conclusions from the work it has done during the year.

8.   Responsibilities

8.1   The responsibilities of the Committee are cross referenced to the Decision Making Framework – Summary of Decision Making Delegations which is set out in the Scheme of Delegation.

Reference 3 - Annual Development Plan
a.   Keep under review the Company's performance in all key areas of service delivery.
b.   Make recommendations on areas for improvement and monitor performance and service improvement.
c.   Ensure that customer feed-back including complaints and compliments are handled expeditiously and that they are taken into account to inform future service delivery.

d.   Monitor service delivery standards and ensure that findings are used to promote continuous service improvement.
e.   Draw to the Board's attention major service failures and agreed action plans.
f.   Oversee the conduct of regular customer surveys and draw the Board's attention to adverse trends.
g.   Receive reports from the Tenant Scrutiny Panel and agree and monitor action plans arising from those reports.
h.   Keep under review service quality assurance procedures and systems to ensure that that these reflect best practice.

Reference 19 – Review significant policy changes
i.   Oversee and make recommendations on service delivery policies.
j.   Review policy changes.

Governance Summary Communications Template

Report from:	Building Safety & Compliance Committee
Date of meeting:	4 September 2025
Report author:	Dave Wilkinson

Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):
1. St Georges Court update Members received a detailed report that provided an update on the scope of works agreed by EMT (Executive Management Team) for the building and investment plans.	Members requested a site visit which has been arranged for Thurs 9th October 2025.
2. Penningtons Exernal Audit of Compliance – 10 - 11 September '25 Members were made aware Pennington's had requested several documents. They noted that performance reporting had evolved since the last audit with the inclusion of the compliance scorecard and were reminded of the governance framework within SLHD/CDC for compliance reporting.	Members requested a governance process map is produced to show the golden thread of compliance reporting within SLHD/CDC.
3. Legal Register update Members were made aware of the important forthcoming regulations and consultations: ➢ 5-Year Electrical Inspection Requirement. ➢ Residential Personal Emergency Evacuation Plans (RPEEPs). ➢ Minimum Energy Efficiency Standards (MEES) consultation. ➢ Awaab's Law. ➢ Reformed Decent Homes Standard.	
Additional notes for communication to governance:	
None.	

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

Thursday 4th September 2025 10am-12 noon, Civic Meeting Room 410/
Microsoft Teams

Present
Dave Wilkinson (DW), Trevor Mason (TM), Barry Keable (BK), Cllr Steve Cox (SC).

In Attendance
Lee Winterbottom - Director of Property Services, Laura Dougan – Head of Building Safety, Christine Tolson – Head of Asset Management, Maxine Johnson - Executive Support Officer.

		ACTION
1.	**Apologies and Quorum**	
1.1	Apologies received from Danny Boardman and the meeting was quorate.	
2.	**Declarations of Interest by Board Members**	
2.1	No declarations of interest were received.	
3.	**Minutes of the meeting held on 22 May 2025 and matters arising**	
3.1	The minutes of the meeting held on 22 May 2025 were approved.	
4.	**Assets Performance Report: 2025/26 Q1**	
4.1	The Head of Asset Management presented the report to provide members with an update on key activity within the Asset Management Services for Quarter 1.

She highlighted 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.

Decency Standard

Referring to point 6.8 of the report she advised 7.51% of the housing stock were classified as not meeting the decency standard. This is a significant increase in the number of non-decent properties since the 2024-25 Q4 report where non-decency stood at 5.53%.

She went onto explain the increase is due to two key reasons:
- (1) as a direct result of more key components being identified as non-decent during stock condition surveys and
- (2) category 1 hazards being identified through stock condition surveys. | |

	Recently updated data from previous stock condition surveys accounts for these changes. Further data from the most recent surveys has yet to be received and uploaded and therefore further changes are expected.	
4.2	The Director of Property Services advised we will be advising City of Doncaster Council (CDC) of the increase and reasons, in addition to benchmarking with other Arm's Length Management Organisations (ALMOs) to asses if they are experiencing comparable figures. We will then look to use the findings to agree a more realistic performance level.	
4.3	The Head of Asset Management added to put the figures into context and give some balance, category 1 hazards should be temporary for non-decency, if we addressed all of the category 1 hazards the non-decent figure would stand at 5.8%	
4.4	The Chair asked, what about the team following behind within 1 – 2 weeks of the stock condition survey, to carry out works for category 1 & 2 hazards?

The Head of Assets advised we have seen improvements in addressing category 1 & 2 hazards (cracked plugs etc). Works are either being issued to the planned repairs team or triaged withing 24 - 48hrs. She shared recent number of completions: June - 900, July - 600 and August – c.500. | |
| 4.5 | No Access

The Chair raised concern around no-access issues especially since the implementation of the imminent 5-year electrical testing requirements. He asked is there anything else we can do and learn from other authorities?

The Director of Property Services advised he had previously worked with a 'guaranteed access' process which had been successful in other organisations.

The Head of Building Safety added the regulations stipulate that a landlord must have made every reasonable attempt to gain access into the property which is well evidenced. She added since we haven't taken a case to court to date, the legal process with CDC Legal Team could be the challenge.

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. | **LW** |
| 4.6 | No Access Team

The Head of Building Safety advised the No Access Team had been created which comprised of a Team Leader and 3 x Access Officers, the official start date for the team was 1 September, who were still working on processes with the aim of improving access rates and prevention of | |

	getting as far as any 'guaranteed access' stage. She commented it may take a little time to get established.	
4.7	Non-Decency Plan The Head of Assets raised she has not yet prepared a briefing note requested by Committee at the May meeting, mainly because the work was budget dependent. She needed to start conversations with CDC and do a 10 year forward look. She added, it was becoming apparent from stock condition survey data and government consultation that we needed to shift our investment focus.	
4.8	Energy Efficiency The Chair asked from an EPC C perspective, are there any quick wins? The Head of Assets referred to the report at point 6.34 and advised following recent data updates made by SLH within CDC Parity SAP modelling platform there has been a notable improvement in the proportion of properties achieving the target C rating when compared to last quarter, going from 57.05% at the end of Q4 to 65%. However, government has introduced two lots of consultation; Minimum Energy Efficiency Standards (MEES) and Reformed Decent Homes standard for social housing. The principles behind each set of proposals are supported, but the delivery in practice would likely be challenging, particularly in relation to increased costs. The current lack of detail, particularly around changes to EPCs and MEES is particularly concerning. A property currently assessed at EPC C via the point score, may not be assessed as an EPC C with the proposed new approach. The consultation proposals seem to be changing the standard and indicating 2 metrics; 1 around the fabric of the building and 1 low carbon heating or being smart technology ready. Members noted next week's closing date for the consultation, she advised there has been a lot of concerns raised from the sector highlighting the proposals have made business plans out of date.	
4.9	One member raised concerns regarding retrofitting, he said with some of our properties it's not going to work, components are coming to the end of their life span and wasn't designed with retrofit in mind.	
4.10	The Director of Property Services raised there is a caveat with regards to MEES, if costs are over £10k to get the property to an EPC C standard, there is a time limited exemption because you can't hit the energy efficiency measures. Although, it is thought that renewable technology will significantly help achieve the required standard.	
4.11	Members commented we need to be sharing our concerns with CDC as a housing provider.	
4.12	Damp & Mould	

	Referring to point 6.28 of the report the Head of Assets highlighted that Q1 had seen a reduction in the number of requests for damp and mould inspections at 392, when compared to the same period in 2024/25 at 554. She explained the challenges of Awaab's Law which comes into force on 27 October 2025 and how the team were planning in advance of its implementation. She said, the most concerning aspects of the incoming law relate to the timescales for completing inspections, the need to produce a report within 3 days for significant hazards and undertaking repairs within 12 weeks.	
4.13	The Chair asked if customers were aware of the implementation date and new requirements in respect of Awaab's Law? The Head of Assets advised at the time on the tragic death of Awaab Ishak there was a lot of publicity around the case, customers were switched onto how this may affect them. She said, unless there is any additional publicity during October 2025, she expected similar trends to previous years. One member suggested, we need to make sure our Comms team are prepared.	
4.14	Committee noted the contents of the Asset Performance Report 2025/26 Q1.	
5.	**Safety & Compliance Activity report**	

5.1	The Head of Building Safety presented the Safety and Compliance Exception Report as at 31 July 2025.
	
	She highlighted top level areas of out of compliance:
	
	• EICR programme
	  She explained in the report there are 401 out of compliance, however at 22 August she was pleased to report the figure had reduced to 329, and continues to reduce in a downward trend.
	
	• Remedial actions from EICRs
	  She raised 109 were outstanding, however at 22 August the figure has reduced to 70, and seeing further movement in the right direction.
	
	She went onto explain as shown in table 2.3 there has been a slight increase in the number of out of compliant 5-year EICRs, this is due to now being in a position where we can use the data directly from C365 to drive and report on the EICR programme.
	
	The difference in numbers is due to recently purchased acquisitions showing on C365 due to the property sync with OpenHousing before the EICR is completed, and also due to a small amount of properties that certificates cannot be located which are now in the process of being re-	

	tested.		
5.2	• Asbestos She highlighted of an issue with the reinspection numbers not being taken into C365 however, advised this asbestos information is being gathered at every opportunity through new surveys, particularly on planned schemes to increase the number. 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.		**LD**
5.3	• Gas Members were reminded that 100% wouldn't be recorded until the end of the programme.		
5.4	Contractor – Quality Checks One member asked if quality checks were carried out for contractors? The Head of Assets confirmed we don't do 100% post inspection due to limited resource however we have a technical officer to regularly visit a site and check a proportion of works. She added that we do scrutinise the costs that come through and query where we think work hasn't been progressed to a satisfactory standard.		
5.6	Referring to point 5 of the report the Head of Building Safety drew members to the two incidents involving customers, requiring a serious untoward incident report. The Chair asked after the wellbeing of the person who required surgery. It was noted that on their return home, housing management colleagues will ensure any support is put in place.		
5.7	Members noted the Safety & Compliance Exception report as of July 2025.		
6.	**Electrical Compliance Internal Audit Report - update**		
6.1	The Head of Building Safety presented the briefing note to provide progress on actions following an internal audit of electrical compliance processes. She reminded members the actions were around how we manage and report data, not on the quality of the EICRs. Actions Still To Complete		

Action	Progress
• A documented plan should be put in place to evidence how the demand on resources will be managed to ensure that all EICRs	• It should be noted that committee are receiving a report on this at the 4th September 2025 meeting.

	remain compliant.	• Programme still needs to be smoothed out.	
	• Management will ensure that when the data for the monthly performance reporting is extracted, any explanatory comments are made of any differences from the previous months reported figures, i.e., difference in number of properties.	• This is due to be completed by the end of August with amends to the compliance scorecard now produced.	

6.2	Completed Actions Members noted, since writing the briefing note, in addition to the already completed actions, the following action had also been completed: • Discontinue use of planning spreadsheet as performance reporting tool – this has moved on significantly. EICRs are now provided in a much timelier manner.	
6.3	Members noted the progress of actions identified through the internal audit.	
7.	**Annual report on 5 year programme of Electrical testing/re-wire**	
7.1	The Head of Building Safety advised the report provided an update on the 5-year EICR and Consumer Unit (CU) replacement programmes, detailing scheduled testing cycles from 2025 to 2029. Additionally, it included capital and revenue expenditure projections, void property works with a focus on managing contractor performance, smoothing testing schedules and addressing no-access challenges to ensure ongoing compliance and safety.	
7.2	5-Year EICR programme C365 data Referring to point 2.1 of the report she highlighted we need to smooth the programme, some of this will be done naturally but there will also need to be some calculated smoothing. She emphasised what's important now is that we maintain the programme due to the new 5-year electrical testing requirements applying to new tenancies from November 2025 and existing from May 2026. She added, we now need to capture this data in the Safety & Compliance Activity report going forward.	
7.3	The Chair commented, it's pleasing to see that we are a-head of the curve in respect of 5-year electrical testing requirements, all credit to the teams.	
7.4	Members noted the annual update report.	

8.	**Legal register update**	
8.1	The Head of Building Safety advised the register has been updated to reflect current legislation and upcoming regulatory changes affecting the organisation. There have been no significant changes since the previous update in September 2024, however she highlighted the important forthcoming regulations and consultations that will have an impact.	
8.2	5-Year Electrical Inspection Requirement She raised this is a big change but SLH is in a really good position, there are a small number of properties we still need access into. She also pointed out the requirement to provide tenants with a copy of the EICR report which can not be a summary and is a technical document. She said, the concern is will tenants understand the document. We are looking at the practicalities of issuing the report and are considering a digital portal which has, in the past been an ambition. Members noted the 28 day requirement to provide the document to tenants.	
8.3	Residential Personal Emergency Evacuation Plans (RPEEPs) Members were made aware that REEPs only related to SLH High-Rise blocks. Relevant tenants will be identified, and should they not wish to engage with us that was ok. The Head of Building Safety confirmed it can be part of existing conversations with the tenant and is not required to be a specialist, its about agreeing emergency evacuation statements and sharing of information with South Yorkshire Fire & Rescue (SYFR). The Chair commented, assuming from a risk management perspective with new fire doors, sprinkler system etc its minimising a lot of risks anyway. The Head of Building Safety replied, we need to be clear with tenants that this is about helping them identify key requirements and what they need to put in place, it's their responsibility and is a person-centred fire risk assessment which improves evacuation safety.	
8.4	Minimum Energy Efficiency Standards (MEES) Consultation Overheating in domestic properties The Chair asked if there were any government led discussions regarding overheating in domestic properties causing deaths? The Head of Asset Management advised that 'excess heat' is classified as a hazard under the HHSRS (Housing Health and Safety Rating System), which evaluates various risks in residential properties. She said, SLH has in the past, managed a very small number of cases which involved exposed pipe work. She added, some work had been undertaken in the past to identify	

	housing stock that may be at risk of overheating. These were in the main, high rise buildings. Some potential solutions for overheating could be through tree planting to provide natural shade, or use of shutters. However, we haven't done an in-depth piece of work for excess heat at the current time.	
8.5	One member asked for further information on 'Challenges of Overheating' in domestic properties.	**CT**
9.	**Committee Annual Report (and review TOR)**	
9.1	The Head of Building Safety presented the report that provided an annual overview of the activities undertaken by Committee and to give assurance to Board that it has fulfilled its terms of reference. Members noted the proposed amendment at 3.1 of the terms of reference (TOR) – now stating that Committee will comprise of 5 members and not 4. They also noted quoracy remains the same and will be deemed to be quorate when 3 members are present, from at least 2 different categories.	
9.2	Members approved the amendment to the TOR and recommended its submission to Board.	
10.	**Pennington's External Audit of Compliance**	
10.1	The Head of Building Safety advised SLH is preparing for an external compliance health check by Pennington Choices taking place next week, 10 – 11 September. The health check will focus on the six compliance areas and Building Safety Act requirements. Referring to point 3.2 of the report she highlighted that Pennington's had requested several documents, stating that performance reporting has evolved now and includes the compliance scorecard. Governance of this is through EMT, Building Safety & Compliance Committee, Board and CDC Safety and Compliance Operational and Core Groups.	
10.2	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.	**LW/MJ**
10.3	Members noted the contents of the briefing note and that following the health check, recommendations will be shared at a future committee meeting.	
11.	**High Rise Buildings update**	
11.1	The Director of Property Services 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.	
11.2	Balby Bridge (Wates)	

	The Chair queried if project completion timescales had changed?	
	The Director of Property Services advised that we have had concerns with the speed of work at Balby Bridge, but are still working towards February 2026.	
11.3	Intake (Boots)	
	Members were pleased to note that the standstill agreement had recently been signed.	
11.4	Silverwood	
	Members further noted that SLH was still waiting to hear back from Equans in response to its the letter sent 25 July, which sought assistance in resolving the matter.	
11.5	Committee noted the contents of the High Rise Buildings briefing note.	
12.	**St Georges Court**	
12.1	The Director of Property Services referred to the detailed report that provided an update on the scope of works agreed by EMT (Executive Management Team) for the building and investment plans.	
	Members noted that regular updates were being submitted into EMT every three months for review.	
12.2	The Director of Property Services added following further assessments/surveys we need to revisit the costs which were originally estimated at £4m however, were now estimated to be nearer to £5.8m.	
12.3	One member queried if the building was fully tenanted?	
	The Director of Property Services advised it was, other than a couple of voids.	
12.4	Committee were pleased to receive the detailed report and requested a site visit.	**DB/MJ**
13.	**Incident report 17 Dryden Road, Mexborough**	
13.1	The Head of Building Safety referred to the report commenting the investigation had identified a number of missed opportunities to avoid duplicate visits to the property, and was an example of poor communication.	
	However, since the investigation the Voids team had quickly reviewed the circumstances and brought in changes to the voids process. Final sign off of the property by a Team Leader would now take place after any gardening work and not before, to mitigate any further incidents occurring.	

13.2	The Chair asked after the welfare of the child? It was noted whilst the incident was serious, the child was ok.	
13.3	Another member gave a scenario of a homeless person who at the viewing process refused the property on the grounds of its poor condition. He asked what would happen, what are the company's obligations? The Head of Assets said she would confirm in the meeting minutes, however she believed if the applicant is homeless, assessed in platinum band and refuses the property, SLH could have been seen to have discharged its homeless obligation through the offer. Following the meeting the above has been confirmed as correct.	**CT**
13.4	Committee noted the contents of the report.	
14.	**Building Safety Forum Minutes – 31 July 2025**	
14.1	Noted.	
15.	**Date of the next meeting – Thursday 20 November 2025, 10am**	

Matters Arising from the previous minutes

			Building Safety & Compliance - Action Log			
NO	**Month**	**Ref**	**Action**	**Progress**	**Completed Y/N**	**Owner**
1.	**Jan-24**	4.10	**Safety & Compliance report** Next report to include plans around a more robust external audit in relation to water & fire.	Pennington Choices health check - 10&11 September 2025. Recommendations presented at Novembers meeting.	Nov'25	LD
2.	**Jan-24**	7.2	**Building Safety Cases** DW noted Sandbeck House would be coming up to its 60th anniversary year since being built, and asked if consideration could be given to recognising this milestone.	Update 13.02.25 DB has spoken with Sally who is keen to progress however, currently working on 'City of Light'. Update 04.09.25 DB is introducing Sally to LD/GS.	In progress	LD

3.	Nov-24	5.4	**Serious Untoward Incident Report – 56 Repton Rd, Skellow** All jobs previously referred to the Asset Teams generic email should be retrospectively risk assessed and deemed either appropriate for inclusion in a future programme or prioritised to mitigate any further incidents from occurring.	<u>Update 04.09.25</u> Paving policy due at Board in October. If adopted, we will then begin assessing all referred issues against this criteria and arranging work accordingly.	In progress	CT
4.	Nov-24	5.9	**Serious Untoward Incident Report – 56 Repton Rd, Skellow** Members agreed to the recommendation at 5.2 of the report - performing inspections on unadopted paths on a cyclical programme.	<u>Update 13.02.25</u> SCS pick up those hazards within the curtilage of a property. A piece of work needs doing to put a regime in place to inspect those hazards that are not picked up outside the curtilage of a property. Consider engaging with CDC. <u>Update 04.09.25</u> To be picked up once the paving policy is in place (due October Board).	In Progress	CT
5.	Feb-25	4.8	**Assets Performance Report – Q3** <u>Retrofit Pilot</u> The Chair asked for a rough estimate of costs associated with each property.	<u>Update 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.	2026	CT
6.	Feb-25	8.3	**Building Safety Cases - C365** The Chair asked that any findings from the Pennington's review are reported to committee,	Scheduled on the BS&C Cttee forward plan for Nov'25.	In progress	LD

			which would capture C365.			
7.	May-25	4.5	**Non Decent Properties Plan** Committee requested a plan of how we are bringing all properties back to being decent, timescales etc to give assurance.	<u>Update 4 Sept 2025</u> The work is budget 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.	Budget dependent	CT
8.	Sept-25	4.5	**Guaranteed Access process** 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.		In progress	LW
9.	Sept-25	5.2	**Asbestos (S&C Activity report)** One member queried the total compliance 20,246 figure, which seemed to exceed the number of properties managed by SLH. It was noted that this figure also included garage sites and will be data cleansed.		In progress	LD
10.	Sept-25	8.5	**MEES – Overheating in domestic properties** One member asked for further information on 'Challenges of Overheating' in domestic properties.	Clarification to be sought at the November meeting.		CT
11.	Sept-25	10.2	**Pennington's External Audit – Governance Structure** The Chair requested a		In progress	LW/MJ

			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.			
12.	Sept-25	12.4	**St George's Crt Visit** Committee were pleased to receive the detailed report and requested a site visit.	Arranged for Thurs 9th October	Complete	DB/MJ
13.	Sept-25	13.3	**Homeless Offer scenario** The Head of Assets said she would confirm in the meeting minutes, however she believed if the applicant is homeless, assessed in platinum band and refuses the property, SLH could have been seen to have discharged its homeless obligation through the offer. Following the meeting the above has been confirmed as correct.		Complete	CT

Governance Summary Communications

Report from:	*Employment and People Committee*
Date of meeting:	3 September 2025
Report author:	*Dave Wilkinson*

Pulse Survey Committee received detail on the outcomes of the May 2025 Pulse Survey.	Committee welcomed the update, however commented on the reduction in the response rate compared to previous years, however noted plans in place to increase the rate for the October survey. Whilst Committee noted a specific increase in satisfaction, with 94% of colleagues being satisfied with SLHD as an employer, as well as overall improvements, they asked Executive Management Team to consider results and any learning are published in a more timely manner and consideration should be given to an annual survey.
CEO appraisal Committee received the annual report recording the annual appraisal of the Chief Executive.	Committee noted the report and feedback from the Chief Executive, noting also there has been a culture shift in the organisation which is testament to the CEO and the Executive Management Team.
Additional notes for communication to governance:	
None	

**St. Leger Homes of Doncaster Limited
EMPLOYMENT & PEOPLE COMMITTEE**

Wednesday 3rd September 2025 at 15.00pm

Present
Dave Wilkinson (Chair), Susan Jones, Milcah Walusimbi.

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

ACTION

1.	**Apologies and Quorum**	
1.1	Apologies were received from Cllr Sue Farmer. The meeting was quorate.	
2.	**Declarations of Interest by Board Members**	
2.1	There were no declarations made.	
3.	**Minutes of the previous meeting held on 24 February 2025 and matters arising**	
3.1	The minutes of the previous meeting were agreed as a true record with no matters arising.	
4.	**Pulse Survey**	
4.1	The Head of People & Culture presented results from the May 2025 pulse survey. The following areas were specifically Highlighted:	
4.2	Response Rate - 61.3% (549 responses) The Chief Executive expressed disappointment with the response rate compared to previous surveys, however highlighted the focus to improve the response rate for the next survey including use of Directorate Away Days which have been used in previous years. The Chief Executive advised the team were also looking to emphasise to the workforce how important it is that we gather this information. A Member re-iterated that any rate over 60% is good, although noted that for SLHD, 61.3% is low. The Member asked the Executive Team to consider the regularity of the surveys suggesting staff could get questionnaire fatigue and that some may decide, if they are happy at work, not to complete the survey as frequently. The Member suggested frequency of the surveys is considered. The Chief Executive agreed to consider this, explaining the introduction of 'you said, we did' approach to ensure we are feeding back following collation of the data to demonstrate we are listening.	

A Member asked how lengthy the survey is, asking if this is a barrier to completing the survey? The Chief Executive explained the survey takes approximately 10mins with 9-12 questions involved, with drop down box options to make it easier to complete.

He further explained that we give opportunity for colleagues to complete the survey anonymously to enable them to feedback honestly and provide feedback when they are dissatisfied. He explained that colleagues also have the option to add their name and area of business to help us follow up concerns they have, should they want to.

| 4.3 | **94% satisfied with SHD as an employer** |

The Head of People and Culture explained this is a really positive result with a 3% increase in March 2025 and a 5% increase on March 2024 results.

The Chair asked if there was anyone, stating dis-satisfaction, who added their name to the survey to enable better understanding? The Chief Executive responded that no one gave a name, however the main reasons for dis-satisfaction related to workloads and pay.

| 4.4 | **68% of respondents have worked at SLHD for over 4 years** |

The Head of People and Culture explained that the result is something we need to be proud of, that it is important we retain our staff, but just as important that we take on fresh ideas from people new into the business.

| 4.5 | **75% feel connected to co-workers and part of the team** |

The Head of People and Culture advised this is an increase of 7% compared to the survey in October 2024 which is as a result of lots of work by managers and team leaders ensuring that staff are connected through check ins and regular team meetings.

The Chairman commented that whilst we have seen an increase, he is concerned that we still have colleagues stating they don't feel connected and not having team meetings.

The Chief Executive explained that working arrangements have changed since Covid, specifically within property services which may affect the results for this question. He advised operatives are no longer attending the depot on a daily basis which was a good opportunity to communicate with team members and colleagues. He explained that the 6 monthly Directorate away days have supplemented this, however being on home start and supporting tradesman by stocking vans out in the areas mean trades staff do miss daily camaraderie and daily contact with their colleagues. He ended by stating that we need to consider how we differentiate between daily camaraderie and the need to hold meaningful and informative team meetings.

A Member asked about 5% responding that they don't feel connected as they don't get along with their team, asking if we are doing anything about this? The Chief Executive answered that this is something we need to do further work on with better understanding of the reason for this.

The Committee discussed how well received the 'getting to know you' videos were by staff with 18% saying they felt it improved connectedness and 42% feeling this was somewhat. The Chief Executive confirmed that whilst the idea was accepted and well liked, there was concern of how time consuming the production was and the need to consider how we can potentially do more of this, but more efficiently.

The Chief Executive also advised the 'Breakfast with Chris' arrangement was also received well, explaining that it doesn't necessarily have to be breakfast with the CEO, but any member of EMT. He explained that the 'Breakfast with' initiative is being reviewed at present to ensure we celebrate our staff inclusively across the organisation.

4.6 | <u>75% of respondents feel their suggestions and views were valued</u>
The Head of People & Culture confirmed this % should actually be 80%, starting that this is very positive for the organisation, especially with 77% of those responding working within Property Services.

The Chief Executive explained that change projects being managed such as voids excellence, repairs excellence and other initiatives across the business where we have involved teams in making improvements have enabled this % being so high.

4.7 | <u>86% of people know how to access mental health</u>
The Head of People & Culture confirmed that whilst this result is quite high, there is still more to do to ensure our workforce is healthy - both physically and mentally, in order they are happy at work.

The Chief Executive advised that one of the initiatives currently been thought through is being better engaged with Andy's Man Club (AMC) and to better understand how we can form a longstanding relationship with AMC. He explained that the Director of Property Servies was working with AMC to plan a presentation at the next Property Services away day to bring to life the support that is available to the workforce.

A Member asked if this feedback is reviewed in conjunction with sickness figures, which shows anxiety and mental health as being one of the top reasons for absence, stating there is a need to look at how much more we can support the workforce. The Member suggested, given we have a high proportion of Males within the workforce consideration should be given to engaging with more male related mental health & wellbeing charities.

4.8 | <u>75% feel consistently recognised and apprenticed</u>
The Chief Executive advised Committee of a number of initiatives recently launched including a thank you campaign as well as the launch of the new Friday spotlight feature that highlights staff recognition, showcases staff activities, good news stories and initiatives.

He further advised of plans to launch electronic thank you cards for managers to send to their teams as well as continuing to deliver annual star awards as part of colleague festival.

4.9	<u>92% employees agree Line Managers represent values and behaviours of SLHD</u> The Chief Executive and Head of People & Culture confirmed it is pleasing to see these scores, noting that there will always be a small % that disagree.
4.10	Committee noted there were 120 responses to the free text box with the top responses being about organisational feedback, workload, training, recognition and opportunities for progression. The Head of People & Culture touched on these, explaining consideration will be incorporated into the next steps, which will include deeper dives into responses by service area and to consider any changes to report back as 'you said, we did' The Chairman asked if we have enquired about sickness of colleagues and impact on roles? The Chief Executive responded that whilst we have not specifically asked this question, it is asked within individual sickness meetings. He advised that on reviewing Q1 sickness performance, we note performance currently below target which is really good but recognises there is some way to go, with the peak for the business around October. The Chairman asked if we are aligned to CDC sickness reporting? The Chief Executive confirmed that we are already reporting and aligned to CDC reporting. The Chairman asked if we offer flu jabs to the workforce? The Chief Executive confirmed this is something we do already, and there is quite good up take.
4.11	The Chairman asked, on reviewing the results, if there were any quick wins? The Chief Executive advised there is some work to do on increasing communications, aligning the Directorate Away Days, looking at how teams can better engage, and introducing a simple reward scheme for employees to be celebrated on their achievements. The Head of People & Culture echoed the Chief Executive comments advising that a reward scheme and staff appreciation can go a long way.
4.12	A Member recognised the great results, especially in such a time of change which should be celebrated. The Member suggested that the management team consider publishing the results in a more timely manner in order the workforce can see they have been listened to and action taken, well before the next survey is released. The Member also suggested that consideration is given to moving towards an annual survey. The Chief Executive noted these suggestions and explained there is still lots to address in relation to negative behaviours across the organisation and that it is hoped that addressing the negative behaviour is recognised and that it supports the culture of the business going forward.
4.13	**The Committee noted the survey results and the next steps.**

5.   <u>**Committee Annual Report (Inc review of TOR)**</u>

5.1   **The Committee approved the report to go forward to October Board**

6.   <u>**CONFIDENTIAL – for members only – Outcome of CEO Appraisal**</u>

6.1   The Chairman presented the report to document the process for the appraisal and noted the outcomes from the appraisal itself.

6.2   The Chief Executive presented the detail of the appraisal discussion, firstly advising that part of the discussion focused on his own scoring explaining that his scoring was based on how he has focussed on providing stability to the organisation since he took up the role, during a time of great change across the organisation. He explained that stability was needed before driving the organisation forward even further.

In relation to culture, the Chief Executive explained this has been driven by the whole Executive Management Team (EMT), who are, together a relatively new team and who are committed to driving performance and culture of the business forward.

In relation to communication, the Chief Executive feels that having a new EMT has enabled better communications through them all building relationships within the group as well as with the Leadership and Service areas teams.

The Chief Executive ended that whilst performance was generally good when he started in post, he can plot performance and TSM's as generally improving and moving in the right direction which he is pleased to see.

6.3   The Chief Executive took the opportunity to provide an update on a review of the organisations 4Ps values (Progress, Performance, Pride, People). He advised that this has not really been embedded across the organisation and there has been some confusion about what the 4P's actually were.

He advised as a result 'CORE' was being developed which felt more appropriate for the organisation and will be aligned to ADPs, SDP's, 1:1's. He explained that the development of CORE will help individuals see how they contribute to the success of the organisation.

The Committee noted the development noted the development of a new Strategic Core Values Framework.

6.4   The Committee noted the report and feedback from The Chief Executive. They acknowledged that whilst there has been a culture shift since he has been in post, this was testament to the drive of the new EMT, that the Chief Executive was pivotal to this. They also noted that this can be demonstrated when reviewing results of the Pulse Survey and in discussions with the workforce who confirm that he is very approachable and open to new ideas and change. Committee thanked the Chief Executive for this continued support and dedication to his role, to SLHD and to the Board.

7.   <u>**Any Other Business**</u>

7.1   There was no other business raised.

8.   ***<u>Date and time of next meeting - TBC</u>***