

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

**To be held at 2pm on Thursday 7 March 2024
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

AGENDA

13:30 – 14:00 – Lunch

- | | | | |
|-----------|---|-------------|----------------------------|
| 1 | Apologies and Quorum | | <i>Verbal</i> |
| 2 | Declarations of Interest by Board Members | | <i>Verbal</i> |
| 3a | Matters arising and action log from previous meetings | D Wilkinson | <i>Enclosed</i> |
| 3b | Ratification of minutes of meeting held on 1 February 2024 | D Wilkinson | <i>Enclosed</i> |
| 4 | Consumer Standards GAP Analysis | J Crook | <i>Enclosed</i> |
| 5 | Approval of recruitment panel for Director of Property Services | D Richmond | <i>Verbal</i> |
| 6 | Board Complaints Champion | M McEgan | <i>Presentation</i> |
| 7 | Any Other Business | | |
| 8 | <i>Date of next meeting – 4 April 2024</i> | | |

Board Decision Summary

Meeting:	St Leger Homes Board
Date of meeting:	1 February 2024
Chair:	Dave Wilkinson
The Board approved:-	
<u>Agenda Item 6</u> – Management Agreement: <ul style="list-style-type: none">• Board agreed the revised Management Agreement and the appointment of Representatives	
<u>Agenda Item 7</u> – Corporate Plan <ul style="list-style-type: none">• Board considered and approved the Corporate Plan 2024-29	
<u>Agenda Item 8</u> – - St Leger Homes Compliance with National Housing Federation (NHF) Code of Governance <ul style="list-style-type: none">• Board noted the contents of the report and accompanying Appendix and considered the updates and approved of the recommendations included	
<u>Agenda Item 9</u> – Performance Management Framework <ul style="list-style-type: none">• Board considered and approved the Performance Management Framework	
The Board received:-	
<u>Agenda Item 10</u> – Health & Safety Highlight & Dashboard Update	
<u>Agenda Item 11</u> – Strategic Risk Register	
<u>Agenda item 12</u> – Annual Development Plan – Current Year	
<u>Agenda Item 13</u> – Q3 Revenue Monitoring	
<u>Agenda Item 14</u> – Q3 Capital Monitoring	
<u>Agenda Item 15</u> – KPI Performance	
<u>Agenda Item 16</u> – P&I Minutes 16.11.23	

St Leger Homes of Doncaster Board - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
76	Oct-23	10.5	ASSET MANAGEMENT STRATEGY Board requested that base line information is collated on a number of properties to compare energy performance before and after installation of EWI.	In Progress	N	CM
85	Feb-24	10.4	Health & Safety Highlight & Dashboard Update Members suggested that Damp, Mould and Condensation (DMC) work and cases to be tabulated as well as it was an emerging threat. The Director of Property Services reported a reduction in reported cases; last year it averaged 100 reported cases per week and it was now 80. The responsive teams were also improving responses going forward.	Complete - DMC cases will be included in future reports	Y	CM

Company Number 05564649
A Company Limited by Guarantee
Registered in England

St. Leger Homes of Doncaster Limited

BOARD MEETING

Hybrid meeting

1 February 2024

Present:

Dave Wilkinson (Chair), Trevor Mason, Milcah Walusimbi, Cllr Phil Cole, Dave Richmond, Susan Jones, Cllr Joe Blackham, Stuart Booth, Vicky Purnell, Barry Keable

Also In Attendance:

Mark McEgan (Director of Housing and Customer Services), Chris Margrave (Director of Property Services), Julie Crook (Director of Corporate Services), Anne Tighe (Executive Support Officer) – minutes.

Members of the Public/Observers:

Sarah Vause – GS Insights, Adam Goldsmith – CDC Head of Housing, Ros Jones, Mayor (item 1 only), Cllr Jane Kidd (item 1 only), Dan Swaine, CDC Director of Place (item 1 only), Julian Pain (Savills item 1 only), Natalie Baxter (Savills item 1 only),

		Action
1	City of Doncaster Council and St Leger Homes Consumer Standards Review	
1.1	The Chair welcomed the Mayor, Ros Jones, Dan Swain, Director of Space and Cllr Kidd to the meeting for this item only. Director of Corporate Services introduced Julian Paine and Natalie Baxter from Savills. Mr Paine and Ms Baxter had been invited to attend the meeting to present initial feedback from the joint piece of work they had been commissioned to do around the Consumer Standards Review.	
1.2	Members were invited to ask questions or comment during the presentation.	
1.3	<u>Slide 4 – Overarching Observations</u> Cllr Kidd stated she would welcome and support an increase in tenants focus group scrutiny.	
1.4	A member asked if there were any gaps identified in data and it was explained that in terms of the compliance side, teams were reporting the Tenancy Satisfaction Measures (TSMs) and there were some catching up to do in electrical safety checks and remedial works. While the organisation may report on gas safety checks (GSC) and fire risk assessment (FRAs) remedials, where are they and what have	

	<p>been completed and what's happening with overdue ones was important to record. The member asked was that part of the Key Performance Indicator (KPI) pack or data governance. It was acknowledged that it came under both; the expectation was that Board/Council have oversight to ensure the scrutiny is covered and understand the issues arising to challenge performance.</p>	
1.5	<p>The member commented that for the data quality or information technology (IT), he could not see the scale or significance or specific examples. Ms Baxter explained that from the IT system, there were a few areas in terms of data being input manually, and reports being produced manually. In respect of decent homes, and how the data is being provided and the data governance side who owns and manages it going through the systems. Also, in terms of new systems coming in, C365 was being implemented, however there were differences in the way in which teams were implementing it.</p>	
1.6	<p>The member also asked if the business could do with more streamlined and more process/data information, and governance around who owns data. He asked were the assessors concerned that KPIs were being misreported. It was agreed that processes could be strengthened. Data quality, for example Decent Homes Standard KPI, because of stock condition data, was limited in how real the KPI figure was. It was noted that the organisation was aware of this and doing something about it. The more robust procedures in place and quality data going into the systems would give assurances.</p>	
1.7	<p>The Director of Corporate Services reported that a number of issues identified by Savills were picked up in late summer/early autumn, and commentary was provided in Quarter 2 KPI reports and further improvements for Quarter 3 KPI reports. Decent Homes KPI was normally updated annually but would shortly be reported quarterly. A further 5 KPIs have gone into the Council reporting programme. Further actions, such as making policies and strategies easier to find on the SLHD website, had immediately been actioned.</p>	
1.8	<p><u>Slide 4 – Home</u> A Board Member commented that he was trying to bundle the bullet points into hard/easy actions, and the top 3 felt very intense and more difficult to sort as it depended on the asset management system. It would be quite an intensive piece of work to get that sort of information and he would be interested if current systems were used elsewhere. The remaining bullet points seemed to be quicker to address. Ms Baxter responded that the top 3 bullet points were the golden thread of stock condition information, and they did boil down to systems. When speaking to team members, there was a report going to Board about the stock condition surveys being carried out. This was a massive piece of work and from the decent homes data, this would mean that reports would be more accurate, and if they were going quarterly for scrutiny that was considered good practice.</p>	

1.9	A member referred to data held at individual level, when one window that was replaced, it reads as all windows replaced and asked could the data be inaccurate in that the system has said all windows replaced and they have not been. Ms Baxter agreed it would change the cycle. The Director of Corporate Services reported that as part of the new consumer standards, there was a shift away from an investment programme based on age of components; it was moving to condition of property. The investment decisions to date have been good, however finding evidence to support the decisions has not always been available.	
1.10	A member expressed concerned around how the systems could reschedule the replacement date for all windows and asked how this type of glitch could happen. The Director of Property Services explained that windows were a singular component, and at a high level of review would be reported as all windows, however when drilling down into the information the issue would be recognised. The Director of Corporate Services clarified that we have currently been updating the system for all windows replaced when potentially only one had been replaced.	
1.11	The Director of Place referred to the last 4 bullet points and stated if he looked at it from a building safety perspective, there was a Building Safety Group(BSG) which received all pertinent safety reports. From his perspective, with responsibility for Health & Safety and Building Safety, the reports do include broader detail and is scrutinised appropriately. Ms Baxter confirmed she had seen reports supplied to BSG and they were detailed, however possibly required further information that would make them more useful, for example number value and percentages in information which gives a clearer picture of performance. She would also expect the Board/Council to have sight of that information.	
1.12	Members had a brief discussion around audit measures, and the Director of Corporate Services reminded the Board that this was a high-level presentation, and a more detailed report would be shared with Board members on 7 March 2024 to go through in its entirety.	
1.13	<u>Slide 7 – Neighbourhood & Community</u> A member referred to the last 2 bullet points and pointed out that in his opinion it makes sense that business performance monitoring was focussing too much on statistics and should look at this with a different lens. Mr Paine responded that businesses would now be working with the new consumer regulations and although policies were in place and were complied with, organisations now have to evidence outcomes, effectiveness and where they were with performance. The more businesses can understand the effect their actions are taking, the more beneficial it would be. If officers can see their decisions are	

	starting to happen in the right direction, the more you need to see the impact.	
1.14	A member queried what role did the assessors see the sub-committees doing as more scrutiny is taking place, would Board not be able to assume that sub-committees are carrying out their roles but have to double manage by looking at both. Mr Paine explained that sub-committees will be hugely valuable to Board, but they needed to provide assurance to Board that things will be escalated if needed. He pointed out that this was an SLHD Board Meeting, however City of Doncaster Council (CDC) was the Registered Provider here. The ultimate aim was to ensure that CDC has assurance that flows of information from SLHD to CDC were really key for them to demonstrate that is has the assurance and is complying with regulations.	
1.15	The Chair thanked Ms Baxter and Mr Paine for their presentation, and both they and CDC guests left the meeting.	
1.16	The Director of Corporate Services reported the next steps which were that an internal piece of work would be finalised on new draft standards, and a gap analysis and action plan would be shared at the March Board Meeting and shared with CDC as the landlord.	
2	Apologies and Quorum	
2.1	Apologies were received from Cllr Richard Alan Jones,	
3	Declarations of Interest by Board Members	
3.1	There were no declarations of interest.	
4a	Matters arising and action log from previous meetings	
4a.1	Board noted updates against outstanding actions.	
4b.	Ratification of minutes from the meeting held on 7 December 2023	
4b.1	The Board agreed the minutes from the meeting held on 7 December 2023 were an accurate reflection of discussions.	
5	Chair and Chief Executive's Update	
5.1	The Chief Executive presented the report that included updates on recent key areas: CEO Recruitment, Awaab's Law, Complaints – Ombudsman's Determinations, Homelessness, Safeguarding, Personal Development Plans, 2024/25 Budget Update and Policy Development.	

5.2	<p><u>CEO Recruitment</u></p> <p>The Chief Executive was pleased to report that the Director of Property Services would be taking up the role of Chief Executive in May 2024.</p>	
5.3	<p><u>Awaab's Law</u></p> <p>Members noted the Chief Executive's concerns about the number of issues arising from the current consultation on Awaab's Law and how the organisation was going to deal with the breadth of issues which it would be required to act on. A member commented he has read it in full and it appeared to him that they were not consulting about issues but more about timescales. The Chief Executive confirmed it was going to be challenging to deal with the different elements of the HHSRS criteria within the timescales.</p>	
5.4	<p><u>Complaints – Ombudsman's Determinations</u></p> <p>The Chief Executive reported that in respect of SLHD, decisions were at the maladministration level and there were no severe maladministration decisions. He had attended a presentation from the Ombudsman. The presentation demonstrated a much higher percentage of maladministration and severe maladministration decisions on behalf of the Ombudsman. The Ombudsman put this down to a symptom of the increase in numbers of complaints reviewed. The Chief Executive stated that whilst numbers had increased, the percentage of maladministration and severe maladministration judgements was significantly higher than one would expect from a clear increase in numbers of complaints received.</p>	
5.5	<p><u>Homelessness</u></p> <p>A member asked what the issues were around the recent 'British Homes for British People' consultation, and how it would affect asylum seekers. The Director of Housing and Customer Services added that the consultation had only just been released and contains a number of suggested changes such as eligibility and applicants demonstrating a connection to the UK. The Chartered Institute of Housing had already given strong feedback indicating that it is not clear what the problem is that the government are trying to solve and providers already had grounds for possession for serious anti-social behaviour (ASB).</p>	
5.6	<p>It was also unclear what government meant by "three strikes and out" policy was under ASB. He further said the team are examining the consultation now. Board members agreed that addressing ASB was high on the agenda for SLHD and was visible throughout the community for tenants.</p>	

6.	Management Agreement	
6.1	The Director of Corporate Services presented the revised Management Agreement and reminded members that CDC had made the decision in August 2023 to renew the agreement. The main changes to the Management Agreement were highlighted in the covering report; there could be some further minor changes, however this would just be around wording and should not need to come back to Board.	
6.2	A member asked if there were any hard criteria around the break clause and he was advised the clause was the same as last time.	
6.3	That Board agreed the revised Management Agreement and the appointment of Representatives.	
7.	Corporate Plan	
7.1	The Chief Executive presented the revised Corporate Plan and reminded members of the robust discussion and suggestions for changes, for example a more informative introduction and further information around digital change.	
7.2	Members asked what was next for the launch. It was explained that the launch would be with tenants and staff. Officers would be doing a lot more with short presentations and the Communications Team were finalising the communications plans. The business was not proposing to print large numbers of them it would be in the main a digital launch.	
7.3	The Board considered and approved the Corporate Plan 2024-29.	
8.	St Leger Homes Compliance with National Housing Federation (NHF) Code of Governance	
8.1	Referring to the covering report, the Director of Corporate Services reminded members that the adoption of the National Housing Federation (NHF) Code of Governance (COG) had initially been discussed at Board Strategic Planning in November 2022, and formally adopted at the Board Meeting in February 2023. This was the first annual update report.	
8.2	We have adopted NHF COG as best practice, however we don't have to comply with all of it but are aiming to comply with most.. The small number of points that the Board had agreed they did not wish to comply with would be documented with the reasons explained appropriately. One of the recommendations was around Board Members and their length of tenure; the Board chose specifically not	

	to apply that as they wanted the best Board Members for the role and would review each vacancy on an individual basis.	
8.3	Members noted that an externally commissioned provider would be procured to carry out a governance review of the organisation. Which would include a review of Board performance as a whole and individual Board Member appraisals. The Director of Corporate Services and the Governance Service Manager would work with the Chair and Vice Chair to produce a scope for this piece of work.	
8.4	The Chair commented that for him, the importance of retaining Board Members was for business continuity; the first 3 years of appointment could be learning about the business, gaining knowledge and the skills of challenge.	
8.5	A Board Member asked if it would be more sensible that we ensure we are in compliance with Consumer Standards as this was something the organisation was regulated on, however the COG was just good practice. The Director of Corporate Services explained that the Council as Landlord has to comply with the new Consumer Standards. Housing Associations are also inspected against the VFM and Governance Standards, but these do not apply to Local Authority Landlords. The COG was used as best practice for Board Governance and this is a different issue.	
8.6	The Board referred to pulse survey outcomes; the Board received a summarised view, however they expressed concern that they could potentially not look at people often enough. It was acknowledged that sickness was scrutinised, however Pulse Surveys could potentially be explored more. The Director of Corporate Services reported that the next Employment & People Committee meeting was scheduled for April 2024 and it would be considering the next Pulse Survey, IIP outcomes and the People Strategy so when gathering the next set of evidence the Board would have considered all of the above..	
8.7	Board Members noted the contents of the report and accompanying Appendix and considered the updates and approved of the recommendations included.	
9.	Performance Management Framework	
9.1	The Chief Executive stated he was pleased to present the Performance Management Framework as it was referenced in the Corporate Plan. The document describes how St Leger manages performance and ensure performance at all tiers fits supports CDC and Corporate Plan priorities. The framework also describes accountabilities of all levels of staff. He would welcome thoughts from Board Members.	

9.2	Members agreed it was all about the golden thread therefore the document was a good starting point, which could be developed and refined over time	
9.3	The Board considered and approved the Performance Management Framework.	
10.	Health & Safety Highlight & Dashboard Update	
10.1	The Director of Property Services presented the above report and advised that the 2023 gas servicing programme had been completed and the 2024 programme had officially started today.	
10.2	The Electrical Installation Condition Report (EICRs) over 10 years and therefore overdue had been the focus of the last Health and Safety Committee. It was noted that there were currently 10 properties with a certificate that was over 10 years and managers were driving forward with the legal process and were confident to progress them. Members asked if the organisation had had agreement from CDC to progress through legal enforcement and potentially drill locks to gain access and this was confirmed. In response to a query if the business would pass the legal costs and access costs to the tenant, the Director of Property Services stated that costs would be recovered if appropriate in accordance with the recharge policy.	
10.3	Members commented the report, and the minutes of the Health and Safety Committee, were very reassuring and provided the information and programmes of work behind the statistics. In the very rare cases where people would not allow access into their properties, you would ultimately see court action as SLHD had a duty to protect the tenant themselves and neighbouring tenants.	
10.4	Members suggested that Damp, Mould and Condensation (DMC) work and cases to be tabulated as well as it was an emerging threat. The Director of Property Services reported a reduction in reported cases; last year it averaged 100 reported cases per week and it was now 80. The responsive teams were also improving responses going forward.	CM
10.5	The Board acknowledged that DMC was generally a seasonal issue and as people ventilated their properties more and the weather improves, reported incidents reduce. Managers needed to gear up for the winter months as it was a big challenge.	
10.6	A member referred to when he first joined the Board that the Health and Safety Dashboard had a large outstanding action log and due to monitoring and compliance this had reduced. He asked what the next stage would be, would it be strategic actions. The Chief Executive agreed and the future reports would be picking up Savills comments	

	to evidence what the organisation was doing. There were some things in the initial Savills report that had already been addressed, however their report was from a snapshot in time. Managers had just gone live with a number of systems and they were continuing to pick up and action issues.	
11.	Strategic Risk Register	
11.1	The Director of Corporate Services presented the Strategic Risk Register and advised Quarter 1 had been reviewed by Board, Quarter 2 had been reviewed by Audit, and Quarter 3 would be feedback from the Board.	
11.2	A member pointed out on all compliant risks they seemed to be marked as inherently red and high, however all the reports Board received were very compliant. It was explained that inherent risk is theoretical and based on no controls or actions being in place and the residual risk is the score based on the current actions and mitigations being in place.	
11.3	The Board received and noted the Strategic Risk Register.	
12.	Annual Development Plan – Current Year	
12.1	The Director of Corporate Services presented the Annual Development (ADP) plan and highlighted there were a few actions carried forward, however the report showed our recent assessment. The new ADP for 2024/25 was due to be reviewed by the Mayor and would be coming to Board for approval in April.	
12.2	A member queried how the ADP links into the Corporate Plan given that that it was a new plan and golden thread. The Director of Corporate Services referred to the Corporate Plan received earlier in the meeting and reported that the priorities in it would feed into the ADPs for future years. This is year five of the old corporate plan and therefore the current ADP had been updated each year to ensure it also reflected new priorities and significant changes over that time as well as the original objectives.	
12.3	In response to a question around debt collection and data management and the functionality of the upgrade to Open Housing, would this be captured and developed going forward. It was explained that Capita has not yet finalised the One Housing product, however the Executive Management Team were scoping a new data strategy and this would come to Board for approval with an action plan to improve our data quality and how we use data to drive decision making.	
12.4	The Board received and noted the Annual Development Plan.	

13.	Revenue Monitoring	
13.1	The Director of Corporate Services presented the Revenue Monitoring Report and explained the financial position was still very tight on a £55m turnover. However, currently the organisation is on track to achieve a small surplus. There is recommendation was going into CDC's Quarter 3 Finance & Performance report to approve additional management fees from both the HRA and the GF. Hopefully this would be approved early in March 2024 so should reach year end with a small surplus.	
13.2	The Board asked for an update on National Pay Awards and what was expected for next year. The Director of Corporate Services reported that in the current and last financial year the business had not provided enough, therefore 5% had been included in the budget for next year's award. It was pointed out that the pay award in the last two years had been the same lump sum for all staff which equates to a much higher percentage increase for staff on lower grades. Official negotiations had not yet started for the 2024/25 pay award.	
13.3	The board noted the Revenue Monitoring report as at 31 December 2023 and the projected outturn for the financial year 2023/24.	
14.	Capital Monitoring	
14.1	The Director of Corporate Services presented the Q3 Capital Monitoring Report and invited comments from the Board.	
14.2	Members commented it was very well managed. The Director of Corporate Services advised of the need to be very careful to ensure that unachievable budgets were not set for future years and that this was balanced with an ambitious programme.	
14.5	Board acknowledged the Capital Monitoring Report and the projected outturn for the financial year 2023/24.	
15.	KPI Performance	
15.1	The Director of Corporate Services presented Key Performance Indicators (KPIs) and was pleased to report a slight improvement in green indicators and asked members to note that some red indicators had a positive direction of travel.	
15.2	The Director of Housing & Customer Services reported that the homelessness service was under enormous pressure with people in hotel accommodation still high and presenting in high numbers; the same issue was noted throughout South Yorkshire and neighbouring	

	authorities. A plan was in place to recruit more staff and new ways of working were being trialled by rotating front line teams that seemed to be working well so far. The Board noted that there were still over 3,000 contacts per month into the team.	
15.3	A member asked if asylum seeker numbers that were arriving in the city was having an impact on homelessness. The Director of Housing and Customer Services reported that the Doncaster Council have an ending rough sleeping plan and St Leger Homes have agreed to place rough sleepers and asylum seekers who present as homeless into hotel accommodation if needed and no other option exists. This allows for a multi-agency meeting to take place and agree an action plan for the person. Currently 38% of occupants in hotels are from this cohort. There is no way to accurately forecast numbers arriving in the City that will need help as this is dependent on personal circumstances.	
15.4	The Director of Property Services referred to voids performance and advised there were incremental changes to the indicators for a substantial amount of work being carried out. The Chief Executive further reported that during discussions with Housemark, SLHD voids performance puts the organisation into the top 5% of all housing providers and this was excellent performance.	
16.	Committee Minutes	
16.1	<u>Performance and Improvement Committee – 16 November 2023</u> The Board received and noted the Performance and Improvement Committee minutes from the above meeting.	
17.	Any Other Business	
17.1	No other business was raised.	
18.	Date of next meeting	
	7 March 2024	

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

- Date** : 7 March 2024
- Item** : 04
- Subject** : Review of compliance with The Regulator of Social Housing's proposed Consumer Standards.
- Presented by** : Julie Crook
Director of Corporate Services
- Prepared by** : Louise Robson
Governance Service Manager
- Purpose** : To update Board on the self-assessment and gap analysis against The Regulator of Social Housing's proposed Consumer Standards.
- Recommendation** : That Board note the outcome of the self-assessment and approve the action plan attached.

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

**Agenda Item No. 04
Date: 07.03.2024**

1. Report Title

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

2. Executive Summary

- 2.1 The new Regulatory framework for social housing comes into effect on 1st April 2024. This report evidences a self-assessment (**Appendix A**) of where City of Doncaster Council and St Leger Homes currently complies with the new draft consumer standards. Alongside this sits an action plan, consisting of owners, actions, and timescales to remedy any gaps identified.
- 2.2 To help with the gap analysis, we have used the new draft proposed consumer standards (CS) themselves as well as the draft Regulator's Code of Practice (COP). The final standards are due to be announced towards the end of February 2024 however it is predicted that there won't be many significant changes to the draft standards.
- 2.3 The Regulator of Social Housing (RSH) will be seeking assurance that both the service outcomes tenants experience and accountability arrangements are consistent with the expectations in the consumer standards. If City of Doncaster Council do not comply with the consumer standards when inspected, The RSH could impose sanctions.
- 2.4 The self-assessment shows, overall, we are in a good position but there are some areas to strengthen with common themes emerging, these are:
- Visibility of information and effectively communicating our services, policies, and performance to our tenants.
 - Data - collect, update, use it more and evidence it more in our decision-making processes. We also need assurance that the data is accurate across all areas
 - Demonstrate the 'You said, We did' more prominently from tenant led reviews, scrutiny, complaints or suggestions
- 2.5 Out of 128 sections. The self-assessment has determined that we are:
- Compliant in 90 (70%)
 - Partially compliant in 26 (21%)
 - Not compliant in 12 (9%)

	Safety and Quality	Transparency, Influence and Accountability	Neighbourhood and Community	Tenancy	Totals
Compliant	11	35	17	27	90 (70%)
Partially	8	10	3	5	26 (21%)
Not Compliant	5	1	0	6	12 (9%)
Total	24	46	20	38	128

A more in-depth assessment and detail of each standard can be found in section 6 in this report.

3. Purpose

- 3.1 To update Board on the self-assessment and gap analysis against The Regulator of Social Housing's proposed consumer standards.

4. Recommendation

- 4.1 That Board note the outcome of the self-assessment and approve the action plans attached.

5. Background

- 5.1 In June 2022 the Social Housing (Regulation) Bill was published and the Bill passed into law in July 2023. The Regulator of Social Housing (RSH) then published its draft consumer standards and its draft code of practice.

- 5.2 For the first time since 2010 Social Landlords / Local Authorities will be subject to consumer inspections by a public body – The RSH. The new Regulatory framework for social housing comes into effect on 1st April 2024 and The RSH will use the following tools in assessing providers against their consumer standards. These will be:

- **Consumer inspections** – either as part of a planned programme of gathering assurance, or where the Regulator is responding to information that standards are not being met
- **Reactive engagement** – responsive follow up on information that indicates a potential breach of the standards (similar to the current approach to consumer regulation)
- **Desktop reviews** – reviewing information about landlords' performance from tenant satisfaction measures and other sources
- **Data returns** – The RSH already collects a wide range of information from landlords; the Regulator is looking at any additional data that might be needed for consumer regulation in future.

- 5.3 The new proposed consumer standards and the code of practice have previously been out for consultation. The timetable for moving forward is set out below.

Date	Action
17 Oct 2023	Consumer standards consultation closed
Autumn 2023	The Regulator analyses and considers consultation responses
Early 2024	The Regulator publishes a decision statement which will summarise the key areas of feedback from the consultation and set out decisions on the final form of the consumer standards, together with a final version of the regulatory documents
1 April 2024	The revised consumer standards come into force as part of the new consumer regulatory regime. City of Doncaster Council could therefore be inspected at any point from 1 April 2024 with 6 weeks' notice.

5.4 The four new proposed consumer standards are listed below, and we have focused on these for our gap analysis on the assumption that there will be minimal changes in the period between now and publication.

- Safety and quality.
- Transparency, influence, and accountability.
- Neighbourhood and community; and
- Tenancy.

5.5 There have also been discussions around a 5th consumer standard, **Competence and Conduct**. The details of this standard were released on 6 February and are out for consultation until 2 April 2024. We are currently looking at the implications of this standard and will reply to the consultation once these have been considered.

5.6 This gap analysis sits alongside the work that is ongoing with Savills, our critical friend, who have also assessed any 'gaps' based on their evidence gathering, interviews and focus groups. Any actions that Savills have captured that are NOT included in our own self-assessment have been collated into a separate action plan. This action plan is attached as **Appendix B**. Once approved, the two pieces of work will be joined together to create one overarching action plan.

5.7 Quick wins have been identified and updates to the website have been pulled together from the self-assessment and Savills work into one document that is being worked on and many of these may have already been updated.

6. Compliance against each standard

6.1 To help with the gap analysis, we have used the new draft consumer standards themselves and the draft Code of Practice.

6.2 Please find attached **Appendix A** which is an overall summary of all the consumer standards. Where the question is followed by (CS), this has been drawn direct from the draft standards. Where it is followed by (CoP), this has

been drawn from Code of Practice. In some instances, the Code of Practice uses similar wording / guidance to the consumer standards, in this case, we have just used one, instead of both (the wording is still on the spreadsheet however is just hidden).

6.3 Alongside this, a large evidence gathering exercise is underway to give assurance that we can produce the required documentation if and when asked. Not all pieces of evidence have been collected and this exercise is ongoing.

6.4 Below is an overall summary of each individual standard following the gap analysis. This summary highlights both the positive areas and areas we feel require more work and to strengthen.

6.5 Safety and Quality

6.5.1 There are 24 questions we have assessed in this section. Out of these we are:

- Compliant in 10
- Partially compliant in 9
- Not compliant in 5

6.5.2 Positive areas:

- Assurance that we take reasonable steps to ensure the health and safety of tenants in their homes and associated communal areas and we have arrangements in place to engage with residents about the safety of their homes.
- Review of repairs policy, ensuring we provide an effective, efficient, and timely repairs, maintenance and planned improvements service for the homes and communal areas for which we are responsible.
- Assurance that where a request for a housing adaptation is refused, every effort is made to secure alternative accommodation for the affected resident if that would help resolve their situation.

6.5.3 Gaps identified / Areas to strengthen:

- Data – we need to collect more, use it more and evidence it more in our decision-making processes. We also need assurance the data is accurate and one version of the truth across all areas to ensure compliance.
- We need to be able to evidence the asset management golden thread of decision making on investment plans through to communication of plans to tenants.
- Improve performance collection and reporting on Decent Homes Standard and hazards, ensuring there are robust plans put in place to make certain the relevant stock is brought up to standard as quickly as possible.

6.6 Transparency, influence and accountability

6.6.1 There are 46 questions we have assessed in this section. Out of these we

are:

- Compliant in 31
- Partially compliant in 14
- Not compliant in 1

6.6.2 Positive Areas:

- We foster a strong culture of fairness, courtesy and respect
- We can evidence we take residents' views into account in our decision making about how our services are delivered.
- Complaints handling performance is improving with a clear action plan alongside it. There is evidence of strong compliance with a review and update against the Housing Ombudsman's Complaint Handling Code.
- We are monitoring the Tenant Satisfaction Measures (TSMs) and are ready to report in line with the Regulators timescales, evidencing compliance with how we have met the Regulator's requirements.

6.6.3 Gaps identified / Areas to strengthen:

- Data - we need to collect, update, use it more and evidence it more in our decision-making processes. We also need assurance that the data is accurate across all areas to ensure we know who our tenants are and how we can tailor our services or our communication methods and respond to their diverse needs.
- We need to communicate more information on complaints with our tenants, evidencing what has changed or been done differently due to complaints received. We also need to communicate more details about the nature and outcomes of complaints not just the volumes.
- Ensure our performance reporting is timely, is granular and has context across all areas (KPI, TSM, Service Standards) show what this means to a tenant rather than just the numbers.
- Broaden and increase the number of engaged tenants in terms of shaping service delivery and demonstrate the 'You said, We did' more prominently from tenant led reviews, scrutiny or suggestions.

6.7 Neighbourhood and community

6.7.1 There are 20 questions we have assessed in this section. Out of these we are:

- Compliant in 16
- Partially compliant in 4
- Not compliant in 0

6.7.2 Positive areas:

- We work well and co-operatively with residents, partners and other relevant organisations to:
 - contribute to the upkeep and safety of shared spaces associated with our homes
 - support and promote social, environmental and economic wellbeing for our tenants

- deter and tackle ASB to help create safer neighbourhoods
- tackle domestic abuse and enable residents to access appropriate support and advice

6.7.3 Gaps identified / areas to strengthen:

- Improve the avenues and methods for tenants reporting ASB and or Hate Crime
- Improve the reporting of ASB to tenants regarding outcomes
- Improve the reporting on neighbourhood management issues (including ASB, hate crime and domestic abuse) ensuring the information is relevant and up to date

6.8 Tenancy

6.8.1 There are 38 questions we have assessed in this section. Out of these we are;

- Compliant in 27
- Partially compliant in 5
- Not compliant in 6

6.8.2 Positive areas:

- We allocate and let our homes in a fair and transparent way that takes the needs of residents and prospective residents into account
- We offer vulnerable people appropriate support when they move into their homes and also support tenants to maintain their tenancy
- We have a clear Housing Management Policy which outlines our approach to tenancy management

6.8.3 Gaps identified / areas to strengthen:

- Data – be more proactive and have a greater understanding of our local housing need that enables us to consider the needs of residents and potential residents when allocating our homes and will also help us manage expectation of those applying or on the waiting list
- Effectively communicate, support and provide more information to our tenants about our allocations, lettings service and mutual exchange offer.
- The City of Doncaster's Tenancy strategy is out of date and needs updating and then embedding
- Improve the reporting on allocations and lettings service and on tenancy management policies and practices ensuring the information is comprehensive and up to date

7. **Conclusions and next steps**

7.1 Out of 128 sections. The self-assessment has determined that we are:

- Compliant in 90 (70%)
- Partially compliant in 26 (21%)
- Not compliant in 12 (9%)

	Safety and Quality	Transparency, Influence and Accountability	Neighbourhood and Community	Tenancy	Totals
Compliant	11	35	17	27	90 (70%)
Partially	8	10	3	5	26 (21%)
Not Compliant	5	1	0	6	12 (9%)
Total	24	46	20	38	128

7.2 There are some common themes across all the standards and across many of our service areas where we need to strengthen our performance, these are:

- Visibility of information and effectively communicating our services, policies and performance to our tenants.
- Data - collect, update, use it more and evidence it more in our decision-making processes. We also need assurance that the data is accurate across all areas. The new Data smart strategy that is being developed will help with this.
- Demonstrate the ‘You said, We did’ more prominently from tenant led reviews, scrutiny, complaints or suggestions

7.3 Once approved. The proposal is that the self-assessment action plan will be reviewed:

- By EMT on a quarterly basis
- By the portfolio holder, every 6 months
- By St Leger Homes Board, every 6 months and
- By Exec Board annually.

There is also a proposal that an ‘**Inspection Ready Board**’ is also established to include key members across the Council and St Leger Homes. This is to assure themselves that CDC is compliant with standards and are holding St Leger Homes and those CDC departments that deliver services to account. A Terms of reference will be established with the proposal to meet monthly.

8. Procurement

8.1 There are no procurement implications arising from this report.

9. VFM Considerations

9.1 There are no VFM implications arising from this report.

10. Financial Implications

10.1 There are no financial implications arising from this report, however, please see column ‘I’ in the gap analysis at **Appendix A**. Funding for any actions / gaps have been identified in this column. Some not in monetary terms yet, as this is currently unsure, but this has been included and identified.

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

11. Legal Implications

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

12. Risks

12.1 If City of Doncaster Council do not comply with the consumer standards when inspected, The RSH could impose sanctions.

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

13. Health, Safety & Compliance Implication

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

14. IT Implications

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

15. Consultation

15.1 As this is a currently a self-assessment, consultation has taken place across the Leadership Team only alongside observations from Savills.

16. Diversity

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

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

17. Communication Requirements

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

18. Equality Analysis (new/revised Policies)

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

19. Environmental Impact

19.1 There are no Environmental Impacts associated with this report.

20. Report Author, Position, Contact Details

20.1 Louise Robson
Governance Service Manager 862866

21. Background Papers

21.1 Appendix A – Consumer standards gap analysis including action plan
Appendix B – Savills Action plan

Assessment standard	List evidence or provide link Or state current position	Evidence provided	Identified Gap	Action Required	Owner	Date of Completion	Is funding required Y/N If yes provide details	1. Compliant 2. Partially Compliant 3. Not Compliant	
The Safety & Quality Standard									
1a Stock quality - Registered providers must have an accurate, up to date and evidenced understanding of the condition of their homes that reliably informs their provision of good quality, well-maintained and safe homes for tenants.									
1a.1	Have you an accurate record at an individual property level of the condition of your stock based on a physical assessment of all homes and do you keep this up to date? (CS)	Stock Condition Records is Reporting on Open Housing. We still have a number of surveys outstanding and therefore cannot say we have an accurate record. Hazards (cat 1 and cat 2) should be split) are also NOT reported on the OH system	Yes - spreadsheet listing properties that have/have not had SCS as at August 2023. No process in place for hazards identified through other means to be reported, recorded and addressed. 50% of properties have no stock con surveys	HHSRS Category 1 and Category 2 hazards identified through SCS are not recorded on the OH system. HHSRS hazards identified through stock condition surveys need to be recorded appropriately on Open Housing. Further development required on this, working with ICT to establish requirements Ensure HHSRS information is reported quarterly in performance and compliance report so there is governance and oversight HHSRS hazards identified need to be addressed in a more timely manner and the outcome recorded. Mechanism for reporting / recording hazards identified through other means needs to be put in place.	HoAM	Q2 24/25	Yes - already provisionally identified approx. 800k per year - awaiting further approval.	Not Compliant	
1a.2	Do you use data from your records on stock condition to inform your provision of good quality, well-maintained and safe homes for residents that meets the requirements of this standard? You must ensure (CS) : a) Light touch HHSRS is completed as part of stock condition surveys b) There is currently annual monitoring of compliance against the Decent Homes Standard - but this includes some degree of reliance upon manual monitoring. c) Repairs data is used to some degree to inform service delivery (i.e. repairs excellence, addressing damp and mould), but this could be further strengthened. d) TBC (Mark 5 team) Record basic info a) C365 - records levels of compliance and includes copies of appropriate certificates and ongoing performance reporting reported to BSC/Board etc. b) Decent Homes annual KPI c) Repair KPIs d) TBC (awaiting feedback from new AD at CDC) a) Compliance with health and safety legal requirements b) Compliance with the Decent Homes Standard c) Delivery of repairs, maintenance and planned improvements to stock d) Allocating homes with adaptations appropriately	Use of stock condition data is used to inform some investment decisions, but the process is not as robust as it could/should be. (a) Light touch HHSRS is completed as part of stock condition surveys (b) There is currently annual monitoring of compliance against the Decent Homes Standard - but this includes some degree of reliance upon manual monitoring. (c) Repairs data is used to some degree to inform service delivery (i.e. repairs excellence, addressing damp and mould), but this could be further strengthened. (d) TBC (Mark 5 team) Record basic info (a) C365 - records levels of compliance and includes copies of appropriate certificates and ongoing performance reporting reported to BSC/Board etc. (b) Decent Homes annual KPI (c) Repair KPIs (d) TBC (awaiting feedback from new AD at CDC)	No CT to provide spreadsheet to show planning for some repairs, i.e. boilers over 13 years old a) None b) Decent Homes monitoring is not automated and requires some manual manipulation. Internal reporting is not undertaken frequently enough. c) Don't routinely use repairs data to target areas of concern (i.e. no repairs reported and multiple repairs repairs). No audit trail, some can be provided. i.e. boilers over 13 years old d) TBC	There is no clear path/document to show how asset data has been used to shape service provision and investment. No remedial actions detailing target dates/completion dates/overdue reasons for any of the 'Big 6' are reported to the Executive Team for assurance a) None b) Decent Homes monitoring is not automated and requires some manual manipulation. Internal reporting is not undertaken frequently enough. c) Don't routinely use repairs data to target areas of concern (i.e. no repairs reported and multiple repairs repairs). No audit trail, some can be provided. i.e. boilers over 13 years old d) TBC	Need to formally record how asset data has influenced and shape service provision / investment. Document in capital budget setting report and any other reports that commit investment expenditure (show that the data is driving the decision). No remedial actions detailing target dates/completion dates/overdue reasons for any of the 'Big 6' are reported to the Executive Team for assurance enhanced visibility and awareness of these is a key, additional feature of the new Safety and Quality Standard. Need to update the Building safety report to include awareness of these (b) Ensure that decent homes reporting is automated into Open Housing and that at an internal HoS level the data is reviewed at least quarterly in addition to the annual KPI reporting. (c) Work with housing management on properties where no repairs have been reported. Review properties where repeat/multiple repairs are being reported to identify any larger repairs or investment that is needed (or indeed tenant support required). (d) TBC Procedures/Processes Process maps require further detail around reconciliation of data (i.e. frequency of reconciliation/ Who and how) and to outline the frequency of QC/QA checks.	HoAM /HoRM	Q3 24/25	No	Not Compliant
1a.4	Do you survey your homes frequently enough and in sufficient depth to remain assured about the quality and safety of your stock? (Appropriate frequency and depth will be influenced by a range of factors, including but not limited to, property age, construction, and archetypes as well as data from complaints and reports from repairs and maintenance programmes). For some providers, a five-year rolling programme of stock condition surveys across all homes might be appropriate, however for some providers or for some of their stock, more frequent assessments might be needed, for example where there are high levels of responsive repair requests or recurring problems which might be indicative of wider issues. (CoP)	See 1a.1 above for details about our 5 year rolling SCS programme status.	N/A	As stated above - more than 50% of the stock currently has not been surveyed in the last 5 years. Also need to reach a decision on whether any of the asset base (i.e. HRSBs) need a SCS more frequently, and if so how often.	Put a plan in place to ensure all stock receives a SCS at least every 5 years. Confirm with DoPS whether any of the asset portfolio is needed to be surveyed more frequently than 5 years and if so, which ones and at what frequency.	HoAM	Q3 24/25	No	Partially
1b Decency - Registered providers must ensure that tenants' homes meet the standard set out in section five of the government's Decent Homes Guidance and continue to maintain their homes to at least this standard unless exempted by the regulator									
1b.1	Does all your housing stock meet the existing Decent Homes Standard, specifically as set out in section five of those standards? If not, what percentage of your stock meets the DHS? Do you ensure that you continue to meet the DHS? (CS)	As at 31.03.23 Decent Homes Performance is 99.69% Annual Decent Homes KPI reporting	N/A	a) Not able to easily report on OH current position without carrying out manual process. b) Not able to easily identify properties falling DH due to cat 1 hazards. c) New decency standard will need changes to the system to enable us to report on current performance levels. Some data not currently collected for proposed new decency standard.	a) Ensure decent homes reporting tool on OH is fixed. b) Ensure DH calculation includes recording of category 1 hazards. Ensure HHSRS information is reported quarterly in performance and compliance report so there is governance and oversight. c) Identify and start collating data we don't currently hold that would be needed for	HoAM	Q2 2024/25	No	Partially
1b.2	Are all your homes free from category one hazards as defined by the Housing Health and Safety Rating System? (CoP)	No - As of Dec '23, we had 238 cat 1 hazards identified through SCS.	Yes - Spreadsheet detailing hazards identified as at December 2023	Can't easily say which ones have been remedied and which ones haven't - this is a manual process that is being worked through. As noted above - HHSRS hazards are not updated onto OH and are not feeding into the DH calculation.	All identified hazards (starting with Cat 1, then moving to cat 2) need to be assessed and remedied ASAP. Ensure HHSRS information is reported quarterly in performance and compliance report so there is governance and oversight. HHSRS Hazards need to be updated into OH	HoAM / HoBS	Q2 2024/25	No	Not Compliant
1b.3	Where there is non-compliance with the DHS, has this been notified to the Regulator? (CoP)	Regulator has not been informed of properties that don't comply with DHS. They have been advised re properties that have cat 1 & 2 issues with damp and mould.	N/A	Need a process documenting to ensure where non compliance is raised it is escalated and reported. When, where who and at which meeting alongside the relevant data /	Take new proposed process / procedure to next OLB	DoPA	Apr-24	No	Not Compliant
1b.4	Have you put in place plans to ensure the relevant stock is brought up to standard as quickly as possible? (CoP)	Plans are beginning to be developed re properties not meeting the decent homes standard.	N/A	Plans are not firm up.	Firm up plans and build the programmes to ensure compliance	HoAM	Q2 2024/25	No	Not Compliant
1c Health and safety - When acting as landlords, registered providers must take all reasonable steps to ensure the health and safety of tenants in their homes and associated communal areas.									
1c.2	Have you identified and met all legal requirements that relate to the health and safety of your residents in their homes and communal areas? (CS)	SLHD Legal Register. This is updated twice a year usually in April and October when new legislation is released by enforcing regulatory bodies. BMT minutes and Building Safety Committee Mins Pennington's review Centralised Action Plan	No Need copies of information listed (DB)						Compliant
1c.3	Have you ensured that all required actions arising from legally required health and safety assessments are carried out within appropriate timescales? (CS)	General timescales are achieved and where this is not possible SLHD creates actions plans which contain suitable timescales. Fire Risk Action Plan including communal upgrade program Completion of actions identified during electrical testing (C1 & C2's) etc. C365 actions register	No Need copies of information listed (DB)						Compliant
1c.4	Have you ensured that the safety of your residents has been considered in the design and delivery of landlord services and taken reasonable steps to mitigate any identified risks to your residents? (CS)	Risk registers Project plans Risk Assessment Process Risk registers containing Risk Assessments for services which are delivered and how these effect residents ensuring any risks to residents are mitigated	No Need copies of information listed (DB)						Compliant
1d Repairs, maintenance and planned improvements - Do you provide an effective, efficient and timely repairs, maintenance and planned improvements service for the homes and communal areas for which you are responsible?									

1d.2	Do you enable repairs and maintenance issues to be reported easily by your residents? (CS)	Customers are able to report repairs 24/7, 365 days per year through a variety of channels. This includes via telephone, email, in person and via our website (tenant portal). Customers can also raise concerns via our customer care team, their Cllr, MP or other key stakeholders. Website showing how to report a repair. Repairs performance information, showing volume of repairs and any households where repairs are not being raised. We also have call reporting data. Our repairs policy also specifies how repairs can be raised. Vulnerability markers and descriptive attributes held in OpenHousing.	No Need the Customer Access Strategy as evidence						Compliant	
1d.3	Do you set timescales for the completion of repairs, maintenance and planned improvements, clearly communicate them to tenants and take appropriate steps to deliver to them? (CS)	SLHD has a dedicated Repairs Policy (recently updated), which sets out clear timescales for the completion of repairs. Planned investment programmes are shared at the time investment is made, but future planned investment is not always clearly shared. Tenants are usually notified when repair appointments are made, but sometimes when there are changes or when an appointment cannot be made immediately, we don't always keep tenants informed as well as we could. Performance Reporting Data (KPIs, service standards and internal PIs)	Policy now approved and added as evidence	Due to demand, we are not always able to achieve target timescales (although we usually do communicate this to customers). Planned investment schemes are not always publicised in advance	Programme of continual improvement to improve productivity Ongoing review and monitoring of repairs demand to ensure highest priority repairs continue to be prioritised Publicise planned investment programmes this year is now on the website, need to publicise future years as well. Further consultation with tenants needed in terms of timescales for repairs (following conversations about urgent repairs)	EMT HoRM HoAM HoRM	Q4 23/24 Q4 23/24 Q2 24/25 Q2 24/25	No	Partially	
1d.4	Do you keep your residents informed about repairs, maintenance and planned improvements to their homes with clear and timely communications? (CS)	Planned investment programmes are shared with customers at the time the investment is about to be made, but future planned investment is not always clearly shared. Letters to tenants advising of planned investment. Tenant liaison visits Don't publicise on website, but there is some form of contact advising of the investment. Responsive repair - verbally told at point booked via phone, or online. SMS then sent to remind, call ahead to remind	Letters from team / CT - from contractors	We have added a section on the website to advise of future planned investment for the forthcoming financial year. At the moment it is quite high level (i.e. village/ward) and we would like to develop this further, but is a starting point.					Compliant	
1d.5	Do you understand and fulfil your maintenance responsibilities in respect of communal areas? (CS)	All common area compliance and safety checks are undertaken as required (i.e. asbestos checks, alarm testing, emergency lighting etc). Statutory check documentation in C365, our compliance system.	No - still need evidence						Compliant	
1d.6	Do you ensure that the delivery of repairs, maintenance and planned improvements to homes and communal areas is informed by the needs of tenants and provides value for money, and meets the requirements set out in 1a.2? (CS)	Contact through CAT. Tenants can also speak to HM Officer. Tenants are able to report repairs for communal areas in addition to repairs in their own home. Our High Rise Forum provides an opportunity for tenants to raise issues regarding communal areas in our High Rise Blocks. SLHD applies NATFED rates to SORs for works undertaken in-house SLHD undertakes regular cost and performance benchmarking against peer organisations to ensure continued VFM and performance Any improvements carried out by external contractors are procured through appropriate processes, which have tested the market. See 'stock quality' section above for assessment against this aspect of the criteria. Repairs reporting data, Housemark Benchmarking Procurement documentation for each procurement exercise undertaken, Annual VFM statement	No - still need evidence						Compliant	
1d.7	Do you ensure that all residents have fair and equal access to your repairs and maintenance service? Do you give, for example, older residents or those with disabilities priority access to your repairs service? Similarly, would you install extra lights and security lights for residents experiencing domestic abuse or anti-social behaviour, to help safeguard them? (CoP)	Yes - Need the updated repairs policy to evidence this	Updated repairs policy includes this						Compliant	
1d.9	For communal areas, is there an arrangement in place for a third party to manage such areas on your behalf? Can you ensure that the communal area is well-maintained, and hold the third party to account where it is not? (CoP)	SLA for metroclean already saved in evidence folder. reports form tenants, communal areas are inspected by in house teams TSP have just completed a review - need P&I reports /minutes 67% happy on latest TSM survey	No	If only 67% satisfied need to do more to understand what is causing dissatisfaction	67% satisfied need to do more to understand what is causing dissatisfaction- Further analysis and breakdown needed to see if review and changes from the review increases this figure	HoHM	Q2 24/25	No	Partially	
1e Aids and Adaptations										
1e.1	Do you assist residents seeking housing adaptations to access appropriate services? (CS)	Yes - even though this is a council led service SLHD also have an OT and also refer customers to the Council adaptations team (signposting).	No - still need evidence	No information on our website about any adaptations services	More communication and information needs to be provided to tenants about the adaptations service and links to CDC site	HoATH	Q1 24/25	No	Partially	
1e.2	Do you clearly communicate to residents and relevant organisations how those organisations will assist residents seeking housing adaptations services? (CS)	https://www.boncaster.gov.uk/services/housing/adaptations Information on CDC site but Nothing on SLHD website about adaptations	Yes	No information on our website about any adaptations services	More communication and information needs to be provided to tenants about the adaptations service and links to CDC site	HoATH	Q1 24/25	No	Partially	
1e.3	Do you co-operate with your residents, appropriate local authority departments and other relevant organisations so that a housing adaptations service is provided to tenants? (CS)	As above	Yes	No information on our website about any adaptations services	More communication and information needs to be provided to tenants about the adaptations service and links to CDC site - Procedure needs documenting for referrals	HoATH	Q1 24/25	No	Partially	
1e.4	Do you enable residents with disabilities to continue to live in their homes, if they want to (even where that service is not provided directly by yourselves)? (CoP)	Yes where it is reasonably practicable to do so, work alongside Housing Solutions group and have an AHR and panel and procedure in place if not	No - still need evidence						Compliant	
1e.6	Are you able to apply for an adaptation on behalf of a resident where the adaptation is provided by third party? (CoP)	Informally done, but no formal process in place.		No formal referral / signposting in place	Ensure a procedure and signposting process is documented	HoATH / HoHM	Q2 24/25	No	Partially	
1e.7	Do you readily give permission to another party to install an adaptation for a resident where the installation can help a resident remain in their existing home? (CoP)	Yes - where reasonably practicable.	No - still need evidence						Compliant	
1e.8	Where a request for a housing adaptation is refused, do you make every effort to secure alternative accommodation for the affected resident if that would help resolve their situation? (CoP)	Yes where it is reasonably practicable to do so, work alongside Housing Solutions group and have an AHR and panel and procedure in place if not	No - still need evidence						Compliant	

Assessment standard	List evidence or provide link or state current position	Evidence Provided	Identified Gap	Action Required	Owner	Date of Completion	Is funding required Y/N If yes provide details	1. Compliant 2. Partially Compliant 3. Not Compliant	
The Transparency, Influence & Accountability Standard									
2a Fairness and respect									
2a.1	Do you foster a strong culture throughout your organisation of fairness, courtesy and respect? (CS)	Skills and Behaviours TSM treating tenants with fairness and respect 90% for 2023 Delivered Customer Excellence Training for all existing staff and included in induction for new starters Tenant Complements, Internal staff STAR awards internal Refreshed EDI training - equality years	No Evidence being sent					Compliant	
2b Diverse needs									
2b.1	Do you deliver fair access to your housing services for all residents? (CS)	Tenants can access our services in multiples ways depending on their choice of access. We have a customer access strategy that was developed with tenants and an action plan that sits alongside it. We use GIG members who have expressed an interest in reviewing corporate communications to review documents. We publicise how to access our complaints procedures to meet the HD compliant code.	No Evidence being sent	We do not specifically ask our tenants whether they feel that have fair access to and equitable outcomes. We would need to ask this as a separate question when asking TSM or Transactional surveys.	Consultation for the new Customer Access strategy will commence soon and this question will be asked during this review.	HoCS	Q1 24/25	No	Partially
2b.2	Do you ensure that all residents achieve equitable outcomes from the services you deliver? (CS)	Equality Impact Assessments; EDI Strategy; Fairness Statement; TSM question around respect and transactional survey questions.	No Evidence being sent						Compliant
2b.3	Do you have the relevant information you need to understand the diverse needs of your residents, including those arising from protected characteristics, language barriers, and additional support needs? (CS)	We have data in our housing system but know there are gaps where some tenants have not provided their profile data. EDI dashboard quarterly and actions in place to plug the gaps	No Evidence being sent	We do not collect consistently or update regularly to be confident we can do this 100% of the time	Action plan will be put in place to plug the gaps along with a new data smart strategy and KIT visit schedule. Potential scope of utilising Voicescape to be explored	All HoS	Q2 24/25	No	Partially
2b.4	Do you assess whether all tenants have fair access to, and equitable outcomes of, housing and landlord services? (CS)	Our website uses Read check to ensure accessibility. We have produced various videos (covid, repairs excellence and allocations) advising tenants about how we deliver and how to access our services. EIA for any changes to policies or major changes to access or structures CAS Impact Peers assessment for HDN and have recommendations to improve and plans in place to address TSM surveys are broken down protected characteristics to ensure fair access. Can drill down into reason for complaints and would pick up on	No Evidence being sent	We have an action in the TV Action plan to deliver training on how to access services using our portals.	Deliver the action and plan in the training as identified	HoCS	Q1 24/25	No	Partially
2b.5	Are your communications with and information for residents clear, accessible, relevant, timely and appropriate to their diverse needs? (CS)	Database of comms who need info in a different format. OH stores any communication preferences or requirements. Comms strategy and action plan We have a writing guide to ensure that whole tenant base publications are easy to read and understand.	No Evidence being sent	Letter writing guide not used consistently	The letter writing guide needs publicising across the organisation. Include something in next edition of Staff Focus and to arrange insert in Payroll Manager channel with access to the document.	HoCS	Q1 23/24	No	Partially
2b.7	Do you support residents and prospective residents to use online landlord services if necessary? (CS)	We are not digital by default and we do not have a mobile app anymore Review of website with tenants Computers are available for tenant use in the Civic reception with a floor walker available support. Access to services is published on our website. Including area offices which are DDA compliant for tenants	No Evidence being sent	Some need more promotion such as reporting of ASB - HOHM aware and producing comms in Houseproud and working on digital plan for tenant portal	Some need more promotion such as reporting of ASB - HOHM aware and producing comms in Houseproud and working on digital plan for tenant portal	HoCS / HOHM	Q2 24/25	No	Partially
2b.8	Do you allow residents and prospective residents to be supported by a representative or advocate in interactions about landlord services? (CS)	Yes We have procedures in place under GDPR and other individual policies to ensure tenants can be supported by an advocate or representative. This also forms part of the complaints Code.	No Evidence being sent						Compliant
2b.9	Do you investigate promptly any complaints of alleged discrimination from residents and implement any learning from such cases, including appropriate EDI training where applicable? (CoP)	Yes can evidence if needed but due to sensitive information will not be saved centrally.	Yes if needed						Compliant
2c Engagement with tenants (residents)									
2c.1	Do you take residents' views into account in your decision making about how landlord services are delivered? (CS)	We have an active Tenant Scrutiny Panel a TV Strategy and involvement delivery model and a new OVF. We also have a GIG who we use for consultations, focus groups and feedback.	Yes - web link and CI report to EMT						Compliant
2c.2	Do you give your residents a wide range of meaningful opportunities to influence and scrutinise your strategies, policies and services? This includes individual neighbourhoods where applicable. (CS)	Tpas Accreditation plus web pages plus CI strategy. One Voice Forum is used to consult and influence strategies and policies, TSP scrutinise services. St. Leger Homes St. Leger Homes Get involved (stlegerhomes.co.uk)	Yes - web link						Compliant
2c.3	Do you assist your residents who wish to implement resident-led activities to influence and scrutinise your strategies, policies and services? This includes individual neighbourhoods where applicable. (CS)	We have local TARAs and our TSP who work with us. All strategies and policies are consulted with tenants before being presented to EMT / Board	Yes - web link	Although compliant we feel we need stronger relations with TSP and OVF across the whole of St Leger	Although compliant we feel we need stronger relations with TSP and OVF across the whole of St Leger	HoCS	Q1 24/25	No	Compliant
2c.4	Do you provide accessible support that meets the diverse needs of residents so they can engage with the opportunities available to them? (CS)	Different consultation groups Disability BAME LGBTQ+ group	No Evidence being sent	We need to do more to ensure we encourage members of our diverse community to get involved in the TSP, OVF and GIG groups.	Consider holding the meeting after normal working hours and publicising being able to join remotely . Make more use of the speech to text facility on Teams to engage with the deaf community.	HoCS	Q2 24/25	No	Partially
2c.5	Do you support residents to exercise their Right to Manage, Right to Transfer or otherwise exercise housing management options, where appropriate? (CS)	Not much info online about this.		Need to do more to advertise these - identified gap in awareness	Need to do more to advertise these - identified gap in awareness	HOHM / HOAH	Q2 24/25	No	Not Compliant
2c.6	Working with your residents, do you regularly consider ways to improve and tailor your approach to delivering landlord services including resident engagement? Do you implement changes as appropriate to ensure services deliver their intended aims? (CS)	TSM and transactional surveys undertaken to inform service delivery. Ad hoc surveys also take place - communications, corporate Strategy, access to services. Feedback from complaints also informs changes. TSP reviews provide the challenge to change. Repairs Excellence Video specifically advises we can tailor these services. Groups have been set up by the EDI Manager to include diverse tenants in how we deliver our services - Disability, LGBT, Ethnic		Although compliant we feel we could do more to ensure we encourage members of our diverse community to get involved in the TSP, OVF and GIG groups. Consider holding the meeting after normal working hours and publicising being able to join remotely . Make more use of the speech to text facility on Teams to engage with the deaf community.	Customer Involvement Team to pilot remote working approach with OVF to encourage more tenants (and diverse tenants) to be involved. To commence April 2024.	HoCS	Q1 24/25	No	Compliant
2c.10	Do you involve your residents in decisions associated with your asset management strategy, the setting of service standards, agreeing responsive repair timescales and setting performance targets for different landlord services? In addition, consideration of how to improve and tailor landlord service delivery should be an ongoing activity taking place at all levels of the organisation and across all areas of service delivery. (CoP)	Yes - all can be evidenced	No Evidence being sent						Compliant
2d Information about landlord services									
2d.1	Do you communicate meaningfully with your residents and provide information so they can use landlord services, understand what to expect from you, and hold you to account? (CS)	Website, Houseproud and Facebook all used to communicate in a variety of ways. TSP holds the organisation to account and OVF is used to inform and shape policies and strategies. Coms strategy	No Evidence being sent						Compliant
2d.2	Do you provide residents with information about (CS):								
	a) Available landlord services, how to access those services, and the standards of service residents can expect	Available on website and published in Houseproud, FB and videos as appropriate. Charter is on the web which sets out our standards. OVF consulted on KPIs each year as well https://www.stlegerhomes.co.uk/about-us/our-service-standards/	Yes weblink						Compliant
	b) Standards of safety and quality residents can expect homes and communal areas to meet	High rise forum - There is a drop in session at each of the sites and there is still a quarterly forum. Newsletter We use other forums to discuss key policies & strategies, i.e. OVF, Comms in Houseproud. https://www.stlegerhomes.co.uk/my-home/communal-area-cleaning/	No Evidence being sent						Compliant
	c) Rents and service charges that are payable by your residents	Yes rent statements	Yes						Compliant
	d) Your responsibilities and those of your residents for maintaining homes, communal areas, shared spaces and neighbourhoods.	Communal area information is on the web and so are all customer facing policies and the secure tenancy agreement							Compliant
2d.3	Do you communicate with affected residents on progress, next steps and outcomes when delivering landlord services? (CS)	Website, Houseproud and Facebook - one repairs services is an example.		We need to do this more and do it consistently across all areas with strong evidence examples	Look to see what more evidence we can use or promote	All HoS	Q1 24/25	No	Partially
2d.4	Are your housing and neighbourhood policies fair, reasonable, accessible and transparent? (CS)	All customer facing policies and strategies are on the web and these are shared with OVF for tenants to input and TSP can challenge on							Compliant
2d.5	Where relevant, do you set out the decision-making criteria and appeals processes for your policies and practices? (CS)	Complaints policy sets out how to appeal. Allocations policy also sets out how to appeal	No Evidence being sent						Compliant
2d.6	Have you made information available to residents about the relevant roles and responsibilities of senior level employees or officers delivering landlord services, including those who are responsible for compliance with the consumer standards? (CS)	EMT are on the website but not other senior members of staff/ Accountable person is CDC and all of this needs updating on the web https://www.stlegerhomes.co.uk/about-us/meet-the-team/							Compliant
2e Performance Information									

Assessment standard	List evidence or provide link Or state current position	Evidence Provided	Identified Gap	Action Required	Owner	Date of Completion	Is funding required Y/N If yes provide details	1. Compliant 2. Partially Compliant 3. Not Compliant
The Neighbourhood & Community Standard								
3a Maintenance of shared spaces								
3a.1	Do you work co-operatively with residents, other landlords and relevant organisations to contribute to the upkeep and safety of shared spaces associated with your homes? (CS)	Locality slides already in the folder Community safety strategy in the folder We are responsible for a lot of shared spaces such as open plan land, communal halls, communal gardens so presume this standard will look at how we maintain those areas and then how we assist other land owners with maintenance of shared spaces by reporting issues and doing joint operations/clean ups etc. We undertake estate inspections on all our estates and pick up issues that are our responsibility but also things on areas of space that aren't our responsibility and refer these to the relevant agency. We also have a communal area inspection programme to inspect all communal areas in flats. We have Service Level Agreements for communal area cleaning and grounds maintenance and tree management - all delivered by	No, some Evidence being sent					Compliant
3a.2	In working cooperatively with your partners, have you considered (for instance) providing a community garden in the area or resolved to deal with fly tipping in a collaborative way?	We work closely with CDC on fly tipping hot spot areas. We have a number of community gardens across the borough which tenants maintain	No, Evidence being sent					Compliant
3b Local cooperation								
3b.1	Do you co-operate with relevant partners to promote social, environmental and economic wellbeing in the areas where you provide social housing? (CS)	Locality slides already in the folder Agree with this and lots we can put forward for how we meet this with all the partnership working we do under the locality framework, partnership boards and sub groups and joint operations. We also have our tenancy support team and mental health navigators. Team Doncaster, Safer stronger partnership and sub groups	No, Evidence being sent					Compliant
3b.2	Do you identify and communicate to residents the roles you play in promoting social, environmental and economic wellbeing in areas where you own/manage housing stock and how you will achieve them? (CS)	Yes - housing management policy and housing management strategy. Also information on website. https://www.stiegerhomes.co.uk/my-home/new-tenancy-information/	Yes					Compliant
3b.3	Do you co-operate with local partnership arrangements and the strategic housing function of local authorities where they can assist you in achieving your objectives and those of your local partners? (CS)							Compliant
3c Safer neighbourhoods								
3c.1	As a landlord, do you work in partnership with appropriate local authority departments, the police and other relevant organisations to deter and tackle ASB in the neighbourhoods where you provide social housing? (CS)	Yes and the formation of our new team will strengthen our position on this and wider partnership working around high level ASB issues such as child exploitation and organised crime.	No, Evidence being sent					Compliant
3c.2	Do you have a policy on how you work with relevant organisations to deter and tackle ASB in the neighbourhoods where you provide social housing? (CS)	Housing Management Policy	Yes					Compliant
3c.3	You should communicate those policies and processes to your residents. Do these policies and processes include your approach to investigating reports of ASB and hate incidents (including the roles of other relevant agencies), the support available to affected tenants and the actions you will take to deal with perpetrators of ASB and hate incidents? (CoP)	Housing Management Policy Consultation and HP article	Yes					Compliant
3c.4	Do you clearly set out your approach on how you tackle and deter hate incidents in neighbourhoods where you provide social housing? (CS)	Housing Management Policy and procedures	No - Need procedures as evidence					Compliant
3c.5	Do you enable your residents to report ASB incidents easily and keep them informed about the progress of their cases? (CS)	Yes - ASB procedures in place with heavy emphasis on contact contracts with complainants. Case compliance checks carried out to ensure procedures followed and contact contracts	No, Evidence being sent	Digital access - could be easier via the portal. HM digital task and finish group	Action planning through housing Management task and finish group	HoHM Q2 24/25	TBC	Partially
3c.7	Have you complied with the requirement to publish data on the number of ASB cases at your organisation and resident satisfaction with your approach to handling them (as set out in the Transparency, Influence and Accountability Standard)? (CS)	TSM data and transactional surveys carried out. Also KPI on number of ASB cases	No, Evidence being sent	Outcome reporting for ASB, look at where and how we report and ensure there is context to the information being publicised	More context to be given to what our performance means so tenants can understand it and publicise wider.	HoHM Q1 24/25	No	Partially
3c.8	Do you provide prompt and appropriate action in response to incidents of ASB, having regard to the full range of tools and legal powers that are available to you? (CS)	Yes - response times are 24 hours for high risk and 3 days for medium risk - response times monitored to ensure meeting standards	Yes web pages					Compliant
3c.9	Do you support residents who are affected by ASB, by (for instance) signposting them to agencies who can give them appropriate support and assistance? (CS)	yes - undertake vulnerable victim risk assessments and involve partners. All staff trained in support services available and will refer for support, or do safeguarding referral	No, Evidence being sent					Compliant
3c.11	Do you offer vulnerable perpetrators the right support and interventions that might help to prevent further incidents of ASB? (CS)	Referrals undertaken to appropriate agencies	No, Evidence being sent					Compliant
3c.14	Do you consider the diverse needs of your residents in assessing how they report ASB and hate incidents to you and are you working to eliminate any barriers to reporting such incidents?	Currently developing digital methods for reporting ASB can also be referred to EDI manager		Digital access - could be easier via the portal. HM digital task and finish group	Action planning through housing Management task and finish group	HoHM Q2 24/25	TBC	Partially
3d Domestic abuse								
3d.1	Do you work co-operatively with other agencies tackling domestic abuse and enable residents to access appropriate support and advice? (CS)	Agree with this and we are ahead of the game with our DAHA accreditation.	No, Evidence being sent					Compliant
3d.2	Do you have a policy for how you respond to cases of domestic abuse? For local authorities this is a duty set out in the Domestic Abuse Act 2021 which is based on accommodation-based support for victims of domestic abuse. (CS/CoP)	Policy Already in evidence folder	Yes					Compliant
3d.3	Do you co-operate with appropriate local authority department to support the local authority in meeting its duty to develop a strategy and commission services for victims of domestic abuse and their children within safe accommodation? (CS)	Strategy already in evidence folder and referenced in policy too	Yes					Compliant
3d.4	As part of your approach to domestic abuse, do you consider, for example, the skills of staff supporting residents experiencing domestic abuse and any appropriate specialist training they would benefit from, offering to provide a same-sex staff member to support affected residents, or offering appropriate referrals to specialist domestic abuse agencies? (CoP)	This is included in the policy	Yes					Compliant
3d.5	As a landlord, you should have a victim-centred approach to assisting residents who experience domestic abuse. To be able to identify and respond appropriately to reports of domestic abuse, can you give assurance that you have an appreciation of the different specific needs of residents who experience it, including those arising from the resident's protected characteristics, such as disability and race? As part of your approach, you must handle sensitive information relating to cases of domestic abuse in compliance with relevant legislation.	Yes - DAHA accreditation and web pages https://www.stiegerhomes.co.uk/advice-and-support/safeguarding/	No, Evidence being sent					Compliant

Assessment standard	List evidence or provide link Or state current position	Evidence Provided	Identified Gap	Action Required	Owner	Date of Completion	Is funding required Y/N if yes provide details	1. Compliant 2. Partially Compliant 3. Not Compliant	
The Tenancy Standard									
4a Allocations and lettings									
4a.1	Do you allocate and let your homes in a fair and transparent way that takes the needs of residents and prospective residents into account? (CS)	Consultation with residents found in evidence folder Robust EIA completed	Yes					Compliant	
4a.2	Do you co-operate with local authorities' strategic housing functions and assist local authorities to fulfil their duties to meet identified local housing need? This includes assistance with local authorities' homelessness duties, and through meeting obligations in nominations agreements. (CS)	Yes recently updated and approved policy	Yes					Compliant	
4a.3	Do you allocate homes that are designated, designed or adapted to meet specific needs in a way that is compatible with the purpose of the housing? (CS)	Yes recently updated and approved policy	Yes					Compliant	
4a.4	Do you deliver services to address under-occupation and overcrowding in your homes? These services should be focused on the needs of residents. (CS)	HM staff have some involvement - advice and tenancy management (reactive) KIT visits start in January. Under occupation picked up bedroom tax via IM and give advice and assistance re downsizing.	No, Evidence needed					Compliant	
4a.5	Do you take action to prevent and tackle tenancy fraud? (CS)	NFL council send data matched anomalies and update the NFL KIT visits will also proactively highlight, check ID, all in the tenancy agreement	No, Evidence needed					Compliant	
4a.6	Do you have a fair, reasonable, simple and accessible appeals process for allocation decisions? (CS)	The Right of Review is in the allocations policy.		Document the procedure for appeals	Document the process for appeals	HoATH	Q1 24/25	No	Partially
4a.7	Do you record all lettings and sales as required by the continuous recording of lettings (CORE) system? Do you make sure your submissions to CORE are both accurate and timely? (CS)	Yes this is all done in a timely and accurate manner	No - need some form of evidence						Compliant
4a.8	Do you set out the criteria for letting your homes, including through any transfer system? (CoP)	The allocations policy inc transfers	Yes						Compliant
4a.9	Do you have a robust and accurate understanding of local housing need that enables you to consider the needs of residents and potential residents when allocating your homes? (CoP)	Comprehensive EIA completed plus extensive local letting policies Data stores		Don't use data as much as we should to manage expectations for new applicants	Use data more and publicise this more to manage expectations. Performance framework being drawn up for Access to Homes	HoATH	Q1 24/25	No	Partially
4b Tenancy sustianment and evictions									
4b.1	Do you support residents to maintain their tenancy or licence and help prevent unnecessary evictions? (CS)	Tenancy Sustainability Model - can provide diagram. Performing very well in this area with over 97% tenancies sustained 12 months post support and over 98% for 6 months as per KPI. Lots of performance monitoring in this area around RAG ratings, financial gains and supported tenants	No, Evidence needed						Compliant
4b.2	Where you are seeking to end a tenancy or licence, do you offer affected residents timely advice and assistance including any housing options available to them? (CS)	Yes - lot of help and support from early stage and also Eviction Panel in the later stages	No, Evidence needed						Compliant
4b.3	In helping residents maintain their tenancy or licence, do you signpost them to appropriate organisations to provide appropriate support? (CoP)	yes - internal tenancy support service and also external support providers including floating tenancy support, CAB, DWP	No, Evidence needed						Compliant
4b.4	Do you or a partner organisation support residents maintain their tenancies by: helping them to manage their money and maximise their income; offering energy advice; and/or helping vulnerable tenants to live independently, including those who experience mental health issues, or drug and alcohol dependency? (CoP)	https://www.stegerhomes.co.uk/advice-and-support/	Yes						Compliant
4c Tenure									
4c.1	Do you offer tenancies or terms of occupation which are compatible with the purpose of the accommodation, the needs of individual households, the sustainability of the community, and the efficient use of their housing stock? (CS)	Agree but the Council need to review the tenancy strategy and we need to get our flexible tenancy allocations and management right as we are not fulfilling at the moment.		Tenancy strategy out of date We don't allocate following the TS and we don't review often enough	Council need to review tenancy strategy ensure we are allocating tenancies correctly as per the TS make sure we are managing and reviewing flexible tenancies	CDC HoATH HoHM	Q3 24/25	No	Partially
4c.2	Do you meet all the applicable statutory and legal requirements in relation to the form and use of tenancy agreements or terms of occupation when letting your homes? (CS)	Yes - tenancy agreement last reviewed in 2017 and currently under review again - legal services heavily involved and will approve new agreement. Also processes strictly followed regarding issuing of new tenancy agreement.		Currently reviewing tenancy agreement	Review update and communicate new tenancy agreement	HoHM	Q1 24/25	No	Compliant
4c.3	Do you publish clear and accessible policies which outline your approach to tenancy management, including interventions to sustain tenancies and prevent unnecessary evictions, and tackling tenancy fraud, and set out (CS):								
	a) The type of tenancies you will grant	Housing Management Policy	Yes						Compliant
	b) Where you grant tenancies for a fixed term, the length of those terms	Housing Management Policy	Yes						Compliant
	c) The circumstances in which you will grant tenancies of a particular type	Housing Management Policy	Yes						Compliant
	d) Any exceptional circumstances in which you will grant fixed term tenancies for a term of less than five years in general needs housing following any probationary period	Yes but this is in tenancy strategy - out of date		out of date Tenancy Strategy - CDC to update	Update tenancy strategy	CDC	Q3 24/25	No	Not Compliant
	e) The circumstances in which you may or may not grant another tenancy on the expiry of the fixed term, in the same property or in a different property	as above		out of date Tenancy Strategy - CDC to update	Update tenancy strategy	CDC	Q3 24/25	No	Not Compliant
	f) The way in which a resident or prospective resident may appeal against or complain about the length of fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term	not at moment - need flexible tenancies procedure		flexible tenancies procedures need writing	Write new flexible tenancies procedure and communicate	HoHM	Q2 24/25	No	Not Compliant
	g) Your policy on considering the needs of those households who are vulnerable by reason of age, disability or illness, and households with children, including through the provision of tenancies which provide a reasonable degree of stability	We provide all tenants with an introductory secure or secure tenancy, except those properties that are allocated as flexible tenancies as per the CDC Tenancy Strategy - these are 4 and 5 bed houses. We will provide a fixed term to take the youngest child to 19 years old, which provides a high degree of stability. We also RAG rate our tenants in respect of vulnerability and risk of tenancy failure to determine the level of tenancy support that is provided. The evidence of this is in our housing management policy and our tenancy sustainability model	No, Evidence needed						Compliant
	h) The advice and assistance you will give to residents on finding alternative accommodation if you decide not to grant another tenancy	We haven't yet had any tenancies where we have had to undertake a review where the fixed term is coming to an end. However, our housing management policy states that we will always offer alternative council accommodation if we decide not to grant a tenancy on the property where the flexible tenancy is in place. This would be undertaken via our Housing Assessment Panel and a direct match. Evidence - Housing Management Policy							Compliant
	i) Your policy on granting discretionary succession rights, taking account of the needs of vulnerable household members.	Housing Management Policy	Yes						Compliant
4c.4	Do you grant general needs residents a periodic secure or assured (excluding periodic assured (shorthold) tenancy, or a tenancy for a minimum fixed term of five years, or exceptionally, a tenancy for a minimum fixed term of no less than two years, in addition to any probationary tenancy period? (CS)	Yes - Introductory tenancies / secure tenancies	No, Evidence needed						Compliant

4c.5	Before a fixed term tenancy ends, do you provide notice in writing to the resident stating either that you propose to grant another tenancy on the expiry of the existing fixed term or that you propose to end the tenancy? (CS)	Not at moment - need flexible tenancies procedure		flexible tenancies procedures need writing	Write new flexible tenancies procedure and communicate	HoHM	Q2 24/25	No	Not Compliant
4c.6	Where you use probationary tenancies, do you ensure these are for a maximum of 12 months, or a maximum of 18 months where reasons for extending the probationary period have been given and where the resident can request a review? (CS)	Yes - secure tenancy agreement and procedures	No, Evidence needed						Compliant
4c.7	Have you granted those who were social housing residents on the day on which section 154 of the Localism Act 2011 came into force (and have remained social housing residents since that date), a tenancy with no less security where they choose to move to another social rented home, whether with the same or another landlord? (This requirement does not apply where residents choose to move to accommodation let on affordable rent terms). (CS)	Yes	No, Evidence needed						Compliant
4c.8	Have you granted residents who have been moved into alternative accommodation during any redevelopment (or other works) a tenancy with no less security of tenure on their return to settled accommodation? (CS)	yes - flooding as an example	No, Evidence needed						Compliant
4c.10	As part of setting out your approach to tenancy management, do you help residents understand both their own responsibilities as well as yours (as landlord) in relation to their tenancy? (CoP)	Secure tenancy agreement clearly sets out rights and responsibilities of tenants and landlord and go through at sign up	No, Evidence needed						Compliant
4c.11	Do you only grant tenancies for a minimum fixed term of less than five years in exceptional circumstances? You should not adopt a blanket approach to granting such tenancies. Where you make use of fixed term tenancies for a term of less than five years, you should set out in a policy the circumstances in which you will do so. (CoP)	No tenancies granted for less than 5 years	No, Evidence needed						Compliant
4c.12	Can you demonstrate how you have considered the needs of vulnerable households in your approach to tenancy management? (CoP)	Tenancy Sustainability Model	No, Evidence needed						Compliant
4d Mutual exchange									
4d.1	Do you support relevant residents living in eligible housing to mutually exchange their homes? (CS)	Yes however not publicised		Information not easily obtained or publicised	Need to publicise details on the website	HoATH	Q1 24/25	No	Partially
4d.2	Do you offer a mutual exchange service which allows relevant residents potentially eligible for mutual exchange, whether pursuant to a statutory right or a policy of the registered provider, to easily access details of all (or the greatest practicable number of) available matches without payment of a fee? (CS)	Yes - no fee included	No, Evidence needed						Compliant
4d.3	Do you publicise the availability of any mutual exchange service(s) you offer to relevant residents? (CS)	SLHD have moved to national website: Home swapper. Link can be found on Home Choice page. https://www.stlegerhomes.co.uk/find-a-home/homechoice/		There is one line and no information on what this is other than a link to the homeswapper website.	Need to publicise it more on website or do more articles in HP	HoATH	Q1 24/25	No	Not Compliant
4d.4	Do you provide support for accessing mutual exchange services to relevant residents who might otherwise be unable to use them? (CS)	St Leger Homes St Leger Homes Doncaster HomeChoice (stlegerhomes.co.uk) None - this is all included on the homeswapper website		The only issue which is probably a corporate challenge (and solution) for access to several services as we become Digital by default. When we have many customers who are not digitally enabled.	Would need to sit down and be an advocate for someone if they didn't have access - promote digital hubs			No	Partially
4d.5	Do you offer residents seeking to mutually exchange with information about the implications for tenure, rent and service charges? (CS)	St Leger Homes St Leger Homes Doncaster HomeChoice (stlegerhomes.co.uk) None - this is all included on the homeswapper website							Compliant
4d.6	Do you support relevant tenants wishing to mutually exchange by, for example, supplying them with clear and simple information about the mutual exchange process, including the associated responsibilities of the landlord and of the resident, and helping residents to register with an online mutual exchange service if required? (CoP)	Nothing about this on the website or on the homeswapper website either?		Nothing on our website at all about MX other than to advertise Homeswapper	Need to publicise it more on website or do more articles in HP	HoATH	Q1 24/25	No	Not Compliant

Appendix B - Savills actions to be added once agreed

Home Standard (Safety and Quality)

Action	Details	Owner	Timescales
Open Housing System does not allow singular component updates (i.e. if one window is placed the date will change for all windows). Therefore, a change to the Hierarchy and component data set up needs to be reviewed.	This is already captured in a separate action plan	HoBE	
No External/Independent validation of stock condition data which has been gathered re its continued fitness for Investment Planning purposes – this is of even greater concern and priority when Survey Programme is predominantly delivered by Internal Surveying resources.	Build this into the new tender and programme for stock condition surveys	DoPS	
EPC/SAP data is not available via internal ICT systems for the Asset Team to review and make informed decisions, the data is requested from the Council.	CDC are intending on purchasing a new system (Parity) which we will also have access to. This has been approved by the council's TGB. This will enable us to monitor SAP/EPC performance, but will also enable us to have the ability to model and run scenarios.	HoAM	
There was no visibility within any reports or KPI environment on the progress against target or VFM in terms of cost, for any component programmes being delivered	Strengthen reporting on what we get for the money we spend	HoFaBA and HOAM	
There is an overall lack of detail and oversight of all the 'Big 6' in terms of risk assessments, servicing and maintenance inspections. (electrical safety is not reported in any documents other than the Building Safety and Compliance Committee) The Dashboard provided was limited to Gas Safety Checks only, this needs to be reviewed to ensure that all 'Big 6' areas are visible	Consider reporting by exception for 86 other PI that's are monitored highlighting any risks	HoFaBA and HoBS	
During the review of the service a number of non-emergency repairs were 'held'. There is a lack of evidence to demonstrate the visibility of the 'held' repairs in any reports (details re volume/dates/profile etc – and plan to address should be provided and governance oversight exercised).	This is already captured in a separate action plan	HoRM	
There is limited KPI information - expansion of the current KPIs to give a more balanced view of the service both in terms of delivery to customers and costs (such as proportion of emergency repairs against routine repairs, no. of cancelled repairs, cost per property/by repairs category, number of repairs per property, repairs completed on target) and improvement/remedy measures underway and in place to address shortfalls in delivery (e.g. additional trades/contractor resource) – In Housemark and VFM statement, needs something more regular and in a different way for R&M	Consider how we can build PI's into Power BI and performance framework, how, who and where these are reported in line with the meeting framework document	HoBA&F and All HoS to feed into	
Rechargeable Repairs Policy is in need of updating in line with the new 'One Repair Service'.	This is already captured in a separate action plan	HoRM	
Whilst it is evident that the 'Average Days to Re-let Standard Properties' continues to improve it has yet to meet the 20 day target and consideration needs to be given as to whether this is achievable – and whether efforts to do so are proportionate/justifiable when compared to other service improvement requirements (e.g. percentage of emergency repairs completed in target at 85.7% September 2023 – Appendix B Cabinet Performance) – document and flag up to the mayor	Conversations with the Mayor and Portfolio Holder	CEO	
No overarching landlord compliance strategy in place detailing the overall framework adopted by SLH	Research and implement new strategy if its felt it is required following the research	HoBS	

Policy content - in all policies there was little or no detail on the reconciliation of data between systems. Clear KPI measures were also missing in the (Water, Lifts, Electrical and Fire policies);	Update the policies	HoBS	
All policies (excluding Fire) were lacking in detail on remedial works (i.e. electrical remedials, water remedials and lift remedials) in terms of how and when these would be completed and monitored.	Update the policies	HoBS	
Procedures/Processes Process maps require further detail around reconciliation of data (i.e. frequency of reconciliation/ Who and how) and to outline the frequency of QC/QA checks.	Produce / update the procedures	HoBS	
Outright non-compliance issue re position of Electrical Safety – with 193 of properties outside of 10 Year cycle for EICR completion. This position also lacks transparency within internal reporting (only referenced within the Safety and Compliance Report to the Building Safety and Compliance Committee 21st September 2023) both in terms of the position itself and the progress of the catch-up programme in place intended to remedy (target by March 2024). Also, apparent lack of consideration as to self-reporting/referral of this position to the RSH relative to the existing Home Standard	Speak to the regulator as per tolerances and when to self refer	Director of Housing and Customer Services	
	Include section in the Building safety report about giving considerations as to when to refer.	HoBS	
C365 is still in the implementation stages and therefore some of the 'Big 6' remedial works (i.e. electrical) are still yet to be moved to C365	This is already captured in a separate action plan	HoBS	
No remedial actions detailing target dates/completion dates/overdue reasons for any of the 'Big 6' are reported to the Executive Team for assurance – enhanced visibility and awareness of these is a key, additional feature of the new Safety and Quality Standard.	Include section in the Building safety report	HoBS	
Assurance – consideration for Fire and Water safety 3rd party specialists to provide assurance measures in terms of good practice. Ensure that in all areas of landlord compliance QC/QA checks are cascaded to the operational team and are documented in reports to relevant committees	This needs further consideration	Director of Property Services	

Tenancy Standard

Action	Details	Owner	Timescales
We understand that several local lettings policies are in place and have recently been reviewed. However, we have not seen evidence of the policies or their review and no information is available on the SLH website.	Add to the master list of updates required to the website	HoAtH	
We understand that SLH provides the Council with supply/demand data to assist with strategic planning, though SLH does not see the outcome from this analysis. Greater sharing of this information could enable SLH and the Council to obtain a greater understanding of how the customer base is changing to assist with service planning.	Strengthen the communication between the Council and SLHD for service demand	DoHaCS	
The Housing Management Policy (2023) does not address the following requirements: o (e) it describes the factors which will influence a decision to renew a fixed term tenancy, but not how a decision will be taken. o (f) it does not state that a tenant or prospective tenant may appeal against or complain about the length of fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term. o (i) it does not state SLH's policy on granting discretionary succession rights, taking account of the needs of vulnerable household members (only relatives are referred to)	Update the policy	HoHS	
The Tenancy Strategy is not followed in practice as adapted properties are offered on lifetime tenancies, not fixed term tenancies.	Update the strategy	CDC	
We understand that fixed term tenancies for larger family homes are for a minimum of 5 years, though this is not stated in the Housing Management Policy.	Update the Policy	HoHM	
SLH's housing system is unable to accommodate fixed term tenancies of variable length making management difficult.	Look to see how this can be easily reported through OH	HoHM	

The website only contains basic information about tenure – it does not make it clear that secure tenancies could be for a fixed term or that tenancy demotion is a tool available to SLH referred to in the Housing Management Policy.	Add to the master list of updates required to the website	HoHM	
The website does not include information about rights of appeal/review and provision of housing advice.	Add to the master list of updates required to the website	HoAtH	
We understand that fixed term tenancies for larger family homes are for a minimum of 5 years, though this is not explicitly stated in the Housing Management Policy. The policy states that the length of the fixed term tenancy will be determined by the period when the youngest child is 19 years old.	Update the Policy	HoHM	
The Housing Management Policy does not state that SLH will provide notice in writing stating its decision about whether or not to extend the tenancy.	Update the Policy	HoHM	
The SLH website does not provide any information about SLH’s commitment or approach to tenancy fraud, or how to report it.	Add to the master list of updates required to the website	HoHM	
The Housing Management Policy and Housing Allocation Policy do not state that a secure or assured tenant whose tenancy commenced before 1 April 2012 will retain their security of tenure if they move home.	Update the Policy	HoHM	
We have not seen evidence of SLH’s policy position or published information (including on the website) that tenants who have been moved into alternative accommodation during any redevelopment or other works will be offered a tenancy with no less security of tenure on their return to settled accommodation.	Update the Policy	HoHM	

Neighbourhood and Community Standard

Action	Details	Owner	Timescales
The 'looking after our estates' section of the website 'my home' page sets out how tenants can help and inviting them to raise concerns or comments. It provides links to named housing officers by patch, but there is no neighbourhood policy detail. The link to communal cleaning service standards could be moved higher on this page.	Housing Policy is now on the website as we don't have a neighbourhood policy	HoHM	Completed
It is not clear from the reporting framework how poor performance of estate management services would be visible to the SLH Board. Tenant Satisfaction Measure TP10 will assist, but only if reported more than annually. Service standards reported to the P&I Committee do not include the detailed communal area service standards stated on the website – there is no communal area target in the service standards overseen by P&I Committee.	Consider how we can build PI's into Power BI and performance framework, how, who and where these are reported in line with the meeting framework document	HoBA&F	
Whilst the services offered by SLH are publicised clearly, it is harder to find published information on the wider roles played by the organisation.	Add to the master list of updates required to the website	GSM	Completed
There is no statement of corporate priorities, or a corporate strategy, on the website. Such a document is where links to LA priorities is usually made.	Add to the master list of updates required to the website	GSM	Completed
We have not seen much evidence of contribution to local environmental priorities.	Add to the master list of updates required to the website	HoAM / HoHM	
Officers were not easily able to state where impact of co-operation activities is captured, although they were confident of positive outcomes	Create a list to capture that can be updated on a regular basis	HoHM	
The ASB section of the Housing Management Policy does not detail steps SLH will take to prevent ASB – it focuses on dealing with issues that arise.	Update the Policy	HoHM	
Whilst there is a dedicated ASB section on the website, this is not obviously accessed from the front page (there is a button to report ASB) or the 'my home' page.	Add to the master list of updates required to the website	GSM & HoHM	Completed
Reporting on ASB does not cover prevention actions or nature/impact of locality working.	Update the reports to include these areas	HoHM	

Reporting on ASB does not cover prevention actions. The Domestic Abuse Policy sets out a very detailed approach that is focused on person-centred prevention of harm, but this policy is not referred to in the Housing Management Policy sections on ASB or safeguarding.	Update the Policy	HoHM	
It is not clear that board and committee level reporting of quarterly performance information would provide sufficiently early indication of effectiveness of ASB services (board only sees cases opened, which is higher than target, and P&I only sees response times to initial reports). An ASB update report to Performance & Improvement Committee (May 2023) indicates that most enforcement action is via the tenancy – the need for and use of other powers is not visible at reporting level. This will be important for the new standard from April 2024.	Update the reports to include these areas	HoHM	
It is not clear where Tenant Charter targets are monitored or reported to tenants.	Create a communications plan to ensure these are monitored and cascaded to tenants	HoCS	
Referrals to in-house support services are reported; but without clear reference to where support is to ASB victims & witnesses. Narrative reporting to P&I committee focuses on financial inclusion matters. Referrals to external agencies are not tracked. This will be important for the new standard from April 2024.	Strengthen reporting on referrals to external agencies and outcomes	HoHM	
Tenant options to report ASB appears to be via a webform only – no email or phone number is provided on the website. This will be important for the new standard from April 2024. Information on updates to tenants and provision of support is not available	Add to the master list of updates required to the website	HoHM	
Tenant Involvement and Empowerment Standard (Transparency, influence, and accountability)			
Action	Details	Owner	Timescales
The website explains how SLH will keep in touch with a tenant about their repair with an emphasis on ensuring the tenant is at home. However, it does not explain how SLH will communicate, for example, repairs that require a second visit, if SLH needs to change the appointment or any pre- or post-inspections of repairs.	Add to the master list of updates required to the website	HoRM	
The contact us page of the website could be strengthened (or an additional page could be created) by including more information about accessibility options (elsewhere, the repairs section includes information about translations and for people with a hearing impairment which could be relevant for other services). NB Reachdeck is available throughout the website.	Add to the master list of updates required to the website	HoCS	
Website content could be strengthened to provide clearer information about tenants' rights and responsibilities. – for example, the repairs section only explains what repairs SLH will do and not what tenants are expected to do. The ASB section talks about how SLH will respond to different types of ASB but not what tenants' responsibilities are or how it could affect their tenancy.	Add to the master list of updates required to the website	HoHM & HoRM	
The TSP terms of reference and current/forward workplans make no reference to any oversight of complaints. The OVF terms of reference do mention complaints but the topic does not feature on agendas for 2023 meetings.	Draft options for providing challenge and scrutiny on complaints have been shared with the Chair and Secretary of the TSP. Waiting for them to come back with a date to discuss further.	HoCS	Mar-24
As at December 2023, performance to May 2023 could be seen on line. More up to date information could usefully be provided. Who owns what information to ensure its all up to date	Add to the master list of updates required to the website	GSM	Completed